

NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

3 OCTOBER 2013

DIRECTOR OF PUBLIC HEALTH: ANNUAL REPORT

1. PURPOSE OF REPORT

- i. To introduce the Director of Public Health's report.

2. BACKGROUND

- 2.1. Under the Health and Social Care Act 2012 the County Council now has key responsibilities across the three domains of public health – health improvement, health protection and public healthcare. This is, therefore, the first opportunity the Committee has had to review the Director of Public Health's Annual report and is as Lincoln states .."the first report of the Director of Public Health in this new era".
- 2.2. By writing an annual report, Directors of Public Health contribute to and monitor the improvement of health and reduction of health inequalities. The report outlines what is currently happening in each local government area to improve health, and sets the agenda for the future to reduce health inequalities and promote action for better health.
- 2.3. Annual reports have played an important part in public health practice ever since the early days of medical officers for health. They are a vehicle for informing local people about the health of their community, as well as providing necessary information for decision makers in local health services and authorities on health gaps and priorities that need to be addressed. Their iterative nature also allows progress to be recorded and evaluated and is a key means by which the Director of Public Health is accountable to the population he or she serves.
- 2.4. The annual report is an important vehicle by which Directors of Public Health can identify key issues, flag up problems, report progress and, thereby, serve their local populations. It will also be a key resource to inform local inter-agency action.

3. SCRUTINY COMMITTEE INTEREST

- 3.1. A well-defined annual report should inform service provision and facilitate health impact to ensure the effective targeting of resources to improve health and reduce health inequalities among its resident population. This should:

- contribute to improving the health and well-being of local populations;
- reduce health inequalities;
- promote action for better health, through measuring progress towards health targets; and
- assist with the planning and monitoring of local programmes and services that impact on health over time.

3.2. The annual reports should therefore:

- be relevant to the health of local populations with information analysed at the most appropriate population level;
- be integral to planning across all sectors and needs to promote action; and
- include a clear set of recommendations that are targeted, realistic and achievable.

4. RECOMMENDATION

4.1 That the Committee consider and comment on the North Yorkshire Director for Public Health Annual Report 2012/2013.

BRYON HUNTER
SCRUTINY TEAM LEADER
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24 September 2013

Background Documents: None

Report of the Director of Public Health for North Yorkshire
Dr Lincoln Sargeant

What is public health?



September
2013



Public health is the Science and Art of preventing disease, prolonging life, and promoting health and efficiency through organised community effort for sanitation of the environment, the control of communicable disease, the education of the individual in personal hygiene, the organisation of medical and nursing services for early diagnosis and preventative treatment of disease, and the development of the social machinery to insure everyone a standard of living adequate for maintenance of health, so organising these benefits as to enable every citizen to realise his birthright of health and longevity.

Charles-Edward Winslow in his paper "The untilled fields of public health" published in the journal Science in 1920



Executive Summary

This report provides a “snapshot” of the health needs in North Yorkshire highlighting the following key features:

- There are stark differences in death rates between communities within North Yorkshire, with the highest rates of early death (under the age of 75) in areas with the highest levels of socioeconomic deprivation.
- The population of North Yorkshire is getting older, placing increasing pressure on health and social care services, but also providing opportunities for active and healthy ageing.
- North Yorkshire has high levels of risky drinking behaviours and binge drinking activities when compared with England.

The report illustrates everyone’s role in public health through a series of case studies in the three key domains of public health:

- Health improvement - supporting everyone to live happy and healthy lives.
- Improving and maximising the effectiveness of health and social care services - making the most of the money we spend on health and social care.
- Health protection and communicable disease control - protecting the population from diseases and environmental hazards.

The full versions of the case studies can be found online at www.nypartnerships.org.uk/dphreport

Recommendations

1. Reduce the inequalities in health that are apparent across the county between the most affluent communities and those that suffer from high levels of social and economic deprivation.
2. Focus on happy and healthy ageing, helping people to maintain their health and independence as they grow older and move into retirement.
3. Continue to support Sir Michael Marmot’s principle of giving every child the best start in life, and also consider how we can ensure that our young people can move from education into employment in the county.
4. Have the public’s health and wellbeing as a central consideration in the decision making of all of the organisations and agencies within North Yorkshire; particularly North Yorkshire County Council, the Clinical Commissioning Groups and the District Councils, recognising that public health is about the big picture in our society not just individual choice and behaviour.
5. Harness the enthusiasm and sense of wellbeing that has been created by hosting the Grand Départ of the 2014 Tour de France, with the aim of creating a social and physical activity legacy in the county.
6. Prevent the health and social harms caused by high levels of alcohol consumption and lack of awareness of the dangers of increased drinking, not just in our town centres but in our homes.

Acknowledgements

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 Dr Lincoln Sargeant, Director of Public Health

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Thanks to **Nicola Smith** and **Tina Handley** for their assistance with the distribution of the report.

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Unless stated, all data are taken from North Yorkshire's Joint Strategic Needs Assessment 2012.

For a list of full references, please contact the Public Health Team - nypublichealth@northyorks.gov.uk

Foreword

I am so pleased that key public health responsibilities, and the leadership role that comes with those responsibilities, are back with local government and closer than ever to the individuals and communities that we serve. The science and art of public health are about collective actions of the many for the benefit of everyone, and the strengthening of our society to face the ever shifting public health challenges of our time. Now this key discipline is back in the home of collective action.

I am delighted that we have strong, specialist Public Health leadership with Dr Lincoln Sargeant as our new Director of Public Health and a statutory chief officer of the authority. With this report Lincoln has outlined the many challenges we face with an ageing population, a reduction in available financial resources to fund our activities, and the ever changing health behaviours of us all. However, in North Yorkshire we have the skills, the talent, and the willingness to tackle these issues together in partnership. We now also have the partnership structures and legal duties to really make this happen, with the Health and Wellbeing Board now in full flight, backed up by the Joint Health and Wellbeing Strategy and Joint Strategic Needs Assessment.

Lincoln has set some challenging, yet achievable, recommendations for the whole North Yorkshire community; I look forward to future reports where we can check our progress against these recommendations.

Public health does not “belong” to North Yorkshire County Council, but it belongs to everyone who lives, works, and passes through our beautiful county. We all have a role in improving the overall health of the population and this report aims to illustrate some of the many contributions that are already being made across the county.

This report serves to remind us of the enormous scope of public health. Now it's down to all of us to make the most of it and make it happen.

**Councillor Don Mackenzie –
Executive Member for Public Health and Prevention, NYCC**



We are in the wake of unprecedented change across the health and social care landscape and in the middle of large-scale reductions in public spending. However, what we have to do to improve public health and reduce health inequalities remains clear – collective action across North Yorkshire is what we need. I am very pleased that the Health and Wellbeing Board has now moved from its shadow form to full committee and that we have the ideal forum for collective strategic action, with clear duties placed upon the Board to improve health and reduce the unfair and avoidable variation in health outcomes in our local communities. It is simply not right that a baby boy born today in the most deprived communities in the county will, on average, die eight years earlier than a baby boy born in the least deprived areas.



We still face challenges from cancer and circulatory diseases that are the chief causes of early death in North Yorkshire and we are ever aware of an ageing population, but we also recognise that longevity is a massive achievement for public health and there are great opportunities for using the skills and talents of older people, for example, in community action and volunteering. That is why I am so pleased that we are using our collective powers across the health and social care economy to begin to challenge and prevent these key public health issues in partnership, and at the same time recognise the assets and opportunities we have been gifted.

Lincoln has laid out clearly that we all have a role to play in public health, so I look forward to working with you all for years to come.

**Councillor Clare Wood –
Chair of North Yorkshire's Health and Wellbeing Board and Executive
Member for Adult Social Care and Health Integration, NYCC**

Introduction

Another era for public health in North Yorkshire began on 1 April 2013 with the legal transfer of a number of important Public Health responsibilities to North Yorkshire County Council (NYCC) from the National Health Service (NHS) as a result of the reforms brought about by the Health and Social Care Act (2012). It is my duty by law (and my pleasure in practice) to write an annual report on the health of the local population. Therefore this is the first report of the Director of Public Health in this new era. I have not produced this as a "traditional annual report" but more as a stocktake following the complex transition period and a statement of our aspirations for public health in North Yorkshire.

The Director of Public Health is the successor to the Medical Officers of Health who were first appointed to head local Health Boards in the mid-1800s. They were employed by local government and produced reports that profiled the health of their local populations; examining the causes of ill health and early death and making recommendations for their remedy and future prevention. Medical Officers of Health were among the pioneers of the new science now called "Public Health" and were skilled in applying their knowledge and insights to practical actions that led to improvements in population health.

When the Public Health Act 1848 was passed, the public health concerns were about sanitation and clean drinking water. A century later there was concern about the provision of health care services to secure improvement in the physical and mental health of the population and the prevention, diagnosis and treatment of illness. This led to the National Health Service Act 1946 which established the NHS.

Perhaps an unintended consequence of the formation of the NHS was a diminution of the explicit role of public health in local government. Local authorities, both upper and lower tiers, have continued to commission and deliver services that are vital for the health and wellbeing of their populations but few would readily classify them as public health activity. The popular consciousness still reserves the description of "public health" for a specific set of actions often carried out by specialists. Hence, some 40 years ago it is said that "public health" moved from local government to the NHS and in 2013 returned home.

My aim in this first report as Director of Public Health for North Yorkshire is to engage readers in re-examining what we mean by "public health". Public health is at once everyone's business and a specialist field of endeavour. It may equally describe the wellbeing of a population as well as the myriad factors and systems that affect it, and it uses the hard findings of science as well as the intangible manoeuvres of politics to realise its goals.

The practice of public health has always been driven by the values of the society and its leaders. As we start this new era of public health we will concentrate on two high-level outcomes to be achieved across the public health system. These are increased healthy life expectancy and reduced differences in life expectancy and healthy life expectancy between communities.

The outcomes reflect a focus not only on how long people live but on how well they live at all stages of life. The second outcome focuses attention on reducing health inequalities between people, communities and areas. In order to achieve

success we need deliberate and co-ordinated action across North Yorkshire from individuals and organisations in all our communities.

This report is not designed to capture all the health needs of the population (we have the Joint Strategic Needs Assessment for that), but I wanted to use it to highlight some of our key priority areas. I have tried to provide a snapshot of where we are now and celebrate the wide variety of actions currently being carried out to improve the health of the population in North Yorkshire by the host of organisations that influence the local public health agenda. I have also made recommendations, in the fine tradition of my predecessors, to guide our organised efforts over the next year to improve the health of our people and reduce health inequalities between our communities.

I hope you enjoy the report and I would welcome any views or comments – please don't hesitate to email me.

Dr Lincoln Sargeant – Director of Public Health

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www.nypartnerships.org.uk/dphreport

[#PublicHealthNY](https://twitter.com/PublicHealthNY)

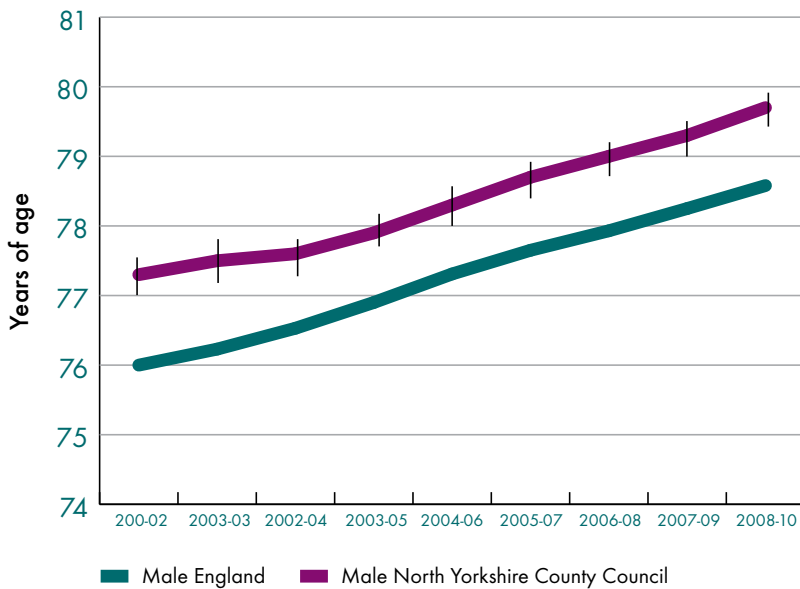


What is public health?

It's about focussing on needs and assets of communities

The first way to think about public health is to examine the overall profile of the people of North Yorkshire. This is the function of the Joint Strategic Needs Assessment (JSNA). This high level analysis tells us that the health of people within North Yorkshire is generally good when compared to England. Our residents are living longer and as a result the population is ageing. An ageing population means that the number of people living with long term health conditions such as dementia is increasing.

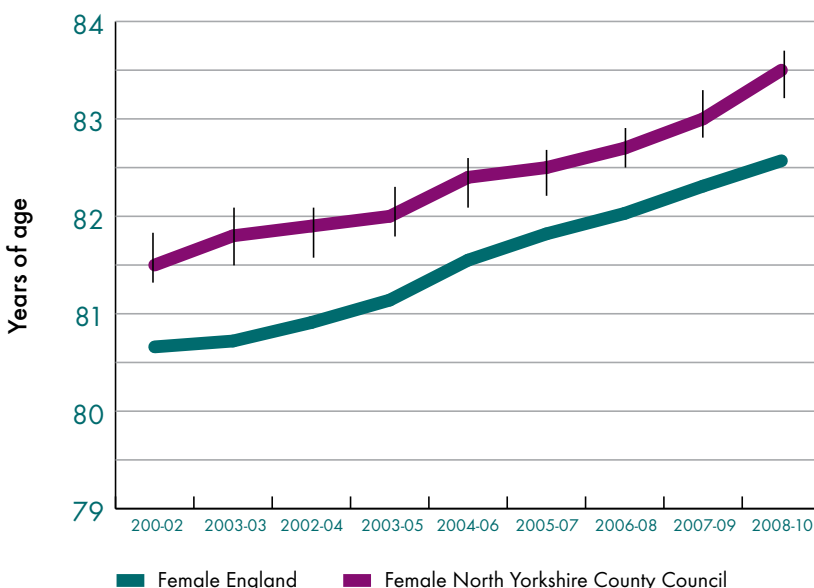
Male life expectancy years at birth



North Yorkshire's latest Joint Strategic Needs Assessment (JSNA) was carried out during 2011/12 and the report was published in June 2012 (www.northyorks.gov.uk/jsna).

It tells us North Yorkshire is a relatively prosperous and healthy county compared to the rest of England, but there are local areas of deprivation and poorer health; the two typically being linked.

Female life expectancy years at birth

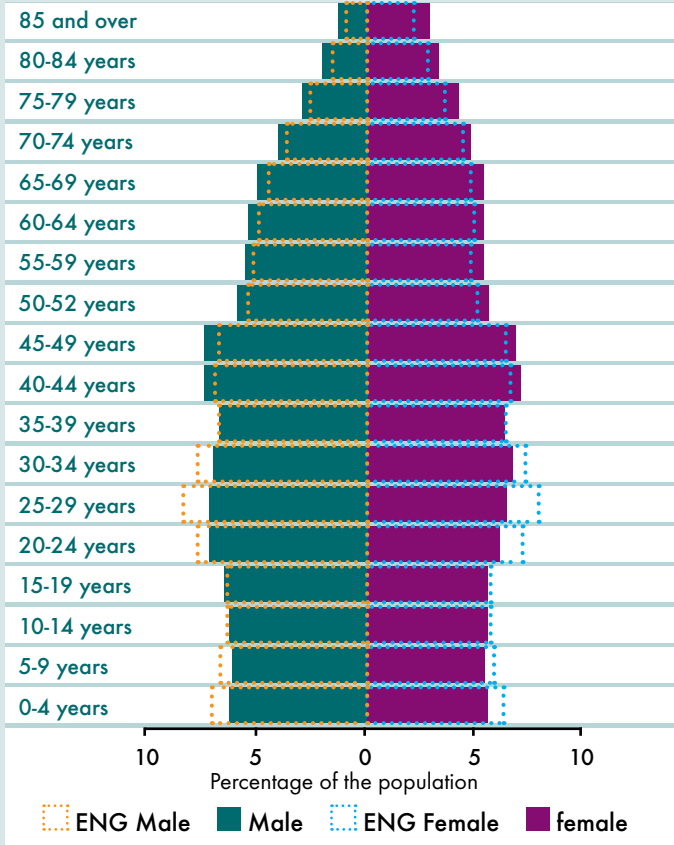


Health Profiles for North Yorkshire, the District Councils and the Clinical Commissioning Groups are all available at www.apho.org.uk/?QN=P_HEALTH_PROFILES and an interactive mapping tool is available at www.localhealth.org.uk

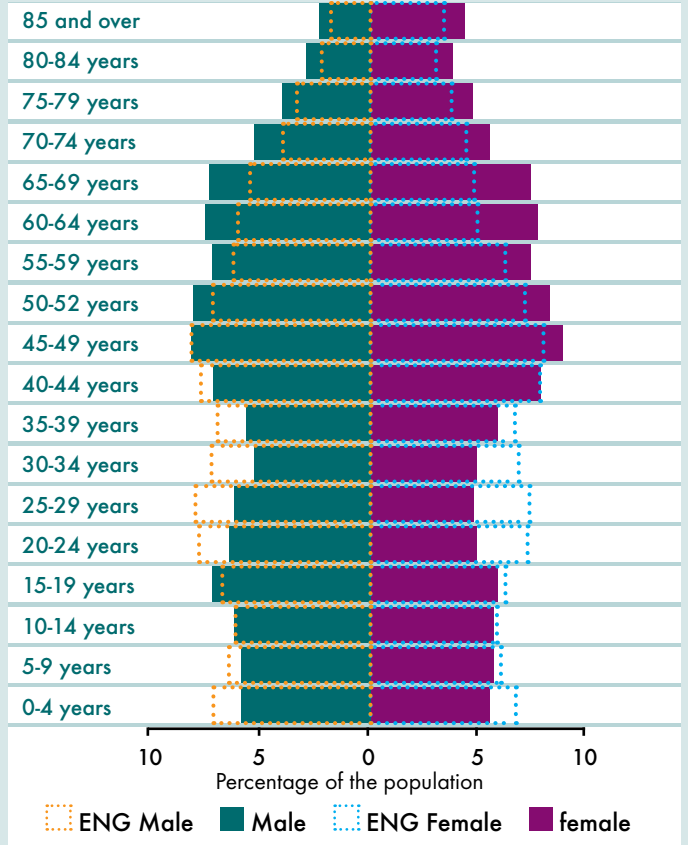
The current population of North Yorkshire is around 600,000 but it is increasing in size and it is ageing. By 2035 North Yorkshire is forecast to have a population of 650,400 and by 2021 there will be over 160,000 people over 65.

Population pyramids

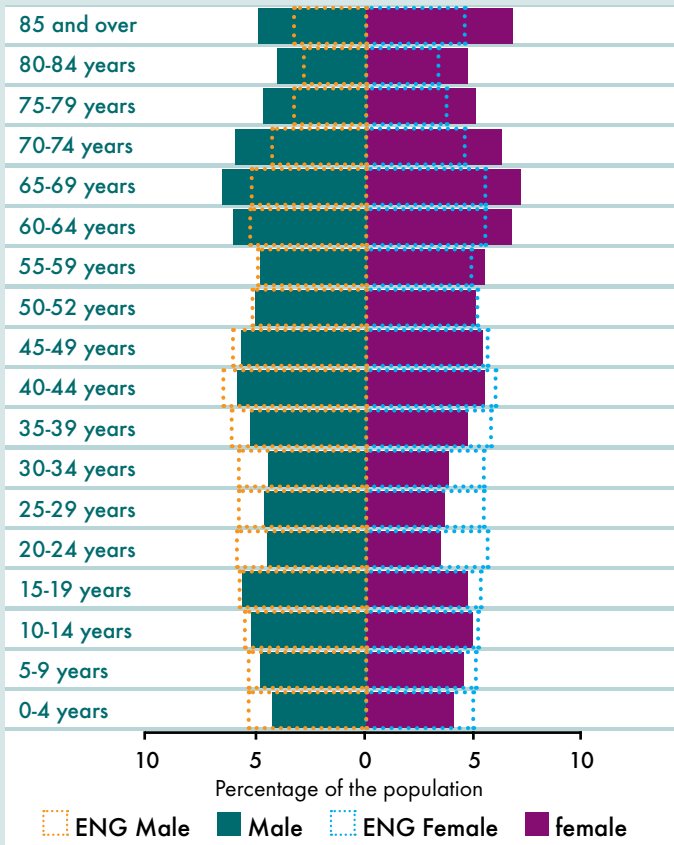
1992



2012



2032

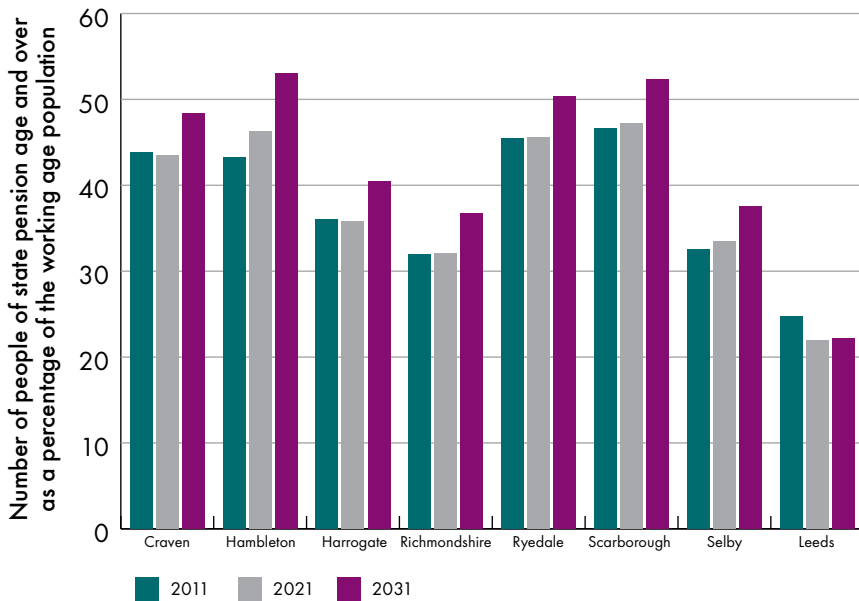


The growth is driven largely by movement from other parts of the UK, with pre-retirement and the recently retired age groups forming a substantial part of the migrant population. This change in population can be examined by looking at the ratio of people over the retirement age against the number of people at working age. In North Yorkshire this is already high and set to increase, whereas in neighbouring cities (such as Leeds) this ratio is set to reduce by 2031. This is due to a contraction in the early working age population as well as the the overall ageing profile in North Yorkshire.

By 2035 North Yorkshire is forecast to have a population of

650,400

Old age dependency ratio change over time (ONS, 2006)



Source ONS 2006

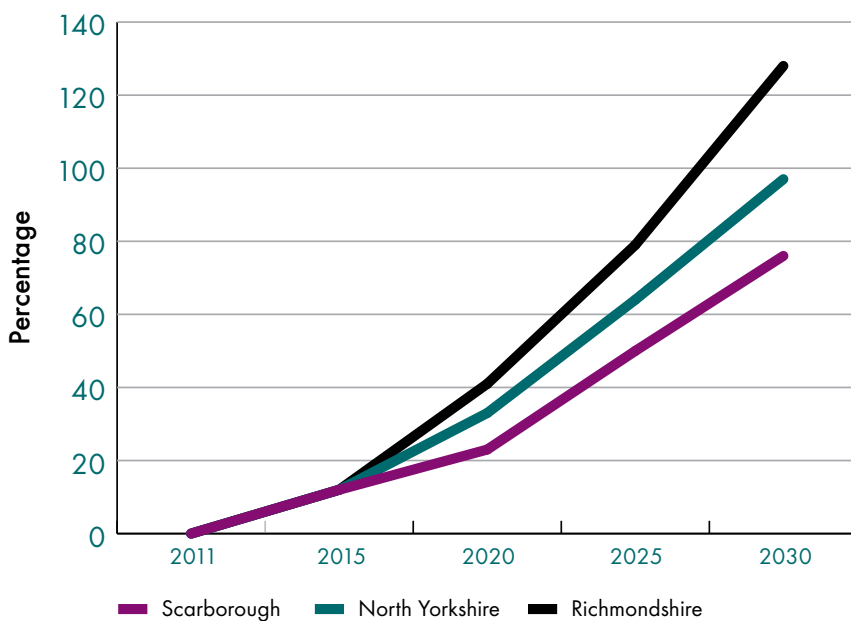
There were

3,690

people on a dementia disease register in practices located within North Yorkshire County, equivalent to a prevalence of **0.7%**, which is significantly higher than the national average of **0.5%**.

An ageing population brings with it an increasing prevalence of certain conditions such as dementia. The number of people aged 75 and over with dementia is forecast to nearly double to 15,000 people in 2030. In the 85 and over age group the number is forecast to more than double to 9,000 people in 2030.

Forecast percentage increase in the number of people aged 75 and over with dementia



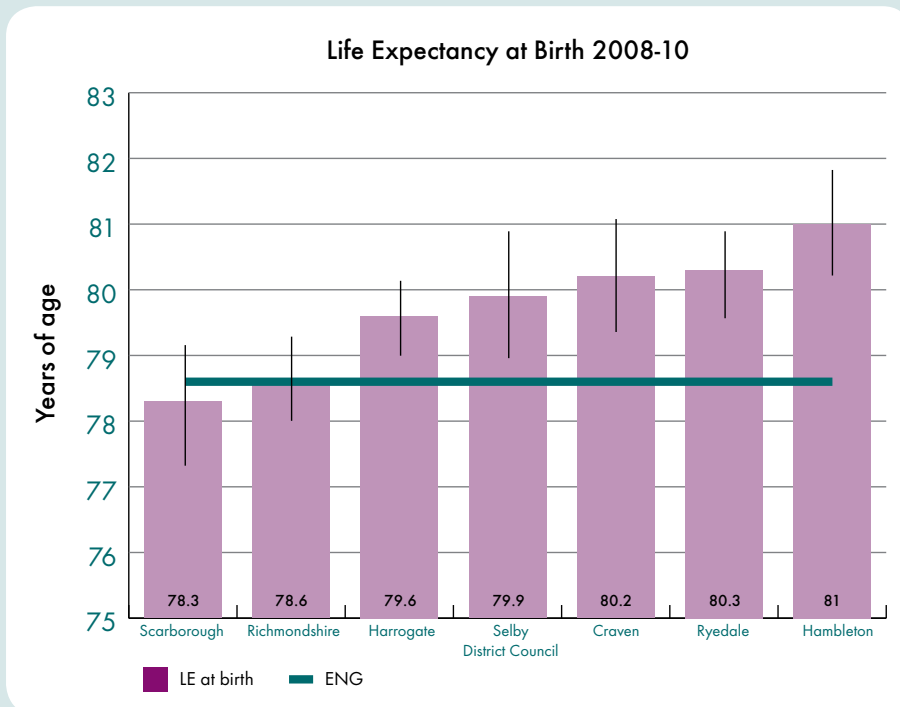
Source Poppi 2012

The number of people aged 75 and over with dementia is forecast to nearly double to

15,000 people in 2030.

The population of North Yorkshire county has a smaller proportion of Black, Asian and Minority Ethnic (BAME) groups than the national average but it is becoming increasingly diverse.

A public health focus on the health experience of an area also seeks to identify communities where public health outcomes are lagging behind those achieved by the majority of residents. The difference in life expectancy for a child in North Yorkshire can vary by up to eight years depending on where he or she was born in the county.



Source HSCIC 2013

Large numbers of people in the county die prematurely as a result of illnesses that could be prevented or identified and treated early. Between 2009 and 2011 there were 5,398 premature deaths in North Yorkshire. The leading cause of death for those dying prematurely (<75 years) in North Yorkshire is cancer, accounting for 43% of all deaths. This is followed by cardiovascular diseases which account for 27% of deaths and respiratory diseases 8%. This premature mortality varies greatly across North Yorkshire with Scarborough being significantly higher for cardiovascular disease deaths than the county average.

Although not true in all cases, these diseases are potentially preventable and improved outcomes can be achieved by early detection and intervention.

Between 2009 and 2011 there were

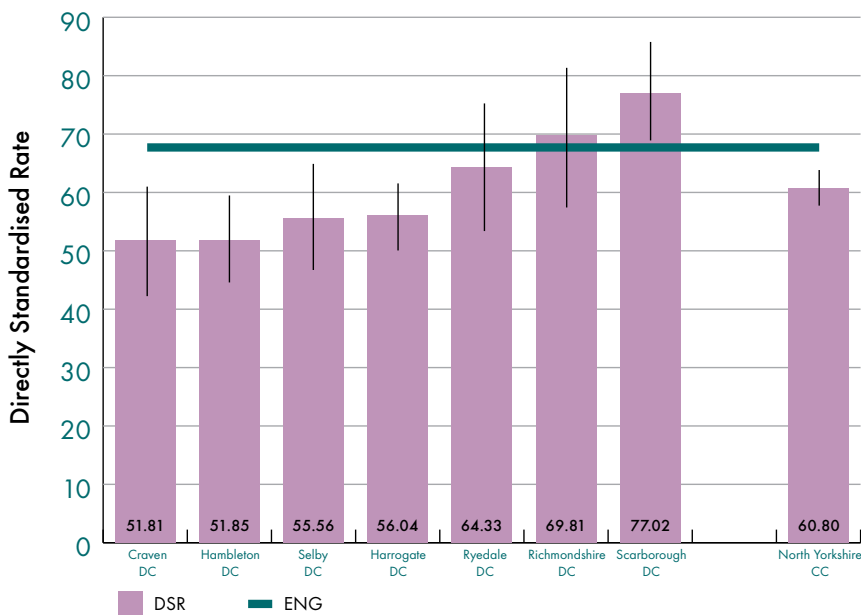
5,398

premature deaths in North Yorkshire.

Tips for avoiding premature death

- Don't smoke
- Eat at least five portions of fruit and vegetables each day
- Cut down on salt, fat and sugar in your diet
- Be physically active - at least 30 minutes, five days a week
- Maintain a healthy weight
- If you drink alcohol, have no more than 2-3 units a day (women) or 3-4 units a day (men).
- Attend for health screening if invited

Premature Mortality for Cardiovascular Disease by District



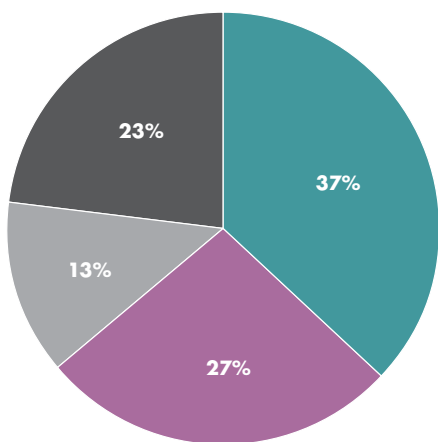
Source HSCIC 2013

North Yorkshire premature mortality rankings from www.longerlives.phe.gov.uk

Overall premature deaths: **34 out of 150** authorities
 Heart disease and strokes: **43 out of 150** local authorities
 Lung disease: **36 out of 149** local authorities
 Liver disease: **19 out of 149** local authorities
 Cancer: **37 out of 150** authorities

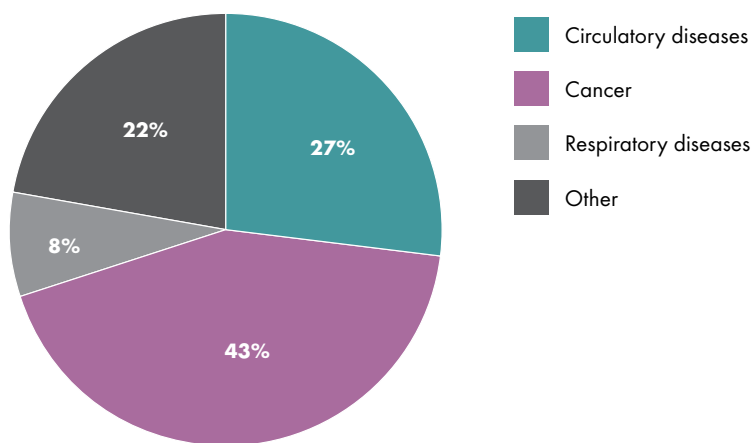
Ranking: 1 = best, 150 = worst

Deaths by cause, 2008-2010, North Yorkshire



Circulatory diseases are the leading cause of death amongst residents of North Yorkshire accounting for 37% of all deaths.

Deaths by cause (aged <75 years), 2008-2010, North Yorkshire



The leading cause of death for those dying prematurely (<75 years) in North Yorkshire is Cancer, accounting for 43% of all deaths.

Summary

The data presented show stark differences in death rates between communities within North Yorkshire, with the highest rates of early death (under the age of 75) in areas with the highest levels of socioeconomic deprivation.

My first recommendation is to continue our efforts to reduce these inequalities in health.

The population of North Yorkshire is getting older, placing increasing pressure on health and social care services, but also providing opportunities for active and healthy ageing.

My second recommendation is to focus on happy and healthy ageing to help people to maintain their health and independence as they grow older.

The population profile in North Yorkshire shows continued contraction of the young working age population relative to the rest of England.

My third recommendation is to continue to support the Marmot principles of giving every child the best start in life and to consider how to ensure that our young people can move from education to employment in the county.

During 2008-10
deaths from stroke
(all ages) in North
Yorkshire,

**49 per
100,000,**
was significantly
higher than the
national average of

**43 per
100,000**

Untreated high
blood pressure can
lead to strokes,
heart attacks and
heart failure.

83,907

people are registered with high blood pressure in North Yorkshire GP practices which is a higher rate than England. However, there is an estimated gap of around 100,000 people who have high blood pressure and are not aware.

What is public health?

It's about the wider environment we live in and the opportunities we are offered

This was reinforced by the Marmot review¹ 'Fair Society, Healthy Lives' (February 2010) in which he stated *"differences in health care matter as do differences in lifestyle, but the key determinants of social inequality in health lie in the circumstances in which people are born, grow, live, work and age."*

Case study: Sean Percival Scott Veteran support project

The Beacon (Catterick Garrison), managed by Riverside (a leading social housing provider), opened in September, 2011. It provides supported accommodation for up to 31 vulnerable ex-servicemen and women who have become, or at risk of being, homeless. Many of the residents have mental and physical health problems. This may be combat related; many are estranged from their families and for a significant group, there is associated alcohol or drug misuse. The support focuses on health and wellbeing, through signposting and encouraging engagement with appropriate health services, training and employment skills, housing and debt management. The veterans are encouraged to set realistic goals but supported to access resources and opportunities that may be available for them.

Sean was medically discharged with Post-Traumatic Stress Disorder in 2012 after 10 years of service which included several tours of Iraq and Afghanistan. After the breakdown of his relationships with his wife and family, he found himself totally isolated.

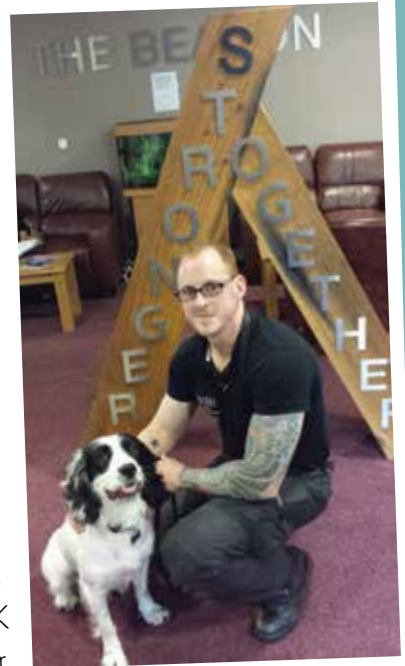
Sean found himself homeless and living on the streets. He began to self-medicate with alcohol, feeling unable to cope with his daily thoughts or his night terrors.

Sean explained, "I had a moment of clarity and meltdown at the same time. I wanted to drink the wine as quickly as I could and collapse. I needed to pick a direction – drink the wine, give in, go the whole hog and end it, or sort myself out." He called the number given to him for The Beacon and asked for help.

¹ <http://www.instituteofthehealthequity.org/projects/fair-society-healthy-lives-the-marmot-review>

Arriving at The Beacon, Sean expected shared accommodation and communal showers: he was 'blown away' by the facilities and support available to him. For the first time in a long time he didn't need to worry about feeling safe. Making full use of the support available he gains strength in health and character, he regularly uses the gym, the health and wellbeing centre, the bakery and the IT suite. With confidence and the first signs of self-belief, Sean felt ready to progress with his career and shared a dream... he wanted to become a Drug's Dog Handler.

Sean enrolled onto a Drug Handlers Course in Cardiff and passed with flying colours. Sean found Eric, a black and white spaniel. Sean is currently having on-going training with the Cumbria Police Dog Section and will eventually have a General Purpose German Shepherd donated by SDUKI (Sniffer Dogs UK and International) to better help him to develop his career further.



He still finds the smell of shoe polish and shaving foam too much to cope with but as usual he gets the job done, when needed. He accepts the fact that he has PTSD and copes with the daily issues it can cause: "If I didn't have this avenue, I would have taken the other avenue wouldn't I?...civilians go to bed at night knowing soldiers are keeping them safe, it's nice to give back and help keep us safe when we need it."

The full impact of conflict in Northern Ireland, Bosnia Iraq and Afghanistan can often be hidden. It is beginning to be recognised that there is a significant toll on the health of many soldiers. Once they have left the army they have to adjust to civilian life, which many can find difficult. Problematic health behaviours such as excessive drinking, drug taking, violence and relationship breakdowns may be the first indication that there is a mental health issue. Providing a safe environment in which they can live while they access the support that is specific to their needs allows them to adjust and develop their confidence. This takes resources, time and patience.

Public Health Outcomes:

Initially, success may be identified as putting on weight, sleeping better or taking an active role in the training and volunteering opportunities within the bakery. The longer term outcomes relate to improved mental health, acquiring skills to improve employability and gaining life management skills to manage housing, debt, and relationships. The outcome we strive for is that the veteran can move on to live an independent life that has a sense of purpose and fulfilment.

For more information go online or contact Riverside on 01748 833797

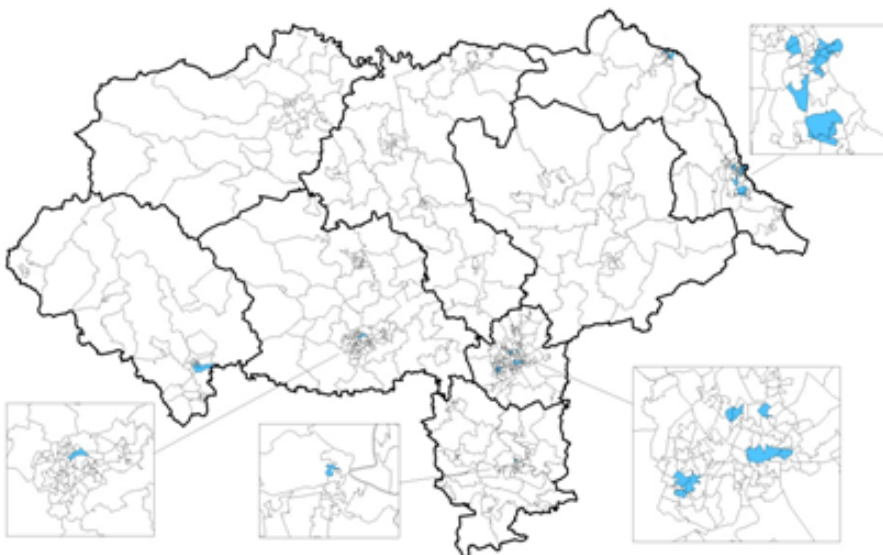
The influence of the wider environment on health requires policy interventions to be increasingly intelligence led and also preventative, focusing on the root cause of ill health rather than just simply treating the consequences of its development. This argues for the “prevention rather than cure” approach. Tackling the conditions determining people’s health outcomes requires action right across a person’s life (often called the “lifecourse approach”), well beyond the influence of the NHS and health services.

The contribution of social and economic factors on health outcomes is the driving force underpinning the transfer of public health into local government. The Local Authorities at both county and district levels oversee the delivery of a number of services and set the local direction in important areas such as leisure, transport, environmental health, housing, economic regeneration and development, that all directly impact on the health outcomes of residents.

Deprivation is strongly linked to poor health outcomes. We also know that people in lower socio-economic classes are more likely to smoke and find it harder to quit compared to those in higher classes.

Although in general North Yorkshire is relatively prosperous compared with the national average as measured by the Index of Multiple Deprivation (IMD), there are pockets of deprivation across the county.

North Yorkshire and York Lower Super Output Areas (LSOAs) within 20% Most Deprived in England. Index of multiple deprivation, Indices of Deprivation 2010



Notes
 1. Source: Indices of Deprivation 2010
 2. Ordnance Survey Map Data. © Crown Copyright. 100017946. (2011)
 3. Compilation & Analysis: Corporate Information Systems Team, Chief Executive's Group, NYCC. 2011
 4. Filename: L:\stats\seamdemographic\data\ind 2010\mapping\worst 20%and 20%_wor

Shelter is a prerequisite for health. However, people who are disadvantaged suffer both from a lack of housing and from poor quality housing. Furthermore, the fear of crime compounds the social exclusion of people living in disadvantaged areas.

Sir Donald Acheson (1998) Independent Enquiry into Inequalities in Health Report

There is a concentration of areas of deprivation along the east coast, but each District Council area has its own particular pockets of deprivation.

Case study: **Selby North**

Working together to tackle multiple deprivation

This project involves key partner organisations working together to have positive impacts on people living within Selby North without seeking additional funding. The core area around Charles Street is one of the Lower Super Output Areas (LSOA) within the 20% most deprived in England.

Aims are:

- to improve how people feel about where they live;
- to develop stronger connections between people i.e. neighbours;
- to help people to become more involved in their local community.

Stronger support mechanisms and a sense of belonging and shared responsibility can reduce isolation and build community cohesion leading to more resilient and healthier individuals and communities.

The project is unusual as we have no funding to account for and no pre-set targets to achieve. Partners are committed to a long term and evolving collaboration to address entrenched problems.

The early stages of the project have been about building links between partners including the County Council, Selby District Council, and the Police. We have made sure that local practitioners are involved – children's centre staff, social care workers supporting older people, youth workers, community officers supporting people in social housing, the Town Council, the Community and Voluntary Sector, the local school, a local church group living on the estate and colleagues from public health.

Read the full case-study online or contact Tom Jenkinson, Corporate Development Officer, 01609 533808



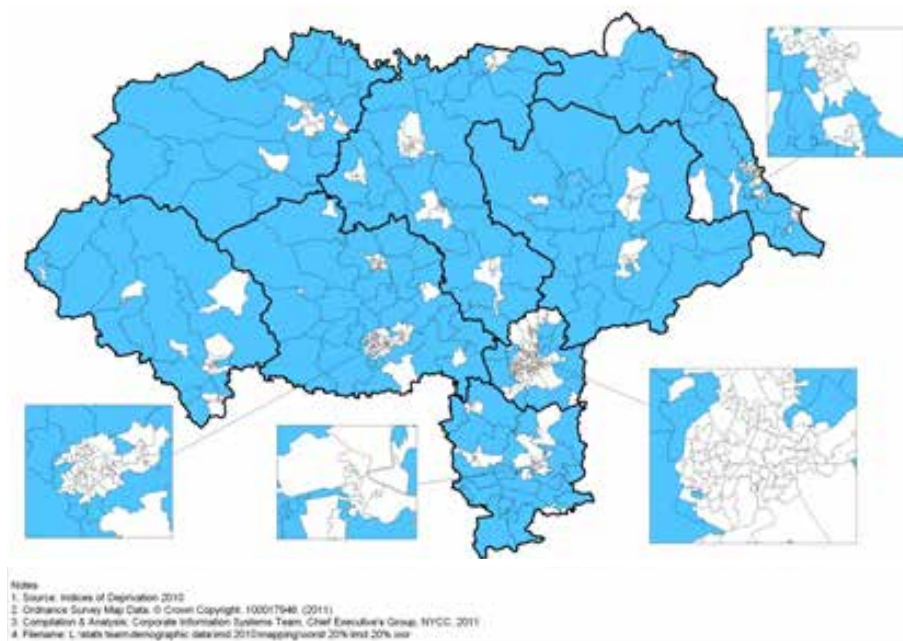
Poor condition of built environment (also related to poverty, unemployment) can cause loss of control over the surroundings and can unsettle individuals and groups. Any form of vandalism, tagging, and damaging common property will have detrimental consequences on mental and physical health².

The District Council areas in North Yorkshire each have a level of child poverty well below the national average, apart from Scarborough (21%) which is very close to the national average.

² Green, G., et al. (2002): Fear of crime and health in residential tower blocks, *European Journal of Public Health*, 12: 10-15

North Yorkshire is a predominantly rural county with just seven towns that have a population of more than 15,000 people. Only two (Scarborough and Harrogate) have populations exceeding 50,000 people. Outside these urban centres and market towns North Yorkshire is sparsely populated with 16.9% of the population living in areas which are defined as super sparse (less than 50 persons/km). As ranked by the Geographical Barriers deprivation index, 95 % of North Yorkshire's geography is in the top 20% most deprived in England, with some areas in the top 1% most deprived.

North Yorkshire and York LSOAs within 20% Most Deprived in England. Barriers to Housing and Services Sub-domain: Geographical Barriers, ID 2010



North Yorkshire's rurality can lead to issues around social isolation (although social isolation is not limited to rural areas) and can also lead to challenges in delivering services efficiently in remote rural areas.

The Geographic Barriers deprivation index is calculated from: road distance to a GP surgery, road distance to a supermarket or convenience store, road distance to a primary school, road distance to a Post Office. These barriers are a big challenge for a rural population (particularly for the most vulnerable in society) as it makes living a healthy lifestyle, access to a healthy diet and leisure facilities, the delivery of health and social care, and creating social networks all the more difficult.

The wider determinants of health are influenced by a wide range of actions, policies and spending decisions at national, regional, local and community levels. The local government structure and the community and voluntary sector have long had significant roles in influencing and shaping the wider determinants of health in North Yorkshire – from schools, to the economy, to looking after the highways and providing

housing support. With public health responsibilities now more closely aligned with other local government responsibilities and powers we hope to keep our public health strategy primarily focussed on creating the right environment for us all to live, work and visit.

The link between social and economic deprivation and health outcomes is clear in North Yorkshire and the response to meeting the challenges to the health of the population requires the combined action of all organisations and agencies that influence the wider environment in which we live.

My fourth recommendation is for health and wellbeing to be a central consideration in decision making of all organisations and agencies in the county. The Joint Health and Wellbeing Strategy provides a framework to support this work.

What is public health?

It's about prevention rather than cure

Health improvement is concerned with positively influencing the factors that promote health in populations and reduces unfair variations between communities in health outcomes. Areas such as tobacco control, smoking cessation, physical activity promotion, healthy eating and obesity prevention would all be expected to feature. However, educational attainment, fulfilling work and affordable housing are also key determinants of health.

Adapted from Dahlgren and Whitehead³ Model (1991) of the determinants of health



At the heart of a local government led system should be a focus on the wider-determinants of health as well as individual lifestyle choices – classically predicted in this model. This seminal piece of work brought together factors that influence the health of the population, from the unchangeable genetic and hereditary factors, to the highly modifiable environment that exists around the population. The model demonstrates that no one factor should be looked at in isolation as it is the overall picture that ultimately influences the health of a population.

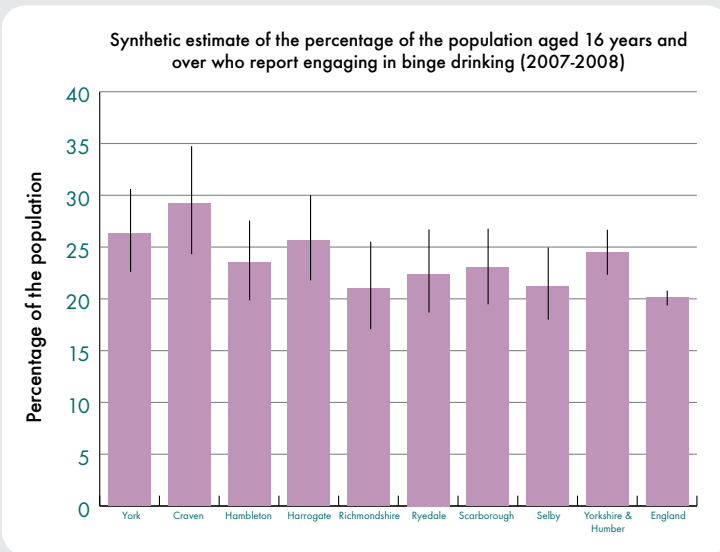
Despite people placing a high value on health and wanting to live healthy lifestyles, the majority of the adult population has at least one of the major lifestyle risks, such as smoking, regularly drinking more than the recommended limits, not being physically active and/or being overweight or obese. These risk factors can lead to poor health, poorer quality of life, and cut people's lives short, as well as increase the financial burden to society.

³ Dahlgren, G., Whitehead, M. (1991) Policies and Strategies to Promote Social Equity in Health, Stockholm, Institute for Futures Studies

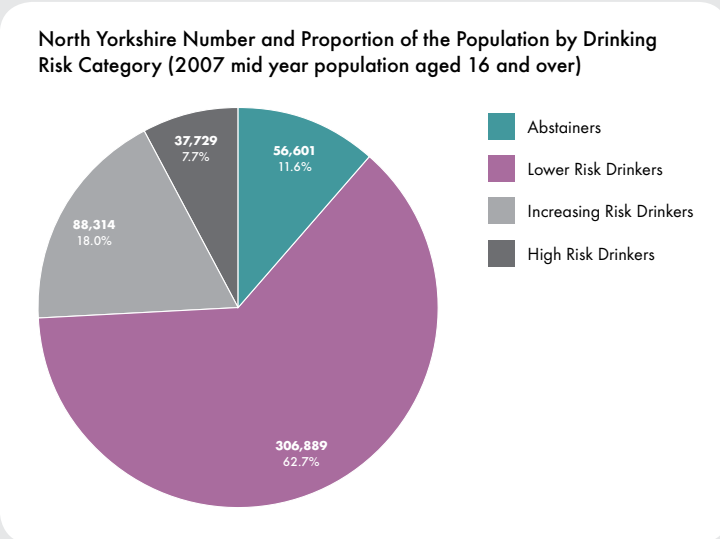
Lifestyle and Wellbeing Facts

- Estimates suggest that 24.2% of adults in North Yorkshire are obese; the same of the national average. Selby stands out having levels of obesity that are estimated to be significantly higher than the national average, whereas Harrogate is estimated to have significantly lower levels of obesity. National projections suggest that around 90% of adult men could be obese or overweight by 2050.
- The latest data from the Integrated Household Survey suggests that adult smoking prevalence in 2011 was 16.5% for North Yorkshire, compared to 20.2% for England.
- Smoking in pregnancy (measured at time of delivery) in North Yorkshire and York in 2011-12 was 14%. This ranges from 9.0% for women giving birth at Harrogate Hospital to 20.5% for women giving birth at Scarborough Hospital.
- North Yorkshire's health related behaviour questionnaire in 2012 indicated that 9% of year 8 and year 10 pupils had smoked at least one cigarette in the last seven days and 8% said they smoked regularly or occasionally.
- It is estimated that in North Yorkshire 57,000 people aged 18-64 experience common mental health problems including phobias, depression, anxiety, obsessive compulsive disorder and panic disorder. It is also estimated that 11,200 people 65 and over have depression and 3,500 severe depression. These are forecast to increase to 13,300 and 4,200 respectively by 2020.
- 23% (47,500) of NY people over 65 live alone. This is forecast to increase to 24% (57,400) by 2020. Although today, and in 2020, there will be more women living alone than men, the forecast (26% increase in NY men living alone) is higher than the 19% increase forecast for NY women.
- It is estimated that there are 1,803 heroin and crack cocaine users in North Yorkshire. Compared to other areas of the country heroin and crack cocaine use is relatively low. Drug use generally amongst young people is falling nationally and locally, with most young people choosing not to take drugs.
- Estimates suggest that 23.9% of North Yorkshire residents are binge drinking significantly higher than the national average of 20.1%. Further estimates show increasing risk and higher risk drinking in North Yorkshire was 25.7%, higher than the national average of 23.6% and ranged between 20.0% in Scarborough and 30.0% in Hambleton. This means that over 125,000 adults in North Yorkshire regularly drink above recommended levels.

Public health practitioners provide information, resources, training and support to help people make informed choices about their health and wellbeing as well as involving, empowering and mobilising communities in effective health improvement action. They develop, commission, implement and evaluate public health services and programmes and advocate on behalf of individuals, groups and communities to improve public health outcomes.



Source LAPE 2011



Alcohol misuse causes a range of issues that impact across the whole society, causing a burden on families, communities, the Police and justice system, the NHS, employers and the economy. It is estimated that alcohol costs the society in England between £17.7 billion and £25.1 billion annually⁴.

In particular the health related harms of alcohol have led to increasing numbers of deaths and alcohol related admissions for a range of conditions including cancers, cardiovascular diseases, injuries as a result of assaults, mental health issues and injuries as a result of a fall. Hospital Admissions for Alcohol Related Conditions in 2009/10 cost North Yorkshire health services £16.4 million⁵.

It is estimated that alcohol costs the society in England between **£17.7** billion and **£25.1** billion annually

Local Alcohol Profile Definitions⁶

Abstainers	Do not consume alcohol
Lower risk drinking	Men who regularly drink no more than 3 to 4 units per day and women who regularly drink no more than 2 to 3 units per day. Weekly limits are no more than 21 units per week for a man and 14 units per week for a woman.
Increasing Risk Drinking	Men who regularly drink over 3 to 4 units per day and women who regularly drink over 2 to 3 units per day. Weekly limits are more than 21 units to 50 units for a man and more than 14 units to 35 units for a women. Often referred to as "hazardous drinking".
Higher Risk Drinking	Men who regularly drink over 8 units per day or over 50 units per week and women who regularly drink over 6 units per day and over 35 units per week. Often referred to as 'harmful' drinking.
Binge Drinking	Adults who consume at least twice the daily recommended amount of alcohol in a single drinking session (that is 8 or more units for men and 6 or more units for women)

⁴ Department of Health (2008) The cost of alcohol harm to the NHS in England: an update to the Cabinet Office Study 2003

⁵ Yorkshire and the Humber Public Health Observatory (2011) – now Public Health England

⁶ Local Alcohol Profiles, published by the North West Public Health Observatory. www.nwph.net/alcohol/lape

Case study: Food for Life Partnership (FFLP)

Sixty-seven North Yorkshire Schools are enrolled with FFLP. This case study focuses on the FFLP activity at Boroughbridge High School.

The Food for Life Partnership is a network of schools and communities working to transform food culture through growing food, cooking, visiting farms, engaging pupils in decisions around school food, improving the lunchtime experience, and working with school meal caterers to source good quality food for school meals. This holistic approach to embed good food culture aims to create positive health and wellbeing impacts. Through working with schools, we aim to give pupils and their families the confidence, skills and knowledge they need to cook, grow, and enjoy good food.

Read more online or contact **Amanda Donnelly, Senior Commissioning Manager (North)**, 07824635810, www.foodforlife.org.uk.



What do we mean by prevention?

Prevention is key to public health, particularly in relation to long term conditions such as diabetes, heart disease, and lung diseases. However, prevention works at three levels.

Tertiary Prevention

These are activities aimed at reducing the incidence of chronic incapacity or recurrences in a population, and thus to reduce the functional consequences of an illness, including therapy, rehabilitation techniques or interventions designed to help the patient return to health. For example, treating diabetes in line with best practice and managing any symptoms to maintain health and independence and avoid acute exacerbations of the conditions that may otherwise need a hospital visit or reduce independence.

Secondary prevention

Focuses on early detection and swift treatment of disease and its purpose is to cure disease, slow its progression or reduce its impact on individuals or communities. For example, identifying the early signs of diabetes and providing advice and support to prevent the progression of the disease and help people access care and understand their condition.

Primary prevention

Activities designed to reduce the instances of illness in a population and thus reduce the number of new cases of disease occurring in a population. For example, promoting physical activity and healthy eating to reduce the risk of type II diabetes.

To make a lasting and significant impact on health outcomes, health improvement must be at the core of local government business and the responsibility of each citizen. In addition, we need to ensure we have in place a range of services and staff with the skills to support behaviour change.

Case study: **Creative Connections for Wellbeing** *bringing individuals and communities together through creativity and the arts. Pioneer Projects (Celebratory Arts) Ltd*

This project is Craven-wide, based from Looking Well Studios in Bentham, running outreach sessions in Settle and Skipton. Pioneer Projects is a community arts and wellbeing charity. Our work stems from the evidence for, and belief in, the connection between creativity and health. Our broadest aim is to improve health and wellbeing through the arts, by nurturing the whole health of individuals and their communities. Bringing people together to make, talk and share experiences improves wellbeing, increases self confidence and develops skills. The activities encourage friendships, promote independence, reduce social isolation, prevent deterioration and foster a sense of belonging. People of all ages are helped to develop a sense of purpose in their life and their communities.

Pioneer Projects uses art in its broadest sense, e.g. 3D and visual arts, music and storytelling, cooking and growing, movement and performance. Accessible, artist-led sessions provide high quality creative experiences. Our Looking Well base in Bentham acts as a creative wellbeing hub for the organisation and the community.

Activities are based on the needs and aspirations of participants, and are tailored to the individual. Some sessions are specific to a certain health condition e.g. dementia or long-term health conditions or living status e.g. unpaid carers.

Read more online or contact Clare Hucknall, 01524 262672 www.pioneerprojects.org.uk



Public health is essentially everyone's business. It is important to utilise the opportunities of all our staff to 'make every contact count' – so that brief advice and information can be delivered at every opportunity and we support communities to take care of themselves through community enablement/development approaches.

In relation to health improvement services the Local Authority is now mandated to deliver the National Child Measurement Programme, NHS Health Checks and ensure open access to sexual health services. It is also responsible for commissioning a number of other services such as smoking cessation services, drug and alcohol services, and health promotion campaigns. In addition the NYCC now holds the budget for the 5-19 Healthy Child Programme currently delivered by school nurses and from April 2015 will become responsible for commissioning 0-5 Healthy Child Programme which includes health visitors.

Work is currently underway to review and commission:

- 1.** Adult drug and alcohol misuse services.
- 2.** 0-19 Healthy Child Programme exploring how we better integrate these services with wider children's services to give every child the best start in life.
- 3.** Sexual health services for young people and adults.

Case study: North Yorkshire Children and Young People's Risk Taking/ Sexual Health Services Three Year Project (2010-2014)

The aim of this work is to reduce risk taking behaviours of secondary aged pupils in North Yorkshire secondary schools, BESD (Behaviours, Emotional, Social Difficulties) schools and Pupil Referral Services (PRS). The 2010 Every Child Matters-Health Related Behaviour Questionnaire (ECM-HRBQ) data was used to identify five secondary schools across the county together with all PRS and BESD schools where:

- Risk taking behaviours were highest.
- Awareness of sexual health services was low.
- Pupils' perceptions of the usefulness of sex and relationships education, alcohol and drug education were low.

The project includes action to:

- Improve the quality of the personal, social, health education (PSHE) curriculum and teaching and learning within these schools.
- Improve referrals to targeted youth support, and access to targeted youth interventions on site.
- Ensure access to school based sexual health services on site.
- Ensure that key policies are fit for purpose and reflect the provision in the school, including referrals and access to services. (Sex and Relationships Education and Drugs policies).
- Provide training:
 - Through locally delivered National PSHE training programme (accredited through Roehampton University)
 - School based bespoke PSHE training
 - Smoking cessation training
 - Basic Sexual Health and Condom distribution training

Read more online or contact Katharine Bruce, Lead Adviser, Wellbeing, Quality and Improvement Service, 01609 535497, Katharine.bruce@northyorks.gov.uk

Individual choice and behaviour are important determinants of health especially when the local environment in which we live is supportive to healthy choices. With the new responsibilities for commissioning public health services, the Council can now directly target support to help people in less affluent communities to adopt healthier practices. We can do this by ensuring we get the most out of our commissioned services; for example, the NHS Health Checks programme can contribute to healthier ageing by focussing on early diagnosis and treatment of risk factors to ill health and the Healthy Child Programme is a key component in helping to give each child the best start.

In addition to the previous recommendations, I want us to harness the potential of events such as the Grand Départ of the 2014 Tour de France to create a legacy for physical activity in the county. Also, the burden of ill health and social harms caused by the sheer numbers of people drinking alcohol above recommended levels and lack of awareness of the dangers of increased drinking must be addressed not just in our town centres but also in our homes.

What is public health?

It's about protecting us all from infections and environmental risks

Health protection is the area of public health practice that aims to reduce the dangers to health from infections, chemicals and radiation hazards. Public health practitioners ensure that surveillance systems are in place to allow early identification and response to public health threats. They work closely with emergency preparedness, resilience and response agencies such as the Police and the Fire and Rescue Service to plan and respond to a range of incidents and emergencies that can impact on the health of individuals and communities.

Case study: **Malton Air Quality Management Area**

- Ryedale District Council has introduced an Air Quality Management Area to reduce ambient levels of nitrogen dioxide (NO₂) in Malton so that annual average concentrations do not exceed a set air quality objective (AQO) at relevant places where public exposure might occur.

- Currently annual mean NO₂ concentrations exceed the AQO at several various locations in Malton. These locations have been included in the Malton Air Quality Management Area (AQMA). This is due primarily to emissions from road vehicles and therefore measures to reduce NO₂ levels are traffic related.

- Elevated levels of nitrogen dioxide are associated with adverse health effects because of respiratory effects. The young, elderly and Individuals with pre-existing health problems, including people with asthma, are at greater risk and UK ambient levels may be associated with an increase in daily mortality rates and increases in hospital admissions for cardiovascular and respiratory illnesses.

- In the Malton AQMA most residential properties are situated close to the edge of the narrow roads and pavements which characterise the area. If action plan measures to reduce NO₂ levels succeed, this will reduce the exposure of residents.

- **Read more online or contact Steve Richmond, Health and Environment Manager, 01653 600666, www.ryedale.gov.uk/environment_and_planning/pollution/pollution_control_air_quality.aspx.**

The key aim of health protection is to prevent infections, outbreaks and emergencies and everyone across North Yorkshire has a role in this. Public Health England (PHE) is the new national body with responsibility for taking direct action to prevent and manage health protection issues. However the district councils have environmental health teams, and NYCC has teams responsible for emergency planning and now public health leadership across the whole system. Therefore we must continue to work with our colleagues in a co-ordinated way to prevent issues from ever occurring, but also manage situations when things do go wrong.

Case study: **Illness linked to petting farms**

Visiting a farm is a very enjoyable experience for both children and adults alike but it's important to remember that contact with farm animals carries a risk of infection because of the microorganisms - or germs - they naturally carry.

Individual cases of illness and outbreaks linked to petting farms have been reported in North Yorkshire and children are particularly at risk.

Common types of illness include infection with cryptosporidiosis, E. coli 0157 and salmonella. All of these bacteria live in the gut of the animals so people can get infected within the farm setting mainly in two ways – either by touching animals in the petting and feeding areas or by coming into contact with animal droppings on contaminated surfaces around the farm. These harmful bacteria can get accidentally passed to your mouth by putting hands on faces or fingers in mouths before washing them thoroughly. It only takes a small number of the bacteria to cause infection.

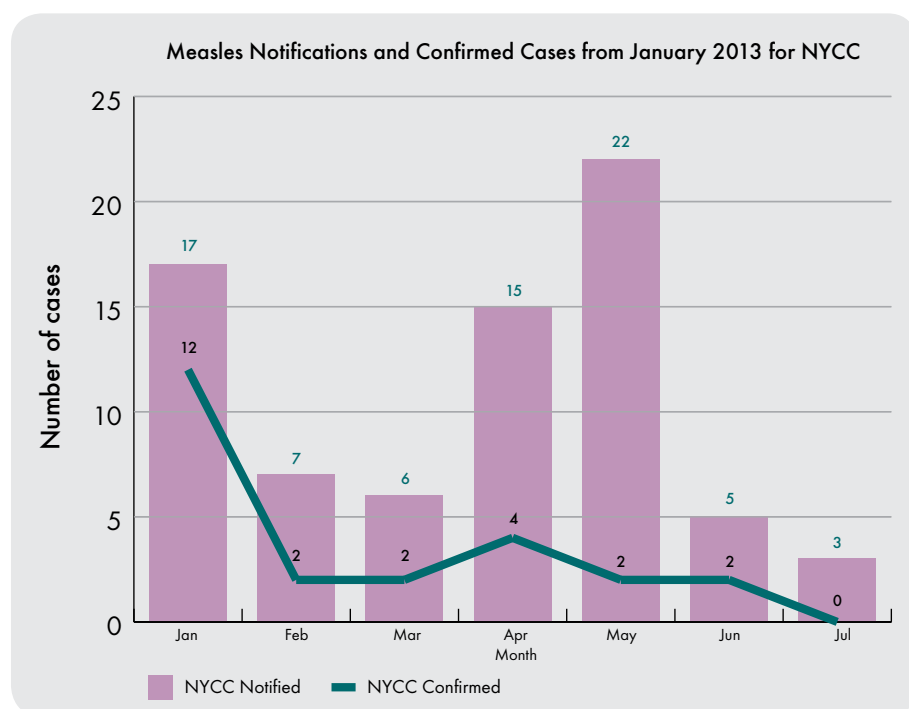
Cases of E. coli linked to farm attractions are at their highest levels between June and October and cases of cryptosporidiosis are often associated with the lambing season in spring.

Work with the owners and managers of farm attractions is on-going and farms are advised to make use of the Industry Code of Practice on how to protect visitors and staff from illness. Work is also on-going to raise awareness of the risks associated with farm visits with parents and teachers organising school trips.

North Yorkshire has high rates of gastrointestinal illness compared with the rest of the country. Work aims to reduce the risk of infection from this particular setting while still encouraging families to continue to visit farms and learn about the environment and rural culture.

Read more online or contact Simon Padfield, Consultant in Communicable Disease Control, 01904 687100

Outbreaks of measles in England have been increasing in the last two years with an annual total of 1,920 confirmed cases in 2012, the highest annual figure since 1994. The key difference in the pattern of infection in 2013 is a high rate of cases in teenagers; this age group is the most likely affected by the adverse publicity between 1998 and 2003 when the uptake of the vaccine amongst two-year-olds in the UK fell from around 92% in early 1995 to around 80% in 2003/4.



Outbreaks of measles in England have been increasing in the last two years with an annual total of

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Nationally the cohort of under-vaccinated individuals is estimated to be around one million. The primary focus of the current MMR catch-up programme is the unvaccinated 10–16 year old age group which accounts for about one third of the million. In North Yorkshire we are supporting the general catch up campaign done through GP practices by providing links into schools and services for young people. We are also doing additional work with gypsy and traveller communities who traditionally have not readily accessed vaccination programmes.

MMR vaccine provides safe and effective protection against measles, mumps and rubella

It can protect your child and others against measles infection and its serious consequences. People are best protected from the measles virus when they have had two doses of the MMR vaccination. If you are unsure if your child has received the 2 doses (usually given around 12 or 13 months of age, and again around the time of school entry) check in your child's "Red book" or contact your GP practice. If they have missed one or both doses of the MMR vaccine make an appointment at your GP practice, the vaccination is free on the NHS.

For further information on measles and the MMR vaccination go to:
www.nhs.uk/conditions/measles.

What is public health?

It's about getting the most out of the money we spend on health and social care

Public health practice is concerned with improving the equity of provision and quality of health and social care services. Services need to be provided on the basis of need and public health practitioners work with the commissioners of these services to ensure that they are appropriately targeted. Public health skills in assessing the evidence for effectiveness and cost effectiveness of services are also useful in setting priorities for investment in health and social care services, especially in times of austerity. Ultimately, NHS and social care prioritisation needs to focus on preventing the use of expensive hospital and care services; this can be done by investing in programmes and services designed to keep people independent, active and living a healthy lifestyle – for example reducing the number of falls in older people or improving the uptake of vaccination programmes. As part of the transfer of public health responsibilities NYCC are mandated to support NHS commissioning in the area.

Case study: Scarborough Accident and Emergency Alcohol Project

- The Accident and Emergency Alcohol Project (at Scarborough Hospital) aims to increase screening and treatment for people who drink at harmful levels, help them to access support services and reduce hospital admissions and re-admissions associated with alcohol use.

- The service offers structured brief interventions, harm reduction advice, and an opportunity to refer dependent drinkers into community treatment services.

- Together the Cambridge Centre and Scarborough General Hospital are working in partnership to offer alcohol advice and brief interventions to individuals admitted to the Accident & Emergency (A&E) Department. The interventions are aimed at helping people make more informed decisions about how much alcohol they drink and reducing the harm of alcohol on themselves and others.

- The A&E Alcohol worker provides training for those working within Accident and Emergency on using the Scarborough Alcohol Test, a screening tool that is used to identify those drinking at harmful levels. Those identified are then offered an alcohol information pack and an appointment for follow up support at the hospital with the Alcohol Worker.



Read more online or contact Paddy Chandler, Deputy Chief Executive, 01723 367475

Case study: Extra Care Housing

Supported housing provides appropriate care, support and health input to enable people to remain in their own home and to maximise their independence.

Extra Care supported housing is currently available in 15 locations across North Yorkshire with 12 more in the pipeline with a project underway to deliver more – resulting in a total of 55 schemes across the county by 2020.

Extra care is a housing solution to a care and support need. Extra care housing is different because:

- you are living at home, not 'in a home';

- you have your own front door – you decide who comes in;
- couples can stay together;
- there is a mix of able and less able people;
- 24 hour care and support services are available, with a choice of local care and support providers;
- you are supported to improve your health and wellbeing and maintain your independence;
- you can join in activities or you can be private;
- you have control over your own finances;
- you have security of tenure.

Read more online or contact Juliette Daniel, Head of Extra Care, 01609 798662
extracareenquiries@northyorks.gov.uk.

Healthcare and social care settings offer clear opportunities to improve the overall health of the patient, not just treat or manage the issue that brings the patient into care. Every contact with a patient is a chance to change their behaviour and support them to live a healthier lifestyle – ultimately reducing the likelihood of them needing care again.

Over 34,400 people 65 and over in North Yorkshire were estimated to have had a fall during 2012 of which over 2,600 would have led to a hospital admission. These figures are forecast to increase to nearly 42,000 and over 3,300 respectively by 2020.

It is estimated that 1,200 people aged 18–64 and nearly 3,000 older people in North Yorkshire have a longstanding health condition caused by a stroke.

It is estimated that nearly 29,000 adults in North Yorkshire have diabetes with a forecast increase to 32,000 by 2020. There are potentially around 14,400 people in the area who do not know they have diabetes.

It is estimated that over 55,000 people 65 and over have a limiting long term illness. This is forecast to increase to nearly 67,000 by 2020.

What is public health?

It's about using intelligence to inform decisions

All areas of public health practice rely on having high quality intelligence to inform policy and action. The essential skill is to develop the systems to draw together information from various sources in new ways, to provide the analysis and interpretation of the information and to effectively communicate this intelligence to policy makers to improve health and wellbeing. The Faculty of Public Health still uses an adapted definition of the Charles-Edward Winslow definition I quoted earlier in the report:



Public health is the science and art of promoting and protecting health and wellbeing, preventing ill-health and prolonging life through the organised efforts of society.

Faculty of Public Health



Most public health policy proposals feature some debate about the strength and quality of the underlying scientific evidence but public health science on its own is seldom sufficient to ensure action. Few would dispute the evidence of the harms to health from smoking today but this was not always the case. By the mid-1950s, when lung cancer rates in the UK were among the highest in the world, the link with cigarette smoking had been made but it was only in 2007 that smokefree legislation was implemented.

The art of public health practice is also important. It was not until the Royal College of Physicians published and publicised the landmark report "Smoking and Health" (1962)⁷ that public opinion about smoking began to change and ambitious tobacco control initiatives could be implemented.

⁷ Smoking and Health: A report of the Royal College of Physicians on smoking in relation to cancer of the lung and other diseases, 1962 www.rcplondon.ac.uk/resources/smoking-and-health-1962

What is public health?

It's about everyone working together

The Faculty of Public Health definition notes that public health requires organised efforts of society. Improving health outcomes and reducing variations in these outcomes between communities will not arise from good intentions only. These outcomes will only be achieved by the co-ordinated efforts of statutory, voluntary and community partners working with the public in pursuit of shared aims.

Health and Wellbeing Boards have a key function to ensure our efforts are organised and that science and art combine to develop and implement programmes that will result in improved public health outcomes. Other important partnerships include the Children's Trust which produces the Children and Young People's Plan for the county, the Older People's Partnership, the Learning Disabilities Partnership, the Local Enterprise Partnership, and Safeguarding Boards (adults and children).

A review of all the agencies that contribute to society is beyond the scope of this report but there are a number of organisations which have defined public health roles that need to be mentioned.

Local Government

Across North Yorkshire there are parish, town and city councils where local people through their elected representatives can plan for the development of their local communities through community action, volunteering, and advocating for change. These have the potential to help shape how communities can be healthier places to live and work in the future.

The second tier of local government consists of District and Borough Councils which have statutory responsibilities for housing and environmental health. These Councils also commission or provide leisure services for their residents which can help to maintain healthy active lifestyles.

Case study: **Hambleton** **Exercise Referral Scheme**

Exercise referral allows Primary Health Care professionals (GPs, Practice Nurses etc.) to refer individuals with a variety of medical conditions and/or a history of sedentary lifestyle, who would never normally consider participating in regular physical activity, for a short-term, supervised programme of physical activity at any of the four District Council run Leisure Centres. The aim of this short-term intervention is to promote long-term adherence, by encouraging lifestyle changes, through which more physical activity will be incorporated into their lives.

The scheme may be seen as an alternative or addition to the prescription of drugs for certain conditions, and may ultimately reduce patient visits to the doctor.

Read more online or contact Lisa Wilson; Community Leisure Manager,
lisa.wilson@hambleton.gov.uk,
01609 767149

Since April 2013, North Yorkshire County Council took on new responsibilities for public health and now commissions a range of services to help residents to adopt healthier lifestyles. In addition, the Council influences many key areas of public health through its responsibilities for providing access to services, promoting economic development, ensuring high quality education and services for children and young people and providing social care for those who need it.

Each Council produces a Plan that outlines the priorities for their area of responsibility but there is also a joint North Yorkshire Community Plan. For 2011-14 the priorities were identified as:

- Protecting and supporting vulnerable people.
- Supporting economic growth and development.
- Enabling stronger local communities.

Community Safety

The perception of safety in a community has profound effects on the people who live and work there. Residents are less likely to engage in active forms of transport in communities that are not deemed to be safe. Vulnerable people may not venture out of their homes and thus risk becoming isolated and lonely. People who experience crime, especially violent crime, have worse physical and mental health compared to those who have not.

There are a number of structures that exist across the county that bring together partners with an interest in community safety. The York and North Yorkshire Safer Communities Forum is responsible for setting the strategy for tackling crime and disorder and its causes and produces an annual Community Safety Agreement. There is now the additional leadership of the Police and Crime Commissioner (Julia Mulligan) who, in the Police and Crime Plan for North Yorkshire, makes it clear that it's not right to solely focus on reducing crime.

Consideration must also be given to addressing the contextual factors that lead to crime and the wellbeing of victims – like in health, prevention is the main goal. I am pleased to say that the Commissioner too has identified reducing alcohol misuse as a key priority so I look forward to our joint work on this hard to tackle issue.

Schools

Full time education is compulsory for children between 5 to 17 years of age (from 2013, and up to 18 from 2015). The majority of children are educated in schools which have a key role not only for educational attainment of students, a key determinant of health and wellbeing, but for their overall welfare.

Many schools are part of the North Yorkshire Health and Wellbeing/Healthy Schools Programme and hold "Healthy Schools Status". This demonstrates that the school is committed to health and wellbeing and recognises its importance in improving achievement. In order to achieve Healthy Schools Status a school has to demonstrate that they meet a number of minimum criteria related to Personal, Social Health, Economic education (PSHEe), physical activity, healthy eating and emotional health and wellbeing, and they must illustrate the impact of their work on improving provision for children and young people.

In North Yorkshire 53% of state primary school pupils and 36% state secondary school pupils walk to school, below the England averages of 59.5% and 42.0% respectively.

All Employers

Employers have duties to ensure the health and safety of their workers. The workplace has a significant impact on the health and wellbeing of employees. Work-related ill health and high levels of sickness absence may adversely affect the productivity of businesses.

Case study: **Making Every Contact Count in York and North Yorkshire Probation Trust**

'Making Every Contact Count' is a workforce approach that aims to improve the health and wellbeing of communities and ultimately reduce costs across health and social care. It is a region wide programme which aims to ensure all front-line staff are trained and confident to make the most of all opportunities to help people stay healthy. Instead of relying solely on medically trained staff or public health professionals to promote healthier lifestyles, it aims to recognise the huge potential of the wider workforce.

The overall aim of this project is to skill up the York and North Yorkshire Probation Trust workforce with a focus on Level 1 of the Prevention and Lifestyle Behaviour Change Competence Framework. The key objectives are:

- To train Probation staff who have a variety of roles through the Healthy Chat – Train the Trainer course;

- For those trained to go back to their staff teams and cascade the training to them in order to embed 'Making Every Contact Count' within the Probation Service at a local level;

- For Probation staff to feel competent and confident at raising lifestyle issues with their clients and to signpost onto other services where appropriate.

This project has raised awareness of health across the organisation and offender health is now one of our continued business priorities to further develop and improve across our service delivery. The project has contributed to enhanced interactions between probation staff and their clients – seeing the whole person rather than just their offending behaviour.

Offenders often have poorer health and health outcomes than the average population. Therefore action to support offenders to make positive lifestyle choices will contribute to better health outcomes in this group; and therefore contribute to a reduction in health inequalities.

**Read more online or contact Karen Cooper,
Development Manager for Women's Services,
Kathryn.Cooper@north-yorkshire.probation.gsi.gov.uk;**



Organisations need to understand their own responsibilities to the population and indeed their own workforce and commit to taking action voluntarily to improve public health through their responsibilities as employers, as well as through their commercial actions and their community activities.

NHS

The family of NHS organisations in North Yorkshire are responsible for the commissioning and delivery of health care services. NHS England commissions primary care services which are delivered through GP surgeries, pharmacies, dental practices, and optometrists. There are six Clinical Commissioning Groups that commission hospital, community and mental health services for our residents.

The contribution that the NHS can make to preventing ill health and promoting health and wellbeing is considerable. Health care professionals can have a powerful influence on helping people to change their behaviour. Brief advice on safe alcohol use and smoking cessation are among the most cost effective public health interventions. In addition, a health related incident is a powerful motivator for behaviour change and NHS providers should ensure that every contact with their services is used to promote healthy lifestyle change.

Community and Voluntary

The voluntary and community sector makes a vital contribution to public health in North Yorkshire by their provision of services and support for community action. The North Yorkshire Compact is a written agreement between the voluntary and community sector and the public sector detailing how they will work together for the benefit of communities.

The North Yorkshire and York Forum works closely with support and development organisations (Councils for Voluntary Service, Voluntary Actions) and Volunteer Centres in York and North Yorkshire to provide consistent support services across the region. The Forum is the lead body for this partnership and works to provide support, advocacy and information to develop strong, vibrant and cohesive voluntary and community organisations.

During 2011/12 at Scarborough Hospital,

20.5%

(over two in every ten mothers) were recorded as being a smoker at the time of delivery.

Breastfeeding initiation has increased over the last five years and was at

73.7%

in 2010/11 for North Yorkshire and York, the same as the national average.

Public Health England (PHE)

PHE is a newly created national public health service with a mission to protect and improve the nation's health and address inequalities. PHE supports the delivery of public health in local areas by providing advice and intelligence to local authority public health teams, producing national campaigns and guidance on key public health topics, and providing operational health protection services to manage infectious disease outbreaks and environmental hazards.

Colleagues at Yorkshire and Humber PHE Centre are close allies to the Public Health Team in NYCC providing additional support, information and guidance when required. PHE's local health protection team are regularly in close contact with NYCC's Public Health Team as well as the Emergency Planning Team and the Environmental Health Officers in the District Councils.

What is public health?

It's about being outcomes focussed

The performance of the local public health system will be judged by a number of indicators in the Public Health Outcomes Framework (PHOF). This framework covers four key domains of public health:

- Improvements against wider factors that affect health and wellbeing and health inequalities including indicators in education, housing, and employment.
- People are helped to live healthy lifestyles, make healthy choices and reduce health inequalities which will examine how we perform on areas like teenage pregnancy and obesity.
- The population's health is protected from major incidents and other threats, whilst reducing health inequalities – so we must perform well on our vaccination and screening rates for example.
- Reduced numbers of people living with preventable ill health and people dying prematurely, whilst reducing the gap between communities – this domain will explore our suicide rates and our early death rates for cancer as well as how these indicators vary across our communities.

Generally North Yorkshire performs very well against the England average on most of these indicators. However, this often masks significant variations within the county (as discussed earlier in the report).

Indicators which are of note for North Yorkshire are:

- The high crude rate of people killed and seriously injured casualties on England's roads at 82.5 per 100,000 (2010/11 data)
- The consistently good performance on screening and immunisation rates across nearly all programmes – however more can always be done to get coverage as close to 100% as possible.

All of the case-studies posted online have mapped their aims and outcomes to the PHOF and these can be viewed at www.nypartnerships.gov.uk/dphreport. Visit www.phoutcomes.info to see how North Yorkshire is currently performing.

What is public health?

Recommendations and priority actions in the next year

Reduce the inequalities in health that are apparent across the county between the most affluent communities and those that suffer from high levels of social and economic deprivation.

- The current era of austerity has already started to impact significantly on public sector services in North Yorkshire. Changes to these services, particularly when viewed cumulatively, can impact on the health and wellbeing of the population long into the future and are likely to disproportionately affect the most vulnerable in our society. We must work to ensure that the potential negative impact of these changes are minimised and highlight where we believe those in greatest need are being affected the most. We need to ensure that we have in place a formal sub-structure of the Health and Wellbeing Board dedicated to monitoring the impacts of the changes, co-ordinating our responses to reducing health inequalities while considering the role of all local partners.

Focus on happy and healthy ageing, helping people to maintain their health and independence as they grow older and move into retirement.

- We are working with partners across the health and social care economy on a comprehensive framework to shift our current approach from providing reactive, emergency care to a proactive approach of prevention and improving the health and wellbeing of older adults. Key tenets of this framework will be improving health behaviours, promoting early interventions for ill health, increasing levels of community cohesion, and reducing levels of social isolation. This work has been prompted by the Government's new Care and Support Bill which places a duty on NYCC to provide or arrange for services, facilities and resources that contribute towards preventing or delaying need for care and support.

Continue to support Sir Michael Marmot's principle of giving every child the best start in life, and also consider how we can ensure that our young people can move from education into employment in the county.

- By 2015, NYCC will have the responsibility for commissioning all aspects of the Healthy Child Programme. This provides us with the opportunity to review current provision and to explore how early intervention and

.....
By 2015

NYCC will have the responsibility for commissioning all aspects of the Healthy Child Programme

preventative services can be better integrated to support children, young people and their families to ensure the best start for each child. There is also the potential to strengthen work being done through the Local Enterprise Partnership to make young people aware of the economic opportunities in the county and to promote the employability skills and qualifications needed for local businesses to grow. These themes should be explored in the next refresh of the Children and Young People's Plan.

- In England during 2012 there was the largest number of confirmed measles cases since 1994. This high number of cases confirmed the long-held fear that the adverse publicity around the MMR (measles, mumps and rubella) vaccine between 1998 and 2003 led to large numbers of teenagers being vulnerable to infection. During 2013 there will be a catch-up campaign running to vaccinate unprotected individuals, particularly those aged 10-16. The campaign is being delivered in GP practices and is being led by PHE and NHS England.

Have the public's health and wellbeing as a central consideration in the decision making of all of the organisations and agencies within North Yorkshire; particularly North Yorkshire County Council, the Clinical Commissioning Groups and the District Councils, recognising that public health is about the big picture in our society not just individual choice and behaviour.

- Every year NYCC hosts a wider partnership conference. This year, I am pleased to say, the focus will be on public health. The conference (scheduled for 22 November 2013) will provide us with an opportunity to debate the broader role of public health in North Yorkshire and to shape our future plans.

The conference will be the catalyst to launch work locally on reducing health inequalities.

- The North Yorkshire Community Plan is due for a refresh in 2014. However the overarching vision - to make North Yorkshire an even better place for everyone to live, work or visit – still rings true. I will be working with partners to ensure that public health is at the heart of the Community Plan; in particular to ensure that we are co-ordinating our efforts to secure a strong economic future, particularly for our young people as they move from education to employment.
- NYCC is the largest employer in North Yorkshire. Each employee has the potential to be a champion for public health by ensuring, where appropriate, that every contact with the public is a health-promoting contact. Encouraging healthy lifestyles among staff can improve their health and wellbeing and have positive effects on their families and communities in the county. I am recommending to NYCC that the Making Every Contact Count online training is made mandatory for all staff, with enhanced training available for those with regular contact with the public. I am also recommending that NYCC in its new role as a public health organisation develops its own Public Health Charter that outlines the commitment to improve the health of staff and the wider population.

Harness the enthusiasm and sense of wellbeing that has been created by hosting the Grand Départ of the 2014 Tour de France, with the aim of creating a social and physical activity legacy in the county.

- On Saturday 5 July 2014 Tour de France rolls into North Yorkshire as part of Yorkshire's Grand Départ. This iconic sporting event will bring opportunities to promote healthy

lifestyles, boost the local economy, and show off our beautiful county to the world. We are developing plans to meet the logistical challenges and potential service pressures from the many people expected to attend. In addition we have begun to plan for the legacy of the event to ensure that local residents continue to gain health benefits from our hosting of the Grand Départ especially in increasing the uptake of physical activity.

Prevent the health and social harms caused by high levels of alcohol consumption and lack of awareness of the dangers of increased drinking, not just in our town centres but in our homes.

- I have highlighted in this report the scale of the burden caused by alcohol. Our challenge is not just about the stereotype of youths binge drinking cheap Alcopops in town centres but also about adults who have had a lifetime of drinking over the recommended limits, ultimately developing alcohol related conditions which require extensive and expensive medical support. I am recommending that we take a whole North Yorkshire approach to alcohol (from prevention through to treatment) involving all partners. When I next report I hope that we will be in the early stages of a strategy that will produce benefits to us all.

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In England during

2012

there was the largest number of confirmed measles cases since

1994



...when I came to consider local government, I began to see how it was in essence the first-line defence thrown up by the community against our common enemies – poverty, sickness, ignorance, isolation, mental derangement and social maladjustment. The battle is not faultlessly conducted, nor are the motives of those who take part in it all righteous or disinterested. But the war is, I believe, worth fighting, and this corporate action is at least based upon recognition of one fundamental truth about human nature – we are not only single individuals, each face to face with eternity and our separate spirits; we are members of one of another.



**Winifred Holtby writing to her mother (Alderman Mrs Holtby)
regarding her novel *South Riding* (1936)⁸**

⁸ Published by Virago (2010)

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www.nypartnerships.org.uk/dphreport

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