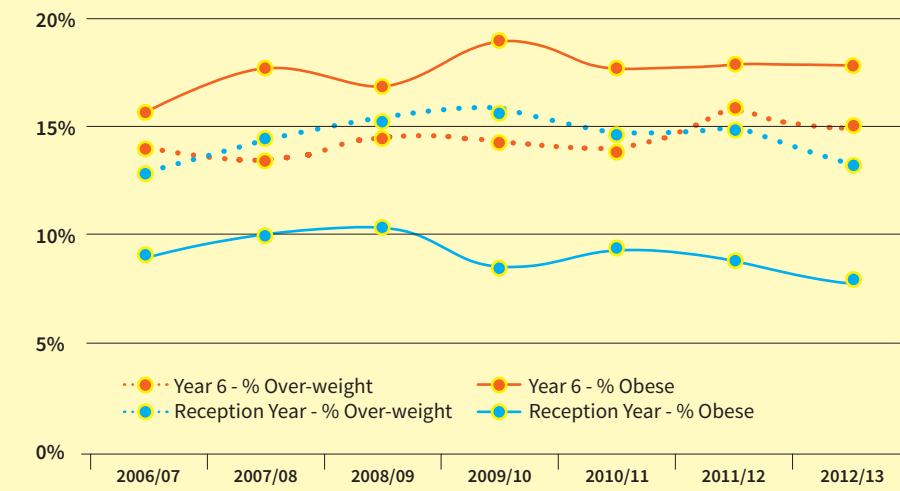


National Child Measurement Programme

The National Child Measurement Programme (NCMP) was established in 2005. Every year over one million children in Reception and Year 6 across England have their height and weight measured in state maintained schools. Thanks to effective partnership working between East Riding of Yorkshire Council, the schools and Humber NHS Foundation Trust, the East Riding of Yorkshire has one of the best NCMP participation rates in the country; 97% of eligible children are weighed and measured.

East Riding of Yorkshire Childhood Overweight and Obesity Trends 2006-2013



Trends in childhood obesity prevalence in the East Riding of Yorkshire show a slight decline for Reception age children but a levelling off in Year 6 (see Chart). Obesity prevalence for both Reception age and Year 6 children is lower than the England and Yorkshire and Humber region averages, but tends to be higher in poorer areas. Indeed the social class trend appears more marked in Year 6 than in Reception.



Sexual Health



Sexual health services include contraception, testing and treatment of sexually transmitted infections and advice and information to support good sexual health.

There are 3 national Public Health indicators for sexual health:

- **Early diagnosis of HIV:** The earlier that people who are infected with HIV can be diagnosed the more likely they are to respond to treatment and remain healthy.

In the East Riding historically reported rates of HIV infection have been lower than the national average. All people attending clinics for a screening for sexually transmitted infections are offered an HIV test, and in the period April to November 2013 69% took up that offer.

- **Chlamydia screening:** Chlamydia is the most commonly diagnosed sexually transmitted infection in England, with 206,912 cases in 2012, 64% of which were in those under 25. The majority of people with Chlamydia do not notice any symptoms and so are unaware they are infected.

It is recommended that local areas work towards achieving a Chlamydia diagnosis rate among 15 to 24 year olds of at least 2,300 per 100,000 people. Testing rates in the East Riding are currently below this level, but needs assessment will help to identify at risk populations to target for testing.

- **Teenage pregnancy:** Rates of teenage pregnancy in the East Riding of Yorkshire are low compared with the national average and have recently become even lower: 29.4 per 100,000 compared with 35.4 for England, and 40.5 for the Yorkshire and Humber region.

In addition to family planning clinics open to all, people under 18 can also access a range of targeted services, such as the Young People's Nurse Outreach Service, and School Nurses. Emergency Hormonal Contraception, the 'morning after pill', is also available from pharmacies across the area.

The East Riding area is unusual in having a high proportion of people who access sexual health services outside the area. This includes people who travel in to Hull to access jointly commissioned services. For example rates of people attending Genito-Urinary Medicine clinics outside the local authority area were 59% in 2011 and 58% in 2012.

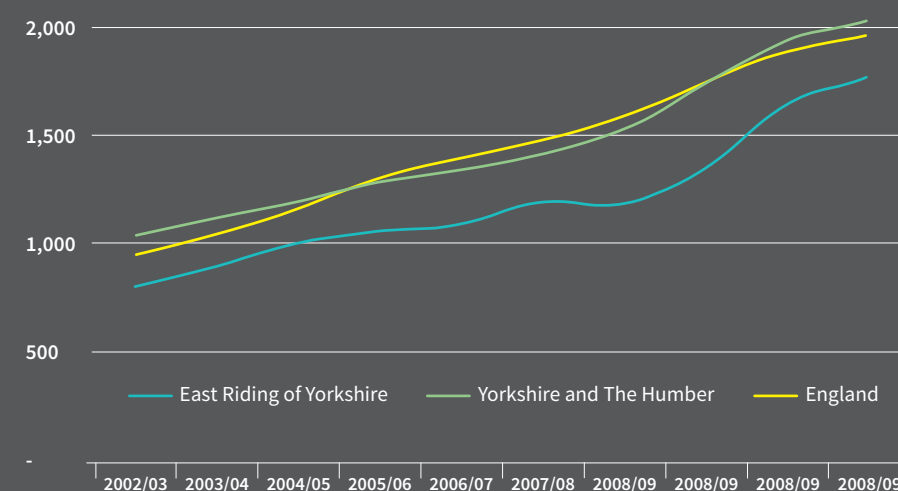
The Public Health team are currently carrying out a Rapid Sexual Health Needs Assessment, in order to increase our understanding of the needs of the East Riding of Yorkshire population and their patterns of access for sexual health treatment and support, so as to continue to improve services.

Alcohol & Drugs

Alcohol is the United Kingdom's second greatest cause of preventable death after smoking. Levels of drinking, although slightly down on their historic high prior to the credit crunch, have been rising since the 1960s. Many of the harms related to alcohol, including public order and offending, the social damage created by alcohol and the risks of addiction are relatively well known. What is less well understood

is that we now have an ageing generation who have been drinking at high levels for much of their adult life, or who have increased their drinking in middle age and who will increase the pressure on health and social care in coming years. The graph below shows the number of people in the East Riding admitted to hospital for reasons connected to the consumption of alcohol:

Rate of Alcohol-related admissions per 100,000 population (EASR), by Local Authority Single Year



Alcohol is the United Kingdom's second greatest cause of preventable death after smoking.

It is estimated that there are around 1,000 people who are dependant heroin or cocaine users in the East Riding. Of these around 550 are in treatment, a much higher figure than the proportion of dependant alcohol users in treatment. The East Riding has had effective drug treatment services, as measured by the proportion of drug users successfully completing drug

treatment. As well as treatment the East Riding also provides advice and information and harm reduction services, including needle exchanges.

Recent years have seen the development of new forms of drug use, including Image and Performance Enhancing Drugs (IPEDs) particularly anabolic

steroids, prescription and over the counter medications and novel psychoactive substances, more commonly, but rather misleadingly known as legal highs. As a result of this the numbers of opiate users in treatment has declined over the last two years but the number of non-opiate users has increased.

Health Checks

The aim of the Health Check service is to raise awareness of the risk of developing heart disease, stroke, kidney disease and dementia. Cardiovascular disease (CVD), which includes heart disease and stroke, affects the lives of millions of people and is one of the leading causes of death and disability in this country. Risk factors for heart disease and stroke such as smoking, high blood pressure and diabetes also increase the chance of developing dementia. There has been great progress locally and nationally in tackling these conditions, but more needs to be done, especially when we think about our ageing population.

Taking action to adopt a healthier lifestyle - exercising more, eating healthier, stopping smoking and reducing alcohol intake - can help to reduce the risk of developing CVD. The NHS Health Check programme provides a systematic, integrated approach to assess risk of CVD.

Residents aged 40 to 74 years, who have not already been diagnosed with a CVD condition, are invited once every five years to have a free NHS Health Check to assess their risk and be given support and advice to help them reduce or manage that risk. In addition to this, people aged 65 to 74 years will be provided with information to raise awareness of dementia and dementia services.

Since East Riding of Yorkshire Council began commissioning NHS Health Checks, nine GP practices and three community providers have offered the service on a trial basis. By the end of December 2013, 7,032 people (6.15% of the eligible population) were offered a Health Check and 5,433 people took up the offer. This is a take up rate of 75%. The pilot service runs to the end of March 2014 and learning from the service has helped to develop a new service which is due to commence in April 2014.



Health Protection - Focus on Seasonal Influenza

Influenza occurs every year, usually in the winter, which is why it is sometimes called seasonal 'flu. It is a highly infectious disease with symptoms that come on very quickly. Colds are much less serious and usually start gradually with a stuffy or runny nose and a sore throat. A bad bout of 'flu can be worse than a heavy cold.

In view of the recent NHS changes it remains important that seasonal 'flu activity continues to be coordinated well across the East Riding of Yorkshire. Through effective partnership working progress towards the key targets can be improved. All sectors need to be assured that they have taken enough action to minimise any disruption to essential services that a 'flu outbreak could cause if health and social care staff are not vaccinated. It is also important to protect the health of the most vulnerable people who receive a service. The recommended target is that 75% of all health and social care staff get their 'flu vaccination, so that services are maintained through the winter months and that staff do not compromise the health of the people they care for by passing on the 'flu virus.

People in the following groups should be offered a 'flu vaccination:

- People aged 65 years or over
- People who have a serious medical condition or long term condition
- People living in a residential or nursing home
- A household contact of an immunosuppressed person
- All pregnant women (including those who become pregnant during the 'flu season)
- The main carer for someone who is older or disabled whose welfare may be at risk if the carer falls ill
- Health or social care workers
- Children aged two or three (new for 2013/2014)

The focus in 2013 targeted carers and pregnant women, two particular groups where take up needed to be increased. The targeted effort resulted in some improvements but more work is still required in the future.

Seasonal 'flu Vaccination uptake (2013)

49,431 (71.8%) over 65 vaccinated

14,725 (49.2%) all clinical at risk group vaccinated

959 (27.3%) pregnant women vaccinated

149 (53%) pregnant women in clinical at risk group vaccinated

701 (48.4%) carers vaccinated

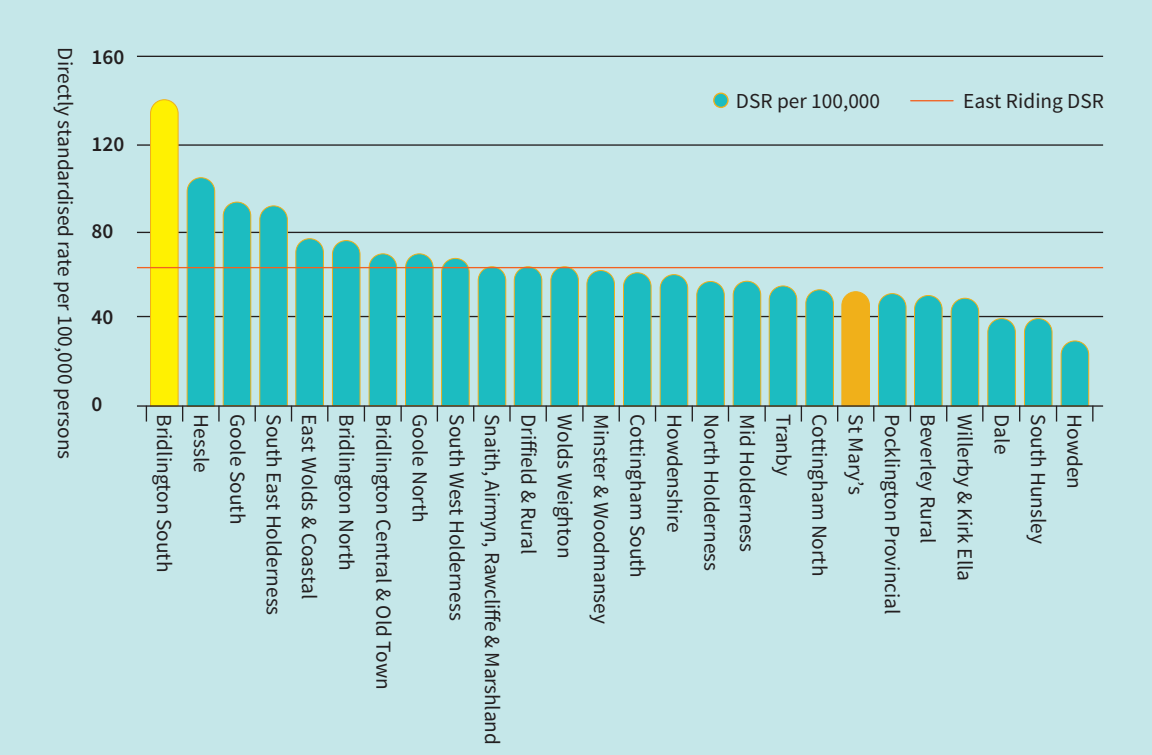


Health Needs Assessment 3

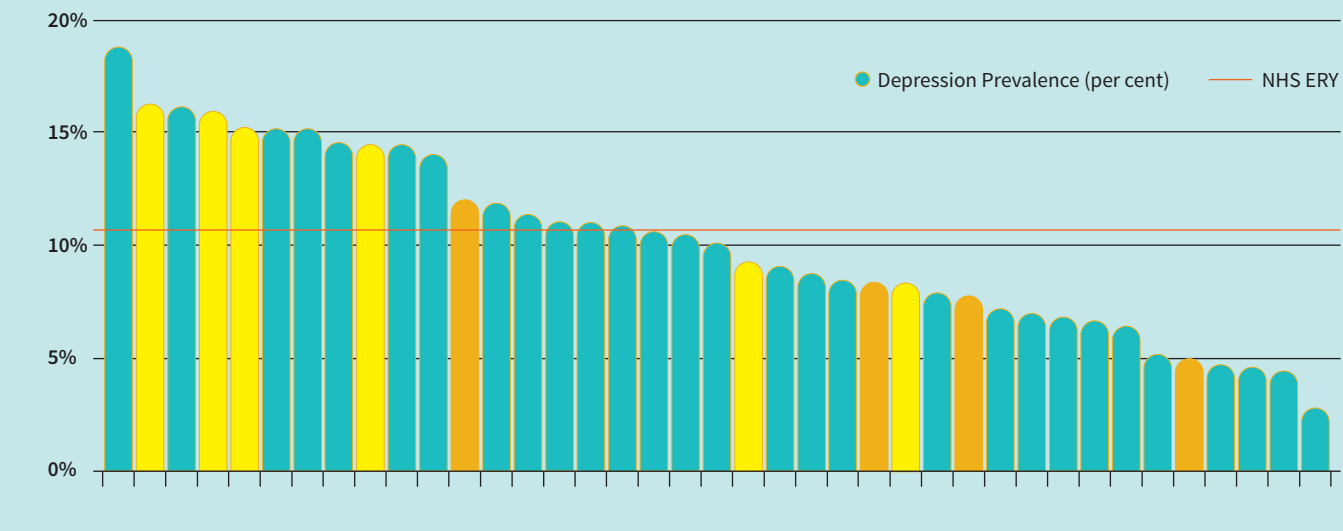
Information about specific diseases also shows a large level of inequality across the East Riding. The first chart shows that deaths from heart disease and stroke (cardiovascular disease or CVD) are considerably higher in Bridlington South than in

other wards. Mental health information from general practice in the second chart also shows higher levels in the practices serving Bridlington South (yellow bars) compared with those serving St Mary's (orange bars).

East Riding of Yorkshire residents - 2006 to 2010
Mortality from CVD Under 75 years, directly standardised rate per 100,000 persons



QOF - Depression Register 2011/12

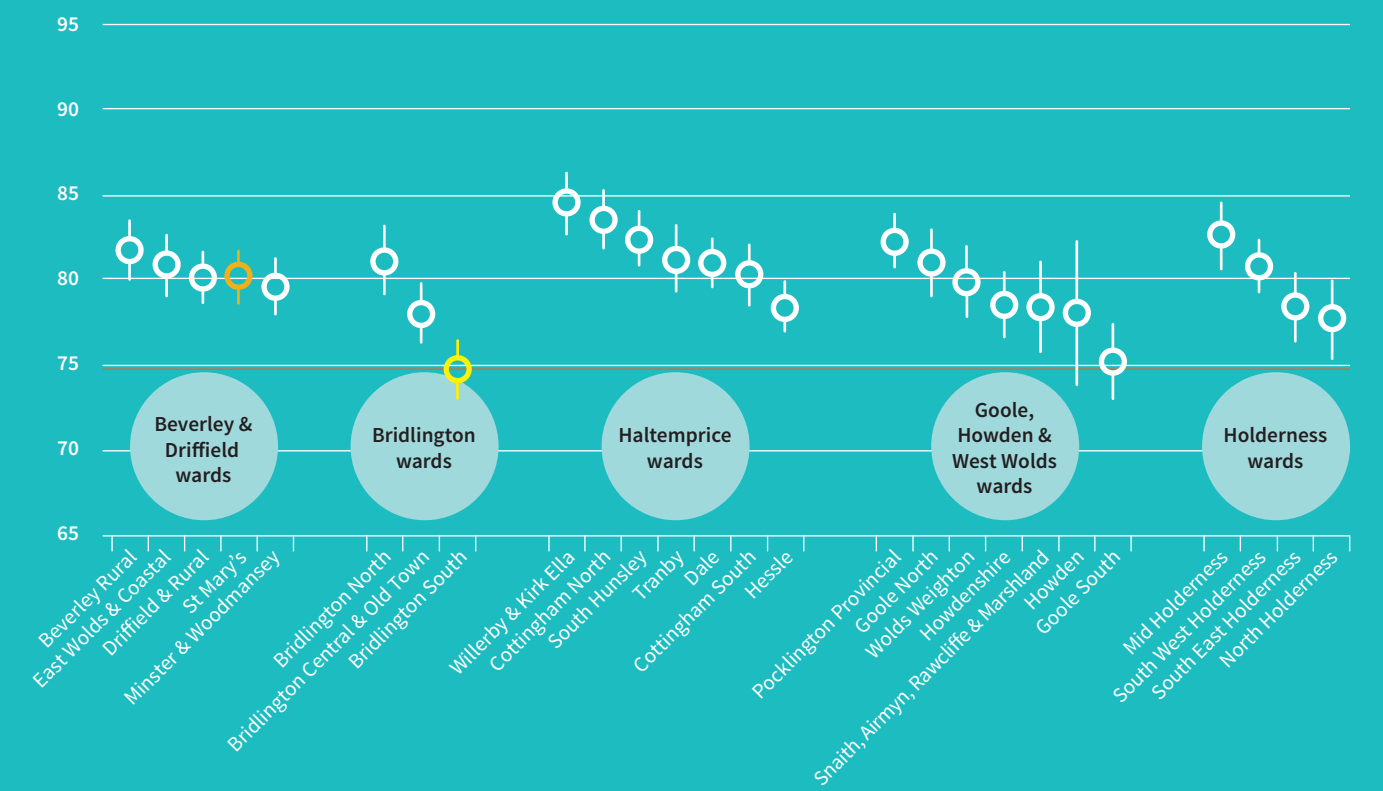


Health Needs Assessment 2

The next two charts show life expectancy in the wards of the East Riding, grouped by NHS localities. There are large differences in life expectancy. For example,

life expectancy in Bridlington South is low compared with most other wards.

Male Life Expectancy (2010-2012)



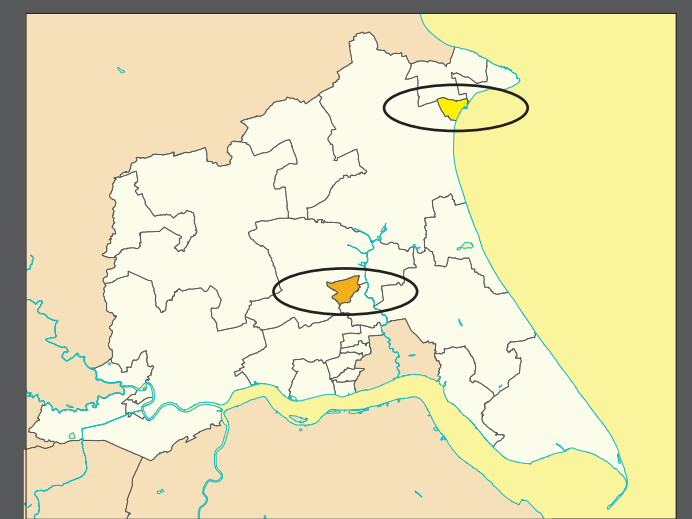
Female Life Expectancy (2006-2008)



For a range of information on health needs see: <http://dataobs.eastriding.gov.uk/jsna/jsnashome>

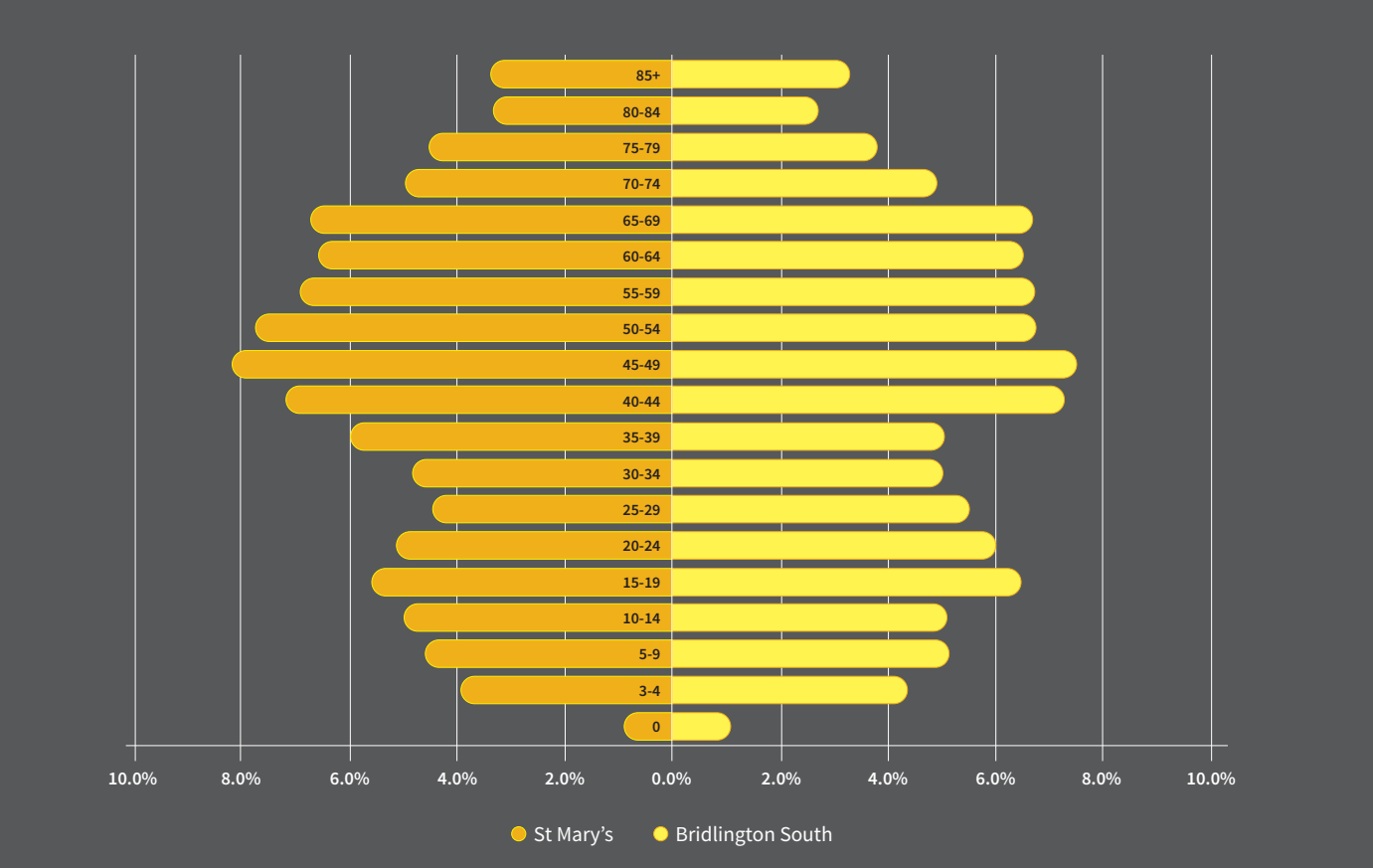
Health Needs Assessment

This year the information on health needs focuses on electoral wards and specifically on comparing Bridlington South and St Mary's wards. They are shown on the map. The chart shows that they have a similar proportion of men and women in each age group. The age structures of these wards are examples of the wider age structure of the East Riding with relatively large numbers of middle aged and older people. This indicates higher future needs for health and social care.



Two different wards of the East Riding of Yorkshire: Bridlington South & St Marys

Comparison of Bridlington South v St Mary's: ward population proportions



Progress on Recommendations from 2012

All strategies and programmes for health and wellbeing should consider what impact there will be on health inequalities.

The establishment of a board which will consider health needs assessment and health impacts has been agreed and this will review impacts on health inequalities.

Changes in the profile of the causes of death and illness should be explicitly linked with the development of strategies, for example through the Joint Strategic Needs Assessment.

JSNA information has been strengthened but there remains further scope to link findings with strategy development.

Priority should continue to be given to tackling cardiovascular and smoking related illnesses.

The development of Health Checks and related services demonstrate the priority given to this area.

Work designed specifically to improve health and prevent illness should be co-ordinated within a clear programme that links with assessed priorities and new responsibilities.

A public health programme has been developed within East Riding of Yorkshire Council. Prevention work is being extended across partners as part of the Better Care Fund work.

All strategies considering specific illnesses and conditions should explicitly contain reference to prevention.

This recommendation has not been formally adopted, but the prevention elements of the Better Care Fund will make inclusion of prevention in strategies more likely.

All readers make use of at least one map or recipe from this report during the year.

Readers themselves should judge the success of this recommendation.



Recommendations from this Report

Initiatives to improve health and wellbeing in areas with the poorest health should be developed further.

Health and wellbeing partners should implement new programmes to tackle childhood obesity.

Future sexual health services should be commissioned to meet the known and newly recognised needs of people in the East Riding.

The East Riding of Yorkshire alcohol strategy should be refreshed and a new action plan implemented, with funding sources identified.

Once someone has had an NHS Health Check, there should be a clear and simple route for that person to be able to take up appropriate activities to improve their health and wellbeing.

Health and Wellbeing partners should increase seasonal influenza vaccine uptake rates and implement new vaccination programmes.

All readers should again make use of at least one map or recipe from this report during the year.

Introduction

This is my eleventh report as Director of Public Health in the East Riding of Yorkshire, but the first since responsibilities for public health returned to local government. The report is both a statutory responsibility and an opportunity to communicate public health messages. With the development of Joint Strategic Needs Assessments (JSNAs) and widespread availability of electronic information, there is less need for the annual report to set out comprehensive health needs. Therefore this year I have slimmed down the report and highlighted areas which are statutory responsibilities. There are however, links to more extensive resources both through website addresses and QR (Quick Response) codes. My aim is primarily to stimulate discussion, further enquiry and then action.

I have again included recipes and maps to encourage healthy lifestyles and with cycling featuring prominently in Yorkshire in 2014, please consider joining us on our cycle ride on 15th June.

I would welcome any comments or feedback on the report:

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I would like to thank the following for their contributions to this report: Dawn Branton, Isabel Carrick, James Elston, Andy Kingdom, Mike McDermott, Tony Margetts, Owen Morgan, Helen Thornton-Jones, Tim Williams.

I would like to acknowledge the following information sources: Clinical and Health Outcomes Knowledge Database, Health and Social Care Information Centre, Office for National Statistics



With colleagues at the end of the 2013 bike ride