

NORTH YORKSHIRE COUNTY COUNCIL**SCRUTINY OF HEALTH COMMITTEE****7 NOVEMBER 2014****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 the second opportunity the Committee has had to review the Director of Public Health's Annual report.
- 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 2013/2014.

BRYON HUNTER
SCRUTINY TEAM LEADER
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22 September 2014

Background Documents: None

HEALTH & SCRUTINY COMMITTEE

Friday 7 November

Report of the Director for Public Health for North Yorkshire 2014

1 Purpose of the Report

1.1 To present the Report of the Director for Public Health for North Yorkshire.

2 Background

2.1 It is the duty of the Director of Public Health (DPH) to write an annual report on the health of the local population. This is my second report.

2.2 The strong and engaged voluntary, community and social enterprise sector (VCSE) is a particular asset for the County and is a key partner in helping to address the challenges we face in promoting and protecting the health of our people. The representatives of the sector are keen to develop and strengthen collaborations with public sector partners that will be of mutual benefit and lead to better outcomes for people across our communities.

3 Executive Summary

3.1 The profile of North Yorkshire shows:

- A healthy population with higher levels of road injuries and death, excess weight in adults and smoking in pregnancy compared to the England average.
- Improving life expectancy at birth with a widening gap between districts (Hambleton – highest; Scarborough – lowest).
- An ageing population with the number of people over 85 years set to increase by a third over the next decade.
- Low levels of deprivation but challenges related to rurality, affordable housing and fuel poverty are present in all districts and for some population groups.

- 3.2 The report also highlights areas where a co-ordinated approach by partners is needed. These include:
- Ensuring that each child has an active care record, supporting delivery of screening, immunisation and the Healthy Child Programme services.
 - Developing a mental health strategy to ensure that residents of all ages can maximise their mental health and wellbeing and access effective services when needed.
 - Ensuring that health and social care services are responsive to local needs and help residents to maintain their independence.
 - Implementing an alcohol strategy to address the harms associated with binge drinking and other risky drinking behaviours.
- 3.3 Every community has a range of resources or assets that can be harnessed to meet local needs and challenges. The report outlines approaches communities can take to identify and make use of their individual, organisational, physical and economic assets. There must, however, be investment to make effective use of these assets and we are reminded that “voluntary action and volunteering do not come for free.”

4 Recommendations

- 4.1 NYCC, District Councils and CCGs should work closely to implement NICE guidance with regard to providing an integrated approach to preventing and managing obesity and its associated conditions ensuring that gaps in current services are addressed.
- 4.2 NHS England should continue to work closely with the provider of the Child Health Information Systems (CHIS) covering the child population of North Yorkshire to ensure there is an improvement plan to achieve delivery of the national service specification in accordance with national timescales, liaising with NYCC in respect of any current or future inter-dependencies in relation to commissioning, service provision and data or information flows.
- 4.3 Statutory and VCSE partners should continue to work together to develop a North Yorkshire Mental Health Strategy to ensure there is a co-ordinated approach to improving the mental health and wellbeing of the population of all ages, improving outcomes for people with mental health problems and combating the stigma and discrimination associated with mental illness.
- 4.4 NYCC, District Councils and NHS partners should make the most of the opportunities presented by the Better Care Fund and the shift towards integrating services to respond to community needs and maximise the use of community assets working closely with the VCSE where possible.
- 4.5 Statutory bodies should work closely with the VCSE sector to plan the development, delivery and support for health and care services which draw on volunteers

- 4.6 Organisations working with local communities should promote an asset based approach to understanding and responding to the issues that are important to those communities.
- 4.7 Any assessment of need such as Joint Strategic Needs Assessments should include an assessment of the available assets that are already available to address the needs identified.

Dr Lincoln Sargeant
Director of Public Health for North Yorkshire
2 September 2014

**Overview
of
The Report of the Director of Public
Health for North Yorkshire
October 2014**

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**Recognising the
impact of
communities on
health**



The conditions in which people grow, live, work and age have a powerful impact on our health.

Strong communities with high levels of resilience thrive and people with good social networks live longer and have healthier lives.

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This report focuses on health assets

Assets help to address the challenges we face in promoting and protecting the health of our people.

A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and well-being. These assets can operate at the level of the individual, family or community as protective and promoting factors to buffer against life's stresses. A glass half-full, I&DEA 2010

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Two of North Yorkshires best assets are;

- Our Communities



- Voluntary, Community and Social Enterprise sector (VCSE)

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Identifying and making the best use of our assets ...

The report outlines the asset mapping approach that communities can take to identify and make individual, organisational, physical and economic assets.



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Working with the assets in North Yorkshire; VCSE

The strong and engaged VCSE is a particular asset for the county and is a key partner in helping to address the challenges we face in promoting and protecting the health of our people.

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How healthy is North Yorkshire?

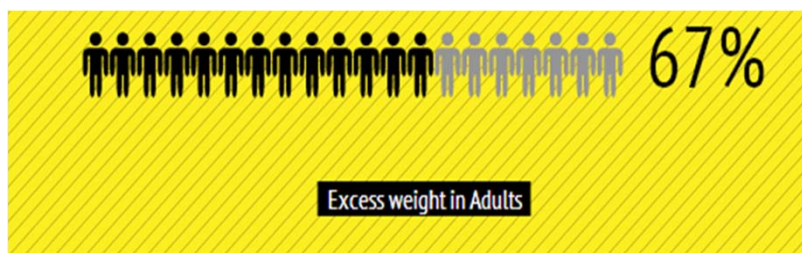
Low levels of deprivation but challenges related to rurality, affordable housing and fuel poverty are present in all districts and for some population groups/



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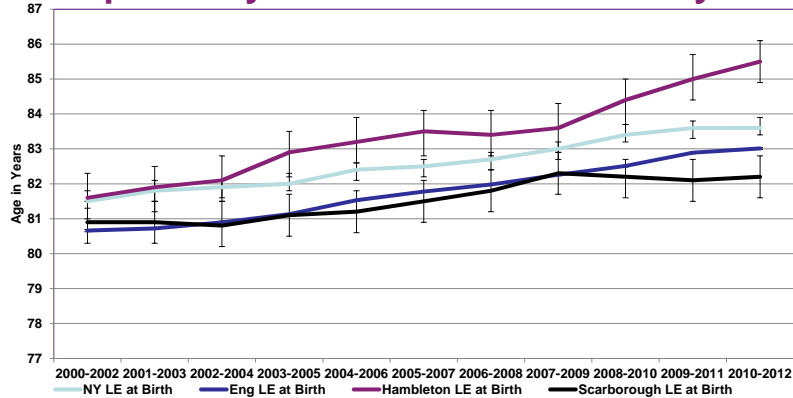
Excess weight in adults is a concern.



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Life expectancy varies across the county

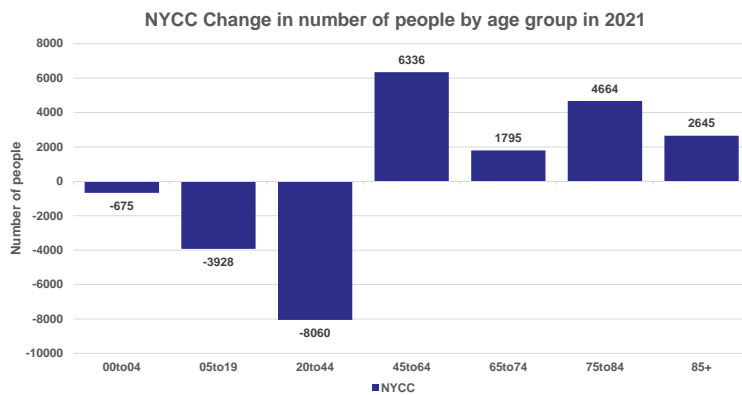


Female Life expectancy (in years) at birth trend data for North Yorkshire and England

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North Yorkshire has an aging population



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Childhood immunisations

The uptake of MMR vaccination at age five years remains a focus given previous low uptake of the vaccination. Uptake of the vaccine in North Yorkshire is currently similar to the England average but lower compared to ONS cluster group.



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Mental Health

National estimates suggest that every year, one in four of us will experience a mental health problem. Public Health England estimate approximately 78,000 residents in North Yorkshire have depression. Approximately 36,000 people in North Yorkshire accessed secondary mental health services in 2013

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Recommendations



1. NYCC, District Councils and CCGs should work closely to implement NICE guidance. Providing an integrated approach to preventing and managing obesity and its associated conditions, ensuring that gaps in current services are addressed.

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Recommendations continued

2. NHS England should continue to work closely with the provider of the Child Health Information System (CHIS) covering the child population of North Yorkshire to ensure there is an improvement plan to achieve delivery of the national service specification.



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Recommendations continued

3. Statutory and VCSE partners should continue to work together to develop a North Yorkshire Mental Health Strategy. Ensuring there is a co-ordinated approach to improving the mental health and wellbeing of the population. Improving outcomes for people with mental health problems and combating the stigma and discrimination associated with mental illness.

Recommendations continued

4. NYCC and NHS partners should make the most of the opportunities presented by the Better Care Fund. With a shift towards integrating services to respond to community needs, maximising the use of community assets working closely with the VCSE where possible.

Recommendations

continued

5. Statutory bodies should work closely with the VCSE sector to plan the development, delivery and support for health and care services which draw on volunteers.



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Recommendations continued

6. Organisations working with local communities should promote an asset based approach to understanding and responding to the issues that are important to those communities.

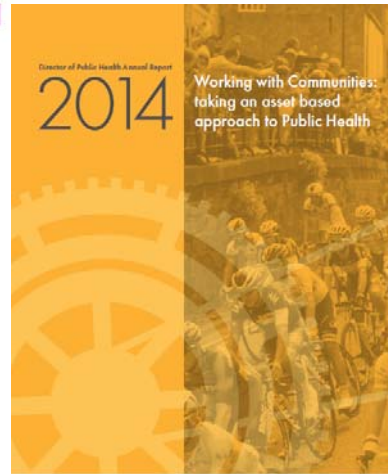
7. Any assessment of need such as Joint Strategic Needs Assessments should also identify the assets available in the community.

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The full report can be downloaded from <http://www.nypartnerships.org.uk/dphreport> or if you would like a hard copy please contact Tina Handley at tina.handley@northyorks.gov.uk



Health and Wellbeing Board
North Yorkshire



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