APPENDIX A

Annual report of the Director of Public Health for North Yorkshire 2018

Back to the future

APR 01 2013 09:00

The past

OCT 01 2018 09:00

The present

APR 01 2025 09:00

The future

Start

Health and Wellbeing Board
North Yorkshire

North Yorkshire County Council

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2014 report

Best in Britain

The contents

Foreword

Our shared vision is for **"North Yorkshire to be a thriving County which adapts to a changing world and remains a special place for everyone to live, work and visit."** The health and wellbeing of our residents is one of the strongest measures and enablers for this vision. As a County Council we have a leadership role to ensure that the collective efforts of all our partners are focused on maintaining an improvement in healthy life expectancy for everyone and closing the gap for those with the poorest outcomes.

In addition to providing leadership, the County Council's approach is to enable individuals, families and communities to do the best for themselves, and to ensure the delivery of our own high quality services. Since 2013, public health has been at the heart of what we do. Dr Sargeant's annual reports have informed the actions we have taken with partners and this current report highlights the progress we have made together.

We have invested our public health grant in promoting innovation in our work to support people, as they get older, to remain healthy and independent in their own homes and communities. Our Stronger Communities programme and Living Well team are examples of this innovative approach. We have also seen improved public health services to support people to make healthier choices whether to stop smoking, achieve a healthy weight or to manage alcohol consumption.

We cannot be complacent and must continue to meet the challenges of ongoing austerity if we are to give every child the best start in life and each adult the best chance at living a longer, healthier and independent life. We recognise the threats to mental health that are increasingly experienced by all ages, but especially children and young people coping with rapid changes in the way they relate to each other and to the wider world in an age of social media. Loneliness and isolation remain an issue in a rural County.

As we look forward, we see the stark differences experienced by people, which may be linked to where they live or other characteristics they share. This will require a targeted approach to improve their outcomes, for example by providing opportunities for children on the coast or actions to improve access to mental and physical health services for those with mental health conditions. There is much still to do but the guiding principles should be for tangible actions that inspire people in terms of what we can achieve and to gather together enough meaningful actions so we can see that the sum of these actions leads to real change. Without this we risk piecemeal and arbitrary activities that are not enough to make a real difference.

We look forward to working with Dr Sargeant and his team to implement the recommendations in this report.

Richard Flinton

Chief Executive,
North Yorkshire County Council

Cllr Carl Les

Leader,
North Yorkshire County Council

Healthy Choices

Smoke Free

Introduction

Five years ago, I had the great privilege of writing my first report as Director of Public Health for North Yorkshire. At the time, local government was taking on new responsibilities for public health and the NHS was undergoing yet another restructure. I felt it important at the time to articulate a view of public health which was broader than service provision and spoke of the factors that determine how long and how well people live in North Yorkshire. In subsequent reports I have examined in turn the health of our local communities; children and young people; working age adults; and older people.

Now we have the opportunity to look back to see what progress we have made. Has the most significant change to the public health system in a generation made any difference? What evidence is there of deliberate and co-ordinated action to address the public health challenges identified in previous reports? How far have we gone in implementing the recommendations from these reports?

Looking back further than 2013, the approach to public health reflects what society perceives to be threats to the health of the population and what needs to be done to promote and protect health and wellbeing. The Public Health Act 1848 marks a key point in the history of public health in the UK. The emphasis of the Act was on sanitation because that was the perceived concern. The Victorian reformers who advocated this legislation were well aware of the issues of poverty, poor housing and poor working conditions and campaigned for improvements. They were also aware of the association between these social conditions and poor sanitation but the badge of public health was only applied to sanitation.

By narrowing the focus, they were able to reduce a complex problem to one that was merely complicated and for which there was a technical solution. If the cause of ill health and death was filth, then this could be addressed effectively without having to resolve the underlying social and economic inequalities in the society.

A broad consensus could be reached that reflected societal values about cleanliness and resulted in public works that benefited everyone.

The legacy of this pragmatic approach has been the tendency ever since to think of public health in narrow terms that do not include actions to address the full range of factors that have an impact on population health. However, as time passed the notions of sanitation were found to be much more far reaching than getting rid of sewage. The Public Health Acts of the latter half of the 19th century contributed to the development of local government and, as the understanding of infectious disease increased, so did the role of the Medical Officer of Health (medical men qualified in sanitary science).

When William Beveridge published his report in 1942 he addressed five “Giant Evils” of society: squalor, ignorance, want, idleness, and disease. These would have been familiar to the social reformers like Edwin Chadwick who were producing their reports a century earlier. However, this time it was not a Public Health Act that followed. It was a National Health Service – one pillar of the new welfare state. The aim was “a comprehensive health service designed to secure improvement in the physical and mental health of the people of England and Wales and the prevention, diagnosis and treatment of illness”.

In 100 years the emphasis had shifted. Dealing with disease now relied on providing effective health services rather than on public works. Where sewers were the great leap forward in the 1800s, health centres and hospitals would be the great hope in the 1900s. For a while local government had a role as health authorities and Medical Officers of Health played a role in the management of hospitals and health care services operated by local councils. This was not to last and environmental health would be the most visible remnant after 1974 of the explicit role of local government for health and wellbeing.

The social ills that Chadwick and Beveridge identified have improved but still exist. Disease remains a cause and consequence of poverty. The advances of sanitary and medical science have largely removed the threat of epidemics of infectious disease, but other health concerns have risen in prominence. The Victorians grappled with how to provide relief for the "deserving" poor who were thought to be unable to work and were therefore legitimate recipients of aid. These included the elderly, young children, people with disabilities and those with physical and mental illnesses. The establishment of the welfare state in 1948 was meant to resolve Beveridge's "Giant Evils" but the current debates about welfare reform and health and social care funding suggest the results have not been an unmitigated success.

We are still too close to events to make judgements about this period in the history of public health endeavour. However, there is always a temptation to miss the big picture about the causes and consequences of ill health. This can lead to partial solutions that attempt to fix some aspects of a complex system - often to the detriment of other parts. Public health can best serve society by continuing to reflect the full picture about health and disease and assisting society to find pragmatic approaches to the complex challenge of promoting and protecting the health and wellbeing of every citizen.

In this report we look back over the past five years but we also look forward to 2025. My aim is to present the current picture of public health in North Yorkshire and thereby stimulate discussion and action to address the "evils" that still persist and pose a threat to the health and wellbeing of our residents.

The report is structured in three main sections:

- a look back from 2013
- what do the data tell us?
- what do partners and the public consider our future public health priorities?

Dr Lincoln Sargeant

Director of Public Health

2017 launch in Selby

Back to the future

Looking back

Over the next few pages, I look back over my past reports from 2013 to 2017. In each section, I describe the report; what progress has been made to deliver on the report's recommendations; and what is still left to do.

2013

What is public health?

In my first annual report, I introduced the three main areas of public health practice: improving population health; protecting the population from environmental threats and infectious disease outbreaks; and improving and maximising the effectiveness of health and social care services. The report illustrated everyone's role in contributing to public health outcomes and provided a snapshot of the health needs in North Yorkshire, highlighting key features of our population health including: stark differences in death rates between communities; our ageing population; and our high levels of risky drinking behaviours and binge drinking when compared to England as a whole.

The report made recommendations to:

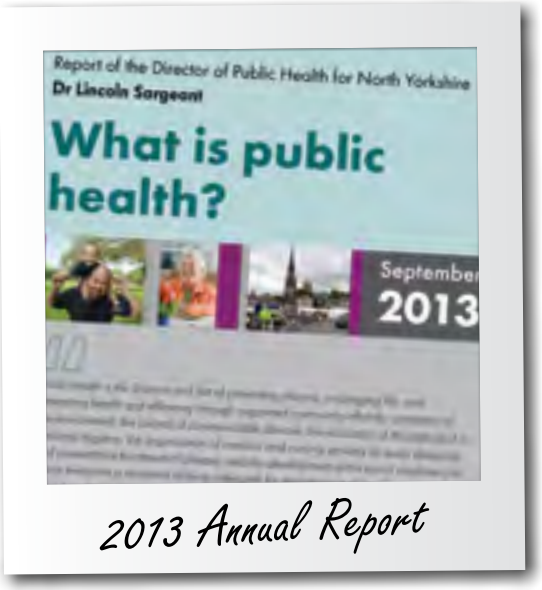
- reduce health inequalities between communities within North Yorkshire;
- focus on happy and healthy ageing;
- give every child the best start in life and ensure young people can move from education into employment in the County;
- ensure public health is considered in all plans;
- build on the enthusiasm and sense of wellbeing that has been created by hosting the Grand Depart of the Tour de France; and
- prevent health and social harms caused by high levels of alcohol consumption.

Since 2013

Even now, only a few high level plans and strategies in North Yorkshire local authorities and clinical commissioning groups (CCGs) address health inequalities explicitly. The language in local government documents typically refers to targeting of services at vulnerable people. CCG documents tend to approach health inequalities through ill health prevention.

Although many local authority plans and strategies include key enablers for reducing health inequalities such as economic growth and housing, there are few details of how policies can ameliorate the situation for the most deprived. Some examples include:

- Richmondshire District Council made explicit reference to reducing health inequalities under their priority to promote healthy communities;
- Selby District Council noted the need to provided "homes for all incomes";
- Scarborough Borough Council includes an aim for "people who feel valued and included"; and
- Scarborough and Ryedale CCG includes an aim of "inspiring people to lead a healthy lifestyle".



In 2015, we refreshed the North Yorkshire Joint Health and Wellbeing Strategy. The strategy has five themes: start well; live well; age well; dying well; and connected communities. Money from the public health grant was used to support the age well theme. North Yorkshire County Council has invested in a Living Well team which supports individuals "on the cusp" of needing social care, to identify and use their personal and community assets to remain independent and well.

NYCC's Stronger Communities team, also funded through the public health grant, supports local communities to develop programmes which enable older people to maintain their wellbeing and independence. Self-care, ill-health prevention and promoting wellbeing are key themes in CCG strategies and plans to reduce demand on services. There is also emphasis on providing services closer to local communities.

The North Yorkshire Children and Young People's Plan - Young and Yorkshire 2 - articulates a vision that North Yorkshire is "a place of opportunity where all children and young people are happy, healthy and achieving." There are explicit priorities to reduce health inequalities and "to equip young people for life and work in a strong North Yorkshire economy."

Examples of work to deliver this plan include The Scarborough Pledge and North Yorkshire Coast Opportunities Area which are targeted initiatives to address relatively poor educational attainment and social mobility in the Borough. The National Social Mobility Index 2017 shows that the challenge in North Yorkshire is to provide enough opportunities locally for young people from low income families to get good, secure jobs and to gain a footing on the housing ladder.

The most visible legacy of the Tour de France is the Tour de Yorkshire, which started in May 2015. It has given communities across the County the opportunity to experience hosting a major cycling event. There has been an increase in other cycling events as well as the number of people taking part in them. However, there is little evidence of significant change in the overall amount of physical activities people take part in.

The Discoveries on your Doorstep project was launched in summer 2016 and it led to the development and promotion of the Selby and Scarborough Trails. Evaluation of the numbers of walkers on the Selby Canal trail showed an 87% increase between 2015 and 2017.

Trails

The North Yorkshire Joint Alcohol Strategy (2014-2019) has three clear priorities:

- **to encourage responsible and sensible drinking;**
- **to identify and support people who need help and provide treatment to help recovery; and**
- **to reduce alcohol-related crime and disorder.**

Across England, the number of people needing alcohol support services and accessing them decreased by 19% between 2013/14 and 2016/17. I am pleased that our numbers rose by 51% over the same period, which is a good indication that we are achieving our priority to help people access the support they need. Alcohol Identification and Brief Advice (IBA) is one of the most cost-effective ways of encouraging people to reduce the amount they drink, and since 2015 over 1,000 staff in North Yorkshire including GPs, Pharmacists, Housing Officers and Social Workers have been trained to deliver IBA. GPs alone have delivered 8,000 IBAs since April 2017.

Alcohol strategy 2014-19

Still to do

A sustained focus is still required to ensure health inequalities continue to reduce, with a particular emphasis on Ryedale, Selby and Scarborough. We need to ensure all partners consider targeting their energies equitably, and overtly target areas of inequality.

My 2017 report focused on older people and we are now developing initiatives to support healthy ageing. At the other end of the age range, we are working on initiatives to give children the best start in life, and work to provide opportunities to get good jobs and affordable housing in North Yorkshire is underway. More still needs to be done.

We also need to continue to make sure the principles of public health are taken into account when we are developing all our strategic plans. We are discussing ideas around developing a health impact assessment tool to help organisations to consider how plans will affect health outcomes for the people they serve.

NYCC's public health team is working with organisations that provide primary health care to make sure that staff not only treat their patients, but also encourage them to make the choices that can improve their health overall.

And finally… we need to continue the work we have started to tackle risky drinking across North Yorkshire, and think about what the priorities for our next alcohol strategy should be.

2014

Working with Communities: taking an asset based approach to public health

My 2014 report focused on how we can work with communities to promote health and wellbeing to the residents of North Yorkshire. The report noted that the voluntary, community and social enterprise sector in North Yorkshire is a key asset for public health.

My report noted that North Yorkshire has a healthy population, but has higher levels of people killed and seriously injured on the road; higher levels of obesity; and higher levels of smoking in pregnancy compared to the national average. The report explained that, although the County overall experiences low levels of deprivation, there are significant areas of inequality, as well as challenges related to rurality, affordable housing and fuel poverty.

The report made recommendations to:

- deliver a partnership approach to preventing and managing obesity;
- develop a mental health strategy;
- use the Better Care Fund to respond to community needs;
- work to increase the number of volunteers involved in delivering health and social care services;
- promote an asset based approach to working with local communities; and
- measure assets as well as needs in future needs assessments.

Since 2014

In 2016 the North Yorkshire Healthy Weight, Healthy Lives Strategy was launched.

This ten year strategy aims to reduce the prevalence of overweight and obesity by supporting children's healthy growth and healthy weight; promoting healthier food choices; building physical activity into daily lives; providing weight management services; ensuring people have access to information to make healthy choices to support weight loss; and building healthier workplaces.

Examples of projects include:

- Trading Standards working with local businesses to promote a rewards scheme to encourage them to create and offer healthier food choices. Businesses can achieve a bronze, silver or gold award. As of July 2018, 93 businesses are involved:

	Gold	Silver	Bronze	Ongoing	Total
Harrogate	16	13	2	2	33
Scarborough	3	12	2	1	18
Ryedale	1	1	-	2	4
Hambleton	13	6	-	4	23
Selby	4	2	-	1	7
Craven	1	2	-	3	6
Richmondshire	1	-	-	1	2
Total	39	36	4	14	93

- North Yorkshire Sport, working with schools to deliver "the daily mile" where all children run a mile during their school day.
- Our commissioned weight management services, which have supported residents to lose over 18,000 lbs in weight, equivalent to over 2 million sugar cubes.

Our mental health strategy, "Hope, Control and Choice" was launched in 2015.

Its aim is to "work together to ensure the people of North Yorkshire have the resilience to enjoy the best possible mental health, and to live their lives to their full potential, whatever their age and background, supported by effective, integrated and accessible services across all sectors, designed in genuine partnership with the people who need to make use of them and those who care for them."

We have developed a social contact anti-stigma programme to raise awareness of mental health issues and tackle stigma and discrimination. We are providing opportunities for people and organisations to plan activities within communities, and supporting people who have experienced mental ill health to talk about it.

We used customer insight to explore what 'wellbeing' means to develop a campaign that encourages mental wellbeing amongst men aged 30-49 years. The campaign used messages that included the Five Ways to Wellbeing. Evaluation showed our target audience responded to humour and nostalgia and were motivated to change their behaviour.

Hope, Control and Choice

The Better Care Fund was used to employ a falls coordinator for two years from January 2015. The project aimed to prevent people from falling; improve independence; and reduce costs from falls to health and social care. Examples of actions delivered include a screening tool to identify older people at risk of falls; a minimum data set for a multifactorial falls assessment; quality standards for hospitals, care homes, extra care housing and domiciliary care; and a community pharmacy falls service where people are identified at risk of falling and signposted to services. Following on from this work a targeted physical activity programme Strong and Steady has been commissioned and a falls champion has been funded to work with communities in Scarborough.

The Stronger Communities team, funded by public health, works to support communities to play a greater role in the delivery of services in the County. Their main focus initially was on supporting volunteers to run libraries in North Yorkshire. Since then, volunteers have been involved in delivering health and social care services in a range of ways. For example, the Living Well service can refer people to community-led support and social groups which are run by volunteers; there are volunteer driver schemes around the County who drive people to appointments; and there is a move under the banner of the "Dying Matters" campaign to encourage compassionate communities to support families looking after people who are terminally ill.

In 2017, the Stronger Communities team published an investment prospectus to support community groups to deliver further work. Selby Big Local recently held an event looking for opportunities to improve population health through using asset-based community development (ABCD) approaches. A group of partners are considering whether an ABCD approach could be applied to social prescribing in Selby District.

Public health is good at measuring needs, using data about populations and epidemiology. We are trying to get better at including information about assets as well as needs, such as **Public Health England Health Asset Profiles**. There are some tools we have started to use, for example the **Public Health England Shape Tool** which maps physical assets. In addition, NYCC has launched **North Yorkshire Connect**, an online, easily accessible community directory which collates information on assets.

Still to do

North Yorkshire still has significantly higher levels of people killed and seriously injured on the road and higher levels of smoking in pregnancy compared to the national average. These continue to be priority areas for action.

We need to continue delivering the Healthy Weight, Healthy Lives Strategy, including linking with the workplace wellbeing workstream.

We must continue to deliver the Hope, Control and Choice strategy and consider evaluation plans and decide if a new strategy should be developed for 2020. We need to consider how to focus on public mental health further.

The Living Well and Stronger Communities teams are underpinned by an asset-based approach. There is more work to do to ensure this approach runs through all work across North Yorkshire.

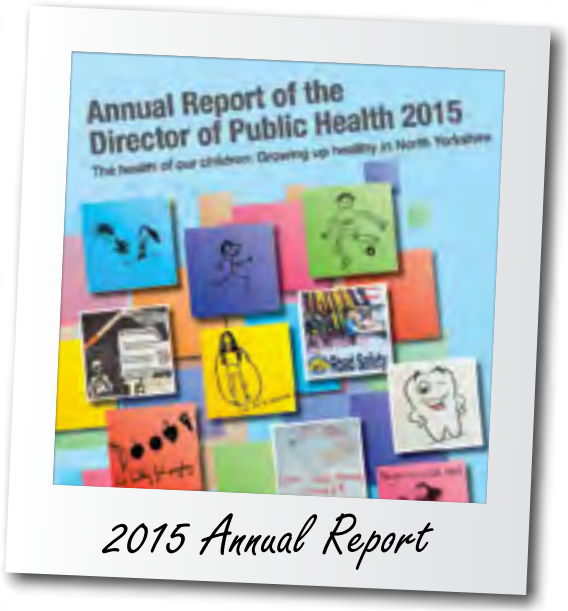
2015

The health of our children, growing up healthy in North Yorkshire

In 2015, my report focused on the health of children growing up in North Yorkshire. It highlighted the challenges that some children and young people face at different stages of their lives, and explored how these challenges can be removed or their impact reduced. I focused on how to support children and young people to be resilient.

The report includes recommendations to:

- work towards reducing child poverty;
- ensure the 0-5 healthy child programme is reviewed and embedded as part of a wider range of prevention and early help services;
- make sure evidence-based parenting programmes are available;
- work towards reducing childhood obesity;
- deliver high quality personal, social and health education (PSHE) in schools; and
- maximise opportunities to support children's mental health



2015 Annual Report

Since 2015

We have taken the opportunity to discuss tackling child poverty with a number of partner organisations, and in 2016 childhood poverty was a key theme of a conference called "Reimagining health for all children in North Yorkshire".

April 2016 conference

Reimagining Health

The conference was sponsored by the North Yorkshire Children's Trust and brought together leaders and practitioners with responsibility for children's wellbeing. The conference helped to inform the development of the Council's approach to childhood poverty, and one of the results is that health visitor assessments now include measures of child poverty.

In December 2017 the Children's Trust board identified childhood poverty and social mobility as priority areas for action and plans around food poverty, income and homelessness are being developed.

The 0-5 health visiting programme successfully transferred from NHS England to NYCC on 1 October 2015. After a rapid review, NYCC developed a new service specification and performance framework. The service has a strong focus on prevention; health promotion; early identification; innovation; continuous improvement; and use of technology. The service is delivered as part of an integrated multi-agency approach.

Since 2016, the 0-5 Healthy Child Service has increased its integrated working practices and is now co-located with Prevention and Early Help services and a single referral process has been developed. The County Council's multi-agency screening team (MAST) brings together staff from the council's children's social care and prevention services, North Yorkshire Police and health colleagues from Harrogate and District NHS Foundation Trust, and includes a 0-5 resource.

The North Yorkshire Parenting Strategy 2016-2019 has been developed to deliver the 0-5 Healthy Child Service High Impact Preparing for Parenthood, and a Young Parent Pathway. NYCC has trained prevention workers in a range of evidence-based parenting programmes including incredible years, mellow parenting and strengthening families. A range of programmes are now delivered across North Yorkshire to meet the needs of parents with children 0-15.

Supporting children's healthy growth and weight is now one of the six key priorities in the North Yorkshire Healthy Weight Healthy Lives Strategy, and a range of programmes have or are being delivered. These include:

- **work to promote breastfeeding;**
- **a Food For Life project supporting healthy eating in schools;**
- **adding HENRY (Health Exercise and Nutrition in the Really Young) to the 0-5 Healthy Child Service;**
- **"it's more than just measurement" builds on the National Child Measurement Programme (NCMP). If intervention is needed after the measurement, parents are contacted by the Healthy Child Team to signpost to support;**
- **a healthy weight pathway resource has been developed to help professionals with signposting children, young people and families to local services;**
- **a review of the current Healthy Start vitamin scheme is underway;**
- **the Youth Sports Trust has delivered a pilot scheme called 'Healthy Movers' in Scarborough. It supports early years settings and parents of two to five year olds to utilise training and resources to increase physical activity; and**
- **Selby District Council's Inspiring Healthy Lifestyles service is working with four primary schools to take part in guided weekly health walks - so far 846,000 steps have been taken by 423 children.**

All our schools have access to the North Yorkshire PSHE framework for key stages 1-4, and training programmes have been developed for teachers so they can deliver high quality PSHE using age-appropriate, up-to-date resources.

We have distributed resources developed by our young people to all secondary schools to support the curriculum delivery on issues including online safety; child sexual exploitation; and raising awareness about lesbian, gay, bisexual, and transgender issues. All our schools have completed a safeguarding audit that focuses on how pupils are taught about how to keep themselves and others safe, both on and offline.

We have delivered two "Future in Mind" projects in schools to test an early identification and assessment tool to support staff to spot any emerging mental health difficulties, and we have provided them with an intervention toolkit.

North Yorkshire's CCGs have commissioned Compass BUZZ, a free school referral-based emotional wellbeing project for young people aged 5-18, or up to 25 for people with special needs. Compass Buzz supports the whole school workforce to increase skills and confidence through training and Compass BUZZ staff can co-facilitate both one-to-one and group work sessions with pupils alongside a member of school staff. Compass BUZZ also runs a messaging service called BUZZ US that young people aged 11-18 can text anonymously.

Still to do

The Children's Trust Board will continue leading on our approach to tackle the issues of food poverty, low income and homelessness. We need to continue our strategic approach to reducing childhood obesity, and help our partners implement the School Food Plan. We should also build on our schools' capacity to tackle obesity through a whole school approach.

Our Youth Executive has identified mental health and a 'curriculum for life' as two of the priorities they would like to work on, on behalf of young people in North Yorkshire. We will continue working in partnership with them to support their ideas and help them deliver the initiatives that emerge.

Youth Parliament

2016

Good for work, good for you, good for business: the health and wellbeing of the working age population

My 2016 report won first prize in the annual Association of Directors of Public Health annual report competition.

It focused on health, work and wellbeing. These topics are interlinked: working age adults who are unemployed are generally poorer when compared to those in paid employment, and this can lead to poorer health and wellbeing. Also, employers are concerned about the health of their employees because the bottom line is that a healthy workforce is a productive workforce.

In North Yorkshire, levels of unemployment are low compared to the national average, but this hides some real challenges. Our young working age population has already reduced, and continues to shrink. At the same time, it is a struggle to recruit people for some low paid but vital jobs in the health and social care sector.

2016 Annual Report

My report's key recommendations were to:

- work with employers to create healthy workplaces, with a focus on increasing physical activity and creating smoke free environments. A further strand of this work is awareness-raising about road safety; the dangers of risky drinking; and the importance of healthy eating; and
- work with employers to build a healthy workforce. This includes focussing on recruitment, retention, training and rehabilitation; making adjustments to job specifications to broaden the potential recruitment field and encourage people into work; maximise employment opportunities to improve recruitment and retention of young people; to take action to overcome the skills shortage; to upskill the workforce; and make adjustments so that people living with long term conditions have the opportunity to work.

First place!

Since 2016

The North Yorkshire Health and Wellbeing Board agreed to champion a workplace wellbeing charter across the County and the first phase of work on this was completed during 2017/18.

NYCC set up a Workplace Wellbeing group which has developed a series of healthy workplace initiatives. So far, these have focused on mental health and wellbeing and a number of organisations - including the County Council - have signed up to the Mindful Employer charter and are using its values and principles to improve employee wellbeing.

In 2017, Public Health England (PHE) launched the Prevention Concordat for mental health, with a supporting toolkit. Our public mental health and prevention group is using the toolkit to work with communities and organisations to improve mental health and wellbeing, and help prevent mental ill health. The group reports into the North Yorkshire Mental Health Strategy Group and contributes to the achievement of outcomes in the North Yorkshire Mental Health Strategy – Hope, Control and Choice.

NYCC has been supporting other employers to build healthy workforces by cascading Making Every Contact Count (MECC) training among their staff. MECC is designed to give people the knowledge, skills and confidence to make everyday conversations 'healthy' by talking about key lifestyle issues, including mental health.

Developing a happy, healthy workforce is now a recognised priority within partnerships across North Yorkshire. This includes the local economic and health and wellbeing partnerships. It is now listed as one of the seven enablers for the North Yorkshire Plan to deliver Economic Growth 2017.

The 2017 North Yorkshire Wider Partnership Conference focused on the Economic Growth Plan, and NYCC's public health team led a multi-agency workshop to consider the impact of our working environment on the health of staff. This resulted in a vision, a mission statement and key objectives for further work.

One of the priorities in the North Yorkshire 'Healthy Weight, Healthy Lifestyles Strategy' is to build healthier workplaces and increase physical activity. Work is underway to improve access to health and wellbeing services, and remove barriers to participation in the workplace; and empowering individuals to take responsibility for their own health. There are opportunities, through training, to promote the Five Ways to Wellbeing and have 'healthy conversations' (Making Every Contact Count).

Economic growth

Still to do

We are developing the next phase of the North Yorkshire Workforce Wellbeing Charter to be relevant to all businesses and organisations across the County. It will include existing programmes that participating organisations use to support employees. The next phase of development will build on existing work, and will promote a co-ordinated approach to improving the wellbeing of any workforce.

Healthy workplace groups

Mindful employer

2017

Healthy transitions: Growing old in North Yorkshire

Last year's report focused on healthy ageing in North Yorkshire. The report examined why the achievement of longer lifespans must be matched by societal changes in our attitudes towards older people. The report was structured around three transitions that many people experience at different ages and in different ways: firstly moving from work into retirement; secondly moving from independent living to needing support and care; and finally, preparing for the end of life.

The report made four recommendations:

- to develop Age Friendly communities;
- to facilitate comprehensive retirement planning;
- to identify and manage frailty; and
- to ensure effective end of life planning.

Since 2017

We have linked up with The Centre for Ageing Better and agreed to work together to launch Age Friendly communities in North Yorkshire. North Yorkshire will receive support from the Centre to be one of the first rural areas in the country to develop Age Friendly communities.

Older people and adults are one of four priority areas for our Stronger Communities Programme. The Stronger Communities team is working to create networks of community-owned services and facilities to help older people and adults in need of additional support to live longer and healthier in their own homes. One example is a project underway in Sleights, piloting how to use technology to connect communities and reduce social isolation.

The NYCC Living Well Service started in 2015, and its aim is to support people to make changes to their lives to prevent them from needing more formal and regular support from health and social care services. The Living Well team has been considering how to respond to the 2017 report, and early ideas include promoting intergenerational work and securing training to support people plan for end of life.

North Yorkshire's Winter Health Strategy was launched in 2016. Work to reduce excess winter deaths is ongoing as part of delivering this strategy. We have established a single point of contact to offer practical solutions to reduce fuel poverty, and support people and communities to stay warm and well in winter. Between October and June 2018 our Warm and Well service responded to 247 referrals and received over 3,700 hits on its website.

The 2017 report is being used to raise awareness of the importance of comprehensive pre-retirement planning. The North Yorkshire Connect website is an important resource that provides people with easily accessible information about local activities and opportunities for people as they consider entering retirement.

The 2017 GP Contract requires all practices to identify patients on their list who are categorised as 'mild, moderate or severely frail' using the electronic frailty index and this has led CCGs to develop a 'frailty pathway'. Our public health team has provided information to ensure CCG colleagues are aware of the services available to support ill-health prevention, and good end of life care.

We have commissioned North Yorkshire Sport to deliver Strong and Steady, a programme which aims to increase physical activity among older people to reduce falls. Sessions are also expected to help to reduce loneliness and improve mental wellbeing. The sessions provide information about related topics, such as healthy eating, winter warmth, exercise and how to prevent falls. Some sessions will be universal while others will be more intensive and targeted, with participants able to move between the two.

Relationships now exist with all North Yorkshire's CCGs to enable discussions around their frailty plans, encouraging them to consider prevention and good end of life care as part of their frailty pathway.

In addition to encouraging people aged 65 and over to take up their free flu vaccine, NYCC social care and public health staff are planning to radically change how flu vaccinations are offered to social care staff. Starting later this year (2018), health care staff will travel round the County and offer vaccinations to groups of staff closer to their workplace, wherever possible.

The public health team undertook a major analysis of needs around end of life care in North Yorkshire. Their report was published by the North Yorkshire Health and Wellbeing Board and led to the establishment of a multi-agency North Yorkshire End of Life Care Forum to take the recommendations forward. Work has been delivered to support the national Dying Matters campaign in North Yorkshire, and the County Council held its first Death Café in May 2018.

Still to do

We need to make sure older people have the opportunity to tell us what healthy ageing means to them, and how they can be involved in developing our work programmes.

We need to develop a shared vision for healthy ageing in North Yorkshire and a healthy ageing framework. This will focus on a life course approach supported by a communications campaign. The campaign will bring together a range of services and programmes that promote public health messages around exercise; nutrition; social isolation and loneliness; awareness and management of frailty; and dying matters. We need to agree a series of outcomes that will be used to measure progress on healthy ageing.

We are working to support NYCC and partners to sign up to the UK network for Age Friendly communities, and we are working with them to deliver the eight domains of the Age Friendly initiative in North Yorkshire. These are:

- Outdoor spaces and buildings
- Transportation
- Housing
- Social participation
- Respect and social inclusion
- Civic participation and employment
- Communication and information
- Community and health Services

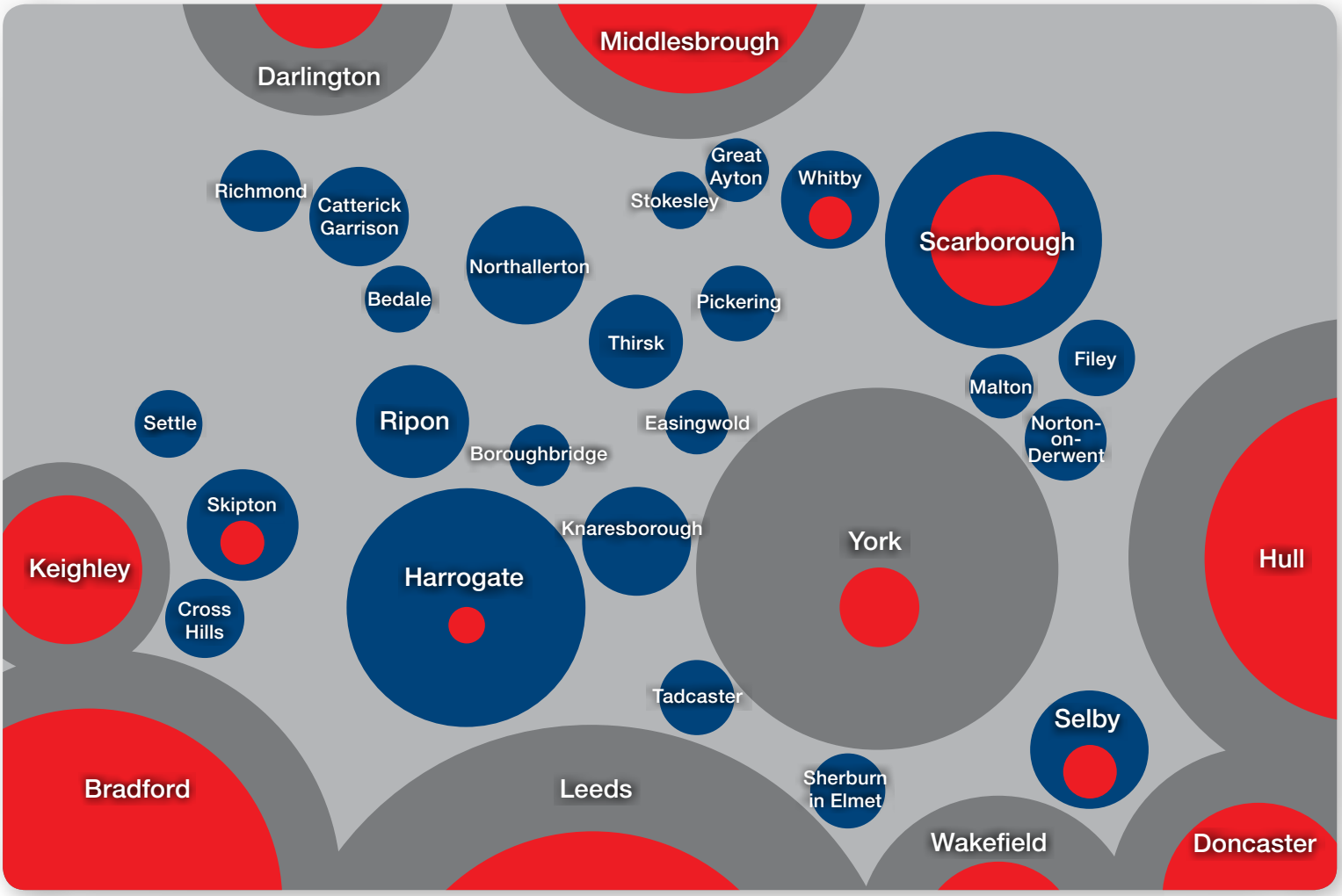
Back to the future

What do the data tell us?

In this section, I share data which describe the population of North Yorkshire as it is now; as it was in 2013 when public health moved from the NHS into the local authority; and as it may look in 2025.

As an overview, the picture below illustrates built-up areas in North Yorkshire with a population larger than 4,000, and significant surrounding urban conurbations. The size of the circles is proportional to the population (2016). The circles represent 56% of 605,000 NYCC population, as only areas where 4,000 or more people live are included. The blue circles represent areas in North Yorkshire, the grey circles represent surrounding areas. The red areas within the circles represent people who are living in the 20% most deprived lower super output areas (LSOAs) in England. LSOAs enable data to be analysed at very local levels. 90% of people living in deprived areas in North Yorkshire are represented in this picture: the remaining 10% live in areas of less than 4,000 people.

(Source data: ONS, Lower Super Output Area Mid-Year Population Estimates; ONS, Lower Layer Super Output Area (2011) to Built-up Area Sub-division to Built-up Area to Local Authority District to Region (December 2011) Lookup in England and Wales; DCLG, English indices of deprivation 2015)



This section follows themes established in previous annual reports, focusing on communities and then through the life course from childhood, through working age to retirement.

Where appropriate, differences between districts within North Yorkshire are highlighted and consideration is given to inequalities which impact upon people at individual and population levels.

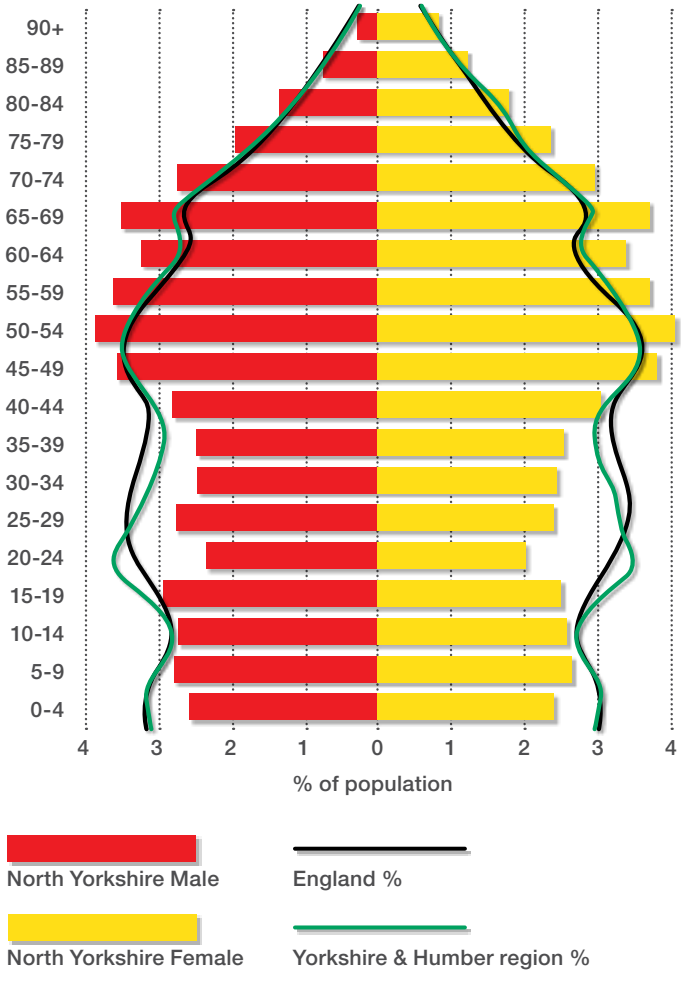
Firstly, I describe communities in North Yorkshire, focusing on age and inequality.

Population profile

North Yorkshire, generally, has an ageing population. The population tree below shows that North Yorkshire has a higher proportion of people aged over 50 and a lower proportion of children and adults aged under 50, compared with England and the Yorkshire and Humber region overall.

Most districts show a similar pattern to the County, apart from Richmondshire and Scarborough. Richmondshire has a high proportion of males in their 20s, due to people living in Catterick Garrison. Scarborough has a more even distribution through ages 20-44, perhaps suggesting that fewer young people leave the area for study and careers.

Age profile, 2016



(Source: PHE, Public Health Outcomes Framework)

The largest population centres are:

- Harrogate: **72,600**
- Scarborough: **60,400**
- Selby: **18,600**
- Northallerton: **17,000**
- Ripon: **16,200**
- Knaresborough: **15,500**
- Skipton: **14,900**

35% of total North Yorkshire population

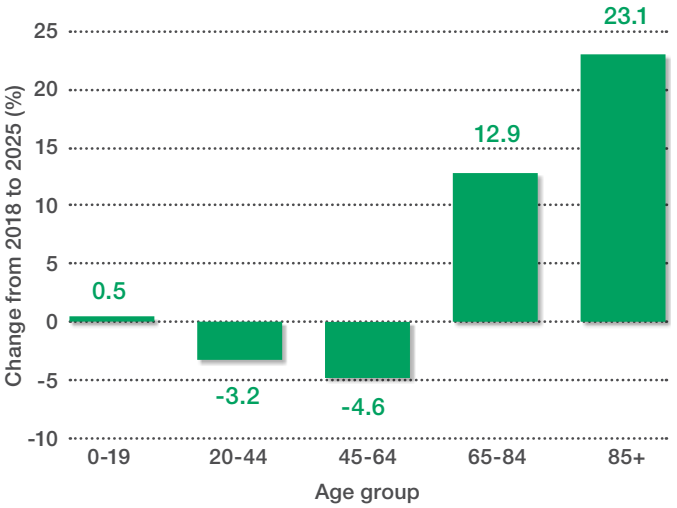
These seven largest towns have a combined population of 215,300, just over one-third (35%) of North Yorkshire's total population. The majority of the County's residents live in smaller towns and villages, with 131,700 people (22%) living in isolated homes or smaller villages and hamlets with fewer than 1,000 residents **(Source: ONS: Lower Super Output Area Mid-Year Population Estimates)**.

Catterick Garrison is expecting a further 2,700 personnel by 2030. With additional family members, this could increase the population to 16,800, comparable with Ripon and Northallerton in size.

North Yorkshire's population is forecast to increase by 8,500 from 2018 to 2025 **(ONS, Population projections for local authorities [2016-based])**. In 2018, 24.2% of North Yorkshire's population was aged over 65 years, compared with 18.2% in England. It has the 13th highest proportion in this age group out of 152 local authorities in England **(PHE, Public Health Outcomes Framework)**.

The graph below shows that the number of people aged under 20 is expected to remain similar in 2025. However, by this date, there will be a decrease in working-age adults and sharp increases in people of retirement age, particularly those aged 85 years and over. This is likely to impact upon health and care services.

Forecast population change 2018 to 2025

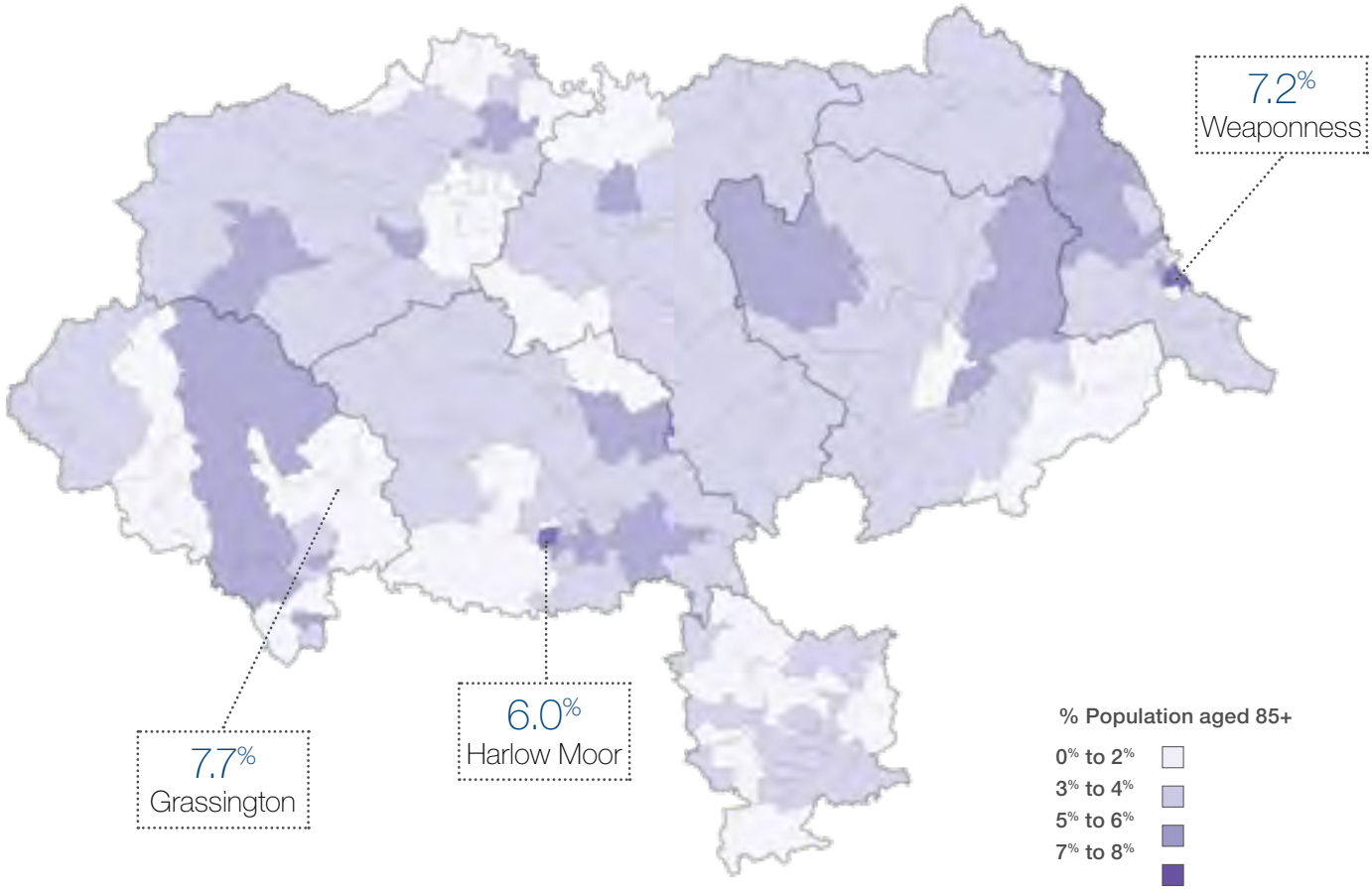


(Source: ONS 2016-based population projections)

Areas in North Yorkshire with the highest proportion of people aged 65 and above are found around the Pennines and on the coast. There are nine wards where more than one-third of the population is aged 65+. Conversely, there are lower than average proportions in this age group in areas of Craven and around Catterick Garrison. Hipswell and Scotton wards in Richmondshire have less than 10% of people who are aged 65 and above.

The map below shows that neighbourhoods with the highest proportion of people aged 85 and above are found in Grassington, (Craven, 7.7%); Weaponness (Scarborough, 7.2%) and Harlow Moor (Harrogate, 6.0%). Conversely, less than 1% of the population is aged 85+ in Central ward (Scarborough), Hornby Castle and Hipswell wards (both in Richmondshire) **(ONS, Ward-level Mid-2016 Population Estimates).**

Percent of population aged 85+



Health inequalities

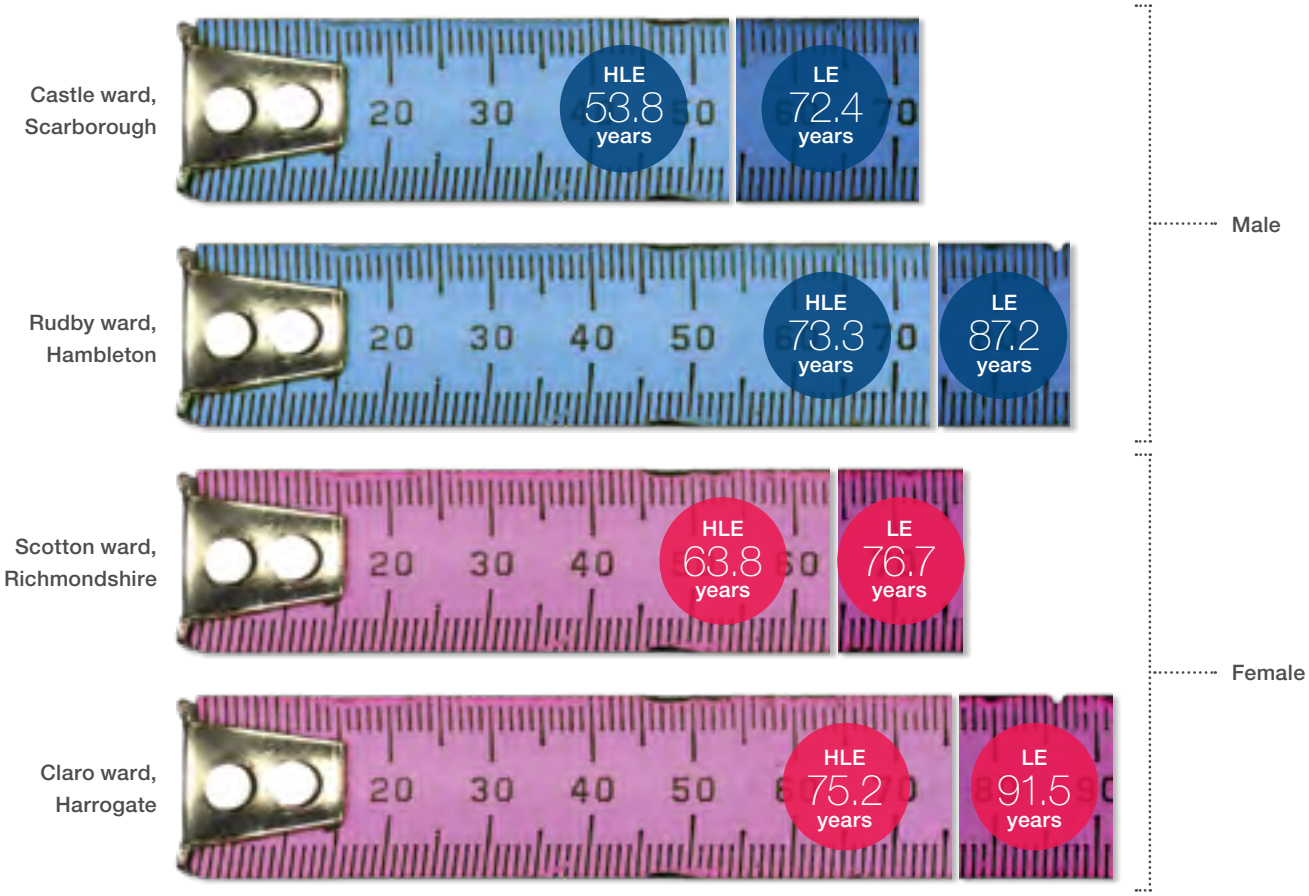
Overall, North Yorkshire has higher life expectancy when compared to England and Yorkshire and the Humber. However, across the County there are differences in life expectancy (the average period a person may expect to live), and healthy life expectancy (the average period a person may expect to live in full health).

Differences in life expectancy and healthy life expectancy are a product of health inequalities. Health inequalities are potentially avoidable differences in health between population groups. They are often expressed in terms of relative deprivation, but can be between genders, age groups, ethnic groups, for example.

Tackling health inequalities proportionately is identified as the best route to improving population health overall.

The picture below shows that healthy life expectancy for men in Rudby ward, Hambleton is higher than life expectancy in Castle ward, Scarborough. Men in Castle ward can expect to spend a higher proportion (23.2%) of their shorter life in poor health compared with Rudby ward (15.9%). Women tend to have higher life expectancy than men, but stark differences between wards remain. Women in Scotton ward, Richmondshire have a life expectancy 14.8 years shorter than Claro ward, Harrogate.

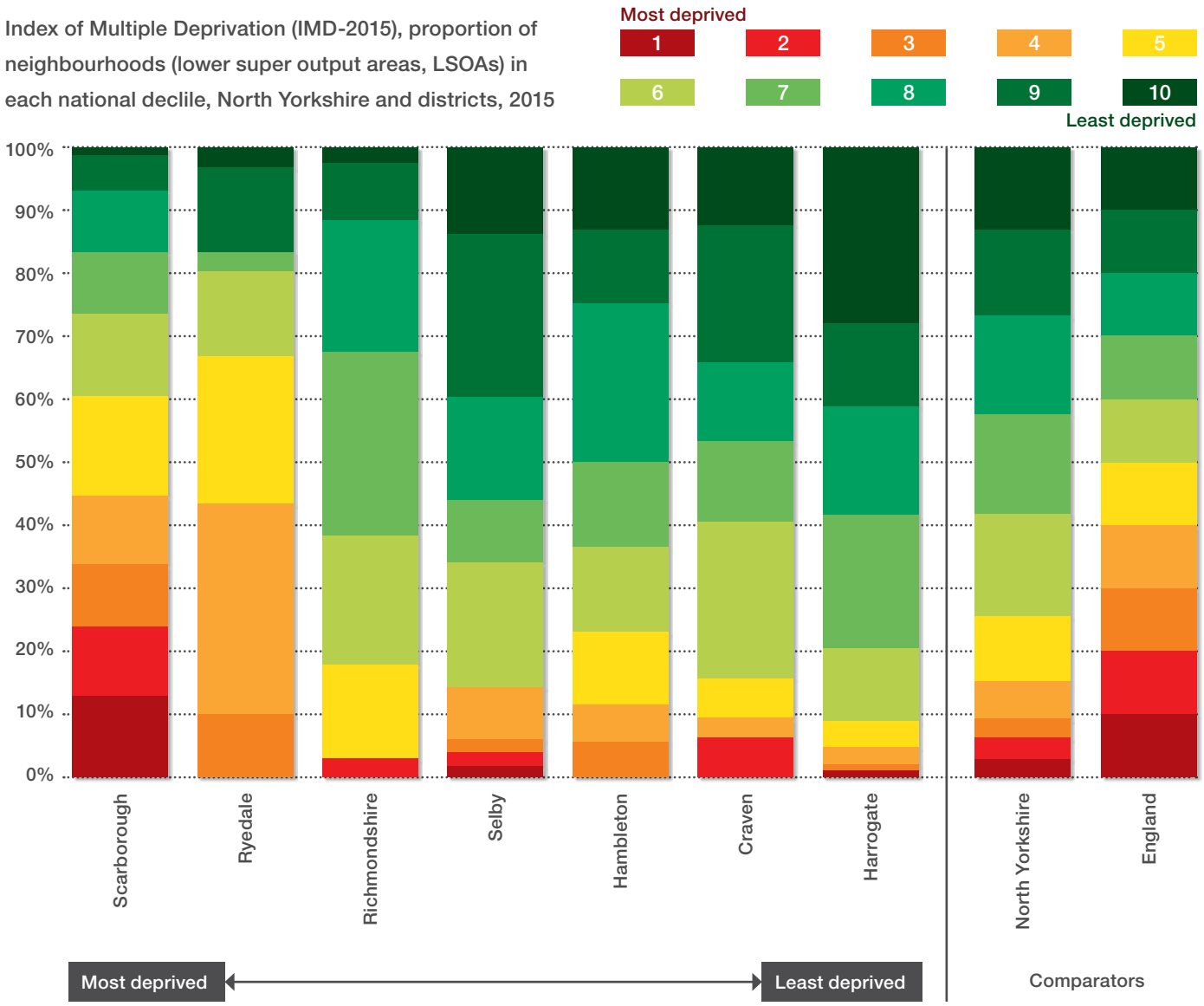
Healthy life expectancy (HLE) and life expectancy (LE) by gender, 2009-13



Health state life expectancy by 2011 Census wards in England and Wales

The diagram below shows levels of deprivation experienced by communities in each district.

Index of Multiple Deprivation (IMD-2015), proportion of neighbourhoods (lower super output areas, LSOAs) in each national declile, North Yorkshire and districts, 2015

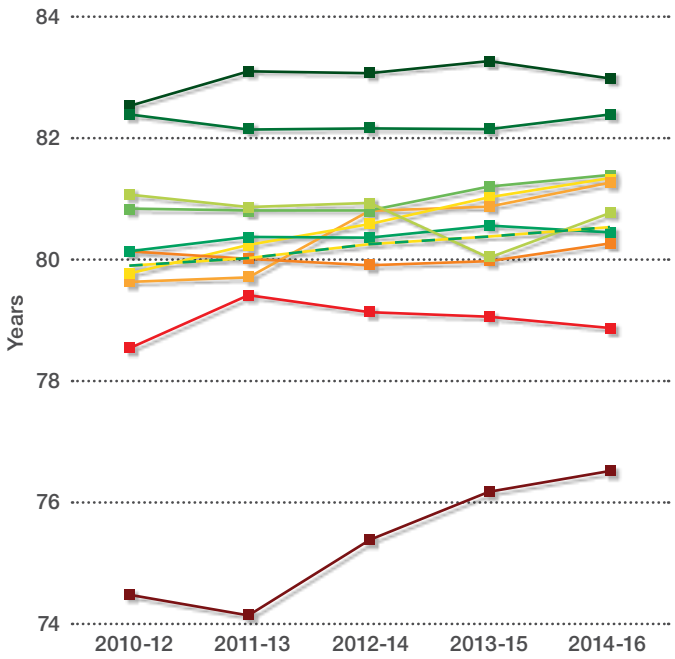


Source: Department of communities and Local Govt.

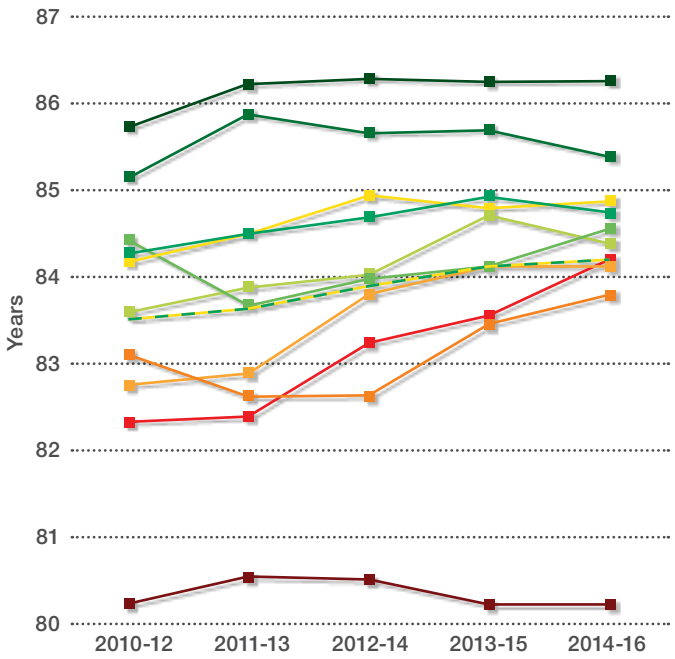
There are 373 LSOAs in North Yorkshire, 50 of which are among the 10% least deprived in England and 11 which are among the 10% most deprived areas in England. Of the 11 most deprived LSOAs, nine are in Scarborough, one is in Selby and one is in Harrogate. Although Ryedale is the second most deprived district in North Yorkshire overall, it is also the only district with no neighbourhoods among the 30% most deprived in England (DCLG, English indices of deprivation 2015).

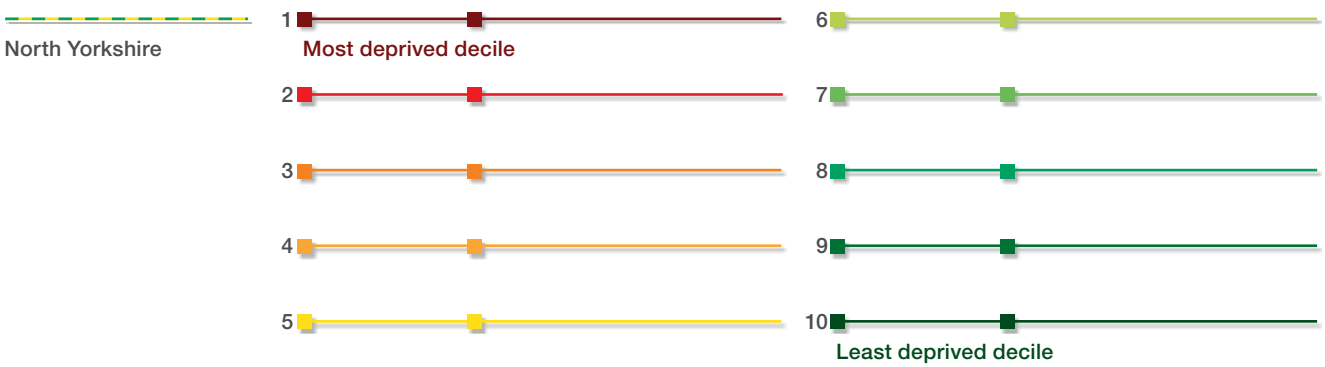
Overall, life expectancy is highest in the least deprived areas and lowest in the most deprived areas. However, as you can see from the charts below, life expectancy is much lower in the most deprived 10% of areas (most deprived decile) compared with the second most deprived decile, for both men and women (PHE, Public Health Outcomes Framework).

Life expectancy at birth (Male) - North Yorkshire



Life expectancy at birth (Female) - North Yorkshire

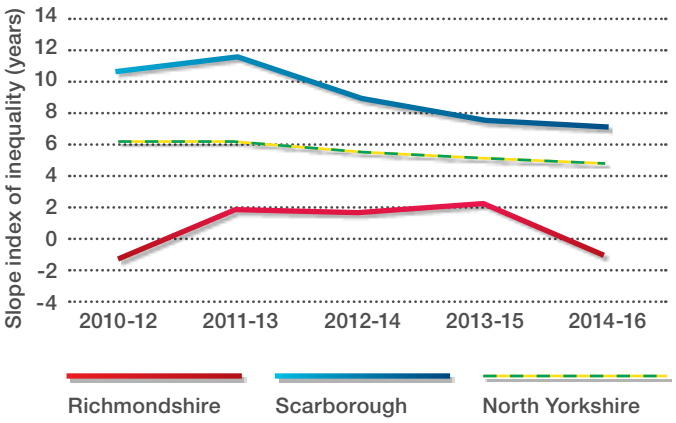




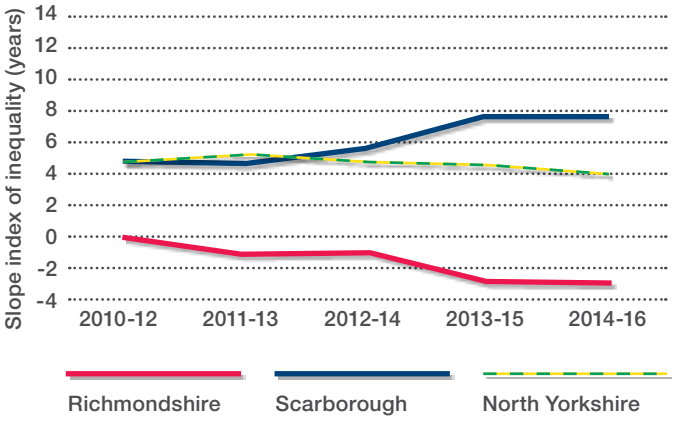
Data partitioned by LSOA11 deprivation deciles within area (IMD2015)

The two graphs on the right show the difference in life expectancy for females and males in North Yorkshire, comparing the districts with the highest and lowest inequality. The graph shows that inequality in life expectancy for females is increasing in Scarborough but is stable or decreasing in other districts. For males, inequality in Scarborough remains highest amongst North Yorkshire districts, despite reducing in recent years. Compared with 15 statistical neighbours (local authority areas with similar characteristics to North Yorkshire in terms of population, economy and mortality), North Yorkshire has the second lowest gap for females and the lowest gap for males (PHE, Public Health Outcomes Framework).

Inequality in life expectancy at birth, Males, North Yorkshire districts, 2010-12 to 2014-16



Inequality in life expectancy at birth, Females, North Yorkshire districts, 2010-12 to 2014-16



(Source: Public Health England)

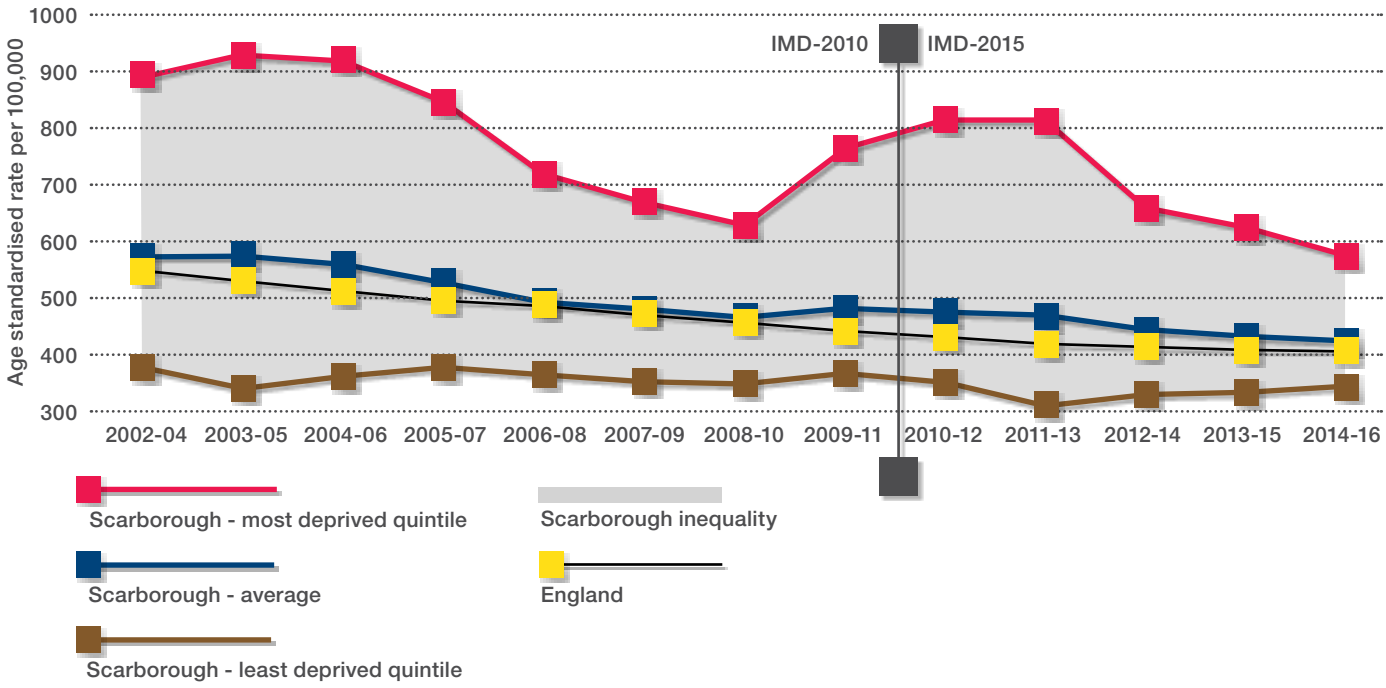
For Wards, the gap in healthy life expectancy is 19.7 years for men and 18.0 years for women (2009-13), which is considerably wider than the gap for life expectancy which are 14.8 for both men and women respectively in the same time period (ONS, Health state life expectancy by 2011 Census wards in England and Wales).

Early deaths

Premature mortality is defined as when a person dies before they are 75 years old. Deaths at ages under 75 years are seen most frequently in more deprived communities. For example, in Scarborough, although the overall rate has tended to reduce for more than a decade, more men from deprived areas continue die at a young age compared with less deprived areas.

The chart below shows the premature mortality rate for men in Scarborough (in blue), which tends to be slightly higher than England. It also shows the gap between the least and most deprived 20% of areas (quintiles) in Scarborough, with a higher rate seen in the most deprived areas compared with the least deprived. The relative gap between the least and most deprived areas has approximately halved since 2011-13 and is similar to that seen in 2008-10 (PHE, Health Profiles 2018).

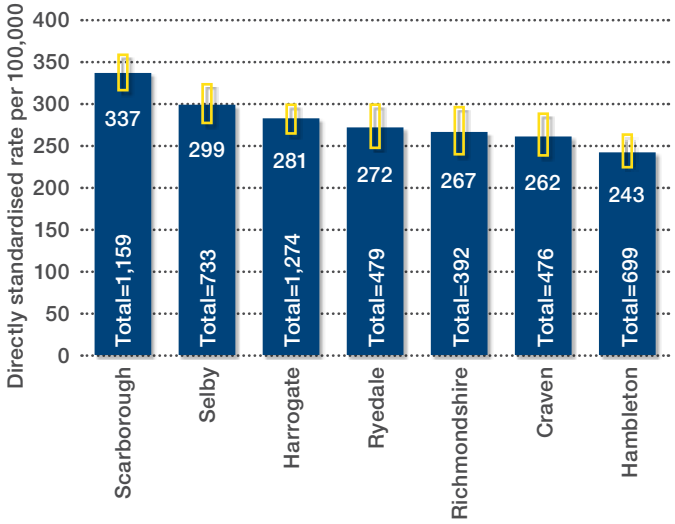
Mortality from all causes, age <75, males, Scarborough, 2002-04 to 2014-16



(Source: Public Health England)

The chart below shows premature mortality in Scarborough is significantly higher than all other districts, except Selby, with 1,159 deaths for men and women aged under 75 in three years (2014-16); about one death per day. Premature death rates in Hambleton and Craven are about 25% lower than Scarborough; Craven has, on average, three premature deaths per week, compared with about eight per week in Scarborough. (PHE, Healthier Lives).

Premature mortality (death aged<75) by district, North Yorkshire, 2014-16

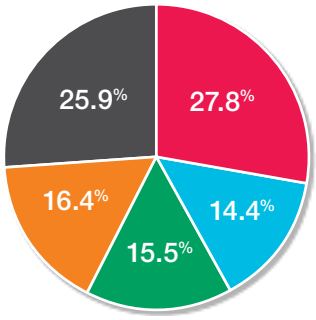


(Source: Public Health England)

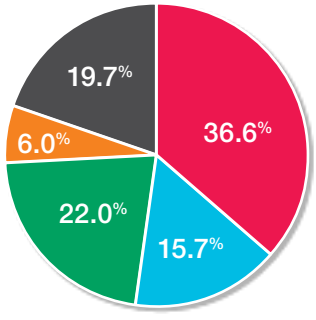
The pie charts below show the contribution to the life expectancy gap between the most and least deprived quintiles in North Yorkshire, by broad cause of death and gender (2012-2014) (PHE, Segment Tool).

For both men and women, circulatory disease is the leading contributor to the gap in life expectancy. For men, external causes, such as suicide, injuries and accidents are the second largest factor, whereas for women, respiratory disease is the second largest. Overall, four broad causes of death account for about three-quarters of the gap in life expectancy within North Yorkshire. These point towards areas which we need to focus upon to further reduce health inequalities within the County.

Males



Females



- Circulatory
- Cancer
- Respiratory
- External causes
- Other

Health through the life course in North Yorkshire

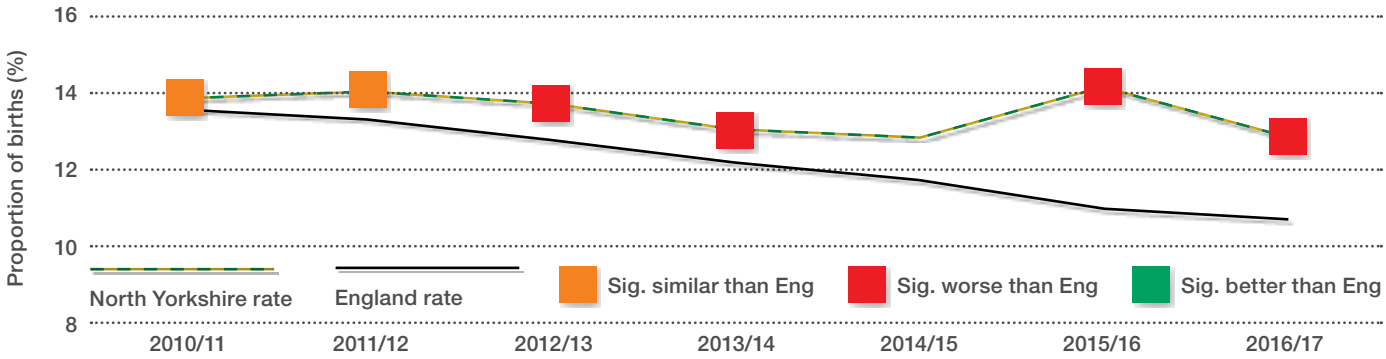
In this section I look at trends and forecasting with a focus on significant issues for North Yorkshire through the life course, for babies and children, working age adults, older people and people at the end of their life.

The population of children and young people in North Yorkshire

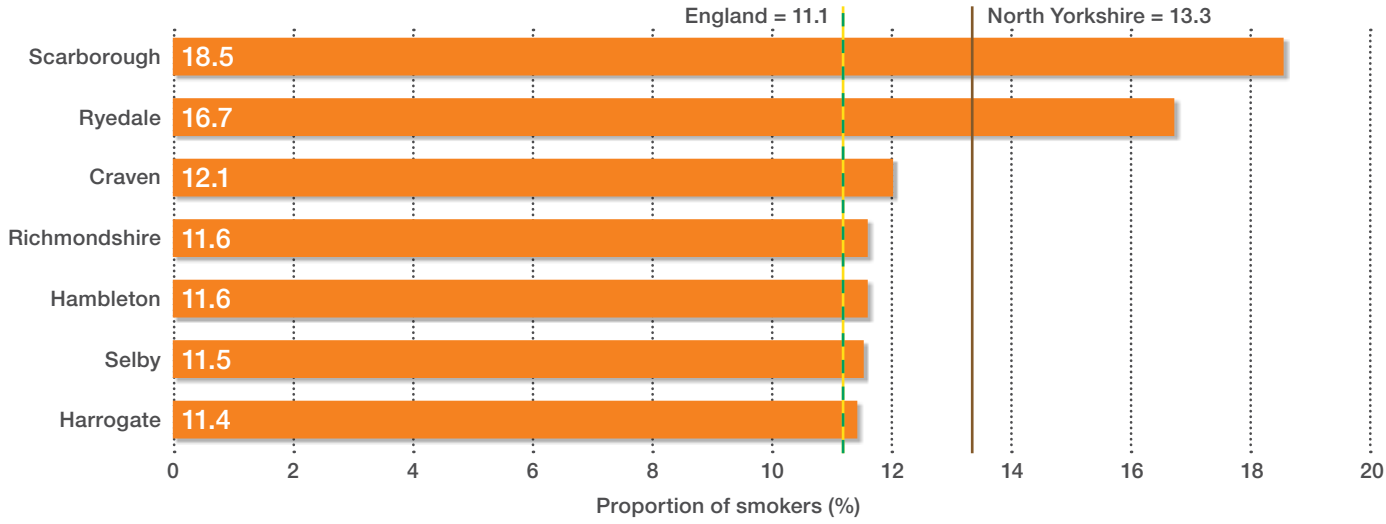
Smoking in pregnancy is harmful to both mother and unborn child. There is increased risk of miscarriage, premature birth, stillbirth, low birth-weight and sudden infant death. The charts below show that the maternal smoking rate in North Yorkshire is significantly higher than England (PHE, Local Tobacco Control Profiles), with about two babies per day born to mothers who smoke.

For the past three years combined, smoking rates in all seven districts are higher than the England average. However, the chart below shows that Scarborough and Ryedale districts have rates of maternal smoking considerably higher than other districts. There were 550 births to smoking mothers in Scarborough alone during these three years.

Smoking status at delivery, North Yorkshire, 2010/11 to 2016/17



Maternal smoking status at time of delivery, North Yorkshire districts, 2014/15 to 2016/17



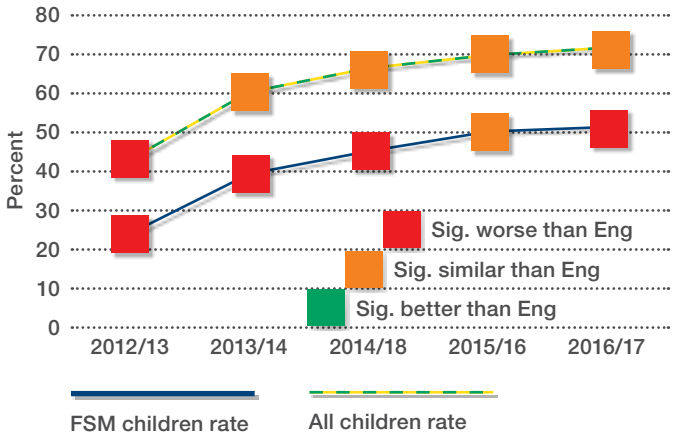
(Source: Public Health England)

In 2016, there were 5,700 births in North Yorkshire (ONS, Births by area of usual residence). There are differences across the County in mother's ages. There are proportionately more births to mothers aged under 20 in Scarborough than to mothers aged 40+ in Craven, Harrogate and Ryedale.

Most of the 5,700 babies born in North Yorkshire annually are born into families with the means to ensure they have the best start in life. However, some children will face adversity from the beginning of their lives. This section considers the scale of those challenges and actions being taken to address them.

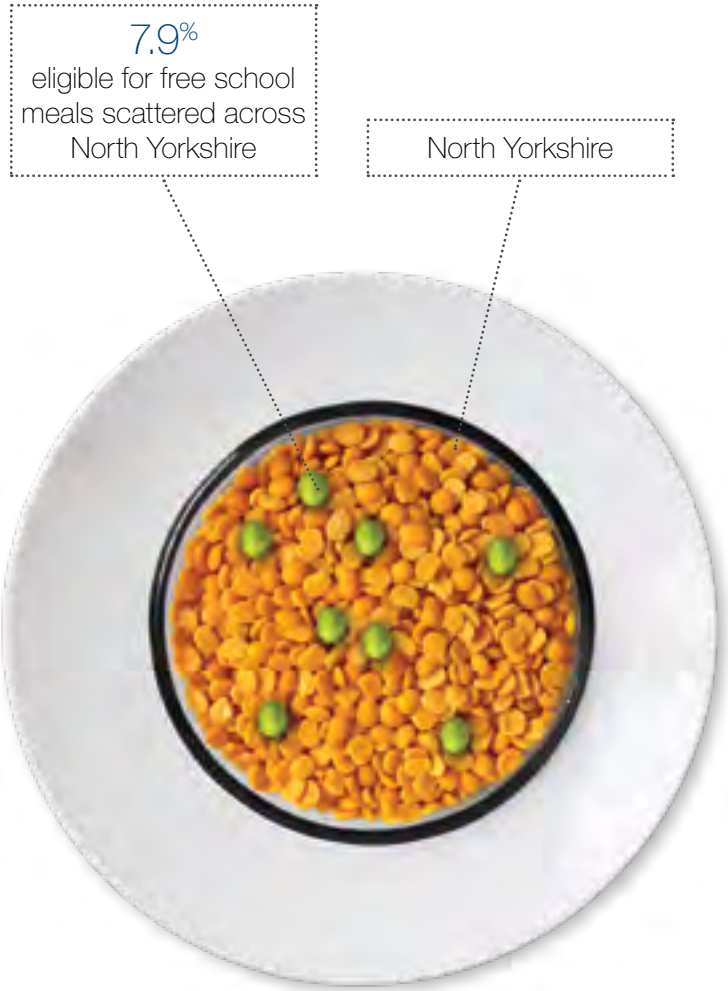
There has been an increase in school readiness and in children with a good level of development. However, the gap between children eligible for free school meals and the general population remains fairly constant. For all pupils, the rate is similar to England, whereas for children eligible for free school meals, the rate is significantly lower than England, leading to widening inequality (PHE, Public Health Outcomes Framework).

School readiness: children achieving a good level of development at the end of Reception by free school meal (FSM) status, 2012/13 to 2016/17



(Source: Public Health England)

In 2012/13, 2,760 children in North Yorkshire achieved a good level of development. By 2016/17, this had increased to 4,440, a 61% increase. Of these children, in 2012/13, 165 were eligible for free school meals, rising to 255 in 2016/17, a slightly lower 55% increase. The small proportion of children eligible for free school meals means that they are found throughout the County. This makes targeting of interventions less straightforward due to the dispersed nature of this group of young children.



In the 2018 school census, 4,010 (out of 45,547) primary school children (8.8%) in North Yorkshire were eligible for, and claiming, free school meals, compared to 13.7% of children in England. 2,439 (out of 36,178) secondary school children (6.7%) were eligible and claiming, compared to 12.4% nationally (Department for Education, Schools, pupils and their characteristics: January 2018).

The number of children in poverty has tended to reduce in recent years and North Yorkshire's rate is lower than England as a whole. Latest estimates show more than 21,000 children (19.8%) are living in poverty after housing costs in North Yorkshire (End Child Poverty, Poverty in your area, 2018). The two charts below show that the highest percentage and number is in Scarborough, where there are three wards with more than 40% of children in poverty. Although Harrogate has the lowest rate of child poverty, it has the second highest number of children in poverty.

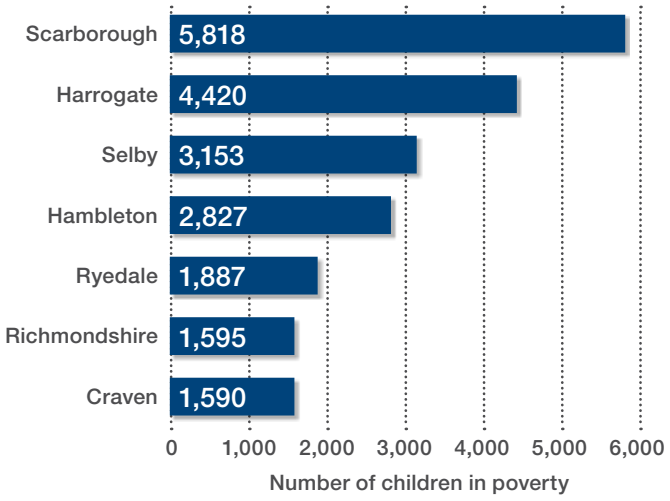
Primary school children eligible and claiming Free School meals in North Yorkshire

Primary school children eligible and claiming Free School meals in England

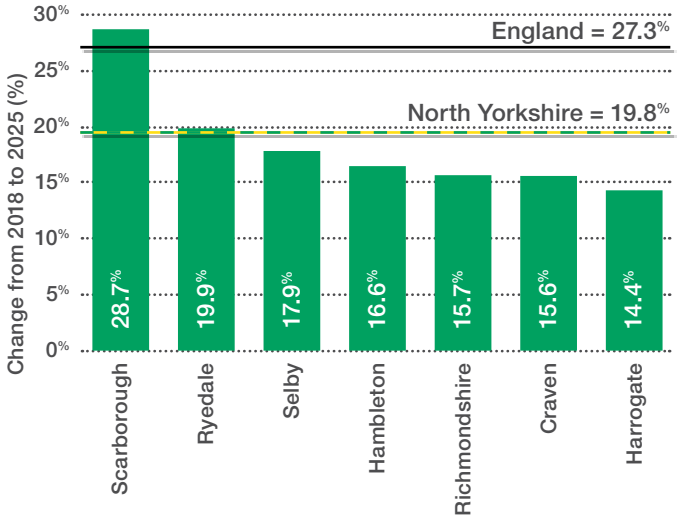
Secondary school children eligible and claiming Free School meals in North Yorkshire

Secondary school children eligible and claiming Free School meals in England

Number of children in poverty (after housing costs), North Yorkshire Districts, July-September 2017



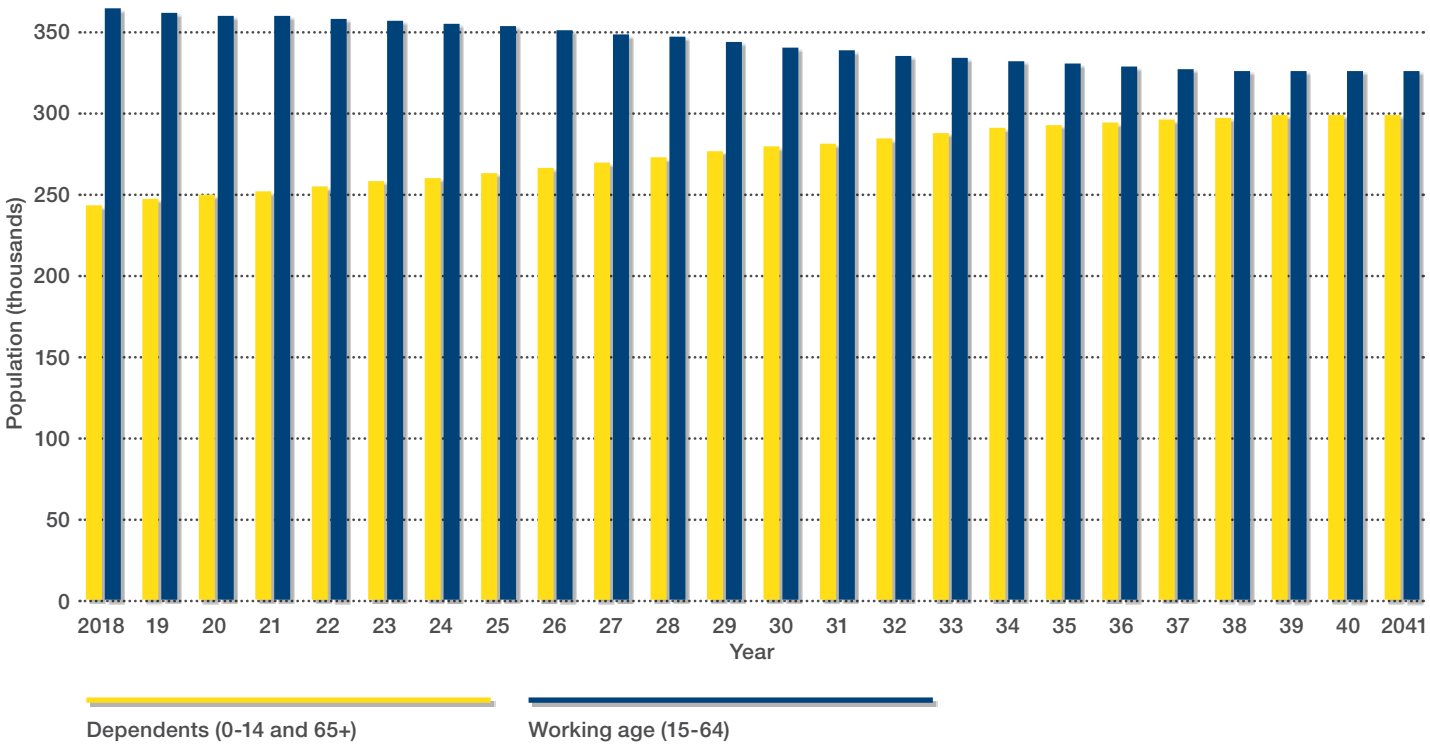
Children in poverty (after housing costs), North Yorkshire Districts, July-September 2017



The working age population in North Yorkshire

The working-age population, aged 15-64 years, is forecast to decrease by 10,800 from 2018 to 2025, while the overall population increases by 8,500 (ONS, Population projections for local authorities). This leads to an increasing dependency ratio of those not likely to be working (children and retired people) to the working age population. This is illustrated in the chart below, which shows the working age population decreasing while the dependent population increases. The dependency ratio in North Yorkshire is higher than for England and is forecast to increase more rapidly.

Forecast population by dependency group, North Yorkshire, 2018-2041



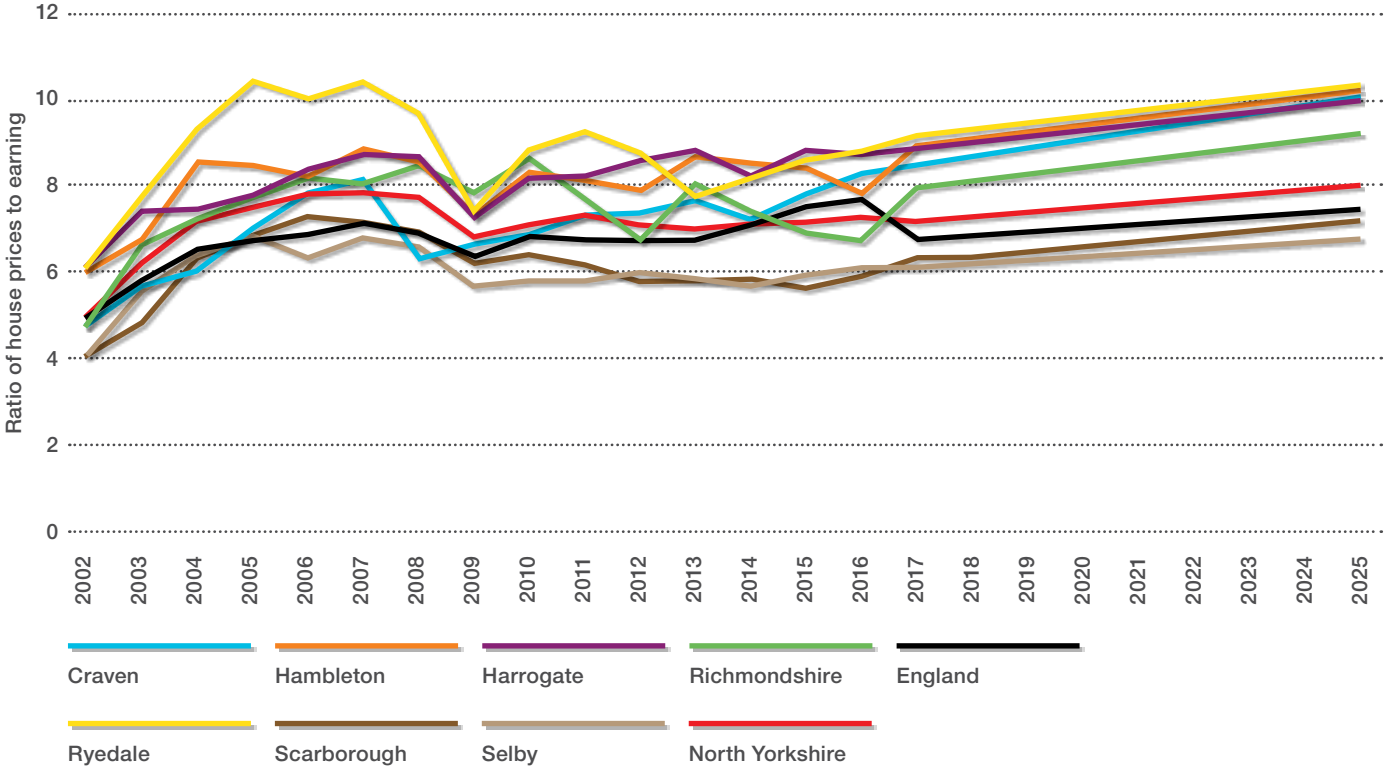
Source: Office for National Statistics

Housing affordability remains challenging in North Yorkshire. The projections below are based on affordability ratios from 2002 to 2016 (PHE, Wider Determinants of Health) and forecast using the Growth function in Excel, which provides an exponential growth forecast based on the historical data.

The analysis, illustrated in the graph below, suggests that affordability will remain an issue in North Yorkshire in 2025, with house prices in four districts - Ryedale, Hambleton, Craven and Harrogate - potentially reaching ten times median earnings, although there is always a degree of uncertainty and historical data show underlying variation.

Forecast housing affordability ratio, North Yorkshire and districts, 2025	
Area	Ratio
Ryedale	10.3
Craven	10.2
Hambleton	10.2
Harrogate	10.0
Richmondshire	9.2
Scarborough	7.2
Selby	6.8
North Yorkshire	8.0
England	7.7

Housing affordability, ratio of median house price to median earnings, North Yorkshire and districts, 2002 to 2016 and forecast to 2025

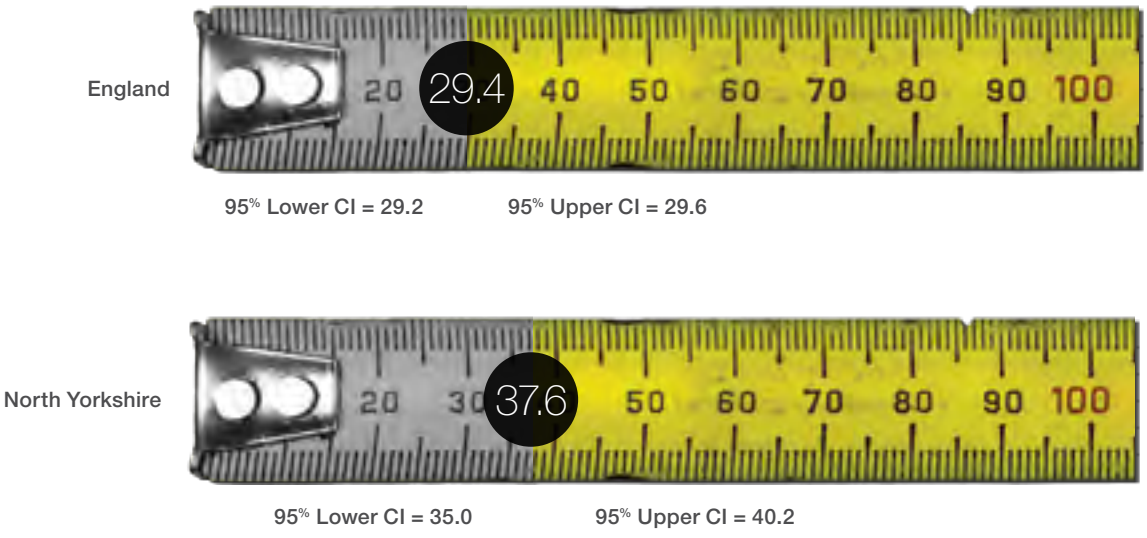


Source: Public Health England (2002 to 2016)

In the 2016 report I highlighted the importance of work on both physical and mental health. Since then, the gap in employment rate between people with long-term health conditions and the overall rate has remained similar. Alongside many of North Yorkshire's statistical neighbours, we have a larger gap than average (PHE, Wider Determinants of Health). This is due in part to a high overall employment rate, where nearly all people who can work do work.

The graph below shows North Yorkshire has one of the largest gaps in the employment rate between people with a longstanding health problem and the rest of the population.

Gap in employment rate between those with a long-term health condition and the overall employment rate



Source: ONS Annual Population Survey

Smoking is the largest cause of preventable illness and reducing smoking rates remains a public health priority. The most recent data, shown in the table below, show an increase in rate for North Yorkshire compared to previous years, indicating that we need to continue efforts to reduce smoking, especially in locations and population groups where smoking rates are highest or increasing.

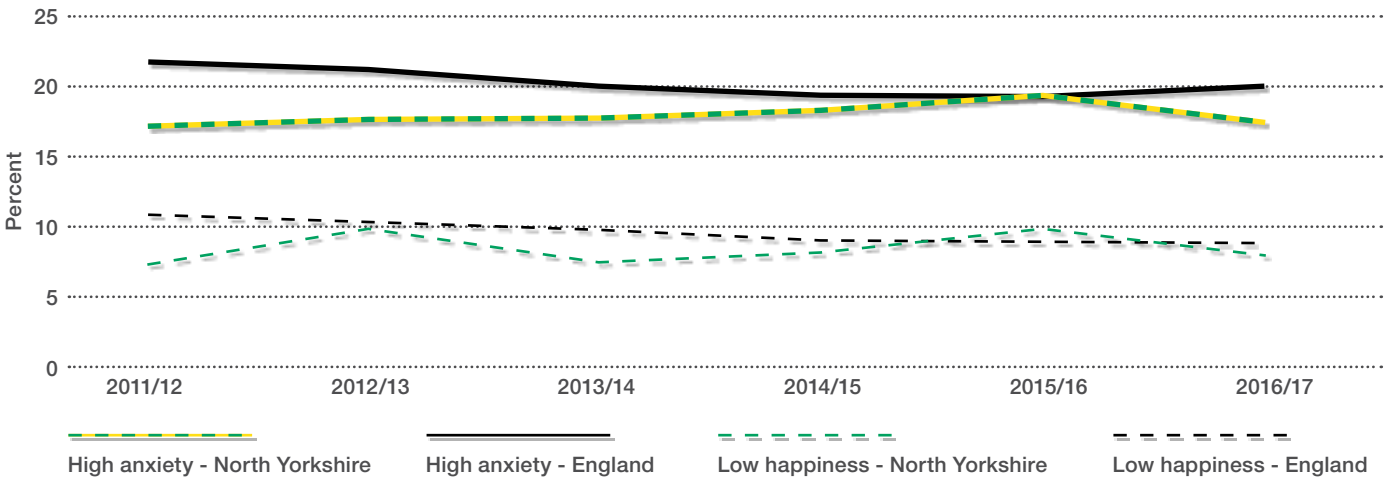
At a district and borough council level, the survey includes an average of about 200 people per year, which can lead to some volatility in the estimate. Other measures of smoking show lower rates for North Yorkshire: General Practice Patient Survey = 13.2% (approx. 65,100 people, 2016/17); and the general practice Quality and Outcomes Framework (QOF) = 14.8% (74,175 people, 2016/17) (PHE, Local Tobacco Control Profiles).

Smoking rates in adults Annual Population Survey (APS)

Year	North Yorkshire rate (%)	England rate (%)
2011	17.7	19.8
2012	19.5	19.3
2013	15.2	18.4
2014	15.8	17.8
2015	13.2	16.9
2016	13.1	15.5
2017	15.6	14.9

It is estimated that 55,000 working age people in North Yorkshire have a common mental health disorder, such as depression, anxiety and obsessive-compulsive disorder (Pansi, 2016). In North Yorkshire, anxiety tends to be slightly lower than England, but the difference has not been significant since 2012/13. The proportion of people with a low happiness score is broadly similar to England (PHE, Public Health Outcomes Framework).

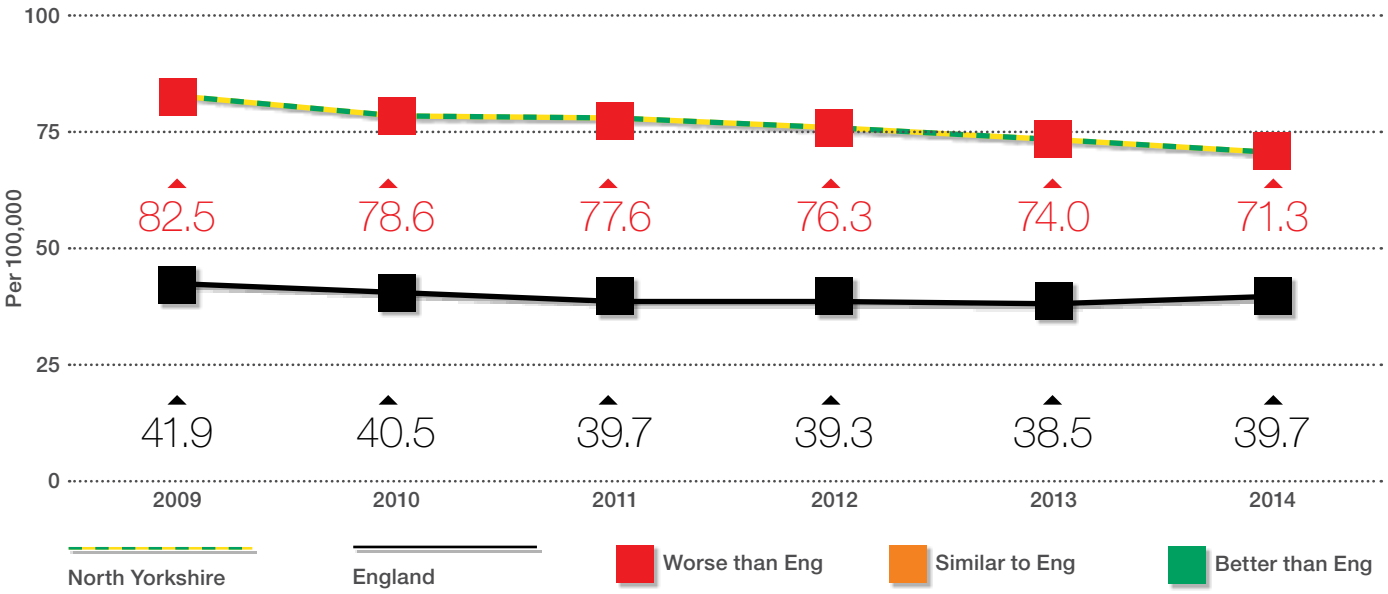
Self-reported wellbeing, happiness and anxiety, North Yorkshire, 2011/12 to 2016/17



Source: PHE/ONS Annual population survey

The chart below shows that people are more likely to be killed or seriously injured on the roads in North Yorkshire than anywhere else in England. Although the rate has been decreasing, it remains significantly higher than average, with about 430 people being killed or seriously injured annually (PHE, Public Health Outcomes Framework).

Killed and seriously injured on roads

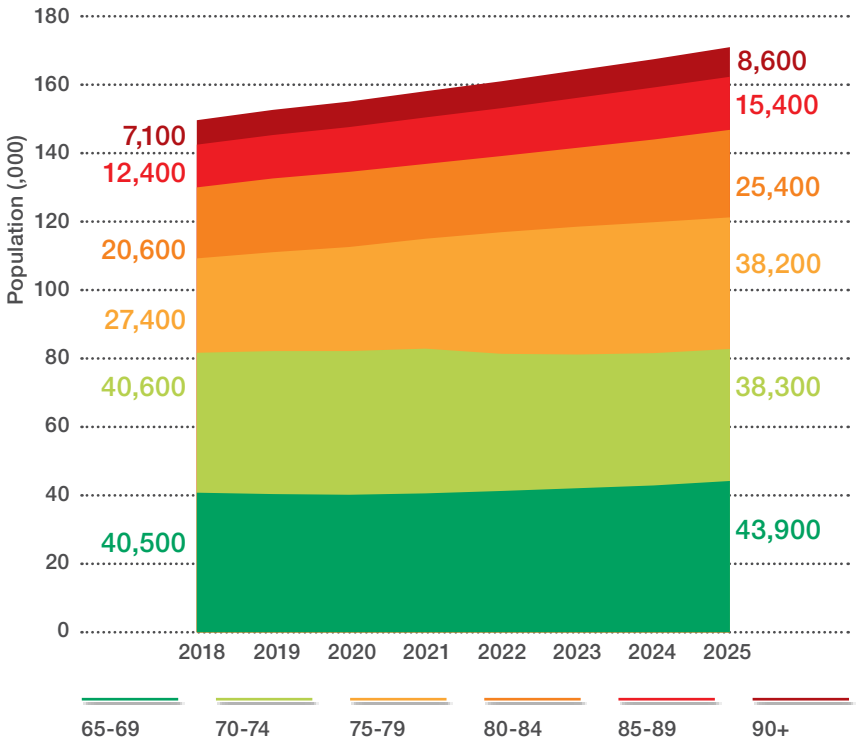


Source: Department for Transport

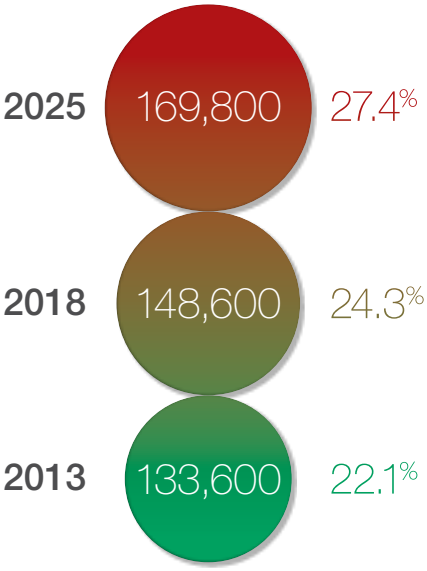
The older population in North Yorkshire

In 2013, there were 133,600 people in North Yorkshire aged 65 and above, 22.1% of our total population (ONS, Mid-year estimates). In 2018, this has increased to 148,600 (24.3%) (ONS, 2016-based population projection). It is expected that there will be 169,800 people in this age group in 2025 - 27.4% of the total population - and the chart below highlights that much of this increase is for people aged 75 and above.

Population aged 65+,
North Yorkshire 2018 to 2025



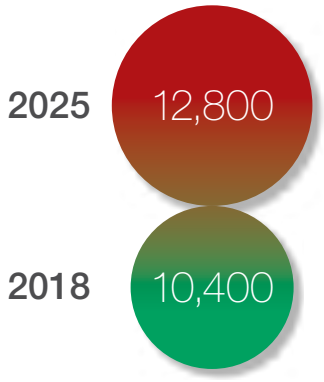
Population aged 65+, percentage in
North Yorkshire 2013 to 2025



Source: ONS 2016-based population projections

It is estimated that there will be 10,400 people aged 65 and above living with dementia in North Yorkshire in 2018 (POPPI), about 7% of this age group. However, in September 2017, there were 5,900 residents with a diagnosis recorded by their GP (PHE, Dementia Profile). By 2025, the number of people with dementia in North Yorkshire is expected to increase to more than 12,800 (POPPI).

People aged 65+ living with dementia in North Yorkshire



Within North Yorkshire, cardiovascular disease is the leading cause of death in people aged 65 and above, with about 1,700 deaths annually (four or five per day). The rate is significantly higher than for England, whereas for cancer and respiratory disease, rates are significantly lower. Among a group of 16 similar counties, North Yorkshire has the second highest rate of deaths for cardiovascular disease, the lowest rate for cancer and an average rate for respiratory disease (PHE, Older People's Health and Wellbeing).

Deaths by cause, people aged 65 and over, 2014-16	North Yorkshire		England rate*
	Number	Rate*	
Cardiovascular disease	5,087	1212.4	1149.2
Cancer	4,197	1001.6	1115.2
Respiratory disease	2,437	584.6	6291.0

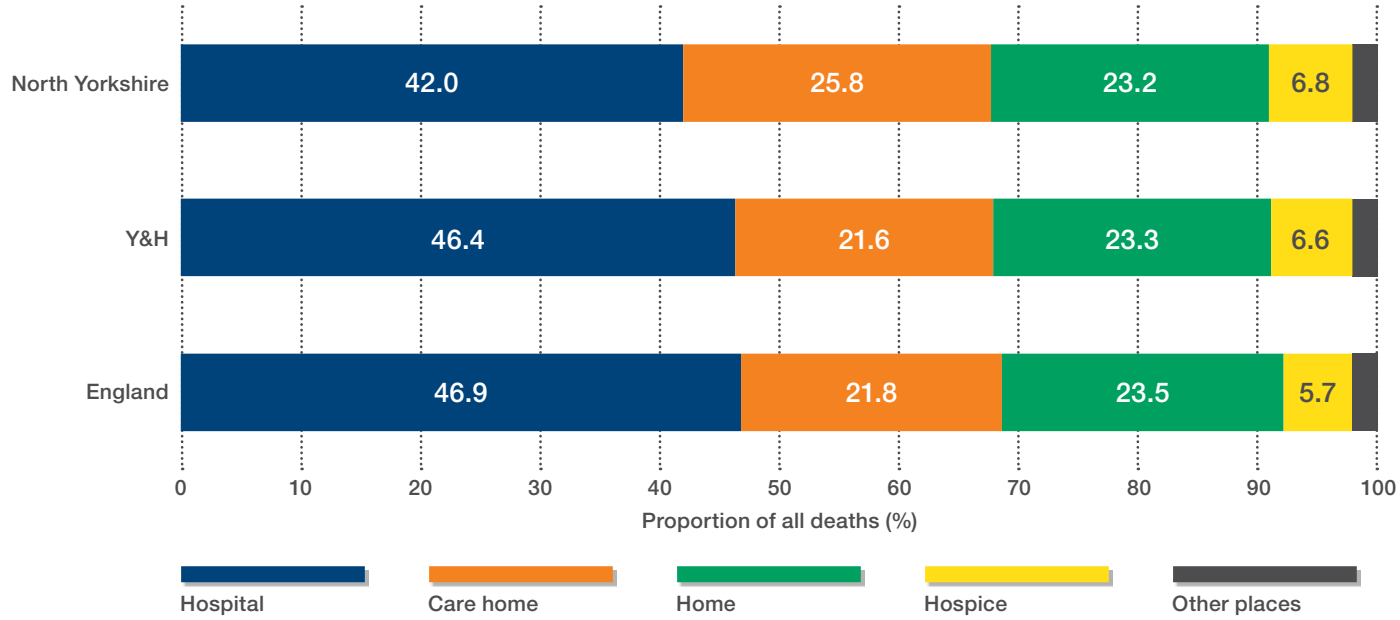
*rate = directly age-standardised rate per 100,000 people aged 65+

Source: Public Health England

The population nearing the end of life in North Yorkshire

The North Yorkshire Joint Health and Wellbeing Strategy includes an ambition to increase the number of people dying either at home or place of choice that they chose by 2020. In 2013 there were 6,197 deaths in North Yorkshire across all age groups (1.03% of the total population). In recent years, the proportion of people dying at home in North Yorkshire has tended to increase. The chart below shows that fewer people in North Yorkshire die in hospital compared with regional and national rates (PHE, End of Life Care Profiles).

Place of death, North Yorkshire, 2016



Back to the future

Looking forward

As part of looking to the future, I sought views from stakeholders about their priorities for public health for North Yorkshire in 2025. I asked:

- what do you see as the priorities for public health leading up to 2025?
- what role can you/your organisation play in supporting work around these priorities?
- are there any barriers and opportunities to this work?

Interviews were held with professional stakeholders including the Chief Executive and corporate directors for NYCC; Chief Executives of all the District and Borough Councils in North Yorkshire; key elected members and members of the North Yorkshire Health and Wellbeing Board; Chief Executives of NHS Trusts and Chief Officers of CCGs; senior colleagues from NHS England, Tees, Esk and Wear Valleys NHS Trust; the Regional Director of Public Health England and senior colleagues and representatives from the Voluntary, Community and Faith Sector in North Yorkshire.

In addition an on-line survey was distributed, targeting the public. Paper copies and an easy read version of the survey were made available. The survey was promoted widely through email networks, NYCC internal communications, social media, broadcast media and the press. Partner agencies promoted the survey through their communication channels such as newsletters and email.

Responses:

- Interviews (**27**)
- Email responses (**4**)
- On-line survey (**52**)
- NYCC Cabinet discussion

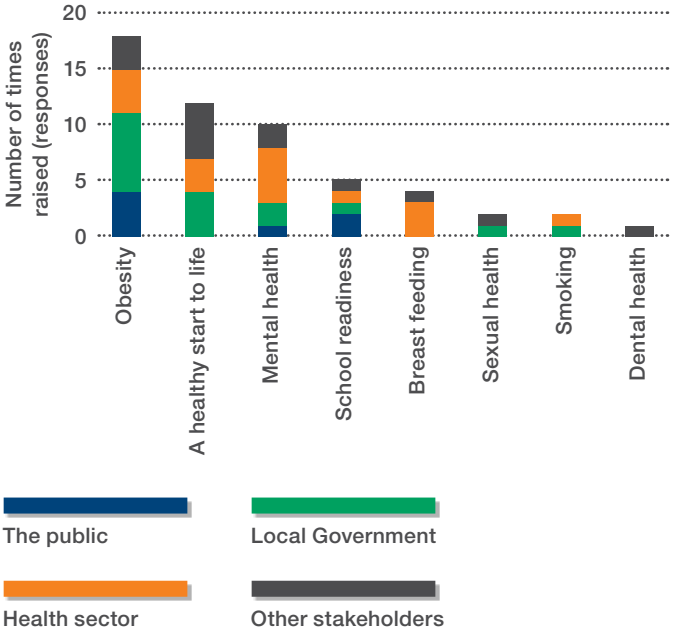
Engagement results have been grouped into themes focusing on the life course: start well, live well, and age well; and how we should work - deliver well. The first three themes mirror Health and Wellbeing Board priorities: the theme "deliver well" was created to group responses from this specific engagement.

You can download the full engagement report here: www.nypartnerships.org.uk/dphreport2018

Start Well

The graph below illustrates priority areas for Start Well, identified by stakeholder. The top three priorities were obesity, a healthy start in life and mental health.

Priorities grouped by theme and stakeholder for Start Well strand



For the Start Well theme, the most commonly stated priority was tackling children's obesity. The importance of teaching young people the skills to equip them in later life was highlighted by a number of agencies. It was acknowledged how complex the causes of children's obesity are and that a range of interventions are required, including support for families; increasing breastfeeding uptake; work around food outlets; utilising the countryside in North Yorkshire; and providing young people with the skills around cooking a healthy meal from scratch and on a budget.

"Schools need to prepare children for future life and this really does need to be taught in the curriculum." (Elected Member)

"Are we maximising the use of the assets in North Yorkshire and encouraging children to go out and play enough?" (Elected Member)

"We need a stronger focus that needs to cover parents and children, and also pre-conception work." (Health Provider)

A large proportion of respondents made reference to the importance of a healthy start to life and the need for earlier intervention, including a focus on pre-conception.

"If we get attachment and the early years right this can make a big difference."
(Corporate Director, NYCC)

It was acknowledged that, although on the whole health outcomes for North Yorkshire are better than other areas, there are still pockets of need that have to be tackled.

"The population profile shows us that educational attainment and poverty are not a big issue for this area. Yet, it is apparent that we don't see great lifestyle outcomes for children and young people… we are not getting it right as we are still hitting some barriers to achieving the best outcomes for all." (Chief Executive, CCG)

Children and young people's mental health was also considered to be a major priority for many agencies. This included improving access to services but also building young people's resilience; the impact of social media on mental health; relationship building; and also support for families and parents.

"Compass Buzz is helping, but more is needed." (Health Provider)

The need to provide activities for young people to relieve boredom was considered a priority for one respondent from a CCG.

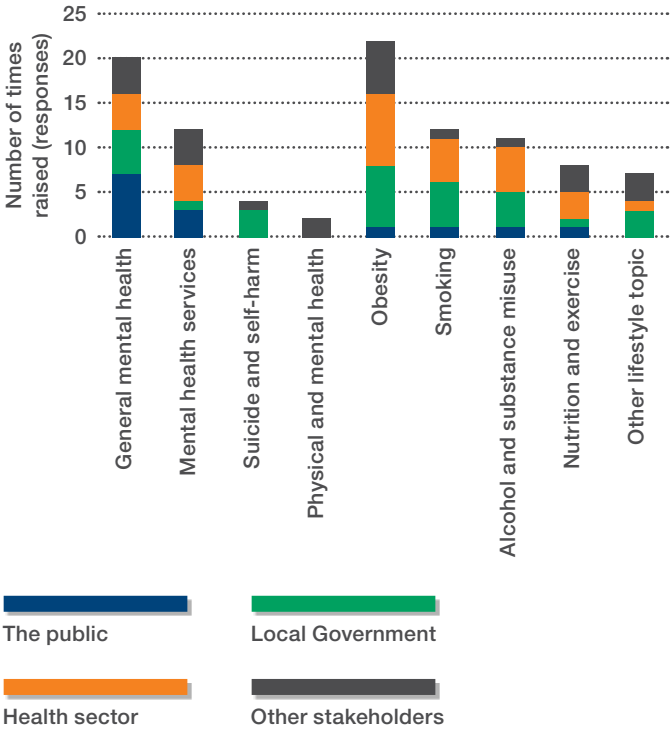
"Children's mental health …. feels weaker across the whole patch and that perhaps some of the focus has been lost. We are not as structured around this work". (Chief Executive, CCG)

Other priorities identified for children and young people included school readiness; good parenting; smoking in pregnancy; sexual health; and oral health.

Live Well

The graph below illustrates priority areas for Live Well, identified by stakeholder. Two priorities stood out: mental health and healthy lifestyles.

Priorities grouped by theme and stakeholder for Live Well strand



A number of agencies, particularly district and borough councils and health providers, commented on the impact that people with mental health needs are having on their services.

> ***"Many services provided by the District Council are experiencing issues relating to mental health."*** (District Council)

This was echoed by others, with some services reporting being overwhelmed. Access to services was a priority and the lack of investment in mental health services was highlighted. Stakeholders emphasised the need to work differently to meet the needs of people with mental health problems and not relying on diagnosis and prescribing.

Mental health provision amongst the military community was specifically highlighted as a concern by some, as was the need to address the physical health of people with mental health issues across North Yorkshire - for example, ensuring people with mental health problems access cancer screening services. The need to focus on reducing suicide and self-harm across all age groups was listed as a key priority in particular for health providers and also the Office of the Police and Crime Commissioner. The need to offer services through the workplace was mentioned by one organisation as a solution to offering non-stigmatised support.

Improving healthy lifestyles, including healthy eating, physical activity, smoking, drug use and alcohol use were all priorities categorised under the Live Well theme. Similarly to feedback analysed for the Start Well theme, it was acknowledged that tackling obesity is complex and that priorities should include working with supermarkets and fast food outlets; improving access to exercise; promoting active travel; better cycling infrastructure;

limiting availability of unhealthy snacks in council run areas such as leisure centres; and broadening discussions around health optimisation, weight loss and stopping smoking before surgery, with CCGs.

"Look at free access to exercise classes for all not just those on benefits also the employed." (District Council)

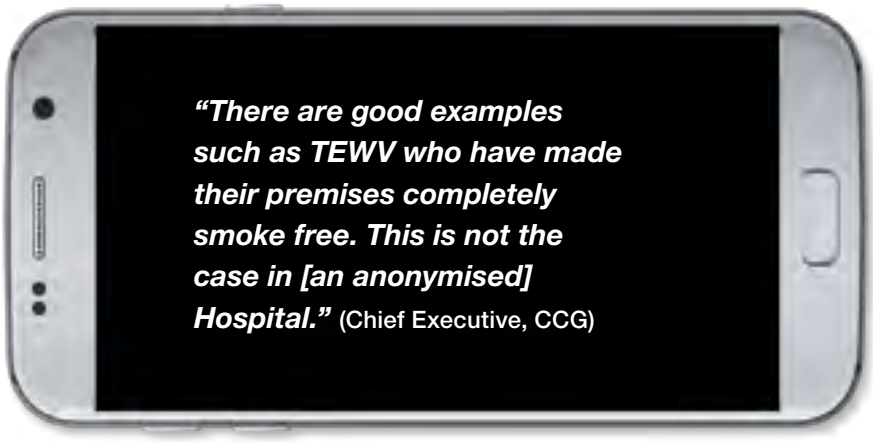
It was also acknowledged that some of these interventions are no or low cost, and that this is something to be explored further in the climate of austerity.

"We will need to consider free services, such as walking and using this as an effective form of exercise, people need to recognise that we don't need fancy gym memberships." (District Council)

Concern about the levels of obesity and the impact on demand for services as a result of lifestyles was raised. One organisation highlighted the need to performance manage weight management services effectively so they deliver what they have been commissioned to do.

Supporting people to stop smoking was highlighted as a priority for a number of agencies and also to increase the number of smoke free places such as town centres and hospitals.

"Smoking related illness drives a lot of health consumption." (Health Provider)

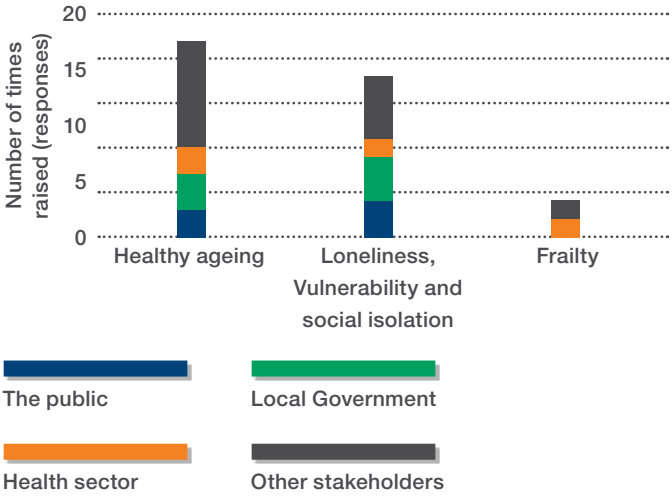


Alcohol and substance misuse and the subsequent impact on other physical and mental health was considered a key priority for stakeholders. Services reported experiencing the effect of harder drugs being brought into the area and the negative impact on lives. The need to adopt an evidence based approach to drug and alcohol related deaths was also highlighted as a priority. Other priorities identified relating to live well included road safety and workplace health.

Age Well

The graph below illustrates priority areas for Age Well, identified by stakeholder. The top two priorities were healthy ageing and loneliness, vulnerability and social isolation.

Priorities grouped by theme and sector for Age Well strand



The ageing population of North Yorkshire was referenced by a number of agencies alongside the need to improve the health of this age group in order to increase healthy life expectancy and reduce demand on services such as health and social care.

> ***"People are living healthier for longer, but ill health tends to start in the later years. Public health needs to focus on the very elderly."*** (District Council)

Preparing for retirement and having a healthy retirement should be a priority, focusing not just on long-term conditions amongst this age group but on broader issues such as frailty. Rurality and access to services in particular was highlighted as an issue for older people. However, it was acknowledged that encouraging older people to move into towns is not the answer and could also affect the viability of rural communities.


Rural communities

"We need to keep people living in their homes for longer, which is a challenge when the social care workforce is limited." (Chief Executive, CCG)

"What else can we to do to make sure communities come together to provide a more nurturing environment to support people as they get old in their own homes and own communities?" (NYCC)

Self-care and personalisation was considered a priority by a number of stakeholders and the need to

"...reconsider the maternalistic / paternalistic approach we currently have and do more to encourage and support people to take care of themselves." (Health Provider)

The lack of investment in the community and voluntary sector was referenced, and that we shouldn't fall into the trap of assuming work through volunteers is completely free. New innovative ways should be considered with less funding.

The health impact of loneliness and social isolation was listed as a key priority for a range of agencies, and although this can affect all ages most services referenced concerns around the elderly population.

"Loneliness is a key problem in rural communities, and developing community assets is key here." (Chief Executive, CCG)

"Reaching people who are right on the outskirts of society, with no internet, and generally very little engagement within their community, is a cause for concern." (Elected Member)

The vulnerability of older people was also highlighted, and concerns around serious and organised crime, particularly in rural or semi-urban areas.

In addition to identifying public health priorities through the life course, stakeholders shared views about how population health should be improved.

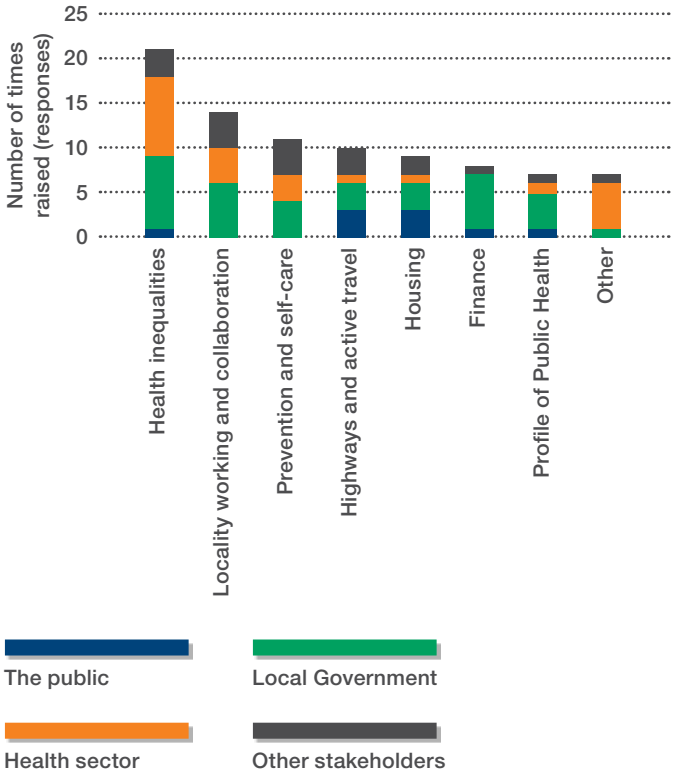
As well as a priority area for public health focus, older people were identified as an asset and that we need to;

"...draw heavily on the assets within the increasing healthy aging population - through inter-generational programmes /volunteering/ peer support." (Health Provider)

Deliver Well

The graph below illustrates priority areas for Deliver Well, identified by stakeholder. The top three priorities were targeting areas of inequality, working collaboratively in localities and prevention and self-care.

Priorities grouped by theme and stakeholder for Deliver Well strand



Locality working was highlighted in the majority of interviews as one of the main ways in which public health priorities could be delivered over the next few years, working with local partners to understand and address community needs.

"Public health should play a greater role in locality working."
(Corporate Director NYCC)

There was mixed feedback about how effective this has been in the past, with perceptions that some localities had received lots of support and input from public health whilst others have experienced limited contact and would welcome more. CCGs, district and borough councils and directorates within the County Council all recognised the importance of having public health input into locality discussions and the need to visit locality teams to develop effective links. They also felt that, as well as public health reaching out further, locality teams need to involve public health more in discussions at an earlier stage.

"We need to promote to wider partners that they should engage with public health so they can support the picture of services." (Chief Executive, CCG)

"Go into different communities and understand them, apply intelligence and thinking to lots of different places." (NYCC)

"Public health is good at modelling, we need to use this more." (District Council)

However, it was acknowledged by a range of partner agencies that the public health team has limited capacity,

"...so we must look at how we create public health skills across the workforce and broaden out the offer." (Corporate Director, NYCC)

and one of the challenges is that

"...areas of deprivation are scattered across North Yorkshire." (Corporate Director, NYCC)

Linked to the need to develop locality working over the next few years, the importance of public health having a high profile was mentioned by some agencies as a priority.

Partnership working

"Public health needs to be as visible as possible."
(Chief Executive, CCG)

"Public health should be at the heart of the council and not be seen as a bubble."
(Corporate Director, NYCC)

"The public often don't see public health as a council responsibility and focus on issues that are pertinent to them such as potholes. However 43% of council tax is spent on social care – there is a need for public health to be seen as a council role and demonstrate how it can help to reduce spending." (Elected Member, NYCC)

There were contrasting views about whether public health should be a local health authority responsibility, with one member of the public stating public health should not be a council responsibility as this is a role for the NHS and another commented that

"...not only does it waste money by duplication of effort, it poses a threat to the role of the NHS." (Member of the public)

However, other respondents suggested

> ***"We need to play an even more active, visible role in healthcare public health, helping to shape the NHS and wider agenda in North Yorkshire for the next decade."*** (Corporate Director NYCC)

Representatives from two CCGs raised the importance of public health playing more of a role in healthcare public health. One felt that

> ***"The focus sits heavily on public health prevention programmes of work, and not on a scientific approach to healthcare."*** (Chief Executive, CCG)

and another that

> ***"The CCG needs to engage public health more widely about things we need to do and bring them into the discussion at an earlier stage."*** (Chief Executive, CCG)

> ***"Need to upscale the healthcare public health offer. Population health needs to be embedded into all work."*** (Chief Executive, CCG)

> ***"The link around evaluation of healthcare and public health has been a bit lost, and we could make more effective use of each other."*** (Chief Executive, CCG)

One CCG representative expressed concern that

> ***"Public health has financial constraints and being part of the local authority doesn't always allow for collaborative working alongside health."***

Reducing health inequalities and the need to focus on the more deprived areas was considered a priority by a range of stakeholders. The differences in life expectancy and healthy life expectancy across the County was raised as a concern. This also links to the earlier priority around locality working and identifying which parts of North Yorkshire need additional input and support around public health.

> ***"Need to see targeted input to the key issues in certain geographical areas."*** (Elected Member)

NYCC's Executive highlighted the importance of reducing the health inequalities gap, focusing on the Marmot policy objectives:

- **giving every child the best start in life;**
- **enabling all children, young people and adults to maximize their capabilities and have control over their lives;**
- **creating fair employment and good work for all;**
- **ensuring a healthy standard of living for all;**
- **creating and developing sustainable places and communities; and**
- **strengthening the role and impact of ill-health prevention.**

"We need to consider where we are going to have the biggest impact, for example coastal areas. We must focus on the deprived areas and make better use of funding." (Elected Member)

"We should be aligning more public health work in Scarborough."
(Community, voluntary and faith sector)

A number of agencies referred to Brexit and the potential impact that this could have on health and increasing health inequalities, particularly in rural areas and farming communities.

Prevention and early intervention were raised numerous times in the interviews and through surveys.

"The focus is often on what is broken and not enough on prevention." (Chief Executive, CCG)

"There is a need to look at work upstream. We need to get in early and prevent poor health, and if we can't we need to focus on secondary prevention." (Chief Executive, CCG)

With increased demands on services and reduced levels of funding, many agencies highlighted the need to look at how we do things differently and also to encourage self-care.

"We need to think about what is in our control and also do more to support personal responsibility."
(Corporate Director, NYCC)

A number of respondents commented that there is lots of good quality information out there to enable people to make an informed choice.

"Need to concentrate on certain groups such as smoking in pregnancy and smoking amongst young people." (Elected Member)

In addition to priority districts and topics being highlighted, the majority of interviewees referred to the importance of focussing on the wider determinants of health.

"Being in the local authority allows for the focus to be on air quality, better transport links, cycle ways – all of these issues are connected to a healthy population." (Chief Executive, CCG)

Several agencies commented that being in the local authority means there is the leverage to tackle issues such as air quality, better transport links and cycleways.

Housing was mentioned a number of times as a key priority in order to improve health and wellbeing.

> ***"Having the right housing strategy to meet the needs of more vulnerable people is essential and we need to work together to do this."*** (District Council)

Stakeholders from rural areas specifically highlighted issues around affordable housing and the need to do some "futures thinking" about what communities will look like in the future. The lack of affordable housing is also having an impact on staffing the care sector.

> ***"Looking ahead to future health issues such as cancer and older people, we need to think about where the carers are going to come from."*** (District Council)

Many felt that digital technology should be prioritised over the next few years, and this included improving access to the internet to enable people to work in different ways and to use technology to improve access to services.

> ***"A digital approach for communities within public health is perhaps an opportunity that is overlooked. Considering a digital offer might be one of many solutions that could address rurality."*** (PHE)

Economic growth is a key priority for many agencies and there are opportunities to improve public health through this. In-work poverty was highlighted as an issue which has an impact on health along with the need to increase wage levels.

The need to look at the potential impact of issues such as Brexit and a devolution deal on health, transport and economic growth was also highlighted. The planned growth at Catterick Garrison will result in increased demands on services. Public health should have a role to play in developing a better offer for the military and their dependants.

Other priorities identified included cold homes and fuel poverty and transport (lack of car ownership and bus services in some rural areas). One comment related to the need to reassess and evaluate the programme public health funds and whether the amount of funding reflects the need.

Public health is everybody's business

The second question related to the individual or organisation responding. The question asked was 'What role can you or your organisation play to improve public health in North Yorkshire?' Again, more than one response was given, and in some instances no responses were given. No response was more frequent from residents than from the other groups.

All stakeholders interviewed were keen to work together better to improve public health, with lots of opportunities for joint working cited. CCG representatives all highlighted the importance of public health and that there were opportunities to work together better and at an earlier stage to improve outcomes, particularly in relation to healthcare public health and in discussions around transformational change for CCGs. Working together at a neighbourhood level was highlighted again, as was the need to focus on prevention.

District and borough councils were all keen to work together with public health around functions such as environmental health; housing; leisure; planning; and work with communities and employers to maximise opportunities and use assets to improve public health.

> ***"(the councils) have a joint role in terms of links to housing and the wider determinants of health."*** (Borough Council)

The Selby Health Matters work was considered an example of where this works well and other councils would be interested in following this approach.

> ***"We would welcome joint working around the Kings Fund report on the public health role of district councils."*** (District Council)

Opportunities for public health work to be embedded in core work were highlighted, for example refreshing council plans, work on air quality and transport and working together on the Joint Strategic Needs Assessment (JSNA).

"The services offered by the district can do a lot around keeping people healthy." (District Council)

"We must get planners and environmental health officers involved more with public health and all sit down to look at the data and implications." (District Council)

It was acknowledged by many that partnership working could be improved and that partnerships would be more effective if there was clarity around what is being delivered.

"(Partners are)… working towards a common narrative and agendas are aligned – but lacking the tangible measures to look at what has actually worked and made the difference." (CCG)

"To ensure we build partnerships we need to have something tangible to work towards." (District Council)

"We need to identify what 'good' will look like in 2025, defining the outcomes and how we might go about achieving them." (NHS commissioner)

"Make it tangible, inspire people in terms of what we can achieve, gather enough meaningful actions so people can see the sum of their action leads to real change. Without this it is piecemeal, arbitrary and not enough to make a real difference." (NYCC)

One of the main themes throughout was the need to innovate and think differently, particularly in light of austerity. Some also highlighted the need to still be ambitious.

"Being clear about a limited set of priorities… We are not going to be able to fix every public health problem." (Elected Member)

In addition to working in partnership, many highlighted that public health is everyone's business and a key function for all agencies.

"For big structural changes, public health should be a priority and keep messages at the forefront." (Elected Member)

"There needs to be a launch of public health to leaders in the CCG. It's important that public health is not seen as a second tier within the system." (Chief Executive, CCG)

"Public health has a really strong role in advocating health improvement, but can we create more capacity around the other aspects of public health – in terms of supporting with literature, evidence base and making best use of resources." (Chief Executive, CCG)

However, although most respondents considered that all agencies have a public health role it was acknowledged that public health have a leadership role in this work.

"Public health should be taking the lead, and being seen as the lead, on issues such as obesity – in partnership with other organisations. Without an owner/ lead things will not happen." (CVFS)

"We need to have a systems leadership approach and lead by example, by shoring this is what we will do and how we are going to go about it. It's important that we are viewed as doing the work." (Elected Member)

Many respondents - particularly members of the public - commented that they had a role to play in holding services to account and lobbying.

> ***"As an individual I can only use my influence and my vote to try and hold our elected officials accountable for policy or underfunding which undermine what public health wants to achieve."*** (Member of the public)

Services made reference to their role in raising awareness of issues such as dementia, learning disabilities and fuel poverty.

Many respondents highlighted how they were already supporting the delivery of the public health agenda through the provision of services, advice and training. Ongoing developments around transformational changes in CCGs mean that there are opportunities to look at a different service offer that includes early intervention and prevention.

Making Every Contact Count (MECC) was referenced by a number of organisations as an important mechanism for addressing public health through the large workforce in the statutory and voluntary sector in North Yorkshire.

> ***"Supporting the principles of MECC and providing training or presenting MECC as a tool to talk with people especially around vulnerable groups."*** (Elected Member)

> ***"The concepts of MECC really needs adopting by all."*** (Health Provider)

One agency suggested linking public health priorities into the wider annual health partnership event.

> ***"This would provide an opportunity for sharing best practice around effective interventions and have better interaction together."*** (CVFS)

The final question invited respondents to outline whether there are any opportunities and barriers to delivering public health priorities. Respondents identified more barriers than opportunities and, in some cases no opportunities were given at all. However, when a barrier was discussed, interviewees also considered whether the barrier could be reframed and viewed as an opportunity.

Winter health

Intergenerational work

Opportunities

- Working in partnership
- Social media and digitalisation
- Localities
- Community and voluntary sector

Barriers

- Finance and resources
- Geography of North Yorkshire
- Partnership working
- Access to services
- National policy
- Brexit
- Training
- Raising awareness and messages
- Primary care
- Individual choice

Conclusion

My hope is that everyone who reads this report will be inspired to see how to embed a public health approach into what they do, and how important it is to do so.

Public health has been described as the science and art of preventing disease, prolonging life and promoting health through the organised efforts of society (Acheson, 1988). Since North Yorkshire County Council took over responsibility for improving the health of our local population in 2013, we have made progress in doing so. In North Yorkshire life expectancy for men has increased by 0.7 years, and for women by 0.8 years (Health state life expectancy by 2011 Census wards in England and Wales). My report evidences deliberate and coordinated action with partners to address public health challenges identified in previous reports. We have delivered and achieved, but there is still more to do.

I can report that NYCC commissioned public health services have been redesigned and are on a stable footing, delivering well and have resulted in an improved return on investment. These include:

NHS Health Checks
North Yorkshire Horizons
Smokefreelife North Yorkshire
YorSexualHealth
Tier 2 weight management services
Oral health promotion service
Breastfeeding support
Healthy Child programme
Stronger Communities
Living Well
Healthier Choices
Strong and Steady
Income Maximisation Team
Multi-Agency Safeguarding Team
Equipment Service

My report sets out a range of additional achievements we have delivered with partners over the past five years targeting environmental changes including: the Selby and Scarborough trails; alcohol intervention and brief advice; the daily mile; a falls coordinator; food for life; and sign up to the mindful employer charter. Our joint strategic needs assessment team undertook in depth analysis in focused areas such as end of life care; suicide; and Pharmacy Needs Assessments which have led to improvements. We have provided strategic leadership in localities and to multi agency partnerships around the areas of alcohol; tobacco; healthy weight; winter health; safer roads; and children's emotional health and wellbeing.

Health is created by a range of factors.
Evidence shows their relative contributions:

- social, economic & environmental (45%) e.g. education, employment, air and water quality;
- health behaviours (40%) e.g. alcohol, tobacco and sexual behaviour; and
- clinical services (15%) e.g. quality and access to health care.

(McGinnis et al, 2002)

If the production of health was solely due to personal choices, and people's will, we would expect a random distribution of good and ill health. But our data show that the distribution of all types of ill health and lower life expectancy is positively correlated with deprivation. Therefore, we need to continue to encourage and support work to improve public health, which understands the wider context in which people live; and targets social, economic, lifestyle, services and environmental influences on health at both an individual and community level.

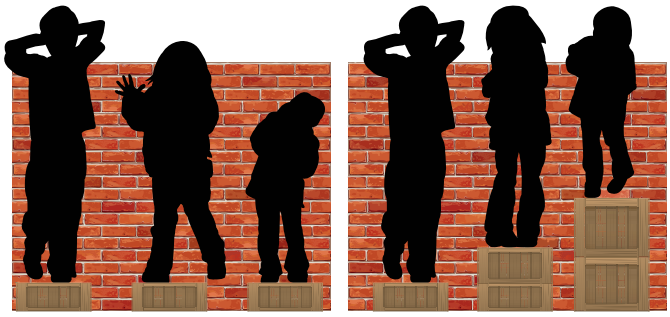
Themes have emerged from the look back, data and look forward. The four strongest themes are: health inequality, mental health, obesity and our ageing population, underpinned by views on how to embed public health so all partners deliver effectively.

The overarching aims of public health are to increase life expectancy and improve the health of the poorest fastest in order to reduce health inequalities. Health inequalities in North Yorkshire are complex. Although in North Yorkshire life expectancy is higher when compared to England, there are inequalities between communities. There is a difference in life expectancy of 14.8 years at ward level for men and women and a difference in healthy life expectancy of 19.7 and 18 years for men and women respectively (Health state life expectancy by 2011 Census wards in England and Wales).

In North Yorkshire, inequality is complicated by rurality, housing affordability and fuel poverty. 21,000 children are living in poverty and facing issues of social mobility (End Child Poverty, 2018). Although deprivation is generally clustered in localities (mainly Scarborough but also a small pocket each in Selby and Harrogate), children eligible for free school meals are found distributed throughout the County so harder to target.

Life expectancy is very much lower in people living in 10% of areas which are the most deprived (PHE, Public Health Outcomes Framework). Inequality in life expectancy is increasing in females in Scarborough (PHE, Public Health Outcomes Framework). **To reduce early mortality arising from health inequality, action needs to target circulatory disease, respiratory disease, suicide injury and accidents**. Understanding the causes of these illnesses for our most deprived communities is vital if we are to close the gap and build and equitable, inclusive, fair and thriving population.

Equality and Equity



Equality Equity

Mental health was frequently cited as a priority for children, adults and also older people in terms of social isolation and loneliness. **The North Yorkshire mental health strategy - Hope, Control and Choice - is underpinned by three principles: building resilience; responsiveness; and reaching out.**

There has been a strong focus on reducing stigma faced by people with mental health problems and improving access to services. North Yorkshire County Council recently held a summit to look at how to improve mental health across the County for people with mental health problems. Although the data show North Yorkshire is similar to England in terms of levels of common mental health problems, anxiety and low happiness (PHE, Public Health Outcomes Framework), many stakeholders shared stories of a

steep increase in people experiencing mental illness and mental distress and difficulties for these people in being able to access appropriate services.

It is estimated that 55,000 working age people in North Yorkshire have a common mental health disorder (Pansi, 2016). While providing mental health services is outside of the scope of public health, we do have a role in working to create public or population mental health and wellbeing; increasing resilience; and ensuring people live in strong, caring communities which support people to think positively and feel well. We need to consider how we refocus attention to build resilient individuals and communities; support strong relationships; reduce the negative impact of social media and reduce social isolation and loneliness; and focusing on the five ways to wellbeing actions (connect, be active, take notice, keep learning and give).

People with mental health problems also experience worse physical health when compared to the general population (PHE, 2018). The life expectancy of someone with a serious mental health problem such as bipolar disorder or schizophrenia is 15 to 20 years less than the general population (PHE, 2018). Adults with a common mental health disorder, such as depression or anxiety, are twice as likely to smoke and adults with schizophrenia or bipolar disorder are three times more likely to smoke (PHE, 2018).

There is a relationship between depression and obesity. People who are obese have a 55% increased risk of developing depression over time, whereas people who are depressed have a 58% increased risk of becoming obese (PHE, 2018). We need to ensure that people who experience mental health problems are supported to have good physical health.

Early intervention is much cheaper to deliver, for example, different costs below:

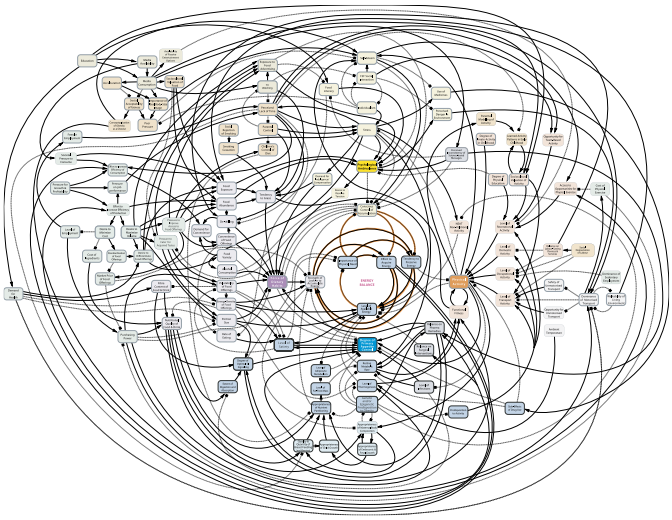
- £5.08 per student – the cost of delivering an emotional resilience program in school
- £229 per child – the cost of delivering six counselling or group CBT sessions in a school
- £2,338 – the average cost of a referral to a community child and Adolescent Mental Health Service (CAMHS) service
- £61,000 - the average cost of an admission to an in-patient CAMHS unit

(Children's Commissioner, 2017)

A predominant feature of North Yorkshire is that we have an ageing population. My 2017 report described the public health actions recommended to respond to this population structure. I stressed that increasing life expectancy is a triumph of public health to be celebrated, an ageing population is not a demographic time bomb. Older people are active citizens who contribute to communities within North Yorkshire in many ways such as paid employment, child care, volunteering, being good neighbours and taking civic action. My report made clear recommendations and I am supportive of work underway to secure World Health Organisation Age Friendly status for North Yorkshire.

Eight domains of age friendly communities

Foresight Obesity System Map



tinyurl.com/ybe3dwqx

Obesity was identified as a priority by a large number of stakeholders. Healthy Weight, Healthy Lives, our ten year strategy to tackle overweight and obesity in North Yorkshire, was launched in 2016. This strategic approach recognises the complex causes of obesity and has brought together partners to tackle priorities including: supporting children's healthy growth and weight; promoting healthier food choices; building physical activity into our daily lives; providing weight management services; ensuring people have access to information; and building healthier workplaces. Locally, as well as nationally, we are seeing obesity rates decline.

Consultation respondents had a range of views about how to best produce better population health. Suggestions were made that public health staff should work more in localities, to support local partners to understand and address community needs, often with a focus on the broader determinants of health for example housing; air quality; transport; and economic growth.

There was recognition that the public health team is relatively small so there is a need to develop public health skills across the workforce to increase capacity. Examples given were around understanding data, the evidence base and evaluation. There was also a call for public health to be embedded in all plans. There was a call for public health to provide more visible leadership in adult social care (ASC) and CCGs. ASC, as it is the area of greatest spend in the local authority and public health could help create efficiencies. CCGs, as respondents feel public health provided a scientific approach to health care and population health management, can evaluate health care and can ensure population health and link preventative services to clinical pathways.

Again, it was recognised that the public health staff team is restrained in its offer due to finances. Many respondents said public health work should concentrate on reducing health inequalities, by targeting and focusing on areas of greatest need where the biggest impact will be felt. Similarly, respondents supported the principle of prevention and early intervention. There was a real appetite for people to work better together, towards achieving the same outcomes under the leadership of public health across systems.

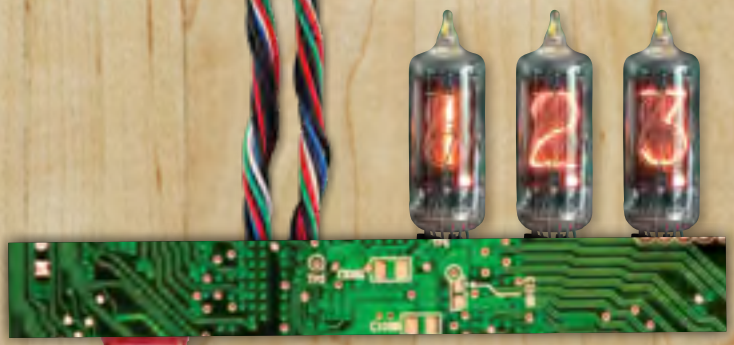
Upstream intervention

Upstream prevention; healthy public policy interventions governmental, institutional and organisational actions = Small resource

Mid-stream prevention; involves primary and secondary prevention to encourage people not to carry out health compromising behaviours = Medium resource

Downstream prevention; consumes most resources, but covers a very small segment of the general population = Large resource

Recommendations



1. Reduce health inequalities

All partner agencies should consider the role they can play to improve the health and wellbeing of people with the poorest health outcomes and take explicit actions to address the factors that they can influence to close the gap experienced by people and communities who have shorter and less healthy lives compared to the rest of North Yorkshire.

What action can we take to reduce health inequalities?

- Improve understanding of the experience of people who have poorer health outcomes to guide delivery and planning of services that take account of the full context within which people live their lives.
- Develop and strengthen partnerships in deprived communities that are representative of the local residents and bring together all stakeholders in the area – public, private and community and voluntary sectors – to agree and implement solutions drawing on shared assets.
- Embed an inclusive approach to health impact assessments that includes multiple sources of information from partners and local communities in planning processes to ensure new policies and projects take account of health inequalities and actions are taken to mitigate them.

2. Improve public mental health

As signatories to the Prevention Concordat for Better Mental Health the North Yorkshire Health and Wellbeing Board have committed to implement its principles. Specifically, this commits partner organisations to work to strengthen individuals and communities to be resilient and to remove the structural barriers to good mental health including reducing poverty and discrimination, and improving access to education, employment, transport, housing and support for the most vulnerable people.

What action can we take to improve public mental health?

- Ensure existing and new strategies and plans account for the impact on mental as well as physical health and wellbeing, and that appropriate actions are taken to mitigate any adverse impacts identified.
- Work in partnership with communities and other agencies to implement initiatives that both promote positive mental health and prevent mental ill health.
- Narrow the gap in health outcomes for people with mental health problems by improving access to services to aid recovery and resilience as well as focusing on better health outcomes through uptake of healthier lifestyles and health screening programmes.

3. Embed a public health approach

All partners in North Yorkshire consider how to embed a public health approach into their practice, including impact on sustainability, integration, prevention and reducing inequalities; and increasing skills around data, evidence and evaluation.

What action can we take to embed public health?

- Consider the contribution to population health that is greater than the groups served and how assets can be used to benefit the wider community.
- Invite specialist public health input at an early stage when required as well as building capacity in the organisation's own public health skills.
- Ensure greater joint working between sectors to co-ordinate and maximise use of resources to address population health.

Health and Wellbeing Board
North Yorkshire

North Yorkshire
County Council

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