Chief Executives' Group – North Yorkshire and York

5 September 2012

Update on Objective 3 of the North Yorkshire Community Plan - Working jointly to reduce health inequalities

1 Purpose of the Report

1.1 To report on joint work to reduce health inequalities by promoting healthier lifestyles and reducing risk behaviours in all ages; in particular smoking, alcohol abuse and obesity.

2 Background

2.1 Working jointly to reduce health inequalities is one of the key objectives in the North Yorkshire Community Plan. Health inequalities are about differences in health outcomes. Worse health outcomes are usually experienced by vulnerable people and communities. For example the difference in life expectancy between the most and least deprived communities across North Yorkshire is around 6.3 years and 4.6 years in males and females respectively.

2.2 The next section details examples of joint work that is underway both to ensure that the outcome of reducing health inequalities is embedded within the strategic priorities for all partners and details the action that is currently underway specifically in relation to reducing health inequalities through ill health prevention work.

2.3 It is important to note the changes being brought about the new Health and Social Care Reforms which will have an impact on the way this agenda will be delivered in the future. From 1st April 2013 local authorities will take the lead for improving health and co-ordinating local efforts to protect the public's health and wellbeing and ensuring health services effectively promote the population health.

3 Examples of joint work to tackle health inequalities

3.1 Joint Strategic Needs Assessment and Joint Health & Wellbeing Strategy

NHS North Yorkshire and York and NYCC, together with key stakeholders, have produced the Joint Strategic Needs Assessment (JSNA) which aims to provide a high level analysis of the current and future health and wellbeing needs of the individuals and communities in North Yorkshire. To ensure that health inequalities is a main driver for describing the health of the population, the Marmot domains have been used to describe health needs of the population where possible within the report. See link to JSNA for the detailed report www.northyorks.gov.uk/jsna

Work is underway to produce a Joint Health and Wellbeing Strategy (JHWS). Reducing health inequalities will be a major outcome area for the JHWS, therefore ensuring it is a key element of all commissioning plans. The specific interventions required in both geographical areas and with specific vulnerable communities should be informed by the findings of the JSNA.

3.2 Smoking

Smoking is the biggest cause of premature death and is the single biggest cause of inequalities in death rates between the richest and poorest communities. Smoking rates are much higher in some social groups, including those will the lowest incomes with these groups suffering the highest burden of smoking-related illness and death.

Locally there continues to be a focus on smoking in pregnancy rates particularly in the Scarborough area where the percentage of mothers who are smokers is significantly higher than national average. Scarborough and Ryedale CCG are co-ordinating a joint piece of work with public health from NY and East Riding, Scarborough Hospital, North Yorkshire Stop Smoking Service and others to raise the profile of the smoking in pregnancy issue locally and improve support for pregnant women who are smoking.

The Government is currently consulting on the standardised packaging of tobacco products. NHS North Yorkshire and York and NYCC have submitted a joint response in support of the proposals.

A local tobacco needs assessment is currently being completed with the aim of driving the local tobacco control strategic approach to this agenda and to inform future commissioning decisions in relation to stop smoking services.

3.3 Alcohol abuse

Modelled estimates show increasing risk and higher risk drinking in North Yorkshire was 25.7%, higher than the national average of 23.6% but not statistically significantly so and ranged between 20.0% in Scarborough and 30.0% in Hambleton.

Locally an alcohol needs assessment has been carried out which describes levels of drinking; the impact of drinking on crime and disorder, health and the wider society; details of current service provision; identifies unmet needs and makes recommendations for future work. The next stage of this work is to use the needs assessment to inform the development of a partnership Alcohol Harm Reduction Strategy and inform future commissioning decisions.

There is also an A&E alcohol project running in Scarborough where there is an alcohol link worker, based within Scarborough A&E Department who facilitates the identification and support through brief interventions of patients with moderate to severe drinking patterns. Comprehensive evaluation is taking place and initial data indicates that the service is picking up significant numbers of people with high levels of drinking.

North Yorkshire Substance Misuse Partnership is currently committed to planning for a county-wide drugs and alcohol treatment services procurement process, intended to deliver an integrated, recovery focused treatment system for North Yorkshire. The process is intended to take place over the next 18 months and will include a thorough engagement and consultation process with service users and wider stakeholders.

3.4 Obesity

The National Child Measurement Programme continues to be implemented. Local analysis of this childhood obesity data by deprivation quintile shows that for both reception and year 6 children there is a clear socio-economic gradient. This data can help areas to plan and commission local services.

A community weight management service is being delivered in the Scarborough Whitby Ryedale area for overweight children and their families. 30 families have participated on the programme to date.

3.5 Sexual health

Poor sexual health and reproductive health is much more common in people who already experience inequality associated with their age, gender, ethnicity, sexuality or economic status.

Three particular development areas have been first, promoting the uptake and improving access to Long Acting Reversible Contraception with doctors and nurses working in teenage pregnancy hotspot areas being able to access free training.

Second, a new Point of Care HIV testing 'Testing Times' is also being rolled out across the county. Work is ongoing to promote HIV testing so people are aware of their HIV status earlier.

Third, NYCC have now commissioned a Young Peoples' Specialist Risk Taking Behaviours Service. This new service will cater for the holistic needs of young people who require specialist support around risk taking behaviour that will include the provision of drug and alcohol treatment, whilst also providing a full range of sexual health services to targeted groups to include information and guidance, Chlamydia screening, contraception and drop-in sessions at a small number of schools and colleges throughout the region.

3.6 Health checks

Cardiovascular disease is a major cause of health inequalities. NHS Health Checks is a national programme which offers a systematic and integrated programme of cardiovascular risk assessment and management for everyone between the ages of 40 and 74 years who do not have established cardiovascular disease (including diabetes, hypertension, CKD). The programme offers an NHS Health Check every 5 years to all eligible adults. Each patient assessed will receive a cardiovascular risk score and personalised lifestyle advice.

A total of 92 out of the 98 GP Practices across North Yorkshire and York are signed up to the programme and work is ongoing to ensure all patients have access to it. At the end of March 2012, 25473 patients had been invited to attend for an assessment and 10734 had taken up the offer since the county wide rollout started in October 2011. There have been 5053 new patients diagnosed with chronic kidney disease (CKD), diabetes or hypertension or classified as being at high risk within 60 days of the Health Check demonstrating that it is already making a difference.

4 Recommendations

4.1 To note the joint work being delivered to address health inequalities through promoting healthier lifestyles and reducing risk behaviours in all ages.

4.2 To note the joint working underway to ensure that reducing health inequalities is embedded as a key outcome for all partners via the Joint Health and Wellbeing Strategies and therefore consider this in future reiterations of the North Yorkshire Community Plan.

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