

Health & Wellbeing in York

**Joint Strategic Needs
Assessment (JSNA) 2012**

Full Report

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Health and Wellbeing in York

The 2012 Joint Strategic Needs assessment for the City of York

Introduction

Welcome to our third Joint Strategic Needs Assessment (JSNA) for the City of York.

Building from previous assessments, this document aims to provide a comprehensive local picture of the health and wellbeing needs of all the people who live in York. It will inform the development of future strategies, help us to decide our local priorities, and influence how we spend the money allocated to us.

So who are “we”? We are the Shadow Health and Wellbeing Board, an important new partnership body for York. Membership of the Shadow Board reflects the statutory, voluntary and independent sectors in the city and includes representation from the new Vale of York Clinical Commissioning Consortium as well as people who can speak up for the people who use our services. A full list of Board members can be found at Annex 1.

Following the passage of the Health and Social Care Act 2012, we will become a formal committee of the Council from 1 April 2013. In the meantime, we have been working on a less formal basis, with the production of this needs assessment as our top priority.

We hope that you will find the assessment both interesting and useful. We have tried to keep it readable, although some parts are necessarily quite technical in nature. There are four main sections: a snapshot of who lives in York; a look at “wellbeing” in its widest sense; our lifestyles; and finally a profile of our health.

This document confirms that overall York is a great place to live. Most people who live here have good health and wellbeing. However, this does not apply to everyone: some people in our city experience poorer health and wellbeing outcomes. This may be down to their needs, their circumstances, or simply where they live. Tackling health inequalities is likely to be a top priority for our future work.

So what happens next? The Shadow Health and Wellbeing Board is responsible for developing York's first Health and Wellbeing Strategy, which will take into account the recommendations from this JSNA as well as other relevant recent reports, including *the York Fairness Commission: A Fairer and Better York, 2011*, and *the Independent Review of Health Services in North Yorkshire and York August 2011*. We aim to have our Health and Wellbeing Strategy in place by the summer of 2012.

We hope you find this report both informative and thought provoking.

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On behalf of the Shadow Health and Wellbeing Board

If you would like more information about any aspect of our JSNA, please email healthandwellbeing@york.gov.uk or telephone the Public Health Team on 01904 601599 or the Children's Trust Unit on 01904 554358.

Health and Wellbeing in York The Joint Strategic Needs Assessment 2012

Executive Summary and Recommendations

The overarching findings from this process are that:

There are inequalities present in York in terms of health outcomes and opportunities that are attributable to relative deprivation. Reducing these inequalities will improve health and wellbeing outcomes for people in the City.

The population in York is ageing. This changing demographic profile will have implications for commissioning decisions in the future and should be considered in plans and strategies now.

The improvements in life expectancy and the reductions in death rates are due to a combination of improving economic, environmental and societal conditions, greater awareness of risk factors in the general population and high quality, effective services which prevent and treat existing illnesses. It remains important to focus on prevention through targeted services and the wider determinants of health and on early identification of illness to get the best outcome for individuals.

There is much excellent work already under way across the city that impacts on the health and wellbeing of our citizens and the majority of them experience good health and wellbeing outcomes. However, throughout this Joint Strategic Needs Assessment (JSNA) a major theme is the relationship between disadvantage, poor health and wellbeing, and lower life expectancy. Although York is a relatively prosperous city, there is still a gap of nearly ten years in life expectancy for males between the most and least deprived communities and evidence of a gradient across socio-economic groups. Responding to these findings proportionately is important, so as not to disadvantage any parts of the population. The findings of this JSNA place a sharper focus on certain aspects of need and the recommendations seek to

inform the development of the first health and wellbeing strategy, local priorities and commissioning decisions.

Recommendation 1:

We recommend that all activity concerned with planning, strategy, commissioning and service provision incorporates objectives aimed at tackling health inequalities as a matter of course.

Intervening early in order to achieve better outcomes will benefit the individual and the population, and may also reduce costs. This applies as much to health education programmes to encourage people to maintain healthy lifestyles as it does to pathways designed to help people receive support to receive treatment in their own homes rather than being admitted to a hospital when a crisis occurs. These principles are generally well recognised, but they are not always translated into commissioning decisions and the design of services.

Recommendation 2:

We recommend that the principle of early intervention informs every commissioning decision taken within York, and that partnership working to achieve this end is regarded as the norm not the exception.

Population

Population estimates forecast an increase in the older population in York, most notably in those aged 85 years and over. An ageing population is likely to have the largest impact on local need. The recent review of health services in York and North Yorkshire also identifies priorities in this area. The prevalence of long-term conditions rises as individuals grow older and therefore it would be reasonable to expect increasing need in this area. In addition, the prevalence of dementia rises with an ageing population, with the associated impact on families, carers and support services.

Recommendation 3:

We recommend that a comprehensive picture of prevalence and need is established in relation to the physical and mental health needs of this group. Some of this work is underway to capture

information beyond those who receive adult social care services and should be built upon.

Recommendation 4:

We recommend that the implications of an increasingly ageing population are systematically considered in planning and commissioning activities including in the areas of mental health, physical and learning disability, maintaining independence, loneliness and carers.

Recommendation 5:

We recommend that there is a particular focus on reducing the impact of ill-health and falls in older people, providing community-based responses in responding to long term conditions and in preventing admissions to hospital.

Recommendation 6:

We recommend that homes and neighbourhoods are designed and adapted to accommodate needs recognised as being associated with ageing and maintaining independence.

Estimates of the size of specific groups and communities and their associated health and wellbeing outcomes within the City have been difficult to identify. Specifically, accurate estimates of the black and minority ethnic (BME) population and estimates of the lesbian, gay, bisexual and transgender (LGBT) population and their associated health and wellbeing outcomes have been particularly challenging.

Recommendation 7:

We recommend that work continues to ensure that groups and communities within the City are appropriately represented and not disadvantaged with regard to health and wellbeing decisions.

Social and Place

Most people living in the city can expect to have a good quality of life and experience positive health and wellbeing outcomes. However, parts of the City are in the 20% most deprived in the country and that people

living in these areas experience higher levels of inequality in health, wellbeing and opportunity.

Recommendation 8:

We recommend that active consideration is given to tackling the many and complex issues faced by people living in the most deprived areas of the city. This will involve communities working alongside statutory, voluntary and independent partners.

Employment provides income and opportunity, and will also increase an individual's self esteem and access to social networks. Employment opportunities are becoming increasingly compromised at this time of economic difficulty, and have remained limited for some groups of people. In York the unemployment rate has risen since 2005, although it is lower than the England rate. However, whilst unemployment in men has risen, unemployment in women has dropped, although the number of women claiming Job Seekers Allowance has increased and is at the highest level for 13 years, mirroring the national trend. Whilst the latest data shows that the number of 16-18 year olds not in education, employment or training (NEET) in York has increased it is comparable to other areas in the North of England

Recommendation 9:

We recommend that action is taken to explore and increase employment opportunities for the following groups of people: people with physical and learning disabilities – both young and older, young people, adults who may be returning to work (including rehabilitation back to work following illness), people with mental health problems and people who have substance use problems.

Having a safe home that is appropriate to a person's need is a central to good health and wellbeing. There is a clear link between poor and inappropriate housing and poor health outcomes. Most dwellings in York are maintained to a relatively good standard in terms of general condition and thermal efficiency. It has been identified that there is pressure on quality housing in York with a growing gap between the demand for quality housing and supply. There were 3466 households registered as looking for a social rented home in York in December 2011 therefore there is an aim to better understand the needs of particular

groups and ensure the availability of appropriate accommodation to meet their specific needs.

Recommendation 10:

We recommend that the housing needs of key groups of people are considered in the context of service planning and high quality provision, including older people, families, people who have mental health needs, young people, Gypsies and Travellers, students, people with physical and learning disabilities, black and minority ethnic households and the ageing population.

Lifestyle

There is a clear link between lifestyles and health and wellbeing outcomes. Aspects of lifestyle are risk factors for a range of conditions and diseases that limit both quality and quantity of life. Individuals can be helped to change lifestyle behaviours and patterns. Smoking is implicated in the development of many long-term conditions and several cancers. The associations between smoking and deprivation are also well recognised and have been identified within the City of York.

Recommendation 11:

We recommend that established programmes aimed at reducing the smoking prevalence in York are maintained and built upon. Consideration needs to be given to targeting specific groups to prevent long term consequences of smoking such as young people, pregnant women and routine and manual occupational groups.

Obesity is also a major risk factor in disease development which has been recognised as an issue nationally. Active and healthy lifestyles are promoted in many ways across the City, including through initiatives aimed at particular groups of people such as the Health, Exercise, Activity and Lifestyle (HEAL) programme, the Healthy Schools programme and schemes such as Cycling City and Intelligent Travel York. Whilst levels obesity and those at risk of obesity amongst children compare well nationally, a robust measure of obesity and risk of obesity in adults is not currently available either locally or nationally. It is expected that levels of obesity across the whole population will continue to rise unless preventative action is taken.

Recommendation 12:

We recommend that a comprehensive local picture of obesity amongst adults and children is established.

Recommendation 13:

We recommend that there is continued support for initiatives aimed at increasing levels of physical activity across the whole population and that priority is given to vulnerable groups and those who are least active.

The misuse of alcohol has been linked to looked after children and young people who leave care, offenders, parents coping with stress and people with mental health needs. A similar picture has emerged in relation to substance misuse where there are links with the same population groups. However, consumption of alcohol above the recommended limits is not necessarily limited to these groups and arguably has wider reaching effects related to physical and mental health, in addition to wider social effects.

Recommendation 14:

We recommend that local data is collected to establish an accurate picture in relation to the prevalence and impact of the use of alcohol and drugs. Work is already underway in this area in terms of an alcohol needs assessment and a needs assessment relating to young people and substance misuse and these should be utilised in service planning and commissioning decisions.

Health Outcomes

Most of premature deaths in York occur as a result of cancer, and circulatory diseases. Action can be taken to minimise the impact of these conditions.

The aim of the National Awareness and Early Diagnosis Initiative (NAEDI) is to coordinate and provide support to activities and research that promote the earlier diagnosis of cancer and therefore improve the outcomes associated with cancer.

Recommendation 15:

We recommend that activities are maintained to reduce the impact of cancer through maintaining and improving the uptake of screening, early diagnosis and appropriate treatment.

Circulatory diseases account for approximately one third of all deaths in England and Wales. Fortunately, the death rates due to circulatory diseases have been dropping in York. Risk factors for circulatory disease are multiple, some of which can be modified through lifestyle changes. There is a marked difference in death due to circulatory diseases between the most deprived and the least deprived in the City.

Recommendation 16:

We recommend that activity is maintained with regard to identifying and treating those diagnosed with, or at risk of circulatory diseases, including heart disease and stroke. A lifestyle modification approach in addition to a pharmacological approach should be maintained.

High blood pressure is an important risk factor for the development of circulatory conditions, which can be modified through lifestyle changes including physical activity, weight loss, stopping smoking and reducing alcohol consumption and the use of medication. However, it is estimated that there are a large proportion of individuals with high blood pressure who are undiagnosed. Identifying these individuals and providing the most appropriate advice and treatment should reduce the chance of them developing circulatory diseases.

Recommendation 17:

We recommend that work should be maintained to identify the accurate prevalence of high blood pressure and once diagnosed an evidence-based approach to management of this condition should continue.

The prevalence of diabetes has increased in York, although this could be attributed to greater awareness amongst the general population and case-finding activity by the health service. Diabetes is a leading cause of sight loss before old age and these effects can be mitigated. In addition, diabetes increases the chance of developing circulatory disease. Therefore the management of other risk factors and

appropriate control of an individual's blood sugar is important to reduce the chance of poor health outcomes. In diabetic individuals registered with General Practices that make up the Vale of York Clinical Commissioning Group the proportion of individuals with diabetes with acceptable blood pressure control was lower than the England average, as was the proportion with acceptable long-term blood sugar control.

Recommendation 18:

We recommend that activity is maintained regarding identifying those individuals with diabetes. Once diagnosed, individuals should continue to be managed according to evidence-based guidelines. Work should be undertaken to improve the proportion of individuals with diabetes who are optimally managed to improve health and wellbeing outcomes.

Chronic obstructive pulmonary disease (COPD) is a long term respiratory condition that is associated with smoking and causes disproportionately more deaths amongst the most deprived communities in York compared to the least deprived. Identifying and addressing the potential causes of this inequality would be important in improving the health and wellbeing outcomes for the City.

Recommendation 19:

We recommend that work continues to reduce the impact of respiratory disease in York, including COPD. This will need to include both a preventative approach in addition to maintaining and improving on the management on individuals with respiratory conditions.

Whilst some long-term neurological conditions are present from childhood and adolescence, the prevalence of others increases with increasing age. Neurological conditions can be life threatening, and most of them severely affect an individual's quality of life. Caring for someone with a debilitating illness often means that carers have to give up their own employment, in addition to the person with the condition being unable to continue to be economically active. Identifying the prevalence and impact that these conditions have on individuals, families and the wider community is likely to aid understanding of the challenges that these groups face.

In the process of collecting and collating information for this JSNA, it became evident from many sources that there is a perception that there are unmet levels of mental health need across the city, particularly at the lower levels of complexity and severity. However, it has not been possible to establish a comprehensive picture of mental health needs across York. It is therefore not possible to objectively assess the adequacy of provision. The perception of practitioners is that there are gaps in provision, particularly with regard to lower level mental health needs. Improving mental health outcomes is a stated priority for the York Fairness Commission and is also a priority emerging from the recent review of health services in York and North Yorkshire. Through the process of compiling this report, one of the most consistently and strongly articulated themes has been to develop a better picture of mental health needs and to improve the ability to meet those needs.

Recommendation 20:

We recommend that work be undertaken to establish a full and holistic picture of mental health needs across the whole population and in relation to specific groups of people (including the Gypsy and Traveller community, looked after children, teenage mothers, people with autism, parents experiencing stress, people misusing substances, people who are unemployed, older adults including those with dementia and carers) in order to inform future planning and commissioning activity.

Recommendation 21:

We recommend that active consideration is given to the provision of a range of comprehensive community based, early intervention support and services for individuals with mental health problems.

Recommendation 22:

We recommend that active consideration is given to joining up more closely the children's and adults' mental health agendas and work streams in order to support a closer focus on early intervention, prevention and transition.

Recommendation 23:

We recommend that service planning takes account of the mental health needs of the ageing population, with particular reference to loneliness and the growing number of people with dementia.

The JSNA Process

It has been difficult to obtain data about the health and wellbeing needs of some population groups. Detailed information is often held at the individual case level, but is not collected at the population level. In some areas there is an absence of local data and there is a reliance on modelled estimates. In these cases it has not been possible to establish an accurate picture of local need and identify improvement or deterioration in outcomes and trends. Some data sets may improve as the activities and priorities of the new Vale of York Clinical Commissioning Group become established and joint working with local partners develops.

Recommendation 24:

We recommend that data collection is improved in agreed priority areas in order to more accurately inform the picture of local health and wellbeing need, ongoing JSNA activity and planning and commissioning activity. The specific groups identified by this JSNA process are 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.

An important objective of the JSNA is for it to reflect perspectives about health and wellbeing from across the local community. We acknowledge that our approach to gathering this information has been only partly successful and as a consequence this aspect of the JSNA is underdeveloped. This is an area for development for future JSNA activity and will be of broader interest to the Shadow Health and Wellbeing Board, particularly given plans to establish the local HealthWatch service.

Recommendation 25:

We recommend that further work is undertaken to establish a full picture of community engagement / consultation / feedback activity and to develop clear mechanisms for ensuring that local perspectives inform the JSNA process.

Section 1: Population structure and projections

The Population

The most recent data available suggests that the population of York was 202,447 in 2010, an increase of 11.7% since 2001¹. Such growth is twice the national average but the rate has now slowed². It masks variations for different age groups, with rises in the numbers aged 20-24 and the 25-29, and a fall in the 30-39 and 50-54 age groups.

Data from 2010 shows that since 2001 there has been a 24% rise in the number of people aged 80 and over (from 8,100 to 10,047 people). This trend is set to continue with an additional increase of 62% (a further rise in numbers to 13,100) by 2021³. The independent review of health services in North Yorkshire and York has identified a similar projected increase for the whole County⁴This reflects national trends and has significant implications for the provision of services.

York is estimated⁵ to have higher net migration (i.e. more people moving into the city than out) than both the region and the UK. In fact 90% of the population change between 2009 and 2010 is estimated to be due to this. Overall trends in the population of York over the period 2001-2010 are illustrated in Fig. 1.

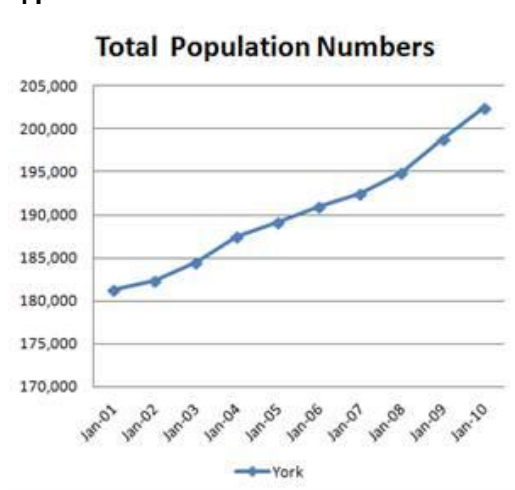


Figure 1: Projected population growth for York

¹ ONS Mid Year 2010 population estimates

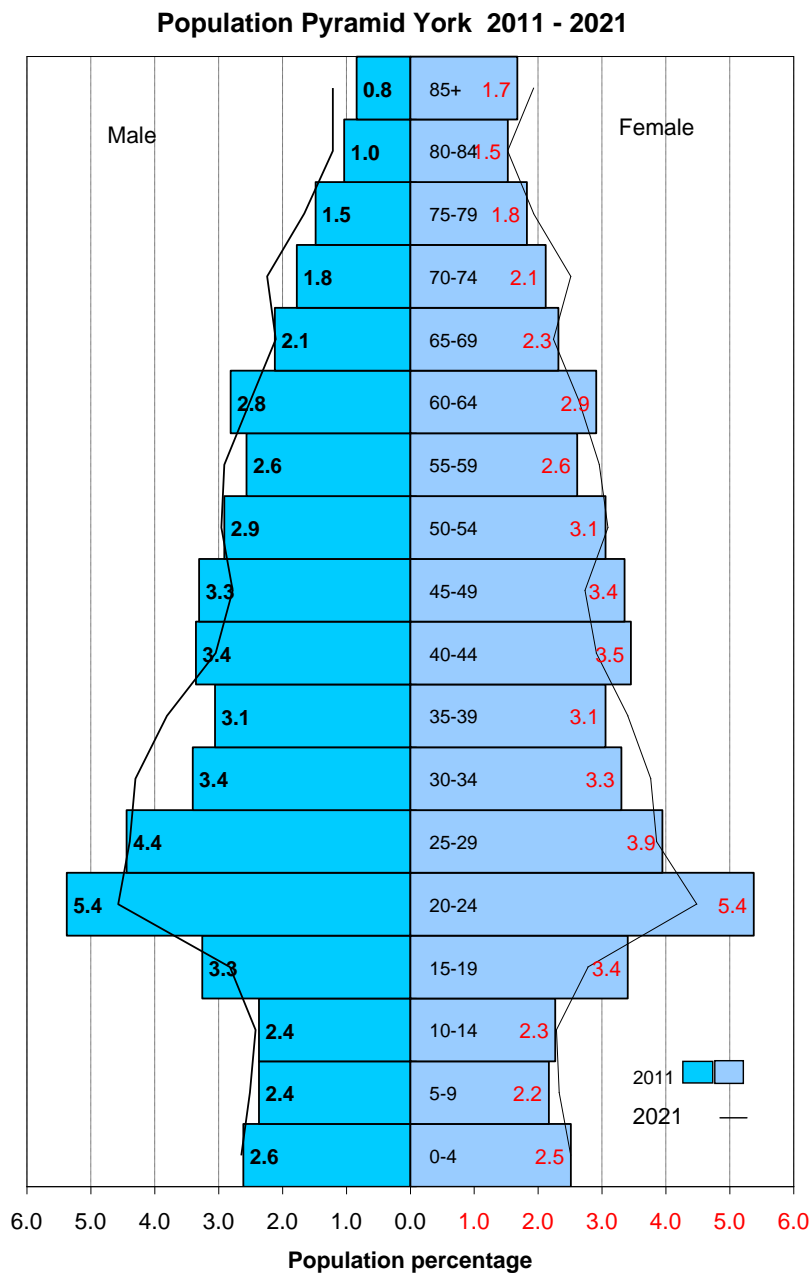
² Statistics from Yorkshire Forward Chief Economist Unit, August 2011, based on regional.

³ Local Authority Local Account 2011

⁴ Independent Review of Health Services in North Yorkshire and York: Report of the Independent Commission 2 August 2011

⁵ ONS Mid Year 2010 population estimates

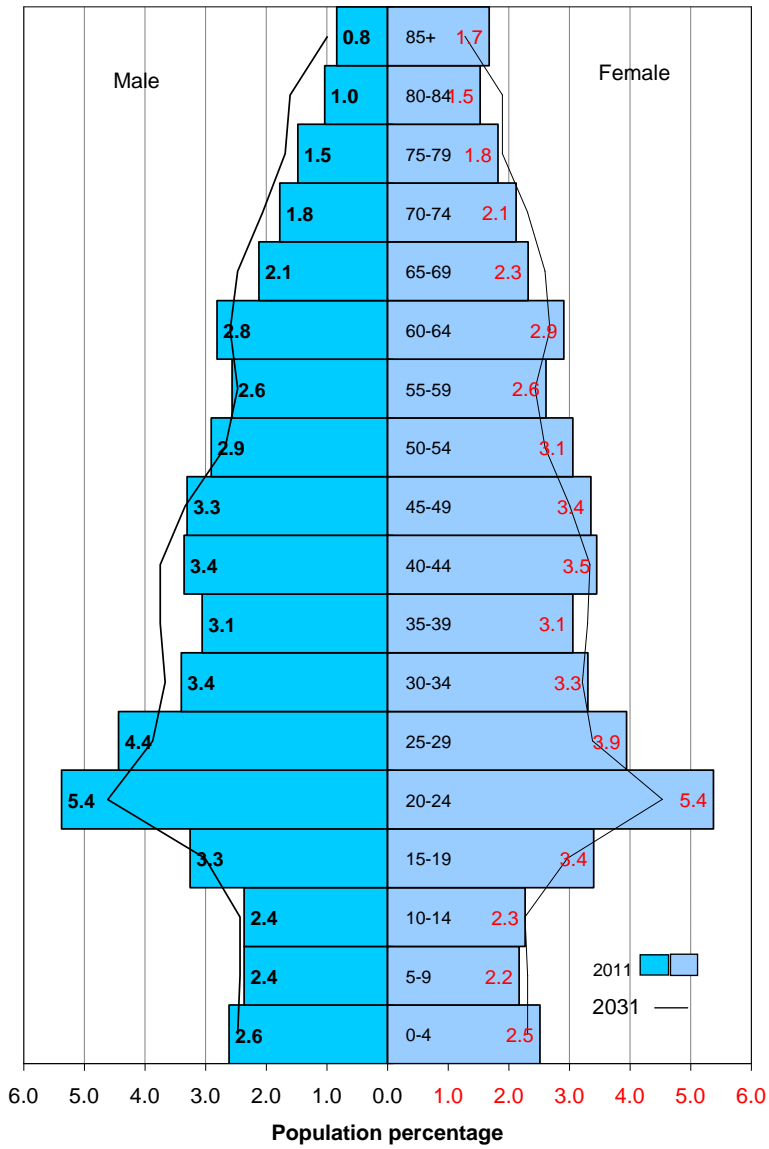
Fig. 2 and 3 show the current population structure and the projected position for 2021 and 2031.



Source: ONS 2008 population projections

Figure 2: York population pyramid for 2011 and 2021

Population Pyramid York 2011 - 2031



Source: ONS 2008 population projections

Figure 3: York population pyramid for 2011 and 2031

Fig. 4 shows the population projections for different age groups.

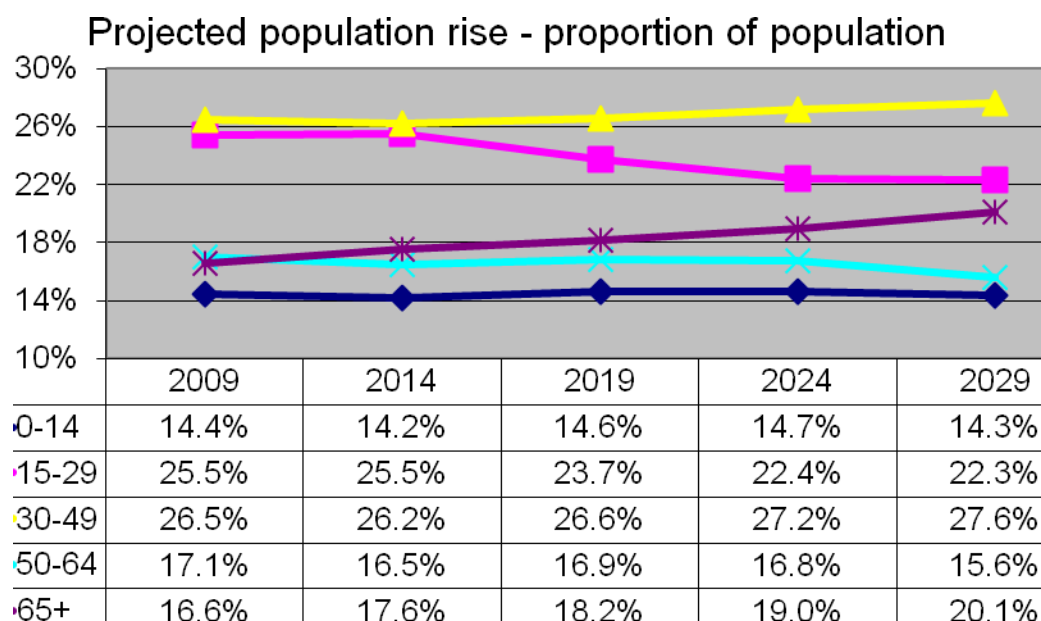


Figure 4: Projected population change in York by age group

Births and Deaths

In 2010, the number of births to mothers who live in York decreased, the first reduction in the rate since 2002. For 2010 the birth rate was 10.5 per 100,000, compared to 10.8 in 2009. This is also below the birth rate for England in 2010, which was 13.2 per 100,000 people.

Another way of analysing this is to look at the "fertility rate". In 2010 the fertility rate for York women was 1.4 children compared to 2.0⁶ for England. This may be because more families in York are choosing to wait to begin a family, reducing the potential size.

The number of deaths of individuals resident in York was 1,757 in 2010. The death rate for York has remained stable over the period 2005-09 with a rate of around 500 deaths per 100,000 people.

⁶ ONS, Birth Summary Tables England and Wales – Births by usual area of mother's residence. <http://www.ons.gov.uk/ons/rel/vsob1/birth-summary-tables--england-and-wales/2010/birth-summary-tables--england-and-wales-2010--13-07-11.xls>

How and where people live

The number of households in York⁷ is expected to increase by 37% from 84,000 in 2008 to 115,000 in 2033. York's housing tenure profile⁸ is as follows:

- owner occupied, 70%;
- private rented, 15%;
- social rented: 15% (approximately 7,900 City of York and 4,300 registered social landlords).

It is known from local surveys⁹ that the private rented sector has grown dramatically since 2001. York has very low levels of homes left empty for a long period, at around 0.5%.

Projected trends in households differ depending on the type of household. For example, one-person households are set to increase by 60.7% by 2033, accounting for 39% of all households. Family size is predicted to decrease because of fewer children being born, or parents separating. Lone parent households are set to increase by 80%, accounting for 8% of all households by 2033. Households with no dependent children are set to increase by 42%, with one dependent child by 26%, with two dependent children by 26% and with three or more dependent children by 3.6%.

Households with a head of household aged 75-84 are projected to increase by 50%, accounting for 4,000 households. However the largest predicted increase of all is in households where the head of household is aged over 85 years: this type of household is set to increase by 200%, accounting for 6,000 households by 2033.

In recent years there has been a significant reduction in the number of people in York who are regarded as homeless or at risk of homelessness. This has come about because of a successful focus on homelessness prevention, family intervention initiatives and other forms of personal support. Agencies across York have been working together to ensure that the level of rough sleeping remains low. The overall number of households placed into emergency temporary accommodation has also been reducing year on year¹⁰.

⁷ Based on ONS modelled estimates

⁸ Data rounded. Housing Strategy Statistical Appendices 2011; Private Sector Housing Stock Condition Survey 2008

⁹ 2008 Private sector stock condition survey

¹⁰ CYC Directorate Quarter 3 Monitoring 2011/12

The Local Development Framework Core Strategy sets out where demand for quality housing is, and how it will be met in the future. The focus for new housing development (around 87%) will be in the main urban area of York. The Council has set a target to build 800 dwellings annually from 2011, including affordable housing¹¹.

The Council and its partners will continue to address the specialist housing needs of specific population groups such as homeless young people, people with mental health issues, people with learning disabilities and older people. The overall aim is to help people to live successfully in their own homes.

Specific population profiles and their needs

The remainder of this chapter looks at various subsets of the overall population, especially those for whom local intelligence or national research suggests there may be specific health and wellbeing issues. In doing so, it is important to acknowledge that everyone will have health needs at some stage in their lives, and the aim of all the agencies in York will always be to provide outstanding universal services for everyone. However we also need to recognise that we may need to set particular priorities for specific groups if the evidence points that way.

The section starts by analysing three population groups whose needs are recognised in national legislation and into which people may fall for all or most of their lives: by virtue of their ethnicity, disability, or sexuality. The section then analyses groups that are smaller or more transitory in nature, from childhood through to adulthood, before finally looking at the needs of the older population. Needless to say, people may fall into more than one category in this section, and policy-makers should be aware of this.

Black and minority ethnic groups

There is a rapidly growing black and minority ethnic population in York, due in part to the continuing expansion of university and higher

¹¹ LDF Core Strategy Document

education facilities within the city. Another factor is seasonal work in York's tourism and agricultural industries.

The 2001 census stated that York's black and minority ethnic population¹² was 4.9% of the total. A more recent study commissioned by the Joseph Rowntree Foundation suggested that by 2009 this had grown to 11%¹³. The study identified 92 different ethnic and national origins in the city and 78 different first languages¹⁴.

The most recent socio-economic analysis¹⁵ of black and minority ethnic households in York found that that this population group is mostly made up of younger, settled black and minority ethnic people (aged 25-39), living in rented accommodation (mainly houses) and of whom the largest identified ethnic group is "Asian". There is a significant secondary group of migrant workers who are mostly from Eastern European countries, aged 18-39 years old, and living in private rented flats and converted houses.

National research tells us that black and minority ethnic households are four times more likely to be living in private rented sector housing than the population as a whole. Households for this group tend to be larger, with over 12% cent comprising 6 or more members, compared with 1% of the population as a whole, with some suggestions of a greater prevalence of overcrowding¹⁶.

Estimates suggest that there are in the region of 330 Gypsy and Traveller households in York¹⁷, mainly comprising English Gypsy (Romany) households and including a small Irish Traveller Community and a smaller population of Show people¹⁸. An accommodation needs assessment for the Gypsy and Traveller community in North Yorkshire was undertaken in 2007-08¹⁹. This identified that the council has 55 individual pitches allocated for the Gypsy and Traveller community²⁰, the majority of which are sufficiently large to accommodate two caravans and one or two vehicles²¹. There are no private sites allocated in York for this purpose²². It may be appropriate to make a distinction between those individuals and families who identify themselves as being part of a Gypsy and Traveller community and being relatively mobile, and those

¹² All groups other than White British

¹³ JRF – Mapping rapidly changing population growth. A case study in York 2010

¹⁴ *ibid.*

¹⁵ Experian Origins Household Profiles mapped against Experian Mosaic Household Types

¹⁶ Based on householders perception as opposed to an objective assessment based on the Government's 'Bedroom Standard'

¹⁷ Gypsy and Traveller accommodation assessment 2007-8.

¹⁸ *ibid.*

¹⁹ *arc*⁴. Gypsy and Traveller Accommodation Assessment North Yorkshire Sub-region – 2007/8.

²⁰ Count of sites provided by Local Authorities <http://www.communities.gov.uk/documents/statistics/xls/2030947.xls>

²¹ CYC website (<http://www.york.gov.uk/environment/travellersites/> - accessed on 15th December 2011)

²² Gypsy and Traveller accommodation assessment 2007/8

individuals and families who identify themselves as being part of the Gypsy and Traveller community but live in houses due to accommodation issues. The former category is likely to be the smaller of the two and this is borne out as most of the Gypsy and Traveller households that do not access the Council pitches live in conventional housing. However, there are still some unauthorised developments, and periodically unauthorised encampments appear in North Yorkshire and York. This often occurs on the way to and from fairs, and there is a high level of homelessness reported by those encamped unofficially²³.

A count of Gypsy and Traveller caravans has been undertaken biannually since 1979, recording the number of caravans on both authorised and unauthorised sites across England. These counts are used to estimate the size of the travelling population nationally, and can assist planning locally. The results of the count since July 2009 suggest that the number of Gypsy and Traveller caravans in York ranged from 86-130 caravans²⁴. The local provision of pitches corresponds to 165 caravans²⁵, which based on this count may be sufficient. However, there are limitations with the methodology used in this approach, and although it has been used for several decades it may not provide an accurate estimate of the Gypsy and Traveller population size.

The number of households estimated in the 2007-08 Accommodation Assessment (330) was based on the number of children known to Traveller Education²⁶. Traveller Education have access to the number of children who are recorded as being current attendees for the 12 months prior to January 2012, and the number of children who have had any input in the 12 months prior to January 2012. The latter figure will include children of Showpeople, who may move more frequently than other sections of the Gypsy and Traveller community. Although this may not completely identify the population of Gypsy and Traveller families, it could be used to estimate the proportion of the community who are mobile. Based on this, approximately 40% of the Gypsy and Traveller community are mobile, with around 60% remaining in the City for a sufficiently long period of time for their children to be recorded as currently receiving education, although this will include home schooling as well as state schooling. This will not identify childless families, nor will it identify those families that identify themselves as being part of the

²³ arc⁴. Gypsy and Traveller Accommodation Assessment North Yorkshire Sub-region – 2007/8.

²⁴ Count of Gypsy and Traveller caravans, July 2009-July 2011.

<http://www.communities.gov.uk/documents/statistics/xls/20309401>

²⁵ Count of sites provided by Local Authorities <http://www.communities.gov.uk/documents/statistics/xls/2030947.xls>

²⁶ arc⁴. Gypsy and Traveller Accommodation Assessment North Yorkshire Sub-region – 2007/8.

Gypsy and Traveller community, but have not recorded this with the City of York Council.

National research has identified that the health outcomes within the gypsy and traveller community are often worse than in the most deprived communities in the UK²⁷. This population group reports²⁸ relatively high levels of mental health and respiratory problems and higher levels of infant and adult mortality although less inequality is observed regarding diabetes, strokes and cancer.

Educational outcomes at national and local level vary across ethnic groups. When compared to children classed as white English, black and minority ethnic children in York on average out-performed their peers at key stages 2 and 4 in 2011²⁹. This may reflect cultural differences and the international nature of our two universities. Conversely, educational outcomes for Gypsy and Traveller children are poor, with national results in 2010 revealing a gap of around 50 percentage points when compared to the national average for pupils achieving 5+ A*-C GCSEs (including English and maths)^{30,31}. This group of children has the worst school attendance and highest exclusion rates.

In a recent report³², Refugee Action York described having regular contact with 27 adults and 46 children, noting that in addition to dealing with the traumas associated with fleeing their host country, refugee families experience isolation and social and economic exclusion. Children and young people from refugee communities often bear a great deal of responsibility within the home and often act as translators for their parents. Refugee Action York state that the young people they work with experience poverty and social exclusion on a daily basis and can feel very isolated from their peers.

Disabled People and those with Learning Disabilities

Clearly, disability can arise at any age and it is important to recognise that younger disabled people may have needs that are different from older people. Learning disability, on the other hand, is more likely to affect people throughout their lives.

²⁷ Van Cleemput, P & Parry, G. Health Status of Gypsy Travellers. Journal of Public Health Medicine 2001:23:2;129-134

²⁸ G&T accommodation assessment 2007/8

²⁹ CYC Analysis of school attainment via EPAS and Nexus 2011

³⁰ DfE statistical release <http://www.education.gov.uk/rsgateway/DB/SFR/s000977/index.shtml>

³¹ DfE statistical release <http://www.education.gov.uk/rsgateway/DB/SFR/s001047/index.shtml>

³² Early Intervention Fund Update, Refugee Action York, 2011

Starting, then, with disabled children: this group has very definite needs. Four in ten disabled children live in poverty nationally³³, and put the other way around, approximately two thirds of children living in poverty will have special educational needs. Locally, we have observed a strong correlation between those with special educational needs and those entitled to free school meals³⁴. National research shows an increased prevalence of child disability in lower socio-economic groups.

CHIMAT³⁵ quote a Thomas Coram Research estimation that between approx 1,000 and 2,000 children experience some form of disability in York. York has register for disabled children, but this is new and depends on parents identifying a disability. It does not yet accurately indicate the actual numbers of disabled children in York.

There are nearly 4000 children and young people in mainstream schools in York who have some form of special educational need, of whom 471 pupils are subject to a formal educational statement. The needs of many of these children continue to be met through provision within mainstream schools. This year saw the first rise in the numbers of children with special educational needs since 2008³⁶ from 16.4% to 16.8% at January 2011³⁷.

There appears to be a steady rise in the numbers of children with a physical and sensory disability coming into York schools, from 52 in 2009 to 70 in 2011. There has also been a significant rise in the numbers of pupils with speech, language and communications needs since 2009, increasing by 30 children to 207 in 2011³⁸. Since 2010 the number of children with a hearing loss as their primary need has risen from 44 to 52, and the number of those with a visual impairment has levelled at 15. 446 children have social, emotional behavioural needs and the number of children affected by autism spectrum condition has risen from 118 to 131, the biggest rise being recorded for primary school aged children. The most recent local data³⁹, shows that in 2010 there were 250 deaf people of all ages within City of York and 916 registered as hard of hearing.

³³ Children Society Report, October 2011

³⁴ CYC SEN Analysis 2011

³⁵ Child and Maternal Health Observatory <http://www.chimat.org.uk/resource/view.aspx?RID=102733>

³⁶ SEN Analysis 2011

³⁷ PLASC January 2011

³⁸ *ibid.*

³⁹ SSSDA910, Deaf & Hard of Hearing Register return (completed every 3 years) dated March 2010

Disabled children also include those with chronic conditions such as epilepsy, diabetes, asthma and anaphylaxis. In July 2010 there were 126 children in year 6 who had such identified health needs of this nature.

In 2010 a consultation with parents said that the lack of high quality childcare for disabled children was a barrier to work and greater income. Over half of the parents responding to the York Transition Survey said they worried a lot about what their young person would be doing after school: 32 % of young people in York who are not in education, employment or training (NEET) are young disabled people, compared to 22% nationally.

The prospect of disadvantage unfortunately continues through into adult life for people with disabilities. According to the document improving the Life Chances of Disabled People⁴⁰, disabled people are more likely to live in poverty and their income is, on average, less than half of that earned by their non-disabled peers. Disabled people are less likely to have educational qualifications and are more likely to be economically inactive with only one in two disabled people of working age currently in employment, compared with four out of five non-disabled people. This group is more likely to experience problems with hate crime or harassment, with housing, and with transport - the issue given most often by disabled people as their biggest challenge. On a more positive note, a recent local survey⁴¹ of adults with physical and sensory disabilities showed that most were satisfied with the way they lived their lives.

It is difficult to estimate the number and percentage of disabled people who live in our city as there are numerous definitions of disability and different data sets. The NHS Information Centre has calculated that 16.1% of York residents have a limiting, long-term condition (compared to an estimate of 17.3% for England)⁴², and that 3.7% of working age adults are permanently sick and unable to work⁴³. According to the 2001 Census, 12,506 people of working age in York considered they had a health problem or limiting long term illness (this figure includes all impairments, not just physical and sensory impairments).

⁴⁰ Improving The Life Chances of Disabled People, Prime Minister's Strategy Unit, 2005

⁴¹ City of York Council Survey of people with physical disabilities, 2011

⁴² NHS Information Centre. Available at: https://indicators.ic.nhs.uk/download/NCHOD/Data/03A_009VS_01_V2_D.xls accessed 11/01/2012

⁴³ NHS Information Centre. Available at: https://indicators.ic.nhs.uk/download/NCHOD/Data/03B_010VS_01_V2_D.xls accessed 11/01/2012

Some impairments and illnesses are particularly associated with ageing, some people are born with a physical and sensory disability and some communities display a higher incidence of chronic conditions. Disabilities can also be acquired either as a result of an accident or from disease. The most commonly reported impairments for both men and women are problems of the back, neck and legs or feet, followed by heart or circulation or breathing problems. The wards in York where the levels of self-reporting of health problem or long-term illness were higher than the national average were Fulford, Guildhall, Heworth Without, Huntington and New Earswick, Osbaldwick and Westfield.

At the 31st March 2011, 495 people in York were registered as blind and 525 were registered as partially sighted⁴⁴. Of the individuals who were registered blind, 275 had additional disabilities and 65% were over the age of 65 years⁴⁵. Of the individuals who were registered partially sighted, 295 had additional disabilities and 71% were 65 years or over⁴⁶. 45 individuals were newly registered as blind and 70 as partially sighted during the year to the end of March 2011⁴⁷. We anticipate a doubling of these numbers over the next 25 years due in part to the ageing population, but also to an increase in underlying causes such as diabetes.

Nationally there are an estimated 9 million deaf and hard of hearing people in the UK of which about 688,000 are severely or profoundly deaf. Approximately 41% of all over 50 year olds have some kind of hearing loss, rising to approximately 71% of over 70 year olds. In 2010 there were 250 deaf people of all ages and 916 registered as hard of hearing in York. Nationally there are about 24,000 people in the UK who are dual sensory impaired. These figures do not take into account the large number of older people who are losing both their sight and hearing.

The number of Disability Living Allowance claimants in York rose by 24% between 2002 and 2010, which is above the regional rate of 23%, though less than the national rate of 31%. The number of Incapacity Benefit /Severe Disablement Allowance claimants has decreased by 31% over the same period.

⁴⁴ NHS Information Centre. Available at: http://www.ic.nhs.uk/webfiles/publications/009_Social_Care/Regblind11/Registered_Blind_and_Partially_Sighted_Council_level_tables_31_March_2011.xls accessed 11/01/2012

⁴⁵ *ibid.*

⁴⁶ *ibid.*

⁴⁷ *ibid.*

The number of residents of working age in York who have physical and sensory disabilities and who receive long-stay residential or nursing care has fallen from 2.0 per 10,000 people in 2008-09 to 1.7 in 2010. This compares with an England average 2.6 per 10,000.

We know that adults with learning disabilities may be amongst the most vulnerable and marginalised people in society. People with learning disabilities are more likely to be socially excluded, experience worse physical and mental health and have difficulties in accessing healthcare. People with learning disabilities are likely to be at risk from abuse and to be discriminated against and are at greater risk of ending up in prison. This group of people need support to access quality housing, health, employment and independent living.

There were 474 working age adults with learning disabilities known to social services in York in December 2011⁴⁸. This number fluctuates slightly year on year, but has remained stable at just under 500 individuals in recent years. Under present arrangements, the local health check process does not give us information about the specific health needs of this group. We need to consider how the contractual arrangements with General Practitioners can be developed to provide this information.

The most recent Valuing People self assessment report⁴⁹ notes that in York, 48.1% of people with a learning disability and who are known to social services have their own tenancies, (compared to the national average of 15%). There are still people with learning disabilities living at home with carers, and whilst this can be through choice, appropriate options will be needed to support moves towards more independent living.

The number of adults with learning disabilities in employment in York fell in 2009/10 to 4.3% from 5.8% which is a higher fall in percentage terms than the regional rate. The number of working age people who have learning disabilities and who were receiving long-stay residential or nursing care at the end of March 2010 was 5.69% compared to an England average of 9.08 per 10,000 population.

⁴⁸ NHS IC: Social Care and Mental Health Indicators from the National Indicator Set 2008-09
http://www.ic.nhs.uk/webfiles/publications/009_Social_Care/socmhi09-10/Disaggregated_Social_Care_Indicators_2008-09_v2.0.xls

⁴⁹ Valuing people Now, Local Learning Disabilities Partnership Board, Annual Self Assessment Report 2010/11

Lesbian, gay, bisexual and transgender groups

Although the health needs of the lesbian, gay, bisexual and transgender (LGBT) population are in the main universal there are specific needs relating to sexual orientation and homophobia that can have a significant impact on care needs. The York lesbian, gay, bisexual and transgender forum have identified that there are specific needs related to particular stages in an individual's life. In both young people and adults it was recognised that there was a need for frontline medical staff to practice in accordance with the Equalities Act 2010, and that assumptions should not be made with regard to an individual's sexual orientation⁵⁰. Young people may experience difficulties in the education system related to bullying which is likely to have an impact on an individual's mental health. Adults in the LGBT population will have different needs, often related to personal and social support structures⁵¹. Specific differences are notable within the LGBT population over the age of 55 years⁵². Members of this population are more likely to live alone, are less likely to have children and are less likely to see biological family members than the broader population⁵³. With regard to wellbeing, research has identified that as members of the LGBT population are consistently more concerned than the broader population with regard to future care needs, independence, mobility, health and housing⁵⁴. With diminished support networks in comparison to their heterosexual counterparts, they expect they will need to rely on external services, including GPs, health and social care services and paid help. There is a real concern that services in later life are designed for heterosexual people and the needs of lesbian, gay and bisexual people may not be met, particularly in care homes⁵⁵.

Smaller and transient population groupings

As suggested earlier, the next part of this chapter looks at smaller population groupings, or those that people may only occupy for a period of their lives. Even a transitory status, however, may have a long term

⁵⁰ Hunt R & Fish J 2008. Prescription for Change: Lesbian and bisexual women's health check 2008. Stonewall. Available at: http://www.stonewall.org.uk/documents/prescription_for_change_1.pdf

⁵¹ Stonewall 2011. Lesbian, Gay and Bisexual People in Later Life. Available at: http://www.stonewall.org.uk/documents/lgb_in_later_life_final.pdf

⁵² *ibid.*

⁵³ *ibid.*

⁵⁴ *ibid.*

⁵⁵ Stonewall, national charity for promoting the interests and needs of the LGB population. Reports: Prescription for Change 2009; Lesbian, gay and Bisexual People in Later Life 2011; Change Champion Programme for Local Authorities and Schools (Ongoing). Consultation and discussion with the York and District LGBT Forum 2012

impact. This sub-section is roughly chronological in structure, ie from childhood through to adulthood.

Looked after children and young people who leave care

The number of “looked after” children in York currently stands at around 250. This number has doubled in the last decade, in line with national trends. The health and wellbeing needs of individual looked after children are assessed and reviewed regularly; however local aggregated data is not currently available, making it difficult to establish how far the needs of this group are improving or deteriorating.

Children and young people entering the care system are statistically more likely⁵⁶ to have been exposed to traumatic events such as bereavement, separation, violence and abuse, parental drug addiction and mental health difficulties, all of which can affect their general and psychological development and mental health. Local practitioners are observing increasing health needs within this group, including poor physical and sexual health, a higher prevalence of teenage parenthood, missed immunisations and developmental reviews, undiagnosed and undetected health problems, speech and language delays, a lack of preventative healthcare, and poor oral health.

Looked after children who took part in a national survey⁵⁷ said that the greatest threats to their safety and welfare were drugs and alcohol. The same survey reported a need for ongoing care and emotional support. Placement availability and stability are key needs for this group of children and young people. The number of placement moves generally correlates with deteriorating mental health and children who have been in the same placement for six years perform the highest of this group in public exams⁵⁸.

For some years national and local educational outcomes for looked after children have been lower than average outcomes for all children. Locally, the attainment gap between looked after pupils and all students is narrowing in three of the four indicators and especially in the headline “5 GCSEs at A*-C English and maths”⁵⁹. Whilst exclusions from school are reducing overall, the total level of absence for looked after young people remains higher than for all pupils, though it is lower than for some

⁵⁶ Care Matters: Time for Change, DfE, 2007

⁵⁷ Ofsted Children’s Care Monitor 2010 /York Looked after Children Strategy 2011-14, City of York Council

⁵⁸ Children Looked After National Pupil Database, Department of Education

⁵⁹ CYC LAC Educational Analysis 2011

other vulnerable groups such as pupils entitled to free school meals or some pupils with special educational needs.

Young people who have left care often face tremendous challenges in making the transition to living independently. Support and services aim to help young people who leave care build up resilience and strong emotional health to equip them to operate effectively in the adult world.

There are currently approximately 150 young people who leave care who are engaged with the local “leaving care” team. Practitioners find that the general health of young people who leave care is quite poor due to the experience of having being looked after, low income and the consequent links with poor diet, over-reliance on processed food and a lack of physical exercise or leisure activities. Many young people who leave care do not have the confidence to seek medical help and this, combined with poor levels of personal hygiene, means that minor health conditions can become much more serious.

Practitioners estimate that at least 25% of young people who leave care over the age of 18 have mental health needs, often centring on poor relationship attachments, or poor self-esteem. This in turn can impact on the ability to obtain and sustain college, work or benefit claims, increasing the likelihood of getting into abusive relationships and increasing the risk of young people becoming dependent on substances.

Children and young people who have safeguarding needs

In line with national trends, the number of children in York who were subject to formal child protection plans rose from 115 in April 2011 to 157 at the end of 2011⁶⁰. By definition, this group of children have suffered, or are at risk of suffering from, significant harm arising from physical, emotional and sexual abuse and neglect. Neglect continues to be 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. Children’s health needs can be compromised due to parental failure in seeking appropriate medical and dental attention.

⁶⁰ Children’s Social Care Database, City of York Council

Whilst overall levels of serious domestic abuse incidents appear to be declining, domestic abuse is a significant factor in approximately 55% of all cases of children subject to child protection plans. Substance and alcohol misuse are linked to domestic violence⁶¹ and these issues represent the largest proportion of risk. Domestic abuse is known to coexist with all other forms of child maltreatment and is linked to poor outcomes for children including, teenage pregnancy, intervening in abuse (injury), substance misuse, running away and child sexual exploitation.

Child sexual exploitation is an emerging issue both nationally and locally⁶² however there is a lack of accurate data about its prevalence and nature. York's Safeguarding Children Unit has observed an increasing number of referrals in this area although this is likely to be due to the introduction of a new process for dealing with such cases. A particular feature of this type of abuse is that, often, the young people themselves do not realise they are being sexually exploited. Young people who are being sexually exploited are more likely to be looked after, have low educational attainment and/or have a learning disability, be engaging in risk taking behaviour (including substance and alcohol misuse) and have experienced maltreatment within their families. Significantly these young people will often go missing from home for short and extended periods of time and disengage with services.

Young Carers

The number of young carers in York is not precisely known: the 2001 Census indicated that there were 342 young carers; the Child In Need Census suggested there were approximately 1600. A recent report from the Young Carers Service⁶³ states that the organisation currently supports 93 young carers. This new service is working to provide emotional support and social opportunities and piloting the Young Carers Card support scheme in school settings. The profile of young carers who are involved with this service is 63 females and 30 males; 19 young carers caring for a sibling and 74 caring for a parent, 91 young carers are white British and 2 are mixed heritage. The report also notes that a high proportion of the families receive benefits. It is clear that we

⁶¹ Management Information Report to City of York Safeguarding Children Board, January 2012

⁶² "Tackling Child Sexual Exploitation: action plan" (2011), HM Government; City of York Safeguarding Children Board Business Plan

⁶³ York Carers Centre, Young Carers Service, Report for the Early Intervention Fund 2011

need to pay special attention to the needs of this group of particularly vulnerable young people.

Young people Not in Education, Employment or Training (NEET)

There are approximately 300 young people aged 16 to 18 in the City who are not in employment, education or training. Provisional data indicates that despite a small rise in the number of NEET compared to last year, York has the second lowest number of NEET in the Yorkshire and Humberside region⁶⁴. The rising numbers of young people who are NEET and who have learning difficulties, disabilities and behavioural difficulties remains a concern. Local employment support and provision is not at present able to meet the needs of this group.

There are more young people who are NEET living in wards associated with poverty and deprivation⁶⁵ (Westfield, Clifton and Heworth). A large proportion of these young people experienced family difficulties during their schooling and as a result faced homelessness. Approximately 20% had contact with a social worker and a third of had disrupted education, attending two or more schools (including local specialist education provision outside mainstream schools), prior to becoming NEET⁶⁶.

Teenage Parents and their children

At the end of 2009 there were 27 teenage mothers under the age of 18 and 72 under the age of 19 in York⁶⁷. The rate of teenage pregnancy in York has been falling consistently since its high point in 2007, and is now below 1998 levels (the usual baseline date for such analyses).

It is difficult to estimate the number of teenage fathers as no service routinely asks about this. Research undertaken in York in 2009⁶⁸ found that the fathers were often not teenagers, older than the mothers, and that their relationships were likely to break up within a short time of pregnancy being discovered. Teenage fathers are supported through Yorbabe, an ante natal group, but there is a gap in post-natal support for teenage fathers. Post natal depression is prevalent amongst teenage

⁶⁴ CYC Directorate Quarter 3 Monitoring 2011/12

⁶⁵ Local Authorities' Client Caseload Information System

⁶⁶ CYC YPS RPA research paper Dec 2011

⁶⁷ DfE, March 2011

⁶⁸ Being a Teenage Mum in York: Qualitative research on teenage mothers in York, Summary report for participants May 2009, Department of Social Policy and Social Work, University of York

mothers, though it has not been possible to establish a reliable local picture.

The research found that becoming pregnant often resulted in the mother leaving school and stopping education, thereby limiting job and career prospects. In June 2011 there were 27 teenage parents under 18 receiving support with childcare costs through Care to Learn. In January 2011 35% of teenage mothers were in education, employment or training compared to the regional and England average of 29%⁶⁹.

Housing issues often become chronic after the birth of a child, with a gap in appropriate and supported accommodation. It is worth noting that Howe Hill Hostel for young people will support up to 6 teenage parents in designated accommodation from early 2012.

Young offenders

York has shown year-on-year improvement in the numbers entering the criminal justice system for the first time. York has a relatively high volume of less serious youth crime and a limited volume of serious youth crime. A survey of 2,500 households in 2009 confirmed that this is the perception of the resident population.

There are currently approximately 100 young people aged between 13 and 18 who are being supervised by York Youth Offending team. Local research⁷⁰ has established that first-time offenders are more likely to:

- have special educational needs – 43.5% compared to 15.8% of York LA school children;
- Have been excluded from school – 30.4% compared to 4.5% of York LA school children;
- Be eligible for free school meals, an indicator of poverty – 25.1% compared to 9.7% of York LA school children
- Live in certain areas of York, also linked with multiple risk factors – 16% in Westfield, 11% in Clifton;
- Be looked after, currently or historically.

They are less likely to achieve the 'average' levels of attainment at key stages 2, 3 and 4.

⁶⁹ Local Authorities' Client Caseload Information System

⁷⁰ CYC report Still Spotting Them and Stopping Them

The student community

York has two Universities and a Further Education College. This attracts young people to the City, and explains in part the bulge in the population pyramid in the 15-24 age range.

York College notes⁷¹ that there are a growing number of students presenting with a range of issues with which they need support. College data and the Connexions database show an increase in referrals for support, 78 referrals being made in September 2010 - July 2011 compared with 39 at the same point in 2008-09. Student needs are seen to be becoming more complex, with homelessness and housing matters, and mental health being the most prominent.

Students can be chaotic in their approach to seeking help with their problems, often making initial appointments and only getting back in touch again when they are at a point of crisis. College counsellors dealt with 25 referrals during the 2011-12 enrolment period, of which more than 50% involved suicidal thoughts. There were 741 attendances at the sexual health drop-in clinic (mostly female) where emergency contraception, pregnancy tests, condoms and treatment for Chlamydia infection were provided.

We are still seeking information from the city's two Universities in order to understand better the health needs of their student populations.

Adult parents

Clearly, this is a large subset of the overall population, but it is still worth analysing particular issues that may affect it. For most families in York, parenting will be a very positive experience, with excellent schools and other facilities such as nine children's centres. However, we are receiving increasing numbers of referrals for parenting support services with 670 parents attending a range of parenting support courses during 2009-10 to 2010-11. Many parents who seek help have mental health needs ranging through low mood to severe depression. Some parents lack resilience and have no close support networks such as extended family and close friends. Separated parents face coping with their own emotional and psychological needs following the breakdown of their relationship.

⁷¹ York College Strategic Plan (2011-2014)

Local data suggests that drug and alcohol misuse are used as coping mechanisms by some parents to combat low mood, depression and anxiety, often triggered as a response to specific events and traumas such as bereavement, relationship breakdown, debt and domestic abuse.

A particular sub-group whose needs deserve consideration are the approximately 300 service families living in York. Their needs include dealing with temporary separation periods at times of military deployment and postings. The parents and children who remain in York are faced with feelings of loss and anxiety and may fear the death of the absent parent especially if posted to a war zone. Service parents also face difficulties in providing consistent parenting during times of separation and on the return of serving parent.

Adult Carers

The 2001 Census found that there were 17000 adult carers in York, i.e. 9% of the adult population. A more recent profile of this group found that in 2009-10 over 3000 people identified themselves as providing at least fifty hours of care a week and that nearly 1500 carers of all ages were assessed as carrying out substantial and regular care. In the first national survey of carers, 49% who responded were aged 65 or over. With the expected rise in the local elderly population, more older people are expected to become carers, often in a mutual caring role.

Assessing the needs of carers is critical to help support their physical and emotional health, to enable their caring role and to maintain employment. There are also specific challenges as a result of caring for a person who has dementia. The provision of breaks for carers is critical. The York Mental Health Partnership Board endorses this perspective and confirms that the effects of mental ill health (particularly at the severe end of the spectrum) on carers and families can be devastating. This Board is currently looking at reported gaps in support for carers, for example when a person cared for is discharged from secondary care.

People who are victims of domestic violence

There were nearly 3,000 reports of domestic violence made to the police during 2010-11 in York⁷² with the highest level of reporting from the Westfield, Heworth and Clifton Wards. The York Independent Domestic

⁷² York Joint Strategic Intelligence Assessment 2011

Abuse Service (IDAS) 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 having experienced repeated physical assaults, the emotional and physical effects of which can be enduring, affecting mental health, parenting ability and adversely impacting upon children's development. The York Children's Advocacy Project states that children living within domestic abuse situations need protection, reassurance, help with managing their thoughts, feelings and relationships and support to avoid engaging in behaviours that may present a risk to their health and wellbeing⁷³.

Figures from national studies show⁷⁴ that one-third of women attending emergency departments for self-harm were survivors of domestic violence; abused women are five times more likely to attempt suicide and one third of all female suicide attempts can be attributed to current or past experience of domestic violence. Between 50% and 60% of female mental health service users have experienced domestic violence, and up to 20% will be experiencing current abuse. 70% of female psychiatric in-patients and 80% of those in secure settings have histories of physical or sexual abuse.

Adult offenders

The York and North Yorkshire Probation Trust currently work with approximately 690 adult offenders. There is extensive research⁷⁵ to indicate a high incidence of health-related issues amongst adult offenders, including poor mental health, substance misuse (alcohol and drugs) and physical health problems. This remains, though, an under-researched area within the York adult offender population.

A snapshot⁷⁶ of the prevalence of mental health problems amongst the York probation community caseload showed that 86% were identified as having a significant mental health problem (compared with 16.5% general population, DoH 1999). Of those, 25% had been diagnosed with a serious mental health condition.

⁷³ Report of the Children's Advocacy Project for the Early Intervention Fund, 2011.

⁷⁴ Women's Aid Federation of England

⁷⁵ Bradley Report 2009; Yorkshire & Humberside Improvement Partnership

⁷⁶ March-April 2011, (excluding cases in custody) , North Yorkshire Forensic Psychiatric Team, using Health of the Nation Outcome

A screening of the full current caseload for the Probation Trust⁷⁷ indicates that mental health problems are linked to offending behaviour for 49% of the caseload and are linked to serious risk of harm for almost 49%. The caseload screening indicates that alcohol misuse is linked to the offending behaviour of 46% of offenders and is linked to serious risk of harm for 30% of offenders. Almost half of the offenders identified as having a mental health problem are also identified as having a problem with alcohol misuse. Whilst the incidence of drugs misuse is slightly lower, almost 30% of the caseload indicates that there is clear need for intervention.

HMP Askham Grange

Askham Grange is a women's open prison situated in a rural setting, south of the City of York. It receives offenders from all over the country. It can accommodate up to 150 residents and the prison ethos is one of resettlement and preparation for release. A health needs assessment was undertaken for HMP Askham Grange in 2010-11⁷⁸ and identified little evidence of a cohort of residents with undiagnosed, ongoing mental health problems. However, alcohol was identified as a potential problem nationally and locally, and services have been put in place to address this need.

An ageing population

The final section in this chapter considers the needs of older people. The number of older people is expected to increase by over 30% in the next 20 years, but with by far the biggest rise predicted in those aged 85 and over⁷⁹. The over-65 population is expected to increase by approximately 40% by 2020, accounting for almost 25% of the total population. Even more significantly, by 2020 the number of people aged over 85 years is expected to increase by 60%. This changing demography will have major implications for the future provision of adult social care services as more older people, many with increasingly complex needs, are living longer and choosing to live independently.

An overriding aspiration of older people is to remain independent within their own home for as long as possible. However, many homes in York were not designed around the needs of older people and without some form of adaptation can become hazardous to health and wellbeing, often

⁷⁷ Offender Assessment System (OASys)

⁷⁸ HMP Askham Grange Health Needs Assessment, 2010-11.

http://www.nypct.nhs.uk/AboutUs/Publications/PHAnnualReport/2011/docs/c5_Askham_Grange_HNA.pdf

⁷⁹ There is forecast to be a 90% increase in the number of over 85s between 2009 and 2029

resulting in a call on health services. A recent survey of older peoples' housing and support needs in York found significant unmet need for home adaptations such as improved insulation and heating, security alarms, bathroom alterations and internal handrails. Support needs were also identified for help with everyday tasks such as gardening, cleaning and repairs and maintenance. As the older population grows, so too will demand for 'stay at home' and telecare⁸⁰ services.

The rate at which older people in York have been helped to live at home (in 2009-10, 96 per 1,000 head of population) exceeds the national average and that of York's statistical neighbours (78 people per 1,000 head of population).

On the other hand, York has the second highest proportion of patients discharged to residential homes and the highest rate of delayed transfers of care in the region⁸¹. The rate at which York residents aged 65 and over received long term residential care per 1,000 population was 10.76 per 1,000 head of population (compared to the England average of 13.78 per 1,000 for England), and the rate of long stay supported residents aged 65 and over who received nursing care was 7.14 per 1,000 head of population (compared to an England average of 6.23.) A particular (and preventable) health issue for older people is hip fractures arising from falls. As an indicator it will underestimate the total prevalence of falls, however as data has been collected for several years we can identify a trend which is illustrated in Fig. 5. The most recent figures show the hip fracture rate is 406 per 100,000 which is lower than the England rate and also considerably lower than the previous rate of 479 per 100,000⁸².

⁸⁰ Telecare is a service which provides people who are usually elderly or vulnerable with the support to help them lead independent lifestyles. Telecare equipment makes it possible for them to call for help and assistance when needed.

⁸¹ Independent Review of Health Services in North Yorkshire and York August 2011

⁸² Department of Health. York Health Profile 2011. Available at: <http://www.apho.org.uk/default.aspx?RID=49802> accessed 11/01/2012

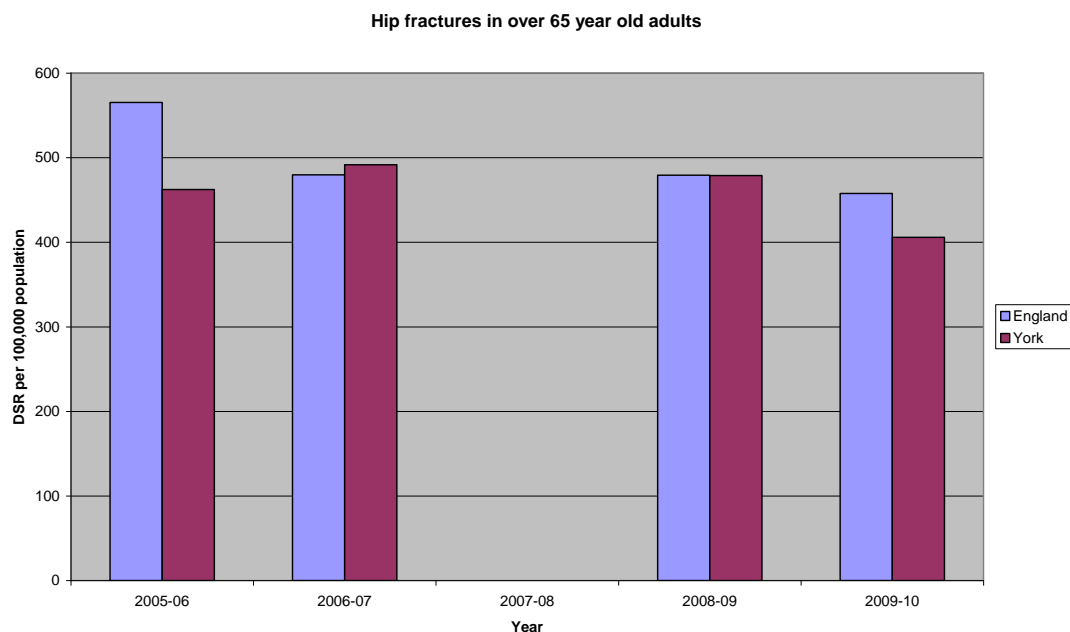


Figure 5: Hip fractures in over 65 year adults

In York, a relatively large proportion of the older adult population is in a position to self-fund their care, thus bypassing local authority social care services. We have not therefore been able to provide a completely accurate picture of all the health and wellbeing needs in relation to this group. Work is ongoing to improve the quality of information about the needs of all older people as opposed to those supported by the council. We do however have good information about those who receive the Council's support. The York Adult Social Care Survey asked 655 older people who were receiving services funded by social services how they would best describe their social situation. 77.8% of respondents said they had adequate or as much social contact as they wanted, and 22.2% said they did not get enough or were feeling socially isolated. When asked how they spent their time 62% of respondents said they spent their time in ways they valued and enjoyed, with 31% of people saying they did some, but not enough, valuable and enjoyable things⁸³. The survey also asked about home life, independence and how well older people were able to undertake certain activities by themselves. The three areas of most difficulty were dealing with paperwork and finances, washing oneself, and getting dressed and undressed. Fig. 6 shows responses by people aged over 65 in relation to the question: 'Do you manage to...?':

⁸³ Adults Social Care survey

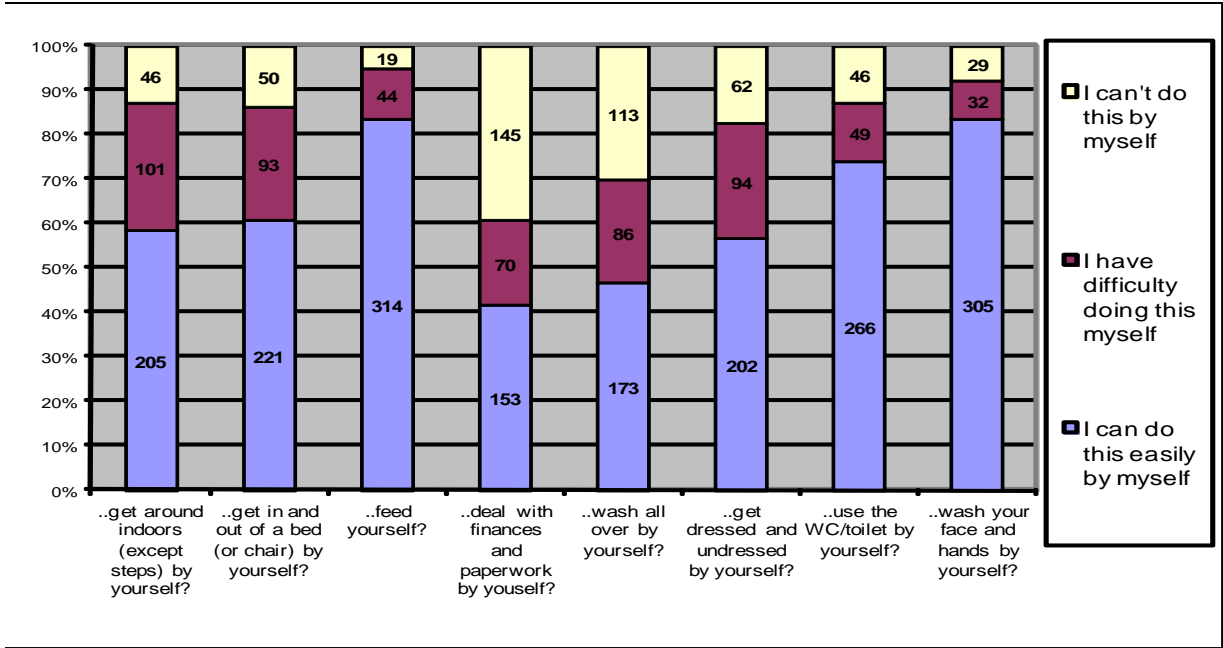


Figure 6: Responses to the York Adult Social Care survey concerning activities of daily living

There is growing evidence that the characteristics of home and neighbourhood affect both social interaction and physical activity of older people, improved levels of which can have beneficial effects on health. Studies show that participation in activities and having fulfilling roles in the community and family can lead to better social support in times of need, in turn promoting better health and wellbeing among older people. Conversely, social isolation, or the lack of access to social support is related to poorer health and wellbeing. The Adult Social Care survey confirmed that most respondents felt safe in their environment (60%), with a further 33% feeling adequately safe, and 6% not feeling safe.

Research has shown that people who are active in their communities are less likely to experience mental illness, such as depression⁸⁴, less likely to develop health problems, more likely to practice good health habits and appropriate self-care during recovery⁸⁵, and are less likely to die early than those who are less actively engaged. 74 older people replied to a question in the Adult Social Care Survey about depression and anxiety with nearly half saying they did not feel anxious or depressed, 24 reporting moderate anxiety and depression and 4 reporting extreme anxiety and depression. The mental health needs of older people, and dementia in particular, are covered in the Health Profile section of this report.

⁸⁴ Antonucci, T.C., H. Akiyama, and P.K. Adelman, Health behaviors and social roles among mature men and women. *Journal of Health and Aging*, 1990. 2(1): p. 3-14; Bowling, A. and M. Farquhar, Associations with social networks, social support, health status and psychiatric morbidity in three samples of elderly people. *Social Psychiatry and Psychiatric Epidemiology*, 1991. 26(3): p. 115-126.
⁸⁵ Mutran, E.J., et al., Social support, depression, and recovery of walking ability following hip fracture surgery. *Journals of Gerontology: Series B: Psychological and Social Sciences*, 1995. 50B(6): p. S354-S361.

Fears about the future were confirmed in a survey of people aged 50 and over, undertaken by the York Older People's Assembly⁸⁶. The survey noted expressed anxieties about care, health and finance and loneliness. Many respondents said they recognised and feared the implications of the rise in numbers of older people and the longer period of dependency in later years which could be associated with this. We consider social isolation, and the loneliness that results from it, to be a highly significant issue for older people in York, and a serious challenge for policy-makers and providers.

⁸⁶ York Older People's Assembly Questionnaire, Autumn 2010 (100 respondents aged 50+)

Section 2: Social and Place Wellbeing in York

The findings of the Marmot Review in February 2010⁸⁷ highlighted a link between health and social inequalities, confirming that where people are born, live and work can have a profound affect on their health and wellbeing. It also confirmed that individuals in the poorest areas in England are likely to die earlier than individuals living in the richest areas.

The interim report of the York Fairness Commission reiterated this, stating that there is compelling evidence of a link between reduced inequalities and stronger societies and that greater equality is of benefit to all⁸⁸.

Economy and income

York is a distinctive city and attracts around 7 million visitors each year. The city has a strongly performing economy⁸⁹ and continues to attract investment. The City has successfully adapted from being a railway and confectionery-manufacturing city into an international destination and hub for science and technology, and a national centre for financial and business services. The City is home to internationally competitive industry; research expertise in the biosciences; the environment; and digital and creative technologies.

The City currently supports more than 80,000 jobs and contributes £3bn of value to the national economy⁹⁰. Average incomes are just below the national average although the gap between local and national average incomes narrowed between 2010 and 2011. Currently the average earnings for York residents is £25,524 compared with the national average of £26,357. Economic growth has slowed in recent years following the global economic crisis, therefore in the UK the public, private and voluntary sectors have all been affected. The economic climate is uncertain and volatile, with increasing national and international competition for investment, talent and jobs. Individuals face

⁸⁷ Marmot Review: Fair Society, Healthy Lives, Strategic Review of health Inequalities, 2010
<http://www.instituteofhealthequity.org/Content/FileManager/pdf/fairsocietyhealthylives.pdf>

⁸⁸ The York Fairness Commission: A Fairer and Better York, 2011, Interim report to the City of York Council

⁸⁹ York Council Plan 2001-2015

⁹⁰ York Council Plan 2011 to 2015

increasing challenges in finding and maintaining employment and managing personal finances in this context.

There is an inverse association between deprivation and education and skills attainment, thereby limiting access for some people to the opportunities brought about by investment. The provision of debt services and advice about 'in work benefits' can support efforts to reduce financial exclusion.

Employment

York has a higher proportion of employees in public administration, health and education (34%) compared to the region and nationally⁹¹. 15% of all jobs in York are in Health. Increasing pressures on public funding are likely to impact on local employment opportunities.

Fig. 7 shows the profile of where people work in York.

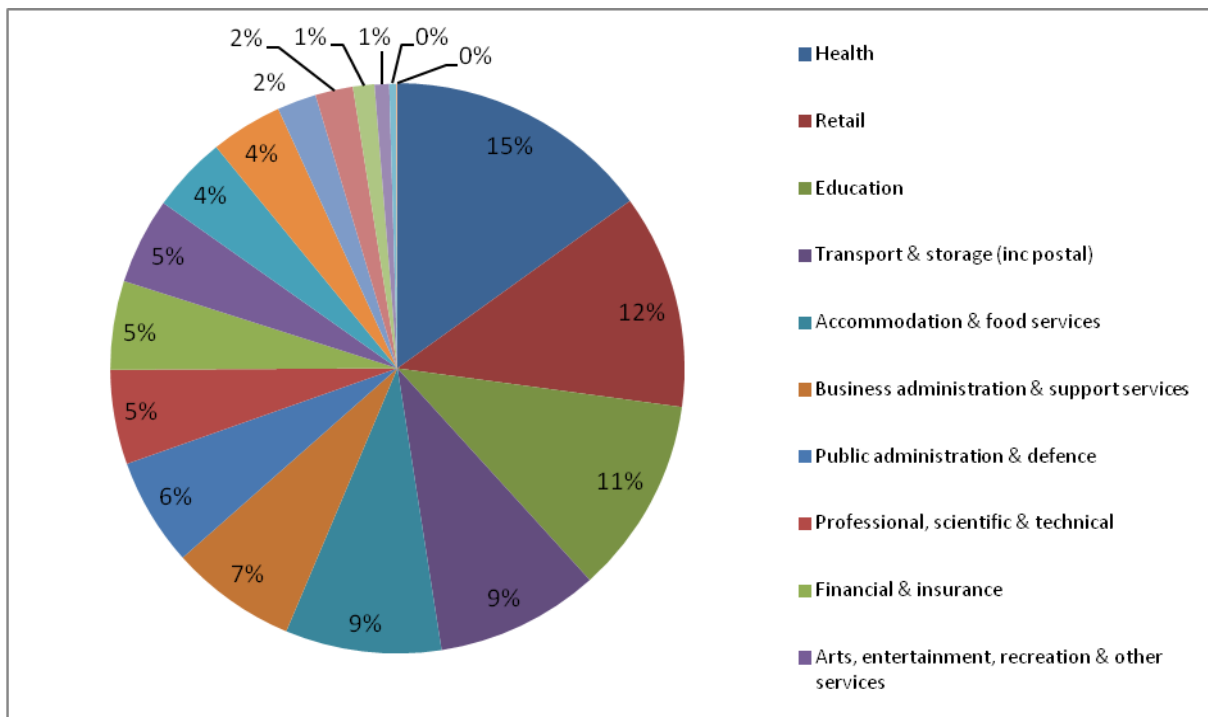


Figure 7: Employment profile of York
Source: Business Register and Employment Survey 2010

Overall unemployment has increased since 2005 but is lower than the national rate, as illustrated in Fig. 8. Within this trend, male unemployment has risen and female unemployment has reduced,

⁹¹ Nomisweb

however the number of women claiming Job Seekers Allowance has increased and is at the highest level for 13 years, mirroring the national trend.⁹² Youth unemployment, as recorded in November 2011, is lower than national levels and whilst the latest data for 2011-12⁹³ shows that the number of 16-18 year olds not in education, employment or training (NEET) in York has increased⁹⁴ to 5.6% (approximately 300 young people), York is comparable to other areas in the North of England.

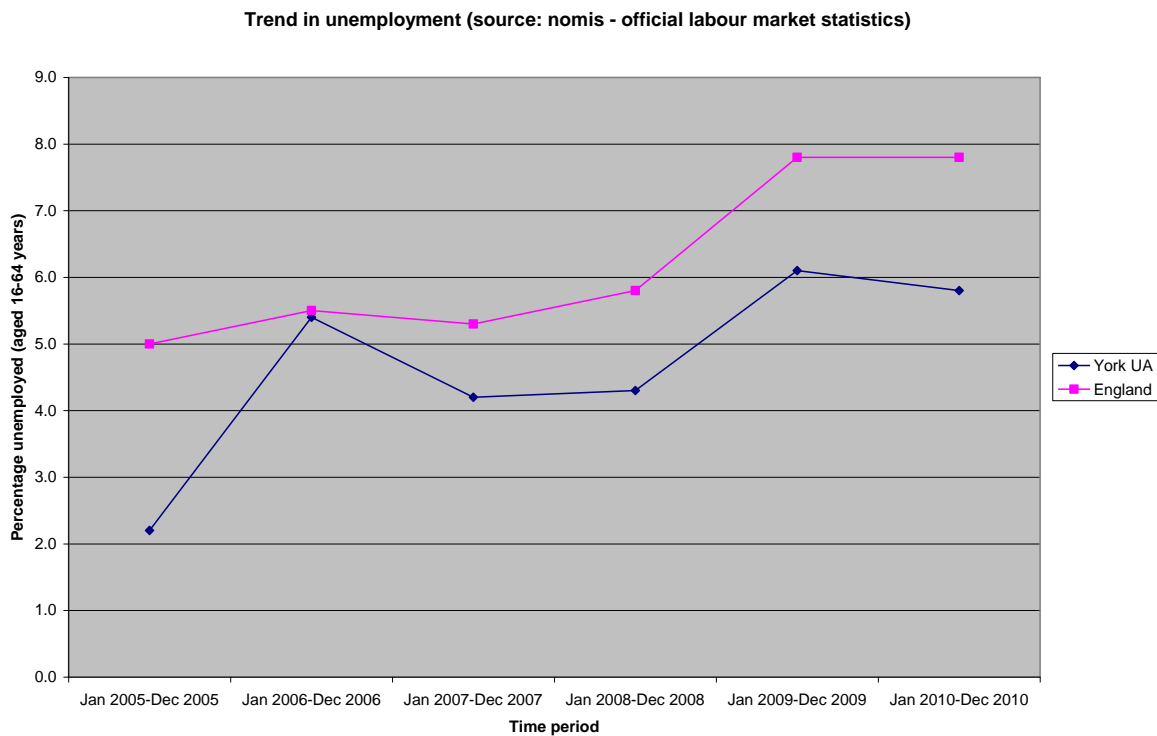


Figure 8: Trend in unemployment figures for York

Generally the level of qualifications and skills gained by York citizens is high. However differences exist between the most and least deprived areas in the city⁹⁵.

Between 2008 and 2009, the number of workless households had increased from 13,000 to 19,000. The number of workless households with children in York has increased by 50% from 2,000 in 2008 to 3,000 in 2009⁹⁶. York has the second lowest proportion of workless households in the region and compares very well nationally⁹⁷.

⁹² Nomisweb

⁹³ CYC Caseload Client Information System (CCIC)

⁹⁴ This increase should be considered with caution as the way the data is calculated changed at the beginning of 2011-12 to only cover NEETs who are York residents. Previously, it included anyone coming to university and college institutions.

⁹⁵ Employment - Indices of Multiple Deprivation

⁹⁶ DWP

⁹⁷ ONS Annual Population Survey 2011

Claims for Landlord and Mortgage possessions reached a peak nationally in 2008. Fig. 9 illustrates the trend for York, which has consistently remained below the England rate since 2000. Despite this, there were 565 claims lodged with the courts between 2008 and 2010, representing 565 households facing uncertainty as to whether they would be expected to leave their homes.

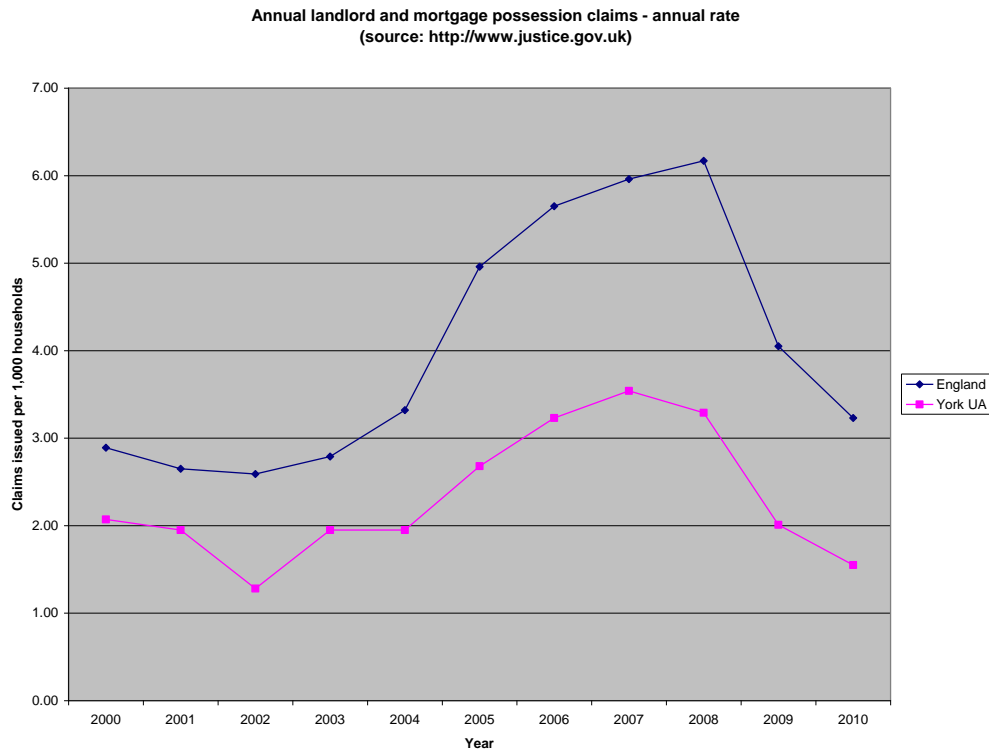


Figure 9: Trend in annual landlord and mortgage possession claims for York

Feedback from York Citizen’s Advice Bureau and the York Credit Union⁹⁸ note that a practical challenge often faced by people on low incomes is accessing free, reputable bank accounts, this being difficult due to problems with an individual’s credit history or access to identification. This can limit access to fuel discounts, affordable credit or insurance and other general goods. There has been a rise in payday lenders within York, who offer quick credit to customers often at high interest rates.

Community wellbeing

Research has shown that individuals who live in less supportive communities are more likely to die from all causes than people with close family, friendship, and community ties⁹⁹. Individuals who perceive

⁹⁸ Feedback from York CAB and Credit Union for York JSNA 2011-12

⁹⁹ Putnam R. Bowling Alone The Collapse and Revival of American Community 2000

that they are socially excluded can experience poorer health and wellbeing in comparison to the rest of the community¹⁰⁰.

In contrast, strong communities can provide support to those who act as carers and those for whom they care. In addition, there are benefits for the individual as it has been identified that undertaking voluntary work can reduce the impact of depression¹⁰¹ and forming and maintaining social connections reduces the chance of suffering with psychological stress¹⁰².

The results of the last Place Survey, undertaken in 2008, were very positive¹⁰³ and were reported in the 2010 JSNA for York. Whilst this survey has now ceased and has not yet been replaced, the findings confirmed a strong sense of civic pride, high levels of satisfaction and the perception of opportunities to influence decisions¹⁰⁴. The 2008 Place Survey identified three wards where low levels of community cohesion was reported. These were the Acomb, Guildhall and Westfield wards which also have relatively high levels of deprivation and reflect some of the poorest outcomes for many vulnerable groups.

The Cities Outlook 2011 report ranked York in the top 10 cities with the lowest level of inequality between residents¹⁰⁵. There are many examples of local communities working together and the city has a large number of cultural events run and local projects delivered in partnership.

The York Council for Voluntary Service has reported that York is comparatively robust city in terms of maintaining levels of volunteering¹⁰⁶. The local volunteer profile is varied and includes individuals who do not consider themselves to be volunteers, despite giving up much of their time to do what would be considered voluntary work. There are currently 22 international, 108 national and 627 local charities based in York and 4,164 trustees of registered charities live in the city. These charities provide opportunities, support, advice and services in response to the differing needs of local people.

York Council for Voluntary Service has identified an increase in the demand for volunteering opportunities that are linked to the development

¹⁰⁰ Spicker P, An introduction to Social Policy Available at: <http://www2.rgu.ac.uk/publicpolicy/introduction/needf.htm>

¹⁰¹ (Rushey Green Timebank Evaluation Report April 1999 – 2001)

¹⁰² (Neighbouring in Contemporary Britain JRT 2006)

¹⁰³ Place Survey 2008: The Place Survey provides information on people's perceptions of their local area and the local services they receive.

¹⁰⁴ Place Survey 2008

¹⁰⁵ Centre for Cities – Cities Outlook 2011

¹⁰⁶ Correspondance from York Council for Voluntary Service

of skills which will help to increase employment opportunities. This is unsurprising in a time of relatively high unemployment. Some organizations are finding it more difficult to find funding and as a consequence are reducing the number of volunteering opportunities that they are able to offer. There are insufficient volunteering opportunities available for people who have additional support needs, for example people with learning difficulties.

The 2008 Place survey also found that there were high levels of satisfaction from black and minority ethnic (BME) communities with their home and community. A large proportion (85%) of BME households felt their home met their cultural needs whilst 7% cited dissatisfaction with their local area. 94% of BME households reported feeling safe going outside during the day, and 77% after dark.

Deprivation and inequality

York is ranked the fourth least deprived city in England¹⁰⁷. Most people living in the city can expect to have a good quality of life and experience positive health and other outcomes. However, there are groups of people who, by virtue of their particular needs or where they live in the city, are more likely than the general York population to experience less positive outcomes in relation to their health and other aspects of their lives. The York Fairness Commission interim report¹⁰⁸ notes that while two fifths of York's population live in areas that are in the least deprived 20% in England, 7% of York's population (around 13,000 people) live in areas classified as being the 20% most deprived areas in the country¹⁰⁹.

According to the Indices of Multiple Deprivation,¹¹⁰ the most deprived areas of York are Westfield, Guildhall, Clifton, Heworth and Hull Road. The least deprived wards are: Derwent, Haxby and Wigginton, Heslington, Heworth Without and Rural West York.

Fig. 10 shows the lower super output areas¹¹¹ in York that rank amongst the 30% most deprived areas in England.

¹⁰⁷ Median score, Government's Indices of Multiple Deprivation (IMD) – see below

¹⁰⁸ The York Fairness Commission: A Fairer and Better York, 2011, Interim report to the City of York Council

¹⁰⁹ Index of Multiple Deprivation and ONS Population Estimates

¹¹⁰ Index of Multiple Deprivation: national data provided at ward and super output area level. Domains include income deprivation, employment deprivation, health deprivation and disability, education, skills and training (children / young people) barriers to housing and services, crime and the living environment.

¹¹¹ Lower Super Output Areas (LSOAs) are geographically designed areas used for the collection and publication of small area statistics. There are 118 LSOAs in York

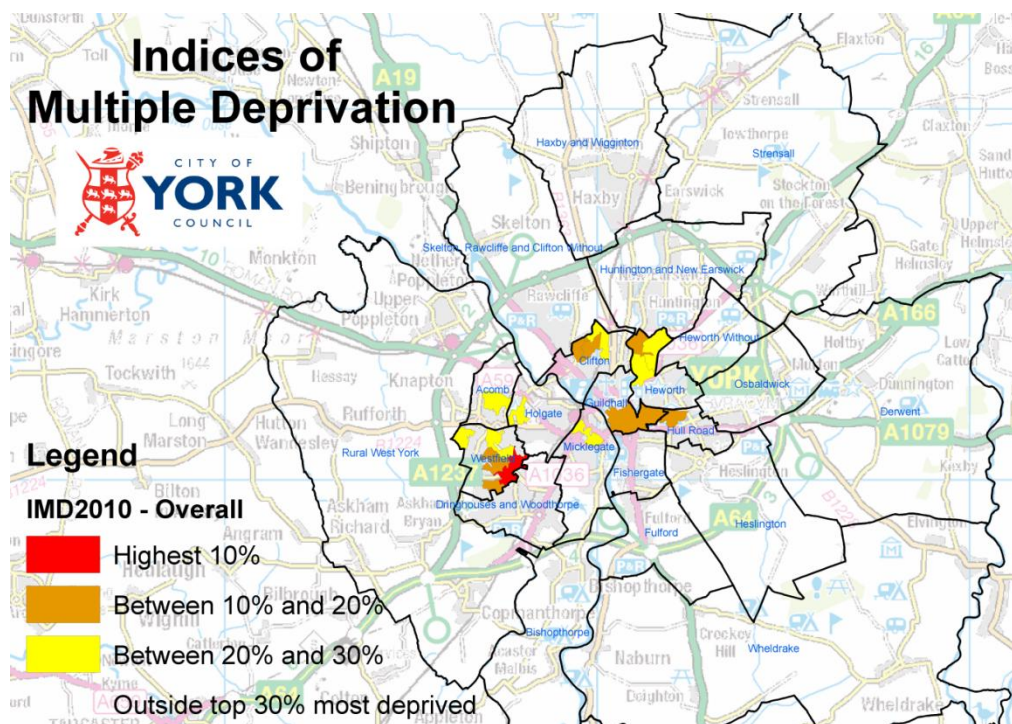


Figure 10: Map of York identifying deprived areas

The difference in life expectancy between the most and least deprived areas in York is 6.6 years (3.6 years difference for women; 9.9 years difference for men). In North Yorkshire and York, inequalities in health lead to approximately 76 additional deaths in the most deprived 10% of the population each year¹¹². The effects of deprivation are well recognised¹¹³ and manifest as a reduction in life expectancy, higher crime, less material wealth and often a poverty of aspiration and opportunity.

The Fairness Commission noted the differences in terms of deprivation between “affluent York” and “excluded York” were more marked than the absolute level of deprivation itself¹¹⁴. Therefore the greatest challenge and opportunity facing the city is to tackle these differences, without disadvantaging the less deprived communities in the city.

Children are said to be living in relative income poverty if their household’s income is less than 60% of the median national income. An estimated 4705 children were living in poverty in York during 2009¹¹⁵. The proportion of children living in poverty in York (13.3%) was substantially lower than the regional (21.9%) and England (21.3%)

¹¹² Annual Report of the Director of Public Health 2011, North Yorkshire and York

¹¹³ Fair Society, Healthy Lives. Strategic Review of Health Inequalities in England post-2010. The Marmot Review 2011.

¹¹⁴ The York Fairness Commission: A Fairer and Better York, 2011, Interim report to the City of York Council

¹¹⁵ APHO Local Profiles (<http://www.apho.org.uk/resource/view.aspx?RID=105247> – accessed 15th December 2011)

proportions however this is predicted to rise¹¹⁶. Child poverty is prevalent in all wards but is heavily concentrated in the Westfield, Clifton, Heworth, Hull Road and Acomb wards¹¹⁷.

There is a considerable attainment gap between pupils in receipt of free school meals and other pupils. In 2011, 10% of York pupils were claiming free school meals, compared to the national average of 18%¹¹⁸. The school absence rate amongst pupils eligible to receive free school meals in York was approximately double the rate of those pupils who were not¹¹⁹. We know that education is essential in improving life chances and opportunity.

Whilst the comparatively lower levels of child poverty in York help to ensure that the health of York children is generally good, children who live in the more disadvantaged communities have a poorer level of health. In the most deprived areas of the city, teenage pregnancy rates are higher and the obesity levels for Year 6 pupils are higher.

These areas are discussed in more detail later in the report.

Environment

Living in a safe and pleasant environment can have a positive impact in terms of health and wellbeing. Access to green spaces, well equipped play areas and strategies that encourage active travel by cycling or walking can increase an individuals' healthy life expectancy. Conversely high population density, poor urban design, lack of green space, noise and traffic have a negative impact on healthy life expectancy¹²⁰. Locally, excesses of nitrogen dioxide are predicted in the areas served by the inner ring road and Fulford Road.

The Committee for the Medical Effects of Air Pollution (COMEAP) undertakes research into the links between poor air quality and health¹²¹. Most research carried out in this area relates to the health impact of particulate matter which, in addition to nitrogen dioxide is another air pollutant of interest to the City. Small area data on the impact of

¹¹⁶ City of York Child Poverty Needs Assessment (4/10/2011). Available at: <http://www.yor-ok.org.uk/Downloads/Child-Poverty/Child%20Poverty%20Summary%202006-2009.pdf> accessed on 13/02/2012.

¹¹⁷ CYC Child Poverty Strategy 2011-2020

¹¹⁸ DfE Statistical release <http://www.education.gov.uk/rsgateway/DB/SFR/s001012/index.shtml>

¹¹⁹ CYC Absence analysis for 2010-11

¹²⁰ The Center for Analysis of Social Exclusion <http://sticerd.lse.ac.uk/case/>

¹²¹ <http://comeap.org.uk/documents/reports.html>

particulate matter on health is not readily available. National level data can be applied to the local population to provide an estimate of the impact on the health of the City. Applying the national data to the population of York would suggest that air pollution is responsible for 87 premature deaths in York per year. However this is an estimate which needs to be considered with caution.

Local climate studies indicate that by 2050 York may experience more extreme weather conditions, including more rainfall, drier summers and wetter winters. There are potential implications for public health around extreme weather conditions, specifically heat waves, and fuel poverty during cold or prolonged winters and for the wider community in terms of disruption to services, transport and logistics and business continuity.

Transport

The Local Transport Plan for York 2011-31 notes a clear link between transport, health and wellbeing. As a relatively compact city, accessibility to services is better in York than in many other areas. The consultation for the Transport Plan identified that access to out of town shopping centres and the hospital were areas of concern for non-car users. Car ownership (one of the indicators used to calculate deprivation) is lowest in some of the more deprived areas to the East (Heworth) and the West (Acomb, Clifton, Westfield) of the City.

We know that there are many health benefits from leading a physically activity lifestyle. York acquired a Local Sustainable Transport Fund award for 2011-15 and has more recently been promoting Intelligent Travel York which promotes both cycling and walking and reduced motor vehicle use. The 'Cycling City Programme' has resulted in a significant increase in the numbers of people cycling in the city.

Accident levels across the city are reducing, having halved over the period 2000-10. However, there are still more than 60 individuals killed or seriously injured on York's roads each year¹²² although the numbers of road injuries and deaths are significantly lower than the England average¹²³. Most accidents are experienced by people who live in York, with young males being over-represented in accident statistics, along with older drivers and pedestrians. Approximately 10% of the accidents are on roads within the main residential areas.

¹²² City of York Council's Local Transport Plan 2011-2031

¹²³ APHO Local Health Profiles. Available at <http://www.apho.org.uk/resource/view.aspx?RID=105247> accessed 27/02/2012.

Education

York is home the University of York and York St John University and two higher education colleges, York College and Askham Bryan College. More than 20,000 students attend these higher education establishments. The University of York was ranked 121st in the Times Higher Education 2011-12 World University Rankings and 43rd overall in Europe¹²⁴.

Educational attainment is a key factor in maximising opportunity. York is one of the best performing cities in the UK for primary and secondary education, with 83% of all secondary school pupils attaining five A*-C grades at GCSE. If considering those pupils who achieved five A*-C grades to include English and mathematics, this drops to 62%, although compares favourably with the national average of 58%¹²⁵. A recent survey of primary and secondary school pupils¹²⁶ confirmed that the vast majority of pupils (over 90%) feel safe in school and that most pupils liked school.

There is an attainment gap between children in York who are eligible to receive free school meals and those children who are not eligible. In 2011 the difference in percentage points of pupils who achieved level four at key stage two between those children eligible for free school meals and those who were not was 30%¹²⁷.

Using free school meals as a proxy for disadvantage, there is consistently a smaller proportion of those pupils eligible for free school meals who achieve five or more GCSEs A*-C (including English and mathematics) than in the group of pupils who are not eligible for free school meals. The gap has narrowed for the City of York in 2010-11 to a difference of 33 percentage points¹²⁸.

The numbers of children and young people being excluded from school remain very low in York and the numbers of fixed term exclusions continues to fall year on year¹²⁹. The level of persistent absenteeism in

¹²⁴ Time Higher Education World University Rankings 2011-12. Available at <http://www.timeshighereducation.co.uk/world-university-rankings/2011-2012/europe.html> Accessed 13th February 2012

¹²⁵ www.education.gov.uk/rsgateway/DB/SFR/s001034/index.shtml

¹²⁶ Stand Up For Us 2011: Bullying Survey in York Schools, York St John University

¹²⁷ www.education.gov.uk/rsgateway/DB/SFR/s001047/index.shtml

¹²⁸ www.education.gov.uk/rsgateway/DB/SFR/s000995/index.shtml

¹²⁹ Qrt 3 2011/12 – School Planning and Organisation PI Monitor for ACE, CYC

York (5.9%) is substantially lower than the national (7.2%) and regional averages (7.9%)¹³⁰.

Housing

Housing is a key social determinant of health and has the potential to impact on physical and mental health and wellbeing¹³¹. Unsuitable or poor quality housing can affect health and wellbeing through, for example, overcrowding, risk of falls, excess cold and the stress associated with homelessness. There is strong evidence linking improved housing conditions to improved health outcomes¹³².

There is significant pressure on quality housing in York with a growing gap between the demand for quality housing and supply. House prices and rents are often above that which those on lower incomes can comfortably afford, creating growing demand for affordable homes. In December 2011 there were 3466 households registered as looking for a social rented home in York. There is an aim to deliver many more new homes and to continue to ensure the best use of homes that already exist. Within this, we aim to better understand the needs of particular groups and ensure the availability of appropriate accommodation to meet their specific needs.

Most dwellings in York are maintained to a relatively good standard in terms of general condition and thermal efficiency. All 7,900 council owned homes meet the Decent Homes Standard¹³³, as do most of the 4,500 homes owned by housing associations. Less than 20% of private sector homes in York fail the Decent Homes Standard against an average of 37% nationally. Less than 10% contain hazards detrimental to health or pose a serious risk to safety. These hazards most commonly include excess cold, risk of falls on stairs and electrical issues. Where problems do exist they tend to be in dwellings that are privately rented, especially poorly converted flats, in inner city areas or are occupied by vulnerable households or the elderly. We will continue to tackle poor standards to ensure that existing homes meet the city's housing needs for the future.

¹³⁰ www.education.gov.uk/rsgateway/DB/SFR/s001030/index.shtml

¹³¹ The World Health Organisation Commission on the Social Determinants of Health 2005-8. Available at: http://www.who.int/social_determinants/final_report/key_concepts_en.pdf Accessed on 14/02/2012.

¹³² Davidson M, Roys M, Nicol S, Ormandy D and Ambrose P. The real cost of poor housing. IHS - BRE Press 2010

¹³³ The "Decent Homes Standard": a standard whereby a house meets the current statutory minimum standard for housing, it is in a reasonable state of repair, has reasonably modern facilities and services and it provides a reasonable degree of thermal comfort.

The incidence of fuel poverty was last measured in 2008 and discussed in York's 2010 Joint Strategic Needs Assessment. At that time it was estimated that around 8% of private sector households were fuel poor, representing around 7,000 households across the city. Given recent steep rises in energy costs it would be reasonable to assume an increase in this figure. In 2008 the highest rates of fuel poverty were found in the Fishergate, Acomb, Westfield and Guildhall wards and more generally in the private rented sector.

Around one third of households in York incorporate an adult over pensionable age, which is similar to both the regional and national rates. Most homes in York were not designed with the needs of an ageing population in mind. A growing aspiration of older people is to remain independent within their own home, but this can be difficult without some form of home adaptation or practical help. A recent survey of older peoples' housing and support needs in York identified significant unmet need for home adaptations and handyperson services. Timely and relatively low cost interventions can make a huge contribution to a person's health and wellbeing and result in financial savings in other service areas.

Crime & Disorder

Levels of crime and fear of crime are key components of community safety and cohesion and impact on the health and wellbeing of victims, offenders and wider communities in different ways. Crime has fallen by 5% in York from 14579 recorded offences to 14073 between 2009-10 and 2010-11. There are predicted to be 1200 fewer crimes committed during 2011-12 compared to 2010-11.

There was a small decrease in the proportion of serious acquisitive crime¹³⁴ in 2011 compared to 2010, although there was an increase of 11% in serious sexual crime over the same period. Whilst serious sexual crime accounted for only 1% of the crimes committed in York, the longer term consequences to the victims and their families are extensive¹³⁵. Local analysis shows that these offences were mostly committed by males aged between 20 and 29¹³⁶ and that alcohol featured prominently in these crimes. More than 40% of these crimes were committed in the Guildhall and Micklegate wards. However, York

¹³⁴ Acquisitive crimes include burglary, attempted burglary, robbery, and theft and handling offences

¹³⁵ Koss M P et al. Deleterious Effects of Criminal Victimization on Women's Health and Medical Utilization. Arch Intern Med. 1991;151(2):342-347

¹³⁶ York and North Yorkshire Joint Strategic Intelligence Assessment, December 2011

has lower levels of more general alcohol related crime than the national average, and alcohol related crimes have fallen over the period 2005-09¹³⁷.

Levels of hate crime in York are comparatively low¹³⁸ and have remained consistent, although predictions suggest that there may be 12 fewer cases during 2011-12. The majority of the hate crime is racially related, although there have been a small number of hate crimes that relate to religion, sexual orientation and disability.

Domestic violence accounts for between 16% and 25% of all recorded violent crime¹³⁹. During 2010-11 there was an 8% increase in reported incidents of domestic violence¹⁴⁰. The majority of offenders were male (84%) and the majority of victims were female (79%). There was a high prevalence of incidents in the Westfield ward with Clifton and Heworth wards also being represented. Levels of violence increased significantly during the two weeks leading up to and including New Year's Eve and notably on the occasion during the 2010 World Cup football match when England lost to Germany and left the tournament, when reported levels of violence on this day were the highest in 2010 with almost twice as many incidents reported as compared to any other day¹⁴¹.

The number of people convicted of sex offences against children in England and Wales has increased by nearly 60% in six years¹⁴². In York, one fifth of victims of sexual offences are aged under 16 years and two thirds of these offences involved a child under 13 years. 71% of victims are female and the highest numbers of offences were committed in the Westfield Ward.

A probation survey identified that approximately 4% of respondents in York admitted to having behaved violently due to drug use¹⁴³. The survey also identified high levels of risky behaviour involving alcohol consumption and higher levels of mental health problems than in the non-offending population.

¹³⁷ York and North Yorkshire Joint Strategic Intelligence Assessment, December 2011

¹³⁸ IQuanta, Racially Aggravated Offences, 31.1.11 – 31.1.12

¹³⁹ British Crime Survey 2008/09

¹⁴⁰ Approximately 25% of domestic violence incidents resulted in being classified as crime in 2010/11. York and North Yorkshire Joint Strategic Intelligence Assessment, December 2011

¹⁴¹ Domestic Violence Problem Profile, cited in the York and North Yorkshire Joint Strategic Intelligence Assessment, December 2011

¹⁴² York and North Yorkshire Joint Strategic Intelligence Assessment, December 2011

¹⁴³ OASYS Probation survey. OASYS is a national system for assessing the risk and needs of an offender, designed jointly by the Probation and Prison Services

Section 3: Lifestyles in York

This section looks at what we know about the lifestyles of people who live in the City of York and the associated risk factors that could impact on their health. It should be borne in mind that whilst this chapter discusses risk factors separately the same individual can experience multiple risk factors.

Smoking

Smoking is a primary cause of preventable illness and early death in England¹⁴⁴. Trading Standards officers work with health services on tobacco control activities to reduce smoking prevalence and to stop young people starting smoking. Approximately 12% of test purchases made by young volunteers aged 14-16 who were working with Trading Standards resulted in an illegal sale. There is evidence that strong enforcement reduces underage sales, however is not clear whether this approach would lead to a reduction in consumption¹⁴⁵.

The majority of adult smokers began smoking as young people; therefore working to prevent young people from taking up smoking in the first place is important in seeking to reduce overall smoking prevalence over time. In addition, whilst there is little robust data regarding the prevalence of smoking amongst young people in York, this group has been identified at a national level as having the highest smoking rates¹⁴⁶.

In York, the adult smoking prevalence is estimated at 18.5%, which equates to approximately 37,400 individuals. It has been calculated that half of all people who smoke through their lives will die from smoking related illness¹⁴⁷. In addition, parental smoking has a detrimental effect on the health and wellbeing of children.

Smoking whilst pregnant can harm both the mother and the baby, increasing the risk of infant mortality by 40%¹⁴⁸ and the national ambition

¹⁴⁴ Department of Health 2010. Healthy lives, healthy people: a tobacco control plan for England. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917 accessed 24/01/2012

¹⁴⁵ Stead LF, Lancaster T. Interventions for preventing tobacco sales to minors. Cochrane Database of Systematic Reviews 2005, Issue 1. Art. No.: CD001497. DOI: 10.1002/14651858.CD001497.pub2.

¹⁴⁶ Department of Health 2010. Healthy lives, healthy people: a tobacco control plan for England. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917 accessed 24/01/2012

¹⁴⁷ *ibid.*

¹⁴⁸ Department of Health 2007. Review of health inequalities infant mortality PSA target. Available at http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_065545.pdf

for smoking in pregnancy is to reduce the prevalence to 11% or lower by the end of 2015¹⁴⁹. In addition, smoking is associated with the risk of delivering a low birth-weight baby which has further implications which are considered in the neonatal health section.

Younger women and women from routine and manual¹⁵⁰ occupational backgrounds are more likely to smoke during pregnancy than older women and women from less deprived backgrounds¹⁵¹. 16.7% of women giving birth at York Hospital in 2010-11 admitted to smoking during their pregnancy. Although this prevalence had dropped steadily from 18.9% in 2006-07 it is significantly higher than the national prevalence and indicates a major area of concern.

Nationally, smoking accounts for approximately half of the difference in life expectancy between the lowest and highest income groups. Smoking-related death rates are two to three times higher in low-income groups than in wealthier social groups¹⁵². Smoking in the routine and manual occupation group is 30.2% which is why this population is a priority for interventions. In addition, individuals with long-term health conditions (such as coronary heart disease, stroke, high blood pressure, diabetes and chest conditions such as chronic obstructive pulmonary disease and asthma) who continue to smoke may experience exacerbations of their condition which is likely to impact on their quality of life and may result in a hospital admission. Whilst data obtained from local GPs may not be sufficiently robust to provide a complete picture, there does appear to be a strong social gradient illustrated in Fig. 11.

¹⁴⁹ Department of Health 2010. Healthy lives, healthy people: a tobacco control plan for England. Available at: http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_124917 accessed 24/01/2012

¹⁵⁰ Occupations as defined in The National Statistics Socio-Economic Classification User Manual, ONS 2005

¹⁵¹ NHS Information Centre. Infant Feeding Survey 2010: Early Results. Available at

http://www.ic.nhs.uk/cmsincludes/process_document.asp?sPublicationID=1308571083822&sDocID=6828

¹⁵² Marmot, M. et al. (2010). *Fair Society, Healthy Lives: Strategic review of health inequalities in England post-2010*. Marmot review secretariat, London.

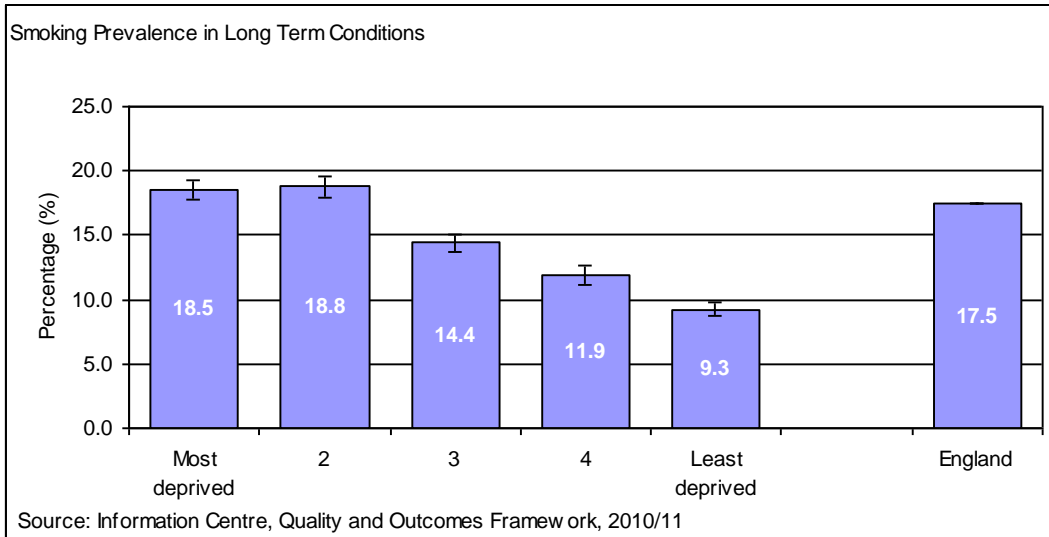


Figure 11: Smoking prevalence in long term conditions by deprivation quintile

Physical activity

Physical activity contributes positively to the prevention and management of over twenty chronic diseases and conditions including coronary heart disease, diabetes, cancer, mental health and obesity. Two approaches have been taken to estimate participation in physical activity, the 2010 Talkabout survey¹⁵³ and the national Active People survey¹⁵⁴. The Talkabout survey suggests that 58% of York residents are participating in 30 minutes of activity five times a week, whereas the Active People survey suggests that 24% of York residents were participating in 30 minutes of moderate intensity physical activity three times a week during 2008-09 to 2009-10. These two surveys provide dramatically different estimates of participation in physical activity in York, illustrating the challenge of sample based monitoring.

The initial Active People survey (2006-07) identified a marked difference in participation rates between the average population of the city and those in the lower socio-economic groups. Subsequent surveys identified an increase in the proportion of this group participating in physical activity, however the most recent survey suggests that this has returned to the 2006-07 baseline. Targeting this group to improve participation in physical activity is likely to improve outcomes. In

¹⁵³ York's Citizens' Panel, 'talkabout', random selection of 2,300 panellists from York's electoral register, who are broadly representative of the city's population

¹⁵⁴ Active People Survey, Sport England. Available at: http://www.sportengland.org/research/active_people_survey.aspx (accessed 09/11/2011)

addition, whilst the Active People survey places York in the top 25% of local authorities in England, the participation rate was only 24% for the most recent data collection. Given the links between physical activity and physical and mental health and wellbeing, this is also an area that could be improved further.

Participation in at least three hours of high quality physical education or sports amongst 5-16 year-olds in York was significantly lower than the England average in 2009-10 at 49.7%¹⁵⁵. However it had improved over the 2008-09 proportion of 43%. Previous measurements had identified York as performing particularly well against a similar indicator. Whilst a change in the definition of this indicator to increase the required length of time from two to three hours will have had an impact on the result, encouraging a greater proportion of young people to participate in sport will have an effect on lifestyle, the risk of obesity and subsequent risk of some long term conditions.

However, physical education is not the only method of encouraging participation in physical activity and in York, 63.2% of state primary school pupils and 47.6% of state secondary school pupils walk to school, which is above the England averages of 59.5% and 42.0% respectively¹⁵⁶. York was designated a Cycling City from 2008 – 2011 and is regarded as one of the country's premier cycling cities. It has an extensive network of off-road cycle paths and on-road cycle lanes for cyclists of all ages and abilities to enjoy. More recently Intelligent Travel York promotes both cycling and walking and reduced motor vehicle use. Relative to the England average, a higher proportion of York pupils cycle to school with 4.6% of primary school pupils and 10.1% of secondary school pupils travelling to school by bicycle (England averages 0.8% and 2.9% respectively)¹⁵⁷. Maintaining and improving on these levels of active transport may encourage healthier behaviours as young people become adults.

Future measures of Physical activity will monitor the proportion of the population meeting the recommended activity level of 150 minutes of moderate intensity physical activity each week, and the proportion of the population doing less than 30minutes physical activity per week. Much

¹⁵⁵ York Health Profiles, APHO. Available at: http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES (accessed 09/11/2011)

¹⁵⁶ DfE: Schools, Pupils and their Characteristics, January 2011 Available at <http://www.education.gov.uk/rsgateway/DB/SFR/s001012/index.shtml> accessed on 13/03/2012

¹⁵⁷ Schools, Pupils and their Characteristics, Department for Education. Available at: <http://www.education.gov.uk/rsgateway/DB/SFR/s001012/index.shtml> (accessed 09/11/2011)

emphasis will be placed on initiatives to reduce the number of people undertaking zero to 30 minutes.

Healthy Eating

In adults, healthy eating can help to manage weight and improve overall wellbeing; it can also reduce the risk of developing illness and serious disease. Breast milk is the best form of nutrition for infants, and exclusive breastfeeding is recommended for the first 26 weeks of an infant's life. Thereafter, breastfeeding should continue for as long as the mother and baby wish, while gradually introducing the baby to a more varied diet. For children the right balance of foods will provide all the nutrients they need for healthy growth and development.

There is a clear case for investing in services to support breastfeeding as part of a local child health strategy. This is particularly important for mothers from low income groups, as it is known that they are less likely to breastfeed. Breastfeeding protects the health of babies and mothers, and reduces the risk of illness¹⁵⁸. Breastfeeding rates at the time of delivery provide an indication of how common the practice is. The proportion of women known to be breastfeeding at the time of delivery in York Hospital has been relatively stable at approximately 68% of births since 2006-07. However, there was a marked rise in breastfeeding at birth for York Hospital in 2010-11 which was statistically significant. Prior to this York Hospital took part in the Baby Friendly Initiative supported by UNICEF, and a social marketing campaign was initiated in York, both having the aim of increasing breast feeding rates. The most recent data regarding breast feeding at delivery covers the first three quarters of 2011-12, and the emerging results suggest that the 2010-11 rise has not been sustained and at present there is a statistically significant reduction in breast feeding initiation back to the baseline figure of 68%. To improve the initiation of breast feeding it may be appropriate to identify the factors that influenced the marked increase in 2010-11. Whilst this data relates to breast feeding at birth, there is currently no data regarding the duration of breast feeding available at a local level however this data is anticipated as being available for future iterations of the JSNA.

There are few measures of eating habits available at a local level. Modelled estimates (which should be treated with caution) suggest that

¹⁵⁸ National Institute for Health and Clinical Excellence (NICE), Improving the nutrition of pregnant and breastfeeding mothers and children in low-income households, London: NICE, 2008

28% of adults eat the recommended five portions of fruit and vegetables per day, which is not significantly different to the England average¹⁵⁹. However, given the potential health benefits of increasing fruit and vegetable consumption further improvements in this area would seem appropriate.

Breastfeeding is a key component of healthy eating for children. 73.7% of mothers began to breastfeed in 2010-11 for North Yorkshire and York PCT, the same as the national average¹⁶⁰. Figures for York Hospital alone (based on North Yorkshire and York PCT Vital Signs Monitoring data) are generally lower than the national average: 69.7% in 2006-07 though increasing to 72.1% in 2010-11.

Obesity

Overweight and obesity increase the risk of a wide range of diseases and illnesses, including coronary heart disease and stroke, type 2 diabetes, high blood pressure, metabolic syndrome, osteoarthritis and cancer¹⁶¹.

Obesity levels are rising nationally and represent one of the biggest threats to the future health of our population. Modelled estimates (which should be treated with caution) suggest that 23.0% of adults in York are obese, not significantly different to the national average of 24.2%¹⁶². The prevalence of obese adults known to all GPs in the Vale of York Clinical Commissioning Group during 2010-11 was 9.9%, much lower than expected levels suggesting that there may be obese individuals who are not accessing preventative or support in the community¹⁶³.

York had a significantly lower prevalence of children (Reception and Year 6) who are overweight or obese compared to the national average in 2010-11¹⁶⁴. For reception children there has been a decrease from the baseline position in 2006-07 of 8.4% at risk of obesity to 7.5% in 2010-11. For Year 6 pupils, there was an increase in prevalence during 2010-11 from the previous year to 14.7%, though this remained lower

¹⁵⁹ York Health Profiles, Department of Health. Available at:

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES (accessed 09/11/2011)

¹⁶⁰ Statistical releases on breastfeeding, smoking and obesity, Department of Health. Available at:

http://www.dh.gov.uk/en/Publicationsandstatistics/Statistics/StatisticalWorkAreas/Statisticalpublichealth/DH_124185 (accessed 09/11/2011)

¹⁶¹ Department of Health. (2008). Healthy Weight, Healthy Lives: A Toolkit for Developing Local Strategies. London. Department of Health & National Heart Forum.

¹⁶² York Health Profiles, Department of Health. Available at:

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES (accessed 09/11/2011)

¹⁶³ Quality and Outcomes Framework, Information Centre. Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework> (accessed 09/11/2011)

¹⁶⁴ National Child Measurement Programme, Information Centre. Available at: <http://www.ic.nhs.uk/ncomp> (accessed 09/01/2012)

than the baseline position of 15.6% in 2006-07. Local analysis of this data¹⁶⁵ reported in the 2010 JSNA highlighted a difference between year 6 boys and girls where the prevalence amongst boys was increasing. The latest data (2009-10) show that prevalence fell for boys contributing to the overall lower rate, though prevalence remains higher for boys than for girls (15.9% compared to 12.0%).

Local analysis of child obesity data by deprivation illustrated in Fig. 12 shows that for both reception and year 6 children, prevalence is higher amongst the most deprived 20% of the population compared to the remaining 80% (more markedly for year 6 children where the difference is statistically significant).

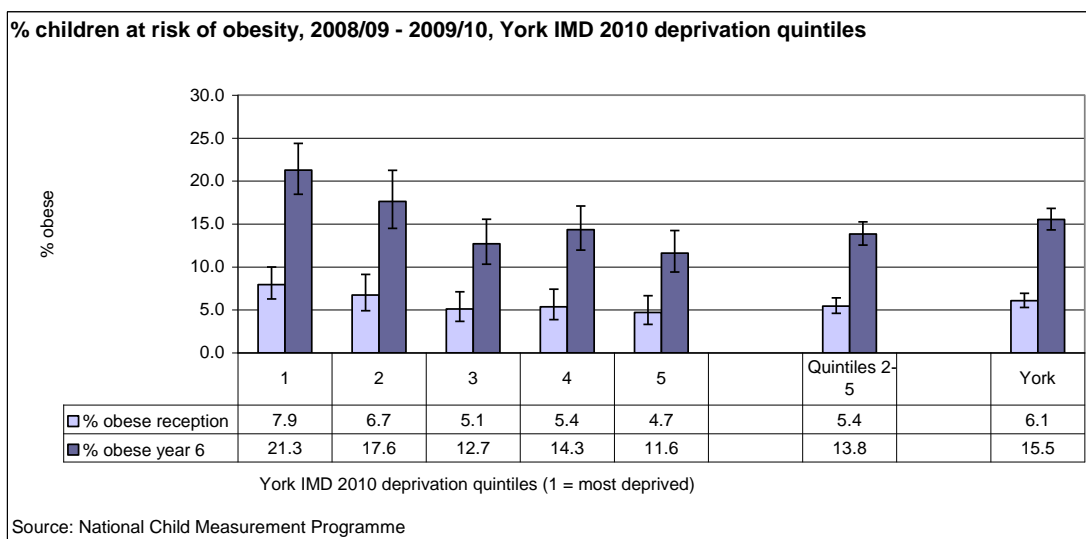


Figure 12: Proportion of children at risk of obesity by deprivation quintile

Alcohol

Alcohol consumption is a significant health concern, both for the short term impact of excessive drinking on any one occasion and the longer term impact on conditions such as heart disease, stroke and some cancers. Alcohol consumption is also shown to play a part in crime and disorder, hospital admissions and coping with stress.

Trading Standards officers carry out “test purchasing” visits involving 14-16 year old volunteers and have noted that illegal sales of alcohol from these “test purchases” have been falling annually. Many retailers have been implementing “Challenge 21” or “Challenge 25” policies¹⁶⁶

¹⁶⁵ National Child Measurement Programme, Local Cleaned Dataset (subset of national dataset), North Yorkshire and York PCT

¹⁶⁶ Challenge 21 and Challenge 25 policies involve asking for identification in situations where a vendor considers that the purchaser is under 21 or 25 years

regarding alcohol sales, and these have been strictly enforced by local and national Trading Standards officers. However, it is recognised that this is unlikely to reduce adults purchasing on behalf of children, and this may require novel investigative practices.

The North West Public Health Observatory's 'Local Alcohol Profile for England'¹⁶⁷ showed that for the majority of indicators relating to alcohol harm, York compared favourably to the national average.

Despite this, there remains more to be done to reduce the impact of alcohol on health. During 2009-10, the alcohol related admission rate per 100,000 population resident in York was 1,405, the same as the previous year. This is encouraging, comparing well to the national increasing trend yet remains much higher than the rate observed in 2002-03 (912 per 100,000). A survey conducted by York Hospital¹⁶⁸ between March 2010 and March 2011 focussed on people attending this hospital ten or more times in a year and found that 51% of these attendances were due to alcohol and substance misuse.

Although locally the hospital admission rate due to alcohol-specific conditions amongst under 18 year olds is not significantly different to the national average, it has not followed the regional and national trend over the last few years and instead has increased from 61 per 100,000 during 2003-04 to 2005-06 to 65 during 2007-08 to 2009-10.

Alcohol specific mortality rose between 2003-05 and 2006-08 for both males and females, but appears to have reduced based on the 2007-09 data and is not significantly different to the national average. Information provided by the Yorkshire and Humber Public Health Observatory on "Alcohol-related hospital admissions 2009-10 and their associated costs" show that patients registered with York General Practices cost £5.9 million in alcohol related admissions in 2009-10¹⁶⁹.

Alcohol related recorded crime rates per 1,000 of the population have fallen over the last five years. During 2009-10 the rate was 6.2 in York, similar to the previous year, remaining significantly lower than the national average of 7.2 per 1,000.

In the absence of a reliable measure of drinking behaviour amongst the residents of York, modelled estimates can be used but should be treated

¹⁶⁷ Local Alcohol Profiles for England (LAPE), North West Public Health Observatory, Available at: <http://www.lape.org.uk/index.html> (accessed 22/11/2011)

¹⁶⁸ York and North Yorkshire Joint Strategic Intelligence Assessment, December 2011

¹⁶⁹ Based on national tariff and adjusted for method of admission (elective/ non-elective) and spell duration.

with caution. These suggest that 26.3% of York residents may consume 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) which is significantly higher than the national average¹⁷⁰. Estimates defining the level of risk amongst the drinking population show no significant differences in the proportion of increasing risk (22-50 units a week for males and 15-35 units for females) or high risk drinking (>50 units for males and >35 units for females) in York relative to the England average¹⁷¹.

Substance Misuse

The information regarding the number of individuals who are misusing drugs is based on research evidence, as the prevalence is difficult to capture accurately. The prevalence estimate for York is that there were 933 individuals misusing drugs, specifically opiates or crack in 2009-10¹⁷². During the same period there were a total of 809 opiate and/or crack cocaine users in structured treatment in York which suggests that more than 80% of the estimated substance misusing population are accessing treatment services.

A key measure of the health and well being of drug users is whether they achieve a drug free status upon leaving treatment (a 'successful completion'). York is in the top national quartile for successful completions for non opiate and crack users (e.g. stimulant users) but in the bottom quartile for opiate and crack users (e.g. heroin).

The health and wellbeing needs of this group can be significant and complex. They suffer from physical and psychological illnesses and social problems as a consequence and possible cause of their substance misuse, Intravenous drug users are at increased risk of contracting blood-borne viruses, and therefore will also be at risk of further transmission once infected. Therefore screening for Hepatitis C and vaccination for Hepatitis B are important for this population. Locally, 70% of those engaged in services will have been tested for Hepatitis C¹⁷³, which is above the national average; however uptake of vaccination for Hepatitis B is low in York¹⁷⁴.

¹⁷⁰ York Health Profiles, Department of Health. Available at:

http://www.apho.org.uk/default.aspx?QN=P_HEALTH_PROFILES (accessed 09/11/2011)

¹⁷¹ Local Alcohol Profiles for England (LAPE), North West Public Health Observatory, Available at:

<http://www.lape.org.uk/index.html> (accessed 22/11/2011)

¹⁷² Hay G, et al. Estimates of the Prevalence of Opiate Use and/or Crack Cocaine Use, 2009/10: Sweep 6 report. National Drug Evidence Centre, University of Manchester. Available at: <http://www.nta.nhs.uk/uploads/prevalencestats2009-10fullreport.pdf>

¹⁷³ Correspondence from the City of York Drug and Alcohol Action Team 2012

¹⁷⁴ *ibid*.

Injecting substances can result in wounds, abscesses, blood poisoning, circulatory problems, deep vein thrombosis and HIV/AIDS. The effect of drugs on mental health can include paranoia, psychosis related to amphetamine use, anxiety, depression. Over the past three years the average number of deaths in York related to drug use was 6.3.

The social effects of misusing substances include living in poor housing and homelessness, debt, poor diet, fuel poverty, isolation, domestic violence, family breakdown and child safeguarding issues. In keeping with the national statistics, 15% of those in structured treatment locally are in paid employment, and most drug-related offences occur in the more deprived areas.

Information about young people's substance misuse is collected through National Drug Treatment Management Systems. 60 young people in York accessed specialist substance interventions during 2010-11 with alcohol and cannabis remaining the most commonly misused substances¹⁷⁵. Many young people receiving an intervention have a range of vulnerabilities. They are more likely to be NEET, half as likely to be in full-time employment, more likely to have contracted a sexually transmitted disease, have a child, be in contact with the youth justice system and be receiving benefits by the time they are 18. A local consultation with young people is planned for 2012-13 to establish their knowledge about and use of drugs and alcohol and the findings will inform future planning and commissioning.

¹⁷⁵ JSNA Support Pack for Strategic Partners: National Treatment Agency for Substance Misuse. York Profile

Section 4: A Profile of Health in York

This section seeks to describe the health and well being issues experienced by the residents of our city. Generally, the health of most of the residents of York is very good, but some sections of the community are relatively disadvantaged.

Life Expectancy

The average life expectancy for York citizens has been steadily climbing over time¹⁷⁶. Life expectancy for men and women living in the City of York has increased during the period 2007-09 to 79.6 years for men and 83.2 years. This is significantly higher than the England averages of 78.3 years for men, and 82.3 years for women¹⁷⁷. However, when comparing the life expectancy of the most deprived members of the community to the least deprived there is a clear inequality. Men who live in York’s most deprived communities will die, on average 9.9 years earlier than their least deprived counterparts. Similarly, women in the most deprived communities in York will die, on average 3.6 years earlier than those in the least deprived communities in York¹⁷⁸. These trends are illustrated in Fig. 13.

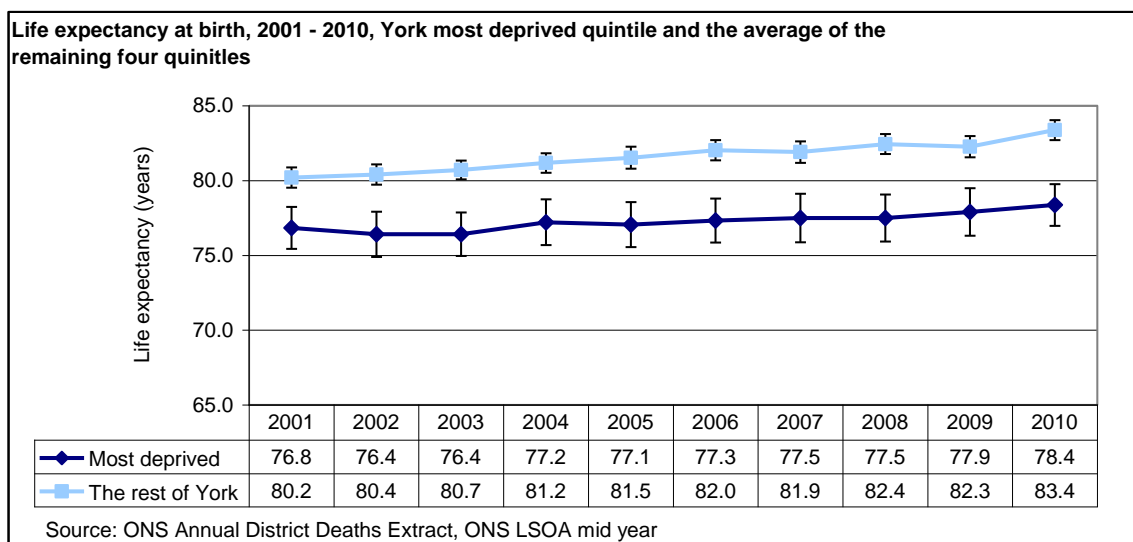


Figure 13: Trend in life expectancy at birth in the most deprived quintile and the average of the remaining four quintiles in York

¹⁷⁶ City of York JSNA 2010.

¹⁷⁷ York Health Profile 2011. Department of Health.

¹⁷⁸ Health Inequalities Indicators for Local Authorities, Slope Index of Inequality for Life Expectancy by Deprivation Deciles, 2005-9. Association of Public Health Observatories.

Fig. 14 shows the life expectancy that would be gained if the most deprived quintile¹⁷⁹ of York had the same mortality rate as the average for the four other quintiles in the local authority for each cause of death¹⁸⁰. The implications of this analysis are that men and women in the most deprived communities are having their lives cut short by potentially preventable conditions, compared to their more affluent counterparts.

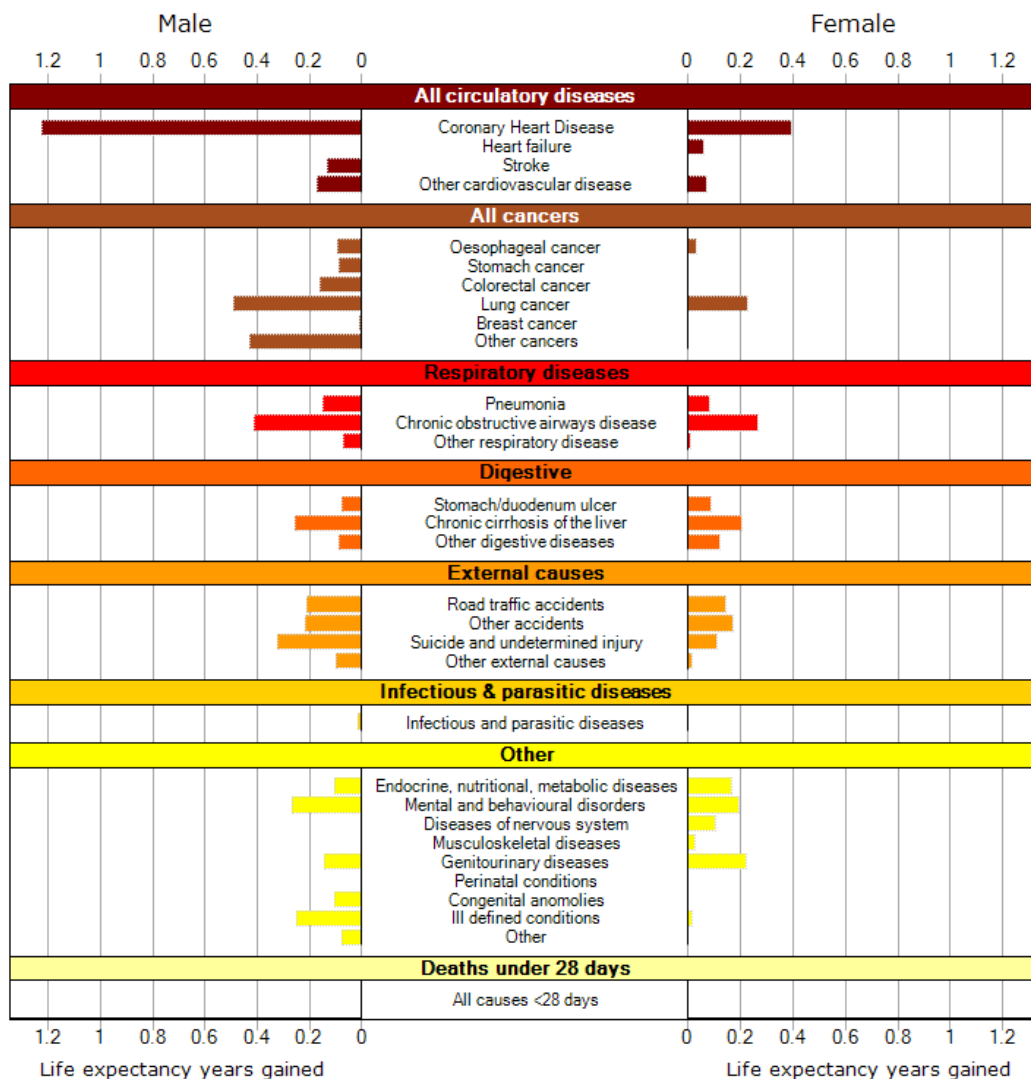


Figure 14: Life expectancy gained if the most deprived quintile experienced the same health outcomes as the remaining four quintiles in York¹⁸¹

¹⁷⁹ A quintile is one of five equal groups into which a population can be divided according to a particular variable. In this case the variable used to define the groups is deprivation.

¹⁸⁰ LHO. Health Inequalities Intervention Tool. Available at: http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesInterventionToolkit.aspx accessed 11/01/2012

¹⁸¹ LHO: Health Inequalities Intervention. Available at: <http://www.lho.org.uk/NHII/LEYearsGained.aspx?la=00FF&comp=2> accessed 02/12/2011

Disability-free life expectancy is an estimate of the number of expected years in good health or without a disability for a population. York men have a disability-free life expectancy of 63.5 years from birth, and women 66.1 years. This is significantly higher than the England average of 61.7 years for men and 64.2 years for women¹⁸²; however locally there is still a difference of 10.1 years for men and 7.6 years for women between the most deprived and the least deprived quintiles¹⁸³.

Mortality

All age, all cause mortality for the population of York has remained fairly constant over the period 2005-09 with a rate of approximately 500 per 100,000 population. However, over the last ten years, the gap between the most deprived fifth of the population and the average of the remaining four quintiles has increased, and in 2010 mortality amongst the most deprived was 55% higher than the rest of York^{184 185}. As demonstrated in the previous chart the majority of these differences are due to cardiovascular diseases and cancers, mainly lung cancer¹⁸⁶. Fig. 15 illustrates the all-age all-cause death rate over the period 2001-10, showing the difference in death rate between the most deprived communities in York and the rest of the city¹⁸⁷.

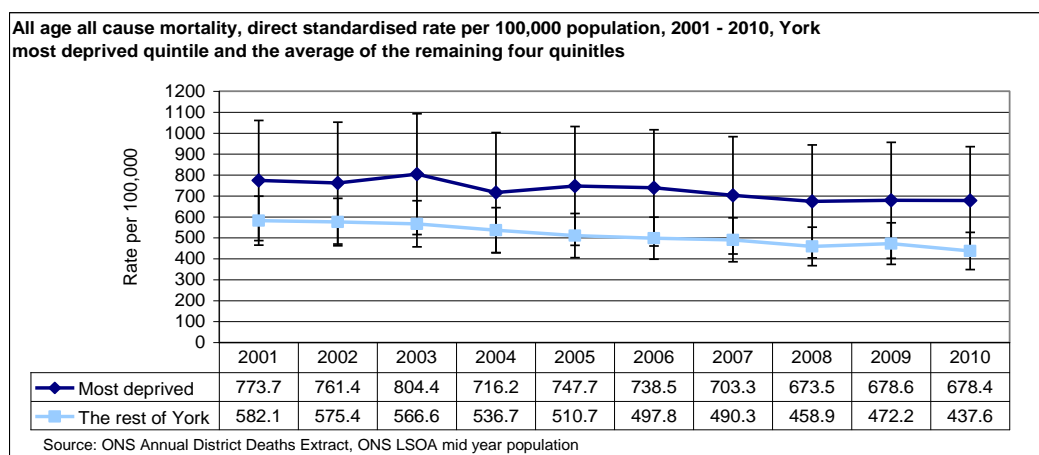


Figure 15: All age all cause mortality in the most deprived quintile and the average of the remaining four quintiles in York

¹⁸² WMPHO Healthy Life expectancy. Available at: <http://www.ons.gov.uk/ons/rel/disability-and-health-measurement/health-expectancies-at-birth-and-age-65-in-the-united-kingdom/2001---revised/health-expectancies-for-local-authorities-in-england-and-wales--2001---revised.xls> accessed 26th January 2012

¹⁸³ LHO. Marmot Indicators for Local Authorities in England. Available at: http://www.lho.org.uk/LHO_Topics/national_lead_areas/marmot/marmotindicators.aspx accessed 11/01/2012

¹⁸⁴ ONS Annual District Deaths Extract held by NHS North Yorkshire and York.

¹⁸⁵ ONS LSOA mid-year population estimates.

¹⁸⁶ LHO. Health Inequalities Intervention Tool. Available at:

http://www.lho.org.uk/LHO_Topics/Analytic_Tools/HealthInequalitiesInterventionToolkit.aspx accessed 11/01/2012

¹⁸⁷ This analysis is not comparable to the Local Area Agreement targets included in previous JSNA's.

Neonatal Health

The infant mortality rate is defined as the number of deaths that occur between birth and exactly one year of age, per 1,000 live births. Fortunately there are few infant deaths in York. The current crude infant mortality rate for the York is 5.0 per 1,000 live births and is based on 2007-09 data. This is not dissimilar to the previous rate and is not significantly different to the England average of 4.7 for the same period¹⁸⁸.

The percentage of births in York that were considered to be of low birth weight (less than 2,500g) during 2009 was 6.6% which was not significantly different to the England average of 7.5% for the same period.

There appears to have been a small increase in the number of low birth weight babies born in York from 5.8 in 2008. This finding may be due to chance, however as there are recognised links between deprivation, infant mortality and low birth weight babies this may be an area to monitor¹⁸⁹. Fig. 16 illustrates that a significantly larger proportion of babies born in the most deprived quintile are of low birth weight compared to those born in the rest of the City.

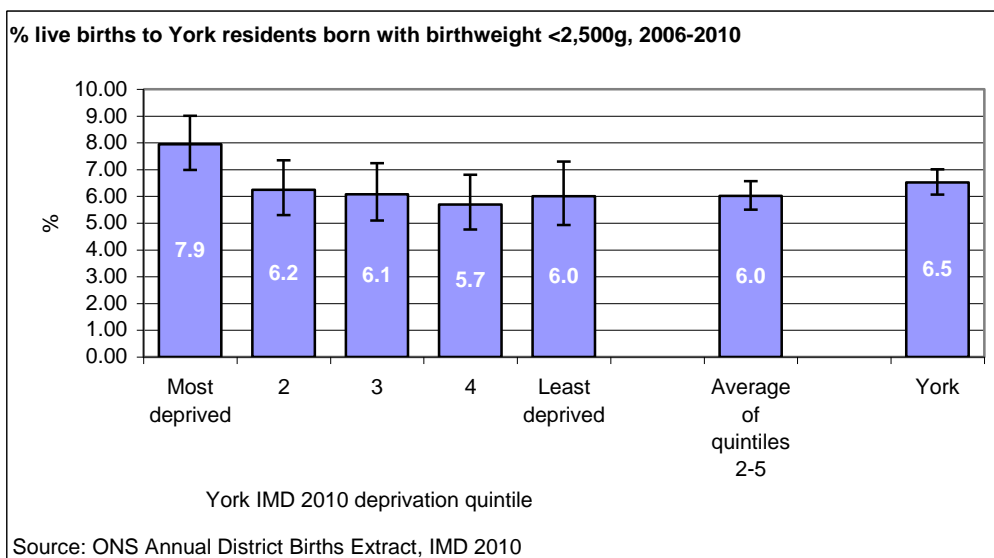


Figure 16: Proportion of births in York with a birth weight of less than 2,500g

The risks associated with low birth weight at delivery persist through into adult life and it is suggested that those individuals who were low birth

¹⁸⁸ NHS Information Centre. Available at: <http://www.indicators.ic.nhs.uk/webview/> accessed 11/01/2012

¹⁸⁹ Kogan, M. D. Social causes of low birth weight. J R Soc Med 1995; 88; 611-615

weight at delivery have an increased risk of developing cardiovascular disease in adulthood¹⁹⁰. As maternal nutrition in pregnancy and smoking in pregnancy and alcohol consumption in pregnancy are individually associated with low birth weight babies, and there are longer term consequences for low birth weight individuals, targeting at-risk populations in this area will be important.

One specific cause of low birth weight babies is foetal alcohol syndrome, where the consumption of more than one or two units of alcohol each week whilst pregnant has a deleterious effect on the health and cognitive functioning of the baby. Estimates of the number of new cases of foetal alcohol syndrome vary and are difficult to reconcile. Although foetal alcohol syndrome is not a common condition, it is regarded as the leading known cause of non-genetic intellectual disability in the Western world¹⁹¹.

National estimates of alcohol consumption in pregnancy based on the Infant Feeding Survey 2005 show that in the UK, of the women who drank before pregnancy, 34% gave up while they were pregnant and 61% said they drank less during their pregnancy. There is a paucity of local data in this area, both in terms of the local incidence of foetal alcohol syndrome and information regarding alcohol consumption in pregnancy. Therefore no specific recommendations can be made.

Teenage Pregnancy

Research studies show that while young people can be competent parents, children born to teenagers are more likely to experience a range of negative outcomes in later life and are more likely to become teenage parents themselves. Teenage mothers have three times the rate of post-natal depression of older mothers and a higher risk of poor mental health for three years after the birth. In addition, the infant mortality rate for babies born to teenage mothers is 60% higher than for babies born to older mothers. At age 30, teenage mothers are 22% more likely to be living in poverty than mothers giving birth aged 24 or over, and are much less likely to be employed or living with a partner. They are also 20% more likely to have no qualifications at 30 years-old than mothers giving birth aged 24+ years. Rates of teenage pregnancy are far higher among deprived communities, so the negative consequences of teenage pregnancy are disproportionately

¹⁹⁰ Leon, D. A. et al, 1998. Reduced fetal growth rate and increased risk of death from ischaemic heart disease: cohort study of 15 000 Swedish men and women born 1915-29. *BMJ* 1998;314: 241-5

¹⁹¹ Abel, E. L. & Sokol, R. J. Incidence of fetal alcohol syndrome and economic impact of FAS-related anomalies. *Drug Alcohol Depend* 1987 Jan; 19(1):51-70

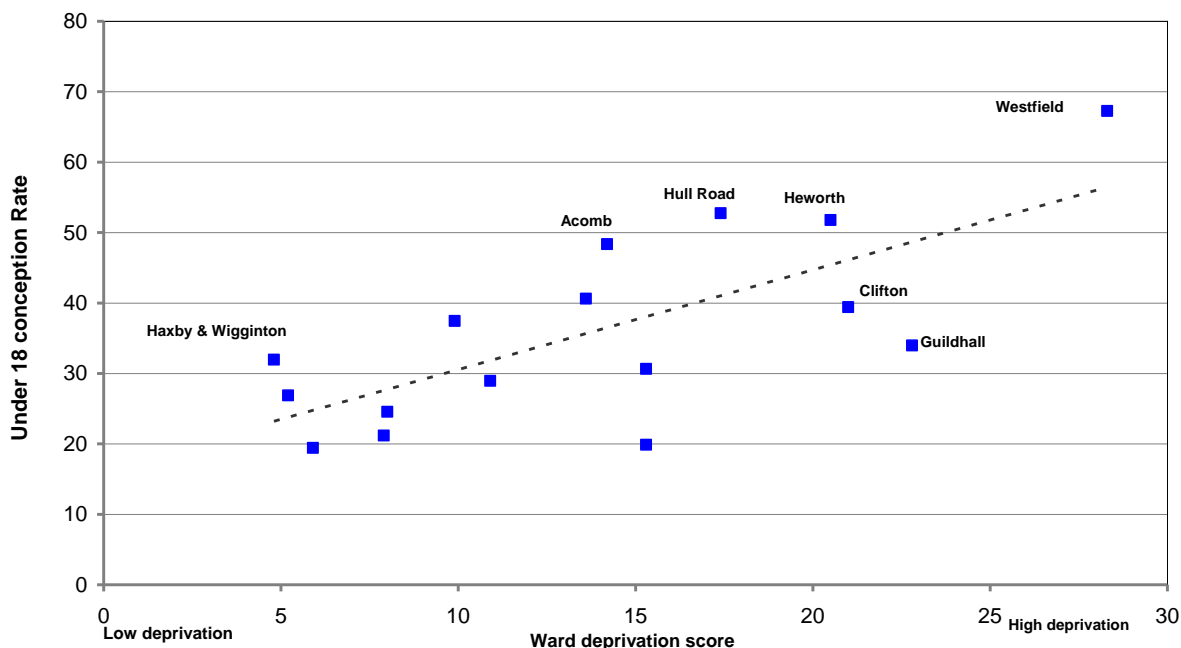
concentrated among those that are already disadvantaged. The poorer outcomes associated with teenage motherhood also mean the effects of deprivation and social exclusion can be passed from one generation to the next.

The national target to reduce under 18 conceptions by 50% by 2010 was set in 1999 using the 1998 data as a baseline. The 2010 York JSNA identified that whilst the teenage pregnancy rate in 2008 was slightly higher than the 1998 baseline of 34 per 1000 females aged 15-17 years, it was a 20% reduction on the previous year. The data for 2009 identified a further reduction in the conception rate in females aged 15 - 17 years to 26.6 per 1000, which was significantly lower than the England rate for the same period. The trend for York over the period 1998-09 was a 21.7% reduction overall, compared to an 18.7% reduction in the England rate¹⁹². However, there is marked variation between electoral wards in terms of under-18 conception rates, with more deprived wards having a higher rate than the less deprived. This is illustrated in Fig. 17, confirming a local social gradient that would be appropriate to target.

National data on teenage conception rates is between 15 and 24 months old, and therefore there is a need to generate more up to date local data. This could be achieved by collating data from local organisations such as maternity and abortion services. This would inform commissioning decisions in a timelier manner and allow services to react more quickly to changes in demand.

¹⁹² ONS. Available at: <http://www.education.gov.uk/childrenandyoungpeople/healthandwellbeing/teenagepregnancy> accessed 09/01/2012

Graph showing correlation between ward deprivation score and under 18 conception rate for 2007-2009



Note: Under 18 conception rates are per 1000 females aged 15-17
 Sources: ONS (ward conception numbers) and Teenage Pregnancy Unit (ward conception rates)

Figure 17: Correlation between ward deprivation score & under-18 conception rate for 2007-09

Dental Health

The National Oral Health Survey is conducted biennially and the adult dental health survey has not been repeated since the 2010 JSNA. On 1st July 2011 there were 7,010 patients on the NHS Dentistry waiting list from the Selby and York area. Of these people, 43% had been waiting for over 7 months and NHS North Yorkshire and York is commissioning services to address this identified gap. At March 2011 more than half of the North Yorkshire and York population had seen an NHS dentist in the previous 24 month period. This was lower than the national average of 55.8% in England. Amongst adults alone, 49% saw an NHS dentist (52.3% in England) and for children 68.1% (70.6% in England)¹⁹³.

¹⁹³ NHS Information Centre, <http://www.ic.nhs.uk/statistics-and-data-collections/primary-care/dentistry> Published 2011.

Eye Health

Research estimates suggest that approximately 19% of the population over the age of 75 years are blind or partially sighted¹⁹⁴. As the population is projected to increase, with a larger proportion over the age of 65 years this will mean that a greater number of York residents will experience these conditions. In the UK there are five leading causes of blindness and partial sight. These are age-related macular degeneration, diabetic retinopathy, glaucoma, cataracts and refractive error¹⁹⁵. Many of these conditions are associated with existing risk factors for poor health which can be improved including smoking, obesity and physical exercise; however some of the conditions are associated with a family history of the condition, or environmental factors. Given the projections with regard to our ageing population, and the increase in prevalence of these conditions with increasing age, it is important that individuals attend for regular eye examinations to identify these conditions early enough for potential interventions to be initiated.

Long-term Conditions

High Blood Pressure

High blood pressure (hypertension) is one of the causes of premature mortality and morbidity that is most amenable to treatment. It is a major risk factor for stroke, heart disease, heart attacks, kidney disease and premature death¹⁹⁶. Risk factors for hypertension include being overweight or obese, physical inactivity, having a family history of high blood pressure or diabetes, and being diabetic¹⁹⁷. The prevalence of high blood pressure in the registered population of York had been steadily rising to a level of 12.4% in 2008-09. This value remained static through 2009-10 and increased to 12.5% in 2010-11, but has always been significantly below the England average of 13.5%¹⁹⁸. However, the Association of Public Health Observatories has produced modelled estimates for the prevalence of high blood pressure, suggesting that there may be an undiagnosed prevalence of approximately 11.5%¹⁹⁹.

¹⁹⁴ Evans JR, Fletcher AE, Wormald RPL et al. (2002), 'Prevalence of partial sight and blindness in people aged 75 years and older in Britain: results from the MRC trial of assessment and management of older people in the community', *British Journal of Ophthalmology*, Vol. 86, pp. 795-800

¹⁹⁵ RNIB 2009. Future sight loss UK (1): The economic impact of partial sight and blindness in the UK adult population.

¹⁹⁶ NICE CG127. Hypertension: The clinical management of primary hypertension in adults. August 2011.

¹⁹⁷ *ibid.*

¹⁹⁸ Information Centre, Quality and Outcomes Framework. Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework> accessed 11/01/2012

¹⁹⁹ APHO Prevalence Models. Available at: <http://www.apho.org.uk/resource/view.aspx?RID=48308> accessed 11/01/2012

Whilst this is a modelled estimate and needs to be treated with caution, increased awareness and identification of individuals with high blood pressure could account for the steady rise in recorded prevalence.

Using Quality and Outcomes Framework targets for the Vale of York Clinical Commissioning group, 80% of those diagnosed with high blood pressure are treated to target in 2010-11²⁰⁰. This is similar to the England average of 79%. Whilst this achievement needs to be acknowledged, the target blood pressure is higher than the evidence-based clinical standard and therefore there is potential room for improvement. In addition, 85% of those individuals who were diagnosed as having high blood pressure in 2010-11 were assessed with regard to their risk of developing cardiovascular disease and received advice regarding healthy lifestyle choices²⁰¹. Given that high blood pressure is associated with the development of cardiovascular disease and is amenable to lifestyle modification in terms of physical activity, stopping smoking and weight loss it would be welcome to see even further improvements in these indicators.

Diabetes

The recorded prevalence of diabetes has increased slightly since 2008 to 4.4% of the registered population of York over the age of 17 years during 2010-11²⁰². The England average was 5.5%. The crude admission rate attributed to diabetes York in 2009-10 was 1.2 per 1000 registered population, which was similar to the England average of 1.1²⁰³. During 2010-11, 51.0% of those individuals diagnosed with diabetes had good long-term blood sugar control (as measured by Hb_{A1c}) though this was below the England average of 54.2%. The monitoring and control of an individual with diabetes' blood pressure is also important for preventing long-term complications. Locally, the proportion of diabetic patients who experienced good blood pressure control (78.2%) was lower than the England average (81.2%).

Diabetes is the leading cause of blindness before old age and the effects can be mitigated by early intervention²⁰⁴. The Royal National Institute for the Blind estimate that 40% of people with type 1 diabetes and 20% of

²⁰⁰ Information Centre, Quality and Outcomes Framework. Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework> accessed 11/01/2012

²⁰¹ *ibid.*

²⁰² *ibid.*

²⁰³ NHS comparators, 2009/10 published in APHO GP Practice profiles. Available at: <http://www.apho.org.uk/PRACPROF/> accessed 11/01/2012

²⁰⁴ National Collaborating Centre for Chronic Conditions. *Type 2 diabetes: national clinical guideline for management in primary and secondary care (update)*. London: Royal College of Physicians, 2008.

people with type 2 diabetes will develop diabetic eye disease during their lives. A national diabetic eye screening programme is in place to identify early changes which may be amenable to treatment. In patients registered with GP's in the Vale of York Clinical Commissioning Group, 94.3% had undergone diabetic eye screening in the 15 months prior to 31st March 2011. This compares well to the England rate of 91.6% and has increased from the 2010 rate for the commissioning group of 94.0%²⁰⁵.

The prevalence of diabetes appears to have increased slightly, which could be attributed to a true increase in the prevalence, or may be due to increased awareness of the condition amongst the general population and case-finding activities within the NHS. It would appear that improvements could be made with regard to blood sugar and blood pressure control amongst those patients diagnosed with diabetes.

Circulatory Diseases

Circulatory diseases include heart disease, stroke and diseases of the heart valves or the heart rhythm which accounted for approximately one third of all deaths in England and Wales in 2010²⁰⁶. Since 1995, death rates due to circulatory diseases have been dropping in York, and were below the England average in the York JSNA for 2008²⁰⁷. Risk factors for circulatory disease are multiple, and include age, gender, family history, high blood pressure, high cholesterol, obesity, smoking and diabetes amongst others. There is a clear gradient across the deprivation quintiles for mortality from circulatory diseases with a rate of 213 per 100,000 population in the most deprived quintile, and 131 per 100,000 population in the least deprived. This is illustrated in Fig. 18.

²⁰⁵ APHO National General Practice Profiles.

http://www.apho.org.uk/PracProf/Profile.aspx?s=mod,1,sha,Q32,pyr,2011,pat,19,par,CCG_323,are,-,sid1,2000002,ind1,241-4,sid2,-,ind2,- Accessed 24th January 2012.

²⁰⁶ Births and Deaths in England and Wales, 2010. ONS Statistical Bulletin.

²⁰⁷ City of York JSNA 2008. Available at: <http://www.yorkwow.org.uk/healthy-wow> accessed 11/01/2012

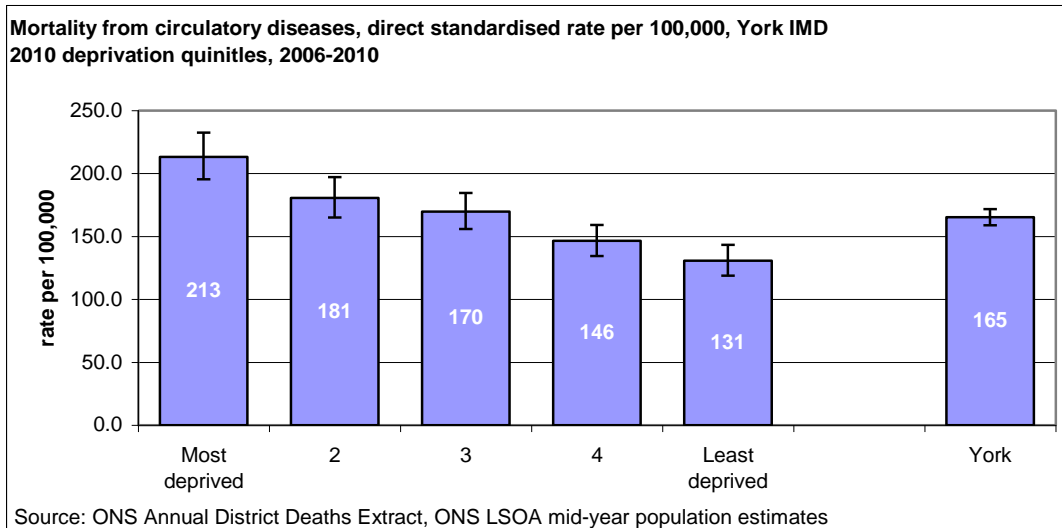


Figure 18: Mortality from circulatory diseases by deprivation quintile in York

For the 2007-09 period, the overall mortality rate for men was significantly lower than the England average for the same period, but there was no significant difference for women²⁰⁸.

Coronary Heart Disease

Modelled estimates suggests that coronary heart disease prevalence for York in 2011 should be in the region of 4.72%²⁰⁹; however the recorded prevalence for 2010-11 based on data routinely collected by GPs gives a figure of 3.5% compared to the England average of 3.4%²¹⁰. Both of these figures should be used with caution as the modelled prevalence is an estimate of the actual prevalence, and the prevalence based on GP data is a crude rate and does not take into consideration the age or gender structure of the population.

Stroke

Modelled estimates of stroke prevalence for York in 2011 suggest that the prevalence should be in the region of 2.25%²¹¹, with GP data suggesting that the recorded prevalence during 2010-11 was 1.9% compared to an England rate of 1.7%²¹². This data should be viewed

²⁰⁸ NHS Information Centre. Available at: <https://indicators.ic.nhs.uk> accessed 11/01/2012

²⁰⁹ APHO Prevalence Models. Available at: <http://www.apho.org.uk/resource/item.aspx?RID=111120> accessed 27/02/2012

²¹⁰ APHO General Practice Profiles. Accessed at <http://www.apho.org.uk/PracProf/> on 26th January 2012

²¹¹ APHO disease prevalence estimates for stroke. Available at <http://www.apho.org.uk/resource/item.aspx?RID=111124> accessed 27/02/1012

²¹² NHS Information Centre, Quality and Outcomes Framework. Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework> accessed 11/01/2012

with similar cautions as the coronary heart disease data. The standardised mortality ratios for stroke for men and women are not significantly different to the England average²¹³.

Respiratory Disease

Respiratory disease includes relatively common long-term conditions such as chronic obstructive pulmonary disease (COPD) and asthma, and more acute but rarer conditions like tuberculosis.

Chronic Obstructive Pulmonary Disease

Chronic obstructive pulmonary disease (COPD) is a respiratory condition associated with smoking which is more common in deprived communities than affluent ones. The recorded prevalence of COPD has been steadily rising in York from 1.3% of the registered population in 2006-07, to 1.4% in 2010-11²¹⁴. The England rate is 1.57%. This is based on GP data which is not standardised for age or sex, and therefore should be considered to be an approximation of the true prevalence. The modelled estimate for York suggests that 2.8% of the population may have COPD, but this should be used with caution²¹⁵.

The mortality rate in 2007-09 for COPD in York men is significantly lower than the England average. The rate for women was higher than the England average, albeit not significantly so²¹⁶.

Looking at the prevalence of COPD across deprivation quintiles, there appears to be no discernible pattern based on GP data. However when considering the COPD mortality rate, there is a striking gradient with the most deprived quintile having a mortality rate of 47.7 per 100,000 population, compared to the least deprived quintile having a rate of 10.9 per 100,000 population, which is illustrated in Fig. 19²¹⁷.

²¹³ NHS Information Centre <https://indicators.ic.nhs.uk> accessed 11/01/2012

²¹⁴ NHS Information Centre, Quality and Outcomes Framework. Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework>

²¹⁵ APHO Prevalence Models. Available at: <http://www.apho.org.uk/resource/view.aspx?RID=48308> accessed 11/01/2012

²¹⁶ NHS Information Centre. Available at: <https://indicators.ic.nhs.uk> accessed 11/01/2012

²¹⁷ ONS Annual District Deaths Extract, ONS LSOA mid-year population estimates

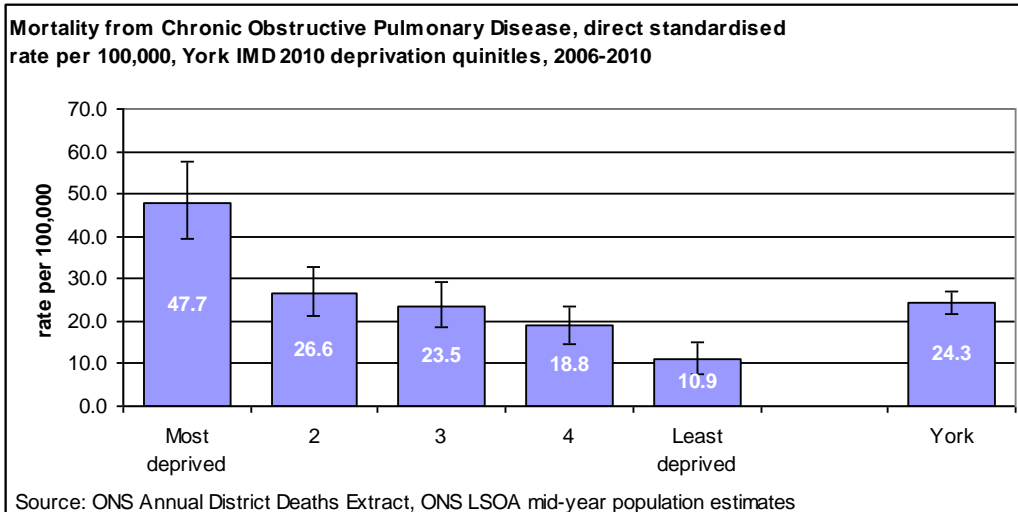


Figure 19: Mortality from Chronic Obstructive Pulmonary Disease by deprivation quintile in York

Asthma

The recorded prevalence of asthma for 2010-11 was significantly lower than the England average (5.6% compared to 5.9%)²¹⁸. Asthma-related admissions in York were 127 per 100,000 population which represents 238 admissions²¹⁹. There appears to be no particular trend across the deprivation quintiles regarding asthma admissions.

Tuberculosis (TB)

The incidence of tuberculosis for 2007-09 remains stable at 6 per 100,000 population, and is significantly lower than the England incidence for the same period of 16 per 100 000 population²²⁰. Treatment for TB often lasts for six months or more, so ensuring compliance with treatment is essential. Recent data identified that nationally, 83.6% of individuals complete their treatment²²¹. Local figures for completion of treatment are not available.

Long-term neurological conditions

Neurological conditions can be life threatening, and most of them severely affect people's quality of life. Caring for someone with a

²¹⁸ Information Centre, Quality and Outcomes Framework. Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework> accessed 11/01/2012

²¹⁹ NHS North Yorkshire and York. Secondary User Service Inpatient Dataset.

²²⁰ Health Protection Agency. Available at:

<http://www.hpa.org.uk/Topics/InfectiousDiseases/InfectionsAZ/Tuberculosis/TBUKSurveillanceData/> accessed 11/01/2012

²²¹ Tuberculosis in the UK: 2011 report. London: Health Protection Agency, December 2011

debilitating illness often means that carers have to give up their own employment, in addition to the person with the condition being unable to continue to be economically active. This will have a devastating impact on the family's economic situation. Long term neurological conditions include epilepsy, Parkinson's disease and Multiple Sclerosis (MS), but also includes genetic conditions which can be inherited such as Huntington's disease.

Some neurological conditions can present at any time in life and remain, such as epilepsy. Epilepsy can impact on an individual's independence and ability to work as poorly controlled epilepsy can preclude an individual from driving or undertaking some forms of employment. The prevalence of epilepsy in the 18+ age group in practices forming the Vale of York Clinical Commissioning Group for 2010-11 was unchanged from the 2009-10 prevalence of 0.7%. This would correspond to approximately 1,400 individuals, 77.8% of whom had been free of seizures for 12 or more months²²². This has dropped slightly compared to the 2009-10 value of 78.8% but not significantly so²²³.

Multiple Sclerosis is generally diagnosed between the ages of 20 and 40 years, although can present at other ages. MS affects individuals in different ways and limits activities to varying degrees leading to varying health and social care requirements. It is estimated that 120 per 100,000 of the population of England and Wales are diagnosed with MS²²⁴. Applying this estimate to the population of York would suggest that there are approximately 243 individuals living with MS in the City.

Given the projected increase in the proportion of the population over the age of 65 years, neurological conditions that increase in prevalence with increasing age are of interest. Individuals with these conditions are likely to have increased social care requirements compared to similarly aged disease-free individuals. Parkinson's disease is one of the conditions that would fall into this category, although there are others. The prevalence of Parkinson's disease in the City of York is not known, although Parkinson's UK have undertaken some research and have estimated the national prevalence to be between 269 and 280 per 100,000 of the population²²⁵. This would correspond to approximately

²²² National General Practice Profiles. Produced by the Association of Public Health Observatories. Accessed at http://www.apho.org.uk/PracProf/Profile.aspx?s=mod,1,sha,Q32,pyr,2011,pat,19,par,CCG_323,are,-,sid1,2000004,ind1,276-4,sid2,-,ind2,- on 02/03/2012.

²²³ *ibid.*

²²⁴ The national audit of services for people with multiple sclerosis 2011. The MS Trust and The Royal College of Physicians September 2011. Available at http://www.rcplondon.ac.uk/sites/default/files/ms_audit_national_report_2011_0.pdf accessed on 02/03/2012

²²⁵ Parkinson's UK. Parkinson's prevalence in the United Kingdom (2009) Available at <http://www.parkinsons.org.uk/pdf/parkinsonsprevalenceuk.pdf> accessed on 02/03/2012

545 to 567 individuals in the City of York, and if population projections are accurate this estimate would be expected to increase with associated increases in health and social care requirements. Therefore this is an area that needs further consideration both with regard to identifying the true local prevalence and with regard to future strategies.

Cancer

Cancer is one of the contributors to the inequalities in life expectancy experienced by the residents of York (see Fig. 14) and the incidence (new cases) is rising in line with that across England, associated with an ageing population. Cancer is the most significant cause of premature death (death under the age of 75 years) in York. The cancer incidence rate for the period 2006-08 for York in the under 75 years age group was 303 per 100,000 population. This is higher than the England rate, but not significantly so²²⁶, although the incidence for York was significantly lower than the incidence for the Yorkshire Cancer Network for 2004-08. When analysed by gender there is no significant difference between the incidence rates of cancer in men and women in York for the period 2006-08.

The 2010 York JSNA identified that the age-standardised death rates for cancer in the under 75 years age group had decreased substantially and remained below the national comparator rates. This trend has continued and the age-standardised death rate for cancer in the under 75 years age group was 102 per 100,000 population for the rolling period 2008-10²²⁷ which would account for approximately 205 deaths in York for that period. This was similar to the PCT rate and lower than the England rate of 110 per 100,000 population, but not significantly so. There is no significant difference between the death rate for cancer in men and women in York based on the 2008-10 data²²⁸.

Considering the burden of all cancers on the population of York, the directly standardised rate of years of life lost due to mortality was 139 years per 10,000 of the population under the age of 75 years²²⁹ which is not significantly different to the England rate, and there was no significant difference between York women and York men identified.

²²⁶ NHS Information Centre. Available at: https://indicators.ic.nhs.uk/download/NCHOD/Data/11A_077DR0074_08_V1_D.xls accessed 11/01/2012

²²⁷ NHS Information Centre. Available at: https://indicators.ic.nhs.uk/download/NCHOD/Data/11B_075DR0074_10_V1_D.xls accessed 05/03/2012

²²⁸ *ibid.*

²²⁹ NHS Information Centre. Available at: https://indicators.ic.nhs.uk/download/NCHOD/Data/11D_072DR_09_V1_D.xls accessed 11/01/2012

Although the figures are not statistically significant, overall, York appears to have a higher incidence of cancer than the England average, but the death rate for cancer is lower. The implication is that services locally are identifying cancers and treating those with cancer appropriately. Cancers for which there is a national screening programme are considered under those sections.

There is concern nationally that cancer survival in England is not as good as a number of other developed countries particularly in older people, minority ethnic and vulnerable groups and those with multiple long term conditions. The national awareness and early diagnosis initiative is being actively taken forward locally in York including cancer awareness campaigns and closer working with GPs to improve early diagnosis.

Lung Cancer

Of the cancers, lung cancer accounts for the largest gap in life expectancy between the most deprived communities and the remainder of the local population in both men and women. The major risk factor for lung cancer is smoking. Smoking is associated with deprivation and is estimated to account for 85% of lung cancers in the UK²³⁰. The all-age mortality rate for lung cancer in the City of York is 33.0 per 100,000 population for 2006-10. For the same period, the most deprived quintile experienced an all-age mortality rate of 60.4 per 100,000 which is significantly higher than both the York rate and the rate in the least deprived quintile. In addition, mortality from lung cancer shows a marked trend across the deprivation quintiles which is illustrated in Fig. 20.

²³⁰ Allender S et al. The burden of smoking-related ill health in the UK. *Tobacco Control* 2009 18:262-267

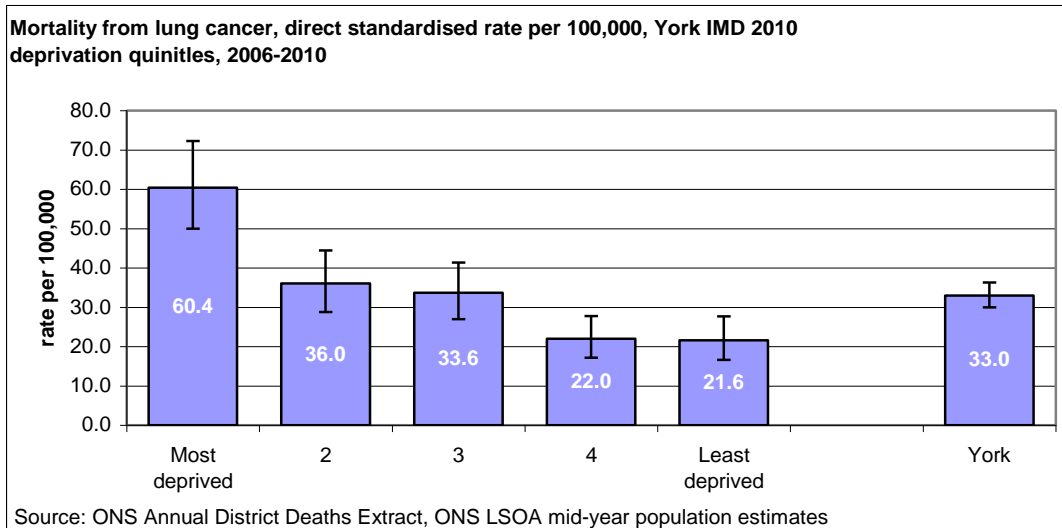


Figure 20: Mortality from lung cancer by deprivation quintile in York

Mental Health

The White Paper *Healthy Lives, Healthy People*²³¹, affirms the importance of good mental health throughout life. The annual report of the Director of Public Health²³² states that many key public health issues have a mental health aspect, so for example in order to tackle obesity and alcohol related illness, the psychological, social and other factors that influence behaviour need to be understood. It is also evident that poor mental health can affect a person's life experience and outcomes in many ways. People recovering from mental ill health need support to help them address both the mental health condition alongside help to overcome barriers to social inclusion including schemes to help them into paid or voluntary employment.

In the process of collating information and data about the health and wellbeing needs of people in York for this JSNA, it became evident from many and varied sources that there are significant and unmet levels of mental health need across the city, particularly at the lower levels of complexity and severity. Whilst information is available in respect of severe mental health needs, it has not been possible at this time to establish a robust picture of the full extent of mental health needs in York. Developing a better picture of mental health needs and improving the ability to meet need has been one of the most strongly articulated areas for action in the JSNA.

²³¹ *Healthy Lives, Healthy People*, Department of health, 2010

²³² The Annual report of the Director of Public Health 2011, NHS North Yorkshire and York

People with mental health needs

It is estimated that at any one time there are approximately 170 individuals suffering with a mental illness for every 1,000 people aged 16 to 74 years in York. This equates to around 25,000 people experience various kinds of mental health problems ranging from anxiety and depression to severe and enduring conditions including dementia and schizophrenia²³³. This is an estimate and therefore may under or over estimate of the true scale of the prevalence.

York has a barracks sited within the City walls, and the UK has been and is still involved in military action in Afghanistan and has been involved in military action in Iraq in recent years. Research has indicated that the most frequently reported mental disorders amongst the UK armed forces personnel are of common mental illnesses and alcohol misuse disorders, and that probable post-traumatic stress disorder was relatively low²³⁴. The national rates appear to be stable however there is no robust data available to identify whether the national results can be applied locally or whether there is a need in this area in York.

Severe and Enduring Mental Illness

This category includes schizophrenia, bipolar affective disorder and other illnesses which have psychosis as a feature. Synthetic estimates suggest that there are likely to be in the region of 304 individuals with a severe and enduring mental illness requiring an unplanned admission in York. However, many of these potential admissions would now be intensively supported and managed in a community setting by Crisis Teams or Community Teams. Whilst this estimate takes into account known predictors of mental illness, basing assumptions solely on this data would be unwise. Therefore other sources were identified.

Data obtained from the Quality and Outcomes Framework identified a recorded prevalence of 0.7% in York residents in 2010-11 which would correspond to approximately 1,400 individuals, compared to the England prevalence for the same period of 0.8%. However, Quality and Outcomes Framework data is not standardised for age or gender, and in terms of mental illness may under estimate the true prevalence due to a reluctance to disclose the information on the part of the patient.

²³³ North East Public Health Observatory – estimates based on 2000 data. Available at: <http://www.nepho.org.uk/gsf.php5?f=704&fv=704> Accessed on 14/02/2012.

²³⁴ Fear N T et al. What are the consequences of deployment to Iraq and Afghanistan on the mental health of the UK armed forces? A cohort study. The Lancet 2010 DOI:10.1016/S0140-6736(10)60672-1

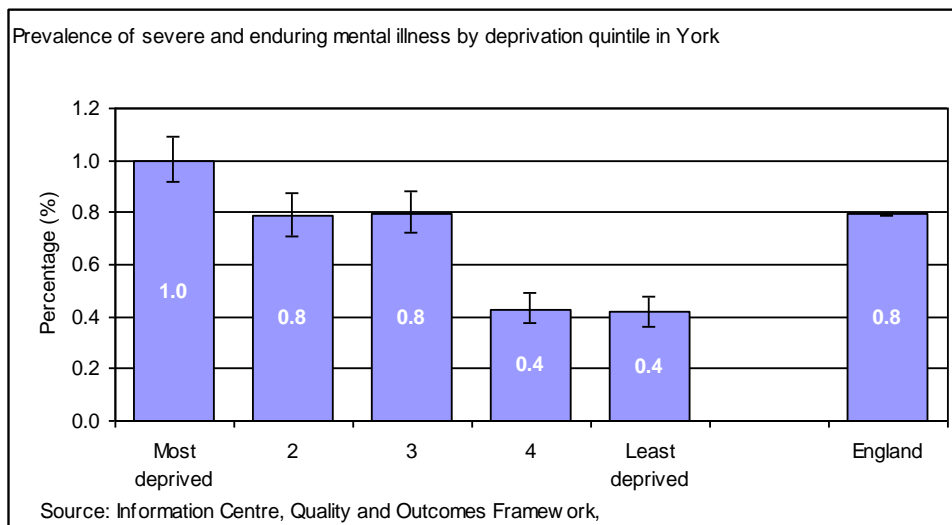


Figure 21: Prevalence of severe and enduring mental illness by deprivation quintile in York

Research has identified poorer outcomes in groups of individuals diagnosed with psychotic disorders, notably increased risks of cardiovascular disease²³⁵. Fig. 21 illustrates the multifactorial nature of psychotic disorders, in that those who are diagnosed with them are more likely to live in deprived communities. It is not possible to identify whether living in a deprived community increases the risk of developing a severe and enduring mental illness, or whether suffering with a severe and enduring mental illness reduces opportunities and increases the risk of living in a more deprived area. Recognising the risk factors for developing a severe and enduring mental illness and the consequences for those with the diagnosis are essential in tackling the longer term issues.

Disability Living Allowance (DLA) figures suggest that the rate of individuals claiming with mental or behavioural problems as a diagnosis has reduced slightly over the period 2005-08²³⁶.

Older Adults

A local North Yorkshire and York Dementia Strategy was produced in 2011. This highlighted two main priorities: early assessment and diagnosis, and care for people with a dementia in general hospitals. The Operating Framework for the NHS in England 2012 - 13 also highlights Dementia and Care for the Elderly as an area that needs particular attention.

²³⁵ McCreadie, R. G. Diet, smoking and cardiovascular risk in people with schizophrenia: Descriptive study. *BJP* 2003, 183:534-539.

²³⁶ NHS Information Centre. Available at: www.ic.nhs.uk accessed 12/12/2011.

An increase in dementia of 68% is forecast in York and North Yorkshire between 2008 and 2025²³⁷. Half of all cases of dementia have a vascular component that can be significantly reduced by improving diet and lifestyle in earlier life²³⁸.

It is estimated that dementia will affect an additional 700 people in York within the next 15 years and that if current service provision continues at same level this means that an additional 105 people could require services.

Table 1 shows the projected number of people in York aged 65 and over predicted to have dementia by 2030.

Dementia – All People	2009	2015	2020	2025	2030
People aged 65-69 predicted to have dementia	105	138	123	132	149
People aged 70-74 predicted to have dementia	212	224	284	257	276
People aged 75-79 predicted to have dementia	382	417	433	561	508
People aged 80-84 predicted to have dementia	603	647	714	761	986
People aged 85 and over predicted to have dementia	1002	1282	1481	1750	2045
Total people 65 and over predicted to have dementia	2304	2708	3035	3461	3964

Table 1: Projections of the number of individuals with dementia over the period 2009-2030
Source: Institute of Public Care 2008²³⁹

The prevalence of dementia recorded by GPs can be identified from Quality and Outcomes Framework data and is 0.4%, compared to 0.5% for England. However, this may not represent the total prevalence of dementia due to families and carers coping without needing to access

²³⁷ Independent Review of Health Services in North Yorkshire and York August 2011

²³⁸ Healthy Lives, Healthy People, Department of health, 2010

²³⁹ Implementing the National Dementia Strategy in York: York Mental Health Partnership and Modernisation Board, 2011

services. There appears to be no discernible gradient in the recorded prevalence of dementia across the deprivation quintiles.

Given the population projections, and the increased incidence of dementia with increasing age, planning for potential need would be an appropriate strategy.

Mild-moderate mental health problems

Identifying evidence for mild-moderate mental health problems has been more challenging as individuals rarely attend health appointments stating that they are depressed. Modelled estimates for mild to moderate mental illness that take into consideration risk factors including deprivation, housing and benefits suggests that the prevalence of these conditions in York would be predicted to be above the England average. Quality and Outcomes Framework data suggests that the diagnosed prevalence of depression in York residents (12.7%) is significantly higher than the England prevalence of 11.2%²⁴⁰. However this may underestimate the true prevalence of mild to moderate mental illness as individuals may not always access support and services. One in four older people in the UK have symptoms of depression requiring professional intervention²⁴¹. There does not appear to be a discernible gradient across the deprivation quintiles in York, illustrated in Fig. 22.

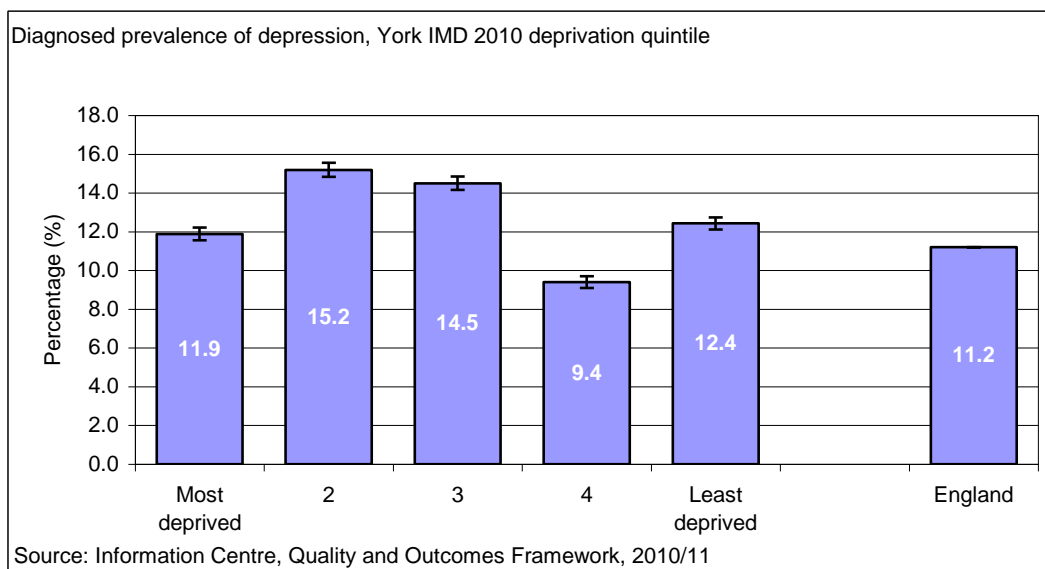


Figure 22: Diagnosed prevalence of depression by deprivation quintile in York

²⁴⁰ Information Centre, Quality and Outcomes Framework. Available at: <http://www.ic.nhs.uk/statistics-and-data-collections/audits-and-performance/the-quality-and-outcomes-framework> accessed 11/01/2012

²⁴¹ Healthy Lives, Healthy People, Department of health, 2010

The prescribing of antidepressant medication has risen steadily over the period 2007-11 for England and also for the Vale of York Clinical Commissioning Group. However, the prescribing data for the Vale of York Clinical Commissioning Group was consistently below the rate for England for the whole of the period²⁴². Using the prescribing of these drugs as a proxy for the number of cases of depression in the population, it could be inferred that there has been a steady rise in the number of individuals suffering with the condition. However, this is not a robust assumption as prescribing decisions are often complex and related to other issues. In addition, the rise may represent a greater awareness of the condition, improvements in access to services or diagnostic tools or a case-finding strategy.

Loneliness

Estimates suggest that around 1 in 10 older people experience chronic loneliness, with people living in deprived areas experiencing much higher rates²⁴³. The Joseph Rowntree Foundation highlights that loneliness can affect people at any time, and for some it can become an overwhelming problem. There has been a recent surge of interest in loneliness, due in part to the link being made between feeling lonely and physical and mental health. Adverse effects on health can include increasing self destructive habits (such as over eating, greater alcohol consumption, smoking), increased exposure to stress and an increased likelihood of people withdrawing and not seeking emotional support. Loneliness affects the immune and cardiovascular systems and can result in sleeping difficulties which in turn have negative effects on metabolic, neural and hormonal regulations.

Loneliness can also severely affect people's mental health. It can be a factor in depression and is a factor in suicide. In addition, the paper refers to evidence that suggests the risk of late-life alzheimer's disease more than doubles in lonely compared to non-lonely people, and is associated with a more rapid cognitive decline.

Loneliness and isolation were cited as concerns by respondents to the York Older People's Assembly. Many social activities require mobility of one kind or another and can be inaccessible to many, whether disabled or not. Some respondents to the assembly also suggested that the use

²⁴² Ad-hoc analysis of prescribing data provided by NHS North Yorkshire and York, SSRI prescribing (ADQ/STAR PU) April 2007- September 2011.

²⁴³ Ad-hoc analysis of prescribing data provided by NHS North Yorkshire and York, SSRI prescribing (ADQ/STAR PU) April 2007- September 2011.

of computers and electronic communication can provide restricted social involvement.²⁴⁴ York Age UK suggest that in addition to providing nutritious food, 'meals on wheels' services are vital in terms of tackling social isolation and monitoring health and welfare²⁴⁵.

Children and young people's mental health

Lime Trees, the child and adolescent mental health service (CAMHS) has identified the following needs: to improve awareness of (and access to) mental health services in schools; to continue with efforts to counter stigma in mental health; and to ensure privacy when young people contact services. Work is also needed to ensure that the transition from CAMHS to adult services is made as trouble free as possible.

Within school settings it is estimated that 10% of 5 to 15 year olds have a diagnosable mental health disorder²⁴⁶ and that this figure has remained stable during the last few years. It is estimated that 40% of children and young people with mental health problems do not receive any specialist services²⁴⁷. In terms of responding to the mental health needs of children, a wide range of local practitioners confirm the value of investing in psychological therapies, such as cognitive behavioural therapies and in building capacity within schools to identify mental health needs and deliver good quality interventions. This has been the rationale for introducing a comprehensive training course for Teaching Assistants called ELSA (Emotional Literacy Support Assistants) to support children with emotional - mental health needs.

Community based mental health workers act as the primary referral source for children and young people with possible mental ill health in the Vale of York Clinical Commissioning Group area. This team receives referrals from a variety of sources including but not limited to schools, Health Visitors, GPs and Paediatricians. There have been inaccuracies in the recording of referrals to this team in the past, however these have now been rectified. The most recent data suggests that the team received 61 referrals in the month of January 2012, the majority of which were received from GP surgeries.

The specialist child and adolescent mental health service (CAMHS) in York received over 1,000 referrals for 2011. These are likely to be

²⁴⁴ York Older People's Assembly Questionnaire, Autumn 2010 (100 respondents aged 50+)

²⁴⁵ York AGE UK report for York's JSNA 2011-12

²⁴⁶ No Health Without Mental Health, Department of Health, 2011

²⁴⁷ The NHS Framework Standard 9: The Mental Health and Psychological Well-being of Children and Young People, DCSF/DH, 2004

individuals who have been seen by community based mental health workers but require more a more specialist service.

Although the majority of children with mental health problems are treated in community services, a comprehensive child and adolescent mental health service (CAMHS) needs access to highly specialised provision including in-patient facilities²⁴⁸. In York, this inpatient service is provided by Lime Trees which accepts admissions from other areas in addition to York. In 2011, Lime Trees admitted 48 young people for in-patient treatment, 23 of whom were from the York and Selby area.

Suicide and deaths due to undetermined injury

Mortality due to suicide and undetermined injury is not a good proxy for the burden of mental health problems, but is included for completeness. Due to the fortunately small numbers rates vary considerably in York. Female rates were below the England rate in 2007 to 2009, and male rates were above for the same period. However, neither of these values were significantly different to the England rates.

Health Protection Activities Screening

Screening is the process of identifying and testing individuals who are at high risk of developing a disease, or have the early stages of a disease but have no symptoms. The aim is to intervene early and improve the longer-term outcomes for individuals and communities. Screening programmes running in North Yorkshire and York are both cancer and non-cancer screening programmes. The cancer screening programmes commissioned by NHS North Yorkshire and York achieve universally high Quality Assurance performance monitoring.

Non-cancer screening

Antenatal screening

All pregnant women should be offered information to help them decide whether or not they wish to participate in the antenatal screening programme. The tests included in the programme include a screening

²⁴⁸ Gowers S G and Cotgrove A J. The future of in-patient child and adolescent mental health services. BJP 2003, 183:479-480.

test for Down's syndrome that meets agreed national standard and an ultrasound scan between 18 weeks and 20 weeks and 6 days gestation to check for physical abnormalities in the unborn baby.

Newborn screening

All parents of newborns should receive information about the newborn screening programme. The programme includes a bloodspot test (also known as a heel prick) for several genetic disorders, congenital hypothyroidism and sickle cell disease. This test is taken between five and eight days after birth²⁴⁹. In addition, all parents of newborn children should be offered a hearing screen for their child within 2 weeks of birth.

Abdominal Aortic Aneurysm screening

An abdominal aortic aneurysm is a swelling of the large blood vessel at the back of the stomach. This swelling can cause the wall of the blood vessel to become stretched and in some cases the swelling can burst requiring emergency surgery and in some cases leading to death. This condition is more common in men and if identified early enough surgery can be performed to reduce the risk of rupture.

The programme will invite all men for screening during the year they turn 65, although men aged over 65 years will be able to self-refer for screening. Men who have an aneurysm detected through screening will be offered treatment or monitoring depending on the size of the aneurysm. The programme has not yet been fully implemented across North Yorkshire and York, but will be completed by March 2013.

²⁴⁹ UK Newborn Screening Programme Centre. <http://newbornbloodspot.screening.nhs.uk/professionals>

Cancer screening

Breast screening

The plot in Fig. 23 illustrates the trend in uptake of breast screening by eligible women aged 50-70 years within the PCT and in England. The plot shows that NHS North Yorkshire and York have consistently screened a greater proportion of the eligible population than the England rate. However the general trend appears to be downwards with fewer screened in 2009-10 than in 2002-03, although the trend for England is similar²⁵⁰.

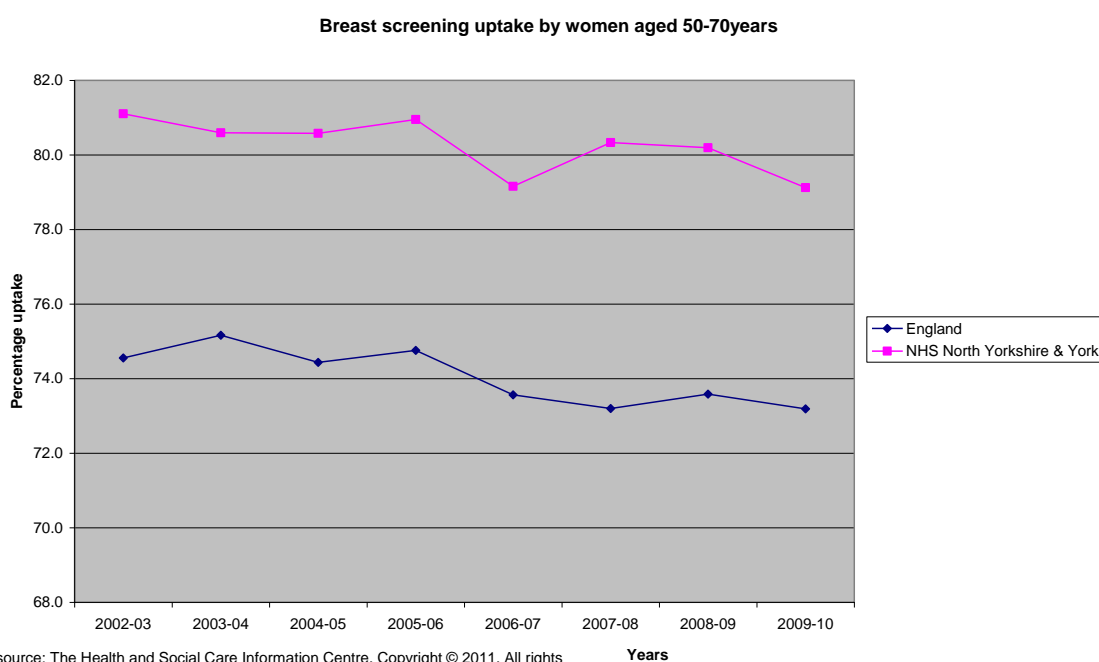


Figure 23: Breast screening uptake by women aged 50-70 years in NHS North Yorkshire and York

The incidence of breast cancer in York for 2007-09 was not significantly different to the England rate at 120 breast cancers per 100,000 of the population aged under 75 years²⁵¹. Similarly the death rate associated with breast cancer in York for 2008-10 was not significantly different to the England rate at 17 deaths per 100,000 of the population aged under 75 years²⁵². In spite of these rates being similar to the England rate, the downward trend in the uptake of breast screening should be a cause for caution.

²⁵⁰ NHS Information Centre. Available at http://www.ic.nhs.uk/cmsincludes/process_document.asp?sPublicationID=1298286145290&sDocID=6647 accessed on 27/02/2012

²⁵¹ NHS Information Centre. Available at https://indicators.ic.nhs.uk/download/NCHOD/Data/16A_033DR0074_09_V1_D.xls accessed on 07/03/2012

²⁵² NHS Information Centre. Available at https://indicators.ic.nhs.uk/download/NCHOD/Data/16B_034DR0074_10_V1_D.xls accessed on 07/03/2012

Cervical Screening

25-49 years

For the period 2010-11, 77.4% of the eligible population in NHS North Yorkshire and York were screened, which was significantly higher than the England rate for the same period (73.7%). The NHS North Yorkshire and York result for 2010-11 was significantly lower than the 2009-10 result of 78%²⁵³. However, prior to 2009-10 the coverage had been steadily rising from 76.3% in 2007-08. The increase over the period 2007-08 to 2009-10 may represent the effect on screening uptake of high profile cases of cervical cancer in addition to awareness raising within the NHS.

50-64 years

A significantly higher proportion of eligible women in NHS North Yorkshire and York compared to England in the 50-64 years age group underwent screening in 2009-10 (80.5% vs. 78.9%) and in 2010-11 (78.9% vs. 78.0%). However, the trend appears to be downward with a significantly smaller proportion of women undertaking screening in 2010-11 compared to the coverage for the years since 2007-08 of 83.5%. This follows the England trend but uptake in York is significantly higher²⁵⁴.

The incidence of cervical cancers in York for the period 2007-09 was significantly lower than the England rate for the same period at 5.44 cervical cancers per 100,000 of the population aged under 75 years²⁵⁵. However, the death rate for cervical cancer for 2008-10 was not significantly different to the England rate for the same period at 1.7 deaths per 100,000 women aged under 75 years²⁵⁶. Whilst the death rate for cervical cancer was not significantly different to the England rate, the downward trends in cervical screening uptake may be a cause for caution.

²⁵³ NHS Information Centre. Available at http://www.ic.nhs.uk/cmsincludes/process_document.asp?sPublicationID=1322038333522&sDocID=7190 accessed 27/02/2012

²⁵⁴ NHS Information Centre. Available at http://www.ic.nhs.uk/cmsincludes/process_document.asp?sPublicationID=1322038333522&sDocID=7190 accessed 27/02/2012

²⁵⁵ NHS Information Centre. Available at https://indicators.ic.nhs.uk/download/NCHOD/Data/17A_039DR0074_09_V1_D.xls accessed on 07/03/2012

²⁵⁶ NHS Information Centre. Available at https://indicators.ic.nhs.uk/download/NCHOD/Data/17B_040DR0074_10_V1_D.xls accessed on 07/03/2012

Bowel Cancer Screening

Colorectal cancers are the third most common cancers in the UK after breast and lung and in the region of 100 new cases of colorectal cancer are diagnosed each day. Almost three-quarters of colorectal cancer cases occur in people aged 65 and over²⁵⁷ and given the projected population changes for the City of York this is likely to have an impact on future planning. The NHS bowel cancer screening programme is being implemented locally and offers screening every two years to all men and women aged 60 to 69 years. Local data on the performance of the screening programme is not currently available, but it is envisaged that it will inform future iterations of the JSNA.

The incidence rate for the rolling period 2007-09 was 32 new colorectal cancers per 100,000 of the population. This was not significantly different to the rate for the period 2006-08, nor was it significantly different to the England rate for the same period²⁵⁸. The death rate attributed to colorectal cancer of 10 deaths per 100,000 of the population for the period 2008-10 was also not significantly different to the England rate for the same period. However, the incidence rate presented here relates to clinically apparent cancers in the majority of cases. When the results of the first cycle of the bowel screening programme are available it would be expected that the incidence rate would rise.

²⁵⁷ Colorectal cancer: the diagnosis and management of colorectal cancer. NICE November 2011

²⁵⁸ NHS Information Centre. Available at https://indicators.ic.nhs.uk/download/NCHOD/Data/13A_046DR0074_09_V1_D.xls accessed on 6th March 2012

Vaccinations

The national immunisation programme aims to improve the control of infectious diseases through vaccination²⁵⁹. The aim is usually to achieve a vaccine coverage of 95% to make sure communities benefit from 'herd immunity', where the indirect protection from infection of susceptible members of the population, and the protection of the population as a whole is brought about by the presence of immune individuals²⁶⁰.

Childhood Vaccinations

For the period 2009-10 the childhood vaccine coverage for York practices in 1 year-olds has dropped from 96% to 95%, however this is still above the recommended level to afford herd immunity. The measles mumps and rubella (MMR) coverage for 2 year-olds for the same period has remained stable at 91%²⁶¹. The Health Protection Agency produced a regional report and noted that 85% of children had received two doses of MMR by the age of five years in Yorkshire and The Humber in 2009-10²⁶².

The coverage of childhood vaccines for children at 5 years-old in York practices was 85% for 2009-10. This is not comparable to previous figures as it relates to the full rather than primary course.

Seasonal Influenza Vaccination

The annual seasonal influenza vaccination is offered to targeted groups within the population, including those with specific long-term conditions and those over the age of 65 years.

In 2008-09, the influenza vaccination rate in people over the age of 65 years in York was 79%, which compared well with the PCT rate of 76% and the England rate of 74%²⁶³.

²⁵⁹ Salisbury, D, Ramsay, M, Noakes, K Eds. Immunisation against infectious disease. Department of Health, 2006 (Updated 2011). Available at: http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131000.pdf accessed 11/01/2012

²⁶⁰ Health Protection Agency. Available at: http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1279889319696 accessed 11/01/2012

²⁶¹ NHS North Yorkshire and York. COVER data.

²⁶² Coole L, Wensley A, *Measles, Mumps and Rubella Annual Report 2010*. Health Protection Agency Yorkshire and the Humber, October 2011

²⁶³ Health Protection Agency. ImmForm.

During the 2010-11 vaccination period, the uptake rate for York was 74.0% compared to the England rate of 72.8%. This seems to be a small drop in the uptake of the seasonal influenza vaccine, which will need monitoring in the future.

Sexual Health

The Yorkshire and Humber regional office of the Health Protection Agency produced a sexual health needs assessment for the region in 2010²⁶⁴. The needs assessment identified that young people, BME communities, and men who have sex with men are key target groups for any work on sexually transmitted infection prevention.

Chlamydia

Currently, an accurate estimate of the population prevalence of chlamydia is unavailable and the degree to which the prevalence of chlamydia varies between areas is unknown. The National Chlamydia Screening Programme (NCSP) commenced in 2003 with the objective of controlling chlamydia through the early detection and treatment of asymptomatic infection. The programme targets young people in the 15-24 years age group. Over the period 2009-10 the proportion of young people screened has risen from 16.2% to 27.7% of the population aged 15-24 years, which was significantly lower than the England averages of 25.9% and 32.6% for the same period²⁶⁵. However, the focus of the programme has shifted to considering both the proportion screened and the proportion of those screened that tested positive.

The annual diagnosis rate of chlamydial infection has increased between 2009 and 2010 from 1611 to 1900 per 100,000 young people aged 15-24 years²⁶⁶. The aim of the NCSP is to raise the annual diagnosis rate to between 2,400 and 3,000 per 100,000 young people, which should reduce the overall prevalence. Therefore, this increase in the annual diagnosis rate should be seen as a positive indicator.

²⁶⁴ Yorkshire and Humber Health Protection Agency. Yorkshire and the Humber sexual health needs assessment 2010

²⁶⁵ National Chlamydia Screening Programme. Available at: http://www.chlamydia-screening.nhs.uk/ps/data/data_tables.html accessed 09/01/2012

²⁶⁶ HPA Sexual Health profiles. Accessed at:

<http://profiles.hpa.org.uk/IAS/dataviews/report/fullpage?viewId=40&reportId=38&indicator=i357&date=2010> on 26th January 2012.

Other sexually transmitted infections

The prevalence of gonorrhoea in York has risen from 3 to 5 per 100,000 from 2009 to 2010, but this rise is not significant²⁶⁷. Similarly, the prevalence of syphilis in York is stable at 3 cases per 100,000 population²⁶⁸. However, there has been a significant rise in the prevalence of genital warts in York between 2009 and 2010, from 110 to 141 per 100,000 of the population²⁶⁹.

HIV/AIDS

HIV has the potential to affect all of society, and early diagnosis of HIV infection will be one of the national Public Health outcome indicators for 2013-16. HIV testing is predominantly offered through genitourinary medicine (GUM) clinics and a HIV prevention service. In 2010, 64% of women who attended GUM clinics in York accepted the offer of a HIV test, with 68% of heterosexual men and 94% of men who have sex with men taking up the offer of HIV testing²⁷⁰. Regional data suggests that new diagnoses of HIV remain relatively low and that 48% of new cases were in the black African community, with the infection being acquired heterosexually. In spite of this, 25% of new cases were in men who have sex with men. In 2008, 35% of those diagnosed in the region presented as late diagnoses²⁷¹, in York this was more than 50% of new diagnoses for the period 2008-10 and therefore more work needs to be done to diagnose HIV infections earlier.

Over the period 2002 to 2010 there has been a significant rise in the prevalence of HIV in York²⁷². This is in line with national trends. Improvements in the management of HIV have dramatically improved peoples chances of survival and therefore the number of individuals with HIV/AIDS has increased. Currently there are 133 patients accessing treatment and care from the York service.

²⁶⁷ HPA Sexual Health profiles. Accessed at: <http://profiles.hpa.org.uk/IAS/dataviews/report/fullpage?viewId=40&reportId=38&indicator=i357&date=2010> on 26th January 2012.

²⁶⁸ Ibid.

²⁶⁹ Ibid.

²⁷⁰ Ibid.

²⁷¹ Defined as an individual with HIV and a CD4 count of less than 350cells/mm³

²⁷² HPA Sexual Health profiles. Accessed at: <http://profiles.hpa.org.uk/IAS/dataviews/report/fullpage?viewId=40&reportId=38&indicator=i357&date=2010> on 26th January 2012.

Annex 1

Membership of York's Shadow Health and Wellbeing Board

Cllr. Tracey Simpson-Laing, Deputy Leader of City of York Council (CYC)

Cllr. Janet Looker, Cabinet Member for Education, Children and Young People's Services, City of York Council

Cllr. Sian Wiseman, City of York Council

Kersten England, Chief Executive of City of York Council

Pete Dwyer, Director Adults, Children & Education, City of York Council

Jayne Brown, Chief Executive of NHS York and North Yorkshire PCT

Dr. Mark Hayes, Chair of Vale of York Commissioning Consortium

Rachel Potts, York Locality Director, NHS North Yorkshire and York PCT

Rachel Johns, Associate Director of Public Health and Locality Director for York, NHS North Yorkshire and York PCT

Jane Perger, York Local Involvement Network (LINK) Representative

Patrick Crowley, Chief Executive of York Hospital

Chris Butler, Chief Executive of Leeds and York Mental health Trust

Mike Padgham, Chair Independent Care Group

Angela Harrison, Chief Executive of York Council for Voluntary Services

Please Note: Membership details correct as of April 2012