



**North Yorkshire County Council  
Richmondshire Area Constituency Committee**

**28 August 2019**

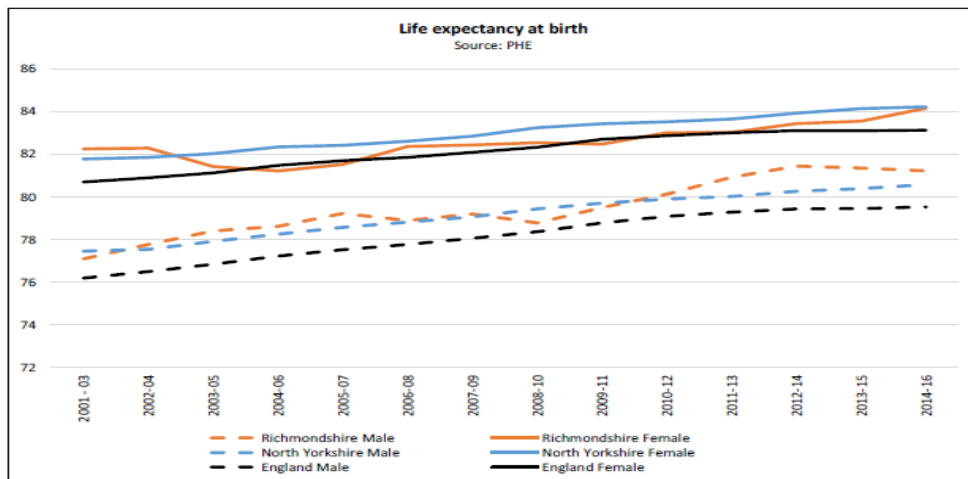
**Public Health Priorities, Services and Challenges**

**1. Purpose of Report**

1.1 To provide Members with an overview of some of the public health priorities, services and challenges in the Richmondshire Constituency Committee Area.

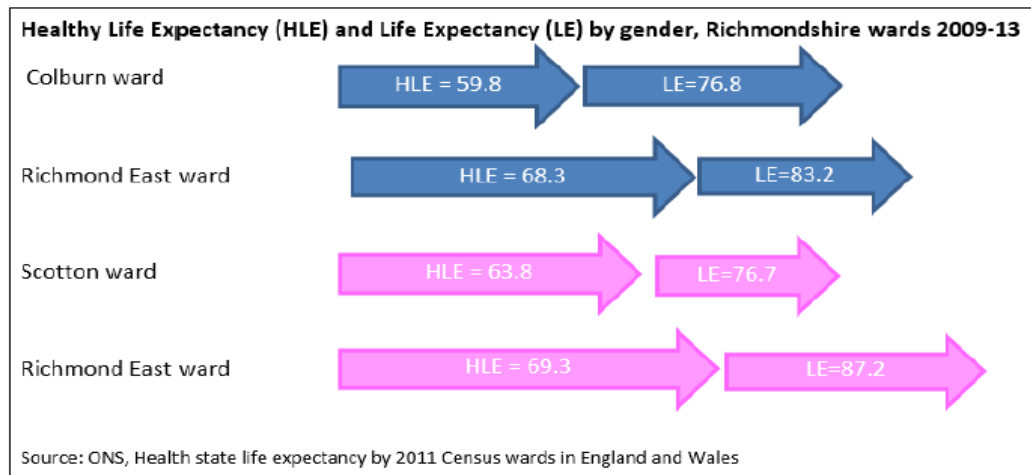
**2. Local health profile**

2.1 The overall health and wellbeing of people in Richmondshire, expressed as Life Expectancy at birth for males and females (a good measure of overall health) is good. For males it remains greater than the North Yorkshire and England figures, 81.2 compared to 80.6 and 79.5, respectively. For females it is the same as North Yorkshire at 84.2 but greater than England 83.1.



2.2 However, there is wide variation in the years spent in good health for both males and females between electoral wards, indicating within district inequalities. There is an 11 year difference in life expectancy for females between Scotton ward and Richmond East ward. Women in Scotton ward can expect to live 64 years in good health whereas women in Richmond East ward spend 69 years in good health. Men in the ward with the lowest life expectancy (Colburn) spend 60 years in good health and

men in Richmond East ward spend 68 years in good health. For both sexes, the wards with the highest life expectancy exceed that seen by England and those with the lowest life expectancy are below the England figures.



- 2.3 The Richmondshire 2018 Health Profile (Appendix 1) shows three indicators where rates in Richmondshire are significantly worse than England rates.
- The proportion of women who initiate breastfeeding at delivery is significantly below the national average, 70.7% compared with 74.5%.
  - The proportion of individuals killed or seriously injured on Richmondshire roads is about two and half times the national average, 97.1 cases per 100,000 individuals and England 39.7 cases per 100,000.
  - The proportion of adults aged 17 and over diagnosed with diabetes is lower than expected at rate of 66.9% compared with 77.1% for England.
- 2.4 These unfair and avoidable differences in health (referred to as health inequalities) are caused by a complex mix of environmental and social factors which play out in the locality. Addressing the wider determinants of health through a life course approach is important for achieving impact at both the level of population health and at the individual level.
- 2.5 Some of the public health services helping to improve health and wellbeing and address health inequalities in the Richmondshire area are briefly described.

### 3. Healthy Child Programme

- 3.1 The Health Child Programme (HCP) is a mandated universal preventative child and family health promotion programme delivered by Health Visitors (0-5 years old) and School Nurses (5-19 years old). It is available to all children and aims to ensure that every child gets the good start they need to lay the foundations of a healthy life. The programme is achieving above national standards.
- 3.2 The local targeted elements of the HCP provide support to young teenage parents and young people aged 9 – 19 years who require support and interventions in relation to their risk taking behaviour, including drug and alcohol misuse, sexual health and/or their emotional wellbeing.

3.3 The current contracts expire in March 2020 and work is progressing to re-procure the programme. NYCC are seeking to enter into a partnership with an NHS Trust to deliver the programme, using existing health and social care legislation. The partnership approach will involve developing new models of services that provide more flexibility, improved efficiency, better integration and better services for children, young people and families. This approach is in line with the recently published Green Paper on Prevention and the NHS Long Term Plan.

#### 4. Breastfeeding

4.1 Breastfeeding provides benefits to the health and wellbeing of both mother and child. In Richmondshire, 71% of women initiate breastfeeding within 48 hours of delivery, significantly less than the proportion of women in England overall who introduce breastfeeding (75%).

4.2 In order to increase breastfeeding a strategy and action plan has been developed in partnership with York that is focussing on:

- Increasing initiation of breastfeeding
- Increasing breastfeeding at 6-8 weeks
- Reducing the gap between breastfeeding rates in the most deprived areas/population groups and the York and North Yorkshire average.

#### 5. Preventing unintentional injury to the under-5s

5.1 Reducing accidents and hospital admissions due to unintentional injury in the early years of life is a recognised 'High Impact Area', which can make a significant difference to the safety, wellbeing and future life chances of babies and young children growing up in North Yorkshire. Common causes of injuries include falls, poisoning, drowning, burns and scalds.

5.2 Unintentional injury rates in North Yorkshire in the 0-4 age group have been significantly worse than England. In the 0-4 age group and 0-14 age group the highest rates are observed in Richmondshire.

#### Unintentional & Deliberate Injuries in Children & Young People – 2010/11-20114/15

(Rate per 10,000)

	Age Group		
	0-4	0-14	15-24
Craven	119.3	104.3	164.9
Hambleton	<b>182.6</b>	<b>140.5</b>	<b>172</b>
Harrogate	152.5	118	149
Richmondshire	<b>218.5</b>	<b>153</b>	<b>184.4</b>
Ryedale	129	105.3	123.7
Scarborough	136.4	112.6	116.4
Selby	151	106.8	138.5
North Yorkshire	<b>155.4</b>	<b>119.6</b>	<b>148.2</b>
England	140.8	111.7	139.5

Source: Local Health, PHE, 2016

Hotspots can be observed across much of the Hambleton and Richmondshire area, particularly in the northern half of Hambleton and, for younger children, the more urban parts of Richmondshire (such as Richmond Town and Catterick Garrison).

- 5.3 A partnership with the Early Help Service, 0-5 Healthy Child Service and the Child Accident Prevention Trust, members of the Public Health Team delivered a half day stakeholder event in February 2019. The aim of the event was to focus on ways of improving capacity and collaboration for reducing unintentional injury rates specifically in the Richmondshire area.

The event involved a large range of partners and looked at national evidence and priorities, explored local issues and risk factors and collaborative working across partner organisations to help keep children safe. Organisations represented at the event included Early Help and Years Settings, Environmental Health, Trading Standards, Community & Road Safety Teams, Fire & Rescue Service, Libraries, Ministry of Defence, Home Start and Richmondshire District Council.

- 5.4 Since the event a local partnership has been established to explore the themes and ideas from the workshop and how this can be translated into local actions, using community assets and networks. Public Health is also working with the Richmondshire Safety Hub to explore further opportunities for collaborative working.

## **6. Childhood Obesity**

- 6.1 Childhood obesity is closely related to excess weight in adulthood and physical and psychological conditions. The proportion of children in Reception who are overweight or obese in Richmondshire is similar to the England (22% locally and 23% nationally). This is also true for Year 6 children (37% locally and 34% nationally).

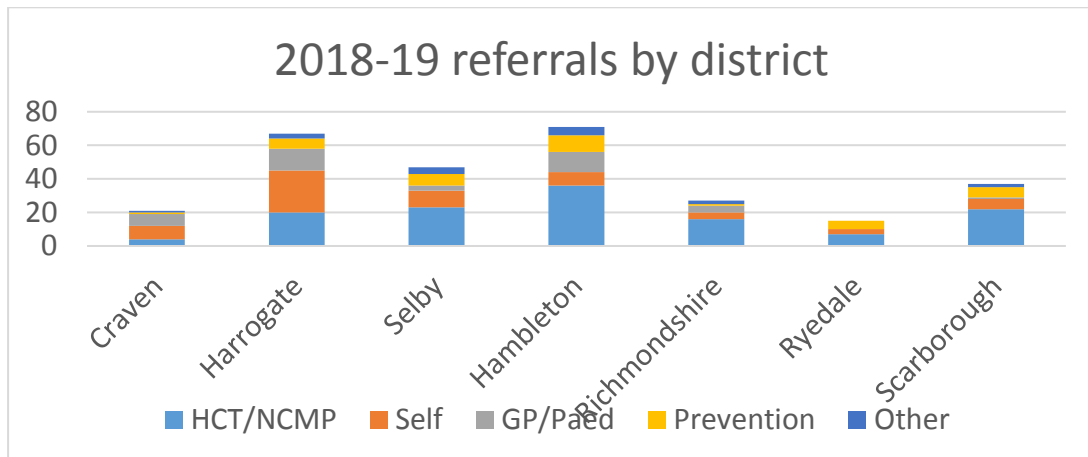
- 6.2 However, there is a 100% increase in the proportion of obese children from Reception to Year 6 in Richmondshire, demonstrating that it is important to identify children at risk of excess weight gain early on and to minimise excessive weight gain through primary school. For overweight children, we see an increase between Reception and Year 6 of 43% but this could be because children change weight status (from overweight to obese) rather than indicating weight maintenance.

- 6.3 The Health Choices (North Yorkshire Children & Young People Weight Management Service) provides a confidential, family-focused package of support for children and young people in North Yorkshire aged 4 - 19 years who are above a healthy weight for their age and height.

The aim of the service is to help children and young people work towards achieving – and then maintaining – a healthy weight by providing them and their family with the tools and information to make positive, and realistic, changes in their habits, helping them to start enjoying a healthier way of living. Importantly, the emphasis is on family fun rather than a strict diet regime.

- 6.4 Each family accepted by the Healthy Choices service is offered a 12-week personalised programme in their home or local community venue, during which they take part in fun and interactive sessions and are helped to make small and realistic changes to their diet and lifestyle. All this is done in a non-judgemental, supportive way.

- 6.5 The number of children referred to the programme from the districts in 2018-19 are summarised below.



- 6.6 After completion of the 12-week programme families are offered continued support and guidance through motivational phone calls and follow-up appointments, helping them to stay on track.
- 6.7 Academic evaluation completed in 2018 show a good level of referrals from all districts, and that the service helped children to lose weight and feel good about themselves.
- 6.8 To complement the individual and family based interventions, North Yorkshire Council is developing a **School Zone Concept (SZC)** to reducing levels of childhood obesity. The SZC involves creating healthy food and physical activity environments within a school zone (the school environment and the environment surrounding the school). The aim is to develop and implement innovative and intensive programme of actions in and around a number of 'school zones' in North Yorkshire, with a view to influencing the environments, policies and behaviours that can support active and healthier living.
- 6.9 The programme has so far focused on secondary schools in Scarborough and Selby (selected because these areas have above county average level of childhood obesity), but it will eventually be rolled out to other areas. The programme was shortlisted (one of 13 out of 102 local authorities) to participate in the Discovery Phase of the National Childhood Obesity Trailblazer Programme (COTP). This enabled insight work on the SZC to be further developed in two school zones for the bid for the second stage of the process, which North Yorkshire was unsuccessful.

## 7. Adult Weight Management Service

- 7.1 A North Yorkshire Adult Weight Management Service (tier 2) for individuals aged 18 and over who are overweight (with a BMI over 25) was launched in Richmondshire in January 2018. This followed the success of a pilot programme that ran from August 2014 to December 2017.

- 7.2 The service incorporates a structured assessment process from referral; triaging clients to assess eligibility and readiness to change, and supporting clients to set and review weight loss plans and physical activity agreements with their weight management advisor at an initial health assessment, 12 week and 24 week assessments. Clients are supported to achieve a 5% weight loss at 12 weeks and sustain 5% weight loss at 24 weeks. The Service provides weekly weigh-ins, structured nutritional advice and a free facilitated physical activity offer.
- 7.3 Individuals who are eligible to access the Adult Weight Management Service include those aged 18 years or over, BMI equal or greater than 25 and resident in or registered with a GP practices or working in an organisation based in North Yorkshire
- 7.4 Those excluded from the service include people under the age of 18, have a BMI of less than 25, who are pregnant or breastfeeding, have a diagnosed eating disorder, have an underlying medical cause for obesity and would benefit from more intensive clinical management from a tier 3 service, have a significant unmanaged co-morbidity (e.g. diabetes, cardio vascular disease, chronic obstructive pulmonary disease) or complex needs as identified by their GP or other healthcare professional and have had bariatric surgery in the last two years.

The individuals who do not meet the eligibility criteria are managed appropriately, which may include a referral back to the GP/health care professional, referral into a tier three weight management service (where available), and/or sign posting to local tier one community activities. More information on the service providers can be accessed on the NYCC website <https://www.northyorks.gov.uk/healthy-weight-and-eating-well>

- 7.5 The current contract for the Richmondshire service provider will end on 31<sup>st</sup> December 2019. All new referrals into the service have closed, with effect from 31 July 2019. Clients currently in the service have been informed of the service ending but are not anticipated to see any changes in service as they will have all exited the programme.

The procurement and mobilisation of a new service will take place over the course of the coming months. All GPs with practices in Richmondshire will be contacted by the new provider from 1 January 2020 onwards.

- 7.6 Current service and potential service users are able to access other districts' Weight Management Services if convenient and appropriate for them.

## **8. Tobacco Control**

- 8.1 Smoking prevalence for adults in Richmondshire is slightly lower than prevalence reported in England, at 14% compared with 15% nationally. For adults in the routine and manual professions, however, prevalence in Richmondshire is 18%, statistically similar to the 26% estimated for England. This is a slight increase on the data from the last two years, where the rate was 17%.
- 8.2 Maternal smoking currently is 9.7% (45) compared to 10.8% (65,023) nationally. This is the lowest rate of maternal smoking at time of delivery in the district since 2010/11.
- 8.3 Living Well Smokefree Service, the county wide stop smoking service as well as new GP and Pharmacy contracts to deliver smoking cessation in house commenced on 1 April 2019.

- 8.4 South Tees Hospitals, James Cook and Friarage Hospitals, recently went smokefree. North Yorkshire Public Health awarded the project £2,000 to contribute towards the signage at the Friarage site.

## **9. Drug and Alcohol**

- 9.1 Deaths from drug misuse is not available for Richmondshire district; values cannot be calculated reliably because numbers are too small. However, deaths from drug misuse in North Yorkshire have increased slightly between 2014-16 and 2015-17 and the rate per 100,000 is similar to the England average (4.3 nationally V 4.4 locally).
- 9.2 The North Yorkshire Horizons Service provides Specialist Adult Drug and Alcohol Service in the county. The Service works in partnership with the Council, Police, Fire and Crime Commissioner and partners within the broader system, to promote harm reduction and give individuals the best chance of achieving and maintaining recovery from drug and alcohol misuse.
- 9.3 The service is accessed through the Single Point of Contact (01723 330730), and provides support to GP practices that deliver drug misuse shared care, and pharmacies that deliver needle exchange and supervised consumption.
- 9.4 COMPASS Reach, part of the Health Child Programme, work with Children and Young People from aged 9 – 19 years who require targeted support and interventions in relation to their risk taking behaviour, including drug and alcohol misuse, sexual health and/or their emotional wellbeing.

## **10. Sexual Health**

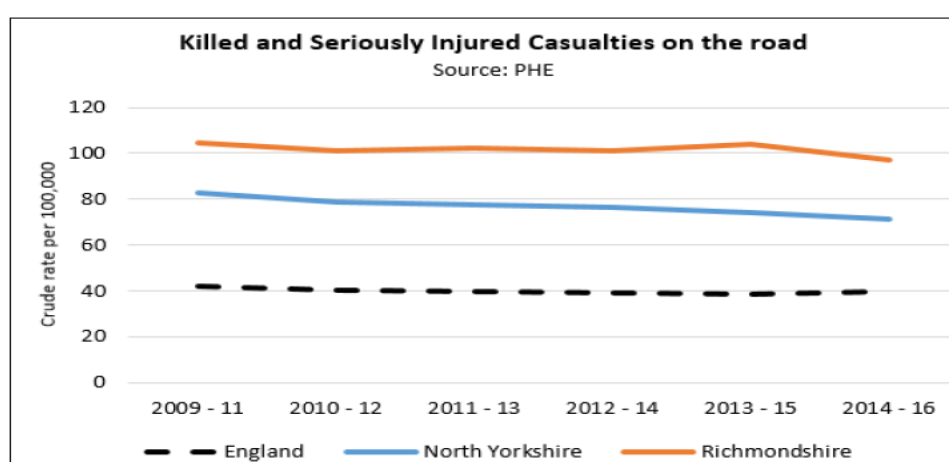
- 10.1 In Richmondshire, the rate of new Sexually Transmitted Infections (STI) diagnoses for 2017 at 529 per 100,000 population is significantly lower than the rate of 794 per 100,000 in England. This excludes chlamydia diagnoses in the under 25's as they have their own active screening programme in place.
- The rate in Richmondshire of teenage conception is similar to England overall (16.6 and 18.8 per 1,000 women aged 15-17, respectively)
- 10.2 The North Yorkshire Sexual Health Service (YorSexualHealth- YSH) provides open access sexual health advice, support and treatment for young people and adults in Richmondshire. This includes the provision of contraception and sexual transmitted diseases (STIs) testing and treatment services. The service also provides support for people living with HIV and their carers and outreach in community venues working with identified groups at risk of poor sexual health. The service also has responsibility for the provision of training across the system, and a clinical leadership role.
- YorSexualHealth provide specialist community clinics at Harewood Medical Centre and Infantry Training Centre, Catterick Garrison. They are working closely with the Catterick Integrated Care Campus (CICC) project with plans to establish a specialist sexual health when the Campus is in place.
- 10.3 The Council also contract directly with GP Practices to provide targeted sexual health services including long acting contraception, chlamydia testing and condom

distribution; and with Community Pharmacies to provide emergency hormonal contraception (EHC), chlamydia testing and condom distribution.

- 10.4 A North Yorkshire Teenage Pregnancy Partnership meets quarterly and is driving actions to reduce teenage pregnancy in the county with a particular focus on areas with higher rates.
- 10.5 The Hambleton Richmondshire and Whitby Clinical Commissioning Group is currently the lead commissioner for county wide Termination of Pregnancy service (provided by British Pregnancy Advisory Service, Maria Stopes International and Hospital Trusts). Work is planned to review the service to ensure that it meets the needs of women in North Yorkshire.

## 11. Road Safety

- 11.1 There has been a significant reduction in the number of people killed or seriously injured (KSI), both locally and nationally in recent years. However, North Yorkshire continues to have significantly higher levels of people KSI on the road, and Richmondshire has very high rates. The rurality of the district, many miles of roads, incoming tourist traffic and the behaviour of road users are all contributory factors.



- 11.2 The identified high risk and vulnerable groups in North Yorkshire who are disproportionately represented in our KSI statistics are Children and Young People, Cyclists, Motorcyclists, Older road users and those who drive at work. Creating areas where people feel safer to cycle and walk has a great potential to improve the health and wellbeing of many people, encouraging them to be more active more often. Further health benefits include improved community cohesion and reduced noise and air pollution.
- 11.3 The 95 Alive Partnership established in 2004 has an overall aim to enable safe and healthy travel for all residents of and visitors to North Yorkshire. It is a multi-agency group involving York and North Yorkshire Councils, North Yorkshire Police, North Yorkshire Fire and Rescue Service and Highways England.

Four strategic priorities underpin the work of the Partnership:

- Education: equipping individuals with the knowledge and skills to use our roads safely and understand how their actions affect others.



- Engineering: reducing road risk through design and engineering that considers our most vulnerable road users.
- Enforcement: taking appropriate action against those who break the law on our roads.
- Engagement: working with communities and partners locally to improve the safety of our roads.

11.4 Some of the initiatives to improve road safety in the county include:

- Social media campaign and road safety adverts at leisure centres
- Junior Road Safety Officers to be launched in September 2019
- Drive Alive to educate our Year 11 students about road safety delivered multi agency with North Yorkshire Fire and Rescue Service and Yorkshire Ambulance Service
- Bikeability training
- Drink Drive events
- Older driver refresher course
- Motorcycle safety
- Cycle safety
- Age Well driving, will link to Age Friendly Communities agenda
- Union Cycliste Internationale (UCI) legacy work

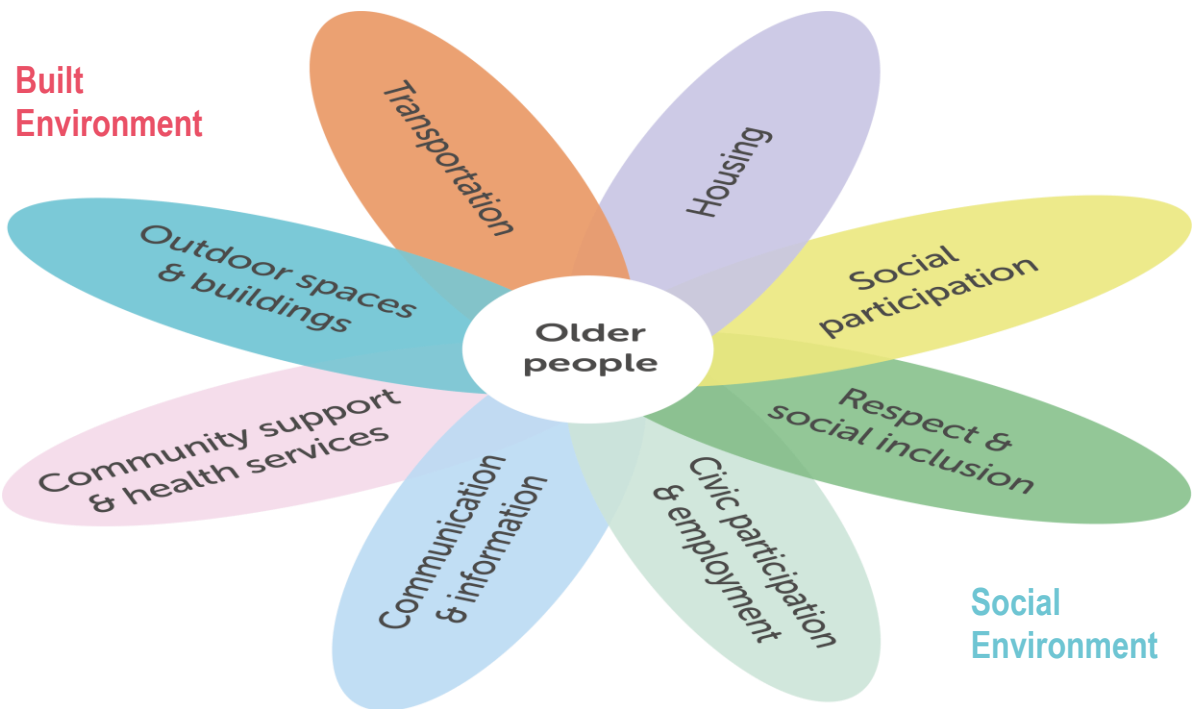
11.5 Public health priorities for road safety going forward include:

- Working with Highways and Transport and Policy Planning teams to incorporate road safety priorities into the 'Shaping Healthy Places' workstream.
- Integrating road safety into wider policy areas and existing Health & Wellbeing Strategic priorities (e.g. Healthy School Zones, Active Travel, Unintentional Injuries, and Age Friendly Communities)
- Continuing work with the 95 Alive Strategic Partnership including providing road safety data to support identification of their priorities in the context of the wider determinants of health.
- Supporting continuing analysis and interpretation of data relating to KSIs to identify high risk and vulnerable groups.

## **12. Age Friendly Communities**

12.1 The aim of the Age-Friendly Communities programme, which is being rolled out by North Yorkshire County Council and its partners, is to foster healthy and active ageing by making it possible for people to continue to stay in their homes, to participate in the activities that they value and to contribute to their communities for as long as possible.

12.2 The Age-Friendly Communities Framework looks at both the built and social environment



### 12.3 Update on progress include:

- Successful in application to become a member of the UK network for Age-Friendly Communities
- Locality events held in Hambleton and Selby, well attended and generated lots of ideas and discussion about how to make the areas more age friendly
- An engagement strategy is being developed to gather views from older people across North Yorkshire
- The Council is commissioning an options analysis of how the voice and representation of older people can realistically and sustainably be developed across the county in the future
- Applying to become a strategic localities partner with Centre for Ageing Better

12.4 Related to the age friendly communities programme is the work Public Health are doing with Community First Yorkshire to develop a unique loneliness risk test. 'Staying Social, Staying Well' is a fun, free and practical online quiz and is part of the Loneliness Campaign for North Yorkshire, funded by the National Lottery Community Fund. It helps people approaching retirement or who have recently retired (typically aged 50-65) think about their risk of loneliness in later life. The quiz offers practical ideas about how people can stay connected with or get involved in their communities, keep active, keep learning and give back. The quiz can be accessed via: <http://bit.ly/2xR6fOa>.

## 13. Dementia

13.1 Richmondshire has a higher rate of people (aged 65+) estimated to have dementia being diagnosed when compared with England (75% V 64%). There are 470 people

aged 65+ with dementia diagnosed in Richmondshire, with potentially another 155 cases unrecorded. NHS Health Checks performed on people aged 40-74 help to identify people at risk of vascular diseases including vascular dementia so they can reduce risks.

13.2 There is a Hambleton, Richmond and Whitby Dementia Strategy Group and the HRW CCG are leading work to improve the diagnosis rates. A key area of work for the group for the year ahead is around improving diagnostic pathway and support for people with dementia. Key actions include:

- Mapping the diagnostic pathway for pre, during and post diagnosis, including those with a mild cognitive impairment to ensure appropriate follow up
- Review the results from the National Memory Service Audit which is currently underway
- Best practice pathways review
- Work with local collaborative groups to develop an outcomes based pathway
- Review Deep Dive reports (Scarborough and Ryedale and Vale of York CCGs) to gather any learning
- Communications plan for raising awareness of dementia (professionals and members of the public, housing, fire, rural task force etc.) including Social media - Facebook and twitter dedicated pages
- Produce Diagnosis Heat Map - based on practice level data
- Support CCGs to promote the DEAR GP tool in care homes

#### **14. Diabetes**

14.1 Complications from diabetes result in considerable morbidity and have a detrimental impact on quality of life. Diabetes is the leading cause of preventable sight loss in people of working age and is a major contributor to kidney failure, heart attack and stroke. Type 2 diabetes, typically associated with excess weight, can be prevented or delayed by lifestyle changes.

14.2 To implement effective interventions, it is important to identify all cases. The gap between recorded prevalence of diabetes and the actual prevalence (recorded cases plus those who are undiagnosed) helps to quantify those who may be untreated. In Richmondshire, it is estimated that only 67% of diabetes cases are diagnosed, significantly lower than England (77%).

14.3 The NHS Diabetes Prevention Programme aims to identify those at high risk of developing diabetes and the NHS Health Checks programme routinely tests for those at risk of developing diabetes.

#### **15. Armed Forces Community**

15.1 The Armed Forces Community is an extremely important feature of the economy and society of North Yorkshire. The presence of the Armed Forces Community is most significant in Richmondshire, home to Catterick Garrison and a large number of ex-Service personnel and their families.

15.2 Research into the needs of the Armed Forces Community in North Yorkshire (including the City of York) was published in April 2019. The objective was to establish the composition of the Armed Forces Community in the area, understand

the needs of the community, including spouses, partners and children, map the services available to meet those needs and identify any gaps.

- 15.3 In 2017, there were 6,700 serving personnel in Richmondshire. It is projected that by 2031 the adult population in Catterick will increase by around 3,000 individuals<sup>1</sup>, and by 9,000 individuals when children are added. This will create a high demand for services which needs to be taken into account in future service planning.
- 15.4 Public Health will be working with partner organisations and local communities to ensure a holistic approach to identifying and addressing needs, at both the community and individual level. For example, collaborative working to ensure that every child in the armed forces community gets the good start they need to lay the foundations of a healthy life.

## **16. Recommendations**

- 16.1 That Members note the report on some of the public health priorities, services and challenges in the Richmondshire Constituency Area.
- 16.2 That Members suggest how Public Health can work with them to address some of the public health challenges.

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## **Appendices**

### **Appendix 1 – Richmondshire Local Authority Health Profile**



richmondshire-health  
profile-2018.pdf

### **Appendix 2: North Yorkshire Joint Strategic Needs Assessment 2018 Richmondshire District Summary Profile**



richmondshire Joint  
Strategic Needs Asses

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<sup>1</sup> It should be noted that troop movement cannot be predicted so the increases may be due to some Germany repatriation but this cannot be categorically assumed at this point so caution must be applied when interpreting the data.