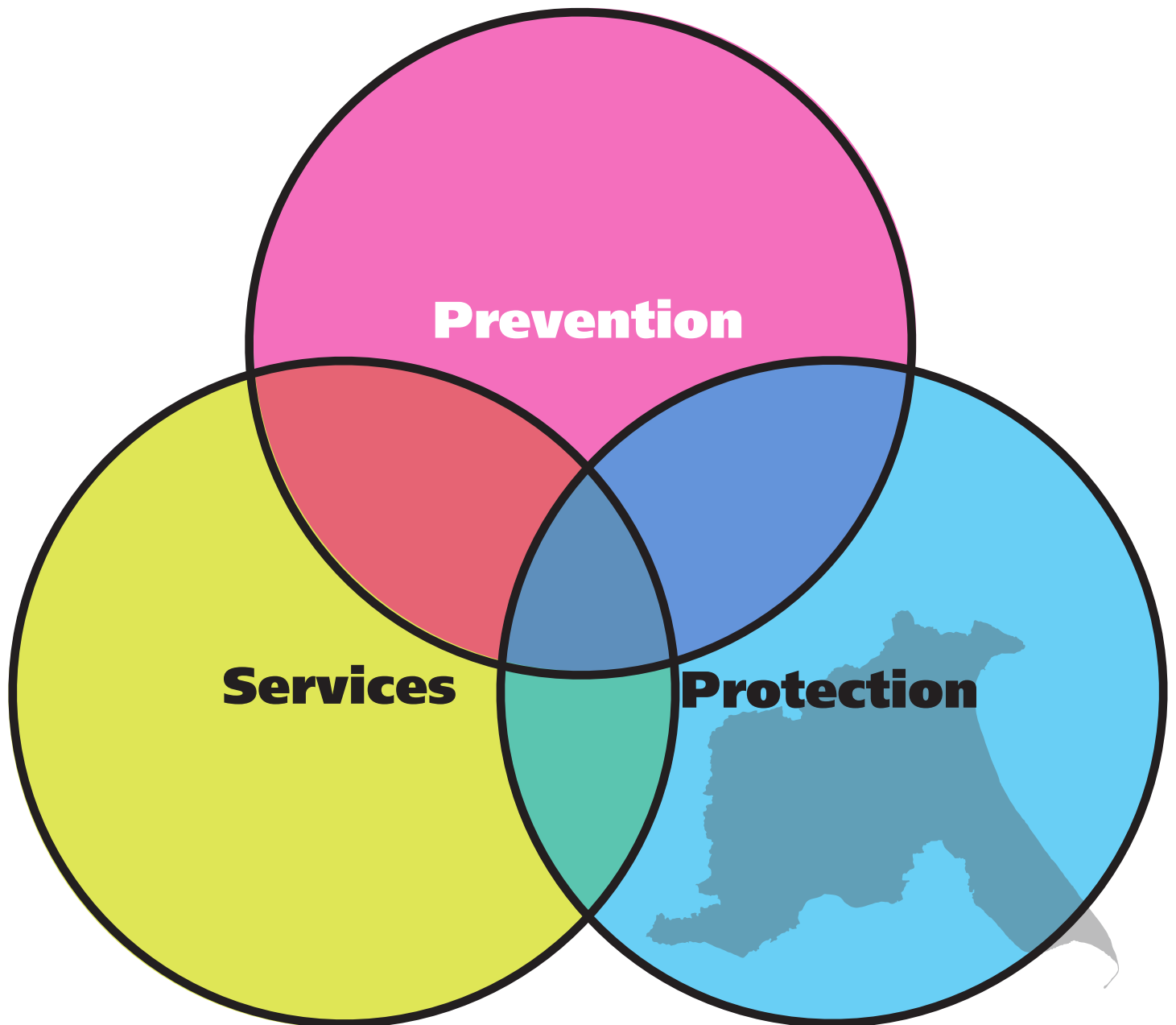


# Annual Report

of the Director of Public Health  
East Riding of Yorkshire



**2012**

# CAN YOU READ ME? CAN YOU READ ME?

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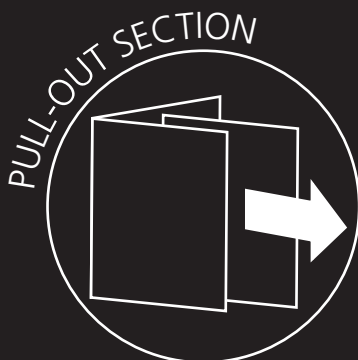
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### PULL-OUT SECTION

Walking in the East Riding

Recipes



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

# EXECUTIVE SUMMARY

**IT CONSIDERS** the people of the **East Riding of Yorkshire, health issues and opportunities for health improvement.**

**ISSUES** relating to the **THREE DOMAINS of Public Health, health IMPROVEMENT, health PROTECTION and health SERVICES** occur throughout the report.



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

**4** Work designed to improve health and prevent illness should be co-ordinated within a clear programme. This should link with assessed priorities and new responsibilities.

# RECOMMENDATIONS

**2** 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.

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

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

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



**Right:**

With colleagues at  
the start of the 2012  
Trans-Pennine Cycle Ride



# INTRODUCTION

**THIS IS MY TENTH REPORT** as Director of Public Health in the East Riding of Yorkshire. The years seem to have passed quite quickly, but there continues to be change in how health services are organised and this is particularly pronounced now for Public Health. From **APRIL 2013**, many Public Health responsibilities will transfer to local government and most staff will transfer there. Public Health England will also come into existence.

There is a clear statutory responsibility for Directors of Public Health to produce Annual Reports and I hope that they will continue to be read in whatever format and structure proves best.

While health service structures may change, the health problems and challenges that face the East Riding of Yorkshire remain largely the same. There is an ageing population with increasing rates of diseases associated

with age such as diabetes and dementia. The major killers of cancer and coronary heart disease are still prominent while we need to tackle the harms caused by alcohol, tobacco and obesity. Significant inequalities in health also remain.

This report covers these areas, initially considering the structure of the population, then moving on to changes in rates of specific diseases and conditions and then considering opportunities for health improvement. As in the report last year there are maps and recipes and I would like to make the recommendation that all readers make use of at least one of them in the year ahead.

I would again welcome any comments or feedback on the report:

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# 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  
Isabel Carrick  
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Nicola Wood

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

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

- Maps of East Riding of Yorkshire

### **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

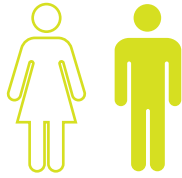
# People in the East Riding of Yorkshire

**Demography**

**Health Inequalities**



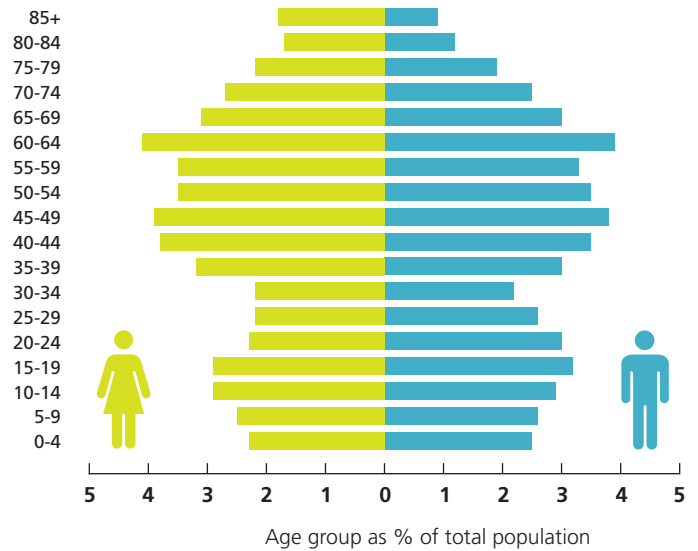




The population of the East Riding has for many years had a larger proportion of older people than many other areas. This is particularly prominent in areas nearer the coast.

The structure of the population is shown in **Figure 1** where the percentage of people within a given age group is shown by the length of each bar. Women tend to live longer than men and so the bars on the left, representing women are longer for older age groups.

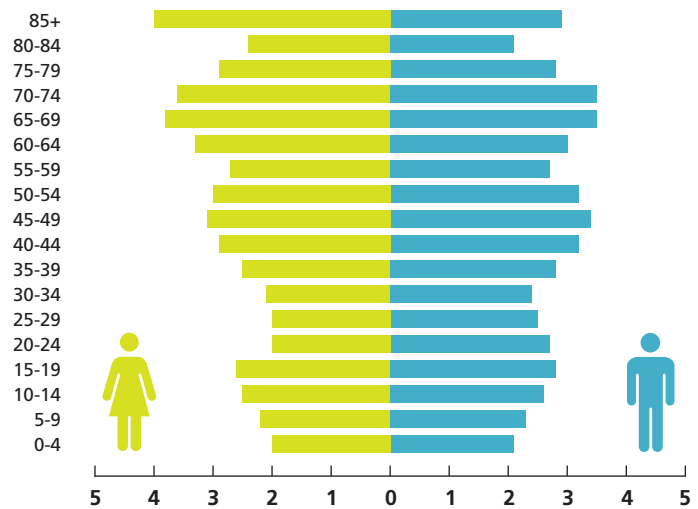
**Figure 1:** ONS ERY population projection for 2012



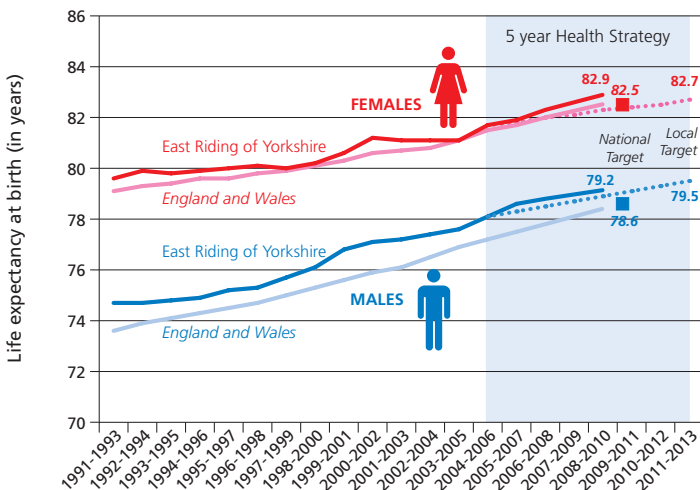
# DEMOGRAPHY

Information predicting the rise in the proportion of older people in the East Riding is hardly new and has been set out in previous years. However, the extent of that predicted rise is still considerable. Comparing the estimates for 2035 shown in **Figure 2** with the 2012 chart shows an overall rise in the proportion of older people, among men as well as women, while the largest of any band is predicted to be women aged 85 or more.

**Figure 2:** ONS ERY population projection for 2035



**Figure 3:** Life Expectancy



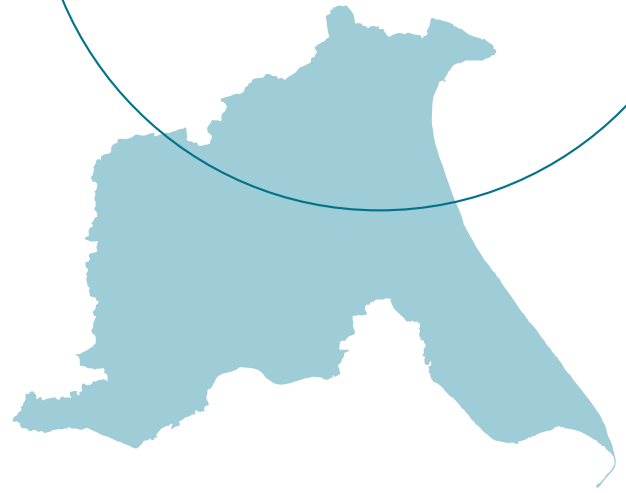
These changes principally result from an increase in life expectancy and this increase is continuing as shown in **Figure 3**. Increases in life expectancy one hundred years ago were mainly the result of reductions in infant and child deaths, but now it is improvements in healthcare, social care and underlying determinants of health among adults and older people that is making the difference.

Increasing life expectancy is very welcome. However, unless older people have the same level of health as their younger forebears in previous decades, there will be a significantly increased need for health and social care.

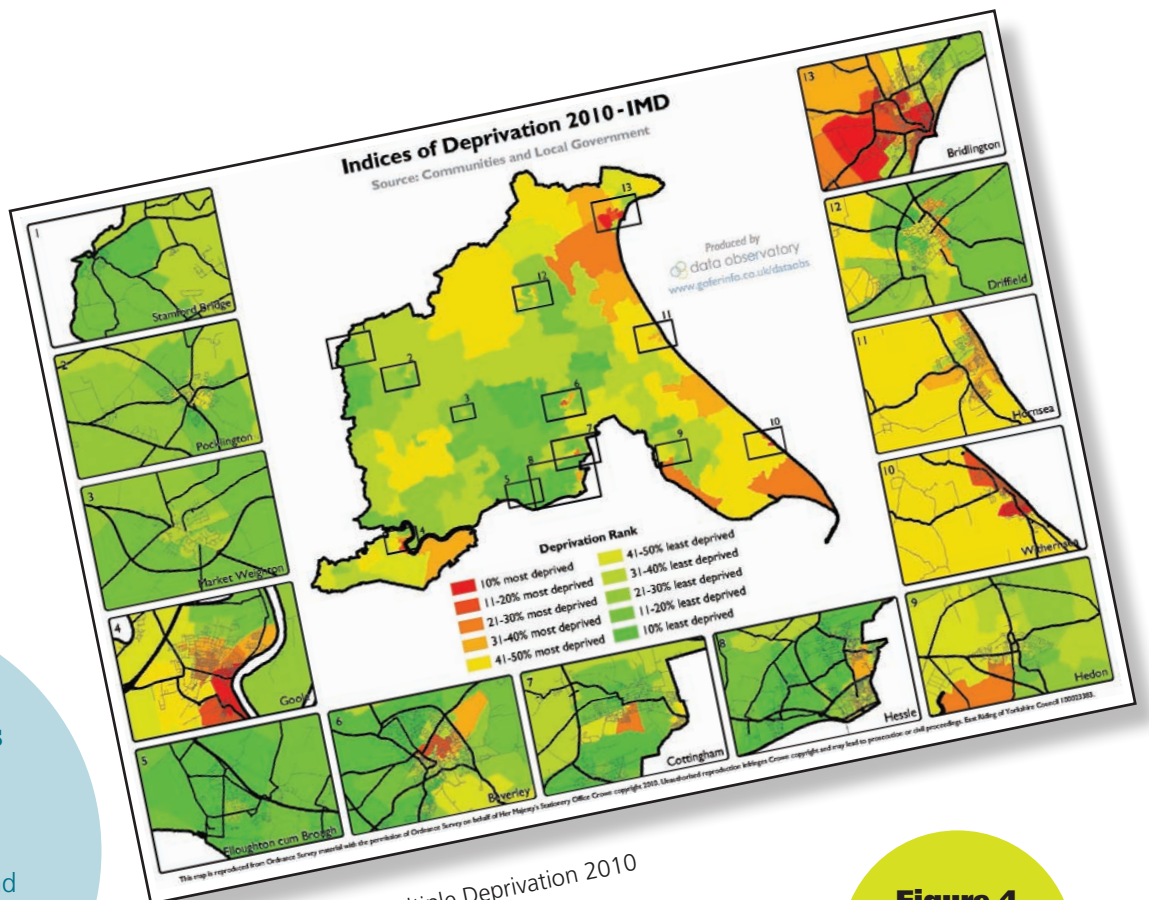


Efforts to prevent disease and detect conditions early will be most effective if targeted at areas of greatest deprivation

One of the characteristics of the East Riding is its variation and that is certainly true for health, as has often been highlighted in reports over previous years. The great majority of diseases are more common among people who are more deprived and there are only a handful of conditions more common among the affluent. Deprivation varies across the East Riding as shown in Figure 4. Efforts to prevent disease and detect conditions early will be most effective if targeted at areas of greatest deprivation.



# HEALTH INEQUALITIES



**Figure 4:** Index of Multiple Deprivation 2010

**Figure 4**  
Index of Multiple Deprivation Map  
**2010**

## Health Inequalities Recommendation

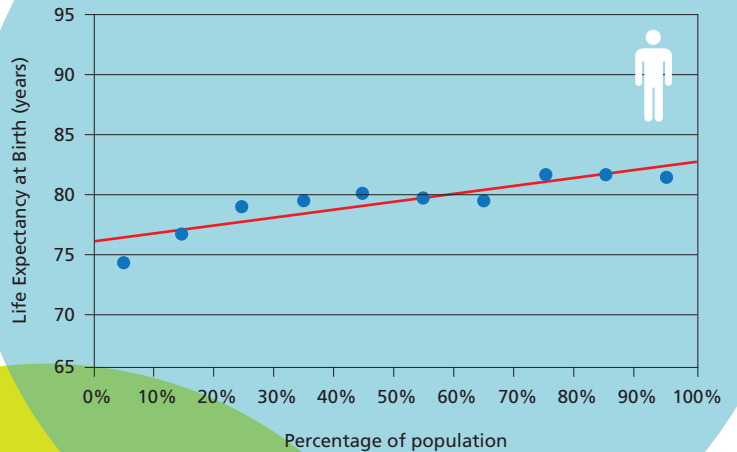
All strategies and programmes for health and wellbeing should all consider what impact there will be on health inequalities.

The level of health inequalities across an area can be calculated and this has recently been presented as a slope index. Areas are separated into ten parts based on deprivation and life expectancy in each group is plotted and a slope line drawn. A steeper slope means a greater level of inequality. **Figure 5 and Figure 6** show the slope for men and women in the East Riding. The level of health inequality judged by this method is relatively low compared with other areas and the slope for women is not steep.

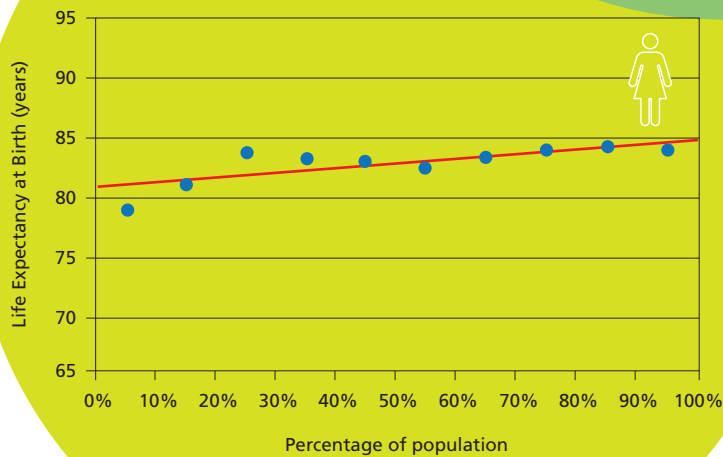
However, life expectancy among the most deprived tenth is notably low compared with other groups and there is a good case for targeting health improvement for this group.



**Figure 5:** Health Inequalities Males - Slope Index

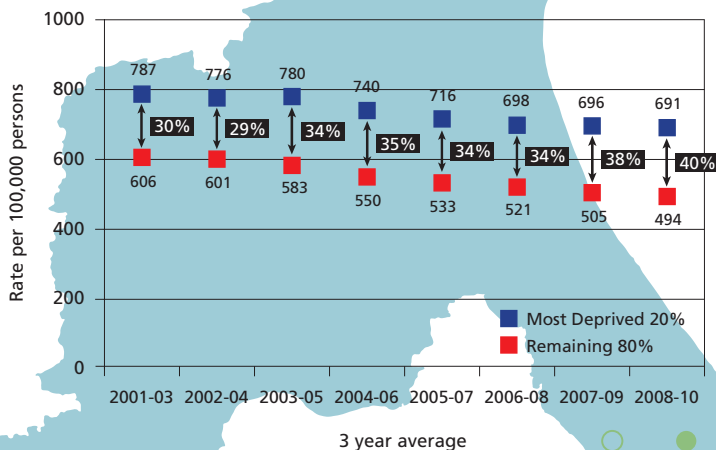


**Figure 6:** Health Inequalities Females - Slope Index



**Figure 7**

All Age All Cause Mortality - 20% most deprived v remaining 80%



When we consider changes in the level of health inequality over time the picture is less encouraging.

**Figure 7** shows the difference in death rates between the 20% most deprived parts of the East Riding and the remaining 80%.

There has been a consistent fall over the years in the death rate for the majority of people and this is reflected in improvements in overall life expectancy. However, the death rate for people in the poorest 20% has only improved slightly and so the gap between the two groups has risen.



# Health Issues

**This section of the report considers specific conditions that are important for the people of the East Riding and considers changes over time...**

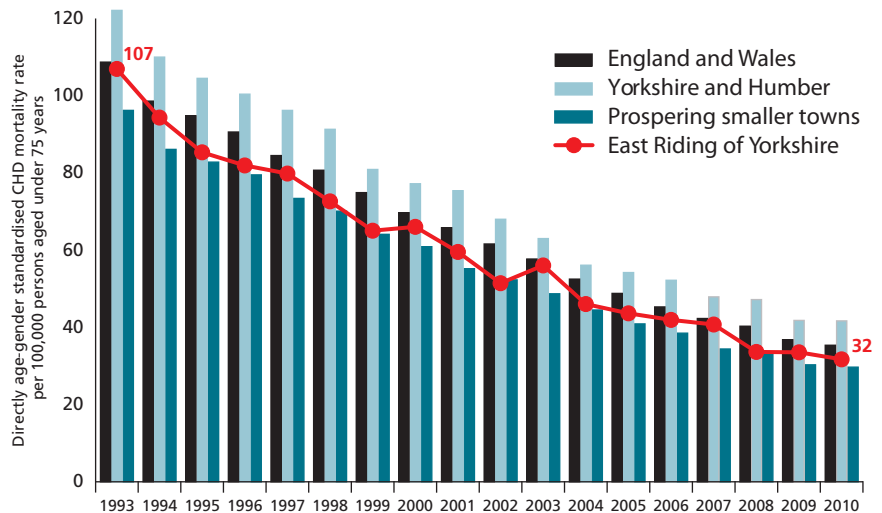


Death rates from coronary heart disease and stroke have shown a decline over the past 20 years...

Death rates from coronary heart disease and stroke have shown a decline over the past 20 years as shown in Figures 8 and 9. This is more consistent for coronary heart disease and this is likely to reflect both the number of people with the conditions and changes in factors that affect the death rate. For stroke deaths it does appear that there is a trend for a lower level of improvement than for Yorkshire and Humber or England.

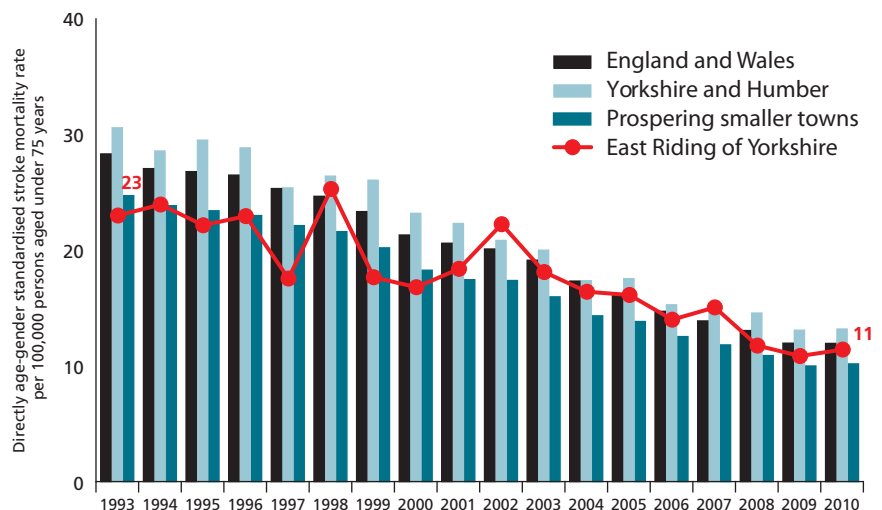
# CORONARY HEART DISEASE

Figure 8: Coronary Heart Disease Mortality for people aged under 75



# AND STROKE

Figure 9: Stroke Mortality for people aged under 75



## Health Issues Recommendation

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

The death rate from lung cancer has remained at a fairly constant level over recent years...

The death rate from lung cancer has remained at a fairly constant level over recent years as shown in Figure 10. The decline in male lung cancer deaths in the 1990s has slowed and female lung cancer deaths have risen slightly (Figure 11).

# CANCER

Past efforts to reduce rates of smoking need to be continued and renewed and there must be continued work to improve early diagnosis for effective treatment. Lung cancer statistics for one year have shown the female death rate in the East Riding overtake the male death rate.

Figure 11 shows data calculated over three year periods and so removes variations for individual years.

Bowel cancer rates have fluctuated over the years as shown in Figure 12. However, there is a downward trend in line with other areas. Work on raising the awareness of bowel cancer to aid early diagnosis as well as the programme of screening for the condition need to continue in order to maintain this downward trend.

Figure 10: Lung Cancer Mortality all ages - all persons

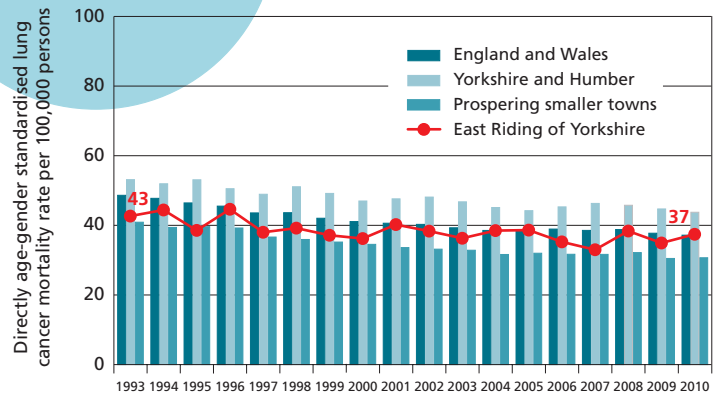


Figure 11: Lung Cancer Mortality under 75 years - East Riding of Yorkshire

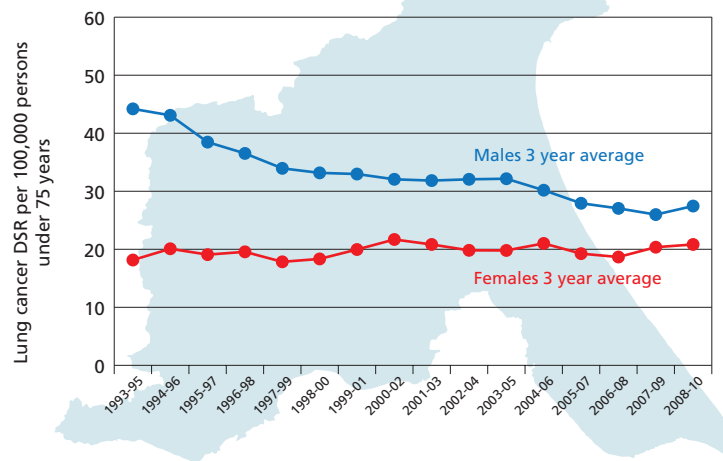
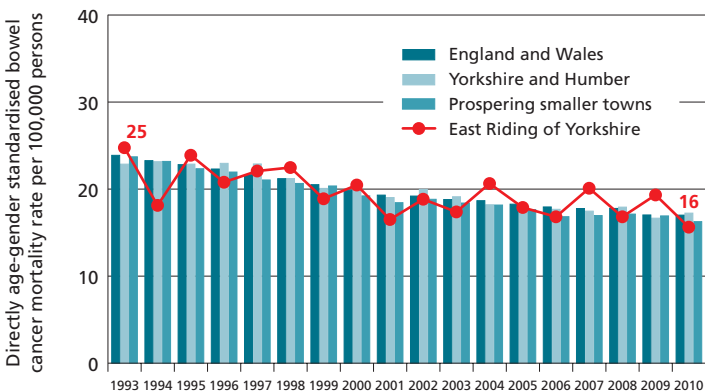


Figure 12: Bowel Cancer - all persons



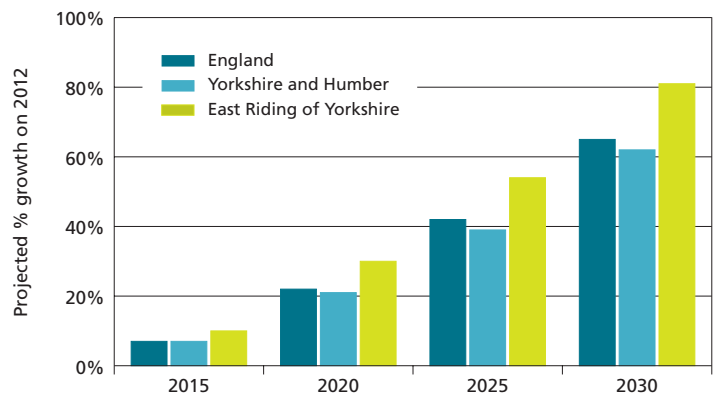
Predictions for dementia and diabetes show the major challenges ahead both for health services and for efforts to prevent disease.

The changes in the age structure of the local population, as outlined in section 2.1, as well as other trends such as the rise in obesity, are likely to have major implications for the prevalence of illness, especially long term conditions.

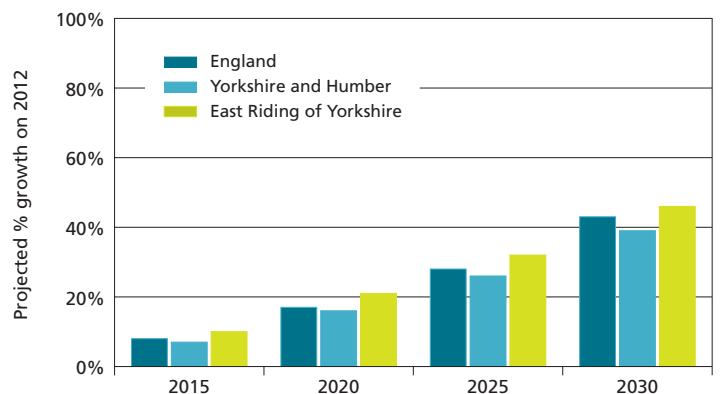
# LONG TERM CONDITIONS

Predictions for dementia and diabetes are shown here in **Figures 13 and 14** and these show the major challenges ahead both for health services and for efforts to prevent disease.

**Figure 13:** Projected Increase in Dementia from 2012



**Figure 14:** Projected Increase in Diabetes from 2012



# CHILDREN

Infant mortality rates are still low in the East Riding of Yorkshire. There has been a slow rise over the past few years, but the rate is still lower than the England average as shown in Figure 15.

The rise may have appeared because of exceptionally low figures in the past, but investigation and specific action will be necessary if the rise continues.

Teenage pregnancy rates have for many years been lower in the East Riding than the England and Wales average. However, the national trend for a reduction in the rate has not been reflected locally and the trend has been either flat or very slightly upwards.

# TEENAGE PREGNANCIES

The most recent figure, shown in Figure 16, points to a reduction in the rate, but this may be an exceptional result. Working to seek to reduce the rate is still of great importance.

Figure 15: Infant Mortality

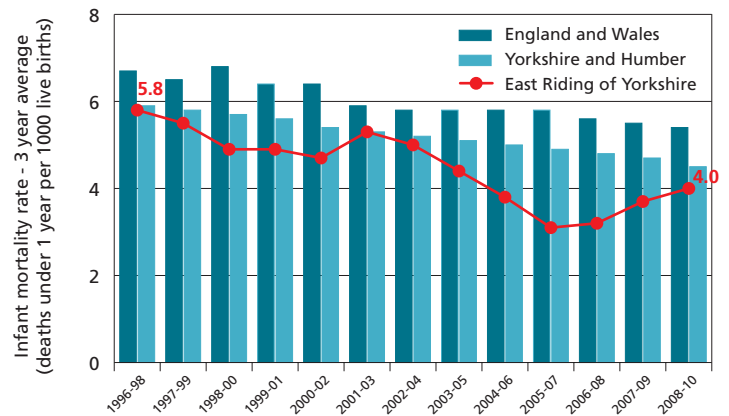
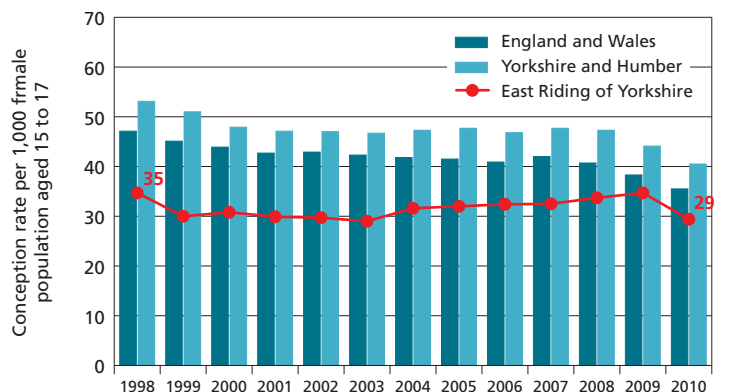


Figure 16: Teenage Pregnancies



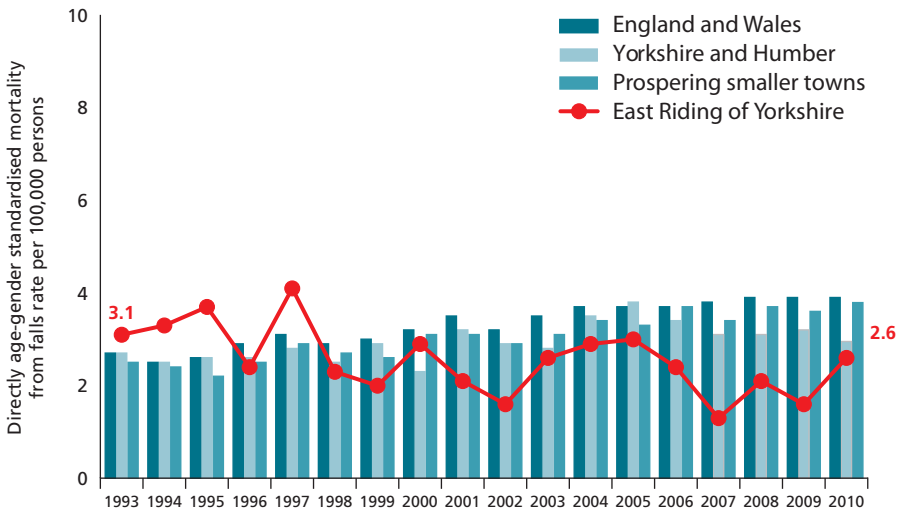


# FALLS

Work has been undertaken in the East Riding for many years to seek to reduce the rate of falls and to reduce the injury and death that can result from falls. The death rate from falls does show considerable fluctuations, as seen in Figure 17.

The most recent figure is an increase, but over the past 20 years the trend has been one of slight decrease, while national and regional figures have increased.

**Figure 17:** Mortality from Accidental Falls



## Health Issues Recommendation

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.

## A note about statistics

Many people are sceptical about figures and statistics. Documents like this report are often full of figures and they do need to be interpreted with caution. Some charts here show considerable fluctuations and latest figures may be rather higher, as with falls, or lower, as with teenage pregnancy, than expected. Generally speaking we should be particularly cautious about one unexpected figure. It may reflect exceptional circumstances, while large fluctuations are likely to be the result of measuring small numbers of things. It tends to be more reliable to focus on trend over time, when exceptional results are more likely to return to a more representative value.

People wanting to consider what lies behind statistics may be interested in BBC Radio 4's programme "More Or Less".

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# Health Improvement

**Obesity**

**Dementia**

**Alcohol**

**Sexual Health**

# Obesity

**Obesity is a major challenge both nationally and locally. Accurate figures for adult obesity are not easy to establish, but for children we have the National Childhood Measurement Programme. The great majority of reception and year 6 children take part in this programme and it shows levels of obesity in the East Riding similar to those for England as a whole.**

Below are some of the local interventions that address the multiple factors affecting childhood obesity, including nutrition, physical activity, parental support, lifestyles and peer pressure. A whole life course approach is taken to assess need and interventions within the East Riding.

## Healthy Lifestyles in Pregnancy

Specific training for front-line staff including Health Visitors, Midwives and Children's Centre staff provides advice to pregnant women in maintaining a healthy lifestyle including a healthy weight during pregnancy.

## Breastfeeding

East Riding Health Visitors and Children's Centres are working towards the UNICEF UK Baby Friendly Initiative standards for care of mothers and babies. A number of studies have found that breastfeeding reduces the risk of obesity in later life.

## Fit Mums and friends

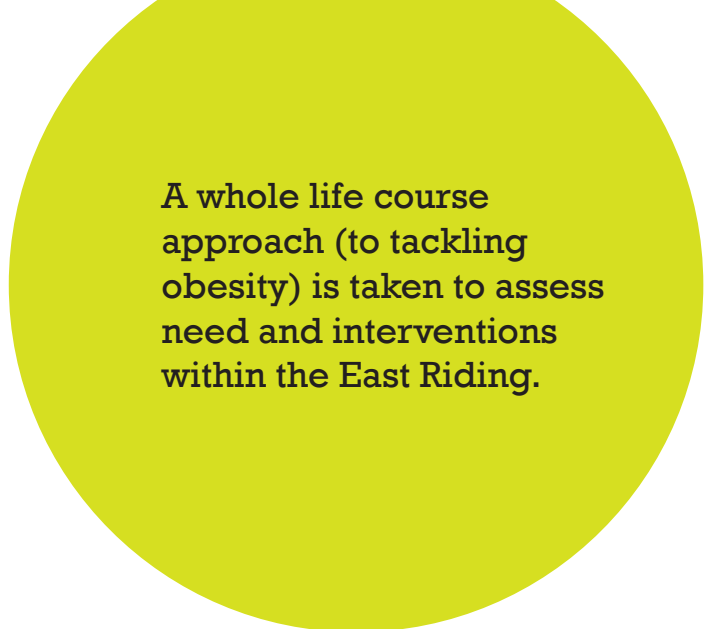
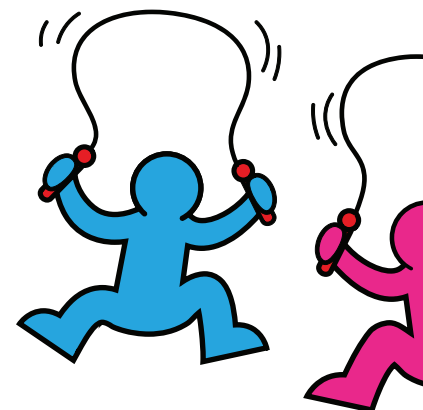
Fit Mums and Friends is a voluntary run group which began in Cottingham when a group of new mums got together to start a running group. The group now has 230 members and plans are underway to roll the initiative out into South Cave and Beverley. The scheme offers fun, informal, family friendly exercise in a non-threatening and nurturing environment. It engages families in physical activity - running, walking and 'buggy burn' sessions.

## BIG Difference

BIG Difference is a locally developed 'theatre in education' initiative for 9 to 11 year olds in East Riding primary schools. The project consists of a 40 minute performance to pupils followed by a 20 minute workshop which addresses the Change4Life messages of healthy eating and physical activity. The initiative stimulates and reinforces health education messages in schools by engaging children in a fun and innovative way.

## Skip4Life

This is a locally developed scheme promoting Change4Life messages to 10 and 11 year olds. The scheme consists of a rolling programme across East Riding primary schools and uses skipping as a method for engaging children in physical activity.



# Dementia

**Dementia is a complex and disabling condition and may be devastating for people, their caregivers and families. The number of people with dementia is rising as has been already highlighted in this report.**

**In 2012 the World Health Organization estimated the number of people living with dementia worldwide at 35.6 million. They indicate the number will double by 2030 and more than triple by 2050. In the UK the Alzheimer's Society's statistics identify that currently there are 800,000 people with dementia, 17,000 of whom are younger people. Two thirds of those diagnosed are women.**

The likely growth in the number of people in the East Riding of Yorkshire diagnosed with dementia has been set out in **Figure 13 (page 15)**. Another way of presenting this is to say that if we assume the growth is linear, this represents more than 200 new cases of dementia per year. Dementia is clearly one of the most important health priorities locally.

**Dementia is clearly one of the most important health priorities locally...**

## People with dementia need among other things:

- To know how to reduce the risk of developing dementia
- To know how to identify signs which may indicate early stages of dementia
- To know how to seek help
- To be supported as a carer and given a better insight into the condition, improving understanding and ability to cope with some of the behaviours and emotions associated with dementia
- To be able to live well with dementia in the community and avoid stigma

## The local vision for dementia is:

We wish to ensure that everyone with dementia in the East Riding has access to early diagnosis, is, with their family or carer, given good information and support to live well with the diagnosis and receives effective and timely services as the condition progresses. We also want to help people to minimise the risks of developing dementia.

One area that has received relatively little attention nationally or locally is the prevention of dementia. Such an important condition needs a focus on prevention as well as management. Many things that reflect overall health will also reduce the risk of dementia. These include physical activity, having a healthy diet, stopping smoking and avoiding excessive alcohol consumption.

Avoiding high blood pressure through actions such as avoiding excess salt and taking medication where indicated will also help. The extent that keeping mentally active will help prevent or delay the onset of dementia is unclear, but it should certainly be part of a healthy lifestyle. Addressing these risk factors will only be likely to have a moderate effect, but this can be very important for both individuals and the population as a whole.

# Alcohol

**Alcohol is increasingly being recognised as one of the major preventable causes of death and serious illness in the UK. Not only are there long term health effects such as liver disease and poor mental health, but society is damaged through anti-social behaviour linked with excessive alcohol consumption.**

Levels of alcohol consumption in the East Riding cannot be established precisely, but it is estimated that more than 200,000 adults either do not drink alcohol or drink at a level considered by the Chief Medical Officer to be within safe limits. Around 49,000 people drink at a level of increasing risk to health and nearly 19,000 people drink at a higher level of risk. Higher levels of drinking are defined as more than 50 units a week for men and 35 units a week for women.

Effective work to tackle excessive alcohol consumption must include a range of initiatives.

National priorities include reducing the availability of cheap alcohol, ensuring the right action is taken regarding licensing and enforcement, changing behaviour through appreciation of risk and provision of effective treatment and recovery.

At a local level there are renewed opportunities for an effective combined approach to alcohol with the commissioning of alcohol services transferring to the local authority. Even before this has happened, specific project work has been undertaken at a wider level involving Local Strategic Partners.

Several themes have been addressed. One of these is information. Different sources of information about alcohol have been used to build up a picture of where action needs to be prioritised. Aspects of harm from alcohol are prominent in coastal areas and in Goole. Further work is needed to put specific measures in place to address these findings.

One major aspect of preventative work that has been recognised by all partners is the importance of agreeing a consistent key message to deliver to the public, through all public sector partners. For example health improvement advocates a message of drinking to safe and sensible levels whilst Safer Roads Humber prefer a message of "don't drink and drive".

Humberside Fire & Rescue would encourage purchasing a take away at the end of the night to reduce the risk of house fires from cooking whilst in drink, whilst health colleagues advocate healthier options to a take away.

Therefore learning from best practice, the project secured approval from Stockton on Tees Borough Council to adopt "Think B4U Drink" as a campaign strap line. The campaign title is appropriate to all agencies and lends itself to both activities dealing with immediate risk from the effects of alcohol and at events and activities where the aim is to raise awareness of the long term risks of drinking above recommended limits. Further information can be found at the dedicated website [www.thinkb4udrink.org](http://www.thinkb4udrink.org)

**Alcohol is increasingly being recognised as one of the major causes of death and serious illness in the UK.**

**Sexual health is an integral part of overall health and wellbeing...**

## Sexual Health

**Sexual health is an integral part of overall health and wellbeing and includes many elements such as family planning, psychological wellbeing and infections. The commissioning of a range of sexual health services transfers to local authorities as part of the NHS changes and it is important that links and partnerships are maintained and strengthened in the new system.**

Prevention of blood borne virus infection is an important aspect of public health, linking with sexual health as well as wider infectious disease work. Diagnoses of HIV have historically been relatively low in the East Riding, but attention is still needed as it is for Hepatitis B and the much more widespread Hepatitis C.

The Hull City Health Care Partnership provides Sexual and Reproductive Health Services across the local area and works in partnership with voluntary sector organisations to ensure East Riding of Yorkshire residents are offered both prevention and treatment activities in regards to HIV and other blood borne viruses.

Hepatitis B testing is promoted and offered for high risk groups including men who have sex with men, intravenous drug users, people coming from endemic areas, and commercial sex workers. Promotion of safer sex and the importance of sexual health screening is undertaken through websites, posters and leaflets.

Working in partnership with Cornerhouse, a voluntary sector agency dealing with all aspects of sexual health including HIV/AIDS, family planning and prevention of Sexually Transmitted Infections, the service actively supports and encourages safe sex practices with sex workers both on the street and in saunas. In addition, a Hepatitis C screening programme and Hepatitis B vaccination programme is offered to these high risk groups.

In relation to HIV, the Service offers a quick and effective testing and treatment pathway, namely point of care testing (rapid testing) for HIV for certain individuals in high risk groups. In addition Post Exposure Prophylaxis following Sexual Exposure to HIV (PEPSE) is also available.

### Health Improvement Recommendations

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

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

05



# **Progress on Recommendations**

**from last year's report**

# PROGRESS ON RECOMMENDATIONS FROM LAST YEAR'S REPORT

## **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.

This priority has been recognised in the East Riding's Health and Wellbeing Strategy.

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

Work has been started focusing on groups at particular risk such as the Troubled Families Initiative. Specific targeted health improvement work has also been undertaken, for example targeting Health Checks at areas of greatest need.

## **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.

Work to tackle lung cancer continues with particular efforts maintained for smoking cessation.

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

Work is being developed in a range of settings, while the main public health initiative is the commissioning of Health Checks, which are designed to identify cardiovascular and diabetes risks.

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

This recommendation was quite general and measuring implementation is difficult, but the Shadow Health and Wellbeing Board has begun to look specifically at how wellbeing can be promoted.

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

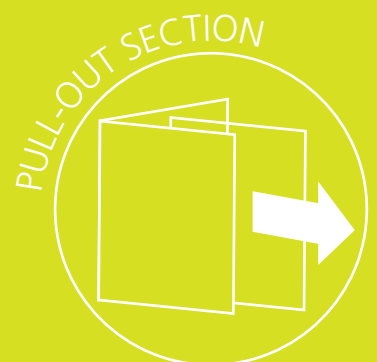
Individual readers are the ones who can judge this recommendation, but this report contains additional information about health improvement opportunities.

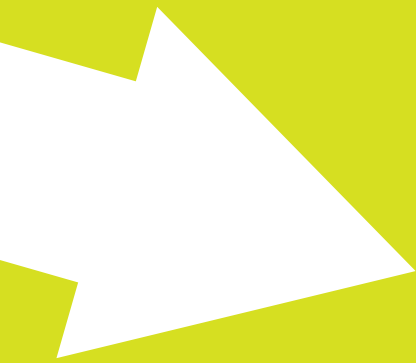




# Pull Outs

**Please turn over  
to find walking maps  
and recipe cards**





# Pull Outs

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

