

CMO Annual Report 2021: Health in Coastal Communities update for Scarborough and Whitby Area Constituency Committee

Friday 23 September

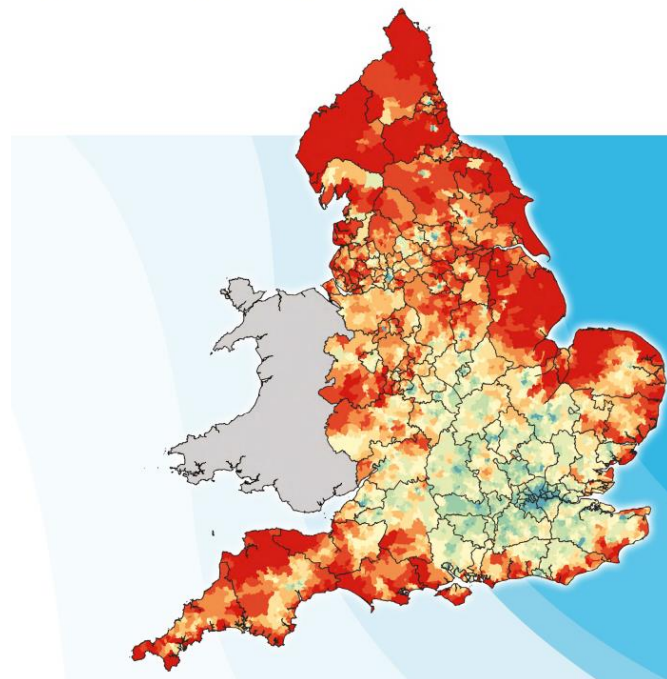
Presenter: Natalie Smith (Head of HAS Population Health Planning) and Dan Atkinson (Public Health Manager)

Introduction

- Summary of the CMO Annual Report 2021
- Recap on CMO Themes and Recommendations
- What is being done?
- Next Steps – What can we do?

CMO Annual Report 2021: Health in Coastal Communities

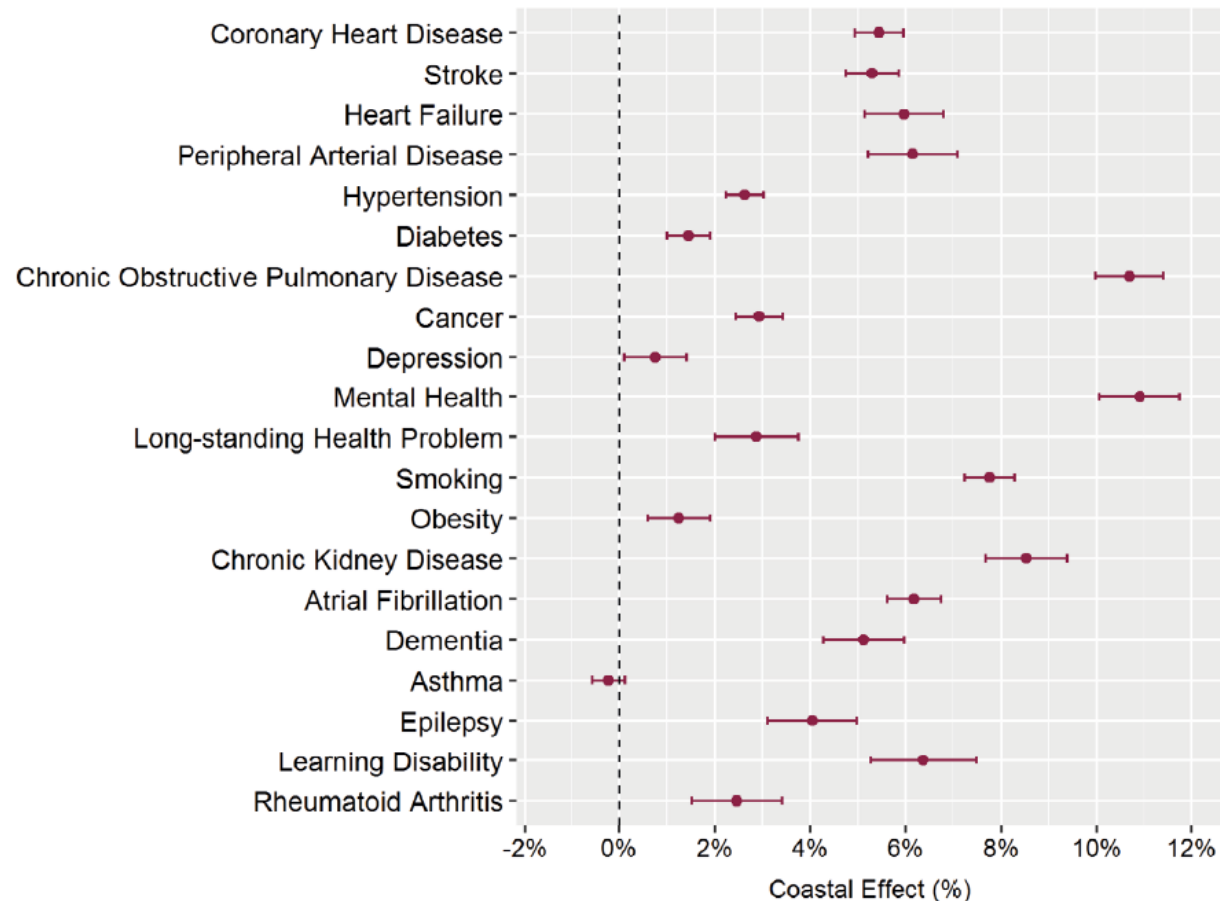
Chief Medical Officer's Annual Report 2021
Health in Coastal Communities



- Identified key themes present across coastal communities that require attention to improve overall health and wellbeing in these communities
- Highlighted the strengths that can be found in coastal communities
- Made a number of recommendations of how positive changes could be made
- Used case studies to emphasise points and bring stories to life

The “Coastal effect”

Figure 6: Estimates of the ‘coastal effect’ on the number of patients on selected GP disease registers: 2014/15 – 2018/19



An exploratory analysis within the Chief Medical Officer’s 2021 Annual Report compared the numbers of patients on different GP disease registers.

It is understood that coastal areas often have older more deprived populations and that this may be a leading cause of the increased health burden.

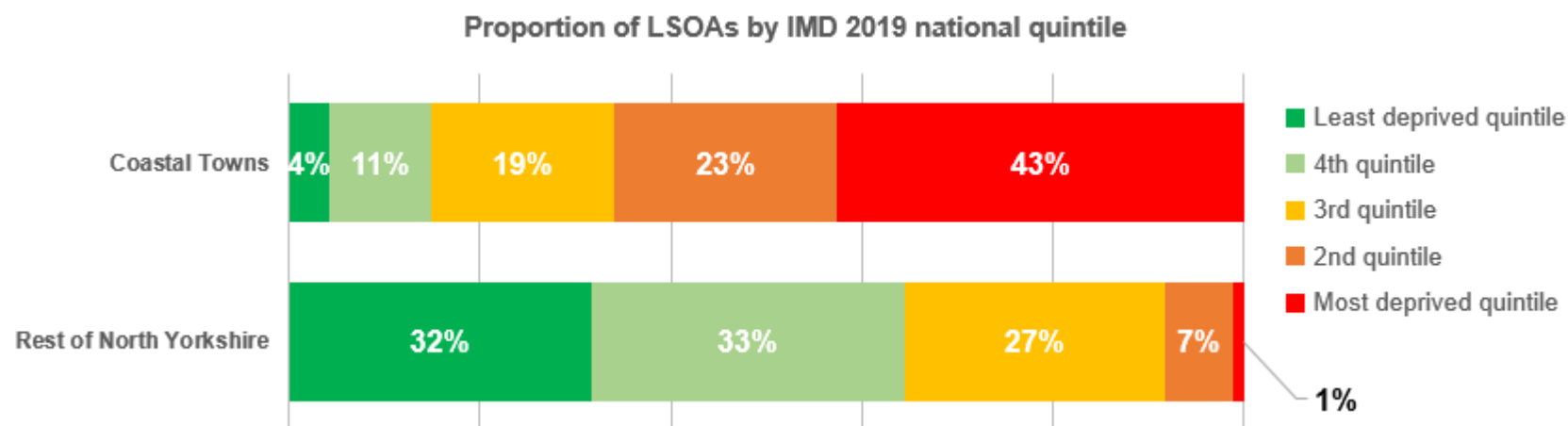
However, even when adjusting for a range of factors including age, ethnicity and deprivation, it was found that coastal areas had significantly higher rates of various disease outcomes.

Index of Multiple Deprivation

Pockets of high levels of deprivation are found across North Yorkshire but they are most highly concentrated in the coastal towns.

43% of the neighbourhoods (LSOAs) in the coastal towns of Filey, Scarborough and Whitby fall within the most deprived national quintile of the Index of Multiple Deprivation 2019.

Across the rest of North Yorkshire only 1% of neighbourhoods fall within this most deprived category

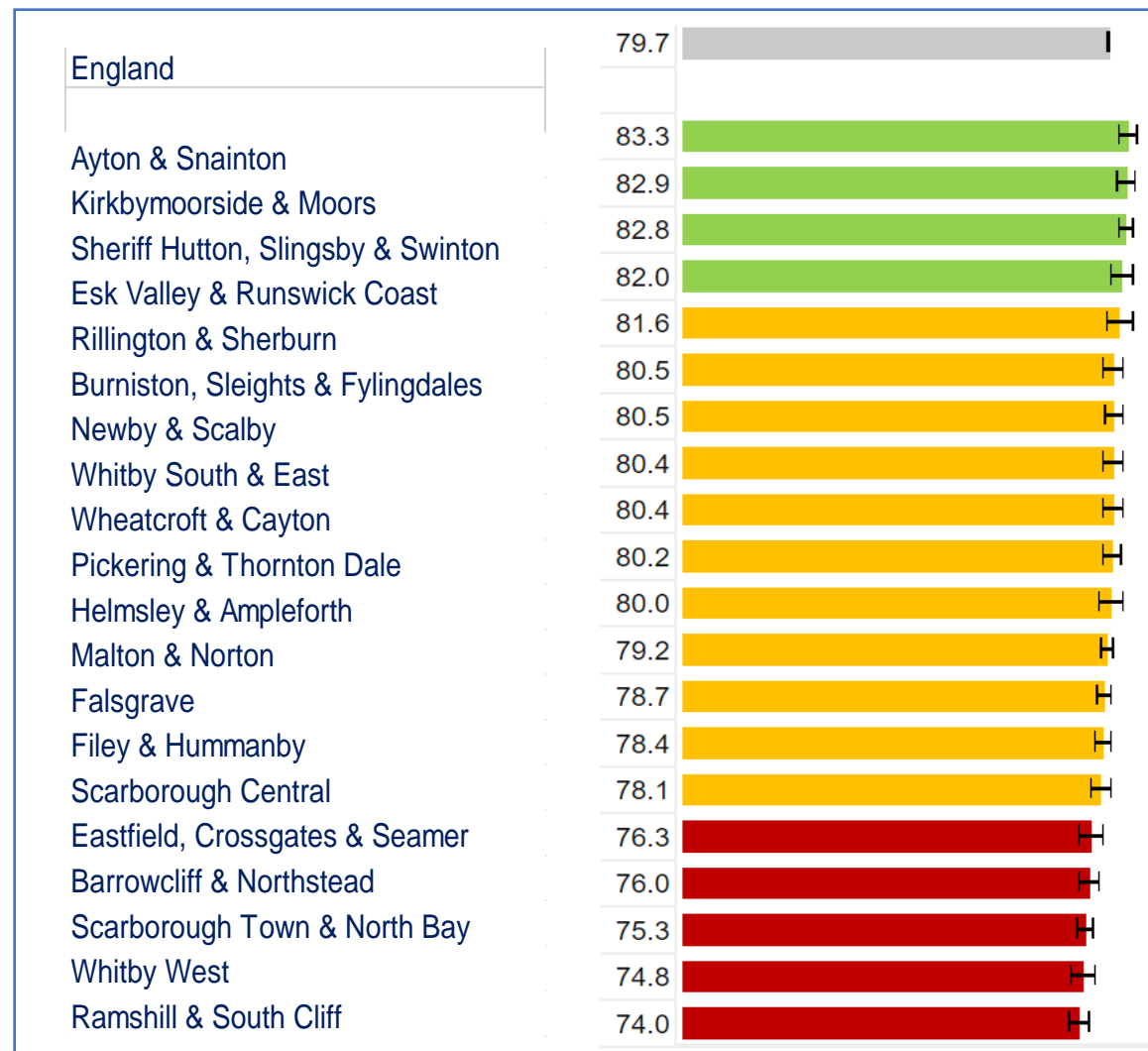


Many coastal towns throughout England also have disproportionately high levels of deprivation when compared with inland areas.

Life expectancy - male

The chart to the right shows life expectancy in MSOAs (areas with a population of around ~5,000) in Scarborough and Ryedale

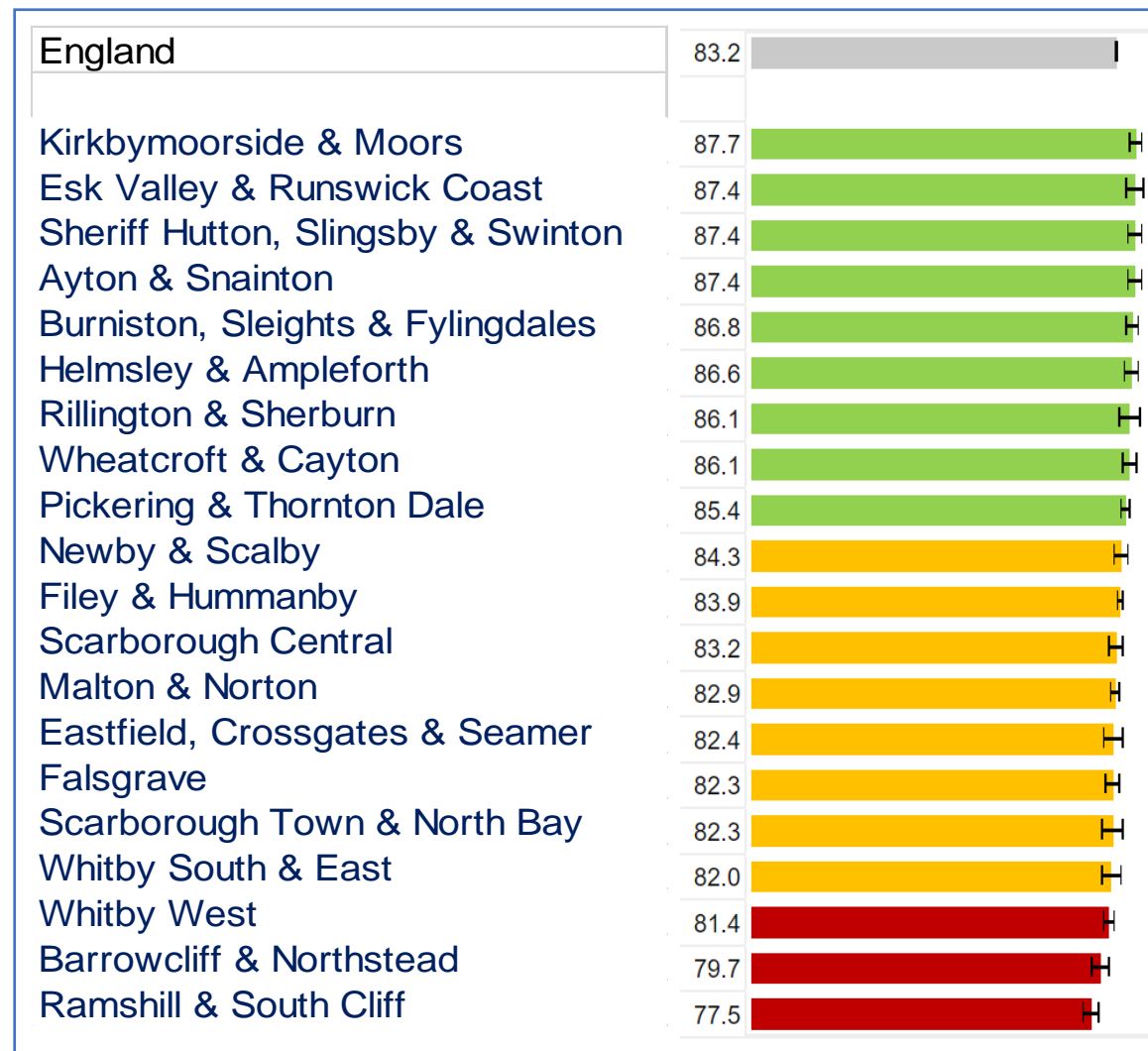
When compared to neighbouring MSOAs, coastal areas tend to have lower life expectancy



Life expectancy - female

The chart to the right shows life expectancy in MSOAs (areas with a population of around ~5,000) in Scarborough and Ryedale

When compared to neighbouring MSOAs, coastal areas tend to have lower life expectancy



Themes

1. Health and wellbeing in coastal communities.
2. Deprivation and health.
3. Mental health.
4. Migration and demography.
5. Health services and medical workforce.
6. Economy and employment.
7. Education.
8. Housing.
9. Benefits of coastal living for health

Recommendations

1. Develop a national cross-government strategy on health and wellbeing of coastal communities
2. Maintain focus on the current and proposed future medical education reforms which includes the geographical redistribution programme
3. Improve data and research into coastal communities

Progress



March 11 2022

Professor Christopher Whitty –
Chief Medical Officer for
England, visits Scarborough

CMO Report 2021 Themes: Wider Determinants



Making more of the health and wellbeing opportunities in coastal towns



Plans to address high rates of alcohol and substance misuse



**Plans to address high rates of smoking in Scarborough
Normalise a smokefree lifestyle
Reduce illegal tobacco in communities**

Review of housing sector provision including the use of private landlords and HMOs

HOUSING

Extending our REACH



Homelessness is not a single issue say REACH team members **Dr Stephen Donaldson, Ben Sweeting, Richard Croall, Emily Crowe, Hanna Powers, Sandra Rees, Luke Jarvis and Claire Robinson**

When COVID-19 hit it was clear that we had vastly underestimated the number of people who were homeless, and at its peak several measures were put in place to ensure that those experiencing homelessness were temporarily housed. It has been well established that homelessness is not a single issue, with many people experiencing a variety of complex needs – including mental health, substance misuse, physical health, adverse childhood experiences, neurological difficulties and self-harm, all of which impact on a person's stability, health and wellbeing. It has been well established that these complex needs, if not addressed, have the overall impact of reducing life expectancy, which is lower among the homeless population compared to other clinical populations. One of the reasons for this is that those with complex needs often sit within the gaps of statutory services, which leads to limited engagement and treatment access. The result is a person left feeling unable to be helped, living day by day, and feeling that they are constantly at the 'wrong door'. Substance misuse and mental health issues are prevalent within the homeless community, and have been shown to both increase the risk of – as well as maintain the cycle of – homelessness. While the issue of causality is complex, the reality is that those experiencing complex mental health and substance misuse issues can be harder to house, can find it hard to maintain their tenancy, are more open to abuse and exploitation and – from our experience locally – are more likely to continue a cycle of fluctuating between a tenancy and the streets. To address the needs of those experiencing homelessness locally in Scarborough and Whitby, Scarborough Borough Council, alongside partners in health and

social care, took an innovative approach in early 2021 and decided to develop a multi-agency partnership team where the identification, assessment, housing and care needs of people who were experiencing homelessness could be addressed. The team is informed by a Housing First approach to support stability and help people move out of homelessness and into recovery. Housing First is an evidence-based approach that aims to provide housing stability to those who have complex and repeat experiences of homelessness. For many of those experiencing homelessness, a psychologically safe place where they can address these needs can feel unrealistic and extremely challenging. The result, sadly, is that people often share with us that they experience a vicious circle which is hard to thrive and survive in. The aim of a Housing First approach is therefore to support people to access housing and have the help they need to maintain their tenancy,

while also offering an intense and personalised care approach alongside their accommodation needs. The hope is to ensure that homelessness is addressed alongside the wider health and social care needs people are facing. REACH stands for reducing exclusion for adults with complex housing needs, and the team consists of housing, mental health and substance misuse practitioners. By having a multi-agency, multi-professional approach the hope is that stability can be achieved – both physical stability in terms of housing, as well as psychosocial stability through consistent tenancy support, social engagement, substance misuse and mental health interventions. As the person's needs are being assessed, formulated, and addressed by a multi-agency team, therapeutic attachment with the team supports a therapeutically consistent, collective and psychologically safe approach to the person's care. As a team we hope to help as many people as we can to transition from homelessness into housing and recovery. This is not without its challenges, but by holding a collective partnership approach with the person, as a team and within a wider multi-agency approach, we are more likely to make this possible. In essence, togetherness offers the hope that while the road of change can be bumpy, stability, safety and recovery can be a possibility. Dr Stephen Donaldson is consultant psychologist, Ben Sweeting is advance nurse practitioner and Richard Croall is dual diagnosis nurse at Tees, Esk and Wear Valleys NHS Foundation Trust. Emily Crowe is housing living co-ordinator, Hanna Powers is housing support officer and Sandra Rees is community safety and safeguarding manager at Scarborough Borough Council. Luke Jarvis is holistic support advisor at Dover Housing Trust. Claire Robinson is health improvement manager at North Yorkshire County Council.

CMO Report 2021 Themes: Healthy Aging

Planning for an increase in older population and a deficit in health and social care staff

- Community First Yorkshire are leading on the voice and participation of older people that will inform our work. They have visited the older people's forum in Scarborough
- A test and learn workshop was held in October with wider stakeholders to consider the findings of the PHE/Age UK report into inequalities for older men, older people from BAME communities and older LGBTQ+ adults living in rural and coastal areas.
- Protected learning time session for GPs and other health professionals on frailty, including highlighting deconditioning during covid
- A programme of work is being developed around healthy ageing that will focus on reducing health inequalities

Increase access to specialist health care and digital technology - ARMED Project

Working with Care and Support, Provider Services and North Yorkshire Sport to introduce the ARMED solution for people who are at risk of falls.

ARMED is a wearable device, which uses homeostasis/ personal analytical data to monitor and determine whether the person is at risk of falling. It uses predicative data and alerts a dashboard when those events are likely to occur so interventions can be put in place to manage that risk. Other functions includes a GPS tracker, which can be programmable for specific individual needs and the ability to add on other peripheral devices .

For more information on ARMED

<https://www.hastechnology.com/armed>

CMO Report 2021 Themes: Best Start in Life

Plans to address high rates of smoking, alcohol and substance misuse and teenage pregnancies

North Yorkshire Teenage Pregnancy Partnership

Scarborough Teenage Pregnancy Partnership Task Group

- Re-established following COVID
- Teenage Pregnancy Framework
- Statutory RSE for all schools – Sept 2020
- Scarborough action plan in place – review 25th July 2022
- Primary care sexual health data reviewed, implementing improvements to contraception access including emergency contraception via pharmacies
- Scarborough DfE £30K grant funding, awarded to two organisations with funds remaining
- Young peoples pathway for sexual health updated





A Pilot Partnership Approach to School Readiness in North Yorkshire

Ruth Little – North Yorkshire County Council

BACKGROUND

- The school readiness pilot aims:
 - To test a strategic approach to promoting SLCN development and early intervention when problems are identified.
 - To reduce the number of children failing to reach developmental milestones in speech, language and communication at the end of the Early Years Foundation Stage
 - The project is took place within the Ryedale district and the eastern part of Whitby

METHOD

Grow and Learn created local neighbourhood based partnerships to develop a range of locally led interventions across the 0-5 pathway.

The focus of interventions was on evidence based approaches linked to developing sounds and early speech with a consistency of approach in the home, settings and the community.

The approach was two-fold with a universal offer for all families and more intensive support offered to families where particular vulnerabilities were identified.

MULTI-AGENCY INTERVENTION PATHWAY

The Grow and Learn intervention Pathway was a collaboration between Health, Early Help and Early Years Providers.

- Very early identification of future vulnerable learners
- Focussed support for children with particular vulnerabilities
- Improved integrated working between Health Practitioners, Early Years Professionals, Early Help Services, Schools and Parents
- Coherent data collection and sharing across partners to inform identification and track progress

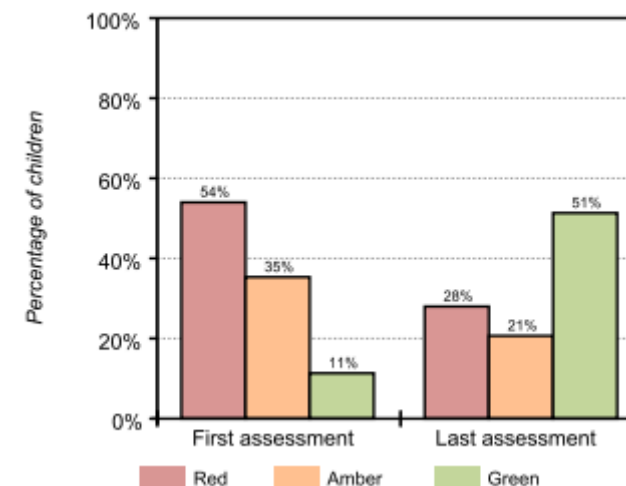
RESULTS

In the pilot area:

- 25 new groups/activities have been established
- 12 existing groups were supported to enhance provision
- 600 families have accessed this community provision
- Libraries had 191 new (under 5) members through the partnership with the registrars.



Chat, Read, Sing, Play



- 123 children were assessed using WellComm during the pilot
- At the first assessment point, 54% red, 35% amber, 11% green
- At the last assessment point, 28% red, 21% amber, 51% green
- 49 children (40%) had moved from red/amber to green following early intervention for SLC.

A Multi-Agency approach to improve life chances for children and young people in coastal wards: Eastfield

Building Relationships in the community to identify regeneration priorities and secure funding. Six themes emerged with input from the local community: Place; People; Aspiration; Employment; Community Hubs and Community Grants. **A £1.4m support package** was distributed in line with these themes via six PACT groups, made up of a mix of local residents and partner organisations

Improving under-five's immunisations vaccination uptake through co-designed leaflets, door to door stops to explain vaccination, and identification of parents with children under five



School Zone and Food Poverty work – ‘Come Dine with Me’ and ‘Cooking on a Budget’ sessions, plus initiatives promoting healthy schools, Healthy Retailer Awards, Grow-your-Own, and promotion of walking and cycling routes through [Discoveries on your door step](#)

Next Steps

- Grants scheme for sexual health and community activities
- Eastfield Community Fridge
- High Street improvement project
- Physical activity hub

Recommendation 1: Develop a national cross-government strategy on health and wellbeing of coastal communities

SeeCHANGE Project receives £450,000 National Lottery Community Fund over 3 years

- Partners from NYCC, VCSE and NHS developed a board to pull together the bid centred around three interwoven strands of work
 - A grants panel – a way to directly impact health inequalities and empower individuals in our community to try new ideas, create new spaces, services or activities that impact health
 - A formal VCS alliance – a constituted membership body formed to support sustainability of the VCS, increase our voice at strategic level, allow greater co-operation and help those that want to grow
 - The Business Partnership – A cross sector partnership between health, VCS and private businesses to deliver initiatives to improve the health and wellbeing of the workforce (including better marketing/communications on health initiatives) and provide a vehicle for businesses to invest in and support community organisations and the wider population.

Recommendation 2: Maintain focus on the current and proposed future medical education reforms which includes the geographical redistribution programme

- Working with Coventry university in Scarborough – raising awareness of current job opportunities, attending Job fairs, lecturing, offering Q&A's with students and health professionals
- Offered work placements for health and care students, Five students supported the Population Health management national pilot with SCORE PCN.
- Establishing the Local Care partnership boards for the East Coast, priorities include Mental health, Addressing inequalities, workforce development, CVD
- ICS cardiovascular prevention board – PHC co-chair
- member of the ICS Diabetes prevention board, work includes NDPP, low calorie diets
- National pilot for Population Health Management programme – Whitby and Scarborough
- Close working with Health Colleagues to meet DES requirements and delivery on enhanced services along with Core 20PLUS5 priorities and LTP
- Piloting in August with the NHS a smoking cessation offer to Scarborough hospital staff

Recommendation 3 - Improve data and research into coastal communities

- Through the ICS Population Health Board data intel teams are reviewing the availability, access and applicability of data on health and wellbeing. The data is used to set priorities at local care partnership boards
- ICS CVD prevention dashboard in development
- Service level agreements with University of Hull to determinate our research priorities for coastal health for HAS
- Applied for the NHIR health determinates research funding with UoH and NYCC
- Three LA Fellowships with NHIR – research in direct payments, childhood obesity and paedophilia
- Supported researchers “Developing a Health and Wellbeing Intervention in North Yorkshire with Anglo American” and “the London School of Hygiene and Tropical Medicine” to understand coastal health and wellbeing

Opportunities now and in the future

1. LGR should be seen as a major opportunity to address the recommendations within the annual CMO report 2021: health in coastal communities
2. Post pandemic changes to the Housing Market and the Private Rented Sector (PRS) are resulting in unprecedented challenges in relation to homelessness in Scarborough there needs to be new ways to address these challenges
3. Further research needs to take place to understand the challenges facing the health and wellbeing of coastal towns
4. An analysis of population-level health needs of the migrant population currently living in North Yorkshire. The JSNA process will look to utilise available data; stakeholder engagement, the input of key organisations across the county, patient and service user views; and comparisons between, and within, different regions.
5. Lead coordinated plans focussed on areas of deprivation
6. Take a population health management approach to achieve better health outcomes
7. Improve the mental health of the population especially those suffering with low levels of anxiety/depression and reduce suicide rates.

Questions

