



Director of Public Health Annual Report 2016/17



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Introduction from Sharon Stoltz - Director of Public Health

It gives me great pleasure to introduce my Director of Public Health Annual Report for 2016. This is my first annual report as Director of Public Health for the City of York Council and the third the authority has produced since the service transferred from the NHS in 2013.

The purpose of my Annual Report is to highlight the state of the health of the population of York and outline work that is being done to improve the health and wellbeing of our population. I will also make recommendations where it has been highlighted that more needs to be done.

York is a reasonably affluent city which translates into its residents having good life expectancy and generally positive health outcomes. However it is important we remain aware of the inequalities that exist in our city that means that not everybody enjoys good health and a long life expectancy.

We are working in a challenging environment where we have less financial resources but demand for health services is growing.

Some of this demand will be related to issues that public health has a key role to tackle. Issues around lifestyle choices, for example smoking, physical activity and diet. With less resources to tackle these issues we need to work in a way that means that people are supported to make the right choices themselves and are in an environment where these are the easy choices.

It is a challenging time, but by working with our partners in the voluntary and community sector and in the NHS I am confident that York has great assets in its people that can be used to ensure that everyone is given the best opportunity to enjoy a happy and healthy life.



Sharon Stoltz
Director of Public Health,
City of York

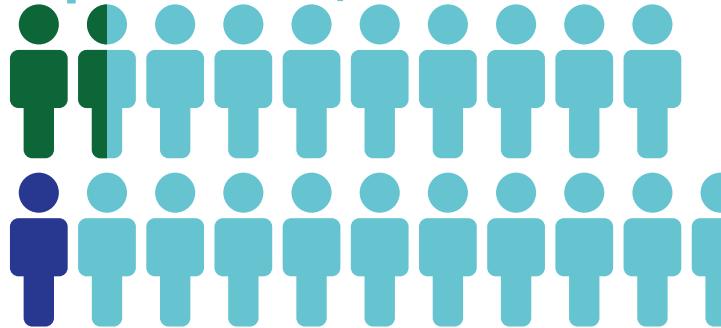


The City of York

Population

York has a higher proportion of people aged 18-24 (14.8%)  compared with the England average (9%)

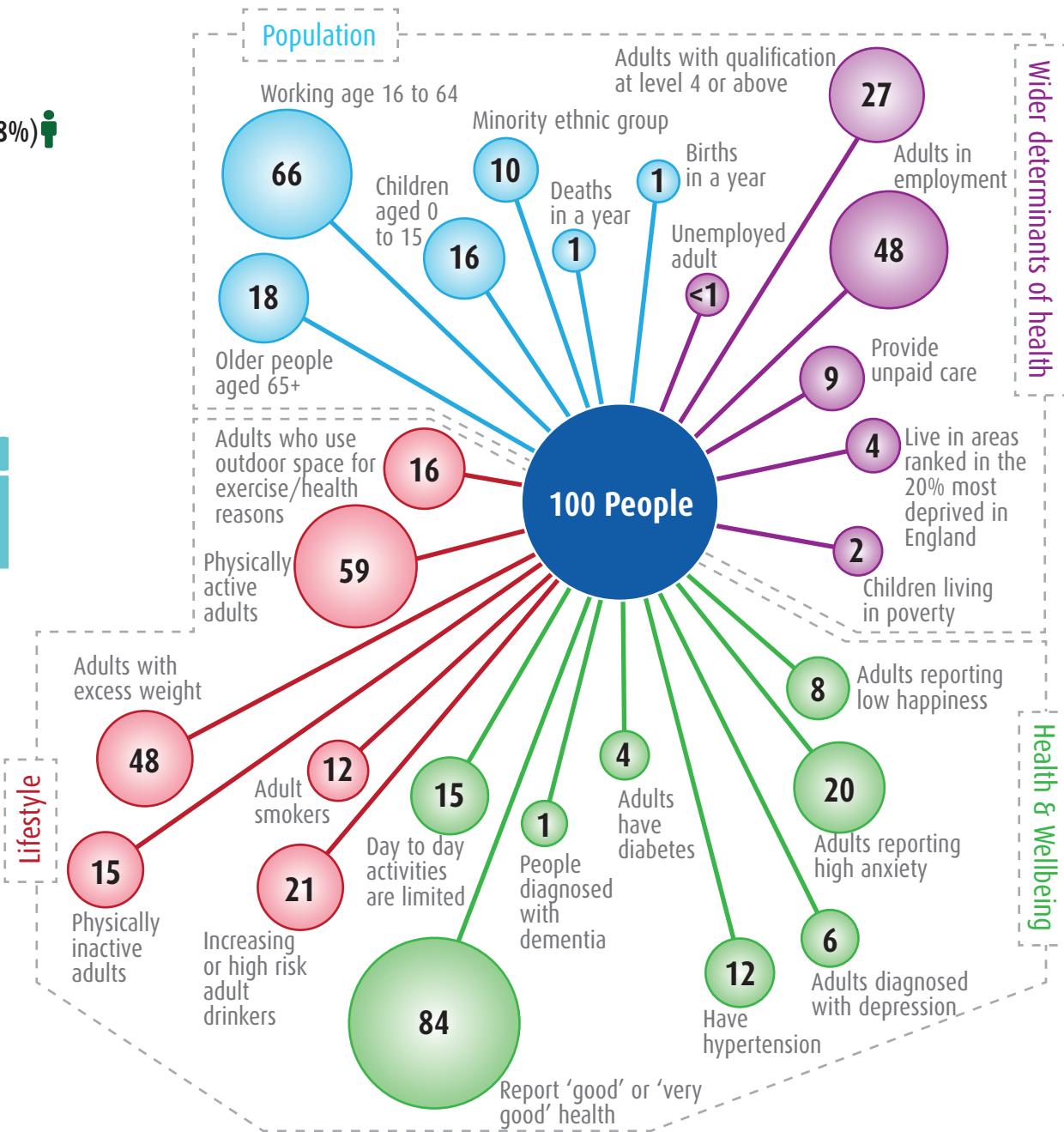
Population 206,856



The city has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 9.8%  (non White British) compared to 4.9% in 2001.

By 2025 it is estimated that the 65+ population in York will have increased by 16% and the 85+ population will have increased by 32%.

Figure 1 If York was a village of 100 people



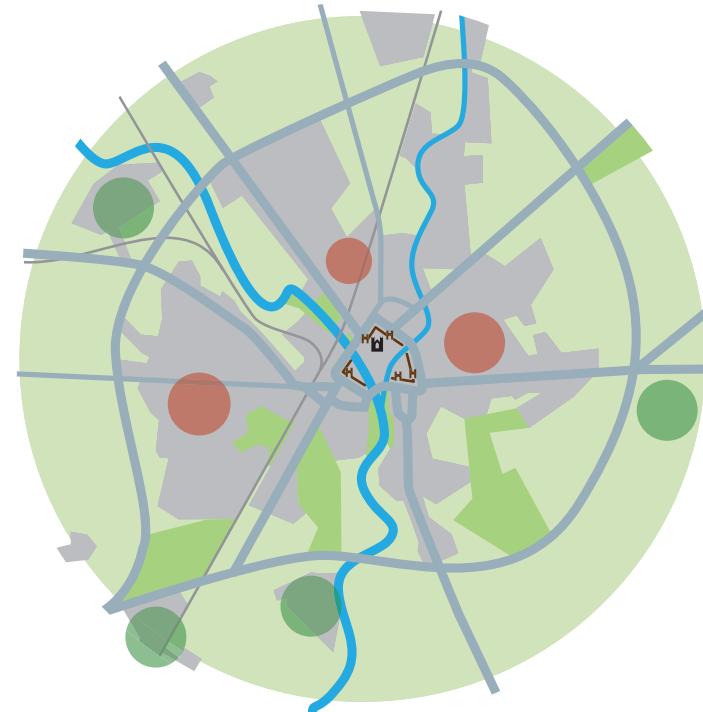
Deprivation

The 2015 Indices of Multiple Deprivation (IMD) show that overall York is the 17th least deprived local authority in England out of 152.

The IMD is made up of measures of deprivation relating to: income; employment; education skills and training; health and disability; crime; barriers to housing and services and living environment.

Almost half of the population of York live in areas which are in the least deprived 20% of areas in England.

A total of 7,888 people in York live in areas which are in the most deprived 20% of areas in England. This represents 3.9% of the population. This is a relatively low proportion compared with the regional and national averages (28.1% and 20.2% respectively).



Most of the areas of least deprivation in York tend to occur in the more rural fringes, usually outside the ring road (A1237) whilst the more deprived areas occur in more central locations within the ring road.

The exception to this is an area within Strensall ward which is located outside the ring road. The area has a higher deprivation score for the 'Barriers to Housing and Services' primarily on the basis of average road distance to amenities e.g. post offices, shops and GP surgeries.

The 10 most deprived areas in York are dispersed between several electoral wards. This has implications for targeting services and resources as the deprived areas are not clustered together.



Where is York doing well and where does it need to improve?

Starting and growing well

Over the past 10 years York has had significantly lower obesity rates in 10 to 11 year olds (28%) compared with national and regional figures (34.2%).

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 at 84% compared to the national and regional averages of 75% and 71% respectively.

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

Dental caries (1 to 4 year olds) is higher in York (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 regional 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. 675 in York compared with 384 and 430 respectively.

70.4% of surveyed young people (aged 15 years old) claim to have had an alcoholic drink, more than the national rate of 62.4%.

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

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 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.

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

In England and York the trend in recorded diabetes has increased slightly, 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 people 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 a 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 for the past few years. The most recent figure shows a spike in occurrences for 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%.

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 regional and national averages. This has been the case over ten 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 81 respectively.

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

The percentage of the eligible population offered an NHS Health Check (aged 40-74), 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)

Inclusive Growth

Improving health outcomes and reducing health inequalities require a more equitable distribution of economic benefits for residents.

Inclusive Growth can be summarised as economic growth that creates opportunities for all residents and distributes the increased prosperity more fairly across society both in monetary and non-monetary terms.

There is no single activity or solution. There are a number of policy initiatives that can help achieve this inclusive growth. Local Authorities can set the tone and practice as a significant player in local economies but its delivery requires collaboration between partners in the public and private sector. Broadly they can be organised into three themes: shaping the economy and labour market; influencing the labour supply and supporting residents to find work and building connectivity and creating well functioning places. Examples include anything from:

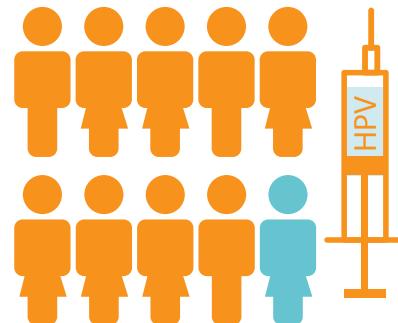
- encouraging the right kind of inward investment to generate good quality and well paid jobs
- boosting training and education opportunities
- taking steps to reduce poverty and inequality
- paying the real Living Wage
- enhancing employee benefits (flexible working, discount schemes etc)
- improving transport infrastructure
- tackling fuel poverty
- embed the importance of employment quality in procurement and contracts
- investment to improve the supply of affordable housing meeting a range of needs
- closing the education attainment gap between children from 'poor' families and their peers



Health Protection and Vaccination in York

There are a number of indicators relating to health protection and vaccination where York is performing well compared with the national average.

- 1,949 out of 2,030 eligible children (96%) received 3 doses of Dtap/IPV/Hib vaccine prior to their 2nd birthday in 2015/16, compared with 95.2% nationally.
- 1,383 out of 1,535 females aged 12-13 years old (**90.1%**) received the first dose of HPV vaccine in 2014/15 compared with 89.4% nationally.



Areas of concern for York are as follows:

- Whilst York has a higher % of eligible children who have received one dose of MMR vaccine on or after their 1st birthday and at any time up to their 5th birthday, we have a lower rate for receiving two doses.
- For flu vaccination coverage for over 65s, York is above national rate but below target of 75% coverage. There has been a declining trend in coverage in York in the last few years.
- For flu vaccination coverage for under 65 at risk persons. York is below national rate and target of 55% coverage. Declining trend in recent years but provisional data for 16/17 indicates that there has been an increase.
- 68.8% of adults newly diagnosed with HIV are diagnosed late compared with the national average of 40.1%.

Wider Determinants of Health

The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the link between social inequalities and disparities in health outcomes. Variation in the experience of wider determinants (i.e. social inequalities) is considered the fundamental cause (the ‘causes of the causes’) of health outcomes.

Addressing the wider determinants of health has a key role to play in reducing health inequalities.

Several studies have attempted to estimate the contribution of the wider determinants to population health, finding that wider determinants have a greater influence on health than health care, behaviours or genetics. It is therefore an important aspect of public health in terms of informing preventative action and reducing inequality.



Health outcomes and lifestyle choices

Not everyone will live to the same age and not everyone will enjoy equally good health throughout their life. Lifestyle choices such as smoking, drinking alcohol, poor diet and lack of exercise all impact on health and life expectancy. However it needs to be understood that poor health outcomes are not singularly a result of people’s poor lifestyle choices or that they are solely to blame for their poor health.

Poverty impacts on people’s decision making processes. People with lower socio economic status may:

- Have a lower sense of self worth which can reduce their motivation to improve their condition.
- Feel that their actions will make little difference to how their lives turn out so are less likely to make choices aligned to achieving future goals
- Have less effective coping strategies in response to stressful situations with negative consequences for health.

For example, smoking and alcohol consumption rates have been consistently higher among the poorest groups for a number of years. The stress of living on a low income is one reason to explain these poorer lifestyle choices.

People living on a low income are more likely to:

- have poorer diets
- live in poor quality housing
- have less money to heat or maintain their homes
- have less money to purchase appropriate winter clothing

These factors taken together increase the chances of an individual experiencing poor health.

The surrounding physical environment may also have an effect on a person's health. Areas that have fewer services (such as shops that sell affordable fresh fruit and vegetables), that lack health and leisure facilities or green space, that have more crime or have many buildings that have fallen into disrepair, create a living environment that is not good for health and access to and the quality of local health services may not always be as good in poorer areas. All of these factors can contribute to poorer health outcomes.

The impact of economic austerity on women

As highlighted in a previous section of this report, there has been a reduction in life expectancy for women living in the most deprived areas of York over the last few years. There is some evidence that economic austerity impacts particularly on women.

Published analysis shows that 86% of the burden of austerity since 2010 has fallen on women. This can be attributed to the changes to universal credit, childcare tax credits and child benefit which are overwhelmingly claimed by women. This can disproportionately affect single women as they are more likely to be lone parents, therefore losing out from these reforms.

It is not only the loss of tax benefits and credits that has an impact on women, hidden costs can also include the extra burden on women's time, finding solutions to help economising typically involves more time and effort. Shopping becomes more time consuming as looking around for cheaper prices often means more travelling and changing cooking practices (cooking from scratch rather than buying ready made).

Adjustments to cope with the rising cost of inflation can also result in less nutritious diets (buying cheaper and poorer quality foods), colder homes and increased stress levels in trying to manage these changes.

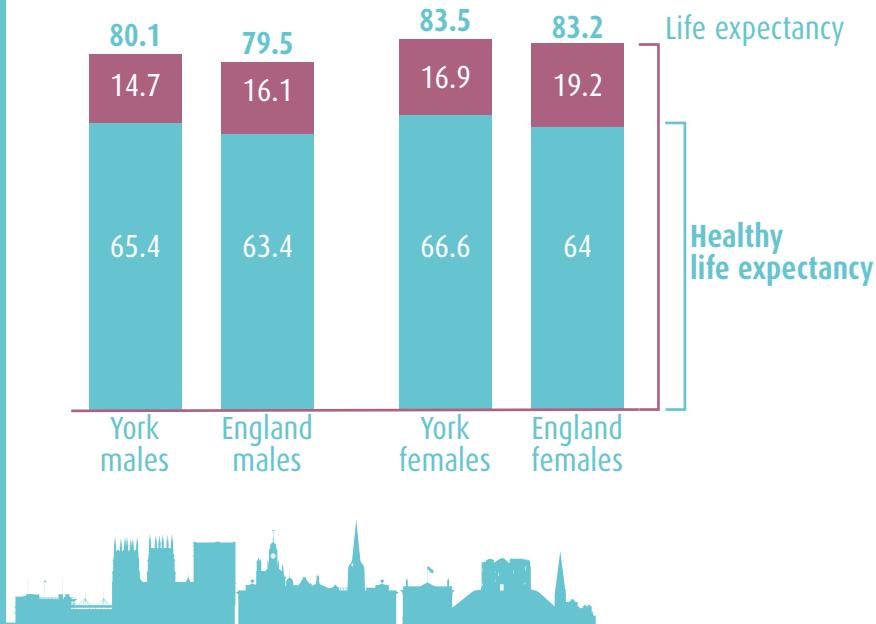
(This information has been taken from national research; there is no qualitative data available specifically for York).

Living Healthy in York

Life Expectancy at birth and Healthy Life Expectancy at birth in York are higher than national averages.

- On average men in York live to be 80 (slightly longer than the national average) and can expect to be in good health until retirement age at 65 (2 years longer than the national average).
- On average women in York live to be 83 (slightly longer than the national average) and can expect to be in good health until they are 66 (two and a half years longer than the national average).

Life expectancy and healthy life expectancy: 2012-14

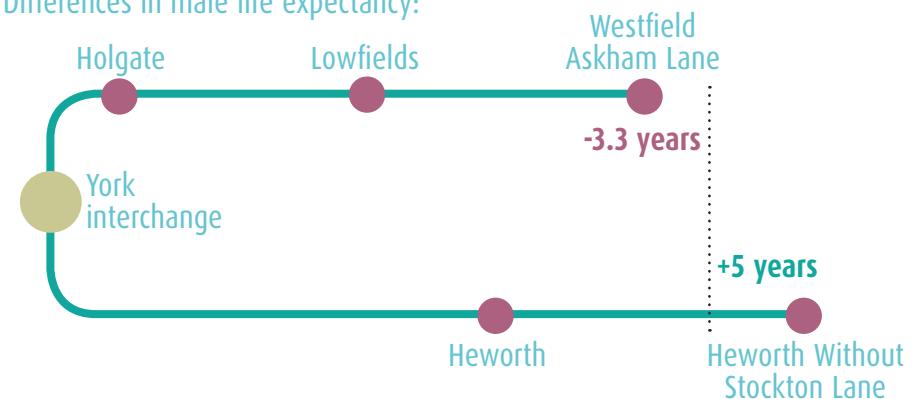


Healthy Life Expectancy across the City

Healthy Life Expectancy is not evenly distributed throughout the City, overall there is a gap of more than 13 years in healthy life expectancy for both men and women across York and although the health of residents in York is improving, many people living in more deprived areas are dying prematurely from diseases that are largely avoidable.

A bus journey across York

Differences in male life expectancy:



Travelling 2.8 miles on bus service number 1 to Askham Lane, Westfield from York Terminal means you lose 3.3 yrs

Travelling 3.9 miles on bus service number 840 to Heworth Without from York Terminal means you gain 5 yrs.

Are Inequalities in York getting better or worse?

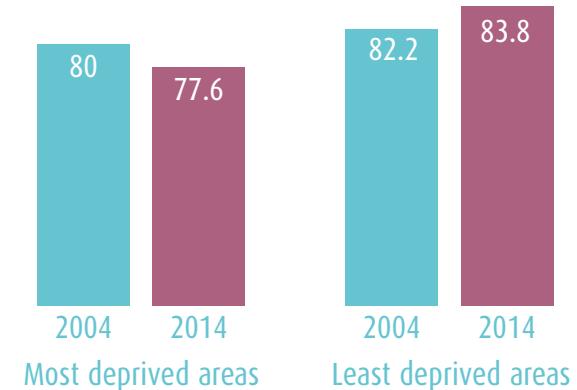
Whilst we have identified that people living in more deprived areas are dying prematurely from avoidable diseases, for men, equality in life expectancy has improved over the last 10 years. Whilst there have been gains in life expectancy for all, greater average gains have occurred in the more deprived half of York (3.7 years) compared to the less deprived half (1.8 years).

For women, equality in life expectancy has got worse in the last 10 years. Average gains in life expectancy were higher in the least deprived half of York (1.6 years) compared to the more deprived half (1.5 years). There has actually been a fall in life expectancy for women living in the most deprived deciles.

Changes in life expectancy (males) at birth



Changes in life expectancy (females) at birth

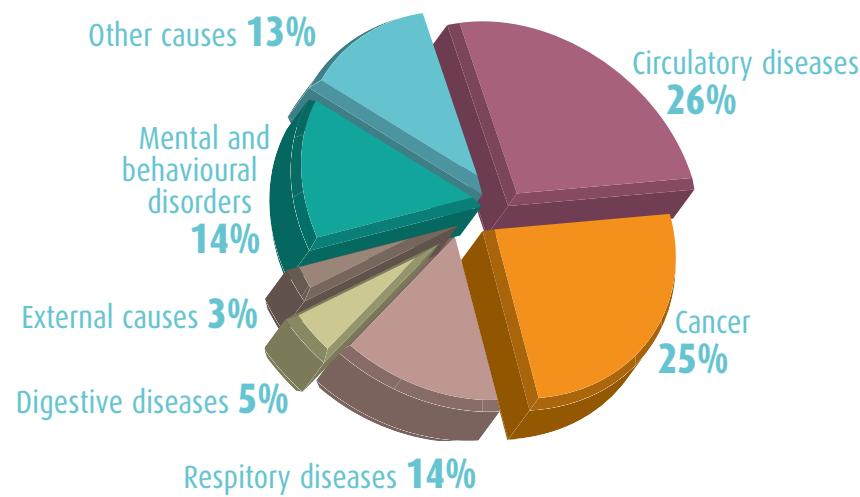


Mortality in York

Having an understanding of the causes of mortality across York helps us to know where to focus our efforts in terms of prevention and health promotion

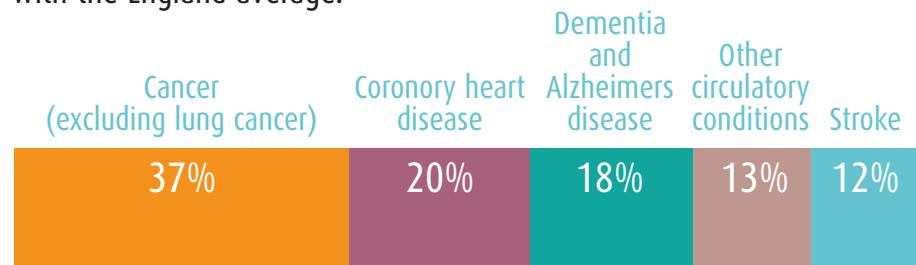
The profile in York is broadly similar to the England profile however there are fewer deaths from cancer in York (25% compared with 28%) but slightly more from mental health and behavioural disorders (14% compared with 10% nationally). The diagram below helps illustrate the main causes of death in York.

Main cause of death (all persons) in York 2013-15



Specific Causes of Death

The main specific causes of death in York are illustrated in the diagram below. There are a higher proportion of deaths in York from coronary heart disease (12.76% v 11.97%) and stroke (7.75% v 6.73%) compared with the England average.



In the Vale of York CCG area, the NHS Right Care Commissioning for Value Pack had identified some opportunities for improvement in terms of Cardiovascular Disease (CVD) outcomes. A CVD improvement programme is underway to improve identification and treatment of patients with high blood pressure and cholesterol e.g. population wide statin switches.

There are some gender differences in York in the breakdown of total deaths by specific cause.

- For men a higher percentage of deaths occur as a result of: Coronary Heart Disease (15.8% v 10.7% amongst women); cancer excl. lung cancer (24.9% v 19.2%) and suicide (2.2% v 0.5%). Cancer of the digestive organs in particular is higher in males than females in York.
- For women a greater percentage of deaths occur as a result of Dementia and Alzheimer's disease (13% v 7 % amongst men) and stroke (9.1% v 6.3%).

Causes of the gap in life expectancy

For the period 2012-14 the gap in life expectancy at birth between the most and least deprived 20% of the population in York was 5.6 years for males and 5.4 years for females.

- For men the largest single factor is deaths from circulatory diseases (including coronary heart disease and stroke).
- For women it is deaths from respiratory diseases (including chronic obstructive airways disease and pneumonia).

As an example if we were able to prevent the 'excess' deaths from circulatory diseases which occur amongst men living in the most deprived areas of York we would reduce the gap in life expectancy by 1.52 years.

Progress from 2015 Annual report

The following table demonstrates how we have made progress over the last year.

Recommendation

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

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

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.

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.

Progress

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 and Wellbeing Board.

Further analysis has been carried out in relation to the inequalities in life expectancy at birth for women in York. 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.

Emergency admissions for self harm in 10-24 year olds continue to be monitored and remain a concern. Rates in York are significantly above the national average. 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.

Significant progress has been made in accessing public health data sources. New sources include: Live Births, Primary Care Mortality, NCMP pupil level and NHS Maternity data.



Recommendations

1. City of York Council and York Hospital Trust work together to address smoking at time of delivery, ensuring that women are given timely and appropriate support to stop smoking.
2. Further work is done by City of York Council to understand the data around admissions to hospital in young people for mental health conditions. This analysis should underpin further work between the Council, Tees, Esk and Wear Valley NHS Trust, York Hospital Trust, and Vale of York Clinical Commissioning Group to address areas of concern (through Yor-OK Board or Mental Health Partnership Board?)
3. All partners, in particular Adult Social Care and primary care, should work together to increase the uptake of flu vaccination in those under 65 with long term conditions.
4. The Vale of York Clinical Commissioning Group, City of York Council, and York Hospital Trust should work together to improve outcomes on cardiovascular disease. This should focus on identifying people at risk of cardiovascular disease and ensuring that they are receiving the optimum treatment.
5. NHS England should lead a campaign to improve dental health in children. This should focus on awareness of fluoride varnish, the impact of sugar on dental health and supervised brushing for young children.

References

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Acknowledgements

I would like to thank all those who contributed to my Annual Report:
Fiona Phillips, Mike Wimmer, Aston Quinney, Nicola Squires and Michael Hawtin.

Additional information on the health and wellbeing of residents of York
can be found in our joint health and wellbeing strategy at:
[www.york.gov.uk/downloads/download/552/
joint_health_and_wellbeing_strategy](http://www.york.gov.uk/downloads/download/552/joint_health_and_wellbeing_strategy)

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joint_health_and_wellbeing_strategy](http://www.york.gov.uk/downloads/download/552/joint_health_and_wellbeing_strategy)

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