

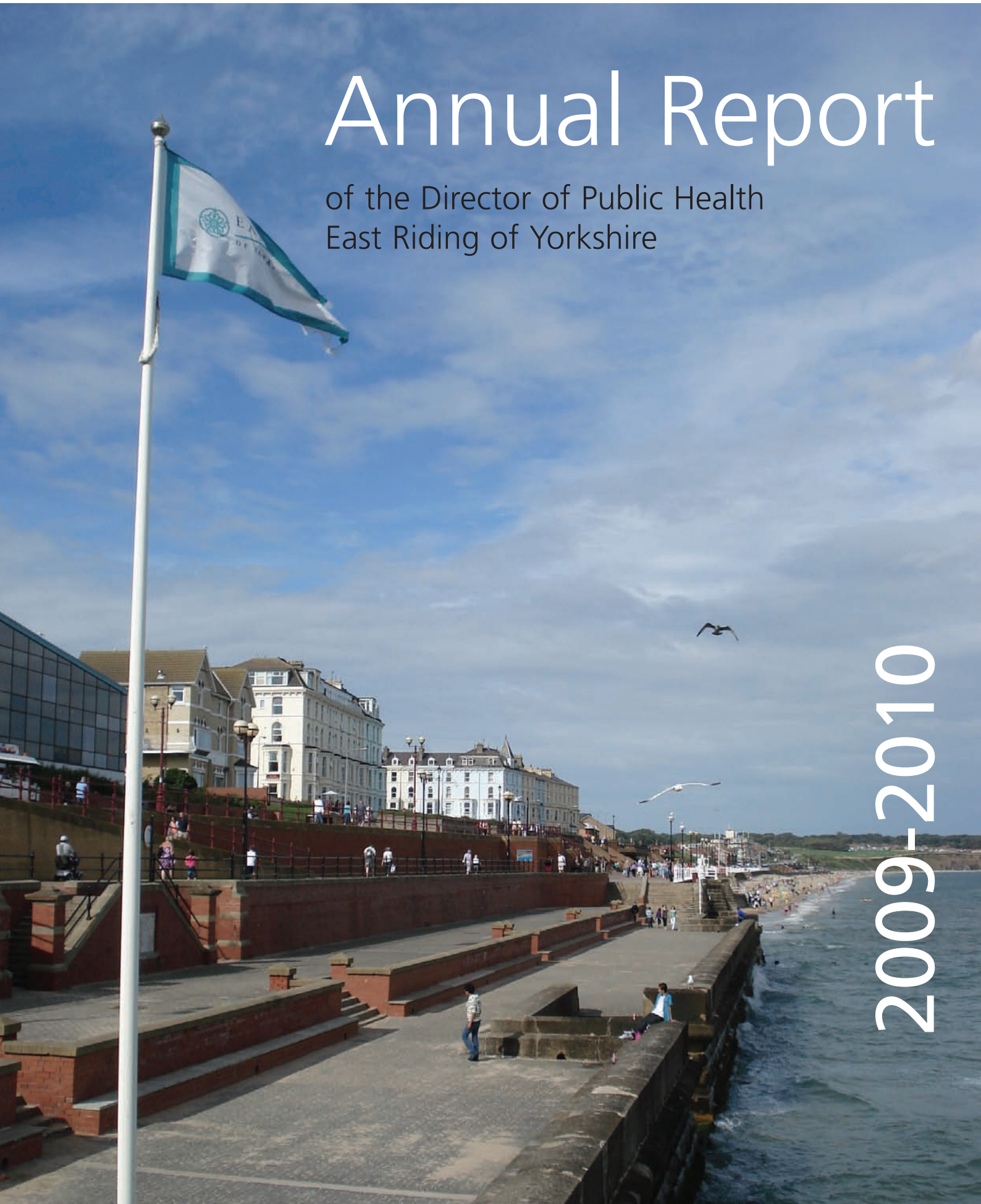


East Riding of Yorkshire

Annual Report

of the Director of Public Health
East Riding of Yorkshire

2009-2010



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Slope index of inequalities data

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Life Expectancy; Infant mortality rate; deaths from CHD, deaths from Stroke, deaths from Lung Cancer, deaths from Colorectal cancer

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Breast Feeding

Eastern Public Health Observatory (ERPHO)

Under 18 Teenage Conception Rates

East Riding of Yorkshire Council Data Observatory

Maps of East Riding of Yorkshire

Health Protection Agency

Immunisation; HIV

Office for National Statistics (ONS)

Population Projections; death rates and health inequalities (from Annual District Death Extracts which are not available via web-site)

Projecting Older People Population Information System (POPPI)

Projected Growth in Dementia, Diabetes, COPD

The NHS Information Centre

National Child Measurement Programme (NCMP)

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Executive Summary

This report presents an independent view of the health of the people of the East Riding of Yorkshire. Life expectancy and other measures of health continue to improve, but there remain areas of concern such as tackling health inequalities and deaths from lung cancer. Several issues are considered in sections of the report, including HIV, healthy weight and reviews of premature deaths.

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

The current and forecast age structure of the local population and the importance of local health inequalities should continue to be given high priority in health planning during the transition to new commissioning arrangements.

Work to tackle health inequalities in the East Riding should ensure that the particular needs of the most deprived 10% of the population are addressed.

NHS East Riding of Yorkshire should closely monitor progress in improving stroke care and reducing the death rate from stroke.

Work to reduce the death rate from lung cancer should continue to have a high priority.

Commissioners and providers of health and social care should prioritise future needs for people with long term conditions.

Work should continue to increase immunisation uptake in the East Riding both for children and for adults.

Work should be undertaken to reduce stigma and increase knowledge about HIV infection.

Work should continue to encourage breast feeding, especially as part of tackling health inequalities.

Further analysis of information about overweight and obesity should take place, identifying needs for targeted actions.

Specific additional evidence based activities aimed at encouraging healthy weight should be commissioned for children and adults.

The possibility of combining information from different death reviews and other similar sources of information should be formally considered during the forthcoming year.





Introduction



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about the report, please
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This is my eighth annual report as Director of Public Health and my third as a joint appointment between NHS East Riding of Yorkshire and East Riding of Yorkshire Council. The aim of the report continues to be to present a picture of the state of health in the East Riding of Yorkshire and to make recommendations for improvement in health.

This report is independent and is presented to local organisations, rather than approved by them. However, organisations are encouraged to implement the recommendations.

The origins of this independence go back to the reports from Medical Officers of Health for Local Authorities. Links between public health and local government have always been strong and the underlying determinants of health such as education, employment and housing are predominantly the domain of local government rather than the National Health Service. This connection in terms of organisations was weakened in the public service reorganisations of 1974 when public health departments moved from local government to the NHS, although many public health services remained with councils. The new White Paper *Liberating the NHS* puts forward a strong role for public health with the Director of Public Health employed by councils. This move back to local government has good opportunities for improving local health, but the details are awaited in the Public Health White Paper due at the end of 2010. It is important that connections with the NHS and other local organisations continue to be strong, especially as arrangements for commissioning health services change.

Regardless of organizational changes, our over-riding concern is to improve the health of local people. Overall the health of people in the East Riding continues to improve, although there remain concerns, including tackling health inequalities and reducing deaths from lung cancer.

This report has a similar structure to that in previous years, but also covers new areas. The first sections outline the circumstances and health of the East Riding population. This is followed by a section on health protection, including HIV. Healthy weight is an important factor in living a healthy lifestyle and in the prevention of illness and a section is devoted to this. Sometimes these reports are seen to be concentrating on death and on death rates. To some extent this is a result of the nature of the information that is collected. However, premature deaths are things that we should seek to avoid wherever possible. Several reviews are carried out into deaths locally and these are considered in a section of this report. The final section of the report considers recommendations from the report last year and how they have been addressed.

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.



People in the East Riding of Yorkshire

The population structure of the East Riding has been highlighted in reports in previous years. There is a greater proportion of older people in the East Riding than in the national population, while overall levels of deprivation are similar to the national average.

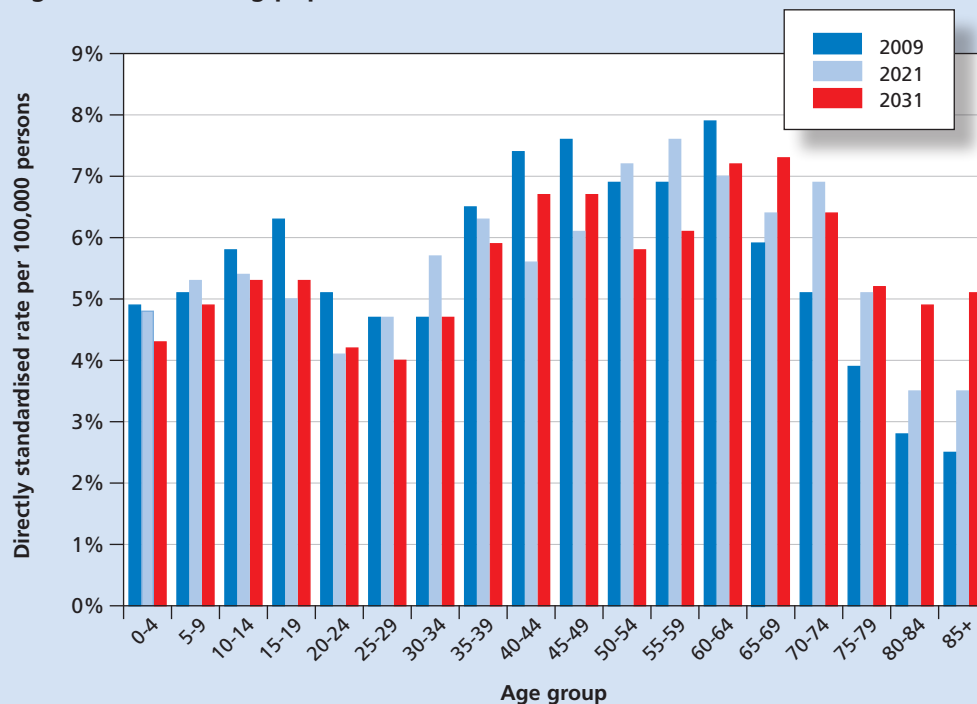
We need to keep these factors in mind when looking at the health of the local population and planning services to improve health. Also, we should be prepared for changes in the future.

This shows that the proportion of older people is set to continue to rise, with more than 5% of the population predicted to be aged over 85 by 2031. Changes like this will have a major impact on health needs, as shown later in this report in relation to long term conditions.



Figure 1 shows population projections for 2021 and 2031 by age group.

Figure 1: East Riding population structure





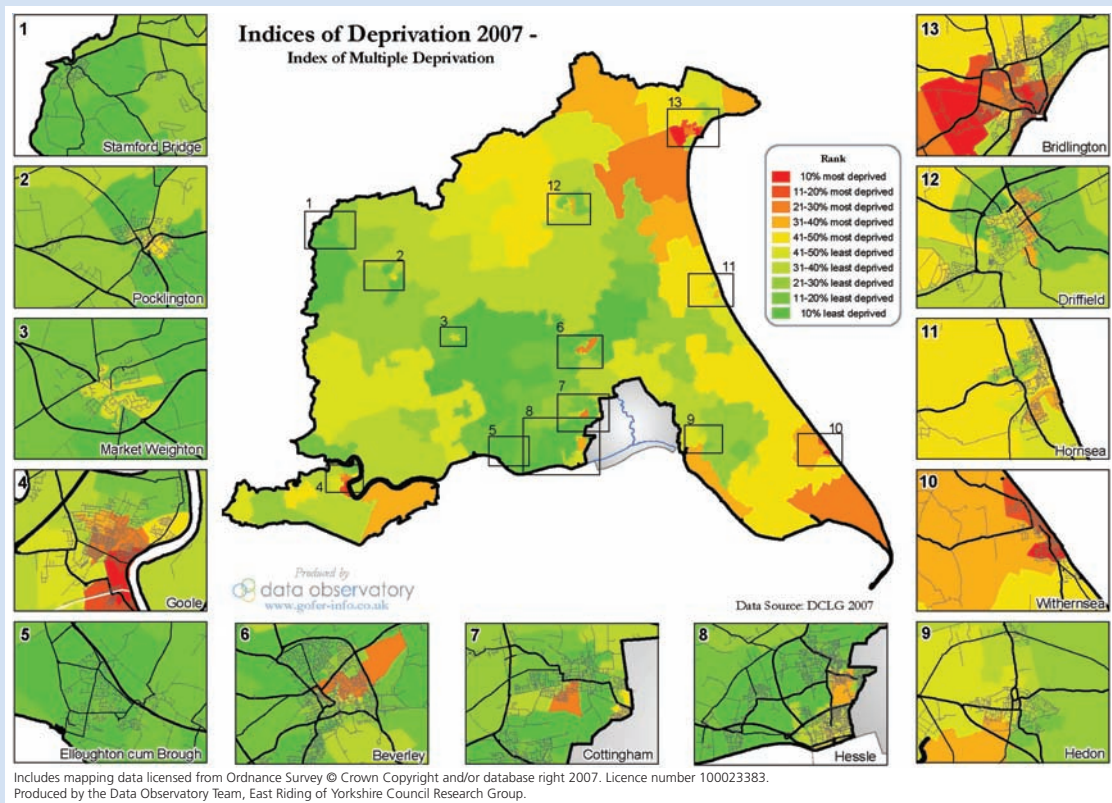
People in the East Riding of Yorkshire

Recommendation

The current and forecast age structure of the local population and the importance of local health inequalities should continue to be issues given high priority in health planning for the East Riding of Yorkshire during the transition to new commissioning arrangements.

Material deprivation is one of the most important factors in predicting which groups of people have the greatest health needs. Methods for calculating deprivation do change, but the parts of the East Riding of Yorkshire that are shown to have the highest deprivation and the highest health needs remain reasonably constant. As shown in **Figure 2**, the greatest levels of deprivation are found in Bridlington, Goole and Withernsea. Efforts to tackle health inequalities need to consider these particular locations, while also taking into account poor health in other geographical areas and among particular groups of people.

Figure 2: Map of material deprivation in the East Riding of Yorkshire



Key Health Trends

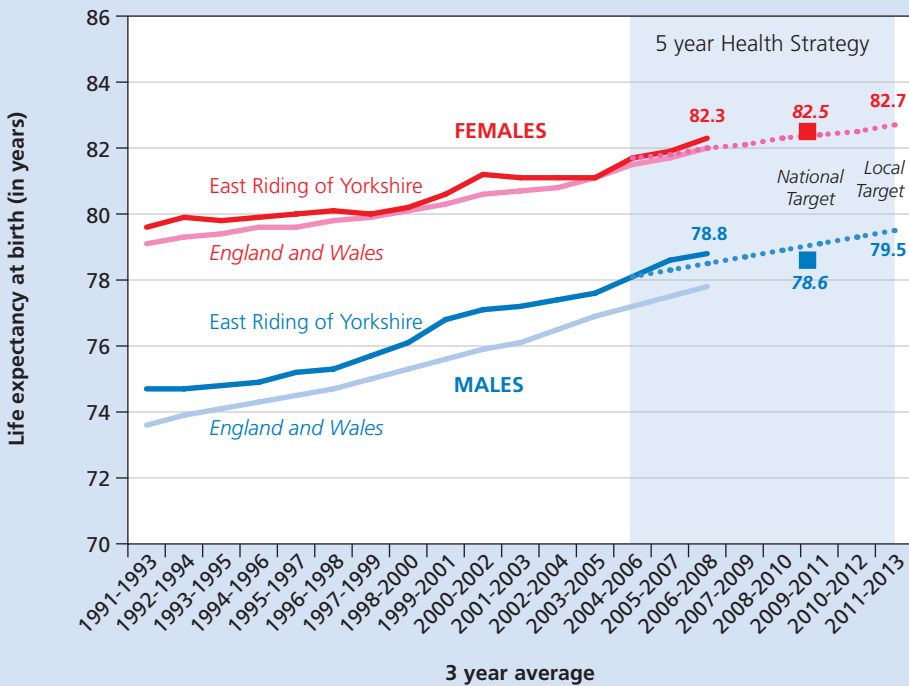
This section of the report considers trends in health statistics. Many of these have been included in previous reports. There may be variations from year to year, but it is important to monitor trends over several years and consider whether there are actions that need to be taken.

3.1 Life Expectancy

Overall life expectancy within the East Riding continues to rise both for men and women (**Figure 3**). The local picture is similar to the national one. The gap in life expectancy between men and women has narrowed over the past 15 years.



Figure 3: Life expectancy at birth (in years)



Key Health Trends

Health Inequalities

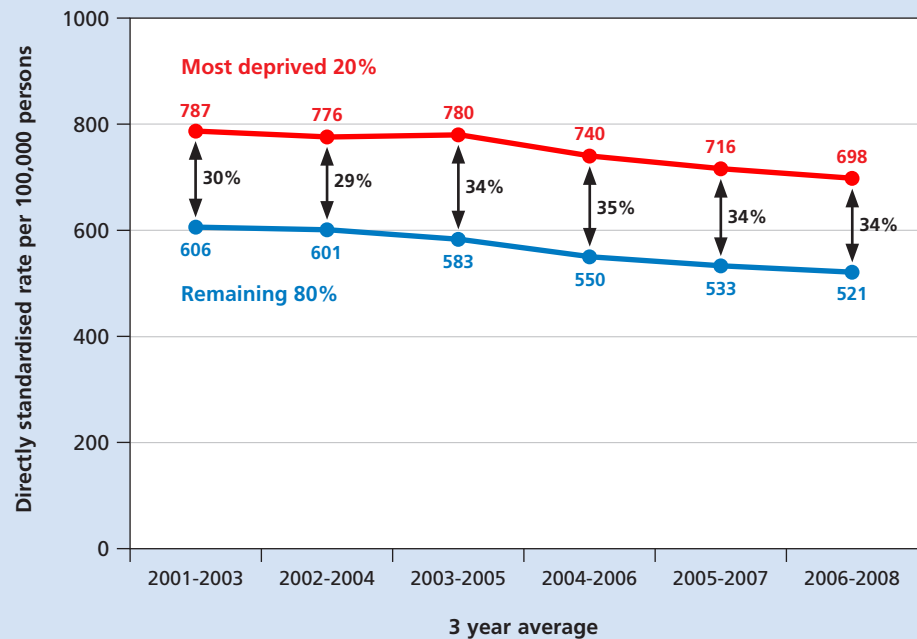


3.2 Health Inequalities

While overall life expectancy continues to rise locally and the gap between men and women narrows, health inequalities relating to material deprivation still continue.

Figure 4 shows the death rates for people living in the 20% most deprived parts of the East Riding compared with those living in other parts of the East Riding. There is a decline in the rate for both groups, which is welcome, but the gap between the groups has not narrowed. This continued level of inequality remains a concern.

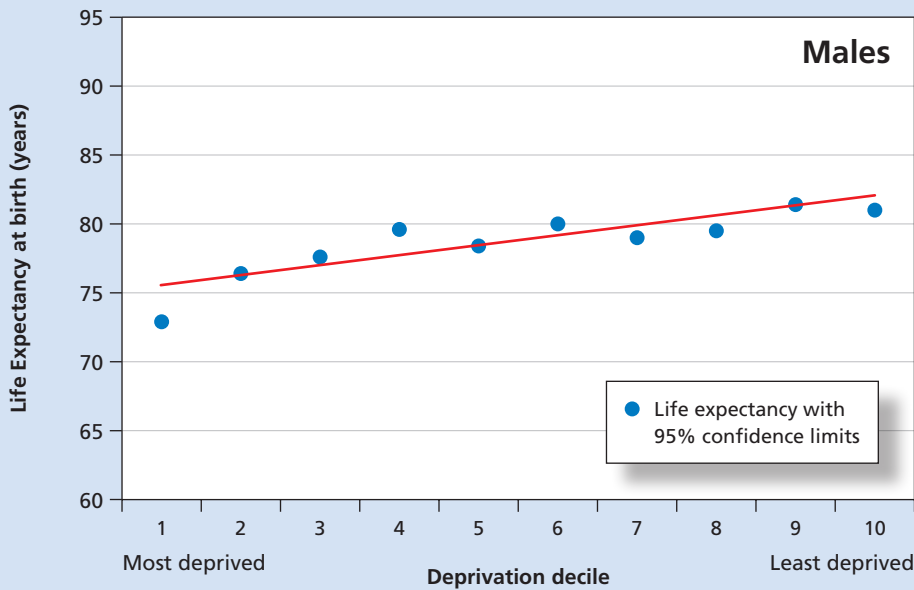
Figure 4: Death rates and health inequalities over time (East Riding)



A relatively new way of measuring health inequalities within an area has been developed and this is called the slope index as shown in figures 5 and 6 on the next page. In the slope index chart, the area such as the East Riding is divided into ten groups of equal size based on deprivation. Life expectancy is calculated for each of these ten groups and they are plotted on a chart. A line is drawn that best fits the points and the slope of this line indicates the level of health inequality. If the line is steep, then there is a bigger difference in life expectancy according to deprivation.



Figure 5: Slope index for men (life expectancy by deprivation, East Riding 2004-08)



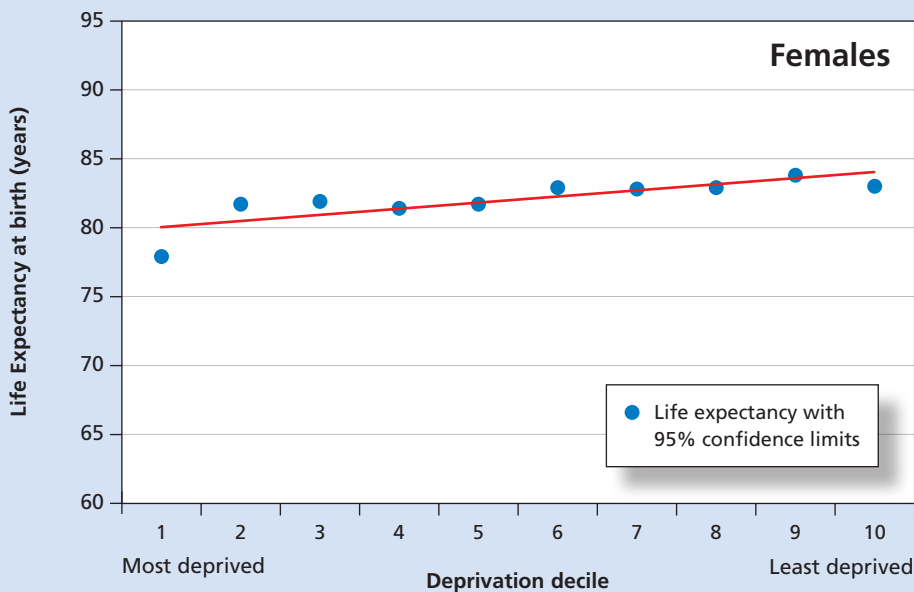
Figures 5 and 6 show the slope index for the East Riding for men and women respectively.

In both cases the level of health inequality is relatively low when compared with other parts of Yorkshire and Humber.

However, for both men and women the group with the highest level of deprivation has a life expectancy that is considerably lower than the other groups and lower than the best fit line on the chart.

This suggests that the most deprived parts of the East Riding have particularly low life expectancy and this indicates that specific work is likely to be needed to tackle this.

Figure 6: Slope index for women (life expectancy by deprivation, East Riding 2004-08)





Key Health Trends
Individual Conditions



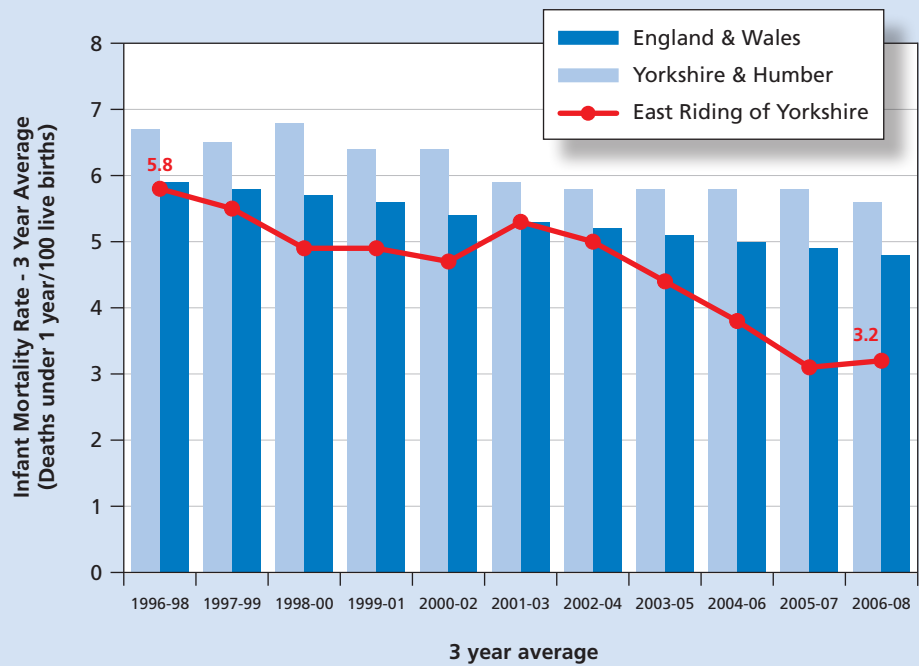
4.3 Individual Conditions

There is good progress for most indicators of health in the East Riding of Yorkshire, although some remain a cause for concern and action continues to be needed to produce or maintain improvements.

Child Health

The local infant mortality rate used to be close to the national rate, but in recent years there has been a significant fall in the rate. Reasons for this are likely to include the work done on a range of safeguarding children activities. The fall has now levelled off as shown in **Figure 7**, but the rate remains well below the national and regional rates.

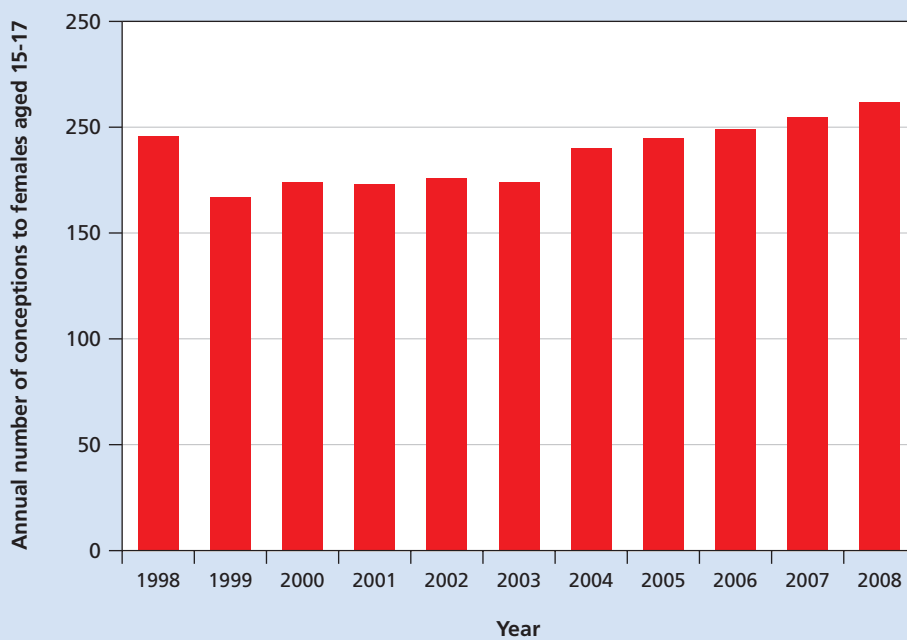
Figure 7: Infant mortality rate





Teenage pregnancy rates remain considerably lower than the national average. **Figure 8** shows that the absolute number of teenage pregnancies has increased slightly over the past ten years, although there is considerable variation by locality.

Figure 8: Teenage pregnancy trends

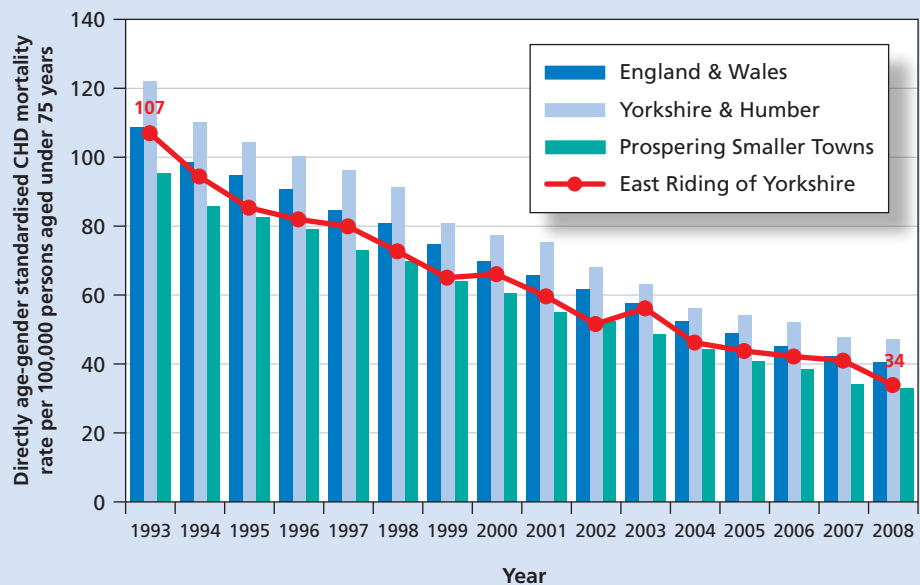




Heart Disease and Stroke

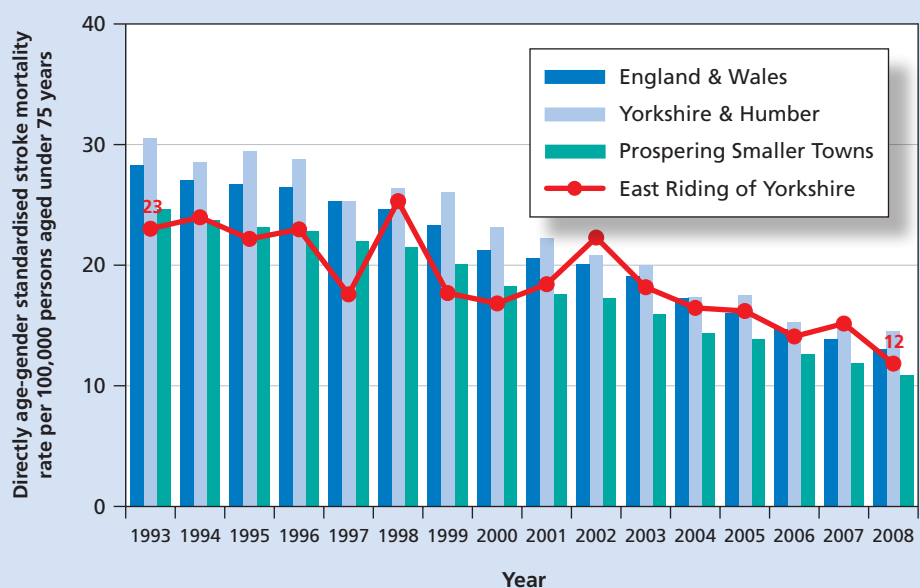
Deaths from coronary heart disease in people aged under 75 continue to fall as shown in **Figure 9**. The local figure remains lower than that for the country and for Yorkshire and Humber and is similar to that for the collection of areas in England similar to the East Riding known as “Prospering Smaller Towns”. This is used for comparison and benchmarking.

Figure 9: Deaths from CHD in People under 75 years



Stroke was highlighted as an area for attention in the report last year. The death rate here also is falling, but remains above that of Prospering Smaller Towns. Improvement is apparent, but there is variation from one year to the next and the position needs to be monitored closely.

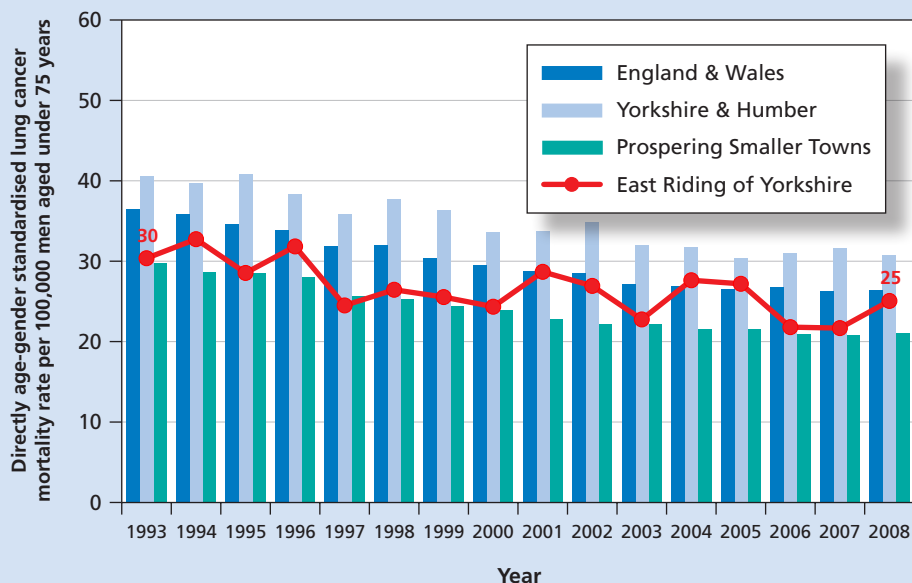
Figure 10: Deaths from stroke in people under 75 years





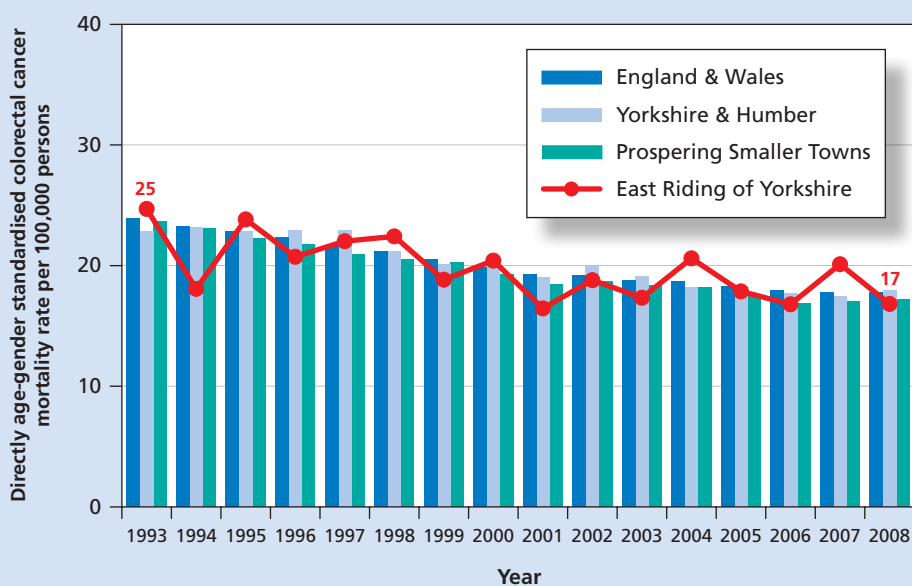
Cancers

Figure 11: Deaths from lung cancer in people under 75 years



Lung cancer remains a significant concern in the East Riding. Smoking rates are dropping and smoking prevalence is estimated to be the lowest in the region. Stopping smoking gives great health benefits and the risk from heart disease starts to fall soon after stopping smoking. However, the risk of lung cancer takes much longer to fall. Rates of death from lung cancer are relatively static, as shown in **Figure 11**. In years to come, the rates will fall as the long term impact of stopping smoking takes effect, but it is important now to take other measures to reduce lung cancer deaths, for example encouraging early diagnosis so that treatment is more likely to be effective.

Figure 12: Deaths from colorectal cancer



Some cancers can be tackled through screening programmes. Colorectal cancer is one of these cancers where there is an effective screening programme. Death rates are only slowly falling as shown in **Figure 12**, so it is important that the high local uptake from the screening programme continues and improves.

Key Health Trends Individual Conditions



Long Term Conditions

Since the population of the East Riding is getting older, the illnesses that affect older people are becoming more common. Ensuring that these health needs are met is particularly important. Following the Joint Strategic Needs Assessment, the East Riding of Yorkshire Health Strategy highlighted several long term conditions as priorities. The following three figures show predictions for growth in the numbers of people locally with certain conditions. **Figure 13** shows projected growth for people with dementia, **Figure 14** diabetes and **Figure 15** chronic obstructive airways disease (COPD). For each of the conditions the projected rise in the local area is considerably higher than for Yorkshire and Humber or for England. The increases are considerable with a projected rise for example for dementia of 106% by 2030. Health and social care needs will be great, whether for the conditions themselves, complications such as those from diabetes or care needs for people with dementia.

Figure 13: Projected growth in dementia in the East Riding

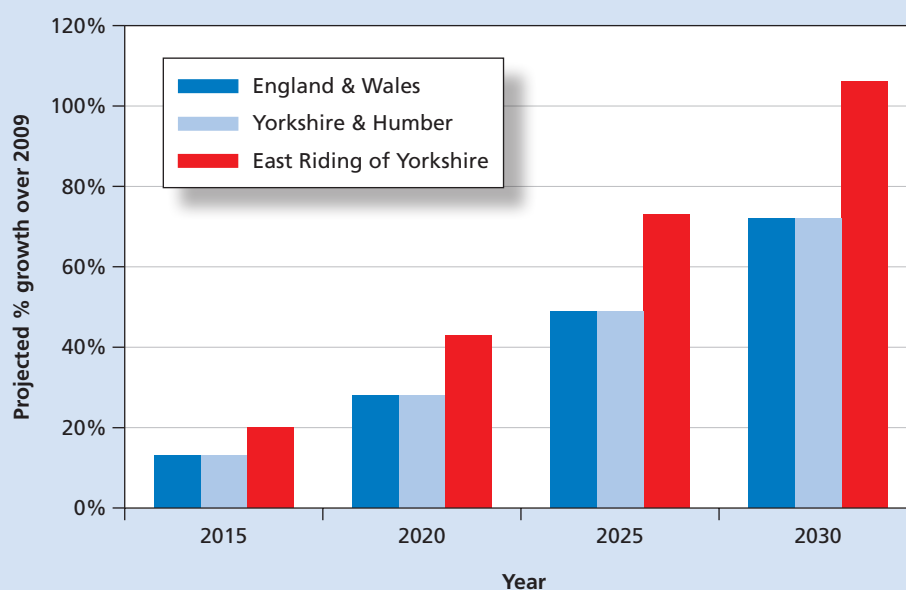
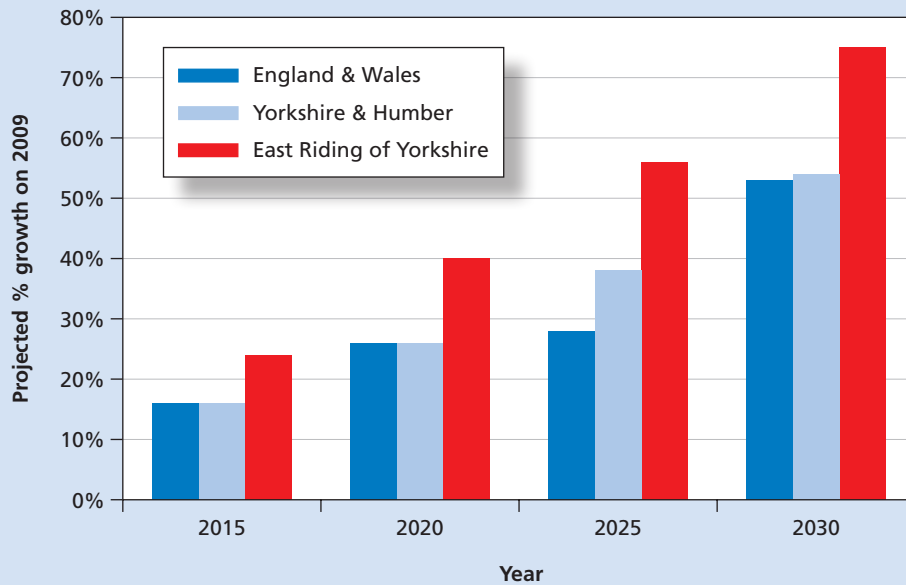




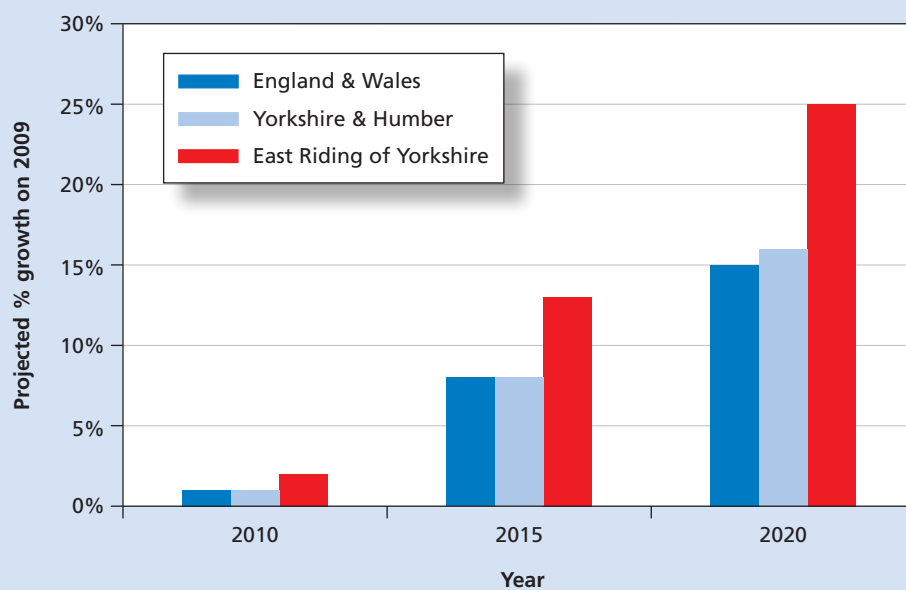
Figure 14: Projected growth in diabetes in the East Riding



Recommendations

Work to tackle health inequalities in the East Riding should ensure that the particular needs of the most deprived 10% of the population are addressed.

Figure 15: Projected growth in COPD in the East Riding



NHS East Riding of Yorkshire should closely monitor progress in improving stroke care and reducing the death rate from stroke.

Work to reduce the death rate from lung cancer should continue to have a high priority.

Commissioners and providers of health and social care should prioritise future needs for people with long term conditions.



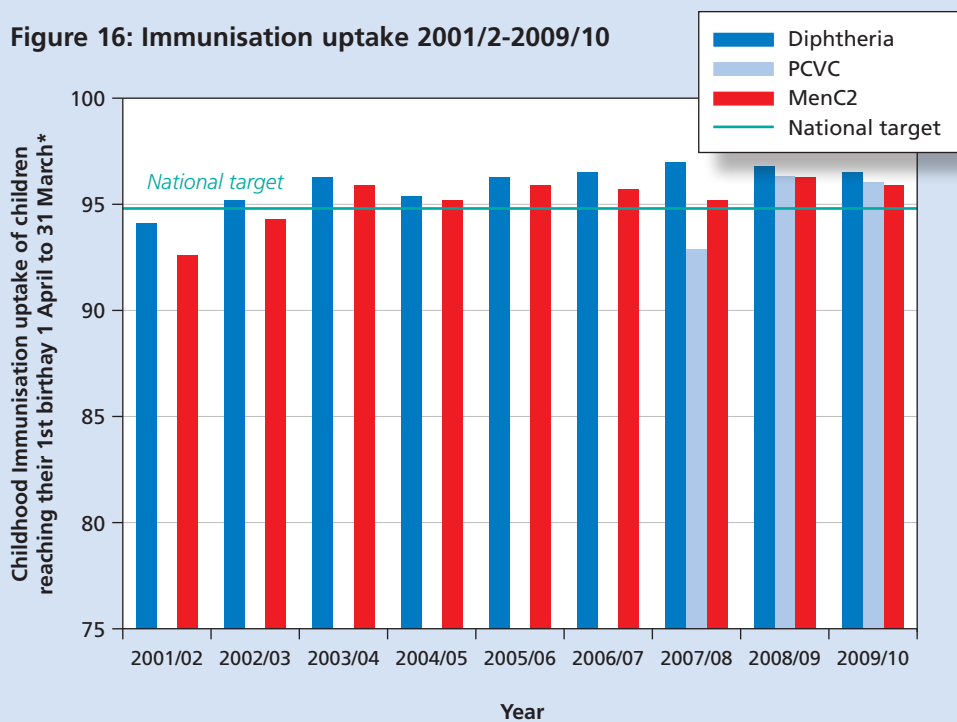
Health Protection

Immunisation

Immunisation remains an important method for preventing disease. The largest immunisation programme is in childhood, where several different immunisations are given. The HPV vaccination is relatively new and is being phased in over a number of years. This part of the programme has had good results.

Examples of immunisation uptake are shown in **Figure 16** and demonstrate good uptake in the East Riding. It is important that uptake is high for all programmes, both for children and for adult programmes such as influenza. Groups where uptake may be low such as Gypsies and Travellers may need special attention.

Figure 16: Immunisation uptake 2001/2-2009/10



* (Diphtheria acting as proxy for D3, T3, aP3, Hib3 and IPV3)

(Men C2 doses from September 2006, previously 3)

HIV

Infection with the HIV virus has been recognised since the 1980s. It has received a high media profile and many people can still remember the original campaigns aimed at raising awareness of the virus. Since that time the number of people infected with HIV worldwide has increased considerably. In parallel with that rise, advances in the management of HIV have meant that in countries such as the UK where treatment is readily available, HIV is now a chronic disease. HIV may have less effect on an individual's lifespan than may some other chronic diseases.

Table 1: Number of people newly diagnosed with HIV in the East Riding

2002	2003	2004	2005	2006	2007	2008	2009
*	9	9	5	10	*	11	9

* indicates a number less than 5

Table 1 sets out the number of people newly diagnosed with HIV in the East Riding. More than two thirds of the diagnoses have been among men. The most common route of transmission of HIV locally is sexual and a similar proportion of infections are believed to result from heterosexual contact and from contact among men who have sex with men. Most people did not have symptoms when they were first diagnosed and most of the people diagnosed with HIV in the East Riding still live locally. Some have moved away and a small number have died.

There is still a considerable stigma suffered by people with HIV and even having an HIV test is stigmatised. This has been apparent from the recent HIV look back work in Hull, the East Riding and North Yorkshire and York. Patients were identified because of past contact with a healthcare worker who had been found to be HIV positive. The chance of any individual being infected with HIV through this route is exceptionally small. A large proportion of those contacted did not want their GP to know that they were being invited for an HIV test and the reaction of some healthcare professionals appeared reminiscent of opinion in the 1980s rather than today. It is important that stigma for HIV is removed and up to date knowledge of HIV disseminated so that the infection is regarded in a similar way to other infections and chronic diseases. This will be likely to improve uptake of testing and help avoid people keeping the diagnosis secret. Similar work would also be beneficial for hepatitis B and hepatitis C.

Recommendations

Work should continue to increase immunisation uptake in the East Riding both for children and for adults.

Work should be undertaken to reduce stigma and increase knowledge about HIV infection.

5



Healthy Weight Breast Feeding



Healthy Weight

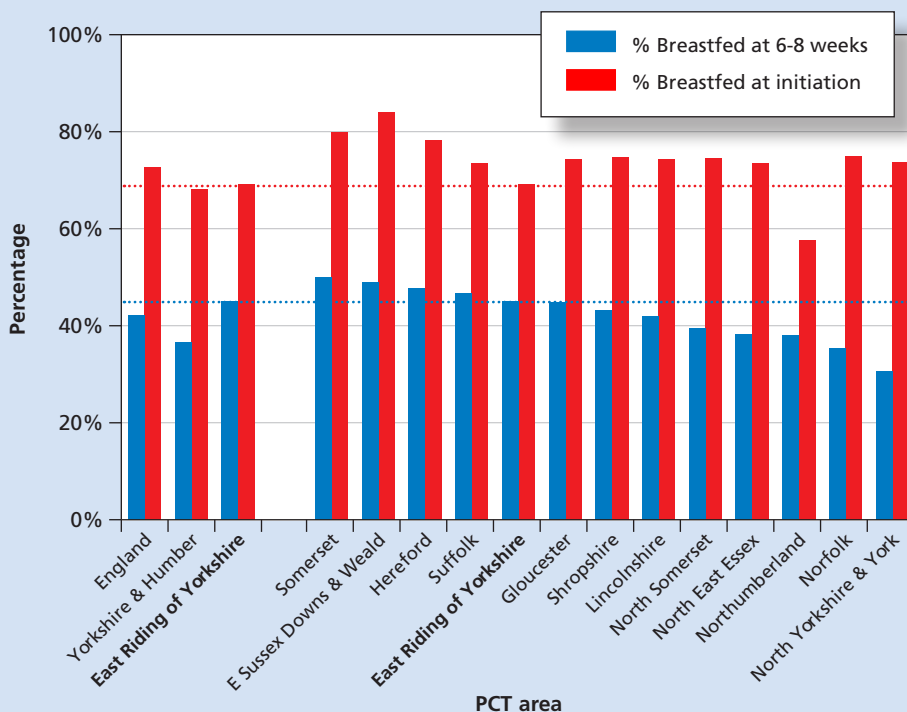
A healthy weight is one of the most important factors in maintaining a healthy lifestyle and preventing illness. Within the East Riding a Healthy Weight Strategy has recently been agreed. This section of the report focuses on three different areas relating to healthy weight and highlights some local needs. These areas are breast feeding, the National Childhood Measuring Programme and activities designed to encourage a healthy weight.

5.1 Breast Feeding

Breast feeding is an important factor in getting a healthy start in life and in achieving a healthy weight. Breast feeding rates are measured both at initiation after birth and at 6-8 weeks following birth in order to have a measure of persistence of breast feeding.

Figure 17 compares East Riding breast feeding prevalence at initiation and at 6-8 weeks with national and regional rates and comparator PCTs. The majority of comparators are within the south of England and it is notable that East Riding initiation rates are significantly lower, while 6-8 week prevalence is on a par with other PCTs. Local breast feeding prevalence has increased slightly by 0.9% from 2008/9 to 2009/10 but the prevalence varies from one quarter to the next.

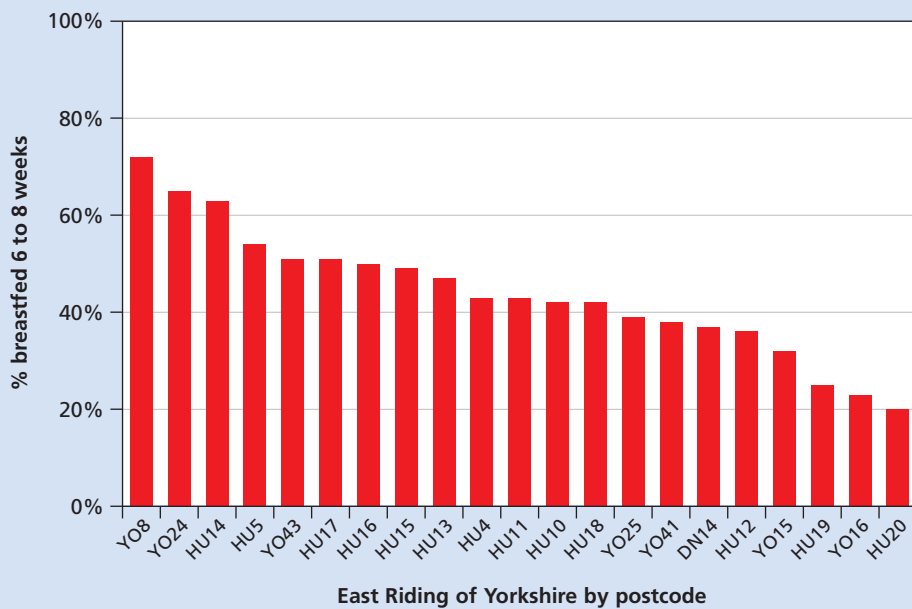
Figure 17: Breast feeding at initiation & at 6-8 weeks (Q1 2009/2010)





Breast feeding prevalence varies greatly by area within the East Riding as shown in **Figure 18**. For 2009/10, prevalence by postcodes ranged from 65% (representing 115 babies due 6-8 week checks in YO42) to 23% (representing 282 in YO16). Four out of five of the lowest prevalence rates are associated with wider health inequalities.

Figure 18: Annual prevalence of breast feeding at 6-8 weeks



It is important that work continues to encourage initiation and maintenance of breast feeding, to increase places where breast feeding is welcomed and to concentrate on areas where rates are low at present.



5.2 The National Child Measurement Programme

Children in primary schools in England are weighed and measured as part of the National Child Measurement Programme (NCMP). The aim of the programme is to provide information that can help to plan services as well as give information to families about individual height and weight. Children in Reception Year (aged 4-5) and Year 6 (aged 10-11) are weighed and measured in school. In the East Riding, information about diet and physical activity opportunities is sent to parents as well as information about a child's body mass index.

Tables 2 and 3 show the results from the programme, over the last three school years. The proportion of children who have been weighed and measured has increased considerably and this will have given more accurate figures for the population of children across those year groups. The proportion of children who are overweight or obese in Year 6 has stayed at a reasonably stable level, although the proportion of overweight or obese children in Reception has increased. There is a national trend in this direction, but obesity prevalence in Reception is higher than the England average (9.6%) and it is an issue that is important to tackle locally. Further work needs to be undertaken to promote healthy weight among children before attending school.

Table 2: East Riding NCMP: Reception year children

Year	Weighed & measured	Underweight	Normal weight	Overweight	Obese
06/07	67%	76.1%	76.1%	13.2%	9.2%
07/08	76%	73.9%	73.9%	14.6%	9.9%
08/09	95%	74.3%	74.3%	15.3%	10.2%

Table 3: East Riding NCMP: Year 6 children

Year	Weighed & measured	Underweight	Normal weight	Overweight	Obese
06/07	80%	1.8%	68.8%	14.0%	15.5%
07/08	85%	2.1%	66.3%	13.9%	17.6%
08/09	88%	0.9%	67.8%	14.7%	16.7%

The following three maps present information about obesity. **Figure 19** plots adult obesity prevalence by electoral ward according to the East Riding of Yorkshire Lifestyle Survey presented in last year's report. **Figure 20** plots the number of children recorded as being above a normal weight by primary school. **Figure 21** is a combination of the Lifestyle Survey obesity information with Reception Year obesity figures. Bringing together this information does not demonstrate in a simple way where interventions should be targeted and some information is in absolute numbers rather than rates. However, the maps do demonstrate how information can be used and further work needs to be undertaken to build on the information available and establish the most appropriate areas for targeting work to encourage healthy weight, especially among pre-school children.

Figure 19: Obesity prevalence from the Lifestyle Survey

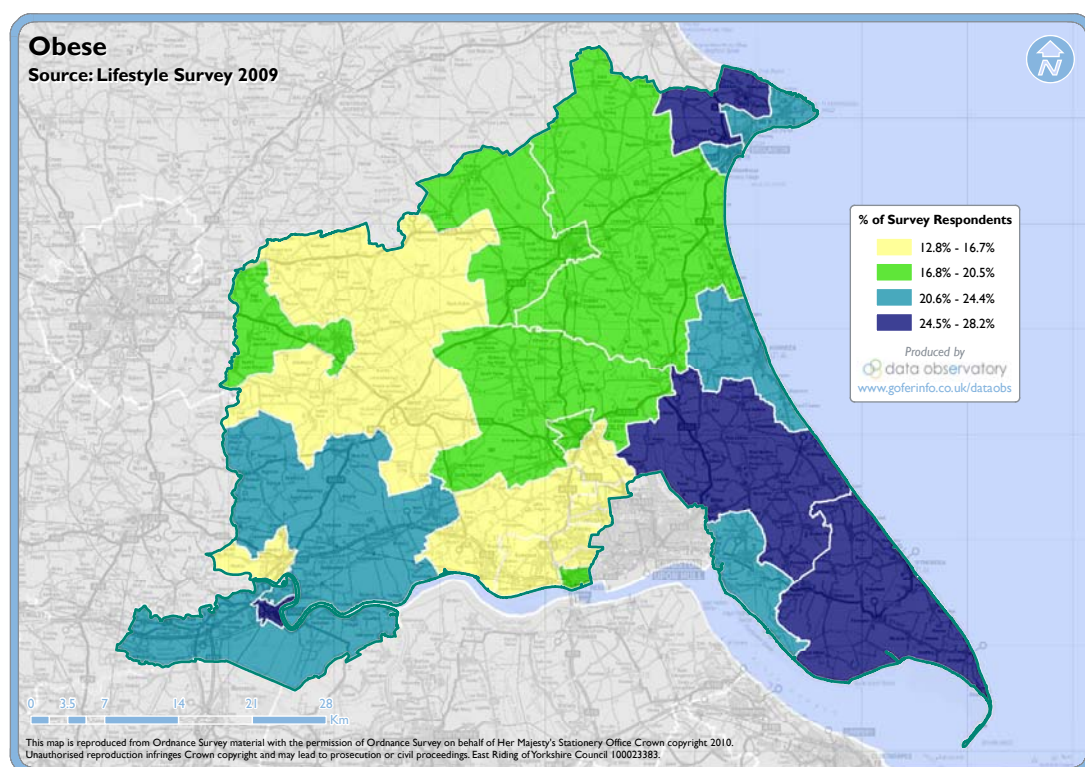


Figure 19 plots adult obesity prevalence by electoral ward according to the East Riding of Yorkshire Lifestyle Survey presented in last year's report.

5.2 The National Child Measurement Programme (cont.)

Figure 20: NCMP Reception - Above Normal Weight

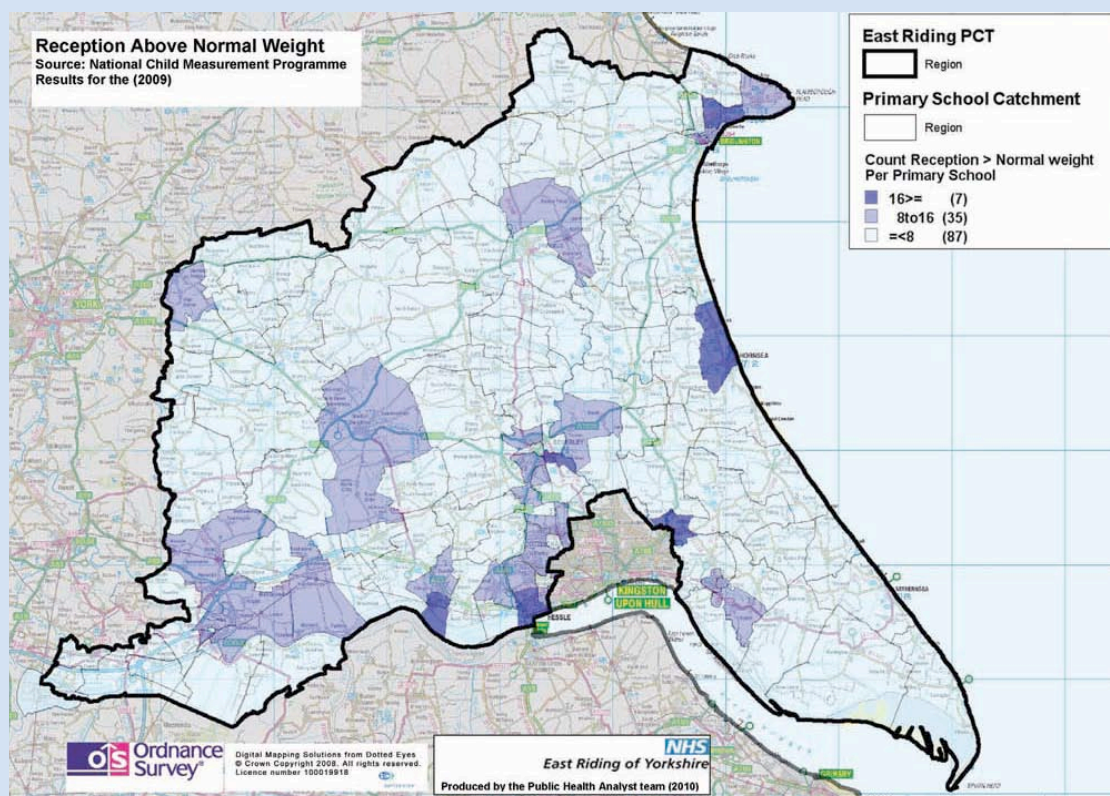


Figure 20 plots the number of children recorded as being above a normal weight by primary school.



Figure 21: NCMP Reception - Above Normal Weight

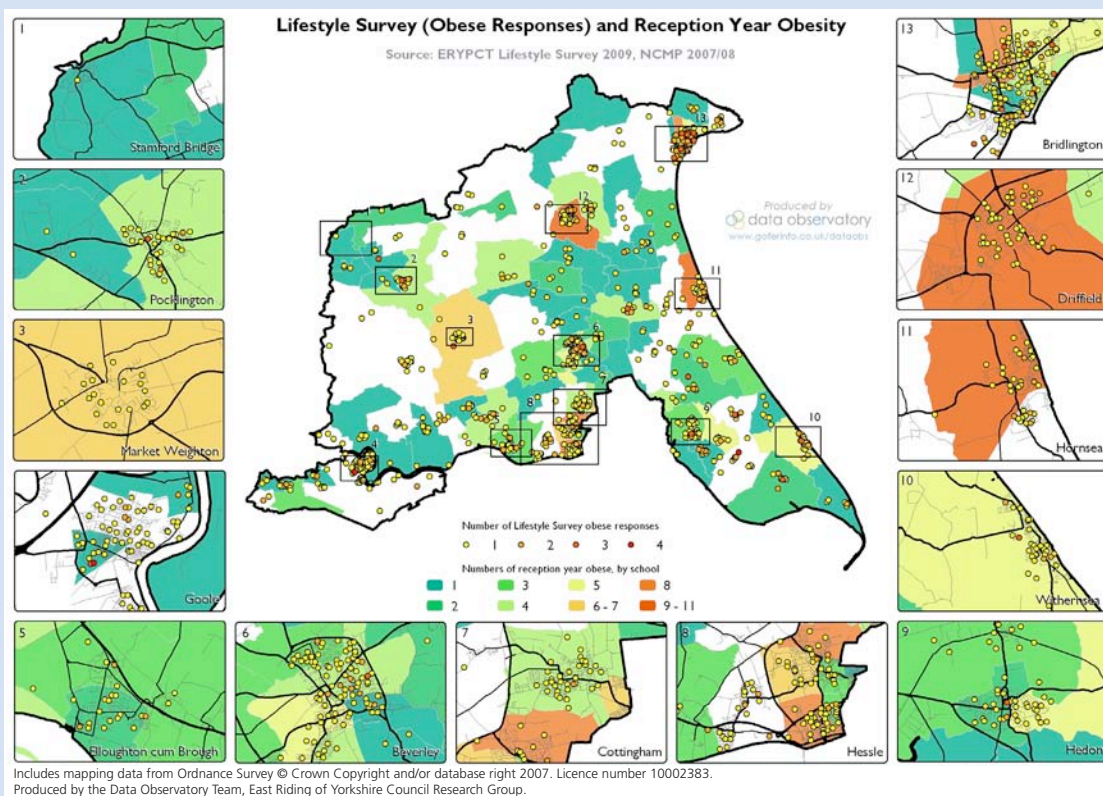


Figure 21 is a combination of the Lifestyle Survey obesity information with Reception Year obesity figures.

Bringing together this information does not demonstrate in a simple way where interventions should be targeted and some information is in absolute numbers rather than rates. However, the maps do demonstrate how information can be used and further work



5.3 Current and Planned Activities

Current Activities

There are several interventions which are targeted at areas of need, based on deprivation and obesity levels, to help improve accessibility to exercise and physical activity across the East Riding. The interventions currently or recently implemented include:

FOR CHILDREN

MEND – Mind Exercise Nutrition Do it!

This is a self-referral scheme for children who present themselves as overweight or obese aged 8-13 years. Children and their families attend an intense but fun ten-week programme including education on healthy eating and exercise to help promote a healthy weight.

Fit to Play

Hull City Football in the Community, NHS Hull, NHS East Riding, Hull City Council and East Riding of Yorkshire Council, jointly funded the Fit to Play project which was delivered to around 1,600 Year 5 pupils in the 2009/10 school year, including 16 schools across the East Riding.

Skip 4 Life

NHS East Riding of Yorkshire commissioned the East Riding of Yorkshire Council's Sport and Play Development Service to deliver skipping workshops to 29 schools across the East Riding of Yorkshire.

HENRY Training

The HENRY (Health, Exercise and Nutrition for the Really Young) Foundation is recognised by the Department of Health as the leading organisation which promotes healthy eating and physical activity messages via training opportunities for front-line staff who work with parents of very young children.



FOR ADULTS

Exercise Referral is an introduction to physical activity. This enables GPs, Nurses and other health professionals to recommend a course of exercise for people who would benefit from taking regular exercise.

Walking for Health is a national scheme set up by Natural England and its aim is to encourage more people to exercise through walking in their local area and in their natural environment. East Riding Leisure's walking scheme was first set up in 2003 and is a series of free led walks at 15 different venues.

Weight Management sessions are aimed at those people who would not normally use a leisure centre, but want to start taking regular exercise and learn about healthy eating and leading a healthier lifestyle. Sessions involve a mix of healthy lifestyle advice, given by nutritionally trained staff and gentle exercise classes run by specialist personal trainers/counsellors.

Gilberdyke Weight Management Programme – 10 week trial 2009.

From September to December 2009 a ten week weight management programme, commissioned by Goole, Howdenshire and West Wolds Locality Commissioning Forum took place at Gilberdyke Health Centre.

Healthy Weight Future Activities



Recommendations

Work should continue to encourage breast feeding, especially as part of tackling health inequalities.

Further analysis of information about overweight and obesity should take place, identifying needs for targeted actions.

Specific additional evidence based activities aimed at encouraging healthy weight should be commissioned for children and adults.

Future Activities

In addition to continuing the programmes already running, there are plans for the following developments:

- A physical activity camp for children aged 7-14 years (pilot in Goole) which will run for four weeks during 2010/11 school year
- Further use of the Public Health Mobile Vehicle to encourage healthy weight
- A Weight Management Service for patients in line with NICE Clinical Guidelines
- Physical Activity and Cook & Eat projects for parents based on Department of Health recommendations
- Eatwell training for Children's Centre staff and School staff
- Provision of Healthy Lifestyle Advice in Pregnancy Training for health and community practitioners including Health Visitors.
- Promotion of the National Start 4 Life Campaign, Lets Get Moving programme, Change4Life Early Years Toolkit, Healthy Start and Healthy Child Programmes locally
- Promotion of the first-ever draft recommendations on physical activity for infants and pre-schoolers, which will be included in revised UK Physical Activity Guidelines later this year.
- Establishment of a Conception to Five Years Working Group to develop and co-ordinate early years support for children and parents.

Death Reviews

Death is inevitable, but it is important to work hard to prevent premature death. Where deaths have occurred in circumstances that may offer scope for prevention of future deaths and serious harm it is important to investigate the circumstances.

There are several different specific systems for investigating deaths, in addition to consideration of death certificates and the work of the coroner. These may look at the events around a premature death in more detail, or consider issues such as geographical location. Some look at all deaths in a particular category, while others focus on individual events. Examples of these reviews include the Child Death Overview Panel, the review of Drug Related Deaths, consideration of Deaths in Custody and the Suicide Audit. Another example of where detailed analysis is undertaken is with deaths following road traffic accidents. More detail about two of these areas follows.

East Riding Child Death Overview Panel

The East Riding Safeguarding Children Board (ERSCB) is made up of local agencies that have responsibility for safeguarding and promoting the welfare of East Riding children. ERSCB is required to examine the deaths of all children in the East Riding, in order to see if there was anything to be learned from the deaths of those children and help to prevent future deaths. In order to do this a multidisciplinary panel, named the East Riding Child Death Overview Panel (CDOP), has been established to review all deaths of East Riding children (under 18 years).

The CDOP has to decide which, if any, of the deaths of local children might have been prevented and, if there are deaths that might have been prevented, what action might be taken locally, regionally or nationally to help to prevent future deaths. It is important to understand that even though a child's death may have been preventable or potentially preventable, this does not mean that anyone is to blame for the child's death.

By considering all local deaths, as well as looking at each child's individual circumstances, the panel is able to consider whether or not there are emerging themes and also whether there are changes that need to be made to local services or the environment, for example road traffic issues. The aim of this review process is to reduce child deaths overall, by understanding the reasons why children die. Research has shown that parents want the death of their child to be investigated so that they may understand why this happened to their family.



Between April 1st 2009 and March 31st 2010 the East Riding Safeguarding Children Board was notified of 17 child deaths. Seven related to the deaths of East Riding babies less than 28 days old and 10 were deaths of East Riding children aged 28 days or older to 17 years.

The most common causes of deaths in infants and children were found to be disorders related to length of gestation and fetal growth. The next most common causes were:

- Deaths from accidents
- Respiratory and cardiovascular disorders specific to the peri-natal period
- Congenital malformations of the circulatory system

As a result of the historical analysis combined with evidence gained from individual case reviews during the first two years of child death review process, the East Riding CDOP identified a number of major and emerging themes concerning child deaths that required action by partner agencies.

- The group ascertained the need for a 'safe sleeping' campaign (to be run in conjunction with NHS Hull). The overarching aim of this campaign is to achieve a reduction in the number of infant deaths in the birth to 6 month age group, associated with co-sleeping
- The need to ensure appropriate contact with bereaved parents to offer support and access to specialist services if it is needed or if they request it
- The need for the local health services to commission and provide localised cancer care of children
- The importance of engagement of clinicians in the child death review process
- The need to increase the number of women booking-in early for testing and support during pregnancy
- The requirement to promote pedestrian safety and safety on rural bus routes.

In addition to this work the CDOP:

- Commissioned specific training and awareness briefings across partner agencies in relation to child death review purpose and processes.
- Improved effective and sensitive practice from partner agencies in response to child deaths.
- Produced a Joint Hull and East Riding Child Death Overview Panel Annual Report.

Suicide Audit

As part of the continuing work of the Multi Agency Hull and East Riding Suicide Prevention Strategy group, regular analysis of data on suicides and undetermined deaths is undertaken. The purpose of the local audit is to learn lessons from individual suicides which may help prevent future suicides. This then informs the implementation of the local suicide prevention strategy. Visits to the Coroner's Court are arranged approximately every three months to scrutinise the appropriate closed inquest files. All data gathered are entered on to a specially designed database based on the National Suicide Audit in Primary Care Trust Localities (DOH 2006) tool.

The audit includes residents of the NHS East Riding of Yorkshire geographic area, who died within the area, including people of no fixed abode and people who died in prison. Those deaths excluded from the audit are open verdicts covering young children, aggravated deaths and people living outside the East Riding area who died here. The audit was not able to look at people resident in the East Riding who ended their lives in other parts of the country and therefore came to the attention of the Coroner's service elsewhere.

Local information for the East Riding of Yorkshire is available for the years 2003-2009. It is recognised that suicides have a devastating effect on families, friends, communities and any professionals who are involved in the person's care. Members of the audit team were touched by the lives of the people whose case files were read.

Some of the findings for 2009:

- Audit of 33 inquests of deaths that have occurred January - December 2009
- 23 males (70%), 10 females (30%)
- Age range 22 - 83 years
- The most frequent methods used are hanging/strangulation for men, and self poisoning for women
- One death was linked to the Humber Bridge
- 63% of the deaths occurred at home; with 51% of the total living alone
- The proportion of men and women who were currently in contact at the time with mental health services was 30%
- Most frequently identified risk factors which stand out in the audit are previous history of self harm or previous suicide attempts, substance use (alcohol and/or drugs), poor physical health problems and relationship problems
- Employment status – employed (30% of total), unemployed (30% of total), long term sick (7% of total), and retired (33% of total).



Death Reviews Bringing Information Together

Bringing Information Together

Recommendation

The possibility of combining information from different death reviews and other similar sources of information should be formally considered during the forthcoming year.

These individual reviews can produce excellent results. However, there is no current way of bringing the information from different reviews and other information sources together to consider trends and common factors that may be important and may lead to opportunities for prevention. It is possible that combining information would identify geographical areas that need particular attention or common factors across different age groups. During the next year the possibility to combine information across these different sources should be formally examined to consider whether lessons may be learnt.

Progress on recommendations from the 2008-09 Report

In this section, comments are made about what has happened following the recommendations from last year's report.

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.

The refreshed Health Strategy for the East Riding continues to stress the importance of demographic changes and individual initiatives such as tele-health are being put in place in light of this.

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

Work has been undertaken to address inequalities as a whole across the East Riding and a programme for tackling health inequalities has been produced. The issue of health inequalities was highlighted in the Comprehensive Area Assessment.

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

Tackling stroke deaths has been given a high priority within the refreshed Health Strategy for the East Riding.

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

Tobacco control work including smoking cessation continues to produce good results. A Hull and East Riding social marketing campaign designed to improve early diagnosis of lung cancer has been undertaken in Goole and Hedon. A stop smoking campaign has been delivered across LSP partners aiming at raising awareness of the cessation services on offer and organising workplace clinics.

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

Support from the National Cancer Action Team has enabled Humber and Yorkshire Coast Cancer Network to undertake a campaign to increase early diagnosis of malignant melanoma in Bridlington, aimed at men aged over 50.

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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.

Work continues in the three areas of smoking, obesity and alcohol. Work on obesity is highlighted elsewhere in this report and tobacco control is also mentioned. Alcohol work is centred on implementation of the East Riding Alcohol Strategy.

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.

The swine influenza pandemic was tackled locally in an efficient and effective manner, for example in the distribution of anti-viral medication. Swine influenza staff vaccination levels were relatively high.

