

PUBLIC HEALTH

ANNUAL REPORT

of the Director of Public Health
East Riding of Yorkshire
2016

That's the way the money goes...



EAST RIDING
OF YORKSHIRE COUNCIL

INTRODUCTION

I have done annual reports since becoming Director of Public Health in the East Riding of Yorkshire and this is my thirteenth.

There have been many changes over this time and 2016 alone has seen several major events. One constant theme has been the importance of good health for everyone and the need to focus on improving and maintaining health, not just treating illness. This is widely accepted in theory, supported by such comments as: *“prevention is better than cure”*, but far more attention is still paid to, and far more money provided for, treatment services than for prevention. There are many reasons for this including scepticism about whether prevention really works and the challenge of connecting a prevention initiative with an individual’s health.

Prevention does work. One of the aims of this report is to show how it can work locally and how more resources need to be allocated to prevention and more attention paid to prevention. The health and social care system continues to struggle to maintain performance and financial balance. Further efficiency in treatment may be possible, but the UK already has one of the most efficient health and care systems in the world. Efficiency alone will not be the answer and transformation is needed with a real shift to preventative activity across the population.

I have realised that my greatest challenge in writing annual reports is getting them read. Therefore, this report is relatively short and it is designed to highlight the most important points and to stimulate discussion. Health information is presented in a life course framework, looking at different parts of life in line with the approach we have promoted in the East Riding of Yorkshire.

Further information on the state of health can be found in the Joint Strategic Needs Assessment: www.eastriding.gov.uk/jsna

I hope that you find this report valuable and I would welcome any comments or feedback.

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RECOMMENDATIONS

- Further work should be undertaken at a national and regional level to develop the case for cost effective spending on public health and prevention.
- Local organisations should consider cost effective preventative spending as a core element of all their plans.
- The proportion of preventative spend within local and national public sector plans should be scrutinised.
- Further work should be undertaken to increase breast feeding rates and reduce the rate of smoking in pregnancy in the East Riding of Yorkshire.
- Concerted efforts should be made across the East Riding of Yorkshire to tackle childhood obesity.
- Tackling health inequalities should be a prominent feature of strategies and programmes.
- Reducing deaths and illness from strokes should continue to be a priority, including preventative initiatives such as blood pressure management.
- Readers should consider participating in events included in the health calendar.

ACKNOWLEDGEMENTS

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

Public Health England fingertips.phe.org.uk

NHS Digital content.digital.nhs.uk/home

NHS Digital's Primary Care Mortality Database (PCMD) via Hull Public Health

The Health and Social Care Information Centre (HSCIC) indicators.ic.nhs.uk



IS PREVENTION REALLY WORTH IT?

People may believe that prevention is better than cure. According to Benjamin Franklin;

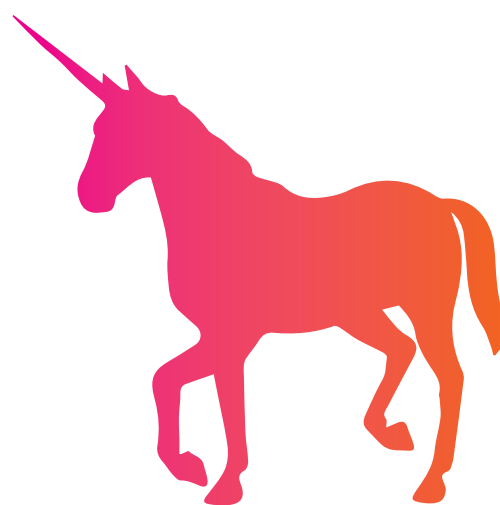
“AN OUNCE OF PREVENTION IS WORTH A POUND OF CURE.”

However, when it comes to health and social care vastly more money is put into treatment than put into prevention. It is difficult to be precise when considering investment in prevention, since people mean different things when they talk about prevention and spending records are often not designed to separate prevention and treatment. However, if we for example look at heart disease, the massive improvements in death and illness caused by reduction in smoking levels are in no way reflected in the money used to combat tobacco, compared with money invested in hospital services for heart disease.

This country has a very effective and efficient health service and this was shown in the Commonwealth Fund Publication in 2014, *Mirror, Mirror on the Wall*, which compared health across the world with that in the USA. The British media picked up on the report since it showed that the NHS produced the best overall outcomes in the world at a much-reduced cost. However, the one area where the UK performed badly, coming second from bottom, was in the ‘Healthy Lives’ category reflecting prevention of ill health. Report after report, whether from Wanless, Marmot or the Five Year Forward View emphasise the crucial importance of prevention in health improvement and yet there is not even a financial model that supports preventative spend for future gain along the lines of capital expenditure.

In the health service, interventions are expected to be cost effective. That is, they should, on average, reach a specific level of clinical benefit within a cost threshold. Public Health interventions are expected to meet the same criteria, but are often also expected to give a return on investment and produce more benefit than they cost. However, people may still not be keen to invest in prevention because the benefits are perceived as being in the future and there is a natural caution about the value of future benefits. People may see prevention as ‘jam tomorrow’. In keeping with the fictional analogy, perhaps effective prevention can sometimes be seen as being like a unicorn. We really like unicorns just as we really like effective prevention, but we just don’t believe they exist.

However, the good news is that cost-effective prevention does exist, whether in the ‘Live Well’ programme mentioned on page 6, or in alcohol intervention or many other areas. These can be seen for example in *The Case for Investing in Public Health* (World Health Organisation Europe) or *Money Well Spent?* (Local Government Association).

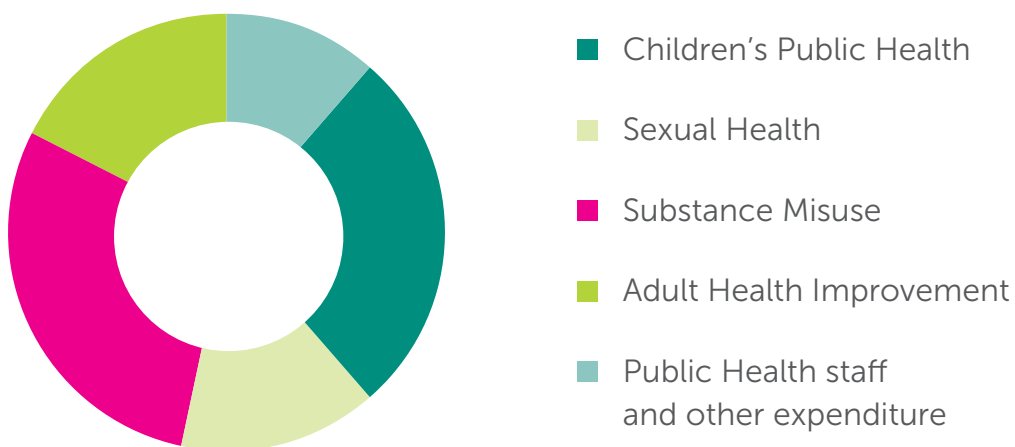


Spending per head on Public Health for:



The East Riding Public Health allocation, the Public Health Grant, per head in 2016 / 2017 was equal lowest in England. In 2017 / 2018 the allocation will be the second lowest in England. Not only is the East Riding allocation low compared with elsewhere, the grant is reducing and the amount allocated will continue to decrease. The grant is spent mostly on clinical services tackling substance misuse and improving children’s health and sexual health.

Pie chart showing how the Public Health Grant is spent:

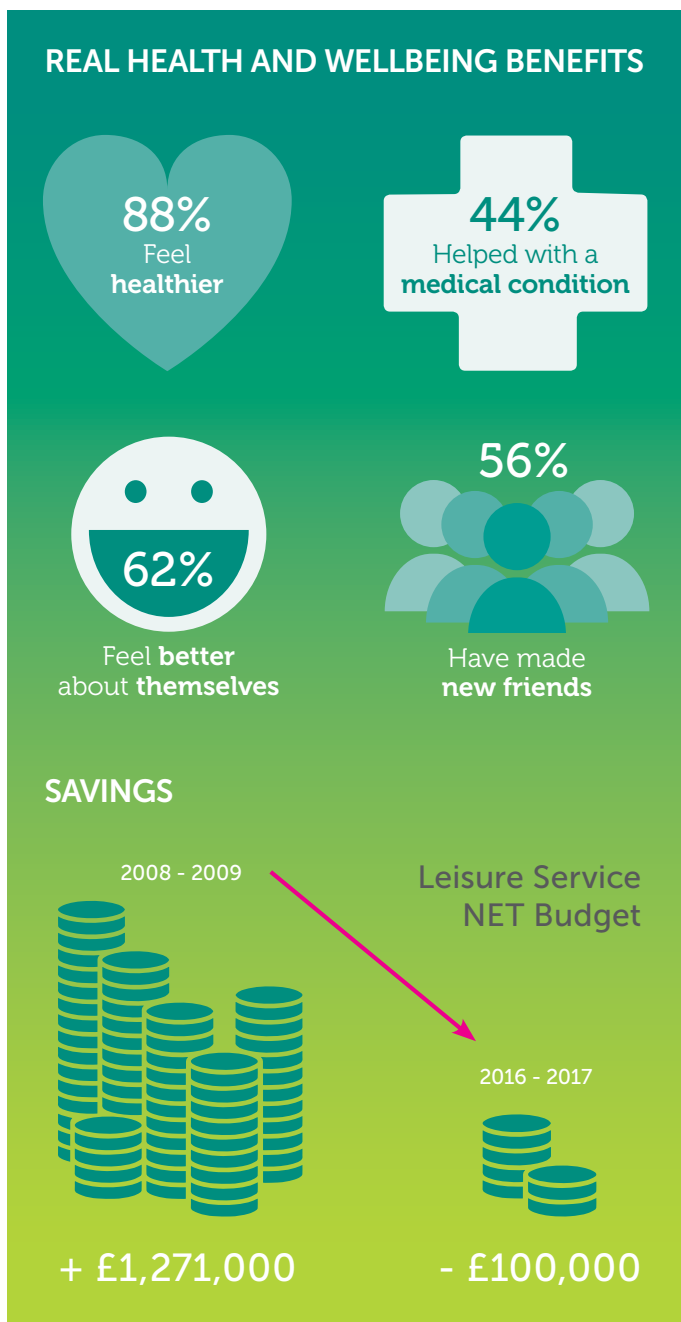


Wider resources must be used to improve health and prevent disease. Even if the Public Health Grant were high and increasing it would only play a small part in improving health. It is vital that the health of the public is promoted not just through the Public Health Grant but through the much larger spending of the Council as a whole, the NHS, wider public sector and the private sector. There are many opportunities for investment that will give wide benefits.



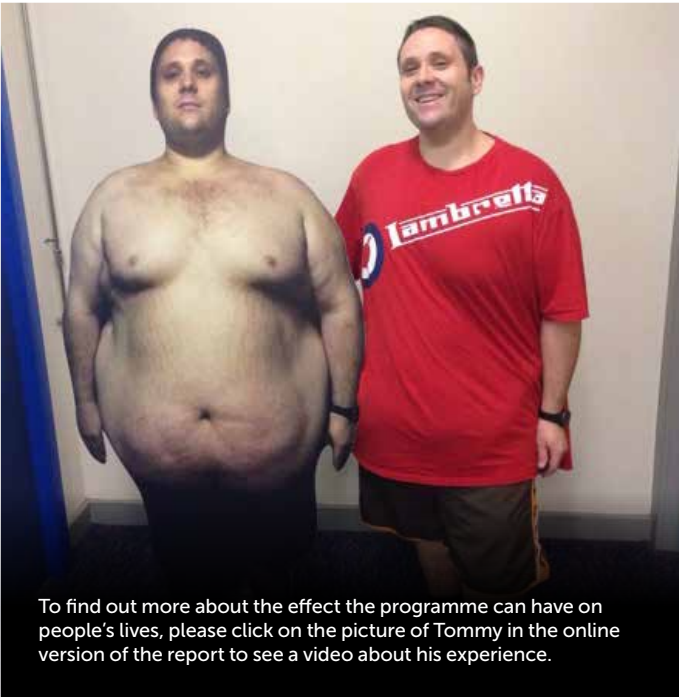
LIVE WELL: AN EXAMPLE OF COST SAVING HEALTH GIVING PREVENTION

The Live Well programme, funded by East Riding of Yorkshire Clinical Commissioning Group (CCG), commissioned by Public Health, provided by Leisure Services and evaluated by Hull University, is a lifestyle programme aimed at improving the health and wellbeing of people with a very high body mass index. The service has won awards including the **LGC Partnership of the Year 2016** and along with significant health and wellbeing improvements has helped save considerable sums of money for both the CCG and the Council.



"My job is so rewarding and motivating.
I have changed so many people's lives.
The health agenda work is at such a deep level.
As the health agenda work has increased so has our training.
It has completely **raised the bar** on how we support and **change** lives not only for our patients but our **regular customers.**"

Jen Green,
Live Well Instructor





START WELL

The health of people at the start of life is vital and the first months and years help determine many aspects of health and wellbeing for the rest of our lives. Teenage pregnancy is associated with many poorer outcomes both for mother and child and it is welcome to see a considerable reduction in rates of teenage pregnancy locally as shown in the charts on this page. The number of under 18 conceptions has reduced to less than one half of its peak and in 2014 was 100.

Other figures are not so encouraging and for example further work is needed to improve rates of breast feeding and reduce rates of smoking in pregnancy.

Chart 1 - Under 18s conception rate per 1,000 females aged 15 - 17.

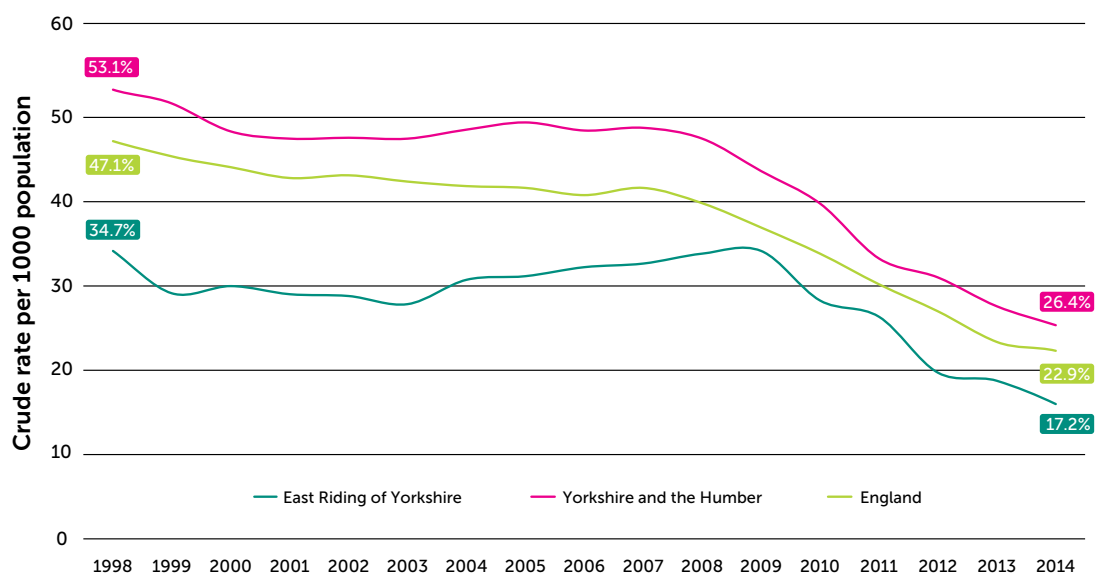
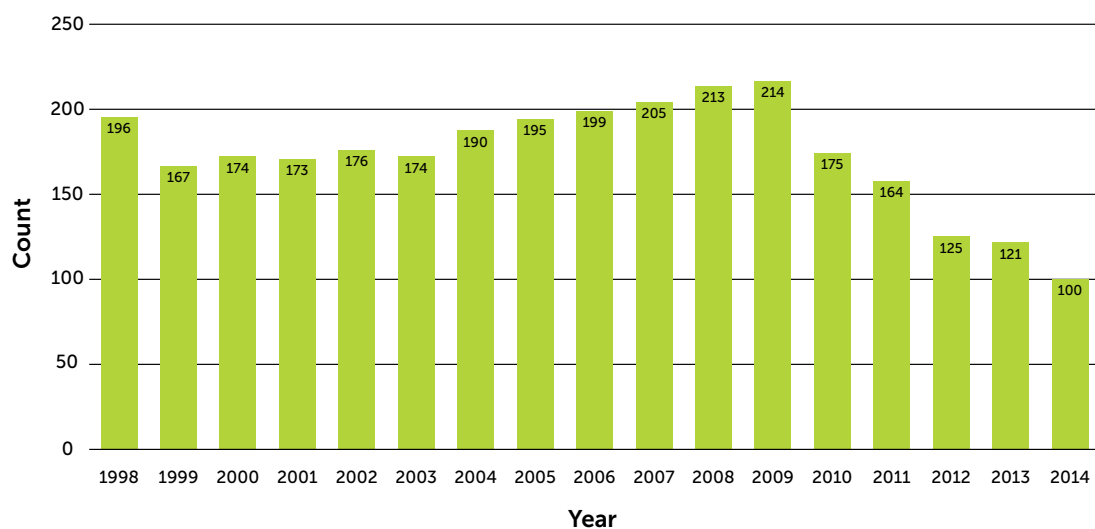


Chart 2 - Under 18s conception count, in East Riding of Yorkshire residents.





DEVELOP WELL

There are great opportunities to improve health during childhood and patterns set then may continue through life. On the other hand, risk factors in childhood can lead to illness in later life. One of the most significant concerns both locally and nationally is the rise in childhood obesity with implications for the future development of conditions such as diabetes and arthritis. The charts on this page show that obesity among children continues to be a major issue and there are considerable variations across the East Riding.

Chart 3 - Prevalence of obesity in Year 6 children, East Riding of Yorkshire compared with England average. Based on the local authority that submitted the data.

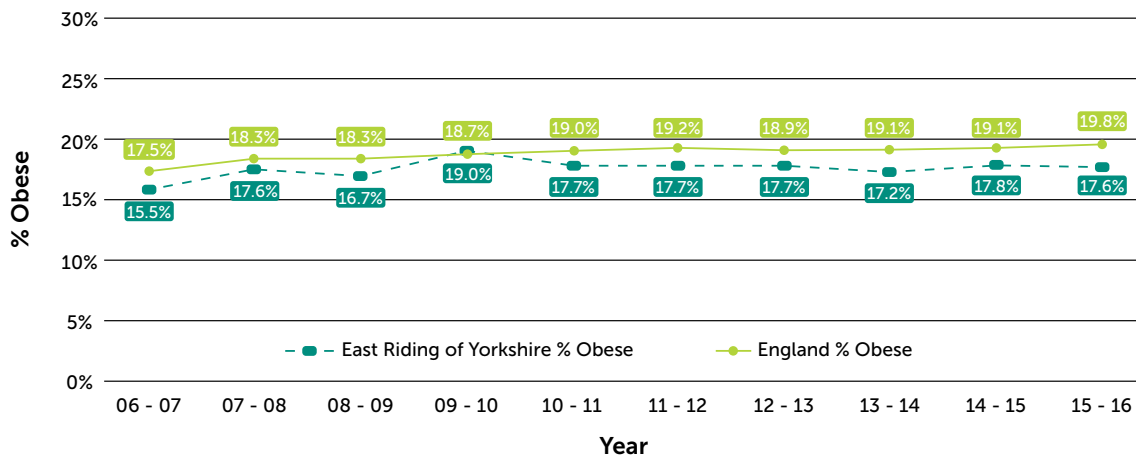
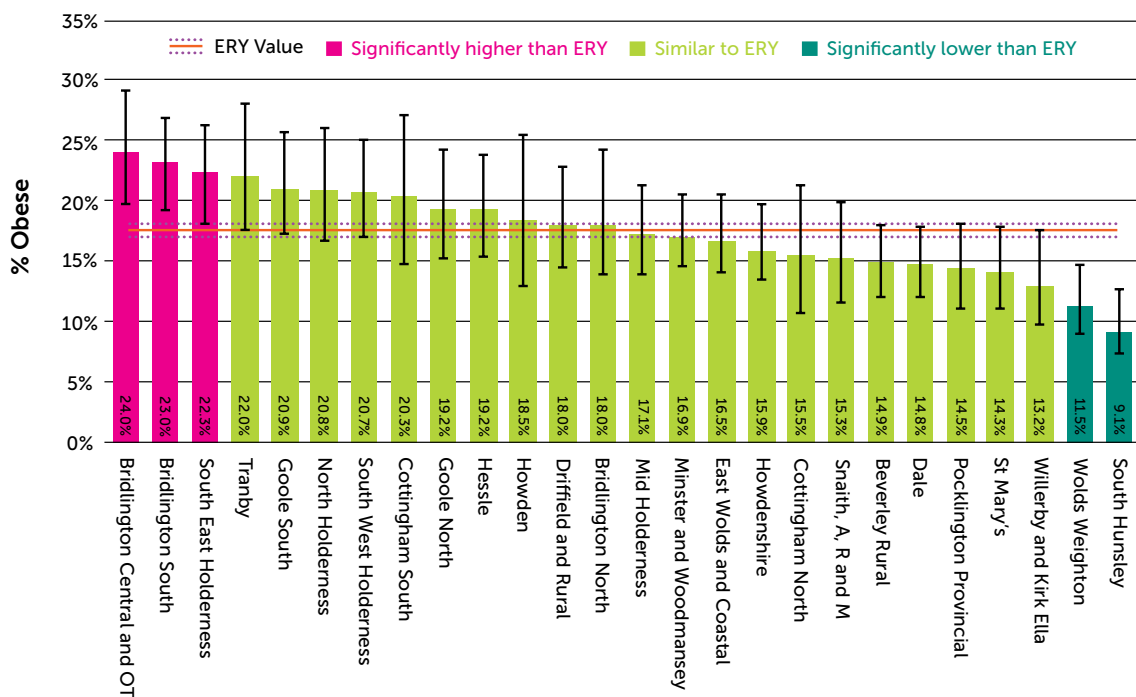


Chart 4 - Prevalence of obesity in Year 6 children. East Riding of Yorkshire Wards compared with East Riding of Yorkshire average, 2012 / 2013 to 2014 / 2015 (3 years pooled).





LIVE AND WORK WELL

Health during working-age life can be excellent, but there are many opportunities to improve health, for example through promotion of healthy working environments and reducing unemployment. Mental health and long term conditions are also of great importance. In the East Riding, life expectancy is reasonably good but the charts on this page show considerable variation by ward for premature mortality and an increase in health inequalities.

Chart 5 - East Riding of Yorkshire wards. All-cause mortality, directly standardised rate per 100,000 persons. All East Riding of Yorkshire persons under 75 years of age, 2012 - 2014.

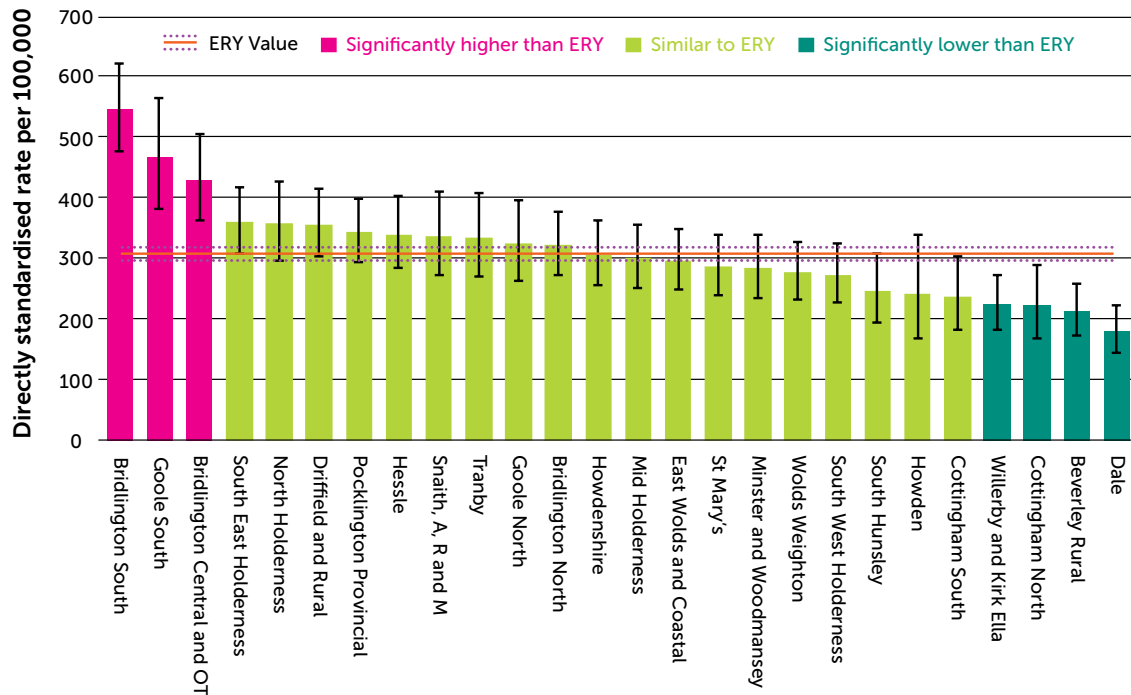
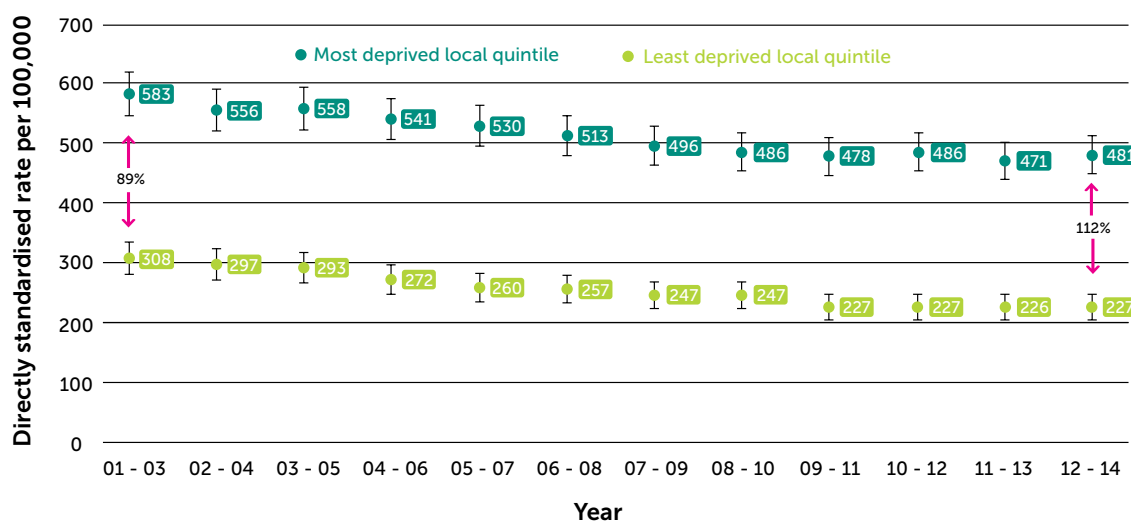


Chart 6 - East Riding of Yorkshire local deprivation quintiles. All-cause mortality, directly standardised rate per 100,000 persons. All East Riding of Yorkshire persons under 75 years, 2001 - 2003 to 2012 - 2014.





AGE WELL AND END OF LIFE

There are many opportunities to improve health among older people. These opportunities are both for older people now and for people still far from old age. Falls, with fractured hips for example, cause great harm and suffering. Local figures for falls are reasonably encouraging as shown below, but much more can be done. Harm caused by stroke is another major issue. While deaths from stroke have been falling as seen below, this is not consistent and further work is needed both for stroke prevention and treatment.

Chart 7 - Mortality from accidental falls (all persons, all ages), 3 year pooled periods.

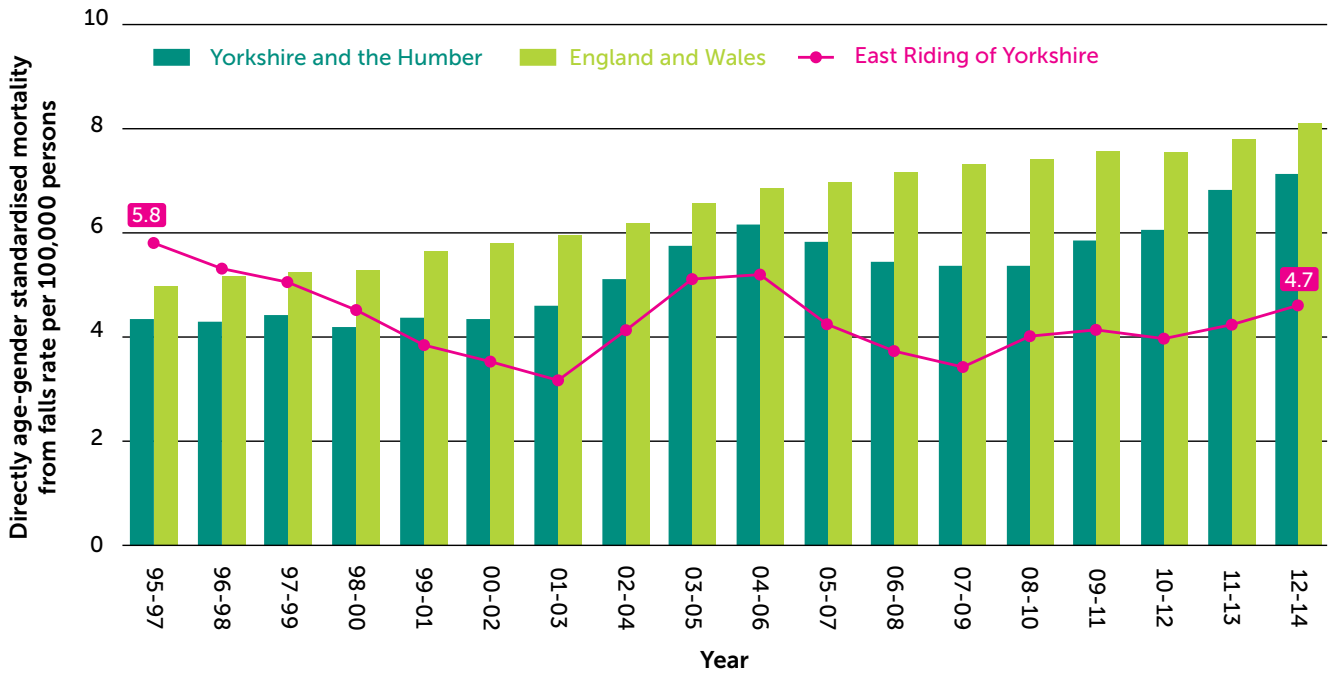
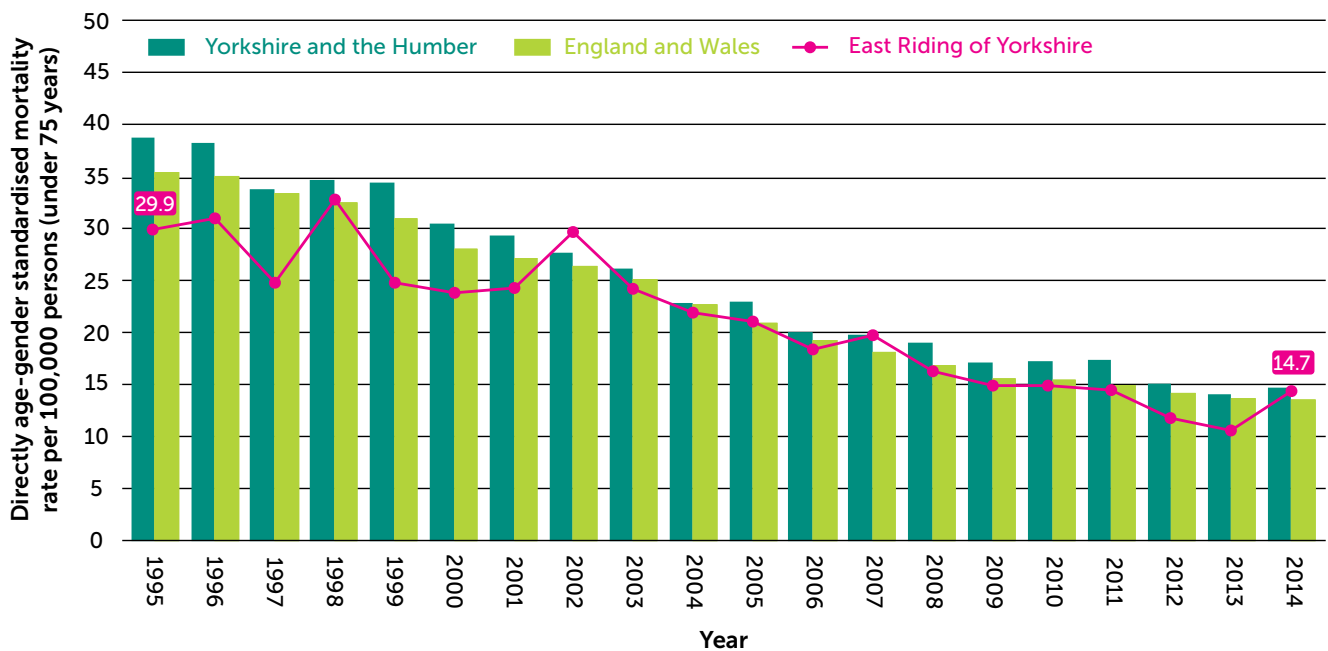


Chart 8 - Premature mortality from stroke (all persons, under 75 years of age).



RECOMMENDATIONS FROM THE LAST REPORT AND PROGRESS ON IMPLEMENTATION

- *All health and social care strategies should include an explicit commitment to prevention with appropriate resources identified.*

There has been some progress, for example the inclusion of prevention explicitly within the Sustainability and Transformation Plan, but there is still a need to prioritise action and commitment to specific programmes.

- *Further programmes should be developed to tackle childhood obesity both locally and nationally.*

A national plan was published in August 2016 and further local work has been undertaken, but considerable further local and national specific action is needed to improve the level of childhood obesity.

- *Health improvement work should continue to focus on healthy life expectancy and health inequalities.*

Work programmes have had these areas of focus, for example asset based community development work in Withernsea.

- *Tobacco control work should include a concentration on stopping smoking among women and especially tackling smoking in pregnancy.*

Smoking in pregnancy is still a significant issue and further work is needed to complement existing programmes of activity.

- *Programmes to tackle blood-borne viruses should be developed further in the East Riding.*

The local needle exchange programme is working well and a pharmacy based blood-borne virus testing programme has been started.

- *The life-course framework should be considered when developing strategies and policies.*

The framework has been adopted by The Health and Wellbeing Board and this has been well received.

- *Readers should consider using the events calendar and lifestyle in their work.*

Readers can consider themselves whether this has been achieved.



2017 ACTIVITIES AND AWARENESS

March

1 - 31	Ovarian Cancer Awareness Month
1 - 31	Prostate Awareness Month
1	Self Injury / Harm Awareness Day
8	International Women's Day
8	No Smoking Day
9	World Kidney Day
12 - 18	World Glaucoma Week
13 - 19	Nutrition and Hydration Week
20	World Oral Health Day
24	World TB Day
20 - 26	National Salt Awareness Day
20 - 31	The Big Pedal

April

1 - 30	Bowel Cancer Awareness Month
7	World Health Day
21	National Skipping Day
25 - 30	World Immunisation Week
29 - 1 May	Tour de Yorkshire

May

8 - 14	Mental Health Awareness Week
9 - 16	Sun Awareness Week
20 - 28	Public Health Cycle Ride Derry / Londonderry to Hull

June

12 - 18	Breathe Easy Week
12 - 18	Cervical Screening Awareness Week
12 - 18	Men's Health Week
14	World Blood Donor Day

July

1 - 31	Group B Strep Support Awareness Month
24	Samaritans Awareness Day
28	World Hepatitis Day

September

1 - 30	World Alzheimer's Month
1 - 30	Blood Cancer Month
10	Suicide Prevention Day
11 - 17	Sexual Health Week
11 - 17	Know Your Numbers Week
18 - 24	National Eye Week
25 - 29	Urology Week

October

1	International Older Peoples Day
1 - 31	Breast Cancer Awareness Month
1 - 31	International Walk to School Month
1 - 31	World Cholesterol Month
9 - 16	World Arthritis Week
10	World Mental Health Day
12	World Arthritis Day
20	World Osteoporosis Day

November

1	National Stress Awareness Day
1 - 30	COPD Awareness Month
1 - 30	Pancreatic Cancer Awareness Month
1 - 30	Mouth Cancer Action Month
1 - 30	Lung Cancer Awareness Month
19	International Men's Day
20 - 26	Road Safety Week

December

1	World AIDS Day
3	International Day of People with Disabilities

