

Inaugural meeting of the North Yorkshire Elected Members Public Health Network

Welcome from Cllr Dickinson and
Dr Lincoln Sargeant

Today's programme

27th November 2018 1:00 – 4:00pm

- SESSION ONE *(1:00 – 2:00)*
- Overview of the health of the population in North Yorkshire
- Discussion of your role as elected members in improving the health of the population
 - Break *(2:00 – 2:30)*
- SESSION TWO *(2:30 – 4:00)*
- Presentation from the Centre for Ageing Better about Age Friendly North Yorkshire
- Discussion about support for Age Friendly accreditation

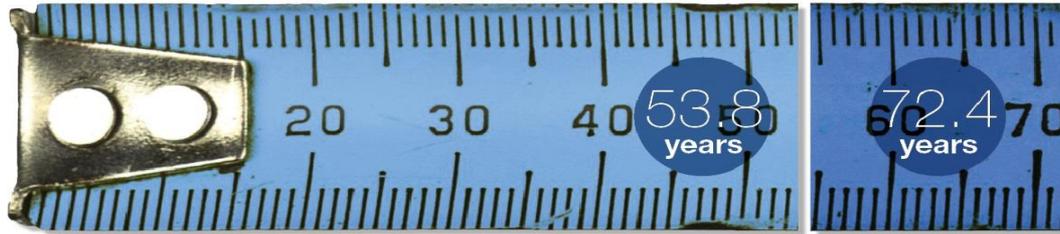
Session one

- Overview:
 - A brief introduction to public health
 - Understanding health and wellbeing locally
- Discussion:
 - The role and impact that elected members can have on health and wellbeing in your communities and how you can be an effective champion for health

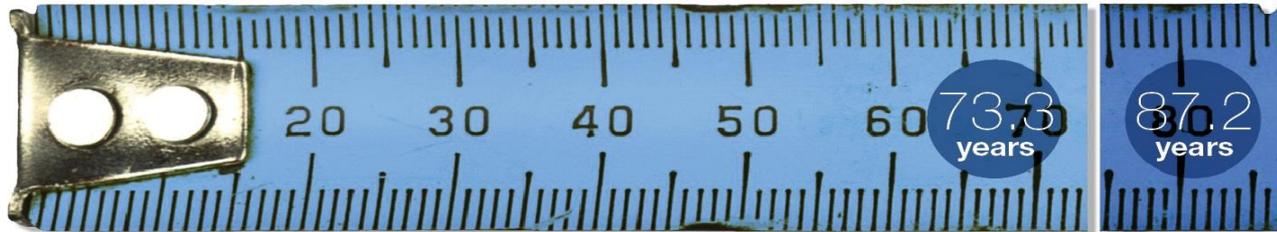
WHY DOES PUBLIC HEALTH MATTER?

Life expectancy and healthy life expectancy for men and women

Castle ward,
Scarborough



Rudby ward,
Hambleton

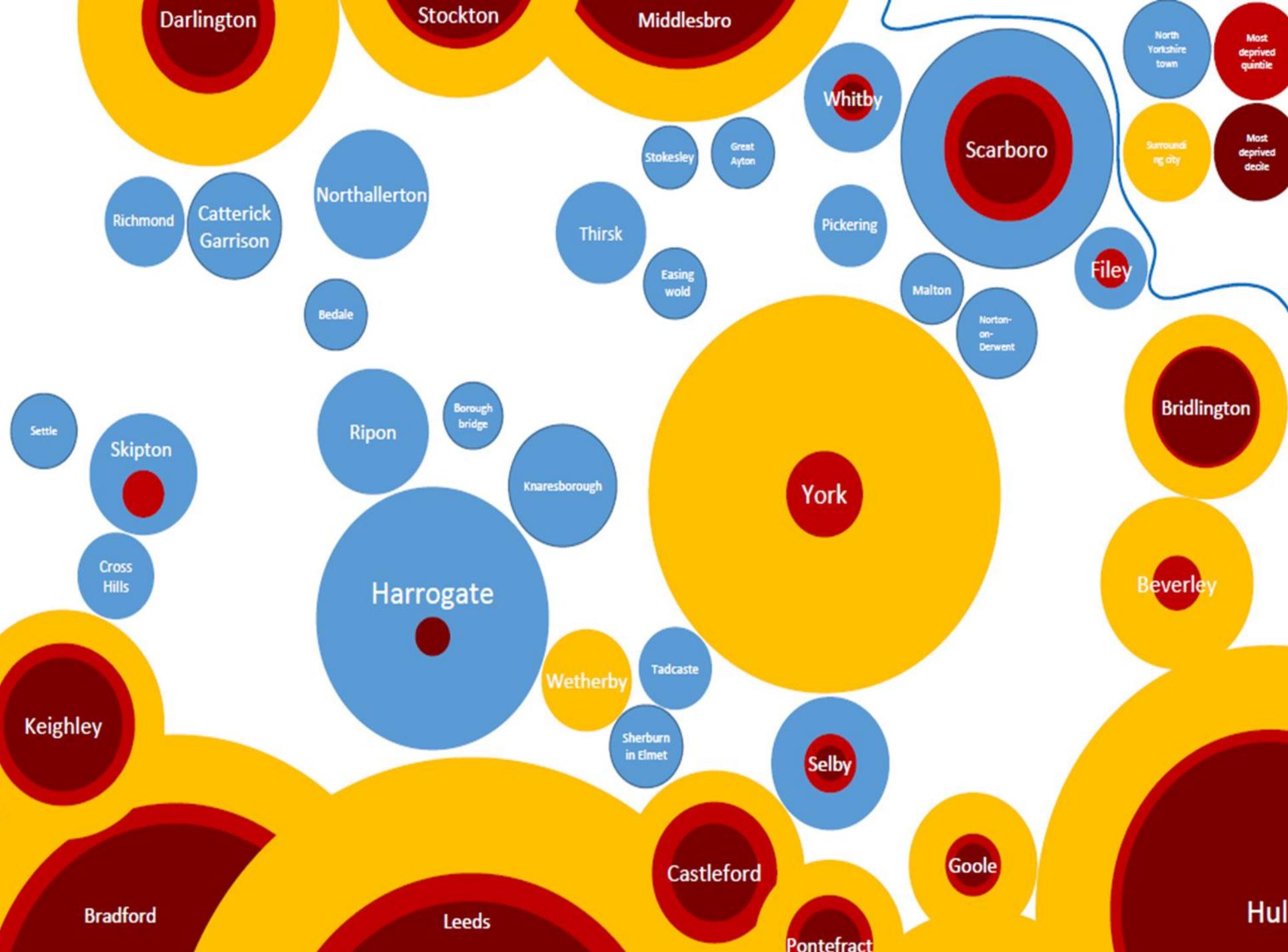


Scotton ward,
Richmondshire



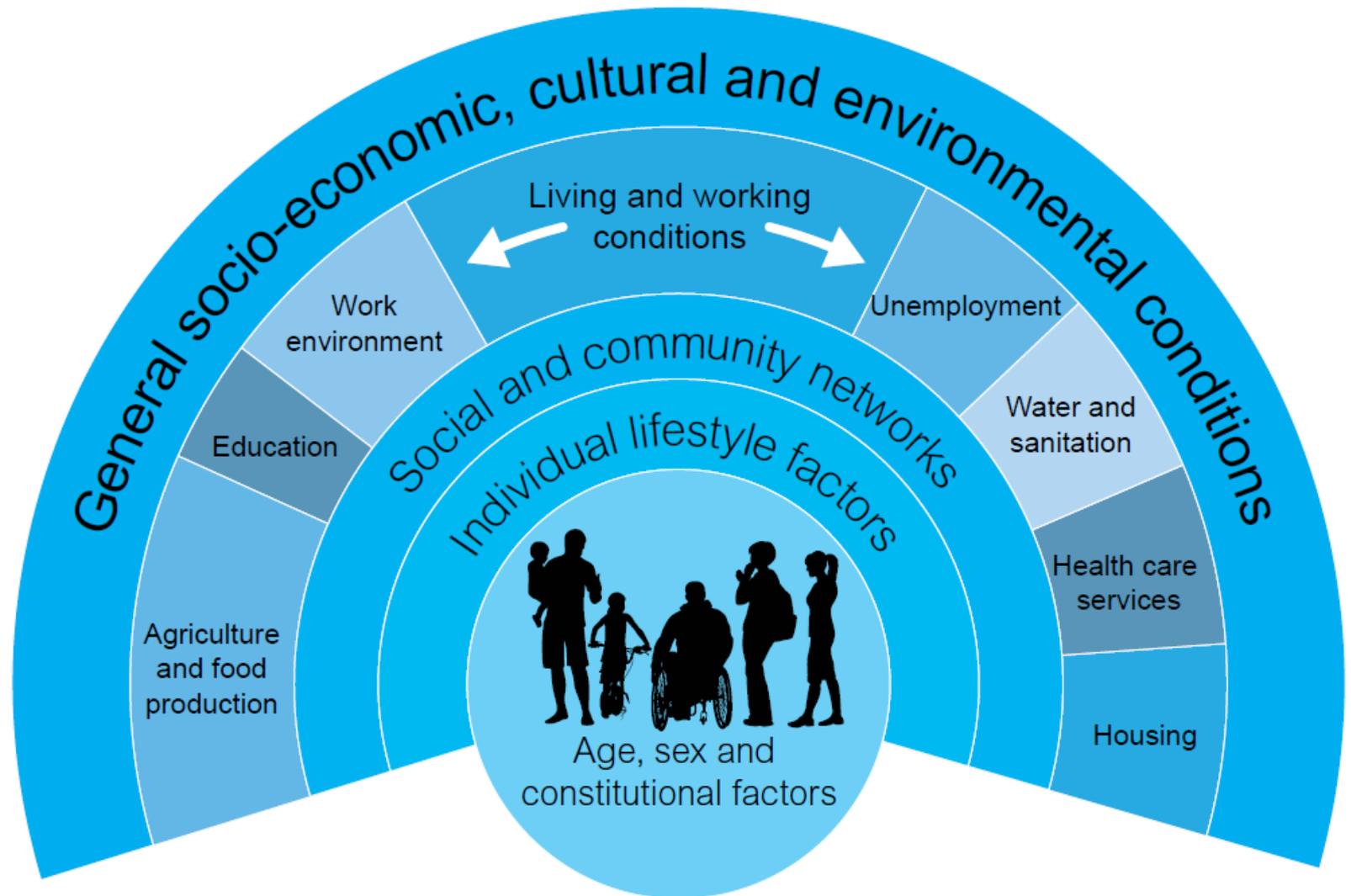
Claro ward,
Harrogate





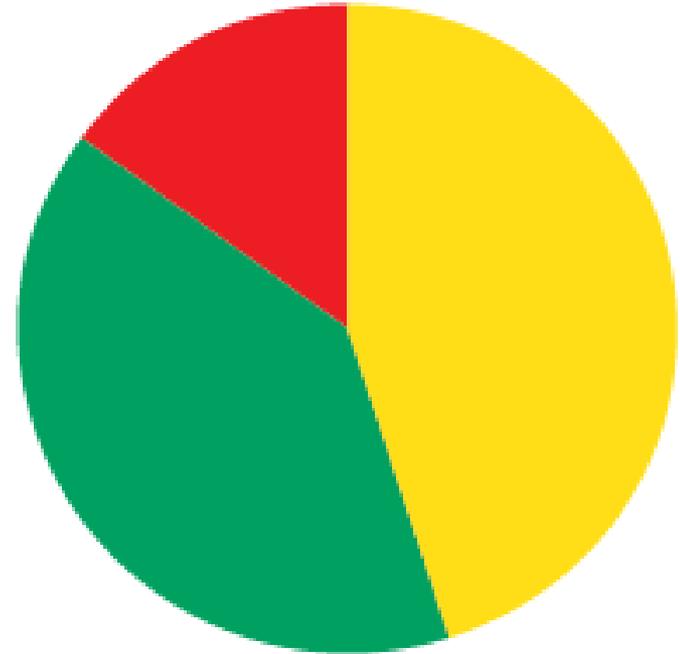
WHAT CAN WE DO?

Factors influencing health

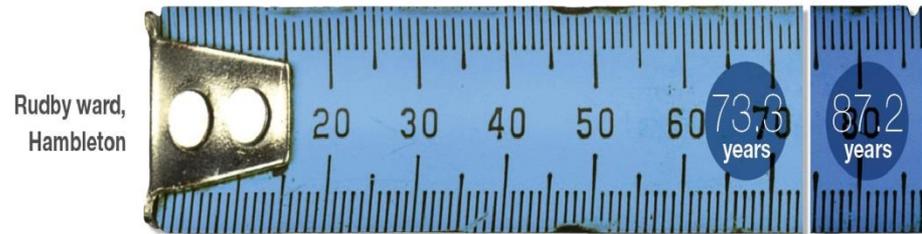
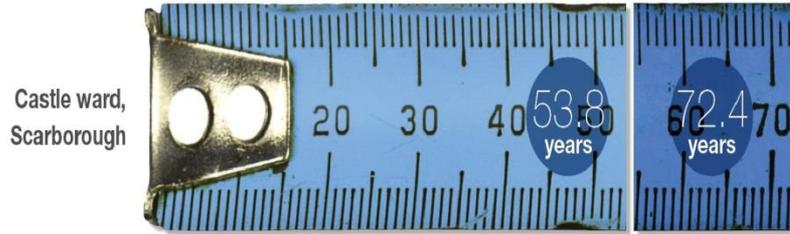


Relative contribution to population health outcomes

- social, economic & environmental (45%) e.g. education, employment, air and water quality;
- health behaviours (40%) e.g. alcohol, tobacco and sexual behaviour; and
- clinical services (15%) e.g. quality



Reducing health inequalities



What works? (Marmot):

1. give every child the best start in life
2. enable all children, young people and adults to maximise their capabilities and have control over their lives
3. create fair employment and good work for all
4. ensure a healthy standard of living for all
5. create and develop healthy sustainable places and communities
6. strengthen the role and impact of ill-health prevention.

PREVENTION IS BETTER THAN CURE

Prevention

- **Primary prevention** involves activity to reduce the risk that people will develop poor health.
 - Planning developments to encourage exercise and reduce air pollution (cycle paths and walkways)
 - Access to lifestyle services that help everyone to improve their diet or stop smoking.
 - Strengthen community support networks to decrease social isolation.

Secondary prevention

- **Secondary prevention** targets interventions for at-risk groups especially in the early stages illness. The aim is early diagnosis and early intervention to stop, delay, or reduce the impact of poor health.
 - Screening programmes such as breast cancer.
 - NHS Health Checks to identify risks of stroke, heart disease, type 2 diabetes, kidney disease and dementia so they can go on to receive advice and treatment where needed
 - Falls prevention where GP practices identify people in danger of falling with follow-up home visits to check for trip hazards, and referral to exercise programme like Strong and Steady.

Tertiary prevention

- **Tertiary prevention** refers to interventions for people who already have a life-limiting illness or disability. The aim is to help them reduce or manage the impact of the illness, improving their quality of life and their independence
 - Initiatives to help people with long term mental health problems retain or enter employment.
 - Support for carers, such as support groups and individual counselling.
 - Community support for people with dementia, including befriending services and dementia-friendly areas.
 - Reablement and rehabilitation services to help people return to their homes after a period in hospital.

Upstream versus downstream intervention

Upstream intervention

Upstream prevention; healthy public policy interventions governmental, institutional and organisational actions
= **Small resource**



Mid-stream prevention; involves primary and secondary prevention to encourage people not to carry out health compromising behaviours
= **Medium resource**



Downstream prevention; consumes most resources, but covers a very small segment of the general population
= **Large resource**



Early intervention is much cheaper to deliver, for example, different costs below:

- £5.08 per student – the cost of delivering an emotional resilience program in school
- £229 per child – the cost of delivering six counselling or group CBT sessions in a school
- £2,338 – the average cost of a referral to a community child and Adolescent Mental Health Service (CAMHS) service
- £61,000 - the average cost of an admission to an in-patient CAMHS unit

(Children's Commissioner, 2017)

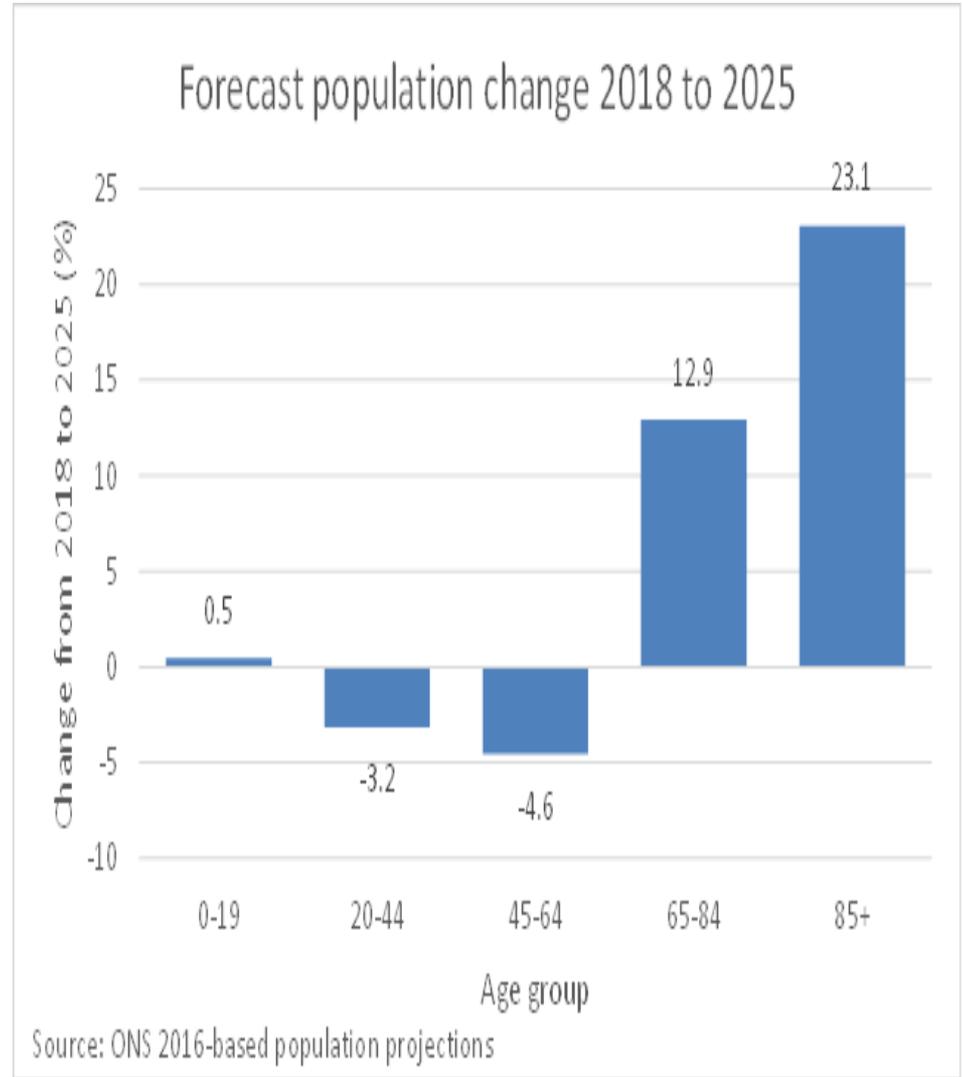
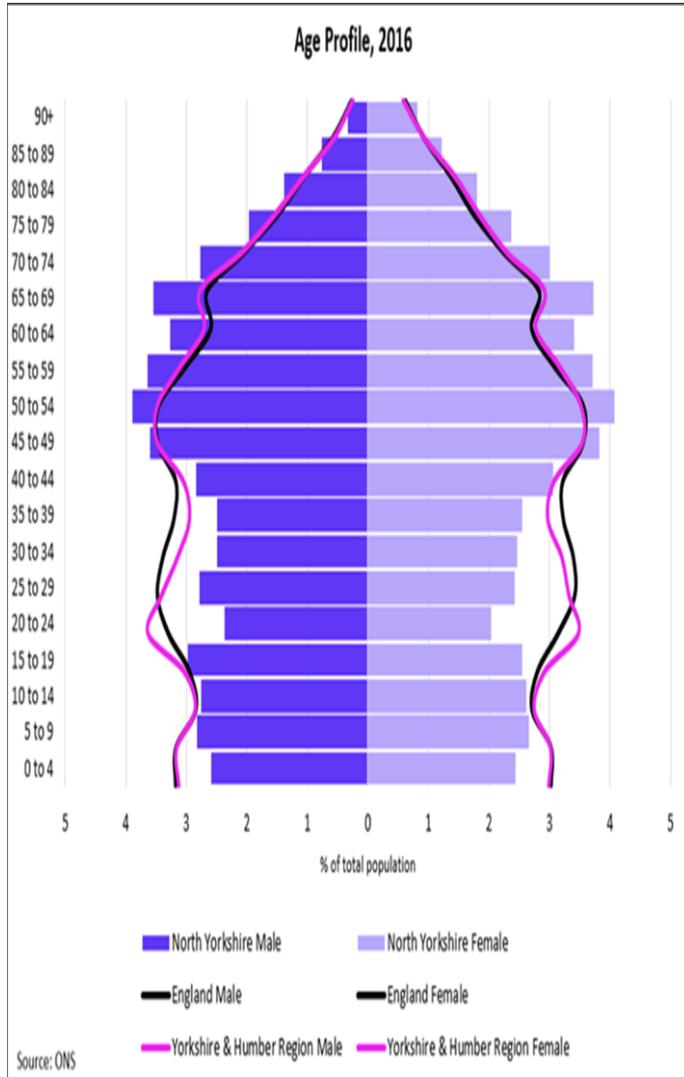


Direct impacts of actions on health outcomes

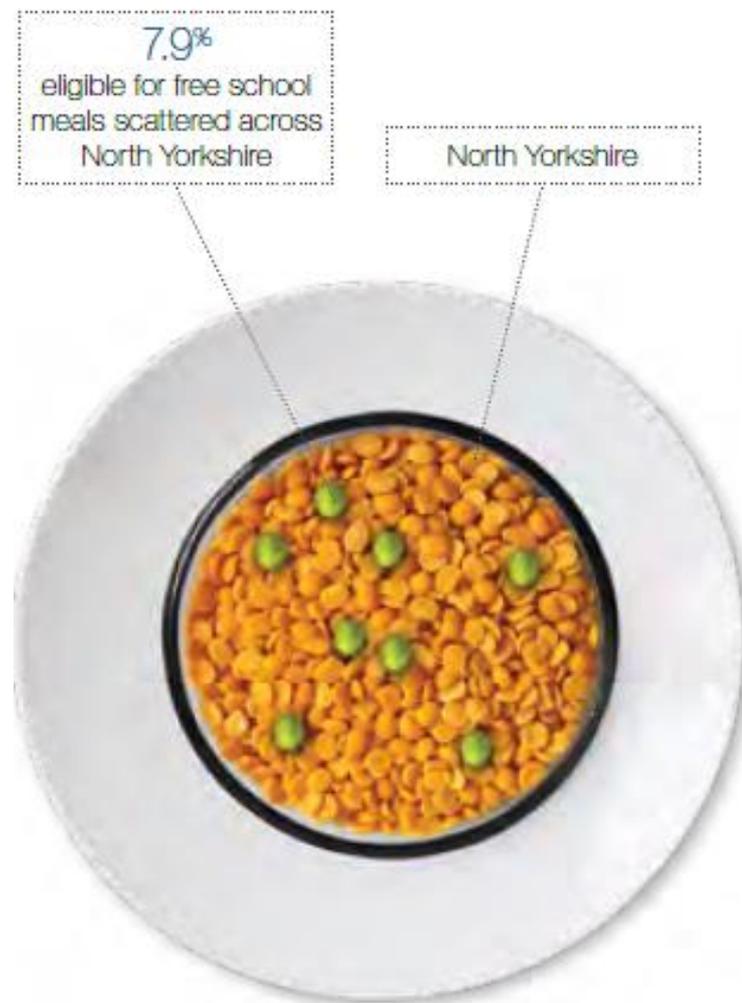
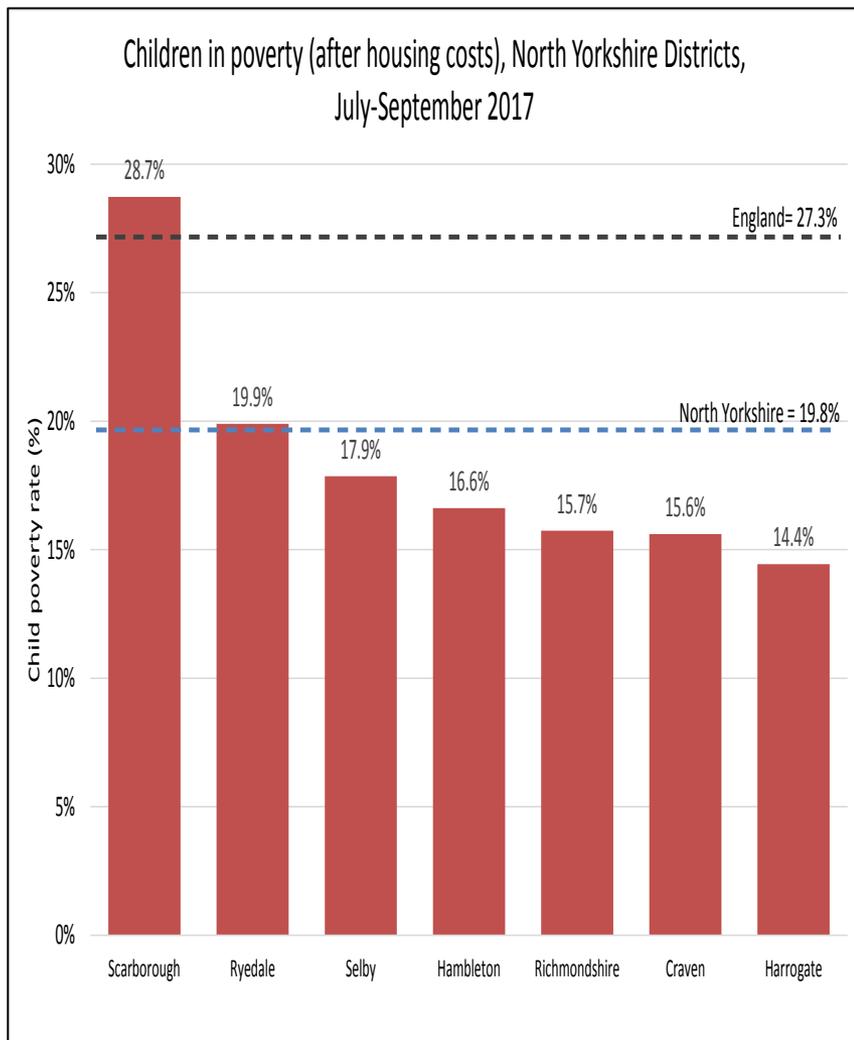
Area	Scale of problem in relation to public health	Strengths of evidence of actions	Impact on health	Speed of impact on health	Contribution to reducing inequalities
Best start in life	Highest	Highest	Highest	Longest	Highest
Healthy schools and pupils	Highest	Highest	Highest	Longer	Highest
Jobs and work	Highest	Highest	Highest	Quicker	Highest
Active and safe travel	High	High	High	Longer	Lower
Warmer and safer homes	Highest	Highest	High	Longer	High
Access to green spaces and leisure services	High	Highest	High	Longer	Highest
Strong communities, wellbeing and resilience	Highest	High	Highest	Longer	High
Public protection	High	High	High	Quicker	High
Health and spatial planning	Highest	High	Highest	Longest	Highest

THE LOCAL PICTURE

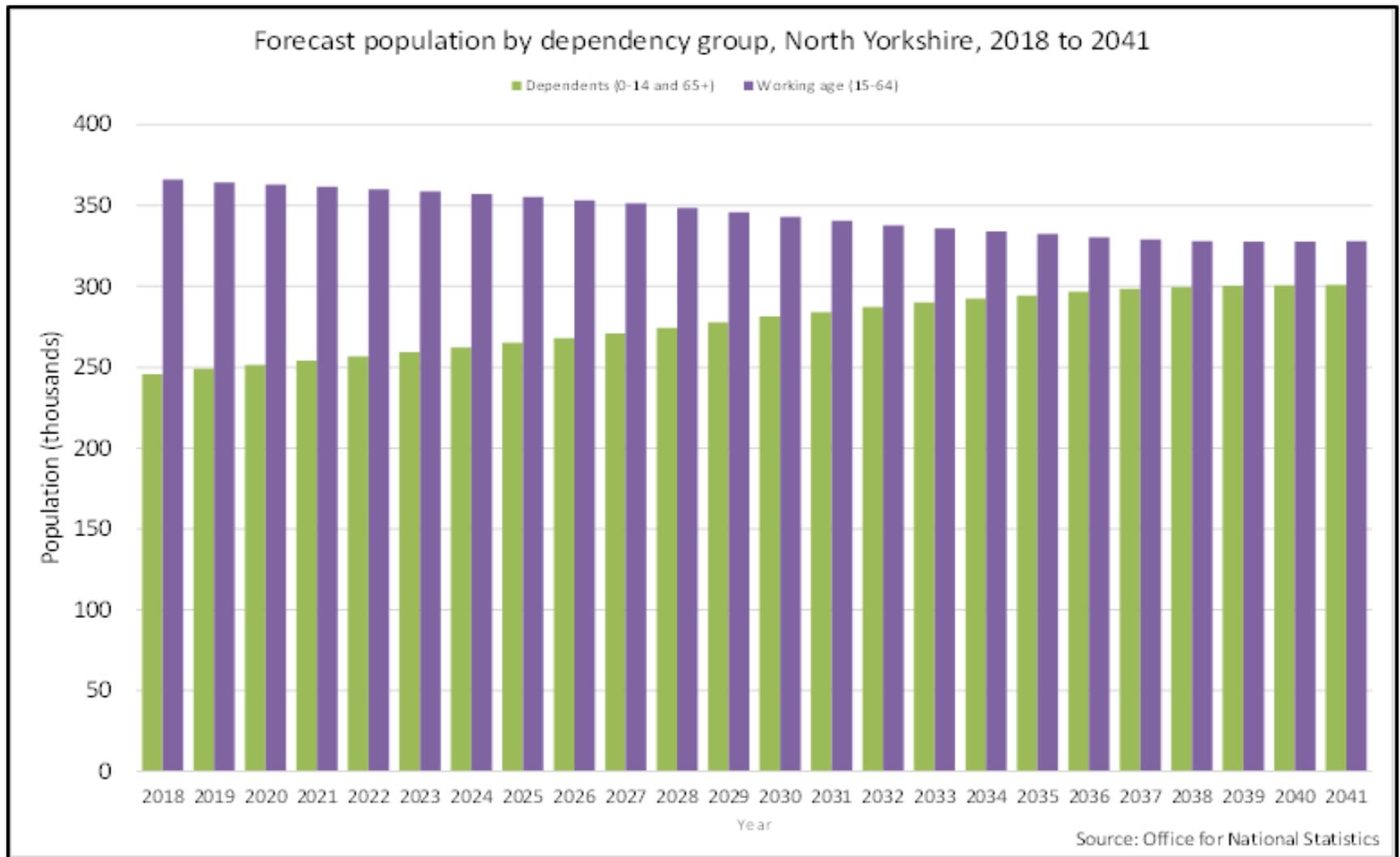
Our ageing population



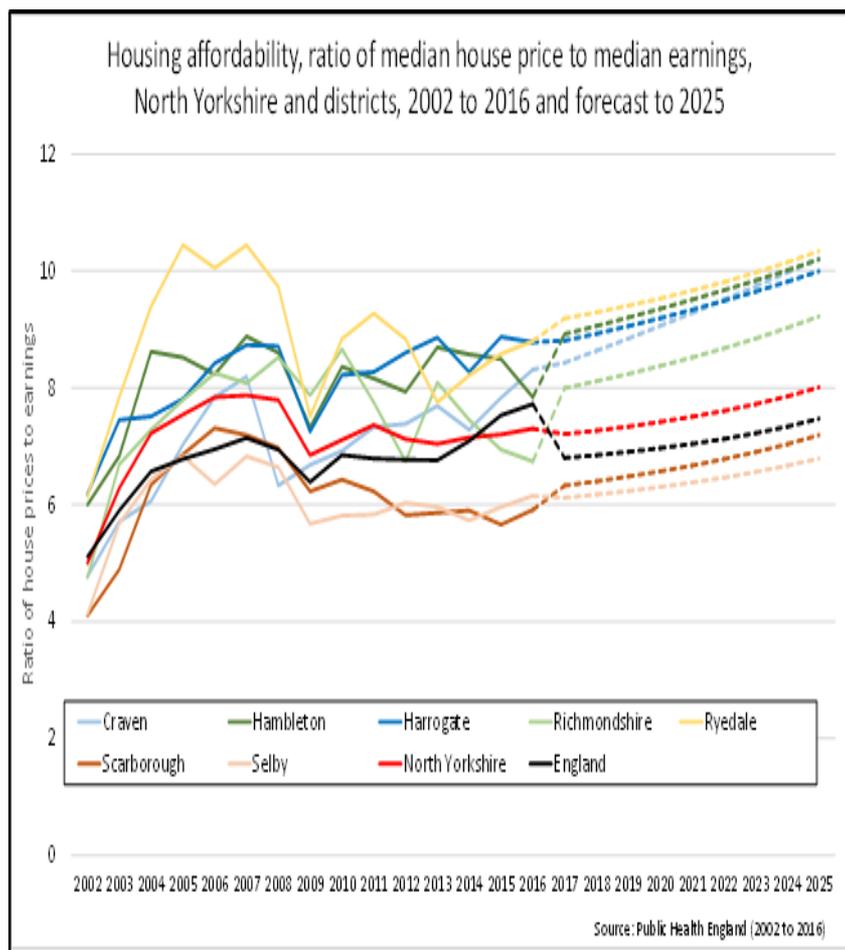
Children living in poverty



Dependency ratio



Housing affordability ratio



Forecast housing affordability ratio, North Yorkshire and districts, 2025

Area	Ratio
Ryedale	10.3
Craven	10.2
Hambleton	10.2
Harrogate	10.0
Richmondshire	9.2
Scarborough	7.2
Selby	6.8
North Yorkshire	8.0
England	7.7

Source: NY analysis of PHE data

Data for your populations

- [Craven](#)
- [Hambleton](#)
- [Harrogate](#)
- [Richmondshire](#)
- [Ryedale](#)
- [Scarborough](#)
- [Selby District](#)

Our priorities

Start Well	A good start to life, building emotional resilience and getting maximum benefit from education are the most important markers for good health and wellbeing throughout life. This enables all children, young people and adults to maximise their capabilities and have control over their lives.
Live Well	By working in partnership to create fair employment and good work for all we encourage a healthy standard of living and enable all working age people to live healthy, active and engaged lives fulfilling their ambitions and aspirations.
Age Well	Strengthening the role and impact of ill health prevention and promoting independence will enable older people and carers to enjoy life, continue to make positive contributions in their communities and make informed choices about their future as they age.
Connected Communities	Creating, developing and maintaining healthy and sustainable places and communities where people shape services and have control of their lives are necessary for North Yorkshire to remain a special place for everyone to live, work and visit.

Mandated services

- Statutory duties transferred from PCTs to Local authorities on 1 April 2013
- Sexual health services
- Health protection planning and assurance
- Health care public health advice service
- National Child Measurement Programme
- NHS Health Checks
- Elements of Healthy Child Programme

Commissioned public health services

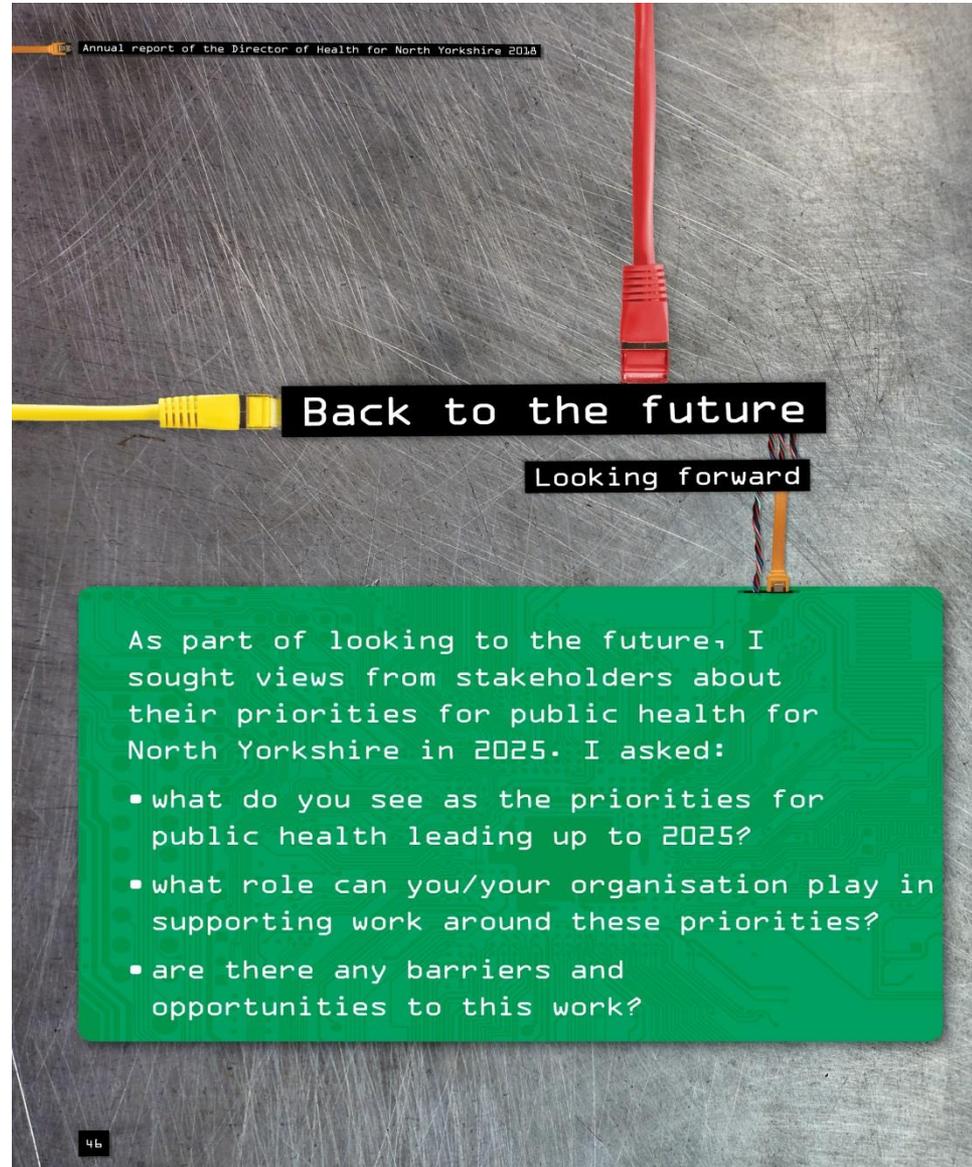
- NHS Health Checks
- North Yorkshire Horizons
- Smokefreelife North Yorkshire
- YorSexualhealth
- Tier 2 weight management services
- Oral health promotion service
- Breastfeeding support
- Stronger Communities
- Living Well

 <p>www.livingwell.northyorks.gov.uk</p>	 <p>www.northyorks.gov.uk</p>	 <p>www.northyorks.gov.uk</p>	 <p>www.northyorks.gov.uk</p>
 <p>www.smokefreelife.northyorks.co.uk</p>	 <p>www.compass-uk.org</p>	 <p>www.nyhorizons.org.uk</p>	 <p>www.northyorks.gov.uk</p>
 <p>www.yorsexualhealth.org.uk</p>	 <p>www.northyorks.gov.uk</p>	 <p>www.roadwise.co.uk</p>	 <p>www.everyoneactive.com</p>
 <p>www.healthcheck.nhs.uk</p>	 <p>www.craven.gov.uk</p>	 <p>www.hambleton.gov.uk</p>	 <p>www.harrogate.gov.uk</p>
 <p>www.richmondshire.gov.uk</p>	 <p>www.ryedale.gov.uk</p>	 <p>www.northyorks.gov.uk</p>	 <p>www.selby.gov.uk</p>

WHERE DO WE WANT TO BE IN 2025?

Looking forward

- What do you see as the priorities for public health leading up to 2025?
- What role can you/your organisation play in supporting work around these priorities?
- Are there any barriers and opportunities to this work?



Engagement

- Interviews: Chief Executive and corporate directors for NYCC; Chief Executives of all the District and Borough Councils in North Yorkshire; key elected members and members of the North Yorkshire Health and Wellbeing Board; Chief Executives of NHS Trusts and Chief Officers of CCGs; senior colleagues from NHS England, Tees, Esk and Wear Valleys NHS Trust; the Regional Director of Public Health England and senior colleagues and representatives from the Voluntary, Community and Faith Sector in North Yorkshire.
- On-line survey was distributed, targeting the public.
- Paper copies and easy read version of the survey were made available.

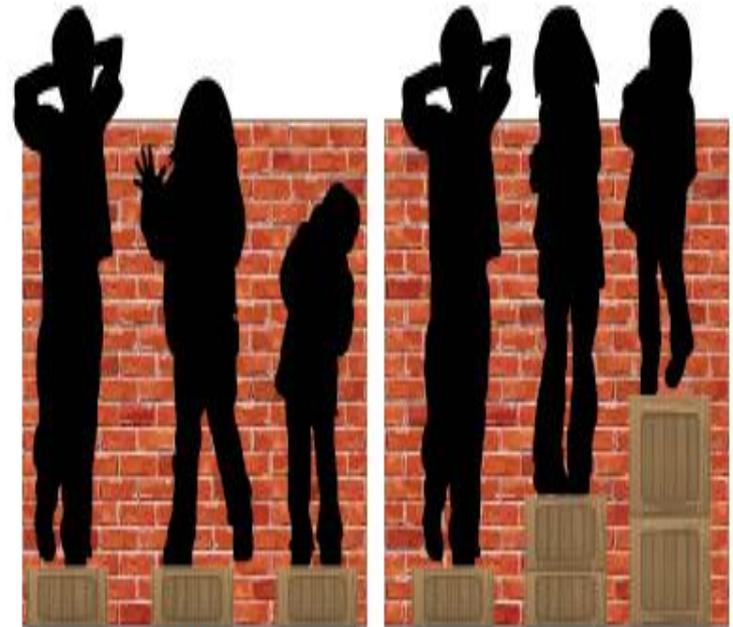
Themes

- Four strongest themes from the engagement exercise were : health inequality, mental health, obesity and our ageing population.
- Underpinned by views on how to embed public health so all partners deliver effectively.

Inequalities

- Distribution of all types of ill health and lower life expectancy is correlated with deprivation
- Although in North Yorkshire life expectancy is higher when compared to England, there are inequalities between communities.
- In North Yorkshire, inequality is complicated by rurality, housing affordability and fuel poverty.
- 21,000 children are living in poverty and facing issues of social mobility.
- Life expectancy is very much lower in people living in 10% of areas which are the most deprived.

Equality and Equity



Equality

Equity

Mental health

- A steep increase stories of people experiencing mental illness and mental distress and difficulties for these people in being able to access appropriate services.
- 55,000 working age people in North Yorkshire have a common mental health disorder
- People with mental health problems also experience worse physical health when compared to the general population

Embedding public health

- Develop public health skills across the workforce to increase capacity (data, evidence, evaluation)
- Embed public health / prevention in all plans
- Bring partnerships together to deliver population health together.

WHAT CAN YOU DO TO HELP?

Your role

- Elected members have a vital role in driving whole-system change – ensuring prevention is embedded in all council functions, and promoting collaboration with partners in the NHS, the wider public sector, the voluntary, community and social enterprise sector and the business sector.
- Elected members are well placed to be health champions, engaging with communities to hear their priorities, and supporting them to take an active role in prevention.

Questions to consider (1)

- How do you know that your council is doing all it can to deliver on public health and prevention?
- What strategies does your council have to promote the health and wellbeing of the population? Do they reflect needs identified in the joint strategic needs assessment (JSNA) and include a range of primary, secondary and tertiary prevention measures?
- Does the council regularly consider progress on indicators in the Public Health Outcomes Framework and local prevention indicators? What action is taken to tackle poor performance?
- What work is taking place to implement the prevention plans of NHS organisations, and how is your council engaged in this?
- Are all council departments contributing to improving the health and wellbeing of the population through their relevant functions?

Questions to consider (2)

- What measures are in place to engage with communities to increase their role in promoting health and wellbeing?
- What has been done to develop a health in all policies approach? How does the council ensure it has skills and capacity in public health to support this approach?
- Are strategies based on best evidence of effectiveness and are well-costed? Does the council access specialist advice to ensure this is so?
- Is prevention being embedded in new NHS care models, accountable care systems and other integrated arrangements?

Discussion

- What are the public health priorities in district/borough?
- What is your role in promoting population health and wellbeing?
- How could an elected members network help?
- What would you like to focus on during a future public health elected members network meeting?



Age-friendly Communities

November 2018

Ange Jones

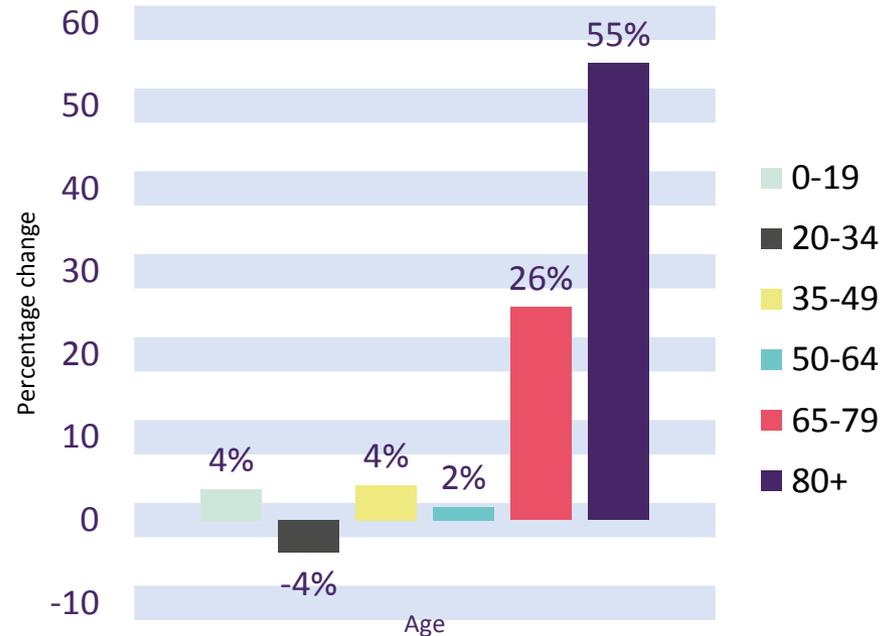
Our population



A child born today has a 50% chance of living to 100

By 2032, ONS predicts a 26% increase in people aged over 65 and a 55% increase in those aged over 85

Projected demographic change over the next 15 years



Source: ONS Table A2-1, Principal projection – UK population in age groups, 2017



About the Centre for Ageing Better

- We work for a society where everybody enjoys a good later life. That means more people in good health, financially secure, socially connected and feeling valued.
- An independent charitable foundation funded by the Big Lottery Fund and a What Works Centre
- We bring about changes in policy and practice to improve later lives by working with others to try out new approaches and implement those that evidence identifies work.

What do we mean by Age-friendly Communities?

Age-Friendly Communities – a holistic approach to ageing better

- Concept developed by World Health Organisation (WHO), 2006
- Age-friendly communities are **places that foster healthy and active ageing**
- Age-friendly communities enable people to **stay in places of their choosing** as they age and to **continue to play an active role in their communities** for as long as possible
- Age-friendly communities **minimise barriers** to participation as abilities decline



An Age-friendly Perspective..



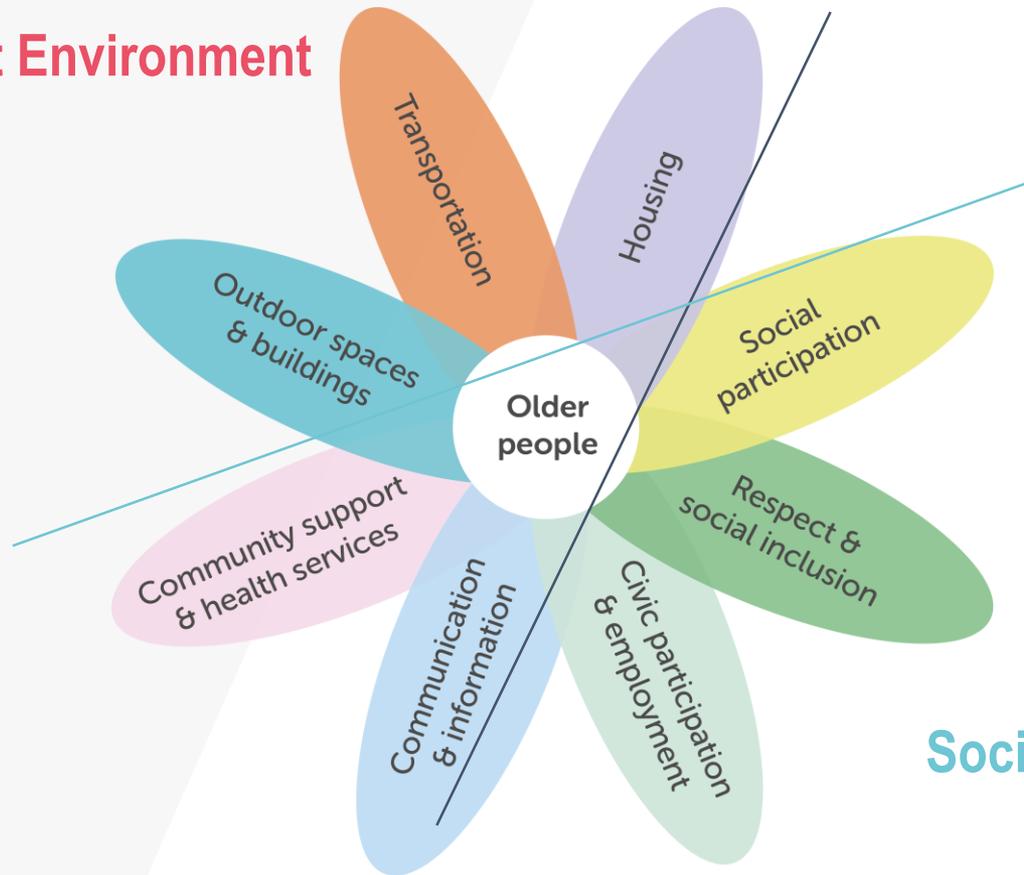
- Is about adopting a particular 'lens' through which to view policies and services in a place.
- Focusing attention on the issues of particular relevance to older people and all of us as we age





The Age-Friendly Communities Framework

Built Environment



Social Environment



“

In practical terms, an age-friendly city adapts its structures and services to be accessible to and inclusive of older people with varying needs and capacities.

”

WHO, 2007a, p1



How do we as a society create more age-friendly cities?

Vox pops with Age-friendly Communities

Why are Age-friendly Communities important?

Age-friendly communities:

- Promote preventative approaches
- Encourage action on all aspects of the local system e.g. transport, housing, outdoor spaces and buildings (e.g. pavements, benches)
- Contribute to wellbeing through enabling people to stay active and connected
- Focus on reducing barriers to continued participation and contribution (employment, caring, volunteering etc.) when abilities decline





Core principles of Age-friendly

- Participation of older people
- A focus on equity (reducing health inequity)
- A life course approach
- Cross cutting and multi-agency collaboration
- Multilevel governance

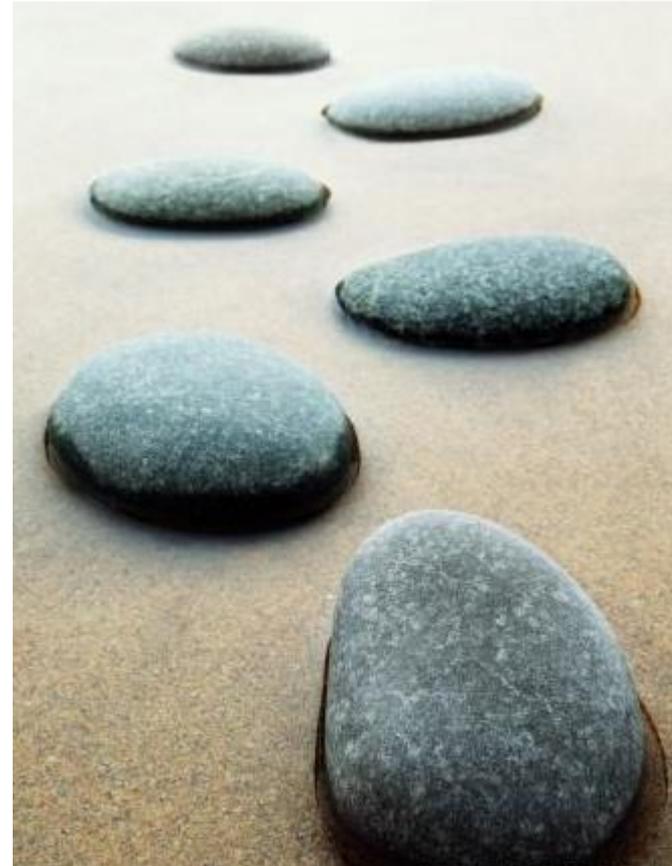


Source: Creating age friendly environments in Europe - a toolkit for local policy makers and planners, (2016), WHO



It's a journey not a destination...

- Being an age-friendly community is not about achieving a standard
- It is about taking the decision to make improvements at whatever pace you can



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UK Network of Age-friendly Communities – 27

- Banbury
- Belfast
- Brighton and Hove
- Bristol
- Coventry
- Derry City and Strabane
- Greater Manchester
- Glasgow
- Isle of Wight
- Leeds
- Liverpool
- London
- London Borough of Lewisham
- London Borough of Southwark
- Manchester
- Melksham
- Middlesbrough
- Newry, Mourne and Down
- Newcastle upon Tyne
- Nottingham
- Salford
- Sefton
- Sheffield
- Stockport
- Stoke-on-Trent
- Sunderland
- West Cheshire



Associate members: Scottish Older People's Assembly and Ageing Well in Wales



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Progress made to date in North Yorkshire and next steps

- Age friendly communities steering group established
- Locality events planned to identify priorities for each area
- Linking into the health and wellbeing board - aiming to deliver a workshop in the new year
- Applying to become a member of the UK network for age friendly communities

Discussion

- What work is already happening in your area that is age friendly?
- How can we take forward Age-friendly communities in your area?
- Who are the stakeholders and what are the assets?
- What support would be helpful from Public Health and the Centre for Ageing Better to get started?