

**TIME FOR A CHANGE**



# Annual Report

of the Director of Public Health  
East Riding of Yorkshire

2010-2011

# CAN YOU READ ME? CAN YOU READ ME?

If you require the document in a different form, such as in larger print, on audiotape, or translated into a different language, please use the contact details on page 7 or telephone **01482 672145**.

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**EXECUTIVE SUMMARY** **THIS REPORT** presents an **INDEPENDENT VIEW** of the **HEALTH OF THE PEOPLE OF THE EAST RIDING OF YORKSHIRE.**

# EXECUTIVE SUMMARY

**THREE ISSUES** are highlighted:

- **The ageing population**
- **Health inequalities**
- **Lung cancer**

**INFORMATION** is also provided about how to **IMPROVE HEALTH** in many specific areas and **EXAMPLES** are provided for **PERSONAL HEALTH IMPROVEMENT.**

# RECOMMENDATIONS

**1** Addressing the health needs of older people, including the forecast major rise in conditions such as dementia, should remain a top priority within the East Riding of Yorkshire.

**2** Further specific work should be undertaken to tackle health inequalities and to improve health in the more deprived parts of the East Riding.

**3** Efforts to reduce deaths from lung cancer should focus on prevention and early diagnosis and particular consideration should be given to initiatives that relate to women.

**4** Work should continue to tackle the major causes of death and disability in the East Riding including coronary heart disease (CHD) and stroke.

**5** Individuals and organisations should consider how best to promote physical and mental health and wellbeing.

**6** Readers of this report should consider how they might be able to improve their own health.

**INTRODUCTION** THIS IS MY **NINTH** ANNUAL REPORT AS DIRECTOR OF PUBLIC HEALTH and MY **FOURTH** AS A JOINT APPOINTMENT BETWEEN NHS EAST RIDING OF YORKSHIRE AND EAST RIDING OF YORKSHIRE COUNCIL. However, this report is **somewhat different** from previous ones....

# TIME FOR A

Previous reports have been used as a basis for health needs assessment, but now the Joint Strategic Needs Assessment fulfils this role. Also, my reports in the past have kept a fairly similar format. Interest in the reports has been relatively low recently. The health of people in the East Riding tends to be relatively good and there are few surprising messages. There are major challenges to face, though, and I am keen to use this report to highlight them.

Therefore I felt that it was **time for a change** with this report. That is why the format and content have changed. My aim is to focus on a smaller number of key issues and also to emphasise that improving health is everyone's business and we can all make a contribution.

The report is in three sections:

**The first section**

considers information about the health of local people and highlights three major local health challenges

- The ageing local population
- Health inequalities
- Lung cancer

**The second section**

presents information about how to improve health in a variety of different areas. I hope that this will highlight what you and your organisation can do to improve health. The pages can be detached for easy reference, for example to be stuck on a wall.

**The third section**

consists of laminated sheets inserted in the report. These are walking and cycling maps and recipes. They are designed for your practical use or for you to give to friends and colleagues and are laminated to protect them from rain or from the kitchen. I am not looking for a mass campaign, but rather to demonstrate what you and other individuals can do to improve your health. Please use them!

**“...improving health is everyone’s business and we can all make a contribution”.**

# CHANGE

I can certainly do more to improve my own health, but I am pleased that I was able to complete the Way of the Roses cycle route in the summer and I hope that this is a demonstration of one way of personal health improvement. Perhaps you would like to join me for the 2012 ride.

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:

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Left to right, Mike McDermott (NHS East Riding of Yorkshire), Tom Hall (Public Health Speciality Registrar), Tim Allison (NHS East Riding of Yorkshire) and Dave Pinder, (East Riding of Yorkshire Council) at Bridlington after completing the Way of the Roses.

# ACKNOWLEDGEMENTS

**I WOULD LIKE TO THANK** the people who provided **information** and helped with the **production** of this report. **This includes the following:**

# THANK YOU

Dawn Branton	Emma Shakeshaft
Isabel Carrick	Helen Thornton-Jones
Liz Gowland	Nicky Thresh
Cheryl Jablonski	Sharon Watts
Andy Kingdom	Tim Williams
Janet McDougall	Paul Wolstencroft
Owen Morgan	Nicola Wood

## **I would also like to acknowledge the following information sources:**

### **Association of Breastfeeding Mothers**

- Photographs.

### **Association of Public Health Observatories (APHO)**

- Slope index of inequalities data.

### **Clinical and Health Outcomes Knowledge Base (NCHOD)**

- Life expectancy; Infant mortality rate; Deaths from CHD, Deaths from stroke; Deaths from lung cancer; Deaths from colorectal cancer.

### **Eastern Public Health Observatory (ERPHO)**

- Under 18 teenage conception rates.

### **East Riding of Yorkshire Council**

- Maps of East Riding of Yorkshire.
- Walking maps.

### **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.

### **Visit Hull and East Yorkshire**

- Cycling maps.



**HEALTH  
PRIORITIES  
AHEAD!**

# Health Priorities in the East Riding of Yorkshire

**THREE THEMES** are particularly highlighted in this year's report:

**The ageing population**  
**Health inequalities**  
**Lung cancer**



# People in the East Riding living longer

**LIFE EXPECTANCY** in the East Riding continues to **increase** for both men and women, as shown in **figure 1**. Together with the movement of older people into the East Riding, this means that **the local population is getting older**. By 2033 more than 6% of East Riding residents will be aged 85 or more.

**By 2033 more than 6% of East Riding residents will be aged 85 or more.**

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Since the number of older people in the East Riding is increasing, diseases that are more common as we get older will also become more common (Figures 2 & 3).

We need to plan for this, both for preventing and for treating diseases.

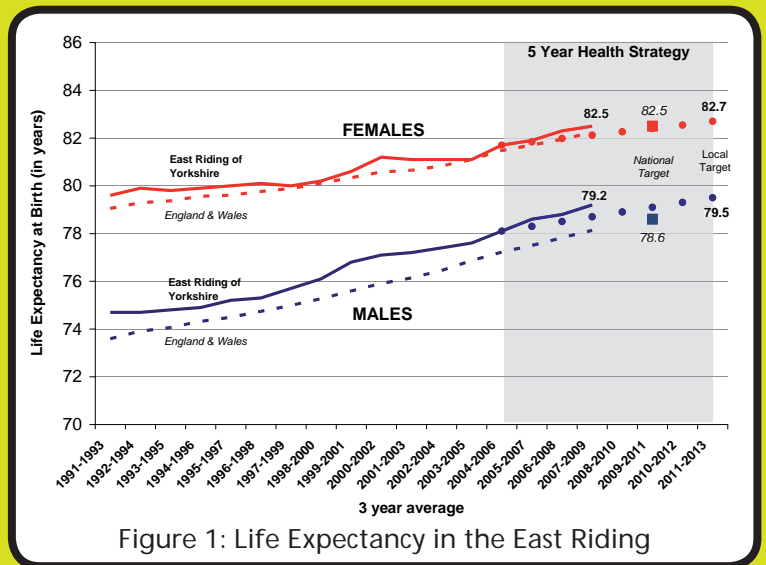


Figure 1: Life Expectancy in the East Riding

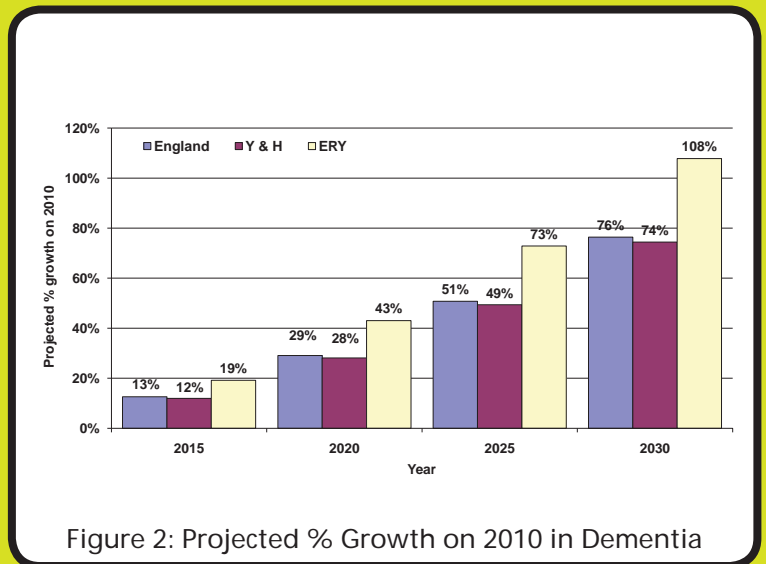


Figure 2: Projected % Growth on 2010 in Dementia

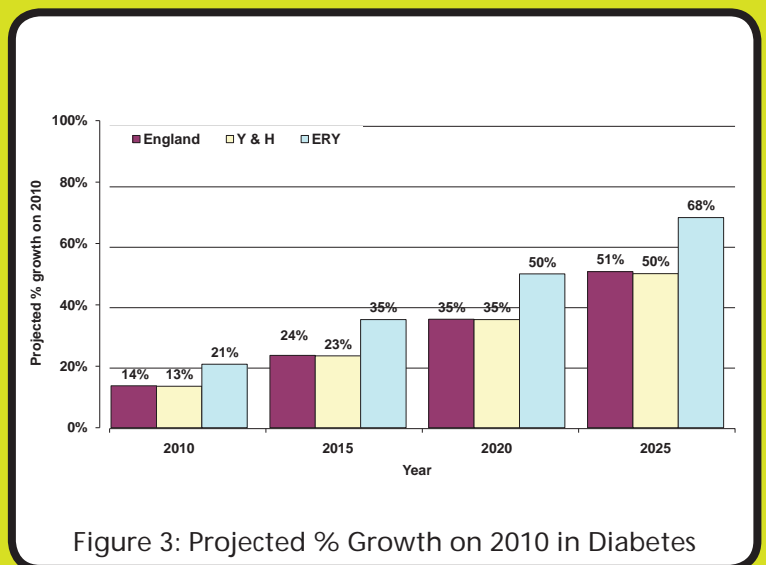
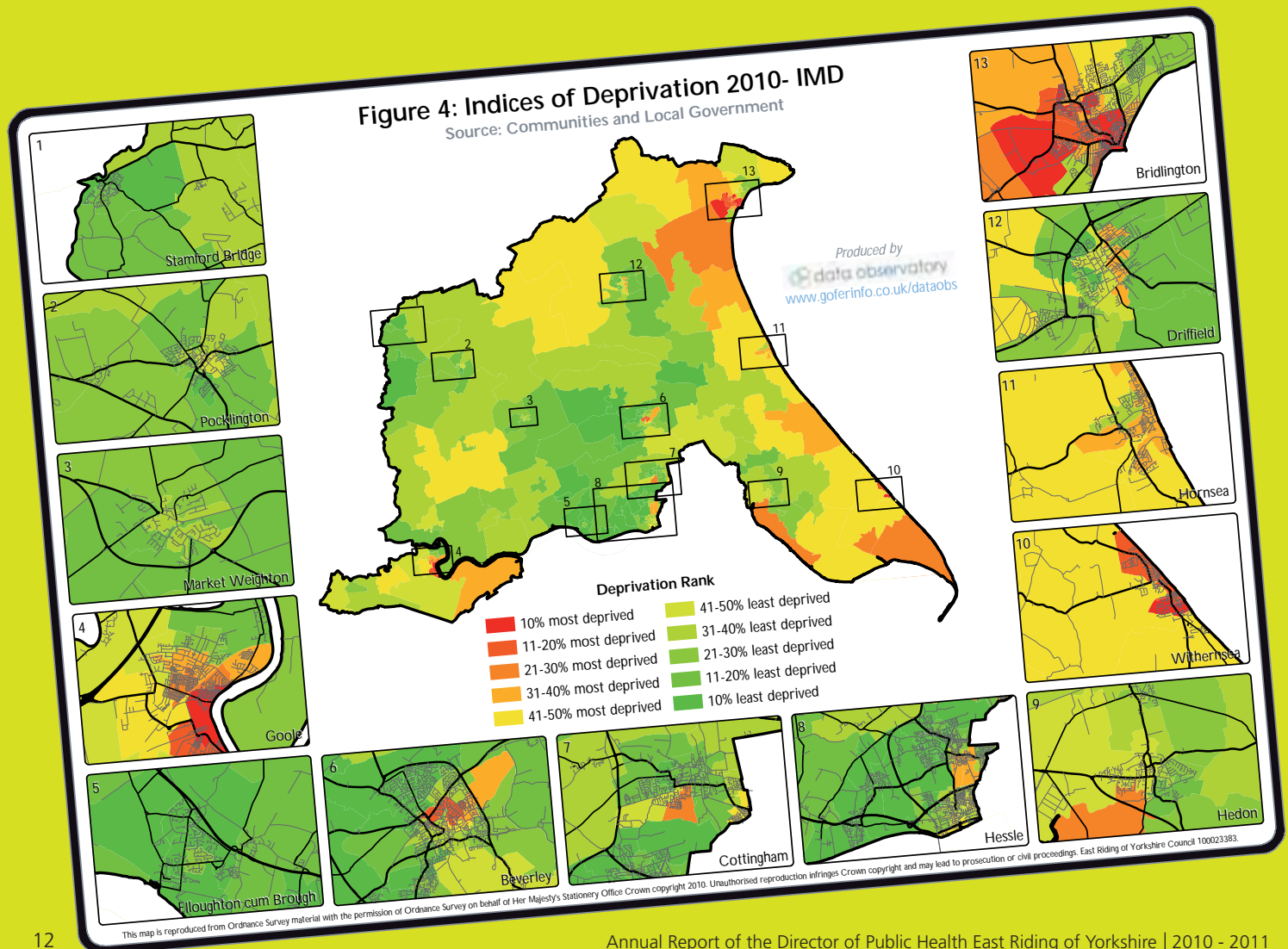


Figure 3: Projected % Growth on 2010 in Diabetes

**PEOPLE in some parts of the East Riding continue to live considerably longer than in other parts.**

# Health Inequalities are still prominent

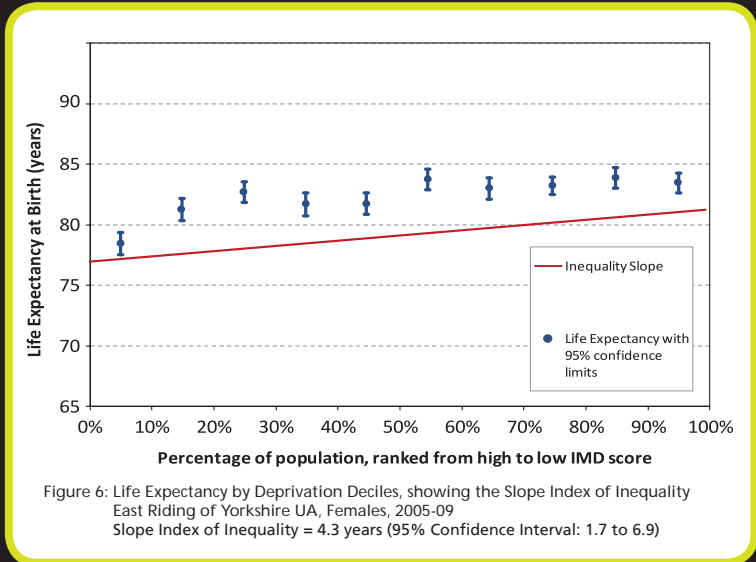
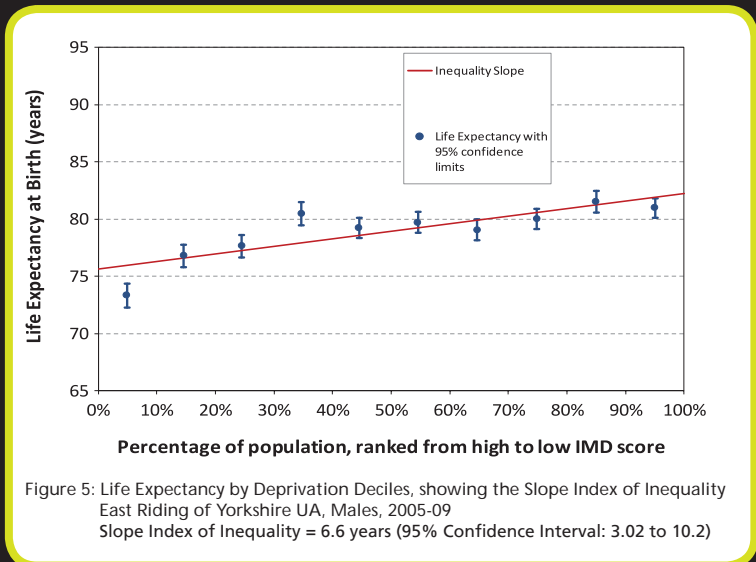
**Figure 4: Indices of Deprivation 2010- IMD**  
Source: Communities and Local Government



# Health Inequalities Prominent

Differences in life expectancy follow patterns of material deprivation and there are two issues of particular concern:

1. Low life expectancy is particularly prominent in the most deprived areas (Figures 5 & 6).
2. Health inequalities in the East Riding have not narrowed and there is evidence of an increase, especially among women (Figure 7).



# Lung cancer deaths are higher among women..

**FOR THE FIRST TIME** ever in the East Riding, the death rate from lung cancer in women was higher than the rate in men.

This is the continuation of a trend over many years where deaths among men have fallen dramatically while deaths among women have risen slightly.

It is vital that efforts to prevent lung cancer, principally through tobacco control, to recognise cancer early and to treat cancer remain priorities for both men and women.

However, further efforts may be needed to ensure that women are effectively targeted.

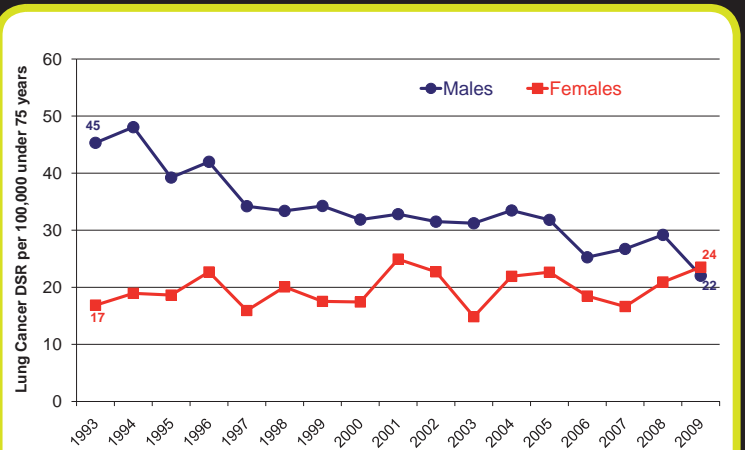
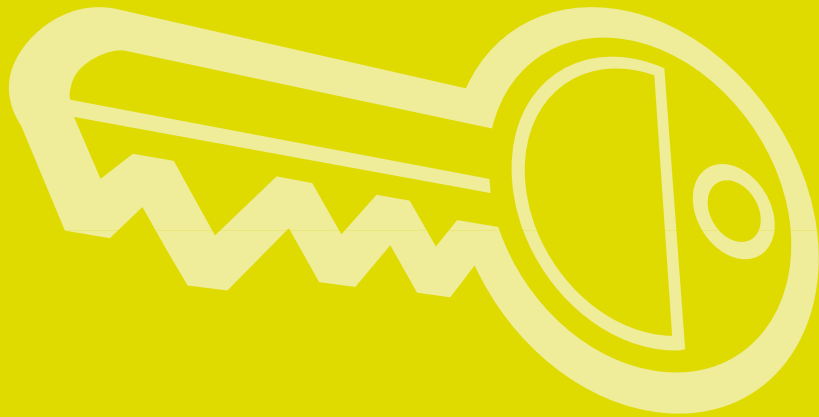


Figure 8: Lung Cancer Under 75 years, ERY comparison between Males & Females, year on year



## Health Trends

**KEY HEALTH TRENDS** are presented in the charts in this chapter. **Good progress** is shown in most areas and the figures for infant mortality and deaths from falls are especially encouraging. However, bowel cancer mortality and teenage pregnancy rates are examples of areas where figures have not fallen to the extent that would be hoped.



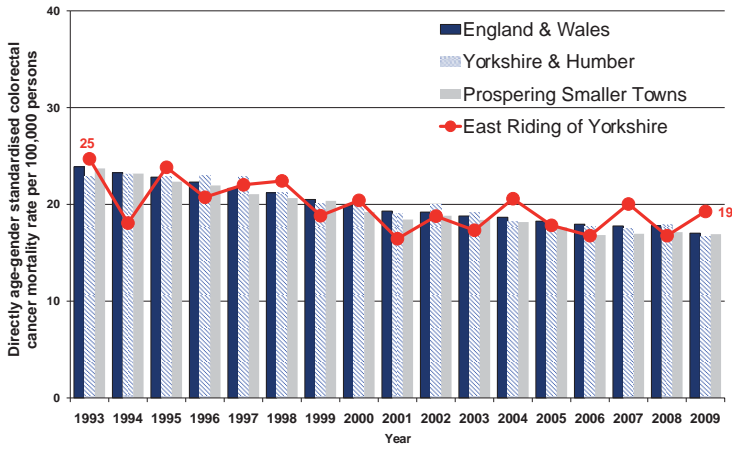


Figure 9: Bowel cancer mortality

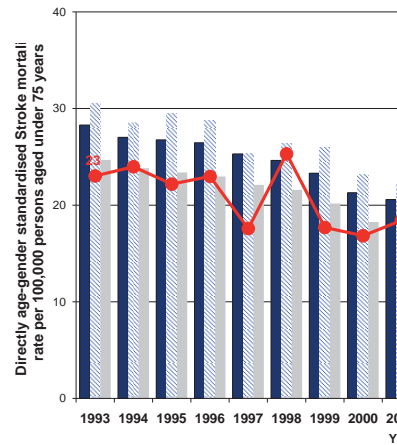


Figure 10: Stroke mortality

# KEY HEALTH

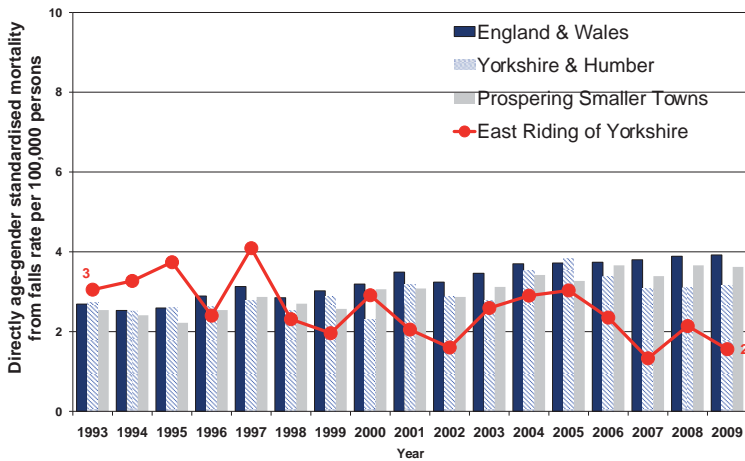


Figure 12: Falls mortality

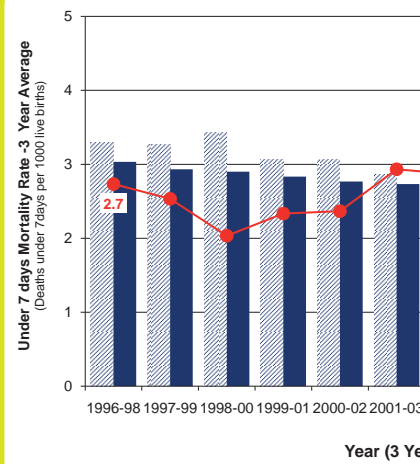
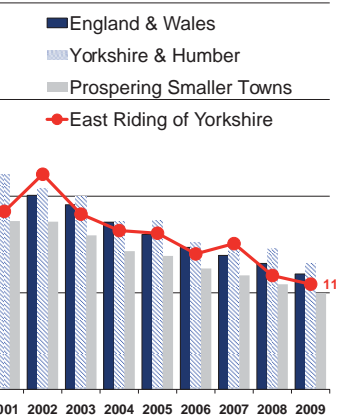


Figure 13: Infant mortality





under 75 years of age

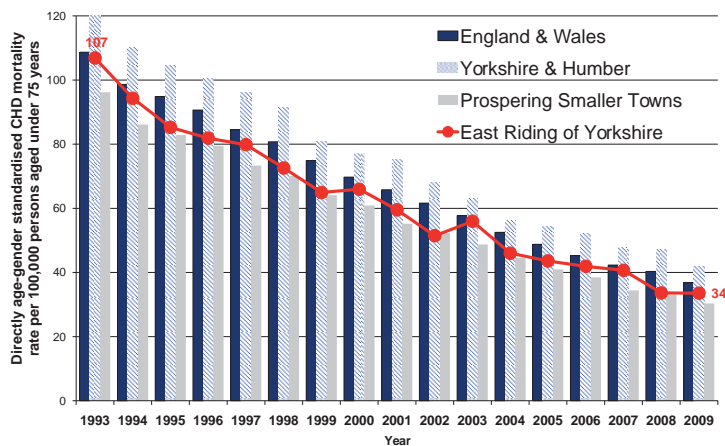
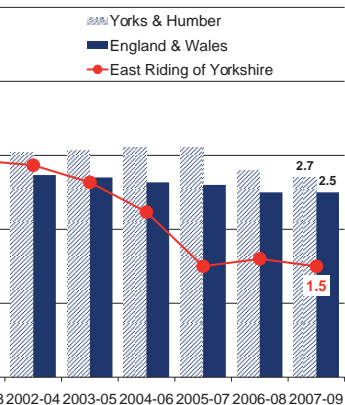


Figure 11: CHD mortality under 75 years of age

# TRENDS



infant mortality

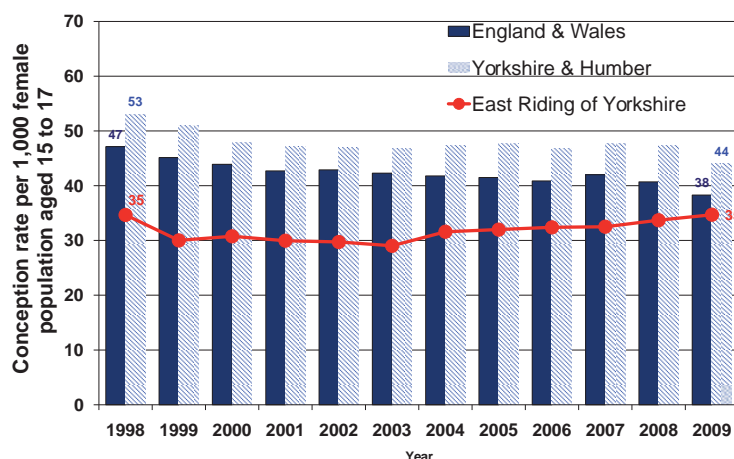


Figure 14: Conception rates per 1000 15-17 year olds

# How to improve health in the East Riding



## Information in the antenatal period:

NHS organisations and Children's Centres in the East Riding are seeking Baby Friendly accreditation with UNICEF UK. As part of this process staff working with pregnant women and new mothers are being trained to ensure consistent information and support is given.

Pregnant women and their partners need information on:

- Risks and benefits of different infant feeding methods to help them make an informed choice.
- Practicalities of breastfeeding and what to expect as normal.



**Did you know?**  
The Equality Act 2010 protects the right of mothers to breastfeed infants up to 6 months old in public places. In Scotland there is no age limit.

## NATIONAL INFANT FEEDING SURVEY 2005 – NEARLY 9 OUT OF 10 OF MOTHERS WHO STOPPED BREASTFEEDING BEFORE THEIR BABY WAS 6 WEEKS OLD WOULD HAVE LIKED TO CONTINUE FOR LONGER.



## Sources of breastfeeding support:

- Contact your midwife or health visitor.
- Staff in Children's Centres are on hand to help or refer on for more specialist support if required.

# BREASTFEEDING

## After the birth and in the early days:

Babies need frequent feeds particularly in the early days as their stomachs are very small.

(the marbles and ping pong ball, above, illustrate stomach capacity at 1, 3 and 10 days respectively).

Therefore with bottle-feeding in particular there is the need to avoid setting up a pattern of over-feeding which may increase the risk of obesity in later life.

Babies who are fed 'on demand' will self-regulate according to their needs.

Early frequent feeds also 'switch on' milk producing cells so that the breastfeeding mother can maximise her milk supply as the baby grows.

- Volunteer peer supporters (mothers who have breastfed their own babies and been trained to help other mothers) run groups across the East Riding. The latest group has set up in Withernsea.
- Friends and family have a vital role in supporting and encouraging the new mother. People can offer to carry out chores / cook a meal so that mum can rest instead of offering to give baby a bottle.

The Breastfeeding Friendly Award Scheme identifies local public premises where mothers are welcome to breastfeed their baby.



# DIET AND PHYS

**We can all make **small changes** to what we **eat and drink** in order to be healthier and happier. Joining the **Change4Life** campaign is a great way to get easy ideas and information on **how to eat well, move more and live longer.****

**Encourage children and young people to eat healthier and move more by promoting these 8 key messages:**



**Up and about** is all about trying to get children moving whenever they can during the day. So if they've been sitting for a while, get them up to jump around for a bit, or limit time spent in front of the TV or computer.

## **60 active minutes**

- Active kids are happy kids - they like to be running around and having fun. Children need to do at least 60 minutes of physical activity that gets their heart beating faster than usual every day. This can be things like jumping, skipping, dancing, swimming and running.



**5 a day** - Fruit and veg are packed with essential vitamins, minerals and fibre and it's important to eat a variety every day. Fresh, canned, frozen, 100% juice and dried fruit and veg all count towards the 5 A DAY target. There are so many ways to get 5 A DAY - add veg to favourite foods such as spaghetti bolognese or mix them into a sauce to give it more colour and flavour. School meals include at least two portions of fruit or veg so that's another way of getting children towards their 5 A DAY.

**Meal times** are so important to developing healthy eating habits. Busy, hectic, modern lives often mean we don't make time for healthy meals which can lead to unhealthier eating habits like snacking, eating fast food, fussy eating and so on. Skipping meals is also not good for kids as they may miss out on essential nutrients. Aiming for 3 regular meal times every day, breakfast, lunch and tea, really helps.



CHILDREN



# PHYSICAL ACTIVITY

## CHILDREN

**Snack check** – We probably snack more than we realise. It can be useful to set a limit to one in the morning and one in the afternoon. And of course, it's all the better if these snacks are the healthier kind such as fresh or dried fruit, crunchy veg sticks, bread sticks or home-made ice lollies made from 100% fruit juice.

**Me-size meals** – Children have smaller stomachs than adults which means they don't need as much food as adults. Try using smaller plates and let children help themselves whilst sat with the family at the table. This way they can always ask for more if they are still hungry rather than trying to eat portions which are too big for them.



**Cut back on fat** - we all know too much fat is bad for us, but don't always know where it's lurking. It seems to be in so many of the things we like, so it's sometimes difficult to know how to cut down. Fortunately, there are plenty of ways to go easy on the fat; simple things like comparing food labels, swapping certain foods for others, and making changes to the way we prepare and cook food. For example, grilled fish fingers have much less fat than fried fish fingers and trimming the fat off bacon can reduce its fat by about a half.

**Sugar Swaps** can help to cut down calorie intake as well as reducing tooth decay. Swap food and drink with added sugar for versions that are lower in sugar or sugar-free. In particular, more than a quarter of the added sugar in children's diets comes from sugary drinks, so swapping to water, milk (ideally semi-skimmed), sugar-free drinks, sugar-free squash, or unsweetened fruit juice really makes a difference.



**For more information and ideas go to: [www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life)**

# DIET AND PHYSICAL ACTIVITY

**It's just as important for adults to eat well and move more if they want to live longer, healthier lives. All of the suggestions on the previous pages are key to healthy lifestyles; here are a few more suggestions to encourage adults to get up and about more and eat healthier.**

# ADULTS

- Fill your diet with fruit and vegetables - aim for half your plate to be vegetables.
- Swap 1 large meal for a smaller meal, with fruit for dessert.
- Eat a little slower.
- Eating distractedly e.g. in front of the TV, means we eat more without noticing or even enjoying it. Swap the TV for the table.
- Aim to feel satisfied, not stuffed.
- Drink more water.
- Stop buying sugary and fatty snacks – if they are not there you can't eat them.
- Start every day with a healthy breakfast – you're less likely to feel hungry half way through the morning.
- Eat fibre – it fills you up.
- Leave the car at home or get off the bus 2 stops earlier.
- Take up an active hobby such as dancing, bowling, walking or swimming.
- When you drink alcohol alternate with a soft sugar-free drink or water.
- Aim for 30 minutes moderate activity 5 times a week – your heart rate needs to increase slightly along with breaking into a sweat.



**For more information and ideas go to: [www.nhs.uk/Change4Life](http://www.nhs.uk/Change4Life)**



It's not unusual to want to take a little time out and have a drink or two. The problem with alcohol is that sometimes one drink can very easily lead to another. Before you know it, you might have drunk more than you intended. There are plenty of **POSITIVE THINGS** about having a drink. It helps you unwind and relax and it's enjoyable to do with friends. But regularly drinking more than the recommended daily amount of units has its risks.

# ALCOHOL AND YOU

NHS advice on drinking recommends that men should not regularly drink more than 3-4 units of alcohol a day and women should not regularly drink more than 2-3 units a day. Pregnant women or women trying to conceive should avoid drinking alcohol. If they do choose to drink, to minimise the risk to the baby, they should not drink more than 1-2 units once or twice a week and should not get drunk.

**Small changes can make a big difference in reducing your chances of having alcohol-related problems.**



## MEN

Should not regularly drink more than 3-4 units a day



## WOMEN

Should not regularly drink more than 2-3 units a day



## PREGNANT WOMEN

Avoid alcohol altogether  
Never more than 1-2 units once or twice a week

## DRINKING AND YOU: 10 WAYS TO FIND THE BALANCE

- 1 Decide how many units you want to drink in an evening – and stick with it.
- 2 Reduce your units by choosing drinks that are not so strong.
- 3 Avoid 'top-ups' so you can keep track of your units.
- 4 Drink water before you go out. Then drink either water or a soft drink between each alcoholic drink.
- 5 Eat before you go out and while you are drinking.
- 6 If you think you may be drinking a bit much, set aside specific days in the week when you do not drink.
- 7 If you spend all your money on drink, take out less cash. Leave the credit cards at home.
- 8 Before you go out, think about how you are going to get home. If you are in a group, designate a non-drinking driver. Otherwise take a licensed taxi.
- 9 Don't drink in rounds as you'll tend to drink more.
- 10 Try not to go out too often with friends who drink heavily.

People who drink heavily are not necessarily 'addicted' to alcohol, but for many reasons they have got into the habit of consuming it regularly or in 'binges' of heavy drinking. Such drinking has short and long-term risks.

### SHORT-TERM RISKS:

- Anxiety;
- Sexual difficulties such as impotence;
- Slowed breathing and heartbeat;
- Loss of consciousness;
- Accidents and injuries;
- Suffocation through choking on your own vomit;
- Potentially fatal poisoning.

### LONG-TERM RISKS:

Drinking more than the recommended number of units regularly over a long period of time can lead to:

- Certain types of cancer, especially breast cancer;
- Memory loss, brain damage or even dementia;
- Increased risk of heart disease and certain types of stroke;
- Liver disease, such as cirrhosis and liver cancer;
- Stomach ulcers.

(Department of Health – Know Your Limits)

# Smoking is still the **biggest single** **preventable** cause of death and disease in the UK.

**IN THE EAST RIDING**, there are around **51,000 ADULT SMOKERS** (aged 16+) which equates to **17.8%** of the adult population (England average is **21.2%**).

However, there are areas in the East Riding where smoking prevalence is **much higher** for example **Goole and Withernsea (up to 38%)** and **lower** in some areas, (**<10%**) such as **Pocklington and Haltemprice.**

**SMOKING IN PREGNANCY** (smoking status recorded at delivery) is **15.2%** (England average is **14%**).

**TEL: (FREE PHONE)  
0800 915 59 59  
OR TEXT  
QUIT TO 61825**



**Last year (2010/2011)** the local NHS stop smoking service helped **2057 smokers** living in the East Riding successfully to **quit smoking**.

There are many ways that a smoker living in the East Riding can get free help and support to assist them in their attempt to stop smoking:

The local NHS Hull & East Riding Stop Smoking service offers a range of free local services:

- **One-to-one support (Walk-ins):** There are 20 clinics throughout the East Riding - morning, afternoon and evenings. No appointment is necessary. Visit [www.readytostopsmoking.co.uk](http://www.readytostopsmoking.co.uk)
- **Stopping in a group:** Sharing ideas, tips and dealing with cravings with other people with help from a stop smoking specialist.
- **Telephone help:** One-to-one support via 0800 915 5959.
- **Quit online:** Access help from the comfort of your own home at a time to that suits you. Visit: [www.readytostopsmoking.co.uk](http://www.readytostopsmoking.co.uk)
- **Quit buddy:** Support and information via your mobile phone to help you stay on track whilst quitting. Text: BUDDY to 61825.
- **Your workplace:** If you and your colleagues at work would like on-site stop smoking support, at times to suit you, contact the stop smoking service.

- **Hospital inpatient support:** One-to-one help and support during your stay in hospital with further help and support and follow-up on discharge home.
- **Smokefree families:** A team helping young people from 12yrs upwards and families with young children to be smoke free.
- **Free nicotine replacement therapy (NRT):** You can double your chance of stopping smoking with free products when you access support.

You are up to **FOUR** times more likely to quit with their help and support than on your own.

Other places to help and support your quit attempt:

- **Pharmacies:** Confidential, one-to-one support with a trained advisor.
- **Your GP or practice nurse:** Ask for help and support in-house, or for referral to a trained advisor eg. local NHS stop smoking service or Health Trainer.
- **Health trainers:** Free, confidential service. One-to-one support with trained advisors, at a place and time to suit you. Call: (Free phone) 0800 917 7752.
- **Local health centre:** Ask at the reception for information on stop smoking help and support, you will be informed of where to get help.
- **Leisure centres:** There are many centres in the East Riding offering one-to-one stop smoking support from trained advisors. Ask at the reception for information.

# Smoking in the East Riding

**There is no health without mental health.**

**Good mental health or mental wellbeing is more than simply the absence of mental illness.**

**Mental health is everyone's business.**

"Mental well being is about how we all think, feel, behave and function. It is fundamental to achieving a healthy, resilient and thriving population.

It underpins healthy lifestyles, physical health, educational attainment, employment and productivity, relationships, community safety and cohesion and quality of life"

*Mental well-being checklist National Mental Health Development Unit (2010)*

**"By promoting good mental health and intervening early, particularly in the crucial childhood and teenage years, we can help to prevent mental illness from developing and mitigate its effects when it does."**

*No Health without Mental Health: A cross-government strategy for people of all ages (2011)*

# MENTAL HEALTH

Health promoting or protective factors for mental well being are enhancing control, increasing resilience and community assets, facilitating participation and promoting inclusion.

## What can individuals do to promote mental health and prevent mental ill health?

- Maintain your independence .
- Keep active – regular physical activity releases chemicals in the brain that can make you feel good, help your concentration and improve sleep.
- Eat well – a balanced diet is as good for your brain as for your body.
- Drink sensibly – alcohol is a depressant and won't help you to cope in tough times.
- Take a break – from your every day routine; small changes to increase 'me time' can release stress.
- Do something you are good at - for yourself. Expressing yourself through your interests, skills and talent has positive effects on mood.
- Accept who you are – we all are unique, trying to be like others adds to stress and can reduce our self esteem.
- Care for others – this helps keep stress in proportion and helps us feel connected to the wider world.

- Ask for help – sort problems out before they become a crisis; this is a sign of taking control rather than a sign of weakness.
- Talk about your feelings – keeping 'problems' bottled up can make them seem bigger and more difficult to resolve than they are; talking does not always come easy.

## What can be done at a community / organisational level to promote good mental health and prevent mental ill health?

- Provide access to quality housing including social housing.
- Physical environment, for example, access to green space and safe play space.
- Economic security, for example, access to secure employment (paid and unpaid), and good working conditions.
- Provide affordable, accessible good quality food.
- Provide leisure opportunities
- Tackle inequalities.
- Provide transport – providing choice, affordability and accessibility.
- Increase community participation.
- Provide high quality public services.
- Provide access to life long learning.
- Challenge discrimination.

**With the economy in difficulties, people are understandably worried about what the future might bring.**

**However, evidence from the science of wellbeing suggests that once basic needs are met, stepping off the consumer treadmill and taking time to develop connections with the world and people around us will lead to happier, more fulfilled lives.**



# WELLBEING

**The GOOD NEWS is that there are plenty of things we can all do to IMPROVE OUR WELLBEING which don't cost money, or the earth.**

As well as experiencing good feelings, people need:

- a sense of individual vitality
- to undertake activities which are meaningful, engaging and which make them feel competent and autonomous
- a stock of inner resources to help them cope when things go wrong
- to be resilient to changes beyond their immediate control

It is crucial that people feel a sense of 'belonging' to other people, so that in addition to the personal, internally focused elements, people's social experiences, the degree to which they have supportive relationships and a sense of connections with others, form a vital aspect of wellbeing.

High levels of wellbeing mean that we are more able to respond to difficult circumstances, to innovate and constructively engage with other people and the world around us.

There are many levels of wellbeing and these are influenced by environment as well as individual experiences and expectations.

Risk factors for preventing a sense of wellbeing, such as long term economic problems and the growing gap between rich and poor, are difficult to address and need robust and effective joint working between service providers.

## PERSONAL POSITIVE STEPS

### 1. Connect

Building connections will support and enrich you every day.

**2. Be active** Exercise has been shown to increase mood and lower depression and anxiety.

### 3. Take notice

Reflecting on your experiences will help you appreciate what matters to you.

**4. Keep learning** Learning new things will make you more confident, as well as being fun.

### 5. Give

Seeing yourself, and your happiness, linked to the wider community can be incredibly rewarding.

## SIMPLE MESSAGES FROM THE DALAI LAMA (1998 - THE ART OF HAPPINESS)

- Happiness is determined more by the state of one's mind than by one's external conditions, circumstances or events – at least once basic survival needs are met.
- Happiness can be achieved through the systematic training of our hearts and minds, through reshaping our attitudes and outlook.
- The key to happiness is in our own hands.

# Progress on recommendations

from last year's report



# PROGRESS ON RECOMMENDATIONS FROM LAST YEAR'S REPORT

**1** 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.

Both age structure and health inequalities have featured prominently in health strategy work including the Joint Strategic Needs Assessment and work with the East Riding of Yorkshire Clinical Commissioning Group.

**2** 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.

Specific work has continued in areas of deprivation such as Bridlington, Goole and Withernsea. Further work is still needed as outlined in this report.

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

Work has been undertaken to improve stroke care and there is evidence that this is having a positive effect.

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

Smoking cessation and early diagnosis work continues, but further work will be needed, as considered in this year's report, especially targeting women.

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

Long term conditions continues to be an important theme for planning within both NHS and Local Authority in the East Riding and is one of the principal areas for consideration as part of local health service review.

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

Work has mainly been reactive in this area, but plans are in place to increase co-ordination capacity and increase emphasis on uptake.

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

Background work has been undertaken, but implementation is still needed.

**8** Work should continue to encourage breastfeeding, especially as part of tackling health inequalities.

Breast feeding work continues including work connected with the UNICEF baby friendly initiative.

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

Information regarding obesity has been reviewed, but detailed work has focused on other areas and further analysis is still needed.

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

The "Live well" programme has been successful. Other programmes have been relatively limited, but further activity is being planned.

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

Reporting arrangements relating to death reviews have been strengthened, but there is still further scope for improved combination of information.

# Pull Outs

**Walking in the East Riding**  
**Cycling in the East Riding**  
**Change4Life Recipe Cards**





**RECOMMENDATIONS**

# Health Trends

**MENTAL  
HEALTH**

**Living longer**

**TIME FOR A CHANGE**

**WELLBEING**

**Alcohol and you**

**Health Priorities  
in the East Riding  
of Yorkshire**

**BREASTFEEDING**

**PHYSICAL ACTIVITY**

**DIET**