

ANNUAL REPORT

of the Director of Public Health
East Riding of Yorkshire

2014-2015

Prevention...
"It might never happen"



EAST RIDING
OF YORKSHIRE COUNCIL

INTRODUCTION

This is my twelfth report as Director of Public Health in the East Riding of Yorkshire.

Over the years I have focused on different subjects and had the report in different formats. This year there is a more traditional format for the report and I am focusing on prevention. This is a cornerstone of public health and without it no society can flourish.

I have not included recipes or maps this year – if you miss them or want more do let me know – but there is a poster for your wall and a useful chart on the back which shows opportunities for prevention across the life-course using the example of obesity. The most important thing about these reports is that they are read and

I hope that the format and brevity this year will encourage this. To paraphrase Hilaire Belloc, I hope that it is said: *"His work was prevention and his reports were read."*

As always I welcome feedback on the report either by post or email.

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Public health work is not done by single individuals and I would like to thank in particular the following for their contribution to this report – Esther Hall; Andy Kingdom; Owen Morgan; Tim Williams.



With some of the riders at the end of our 2015 trans-Pennine bike ride.

PREVENTION

Most parts of this report focus on prevention in one form or another and a large amount of the work of public health teams tends to centre on prevention. Examples in this report show: the prevention of the problems caused by obesity; the prevention of early death and the increase in life expectancy; the prevention of lung cancer through tobacco control; the prevention of the harm caused by infectious diseases. People may mean different things by the word prevention. Within social care prevention may mean stopping people moving to a higher level of dependence, while in healthcare it may mean stopping people going into hospital. Within public health we tend to look at three levels of prevention:

Primary prevention: *stopping a disease or injury before it occurs*

Secondary prevention: *reducing the impact of an existing disease or injury*

Tertiary prevention: *addressing the long term impact of disease or injury*

There is the old adage that prevention is better than cure. We should test this out for each programme of prevention, but it is likely that a focus on prevention is the only way to maintain a sustainable health and social care service. We can be pretty certain that a policy simply providing more and more services cannot last. Prevention should be included within all strategies, but we may

never know in an individual case what would have happened without the programme of prevention.

What we do know with proven programmes of prevention is that there is benefit to the population as a whole and we all benefit together. We may not know ourselves what illnesses may come to us, but we can all know how to decrease our risk of illness.

REPORT RECOMMENDATIONS

- All health and social care strategies should include an explicit commitment to prevention with appropriate resources identified
- Further programmes should be developed to tackle childhood obesity both locally and nationally
- Health improvement work should continue to focus on healthy life expectancy and health inequalities
- Tobacco control work should include a concentration on stopping smoking among women and especially tackling smoking in pregnancy
- Programmes to tackle blood borne viruses should be developed further in the East Riding
- The life-course framework should be considered when developing strategies and policies
- Readers should consider using the events calendar in their work

INFORMATION SOURCES

Information for the charts in this report was from the following sources:

Life Expectancy and Lung Cancer Mortality

The Health and Social Care Information Centre (HSCIC)
<https://indicators.ic.nhs.uk/>

National Childhood Measurement Programme

Public Health England
<https://www.noo.org.uk/NCMP>

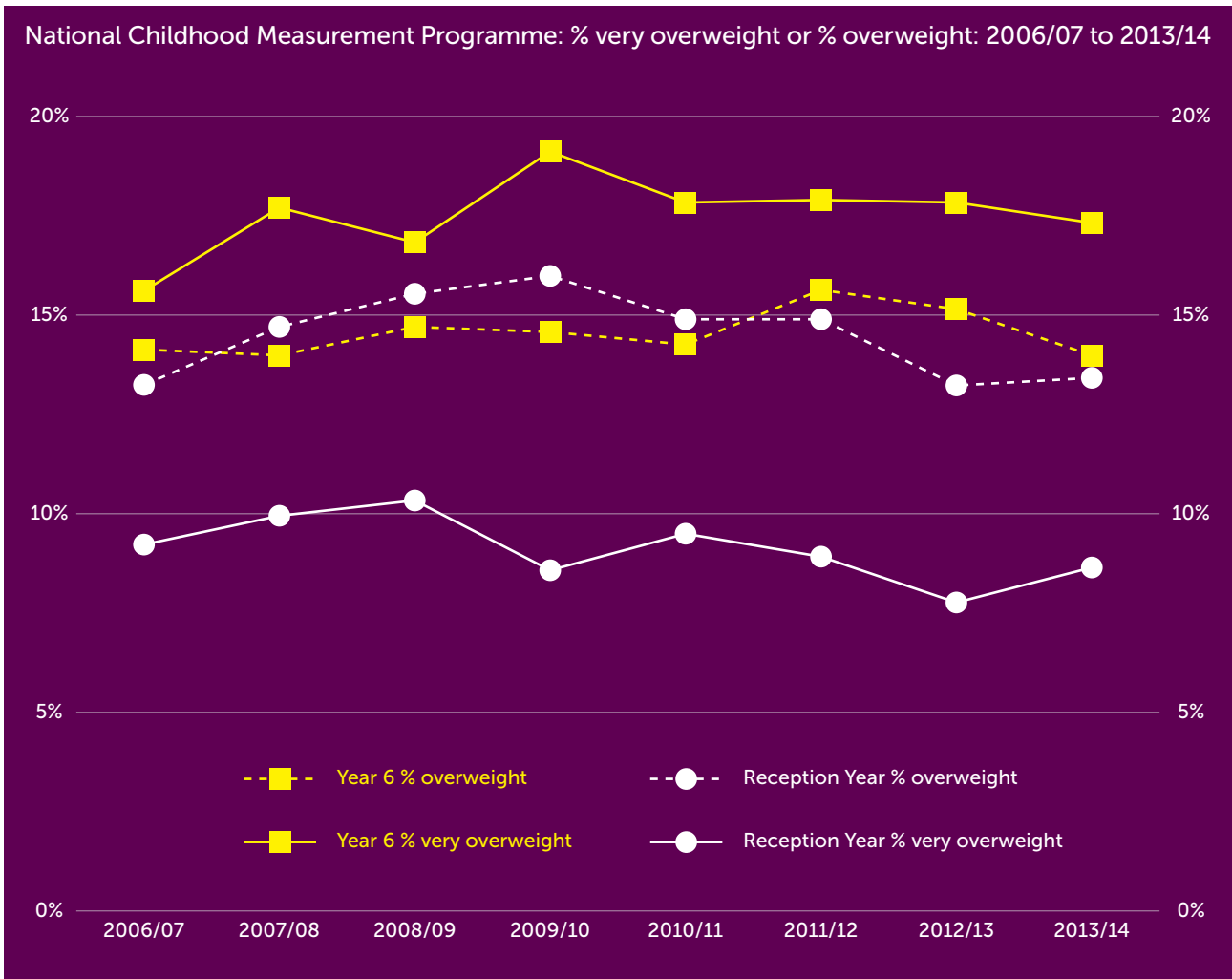
CHILDREN'S HEALTH

The basis for a healthy life starts very early. Our health is influenced long before our birth, while during the whole of childhood there are opportunities to improve health and to develop ways of living that keep us healthy for years to come.



Outside factors are also crucial whether housing conditions, peer pressure, commercial advertising or the available of places to exercise.

The proportion of children who are either overweight or very overweight has stayed fairly constant over the last eight years, as is shown in the graph. There are encouraging signs for Reception children, but more work is needed to help children of school age keep a healthy weight. Local and national figures both show that the proportion of overweight children increases considerably from Reception to Year 6. To tackle this, some work is needed at a national level and some for families, but there is also work needed in partnership with local schools. Active travel to school, eating well and physical activity can make a great difference for a healthy weight and healthy life.

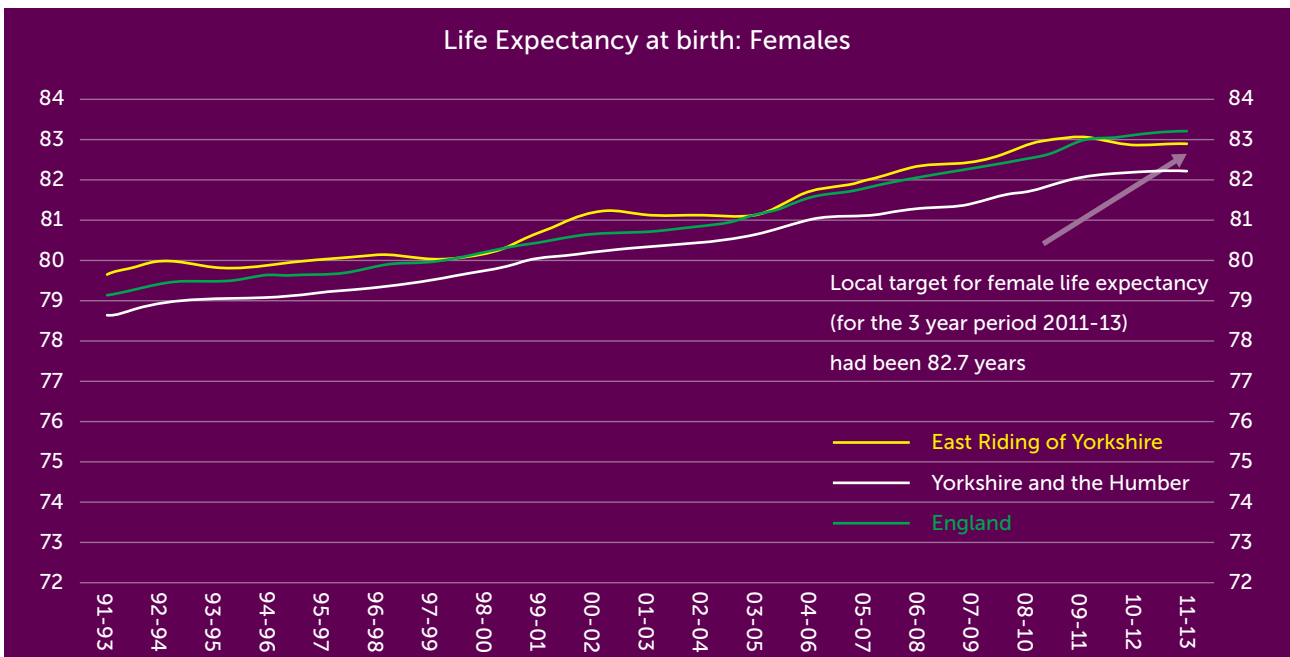
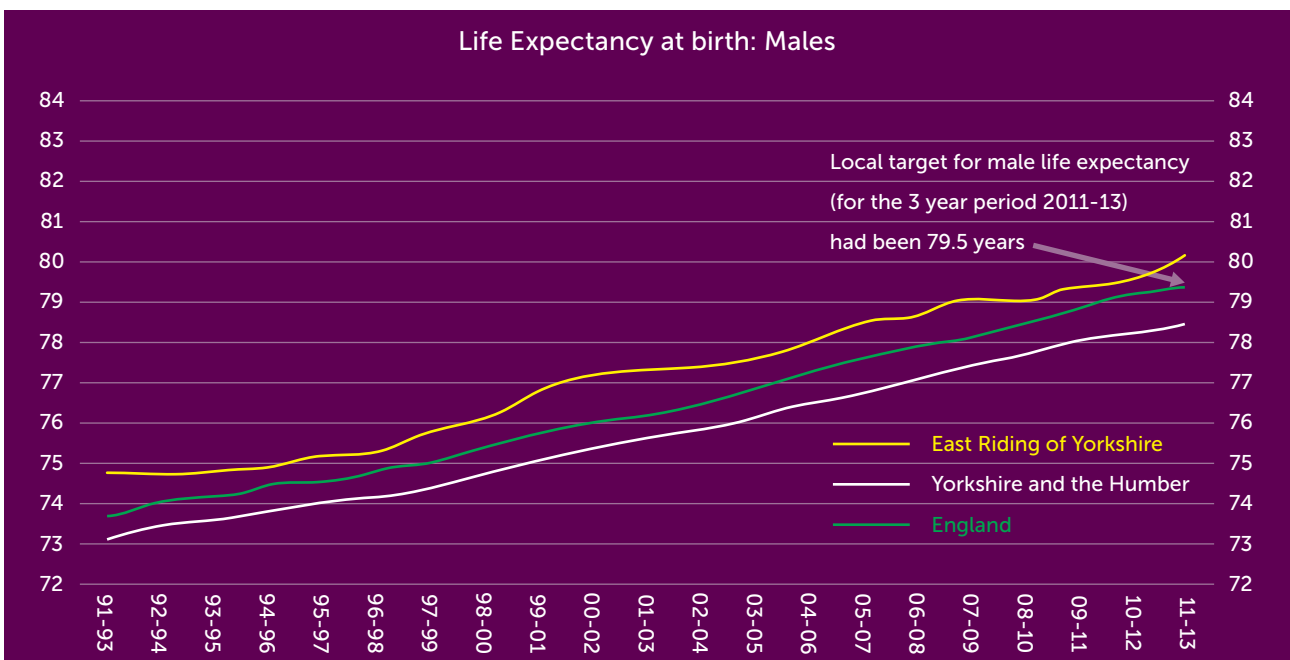


LIFE EXPECTANCY

People in the East Riding are tending to live longer as is shown in the charts below. Local life expectancy remains higher than for Yorkshire and Humber and for England. Women tend to live longer than men, both locally and nationally, but the rise in life expectancy for women is slower. While higher life expectancy is certainly welcome, we need to continue the work that has led to these rises, such as prevention of heart disease and cancer and improvement in health services.

We also need to take action to tackle other conditions such as dementia that are more common as people get older, to ensure that people have healthy ageing rather than just longer lives.

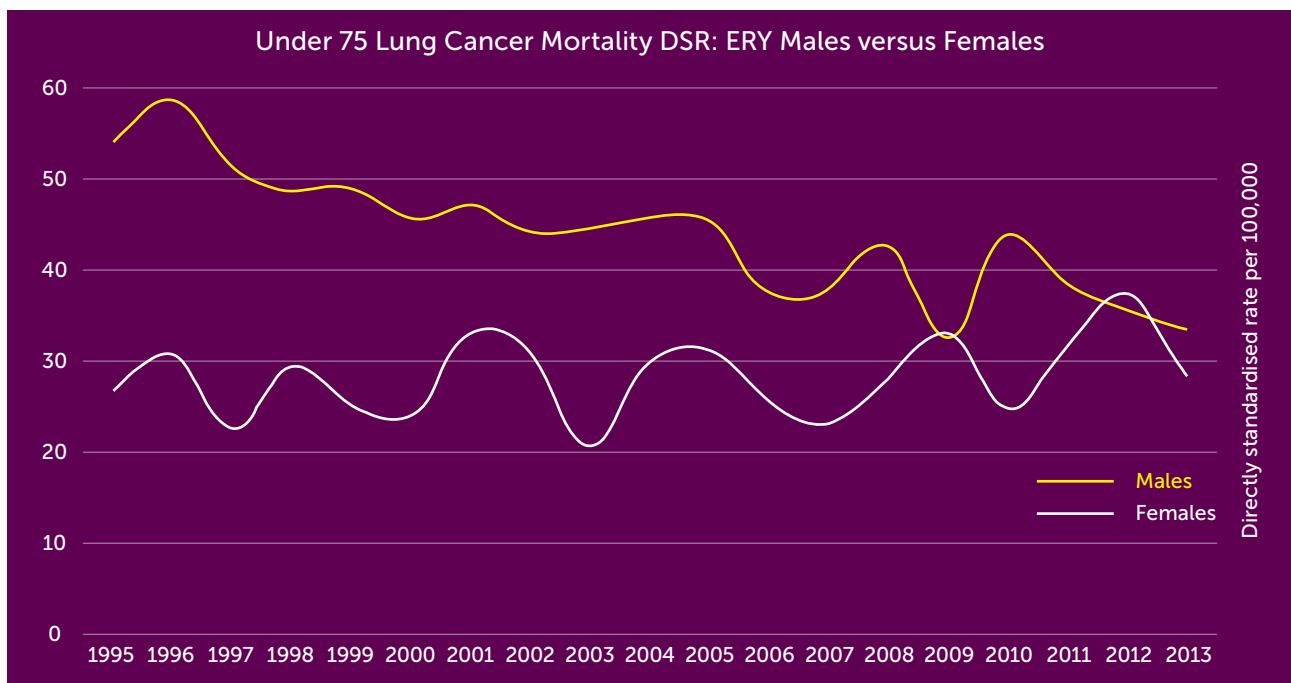
In addition, there continue to be inequalities in life expectancy and in the health of people between communities. Some communities have life expectancy 10 years lower than the highest. These gaps must be reduced.



SUCCESS AND CONTINUED CHALLENGE: SMOKING AND LUNG CANCER

Smoking tobacco remains the most significant preventable cause of ill health in this country. There has been considerable success in reducing rates of smoking locally through changes in legislation, personal choice and will power and tobacco control and cessation services. Only 14.2% of adults surveyed in the East Riding still smoke and

this is the seventh lowest figure in England. This success is reflected in reducing heart disease and fewer deaths from lung cancer as shown on the chart. However, the trend in lung cancer deaths among women is not falling and rates of smoking in pregnancy are still high and causing concern. So continued action to control tobacco is needed.



WHERE CAN I FIND OUT MORE ABOUT THE HEALTH OF THE LOCAL POPULATION?

The best place to find more information about the health of local people is on the Joint Strategic Needs Assessment website which contains reports as well as local and national data sources:

<http://dataobs.eastriding.gov.uk/jsna/jsnashome>

Further national information can be found on the Public Health England website:

<https://www.gov.uk/government/organisations/public-health-england>

HEALTH PROTECTION

Some infectious diseases give rise to symptoms straight away while others can remain hidden for many years but continue to be infectious. Blood borne viruses such as HIV, Hepatitis B and Hepatitis C are examples of potentially hidden infections and it is important to raise awareness of these conditions, reduce stigma, eliminate discrimination and encourage testing for people who may be at risk.

We estimate that there are considerably more than 500 people in the East Riding with Hepatitis C and about half of these have not been diagnosed. For HIV we estimate that there are more than 100 people living with the virus of whom around a quarter remain undiagnosed.

Rates of infection in the East Riding are relatively low compared with many parts of the country. However, early diagnosis can offer considerable benefit to the individual including effective new treatments, as well as preventing further infection.



PROGRESS ON LAST YEAR'S RECOMMENDATIONS

Initiatives to improve health and wellbeing in areas with the poorest health should be developed further	Locality work has identified needs, but further targeted health improvement work is still needed
Health and wellbeing partners should implement new programmes to tackle childhood obesity	Some new services are in place or have well advanced plans
Future sexual health services should be commissioned to meet the known and newly recognised needs of people in the East Riding	A new service has been commissioned and its effectiveness is being monitored
The East Riding of Yorkshire alcohol strategy should be refreshed and a new action plan implemented, with funding sources identified	Strategic and procurement work has progressed well, but funding is limited and there are risks of core public health funding reductions
Once someone has had an NHS Health Check, there should be a clear and simple route for that person to be able to take up appropriate activities to improve their health and wellbeing	Further work and resources are needed to make this straightforward
Health and Wellbeing partners should increase seasonal influenza vaccine uptake rates and implement new vaccination programmes	There is progress in some areas but not in others and continuing work is needed
All readers should again make use of at least one map or recipe from this report during the year	Readers can judge the progress for themselves

Opportunities for Prevention: An Example of the Life Course Approach

