

Annual Report

of the Director of Public Health
East Riding of Yorkshire

2008-2009



Acknowledgements

I would like to thank the people who provided information and helped with the production of the report. As with last year the number of people who have contributed is smaller than in previous years in light of other work such as the JSNA. For contributing to this report I would like to thank the following:

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Executive Summary

This report presents an independent view of the health of the people of the East Riding of Yorkshire. People's health as judged by measures such as life expectancy, continues to improve. However, there are still concerns regarding the need to plan for increasing numbers of older people, aspects of health inequalities and specific conditions such as stroke. Initial results from the 2009 Health and Lifestyle Survey are interesting and illustrate the continued need to focus on obesity, smoking and alcohol misuse, especially among young people.

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

Partners within the East Riding of Yorkshire should continue to bear in mind within their plans the particular structure of the local population and be conscious of the likely future increase in proportion of older people

NHS East Riding of Yorkshire, East Riding of Yorkshire Council and partners should ensure that health inequalities are addressed comprehensively in plans and targets

NHS East Riding of Yorkshire should pay particular attention to reducing stroke deaths

NHS East Riding of Yorkshire and partners should continue to work to reduce lung cancer incidence, deaths and health inequalities

NHS East Riding of Yorkshire should work with partners within the East Riding and elsewhere to build on previous work aimed at reducing skin cancer incidence

All partners in the East Riding of Yorkshire should continue to tackle smoking, obesity and alcohol misuse. There is a particular need to address these issues among young people.

NHS East Riding of Yorkshire should continue to work with partners including the Health Protection Agency to tackle swine influenza and to encourage uptake of immunisation.





Introduction



This is my seventh annual report as Director of Public Health and also my second report since becoming Director of Public Health for East Riding of Yorkshire Council as well as NHS East Riding of Yorkshire. The aim of the report is to present information about the health of the people of the East Riding of Yorkshire as well as recommendations on how to improve health.

Like my preceding reports and those from former Directors of Public Health and Medical Officers of Health going back for over a century, this report is independent. I present it to local NHS, Council and Partnership meetings, but it is my own personal view and does not need approval by organisations. However, local organisations may wish to act on its recommendations.

I do not intend to present a comprehensive picture of local health in the report, but rather to highlight some key themes and the recommendations that come from them. This year's report is similar in length to the report last year and this is again due to the production of the Joint Strategic Needs Assessment (JSNA). The JSNA is jointly produced by NHS and Council and sets out health needs across the East Riding in a fuller way, forming the organisational basis for strategy development and priority setting.

This report is divided into two principal sections. The first part of the report updates information on the major causes of ill health in the East Riding. It includes consideration of life expectancy and also looks at changes in death rates from various causes, since this is the best way to analyse trends in conditions and establish where improvements need to be made. A new element is comparison with similar areas of the country.

Localities classed as "Prospering small towns" are regarded as the most similar areas compared with the East Riding and make interesting comparisons.

The second part of the report presents the initial findings from the 2009 East Riding Health and Lifestyle Survey which was carried out in January and February. The results allow us to consider lifestyle factors such as smoking, obesity and alcohol that affect people's health both as a current snapshot and compared with previous lifestyle surveys. The report does focus largely on poor health, but its purpose is to highlight areas that need improvement rather than to celebrate success. However, there are many improvements in health demonstrated in these two parts of the report.

Public Health has had a high profile recently with the advent of pandemic influenza and the report includes a section on Health Protection.

The final section considers the recommendations from last year's report and how these have been addressed within the East Riding.

I very much welcome feedback about the report and would like to thank those who have responded in the past. Please complete the feedback form, or if you have any comments about the report, please contact me.

If you have any comments about this report, please contact me:

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People in the East Riding of Yorkshire

The population structure of the East Riding is reasonably constant and the structure based on 2007 information is shown in Figure 1. The length of the bar away from the centre shows the percentage of people within each age group.

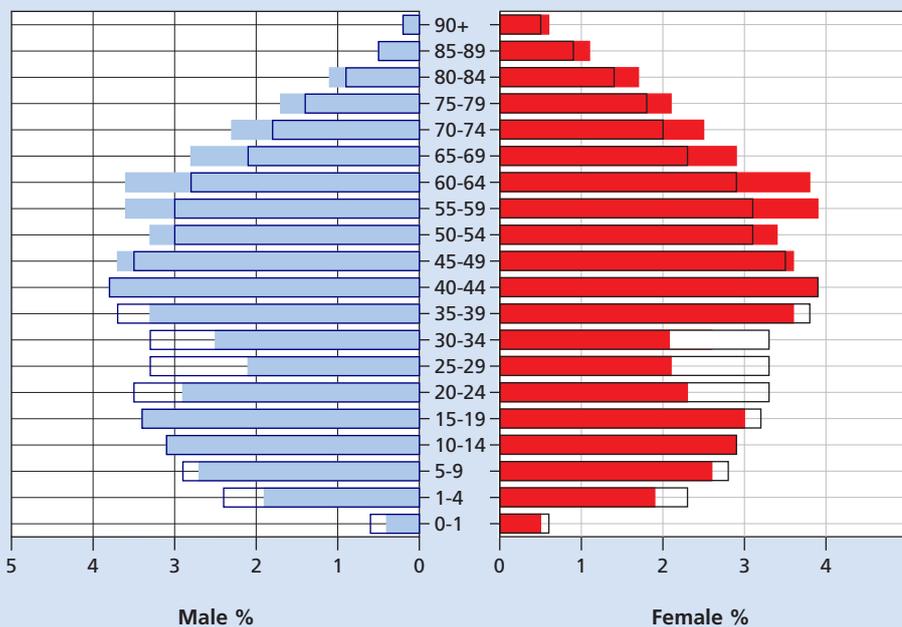
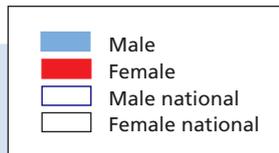
The most notable feature of the East Riding's population structure continues to be the relatively large number of older people.

This is clear from the chart in terms of the percentage of people in older age groups, but local figures are also high for older age groups when compared with national data.



The most notable feature of the East Riding's population structure continues to be the relatively large number of older people.

Figure 1: East Riding population structure



Recommendation

Partners within the East Riding of Yorkshire should continue to bear in mind within their plans the particular structure of the local population and be conscious of the likely future increase in proportion of older people.

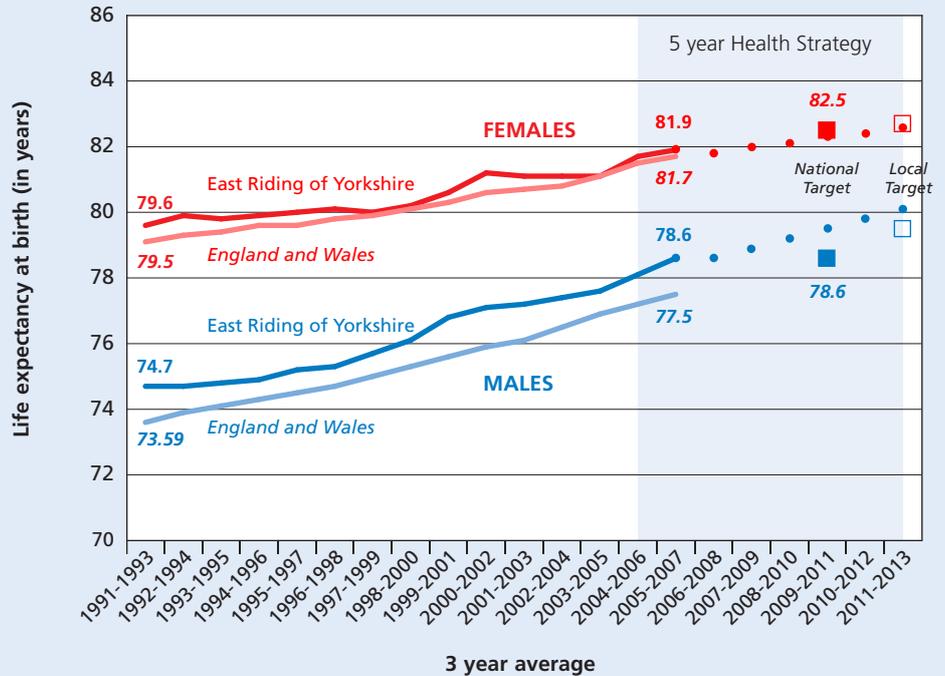


Lifespan

3.1 Life Expectancy

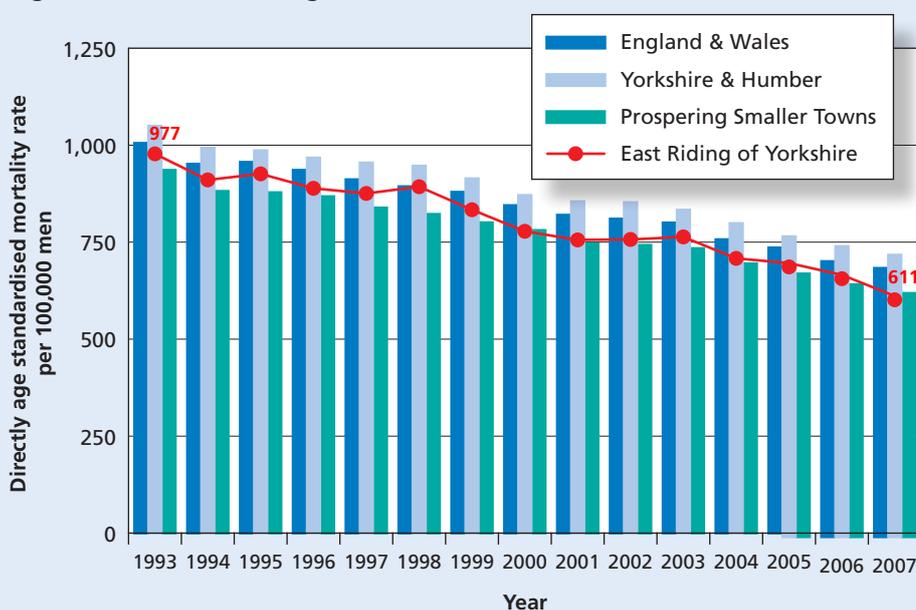
Life expectancy at birth continues to increase in the East Riding. The measure is a useful way to consider how lifespan is changing, although it is not a simple prediction of how long people actually live. Women live longer than men in the country as a whole and in the East Riding, but locally men's life expectancy is somewhat better than the national figure (see Figure 2).

Figure 2: Life expectancy at birth (in years)



Measurement of death rates is the other side of the equation and just as we look for higher life expectancy we look for lower death rates. The conclusions to be drawn from looking at death rates are similar to looking at life expectancy. When adjustments are made for the age structures of different populations, death rates for both men and women are reducing over time in the East Riding.

Figure 3: Death rates (age standardised) for men

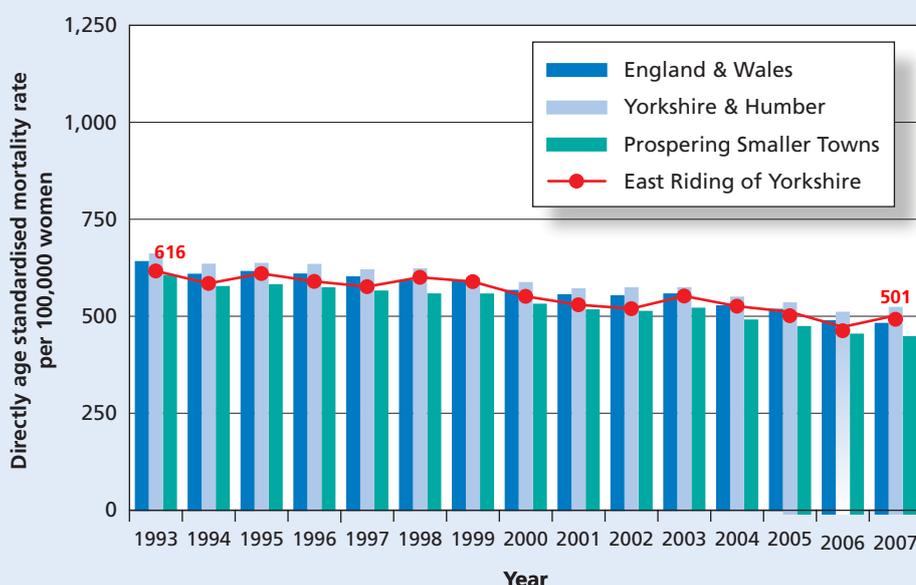


Death rates for men in the East Riding are lower than national rates and similar to rates in parts of the country similar to the East Riding (**Figure 3**).

However, death rates for women are similar to national rates and higher than similar parts of the country, although still lower than rates for Yorkshire and Humber (**Figure 4**).

Both locally and nationally death rates for women are declining more slowly than those for men.

Figure 4: Death rates (age standardised) for women





3.2 Health Inequalities

The health inequalities charts in this report show death rates for the 20% most deprived areas in the East Riding (black diamonds) and rates for the remaining 80% (red squares).

The key feature is the size of the arrow showing the gap between the rates and the level of health inequality.

As well as considering overall life expectancy and death rates in the East Riding it is vital that we consider differences between different groups of people. The most important area to consider is the inequality in death rate by material deprivation. We compare the 20% most deprived areas of the East Riding with the remaining 80%. For both men and women the death rates in the more deprived areas are considerably higher than in the rest of the East Riding (**Figures 5 and 6**).

The health inequality gap for women has been reasonably stable over the past five years. However, the gap for men continues to increase and now stands at 48%. So while the death rate for most men in the East Riding is falling considerably, the death rate for men in the most deprived 20% of areas has only fallen slightly. This issue is a major concern. Further information on various health inequalities is shown in Section 4 in relation to the different conditions.

Figure 5: Death rates and health inequalities for men

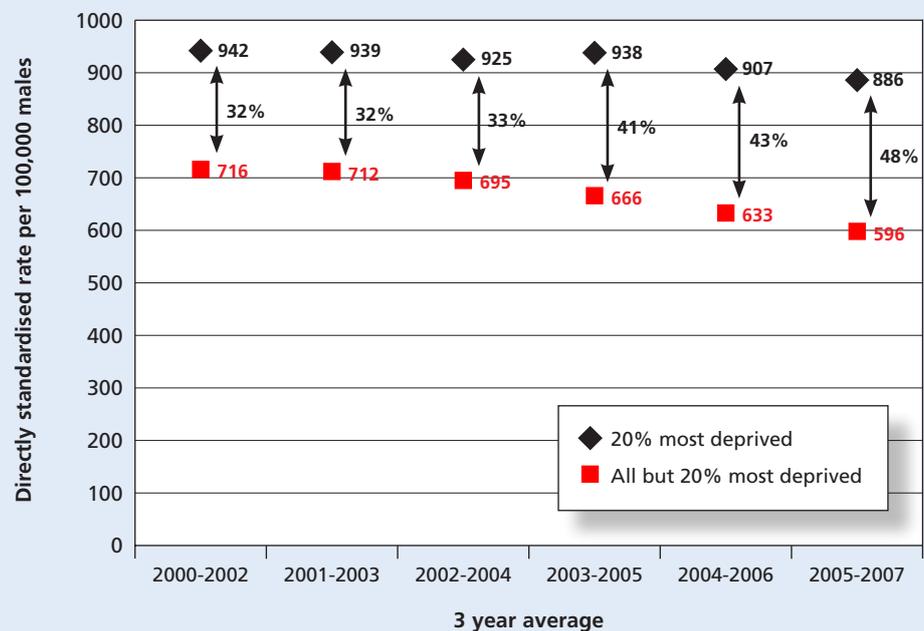
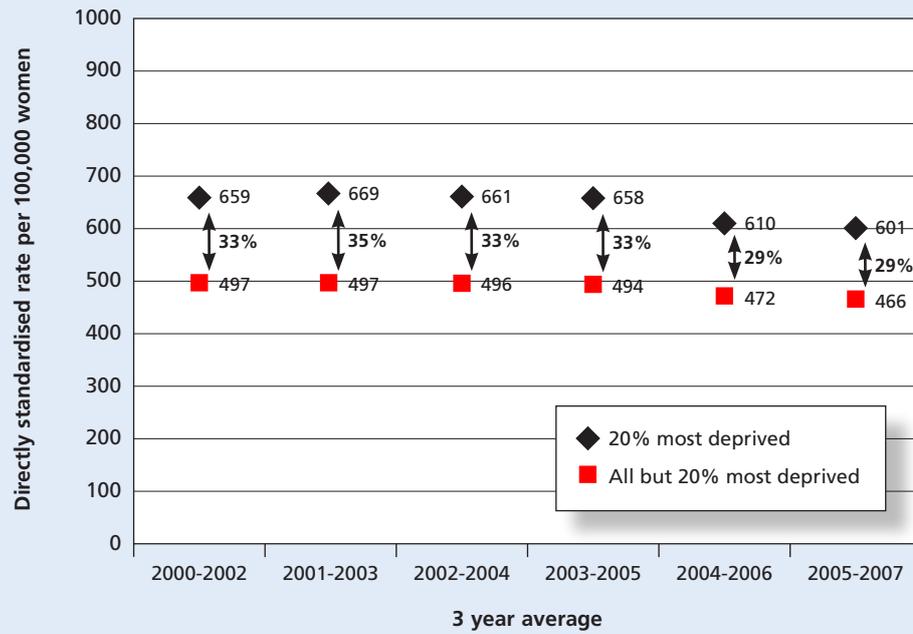




Figure 6: Death rates and health inequalities for women



Recommendation

NHS East Riding of Yorkshire, East Riding of Yorkshire Council and partners should ensure that health inequalities are addressed comprehensively in plans and targets.

4

Individual Conditions Coronary Heart Disease



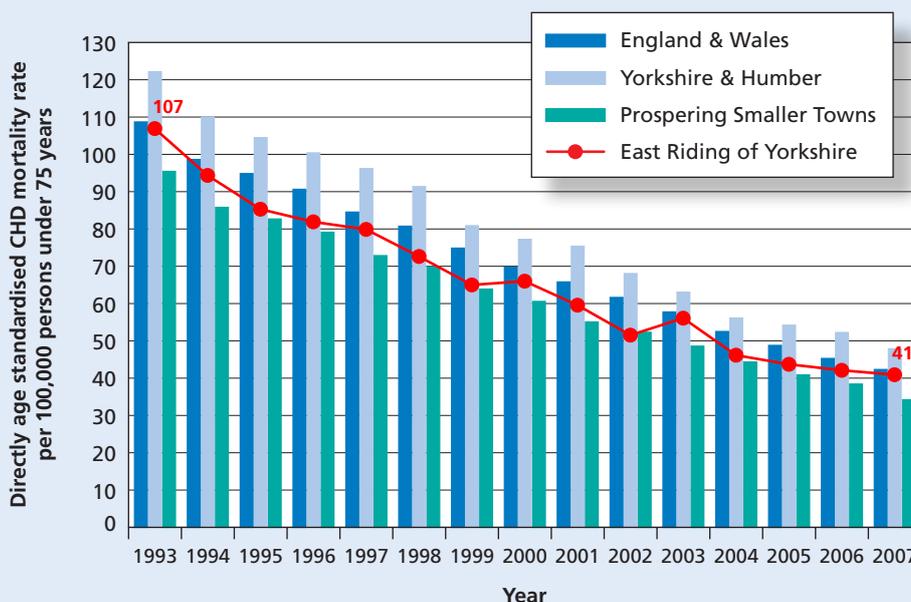
Individual Conditions

This section of the report considers several health themes or areas which have the highest priority within the East Riding of Yorkshire.

4.1 Coronary Heart Disease

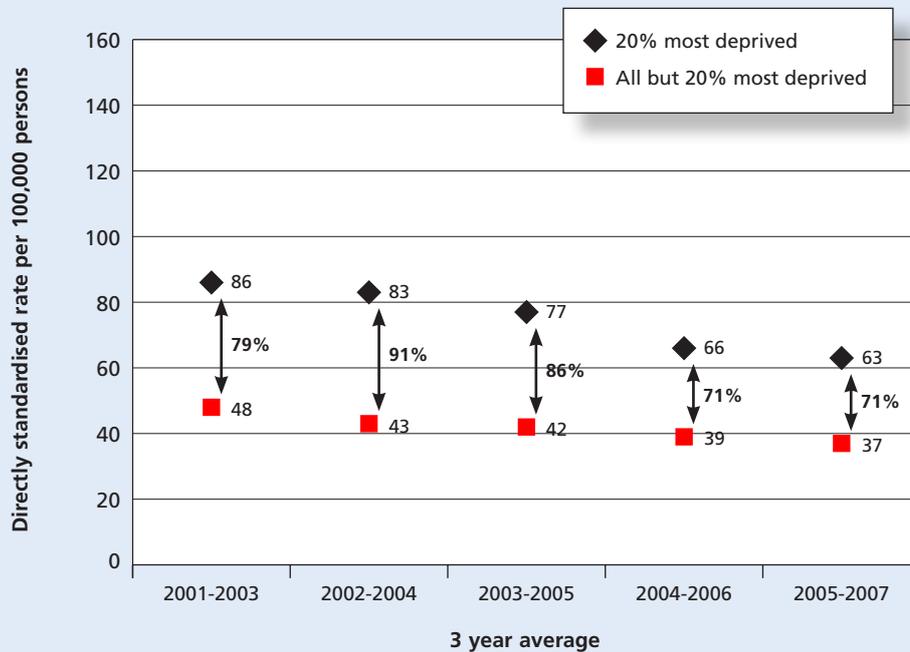
The profile of coronary heart disease (CHD) continues to improve with a steady reduction in death rate (**Figure 7**). However, death rates are only slightly lower than national figures and are higher than similar parts of the country. Rates in men are considerably higher than those among women and in 2007 there was a slight rise in male coronary heart disease deaths which may be a cause for concern.

Figure 7: Deaths from CHD in people under 75 years



The health inequality gap has narrowed considerably for coronary heart disease, with a reduction in death rate for most of the East Riding and a considerably greater reduction for people in the most deprived 20% of areas (**Figure 8**). This is likely to reflect among other things reductions in smoking rates and management in primary care.

Figure 8: Coronary heart disease and health inequalities



Individual Conditions

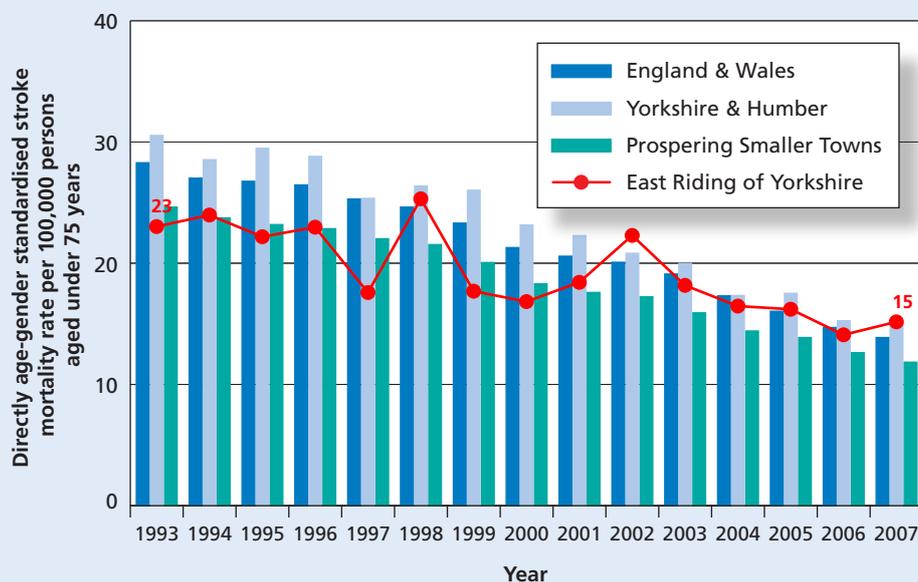
Stroke



4.2 Stroke

Information about stroke is less encouraging than for CHD. There is an overall downward trend in stroke deaths locally, but this is much less pronounced than nationally, regionally or in similar areas (**Figure 9**). This is a cause for particular concern and attention.

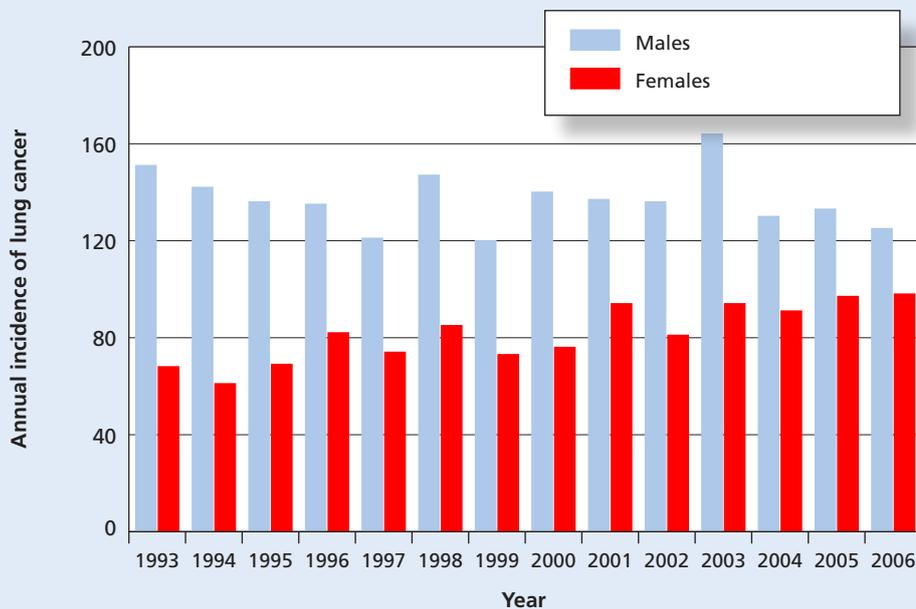
Figure 9: Deaths from stroke in people under 75 years



4.3 Cancers

Lung cancer is an important disease because of the large number of people who suffer from the condition, the challenges in treatment and the great potential for prevention especially through quitting smoking. Cases of lung cancer among men are falling slightly, but there is a worrying trend for an increase among women (**Figure 10**). There is also a gradual decline in death rate from the disease, but death rates are still higher than for similar parts of England (**Figure 11**).

Figure 10: Number of people developing lung cancer in the East Riding





4.3 Cancers (continued)

The rise in the health gap for lung cancer among men was highlighted in last year's report. The gap in death rate between most of the East Riding and the most deprived 20% had been increasing considerably.

The latest figures show that the gap has now reduced and there is a reduction in death rate for both groups in the East Riding, but faster for men in deprived areas.

This is encouraging, but the position needs close attention to see if there is a continued trend for the gap to narrow.

Figure 11: Death rate from lung cancer in the East Riding

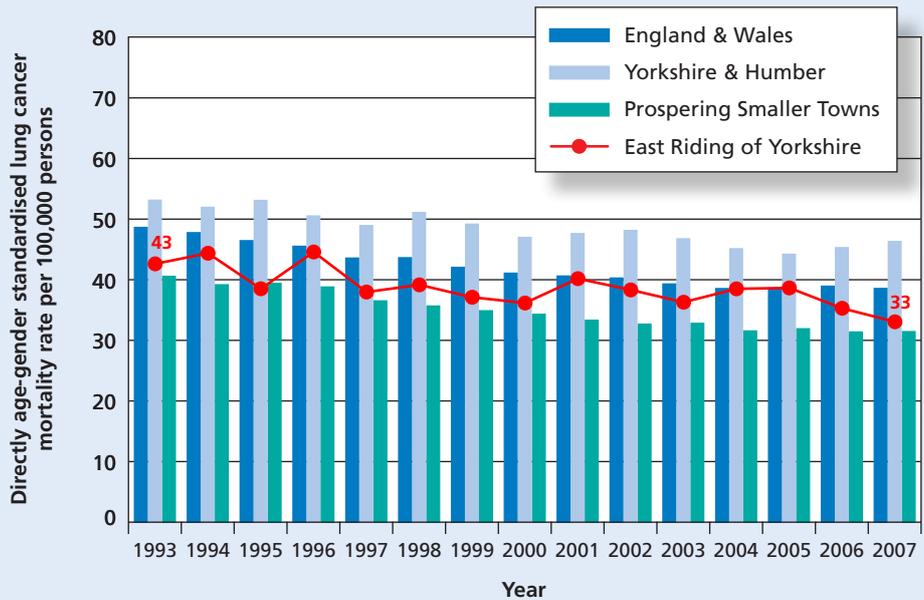
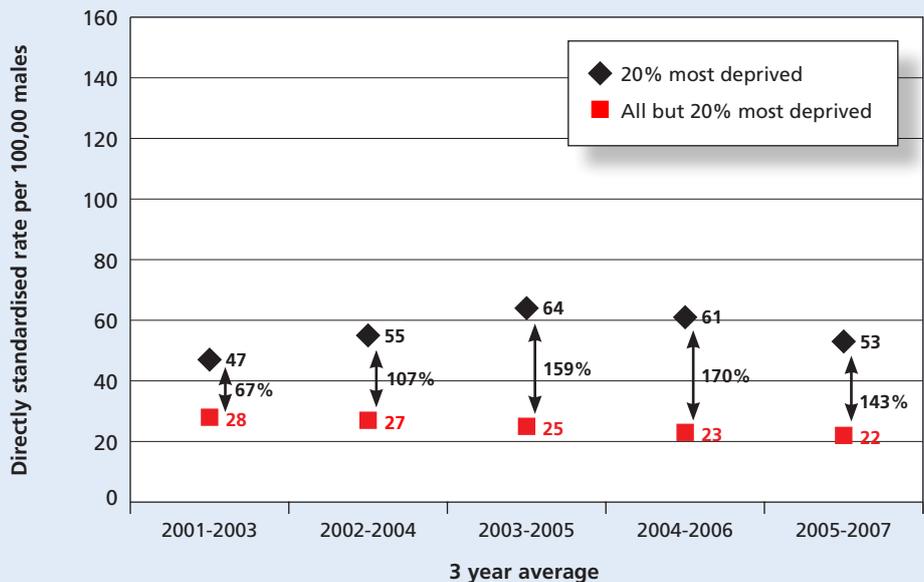


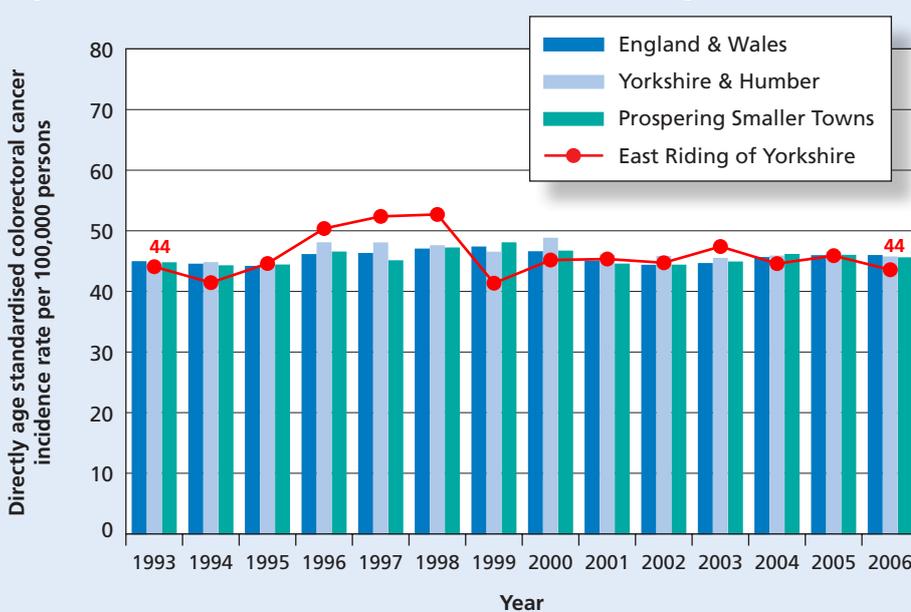
Figure 12: Health inequalities and lung cancer



Many different cancers cause illness and death in the East Riding. Some cancers such as breast cancer and cervical cancer have longstanding screening programmes designed to detect early changes and stop cancer developing. Recently a screening programme for bowel cancer (also known as colorectal cancer) has been introduced. This should reduce the death rate from bowel cancer. Current figures show little change in incidence of bowel cancer over the years (**Figure 13**) and with the ageing local population it is particularly important to have early detection in place.



Figure 13: Incidence in bowel cancer in the East Riding



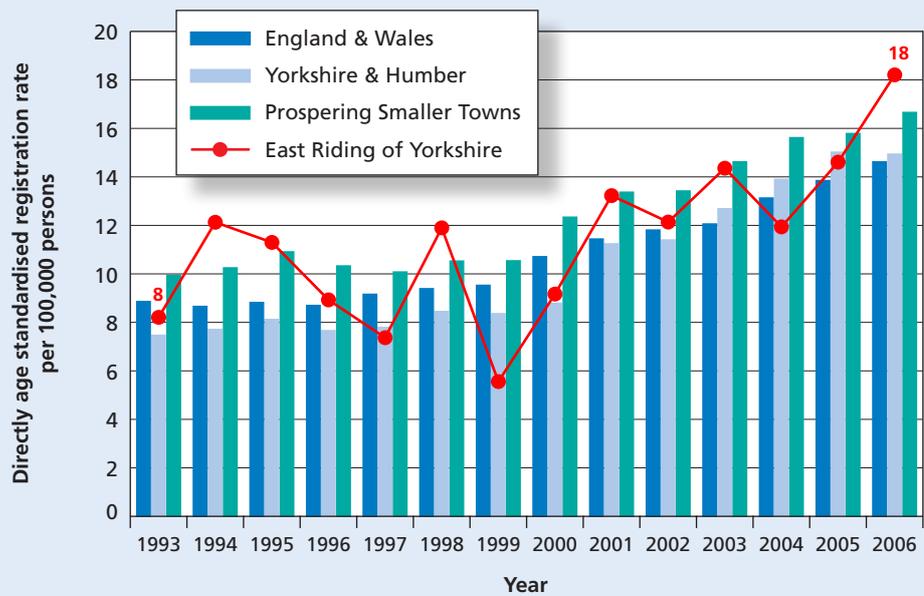
Individual Conditions
Cancers



4.3 Cancers (continued)

The most common form of cancer affecting local people is skin cancer. In the great majority of cases of skin cancer can be cured. However, malignant melanoma is a particularly serious form of skin cancer that can spread and lead to serious illness and death if not treated appropriately at an early stage. **Figure 14** shows the rise in cases of skin cancer locally. The figure for 2006 is higher than figures nationally, regionally or in comparative areas. It is important that further work is done in the East Riding and surrounding areas to raise the awareness of skin cancer and build on previous successful work over recent summers.

Figure 14: Melanoma skin cancer rates in the East Riding



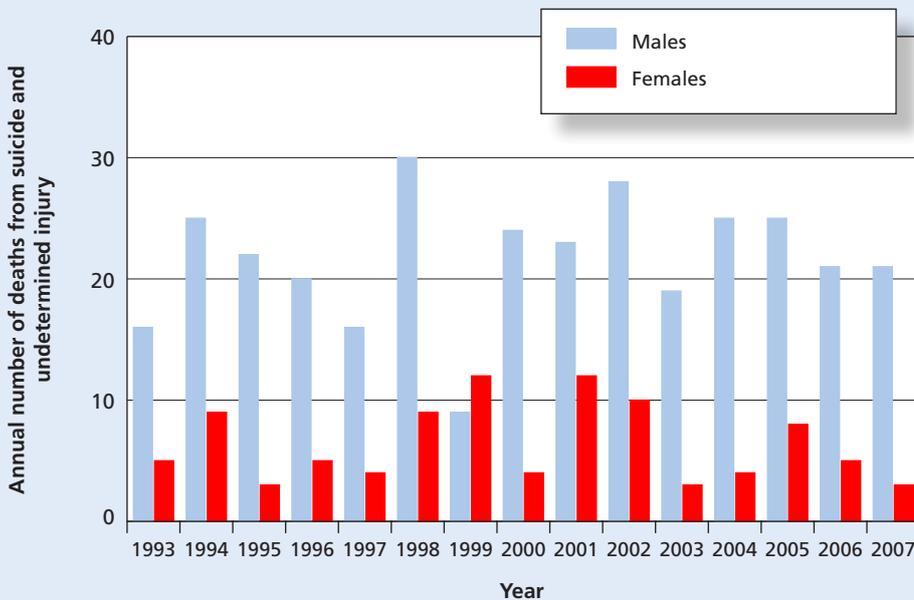


4.4 Mental Health

Measuring trends in mental health is best done through a range of measures and no one statistic can give adequate information. Documents such as the Joint Strategic Needs Assessment need to be consulted for further information. Suicide statistics are often used to consider mental health. Many suicides are not connected with mental health problems, but **Figure 15** is included here to emphasise the importance of both suicide and more general mental health issues. No clear trend is apparent, but the numbers do indicate a continuing challenge to address.



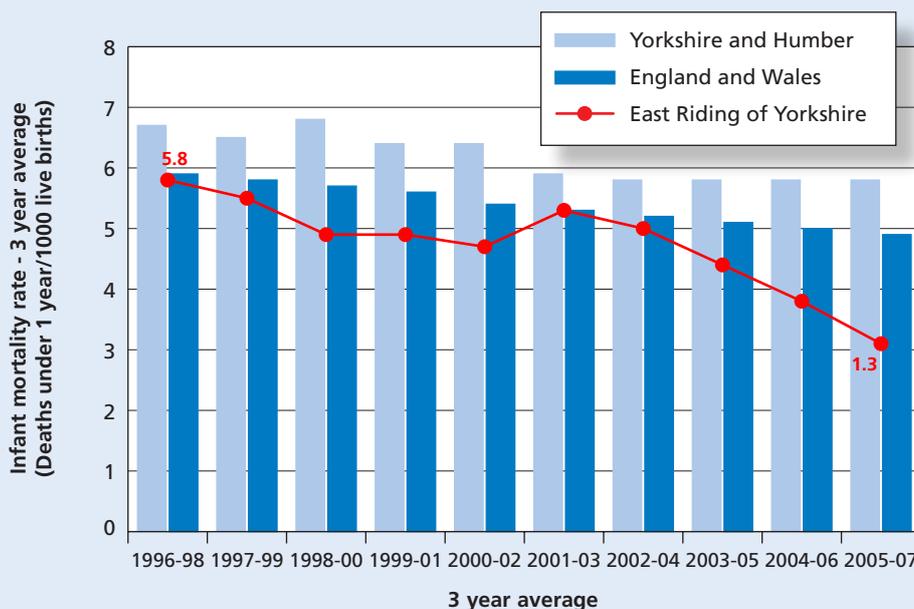
Figure 15: Number of deaths from suicide or undetermined injury



4.5 Child Health

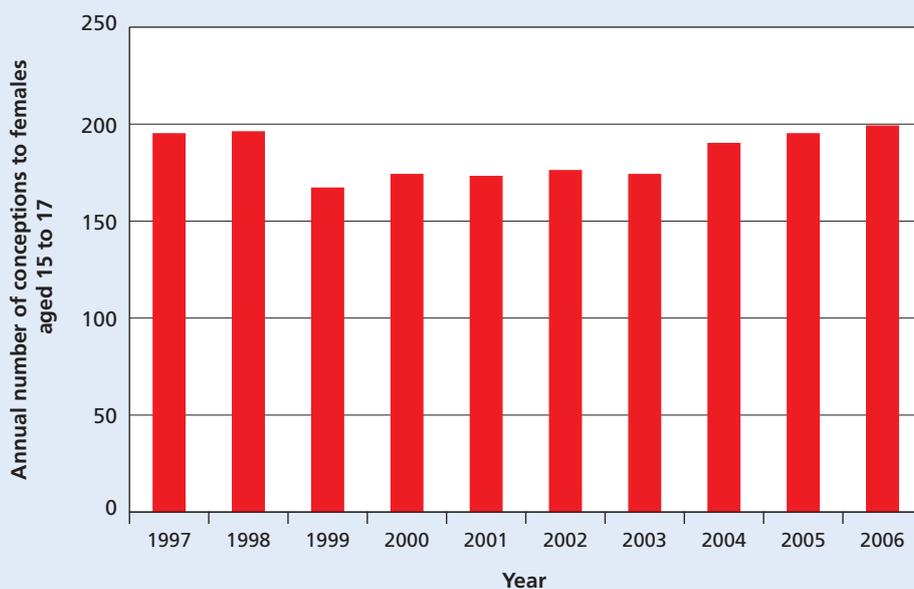
There has been some concern in the past regarding deaths among babies and children aged less than one in the East Riding. This is known as the Infant Mortality rate. Latest figures show that there is a continued steady fall in the overall rate (**Figure 16**). The possibility of higher rates in certain groups within the local population still needs to be monitored.

Figure 16: Infant mortality rate - 3 year average



The trend is not so encouraging for teenage pregnancy rates. These are low overall and progress is being made in parts of the East Riding, but rates are not falling (**Figure 17**).

Figure 17: Number of teenage pregnancies (aged 15-17)



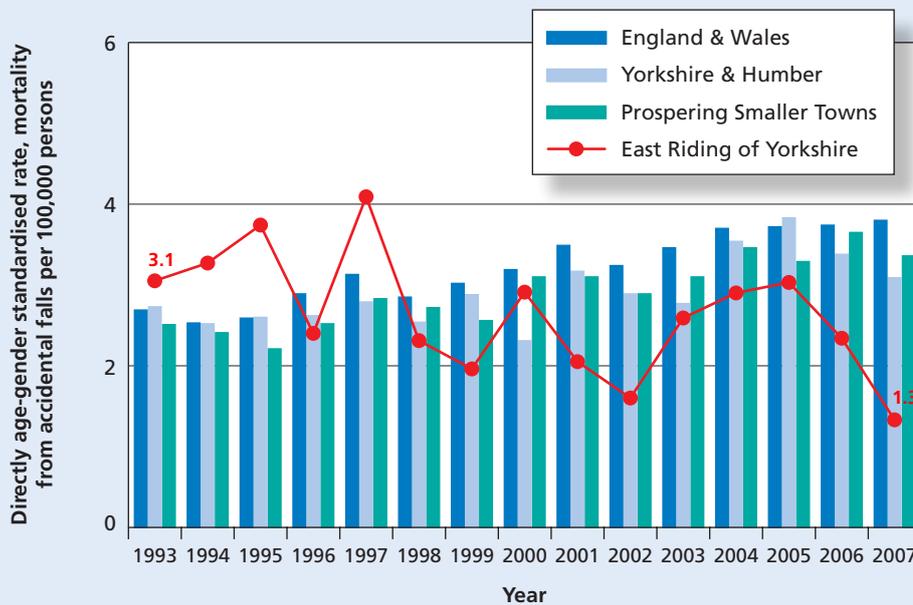


4.6 Health of Older People

Older people have many health needs. Coronary heart disease, stroke and cancer are all important for older people and dementia is an increasing issue. One area where work has been undertaken over the last few years in the East Riding is in the prevention of falls. Information about the death rate from falls in all ages shows that good progress is being made in the East Riding, especially in comparison with other areas (**Figure 18**).



Figure 18: Death Rate from Accidental Falls



Recommendations

NHS East Riding of Yorkshire should pay particular attention to reducing stroke deaths

NHS East Riding of Yorkshire and partners should continue to work to reduce lung cancer incidence, deaths and health inequalities.

NHS East Riding of Yorkshire should work with partners within the East Riding and elsewhere to build on previous work aimed at reducing skin cancer incidence.



Lifestyle Survey

During January and February 2009 a health and lifestyle survey was carried out within the East Riding of Yorkshire by postal questionnaire, commissioned by NHS East Riding of Yorkshire. The aim was to discover more about the health and healthy behaviour of local people, so that services can be better designed to meet local needs. A similar survey was carried out in 2003 and so comparisons over time are possible. For the 2009 survey, the response rate was just over 50% and responses were received from 6380 people, 3130 men and 3250 women.



5.1 Overall Health

People's perception of their own health is slightly better now than in 2003. In 2009, 48.1% of people reported their health to be "excellent" or "very good" compared with 45.2% in 2003. Analysis across age bands also showed little difference. An additional question asked about how people rated their health now, rather than 12 months ago. Again there was little difference either overall or across the various age bands, with 13.0% of respondents in 2003 and 11.7% in 2009 reporting declining health. Both surveys asked two questions that mirrored those in the 2001 census, to determine the proportion of people who have a longstanding illness or disability that limits their daily activities. There was little change over time with 23.6% of respondents in 2003 and 21.5% in 2009 reporting that this was the case.

5.2 Obesity, Smoking and Alcohol

The lifestyle survey asked a range of questions on three of the most important factors that influence our health: obesity, smoking and consumption of alcohol. Results are based on people's own reporting of their characteristics or behaviour, but since reporting was anonymous the results are likely to be reasonably accurate.

Obesity was measured by calculating body mass index (weight in kg divided by height in m²). The prevalence of obesity was 20% for both men and women, but there were more men in the East Riding who were overweight and more women at an ideal weight (**Figure 19**). Obesity was most common among men aged 35-64 and was less common in younger people for both men and women. There was a trend for obesity to be more common among people from more deprived areas, but this was not pronounced (**Figure 20**).



Smoking prevalence appears to be decreasing in the East Riding, along with other parts of the country. Since smoking causes serious long-term health problems, the fact that the highest proportion of smokers is in the 20-34 age band is of particular concern, as is the relatively high proportion of women aged 16-19 who report that they are smokers (**Figure 21**). There is a more marked relationship between smoking and deprivation than with obesity. Smoking is considerably more common among people who live in deprived areas (**Figure 22**).

Figure 19: Body mass index categories

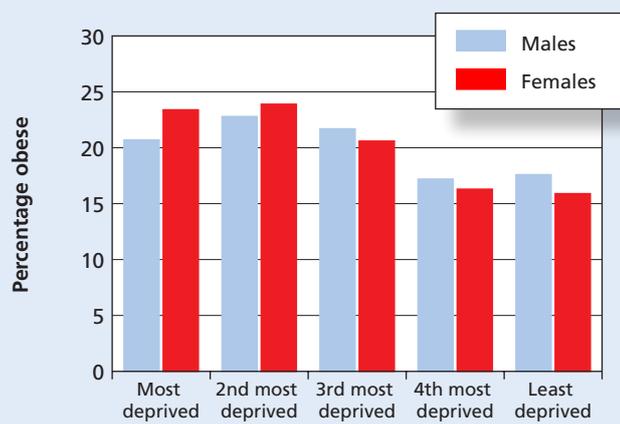


Figure 20: Obesity and deprivation

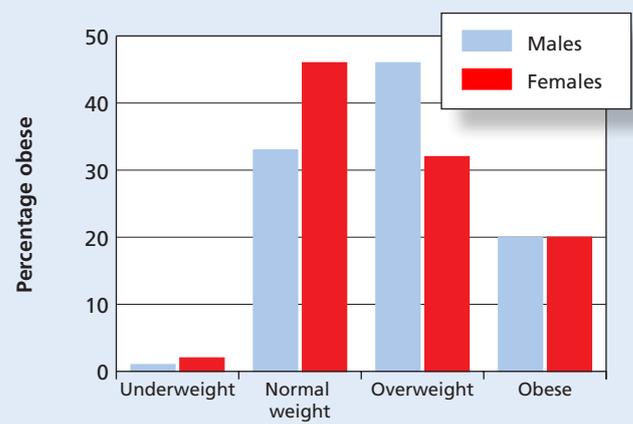


Figure 21: Smoking and age

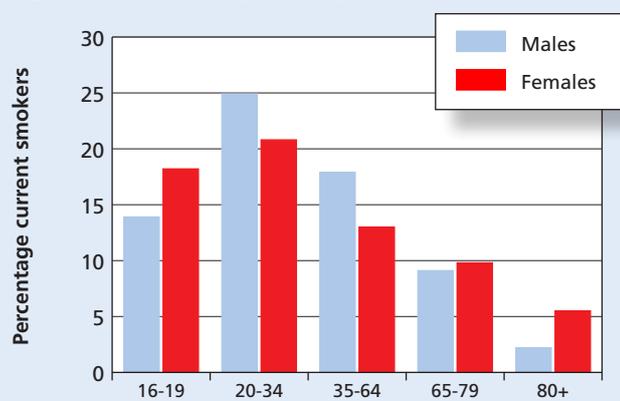
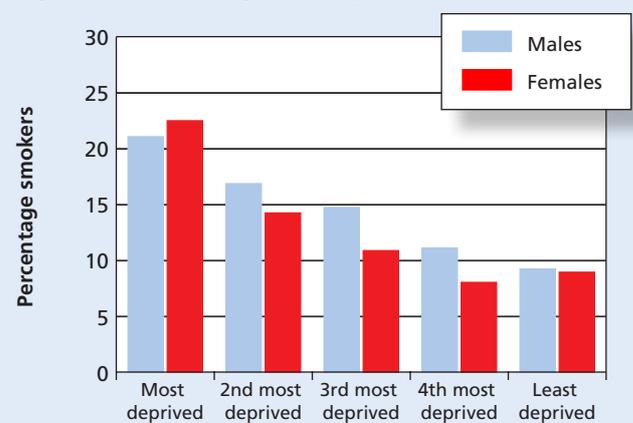


Figure 22: Smoking and deprivation



Lifestyle Survey

Obesity, Smoking and Alcohol

Alcohol consumption is difficult to measure through a postal questionnaire. However, the results suggested that around 15% of men and more than 10% of women are drinking to unsafe levels (**Figures 24 and 25**). There is no clear age pattern but other information from the survey suggests that young people may be more likely to underestimate their consumption.

The lifestyle survey contains much more information about a range of themes that are important for the health of people in the East Riding. Information is also available at local levels.

The large number of respondents means that many people are likely to have responded from even relatively small areas so that good local information can be available.

A more detailed report from the survey will soon be produced.

Figure 23: Quantity of alcohol consumed by age band - males

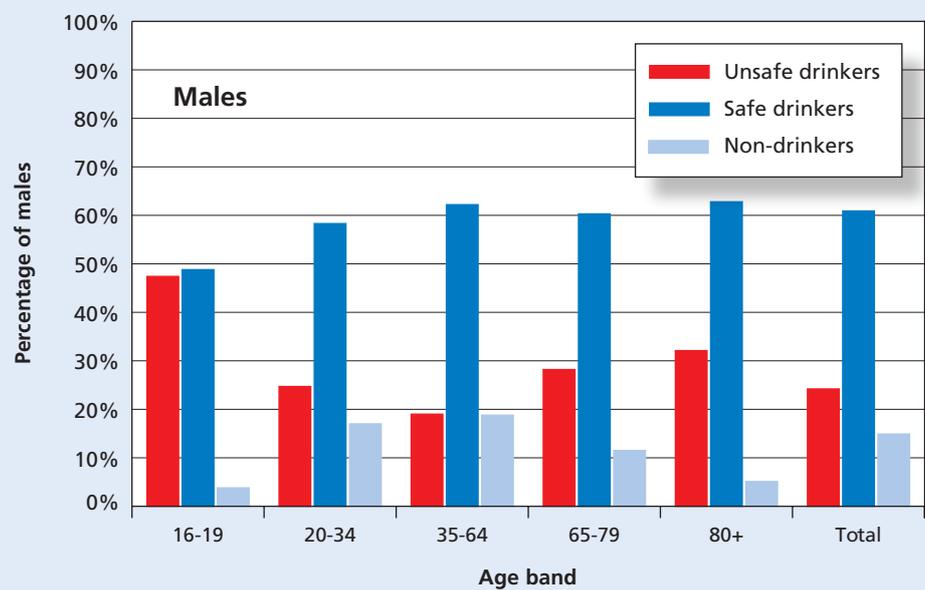
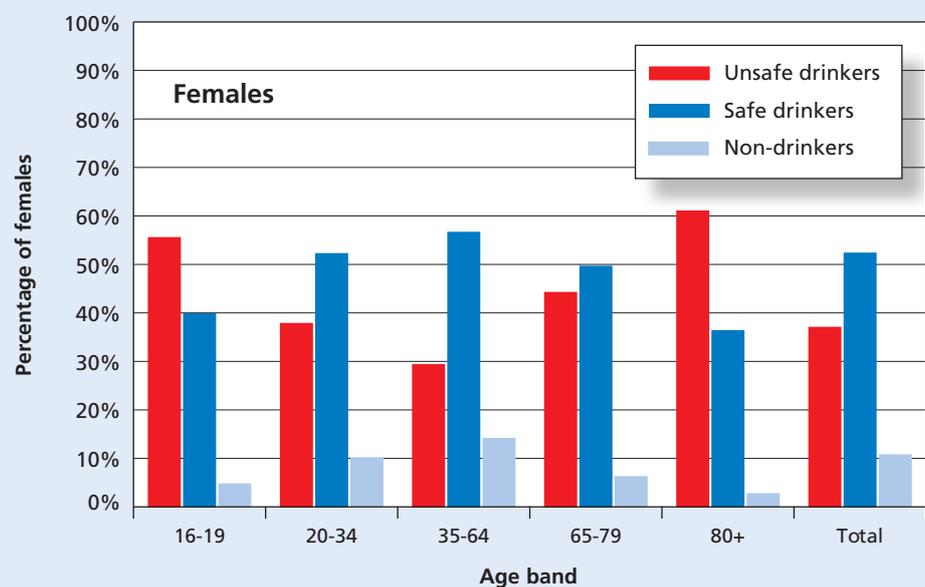


Figure 24: Quantity of alcohol consumed by age band - females



Recommendations

All partners in the East Riding of Yorkshire should continue to tackle smoking, obesity and alcohol misuse.

There is a particular need to address these issues among young people.



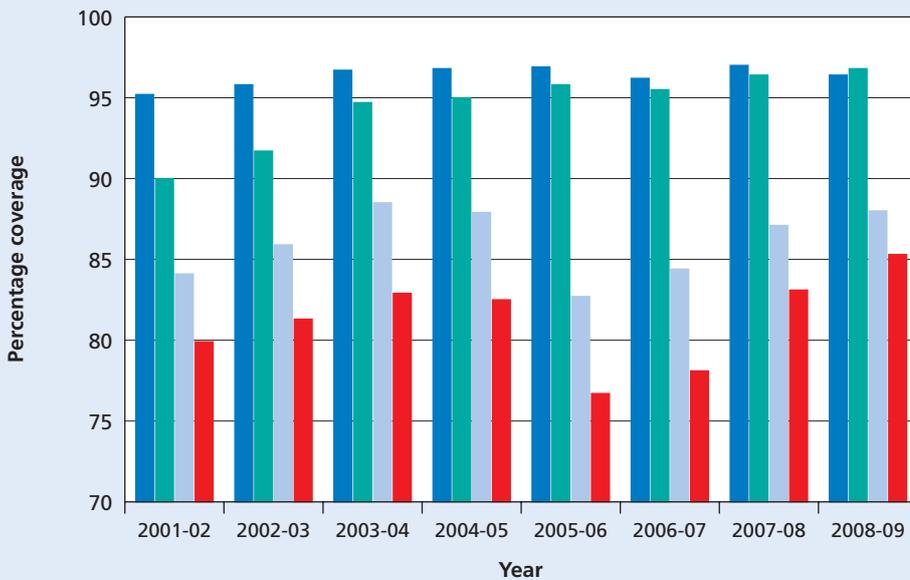
Health Protection

Health Protection

Pandemic influenza has been the principal focus of recent health protection activity, but activity is at too early a stage to include it in this report. Immunisation will be an important way to prevent spread of pandemic influenza, but it also continues to be important in the prevention of a large number of conditions. Local childhood immunisation rates remain good as shown in Figure 25, but there is still plenty of scope for improved uptake, for example in the case of Measles, Mumps and Rubella (MMR).



Figure 25: Immunisation rates by age five



- D3: Diphtheria, Tetanus, Pertussis (Whooping Cough), *Haemophilus influenzae* and Polio at four months of age
- Men C: Meningitis C
- D4: Diphtheria, Tetanus, Pertussis (Whooping Cough), *Haemophilus influenzae* and Polio at around four years of age
- MMR2: Measles, Mumps and Rubella at around four years of age

Recommendations

NHS East Riding of Yorkshire should continue to work with partners including the Health Protection Agency to tackle swine influenza and to encourage uptake of immunisation



Progress on recommendations from the 2007-08 Report

This chapter contains the recommendations from the 2007-08 Report and brief 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 be aware of the changes in population age profile as part of health and social care planning.

Age structure and its implications are major features of the East Riding's Health Strategy which has recently been produced.

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.

Progress on tackling health inequalities is covered within this report and various initiatives such as Health Trainers are designed to address health inequalities in the overall context of community regeneration.

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

Health inequality work includes work targeting men in deprived areas and one specific example of forthcoming work relates to early diagnosis of lung cancer.

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

NHS East Riding of Yorkshire has purchased a database that will allow information to be far more available for small areas and this will be included within the refreshed Joint Strategic Needs Assessment for 2009.

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.

There is good progress on Local Area Agreement Targets. Specific joint Local Strategic Partnership projects have been undertaken in relation to smoking cessation and tackling obesity.

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

A wellbeing strategy has yet to be produced, although elements of wellbeing are covered within the overall Health Strategy. The specific work is planned for 2009/2010.

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

Immunisation is covered within the main report and progress is encouraging. The HPV immunisation programme has been implemented in schools across the East Riding.

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

The work of the Health Protection Partnership Board continues and there is evidence of excellent local partnership working, for example in the management of swine influenza.

