



Director of Public Health Report 2016/17

ANNEX 1



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Purpose of the Annual Report

- Director of Public Health's professional statement about the health of the local population, based on sound epidemiological evidence.
- Means of identifying key issues and flagging up problems.
- It should inform stakeholders of the key priorities and make recommendations on how they can improve and protect the health of the communities they serve.
- It should provide an update on progress against previous recommendations.
- It should be accessible to the public and professionals.

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Professional statement about the health of the local population, based on sound epidemiological evidence

- Following a life stage approach, as used in the Health and Wellbeing Strategy, the Annual Report will highlight where York is doing well and where improvements are needed in key public health outcomes
- The following slides present this data in terms of where we are doing well (green) and where we are not doing well (red). Data is taken from the Public Health Outcomes Framework

www.phoutcomes.info

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Starting and Growing Well

Over the past 10 years York has had significantly lower obesity rates in 10 to 11 year olds compared with national and regional figures.

Conception rates in the under 18 population have been steadily falling since 2008 and have remained below regional and national rates since then.

A&E attendance rates for 0 to 4 year olds in York have been significantly lower than regional and national averages for the past 6 years.

The proportion of 5 year old children free from dental decay in York is 84% compared to the national and regional averages of 75% and 71% respectively.

By the end of the percentage of children in York achieving a good level of development is 74%. This represents the highest in the region.

Measuring hospital admissions for dental caries (1 to 4 year olds) is a good direct measure of dental health and an indirect, proxy measure of child health and diet. York has higher rates (343 per 100,000) compared to the national average (241).

The percentage of women smoking at the time of delivery has risen above the national average, however the York rate still remains below the national average.

The detection rate for Chlamydia (15-24 years) in York is 1,462 (per 100,000), lower than the national average of 1,887. The percentage of the population screened in York however is the same as the national average.

Rates of hospital admissions as a result of self-harm (10-24 year olds) are significantly higher than regional and national averages.

70.4% of the surveyed young people (aged 15 years old) claim to have had an alcoholic drink, more than the national rate of 62.4%. Current guidance from the Chief Medical Officer for England recommends that young people under 15 should not drink alcohol at all.

Hospital admissions for mental health conditions in children aged 17 increased sharply last year. The latest rates show York as having slightly over twice the national average (86 per 100,000) of cases.

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Living and working well

The proportion of the adult population meeting the recommended "5-a-day" on a "usual day" in York has increased to 58% compared with 52% nationally.

York however has a much lower proportion of adults with excess weight (56%) compared to England (65%) and the region (67%).

The percentage of adults in York that are physically active is significantly higher than national and regional averages.

The number of current adult smokers is falling both in York and nationally. Since 2012 rates have reduced from 19% in England and 17% in York to 17% and 15% respectively.

Through rates have been declining nationally and in York, breast cancer screening coverage (80%) still remains significantly higher than the national average (76%).

In England and York there has been a small growth trend in recorded diabetes, however the prevalence in York remains much lower (4.8%) than that of England (6.4%).

Deaths from lung cancer have been declining nationally and in York over the past 10 years. York has always remained below the national average and currently averages 50 deaths (per 100,000) compared to the national average of 59.

Self harm is an expression of personal distress; we measure the emergency hospital admissions for intentional self harm as proxy for mental health. York has a higher rate of self harm (including all ages) compared to national levels.

A question from a national survey examining how anxious people feel found York respondents to be above the national average. Where nationally 19% consider themselves to have had a moderate to highly anxious day, the figure was 24% in York.

Flu vaccination coverage for at risk individuals helps protect the health of people and reduce pressure on health resources. In York the rate of vaccination is 40% whereas the benchmarking goal is 55%.

HIV diagnosis is a time sensitive factor in the possible morbidity and mortality among those infected. The national target for late diagnosis is <25%, in York the current rate is 69%.

The rate of suicide in York has been above the national and regional averages in the past few years. The most recent figure shows a spike in occurrences in York with 14 (per 100,000) compared to the national average of 10).

The average proportion of eligible adults with a learning disability receiving a GP health check in England is 44%, in York the figure is 35%.

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Ageing Well



Healthy life expectancy at birth is a measure of the average number of years a person would expect to live in good health. For males in York the age is 66, significantly better than the national average of 63.

For females in York the life expectancy at 65 continues to be significantly above the regional and national averages. This has been the case over 10 years of monitoring.

Strategies put in place have meant that the mortality rate from causes considered preventable have fallen below that of England and the region. In York 169 deaths (per 100,000) are thought to be preventable, compared to 184 nationally.

Cancer is the highest cause of death in England in under 75s. The rate of mortality from cancers considered preventable is better in York than the national average, with 72 (per 100,000) compared to the 81 respectively.

Despite a steady rise in cases locally and nationally, York still records lower instances of dementia across all ages compared to England and the region.

The percentage of the eligible population (aged 40-74) offered an NHS Health Check, who go on to receive a Health Check has been low in York since 2013.

The percentage of the over 65+ population receiving flu vaccinations is below the target of 75%. In York the rate is 72%, the national and regional averages are 71% and 72% respectively.

Despite falling numbers over the past few years, the stroke mortality rate (in over 75 year olds) is still above that of the national average (Vale of York).

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Means of identifying key issues and flagging up problems

- The report identifies that life expectancy at birth and healthy life expectancy at birth are higher than the national average.
- However an issue for York is that there are inequalities within this.
- There is a 13 year difference in healthy life expectancy between different wards within York.

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Means of identifying key issues and flagging up problems

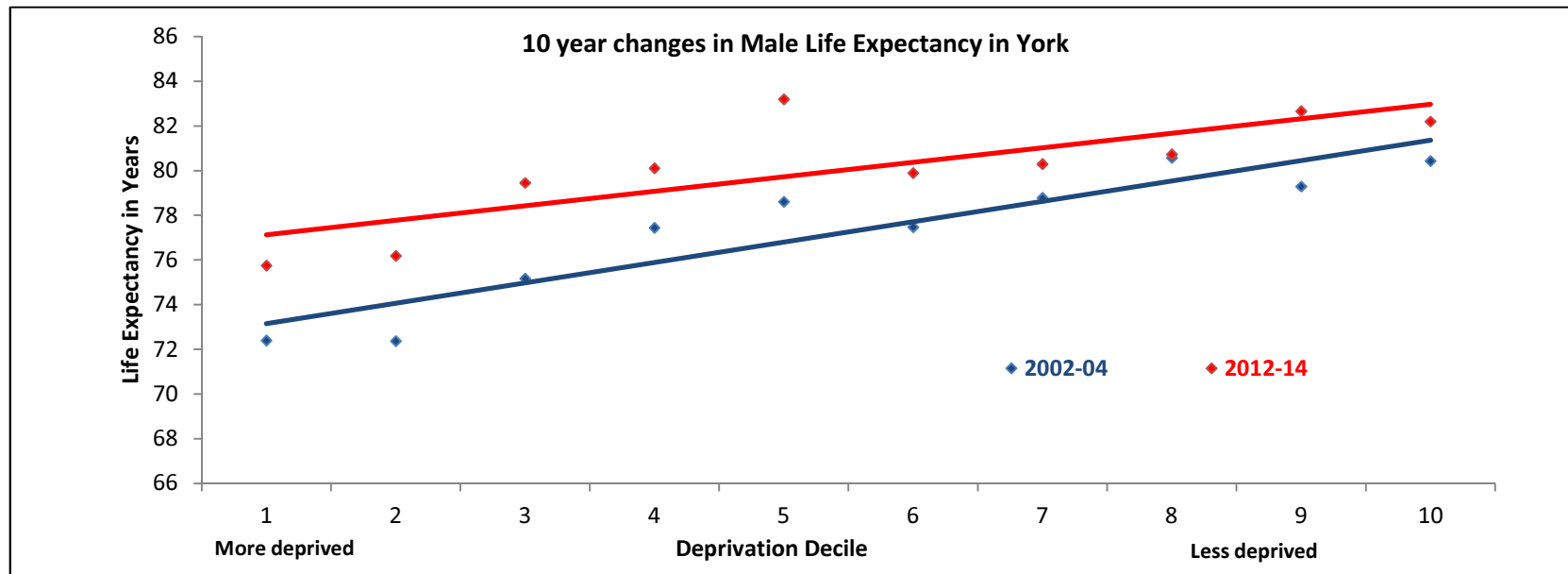
- For men in York the gap in life expectancy between the richest and poorest has closed over the last 10 years.
- For women the gap in life expectancy between the richest and poorest has grown over the last 10 years.

See next two graphs

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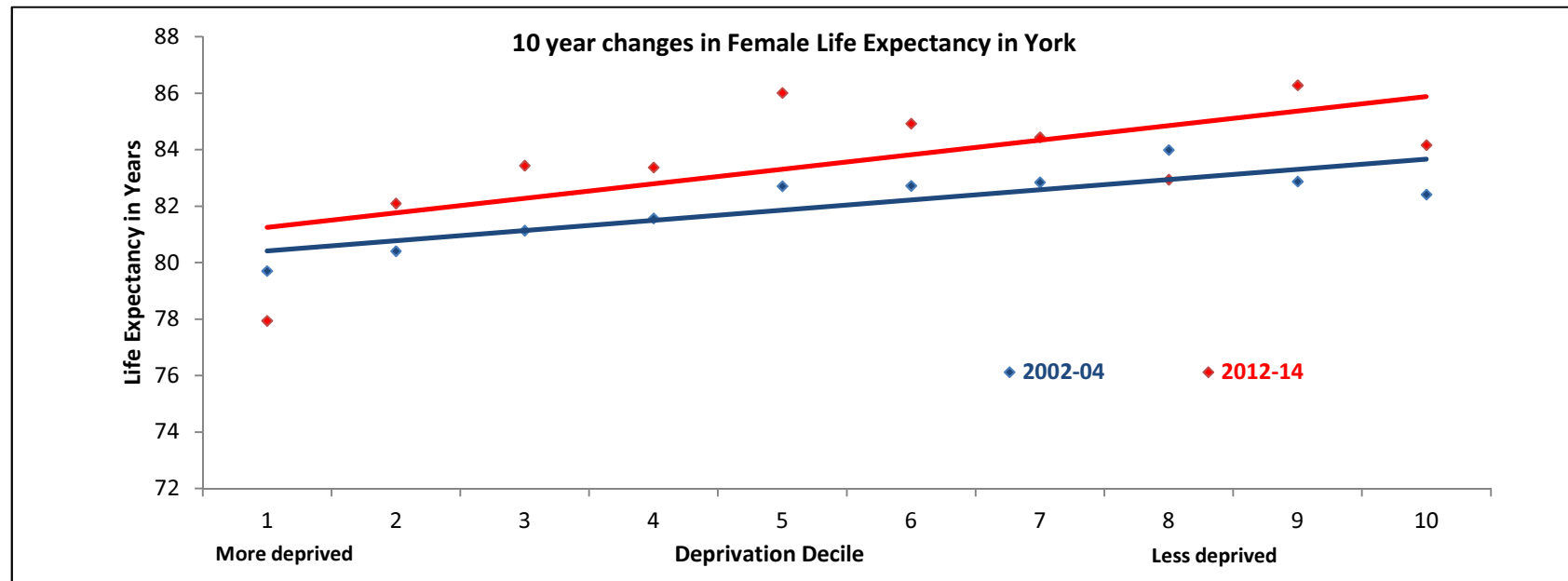
Changes in Life Expectancy at Birth over the last ten years by Deprivation Decile (Males)



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Changes in Life Expectancy at Birth over the last ten years by Deprivation Decile (Females)



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Means of identifying key issues and flagging up problems

- In York there has actually been a drop in life expectancy in the most deprived areas for women.
- This is not replicated nationally.
- The four main causes of death in women are
 - Dementia and Alzheimer's Disease
 - Cancer (excluding lung cancer)
 - Coronary heart disease
 - Stroke

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Means of identifying key issues and flagging up problems

- However when you look at deaths in the richest and poorest areas of York for women it is deaths from respiratory disease that contribute to the gap in life expectancy.
- There is evidence nationally that the burden of austerity measures has fallen harder on women e.g. changes to universal credit, childcare tax credits and child benefit, which are mostly claimed by women. This can have an impact on lifestyle choices that have a health consequence.

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Inform stakeholders of the key priorities and make recommendations on how they can improve and protect the health of the communities they serve

- From the key issues identified in the report the following recommendations are proposed:
 - City of York Council and York Hospital Trust working together to address smoking in pregnancy.
 - Further work with partners to understand the data around admissions to hospital for mental health problems in young people.
 - All partners working together to increase the uptake of flu vaccination.
 - The CCG, City of York Council and York Hospital Trust working together to improve outcomes in cardiovascular disease.
 - NHS England campaigning to improve dental health in children.

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Provide an update on progress against previous recommendations

- Update on the recommendations from the 2015 Annual Report are as follows:

Recommendation	Progress
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.	An Alcohol Strategy has been developed and will be adopted in 2017. This will inform how York moves forward with this agenda and progress will be reviewed by the Health & Wellbeing Board.
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.	Further analysis has been carried out in relation to the inequalities in life expectancy at birth for women in York. It remains a cause for concern. For the period 2012-14 women living in the most deprived 10% of the City had a significantly lower life expectancy than the York average (5.6 years less). This gap is increasing. The main conditions which contribute to the gap in life expectancy for women are chronic obstructive airways disease, cancer (excl. Lung cancer, other circulatory conditions, coronary heart disease and lung cancer. Many of these conditions are affected by lifestyle factors and the launch of the YorWellbeing Service in 2017 will have a significant role to play in improving the health of women in our population.
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.	Emergency admissions for self harm in 10-24 year olds continues to be monitored and remains a concern. Rates in York are significantly above the national average. Analysis shows that self harm rates are highest in females aged 15-18 with 15 being the peak age. The recent trend in York is rising. Rates vary widely across the City and are strongly linked to deprivation. A self harm "deep dive" has been carried out in York to enhance our understanding of the issue. Self Harm will also be a specific strand of the suicide safer city delivery plan.
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.	Significant progress has been made in accessing public health data sources. New data sources accessed include: Live Births; Primary Care Mortality Database; NCMP pupil level dataset, and NHS Maternity data (showing low birth weight, breastfeeding etc.)

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