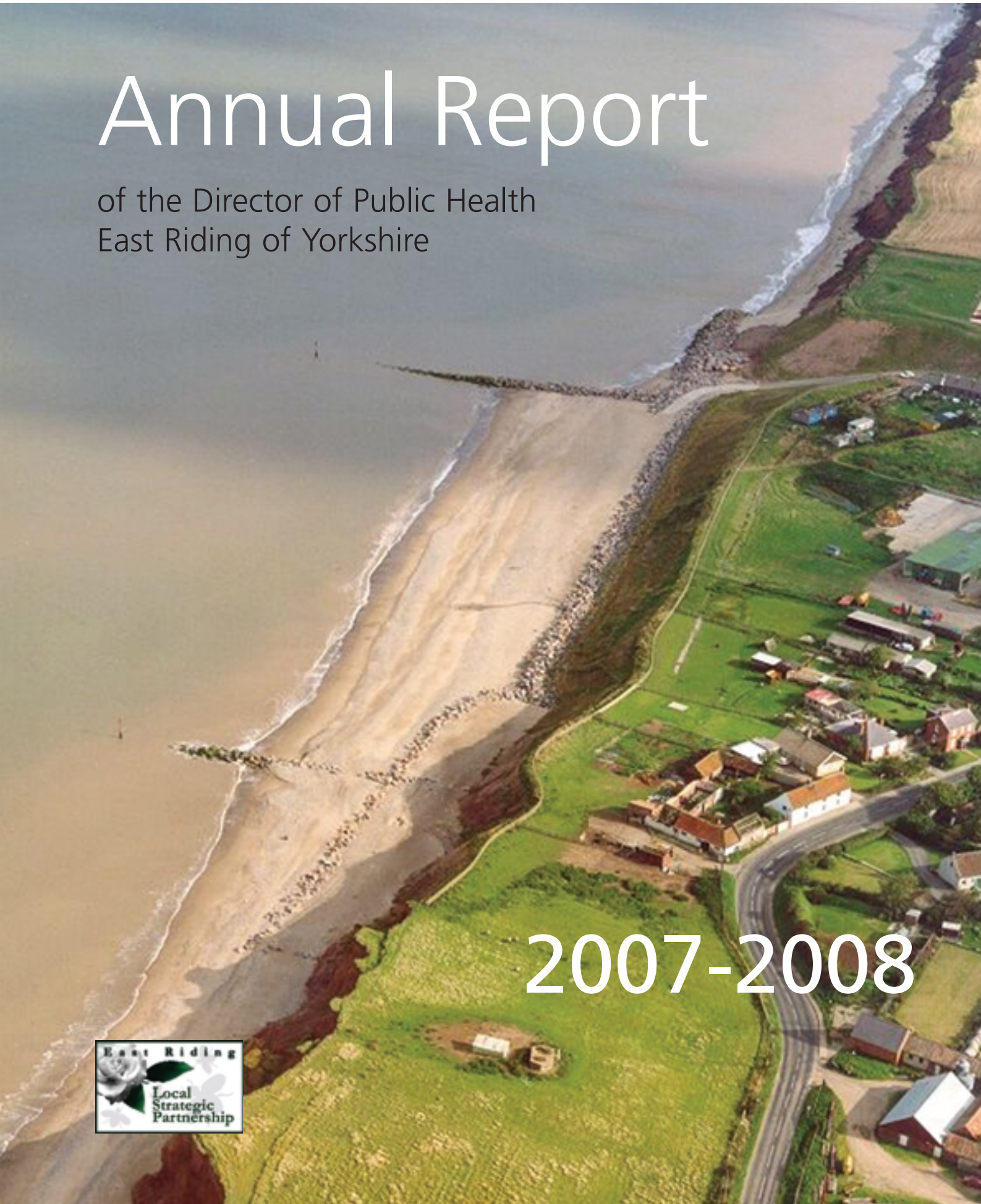
East Riding of Yorkshire NHS
Primary Care Trust

Annual Report

of the Director of Public Health
East Riding of Yorkshire



2007-2008

East Riding Local Strategic Partnership

Acknowledgements

I would like to thank the people who provided information and helped with the production of the report. The number of acknowledgements is smaller than in previous years, since most work has focused on the JSNA, where many people have made considerable contributions. For contributing to this report I would like to thank the following:

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Nicky Thresh

I would like to thank East Riding of Yorkshire Council for the use of photographs showing scenes around the East Riding and the map of Goole.

Contents

Executive Summary

The report this year is somewhat shorter than in previous years. This is principally due to the forthcoming Joint Strategic Needs Assessment which comprehensively sets out the health needs of the East Riding.

This report concentrates on two areas. Firstly key health trends for the East Riding are presented and the particular challenge of improving the health of men in deprived areas is set out.

Secondly the importance of partnership working for health improvement is discussed, particularly in the context of the Local Area Agreement.

If you require the document in a different form, such as with larger print, on audiotape, or translated into a different language, please use the contact details on page 6 or telephone 01482 672145

Recommendations

East Riding of Yorkshire PCT, East Riding of Yorkshire Council and partners should be aware of the changes in population age profile as part of health and social care planning.

East Riding of Yorkshire PCT, East Riding of Yorkshire Council and partners should continue to work to reduce local health inequalities, focusing on the major causes of death and ill health.

There should be a particular focus on the health of men in deprived areas and a focus on lung cancer.

Health needs and activity information should increasingly be made more available for smaller areas such as localities, general practices and wards.

Partners in the East Riding should work together to meet the targets set out in the Local Area Agreement, bearing in mind the particular roles of employers, economic development and agencies whose prime roles lie outside health and social care.

Partners in the East Riding should work together to produce a strategy for wellbeing during 2008.

East Riding of Yorkshire PCT and its partners should continue to encourage increased immunisation uptake and support implementation of HPV immunisation.

The continued work of the Health Protection Partnership Board should be supported by agencies within the East Riding.

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Introduction

Dr Tim Allison
MD MRCP FFPH

Director of Public Health
East Riding of Yorkshire PCT
and Council

This is my sixth annual report as Director of Public Health. It is also my first report since becoming Director of Public Health for East Riding of Yorkshire Council as well as East Riding of Yorkshire PCT. This joint role demonstrates the increasingly joint working in the East Riding, aimed at improving people's health. It also offers increasing opportunities for the links between health and other areas of people's lives to be both recognised and used to improve health and wellbeing.

As in previous reports the principal aim of this document is to set out the health of the local population and to make recommendations aimed at improving the health of people in the East Riding of Yorkshire. This year the report is shorter than in previous years. The main reason for this is that the Joint Strategic Needs Assessment (JSNA) will soon be produced. The JSNA will present the needs for healthcare, social care and other services across the East Riding and will be a principal part of the process for commissioning health and social care.

There is a considerable potential for overlap between this report and the JSNA. Instead of duplicating information and retaining the same length, I have shortened this report and used it to concentrate on two principal themes – key health trends and partnership working. Many important areas are not included in this report, but that does not mean that their importance is lessened. It is also important to remember a fundamental difference between this report and the JSNA. The Annual Report of the Director of Public Health is my personal report on the health of the local population. I maintain editorial control and responsibility for the content. Recommendations in the report are my recommendations to the PCT, Council and partner organisations.

Comments have been made regarding previous reports that there is an undue focus on death rather than life and health. This focus is due in part to the fact that death rates are the most widely available and reliable sources of information and also due to the attention that we need to pay to illnesses that may lead to death. I do hope to move towards a focus more on life and health. Indeed Chapter 5 of this report focuses on joint work for health improvement and I hope that this does shift the focus away from consideration of death rates. However, in this report it is vital that the dramatic information about health inequalities and differences in death rates depending on material deprivation receive prominence.

I very much welcome feedback about the report. Please complete the feedback form, or if you have any comments about the report, please contact me:

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People in the East Riding of Yorkshire

The population of the East Riding of Yorkshire is made up of a range of people of different ages, ethnicities and places of birth. Information about the population has been produced in previous reports. It will be included within the JSNA and can also be found through the East Riding Data Observatory.

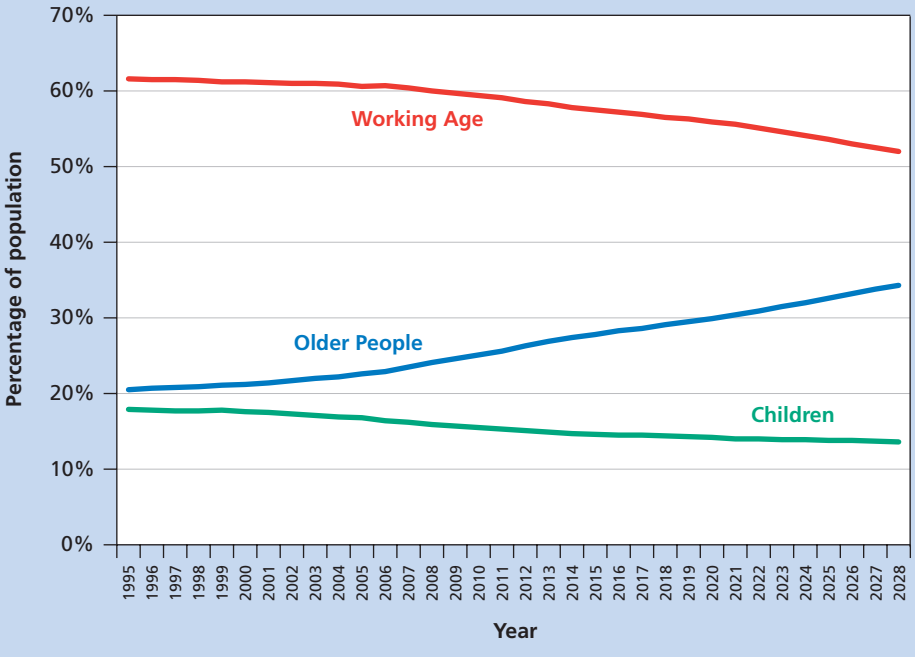
The increasing number of older people within the East Riding has been widely reported, but it is important to recognise that this will lead to a change in the proportion of people of different ages in the East Riding. **(Figure 1).**

Planning for health and social care in particular needs to take this into account, since there are likely to be more people needing care and fewer people able to provide that care.

Recommendation

East Riding of Yorkshire PCT, East Riding of Yorkshire Council and partners should be aware of the changes in population age profile as part of health and social care planning.

Figure 1: Change in demographics in East Riding of Yorkshire between 1995 and 2028



Percentage of all males 15 to 64 years and all females 15 to 59 years
Percentage of all males 65 and over and all females 60 and over
Percentage of all children under 15 years

Source: Office for National Statistics mid-year estimates and 2003-based subnational population projections.
Data analysed by the Data Observatory team, East Riding of Yorkshire Council

Key Health Trends

This chapter presents information about the health of people in the East Riding of Yorkshire. It begins by looking at life expectancy, then moves on to health inequalities, the difference in health between people from different groups or different areas.

As in previous years, much of the information presented here and in the next chapter is based on death rates. It may seem unusual to focus on death rates when considering health. The reason that we do this is that death rates and causes of death give us some of the best information about health during life and how we can improve health and prolong life.

3.1 Life Expectancy

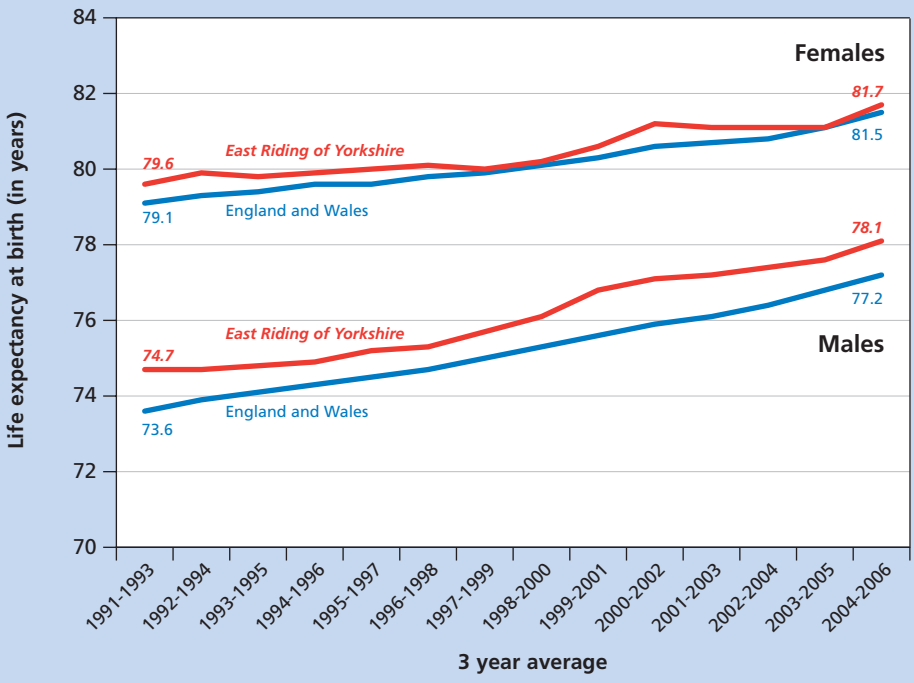
The life expectancy figures are not a forecast, but show how long people will live if current local age-specific death rates apply throughout their lives. Local and national figures are shown in **Figure 2.**

Life expectancy at birth for females within the East Riding has risen from 79.6 years in 1991/93 to 81.7 years in 2004/06.

Males within the East Riding have experienced a proportionally greater increase in life expectancy than females, increasing from 74.7 years in 1991/93 to 78.1 years in 2004/06.

This increase for males has reduced the gap between male and female life expectancy, however females continue to expect to live, on average, longer lives than males.

Figure 2: Life expectancy at birth (in years)

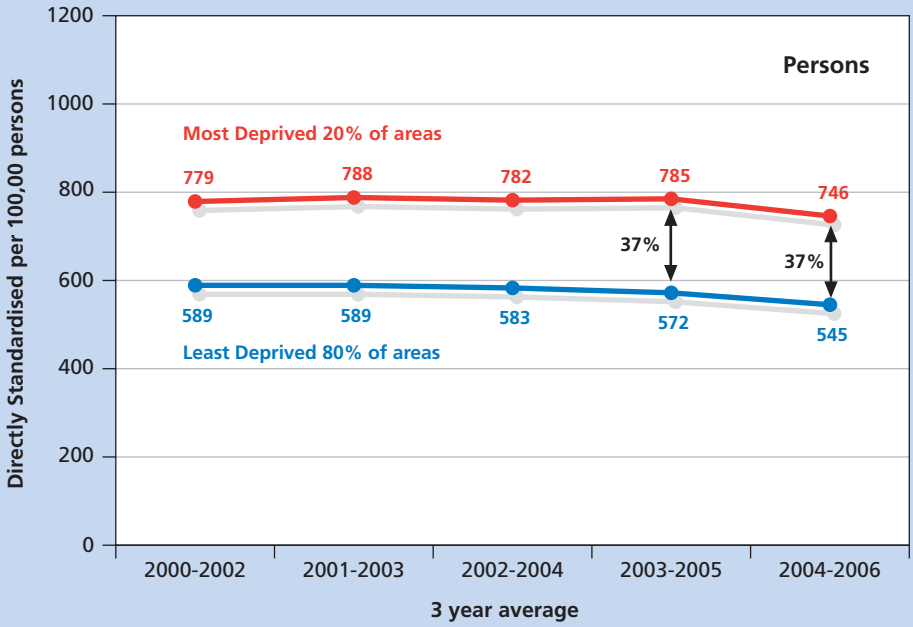


3.2 Health Inequalities

Health varies considerably across the East Riding. If we divide up the East Riding into five bands based on information about material deprivation from the 2001 census, we find differences in a range of health indicators. People who live in areas of greater deprivation tend to have poorer health.

Figures 3-5 show the trends in death rate over time comparing the most deprived of the five bands in the East Riding with the rest. Death rates have declined over the years and the gap between the most deprived areas and the rest has remained constant over the periods 2003/05 to 2004/06. However, when this is broken down for men and women, it is clear that the gap has become considerably smaller for women, but has increased for men.

Figure 3: Death rate and deprivation - persons



Death rates have declined over the years and the gap between the most deprived areas and the rest has remained constant over the periods 2003/05 to 2004/06.

However, when this is broken down for men and women, it is clear that the gap has become considerably smaller for women, but has increased for men.

Figure 4: Death rate and deprivation - males

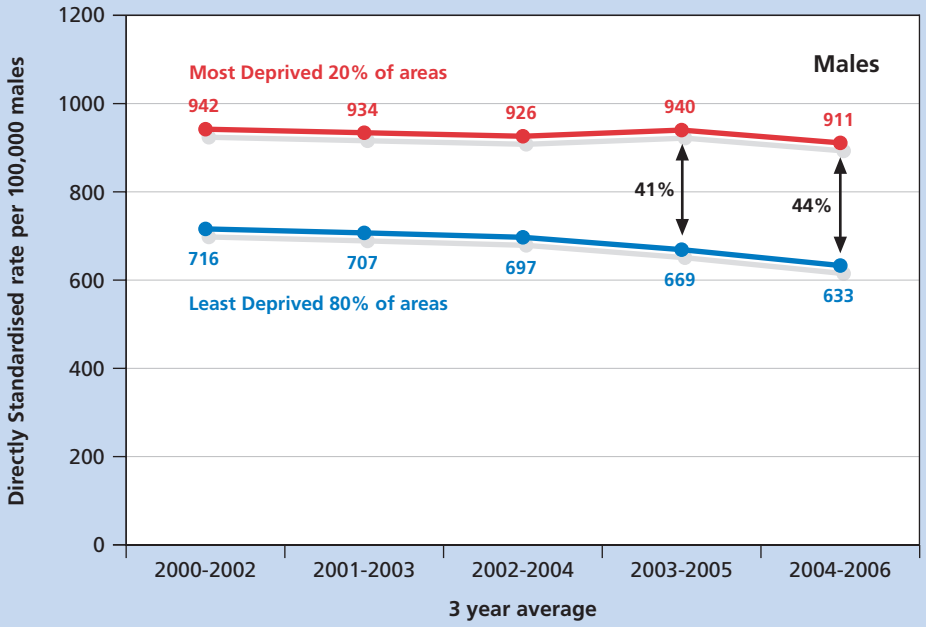


Figure 5: Death rate and deprivation - females

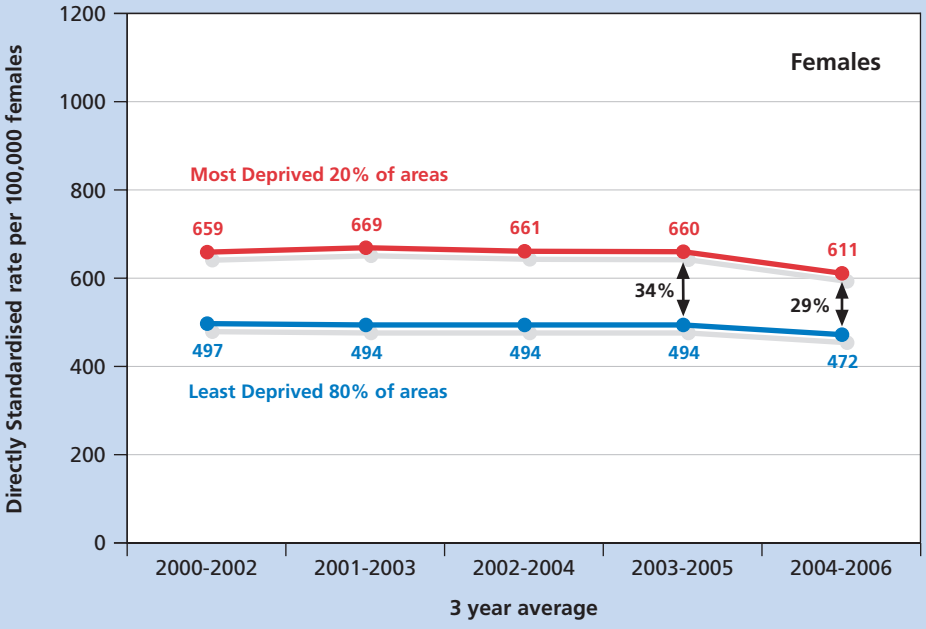


Figure 6: Deaths from all causes in males aged less than 75 years

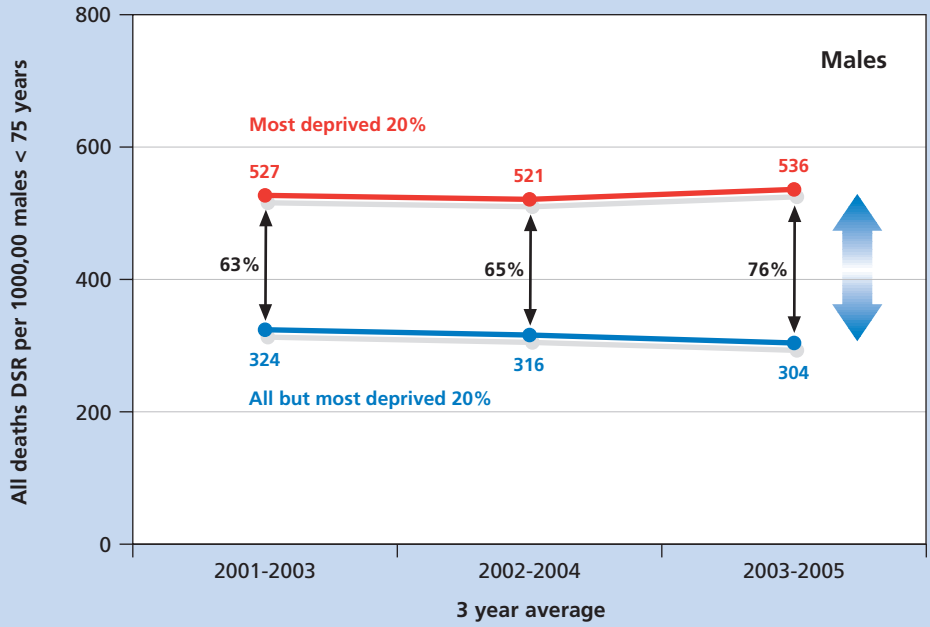
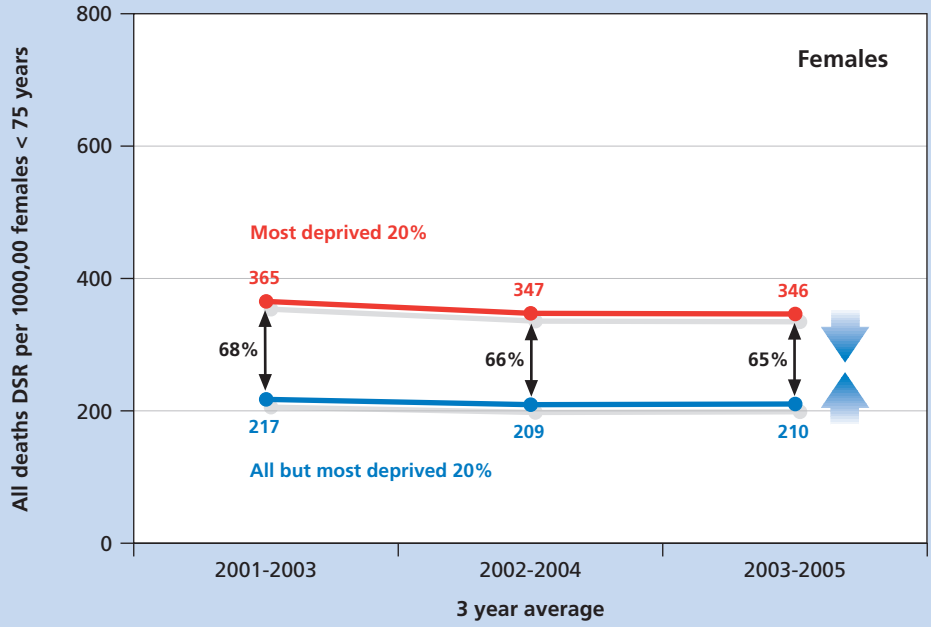


Figure 7: Deaths from all causes in females aged less than 75 years



This difference is even more pronounced when only deaths among people aged under 75 are considered **(Figures 6 and 7).** These deaths are regarded as being more likely to be preventable and are sometimes known as premature deaths. For men there is not only an increase in the gap, but a rise in the death rate for men in the most deprived areas.

3.3 Individual Conditions

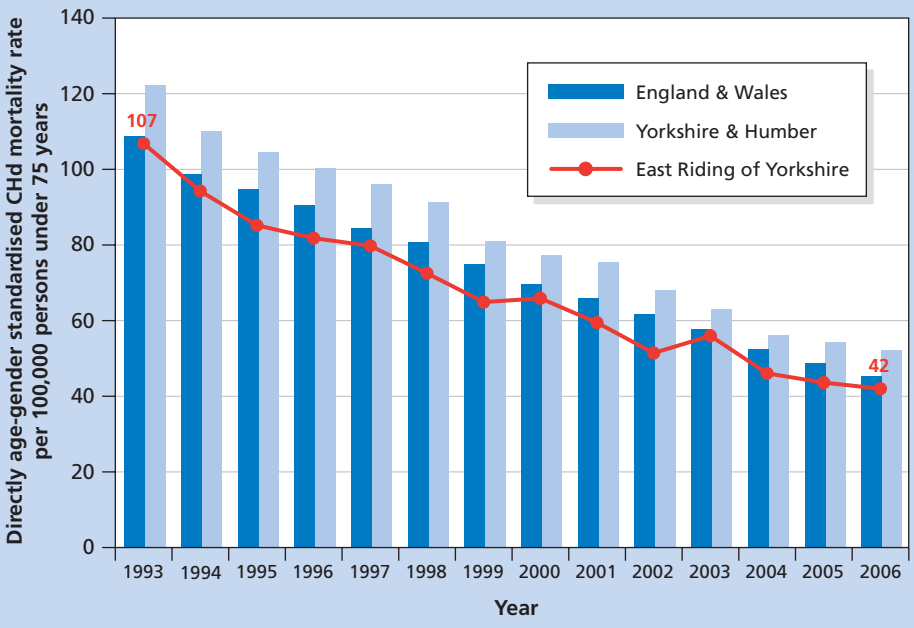
The three principal conditions that need to be tackled to improve health and prevent early death in the East Riding are coronary heart disease (CHD), stroke and cancers, especially lung cancer.

Coronary Heart Disease

There is a clear and dramatic downward trend in the number of coronary heart disease (CHD) deaths among people aged less than 75 both nationally and locally **(Figure 8).** Rates of deaths from CHD have fallen from 107 premature deaths per 100,000 persons in 1993 to 42 such deaths in 2006.

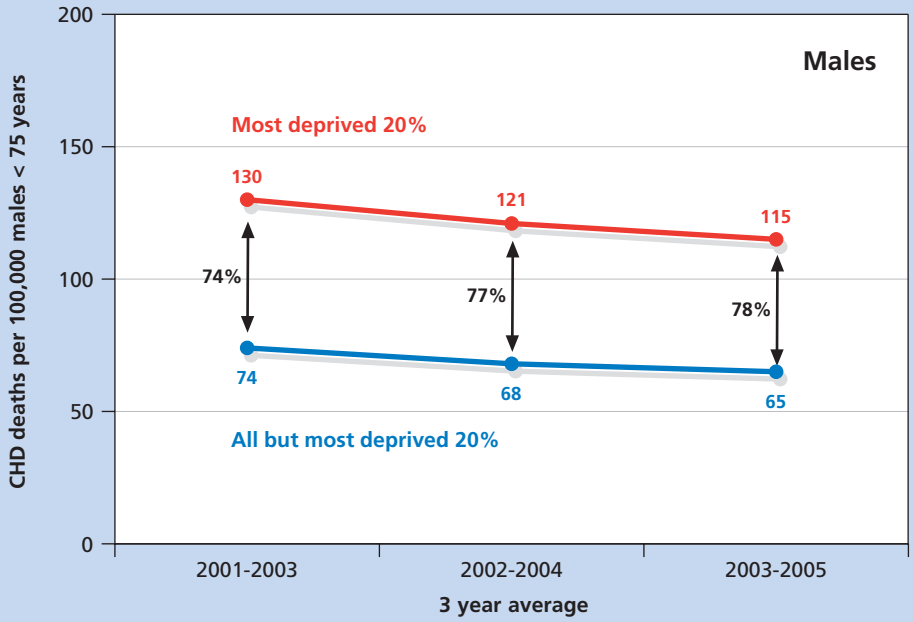
Although both Males and Females experienced a decline of approximately 60% in the rate of premature deaths from CHD between 1993 and 2006, the majority of the fall in number of deaths occurred in men who had historically suffered higher numbers of premature deaths from CHD.

Figure 8: Deaths from CHD in people under 75 years



There is a difference in coronary heart disease trends relating to material deprivation. The relative gap in premature death from CHD for men increased between 2001/03 and 2003/05 **(Figure 9)**. The relative gap in premature death from CHD between the most deprived 20% of areas and the rest, increased for men from 74% in the three year period 2001-2003 to 78% by 2003-2005.

Figure 9: Deaths from CHD in males aged less than 75 years



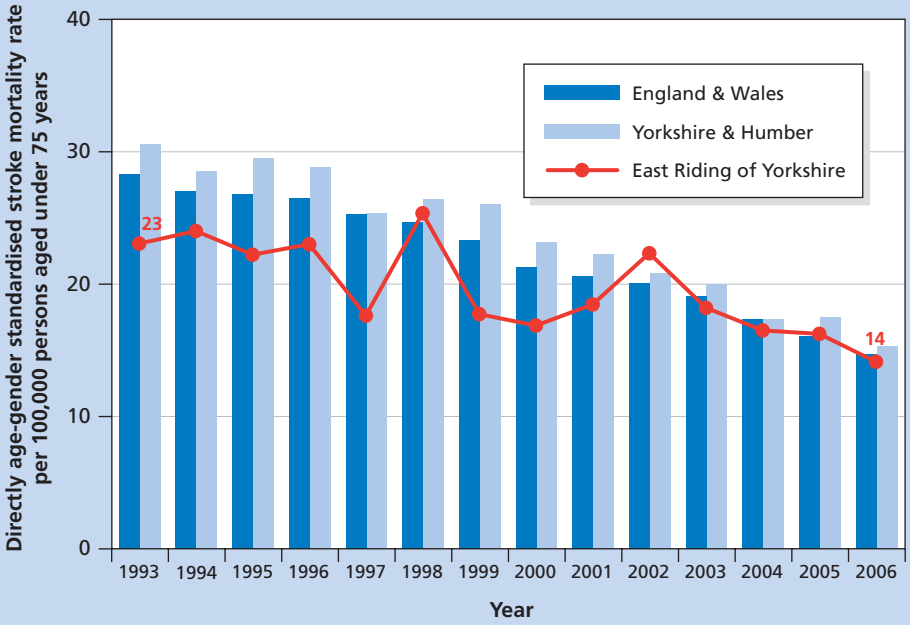
The relative gap in premature death from CHD between the most deprived 20% of areas and the rest fell slightly for women - from 45% in the three year period 2001-2003 to 42% by 2003-2005.

Stroke

Rates of premature death from Stroke have fallen over the last decade from 23 deaths per 100,000 persons aged under 75 years in 1993 to 14 deaths in 2006, a fall of 39%. **See Figure 10.**

Rates of premature death from stroke within the East Riding had been lower than the regional and national average during the 1990s, but over the last 5 years have been similar to the national average.

Figure 10: Deaths from stroke in people under 75 years



Cancers

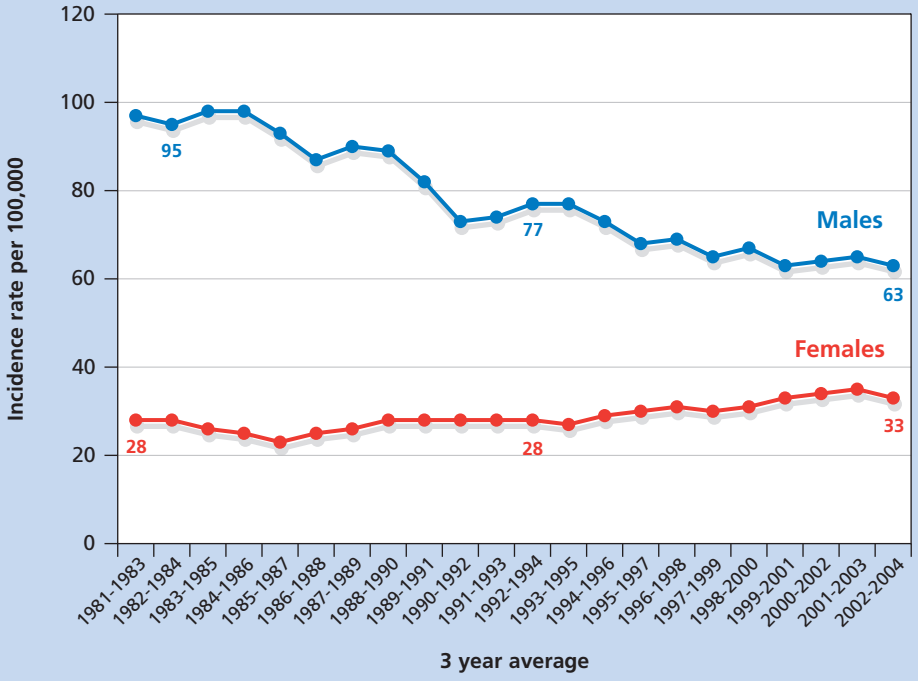
There is a slow decline in overall deaths from all cancers, with the rate of deaths from cancer per 100,000 persons falling from 204 deaths in 1993 to 172 such deaths in 2006.

This is in line with national and regional trends and the decline would not be expected to be as steep as for coronary heart disease. When deaths of people aged less than 75 are considered, the trend is similar with rates falling from 143 deaths per 100,000 persons aged less than 75 years in 1993 to 108 such deaths in 2006.

The rate of premature death from all cancers in the most deprived 20% of the East Riding is greater than that in the remaining 80% for both men and women. The premature death rate from all cancers for men in the most deprived parts of the East Riding between 2003 and 2005 was 162 per 100,000 compared with a rate of 112 per 100,000 in the rest of the East Riding. For women the relative gap in premature deaths narrowed from 45% in 2001-2003 to 42% in 2003-2005.

It is encouraging that there is an overall fall in the cases of lung cancer diagnosed **(Figure 11)**, although the steady level among women is a cause for concern, especially given the continued popularity of smoking among younger women.

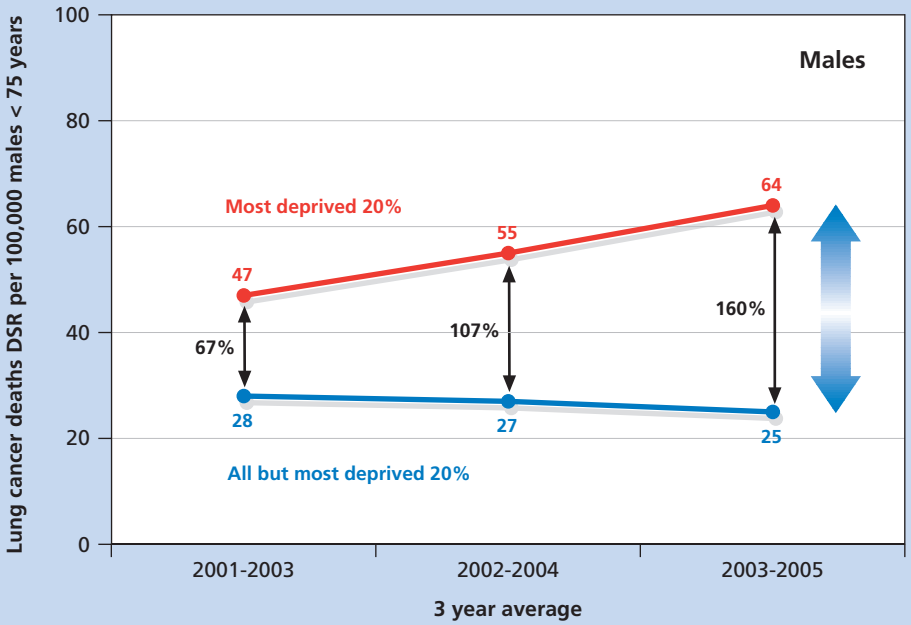
Figure 11: Lung cancer incidence in the East Riding



Cancers (continued)

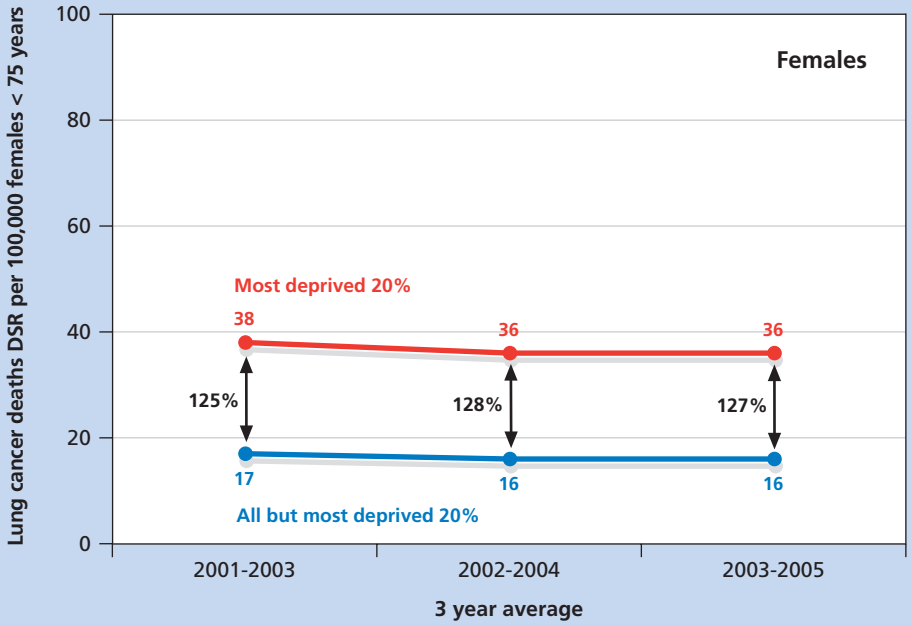
The relationship between lung cancer death and material deprivation is of considerable concern. The rate of premature death from lung cancer in the most deprived 20% of the East Riding is much greater than that of the remaining 80% for both men and women. This relative gap in premature death from lung cancer for men increased considerably between 2001/03 and 2003/05. During the period 2003 to 2005 males in the most deprived parts of the East Riding experienced a rate of 64 deaths from lung cancer under 75 years per 100,000, compared with 25 such deaths in the remaining parts of the East Riding. The dramatic change is shown in **Figure 12.**

Figure 12: Deprivation and premature death from lung cancer in men



Between 2003 and 2005 women in the most deprived 20% of the East Riding experienced a premature death rate from lung cancer of 36 deaths per 100,000 women compared with 16 such deaths in the remaining parts of the East Riding. This gap is considerable, but has changed little recently **(Figure 13).**

Figure 13: Deprivation and premature death from lung cancer in women



Other Priorities

Recommendation

East Riding of Yorkshire PCT, East Riding of Yorkshire Council and partners should continue to work to reduce local health inequalities, focusing on the major causes of death and ill health.

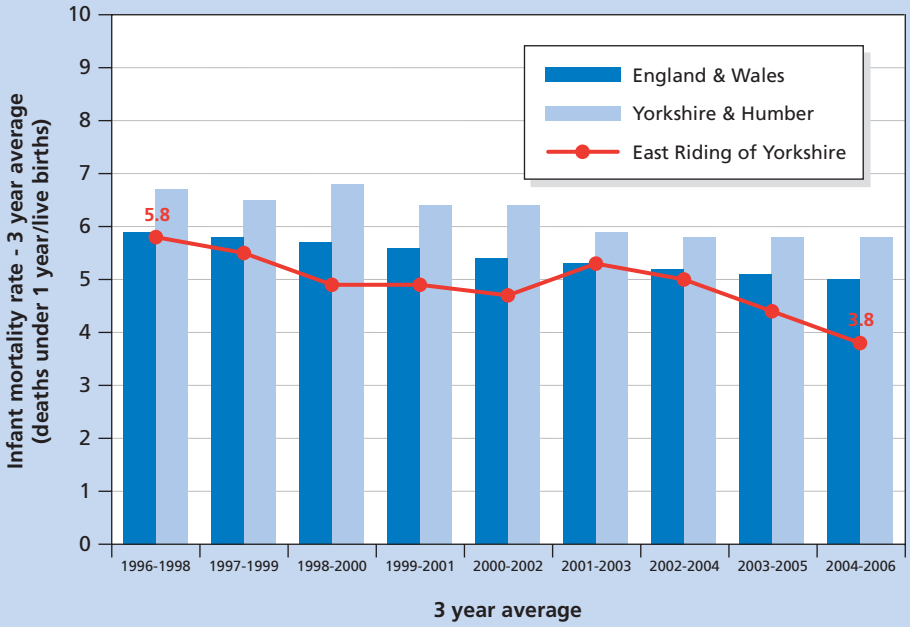
There should be a particular focus on the health of men in deprived areas and a focus on lung cancer.

Many other conditions have major effects on the health of people in the East Riding. These include poor mental health, sexual health and poor health among children. It is not possible to include information about all these in this report, but there is comprehensive coverage within the JSNA. One example of good progress is with infant mortality which has a close connection with health inequalities.

Infant mortality is a sensitive measure of the overall health of a population. It reflects the apparent association between the causes of infant mortality and other factors that are likely to influence the health status of whole populations, such as their economic development, general living conditions, social well being, rates of illness and the quality of the environment.

The East Riding has followed the national trend of a slow decline in infant mortality rates over the last decade. The infant mortality rate for the East Riding has remained lower than the rate for both England & Wales and the Yorkshire & Humber region. The local rate has fallen from a rate of 5.8 deaths under 1 year (per 1,000 live births) in the period 1996-1998 to 3.8 by 2004-2006. **See Figure 14.**

Figure 14: Infant mortality rate

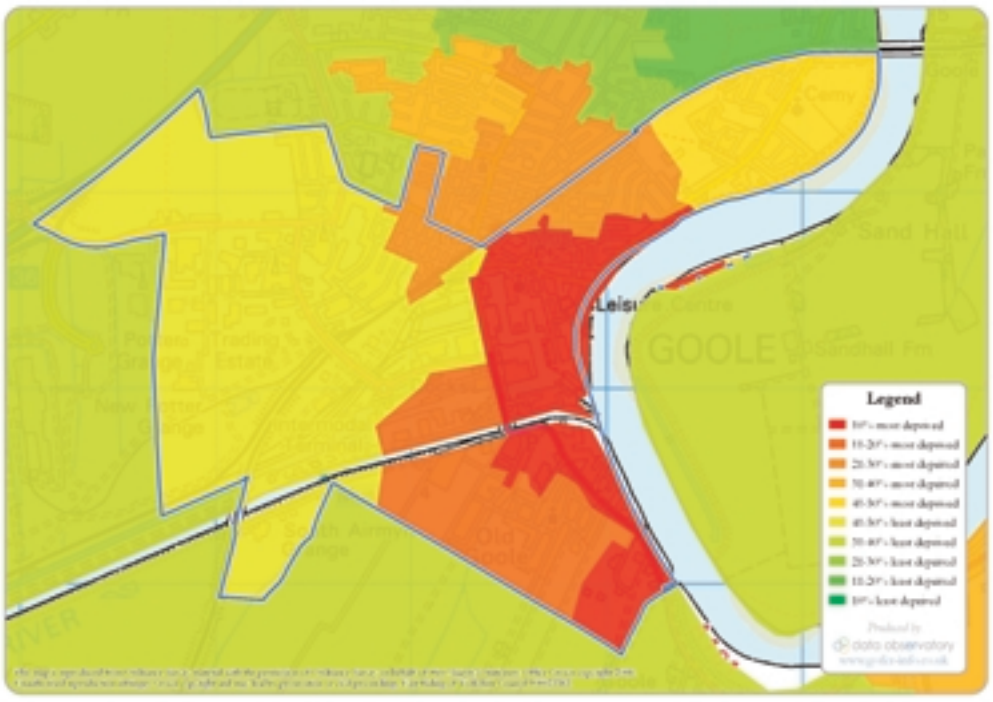


Localities

The East Riding is characterised by its variety and consideration of health and health needs should take account of the different characteristics of local areas. Work with the PCT over the last year has been able to include a local focus on assessing the needs of Goole, Howden and West Wolds. Large variations exist within a locality such as these. For example **Figure 15** shows the range of levels of deprivation just around Goole.

Some locality information will be provided within the Joint Strategic Needs Assessment, but it is important that the amount of information available about local areas and local populations in the East Riding is increased. It may be possible to make information more directly available to users along the lines of the methods used by the East Riding Data Observatory.

Figure 15: Indices of deprivation in the Goole area



Recommendation

Health needs and activity information should increasingly be made more available for smaller areas such as localities, general practices and wards

Health Improvement

The opportunities for improving health within the East Riding usually involve a range of partners and it is rare for one organisation to be able to make progress entirely on its own. Likewise an individual wanting to improve his or her own health needs to have the opportunities and facilities to exercise that choice. The Local Area Agreement (LAA) is the way for local public sector organisations to set priorities and targets for local action. This section takes some of the areas highlighted in the LAA and comments on how joint working across agencies can help to achieve the targets and improve health.

Smoking

Stopping smoking is one of the most effective ways of improving health and providing advice and providing services to help people quit smoking is one of the most effective ways to use public money to improve health.

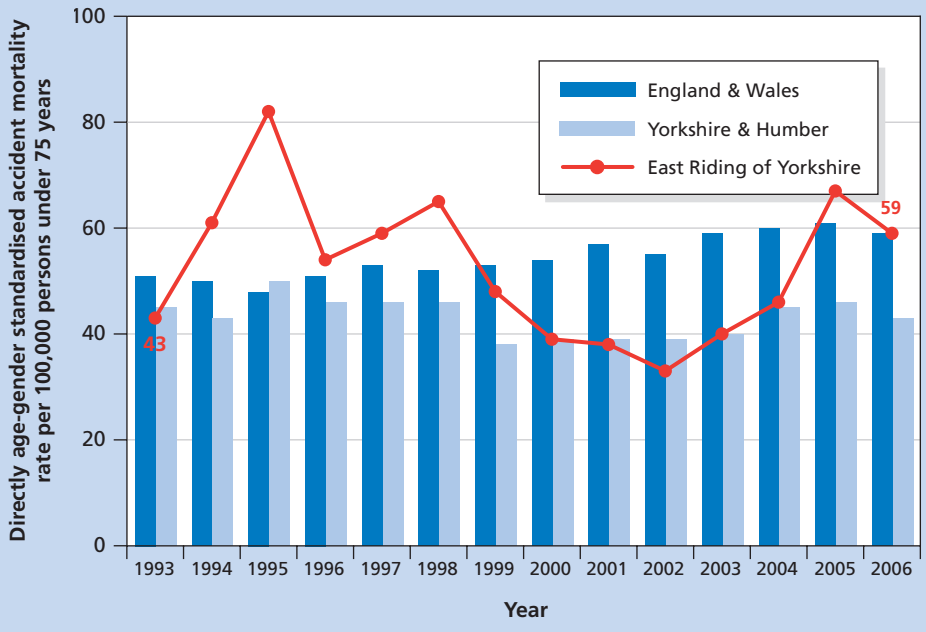
Local smoking cessation performance has been excellent in the past, although during the last year numbers quitting have been lower than expected. Smoking cessation has been included as one of the top indicators for the East Riding LAA with a target of achieving 566 smoking quitters per 100,000 residents each year. This means at least 1,601 quitters in 2008-09. Approximately two thirds of people who attend the local NHS smoking cessation service will quit smoking for at least four weeks and the challenge is to encourage people to attend the clinics. Work to achieve this should involve organisations and people across the East Riding. For example employers can help their employees to quit and will at the same time help reduce sickness absence, while they can also highlight opportunities to their customers. Voluntary and community sector organisations can also highlight opportunities to their members and contacts. It is particularly important to target men in deprived areas as demonstrated by the information in Chapter 3.

Fractured Hips

Falls resulting in fractured hips often have a large impact on older people, with pain, disability, potential for reduced independence and also the risk of death. Local work to reduce falls has been successful and the previous LAA target to reduce the number of people having a fractured hip from a fall at home has been considerably exceeded. However, this work needs to continue and as shown in Figure 16 there continues to be a high death rate from accidents among older people.

The success of the previous LAA target has meant that it has been retained for the new LAA, but the target has become more challenging with a target of no more than 206 fractured hips at home for 2008/09. Falls prevention work is carried out by the Council and PCT, but there is also scope for including other agencies in helping to prevent falls. The idea of an East Riding home safely group has been suggested by Humberside Fire Service and this should be encouraged as one way to reduce falls as well as give many other benefits.

Figure 16: Deaths from accidents in people 65 years plus

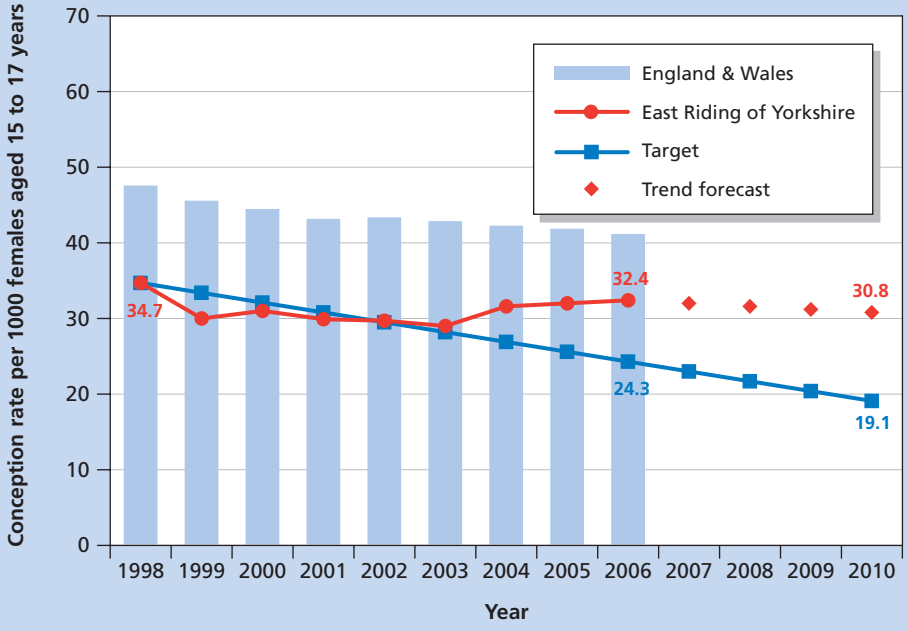


Teenage Pregnancy

Teenage pregnancy rates in the East Riding are not high overall compared with the country as a whole, but there are considerable variations across the East Riding with higher rates in the major towns. Also, rates are not falling in line with the national trend. A total of 199 women under the age of 18 became pregnant in the East Riding in 2006, a provisional rate of 32.4 conceptions per 1000 women aged 15-17. This compares with a rate of 40.7 per 1000 women in England and Wales. Between 1998 and 2006 the teenage conception rate in England and Wales had fallen by 13.7%, while the fall experienced in the East Riding was only 6.5%. Reaching the teenage pregnancy target will be a considerable challenge **(Figure 17).**

Tackling teenage pregnancy is another area where partnership working is essential. Provision of sexual health advice and services, working with the NHS and schools is important. However, it is also important to work with communities, parents and young people to raise aspirations and ensure that there are attractive career and personal choices open to people. Economic development in an area may lead to increased personal aspirations and less desire to become a young parent.

Figure 17: Teenage pregnancy - projected trend and target



Wellbeing

This chapter has focused only on three areas. The LAA covers a much wider range of areas, such as mental health, learning disability, independence, carers, fuel poverty, obesity and domestic violence.
Many LAA themes have a relationship with health and wellbeing, as do a great many initiatives undertaken by organisations across the East Riding, from toddler groups to tea dances. Often these initiatives are not connected and the opportunities to improve in health could be even greater. This has led to local enthusiasm for a wellbeing strategy for the East Riding and it will be a major step forward to have this in place later in 2008.

Recommendations

Partners in the East Riding should work together to meet the targets set out in the Local Area Agreement, bearing in mind the particular roles of employers, economic development and agencies whose prime roles lie outside health and social care.

Partners in the East Riding should work together to produce a strategy for wellbeing during 2008.

Health Protection

This section includes immunisation progress and a brief consideration of partnership working in Health Protection.

Immunisation

Childhood immunisation uptake figures for the East Riding for 2007-08 are presented in Table 1. Uptake rates are reasonably high and Diphtheria, Tetanus, Pertussis (Whooping cough), Polio and Haemophilus influenzea type B (Hib) vaccines are usually given together. However, the uptake of Measles, Mumps and Rubella (MMR) vaccine remains at a relatively low level. The introduction of Human Papilloma Virus (HPV) vaccine will give a new challenge.

Table 1: Immunisation uptake among 2 year olds

Immunisation	Uptake	Immunisation	Uptake
Diphtheria	97.8%	Pertussis	97.8%
Tetanus	97.8%	Hib	97.6%
Polio	97.7%	MMR	89.5%

Partnership working

Protecting the health of the local population requires work across a range of agencies. These include the PCT, Council, Hospital and Mental Health Trusts and the Health Protection Agency. It is vital that a forum exists to bring these agencies together and to set and monitor priorities. The Health Protection Partnership Board has worked well in Hull and the East Riding in recent years and it is important that its continued work is supported by all agencies.

Recommendations

East Riding of Yorkshire PCT and its partners should continue to encourage increased immunisation uptake and support implementation of HPV vaccination.

The continued work of the Health Protection Partnership Board should be supported by agencies within the East Riding.

Progress on recommendations from the 2006-07 Report

This chapter contains the recommendations from the 2006-07 Report and comments on progress against these recommendations from organisations working in the East Riding.

East Riding of Yorkshire PCT, East Riding of Yorkshire Council and partners should continue to take note of the local population structure in the planning and commissioning of services, particularly in the forthcoming joint health needs assessment.

Joint Strategic Needs Assessment work includes consideration of population structure and in particular is considering the links between population changes and service provision.

East Riding of Yorkshire PCT, East Riding of Yorkshire Council and partners should continue to work to reduce local health inequalities, including work as part of the Local Area Agreement. Further specific targets should be set which would reduce inequalities if achieved. New healthcare developments should specifically consider their impact on health inequalities.

Levels of some elements of health inequalities are considered earlier in this report. Work linked with the Local Area Agreement is specifically addressing more deprived communities. Assessment of the impact of developments on health inequalities needs to be further developed.

Work should continue to implement ***Choosing Health*** targets, especially in connection with diet and exercise.

Strategies for tackling obesity and for sport and physical activity have been developed and adopted. An example of achievement is that 472 people have registered on the Healthy Lifestyles Weight Management Groups and lost a total of 423kg or 164 BMI units.

Efforts to tackle lung cancer should be strengthened with consideration of new targets for smoking cessation. Potential for improvement in local lung cancer survival should also be reviewed.

Maximising smoking cessation has been a challenge and further work is needed to increase smoking cessation and improve lung cancer survival. Particular efforts have been made to encourage smoking cessation prior to elective surgery.

Progress on 2006-07 Recommendations

Work to ensure efficient and effective delivery of the breast screening programme should continue and factors affecting breast cancer rates investigated. Bowel screening should be introduced in an efficient and effective way, ensuring appropriate public awareness.

Breast screening performance has improved and the bowel screening programme has been introduced.

Local health improvement campaigns such as those targeted at reducing fractured neck of femur, reducing suicide, sun safety and sexual health should continue, while additional targeted work should be considered.

These programmes have continued successfully and new programme areas such as health in mid-life are beginning.

Work in localities should take into account the particular needs of localities and be appropriately linked with Public Health priorities.

Linking locality work with Public Health priorities has been taking place, especially in Goole, Howden and West Wolds, but as mentioned earlier in the report it needs to be strengthened and extended.

Further work should be undertaken to assess the health of people from migrant communities, including migrant workers, prisoners and coastal migrants and to develop plans to address those needs.

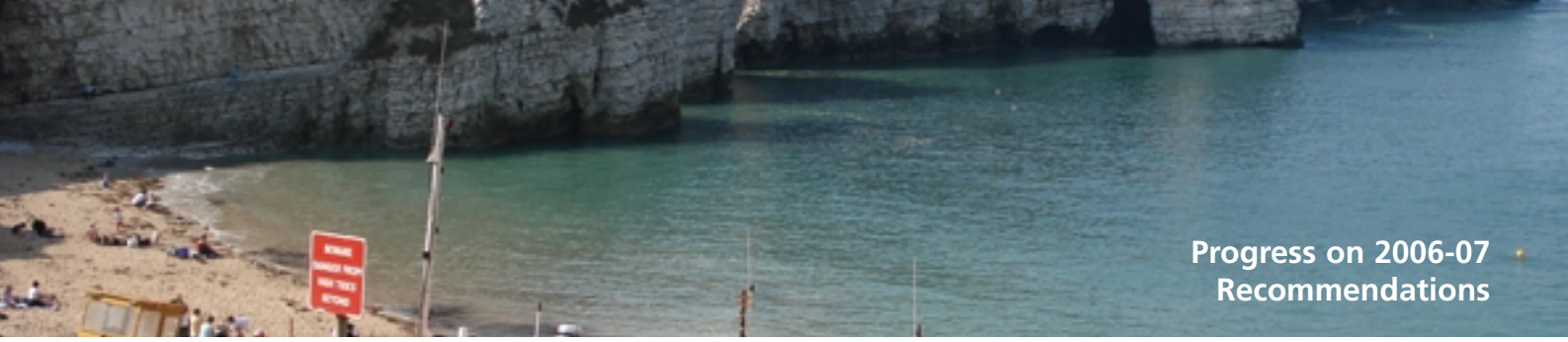
Action plans for migrant workers and for Gypsies and Travellers have been agreed and health needs assessments have been undertaken for Full Sutton and Everthorpe prisons. Coastal health workers are being appointed through Big Lottery funding and the East Riding is prominent at a national level regarding coastal issues.

East Riding of Yorkshire PCT and its partners should continue to encourage increased immunisation uptake.

Comment is made on this in the Health Protection section.

East Riding of Yorkshire PCT and its partners should continue appropriate preparations for a possible influenza pandemic, including measures to increase public understanding.

Pandemic planning has continued and lessons regarding emergency planning have been learnt from the floods in 2007.



Progress on 2006-07 Recommendations

Local Strategic Partnership work aimed at improving health should continue to focus on delivery of the Public Health Strategy, reducing health inequalities and addressing the needs of marginalised groups.

The work of the Local Strategic Partnership has continued to address these areas as shown through the Sustainable Communities Plan and the Local Area Agreement.