

2019 Annual Report of the Director of Public Health  
Life in times of change: Health and Hardship in North Yorkshire

# Executive Summary

*Want*



*Squalor*

*Ignorance*

*Idleness*

*Disease*



## Introduction

In 1942, the government published a landmark document that became known as the Beveridge Report. It set out proposals for widespread reforms to tackle society's 'five giant evils' – want, disease, ignorance, idleness and squalor – through a new system of social welfare. These proposals led to the creation of the welfare state.

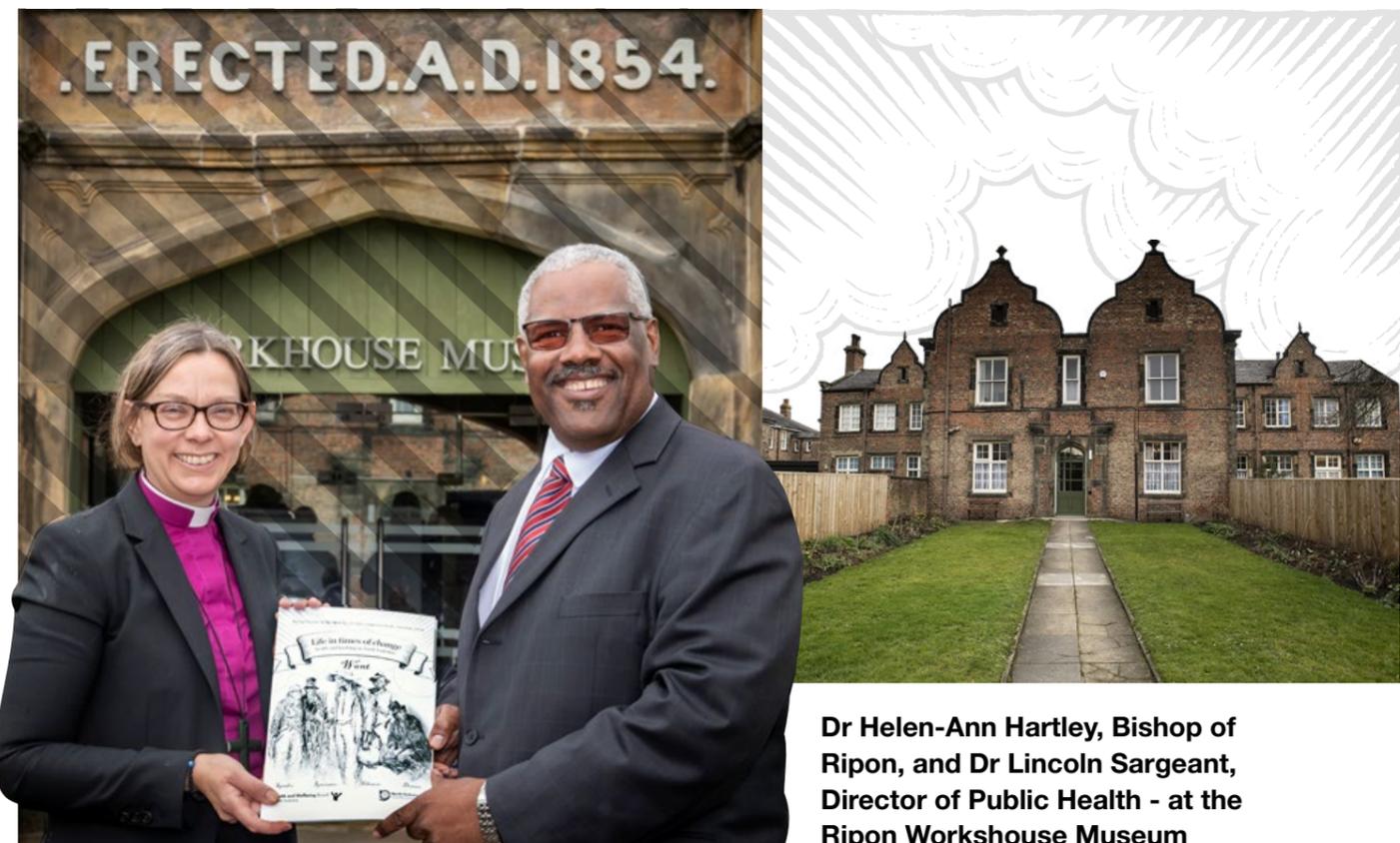
Taking the first of the evils as its theme, my 2019 Annual Report as Director of Public Health for North Yorkshire looks at poverty (want): the part it plays in creating health inequalities; and its impact on the lives of people in some areas of the county.

Taking inspiration from the Ripon Workhouse Museum, the report examines the perceptions and reality of poverty through a historical context, from the days of the workhouse through the birth

and growth of the welfare state to the present day, identifying areas of North Yorkshire where the negative aspects of poverty are most evident. It goes on to highlight the support that public services offer to protect people from the worst effects of poverty.

The report makes targeted recommendations about actions to be taken to tackle poverty for those people and communities in need in North Yorkshire, using the principle of underpinning national policies by working with professional partners; the voluntary sector; communities and individuals. These recommendations are summarised below.

**Dr Lincoln Sargeant,**  
**Director of Public Health for North**  
**Yorkshire October 2019**



**Dr Helen-Ann Hartley, Bishop of Ripon, and Dr Lincoln Sargeant, Director of Public Health - at the Ripon Workhouse Museum**

## Poverty

Explaining poverty is not easy or straightforward - and poverty is difficult to define and hard to measure. It is multi-faceted and affects all major institutions – political, public, social and economic. Poverty is everywhere – in towns and villages, the countryside and along the coast. Poor people live in wealthy places as well as poor places.

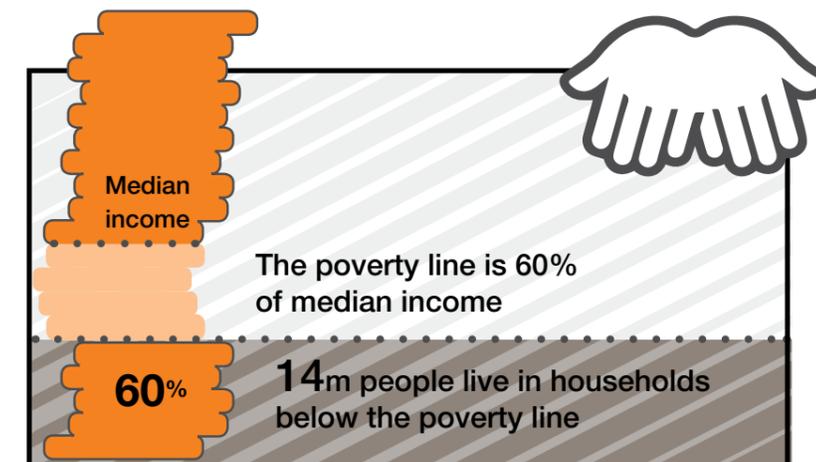
Poverty affects every demographic you can think of – including age, gender, ethnicity, and disability – and affects every aspect of daily life for those who are experiencing it.

Poverty can make you ill, and illness can trap people into further poverty. However, not all poor health is caused by poverty and the wider issues that surround it. Sometimes unhealthy options are more accessible for poor people, and improving the options available to live healthy lives can reduce the impact of the harmful effects of poverty.

The UK Government publishes an annual survey of income poverty called Households Below Average Income (HBAI). The HBAI survey sets the UK poverty line at 60% of the average (median) UK household income.

Any household with a combined income of less than 60% of the national average is officially categorised as living in poverty.

The latest report from the Social Metrics Commission (2019) report on UK poverty estimates there are approximately 14.3 million people living in relative poverty in the UK today – equivalent to more than 1 in 5 of the total population.



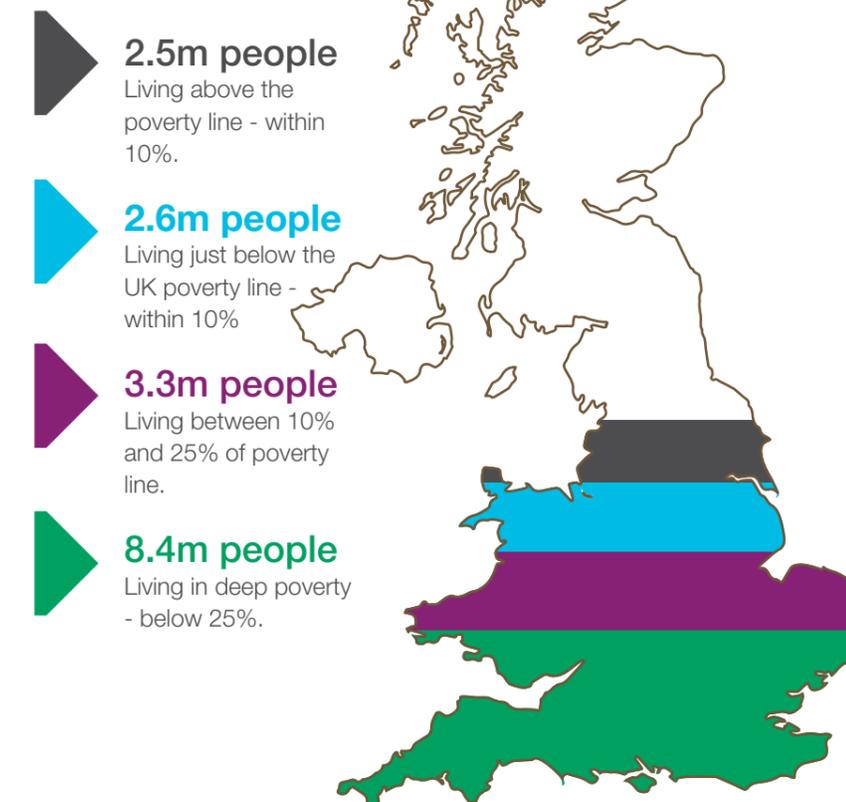
*Households Below Average Income (HBAI) adapted from Child Poverty Action Group (2019)*

## Poor UK

**The different levels of poverty in the UK and the value of the UK poverty line. More than one-in-five of the UK population lives in poverty - that is 14,300,000 people (21%).**

Total UK population

**66.6m\***



*Data sources; Social Metrics Commission 2019 \*UN population estimate 2018*



## Health in North Yorkshire Today

- Life expectancy in North Yorkshire as a whole, 79.6 years for men and 83.1 years for women, is significantly higher than England but this masks the variation among the districts where it is lowest in Scarborough and highest in Hambleton.
- Child health is better than England for many measures and infant mortality is significantly lower than the national average.
- However, hospital admissions for injuries to children are significantly above the England rate.
- Educational attainment is better than average but the rate of school exclusions has increased markedly in the last 2 years.
- More adults are in work in North Yorkshire compared with England and there is a lower rate of full-time working and a higher rate of part-time working.
- Smoking rates in the county are lower than England but we see fewer quits as a proportion of smokers. There is a steep social gradient in the smoking rate, with those classifying themselves as 'struggling financially' smoking at double the rate of the general population.

## Poverty in North Yorkshire

Due to the lack of robust poverty measures at a local level, deprivation, and income deprivation in particular, are used as proxy measures for poverty in the county.

According to the Indices of Multiple Deprivation (IMD) 2015, there are 11 LSOAs (Lower Super Output Areas), or neighbourhoods, in North Yorkshire which are amongst the most deprived 10% (decile) of areas in England. These areas are considered to have the highest and most concentrated levels of poverty in the county, although it is recognised that poverty exists throughout North Yorkshire.

Nine of the 11 LSOAs are in Scarborough Borough and one each in Harrogate Borough and Selby District. The following table shows these 11 LSOAs with their national decile for each of the seven domains of IMD.

The health of people in North Yorkshire is, in many ways, improved from the workhouse era. However, analysis of present day food bank usage and support from North Yorkshire Local Assistance Fund suggests that a similar proportion of people in 21st century North Yorkshire live their lives in a precarious position.

We can readily identify neighbourhoods in which poverty is currently more concentrated. There are drivers of poverty such as lack of access to education, employment and housing which, when combined with ill health, adversely affect health outcomes and reduce life expectancy and healthy life expectancy for some in our population. Knowing where these drivers are predominant enables us to work with communities and alongside partners using a targeted approach to reduce adverse health outcomes and tackle inequality.

The eleven most deprived neighbourhoods in North Yorkshire, 2015

The eleven most deprived neighbourhoods in North Yorkshire, 2015					Seven domains – national decile (1 is most deprived)						
LSOA Code	LSOA name (2011)	Ward containing LSOA	Rank of 42,844 LSOAs in England	Rank (NY)	Employment	Income	Health Deprivation and Disability	Education, Skills and Training	Crime	Living Environment	Barriers to Housing and Services
E01027874	Scarborough 007D	Woodlands	313	1	1	1	1	1	3	8	3
E01027819	Scarborough 012B	Eastfield	318	2	1	1	1	1	1	7	3
E01027806	Scarborough 006B	Castle	319	3	1	1	1	1	1	1	5
E01027847	Scarborough 006D	North Bay	751	4	1	1	2	1	1	1	4
E01027804	Scarborough 010A	Castle	1,005	5	1	1	1	3	1	1	5
E01027817	Scarborough 012A	Eastfield	1,714	6	1	1	1	1	3	6	4
E01027907	Selby 005C	Selby West	2,057	7	1	1	2	1	4	9	5
E01027740	Harrogate 013F	Woodfield	2,283	8	1	1	1	3	4	7	6
E01027820	Scarborough 012C	Eastfield	2,515	9	1	1	2	1	5	6	6
E01027805	Scarborough 006A	Castle	2,561	10	1	2	2	2	1	1	8
E01027869	Scarborough 001C	Whitby West Cliff	2,792	11	1	2	1	4	2	1	5

## Conclusion

The fact that poverty affects some people and places disproportionately more than others is unfair. Furthermore, poverty defines the social context into which some children are born, which means they start life at a disadvantage. While individual triumphs over adversity are possible, the “rags-to-riches” story tends to be rare and exceptional. The rise of food banks in recent years indicates a re-emergence of destitution where people lack sufficient income to meet their basic needs. Data shows that some of those who find themselves needing to rely on the compassion of others are in full-time employment. They are hard-working, conscientious citizens who nevertheless find that they cannot make ends meet despite their best efforts.

We have looked at two responses to poverty – the workhouse and the welfare state. The former focused on the individual and took little account of the economy and social context that was causing worklessness and poverty. The

result was a system that punished the perceived “undeserving” poor. The welfare state was founded on very different principles. The Beveridge report recommended three key measures: a national health service, universal children’s allowances and the full use of the state’s powers to maintain employment and reduce unemployment.

The Marmot review (2010) observed that health inequalities result from social inequalities. Evidence shows that focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. Actions need to be universal but with a scale and intensity that is proportionate to the level of disadvantage. Marmot was clear that national policies were needed to reshape the way the economy works to reduce poverty. However, national policies have to be underpinned by local delivery that is informed by empowered communities and citizens. These principles inform my recommendations for action.



## Recommendations



### Recommendation 1- support deprived areas

There are 11 Lower Level Super Output Areas (LSOA), out of 373 in the county, with Index of Multiple Deprivation scores (IMD 2015) amongst the most deprived 10% in England and a further 12 LSOA amongst the more deprived 10-20% in England. Many of these are located in the coastal town of Scarborough but they exist in other places as well.

The evidence indicates that interventions to increase income in these LSOAs will help to lift these away from the most deprived group. These might include supporting people into employment and better paid, more stable jobs; improving opportunities for in-work progression through skills training, and increasing uptake of benefits to which people are entitled.



The changing face of work due to increased digitalisation, artificial intelligence and technology advances needs to be monitored to prevent adverse impacts on employment opportunities in the county.

### Recommendation

**North Yorkshire County Council, the Borough and District Councils should lead coordinated plans focused on areas of deprivation through collaboration with local communities and residents to reflect their priorities for reducing poverty and shaping healthy places.**

### Recommendation 2 - tackle rural poverty

Rural locations are associated with transport issues, decreased access to services and opportunities, and fuel poverty. These concerns are especially challenging in a county with a high proportion of older residents. 43% of the North Yorkshire population live either in the countryside or in small villages with less than 4,000 residents. This compares with 6% of the population of Teesside or West Yorkshire. Rural poverty may often be hidden in the statistics. The integral links between the rural economy of North Yorkshire and that of neighbouring city regions of Teesside and West Yorkshire needs greater emphasis.

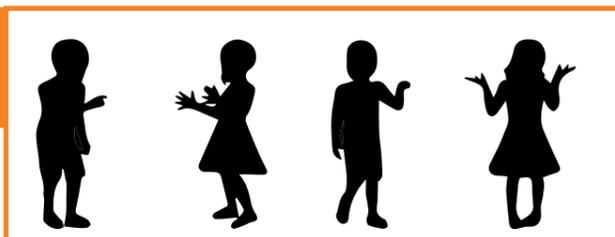


### Recommendation

**Local authorities in North Yorkshire should continue to advocate for an inclusive, vibrant and sustainable rural economy as integral to the local industrial strategies being developed by Local Enterprise Partnerships and City Region deals.**

**North Yorkshire County Council, the Borough and District Councils should consider developing a coordinated Rural Strategy that highlights rural-specific needs including employment, connectivity and affordable housing.**

### Recommendation 3 - reduce childhood inequalities



The impacts of prolonged austerity and cuts to welfare benefits have driven an increase in levels of childhood poverty. Children in workless families are especially at risk but many poor children are in families where parents work. Single parent families are particularly hit by welfare cuts.

- *Actions may include signposting and making referrals to debt and benefits advice to maximise income; and to access employment and training opportunities including provision for childcare where appropriate.*

#### Recommendation

**All agencies working with children and families should be alert to the risk and impact of childhood poverty and ensure they take account of hidden and indirect costs that may hinder a child's full participation in the services they offer. Plans that are drawn up to support children and families should reflect this assessment and should include actions to mitigate the impact of poverty identified.**

**As part of the Joint Strategic Needs Assessment, North Yorkshire County Council and Clinical Commissioning Groups in North Yorkshire should undertake specific investigation into child poverty to provide an updated picture of the scale and distribution of child poverty across North Yorkshire to inform strategies and service delivery.**

### Recommendation 4 - work with military families and veterans



Catterick Garrison is the largest military base in Western Europe, housing 6,500 service personnel in 2019. It is scheduled to expand to 9,000 service personnel from 2023. There are over 50,000 veterans in North Yorkshire. Lack of opportunities for spousal employment and the transition from military to civilian life can increase the risk of poverty. This is identified in the recent armed forces and veterans needs assessment. The new Ministry of Defence (MODs) Defence Transition Service (DTS) aims to support ex-armed service veterans as they transition into civilian life in North Yorkshire.

#### Recommendation

**Military and related agencies should ensure that service and veteran-specific issues identified in the needs assessment are addressed.**

**All agencies should identify and train military service champions within their organisations to ensure that military veterans are not disadvantaged when accessing local services such as health and housing in keeping with the commitments of the Armed Forces Covenant.**

### Recommendation 5 - Create safe environments for high-risk groups



Deprivation and inequality can be concentrated in particular groups of people – such as those who are addicted drugs; are homeless; have a disability; or experiencing mental ill health.

Often these factors co-exist and place individuals at high risk for poverty and its negative consequences. Some families and individuals may have multiple interventions by different services which are not coordinated. Safe and stable housing is often a prerequisite for the targeted and individualised approaches that may more beneficial for these groups compared to universal services which may not be sensitive to their multiple complex needs.

#### Recommendation

**All agencies working with people with multiple health and social problems should consider a 'housing first' approach that provides a safe and stable environment which is sensitive and flexible to the needs and individual circumstances of the person.**

### Recommendation 6 - develop priorities to mitigate the impact of changes to the benefit system



Navigating the benefits system is often challenging for people who are vulnerable. There are elements of how the system works including sanctions which causes loss of income at a time of greatest need. These sanctions appear to disproportionately target single parents, those with long-term health conditions or disabilities and keep people locked in poverty. The way in which the benefits system is operated at times has more in common with the workhouse than with the aspiration of Beveridge, that benefits should support people to live dignified lives. There appears little real evidence to support the notion that a harsh benefits regime will motivate people out of poverty. In fact, it appears to be having the opposite effect.

#### Recommendation

**As part of the Joint Strategic Needs Assessment, North Yorkshire County Council and Clinical Commissioning Groups in North Yorkshire should undertake specific investigation to understand the impact of changes to the benefit system, cuts and sanctions on people, in terms of their mental and physical health and the use of services to set new strategic priorities in local plans to mitigate these impacts.**

## Recommendation 7 - improve community engagement

Working with people and communities to create a shared future is more effective than doing things for them or to them. This principle is supported by a growing body of evidence that community participation leads to sustainable poverty reduction, especially where attention is given to training and building capacity in the community.

Poverty can undermine social networks and approaches that seek to build social capital in communities can increase the resources available to people to tackle the problems they face. The aspiration of working with communities is to design, reshape and deliver services equally with those who use them to create better outcomes.

Co-production	Doing with in an equal and reciprocal partnership
Co-design	
Engagement	Doing for engaging and involving people
Consultation	
Informing	
Educating	Doing to trying to fix people who are passive recipients of service
Coercion	

### Recommendation

**North Yorkshire County Council, the Borough and District Councils should work with voluntary and community sector partners to strengthen the involvement of local communities in shaping plans for reducing the impact of poverty in areas of deprivation.**

- Actions may include identifying influential community members reflecting different perspectives; providing training and support for communities to develop local plans; and facilitating communities to work with relevant agencies to co-produce plans and services.

**All agencies should identify or appoint community champions and senior sponsors to promote a culture of community engagement in their organisations.**





The full report can be found at  
[www.nypartnerships.org.uk/DPHAR](http://www.nypartnerships.org.uk/DPHAR)

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