

North Yorkshire County Council

Executive

17 September 2021

CMO's Annual Report 2021 on Health in Coastal Communities

Report of the Director of Public Health

1.0 Purpose of Report

1.1 Chief Medical Officer Professor Chris Whitty's second annual report presents an analysis of the health and wellbeing of England's coastal communities published on the 21 July 2021 – this paper sets out each theme from the report and its relevance to Scarborough and Whitby area including case studies of work that are currently underway for each theme, and concludes with opportunities for further work.

****All data included in this report refers to Scarborough Borough council area and includes those living in both Scarborough and Whitby taken from the district profile for Scarborough Borough.***

https://www.datanorthyorkshire.org/JSNA/Area_Profiles

2.0 Background

2.1 Under his delegated decision making powers in the Officers' Delegation Scheme in the Council's Constitution, the Chief Executive Officer has power, in cases of emergency, to take any decision which could be taken by the Council, the Executive or a committee. Following on from the expiry of the Local Authorities and Police and Crime Panels (Coronavirus) (Flexibility of Local Authority and Police and Crime Panel Meetings) (England and Wales) Regulations 2020, which allowed for committee meetings to be held remotely, the County Council resolved at its meeting on 5 May 2021 that, for the present time, in light of the continuing Covid-19 pandemic circumstances, remote live-broadcast committee meetings should continue (as informal meetings of the Committee Members), with any formal decisions required being taken by the Chief Executive Officer under his emergency decision making powers and after consultation with other Officers and Members as appropriate and after taking into account any views of the relevant Committee Members. This approach will be reviewed in September 2021.

3.0 Introduction

3.1 The report highlights the health disparities in coastal communities compared to their inland neighbours, exploring the drivers of poorer health outcomes and the key challenges these regions face.

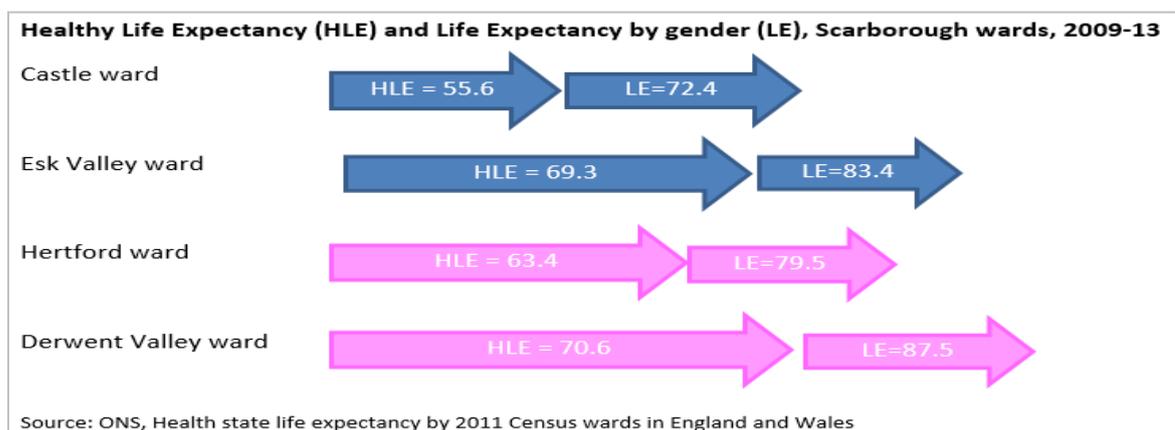
3.2 The report identified key themes and sets out a list of recommendations. The themes included in the report:

- i. Health and wellbeing in coastal communities.
- ii. Deprivation and health.
- iii. Mental health.

- iv. Migration and demography.
- v. Health services and medical workforce.
- vi. Economy and employment.
- vii. Education.
- viii. Housing.
- ix. Benefits of coastal living for health

4.0 i. Health and Wellbeing in Coastal Communities

- 4.1 The report demonstrates that coastal communities have a higher burden of disease across a range of physical and mental health conditions.
- 4.2 Life expectancy at birth is increasing for men in Scarborough, but remains lower than both North Yorkshire and England. For females, the life expectancy in Scarborough is slightly lower than England and North Yorkshire. For Scarborough, the biggest contributor to the life expectancy gap for both men and women is circulatory diseases, including heart disease and stroke.
- 4.3 Rates of mortality due to cardiovascular diseases, cancers and respiratory conditions in under 75 year olds have increased in the latest data. Those for cardiovascular diseases are significantly above regional and national averages.
- 4.4 By comparing healthy life expectancy with overall life expectancy, we can get a richer picture of years spent in good health. In Scarborough, there is wide variation in the years spent in good health for both males and females between wards, indicating within district health inequalities. There is an 11 year difference in life expectancy for males between Castle ward and Esk Valley ward. Men in Castle ward can expect to live 56 years in good health (77% of their life), but men in Esk Valley ward spend 69 years in good health (83% of their longer life). Women in Hertford ward spend 63 years in good health, while women in Derwent Valley ward spend 71 years of their life 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.



Case Studies

- 4.5 **Population Health Management** - The Population Health Management approach examines the needs of different groups in order to offer targeted support and interventions. This is helping us to understand our current, and predict our future, health and care needs so we can take action in tailoring better care and support with individuals, design more joined up and sustainable health and care services, and make better use of public resources. In Scarborough, pilot work has targeted men living with depression and obesity.

- 4.6 **NHS Health Check** - The [NHS Health Check](#) is a health check-up for adults in England aged 40 to 74. It's designed to spot early signs of stroke, kidney disease, heart disease, type 2 diabetes or dementia. As we get older, we have a higher risk of developing one of these conditions. An NHS Health Check helps find ways to lower this risk.
- 4.7 In North Yorkshire we commission primary care teams to provide NHS Health Checks. The overall service is performing well, for the five-year period we are the top performer in Yorkshire and Humber. We are finding people at high risk who can then be signposted into services, not just addressing the worried well; other areas are using us as a good practice example.
- 4.8 We are working closely with North Yorkshire CCG and PCN's on the wider CVD agenda and using other interventions to direct and recall patients in for an NHS Health Check. These interventions include the BP at home monitoring, Population Health Management and Learning disabilities health checks. We as a system are also scoping opportunities for digital products to support the service and innovated ways to ensure the service is fully inclusive and reaching the population with more need for support, which will give us the tools to reach the aspirational target of 75% set nationally for the percentage of those offered.
- 4.9 **SeeCHANGE - A Healthier Scarborough for Everyone** - Age UK in Scarborough bid to support the delivery of the National Lottery and King's Fund Healthy Communities Together programme in the Scarborough and Filey areas.
- 4.10 Although Age UK's bid did not result in the immediate award of £450k, it was one of just 14 bids identified by The National Lottery and Kings Fund of being worthy of further development, with a view to releasing £450k of much needed funding in the next financial year for projects to improve the health outcomes of people living in the Scarborough and Filey areas.
- 4.11 **Community Renewal Fund Bid** - Stronger Communities Project have submitted a funding bid to the Community Renewal Fund to support a number of place based 'community conversations' using a range of community engagement tools in order to start the process of understanding 'where they are' and 'what their priorities are' and how to mobilise energy and passion within communities for action.
- 4.12 **Eastside Community Centre** - Is currently providing some partnership approach to addressing the issues in the area and a hub for some activities for local people. The aim of the project is to extend/develop the present building and the surrounding area into Eastside Living Well Centre (ELWC) in order to provide a range of initiatives and activities to support local people of all age groups to improve their health and wellbeing, based on the evidence of what works. The focus is to develop a "Compassionate Communities" programme, a model based on collaborative working between local service commissioners and providers and local community.
- 5.0 **ii. Deprivation and Health**
- 5.1 The report identifies high levels of deprivation, driven in part by major and longstanding challenges with local economies and employment are important reasons for the poor health outcomes in coastal communities.
- 5.2 Scarborough is the locality in NY with greatest population health needs. The 2019 Index of Multiple Deprivation (IMD) identifies 20 Lower Super Output Areas (LSOAs) out of 71 within the district, which are amongst the 20% most deprived in England. Over 85% of most

deprived population in North Yorkshire live in Scarborough. This takes account of factors including income deprivation, child poverty, health status, housing quality and crime.

- 5.3 Whitby area has significant issues for people needing to travel to access services focused across the borough or in neighbouring boroughs.

Case Study

- 5.4 **Income Maximisation Team (IMT)** - Since inception IMT have achieved over £39m in additional and previously unclaimed/unpaid welfare benefits for citizens of North Yorkshire. This is across age groups and localities. They have supported c17,000 people during that time.

6.0 iii. Mental Health

- 6.1 The report identifies high burden of mental ill health illustrated by QOF data in coastal communities. The rates of self-harm among 10-24-year olds were also found to be higher in coastal compared with non-coastal communities.
- The percentage of individuals reporting depression or anxiety in Scarborough is significantly higher (16%) when compared to the national average (14%). Scarborough Borough has the highest proportion of depression or anxiety when compared to other districts in North Yorkshire.
 - Higher rates of hospital admissions due to self-harm (314 per 100,000) than the England average (192.6 per 100,000). The proportion of hospital admissions for intentional self-harm has increased between 2012/13 and 2019/20
 - The suicide rate in Scarborough has remained the same between 2016-18 and 2017-19 and the rate is significantly higher than England average (16 per 100,000 locally compared to 10 per 100,000 nationally). However, these are small numbers and should be interpreted with caution

Case Study

- 6.2 **Suicide Prevention** - NYCC and partners are working together to contribute to a national reduction in suicides. NYCC have:
- Provided funding for community grass roots projects aimed at reducing suicides and improving mental health and wellbeing
 - Provided Postvention support services for those bereaved by suicide
 - Developed a multi-agency suicide action plan
 - Developed a mental health and suicide prevention training offer
 - Worked in partnership to raise awareness of suicide prevention

Opportunities for investment

- 6.3 Working with Sirius Minerals to inform the funding strategy children and young people's mental health and wellbeing over the next three years. Opportunities to build on the work to support people who self-harm and their families and to understand the wider impacts of COVID on Children and Young people's mental health.

Support for people

- 6.4 The Community Mental Health Services jointly commissioned with CCG have been extended for 2 years from Oct 21 – September 23 to provide continued support for people

accessing preventative community mental health and wellbeing support from the voluntary sector services. Scarborough Survivors provide information, advice and guidance, practical and emotional support to people throughout the day – Monday to Friday 9am – 5pm. This support is based within their premises and includes therapeutic activities as well as drop in sessions. Scarborough Survivors also provide out of hours crisis support and authorised place of safety, whilst also providing support in Scarborough A&E Department.

- 6.5 Under the TEWV transformational funding for North Yorkshire, Scarborough will continue to have the Crisis Café available out of hours over 7 days and support from the TEWV Mental Health Telephone Line 24/7. Scarborough also has access to support from Hear to Help an emotional support helpline based in North Yorkshire.
- 6.6 A number of pilots are being undertaken using transformation funding which provides opportunities across Scarborough including the extension of some of the services above, the A&E peer support buddies, Mental Health First Aiders and additional support for people with serious, enduring mental health conditions, early intervention psychosis programmes and eating disorder support.

7.0 iv. Migration and Demography

- 7.1 There are different populations who migrate considered within the report; elderly population, retiring to the coast (as they do to other semirural areas). Secondly, some coastal areas experience in-migration of a transient, vulnerable younger population driven by the availability of cheap housing.

Case Studies

- 7.2 ***Ageing in coastal and rural communities*** - We are working with PHE on a “test and learn” project linked to their report on inequalities in ageing in coastal and rural areas. We will be working with them to look at the issues in our area and how we can implement the findings of the report <https://www.ageuk.org.uk/our-impact/policy-research/ageing-in-coastal-and-rural-communities/>.
- 7.3 ***Eastern European population and C19 vaccination*** - Work is continuing with the POMOC Project and other colleagues in the community to try to engage this population around the COVID vaccination. Our primary focus has been around ensuring that anyone within this community is able to register with a GP. Having an NHS number supports an individual being called for the vaccine in line with their priority group and ties in with a wider concern with this cohort around access to healthcare provision

8.0 v. Medical Services and Medical Workforce

- 8.1 Challenges to the recruitment and retention of health and social care staff is a common concern expressed by coastal Directors of Public Health and NHS leaders. Recruitment difficulties are also expressed by other statutory services in Scarborough.

Case study

- 8.2 ***Recruitment NHS*** – The recruitment and retention of staff in health and social care is a common problem on the East Coast and has been for several years across all professions in primary care, community care, social care and in the hospital.
- 8.3 Despite coastal communities having an older and more deprived population, they have fewer GPs and practice nurses, fewer hospital nurses and doctors and fewer nursing and medical trainees.

- 8.4 For several years we have seen cohorts of GPs retire at a greater pace than recruitment which has left a gap in the number of GPs in the area. Whilst the GPs are supported by a team of multidisciplinary professionals there remains a desperate need for GP recruitment.
- 8.5 We have seen a reduction in the number of trainee GPs over the last few years but fortunately, we are now seeing a slight increase. The challenge is to retain these doctors in our locality once qualified, with a healthy, happy, fulfilling future for them and their families on the East Coast. Access to easy travel, high standards of education, career opportunities, shopping and leisure activities are all-important factors in retention of clinical professionals.
- 8.6 Over the last 3 years, international GPs have been recruited to the area. We have welcomed the recruitment however the process for training and supervision has further impacted on the already stretched GPs. Whilst a small number have made their home in Scarborough, others have been drawn to cities with closer links to national and international travel.
- 8.7 The pressures in primary care make the profession less attractive to UK and international doctors. Expanding the opportunities for additional training and fellowship programmes is having some impact on attracting new GPs to the area.
- 8.8 We are absolutely committed to increasing and strengthening our workforce on the East Coast, which we are doing through a number of initiatives, including developing new roles, rotational roles, a successful partnership with Coventry University for nursing opportunities, as well as overseas recruitment.

9.0 vi. Economy and Employment

- 9.1 Employment is a key challenge in coastal communities and impacts health in multiple ways. The report shows that the unemployment and part-time employment rate is higher in coastal towns.
- In 2020, average weekly earnings in Scarborough (£422) were significantly below England (£483) and Scarborough has one of the lowest weekly earnings compared with the other districts in North Yorkshire.

Case Study

- 9.2 **Seafood Social - Whitby Seafoods** - "The Seafood Social Café is a social enterprise based in Scarborough, North Yorkshire. Working in partnership with the Rainbow Centre, a Scarborough-based initiative that aims to tackle homelessness and the issues that can lead to homelessness, our aim is to develop The Seafood Social as a destination café for top-notch seafood, whilst offering employment and skill-building opportunities that can lead to further work for our employees. All our profits are donated to The Rainbow Centre and our customers are encouraged to benefit from our great prices and 'pay it forward' adding a contribution to their bill. So far we have been able to donate over £14,000."

10.0 vii. Education

- 10.1 Analyses from the report suggest that children in coastal communities have worse education attainment compared to those in non-coastal areas. This is especially true for progression to higher education.
- Scarborough District has the highest rate of pupil absence compared with other districts in North Yorkshire.
 - The proportion of overall absence has increased steadily from 2013/14 to 2017/18 in Scarborough.

- Performance at primary schools is similar to county and national results. However, Scarborough has a higher proportion of secondary schools with a score of 'inadequate' when compared to the national and county averages and does not have any secondary schools rated 'outstanding'.

Case Study

10.2 **North Yorkshire Coast Opportunity Area** - Working to support ambition and outcomes on social mobility across Scarborough, Whitby and Filey.

10.3 The Opportunity Area was launched by the government to raise education standards in the area. A better education means giving every child and young person the chance to reach their full potential.

10.4 The programme has prioritised work to improve early years education, boost literacy and numeracy skills, and help more secondary schools to become good or outstanding. It was announced in July 2020 that the programme would be extended to a fourth year.

10.5 Project Impact for initiatives funded by the OA:

- **Behaviour and Exclusion:** 82% reduction in permanent exclusions, 15% reduction in pupils being subject to a Fixed Term Exclusion, 22% reduction in total number of fixed-term exclusions (compares 2019/20 academic year up to March 2020 with the same period last year). This reduction in exclusions has continued in 20/21 to date.
- **Recruitment:** Filled 240+ teacher and support role vacancies across 46 schools, bringing 44 teachers and support professionals from outside the area.
- **Speech and language:** 6,275 children accessed language screening programme, hundreds of children have received Speech and Language Therapy and 232 discharged from therapist support.

10.6 Area Impact (attainment data from 2016 to 2019)

- Good Level of Development in Early Years – up 4.2ppts for disadvantaged children in Scarborough (up 2.1ppts nationally over the same period)
- Phonics proportion reaching the expected standard – up 4.3pppts in Scarborough (up 0.8pppts nationally over same period)
- Key Stage 2 – Proportion reaching the expected standard in reading, writing and maths up 18.7ppts for disadvantaged students in Scarborough (up 12.1ppts for national)
- There continues to be a gap between disadvantaged students and their peers and we are seeking to address this.
- Coastal offer: <http://teachyc.co.uk/home/coastal-offer/>

11.0 **viii. Housing Priority**

11.1 The report identifies a high level of private rented sector and other accommodation including Houses of Multiple Occupation (HMOs) and static caravan parks, as a key issue for coastal communities.

11.2 Scarborough Data:

- Fuel poverty rates are an issue for Scarborough, which is linked to deprivation. In 2019, 16.8% of households (8,824 households) in Scarborough were classified as fuel poor, higher than the national average (13.4%).
- Excess winter deaths increased to 22.8 and is higher than the national average of 15.

- The rate of households who are homeless has decreased in Scarborough between 2016/17 and 2017/18 and is similar to the England average.
- Scarborough has the second highest rate of homelessness among all districts in North Yorkshire.

11.3 Case Studies

- 11.4 **HMOs and COVID** - Throughout COVID, we have worked with landlords, housing and specifically HMOs to ensure those people who require support to isolate have access to food, health and financial support when needed. This work has identified further work with local communities including work with CAB and the recent employment of POMOC (the Polish word for help / assistance), which provides information, advice, guidance and signposting to members so they are able to navigate services and fully engage with community life in Scarborough.
- 11.5 **REACH (Reducing Exclusion for Adults with Complex Housing needs, covering Scarborough and Whitby)** - This is a three-year partnership project between, Scarborough Borough Council (SBC), Health and Adult Services (HAS), Tees Esk and Wear Valley (TEWV) and Beyond Housing (BH). The model is based on a Housing First approach.
- 11.6 The REACH project will provide dedicated units and intensive and community support to people who are currently homeless or likely to be made homeless due to a range of social and long term health needs including; mental health/substance misuse, physical health needs or because of their criminal activity or anti-social behaviour.
- 11.7 The REACH team will have access to eight dedicated units of accommodation (provided by Beyond Housing) across the SBC area. The REACH team will provide intensive wrap around holistic support to people in receipt of the service both within the accommodation but also through outreach to people who are currently at high risk of homelessness. The team will consist of the following posts seconded from TEWV and BH and will sit within the Community Impact Team managed on a daily basis by the Community Safety and Safeguarding Manager at SBC.
- Rough sleeping coordinator
 - Housing Support worker seconded from Beyond Housing
 - Housing Support Worker SBC
 - Specialist Mental Health Nurse seconded from TEWV
 - Dual Diagnosis worker seconded from TEWV
 - Consultant Psychologist seconded from TEWV
- 11.8 If people are able to sustain their tenancy they will not need to move on from the accommodation and will be able to move over to a general needs tenancy with BH when they are ready to move on to more independent living and then BH will replace the property with another from their stock.
- 11.9 This three-year model will inform a phase two approach which will see dedicated high quality short term/medium term accommodation intended to meet the high support needs for single homeless people across Scarborough.
- 11.10 **Fuel Poverty** - Warm and Well in North Yorkshire which is managed by Citizens Advice and funded by North Yorkshire County Council helps people in fuel poverty across the region and has seen a 198% increase in referrals compared to this time last year. The

organisation has handed out hundreds of fuel vouchers recently for many vulnerable people unable to pay their energy bills.

- 11.12 Since November 2020, fuel vouchers have supported 189 clients, with an average cost of £68 per household and 57% of the people supported had a disability or had a long-term health condition.

12.0 Conclusions

12.1 We are working with NHS partners to develop coordinated plans through Local Care Partnership (LCP) focussed on areas of deprivation through collaboration with local communities and residents to reflect their priorities for reducing inequalities.

12.2 Through Stronger Communities there are already strong established relationships with statutory and VCS organisations and the local community that we can build upon to work with local communities in understanding what is important to them and their families in order to improve health and wellbeing.

12.3 We need to:

- Improve the mental health of the population especially those suffering with low levels of anxiety/depression and reduce suicide rates.
- Understand the pathway of support for people attending A&E for self-harm and/or suicide attempt.
- Build on the current work to tackle homelessness/rough sleeping and the wider factors that contribute to homelessness and rough sleeping in Scarborough (REACH) and longer-term needs of this group of people to prevent repeated periods of homelessness, plus work to address fuel poverty and housing quality.
- Carry out 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.
- Work with PHE and Age UK to address the important drivers of health inequalities for older people living in rural and coastal areas including within the 2019 review of Health Inequalities for Older Populations in Rural and Coastal Areas report <https://www.ageuk.org.uk/our-impact/policy-research/ageing-in-coastal-and-rural-communities/>
- Seek further opportunities for joint working from early years through to further education to improve both health and educational outcomes for children and young people in coastal communities.
- Work with local colleges and universities to increase opportunities for employment locally within health and social care settings.

[Anchor institutions – their role in reducing health inequalities and building back fairer \(yhphnetwork.co.uk\)](https://www.yhphnetwork.co.uk)

“An anchor institution is any organisation that plays a pivotal role in communities. These connections mean that anchor institutions are in a prime position to address the social, or wider, determinants of health - the conditions in which people are born, grow, live, work and age. Anchor institutions do this through how they employ people, purchase goods and services, use buildings and spaces, have impact on the environment, and engage in partnership with local communities.”

12.4 The Chief Medical Officers Report highlights that there are health benefits (both physical and mental) to living near the coast. These may include better access to outdoor spaces for exercise, social contact and lower air pollution and may provide a good starting point for many of the changes that need to occur.

12.0 Recommendation

12.1 Members are asked to note the Chief Medical Officers Report.

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9 September 2021

Report Author – Claire Robinson
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Background Documents: None

Appendices: None