Health and Wellbeing Board
North Yorkshire

North Yorkshire
County Council

Director of Public Health for
Annual Report:
Back to the Future

Engagement Outcomes Report
July 2018

Thank you

# Contents

# 1. Introduction

It is five years since the Public Health Team moved into the local authority, and therefore an opportune time to reflect on progress made and look at where we want to be in 2025.

The Delph peer review highlighted that "It feels like the department is at a tipping point; you've been developing and growing over the last five years, and it is now time to relaunch and reset. Consideration should be given to reviewing and developing your one year plan, five year strategy and 20 year vision, in alignment with the broad role of NYCC and other stakeholders in North Yorkshire."

The 2018 annual public health report will focus on looking back over the last five years and looking forward to 2025. The report will highlight what the data is telling us about priorities, and the engagement exercise allowed us to sense check this and enabled partners to inform the priorities.

# 2. Aims of the engagement exercise

In order to inform future priorities, the Director of Public Health aspired to seek feedback from a range of stakeholders about their views on the future public health priorities and the direction of travel over the next few years. An engagement exercise was carried out with the aim of gathering the views of the public and partners to inform the development of public health priorities for North Yorkshire in 2025.

A brief summary document (appendix one) was shared with stakeholders summarising progress made so far and current data trends and projections. The following three questions were asked through the use of a survey and the interviews:

1. What do you see as the priorities for public health leading up to 2025?

2. What role can you/your organisation play in supporting work around these priorities?

3. Are there any barriers and opportunities to this work?

# 3. Methodological approach to the engagement exercise

Two approaches were used to gather feedback. Interviews were held with professional stakeholders including the 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.
The interviews were conducted by two Health Improvement Managers and one by a Consultant in Public Health. To ensure consistency in the approach taken for interviews, a template was developed to capture feedback (appendix two).

In addition an on-line survey (appendix three) was set up with the same three questions to generate a wider response from partner agencies and also the public. Paper copies of the survey were made available and an easy read version was also sent out (appendix four).

The survey was promoted widely through email networks, NYCC internal communications, social media, broadcast media and the press. Partner agencies promoted the survey through their communication channels such as newsletters and email.

## 4. Data Collection and analysis

Consideration was given to how the data would be collated and analysed. In agreement with the engagement group, a thematic analysis was proposed to be the best way to analyse the data. Thematic analysis is a widely used qualitative analytical method, which can be conducted in a careful and thorough manner. It is often used for identifying, analysing and reporting themes from within a data set. It is described as a flexible tool which, when used effectively, is able to describe patterns across qualitative data. So, using the agreed template (appendix two), notes were made of each interview and these were shared with the interviewee to check for accuracy. The on-line survey allowed stakeholders to feed in their views.

A total of 84 replies were received in response to the request for engagement on public health priorities. An online survey received 52 responses from the public, local government employees, health professionals and leadership teams, and other key stakeholders including the community and voluntary sector. A further 27 responses were gained through face to face interview of key members within the council and leaders from other areas including district/borough councils, local CCGs and members of the Health and Wellbeing Board. The remaining responses came from email (n=4) and a cabinet discussion within NYCC.

Responses:

- Interviews (27)
- Email responses (4)
- On-line survey (52)
- NYCC Cabinet discussion (1)

As previously noted, the methodological approach was to undertake a thematic analysis, this consisted of the engagement group (Health Improvement Managers and Health Improvement Practitioner) taking all responses to the questions and putting them into a database. Using the pre-defined questions as a guide, all responses were listed under priorities, roles, barriers and opportunities. Following the collation of this initial database, a workshop session was then undertaken to collaboratively work together to theme the received responses.
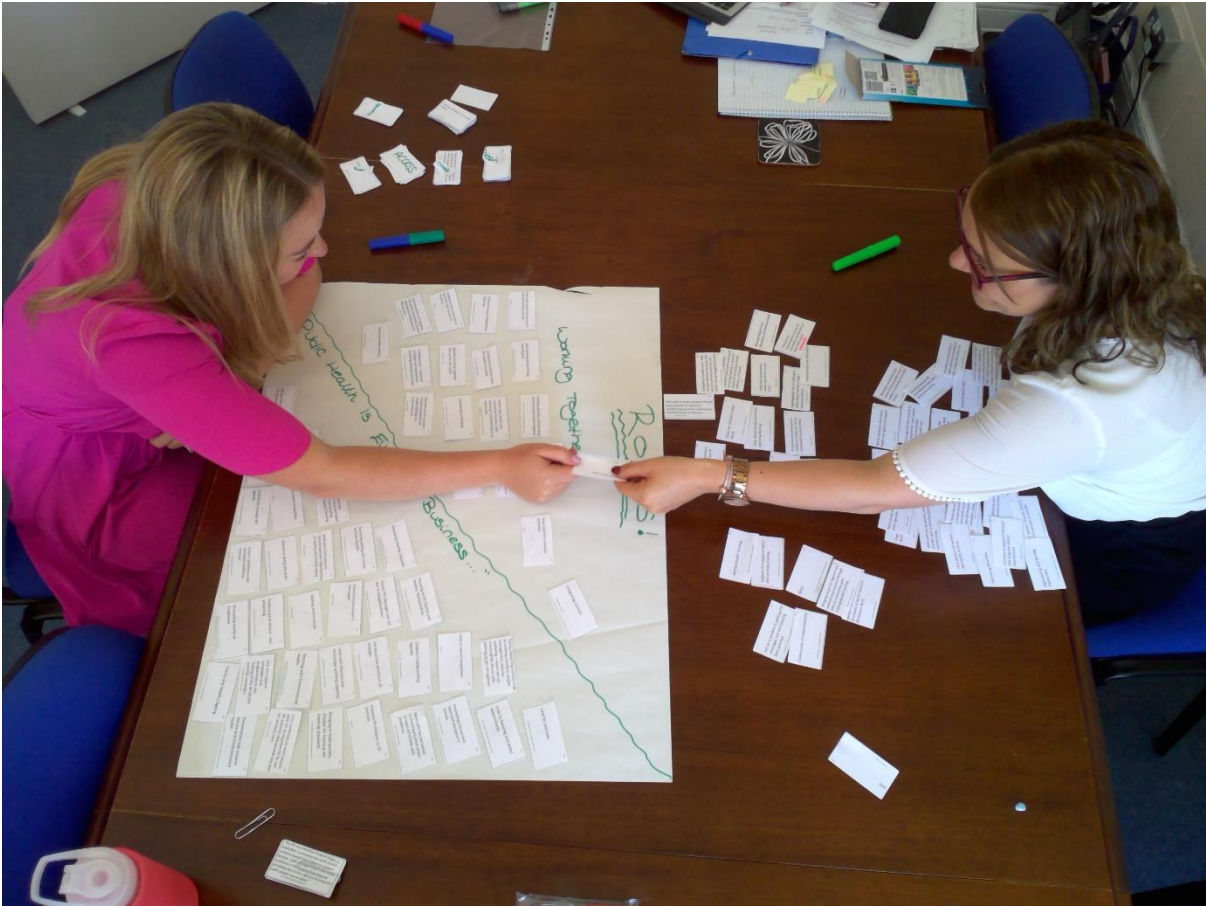
During this review process, which was iterative in nature, subgroups began to naturally form, and it was evident that stakeholders had very similar views, around key areas of work. As the themes began to emerge, it was apparent that the sub groups overlapped to some degree.  Due to the large dataset, it is difficult to present a comprehensive table. A full table of all narrative and themes is available as an appendix. Please refer to Table One, (appendix five) for the full review.

The interviews allowed us to pull out what stakeholders meant by certain statements. For example in the survey many people highlighted mental health as a priority but it was not possible to identify what they meant by this. The interviews enabled us to gather much richer information.

## 5. Results

This section of the report will review the granular level of detail behind the themes that the engagement group identified. Throughout this section, quotes will be used to support the narrative.

### 6.1 Priorities for public health

The number of responses given to this question by each individual ranged from between two and six. We were able to group these under the four key public health work streams of *Start Well*, *Live Well*, *Age Well* and *Deliver Well which fits under the connected communities work stream*.

The graph below highlights the top 5 priorities identified by our stakeholders, each theme demonstrates the number of responses by each sector.

**Overall Top 5 Priorities**
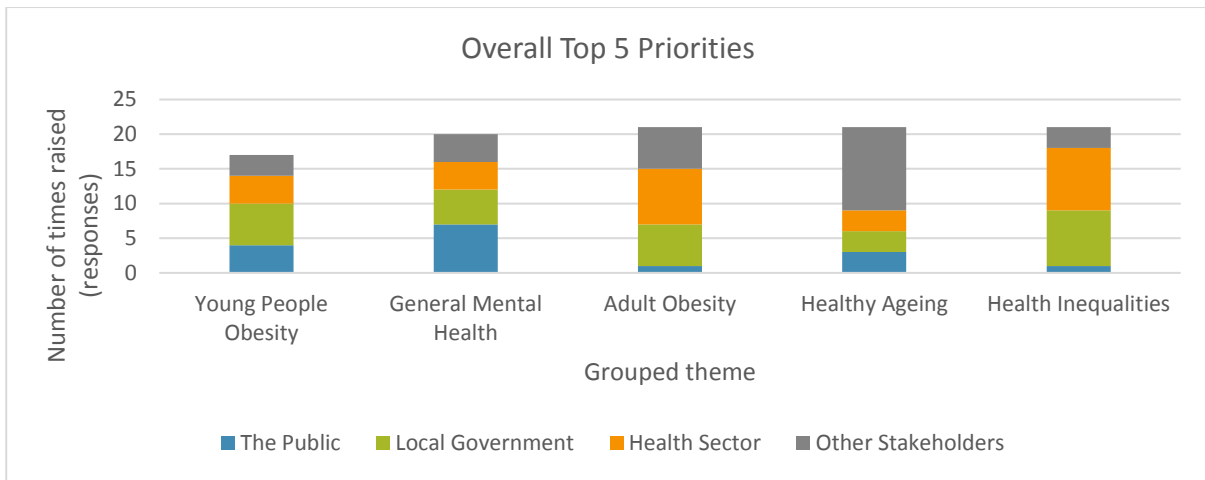
### 6.1.1 Start well

Start Well is a strand of the public health team plan where the aim is to provide leadership, advice and support to partners and the community in the development and implementation of evidence based services and activities that improve and reduce inequalities in health outcomes of babies, children, young people and their families with a focus on early years to improve children's readiness for school.

The below graph demonstrates the priority areas noted by sector. It is clear that overall obesity is a real priority area for everyone, interestingly, local government cite this priority area the most. Following this, a healthy start in life and mental health are the strongest priority areas mentioned, for the majority of respondents. Throughout this section, the sub-themes as noted on the graph will be explored in detail.



**Priorities grouped by theme and sector for Start Well strand**
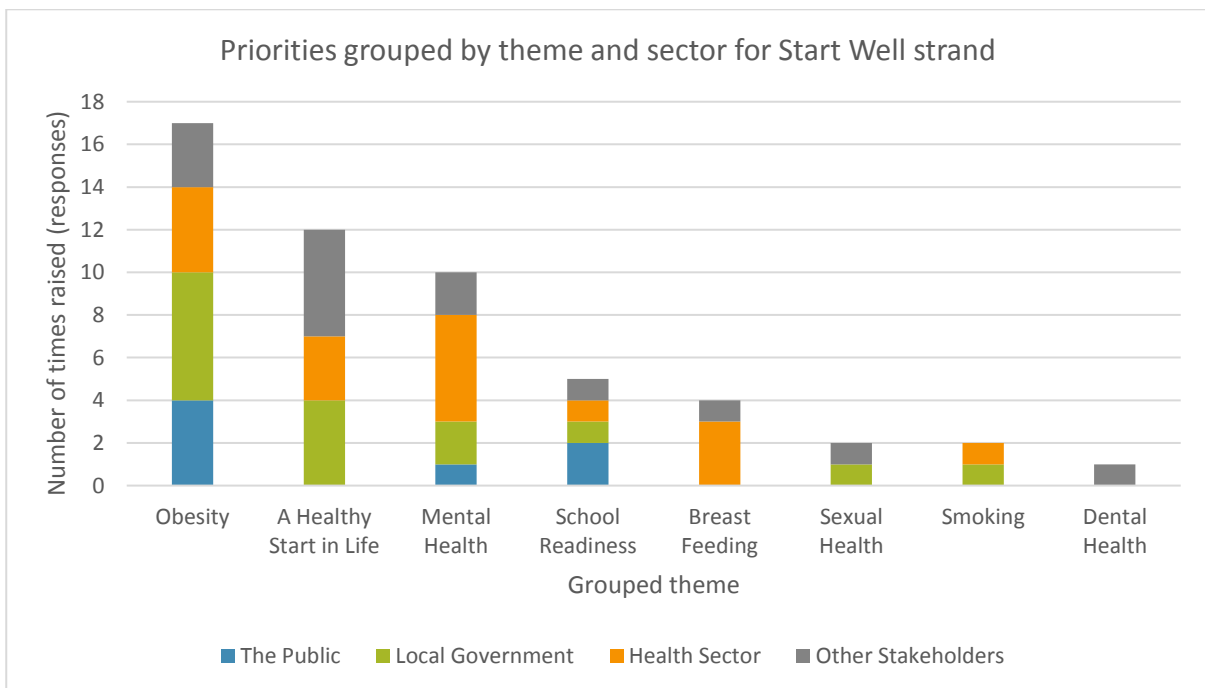
As per the above graph, the majority of respondents made reference to the importance of a healthy start to life and the need for earlier intervention, including a focus on pre-conception. *"If we get attachment and the early years right this can make a big difference." (Corporate Director, NYCC)*

It was acknowledged that on the whole health outcomes for North Yorkshire are better than other areas, there are still stubborn issues that need to be tackled. *"The population profile shows us that education attainment and poverty are not a big issue for this area. Yet, it is apparent that we don't see great lifestyle*

*outcomes for children and young people….. we are not getting it right as we are still hitting some barriers to achieving the best outcomes for all" (CCG).*

Within children and young people the overwhelming priority was the need to focus on children's obesity. The importance of teaching young people the skills to equip them in later life was highlighted by a number of agencies. It was acknowledged how complex children's obesity is and that a range of interventions are required, including support for families, increasing breastfeeding uptake, work around food outlets, utilising the countryside in North Yorkshire and providing young people with the skills around cooking a healthy meal from scratch and on a budget. *"Schools need to prepare children for future life and this really does need to be taught in the curriculum." (Elected member)*

*"Are we maximising the use of the assets in North Yorkshire and encouraging children to go out and play enough?" (Elected member)*

*"We need a stronger focus that needs to cover parents and children, and also pre-conception work" (Health Provider)*

Children and young people's mental health was also considered to be a major priority for many agencies. This included improving access to services but also building young people's resilience, the impact of social media on mental health, relationship building and also support for families and parents. *"Compass Buzz is helping, but more is needed." (Health provider)* The need to provide activities for young people to relieve boredom was considered a priority for one District Council.

*"There are lots of effective stop smoking campaigns but nothing that covers the use of technology and particularly on social media." (Voluntary Sector)*

*"Children's mental health …. feels weaker across the whole patch and that perhaps some of the focus has been lost. We are not as structured around this work". (CCG)*

Other priorities identified for children and young people included school readiness, smoking in pregnancy, sexual health and oral health. *"Some children are at least six months behind when they start school. Speech and language needs to be prioritised and also parenting. If we get parenting right this can be reversed." (Corporate Director, NYCC)*

### 6.1.2 Live well

In the current public health team plan, the live well programme of work aims to Influence policies and services that impact on the physical and mental health of the working age population and ensure implementation of workplace wellbeing charter principles across workplace settings.

## Priorities grouped by theme and sector for Live Well strand
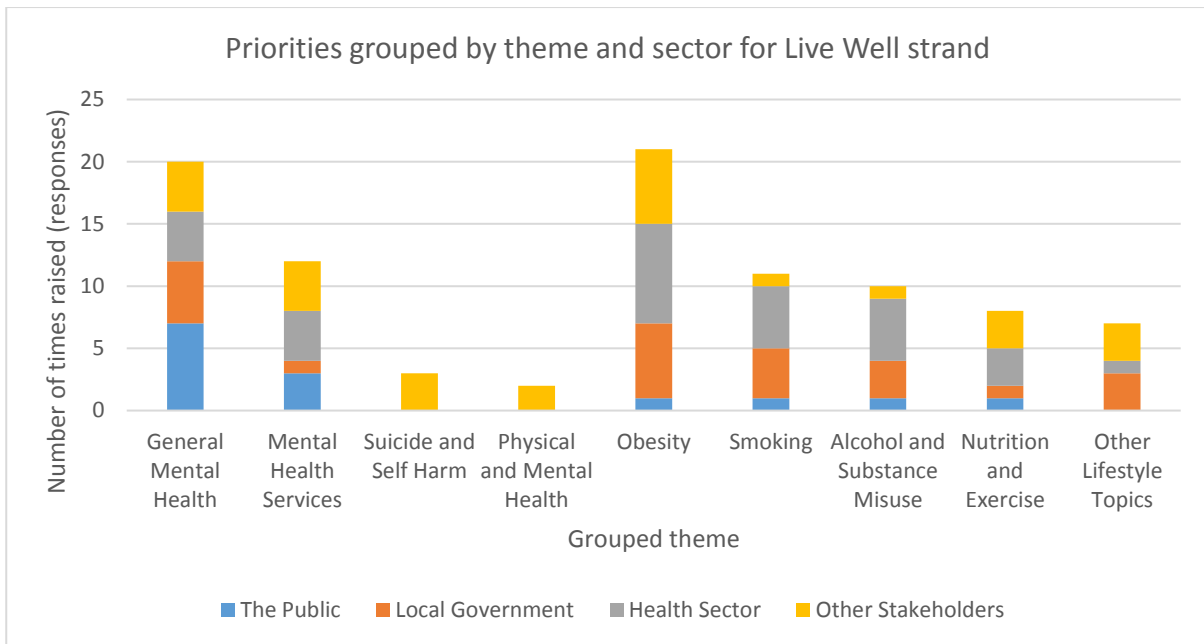


As per the above graph, there was two main priorities categorised under the live well theme - improving healthy lifestyles (which incorporates, obesity, smoking, alcohol and substance misuse, as well as nutrition and exercise) and mental health.

*Mental health:* A number of agencies, particularly District Councils and Health Providers commented on the impact that mental health issues are having on their services. *"Many services provided by the District Council are experiencing issues relating to mental health" (District Council)* and this was echoed by others, with some services reporting being overwhelmed. Access to services was a priority and also the lack of investment in mental health services was highlighted. Stakeholders emphasised the need to do things differently because of this, and not relying on diagnosis and prescribing. Mental health provision amongst the military community was specifically highlighted as a concern by some and also the need to address the physical health of people with mental health issues across North Yorkshire. For example, increasing access to screening amongst this group. The need to focus on reducing suicide and self-harm across all age groups was listed as a key priority in particular for health providers and also the Office of the Police and Crime Commissioner. The need to offer services through the workplace was mentioned by one organisation as a solution to offering non-stigmatised support.

*Healthy lifestyles*: Improving healthy lifestyles, including obesity, smoking, and drugs and alcohol were all priorities categorised under live well. Similar to the feedback around children and young people's obesity it was acknowledged that tackling obesity is complex and that priorities should include working with supermarkets and fast food outlets, improving access to exercise, promoting active travel, better cycling infrastructure, limiting availability of unhealthy snacks in council run areas such as leisure centres and broadening discussions around health optimisation with CCGs and Public Health as a collective (weight loss/stopping smoking before surgery). *"Look at free access to exercise classes for all not just those on benefits also the employed." (Council)* It was also acknowledged that some of these interventions are no/low cost, and that this is something to be explored further in the climate of austerity. *"We will need to consider free services, such as walking and using this as an effective form of exercise, people need to recognise that we don't need fancy gym memberships." (District Council)* Concern about the levels of obesity and the impact on demand for services as a result of lifestyles was raised. One organisation

highlighted the need to effectively performance manage weight management services so they deliver what they have been commissioned to do.

Supporting people to stop smoking was highlighted as a priority for a number of agencies and also to increase the number of smoke free places such as town centres and hospitals. *"Smoking related illness drives a lot of health consumption."* (Health Provider)

*"There are good examples such as TEWV who have made their premises completely smoke free. This is not the case in Scarborough Hospital."* (CCG)

Alcohol and substance misuse and the subsequent impact on other health issues such as mental health was considered a key priority for stakeholders. Services reported experiencing the effect of harder drugs being brought into the area and the negative impact on lives. The need to adopt an evidence based approach to drug and alcohol related deaths was also highlighted as a priority.

Other priorities identified relating to live well included workplace and air quality.

### 6.1.3 Age well
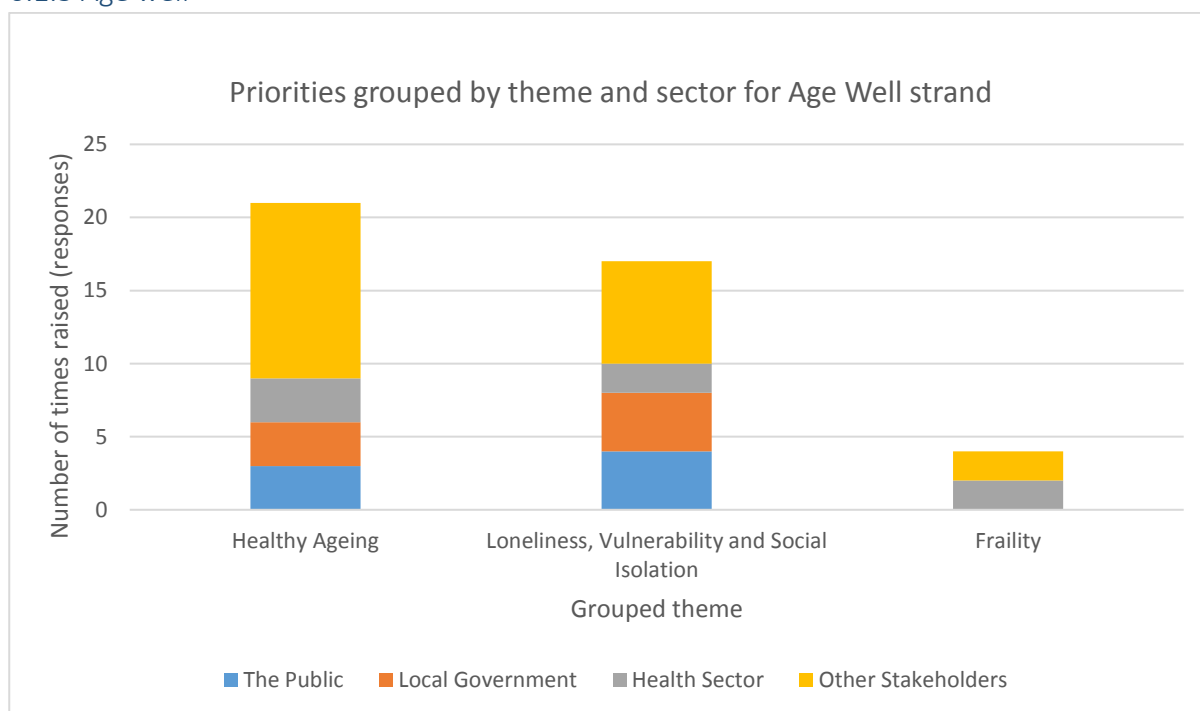


The ageing population of North Yorkshire was referenced by a number of agencies and the need to improve the health of this age group in order to increase healthy life expectancy and reduce demand on services such as health and social care. *"People are living healthier for longer, but ill health tends to start in the later years. Public health needs to focus on the very elderly."* (District Council)

Preparing for retirement and having a healthy retirement was considered to be a priority, focussing not just on long term conditions amongst this age group but on broader issues such as frailty. Rurality and access to services in particular was highlighted as an issue for older people. However it was acknowledged that moving older people into towns is not the answer and could affect the viability of communities. *"We need to keep people living in their homes for longer, which is a challenge when the social care work force is limited."* (CCG)

As well as a priority, older people were identified as an asset and that we need to *"draw heavily on the assets within the increasing healthy aging population - through inter-generational programmes /volunteering/ peer support" (health provider).*

*"what else can we do to make sure communities come together to provide a more nurturing environment to support people as they get old in their own homes and own communities?" (NYCC)*

Self-care and personalisation was considered a priority by a number of stakeholders and the need to *"reconsider the maternalistic/paternalistic approach we currently have and do more to encourage and support people to take care of themselves." (Health Provider)*

The lack of investment in the community and voluntary sector was referenced and that we shouldn't fall into the trap of assuming work through volunteers is completely free. New innovative ways should be considered with less funding.

The health impact of loneliness and social isolation was listed as a key priority for a range of agencies, and although this can affect all ages most services referenced concerns around the elderly population. *"Loneliness is a key problem in rural communities, and developing community assets is key here." (CCG)*

*"Reaching people who are right on the outskirts of society, with no internet, and generally very little engagement within their community, are of cause for concern." (Elected member)*

*The work of stronger communities and living well is valued but skims the surface. Need a multi-disciplinary approach, with increased investment in existing services. (Voluntary Sector)*

When exploring what people meant by social isolation, concerns were highlighted around serious and organised crime, particularly in rural or semi-urban areas.

### 6.1.4 Deliver well

Many of these are delivered through the connected communities element of the plan which aims to influence the place shaping agenda for local communities to ensure all key partners including primary care contribute to healthy, safe and sustainable communities where everyone can thrive.

Priorities grouped by theme and sector for Deliver Well strand
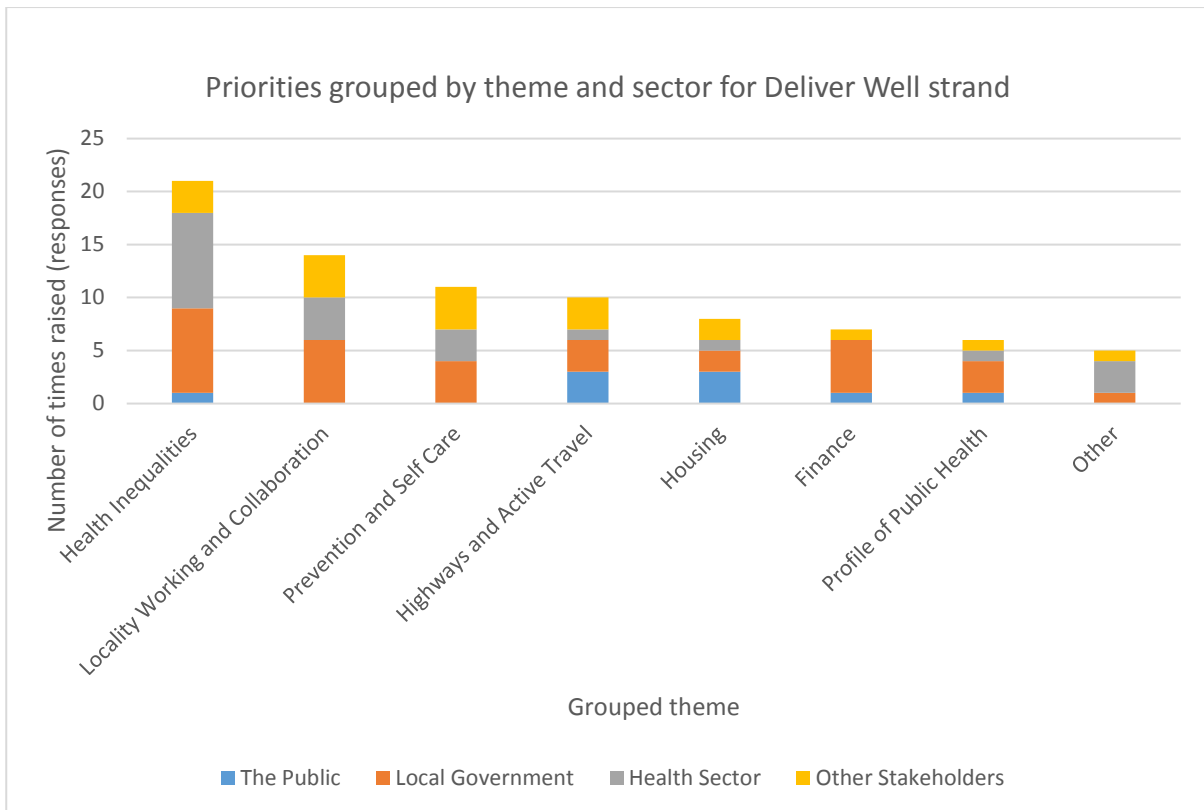
The deliver well theme, incorporated a wide range of themes, which considers how and what we need to focus our attention on. The above graph highlights breadth of this particular theme. Health inequalities was sighted by a number of stakeholders to be a priority, and that greater focus is required in this area. Similarly, locality working and collaboration also is considered to be of high importance, by the majority.

*Locality working and Collaboration:* Locality working was highlighted in the majority of interviews as one of the main ways in which public health priorities could be delivered over the next few years, working with local partners to understand and address community needs.  *"Public health should play a greater role in locality working" (Corporate Director NYCC).*

*Should have a focus in district areas, working together, even though we are not a unitary council, this shouldn't been seen as a barrier and stop us collaborating. (Elected Member)*

There was mixed feedback about how effective this has been in the past with some localities receiving lots of support and input from public health whilst others having limited contact and would welcome more. CCGs, District/Borough Councils and directorates within the County Council all recognised the importance of having public health input into locality discussions and the need to visit locality teams to develop effective links. They also felt that as well as public health reaching out further, locality teams need to involve public health more in discussions at an earlier stage. *"Need to promote to wider partners that they should engage with public health so they can support the picture of services" (CCG)* and that *"Other council services need to do more to utilise public health better" (Corporate Director, NYCC)*

*"Go into different communities and understand them, apply intelligence and thinking to lots of different places. (NYCC)*

*"Public health is good at modelling, we need to use this more" (District Council)*

However it was acknowledged by a range of partner agencies that the Public Health team has limited capacity, *"so we must look at how we create Public Health skills across the workforce and broaden out the*

offer." (Corporate Director, NYCC) and that one of the challenges is that *"areas of deprivation are scattered across North Yorkshire". (Corporate Director, NYCC)*

*Profile of public health:* Linked to the need to develop locality working over the next few years, the importance of public health having a high profile was mentioned by some agencies as a priority.

*"Public health needs to be as visible as possible." (CCG) and that "public health should be at the heart of the council and not be seen as a bubble". (Corporate Director, NYCC)*

*"The public often don't see public health as a council responsibility and focus on issues that are pertinent to them such as pot holes. However 43% of council tax is spent on social care – there is a need for public health to be seen as a council role and demonstrate how it can help to reduce spending." (Elected Member, NYCC)*

Contrasting views were expressed about the role of public health in the Local Authority. "One member of the public felt that public health should not be a council responsibility and that this is a role for the NHS and another commented that *"not only does it waste money by duplication of effort, it poses a threat to the role of the NHS."*

*"We need to play an even more active, visible role in healthcare PH, helping to shape the NHS and wider agenda in NY for the next decade." (Corporate Director NYCC)*

Representatives from two from CCGs raised the importance of public health playing more of a role in healthcare public health. One felt that the *"focus sits heavily on Public Health prevention programmes of work, and not on a scientific approach to healthcare" (CCG)* and another that *"The CCG need to engage Public Health more widely about things we need to do and bring them into the discussion at an earlier stage" (CCG)*

*"Need to upscale the healthcare public health offer. Population health needs to be embedded into all work." (CCG)*

*"The link around evaluation of healthcare and public health has been a bit lost, and we could make more effective use of each other."* (CCG)

One CCG representative expressed concern that "*Public Health has financial constraints and being part of the Local Authority doesn't always allow for collaborative working alongside health." (CCG)*

*Health inequalities:*
Reducing health inequalities was considered a priority by a range of stakeholders and the need to focus on the more deprived areas, *Inequalities is an important priority for us all (PHE).* The differences in life expectancy/healthy life expectancy across the county was raised as a concern. This also links to the earlier priority around locality working and identifying which parts of North Yorkshire need additional input and support around public health. *"Need to see targeted input to the key issues in certain geographical areas" (Elected Member)*

*"We should be aligning more public health work in Scarborough" (Voluntary Sector)*

 *"Need to consider where we are going to have the biggest impact. E.g. coastal areas. We must focus on the deprived areas and make better use of funding". (Elected Member)*

NYCC's Corporate Management Board highlighted the importance of reducing the health inequalities gap, focussing on the Marmot policy objectives. Giving every child the best start in life, enabling all children, young people and adults to maximize their capabilities and have control over their lives, creating fair employment and good work for all, ensuring a healthy standard of living for all, creating and developing sustainable places and communities, and strengthening the role and impact of ill-health prevention.

A number of agencies referred to Brexit and the potential impact that this could have on health and increasing health inequalities, particularly in rural areas and farming communities. The issue around Brexit featured in the discussion more prominently as part of the barriers and opportunities question.

*"…in terms of inequalities …need to look at the position of the County overall, but also in the context of Brexit and what this might cause. In terms of inclusive growth, again consider the impact of Brexit and what this means to be leaving the EU." (PHE)*

*Prevention and self-care:*
Prevention and early intervention was raised numerous times in the interviews and through surveys. *"The focus is often on what is broken and not enough on prevention." (CCG)*

*"There is a need to look at work upstream. We need to get in early and prevent poor health, and if we can't we need to focus on secondary prevention" (CCG)*

With increased demands on services and reduced levels of funding, many agencies highlighted the need to look at how we do things differently and also to encourage self-care. *"We need to think about what is in our control and also do more to support personal responsibility." (Corporate Director, NYCC)*

A number of respondents commented that there is lots of good quality information out there to enable people to make an informed choice. *"Need to concentrate on certain groups such as smoking in pregnancy and smoking amongst young people". (Elected Member)*

*Wider determinants:*
In addition to priority areas such as 'districts and topics' being specified, the majority of interviewees referred to the importance of focussing on the wider determinants of health. *"Being in LA allows for the focus to be on air quality, better transport links, cycle ways – all of these issues are connected to a healthy population." (CCG)* Several agencies commented that being in the local authority means there is the leverage to tackle issues such as air quality, better transport links and cycle ways.

Housing was mentioned a number of times as a key priority in order to improve health and wellbeing. *"Having the right housing strategy to meet the needs of more vulnerable people is essential and we need to work together to do this." (District Council).*

Stakeholders from rural areas specifically mentioned issues around affordable housing with second homes and the need to do some "futures thinking" about what communities will look like in the future. The lack of affordable housing is also having an impact on the care sector. *"Looking ahead to future health issues such as cancer and older people, we need to think about where the carers are going to come from." (District Council)*

Many felt that digital technology should be prioritised over the next few years, and this included improving access to the internet to enable people to work in different ways and to use technology to improve access to services. *"A digital approach for communities within public health is perhaps an opportunity that is overlooked. Considering a digital offer, might be one of many solutions that could address rurality." (PHE)*

Economic growth is a key priority for many agencies and there are opportunities to improve public health through this. In work poverty was sighted as an issue which has an impact on health along with the need to increase wage levels.

There is also a need to look at the potential impact of issues such as Brexit and a devolution deal on health, transport and economic growth. There is also planned growth at Catterick Garrison which will result in increased demands on services. Public Health should have a role to play in developing a better offer for the military and their dependants.

Other priorities identified included cold homes and fuel poverty, transport (lack of car ownership and bus services in some rural areas) and the need to do some "futures thinking" around what communities will look like in the future. One comment related to the need to reassess and evaluate the programme public health funds and whether the amount of funding reflects the need.

## 6.2 Roles

The second question related towards the individual or organisation responding. The question asked 'What role can you or your organisation play to improve public health in North Yorkshire?' Again, more than one response was given, and in some instances no responses were given. No response was seen more in 'The Public' than the other groups.

### Working together

All stakeholders interviewed were keen to work together better to improve public health, with lots of opportunities for joint working cited. CCGs all highlighted the importance of public health and that there were opportunities to work together better and at an earlier stage to improve outcomes, particularly in relation to healthcare public health and in discussions around transformational change for CCGs. Again working together at a neighbourhood level was highlighted and a need to focus on prevention. *"All partners in the system must work towards priorities – public health has a role within the system". (CCG)*

District Councils were all keen to work together with public health around functions such as environmental health, housing, leisure, planning and work with communities and employers to maximise opportunities and use assets to improve public health. *"(the councils) have a joint role in terms of links to housing and the wider determinants of health" (Borough Council).* The Selby Health Matters work was considered an example of where this works well and other councils would be interested in following this approach. *"Would welcome joint working around the Kings Fund report on the public health role of District Councils". (District Council)*

Opportunities were highlighted for public health to become more involved for example in refreshing council plans, work on air quality and transport and working together on the JSNA. An example of this was around considering housing needs for more vulnerable groups, developing futures thinking and one district was interested in becoming more involved with the JSNA.

*"The services offered by the district can do a lot around keeping people healthy". (District Council)*

*"Must get planners and environmental health officers involved more with public health and all sit down to look at the data and implications" (District Council)*

It was acknowledged by many that partnership working could be improved and that partnerships would be more effective if there was clarity around what is being delivered. *"(Partners are)…. working towards a common narrative and agendas are aligned – but lacking the tangible measures to look at what has actually worked and made the difference". (CCG)*

*"To ensure we build partnerships we need to have something tangible to work towards". (District Council)*

*"Need to identify what will good look like in 2025, defining the outcomes and how we might go about achieving them". (NHS commissioner)*

*"Make it tangible, inspire people in terms of what we can achieve, gather enough meaningful action so people can see the sum of their action leads to real change, without this it is piecemeal, arbitrary and not enough to make a real difference." (NYCC)*

One of the main themes throughout was the need to innovate and think differently, particularly in light of austerity. Some also highlighted the need to still be ambitious.

*"Being clear about a limited set of priorities…. We are not going to be able to fix every public health problem."* (Elected member)

### Public health is everyone's business

In addition to working in partnership, many highlighted that public health is everyone's business and a key function for all agencies. *"For big structural changes, public health should be a priority and to keep messages at the forefront." (Elected Member)*

*"There needs to be a launch of public health to leaders in the CCG. It's important that Public Health is not seen as a second tier within the system"* (CCG)

*"Public Health has a really strong role in advocating for health improvement, but can we create more capacity around the other aspects of PH – in terms of supporting with literature, evidence base and making best use of resources." (CCG) "(The public health) team offers key strengths across all of the roles – so we should play to those strengths within our wider team, and use all skills effectively." Corporate Director, NYCC)*

However, although most respondents considered that all agencies have a public health role it was acknowledged that public health have a leadership role in this work. *"Public health should be taking the lead and being seen as the lead on issues such as obesity – in partnership with other organisations. Without an owner/lead things will not happen". (Voluntary Sector)*

*"We need to have a systems leadership approach and lead by example, by shoring this is what we will do and how we are going to go about it. It's important that we are viewed as doing the work". (Elected member)*

### People power and lobbying

Many respondents particularly members of the public commented that they had a role to play in holding services to account and lobbying. *"As an individual I can only use my influence and my vote to try and hold our elected officials accountable for policy or underfunding which undermine what public health want to achieve."(Member of the public).* Services made reference to their role in raising awareness of issues such as dementia, learning disabilities and fuel poverty.

### Delivery of services

Many respondents highlighted how they were already supporting the delivery of the public health agenda through the provision of services, advice and training. Ongoing developments around transformational changes in CCGs means that there are opportunities to look at a different service offer that includes early intervention and prevention.

### Training and sharing good practice

MECC was referenced by a number of organisations as an important mechanism for addressing public health through the large workforce in the statutory and voluntary sector in North Yorkshire. *"Supporting the principles of MECC and providing training or presenting MECC as a tool to talk with people especially around vulnerable groups." (Elected member)*

*"the concepts of MECC really needs adopting by all."* (*Health provider*)

One agency suggested linking public health priorities into the wider annual health partnership event. *"this would provide an opportunity for sharing best practice around effective interventions and have better interaction together" (Voluntary Sector)*

## 6.3 Barriers and Opportunities

The final question invited respondents to outline whether there are any opportunities and barriers to the priorities they had previously identified. The question asked 'What are the barriers and opportunities to this work?' Respondents gave more barriers than opportunities and in some cases no opportunities were given at all. It is evident that the clear barriers are consistently thought of across groups. However, when a barrier was considered and discussed the interviewees also considered whether this could be flipped and view as an opportunity.

Following the responses received, a clear pattern was emerging for all who took part in the engagement:

### *Finance and resources*

Finance was quoted as a barrier by the majority of people who took part in the engagement exercise, and also capacity and resources to be able to deliver the priorities. The reduction of the public health grant was mentioned by many as requiring efficiency savings and the need to join up work.

*"Look at what is the total spend we have for these areas and how can we get better value for money." (Health Provider)*

The lack of investment in prevention in relation to treatment was also mentioned. *"Will require resources which are difficult to attract to the task" (NYCC).*

*"Financial balance of the CCG vs benefits of long term preventative work on sustainability". (CCG)*

*"Need to think about how the council/system resources public health" (CCG)*

*"Lack of resources is one of the main barriers for all" (Health provider)*

*"Looking for the best value services might not be the best option in the longer term" (District Counci)*

However as well as identifying finance and resources as a barrier, many respondents acknowledged that this could present opportunities. *"…austerity is not going away, the economy is not going to improve post Brexit…. have to see this as an opportunity to do something differently and be creative".*

Pooling resources, staff, functions and integrating services was mentioned by a number of respondents as potential solutions.

### *Geography of North Yorkshire*

As well as the size and geography of North Yorkshire, the complexity of services was also cited as a barrier. Such as the number of CCGs, STPs and local authorities that all have different footprints. *"There are a number of partners across North Yorkshire, which is a very real and practical issue, so we need to be realistic about commitments and having lots of people to work with, but not spreading ourselves too thin". (Corporate Director, NYCC)*

One representative of a CCG which covers another local authority highlighted that the different public health model and offer from both local authorities makes it confusing to professionals working with patients.

Other related barriers include transport and the rural nature making it difficult to access and provide services.

*Partnership Working*

In light of the barriers identified around resources, many also fed back that this means there is a need to work differently and more creatively in partnership. Priorities cannot be delivered by one agency alone, and agendas need to be realigned. There are opportunities to use the assets available, particularly in relation to working with District and Borough Councils as outlined in previous sections.

"*Need to create a culture around population health and this should be championed" (CCG)*

"*Are there opportunities for joint working and having shared functions?" (CCG)*

One organisation felt that relationships should be based on trust without worrying about blame if new things fail.

"*Sometimes we can be driven by geographical boundaries, such as CCG and Districts but we should be looking towards natural boundaries where communities cluster".* (Corporate Director, NYCC)

As previously highlighted in the report, some services reflected on the need to engage public health better and earlier which could present itself as an opportunity. *"Public health should be part of the decision making process". (CCG)*

"*Would welcome some more visibility and future thinking about how we work better together". (District Council)*

Hierarchy was mentioned by one CCG as a barrier and that public health should be more prominent in the council. *"Public health should be celebrated and shined as a brighter star" (CCG).* Another suggested that *"public health is too niche and does not have a high enough profile". (Corporate Director, NYCC)*

Opportunities cited for working in partnership with public health include the mental health and learning disability partnership, work around loneliness and the programme board and leadership forum in Craven.

"*There is a good track record of working well together in North Yorkshire … need to build on this" (Health provider)*

"*Being brave and thinking brave – use the resource better". (District Council)*

Two stakeholders suggested considering making better links with the private sector/businesses, and being creative about collaborative working.

Barriers relating to partnership working included the fact that priorities differ for each agency therefore agendas are not aligned. For example CCGs are not performance managed on public health outcomes so are not required to report on them. Schools are not performance managed on emotional wellbeing. Silo working and professional defensiveness was cited as a barrier.

*Social Media and Digitalisation*

The use of social media was considered to be valuable by many respondents. Looking at digital technology was viewed as one of the opportunities for improving access to services in North Yorkshire whilst not being seen to be the answer to all problems.

Opportunities that technology could present include new ways of working. For example if Wi-Fi is available across the county, people could work differently, travel less and could offer more in the community. *"Think*

*about how the workplace and job roles can fit and work alongside different aspects such as caring". (District Council)*

*"Digital, give a thought to what this offer might look like, we cannot avoid technology and how this is moving forward" (Corporate Director, NYCC)*

### Promotion, Marketing and raising awareness

The complexity of North Yorkshire means that there is a need to go through multiple channels to reach different audiences. Many commented on the difficulty in getting public health messages out when there are so many competing messages from businesses and the media.

*"Getting messages out to young people – they have so many competing information sources trying to influence them" (member of the public).*

*"NYCC can be seen as preaching" (Elected member)*

Another organisation felt they could *"act as a conduit to getting public health messages out…" (District Council)*

### Localities

Engaging in locality services and co-location in hubs could enable partners to work together more effectively. Also joining up with place plans as described in section 6.1.4 utilising assets such as environmental health and leisure services.

*"Are we spending enough time and dedicated capacity to supporting these communities?" (CCG)*

*"We know the areas of deprivation and level of need – the resource should be best placed to follow the need and we need to work together" (District Council)*

*"There should be 7 action plans across North Yorkshire and the districts" (Borough Council)*

*"There needs to be a balance between universalism and local flavour". (Corporate Director, NYCC)*

*"Population health at a locality level (CCG)*

*"There is a need to establish relationships on a locality level" (District Council)*

### Community and Voluntary Sector

An opportunity highlighted by many was to make communities part of the solution. *"Not doing to people but doing with". (Health provider) "How do we sustain the voluntary sector more, need to consider the opportunities this could bring". (District council).* Also to explore whether we can encourage people who have done well in society to give back to their community, for example by being a governor in a needy school.

*"Need to look at single point of access to non-statutory services" (CCG)*

It was commented that there is a strong community ethos with the third sector. Volunteering was mentioned by a number of respondents both as a barrier and also an opportunity.

Co-production with the public was also presented as an opportunity if done systematically.

Other barriers and opportunities identified included primary care (lack of referrals from GPs, difficulty accessing GP appointments), training (educating the workforce), and access to services, individual choice (willingness to attend services) and the potential impact of Brexit.

As part of the engagement report, it is important to note that nineteen comments were received through the survey that were deemed out of scope of the public health priorities, and felt to be something that public health couldn't directly respond to . Just to give some insight into the type of comments received, a snapshot are as follows… "*Lack of TLC to Skipton's tourist attractions*" "*Innovation in elderly care with proactive involvement from physiotherapists and occupational therapists*" and "*cleaner pavements (because of 'dog mess' and 'pigeon droppings')*".

## 7.     Conclusion

Following an informative period of engagement with key stakeholders, the responses received will be used to inform the future priorities of public health. The Director of Public Health will incorporate the learning and insights from our partners and stakeholders to shape the future for public health as part of his Annual Report for 2018.

# 8.    Appendices

| Appendix | Item |
|----------|------|
| 1 | Summary Document |
| 2 | Interview Template |
| 3 | Online Survey Questionnaire |
| 4 | Easy Read Questionnaire |
| 5 | Table One; Full Review |

**North Yorkshire County Council**

## Public Health: Back to the future – please tell us what you think

We would like to know what you think the most important public health issues are for people in North Yorkshire.

It is five years since North Yorkshire County Council took on public health responsibilities from the National Health Service. This year's Director of Public Health Report will be a record of the collective work we have done so far across the county and look at what we need to achieve together over the next seven years.

We would like you to tell us what you think our public health priorities should be so we can feed them into our vision for the future health and wellbeing of people in North Yorkshire. There is some background information below about the health of the population of North Yorkshire and what we have done so far.

### What makes us healthy?

Public health means more than providing health services. It focuses on improving healthy life expectancy and also looks at what can be done to narrow the gap in healthy life expectancy experienced by the most and least deprived communities in North Yorkshire.

This diagram shows what influences our health and wellbeing. This includes education, employment and income.



### What do we know about the health of people in North Yorkshire?

- People in North Yorkshire are living longer than before. That means they have the potential to enjoy more years of healthy, active life if they help themselves and the people around them. It also means that they may need more help as they get older so they can be as healthy and independent as possible.

- North Yorkshire has more people aged over 50 and fewer children and people under 50, compared with England and the Yorkshire region. The county has the seventh highest proportion of older people in England, making up 23.3% of the total North Yorkshire population compared with 17.7% across England. North Yorkshire also has fewer young working age people than the England average, partly due to people retiring to the area and house prices being unaffordable.

- The chart below shows that the number of people aged under 45 is expected to remain much the same. However, there will be a decrease in adults aged 45-64 and a sharp increases in people of retirement age, particularly aged over 85. We also know that this age group is at higher risk of diseases such as cancers; circulatory diseases like stroke; dementia; arthritis; and diabetes.  Catterick Garrison is expecting a further 2,700 personnel by 2030.  With additional family members, this could increase the population to 16,800, comparable with Ripon and Northallerton in size.



Forecast population change 2018 to 2025
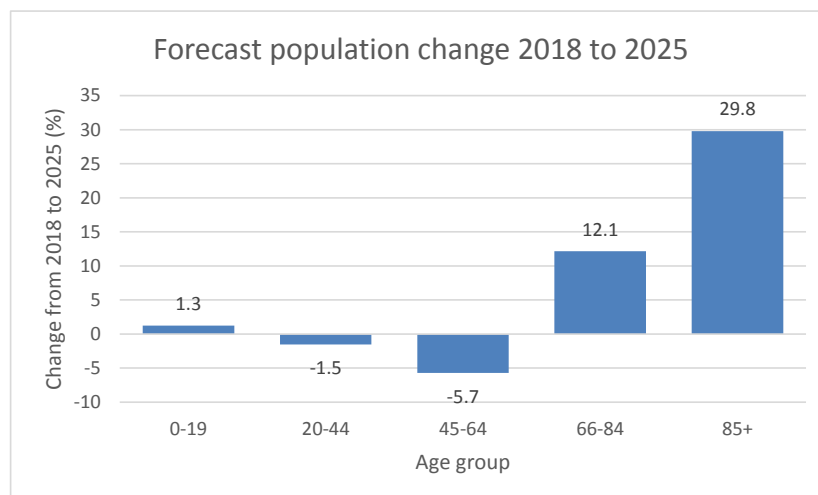
- Generally, people in North Yorkshire are in good health, but there are some areas where residents' health and wellbeing are not so good. This includes   people living in Scarborough borough, where life expectancy at birth for men is significantly lower than national average. There are higher levels of childhood poverty and young people do not do so well at school. Overall, life expectancy is highest in the least deprived areas.

- In some areas there are also groups of people who experience poorer health. These include some people who use drugs, alcohol and tobacco and people who live in more deprived communities.

- In North Yorkshire, there are significantly more people killed and seriously injured on the roads, more women who smoke when pregnant and fewer children who are

"school ready" (socially, physically and intellectually) compared with other areas. Further information can be found at PHE - Public Health Dashboard

Healthy Life Expectancy (HLE) and Life Expectancy (LE) by gender, 2009-13

Castle ward, Scarborough    HLE = 53.8    LE=72.4

Rudby ward, Hambleton    HLE = 73.3    LE=87.2

Scotton ward, Richmondshire    HLE = 63.8    LE=76.7

Claro ward, Harrogate    HLE = 75.2    LE=91.5
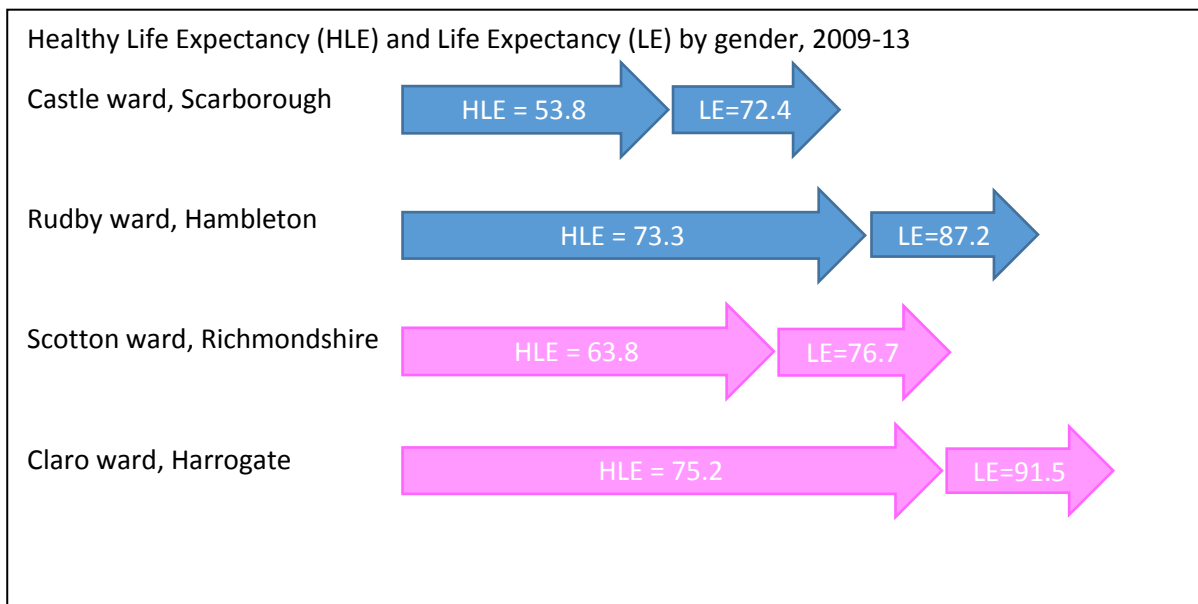
Blue arrows = men   Pink arrows = women

This diagram shows the wards (council areas) in North Yorkshire with the highest and lowest life expectancy (LE) and healthy life expectancy (HLE). The arrows show that both healthy life expectancy and life expectancy is much shorter for men and women in some wards. For example, women living in Richmondshire's Scotton ward have a 14.8 year shorter life expectancy than women living in Harrogate's Claro ward.

These variations are called health inequalities and they don't always remain the same. In North Yorkshire, inequality in life expectancy for women is increasing in Scarborough, but remains the same or is decreasing in other districts.

The Director of Public Health for North Yorkshire's 2018 annual report is looking back at the previous five annual reports which form a series each with a different theme:
- **2013** What is public health?
- **2014** Working with communities: Taking an asset-based approach to public health
- **2015** The health of our children, growing up healthy in North Yorkshire
- **2016** Good work, good for you, good for business: The health and wellbeing of the working age population
- **2017** Healthy transitions: Growing old in North Yorkshire.

To view the reports visit http://www.nypartnerships.org.uk/publichealth

Each report made key recommendations and examples of progress against these recommendations include:

- Setting up the Living Well service to help people to maintain their health and independence;

- Developing the Stronger Communities programme to support communities to create local solutions for health and wellbeing services;
- Developing a range of multi-agency strategies covering alcohol, mental health, winter health, tobacco control, healthy weight healthy lives, breastfeeding and road safety strategy;
- Selby and Scarborough trails to encourage walking and cycling;
- Commissioning support services including weight management, smoking cessation, drug and alcohol, sexual health, winter health, health checks, oral health and better services in pharmacies and GPs surgeries;
- Improving the Healthy Child Programme (including initiatives to address childhood obesity);
- Developing the schools mental health and wellbeing programme;
- Cascading *Making Every Contact Count (MECC)* training to a wide range of people working in health services;
- Creation of a North Yorkshire workplace wellbeing charter
- Working to develop around healthier food outlets;
- Planning the development of age-friendly communities.

## Next step

We would like you to think about what we have said about the health of people in North Yorkshire and the work communities, partners and public health have done so far. What do you think our focus should be between now and 2025? What do you think the priority areas for public health should be?

**Questions:**

1. What do you see as the priorities for public health in North Yorkshire between now and 2025?
2. What role can you or your organisation play to improve public health in North Yorkshire?
3. What are the barriers and opportunities to this work?

**How to respond.** You can share your views before Friday 15th June by:

- Completing the online survey
  https://consult.northyorks.gov.uk/snapwebhost/s.asp?k=152543631794
- Tweeting your feedback at @nyorkshealth
- Emailing us at nypublichealth@northyorks.gov.uk
- Writing to:
  Dr Lincoln Sargeant, Director of Public Health for North Yorkshire
  County Hall
  Northallerton, DL7 8AD
- An easy read version of the survey is also available at
  http://www.nypartnerships.org.uk/publichealth

**Interview template**

| Name: | |
|---|---|
| Role: | |
| Date and time: | |
| Interviewers: | |

1. **Introductions**

   Carly Walker and Jenny Loggie, both Health Improvement Managers, whom are supporting the development and creation of this year's DPH report.

2. **Background:**
   - Every year Lincoln has to produce a report on the health of the population. Each year there has been a different focus e.g. children and young people, working age, older people
   - This year's report will be a look back at progress made in previous reports and also identifying priorities for the next few years to improve the health of the population.
   - Lincoln would like to gather feedback from as many stakeholders as possible about the priorities for the future and has sent out a survey to invite people to share their views. As part of this engagement, we have approached the chief executives of our district councils, CCGs, chair of the HWBB, councillors, a representative from the acute trust and voluntary sector and our corporate directors.
   - Each person interviewed should have received a paper highlighting some of the issues locally. The key messages included:
     i. People in North Yorkshire are living longer than before. That means they have the potential to enjoy more years of healthy, active life if they help themselves and the people around them
     ii. North Yorkshire has more people aged over 50, the county has the seventh highest proportion of older people in England, making up 23.3% of the total North Yorkshire population compared with 17.7% across England
     iii. There will be a decrease in adults aged 45-64 and a sharp increase in people of retirement age, particularly aged over 85.
     iv. Catterick Garrison is expecting an increase in personnel by 2030. With additional family members, this could increase the population to 16,800, comparable with Ripon and Northallerton in size
     v. Generally, people in North Yorkshire are in good health, but there are some areas where residents' health and wellbeing are not so good. This includes people living in Scarborough borough, where life expectancy at birth for men is significantly lower than national average
     vi. Overall, life expectancy is highest in the least deprived areas. In North Yorkshire, inequality in life expectancy for women is increasing in Scarborough, but remains the same or is decreasing in other districts.

| Question one: |
|---|

| |
|---|
| From your perspective what do you think the key priorities for public health should be over the next few years?<br><br>*Prompts*<br>    • *Specific population groups?*<br>    • *Areas of North Yorkshire?*<br>    • *Topic areas?* |
| **(Capture text)** |
| **Question two:**<br><br>    What role do you think you and your organisation can play in supporting these priorities?<br><br>*Prompts:*<br>    • *There is a view that public health is everybody's business – what role do you think the council/CCG etc have around public health (tailor to interview e.g. MECC, environmental health, planning, CYPS, transport etc)*<br>    • *Relationship with public health/partnership working*<br>    • *Encouraging equity of resources, reducing inequalities in life expectancy, and reducing inequalities in differing social groups across NY – how do they contribute?*<br>    • *Access/promoting services?* |
| **(Capture text)** |
| **Question three:**<br><br>    Are you aware of any barriers to delivering on these priorities?<br>    Are there any opportunities?<br><br>*Prompts:*<br>    • *Can partners work together more effectively?*<br>    • *Do organisational boundaries prevent us from being effective?*<br>    • *Do you have any thoughts on how we can address any barriers?*<br>    • *How do we become system leaders in a complex environment?*<br>    • *Are we moving towards aligning agendas and seeking consensus for improving population health and influencing outcomes?*<br>    • *Is there anything you think we should be doing differently?* |
| **(Capture text)** |

3. **Next steps**
   - We will type up and share the notes so they can check for accuracy
   - Lincoln would also like to use quotes in the report so if we have documented something we would like to use we will check you are happy for this to be in the final report
   - We would also like to encourage you to share the survey with colleagues to get a wide range of views

## Appendix Three: Online Survey Questionnaire:

**We would be grateful if you could share your thoughts. Based on the picture we have painted of population health in North Yorkshire and work communities, partners and public health have done so far, where should our focus be between now and 2025? What are the priority areas for public health action?**

**Questions:**

4. What do you see as the priorities for public health leading up to 2025?
5. What role can you/your organisation play in supporting work around these priorities?
6. What are the barriers and opportunities to this work?

# Consultation on the Director of Public Health for North Yorkshire's Report 2018, Back to the future, May 2018

| | |
|---|---|
|  | **Who is this leaflet from?** |
| **North Yorkshire** County Council | This leaflet is from North Yorkshire County Council. |
|  | **What is this leaflet about?** |
|  | This leaflet tells you what we know about people who live in North Yorkshire.<br><br>It tells you what we know about their health. |
|  | **What would we like you to do?** |

| | |
|---|---|
|  | We would like you to read this leaflet.<br><br>Then we would like you to tell us what you think we should do to help people stay healthy in the future.<br><br>We would like to you tell us if you can help people stay healthy in the future. |
|  | **What will we do then?** |
|  | We will use what you have told us to help Dr Lincoln Sargeant write a plan.<br><br>Lincoln is the Director of Public Health for North Yorkshire.<br><br>Lincoln's plan will be called Back to the future.<br><br>The plan will say what we are going to do to help people stay healthy in the future.<br><br>Lincoln's plan will be ready later this year. |

| | |
|---|---|
|  | **What do we know about the health of people in North Yorkshire?** |
|  | We know that where people live and how much money they have can make a difference to how healthy they are.<br><br>This means that people in some places often live longer than others.<br><br>It also means that in some places children do not do so well at school. |
|  | We know that smoking, drinking and taking drugs can make a difference to how healthy people are. |
|  | We know that people in North Yorkshire are living longer than they used to do.<br><br>This means they might need more help to stay healthy and look after themselves. |
|  | We know that lots of older people live in North Yorkshire.<br><br>This means we may need to look after more people in the future. |

| | |
|---|---|
| | **We would like lots of people to tell us what they think Lincoln's report should say.** |
| | **Please answer these questions.** |
| **What do you think we should do to help people stay healthy?** | |
| **Could you help us do these things?** | |
| **How would you be able to help us?** | |

| | |
|---|---|
| **What might stop us being able to help keep people healthy?** | |
|  | Thank you. |
|  | Please send this form back to;<br><br>Dr Lincoln Sargeant<br>Director of Public Health for North Yorkshire<br>North Yorkshire County Council<br>County Hall<br>Northallerton<br>DL7 8AD<br><br>Or email to<br>nypublichealth@northyorks.gov.uk |
|  | Please send it back by 15th June 2018 |

## Appendix Five: Table One; Full Review

### Priorities:

The first question asked during the engagement process was regarding views on priority. The question stated 'From your perspective what do you think the key priorities for public health should be over the next few years?' and responses fell into six main groups under the four key work streams of *Start Well*, *Live Well*, *Age Well* and *Connected Communities*. The number of responses given to this question by each individual ranged from 2 to 6.

| Priorities | The Public | Local Government | Health Sector | Other Stakeholders |
|---|---|---|---|---|
| ***Start Well*** - <u>**Pre-Conception, Children and Young People**</u> | | | | |
| *Obesity* | • Educating young people about healthy lifestyles<br>• Lessons about healthy living<br>• Education on how to improve health through healthy lifestyles<br>• Childhood obesity | • Obesity in children x3<br>• Educate about healthy living very early in life<br>• Increasing exercise in children and nutrition<br>• Obesity education and changing mind-set | • Children's obesity x2<br>• Parents, children and pre-conception lifestyle choices<br>• Enjoy cooking from scratch and eating healthy food as a family | • Targeted support for children and young people about a healthy weight<br>• Re-commission healthy choices service<br>• More support, guidance and incentivisation for schools on a whole school food approach |
| *A Healthy Start in Life* | • | • Prevention in younger people<br>• Education<br>• Children in care<br>• Integrated 0-19 healthy child programme | • Children and young people<br>• 0-3 year olds<br>• Early parenting nurturing and early relationships | • Children and young people health<br>• Early intervention initiatives for children and families<br>• More parenting programmes<br>• A healthy start<br>• Reduce adverse childhood affects |
| *Dental Health* | | | | • Young children's dental health |
| *Breast Feeding* | | | • Breastfeeding x2<br>• Responsiveness and relationship building with babies/Mums | • Early years support with guidance on breastfeeding |
| *Smoking* | | • Smoking in pregnancy and young people | • Smoking in pregnancy | |
| *Sexual Health* | | • Consequences beyond STI's and pregnancy | | • Teenage pregnancy |

| | | | | |
|---|---|---|---|---|
| *Mental Health* | · Wellbeing of young people | · Vulnerable young people<br>· Social, emotional and Mental Health | · Resilience in children<br>· Emotional health and wellbeing of the 0-19 population<br>· Mental Health of children and young people x2<br>· Perinatal Mental Health | · Young people's Mental Health x2<br>· |
| *School Readiness* | · School readiness and Mental Health<br>· Ensuring children ready for school and help to develop skills of those who aren't | · Children up to 6 months behind when starting school | · Ensuring children are ready to learn at 2 and ready for school at 3-4 | · School readiness<br>· |

| *Live Well* - <u>Mental Health</u> | | | | |
|---|---|---|---|---|
| *General Mental Health* | · Mental Health x4<br>· Scrutinise Mental Health<br>· Helping people with invisible illnesses/disease<br>· Depression | · Mental Health x2<br>· Mental Wellbeing across all life stages<br>· Dementia and Mental Health<br>· Breaking addictive behaviours/personality | · Mental Health x2<br>· Develop resilience<br>· Poor mental resilience | · Emotional Wellbeing and Mental Health<br>· Mental Health x3 |
| *Mental Health Services* | · Mental Health service improvement<br>· PTSD<br>· Complex needs | · Support for individuals and families with Mental Health issues | · Mental Health provision for serving and armed personnel<br>· Increase resources for urgent care services/Mental Health<br>· Enhance street triage and crisis provision<br>· Mental Health services | · Access to Mental Health services<br>· Art/talking therapies<br>· Crisis care and safe space<br>· Non-medicated support for Depression and Anxiety (counselling) |
| *Physical and Mental Health* | | | | · Physical health of those with serious Mental Health<br>· Physical health of those with Learning difficulties |
| *Suicide and Self Harm* | | | | · Reduce suicide rates |

| | | | | |
|---|---|---|---|---|
| | | | | · Decrease levels of self-harm<br>· Suicide prevention |

| Live Well - Healthy Lifestyles | | | | |
|---|---|---|---|---|
| *Obesity* | Supermarkets promotion of unhealthy choices | · Weight management<br>· Obesity x3<br>· Teach people how to cook for less than a takeaway<br>Role of districts to ban/restrict fast food near schools | · Obesity x5<br>· Weight management<br>· Healthy weight<br>Hard hitting campaigns to de-normalise obesity | · Tackling obesogenic environment<br>· Weight management<br>· Obesity x2<br>· Diabetes and diet<br>· De-bunking TV programmes around weight loss |
| *Nutrition and Exercise* | Funded exercise opportunities for all ages | Free access to exercise classes for all | · Lack of exercise<br>· Nutrition<br>Limit availability of unhealthy food at council run venues | · Referrals for exercise<br>· Healthy eating programmes<br>· Fitness and healthy eating |
| *Smoking* | Enforce smoking ban in public outside areas | · Smoking and drug use<br>· Smoking in Harrogate<br>Smoking x2 | · Smoking x4<br>Smoking cessation | · Smoking cessation |
| *Lifestyles* | | · Healthy Lifestyles<br>· Engaging people to make healthy lifestyles<br>Health checks | Making Every Contact Count (MECC) | · Healthy Living<br>· Health and Wellbeing<br>· A Healthy Lifestyle |
| *Alcohol and Substance Misuse* | Substance abuse – cause and supply | · Low level Marijuana use<br>Alcohol x2 | · Alcohol x3<br>· Drugs and Alcohol (especially in rural areas)<br>Substance use | · Adopt evidence based approaches to reduce drug and alcohol related deaths |

| Age Well - Older People and Isolation | | | | |
|---|---|---|---|---|
| *Healthy Ageing* | · The Needs of the Over 65's<br>· Improving care for the elderly<br>The Elderly | · Ageing population x2<br>· Increasingly ageing population | · Tackling multi-morbidity<br>· Helping people deal with long term conditions<br>· Healthy ageing and retirement | · Older people x2<br>· The Elderly x2<br>· Dementia care<br>· Older people lifestyles<br>· Activity to extend lifespan<br>· Exercise for the Elderly<br>· Diet of the Elderly<br>· Inter-generational programmes<br>· Dementia and Mental Health x2 |

| | | | | · |
|---|---|---|---|---|
| *Frailty* | | · | · Frailty<br>· Frailty prevention, early identification and support | · Frailty<br>· Quality of life |
| *Loneliness, Vulnerability and Social Isolation* | · Reducing social isolation in rural areas of county<br>· Services as near to home as possible<br>· Supported socialisation during the day<br>Keeping safe and warm | · Loneliness and isolation in the elderly x3<br>· Bogus callers and scams with older people | · Loneliness<br>· Rural isolation | · Isolation x2<br>· Isolation and loneliness x2<br>· Social activity to promote better Mental Health in older people<br>· Vulnerability x2 |
| | | ***Deliver Well*** | | |
| Locality Working and Collaboration | | · Working with District/Borough Councils in partnership x2<br>· Sharing of good practice<br>· Military population<br>· Locality working x2 | · Population health at a locality level<br>· Joined up approach to local pathways<br>· Targeted work with the ministry of defence<br>· Geography and scale of the patch | · Encourage academic research and evaluation to widen the knowledge and understanding<br>· Working with Primary Care<br>· Working together<br>· Aligning work in Scarborough |
| Health Inequalities | · Access to health professionals in rural areas | · Tackling inequalities<br>· Life expectancy gap<br>· Focus on most deprived areas<br>· Closing the health inequalities gap<br>· Areas of highest deprivation<br>· Ensuring access to all services and benefits<br>· Health equality in deprived areas<br>· Deprivation across North Yorkshire | · Differences in life expectancy<br>· Healthy life expectancy<br>· Reducing inequalities x3<br>· Focus on areas of need (Scarborough) x2<br>· Focus on highest levels of health inequalities<br>· Focus on poorer health outcomes | · Rural poverty<br>· Reducing health inequalities in Scarborough<br>· Inequalities to access to service |
| Profile of Public Health | · NYCC shouldn't have a role in Public Health and should be the role of the NHS. There isn't the money for it. | · Public Health to be seen as a council role x2<br>· Need to be at the heart of the council | · Making Public Health everyone's business | · Generate greater understanding and interest in Public Health with the general public |

| | The Public | Local Government | Health Sector | Other Stakeholders |
|---|---|---|---|---|
| Prevention and Self Care | | · Preventable illness<br>· Encourage personal responsibility for health<br>· Delay social care interventions through prevention<br>· Stop social care dependency | · Raise profile of prevention<br>· Linking more into the self-care agenda<br>· Prevention and early intervention | · Increase proportion of people who are healthy at all stages of life<br>· Harm reduction<br>· Primary prevention<br>· Prevention |
| *Highways and Active Travel* | · Active travel<br>· Better cycling infrastructure<br>Maintenance of pavements and cobbles | · Transport x2<br>· Road safety | · Infrastructure | · Community transport<br>· Road safety<br>· Support active travel initiatives for children and young people |
| *Air Quality* | Improving air quality | · Air quality x3 | | |
| *Finance* | Improvement in wages | · Saving money x2<br>· Sustainable economic growth<br>· Increasing wages<br>· Value for money | | · Money |
| *Housing* | · Affordable housing<br>· Tackle homelessness<br>Affordable housing | · Enabling people to stay in their homes for longer<br>· Affordable housing | · Keep people living in their homes for longer | · Housing<br>· Cold homes and fuel poverty |
| *Other* | | · Wi-Fi connectivity | · Inclusive growth<br>· Population health management<br>· Broader/wider determinants | · Winter deaths and illness |

## Roles

The second question related towards the individual or organisation responding. The question asked 'What role can you or your organisation play to improve public health in North Yorkshire?'. Again, more than one response was given, and in some instances no responses were given. No response was seen more in The Public than the other groups.

| Roles | *The Public* | *Local Government* | *Health Sector* | *Other Stakeholders* |
|---|---|---|---|---|
| *Working Together* | · Churches can be a source of usable buildings for community use | · Joint working around Kings Fund Report<br>· Adding value by collaborating and moving forward together<br>· Greater co-operation between County | · Help with quality improvements and partnership working<br>· Developing referral pathways to enable wrap around care from all agencies | · Communication and supplying full patient information between independent contractors and NHS services<br>· Collaborative working |

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| | | • and Borough/District Councils<br>• Promotion and collaborative working<br>• Aligned with STPs<br>• Closer partnership working<br>• Linking to corporate boards<br>• Streamlining strategies<br>• Co-commissioning<br>• Engaging planners and environmental officers with public health<br>• Future thinking with how we can work better together (district council)<br>• Public Health need to sit on more varied cross-council groups | • Work with Public Health to develop pathways x2<br>• Integrating services x2<br>• Collaborative working under signed concordat<br>• Health and Social Care working in partnership<br>• Engaging primary care and co-operation with services in Bradford<br>• Working to bring together GPs<br>• Work towards priorities<br>• Working towards a common narrative and aligned agendas<br>• Working with wider voluntary sector | • Collaboration with improving strategic and operational planning between partners<br>• Joint working on a loneliness strategy<br>• Supporting warm and well partnership<br>• Conduit to the voluntary sector<br>• Rural services survey |
| *Public Health is Everyone's Business* | • Reducing use of open fires and wood burning stoves<br>• Work with key people to establish what action is needed to solve problems<br>• Promote active travel in Harrogate<br>• Work with third sector to improve parental understanding of obesity and unhealthy eating<br>• Ensure open spaces are attractive and accessible | • Act as a role model especially for young people<br>• Linking the broader public health agenda<br>• Support employees with workplace wellbeing initiatives<br>• To be viewed as doing the work<br>• Promoting walking and cycling benefits<br>• Promoting healthy lifestyles<br>• Ensure public health messages are not lost in reorganisations<br>• Produce good non-preaching advice | • Signpost clients to services<br>• Reduce health inequalities x2<br>• Having supporting services such as smoking cessation, weight management, exercise and wellbeing means we can meaningfully discuss with patients and signpost<br>• Children's safeguarding agenda<br>• Frailty and healthy ageing<br>• Promote Public Health initiatives to GP practices | • Focusing on air quality and healthy transportation<br>• Promoting a broad and balanced education in schools |

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| | • Walking children to school<br>• Self-care and keeping healthy, independent and active | • Promoting health of employees<br>• Link and support campaigns and programmes<br>• Working with environmental health<br>• Lead by example<br>• Links to housing and wider determinants<br>• Bringing in fixed penalty charges for housing not meeting standards<br>• Preventative roles around leisure and environmental health<br>• Public health should be a priority in all changes<br>• Lead with districts and encourage working together<br>• Raising the profile of Public Health | • CCG working closely with public health to improve public health for North Yorkshire patients and provide key link for primary care<br>• Launch of Public Health to Leaders of the CCG<br>• Consideration where CCG issues have not been positive around Public Health | |
| *People Power and Lobbying* | • Good publicity and information<br>• Answering surveys<br>• Pressure for improvements in care for the elderly and facilities to keep them active<br>• To become an advocate of cycling and lobby for better sustainable transport links<br>• Use vote to hold elected officials accountable for policy or underfunding which undermine what Public | • Clear about limited priorities post ring-fencing<br>• Remove stigma from Dementia and Mental Health<br>• Access to platforms to raise awareness<br>• Highlighting taboo subjects<br>• Stronger representation for supporting obesity issues | • Vision for Children's Trust board<br>• Support a social movement looking at effective use of communications<br>• Highlighting that if nothing is done there will be large financial deficits | • Raising awareness of links between cold homes and health<br>• Raise profile of learning disabilities and server mental illness<br>• Support awareness around dementia<br>• Dedicated to public voice and able to draw attention to issues that are the primary focus for the public during engagement work<br>• Service user engagement |

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| | Health want to achieve | | | |
| *Training and Sharing Good Practice* | · Deliver free training and support to schools in North Yorkshire | · Act as a conduit to getting Public Health messages out and sharing best practice<br>· Support principles of MECC and provide training<br>· Correlations between life skills and improving health | · MECC<br>· Community of improvements<br>· Supporting with literature, evidence base and making best use of research<br>· More capacity to support evaluation of health care<br>· Consider evidence base, look at and raise emerging issues | · Mental health training<br>· Brining access to regional and national best practice through links to universities |
| *Service Delivery* | · Working to understand the needs of young people | · Joint delivery of services and health facilities<br>· Support and lead on prevision of advice, information and guidance to the public<br>· Offer welfare benefit checks to as many people as possible<br>· Locality working, need to align the work being done to focus on key areas<br>· Can offer more activities to reduce social isolation and improve mental wellbeing<br>· Can offer more classes to help keep older people living well<br>· Community safety hub brings partner agencies together<br>· Supporting smoking and breastfeeding iniatives<br>· Affordable housing | · Offering more services including UTI and sexual health<br>· Ongoing work with children and families around school readiness<br>· targeted interventions specifically drug and alcohol treatment, sexual health, mental health and education and training<br>· Continue to deliver screening and targeted interventions for women with postnatal depression and update pathways with other agencies<br>· Role in enhancing mental health promotion and provision<br>· Encourage and refer patients to public health programmes and make people aware of preventable | · Signposting and raising awareness<br>· Delivering priorities<br>· Email support and understanding<br>· Road safety<br>· Talk to individuals about their health and signpost to support<br>· Catterick health hub<br>· Work with young people, school and key staff to develop physical activity levels<br>· Continue to support individuals with drug and alcohol dependencies<br>· Delivering evidence based intergenerational programmes that tackle social isolation and raise self-esteem among vulnerable young people<br>· Promotion and provision of health activities and advice for older people across the area |

| | | diseases/health risks<br>・ Working towards breastfeeding friendly initiative accreditation | ・ Work closely with families and other agencies<br>・ Interventions for people who want to stop smoking and inform people of the benefits of stopping<br>・ Supporting clients with invisible illness |
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## Opportunities and Barriers

The final question asked invited respondents to give opportunities and barriers to the priorities they had previously identified. The question asked 'What are the barriers and opportunities to this work?'. The responses given in this section have been split clearly into opportunities and barriers. Respondents gave more barriers than opportunities and in some cases no opportunities were given at all. It is evident that the clear barriers are consistently thought of across groups.

| Opportunities | The Public | Local Government | Health Sector | Other Stakeholders |
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| *Working in Partnership* | | ・ Good working relationships alongside the CCG<br>・ Champion schools to understand their offer to health and wellbeing of children and young people<br>・ Communication and joint working<br>・ Joined up approach to tackling the key priorities in each area<br>・ Working with CCG to develop a referral pathway into a wellbeing service<br>・ Link with community safety strategy<br>・ Engagement and keeping each side up to date<br>・ Age friendly communities<br>・ Schools | ・ Collaboration<br>・ Partnership working<br>・ Shared belief and shared priorities to 'get things moving'<br>・ West Yorkshire and Harrogate STP-wide preventative work<br>・ Better pathways<br>・ Better collaboration for Ryedale and Selby<br>・ Private sector and businesses<br>・ Good links and relationships between Public Health and the CCGs<br>・ Regular conversations<br>・ Setting up strategic Mental Health and learning disability partnerships | ・ Working together to get better value for money |

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| | | • More joint working and collaboration e.g. joint forums<br>• Delivery of health services<br>• Champion benefits of Pharmacy and access to health<br>• Instigate change around smoke free homes<br>• Work alongside partners better<br>• To change the life chance of large numbers of people | • Look at pathways not organisations<br>• Engagement and willingness to be involved | |
| *Social Media and Digitalisation* | | • Social Media | • Social Media<br>• Digitalisation<br>• Digital solutions to keep people in their homes for longer | |
| *Promotion and Marketing* | | • Collaborative approach to promotion<br>• Promote what we've got better<br>• Promotion of right services to be used more | • Engagement | • Better and more cost effective marketing |
| *Localities* | • How do other really rural places meet health needs? | • Sharing best practice more widely<br>• Establish relationships on a locality level<br>• Locality working<br>• Concrete plans in each District (similar to Selby Health Matters)<br>• New ways of working | • Public Health team to engage with wider work happening to reduce inequalities<br>• Public Health is always an agenda item at CCG meetings in HRW<br>• Better joining up with place plans | |
| *Community and Voluntary Sector* | | | • Connected communities<br>• Strong community ethos with third sector<br>• Philanthropy<br>• Make the community part of the solution<br>• Single point of access to non-statutory services | |

| | | | Improving value for money |
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| *Finance* | | · Pool resources together | · Improving value for money · Local authorities have a reputation for getting better value for money than health | |

| Barriers | *The Public* | *Local Government* | *Health Sector* | *Other Stakeholders* |
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| *Finance* | · Finance · Financial support for services · Those affected by austerity · Cuts in finance x3 · Funding x2 · Money | · Funding x3 · Funding and financial balance across the County · Financial position · Finance x3 · Funding at a District/Borough level | · Money · Finance x3 · Financial balance · Public Health budget repeatedly under threat x2 · Funding x4 · Austerity · Wasteful spending | · Funding x6 · Finance · Cost · Lack of investment in prevention |
| *Resources* | | · Resourcing · Limited resources · Lack of staff · Difficult to attract resources | · Time x2 · Organisational restructure · Capacity x2 · Resources x5 | · Staffing x2 · Resources · |
| *Geography of North Yorkshire* | · Rural Area | · Boundaries x2 · Geography x5 · Two-tier local government · Boundaries | · Geographical challenges · Rural area · Capacity x3 | · Geography of North Yorkshire · Rural nature · Rural localities · Mental Health training resources |
| *Partnership Working* | | · Existing partnership working · Willingness of other partners to undertake partnership working · Lack of joint working · Silo working · 7 differing priorities across County · Scepticism, lack of engagement and elements of miss-trust · NHS structures · Pooling resources · Lack of engagement · County council seen to be 'taking over' | · Mental health professionals need to be involved with children's centres · Aligning agendas · No strong leadership to drive forward initiatives · Vast array of non-statutory services · Relationships with partner agencies and whole systems · Organisational gap between health & social care with Public Health in the middle | · Gaining access to the conversations and settings to influence models of Public Health · Communication and joint working · Professional defensiveness across services · How everyone fits into the wider Public Health agenda? · Collaborative working · Need to align data sets to share information held by other organisations |

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|  |  | · Commercialism losing sense of partnership<br>· Services not as integrated as could be<br>· Competing priorities |  |  |
| *Access to Services* | · Not enough carers<br>· People willing to work as carers | · Public transport | · Not enough commissioned services to address needs of population<br>· Easy access to information regarding services<br>· Access and quality of Mental Health provision<br>· Access to see a GP | · Working hours need to adapt to needs of service users<br>· Lack of public transport<br>· Access to programmes<br>· Mental health service access |
| *National Policy* | · No smoke control powers in North Yorkshire | · Brexit | · CCG not monitored on Public Health outcomes | · National education policies |
| *Training* |  |  | · Staff having opportunity to train<br>· Educating own workforces in nutrition |  |
| *Raising Awareness and Messages* | · Being listened to<br>· High profile advertising which contradicts Public Health messages e.g. conferences sponsored by Tate&Lyle<br>· Getting messages out to young people | · Lack of awareness of other services available<br>· NYCC can be viewed as preaching | · National child measurement programme not popular and holds ineffective messages | · Public lack of awareness around invisible illness |
| *Primary Care* |  | · GP engagement | · Individuals spending too long in hospitals and having tests | · No referrals from GPs for other services e.g. exercise on prescription<br>· GP appointments too difficult to obtain |

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| | | | | · Lack of support from local CCG |
| *Individual Choice* | · Parents not willing or thinking they can afford healthier food options | | · Patients willingness to attend | · Clients not engaging with service<br>· Mental health labelling<br>· Reliance on benefits leads to reluctance to engage |