

**Background**

Potential years of life lost (PYLL) represents the estimated number of potential years not lived by people who die before reaching a given age due to lack of timely and effective healthcare. A high PYLL rate suggests that review of or reinvestment in current healthcare for amenable causes would be advisable. A list of causes that are considered amenable to healthcare can be found on the last page of this document.

PYLL from causes considered amenable to healthcare (NHSOF indicator 1a and CCGOIS indicator 1.1) is a summary measure of directly age standardised (DSR) premature mortality per 100,000 registered population. It is one of the key outcome measures included in the five year strategic plan (2014/15 to 2018/19) set out by NHS England.

**PYLL (DSR), unless otherwise stated in this paper, refers to a DSR per 100,000 registered population.**

**Key findings:**

- Latest estimates, for 2014, show a reduction in the rate of PYLL for both males and females;
- The rate of PYLL for males in Torbay is expected to be higher than the England average in 2014;
- There is a significant gap between males and females in the rate of PYLL;
- The majority of premature deaths contributing to PYLL are in the 65 to 74 year age group;
- Males living in Torquay have the highest PYLL rate compared to all other GP localities;
- Ischaemic Heart Disease is the primary cause of PYLL in males;
- The Lifestyles contract in Torbay includes targeting of higher risk populations.

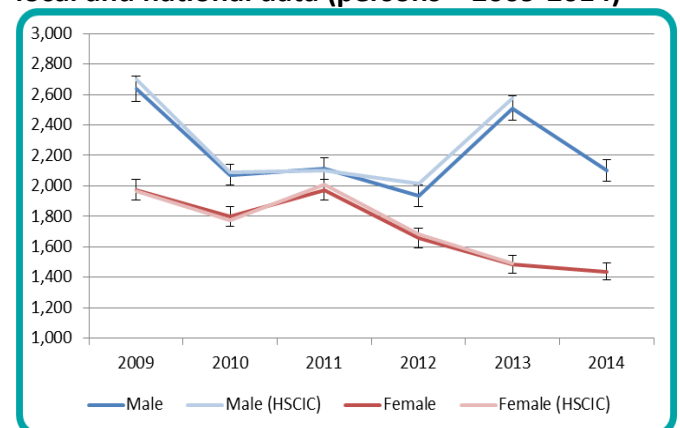
**PYLL estimates (DSR per 100,000)**

Official data from the Health and Social Care Information Centre (HSCIC) shows that PYLL per 100,000 registered males and females in South Devon & Torbay (SD&T) has generally decreased since 2009 (Figure 1). However there was a noticeable increase in the rates for males in 2013 and females in 2011.

Figure 1 shows that the local approach to calculating PYLL mirrors the official estimates. Based on 95% confidence intervals; local and national values are not significantly different.

This quality assurance enables an estimate of PYLL for 2014 of around 2,100 per 100,000 males and around 1,440 per 100,000 females. This methodology has been used to inform the intelligence in this document.

**Figure 1: Annual PYLL (DSR) comparison between local and national data (persons – 2009-2014)**



Source: Primary Care Mortality Database, 2009-2014. HSCIC 2009-2013

**Premature deaths (count)**

The PYLL measure is calculated, in part, using counts of premature deaths (under 75 years of age) from causes considered amenable to healthcare. In 2014 there were 283 deaths in SD&T, including 153 deaths in Torbay (Table 1).

Based on a three year average (2012-2014); around 60% of deaths are in males and 40% of deaths are in females in SD&T.

**Table 1: Count of annual deaths from causes considered amenable to healthcare by sex and location**

Year	Males		Females	
	SD&T	Torbay	SD&T	Torbay
2009	192	104	133	65
2010	172	88	128	70
2011	165	87	137	77
2012	156	85	117	63
2013	190	109	113	48
2014	169	98	114	55

Source: Primary Care Mortality Database, 2009-2014

The majority, over half, of male and female deaths are in the older age group (65-74) shown below.

**Table 2: Average count of deaths from causes considered amenable to healthcare by age, sex and location (2012-2014)**

Age group (years)	Males		Females	
	SD&T	Torbay	SD&T	Torbay
<35	<5	<5	<5	<5
35-44	8	5	5	<5
45-54	20	14	13	6
55-64	49	25	30	13
65-74	91	52	64	34
75+	<5	<5	0	0
<b>Total</b>	<b>172</b>	<b>97</b>	<b>115</b>	<b>55</b>

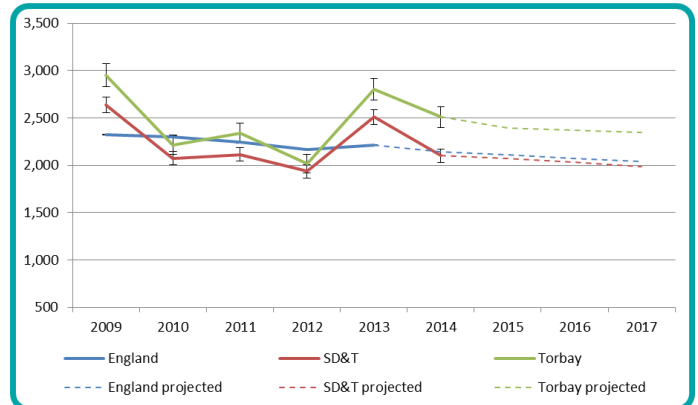
Source: Primary Care Mortality Database, 2012-2014  
<5 denote suppression for counts less than 5

**Projected PYLL – Males**

Using a simple linear projection based on 6 year trend; PYLL per 100,000 males is expected to decrease from 2014 to 2017 (Figure 2). PYLL for SD&T tends to be similar to the England average.

Since 2013, PYLL has been higher in Torbay compared to England. This is expected to continue to be the case up to 2017.

**Figure 2: Annual PYLL (DSR) projections for males**



Source: Primary Care Mortality Database, 2009-2014. HSCIC 2009-2013

In Torbay, there was a noticeable increase between 2012 and 2013 (Figure 2). Proportionately there were 28% more male deaths in Torbay in 2013 than in 2012; or 24 actual deaths. In 2014, the number of mortalities in Torbay decreased to 98.

The 2012 to 2013 increase in male deaths was due to noticeable increases in Cerebrovascular Disease and Respiratory Disease (Table 3). Pneumonia contributes to almost all (93%) of the Respiratory Disease group used for PYLL.

**Table 3: Count of male deaths from the main condition groups contributing to PYLL (2012-2014)**

Condition group	SD&T			Torbay		
	2012	2013	2014	2012	2013	2014
Ischaemic heart disease	67	98	83	42	53	45
Neoplasms	32	36	19	15	19	10
Cerebrovascular disease	19	25	22	7	17	12
Respiratory disease	15	18	15	9	15	9
Other amenable	23	13	30	12	5	22
<b>Total</b>	<b>156</b>	<b>190</b>	<b>169</b>	<b>85</b>	<b>109</b>	<b>98</b>

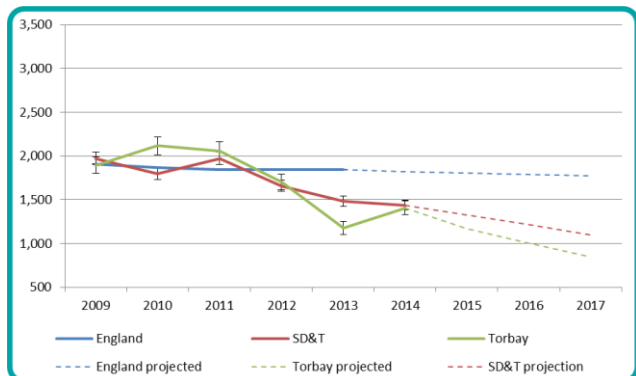
Source: Primary Care Mortality Database, 2012-2014

**Projected PYLL – Females**

Using a simple linear projection based on 6 year trend; PYLL per 100,000 females is expected to continue to decrease from 2014 to 2017. PYLL for

both SD&T and Torbay has been below the England average since 2012 (Figure 3).

**Figure 3: Annual PYLL (DSR) projections for females**



Source: Primary Care Mortality Database, 2009-2014. HSCIC 2009-2014

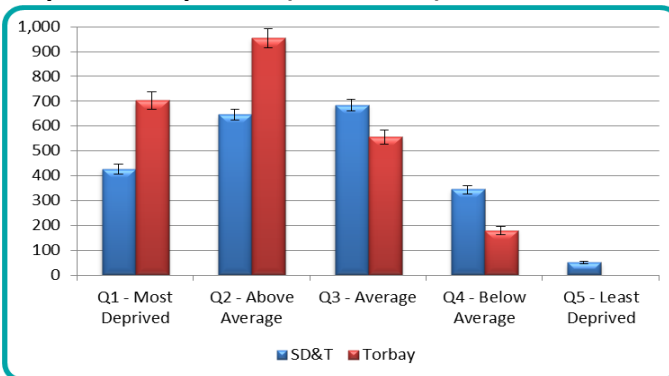
In Torbay, a noticeable increase in PYLL occurred for females between 2013 and 2014 (Figure 3). Compared to 2013, there was an increase in female Hypertensive and Pneumonia related deaths in Torbay in 2014. Due to small numbers counts cannot be reported.

**Inequalities**

PYLL in males shows a social gradient in both SD&T and Torbay. Registered patients living in areas within the 40% most deprived in England have higher PYLL rates per 100,000 registered patients than those living in less deprived areas. Figure 4 shows PYLL (DSR) in males by national deprivation quintile for SD&T and Torbay. This is predominately driven by Ischaemic heart disease.

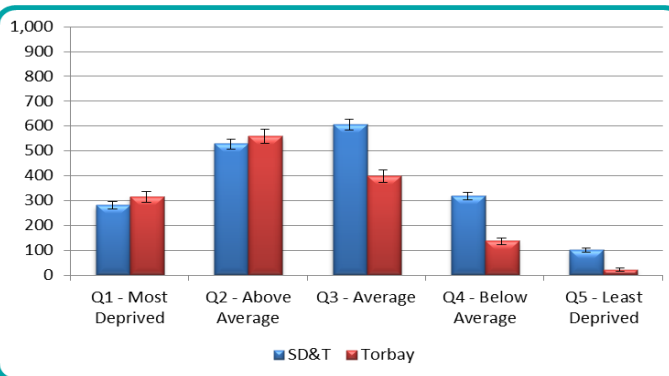
In females, there is less variation between deprivation quintiles across SD&T and across Torbay; with similar rates given for the most deprived (Q1) and below average (Q4) deprivation areas. Overall there are higher PYLL (DSR) in females living in above average (Q2) and average (Q3) deprivation areas as shown in Figure 5.

**Figure 4: PYLL (DSR) in males by national deprivation quintile (2012-2014)**



Source: Primary Care Mortality Database, 2012-2014. English Indices of Deprivation, 2010.

**Figure 5: PYLL (DSR) in females by national deprivation quintile (2012-2014)**

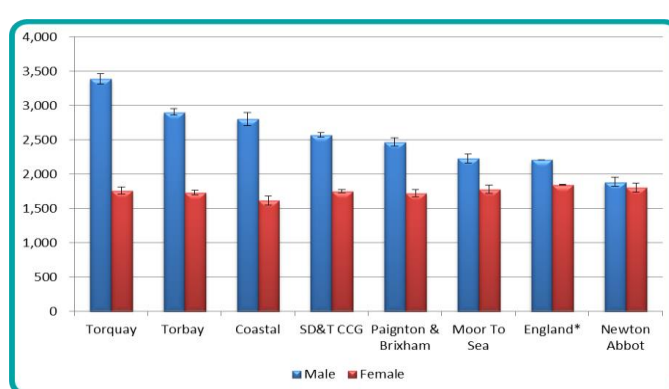


Source: Primary Care Mortality Database, 2012-2014. English Indices of Deprivation, 2010.

**Localities**

The sex and GP localities that are most affected by PYLL are males in Torquay, Coastal and Paignton and Brixham. All of the aforementioned localities are significantly higher than the England average as shown in Figure 6.

**Figure 6: PYLL (DSR) by sex and locality (2009-14)**

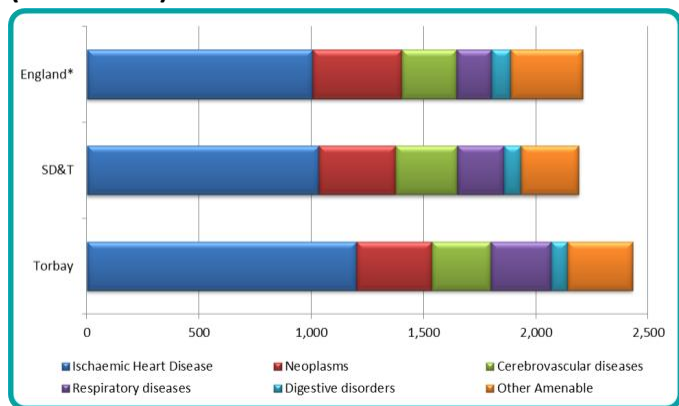


Source: Primary Care Mortality Database, 2009-2014. HSCIC 2009-2013\*

**Condition groups contributing to PYLL - Males**

Nationally, Ischaemic Heart Disease was the biggest contributor to PYLL for males. This is also reflected in SD&T and Torbay as shown in Figure 7 and Table 4 on the next page.

**Figure 7: PYLL (DSR) in males by condition group (2012-2014)**



Source: Primary Care Mortality Database, 2012-2014. HSCIC 2011-2013\*

Torbay had higher rates (per 100,000 registered males) for Ischaemic Heart Disease and Respiratory Disease (predominantly Pneumonia) contributing to PYLL compared to both SD&T and England.

**Table 4: Condition groups contributing to PYLL (DSR) in males (2012-2014)**

Condition Group	England*	SD&T	Torbay
Ischaemic heart disease	1,006	1,034	1,201
Neoplasms	396	341	335
Cerebrovascular disease	243	276	264
Respiratory disease	157	205	269
Digestive disease	86	77	71
Other amenable	321	258	290
<b>Total</b>	<b>1,887</b>	<b>1,932</b>	<b>2,140</b>

Source: Primary Care Mortality Database, 2012-2014. HSCIC 2011-2013\*

The main causes of male deaths from Ischaemic Heart Disease are listed as follows:

- Atherosclerotic heart disease (40%)
- Unspecified chronic ischaemic heart disease (32%)
- Unspecified acute myocardial infarction (27%)

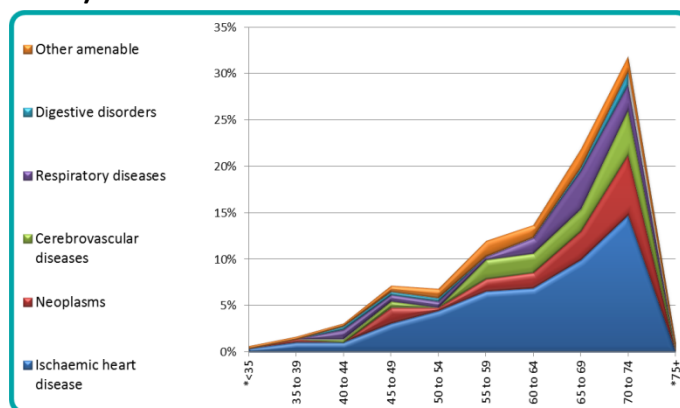
The main causes of male deaths from Neoplasms are listed as follows:

- Malignant neoplasms of colon and rectum (64%)
- Malignant neoplasms of bladder (16%)
- Malignant neoplasms of skin (15%)

**Condition groups by age (proportion) – Males**

Over half (54%) of all male deaths occur between the ages of 65 and 74 years. Ischaemic Heart Disease deaths consistently increase from 40 years of age (Figure 8).

**Figure 8: Proportion of male deaths contributing to PYLL (DSR) by condition group and age (2012-2014)**



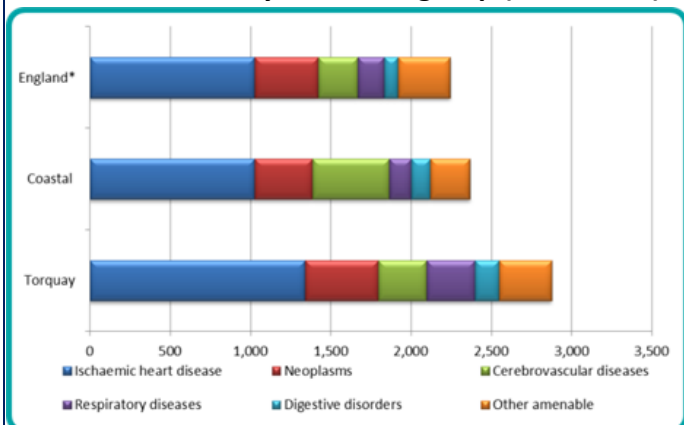
Source: Primary Care Mortality Database, 2012-2014  
\*There are very few <35 year and +75 years deaths which are classed as 'amenable' within the PYLL measure (refer to the list on the last page)

**Condition groups contributing to PYLL – Males in Torquay and Coastal localities**

Males in Torquay and Coastal localities have the highest PYLL rates in SD&T. For almost all condition groups, Torquay had a higher PYLL rate (per 100,000 registered males) compared to England (shown in Figure 9 and Table 5 on the following page).

Coastal locality had more deaths from Cerebrovascular (predominantly Intracerebral Haemorrhage) and Digestive diseases (mostly Acute Pancreatitis) compared to England as shown in Figure 9 and Table 5 on the following page).

Figure 9: PYLL (DSR) in males in Torquay and Coastal localities by condition group (2009-2014)



Source: Primary Care Mortality Database, 2012-2014. HSCIC 2011-2013\*

Table 5: DSR condition groups contributing to PYLL (DSR) in males in Torquay and Coastal (2009-2014)

Condition Group	England*	Coastal	Torquay
Ischaemic heart disease	1,027	1,026	1,343
Neoplasms	394	360	453
Cerebrovascular disease	249	479	302
Respiratory disease	163	136	299
Digestive disease	86	121	153
Other amenable	324	247	326
<b>Total</b>	<b>2,244</b>	<b>2,368</b>	<b>2,876</b>

Source: Primary Care Mortality Database, 2009-2014. HSCIC 2009-2013

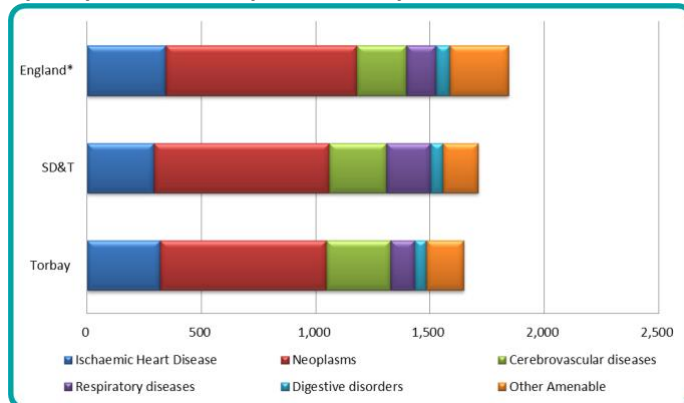
The main causes of male deaths from Ischaemic Heart Disease and Neoplasms are the same as for SD&T and Torbay listed on the previous page.

### Condition groups contributing to PYLL – Females

Nationally, Neoplasms were the biggest contributor to PYLL for females. Based on a three year average (2012-2014); SD&T and Torbay have less deaths contributing to their PYLL values from Neoplasms (see Figure 10 and Table 6).

SD&T had a higher PYLL rate (per 100,000 registered females) of Respiratory Disease (predominantly Pneumonia) deaths contributing to its PYLL value compared to England. In Torbay there were more Cerebrovascular Disease deaths contributing to PYLL compared to England.

Figure 10: Condition groups contributing to PYLL (DSR) in females (2012-2014)



Source: Primary Care Mortality Database, 2012-2014. HSCIC 2011-2013\*

Table 6: Condition groups contributing to PYLL (DSR) in females (2012-14)

Condition Group	England*	SD&T	Torbay
Neoplasms	837	766	727
Ischaemic heart disease	343	292	319
Cerebrovascular disease	218	252	282
Respiratory disease	128	193	105
Digestive disease	61	55	51
Other amenable	258	154	164
<b>Total</b>	<b>1845</b>	<b>1712</b>	<b>1648</b>

Source: Primary Care Mortality Database, 2012-2014. HSCIC 2011-2013\*

The main causes of female deaths from Neoplasms are listed as follows:

- Malignant neoplasms of breast (57%)
- Malignant neoplasms of colon and rectum (30%)
- Malignant neoplasms of skin (6%)

The main causes of female deaths from Ischaemic Heart Disease are the same as for males but with different proportions:

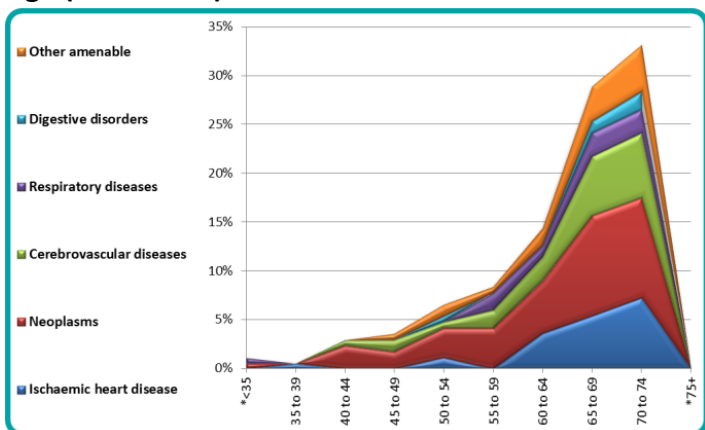
- Unspecified acute myocardial infarction (37%)
- Atherosclerotic heart disease (34%)
- Unspecified chronic ischaemic heart disease (29%)

### Condition groups by age (proportion) – Females

More than 3 in 5 (62%) female deaths occur between the ages of 65 and 74 years (Figure 11).

Deaths from Neoplasms generally increase from 35 years of age.

**Figure 11: Proportion of female deaths contributing to PYLL (DSR) by condition group and age (2012-2014)**



Source: Primary Care Mortality Database, 2012-2014  
\*There are very few <35 year and +75 years deaths which are classed as 'amenable' within the PYLL measure (refer to the list on the last page)

**Unmet need**

The difference between the number of patients on the GP disease register and the estimated prevalence based on the demographic structure of the population represents the potential hidden need within the population. Table 7 suggests the volume of missing people from primary care disease registers.

**Table 7: count of South Devon and Torbay's missing '000s (2012/13)**

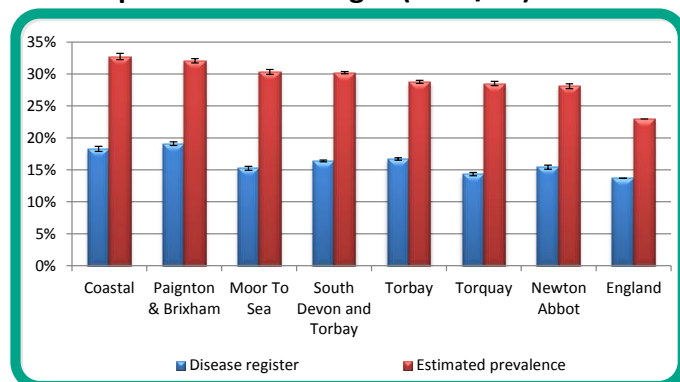
	SD&T	Torbay
Hypertension	38,700	17,100
Ischaemic Heart Disease (CHD)	6,400	3,500
Diabetes	5,000	1,900

Source: GP Disease registers (HSCIC), Disease prevalence models, APHO 2011

**N.B.** The prevalence estimates are taken from 2011 estimates, whilst the disease register data is for 2012/13 – This subtle difference in time periods, at a population level, isn't expected to make much difference.

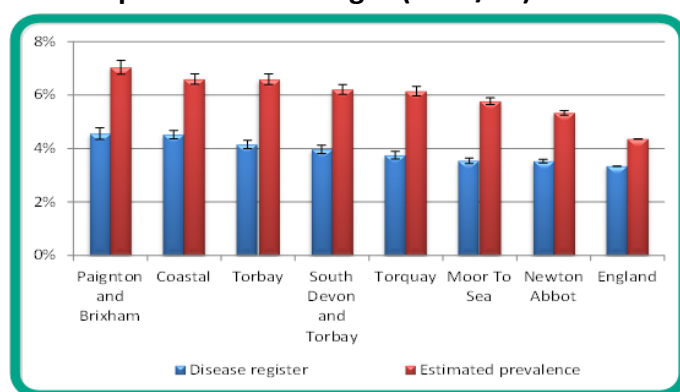
Across SD&T there are estimated to be around 38,700 individuals with high blood pressure and 6,400 individuals with Ischaemic Heart Disease/Coronary Heart Disease that aren't known or being managed by their GP (Figure 12 and 13 respectively).

**Figure 12: Hypertension disease register against disease prevalence – all ages (2012/13)**



Source: GP Disease registers (HSCIC), Disease prevalence models, APHO 2011

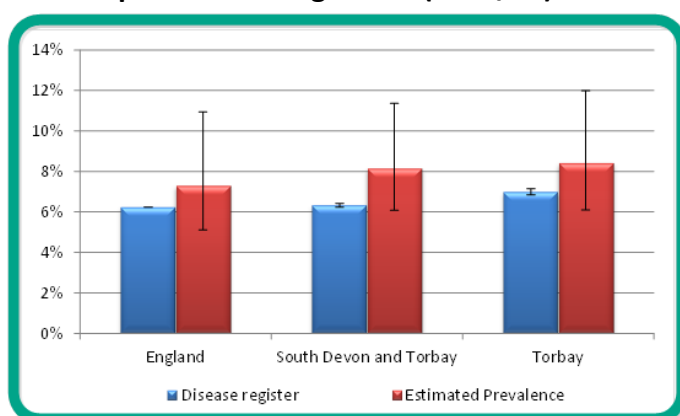
**Figure 13: Ischaemic heart disease register against disease prevalence – all ages (2012/13)**



Source: GP Disease registers (HSCIC), Disease prevalence models, APHO 2011

Estimates suggest that 3 out of 4 people with diabetes (aged 17 and over) are known to their GP, however this also indicates that around 5,000 people across SD&T have diabetes and aren't known to their GP (Figure 14).

**Figure 14: Diabetes disease register against disease prevalence – aged 17+ (2012/13)**



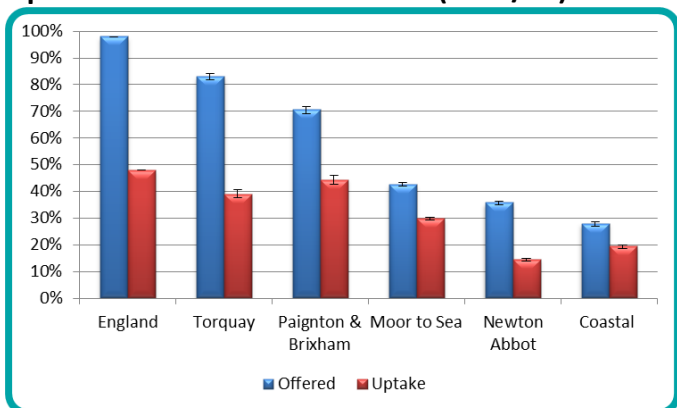
Source: GP Disease registers (HSCIC), Disease prevalence models, APHO 2011

## NHS Health Checks

The NHS Health Check is aimed at adults in England between the ages of 40 and 74 years. It checks circulatory health and works out a patient's risk of developing some of the most disabling – but preventable – illnesses.

In Torbay, the majority of GP practices provide NHS Health Checks for patients. Not all practices actively offer to those who are eligible. Almost half (47%) of those who were offered an NHS Health Check in Torquay, attended a health check. The uptake (of those offered) was higher in Paignton & Brixham (63%).

**Figure 18: NHS Health Checks offered, uptake and uptake of health checks offered (2014/15)**



Source: NHS England, 2014/15; Devon Public Health Team, 2014/15

Unfortunately we are unable to determine the sex, age, residence or derivation profile of those offered/receiving an NHS Health Check.

## Risk factors

There are a number of risk factors associated with Ischaemic Heart Disease and Neoplasms – the biggest contributors to PYLL in males and females. Table 8 (on the following page) details some of the more common risk factors associated with Ischaemic Heart Disease and Neoplasm (PYLL related).

## Modifiable risk factors

The following are recurring modifiable risk factors:

- poor diet and nutrition;
- physical inactivity;
- smoking;
- alcohol consumption above the recommended daily amount.

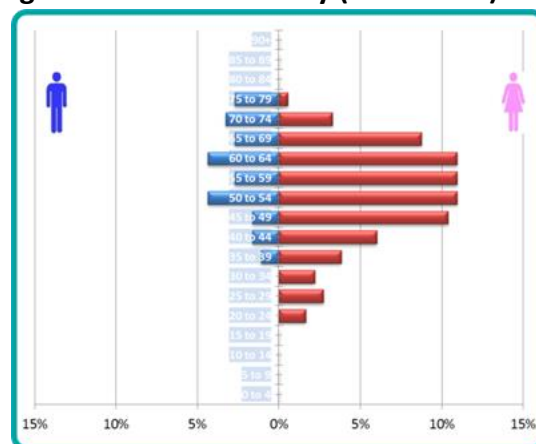
## Lifestyle intervention – Torbay

The Healthy Lifestyles team offer a range of free or subsidised lifestyle intervention courses and advice sessions to the public of Torbay. Many of these courses are designed to improve, or ideally, remedy the risk factors previously mentioned.

## Diet and nutrition

A 12 week Adult Weight Management programme is available to Torbay residents with a BMI of 30 or above (classified as obese). Currently there is a greater proportion (74.6%) of females accessing the Adult Weight Management Service (Figure 14).

**Figure 14: Population distribution of Adult Weight Management users in Torbay (2011-2015)**



Source: Healthy Lifestyles Team; Torbay and Southern Devon Health and Care NHS Trust

The attrition rate for the service has been improving year on year. In 2013/14 it was around 65%. Of those who **completed a final assessment**;

**Table 8: Risk factors associated with Ischaemic Heart Disease and Neoplasms**

Risk Factors	Ischaemic Heart Disease	Neoplasms			
		Colorectal	Bladder	Skin	Breast
<b>Non-modifiable</b>	Increasing age	✓	✓	✓	✓
	Genetic	✓	✓	✓	✓
	Ethnicity and skin colour	✓	✓	✓	
	More common in males	✓		✓	
	More common in females				✓
	Moles (above average number)			✓	
	Dense breast tissue				✓
	Certain benign breast conditions				✓
	Bladder birth defects			✓	
	Early start to menstrual cycle in females (<12 years)				✓
	Late start to menopause in females (>55 years)				✓
	Previous chemotherapy and radiation treatment*			✓	✓
	Weakened immune system*			✓	
	<b>Modifiable</b>	Smoking	✓	✓	✓
Excessive alcohol consumption		✓	✓		✓
Physical inactivity		✓	✓		✓
Obesity		✓	✓		✓
Diabetes		✓	✓		
Elevated blood cholesterol		✓			
Excessive Stress		✓			
Hypertension (high blood pressure)		✓			
Diet		✓	✓		
Workplace exposures (materials and chemicals)				✓	✓
Not breast feeding					✓
Chronic bladder infections and irritations				✓	
UV exposure					✓
Woman who have had no children or children after 30 years					✓
Using combined hormone therapy after menopause					✓
Birth control (oral contraceptive/injected progesterone)				✓	

\* May have been modifiable before this point  
 Source: [http://heartuk.org.uk/images/uploads/healthylivingpdfs/HUKcfs\\_I\\_Risk\\_Factors.pdf](http://heartuk.org.uk/images/uploads/healthylivingpdfs/HUKcfs_I_Risk_Factors.pdf);  
 Source: <http://www.cancer.org/cancer/colonandrectumcancer/detailedguide/colorectal-cancer-risk-factors>;  
 Source: <http://www.cancer.org/cancer/bladdercancer/detailedguide/bladder-cancer-risk-factors>;  
 Source: <http://skincancerprevention.org/skin-cancer/risk-factors>;  
 Source: <http://www.cancer.org/cancer/breastcancer/detailedguide/breast-cancer-risk-factors>

around 3 in 4 reduced their body mass index (BMI). The proportion recording a reduction in BMI is slightly lower in users who live in more deprived communities (Table 9 opposite).

**Physical inactivity**

A 10 week exercise programme is offered by various leisure providers in Torbay on referral by a GP, nurse or health professional. Due to the range of service providers who host exercise referral; minimal data is recorded in electronic format. Of the referral data this is available; physical activity outcomes are poorly recorded.

**Table 9: Average count of persons completed and proportion achieving a reduction in BMI by sex and deprivation (2012 – 2015)**

	All service users			All service users living within the 40% most deprived areas in England (Q1 and Q2)		
	Started	Completed	% with BMI reduction	Started	Completed	% with BMI reduction
<b>Paignton &amp; Brixham</b>						
<b>Males</b>	x	10	72.4%	x	6	76.5%
<b>Females</b>	x	24	84.7%	x	16	83.3%
<b>Torquay</b>						
<b>Males</b>	x	11	75.8%	x	6	66.7%
<b>Females</b>	x	32	79.2%	x	22	74.2%
<b>Torbay</b>						
<b>Males</b>	x	21	74.6%	x	12	71.4%
<b>Females</b>	x	56	81.5%	x	38	78.1%

Source: Healthy Lifestyles Team; Torbay and Southern Devon Health and Care NHS Trust X – Only ‘completed’ user data available

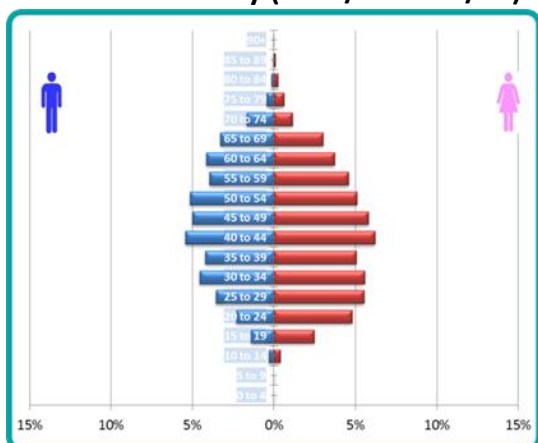


**Smoking**

The Stop Smoking Service runs clinics across Torbay which are designed to help the local population to quit smoking. They offer 1-2-1 support, as well as provide information and access to treatment.

The age distribution of service users is fairly evenly spread between males and females; with uptake of the service peaking around 40-44 years of age.

**Figure 15: Population distribution of Stop Smoking Service users in Torbay (2012/13-2014/15)**



Source: Healthy Lifestyles Team; Torbay and Southern Devon Health and Care NHS Trust

Just over half of users who set a quit date, are certified to have quit smoking (CO<sup>2</sup> verified or self-reported) after 4 weeks (Table 10).

**Table 10: Average count of referred, completed and proportion achieving smoking cessation by sex and deprivation (2012/13-2014/15)**

	All service users*			All service users living within the 40% most deprived areas in England (Q1 and Q2)*		
	Started	Completed	% Quit at 4 weeks	Started	Completed	% Quit at 4 weeks
<b>Paignton &amp; Brixham</b>						
<b>Males</b>	334	185	55.5%	225	122	54.0%
<b>Females</b>	379	198	52.2%	258	125	48.4%
<b>Torquay</b>						
<b>Males</b>	345	175	50.8%	272	394	48.3%
<b>Females</b>	415	217	52.4%	325	131	51.6%
<b>Torbay</b>						
<b>Males</b>	678	360	53.1%	497	253	50.9%
<b>Females</b>	794	415	52.3%	583	293	50.2%

Source: Healthy Lifestyles Team; Torbay and Southern Devon Health and Care NHS Trust \*May include re-current users

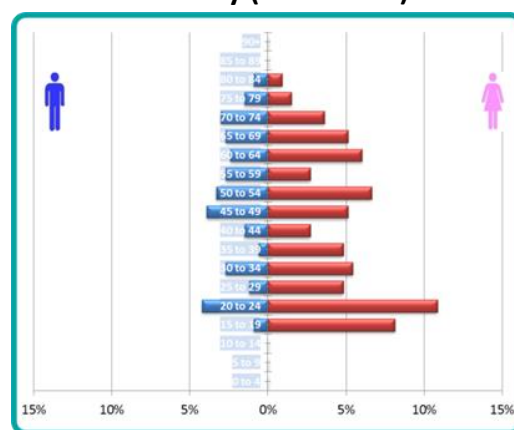
The proportion of users who are recorded as having quit smoking at 4 weeks is slightly lower in those living in more deprived communities.

**Health Trainers**

Health Trainers provide personalised 1-2-1 support, encouragement and motivation to help individuals sustain positive lifestyle changes in Torbay. Using personal health plans and goal setting, they offer support to help clients eat healthier, manage weight, increase physical activity, reduce alcohol use, stop smoking and cope with low mood.

There is a greater proportion (68.4%) of females accessing the Health Trainers Service; especially in younger age categories (15-24 years). Males tend to present between the ages of 45 and 74 years.

**Figure 16: Population distribution of Health Trainer users in Torbay (2012-2015)**



Source: Healthy Lifestyles Team; Torbay and Southern Devon Health and Care NHS Trust

Attrition data was unavailable at time of production. Of users who **completed a final assessment**, more than 3 in 4 achieved one of their pre-set health goals (Table 11). The most popular individual health goals included: improvement in diet, increasing physical activity and losing weight. Males have a slightly higher success rate for achieving one health goal than females. The

proportion successfully achieving one pre-set health goal is slightly lower in those living in deprived areas.

**Table 11: Average count of completed and proportion achieving one individually specified health goal by sex and deprivation (2012-2015)**

	All service users			All service users living within the 40% most deprived areas in England (Q1 and Q2)		
	Started	Completed	% achieved 1 goal	Started	Completed	% achieved 1 goal
<b>Paignton &amp; Brixham</b>						
Males	x	14	95.2%	x	7	100%
Females	x	39	80.5%	x	25	78.4%
<b>Torquay</b>						
Males	x	23	80.9%	x	19	77.6%
Females	x	37	88.8%	x	30	69.7%
<b>Torbay</b>						
Males	x	37	86.4%	x	27	83.8%
Females	x	76	76.0%	x	54	73.6%

Source: Healthy Lifestyles Team; Torbay and Southern Devon Health and Care NHS Trust X – Only ‘complete’ user data available

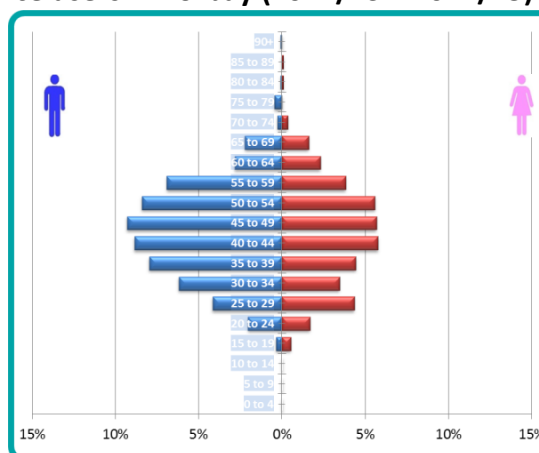
**Alcohol**

The Torbay alcohol service (part of drug and alcohol) offer advice, information, key working, family therapy, group-work, harm reduction, relapse prevention, prescribing and referrals onto other services including residential rehabilitation. This service is predominantly for drug and alcohol users who are classed as ‘dependent’.

There is a greater proportion of males (60.2%) accessing the Alcohol Service in Torbay. Most service users range between the age of 30 and 59 years (Figure 17).

More than 3 in 5 clients are recorded as successfully completing alcohol treatment (Table 13). The proportion successfully completing treatment is slightly lower in more deprived areas.

**Figure 17: Population distribution of Alcohol service users in Torbay (2012/13 – 2014/15)**



Source: Healthy Lifestyles Team; Torbay and Southern Devon Health and Care NHS Trust

**Table 13: Average count of referred, completed and successfully completing alcohol treatment by sex and deprivation (2012/13-14/15)**

	All service users			All service users living within the 40% most deprived areas in England (Q1 and Q2)		
	Started	Completed	% with treatment success*	Started	Completed	% with treatment success*
<b>Paignton &amp; Brixham</b>						
Males	250	158	63.2%	185	112	60.5%
Females	176	123	69.9%	139	94	67.6%
<b>Torquay</b>						
Males	406	250	61.6%	348	214	61.5%
Females	258	187	72.5%	215	152	70.7%
<b>Torbay</b>						
Males	656	408	62.2%	533	326	61.2%
Females	434	310	71.4%	354	246	69.5%

Source: Healthy Lifestyles Team; Torbay and Southern Devon Health and Care NHS Trust

\*Does not include clients who may have been transferred to another service

**Prevention**

Collectively we could have an immediate impact on PYLL in SD&T through:

- successful disease management in GP practices;
- broad screening with NHS Health Checks to help identify unmet need;
- and successful risk factor management through lifestyles intervention.

However prevention should begin well before risk factors or diseases have become established.

### **Community – living and working well**

Helping people to live longer and healthier is not simply about the healthcare they receive but also about the wider social determinants of where we live, work and the services that are delivered. Quality housing, safer streets, social interaction and employment can all improve our health.

### **Starting Well**

Positive health behaviours need to be encouraged pre-conception to ensure the best start in life for baby as well as for mother. Health visitors, Midwives and Children’s Centres can all help to promote breastfeeding, reduce smoking/smoking exposure during and after pregnancy, as well as educate on healthy familial eating habits.

### **Developing Well**

Positive health behaviours are often established in early life. Families, schools and extra circular activities can all help to promote a healthy diet, encourage physical activity and dissuade risk-taking behaviours such as smoking and alcohol use. In three pilot schools in Torbay, the National Child Measurement Programme (NCMP) is being used to identify primary school children who would benefit the most from the Family Lifestyle Intervention Programme (FLIP).

### **Going forward... What are we doing?**

#### **Re-commissioning the Lifestyles Service**

The Torbay Public Health Team are currently writing new Lifestyles contracts which will ensure

that the service provider will work collaboratively with the commissioner (Torbay Public Health) on the collection of robust data to allow monitoring and reporting of core demographic data. This data will be used to inform and develop key target groups over the course of the contract.

#### **Men’s Health Week**

To promote Men’s Health Week in 2015; Torbay Public Health and Torbay and Southern Devon Health and Care NHS Trust have teamed up to survey males in Torbay on their use of GPs and utilisation of NHS Health Checks. Data will also be collected on male drinking habits.

Locations for data collection will include:

- Brixham breakwater (fish market)
- Riviera Centre/Clennon Valley leisure
- Paignton library
- Smart Build Suppliers (builders merchants)
- Torbay Hospital – A&E, Outpatients,

Pilot data suggest that’s the majority of male respondents:

- would not normally see their GP straight away if they had a health complaint;
- were unaware of the NHS Health Check.

#### **Social marketing**

Within Torbay, we are looking to procure a social segmentation tool. This tool should help to understand the population and which populations are receptive to different communication mediums. The tool will be used to help target groups within the population, with the aim of reducing premature mortality and inequalities.

# POTENTIAL YEARS OF LIFE LOST (PYLL) SOUTH DEVON AND TORBAY – 2009 to 2014

Indicator specification for potential years of life lost (PYLL) from causes considered amenable to healthcare:

ICD - 10 Codes	Condition group and cause	Ages	ICD - 10 Codes	Condition group and cause	Ages
<b>Infections</b>			<b>Cardiovascular diseases (CVD)</b>		
A15–A19, B90	Tuberculosis	0–74	I01–I09	Rheumatic and other valvular heart disease	0–74
A38–A41, A46, A48.1, B50–B54, G00, G03, J02, L03	Selected invasive bacterial and protozoal infections	0–74	I10–I15	Hypertensive diseases	0–74
B17.1, B18.2	Hepatitis C	0–74	I20–I25	Ischaemic heart disease	0–74
B20–B24	HIV/AIDS	All	I60–I69	Cerebrovascular diseases	0–74
<b>Neoplasms</b>			<b>Respiratory diseases</b>		
C18–C21	Malignant neoplasm of colon and rectum	0–74	J09–J11	Influenza (including swine flu)	0–74
C43	Malignant melanoma of skin	0–74	J12–J18	Pneumonia	0–74
C50	Malignant neoplasm of breast	0–74	J45–J46	Asthma	0–74
C53	Malignant neoplasm of cervix uteri	0–74	<b>Digestive disorders</b>		
C67	Malignant neoplasm of bladder	0–74	K25–K28	Gastric and duodenal ulcer	0–74
C73	Malignant neoplasm of thyroid gland	0–74	K35–K38, K40–K46, K80–K83, K85, K86.1–K86.9, K91.5	Acute abdomen, appendicitis, intestinal obstruction, cholecystitis / lithiasis, pancreatitis, hernia	0–74
C81	Hodgkin’s disease	0–74	<b>Genitourinary disorders</b>		
C91, C92.0	Leukaemia	0–44	N00–N07, N17–N19, N25–N27	Nephritis and nephrosis	0–74
D10–D36	Benign neoplasms	0–74	N13, N20–N21, N35, N40, N99.1	Obstructive uropathy & prostatic hyperplasia	0–74
<b>Nutritional, endocrine and metabolic</b>			<b>Maternal &amp; infant</b>		
E10–E14	Diabetes mellitus	0–49	P00–P96, A33	Complications of perinatal period	All
<b>Neurological disorders</b>			Q00–Q99	Congenital malformations, deformations and chromosomal anomalies	0–74
G40–G41	Epilepsy and status epilepticus	0–74	<b>Injuries</b>		
			Y60–Y69, Y83–Y84	Misadventures to patients during surgical and medical care	All

For further information, please contact the Torbay Public Health Team (01803) 207336