

Item Number: 6

**NHS VALE OF YORK CLINICAL  
COMMISSIONING GROUP**

**GOVERNING BODY MEETING**



**Vale of York**

***Clinical Commissioning Group***

**Meeting Date: 4 July 2013**

**Report Sponsor:**

Dr Paul Edmondson-Jones  
Director of Public Health

**Report Author:**

Dr Paul Edmondson-Jones

**1. Title of Paper: Public Health Report**

**2. Strategic Objectives supported by this paper**

1. Improve healthcare outcomes
2. Reduce health inequalities

**3. Executive Summary**

Not applicable

**4. Evidence Base**

Not applicable

**5. Risks relating to proposals in this paper**

Not applicable

**6. Summary of any finance / resource implications**

Not applicable



**7. Any statutory / regulatory / legal / NHS Constitution implications**

Not applicable

**8. Equality Impact Assessment**

Not applicable

**9. Any related work with stakeholders or communications plan**

Not applicable

**10. Recommendations / Action Required**

The Governing Body is asked to note the Public Health Report.

**11. Assurance**

Not applicable



## **Public Health Report – June 2013**

### **1. Introduction**

- 1.1 A monthly Public Health Report will be produced to update the City of York Health & Well-being Board, City of York Council and Vale of York CCG on the health and well-being of the resident population of the City of York and, where that is possible, the wider registered population of the Vale of York CCG.
- 1.2 The report will provide an update on the various individual indicators within the Public Health Outcomes Framework (PHOF) as and when there is new information to hand. Some indicators may be able to be updated monthly or quarterly whereas others will be annually.
- 1.3 The aim will be to provide a more formal 6 monthly update on the whole PHOF with an overarching commentary on performance and direction of travel. The monthly Report will also include any items of special interest that have occurred or been announced over the preceding month.
- 1.4 The PHOF and its supporting data and information will generally be produced by Public Health England (PH(E)) at Upper Tier Local Authority level although there may be some data that is available at a CCG level. This means that the majority of the information will be readily available for the City of York but it may be impossible or difficult to provide it for the Vale of York – we will need to learn over next 12 months the extent to which it is possible to take a CCG wide view.

### **2. Public Health Outcomes Framework**

- 2.1 During June, the key publication relating to the PHOF was the launch of a new website, Longer Lives, by (PH(E)). This publicly accessible website allows local people to easily see information for all local authority areas across the country about premature deaths from heart disease and stroke, cancer, respiratory disease and liver disease. In time, more causes of early death will be added to the site.
- 2.2 The Report from PH(E) demonstrates wide variation across the country and overall shows that the North of England has a higher overall risk of early death than the South. While much of this variation is due to the wider determinants of health like housing, poverty, employment, access to green spaces and education, it is clear that a person's risk of dying early is closely related to the harm done by alcohol, smoking and obesity in particular. The Report is clear that two thirds of these deaths are preventable.

- 2.3 England's premature mortality rate places the country 7<sup>th</sup> out of 17 European Countries for men and 15<sup>th</sup> for women, which highlights that much needs to be done to improve this. Overall, the best local authority nationally out of 150 (Isles of Scilly and City of London excluded) was Wokingham (200.3 premature deaths per 100,000 population per annum) and the worst was Manchester (455 premature deaths per 100,000 population per annum).
- 2.4 In terms of local rankings, North Yorkshire was 34<sup>th</sup> (236.9 premature deaths per 100,000), East Riding was 43<sup>rd</sup> (245.2 per 100,000) and City of York was 54<sup>th</sup> (252.2 per 100,000) which places all three authorities in the "best" category nationally.
- 2.5 For the City of York this means there about 500 premature deaths a year of which approximately one a day or 365 a year are preventable. For the Vale of York CCG this means there are likely to be about 750 premature deaths of which approximately 500 are preventable.
- 2.6 In terms of the key killer disease groups:
- City of York fares best for Liver Disease and CHD & Stroke (24<sup>th</sup> and 39<sup>th</sup> nationally) and worst for Lung Disease and Cancer (68<sup>th</sup> and 70<sup>th</sup> nationally).
  - North Yorkshire fares best for Liver Disease and Lung Disease (19<sup>th</sup> and 36<sup>th</sup> nationally) and worst for Cancer and CHD & Stroke (37<sup>th</sup> and 43<sup>rd</sup> nationally).
  - East Riding fares best Liver Disease and Cancer (42<sup>nd</sup> and 43 nationally) and worst for CHD & Stroke and Lung Disease (48<sup>th</sup> and 56<sup>th</sup> nationally).
- 2.7 Of course the major killers do not contribute equally to the premature and preventable deaths – about 40% are due to Cancer, 20% due to CHD & Stroke, 10% to Lung Disease and 5% to Liver Disease. There are about 25% of premature deaths due to a variety of other causes or cannot be attributed to a specific cause.
- 2.8 That means that for Vale of York CCG there are 500 preventable deaths a year due to cancer and CHD & Stroke, of which 365 are preventable. The Public Health team will work with CCG colleagues to produce a clear strategy that aims to reduce the overall number of premature deaths, concentrating on those that are preventable.

### **3. Action Required**

The Governing Body is asked to note the Public Health Report.