

PUBLIC HEALTH

ANNUAL REPORT

of the Director of Public Health
East Riding of Yorkshire
2018/19



INTRODUCTION

This is my fifteenth and last Annual Report as Director of Public Health in the East Riding of Yorkshire and the time seems right for some reflection.

The death of our much-valued friend and colleague Paul Wolstencroft adds to the thoughts that we should pause and reflect on what has happened over the years of the reports.

There have been global and national changes and the scale of environmental threats to health such as climate change and air pollution have been increasingly recognised.

The anniversary of the influenza pandemic of 1918-19 reminds us of the more recent swine flu and Ebola outbreaks. Infectious diseases are still prominent risks to health. Diseases of affluence remain huge threats to our health too and health inequalities are not reducing.

There is good news though, especially in the East Riding of Yorkshire. Rates of smoking continue to fall, while childhood obesity rates and trends appear remarkably good. We have a social prescribing programme covering the whole area and substantial innovative work with Sport England in Withernsea.

My first report in 2002 considered general health and lifestyle. A principal theme that emerged was health inequality, the differences in the level of health and wellbeing in different areas and between different groups of people. Considerable efforts have been undertaken in the intervening years to tackle health inequalities. While progress has been made there is still much more to do.

The purpose of this report is to set out the state of health of the local population and to make recommendations on actions to be taken. For this year I have selected certain areas of need on which to focus attention, but I have also given space to good news stories and to report on some of the fantastic achievements that have been made.

There is little detail in this report and the aim is to highlight areas of importance to prompt further thought and investigation rather than to provide

detailed information, which can be found for example within the Joint Strategic Needs Assessment or within strategies.

Public health is hardly ever about work done alone. I would like to thank all those who currently work or who have worked in the past to improve the population of the East Riding of Yorkshire. For the preparation of this report I would like to thank in particular: Andy Kingdom; Mike McDermott; Tony Margetts; Suresh Perisetla; Brian Pickles; Laurie Fergusson; Janet Smith.

I would also like to acknowledge Public Health England for images.

As always, I would welcome comments and feedback.



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PHYSICAL ACTIVITY

Physical activity is one of the most important factors in health and wellbeing and improves both physical and mental health.

People of all ages should be encouraged to be more active and this also includes social activity and mental activity. As we tackle the various challenges of the East Riding of Yorkshire ranging from adult obesity to loneliness and isolation, activity is a positive link and a way to improve outcomes across the board.

New ways of working are needed to improve levels of activity so that everyone has the opportunity to do more and so that there is both an improvement in the overall level of health and wellbeing and a reduction in the level of inequality.

Work must be firmly grounded in communities so that it is led by local people and not imposed. This will make it far more likely to succeed and to be sustainable in the long run.

Therefore we are delighted to be working with Sport England in Withernsea as one of their Local Delivery Pilots implementing new ways of working to increase activity and also to learn lessons that can be used both locally and nationally.

The vision of Active Withernsea is to inspire a happier, healthier Withernsea by creating a health-promoting community, community ownership and co-production, increasing physical activity, changing behaviour to improve lives, building community trust and positivity and raising aspirations.

The ultimate goal is to change behaviours to increase physical activity in order to improve lives. We want people to live longer and healthier lives by living more active lives. To achieve this, we are seeking to build health promoting communities.

Within three to five years, we want to see a happier, healthier Withernsea where the healthy choice is the easy choice at all stages of the life course.

Building the right approach does take time and results will not be immediate, but through joint work and mutual understanding we hope that there will be long-lasting improvements.

ACTIVE WITHERNSEA
LET'S CONNECT

RECOMMENDATION

Individuals and organisations in the East Riding of Yorkshire should support the Sport England Local Delivery Pilot, Active Withernsea.



SOCIAL PRESCRIBING

Poor diet, lack of exercise social isolation all contribute significantly to a decline in our physical and mental abilities as we grow older.

Loneliness and isolation can be as bad for health as smoking 15 cigarettes a day. Lack of physical exercise significantly increases the chance of developing heart disease, obesity and mobility or joint problems which in turn can increase isolation and decrease self-worth and confidence.

This potential spiral can be avoided if we accept we have a responsibility to ourselves and loved ones and take some time to stay active.

In order to help people to address these issues themselves, East Riding of Yorkshire Council (ERYC) has worked with the NHS, Voluntary and Community Sector and others to introduce a social prescribing service.

The aim is to help communities and individuals improve their health and wellbeing. Link workers located in each GP practice spend time with people to find out what it is that is affecting them and what they can do to change it for the better.

They will then introduce people to their "Connector" colleagues who will actively support them in finding a local community or voluntary group with similar interests and introduce or facilitate their introduction.

Where demand is identified but a group does not exist they will enlist the help of their "Build" colleagues to get one up and running by working with the voluntary and local community sector and providing seed funding where necessary.

The East Riding of Yorkshire's Social Prescribing service accepts referrals from a wide range of referrers including self-referrals, just contact your GP Link worker, email or phone free on:

📞 0800 9177752

@ hnf-tr.socialprescribing@nhs.net



Source: ERYC, 2018

RECOMMENDATION

The growth and sustainability of the Social Prescribing Service should be supported across the local system.

SMOKING IN PREGNANCY

Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother.

On average, smokers have more complications during pregnancy and labour, including bleeding during pregnancy, placental abruption and premature rupture of membranes. Encouraging pregnant women to stop smoking during pregnancy may also help them kick the habit for good, and thus provide health benefits for the mother and reduce exposure to second-hand smoke by the infant.

Smoking in pregnancy is one of the few areas of public health where local rates are considerably poorer than national ones. The rate has been consistently higher in the East Riding of Yorkshire than nationally. For 2016/17 the local rate was 14.5% against a national rate of 10.7%. Factors that relate to smoking in pregnancy are often difficult to tackle and stopping smoking among young people is especially challenging.

Additional resources have been put into the stop smoking service specifically aimed at tackling smoking in pregnancy and working with midwives; results are encouraging. Smoking at time of delivery for 2017/18 has shown an improvement to 13.9% and the gap to the national figure of 10.8% has narrowed.

Smoking in pregnancy



Smoking during pregnancy causes up to:

2,200 premature births,

5,000 miscarriages and

300 perinatal deaths every year in the UK.

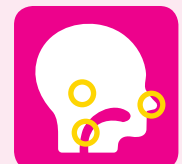
It also increases the risk of complications in pregnancy and of the child developing a number of conditions later on in life such as:



premature birth



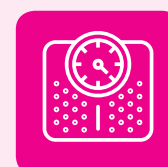
low birth weight



problems of ear, nose and throat



respiratory conditions



obesity



diabetes

RECOMMENDATION

Continued efforts should be made across local government and the health service to tackle smoking in pregnancy and resources allocated should be safeguarded.



HEALTHY WEIGHT

Obesity in adults is major determinant of premature mortality and avoidable ill health.

Risks that result from obesity include: increased blood lipids; glucose intolerance; Type 2 diabetes; high blood pressure; increases in liver enzymes associated with fatty liver; exacerbation of conditions such as asthma; joint pain; psychological problems such as social isolation, low self-esteem, teasing and bullying.

In the East Riding there have been some great results from the National Childhood Measurement Programme where almost all Reception and Year 6 children are weighed and measured. Not only do children in Reception Year have some of the lowest rates of overweight and obesity in the country, but figures are improving for both Reception and Year 6.

However, as shown in the infographic and graph below there is a rise in the proportion of people who are overweight or obese as age increases. This is true both locally and nationally, but in the East Riding of Yorkshire the comparison with other parts of the country gets worse as age increases.

Among adults the proportion of people who are overweight and obese is significantly higher than that in England. If the trends for children could be replicated for adults locally then there could be a huge impact on improving health.

Source: PHE, 2018



Nearly 1 in 5

RECEPTION AGE CHILDREN
are overweight or obese



Nearly 1 in 3

YEAR 6 CHILDREN
are overweight or obese



Nearly 2 in 3

ADULTS
are overweight or obese

England	22.6%	I
Cornwall	26.7%	H
Wirral	25.6%	H
Sefton	24.9%	H
Torbay	24.3%	H
Northumberland	24.3%	H
County Durham	24.1%	H
North Somerset	23.9%	H
Stockport	23.0%	H
Herefordshire	22.9%	H
Isle of Wight	22.1%	H
Shropshire	21.8%	H
Wiltshire	21.5%	H
Cheshire West and Chester	20.6%	H
Cheshire East	19.2%	H
Poole	19.2%	H
East Riding of Yorkshire	18.2%	H

England	20.0%	I
County Durham	22.6%	H
Northumberland	21.1%	H
Isle of Wight	20.8%	H
Sefton	20.7%	H
Wirral	20.6%	H
Torbay	19.9%	H
Herefordshire	19.2%	H
Cheshire West and Chester	18.8%	H
Stockport	18.2%	H
East Riding of Yorkshire	18.1%	H
Shropshire	16.9%	H
Poole	15.7%	H
Wiltshire	15.5%	H
Cheshire East	15.4%	H
Cornwall	15.1%	H
North Somerset	14.7%	H

England	61.3%	I
Shropshire	70.3%	H
County Durham	67.7%	H
East Riding of Yorkshire	67.4%	H
Cornwall	64.3%	H
Isle of Wight	64.1%	H
Northumberland	63.8%	H
Poole	63.8%	H
Wirral	63.8%	H
Herefordshire	62.8%	H
Wiltshire	62.2%	H
Torbay	62.0%	H
Sefton	61.4%	H
Stockport	61.1%	H
Cheshire East	59.4%	H
Cheshire West and Chester	59.1%	H
North Somerset	55.1%	H

RECOMMENDATION

Further work should be undertaken by all partners to tackle adult obesity focusing on physical activity and diet, making use of lessons learnt from work with leisure centres, social prescribing and Active Withernsea.

SEXUAL HEALTH

The World Health Organisation defines sexual health as a state of physical, emotional, mental and social wellbeing in relation to sexuality; it is not just the absence of disease, dysfunction or infirmity.

Sexual health requires a positive and respectful approach to sexuality and sexual relationships, as well as the possibility of having pleasurable and safe sexual experiences, free of coercion, discrimination and violence. For sexual health to be attained and maintained, the sexual rights of all persons must be respected, protected and fulfilled.

Most adults are sexually active and good sexual health matters to individuals and communities. Sexual health needs vary according to factors such as age, gender, sexuality and ethnicity.

However, there are certain core needs common to everyone including high quality information and education enabling people to make informed responsible decisions, and to access high quality services, treatment and interventions.

The consequences of poor sexual health include:

- unintended pregnancies and abortions
- psychological consequences of sexual coercion and abuse
- poor educational, social and economic opportunities for teenage mothers, young fathers and their children
- HIV
- cervical and other genital cancers
- hepatitis, chronic liver disease and liver cancer
- recurrent genital herpes
- pelvic inflammatory disease, which can cause ectopic pregnancies and infertility

Public health has been commissioning most sexual health services since 2013 as part of the local authority's responsibilities. New needs arise in connection with sexual health such as sexually transmitted infections rising among older people.

There are also particular needs among young people and these needs may also link to other risky behaviours such as alcohol and substance misuse. It is important that these new and existing needs are taken into account in the planning of services.



RECOMMENDATION

Planning for sexual health should be undertaken jointly. This includes addressing areas including older people's sexual health and a joined up approach to tackling risky behaviour.



ALCOHOL

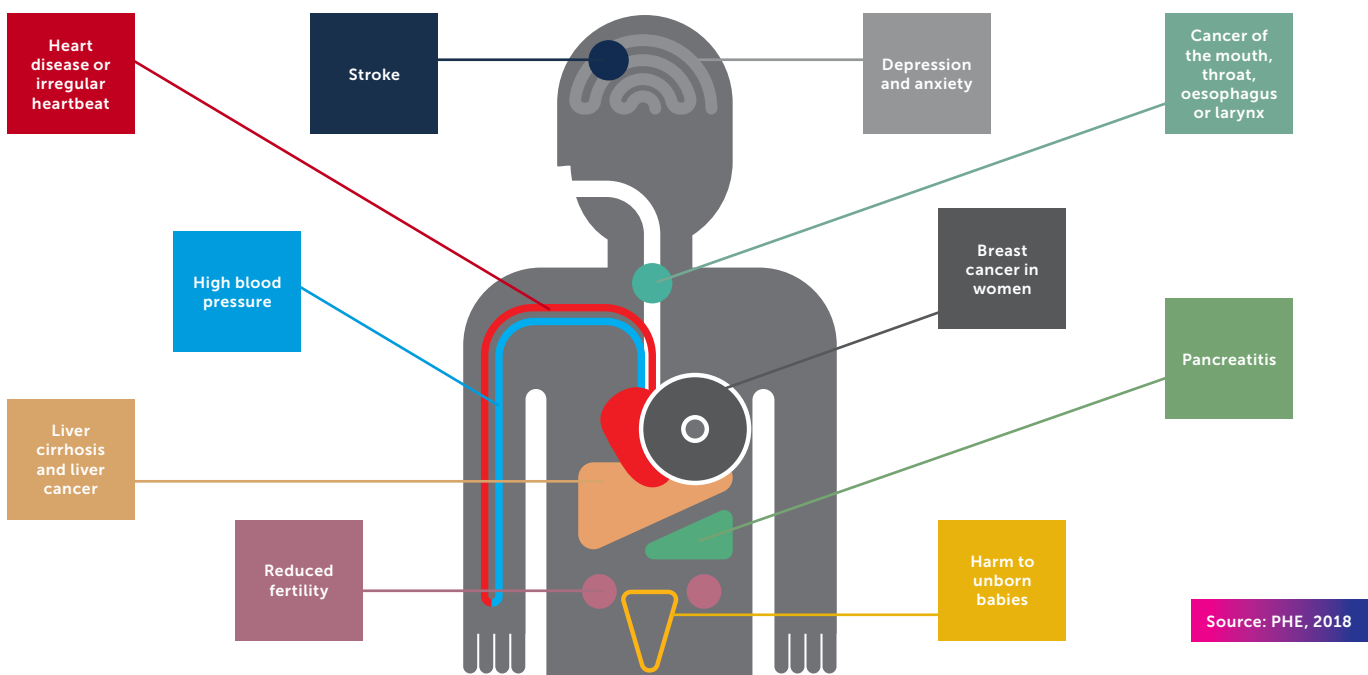
Alcohol use has health and social consequences borne by individuals, their families, and the wider community.

One in five adults drinks more than the recommended five units of alcohol a week. In 2017-18 435 people were treated for alcohol problems in the East Riding of Yorkshire, but this is only about 14% of the estimated number of alcohol dependent people in the East Riding.

Alcohol contributes to a large number of social problems. Nationally it is estimated that 18% of all neglect of children is related to alcohol use; alcohol is also a factor in domestic violence, homelessness and many other poor outcomes in society. Alcohol consumption also contributes to poor health, particularly mental health problems and 45% of all mental health related suicides involve alcohol. The infographic below shows the range of physical health problems linked to alcohol.

Alcohol treatment is effective, with about two thirds of patients successfully completing treatment. People show big improvements in health and social functioning and a marked reduction in hospital admissions. It can be a challenge to find the resources to support alcohol prevention and treatment, but the inclusion of alcohol treatment in the NHS plan as well as local plans at Hull Royal Infirmary are encouraging.

ALCOHOL MISUSE DAMAGES HEALTH



RECOMMENDATION

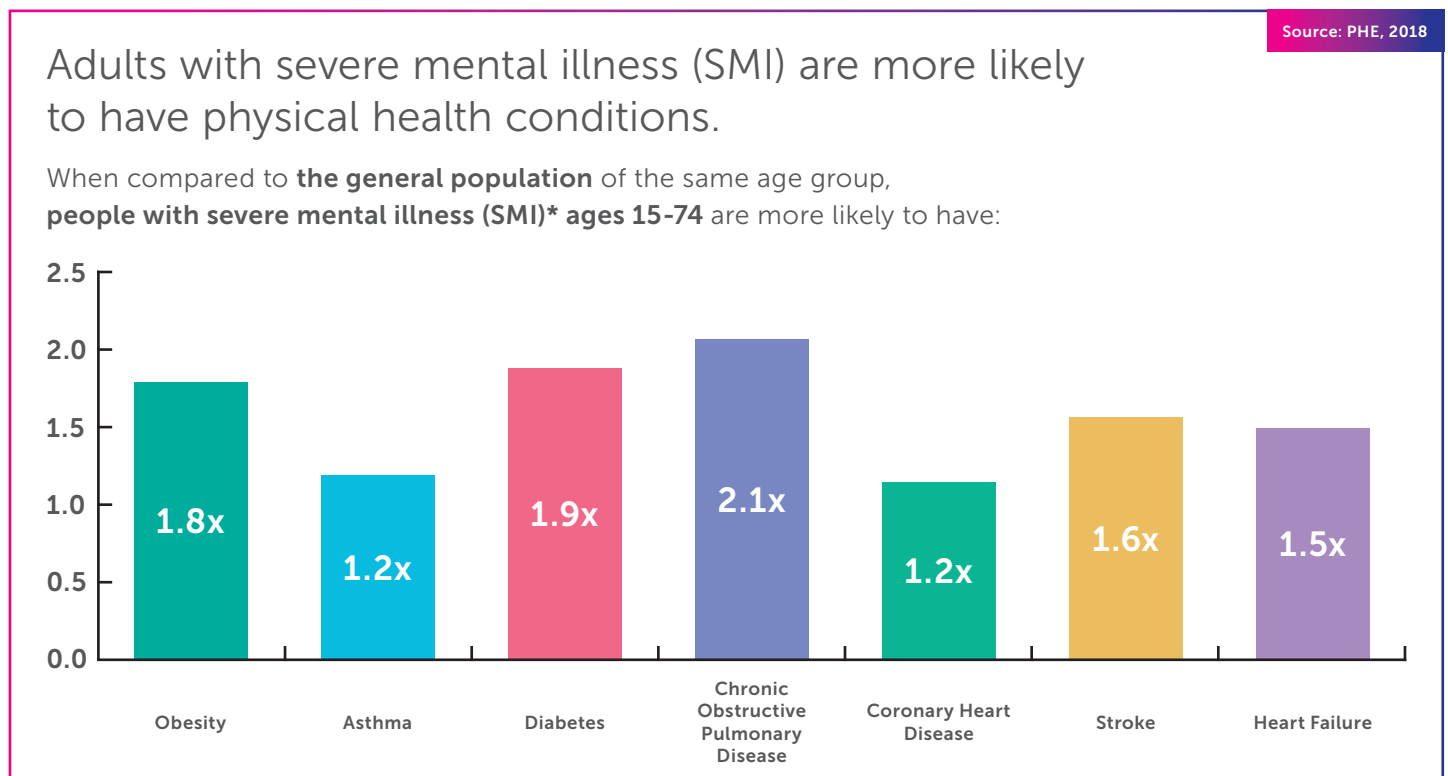
Local organisations should prioritise resources for the treatment and prevention of alcohol disorders both within hospitals and in the community, recognising the clinical and cost effectiveness of treatment.

ADULT MENTAL HEALTH

Mental health conditions are the second greatest cause of workplace sickness, and are a major cause of people falling out of employment or being unable to get back into work.

It is important that appropriate priority is given to mental health issues at all stages in life so that parity of esteem for mental health is seen in reality and not just as an aspiration.

There is a close link between physical health and mental health, but it is a link that is easily forgotten. Physical health behaviours positively impact our mental health in the short and long term, so for example physical activity will be of benefit to people with a range of mental health problems. We should also remember that people with mental health problems may be at increased risk of physical illness as shown in the following infographic.



It is vital that we look at the needs of all our residents in a rounded way, including the physical health needs of people with a mental illness and the mental health needs of those with a physical illness.

RECOMMENDATIONS

Mental health issues need to be given high priority locally in order to deliver on the commitment to give parity of esteem.

The physical health needs of people with a mental illness, especially a severe and enduring mental illness, need to have a specific and renewed focus.



DEMENTIA

Dementia remains one of the most significant challenges for the East Riding of Yorkshire and it is estimated that there are about 5,000 local residents who have dementia.

While most of these people have been diagnosed with the condition, there is still a need to increase the proportion of people who have a diagnosis and to decrease the stigma that may attach to the diagnosis.

There are many things that can be done to reduce the risk and the impact of dementia, although these factors are sometimes not acknowledged adequately.

Although dementia does not have a cure, the infographics on this page do show important factors that can be built on as part of a preventative approach.

Source: PHE, 2018

Around a **third** of Alzheimer's disease cases might be attributable to potentially modifiable risk factors.

A 20% reduction in risk factors per decade could reduce UK prevalence by **16.2%** (300,000 cases) by 2050

What's good for the heart is good for the brain

How to protect against dementia

- Volunteering
- Meeting Friends
- Reading
- Puzzles
- Crosswords
- Languages
- Social engagement
- Cognitive stimulation
- Education

RECOMMENDATION

As part of a life-course approach to dementia, plans for prevention and for protection of the brain need to have a high priority.

AIR POLLUTION

Air pollution is now the largest environmental risk linked to deaths in the United Kingdom and a significant source of ill-health.

There are strong associations between air pollution and major diseases that pose a great health and economic burden, including: coronary heart disease, stroke, lung cancer and childhood asthma.

A relatively small reduction in the population's exposure to PM_{2.5} particulates and nitrogen dioxide can lead to significant health and wellbeing benefits. It can also have many other advantages, such as increasing workers' productivity and promoting active travel, including walking and cycling. This increase in physical activity can help reduce the burden of chronic diseases such as obesity and Type 2 diabetes. Improving air quality is therefore an important tool to improve our health.

Air pollution may be seen as a more prominent issue in places outside the East Riding of Yorkshire, especially in more industrial areas or with a dense road network. However, all areas of the country are affected by air pollution and it has been estimated by Public Health England (PHE) that there are 172 deaths each year attributable to air pollution in the East Riding of Yorkshire. That figure is made up of a relatively small negative health effect on a much larger number of people but does demonstrate the importance of the issue.

Source: PHE, 2018

Sources of air pollution	PM _{2.5} Primary particulate matter	NO _x Nitrogen oxides	SO ₂ Sulphur dioxide	NH ₃ Ammonia	NMVOC Non-methane volatile organic compounds
Energy industries	3.3%	22.4%	37.3%	0.1%	0.5%
Manufacturing industries and construction	16.1%	15.6%	21.6%	0.7%	2.4%
Industrial processes	12.9%	0.1%	4.8%	1.3%	54.1%
Residential and small-scale commercial combustion	43.1%	10.3%	25.5%	0.8%	6.2%
Non-road transport	3.6%	16.8%	8.3%	0%	1.6%
Fugitive emissions	1.1%	0.2%	1.4%	0.1%	15.8%
Road Transport	12.4%	36.6%	0.7%	1.5%	3.9%
Agriculture	4%	0.8%	N/A	87.6%	14.4%

RECOMMENDATION

Partners across the East Riding of Yorkshire should pay more explicit attention to the harmful effects of air pollution in development of plans and policies. This should include consideration as part of Health in All Policies.



INFLUENZA

Influenza is a potentially serious illness and one that can be particularly harmful for people vulnerable through age or other illness as well as for pregnant women.

A century ago the influenza pandemic was one of the most lethal events in human history and although the annual appearance of seasonal influenza is on a far smaller scale it is important to take the necessary action to minimise its impact on both the health of individuals and on health and social care services.

Immunisation is one of the most effective healthcare interventions available and flu vaccines can prevent illness and hospital admissions among vulnerable groups of people. Increasing the uptake of flu vaccine among these high risk groups should also contribute to easing winter pressure on primary care services and hospital admissions. Coverage is closely related to levels of disease.

The influenza vaccination is offered to people who are at greater risk of developing serious complications if they catch influenza and others who are important in limiting the spread of the disease. People offered vaccination include those aged 65 and over, pregnant women, people with long term health conditions, health and social care workers and younger children.

In the East Riding of Yorkshire, the rate of influenza vaccine coverage among school children has been extremely good and is one of the best rates in the country. However, vaccination uptake among other groups has not been as good, shown for example in the chart below for people aged 65 and over comparing with similar areas.

FLU VACCINE UPTAKE (%) IN PEOPLE AGED 65 AND OVER: 2017/18

England	7,426,917	72.6%	<div style="width: 72.6%;"></div>
Stockport	47,385	80.8%	<div style="width: 80.8%;"></div>
Cheshire East	65,606	77.7%	<div style="width: 77.7%;"></div>
Cheshire West and Chester	53,760	77.1%	<div style="width: 77.1%;"></div>
North Somerset	38,818	77.1%	<div style="width: 77.1%;"></div>
Wirral	51,925	76.0%	<div style="width: 76.0%;"></div>
Sefton	45,959	75.5%	<div style="width: 75.5%;"></div>
Northumberland	57,747	74.3%	<div style="width: 74.3%;"></div>
Wiltshire	78,460	74.1%	<div style="width: 74.1%;"></div>
Shropshire	57,132	74.1%	<div style="width: 74.1%;"></div>
Poole	29,103	73.2%	<div style="width: 73.2%;"></div>
County Durham	79,588	72.5%	<div style="width: 72.5%;"></div>
Herefordshire	32,676	71.6%	<div style="width: 71.6%;"></div>
Torbay	26,647	71.2%	<div style="width: 71.2%;"></div>
East Riding of Yorkshire	57,404	71.2%	<div style="width: 71.2%;"></div>
Cornwall	99,368	71.1%	<div style="width: 71.1%;"></div>
Isle of Wight	27,401	69.3%	<div style="width: 69.3%;"></div>

Source: PHE, 2018

RECOMMENDATION

Further efforts should be undertaken within primary care and other partners to maximise influenza vaccine uptake among eligible populations prior to the 2019-20 winter.

PROGRESS ON RECOMMENDATIONS FROM 2017

The 2017 report was in the form of a calendar and it had recommendations each month for individual activity and separate recommendations for organisations and the system.

It is for readers to judge if they have followed the individual recommendations themselves, but for the wider recommendations there are some comments on progress.

Tackling alcohol misuse should be recognised across the East Riding as a high priority and appropriate resources made available for effective interventions by all relevant organisations.

This continues to be an issue as highlighted in this report, but hospital services are developing.

Local organisations should support the joined up pathway for teenage pregnancy.

Local commissioning arrangements for sexual health have become more joined up between Council and Clinical Commissioning Groups.

Local organisations should give a high priority to increasing the life expectancy of people with mental health problems, including promoting their physical health and wellbeing.

This is included in current mental health system work but is still important to prioritise as highlighted in this report.

Local organisations should promote the systematic evidence-based identification and management of heart disease and high blood pressure.

Progress here includes the establishment of testing in local pharmacies for high blood pressure.

Local organisations should promote systematic programmes of falls prevention.

Further work is needed to ensure a systematic approach to falls prevention.



Local organisations should give a high priority to tackling substance misuse including IPEDs and prescription medication.

Work with services and the media continues regarding image and performance enhancing drugs and joint work has started on tackling prescription medication.

Local organisations should ensure that plans are well developed to deal with the impact of heatwaves, especially at times when many people will be away from work.

Emergency planning work is well established but continued preparation and vigilance is needed.

Local organisations across the public, private and voluntary sectors should work to make the East Riding of Yorkshire dementia friendly and a place where people with dementia feel at home as valued members of the community.

Dementia friendly work has continued and strengthened but there is considerable scope for further development.

The Healthy Schools programme should be fully implemented and taken up by local schools.

The programme has expanded and has been widely taken up across the East Riding.

Local organisations and businesses across the East Riding should organise a stop smoking event within the workplace and signpost employees to the local Stop Smoking Service.

Further work is needed to engage with businesses regarding health improvement, but this will be helped by the immanent launch of the local public health website which has an area for businesses.

Local organisations should work with the Cancer Alliance to promote awareness and early diagnosis initiatives.

Cancer Champions have worked well in the East Riding and an awareness programme has been launched.

Further effort should be made to increase rates of influenza immunisation, especially in groups where uptake is below target.

While uptake in schools is high, there is a need to improve uptake among other groups as outlined in the influenza section of this report.



PUBLIC HEALTH

