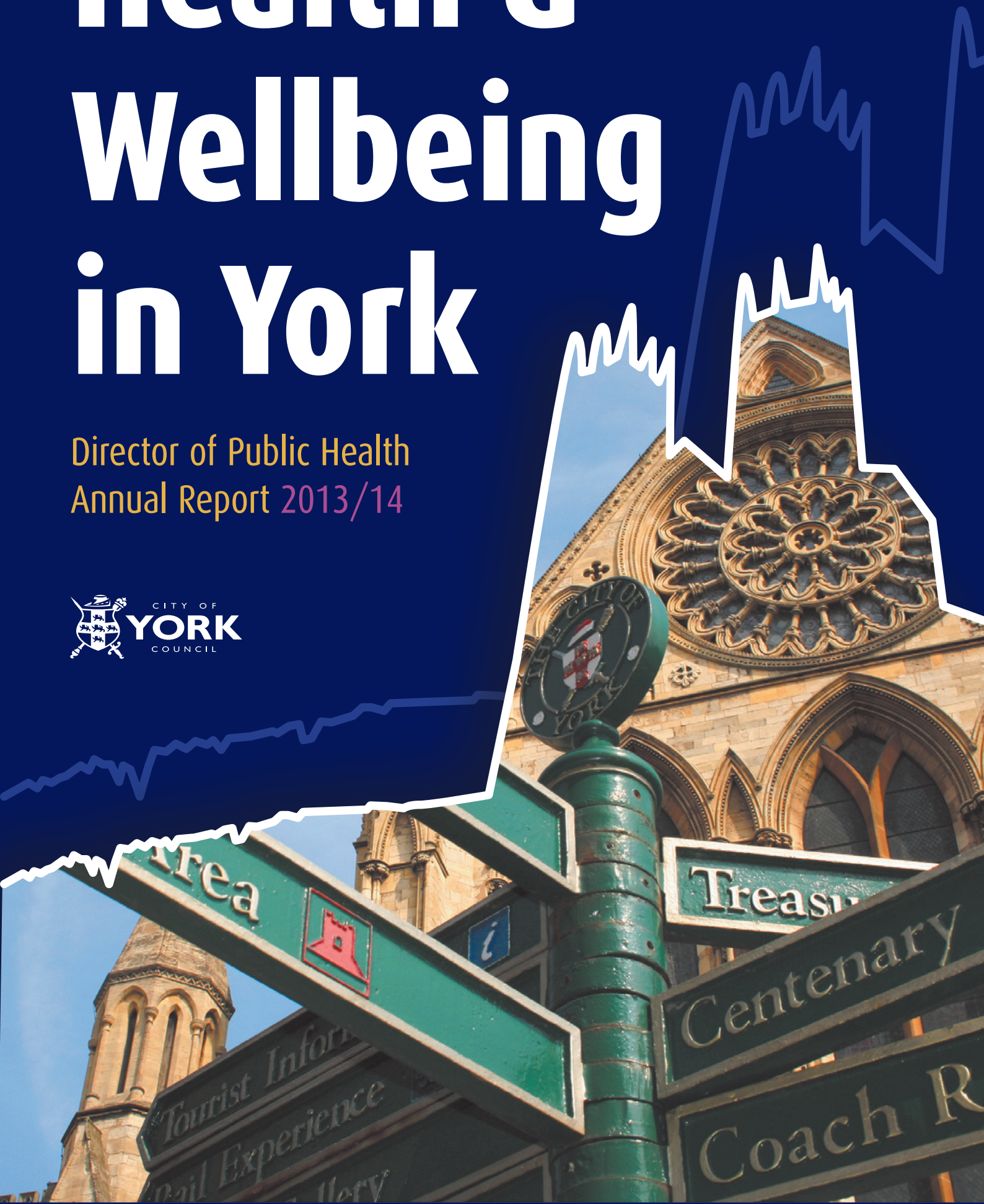
Health & Wellbeing in York

Director of Public Health Annual Report 2013/14

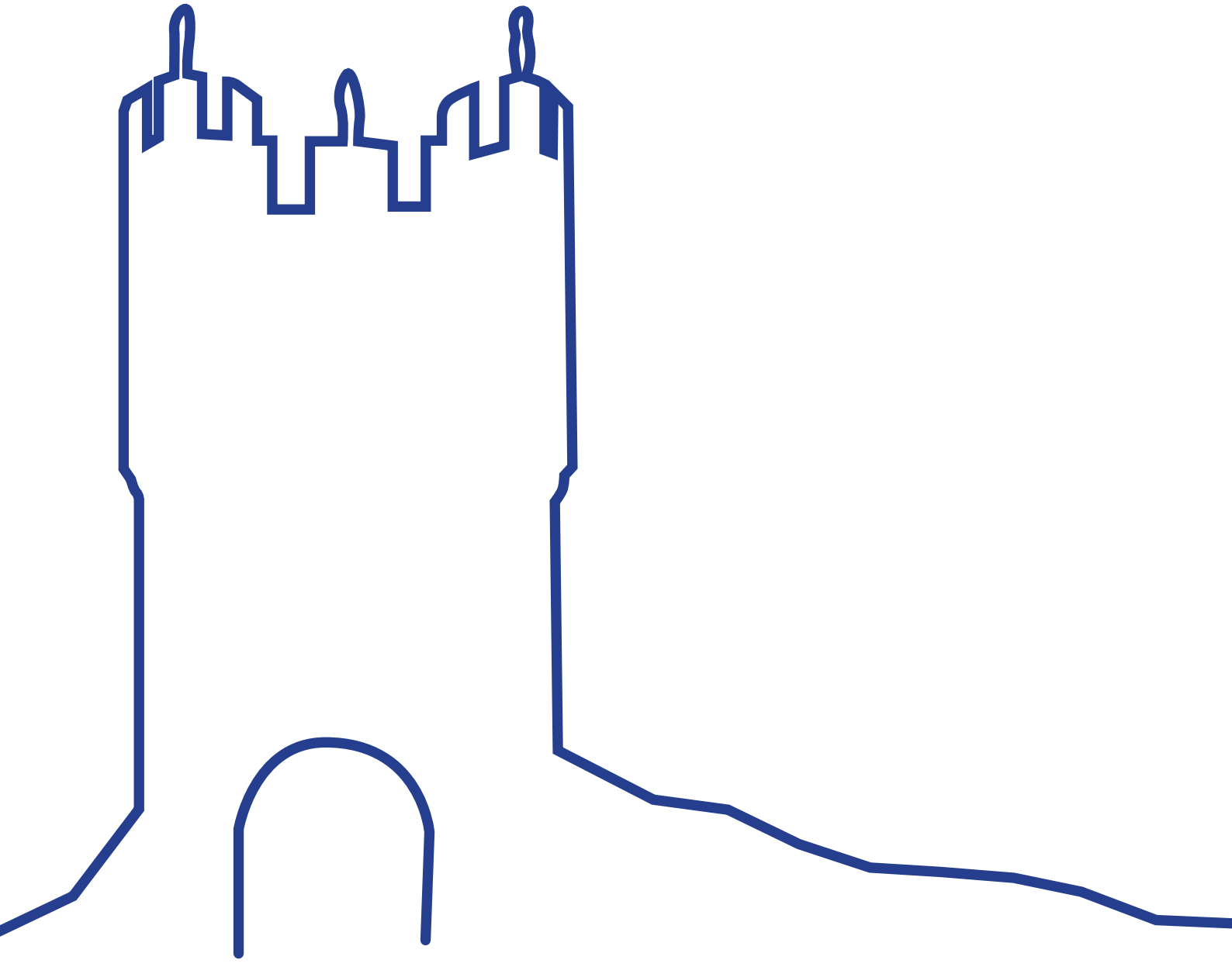
CITY OF YORK COUNCIL



Contents

Special Acknowledgements

Special acknowledgements to Alex Drinkall, Tara Vickers and Mike Wimmer for their hard work in compiling this report.



Executive Summary

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

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

3. 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.

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

5. York doesn't compare well in terms of death rates of the under 75s when compared to other affluent local authorities, although is better than the Yorkshire and Humber average.

6. Alcohol is a problem – we are within the worst 4% of local authorities in numbers of people drinking at "increasing and higher risk.

7. York has a higher than expected number than expected of "excess winter deaths", i.e. relatively more people die in winter than in the summer months.

8. In most indicators of child health including childhood immunisation York fares well. However coverage of HPV immunisation (the vaccine protecting against cervical cancer) in girls age 12 and 13 is not as good as we would like.

9. Flu immunisation is good in the over 65s, but less so in those under 65 who have long-term conditions (such as asthma or diabetes).

10. Most measures of mental ill health are the same as England, but there are higher rates of hospital admissions for dementia and schizophrenia and similar diseases, and 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.

Cllr Tracey Simpson-Laing
Cabinet Member for Health, Housing & Adult Services
Deputy Leader
City of York Council
May 2011 to April 2014

Cllr Linsay Cunningham-Cross
Cabinet Member for Health & Community Engagement
City of York Council
April 2014 to present

Dr Paul Edmondson-Jones
Director of Health & Wellbeing
Deputy Chief Executive
City York Council

"As Cabinet Member for Health, Housing and Adult Services and Chair of the city's Health and Well-being Board I have been very proud to oversee the re-integration of Public Health back into the Local Authority and see the many positive benefits this has brought. I welcome this, the first Director of Public Heath Report for York since 1974, and commend it to staff, partners and residents.

The first 12 months of the Health and Wellbeing Board saw significant progress made for the health of the city's residents including securing a Place of Safety Suite in York.

Such successes were due to the partnership working enabled by the make up of the Health and Wellbeing Board."

Cllr Tracey Simpson-Laing

"The Public Health team has made significant progress in improving the health of the city's residents in the short time following transition of Public Health into City of York Council. This Report showcases some of the critical public health work that we are leading on in the council and in partnership with our Clinical Commissioning Group, the Health and Wellbeing Board and other key partners in the city. I look forward to the further development of the health and wellbeing agenda as we move forward with our priorities."

Cllr Linsay Cunningham-Cross

Section 1: Introduction

Welcome to the first Public Health Annual Report for the city of York since 1974 and my first as Director of Public Health for City of York Council.

April 2013 saw a huge period of change as Public Health was transferred back into local authority from the NHS. That this transition was achieved without mishap or interruption to service is a credit to all those involved.

York plays an important role in the development of Public Health as we know it today.

John Snow, the iconic figure in the history of epidemiology and Public Health was born in York in 1813 and went onto dispel the belief that the spread of cholera was airborne. Snow carried out a series of in depth studies to plot cases of cholera on a map in an area of London. This identified the water from a particular water pump as the source of the disease. Snow had the pump handle removed which resulted in cases of cholera diminishing immediately – this was a pivotal moment in Public Health.

York is a reasonably affluent city which translates into its residents having good life expectancy and generally positive health outcomes. However it is important the City of York Council remains aware of the inequalities that exist but may not be as obvious based on overall and average figures and York's position in the national tables.

The Longer Lives report (June 2013) highlighted that approximately 500 of York's residents die prematurely i.e. under the age of 75. While this is a tragic loss of potential life expectancy for each of those individuals, it is even more tragic that two thirds of these early deaths were preventable.

One of the great forefathers of Public Health in York, Seebohm Rowntree, carried out a seminal study of over 11,000 working class families in York from 1890-1900 and concluded that, if you want to improve health outcomes and tackle health inequalities, you need to tackle poverty and improve housing. The transfer of responsibility for improving health and well-being back to local authorities adds even more urgency and importance to this agenda and enables the council to supplement the anti-poverty drive with a large-scale systematic programme to reduce the harm done by alcohol, smoking and obesity.

The speed of John Snow's action, the logic of his analysis and the pragmatism of his response to the cholera outbreak made this a classic event in the history of Public Health. The core principles of this – speed, expert judgment and common sense – will continue to be adopted and employed by City of York Council's Public Health team. This is a huge aspiration and challenge which is matched by our ambition and determination to help improve the health and wellbeing of the people living in York.

Dr Paul Edmondson-Jones MBE
Director of Health and Wellbeing and Deputy Chief Executive
City of York Council
2014.

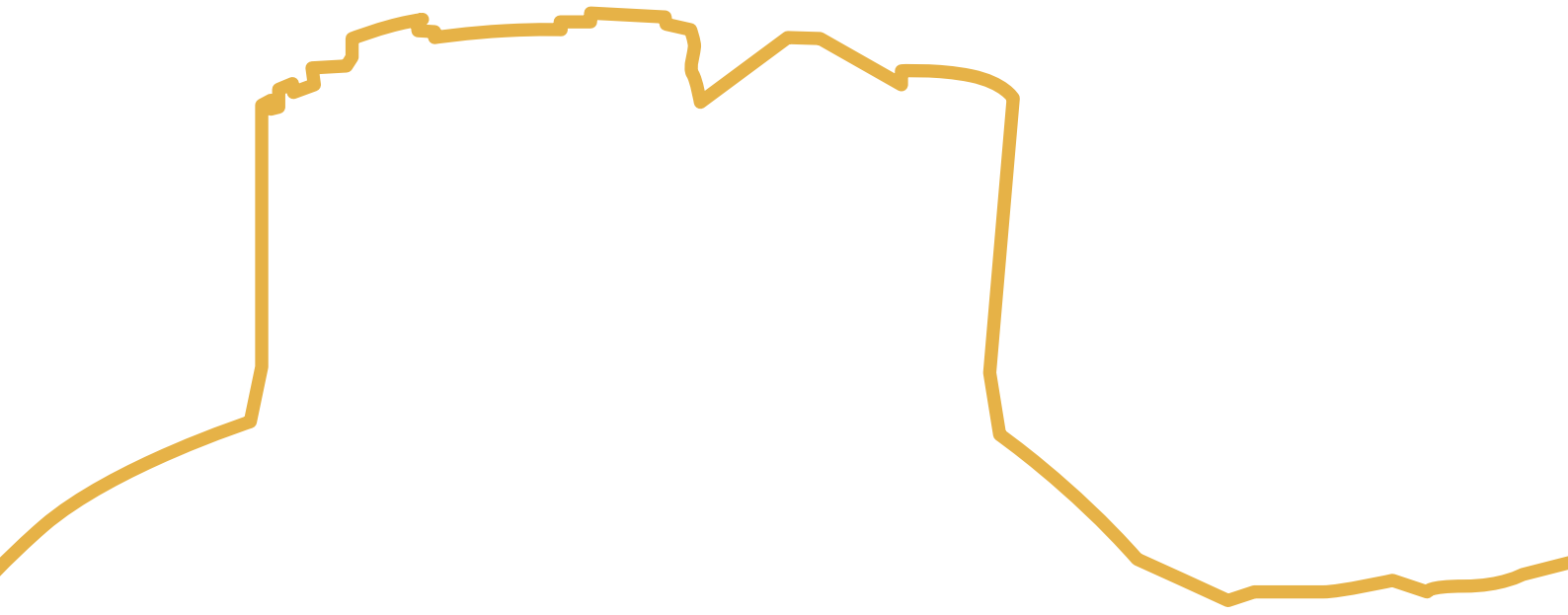
Section 2:
Health Indicators for York – Overview

Changes in the health status of the population occur slowly and Public Health interventions generally have long-term, rather than short term, impacts. It is therefore sometimes difficult to see progress when we look at the small changes that occur from year to year. However, the return of Public Health to local authorities in 2013 provides a useful opportunity for reflection on longer term changes in population health. In addition to reflecting on these changes local authorities work closely with Public Health England to monitor their own performance in several areas by using the Public Health England Profile.

What is the Public Health England Health Profile?

The Public Health England Health Profile gives a picture of health in a local area and sets out a vision for Public Health in England. It details where it is hoped Public Health will make a difference to the population's health and indicators that will help us understand how well Public Health is being improved and protected.

The profile concentrates on two high-level outcomes – how long people live and how well they live at all stages of life.



The Public Health England Health Profile allows comparisons to be made between all local authorities, as well as seeing how City of York Council is doing against the England average.

A snapshot overview of health in York is provided by the by the 2013 Health Profile (Public Health England 2013a).

How "Healthy" is York?

York is significantly better than the England average for over half of the indicators and similar for the others.

- The health of people in York is generally better than the England average. Deprivation is lower than average, however about 4,100 children live in poverty.
- Life expectancy for both men and women is similar to the England average.
- Life expectancy is 8.5 years lower for men and 5.6 years lower for women in the most deprived areas of York than in the least deprived areas.
- Over the last 10 years overall mortality rates have fallen. The early death rate from heart disease and stroke has fallen and is better than the England average.
- At age 11 (school Year 6), nearly 1 in 7 children are classified as obese; which is better than the average for England which is nearly 1 in 5.
- Levels of teenage pregnancy and GCSE attainment are better than the England average.
- Estimated levels of physical activity are better than the England average.
- Rates of sexually transmitted infections, road injuries and deaths, smoking related deaths and hospital stays for alcohol related harm are better than the England average.

The areas where York's health is relatively poor are:

- "Increasing and higher risk" drinking – we are within 1% of the worst local authority in the country.
- Excess winter deaths (i.e. the greater number of people who die in the winter months, compared to the summer months)

City of York Council's Public Health team works with many partners across the city to ensure that Public Health services are providing what the local population need and that they are available in the right places to give the best chance for healthy outcomes for the city's residents. This includes working with the NHS North Yorkshire Stop Smoking Service, developing a healthy weight programme for use in schools, overseeing the National Child Measurement Programme and inputting into the council-wide priority of poverty reduction within York from a health perspective.

The chart below shows York's performance on the various indicators[1].

Figure 1: York health profile indicators 2013

Compared with England average: Significantly worse
Not significantly different Significantly better

England average
England worst 25th percentile 75th percentile England best

Domain	Indicator	Local no per year	Local value	Eng Avg	Eng Worst	England range	Eng Best
Our communities	1 Deprivation	13854	7.0	20.3	83.7		0.0
	2 Proportion of children in poverty	4085	13.5	21.1	45.9		6.2
	3 Statutory homelessness	151	1.8	2.3	9.7		0.0
	4 GCSE achieved (5A*-C inc Eng & Maths)	1079	62.7	59.0	31.9		81.0
	5 Violent crime	2384	11.8	13.6	32.7		4.2
	6 Long tern unemployment	733	5.5	9.5	31.3		1.2
Children's and young people's health	7 Smoking in pregnancy†	305	14.1	13.3	30.0		2.9
	8 Starting breast feeding†	1602	73.6	74.8	41.8		96.0
	9 Obese children (Year 6)†	267	16.1	19.2	28.5		10.3
	10 Alcohol-specific hospital stays (under 18)	23	65.1	61.8	154.9		12.5
	11 Teenage pregnancy (under 18)†	80	26.6	34.0	58.5		11.7
Adults' health and lifestyle	12 Adults smoking	n/a	17.1	20.0	29.4		8.2
	13 Increasing and higher risk drinking	n/a	24.5	22.3	25.1		15.7
	14 Healthy eating adults	n/a	28.3	28.7	19.3		47.8
	15 Physically active adults	n/a	61.5	56.0	43.8		68.5
	16 Obese adults†	n/a	23.0	24.2	30.7		13.9
Disease and poor health	17 Incidence of malignant melanoma	26	13.8	14.5	28.8		3.2
	18 Hospital stays for self-harm	420	210.8	207.9	542.4		51.2
	19 Hospital stays for alcohol related harm†	3433	1413	1895	3276		910
	20 Drug misuse	915	6.9	8.6	26.3		0.8
	21 People diagnosed with diabetes	8019	4.5	5.8	8.4		3.4
	22 New cases tuberculosis	7	3.3	15.4	137.0		0.0
	23 Acute sexually transmitted infections	1185	599	804	3210		162
	24 Hip fracture in 65s and over	228	468	457	621		327
Life expectancy and causes of death	25 Excess winter deaths†	132	24.8	19.1	35.3		-0.4
	26 Life expectancy - male	n/a	79.4	78.9	73.8		83.0
	27 Life expectancy - female	n/a	83.2	82.9	79.3		86.4
	28 Infant deaths	10	4.7	4.3	8.0		1.1
	29 Smoking related deaths	290	185	201	356		122
	30 Early deaths: heart disease and stroke	116	53.8	60.9	113.3		29.2
	31 Early deaths: cancer	227	107.8	108.1	153.2		77.7
	32 Road injuries and deaths	62	31.6	41.9	125.1		13.1

†For comparison with PHOF indicators please go to the following link: **www.healthprofiles.info/PHOF**

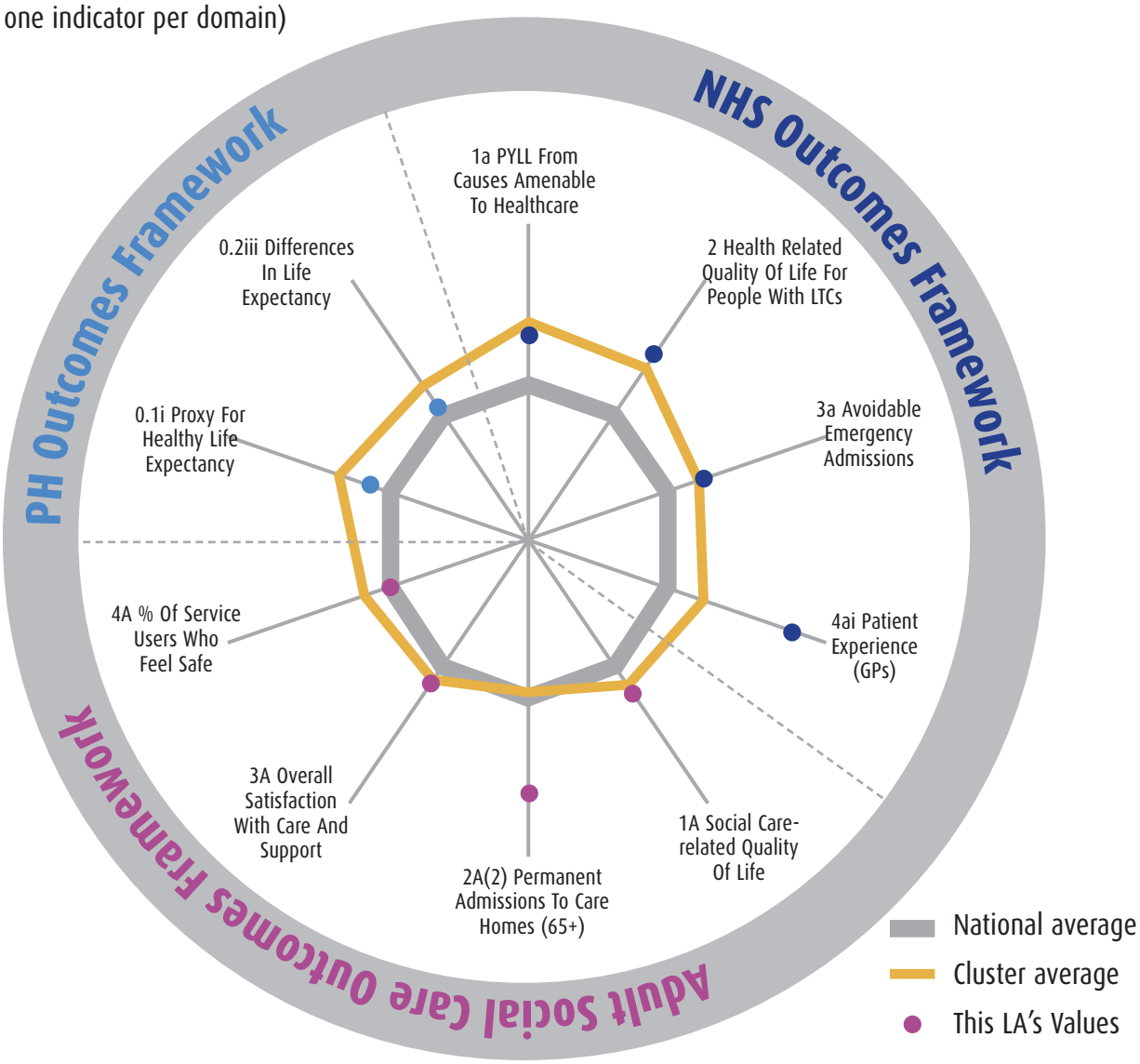
[1] For some indicators an updated figure has been released since the York Health Profile was published on 24.9.13. The bullet points on the previous page reflect the most up to date available information.

York outcomes benchmarking (NHS England)

The outcomes benchmarking support pack for York (NHS England 2012) provides high level comparative information on indicators from the NHS outcomes framework, the Public Health outcomes framework and the adult social care outcomes framework. York is benchmarked against the national average and a group of comparable local authorities (ONS Prospering UK cluster). York compares favourably with national averages but is lower than the cluster average on some indicators e.g. healthy life expectancy.

Figure 2: York outcome benchmarking spider diagram

(shows one indicator per domain)



This LA is in the Prospering UK ONS cluster
Each 'leg' of the chart represents a high-level indicator from the three Outcomes Frameworks.
Each 'leg' is orientated such that points further from the origin represent "better" performance.
Where there is more than one indicator for an Outcome Framework domain, a single indicator is shown in this chart.
The coloured spots show this LA's rank within all LAs in England. The grey circle represents the England median and the yellow shape represents the ONS cluster median.
The equal spacing of the indicators in the diagram is not meant to suggest any implied weighting or relative importance of the different indicators or Outcomes Frameworks.

What does this mean for York's residents?

York fares well overall in terms of its residents' health. However the health profile indicators highlight areas where more needs to be done to improve the health of a particular sector of the city's population and this, in turn, will look to increase the chances of a healthier life with more opportunities for education and employment for this group.

The key strategic strand of the City of York Council Plan for the last two years has been to grow the economy and create more jobs as well as to improve the availability of good quality, affordable housing. The recent transfer of responsibility for improving health and wellbeing back to local authorities adds even more urgency and importance to this agenda and enables the Council to supplement the anti-poverty drive with a large-scale systematic programme to reduce the harm done by alcohol, smoking and obesity.

The areas of Public Health that are highlighted as being below the national average are examined in more detail in other areas of this report.

Section 3:
Life Expectancy and Inequalities Gap

Life expectancy

Life expectancy is one of the longest standing measures of health status in England and the first official life tables were published in 1839.

Since its inception life expectancy has been used to highlight variations in mortality experience between geographical regions of the country. It can now be broken down to local authority level to enable cities and counties to make comparisons.

Throughout recent history life expectancy has dramatically improved in England, particularly since the advent of statutory health and hygiene regulations, and it has continued to increase to this day.

In 1841 life expectancy for males was around 40 years old and for females 42 years old. Today the England average life expectancy for males is 79 years and for females it is 83 years. The significant increase in the average life expectancy demonstrates the importance and the positive impact of a well-structured and efficiently delivered Public Health function.

The latest figures for life expectancy in York are for the period 2010-12 and are shown in the February 2014 version of the Public Health Outcomes Framework (Public Health England 2014a).

- Life expectancy at birth for males in York is 79.6 years which is not statistically significantly different to the England average of 79.2 years.

- Life expectancy at birth for females in York is 83.2 years which is not statistically significantly different to the England average of 83.0 years.

Data is also available for healthy life expectancy for the period 2009-11, based on contemporary mortality rates and self reported good health. This means the age one reaches before serious health problems start affecting the way one lives.

- Healthy life expectancy at birth for males in York is 63.0 years which is not statistically significantly different to the England average of 63.2 years.

- Health life expectancy at birth for females in York is 66.6 years which is statistically significantly higher than the England average of 64.2 years.

Premature mortality

Over the last 40 years death rates from the main causes have decreased with changes in risk factors in the population, due to increased knowledge and behaviour change, often linked to legislation: Health & Safety at Work, seatbelt legislation, and various restrictions on tobacco use. Medical treatments and technology have improved considerably.

Public Health England provides information about causes of death across England in the 'Longer Lives' publication (Public Health England, 2013b). This provides information about premature (aged under 75) death rates for 2010-2012 for York.

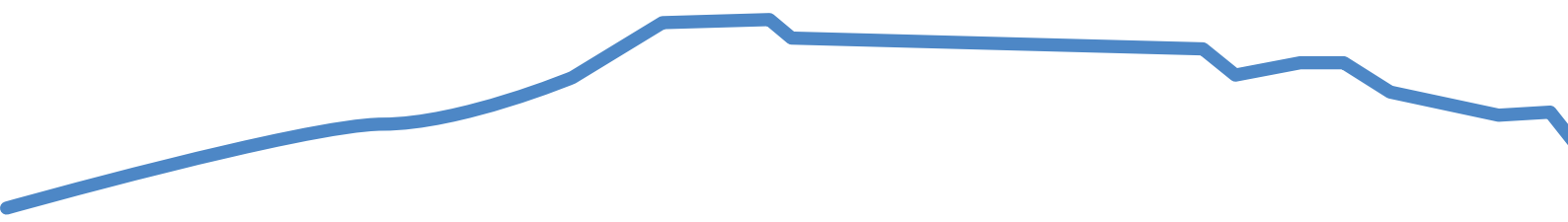
York's overall premature death rate is statistically significantly better than the national average and York is ranked 52nd out of 150 local authorities. However when compared to similar local authorities (based on a number of social and economic indicators), York's overall premature death rate is statistically significantly worse than average and York is ranked 15th out of 15.

There is some variation in the rankings by individual cause of death e.g. York's rankings are better for heart disease/stroke (38th) and liver disease (37th) and worse for cancer (82nd) and lung disease (58th).

A death under the age of 75 is considered "premature". The Longer Lives publication demonstrates that approximately 500 local residents die prematurely each year. It is estimated that two thirds of these early deaths could have been prevented if all known prevention activities were undertaken.

City of York Council is pleased to be in 52nd place in the national table and to be categorised as being in the "best category", but the authority aspires to be in the top 10% nationally and, in so doing, reclaim many hundreds of lost years of life for residents.

The tables below summarise how York compares for premature mortality across England and within the comparator group of local authorities[2]



[2] Bromley; Cambridgeshire; Cheshire East; Dorset; East Riding of Yorkshire; Essex; Gloucestershire; Merton; North Somerset; North Yorkshire; Oxfordshire; Warwickshire; West Sussex; and Wiltshire

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		

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.

* It is worth noting that the various different profiles use different comparator groups. This one uses the local authorities which are the closest economically.

Inequalities in life expectancy

Most diseases are not scattered evenly through the population. Many diseases are related to age; both the very young and the very old are more susceptible to infections for instance. Obviously only women get ovarian cancer and only men get testicular cancer. These variations have a biological explanation. But most of the variation we observe in health in York, in England and rest of the world is due to variations in socioeconomic conditions.

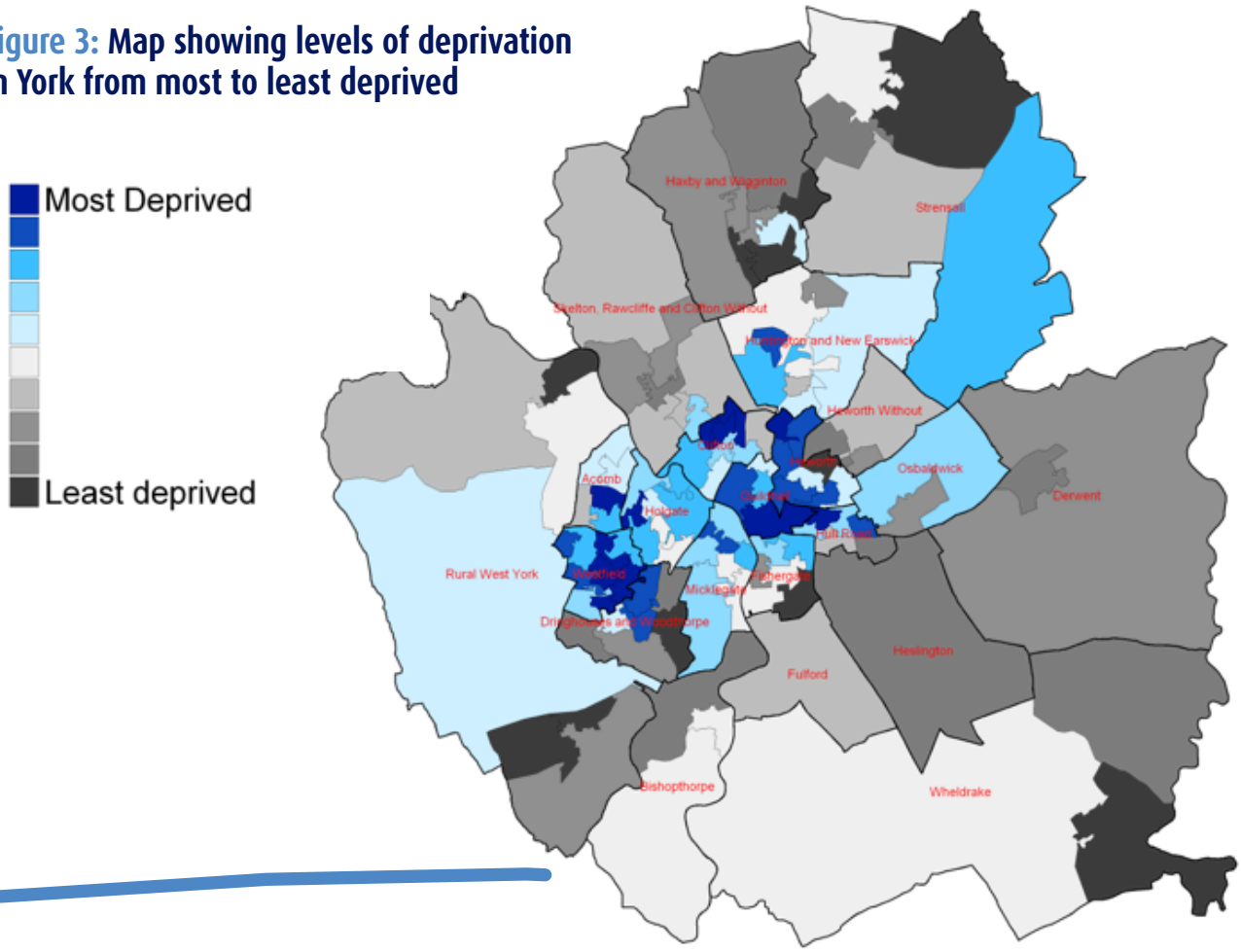
The scale of relative socioeconomic deprivation or affluence is measured using the Index of Multiple Deprivation 2010 (Department for Communities and Local Government, 2010). This is made up of 38 indicators grouped into seven domains: income, employment, health and disability, education skills and training, barriers to housing and services, living environment and crime.

What is the range of deprivation in York?

York can be divided into 118 small areas (known as Lower Super Output Areas or LSOAs) with approximately 1500 people living in each one. These are ranked from the most to the least deprived and divided into 10 groups, or deprivation deciles, with approximately equal numbers of LSOAs in each (11 or 12).

The map below shows the 10 deprivation groups within York. The darkest blue areas make up the most deprived group in York and the darkest grey areas make up the least deprived group.

Figure 3: Map showing levels of deprivation in York from most to least deprived



- The most deprived decile in York is made up of 12 LSOAs located in the following wards: Westfield (4), Clifton (3), Hull Road, Heworth, Guildhall, Acomb and Holgate (1 each).

- The least deprived decile in York is made up of 11 LSOAs located in the following wards: Rural West York (3), Haxby and Wigginton (3), Derwent, Strensall, Fishergate, Heworth and Dringhouses & Woodthorpe (1 each).

The 2013 York Health Profile (Public Health England 2013a) states that deprivation is lower than average in York, based on the number of people living in the 20% most deprived areas in England.

The full range of deprivation in York is summarised in the table below with reference to the national profile. For example, York has one LSOA in the most deprived group within the country, seven LSOAs in the second most deprived group and so on.

Table 3: York LSOA's in relation to the national deprivation profile

No and % of LSOAs in York falling with each national deprivation decile 2010	National IMD decile	
1 (1%)	1	most deprived 10% in England
7 (6%)	2	
8 (7%)	3	
6 (5%)	4	
7 (6%)	5	
12 (10%)	6	
10 (8%)	7	
16 (14%)	8	
22 (19%)	9	
29 (25%)	10	least deprived 10% in England

It can be seen that generally York has higher percentages of LSOAs in the less deprived national groups e.g. a quarter of LSOA's in York fall within the least deprived national decile.

What is the slope index of inequality in life expectancy?

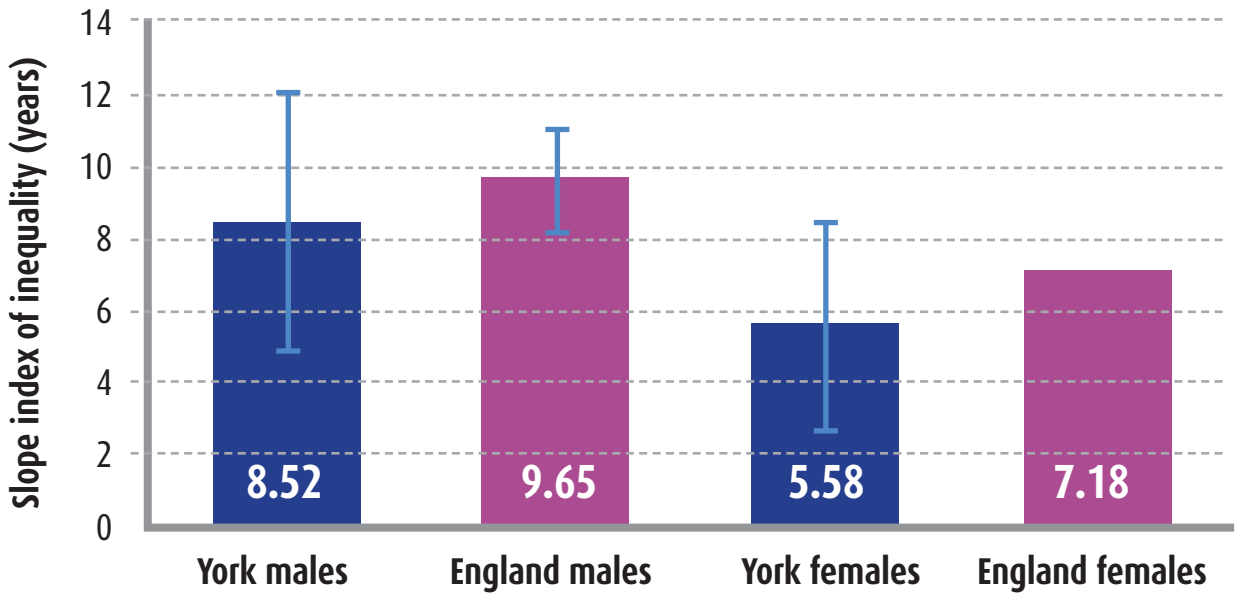
The slope index of inequality is a measure of the social gradient in life expectancy i.e. how much life expectancy varies with deprivation.

Life expectancy at birth is calculated for each small area (LSOA) and this information is used to calculate the index, a single number which shows the difference in life expectancy in years from

the most to the least deprived areas in York. The same process is used for the 32,844 LSOAs in England to produce the national slope index.

The chart below shows the slope index figure for York for 2009-11 (provisional) in relation to the national slope index (Public Health England 2014a).

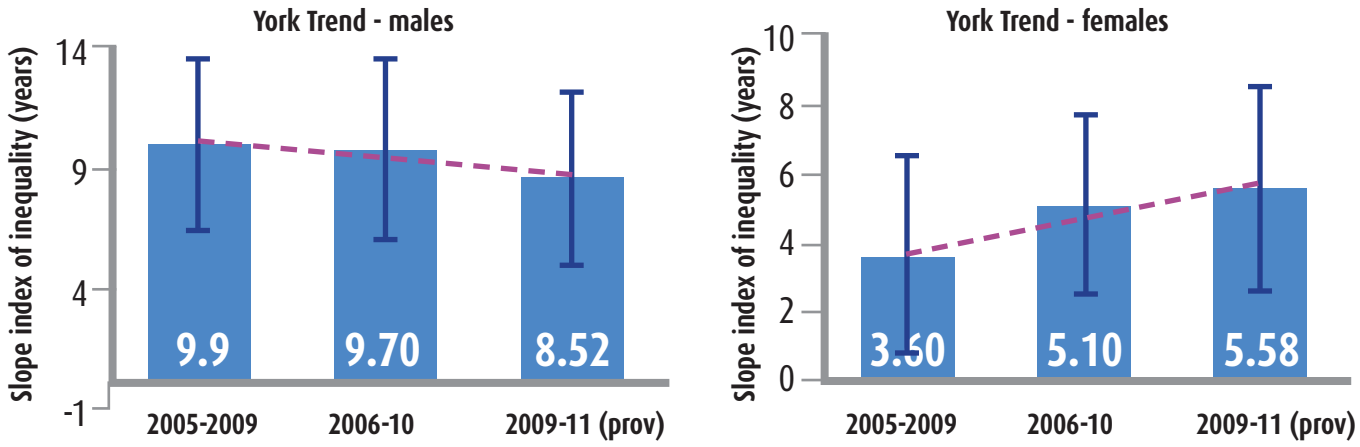
Figure 4: Slope Index of Inequality 2009-11 York v National Average



The gap is lower for York compared with the national average for both males and females, however taking into account the confidence intervals (blue bars on the chart) this difference is not statistically significant.

The charts below show the recent trend for these indicators using historical data (Public Health England, 2012)

Figure 5: Trends in slope index of inequality



It can be seen that although changes from one period to the next are not statistically significant the general trend appears to be an improvement for males (smaller gap) but a decline for females (bigger gap).

What does the slope index look like in York for males and females?

The slope index of inequality is shown for males for the period 2006-10 in the chart and table below (Public Health England, 2014a).

The chart indicates that the two most deprived deciles (circled) had significantly lower life expectancy than the other eight. The table shows a statistically significant drop of 4.7 years in life expectancy from the third to the second most deprived decile (highlighted in red). This raises concern that there is a significant 'step down' in life expectancy for the most deprived men in York.

Figure 6: Slope Index of Inequality York Males 2006-10

Life Expectancy by Deprivation Deciles, showing the Slope Index of Inequality York, males, 2006-10 (provisional) Slope Index of Inequality = 9.7 years (95% Confidence Interval: 6.0 to 13.5)

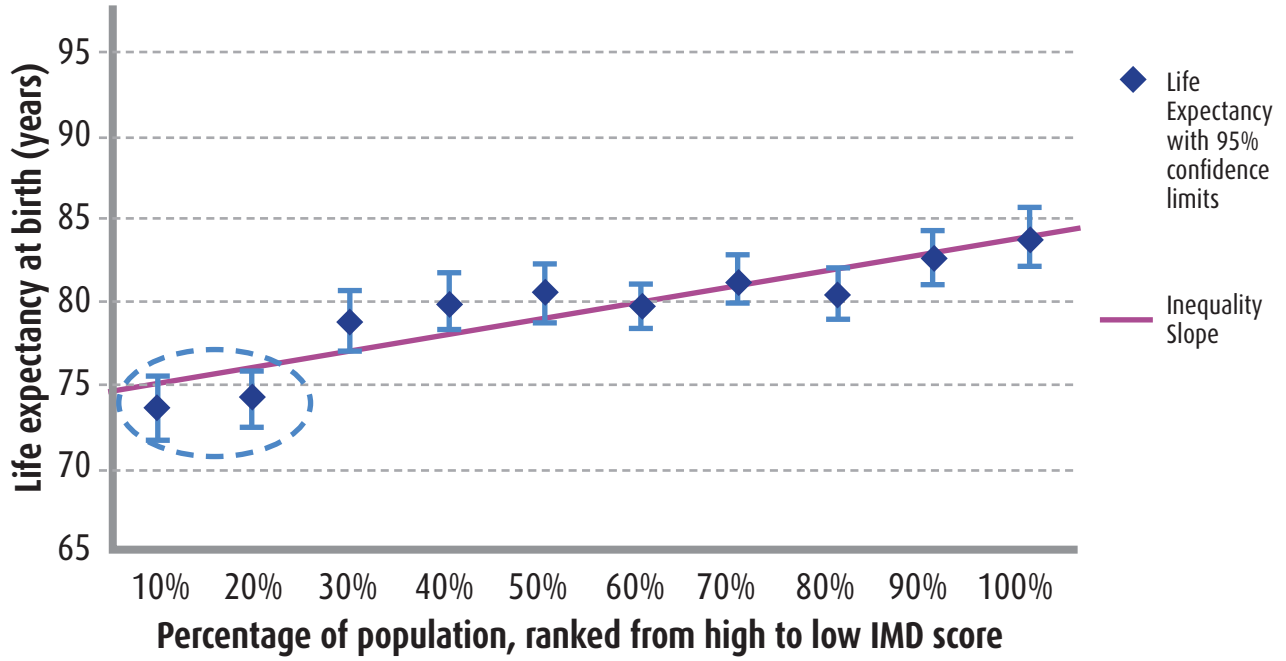


Table 4: Life Expectancy by deprivation decile in York (males 2006-10)

York Males 2006-2010			
Decile (10 = least deprived, 1 = most deprived)	Life Expectancy (years)	95% CI range	Change in LE from previous decile
10	83.9	82.5 -85.4	
9	82.7	81.4 - 84	-1.2
8	80.6	79.5 - 81.8	-2.1
7	81.4	80.3 - 82.6	0.8
6	79.8	78.6 - 81.1	-1.6
5	80.6	79.4 - 81.8	0.8
4	80.0	78.6 - 81.4	-0.6
3	78.9	77.6 - 80.2	-1.1
2	74.2	72.8 - 75.6	-4.7
1	73.7	72.3 - 75.1	-0.5

The chart and table below show the position for the period 2009-11 based on the provisional data which is available.

Figure 7: Slope index of inequality for York (males 2009-11, provisional)

Life Expectancy by Deprivation Deciles, showing the Slope Index of Inequality York, males, 2009-11 (provisional) Slope Index of Inequality = 8.5 years (95% Confidence Interval: 4.9 to 12.2)

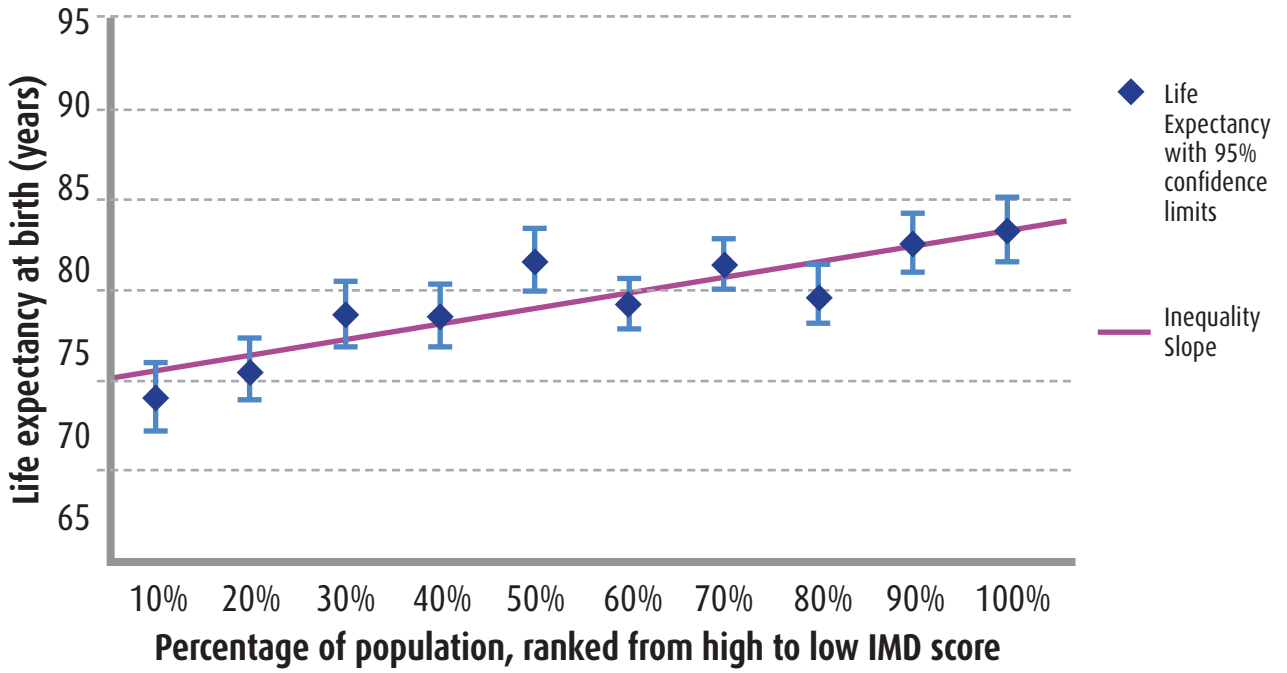


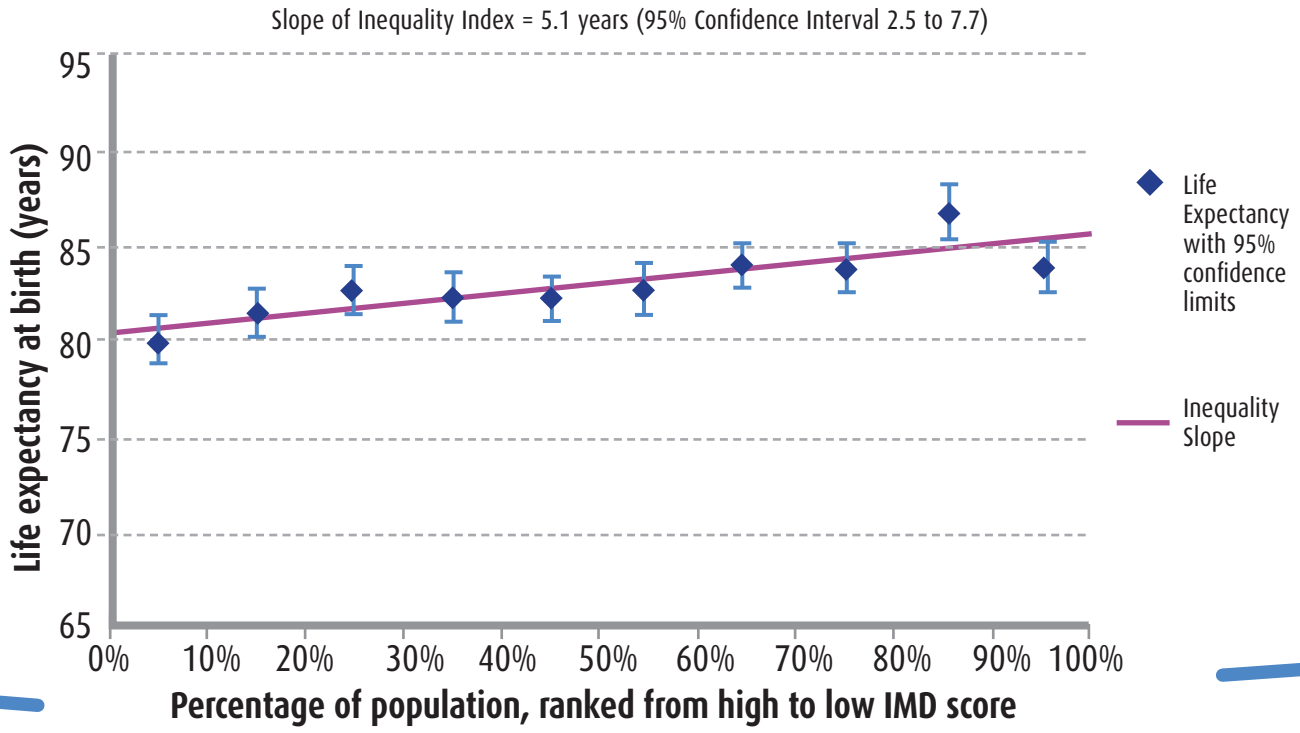
Table 5: Life expectancy by deprivation decile in York (males 2009-11 provisional)

York Males 2006-2010			
Decile (10 = least deprived, 1 = most deprived)	Life Expectancy (years)	95% CI range	Change in LE from previous decile
10	83.3	81.5 - 85.1	
9	82.6	81 - 84.2	-0.7
8	79.8	78.3 - 81.3	-2.8
7	81.5	80.1 - 82.9	1.7
6	79.3	77.9 - 80.6	-2.2
5	81.6	79.9 - 83.4	2.4
4	78.7	77 - 80.3	-3.0
3	78.7	76.9 - 80.5	0.1
2	75.6	74 - 77.3	-3.1
1	74.1	72.2 - 75.9	-1.6

It can be seen that the bottom two deciles are not as cut off from the other eight in terms of life expectancy. Whilst there is a fall of 3.1 years in life expectancy from the third to the second most deprived decile (highlighted in red) this is a smaller drop than in 2006-10 and it is not statistically significant. This provisional data therefore suggests an improvement in the inequality in life expectancy for the most deprived males in York.

The slope index for females for 2006-10 is shown below. The slope is more gradual than for males and there is no evidence of a sharp drop in life expectancy at the more deprived end of the scale. This will continue to be monitored closely as the trend highlighted earlier was an increase in the slope index for women and a reduction for men.

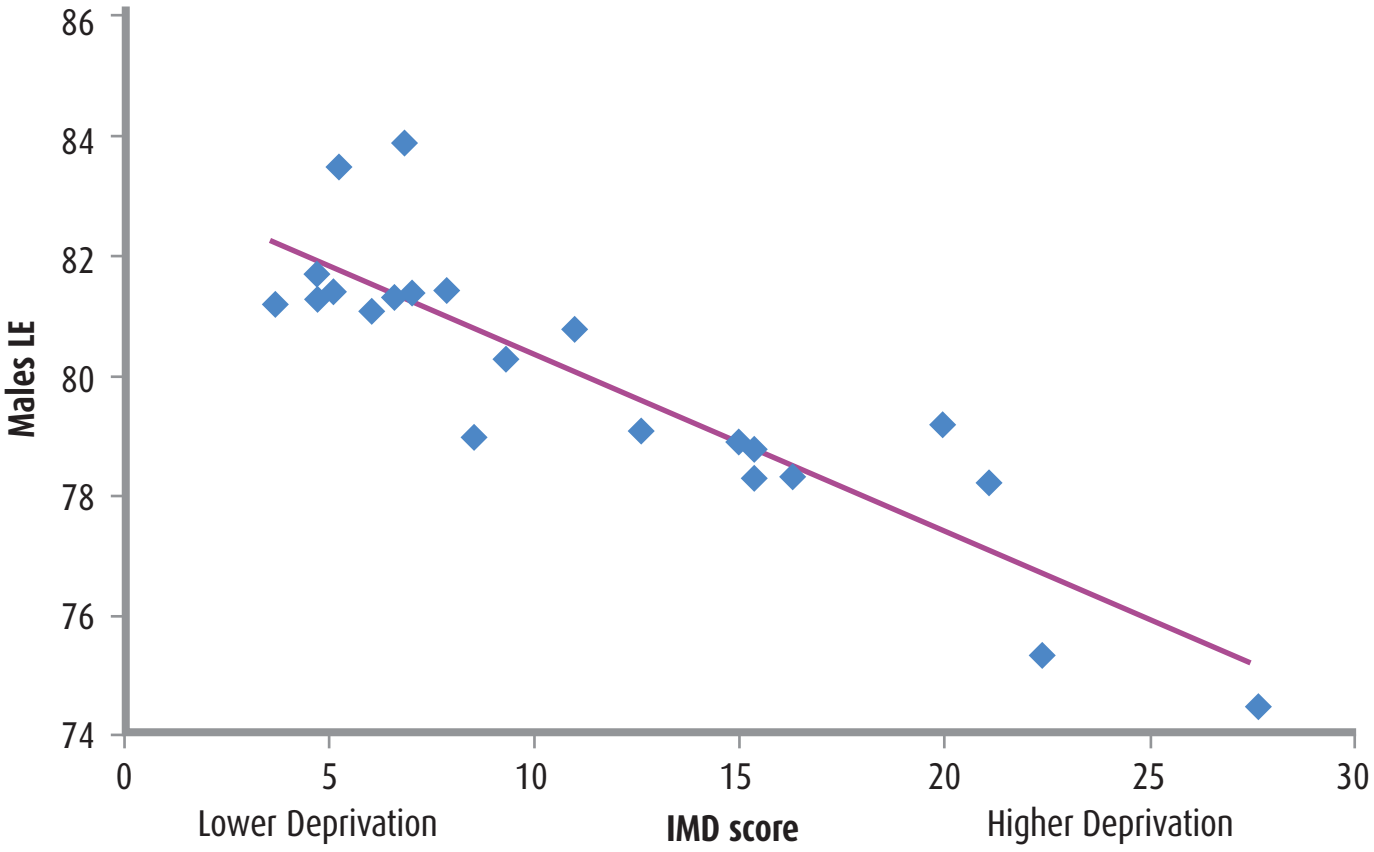
Figure 8: Slope index of inequality 2006-10 - York Females



Time trends for York for the slope index for both men and women in York will continue to be monitored however there are some caveats about doing this at present. There has been a shift from reporting the index on a five year basis, with populations based on the 2001 census to a three year basis using the 2011 census. This means that the results at present are not directly comparable (e.g. 2006-10 v 2009-11) however subsequent three year periods will be comparable (e.g. 2009-11 to 2010-12).

The figure below shows the relationship between deprivation and life expectancy for males at ward level for the period 2006-2010. It can be seen that the higher the deprivation score for the ward, the lower the average life expectancy for males in that ward. This is a very, very strong correlation (the statistical result is r=0.9), and this correlation is replicated everywhere in this country and elsewhere.

Figure 9: Male life expectancy by Ward deprivation score



Which causes of death contribute to the life expectancy gap in York?

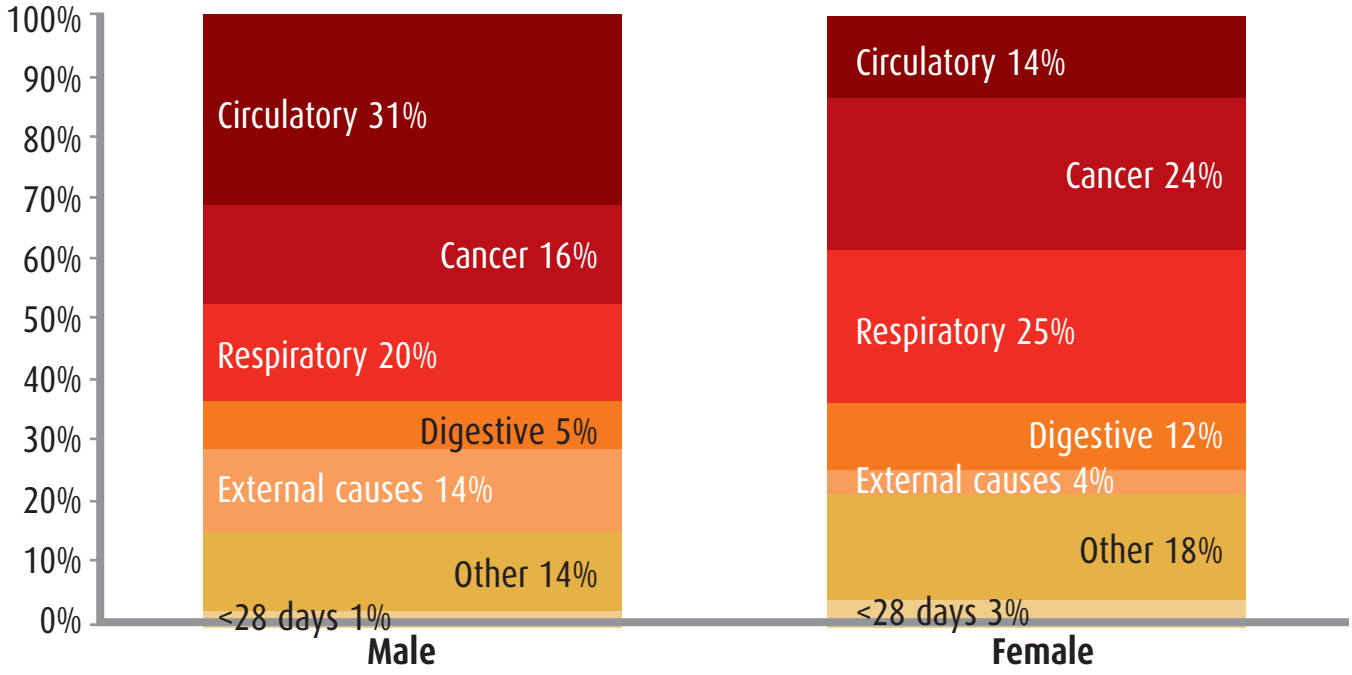
The newly published Segment Tool (Public Health England, 2014b) shows which causes of death impact on life expectancy inequalities within York.

The tool shows, for each cause of death (2009-2011), the percentage contribution that it makes to the overall life expectancy gap between York's most and least deprived quintiles.

The main **broad** causes of death contributing to the life expectancy gap in York were:

- **Males:** circulatory **31%,** respiratory **20%** and cancer **16%.**
- **Females:** respiratory **25%**, cancer **24%** and other (e.g. mental & behavioural disorders) **18%**.

Figure 10: Breakdown of life expectancy gap by most and least deprived quintiles in York by cause of death 2009-2011



Footnote: Circulatory diseases includes coronary heart disease and stroke. Digestive diseases includes alcohol-related conditions such as chronic liver disease and cirrhosis. External causes include deaths from injury, poisoning and suicide.

The main specific causes of death contributing to the life expectancy gap in York were:

- **Males: c**oronary heart disease **20%**, chronic obstructive airways disease **11%** and other external (e.g. injury, poisoning) **10%.**
- **Females:** chronic obstructive airways disease **21%**, lung cancer **20%** and mental and behavioural disorders **11%.**

It is evident that the impact a specific cause of death has on the life expectancy gap varies by gender for example:

- Coronary Heart Disease (20% males v 7% females).
- Lung cancer (20% females v 8% males).

The Marmot Review into Health Inequalities (Marmot, M. et al., 2010) proposed that national health outcomes targets should cover both life expectancy and health expectancy to therefore capture years of life and the quality of those years. The Public Health Outcomes Framework sets the vision for the whole public health system to enable the provision of positive health outcomes for the population with the overarching aim of reducing health inequalities.

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.

Section 4:
Public Health Outcomes Framework

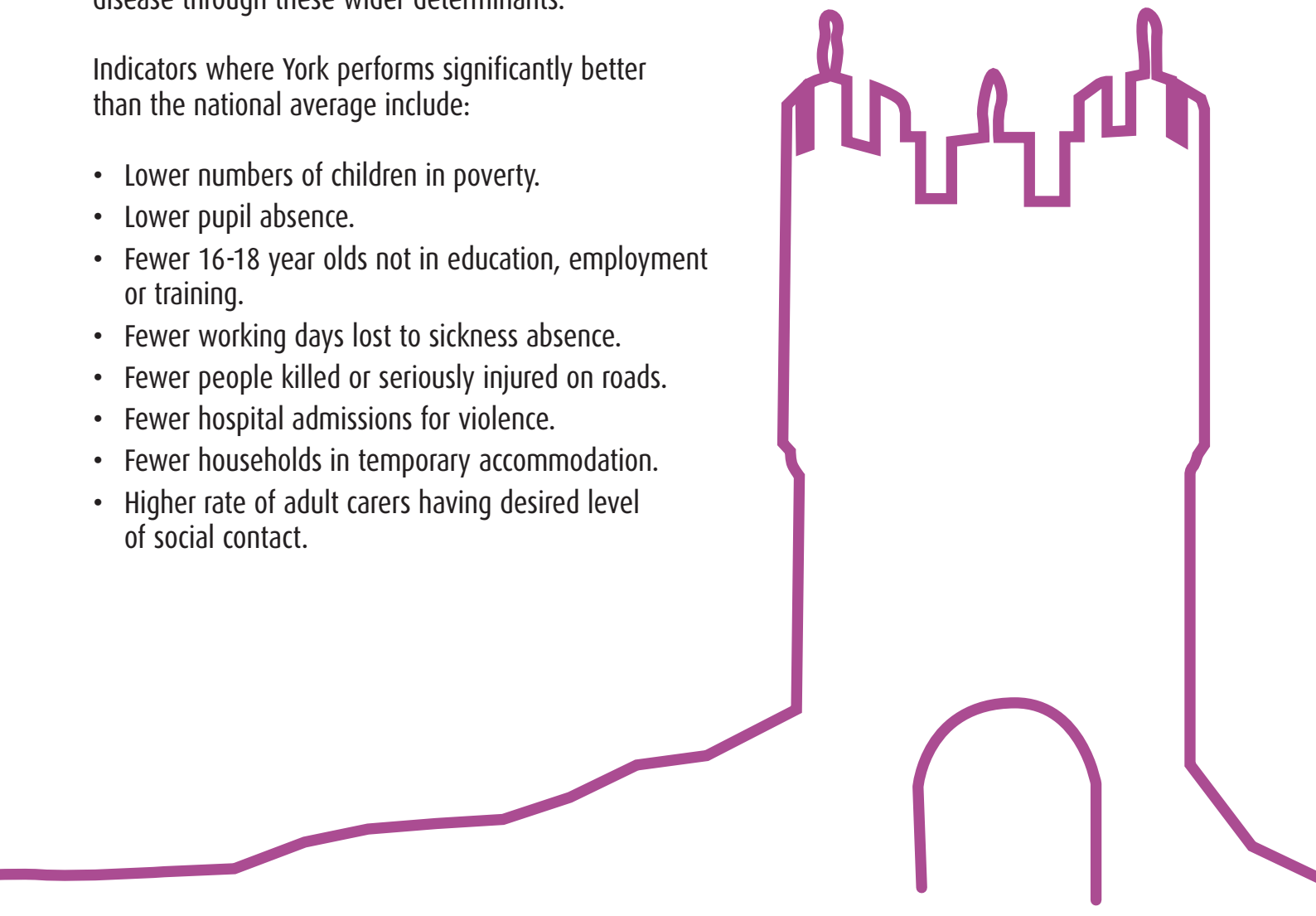
The Public Health Outcomes Framework 'Healthy lives, healthy people: Improving outcomes and supporting transparency' sets out a vision for Public Health, desired outcomes and the indicators that will help understand how well Public Health is being improved and protected. The indicators are grouped into five domains and these are shown below. The February 2014 version of the PHOF (Public Health England, 2014a) has been used for this section.

Wider determinants of health

The wider determinants of health include factors relating to the physical environment, such as air and water quality, shelter (decent housing standards), safety and security, economic factors such as income and employment, social factors such as family and community. City of York Council aims to ensure good health is a core aspiration and should be reflected in all policies and strategies. Local government has a key role to play in the promotion of health and wellbeing and preventing disease through these wider determinants.

Indicators where York performs significantly better than the national average include:

- Lower numbers of children in poverty.
- Lower pupil absence.
- Fewer 16-18 year olds not in education, employment or training.
- Fewer working days lost to sickness absence.
- Fewer people killed or seriously injured on roads.
- Fewer hospital admissions for violence.
- Fewer households in temporary accommodation.
- Higher rate of adult carers having desired level of social contact.



The two indicators where York performs significantly worse than the national average are speech development in young children (the phonics screening check) and noise complaints. These are shown below with appropriate comments.

- **York had a lower percentage of Year 1 pupils achieving the expected levels in the phonics screening check (overall and specifically for children eligible for free school meals).**

More detailed information about this indicator was obtained from City of York Council's Primary Literacy Consultant. If the changes from 2012 to 2013 are analysed there is a difference between those children in receipt of free school meals and those who are not. The percentage of children reaching the required phonic standard in York increased at the same rate as the national average for children not receiving school meals but the increase was lower in York for those receiving free school meals.

A comprehensive action plan is in place to support low attaining schools and addressing the gap between pupils in receipt of free school meals and other pupils. The actions are summarised below.

- Data analysis leading to identification of schools with low attainment / low attainment of free school meal pupils.
- Universal and targeted training for Early Reading and Literacy subject leaders to raise issues, recommend approaches, discuss actions and offer support.
- Targeted in-school support for identified schools including support with data analysis, monitoring and testing for senior leaders, lesson observations and recommendations, demonstration lessons and support for planning for individual teachers.
- Introduction of oral language intervention, Talk Boost, designed for pupils Reception – Year 2 with environmental language delay.
- Structural shift to increased school to school support via clusters – data sharing, pooled funding to support attainment and progress of vulnerable groups.

The general issue of the gap in attainment between pupils in receipt of free school meals and their peers (the York 300 project) is discussed further in Section 7.

- **York had a higher number of complaints about noise.**

This indicator is important as there are a number of direct and indirect links between exposure to noise and health and wellbeing outcomes. Feedback from City of York Council's Environmental Protection Unit suggests that the high figure for this indicator does not necessarily mean that York has an unusually high level of anti-social behaviour experienced within the area.

Since the creation of the council's noise patrol service in April 2006 the number of noise complaints received has increased significantly. This is due to better customer service and increased provision. In the year 2005/06, 744 domestic noise complaints were received by City of York Council, the following year after the creation of the noise patrol service this increased to 1625 (2006/07). In the current financial year (2013/14) 1351 domestic noise complaints have been received to date.

During the past eight years the environmental protection unit has actively publicised the existence of the noise patrol service via:

- Community engagement, public meetings, press releases.
- Liaison with North Yorkshire Police to ensure that noise complaints received by them are forwarded to the council.
- Joint working with City of York Council's housing estate managers and with local housing associations.
- Improvement to the relevant noise complaint pages on the council's website.

As a result of all these factors the service provided by City of York Council has improved customer confidence in the council's ability to successfully deal with noise complaints and increased the likelihood of residents complaining about noise related issues.

Health improvement

Indicators where York performs significantly better than the national average include:

- Fewer babies with low birth weight.
- Fewer Year 6 children with excess weight.
- Higher screening coverage for breast and cervical cancer.
- More adults reaching recommended levels of physical activity.
- Fewer adults with excess weight.
- Higher take up of diabetic eye screening checks.
- Fewer hospital admissions for injuries for 15-24 year olds.

Recorded cases of diabetes are significantly lower in York (4.93%) compared with England (6.01%). The ratio of recorded to modelled prevalence is the same for York as for England (81%) which suggests the low figure is a genuine reflection of diabetes in York and not a case of under recording.

Health protection

Chlamydia is a sexually transmitted infection which can be present without giving rise to symptoms. For this reason we encourage young adults (15 to 24 years) to be tested whenever they have a new sexual partner. Chlamydia diagnoses are lower than average in York. In 2012 the rate was 1044 per 100,000 15-24 year olds compared with 1979 nationally. A higher diagnosis rate is desirable as Chlamydia is asymptomatic and a lower rate may indicate insufficient people are being tested. The service provider has indicated that the published data for 2012 does not accurately reflect local activity. Data for the first three quarters of 2013 shows an improvement as the York rate has increased (1617) and is closer to the national average (1891).

To reduce the spread of the sexually transmitted disease a pilot called '3Cs & HIV' programme was introduced in some GP practices in York. This included offering Chlamydia screening, contraceptive advice and free condoms during consultations with 15 to 24 year olds and considering HIV testing in line with current clinical guidelines.

York achieves higher than average population immunisation coverage for the following vaccines:

- Flu in the over 65s.
- Meningitis - MenC.
- Measles, mumps, rubella -MMR for one dose (2 years old) and two doses (5 years old).
- Diphtheria, whooping cough, tetanus - DTaP/IPV/Hib 1 year old.

Flu vaccination coverage in York is relatively low for individuals under 65 years but "at risk" due to having a long-term health condition such as asthma or diabetes. City of York Council supported the national campaign encouraging residents in the "at risk" group to get their flu jab, as well as educating people on the requirement to receive the vaccine annually due to the flu virus changing from year to year.

The take up of HPV vaccine by school-girls for prevention of cervical cancer also needs to be improved.

Healthcare and premature mortality

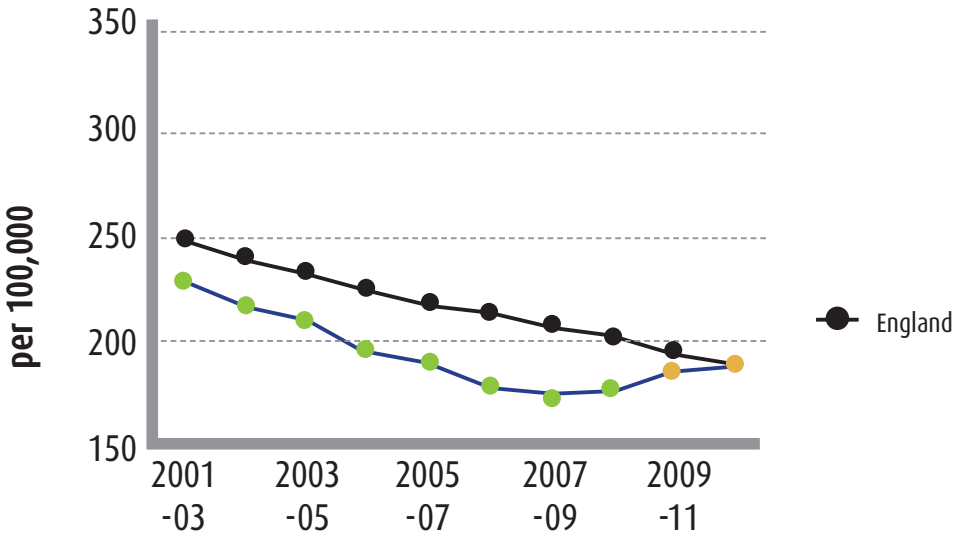
On the majority of healthcare and premature mortality indicators York's performance is similar to the national average.

For a small number of indicators, York performs significantly better than the national average i.e. York has a lower under 75 mortality rate for the following:

- All cardiovascular diseases.
- All cardiovascular diseases (female).
- Cardiovascular diseases considered preventable (females).
- Liver disease (males).
- Liver disease considered preventable (females).

Trend analysis can highlight potential future issues for York. For example, although York's mortality rate from diseases considered preventable is currently not statistically significantly different from the national average, it can be seen from the figure below that whilst the rate is falling nationally in York it has risen for the last three periods.

Figure 11: Trend in mortality rate from causes considered preventable



Period	Sig	Value	Lower CI	Upper CI	Yorkshire and the Humber	England
2001-03	●	228.1	214.6	242.1	263.3	248.4
2002-04	●	216.8	203.7	230.4	253.3	240.0
2003-05	●	209.0	196.3	222.4	245.0	232.5
2004-06	●	194.4	182.1	207.2	237.5	224.3
2005-07	●	187.9	175.9	200.6	231.7	217.7
2006-08	●	176.7	165.1	188.9	226.6	212.8
2007-09	●	171.4	160.1	183.3	219.8	206.9
2008-10	●	175.1	163.8	187.0	214.5	201.5
2009-11	●	184.0	172.5	196.1	208.4	193.8
2010-12	●	187.5	176.0	199.7	203.5	187.8

Section 5:
Public Health England Profiles

In this section, five of the main Public Health England Profiles are reviewed.

Health Profiles is a programme to improve the availability of and access to health and health-related information in England. The profiles give a snapshot overview of health for each local authority in England and are produced annually.

The aim of the Health Profiles programme is to help local government and health services make decisions and plans to improve local people's health and reduce health inequalities. The profiles present a set of health indicators that show how each local area compares to the national average. The indicators are carefully selected each year to reflect important Public Health topics. City of York Council uses the Health Profiles indicators and other existing local information to set Public Health priorities for the city.

Community Mental Health Profile

The York Community Mental Health Profile was updated in 2013 (Public Health England, 2013c). The profile is divided into five sections.

Wider determinants of health

Wider determinants of health are defined as the social, economic and environmental conditions that influence the health of individuals and populations.

Compared with the national average York has:

- Less violent crime, a smaller percentage of the population living in the 20% most deprived areas, higher employment rates and lower alcohol attributable hospital admissions than the national average.

- Similar number of people in drug treatment and 16-18 year olds not in employment, education or training.

Risk factors

Risk factors are defined as any attribute, characteristic or exposure of an individual that increases the likelihood of developing a disease, injury or mental health problem.

Compared with the national average York has

- Fewer people living with a limiting long term illness.

- Similar rates of statutory homeless households, first time entrants to the youth justice system and adults participating in the recommended level of physical activity.

Levels of mental health and illness

It is important to monitor and investigate the levels of mental health in order to target and improve mental health services at a local level.

The profile shows that compared to the national average York has a higher percentage of adults with dementia, a higher percentage of adults with depression and a similar percentage of adults with learning disabilities.

These indicators are drawn from GP practice data contained in Quality Outcomes Framework (QOF) for 2011/12. The figures used in this profile, however, are an average of the prevalence rates for all 98 GP practices (covering approximately 800,000 people) in the former North Yorkshire and York Primary Care Trust area.

Local analysis of the data has been carried out using only the values from the 20 GP practices (covering 217,226 people) located within the City of York Council area. This data suggests that compared to the national average York has:

- A similar percentage of adults with dementia.
- A higher percentage of adults with depression.
- A lower percentage of adults with learning disabilities.

A summary of the data for the York GP practices is shown below (the figures in brackets are 95% confidence intervals).

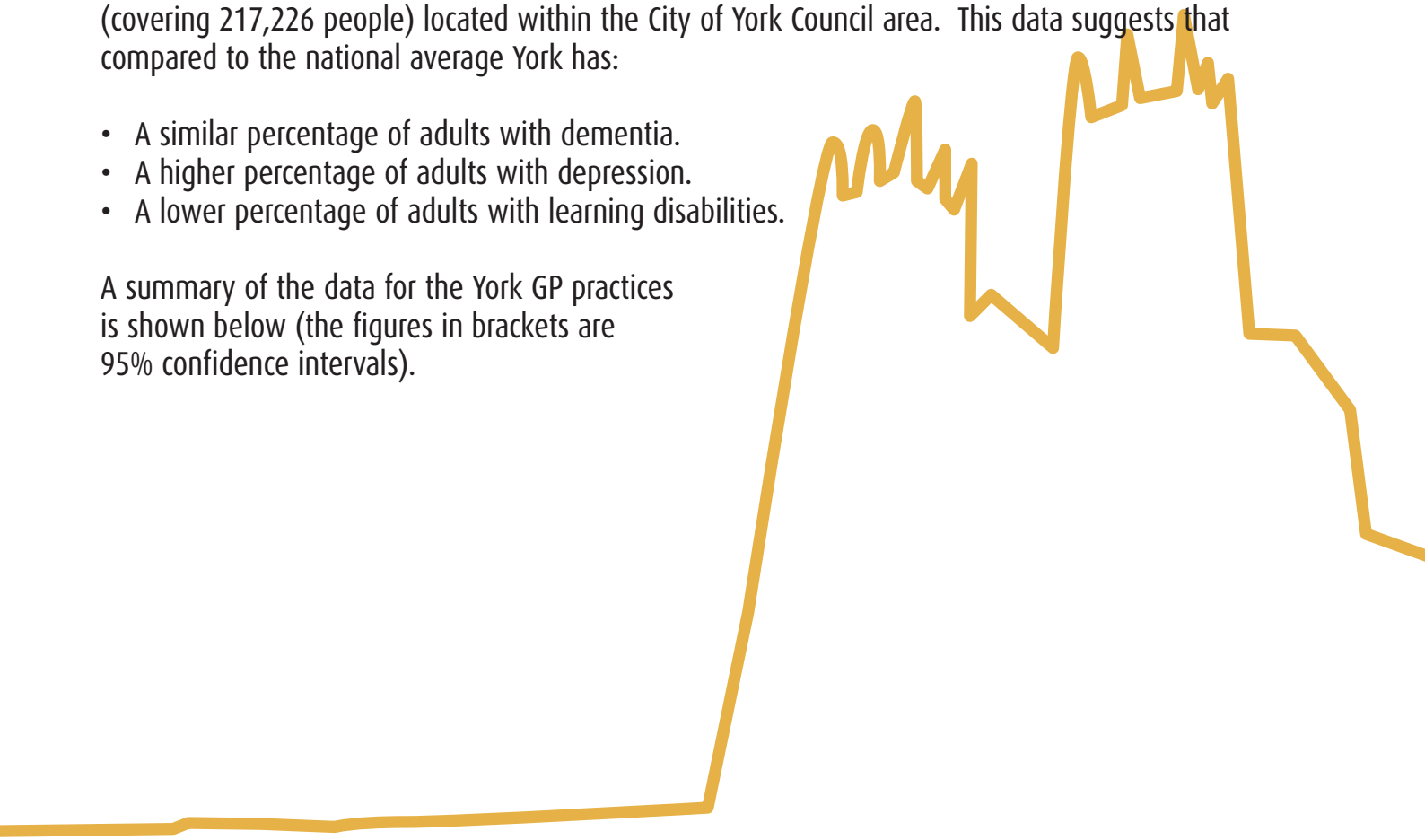


Table 6: Prevalence of dementia, depression and Learning Disabilities in York GP practices

Prevalence data from 2011-12 QOF: York GP practices v England average	Prevalence		
	Dementia	Depression	Learning Disabilities
York	**0.54%** (0.51%-0.57%)	**13.56%** (13.4%-13.72%)	**0.33%** (0.30%-0.36%)
England	**0.53%** (0.53%-0.53%)	**11.68%** (11.67%-11.69%)	**0.45%** (0.45%-0.46%)

Treatment

With regards to hospital admissions, York has higher rates for mental health, Alzheimer's and other related dementia and schizophrenia, schizotypal and delusional disorders compared with the national average. Admission rates for unipolar depressive disorders are similar to the national average.

Treatment and early intervention can help to minimise the impact of mental illness and improve overall wellbeing. The numbers of people in contact with mental health services in a local area reflect prevalence but also reflect recognition and diagnosis of conditions and availability of appropriate treatment services.

Compared with the national average York has fewer:

- People on a Care Programme Approach (a way of co-ordinating community services for people with severe and enduring mental health problems).
- Contacts with a Community Psychiatric Nurse.
- tTotal contacts with mental health services.

Compared with the national average, however York has more:

- In year mental health bed days.
- People using adult / elderly secondary mental health services.

The allocated average spend for mental health per head is similar to the national average.

Outcomes

Improving patient outcomes is the aim of all mental health services, however there is limited data available about patients after their use of mental health services. A new indicator shows recovery rates following the use of Improving Access to Psychological Therapies and York has a higher rate compared with the England average.
The profile highlights the apparent issue of a much lower percentage of people with mental illness and / or disability in settled accommodation in York (5.7%) compared with the national average (67%). This figure actually relates to 2010-11 and the more recent data from the Adult Social Care Outcomes Framework shows a great improvement for York. In 2011-12 the figure was 54% against the national average of 54.6% and in 2012-13 the figure for York was 63.9%, above the national average of 58.5%.

Other available outcome indicators are as follows:

- York has lower rates for hospital admissions for injuries to under 18's.

- York's rates for emergency self harm hospital admissions, mortality for suicide and undetermined injury and mortality in under 75s with serious mental illness are similar to the national average.

Further discussion on mental health issues in York is provided in Section 7.

Learning Disabilities Profile

The Learning Disabilities Profile for York was published in 2013 Public Health England, 2013d).

The profile aims to show

- How many people have learning disabilities.
- How healthy they are.
- How much health care they receive.
- How well social services are looking out for them.

Population

In terms of the numbers of people with a learning disability, York has a lower number of:

- Adults (18 to 64) with learning disability known to local authorities.
- Children with autistic spectrum known to schools.
- Children with moderate or severe learning difficulties known to schools.
- Children with learning difficulties known to schools.

The number of adults with learning disability known to GPs and children with profound and multiple learning difficulties known to schools are similar to the national average.

In the comparison of local authority (LA) and health service (GP Quality Outcomes Framework) prevalence estimates for learning disability, York has a higher ratio of LA to QOF prevalence. This means that Learning Disability status is either not recognised by the GP practice staff, or not recorded in the patient records. Ideally these estimates should be similar.

Health

In relation to health, York is similar to the national average for median age at death, emergency hospital admissions, identifying people with learning disability in general hospital statistics and admission rates for physical health conditions common in people with learning disabilities.

York, however, has a lower proportion of eligible adults with a learning disability having a GP health check (31.3% compared with 52.7% nationally for 2011-12). This is an important indicator because people with learning disability have more difficulty than other groups in recognising ordinary health problems and getting treatment for them. Each year GPs should offer regular health checks to make sure important problems are identified and treated as soon as possible.

This data is collected at GP practice level and reported at PCT level so the figure for York is actually the figure for the former North Yorkshire and York PCT area. A request has been submitted to have the data for the practices in City of York Council's boundary only. Data released since the Learning Disability 2013 profile was published (Public Health England, 2013e) shows that there has been an improvement for 2012/13 (35.9% compared with 52% nationally).

Accommodation and social care

Compared with the national average York has fewer people with learning disabilities living in non settled accommodation and similar numbers living in settled accommodation or having an unknown housing status.

York has a higher number of adults using day services and similar numbers receiving community services or in paid employment.

Gross current expenditure for residential personal social services per 1,000 people with learning disabilities known to the local authority is higher in York. This includes spending on nursing and residential care placements, supported and other accommodation and Supporting People.

York has lower rates of referral to adult social care safeguarding teams for people with learning disability.

Child Health Profile

The Child Health Profile for City of York Council (Public Health England, 2014c) provides a snapshot of child health in the city.

The Child Health Profiles contain data on a wide range of issues about and affecting child health from levels of childhood obesity, MMR immunisation rates, teenage pregnancy and underage drinking, to hospital admissions, educational performance and youth crime.

The key findings from the report show that the health and wellbeing of children in York is generally better than the England average. Children and young people under the age of 20 make up 21.7% of the city's population.

- The level of child poverty in York is better than the national average with 13% of children aged under 16 living in poverty compared with 21% for England.

- The rate of family homelessness is better than the England average.

- In 2012 there were 2,095 live births in York, which saw the number of children in the city aged between 0 and 4 increase to 10,700 and the number of children aged 0 to 19 increase to 43,500. It is projected that the number of children in York aged 0 to 19 by 2020 will be 44,900.

- 8% of children aged 4-5 years old and 16% of children aged 10-11 years old are classified as obese. Compared with the England average, York has a similar percentage in Reception age children and a lower (better) percentage in Year 6 children.

- York is above national average for GCSEs achieved (5 A*-C inc. English and maths). For looked after children educated in York, we are similar to the national average for GCSEs achieved (5 A*-C inc. English and maths).

One indicator where York's result is worse than average is hospital admissions as a result of self harm (10-24 years). The figure for 2012/13 was 429 per 100, 000 compared with 346 nationally.

This issue is of concern nationally as hospital admissions for self-harm in children have increased in recent years, with admissions for young women being much higher than admissions for young men.

In the two previous child health profiles York was similar to the national average for this indicator however the age range was 0-17 whereas now it is 10-24. Further details on the number of admissions broken down by age, gender has been requested to enable further insight into why this is a particular issue for York.

National Child Measurement Programme (NCMP) Profile

The NCMP Local Authority Profile (Public Health England, 2014d) was updated in January 2014.

The National Child Measurement Programme (NCMP) is recognised as being a world class source of data that is fundamental for efforts to tackle childhood obesity.

Children in England in Reception year and Year 6 (approximately age 11) have their height and weight measured as part of the NCMP. The height and weight taken together are used to calculate an index known as the Body Mass Index (BMI).

The NCMP uses the UK 1990 child growth reference to assign a BMI to a child, which places them in a category of 1-4; underweight, healthy weight, over weight or obese.

The overall NCMP data helps City of York Council to target city-wide and school-specific programmes around healthy eating and physical activity, but it is also really important that parents receive information relating to the health of their child so that they consider any action they may want to take.

There are four indicators calculated from the National Child Measurement Programme for both reception and year six children. These are:

- Prevalence of underweight.
- Prevalence of healthy weight.
- Prevalence of overweight (including obesity).
- Prevalence of obesity.

Summary of Key Points

- 99% of children in the target years participated in the programme in York (the 9th highest overall NCMP participation rate in the country).

- York's performance on six of the eight measures is rated as better than the national average e.g. York has significantly lower obesity rates for Reception and Year 6 children.

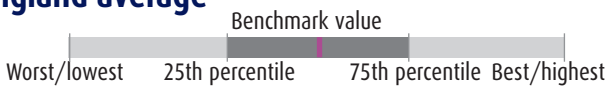
- There were no statistically significant changes in any of the indicators between 2011/12 and 2012/13.

- A family-based lifestyle weight management programme aimed at children who are identified as obese or overweight will be piloted in York in 2014/15.

The fact that York is better than average overall does not mean that it is not a problem. A generation ago a much smaller percentage of children were obese, but children were not measured in a standard way so we are not able to make direct comparisons.

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	England		
		Count	Value	Value	Value	Worst	Range	Best
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% 3	2.2%		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%

Ranking within England

York's performance on each indicator can be ranked within England[3]. York is in the top quartile for seven of the eight indicators.

Recent Trends

Records in York are considered to be inaccurate between 2008/09 and 2010/11 due to measurement bias[4]. The records are considered valid from 2011/12 onwards, so the charts below show the changes between 2011/12 and 2012/13.

The red lines in Figures 9 and 10 below represent the 95% confidence intervals for each value. In each case the confidence intervals for 2011-12 and 2012-13 overlap, indicating that the changes are not statistically significant.

[3] 1 is the highest rank (e.g. lowest obesity prevalence or highest healthy weight prevalence) and 151 is the lowest rank.

[4] In 2008/09 the York School Health team purchased some new measuring equipment parts which were discovered to be incompatible with other components of the equipment. This fault was discovered in 2011/12 and 2011/12 figures were amended accordingly. Measurements in 2008/09, 2009/10 and 2010/11 were unable to be amended and are therefore considered inaccurate.

Figure 13: Reception Year - Changes from 11/12 to 12/13

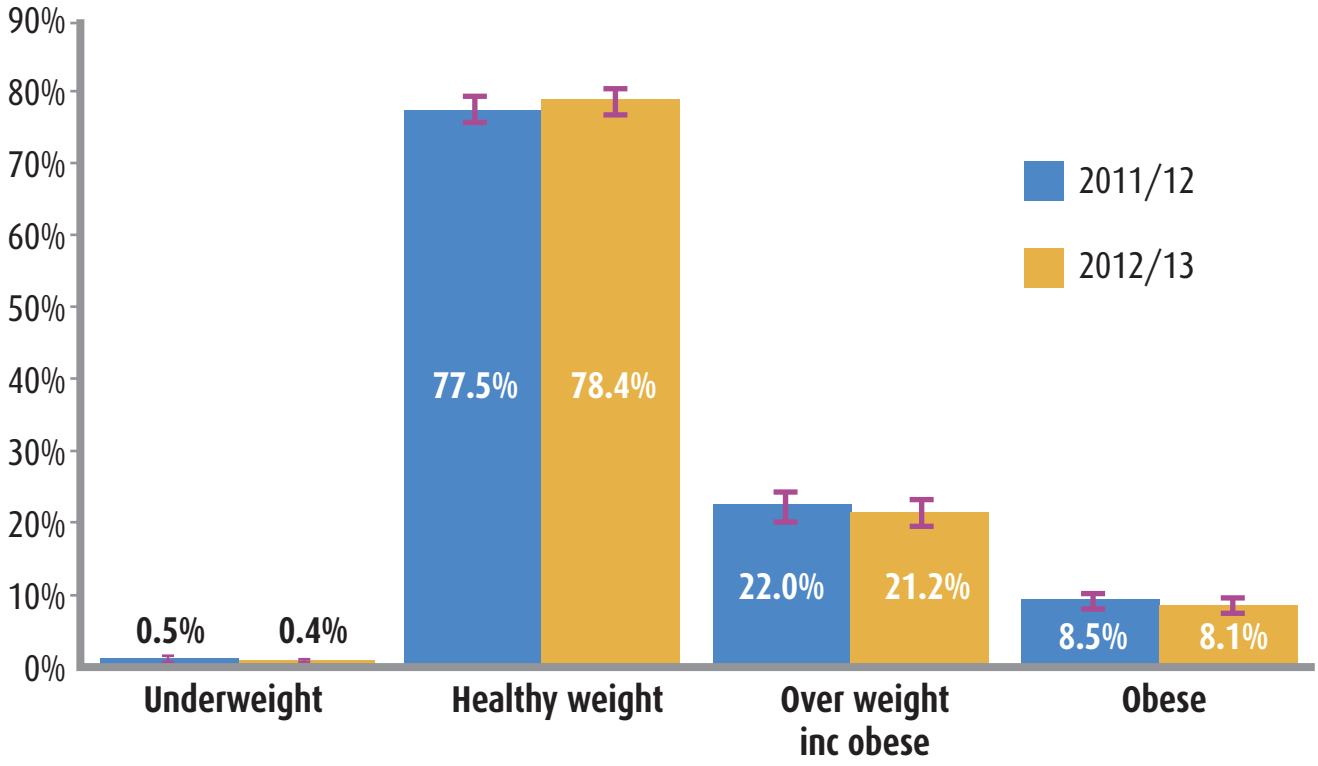
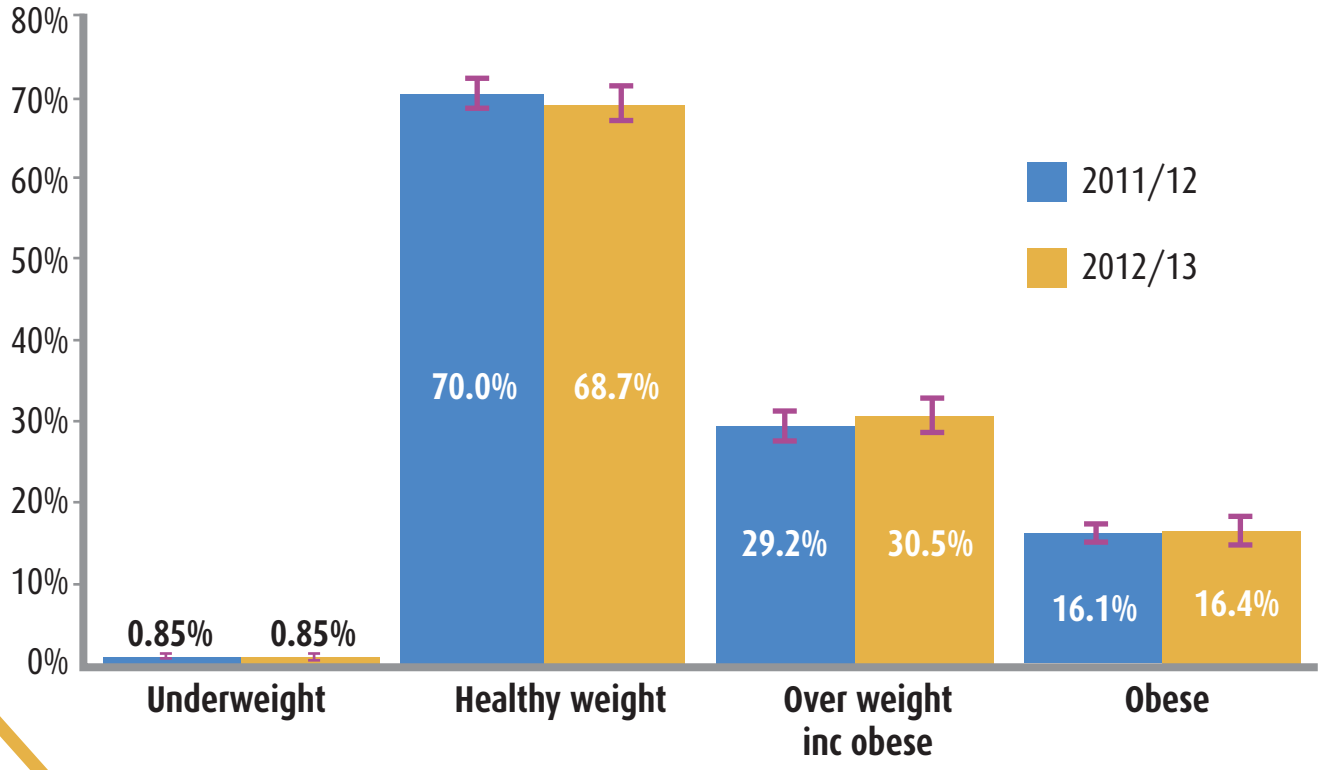


Figure 14: Year 6 - Changes from 11/12 to 12/13



Obesity Intervention Programme
The Public Health Team will be piloting an Obesity Intervention Programme in one area of the City of York. The programme will be a lifestyle weight management programme aimed at children and young people who are identified as obese or overweight through the National Child Measurement Programme (NCMP). The programme will follow NICE guidelines.

The programme will be delivered by the council's Sport and Active Leisure team to children, young people and their families, once a week for a period of seven weeks.

The evidence-based, fun and interactive intervention programme will be based on several key principles:

- Nutrition education, using a balanced healthy eating approach.
- Benefits of physical activity.
- Opportunities to experience fun, physical activity.
- Behaviour change techniques.
- Whole family approach.
- Focus on long-term lifestyle changes.
- Adopt a holistic approach, focusing on the whole young person, not just their weight.

It is anticipated that the programme will roll out across the city if the evaluation shows it has been effective and sufficient resources can be identified. However while such approaches may produce behaviour change at the level of the individual or the whole family, a comprehensive national multi-disciplinary investigation (Government Office for Science, 2007) into the problem of obesity and its projected increase concluded that the obesity epidemic requires societal action. It requires partnership between government, science, business and civil society. The physical infrastructure in York supports cycling and walking – this is exactly the sort of city-wide action required, and is perhaps why York is better than the national average in terms of having more children in the healthy weight range.

Tobacco Profile

The Local Tobacco Profile (Public Health England, 2014e) was updated in February 2014.

York has statistically significantly lower rates than the national average for the following indicators:

- Smoking attributable mortality.
- Deaths from lung cancer.
- Lung cancer registrations.
- Smoking attributable hospital admissions.

For the remaining indicators, York is rated as not significantly different from the national average.

- Smoking prevalence rates (overall and in routine and manual occupations)[5] in York have risen compared with the previous values.
- Smoking in pregnancy fell slightly.

The table below shows the rating for York in relation to the national average for the current and previous set of smoking indicators.

Table 7: Tobacco indicators for York: current and previous.

Indicator	Current value			Previous value			York change from previous value	Units
	Period	York	England	Period	York	England		
Smoking attributable mortality	2008-10	189.1	210.6	2007-09	193.4	216	-4.3	Directly standardised rate per 100,000
Smoking attributable deaths from heart disease	2008-10	26.9	30.3	2007-09	26.3	32.1	0.6	
Smoking attributable deaths from stroke	2008-10	7.6	9.8	2007-09	9.6	10.9	-2	
Deaths from lung cancer	2010-12	51.2	60.9	2009-11	31.8	37.2	19.4	
Deaths from chronic obstructive pulmonary disease	2010-12	49.8	50.1	2009-11	25.4	25.3	24.4	
Lung cancer registrations	2009-11	62.8	75.5	2008-10	38.4	46.6	24.4	
Oral cancer registrations	2009-11	14.4	12.8	2008-10	10.2	9.5	4.2	
Smoking attributable hospital admissions	2010/11	1,009	1,420	2009/10	1,047	1,417	-38	
Cost per capita of smoking attributable hospital admissions	2010/11	30.4	36.9	n/a	n/a	n/a		£ per capita
Smoking prevalence – routine & manual	2012	26.2%	29.7%	2011/12	24.0%	30.3%	2.2%	Proportion %
Smoking prevalence (IHS)	2012	17.6%	19.5%	2011/12	17.1%	20.0%	0.5%	
Smoking status at time of delivery	2012/13	13.7%	12.7%	2011/12	13.9%	13.2%	-0.2%	

Colour Rating: **Green – significantly better than the national average** **Yellow – not significantly different from the national average**

[5] The data on smoking prevalence comes from the Integrated Household Survey (IHS). The sample sizes for York were 1341 people for overall prevalence, 307 people for rates in routine and manual occupations and 2007 births for smoking rates at the time of delivery.

City of York Council is committed to increasing the number of non-smokers in the city and has actively supported national No Smoking Day, Public Health England's Stoptober campaign and backed the political move to make it illegal to carry a child under-18 in a car where someone is smoking.

In addition the council became the first local authority in the Yorkshire and Humber region to sign the Local Government Declaration on Tobacco Control. The Declaration provides a public opportunity for local authorities to publish a statement of their dedication to protecting local communities from the harm caused by smoking. The Declaration has been endorsed by leading figures including the Public Health Minister and the Chief Medical Officer.

Signing the Declaration reaffirmed the council's commitment to reduce the prevalence of smoking in York, and to tackle the harm it causes to the health of the city's residents.

Section 6:
Improving Health and Wellbeing in York 2013 – 2016

The Health and Wellbeing Strategy 2013-2016, (City of York Council, 2013) is an important piece of work completed by York's Health and Wellbeing Board. The strategy sets out the health and wellbeing issues and needs that must be addressed, the health priorities in York and how the Health and Wellbeing Board will achieve them.

Improving the health and wellbeing for people who live and work in York is the responsibility of all members of the Health and Wellbeing Board and other key people and organisations within the city.

York's Health and Wellbeing Board

This is a group of senior people from health and wellbeing organisations in York who work together to improve the health and wellbeing of the city's residents. They:

- Know and understand the health and wellbeing needs in York.
- Agree the health and wellbeing priorities for the city.
- Work together to address these priorities.

Their vision is:

For York to be a community where all residents enjoy long, healthy and independent lives, by ensuring that everyone is able to make healthy choices and, when they need it, have easy access to responsive health and social care services which they have helped to shape.

Councillor Linsay Cunningham-Cross is the Chair and the following organisations are represented:
City of York Council
Vale of York Clinincal Commissioning Group
York Council for Voluntary Service
HealthWatch
York Hospital NHS Foundation Trust
Leeds and York Partnership NHS Foundation Trust
Independent Care Group
North Yorkshire Police
NHS England

An Introduction to the Strategy

To create a Health and Wellbeing Strategy for York the Joint Strategic Needs Assessment (JSNA) was consulted. The JSNA is a review of the health and wellbeing needs of people who live in York. This assessment confirms that overall York is a great place to live. Most people who live in the city have good health and wellbeing. However, this does not apply to everyone: some people in the city experience poorer health and wellbeing. This may be down to their needs, their circumstances or simply where they live.

The Joint Strategic Needs Assessment highlighted the focus should be on these four important issues:

- The city's population is ageing and will place increasing demands on health and social care services.
- Health and wellbeing inequalities exist in the city and must be tackled.
- We need to know more about the mental health needs of the local population.
- The importance of intervening early and giving children and young people the best possible start in life.

The Health and Wellbeing Strategy is the plan to address these important issues.

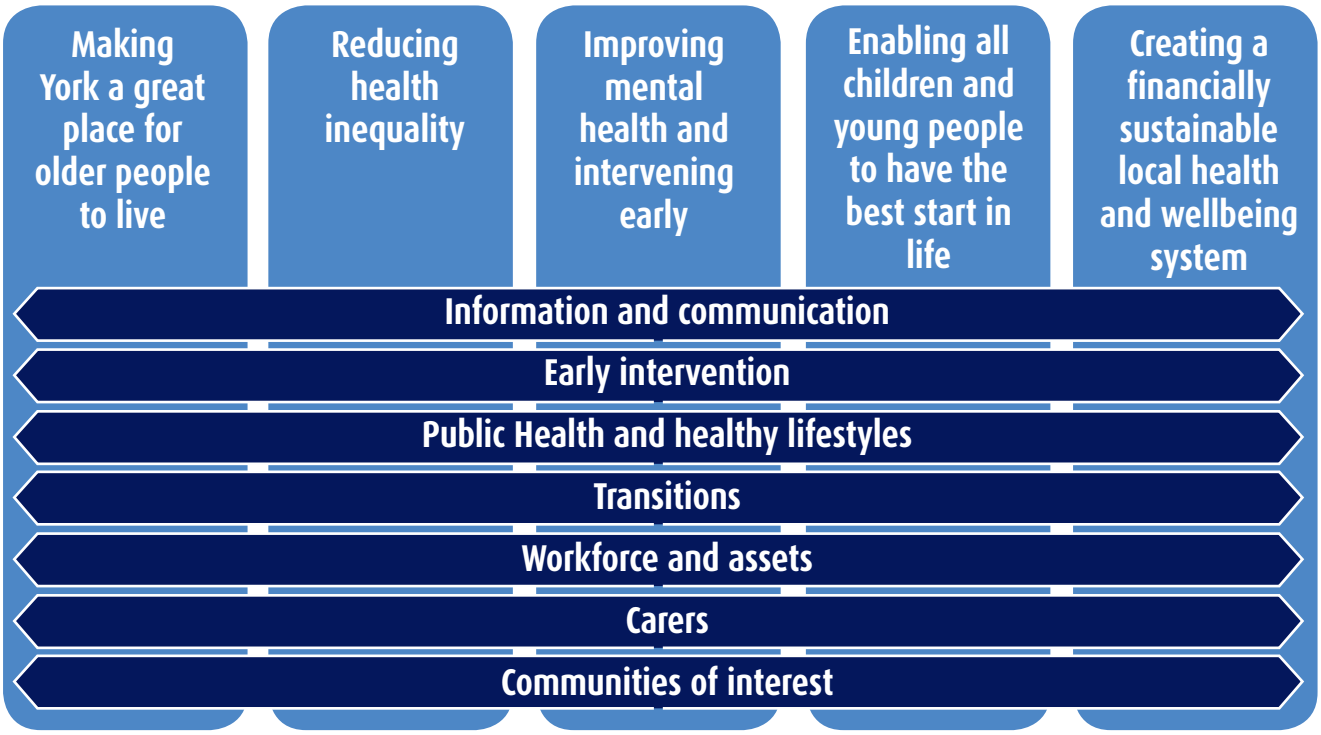
Priorities

The Health and Wellbeing Strategy concentrates on five priorities and identifies a number of actions to address them.

1. Making York a great place for older people to live
2. Reducing health inequalities
3. Improving mental health and intervening early
4. Enabling all children and young people to have the best start in life
5. Creating a financially sustainable local health and wellbeing system

The following cross-cutting themes and actions were initially introduced to guide the Health and Wellbeing Board's work.

Figure 15: **Cross cutting themes - Health and Wellbeing Board**



Here are some examples of some of the work the Board will do over the next three years:

- Further research to increase the understanding of people who have the poorest health outcomes, for example: looked after children, young people who leave care, carers (including young carers), people who have disabilities, people with mental health needs, older people, offenders and people who misuse substances.

- Ensure that the voice of carers and young carers is heard and listened to by the Health and Wellbeing Board.

- Work closely with colleagues in housing and support the implementation of the city's housing strategy. For example, providing more affordable homes, promoting 'healthy homes' which are safe and secure, meeting the housing needs of an ageing population, preventing homelessness and supported housing.

- Make health and wellbeing information easier to understand and easier to access.

- Equip the workforce, both paid staff and volunteers, so they have the skills and knowledge to help deliver this strategy and improve the health and wellbeing of York's residents.

Making York a great place for older people to live

Older people make a huge contribution to the life of York: to the local economy as experienced and committed workers and to the communities. They are often at the heart of families, volunteering, caring, mentoring and supporting children and young people.

The five key issues for this priority are:

- Supporting people with long term conditions to live independently.
- Preventing admissions to hospital.
- Encouraging physical activity.
- Addressing loneliness and social isolation.
- Preparing for an increase in dementia.

Here are some examples of actions the Health and Wellbeing Board will take to address these key issues:

Establish Neighbourhood Care Teams across the city and explore other options which support people in their transition from hospital to home. Neighbourhood Care Teams will bring together health, social care and independent and voluntary sector staff around the 'neighbourhood' of a GP practice to provide patient-centred care closer to a patient's home.

Understand the factors that contribute to loneliness and what local communities and organisations can do to prevent and address it. The Health and Wellbeing Board will take learnings from many pieces of work, including the Joseph Rowntree Foundation programme 'Neighbourhood Approaches to Loneliness'.

Develop a single social prescribing programme, a programme where health professionals recommend exercise, social activity or volunteering to promote better health and wellbeing.

Undertake a review into the use of medication and how it is assessed in residential and nursing care, especially psychotropic drugs and medication for people with dementia.

Develop an end of life policy so people have more choice and control about where they want to die.

Reducing health inequalities

People living in some areas of York can expect to live on average 8.5 years less than other York residents if they are male or 5.6 years less if they are female.

The Health and Wellbeing Board believe this is deeply unfair and jars against the vision for all York residents to be able to enjoy long, healthy and independent lives.

To reduce health inequalities both the causes and effects of these complex issues need addressing as well as the deprivation that exists in particular communities and areas of York.

The key issues for this priority are:

- Targeting resource where it is needed most.
- Tackling deprivation and addressing complex issues.
- Improving access to services and supporting community-based initiatives.
- Promoting healthy lifestyles and behaviours.

The Health and Wellbeing Board will address these key issues by:

Working with partners to address complex, interlinked issues that a number of families experience in our city, through our work with troubled families.

Recruiting, training and supporting health and wellbeing champions from within the communities who experience poorer health. Health and wellbeing champions will provide information about health and wellbeing so people have better access to support and services.

Address health behaviours and lifestyles in York, this includes smoking, alcohol use and obesity, which have a major impact on our health and wellbeing.

Encourage health and wellbeing organisations and agencies to explore the adoption of the living wage to help lift families out of poverty, motivate staff and deliver higher quality care and support.

Invest in programmes which increase people's income and/or reduce their expenditure, for example, debt, benefits and employment advice. The Board wants to prevent families from living in poverty and help those who already are.

Improving mental health and intervening early

The key issues for this priority are:

- Increasing understanding of mental health needs across the city.
- Raising awareness of mental health and reducing stigma.
- Intervening earlier and supporting community-based initiatives.
- Ensuring service planning and provision promotes choice and control.

Here are some examples of actions The Health and Wellbeing Board will take to address these key issues:

Understand more about mental health in the city to ensure people receive the right support at the right time. The Board wants to intervene early and prevent conditions from worsening.

Once the Health and Wellbeing Board knows more about mental health needs they will map the support and pathways available for people with mental health conditions. This includes reviewing the thresholds and eligibility criteria for services. This will help identify opportunities to intervene earlier and ensure the right support is offered to people at the right time.

Deliver 'well at work' training for managers in the city's employers. This will increase awareness of mental health and stress in the workplace, how to identify problems and signpost to support.

Commission more community based support and services to promote early intervention; helping people to stay well or prevent conditions from worsening.

Provide a Place of Safety for York and North Yorkshire. The Health and Wellbeing Board has identified there is a need to find a better way of working with people when they are detained under the Mental Health Act. The Board wants to ensure that people are treated with respect and dignity. Police custody is not an appropriate Place of Safety – it compounds distress and vulnerability.

Enabling all children and young people to have the best start in life

Early intervention and tackling inequality are the basis for enabling all children and young people to have the best start in life.

In York, the number of children subject to a formal child protection plan remained stable over 2013. Neglect is the largest single category of child protection plans, often alongside other forms of maltreatment including domestic abuse, physical abuse and sexual abuse. Many children who live within neglecting families are disadvantaged from early life and encounter social, emotional, behavioural and educational difficulties as they grow older.

There are an estimated 4,100 children living in poverty in York. There is a considerable attainment gap between pupils who are in receipt of free school meals and other pupils. In 2013, 10% of York pupils were eligible for free school meals. Pupils eligible to receive free school meals in York have a higher absence rate than those pupils who were not eligible. (Information relating to Free School Meal Status is obtained from the Pupil Level Annual School Census – PLASC). We know that education is essential in improving life chances and opportunity.

'Dream Again', York's Strategic Plan for Children, Young People and their Families, 2013-2016 will deliver this priority.

Its key themes are:

- Striving for the highest standards.
- Creating truly equal opportunities.
- Ensuring children and young people always feel safe.
- Intervening early and effectively.
- Working together creatively.
- Treating children as our partners: mutual respect and celebration.
- Connecting to communities and to the rich culture of our great city.
- Remembering that laughter and happiness are also important.

In addition, there are five specific priorities, based on evidence about where extra help is needed

- Helping all York children enjoy a wonderful family life.
- Supporting those who need extra help.
- Promoting good mental health.
- Reaching further: links to a strong economy.
- Planning well in a changing world.

Creating a financially sustainable local health and wellbeing system

To deliver the Health and Wellbeing Strategy the Board needs to have the right resources in place. The Board must ensure that as health and wellbeing organisations they spend money, allocate staff time and make decisions that are focused on the priorities within the Health and Wellbeing Strategy.

The budgets have been significantly reduced and are being reduced further. These are challenging times for both individuals and organisations and at the same time there is more demand for health and wellbeing services.

But despite the challenges, there are still hundreds of millions of pounds across sectors and organisations to support and improve the health and wellbeing of individuals and communities in York – it is therefore important to make sure money is used effectively and invested wisely.

This priority is the responsibility of the Health and Wellbeing Board. The organisations and sectors represented on the Board will work closer together to ensure that across the city there is the provision of the right services and the right systems in place to support people.

The Health and Wellbeing Board will:

- Aim to further integrate health and social care.
- Jointly plan more care pathways.
- Jointly commission more health and wellbeing services.

Delivering the Health and Wellbeing Strategy:

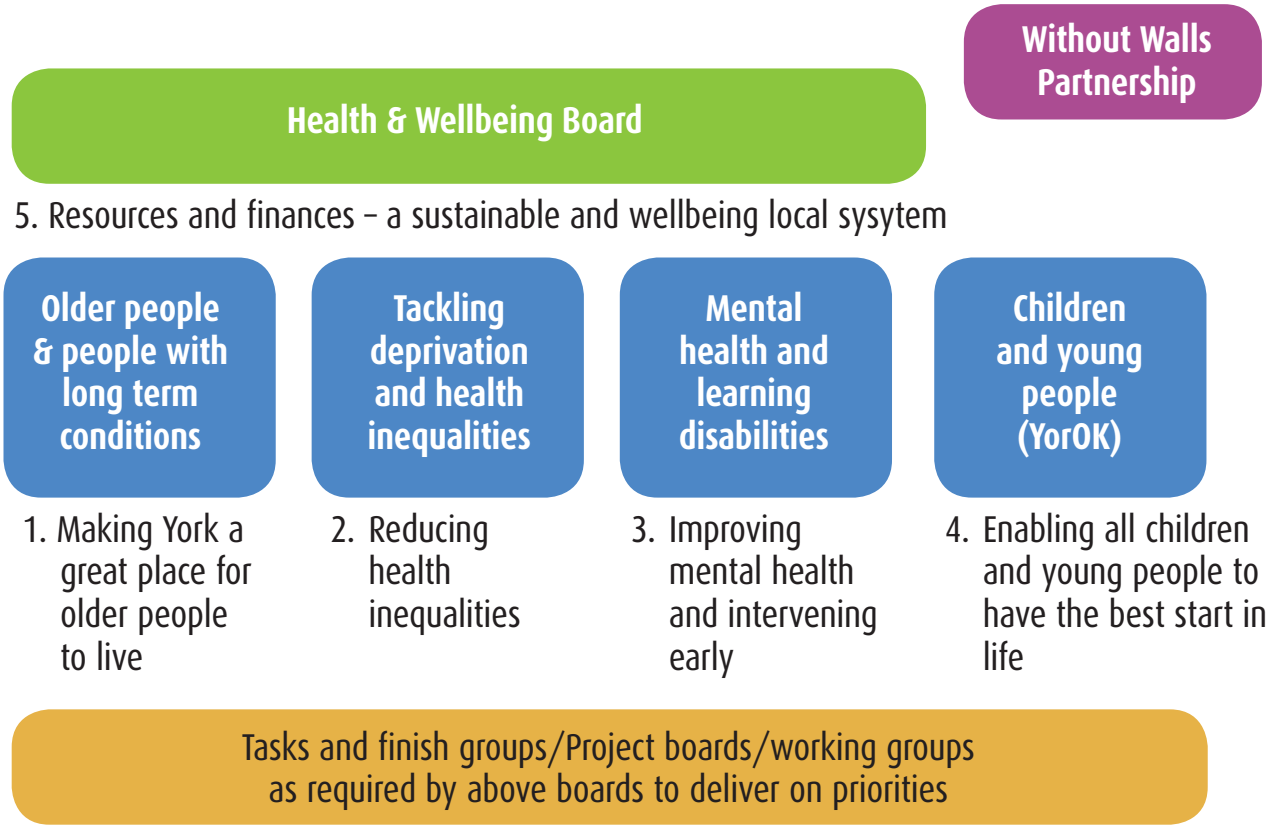
The Health and Wellbeing Board has overall accountability for the Health and Wellbeing Strategy. There are four health and wellbeing partnerships that report to the Health and Wellbeing Board, who will be responsible for delivering relevant priorities and working together to deliver the cross-cutting priorities. These partnerships are:

Older People and People with Long Term Conditions – Chaired by the Vale of York Clinical Commissioning Group
Mental Health and Learning Disabilities – Chaired by the Vale of York Clinical Commissioning Group
YorOK (Children and Young People) – Chaired by City of York Council

This diagram shows the responsibilities of the health and wellbeing partnerships to deliver the Health and Wellbeing Strategy.

Figure 16: Responsibility for delivery and monitoring

Responsibility and accountability for each theme through partnership infrastructure



To find out more about York's Health and Wellbeing Strategy contact York's Public Health Team:
Email: healthandwellbeing@york.gov.uk

Section 7:
Emerging Issues

Domestic Abuse

This section of the report covers the important issue of domestic abuse in York.

The main topics covered are:

- Recent changes to the definition of domestic abuse and the implications of these changes.
- The impact of domestic abuse on the health and wellbeing of victims and witnesses.
- Data on the incidence of domestic abuse in York.
- The measures being taken in York to address this issue.

What is domestic abuse?

The definition of domestic abuse and violence, which came into effect on 31 March 2013, is as follows

'Any incident or pattern of incidents of controlling, coercive or threatening behaviour, violence or abuse between those aged 16 or over who are or have been intimate partners or family members regardless of gender or sexuality. This can encompass but is not limited to the following types of abuse: psychological, physical, sexual, financial and emotional'.

The changes encompassed in the new definition are explained in the York and North Yorkshire Draft Domestic Abuse Strategy (North Yorkshire Domestic Abuse Joint Coordinating Group, 2014)

- It is anticipated that the inclusion of 16 -17 year olds will increase awareness of young people experiencing domestic violence and abuse and encourage more of them to recognise abuse and come forward to access support.

- Controlling behaviour includes a range of acts designed to make a person subordinate and/or dependent by isolating them from sources of support, depriving them of independence and regulating their everyday behaviour.

- Coercive control is now included as an element of abuse. This includes assault, threats, humiliation and intimidation or other abuse that is used by perpetrators to harm, punish, or frighten their victim. It also covers issues of concern to black and minority ethnic (BME) communities such as so-called honour based violence, forced or early marriage and female genital mutilation.

Honour based violence (HBV) is a form of domestic abuse which is perpetrated in the name of so called 'honour' and it can exist in any culture or community where males are in position to establish and enforce women's conduct. Examples of 'infringements' of an honour code may include a woman having a boyfriend, rejecting a forced marriage, pregnancy outside of marriage, interfaith relationships or seeking divorce.

There are examples of HBV in York i.e. some honour victims have been looked after in the refuge and there are calls from York to the Honour Network Helpline (see the section on local data for more details). A multi agency conference on HBV was held in York in 2012 as well as training for the Housing Options team.

How does domestic abuse impact on health and wellbeing?

The impact of domestic abuse on mental health is explained on the Women's Aid website. Many women and children living with or escaping domestic violence will experience some mental health issues which may result from the abuse or be exacerbated by it. Key findings from the research are summarised as follows:

- More than half of women mental health service users have experienced domestic violence and up to a fifth will be experiencing current abuse.
- Domestic violence and other abuse is the most prevalent cause of depression and other mental health difficulties in women.
- Domestic violence commonly results in self-harm and attempted suicide.
- 70% of women psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse.

The impact of domestic abuse on the health and wellbeing of children who are exposed to it is shown in a recent report (CADDA, 2014)

- Children suffer physical and mental health consequences as a result of exposure to domestic abuse e.g. over half had behavioural problems and over a third had difficulties adjusting at school.
- There is an overlap between direct harm to children and domestic abuse i.e. almost two thirds of the children exposed to domestic abuse were also being directly harmed as well as witnessing the abuse of a parent.
- A quarter of both boys and girls exposed to domestic abuse exhibit abusive behaviours themselves.

When the police record domestic incidents it is noted whether children are present (see the section on local data for more details).

What local data is available on domestic abuse?

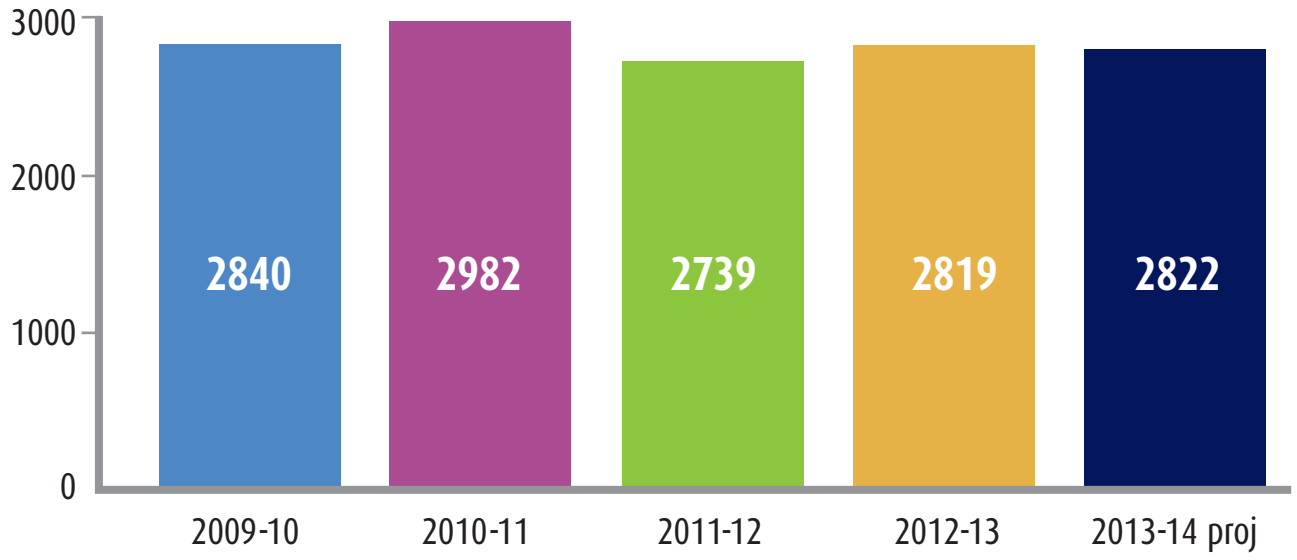
The Public Health Outcomes Framework (PHOF) contains the following indicator: domestic abuse incidents recorded by the police per 1,000 of population. It is noted in the definition of this indicator that it is difficult to obtain reliable information on the extent of domestic abuse as there is a degree of under-reporting of these incidents. The Independent Domestic Abuse Service (IDAS) estimate that 90% of incidents of domestic abuse go un-reported.

For 2011/12, the PHOF indicator shows that the local domestic abuse rate (11.5 per 1000) was significantly lower than the regional (20.6) and national (18.2) averages. This indicator, however, is only recorded at the level of Police Force Area so the figure relates to the whole of North Yorkshire and not just York.

Data on police recorded domestic incidents for York are available from the Safer York Partnership and this enables local trends and patterns to be identified. Figures for 2013-14 are projected based on the 11 months data available at the time of publication of this report.

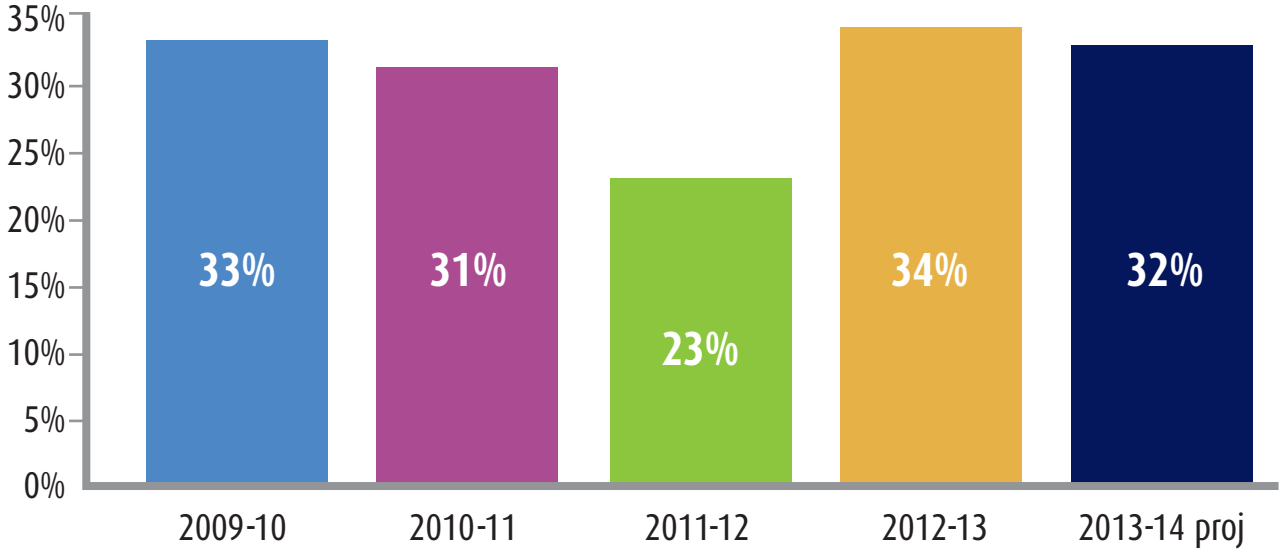
The chart below shows police recorded domestic incidents for the last five years in York and it can be seen that the number of incidents has been static in the last two years at around 2,820 per year.

Figure 17: Police recorded domestic incidents in York: 5 year trend



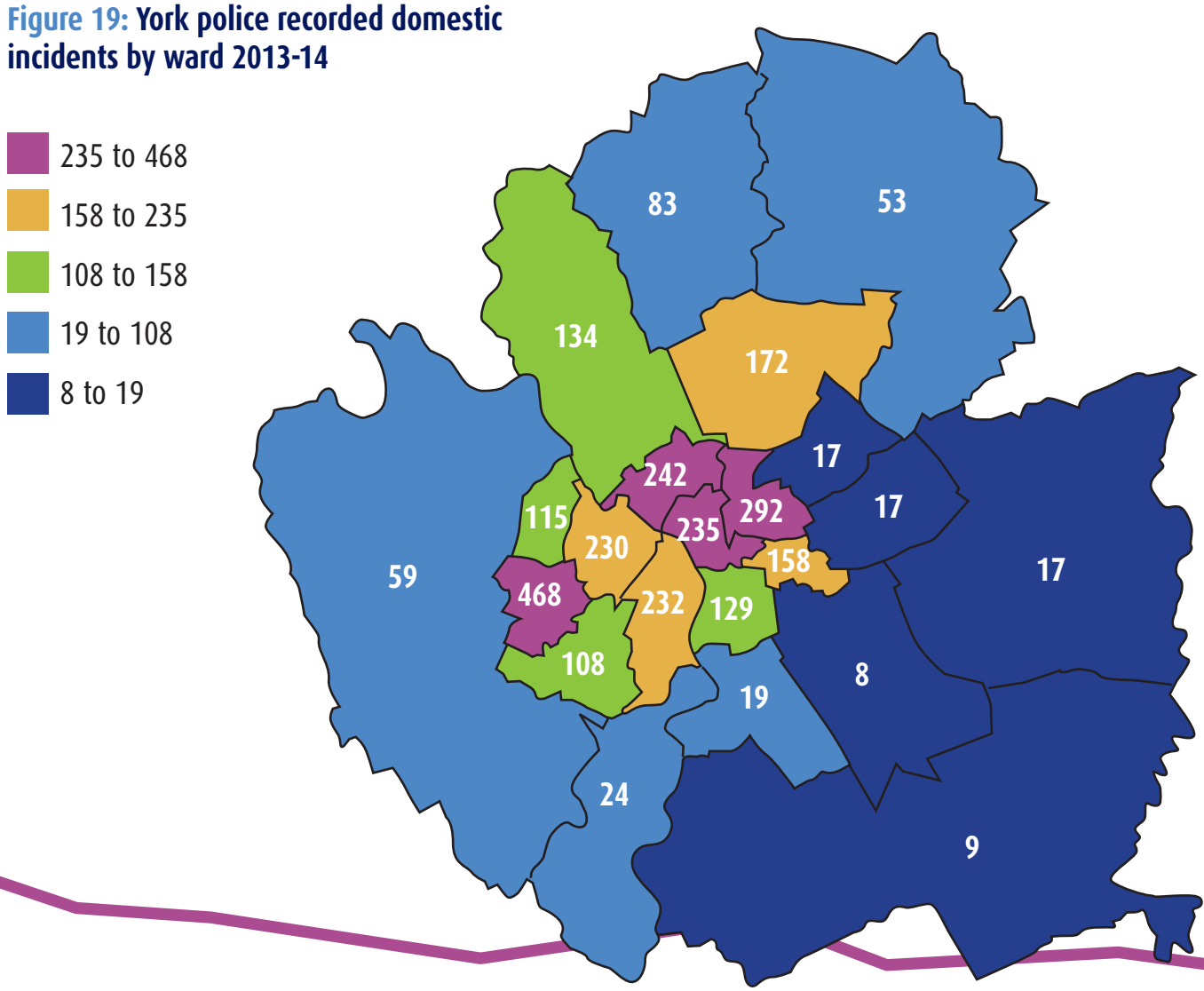
A key indicator is the percentage of incidents perpetrated by the same person (repeat incidents). An objective of the domestic abuse strategy is to provide interventions for perpetrators to reduce offending (for example through the 'Making Safe' initiative). The chart below shows the five year trend in York for the percentage of repeat incidents and it can be seen that there was a fall in 2013-14.

Figure 18: Police recorded domestic incidents in York: % repeat incidents – 5 year trend



The map below shows where domestic incidents occurred within York in 2013-14.

Figure 19: York police recorded domestic incidents by ward 2013-14



- The wards with the highest number of incidents were Westfield, Heworth, Clifton and Guildhall.

- The wards with the highest rate of incidents (number of incidents per 1000 of adult population) were Westfield, Guildhall, Heworth and Micklegate.

These wards are being targeted by the newly appointed Early Intervention Worker (see the section on 'what is being done' for further details).

The police recorded domestic incidents for 2013/14 for York can be analysed further:

- 28% were 'crimed' (recorded as a crime).
- 23% involved an arrest.
- 18% occurred with children present.
- 10% were categorised as high risk (of those where the level of risk was recorded).

Incidents categorised as high risk were more likely to be repeat incidents (67%), more likely to be 'crimed' (50%) and more likely to involve an arrest (53%).

The number of telephone calls from York to the Honour Network Helpline increased from 7 in 2011 to 29 in 2012.

What is being done to tackle domestic abuse in York?

Domestic Violence Strategic Board

City of York Council and its partners established a Domestic Violence Strategic Board in 2013, building on the joint work already underway with North Yorkshire but with specific focus on the needs of York. A key objective for this group is to raise the profile and awareness of not just domestic violence but also the wider issues of violence against women and children. This year the Lord Mayor, through her chosen charities, has supported the work around domestic abuse and she has been leading the work around gaining White Ribbon status for the city

White Ribbon Status

White Ribbon status recognises cities and organisations which demonstrate commitment to addressing and altering social norms that lead to violent and abusive behaviour against women. It promotes support by men in prevention activities, increasing awareness and providing services aimed at reducing any form of violence against women and children.

Since September 2013 extensive work has been undertaken by the city of York to highlight these issues including events such as "Reclaim the Night March," White Ribbon Day and International Women's Week. Prominent businesses, partners and staff have pledged their support and an action plan is in place to ensure the work is taken forward by the Strategy Group. The accreditation was officially presented to the city of York on Friday 9 May 2014.

Independent Domestic Abuse Service (IDAS)

The Independent Domestic Abuse Service (IDAS) has supported over 400 families living in the community and accommodated 41 families in the local refuge. IDAS report that about 85% of the people they work with are considered 'high risk' victims.

York currently has three dedicated Independent Domestic Violence Advisors (IDVA's) who work through IDAS. One of these supports the local domestic violence court which is held at York Magistrates Court. Preliminary discussions have taken place about having an IVDA allocated to the Emergency Department at York Hospital.

The City of York has also employed an Early Intervention Worker (EIW) to work within IDAS to target cases of domestic abuse classed as 'standard' risk with the intention of intervening with the families at the earliest opportunity to prevent escalation. Safer York Partnership (SYP) has agreed to fund the post for an initial twelve months and the worker is based within local Children Centres, providing links with practitioners and dovetailing with the Troubled Families initiative.

The 'Respect' Young People's Programme (RYPP) works with young people aged 11 – 14 who are displaying abusive behaviours within the family unit. IDAS are working in partnership with Respect to deliver the RYPP across many areas of North Yorkshire.

Days of action.

Multi-Agency "Days of Action" are regularly implemented across the city and include visits by the local Domestic Abuse Coordinator and specialist support services to homes where domestic abuse has been reported. They also conduct wider visits across the wards with high levels of domestic incidents.

Multi-Agency Risk Assessment Conferences (MARAC)

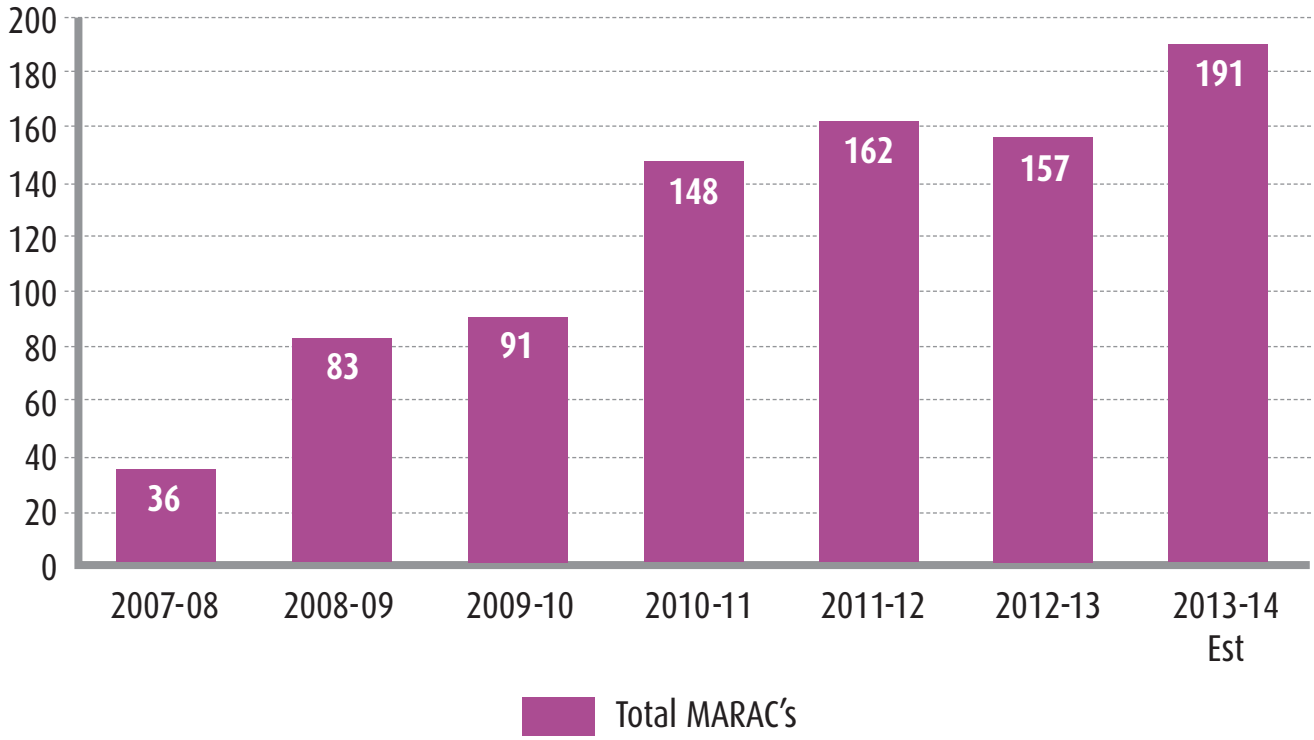
Multi-Agency Risk Assessment Conferences (MARAC) are held regularly to review information about high risk domestic abuse victims (those at risk of murder or serious harm). By bringing all agencies together and ensuring that whenever possible the victim is represented by an IDVA, a risk focused, co-ordinated safety plan can be drawn up to support the victim.

A report into the effectiveness of MARACs (CAADA, 2010) highlights that:

- Early analysis shows that following intervention by a MARAC and an IDVA, up to 60% of domestic abuse victims report no further violence.
- For every £1 spent on MARACs at least £6 can be saved annually on direct costs to agencies such as the police and health services.

The number of MARACs held in York has steadily increased since 2007 from 36 to 191 as can be seen in the chart below.

Figure 20: Trend in MARACs in York



Making Safe Scheme

Following the success of the Making Safe pilot in Scarborough and Ryedale, the scheme is now available in York and Selby. The initiative supports the victim and family by challenging the offender's behaviour and providing support from the IDVA before, during and after any court proceedings.

As well as ensuring the victim feels safe, the scheme aims to engage domestic abuse perpetrators. Offenders are supported with guidance on a range of issues for example eight offenders have received support from Foundation Housing and since November have not re-offended domestic abuse on their partners.

Between September 2012 and Nov 2013 there were 32 referrals to the scheme in York and 15 people from York actually on the scheme.

Making Safe also contributes to the prevention agenda and work with children is paramount in breaking the cycle of abuse that passes down in families. Children aged 13 and over are able to receive safety planning training and anger management counselling and a Children's Advocate is available to work with younger children.

Alcohol

Alcohol Profile

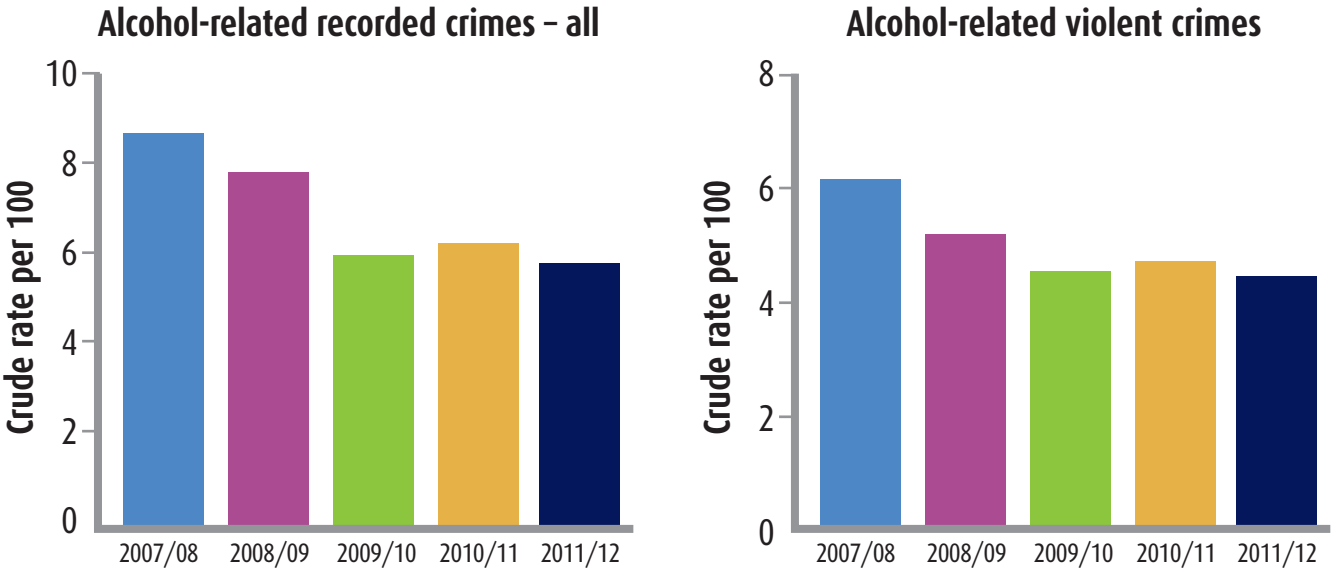
Public Health England annually produces Local Alcohol Profiles (LAPE) for each local authority area. The most recent profile was produced in 2013 (Public Health England, 2013f).

York is rated as significantly better than the national average on the following measures:

- Lower alcohol-specific and alcohol-attributable hospital admissions for both males and females.
- Lower rates of alcohol-related reported crime, violent crime and sexual offences.
- Fewer incapacity benefit claimants with alcoholism as the main medical reason.

There is a downward trend in alcohol related crime and alcohol related violent crime in York.

Figure 21: Trends in alcohol related crime in York



York is similar to the national average for:

- Alcohol-specific and alcohol-attributable mortality for males and females.
- Mortality from chronic liver disease for both males and females.
- Alcohol-specific hospital admissions for under 18's.
- Mortality from transport accidents.

York is significantly worse than the national average on 2 measures:

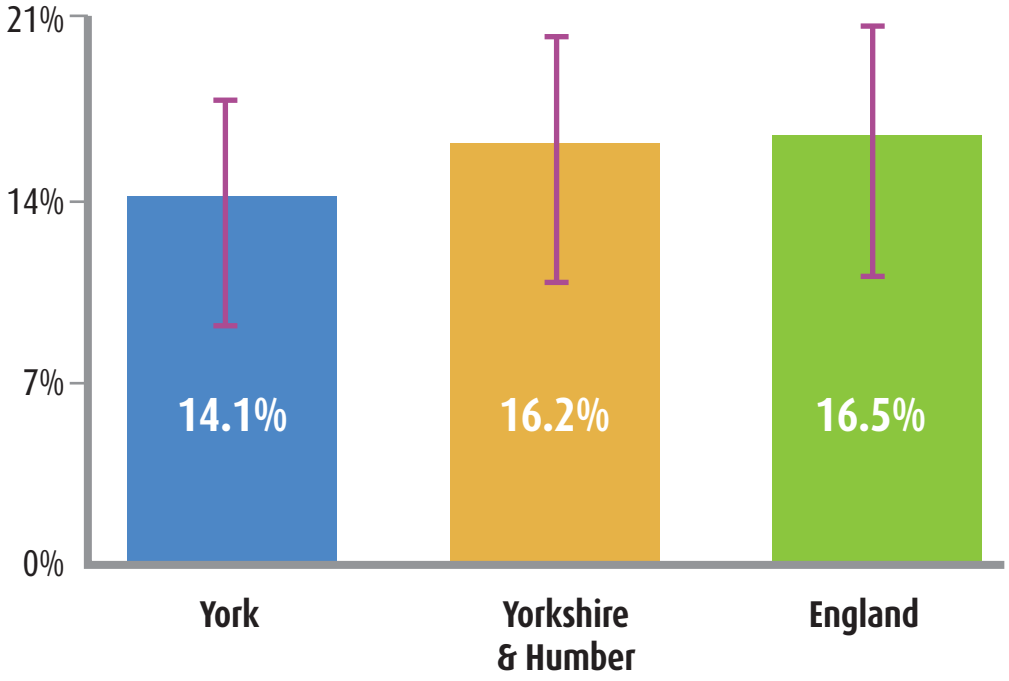
- Levels of binge drinking (synthetic estimate).
- Percentage of employees working in bars.

Out of the 326 areas that were compared, York is placed 320th for its levels of binge drinking. This means that York has the 7th worst estimated levels of binge drinking in the country.

What are the levels of alcohol use in York?

The estimated percentage of adults in York who abstain from drinking alcohol is 14% (LAPE). This figure is not significantly different from the regional (16%) and national (17%) averages.

Figure 22: Estimated % of abstainers: York v England v Region

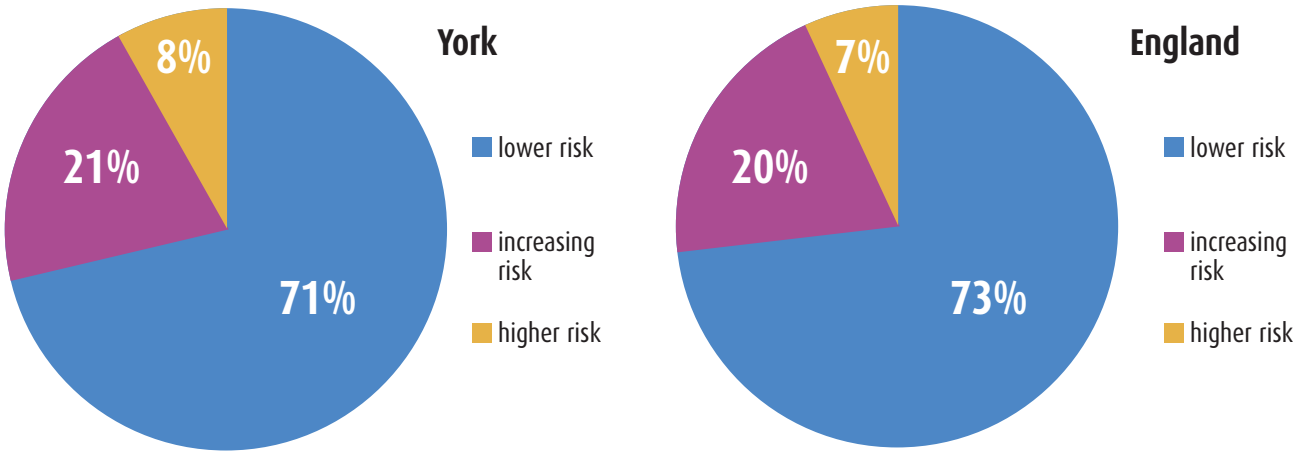


The percentage of alcohol drinkers who fall into each risk category is also estimated in the LAPE. The risk categories are defined as follows, based on the units of alcohol consumed per week for both males and females.

- Lower risk drinking: < 22 units for males and < 15 units for females.
- Increasing risk drinking: 22 to 50 units for males and 15 to 35 units for females.
- Higher risk drinking: > 50 units for males and > 35 units for females.

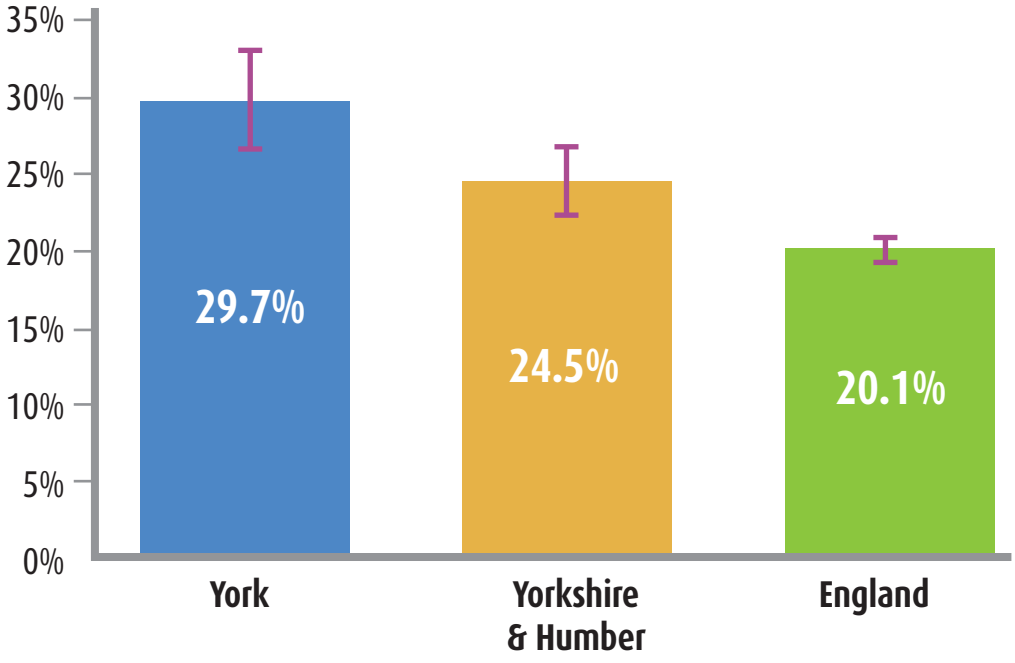
The estimates for York and England are shown in the chart below. York's profile is not significantly different to the national profile. The majority of drinkers in York (71%) drink at lower risk levels, with 21% drinking at increasing risk and 8% at higher risk levels.

Figure 23: Breakdown of drinkers by risk category – York v England



Binge drinking is defined as consumption of at least twice the daily recommended amount of alcohol in a single drinking session (8 or more units for men and 6 or more units for women). York is estimated to have a significantly higher percentage of binge drinkers than the national and regional averages as is shown in the chart below.

Figure 24: Estimated % of binge drinkers in York.



Some of the effects of binge drinking are shown in the next section on the impact of alcohol use on health and wellbeing.

Currently there are no local estimates available for levels of dependency on alcohol, however if the national estimates (NHS Information Centre for Health and Social Care, 2009) are applied to the York population this would suggest there are almost 7,000 males and 3,000 females in York with some degree of alcohol dependence (either mild, moderate or severe). Recent changes to the treatment and recovery system in York have been made to help people overcome dependency on alcohol and these are described in the section on treatment.

How does alcohol use impact on health and wellbeing?

The Public Health England alcohol support pack (Public Health England, 2013g) identifies three main ways in which alcohol use impacts on health and wellbeing: hospital admissions; mortality and months of life lost and alcohol related crime. York is ranked in one of four categories indicating a level of harm to the health of residents due to alcohol:

- Least amount of harm.
- Lower harm levels.
- Higher harm levels.
- Most amount of harm.

York is benchmarked against its Office of National Statistics 'nearest neighbour' group i.e. 15 other areas that are similar across a range of demographic, socio economic and geographic variables.

Hospital admissions due to alcohol.

York is rated as experiencing the least amount of harm for

- Under 18 alcohol specific admissions.
- Alcohol-attributable admissions (episodes and people).
- Alcohol specific admissions.

Mortality and months of life lost

York is rated as experiencing the least amount of harm for

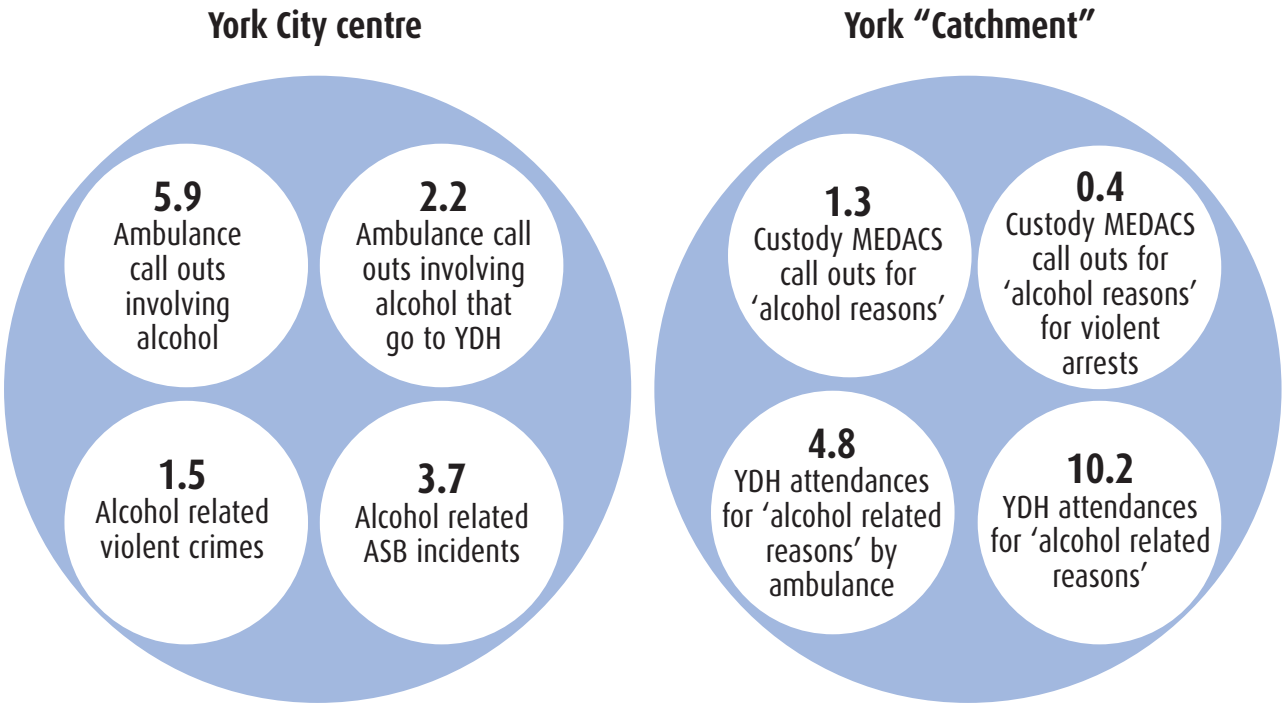
- Months of life lost (males and females).
- Alcohol specific mortality.
- Liver mortality.
- Alcohol attributable mortality.

Alcohol related crime

York is rated as experiencing lower harm levels for alcohol related recorded crime, however York is rated as experiencing higher harm levels for alcohol related violent crime.

Higher levels of alcohol related crimes are likely to be related to binge drinking and the night time economy. The Safer York Partnership conducted an analysis of activity in York in terms of alcohol related ambulance call outs, hospital admissions, violent crimes and antisocial behaviour for an average weekday, Friday or Saturday night out in York. The analysis was conducted using data primarily from 2013 and the time period analysed was 6pm to 6am. Friday night is shown as an example in the chart below.

Figure 25: Alcohol-related impact of an average Friday night in York



ASB = Antisocial Behaviour, MEDACS = Medical calls outs to custody suites, YDH = York District Hospital

City of York Council welcomes all who want to enjoy the best of York and especially those who respect the city's residents, businesses and others who are enjoying what the city has to offer. The council is working with partners to build a broader base of city centre activities between 5 to 8pm, that are family friendly and not centred on alcohol consumption. In addition, there is continuing work with the two universities and student unions to promote better awareness of excessive alcohol consumption, to address issues surrounding behaviour, alcohol misuse and also river safety. The council has launched a new Alcohol Restriction Zone (ARZ) where alcohol can be confiscated if drinkers are behaving anti-socially. The ARZ now encompasses York Railway Station and so involves East Coast Rail as well as British Transport Police.

What is the financial cost to society of alcohol misuse in York?

Public Health England estimated the financial cost to society of alcohol misuse for each local authority for 2011/12 (Public Health England, 2013f). The cost in York was £77.26 M and the breakdown was as follows:

- **£13.17 M on NHS costs** e.g. alcohol related: hospital admissions, outpatient visits, A&E attendances, ambulance journeys, GP consultations and specialist treatment.
- **£23.38 M on crime and licensing costs** e.g. alcohol attributable offences, alcohol specific crimes, cost of Issuing Penalty Notices for Disorder (PNDs) and licensing costs.
- **£37.52 M on workplace and the economy costs** e.g. alcohol related: absenteeism, unemployment, premature mortality and years of potential working life lost.
- **£4.28 M on social services costs** e.g. alcohol attributable expenditure on children's and adults social care.

York has a lower alcohol cost per head of population (£391) compared with regional (£397) and national (£402) averages. The detailed breakdown of costs per head of population is shown in the chart below and it can be seen that York has a much higher average cost to the workplace and the economy.

Figure 26: Alcohol cost to society per head of population for York

What specialist treatment is available in York?

The City of York Council reconfigured and re-commissioned the specialist substance misuse treatment services in 2012. The key services available to treat dependent alcohol users in York are described below.

Lifeline provides an integrated substance misuse service in York offering a range of interventions to help people recover from alcohol dependency including talking therapies (such as cognitive behavioural therapy), detoxification and other elements that support recovery such as access to mutual aid, peer mentoring, education, employment and housing. A total of 376 adult York residents had treatment for alcohol dependency with Lifeline between April and December 2013. Lifeline also provides a young persons substance misuse treatment services in York. 81 young people had treatment between October 2012 and September 2013 and 74% of these used alcohol.

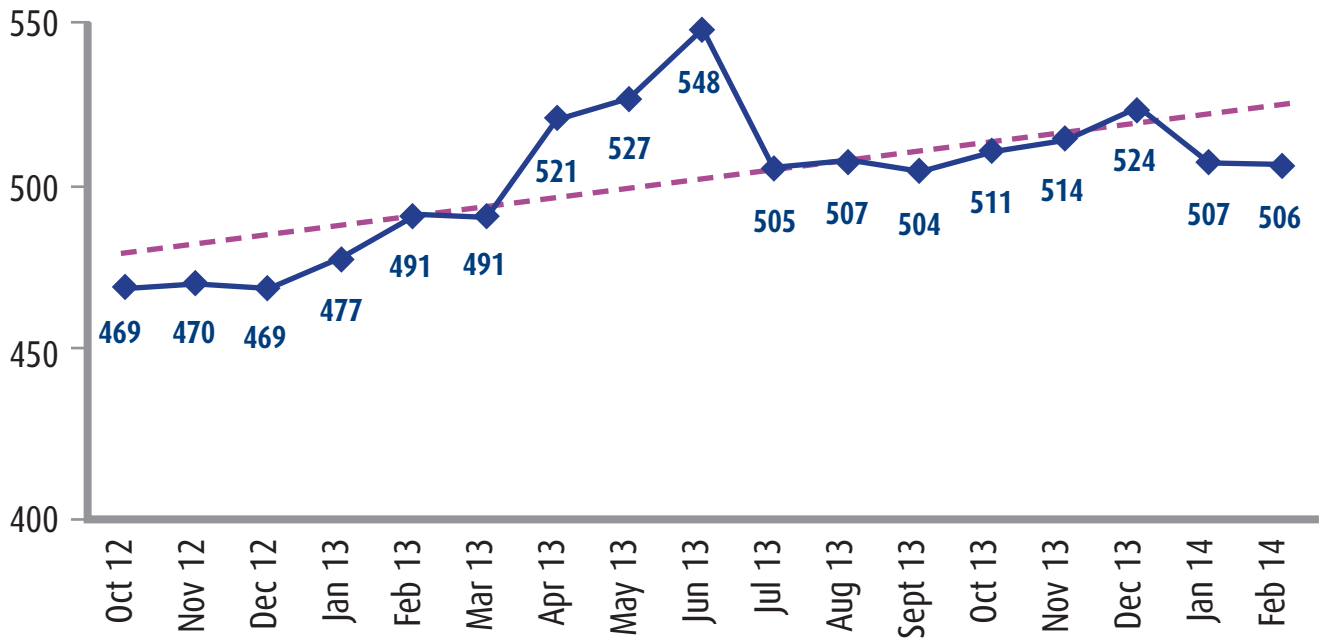
Oaktrees (Changing Lives) is an innovative abstinence-based recovery rehabilitation programme for those seeking a life free from drugs or alcohol. All those benefitting from the service must be free from current alcohol or drug use as a prerequisite to taking up a place on the 12 week intensive therapy programme. The service enables people to access full time treatment which is non residential; a particular benefit to those with children or other caring commitments. The self-help programme empowers people to take responsibility for their recovery. It includes:

- One to one counselling.
- Group therapy.
- Workshops for developing life skills and techniques to prevent relapse.
- Education and information on addiction recovery and health promotion.
- Therapeutic reading and writing exercises.
- Working with others engaged in the same process.
- Fellowship meetings.
- Encouragement to use self-help groups such as Alcohol Anonymous and SMART to support long term recovery.

A total of 37 alcohol clients entered the programme in the first year (January 2013 to January 2014).

Clients who successfully complete the programme celebrate with their peers in a graduation ceremony to which family and friends are invited. Graduates are supported by the staff team for up to one year after completion and are also supported to access services and activities once the full time part of their treatment is complete to aid their continuing recovery.
The chart below shows a gradual upward trend in the overall numbers of York residents in structured alcohol treatment over the last 18 months.

Figure 27: York residents in structured alcohol treatment



Over this period the numbers in treatment with Lifeline and Oaktrees have increased while the numbers in treatment with the Community Addictions Team (CAT), which is commissioned by the Vale of York Clinical Commissioning Group, have decreased due to a reduced service provision. Between April 2013 and March 2013 there were 248 York residents in alcohol treatment with the CAT service and in the latest 12 month period (March 2013 to February 2014) there were only 63.

The estimates for the percentage of dependent drinkers in the population can be used to gauge the treatment 'penetration rate' for York in comparison with England. This is shown in the table below and is calculated as the number of adults in structured alcohol treatment in 2012-13 as a percentage of the estimated number of dependent drinkers based on 2012 mid year population figures.

Table 8: Alcohol treatment penetration rate for York and England

Data	Region	Males	Females	Persons
a. 16-74 population (ONS Mid 2012)	York	74,456	76,760	151,216
	England	19,425,657	19,725,828	39,151,485
b. Dependent Drinker Estimates - % of 16-74 population (9.3% male, 3.6% female)	York	6,924	2,763	9,688
	England	1,806,586	710,130	2,516,716
c. In structured alcohol treatment 2012/13 NDTMS	York	291	200	491
	England	69,461	38,727	108,188
d. Treatment penetration rates (c/b*100)	York	4.2%	7.2%	5.1%
	England	3.8%	5.5%	4.3%

It can be seen that York has a higher treatment penetration rate than the England average for men and women. The caveat around this analysis is that it is based around national estimates for the prevalence of dependent drinkers as local data is not currently available.

Public Health England estimated the amount of crime prevented as a result of alcohol users engaging in structured treatment (Public Health England, 2014f). The table below shows that an estimated 11,000 crimes were prevented in 2012-13 including approximately 2,000 violent crimes and 400 motoring offences.

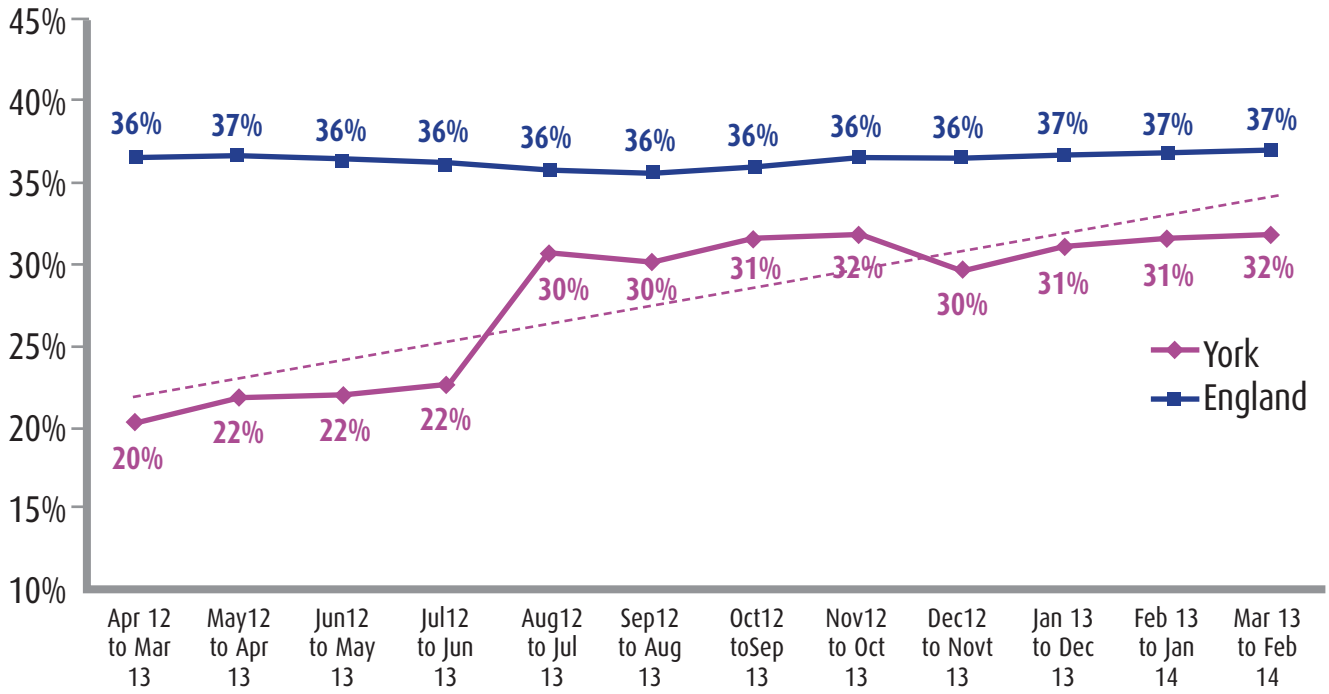
Figure 28: Estimated number of crimes prevented in York due to alcohol treatment

Number of estimated crimes prevented in 2012/13

Robbery	49	Violence – common assault	1,807
Domestic Burglary	374	Violence – other	274
Commercial Burglary	357	Drug offences	206
Theft of a vehicle	246	Motoring offences	384
Theft from a vehicle	820	Public order	119
Other theft	536	Other	213
Shoplifting	2,718		
Criminal damage	1,239		
Sexual offences	1,635	**Total crimes saved**	**11,112**

A key measure of the effectiveness of structured treatment services is the number of people who complete treatment successfully (i.e. they are no longer using alcohol or there is evidence of alcohol use but this is not judged to be problematic or to require treatment). The data below shows the successful completion rate for York over the last year. It can be seen that whilst York is still below the national average there has been an improving trend over the last year.

Figure 29: York alcohol successful completions



It is planned that an alcohol needs assessment will be carried out in York in 2014/15, leading to the development of a comprehensive local alcohol strategy.

'York 300': raising the attainment of disadvantaged pupils.

'York 300' is a project which aims to address the gaps in attainment between disadvantaged pupils and their peers. In this section further information is provided on the project including:

- The situation in York relating to gaps in attainment.
- The latest 'Pupil Premium' numbers for York.
- The 'York 300' project proposal.

What are the issues in York?

By the age of 19 the gap in attainment between disadvantaged young people (as defined by them being in receipt of free school meals at age 15) and their peers in York is amongst the widest anywhere in the country (worst 10% of all local authority areas on all three key performance indicators). The gap is evident in early years and widens throughout compulsory education, post-16 participation and beyond. By the ages of 16 and 19 our system delivers outstanding outcomes for the cohort as a whole but fails a significant proportion of young people, including those who are disadvantaged or who have other vulnerabilities such as Special Educational Needs (SEN).

Local data shows the following

- Year 1 attainment in phonics in York highlights poor language skills and speech and language difficulties for disadvantaged children coming out of the Early Years Foundation Stage (see Section 4: Public Health Outcomes Framework for more details).
- Key Stage 1 Teacher Assessments highlight a Free School Meals gap in maths and issues with progress in that subject.
- York data for Key Stages 1 and 2 shows poor relative performance for children with Special Educational Needs.
- The gaps for the Free School Meal and Special Educational Needs cohorts in York remain wider than national averages across all key stages.
- There is much anecdotal evidence about a need to raise aspirations of some York residents, but there is also a need to raise attainment so that pupils are able to achieve these aspirations.

What is the Pupil Premium?

In April 2011, Pupil Premium was launched to give additional funding to schools to raise the attainment of disadvantaged pupils.

In April 2013, Pupil Premium was provided for:

- Any pupil eligible for Free School Meals (FSM) in the six years prior to the January 2013 pupil census day.
- Any pupil looked after on 31 March 2013, who had been looked after for six months or longer on that date.
- Any pupil who ceased to be looked after during the period 1 April 2012 – 31 March 2013 who had been looked after for six months or longer when they left care.

In April 2014, the provision will be extended to pupils looked after for more than one day on the SSDA903 LAC census on 31 March 2014, pupils who are adopted and pupils who left care under a Special Guardianship Order or Residential Order.

Schools are required to provide information on:

- Attainment of 'Pupil Premium' pupils.
- Progress made by these pupils.
- Gaps in attainment between these pupils and their peers.

The latest information relating to York from the Department for Education was released in July 2013. There were 3930 pupils on the list, an approximate average of 300 per year group across the city.

Table 9: Pupil Premium numbers in York.

Year	Number of Pupils
Reception	262
1	328
2	315
3	357
4	338
5	324
6	330
7	338
8	330
9	334
10	336
11	338

What is the proposal for the project?

The long-term aim is to work with schools in York to improve the outcomes of 'Pupil Premium' children. In order to design an effective programme of work for these pupils, the initial proposal is to work with the 2013/14 Year 5 Pupil Premium cohort. In September 2014 this group will have one year of primary education left and will be due to take their Key Stage 2 tests in summer 2015 Attainment at Key Stage 2 will be looked at as an indicator of success of the pilot cohort. Success will be measured across the whole cohort, rather than by individual school.

If the attainment gap is to be closed it will be necessary to develop a more sophisticated understanding of the cohort. In doing this it will be important to identify which strategies are working for children and young people with similar characteristics and in similar contexts across the country (or worldwide) so that they can be adapted for use in York.

Initial areas for investigation include:

- How can a more sophisticated profile of the cohort be developed through sharing and interrogating school performance and social care data to gain an understanding of the potential barriers to progress for individual pupils?
- Why do some schools in York have narrow gaps? What can be learned from their practice?
- What can be learned from similar local authorities with narrower gaps than York?
- Can other existing studies help to develop a longitudinal picture of the experiences of the 'York 300' from 0-19?

Progress updates on the 'York 300' project will be provided in subsequent Director of Public Health reports.

Mental Health

In Section 5 the Community Mental Health Profile for York (Public Health England, 2013c) was reviewed. Some positive areas were highlighted including higher recovery rates following psychological therapy, improving numbers in settled accommodation and lower admission rates due to injury for under 18 year olds. Some areas for concern were also highlighted, for example higher rates of hospital admission and use of secondary care but lower activity with regard to community based services such as contacts with Community Psychiatric Nurses (CPNs).

In this section of the report further information is provided on the following areas:

- The mental health 'deep dive' which is taking place in York as part of the Joint Strategic Needs Assessment.
- The Section 136 'place of safety' in York.
- How York is promoting the 'Dementia Friends' campaign.

Mental health JSNA 'deep dive'

The Joint Strategic Needs Assessment (JSNA) for York provides an analysis of local need across a range of topics that can be used to inform service commissioning, planning and strategy. Five areas were identified where a more detailed assessment ('deep dive') would be undertaken and mental health was chosen as one of these areas. The aim of the deep dive is to highlight current service provision and review this alongside need based on prevalence and activity data.

The deep dive has recently been completed and is available at http://www.healthyork.org/health-ill-health-in-york/mental-health.aspx. It includes:

- A comprehensive review of available data sources in relation to mental health prevalence, activity and performance. These include the Community Mental Health Profile, the NHS Commissioning for Value Insight Pack, the NHS Outcomes Framework, Leeds and York Partnership NHS Foundation Trust performance reports and the CCG outcomes indicator set.

- Identifying the full range of mental health service provision in York including primary and secondary care, social care and the voluntary and independent sectors. This includes identifying the numbers of people using each service and any capacity issues such as waiting lists.

Provisional feedback from the deep dive review suggests there are some potential gaps in local provision that need to be addressed:

- Improved access to talking therapies.
- Increased choice of non-statutory services that help avoid hospital.
- Improved general healthcare for patients with a mental health diagnosis including annual review of smoking, weight, blood pressure, alcohol consumption, physical activity and periodic (3 to 5 year) checking of blood glucose and cholesterol levels.
- Improved post discharge support for people with mental health issues leaving hospital.
- Providing more preventative support for people at risk of self-harm.

Other issues highlighted by the deep dive review include:

- The importance of providing support to the 18,000 carers in York, a high proportion of whom are at risk of developing mental health problems due to their caring role.

- The on-going need for joint working by City of York Council's housing staff and NHS mental health staff to support vulnerable adults on leaving hospital. This is crucial in maintaining and improving mental health in the community.

- The partnership work which is underway by the Vale of York Clinical Commissioning Group, City of York Council and the NHS includes work to establish a liaison psychiatry service in York. This service will enhance the experience of patients with mental illness in the acute hospital setting and improve the efficiency and speed of psychiatric assessments for people admitted via the Emergency Department.

Health-Based Place of Safety (HBPoS) for s.136 Mental Health Act (MHA) detainees

In 2014 York's first dedicated Health-Based Place of Safety (HBPoS) for s.136 Mental Health Act (MHA) detainees became operational. Located in a suite at Bootham Park Hospital the service provides specialist assessment and immediate care for people detained by the police under the Act, reducing the inappropriate use of police cells to accommodate people solely because of a healthcare need.

The opening of the Suite demonstrates true partnership working and the effectiveness of the new structure and relationship for the NHS, local government, including the Health and Wellbeing Board and North Yorkshire Police working together for the benefit of the health of the city's residents.

To maximise the safety of s.136 MHA detainees, North Yorkshire Police have implemented a system in co-operation with Yorkshire Ambulance Service to enable paramedics to conduct a rapid on-street assessment of the detainees' physical healthcare needs and to transport them to the hospital Emergency Department or other nominated place of safety. This practical example of joint-working will ensure the health of such vulnerable people is prioritised, helping to reduce risk and maintain individuals' dignity.

Although efforts to ensure the appropriateness of s.136 MHA detentions are significant, there is more to be done in preventing mentally ill people reaching such a point of crisis. North Yorkshire Police are working closely with partners to explore the viability of early identification and referral systems to highlight issues before they reach crisis levels. Research by several organisations, including Mind and Victim Support, reveals that nationally people with mental health issues are also ten times more likely to be a victim of crime than the wider population. Furthermore, people with severe mental health issues are at increased risk of repeat victimisation, but are conversely less likely to be satisfied with the police response. Efficient information sharing practices that support integrated working will be crucial to identifying potentially vulnerable people and ensuring the police and all partners understand and manage their needs.

Dementia Friends

City of York Council is encouraging residents and businesses in York to support a new campaign to create a network of one million Dementia Friends across England by 2015.

Arguably the biggest health crisis facing the UK, one in three people over the age of 65 will develop dementia. In York it is thought there are 2,725 people currently living with dementia and this is expected to rise to 3,209 by 2020.

The Dementia Friends initiative aims to demonstrate it will take a whole-society response to enable people with the condition to live well. The campaign, launched by Public Health England and Alzheimer's Society, asks people to become a Dementia Friend by watching a short online video to increase their understanding of the disease and the daily experiences of people with the condition.

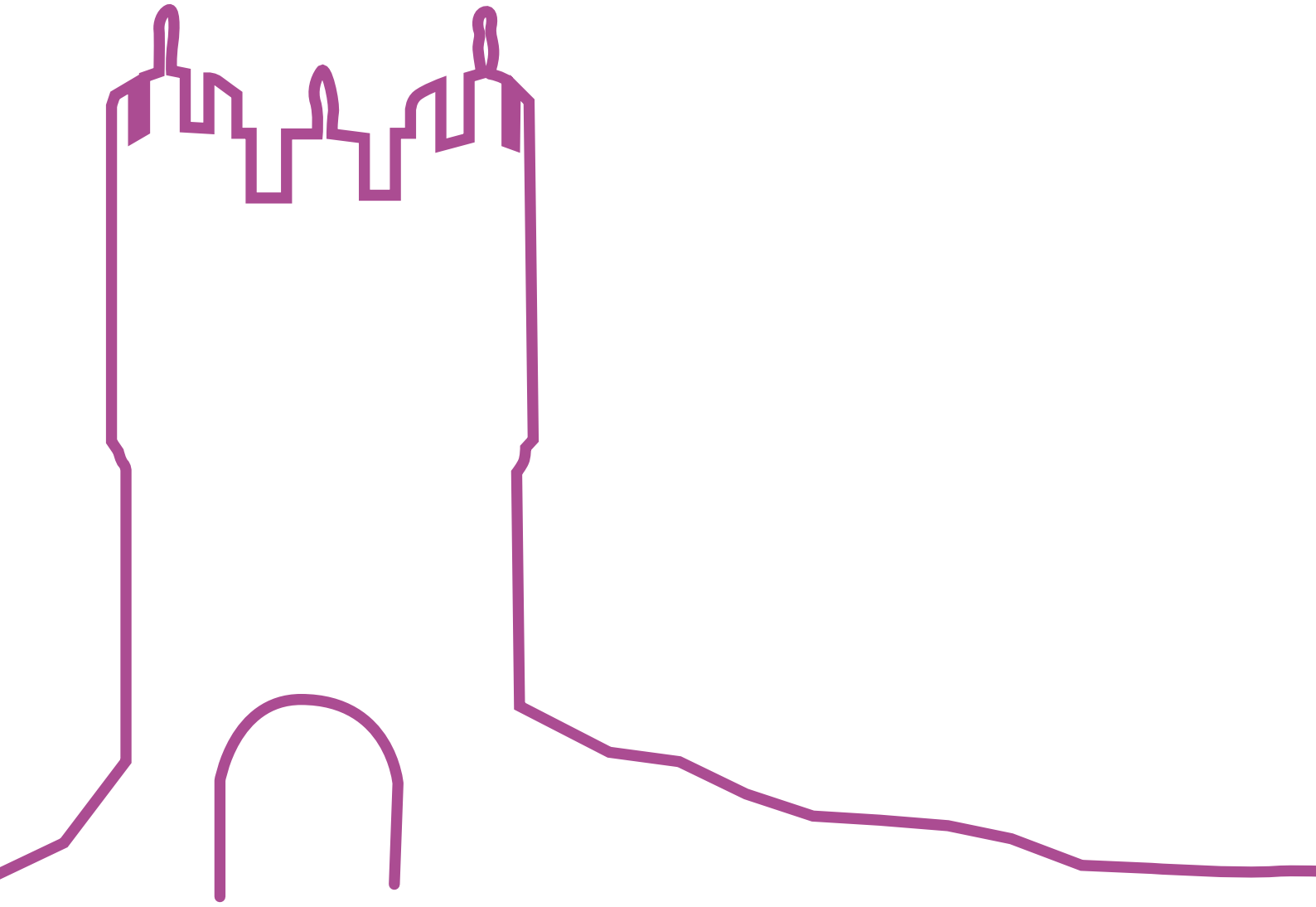
A number of national employers who have a presence in York have already signed up to the campaign and are encouraging their employees to become Dementia Friends, including Marks and Spencer, Lloyds Bank and Superdrug.

Becoming a dementia friend involves an individual doing the following:

- Visiting http://www.dementiafriends.org.uk/ and watching a 10 minute video which explains what dementia is, how it affects individuals and what people can do to help those living with the disease.

- Supplying individual details to receive a free pack, including the Little Book of Friendship with helpful tips and ideas on supporting people with dementia and their carers and a Dementia Friends badge.

Teams and individuals within City of York Council are encouraged to become champions for the campaign. Two members of the council's Sport and Active Leisure team have undertaken the Alzheimer's Society Dementia Friends training and have become Dementia Friends champions. In June 2013 the Alzheimer's Society awarded the service with 'Working towards becoming Dementia Friendly' status in recognition of its work to increase dementia awareness and support.



Poverty

Poverty is a complex issue that affects many areas of City of York Council's work. This section builds on previous work carried out examining poverty in York and is the starting point for further work looking at the impact that low income, reduced opportunities and resources has on the city and its residents.

This section draws on the information and conclusions from York's Fairness Commission (http://www.yorkfairnesscommission.org.uk/) and the Without Walls review on poverty (http://www.yorkwow.org.uk/)

The evidence is set against the background of economic recession, austerity, deep cuts to public spending and a reining in of welfare support. Locally it is estimated that over £2m of reductions in Housing Benefit (HB) and Council Tax Benefit in 2013/14 affected a wide number of residents and squeezed the income of those already reliant on welfare. This includes

- 931 social tenants saw a reduction in their HB because of the 'spare room subsidy' changes (£683k).
- 6,000 working age council tax payers had to pay at least 30% of their council tax (£1.5m).
- 40 tenants affected by the cap in benefits (£42k).

To provide some financial resilience for those most in need the new YFAS (York Financial Assistance Scheme) received 2,921 applications for help because of a crisis or emergency and £239k was awarded (76% of the Government grant). Around 860 DHP (Discretionary Housing Payment) awards were made to tenants needing additional help with their rent amounting to £236k (83% of the Government grant).

Whilst York has a relatively strong local economy compared with other parts of the country and has weathered the economic storm relatively well this does mask some of the key challenges that have been identified. The scale of the deprivation gap between 'advantaged' and 'disadvantaged' York is striking. A number of key themes are apparent:

Life expectancy

- The gap in life expectancy between the most and least deprived areas in the city is 8.5 years for men and 5.6 for women (there is a strong correlation between deprivation and lower life expectancy).

Housing costs continue to rise

- The average house price in February 2014 was £183,000 compared to £170,000 nationally and £117,000 regionally.

- The house price to earnings ratio, at 8.9:1 is markedly above national and regional levels
- The median monthly rent for a two bedroom property in the private sector is £650 – beyond the reach of those who rely on Housing Benefit

Whilst overall levels of unemployment are falling, in-work poverty is a growing issue:

- There is a need to improve employment opportunities that are better paid (for example, jobs which pay at least Living Wage of £7.65 per hour) and are sustainable to be able to lift people out of poverty.

- Despite progress on the 'Living Wage' where several employers in the city are committed to pay £7.65 an hour some 20% of employees in the city are paid below that level.

- A major increase in part-time working amongst those in employment since 2010 - 10% more men and 5% more women in the workforce are working less than full-time. Overall 33.9% of York's residents are in part time employment compared with 26.3% for the region and 25.5% for Great Britain. Out of 378 Local Authorities, York has the 10th highest proportion of its working age population in part-time employment.

- Part time workers are twice as likely to be on low pay.

- Gender pay inequality has widened with women earning 18% less than men.

Long term unemployment remains a problem in certain areas

- Four wards, Westfield, Heworth, Holgate and Clifton, account for 54% of the long term unemployed and along with Hull Road are home to 60% of children living in poverty in the city.

Despite York's largely affluent make up, poverty remains a real issue. The impact of poverty includes poor health throughout life, including dying younger than expected; low educational achievement; lower levels of employment and income; living in poorer housing and community environments; long term financial and social exclusion; and can lead to behavioural problems including a high risk lifestyle.

Children growing up in poverty are more likely to experience a poorer quality of life, both as a child and later as an adult. It is known that children who grow up in poverty are more likely to be poor as adults. Breaking the cycle of poverty will not only improve the life chances of the current generation, but also help them to pass on the benefits
to their own children.

Section 8:
Summary and Recommendations

Summary of Key Points

Section 2: Health Indicators for York – Overview

An overview of health in York is provided by the PHE Health Profile and the NHS outcomes benchmarking support tool.

- The health of York's residents is generally better than the England average although for some indicators improvement is needed e.g. the number of increasing and higher risk drinkers and the number of excess winter deaths.

- Performance on some indicators is worse than the average for our comparator local authorities e.g. healthy life expectancy.

Section 3: Life Expectancy and Inequalities Gap

A range of data sources are available on life expectancy, including measures of inequality between the most and least deprived residents in York.

- Compared with national averages life expectancy in York is similar but healthy life expectancy for women is higher.

- Deaths under 75 years in York are higher compared with similar local authorities.

- The gap in life expectancy between the most and least deprived areas of York is wider for men than for women, but the trend appears to be a decreasing gap for men and an increasing gap for women.

- Life expectancy for the most deprived men in York appears to be improving.

Section 4: Public Health Outcomes Framework (PHOF)

The PHOF provides a range of indicators that help understand how well public health is being improved and protected in York.

- York fares well overall, but there are some areas for improvement such as: speech development in young children; chlamydia diagnosis rates for 15-25 years olds; flu vaccinations for at risk groups and take up of the HPV vaccine.

Section 5: Public Health England Profiles

Specific PHE profiles highlight key issues in York for mental health, learning disability, child health, childhood obesity and smoking.

- Most measures of mental ill health are the same as England, however there are higher rates of hospital admission and use of secondary care, but lower activity with regard to community based services such as contacts with Community Psychiatric Nurses.

- A low proportion of adults with a learning disability are recorded as having had a GP health check, although more specific data for York is required to enable further investigation.

- York has lower rates of obesity for children in Reception and Year 6 compared with England.

- The health and wellbeing of children in York is generally better than the England average although the rate of hospital admissions as a result of self harm for 10-24 year olds is of concern and requires further investigation.

- York has lower rates of smoking attributable mortality, deaths from lung cancer, lung cancer registrations and smoking attributable hospital admissions.

Section 6: Improving Health and Wellbeing in York 2013 – 2016

The City of York Council Health and Wellbeing strategy for 2013-2016 identified 5 key priorities for York

- Making York a great place for older people to live
- Reducing health inequalities
- Improving mental health and intervening early
- Enabling all children and young people to have the best start in life
- Creating a financially sustainable local health and wellbeing system.

Section 7: Emerging Issues

There are a number of significant issues which have an impact, directly or indirectly, on the health and wellbeing of York's residents.

Domestic Abuse

- Domestic abuse has an impact on the mental health of victims and can lead to behavioural problems in children who witness abuse.

- The number of domestic incidents has been static for the last two years but there was a fall in the percentage of repeat incidents in 2013/14.

- Measures in place to tackle domestic abuse in York include: the domestic violence strategic board; the achievement of White Ribbon status for the City; the work of IDAS including targeted early intervention; an increase in Multi-Agency Risk Assessment Conferences (MARAC) and the 'Making Safe' scheme.

Alcohol

- York is estimated to have a significantly higher percentage of binge drinkers than the national and regional averages.

- In terms of the impact on health and wellbeing, York is rated as having lower harm levels for hospital admissions and mortality but higher harm levels for alcohol related violent crime compared with similar local authorities.

- The annual financial cost to society of alcohol misuse is estimated to be £77.26M in York. This is a lower cost per head than the regional and national average.

- Services to treat dependent alcohol users in York were reconfigured in 2012 and following this, the numbers receiving treatment and successful completions from treatment have improved.

- An estimated 11,000 crimes were prevented in York in 2012-13 as a result of alcohol users engaging in treatment.

York 300

- The 'York 300' project aims to address the gaps in attainment between disadvantaged pupils and their peers.

- The long-term aim is to work with schools in York to improve the outcomes of 'Pupil Premium' children.

- In order to design an effective programme of work for these pupils, the initial proposal is to work with the 2013/14 Year 5 Pupil Premium cohort.

Mental Health

- The mental health 'deep dive' suggests there are some potential gaps in local provision that need to be addressed e.g. improved access to talking therapies; increased choice of non-statutory services that help avoid hospital and improved post discharge support.

- In 2014 York's first dedicated Health-Based Place of Safety for s.136 Mental Health Act detainees became operational providing specialist assessment and immediate care for people detained under the Act.

- City of York Council is encouraging residents and businesses in York to support the Dementia Friends campaign.

Poverty

- The poverty 'deep dive' highlighted some of the issues facing York: rising house prices; the impact on local residents of welfare benefit reductions; more in-work poverty; more part time working; widening gender pay inequality and pockets of high long term unemployment.

Recommendations

1. Development of an in-depth multi-agency local needs assessment and alcohol strategy to include consideration of: licensing; harm prevention; interventions and brief advice; crime and disorder; hospital based and specialist treatment services; parental alcohol misuse; risky behaviours in young people; older people and alcohol.

2. 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. With particular focus on diseases such as Chronic Obstructive Pulmonary Disease (COPD) and lung cancer that are the largest causes of this difference in life expectancy.

3. To investigate self harm in young people in York. The 2012/13 figures showed that the rate of hospital admission for self harm in York was significantly higher than the national average; the reasons for this need to be explored.

4. To improve access to relevant public health data sources so that progress on certain key indicators for York can be monitored and acted upon in a more timely fashion.

Closing statement

This report has looked at public health in York in the year the function "returned" to local government after 39 years.

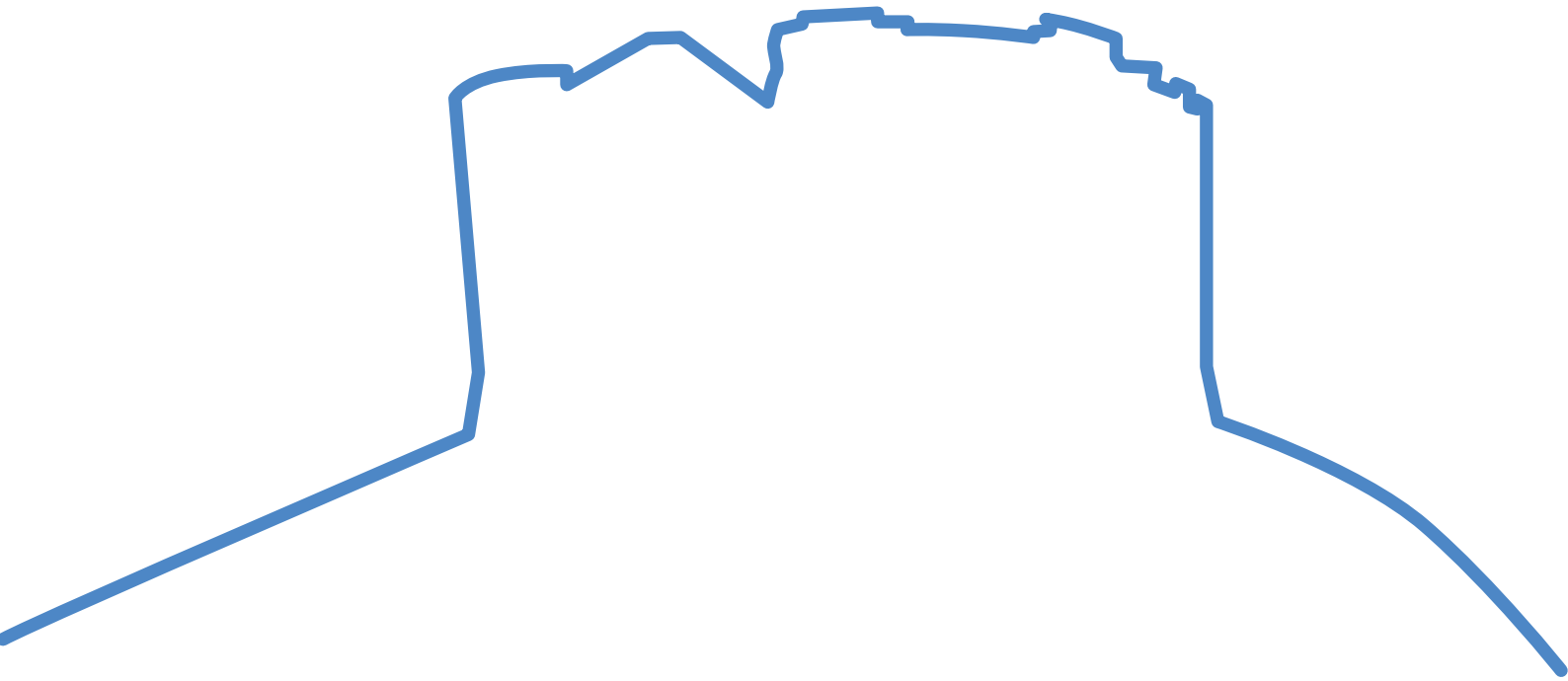
The report has provided examples of how York is faring in terms of the health of residents including health indicators, life expectancy and emerging issues. However it has also shown that inequalities in health still exist as illustrated through the differences in the gap in life expectancy between the most and least deprived areas of York for men and women.

Examining the key points in the report has reinforced the future challenges of increasing demands on the health services, particularly those arising from the successes of increasing life expectancy. The report has discussed the need for improvements in a handful of areas. Seeing these areas identified together in the wider context of York's health reinforces the need for the commitment of individuals, communities and organisations to work with residents to engage in healthier lifestyles and support them to do so through action on the wider determinants of health.

The transition of Public Health this year provides a renewed opportunity to work together as a city in partnership – as City of York Council, York's Health and Wellbeing Board, Vale of York CCG and other key partners – to continue to improve the health of York's residents.

signature

Dr Paul Edmondson-Jones
Director of Health and Wellbeing
City of York Council



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Appendix 1:
Index of Charts and Tables

Index of Charts

Index of Tables

Appendix 2:
Links to other sources of information

This section provides links to further key sources of information about Public Health in York. These sources can be readily accessed by members of the public and do no require passwords or N3 connections.

Other Public Health England Profiles for Local Authorities

As well as the PHE profiles covered in this report, there are a range of other profiles available to provide information about key health issues for the City of York Council.

These include:
- End of life care profile
- Teenage pregnancy profile
- Sexual health balance scorecard
- Sexual and re-productive health profile
- Older people's health and wellbeing atlas
- Healthy schools profile
- Marmot profile
- Breastfeeding profile
- Excess winter deaths

These are all available via the Data and Knowledge Gateway http://datagateway.phe.org.uk/index.html.

Adult Social Care Outcomes

- The latest data on outcomes for adults using local authority funded care and support in the York area (including carers) is available on the HCIC site http://ascof.hscic.gov.uk/

Vale of York Clinical Commissioning Group (CCG)

The following profiles are available at CCG level.

- NHS England CCG Information packs providing a detailed analysis of NHS outcomes and other relevant indicators http://www.england.nhs.uk/la-ccg-data/#ccg-info

- Cancer and Diabetes profiles – accessed via PHE Data and Knowledge Gateway http://datagateway.phe.org.uk/index.html.

- Vale of York CCG website http://www.valeofyorkccg.nhs.uk/about-us/

- CCG Spend and Outcome Factsheet and Tool http://www.yhpho.org.uk/quad/Default.aspx

GP Practices

- General Practice Profiles providing information on local demography, Quality and Outcomes Framework domains, disease prevalence estimates, admission rates and patient satisfaction http://fingertips.phe.org.uk/profile/general-practice

- GP Patient survey results are available at http://practicetool.gp-patient.co.uk/practice

- GP Quality and Outcomes Framework (QOF) results are available at http://www.hscic.gov.uk/qof

Electoral Wards

- Profiles of the wards within the City of York Council are available at http://www.york.gov.uk/downloads/download/2436/ward_profiles_2013

Interactive Maps

- The Local Health site provides the facility to view a range of health indicators on a map at the level of local authority, ward or middle super output area (MSOA) http://www.localhealth.org.uk/#v=map9;l=en

Health and Social Care Information Centre

This website gathers together a number of health and social care indicators.
Data is available to anyone on the unrestricted public site http://indicators.ic.nhs.uk

York Joint Strategic Needs Assessment (JSNA)

The Joint Strategic Needs Assessment (JSNA) for York provides an analysis of local need across a range of topics that can be used to inform service commissioning, planning and strategy.
http://www.healthyork.org/

Acknowledgements

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Your views

We are keen to hear your views on this report. If you would like to make any comments please contact the Director of Public Health:

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An online version of this report is available at: http://www.york.gov.uk/dph_annualreport

Glossary

Term	Description
Alcohol specific/alcohol attributable conditions	Conditions such as alcoholic liver disease where alcohol is the sole cause are known as alcohol-specific. For partially alcohol-attributable conditions alcohol has a proven relationship but it is one of a range of causative factors e.g. cardiac arrhythmias
Confidence Interval	A range of values that is used to quantify the imprecision in the estimate of a particular indicator. A wider interval shows that the indicator value presented is likely to be a less precise estimate of the true underlying value.
Comparator group	Groups of local authorities (or CCGs) who are judged to be similar to York on certain characteristics e.g. demographic, socio-economic or geographic variables. Local performance is benchmarked against these groups
Decile	One of ten segments of a distribution that has been divided into tenths. For example, in relation to socio economic deprivation the bottom decile would be the most deprived 10% of the population.
Dependency (alcohol)	A cluster of behavioural, cognitive, and physiological phenomena that typically include a strong desire to consume alcohol, and difficulties in controlling drinking.
Incidence	The number of cases of disease that have their onset during a prescribed period of time. It is often expressed as a rate. Incidence is a measure of morbidity or other events that occur within a specified period of time. (See related - prevalence).
Life expectancy at birth	The average number of years a person would expect to live based on contemporary mortality rates.
Healthy life expectancy at birth	The average number of years a person would expect to live in good health based on contemporary mortality rates and prevalence of self-reported good health.
Morbidity/mortality rate	Information relating to numbers of people affected by disease (morbidity) or numbers of deaths (mortality) expressed as a rate (for example, the number of cases per 10,000 population).

Term	Description
Potential years of life lost (PYLL)	An estimate of the average years a person would have lived if he or she had not died prematurely. It is, therefore, a measure of premature mortality. As a method, it is an alternative to death rates that gives more weight to deaths that occur among younger people. Another alternative is to consider the effects of both disability and premature death using disability adjusted life years.
Premature Mortality	Deaths before age 75.
Prevalence	Measures the number of cases of a disease or condition in a population at a particular point in time or over a specified time period.
Quintile	One of five segments of a distribution that has been divided into fifths. For example, in relation to socio economic deprivation the bottom quintile would be the most deprived 20% of the population.
Rate	A measure of the intensity of the occurrence of an event. For example, the mortality rate equals the number who die in one year divided by the number at risk of dying. Rates usually are expressed using a standard denominator such 1,000 or 100,000 people.
Rate (age standardised)	Age-standardisation adjusts rates to take into account how many old or young people are in the different populations. When rates are age-standardised, the differences in the rates over time or between geographical areas do not simply reflect variations in the age structure of the populations.
Slope Index of Inequality	The SII is a single score which represents the gap in years of life expectancy between the best-off and worst-off within the area, based on a statistical analysis of the relationship between life expectancy and deprivation scores across the whole area.
Structured treatment (substance misuse)	Structured drug and alcohol treatment consists of a comprehensive package of specialist interventions. It addresses needs that would not be expected to respond to less intensive or non-specialist interventions alone. It requires a comprehensive assessment of need, and is delivered according to a recovery care plan, which is regularly reviewed with the client.
Wider determinants of health	The factors that affect health through general living and working conditions; influences include the economy, employment, transport, housing, food availability, air and water quality, education, culture and, social and community networks.


Centenary
Coach