

Developing the Public Health and Primary  
Care Vision for future working

Rationale for Discussion

September 2018

## Developing the Public Health and Primary Care Vision for future working - Please tell us what you think

During 2018 the NYCC public health team want to hear from primary care workers and associated partners about how we can work together to improve population health.

We know primary care (GPs and local pharmacies) are the front door of the NHS: at least 90% of all public interaction with the NHS is with primary care services, it is estimated that circa 400 million consultations with general practice occur every year.

However, primary care is being asked to move more care outside hospital, providing more specialist treatment for long term conditions, frailty and end of life care. In a system under pressure with more part-time staff, challenges in recruiting and retaining workers, and with more demands from patients living with more health conditions, how do we help people avoid developing health conditions because of where they live, jobs they do and lifestyle choices they make?

Family doctors, nurses and pharmacists have had a vital role in this so far. Moving forward in a very changing environment, how do we continue to improve population health into the future? To answer this, we would like to hear your views.

### What makes us healthy and how do we define prevention?

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. Certain factors cannot be changed such as age and sex, but others can be influenced and prevented.



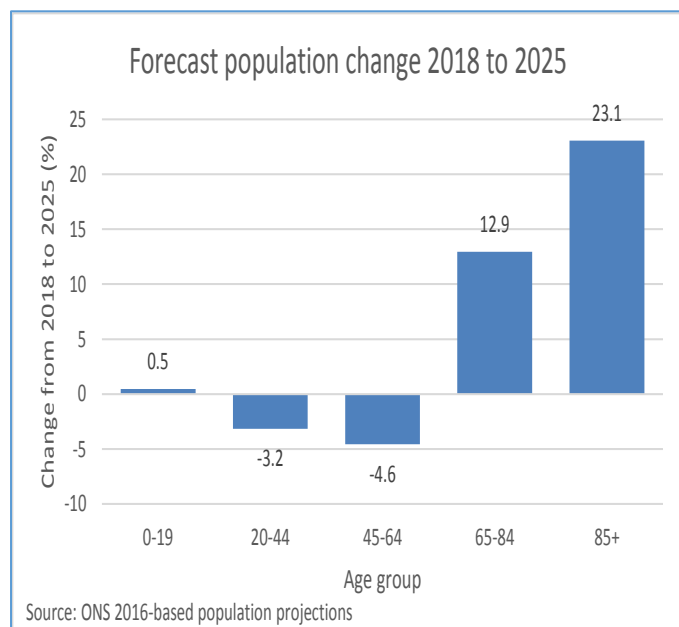
Prevention is about our collective efforts to reduce the development of disease, and promote early detection of illness, it can often be characterised into the following three levels:

- **Primary Prevention:**  
To improve the overall health of the population. To do this, we have to intervene before health effects occur, changing risky behaviours such as poor eating habits, tobacco control. Promote access to green spaces, good housing, active travel and employment
- **Secondary Prevention:**  
To reduce the impact of disease, when it has already occurred and prevent subsequent co-morbidity. Offering best treatment, early referral or intervention, such as flu vac for those at risk
- **Tertiary Prevention:**  
To help improve treatment and recovery. Managing disease after a diagnosis, such as rehabilitation, housing adaptations, promoting survivorship and good end of life care, and prescribed medications.

Each of the three approaches have an important role to play in the prevention of disease and ill health. Upstream approaches, such as primary prevention, generally tend to be more efficient and cost effective.

## 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.



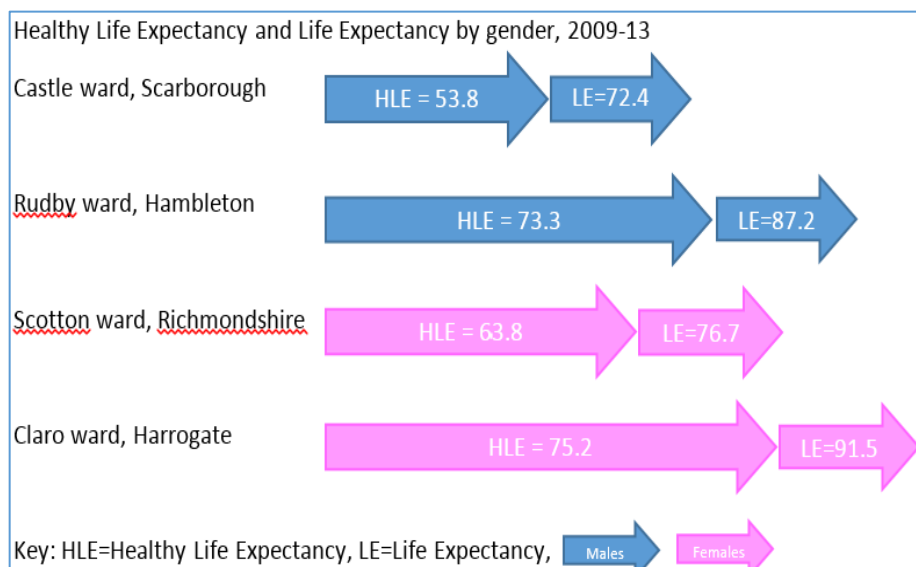
The county has the seventh highest proportion of older people in England, making up 23.3% of the total North Yorkshire population compared with 17.7% across England. North Yorkshire also has fewer young working age people than the England average, partly due to people retiring to the area and house prices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

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](#)

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.

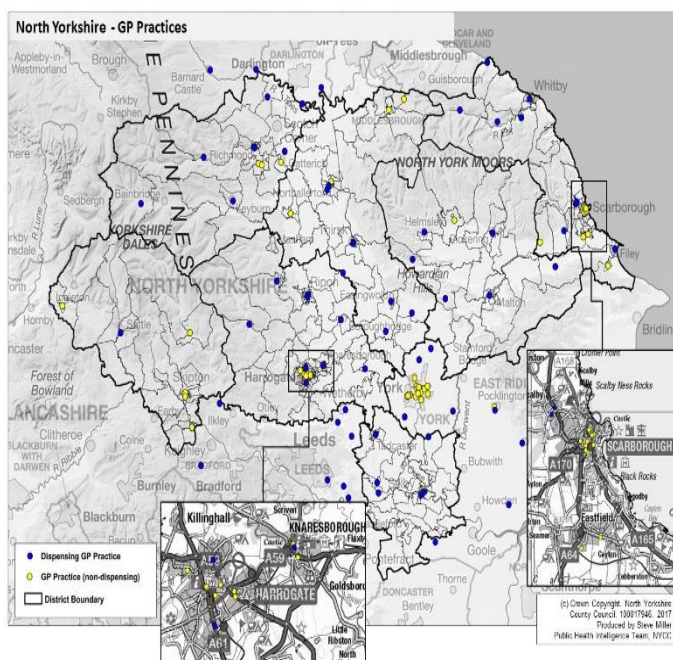
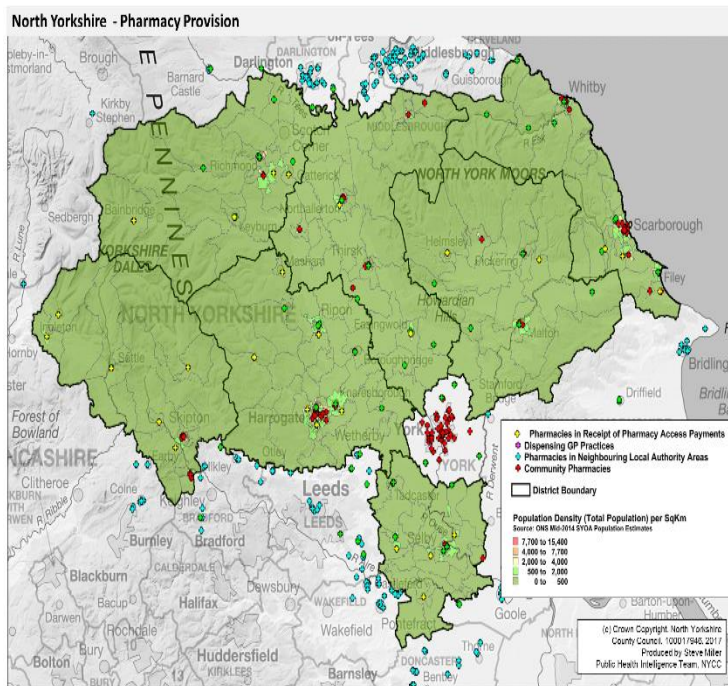
### What do we know about primary care in North Yorkshire?

General Practice is embedded within communities, and still very much viewed as the 'gate keeper' of the NHS. The traditional GP role of the family practitioner is evolving, yet we know primary care is still best placed to **create and develop healthy and sustainable places and communities**.

Communities are important for physical and mental health and wellbeing. The physical and social characteristics of communities, and the degree to which they enable and promote healthy behaviours, all make a contribution to social inequalities in health. Similarly, **strengthening the role and impact of ill-health prevention** means partnership working between primary care, local authorities and the third sector is essential to deliver effective universal and targeted preventive interventions that will bring important benefits. Health professionals are key to promote population health and wellbeing by addressing inequalities and the broader social and environmental determinants.

The scale of primary care provision across North Yorkshire is significant, for our county incorporates 96 General Practices (this figure does include those that sit within City of York Council) and 159 Community Pharmacies, which serve our local population. The maps below highlight this provision.

This first map shows General Practices across North Yorkshire highlighting both dispensing (blue dots) and non-dispensing (yellow dots) sites. Significant clusters of practices can be seen, within Scarborough and Harrogate, which you would expect as these are the larger urban built-up areas. Serving higher levels of the population.



The second map shows the scale of pharmacies across North Yorkshire, the red-cross highlights the community pharmacies. As before, the provision is greater in the areas of Scarborough and Harrogate.

Whilst these maps help us to see the provision, we must acknowledge the scale of the county. Thus meaning we have to look at opportunities to work together, collaborate more and think differently about how we support people in changing their behaviours. To do this, primary care and public health need to harness efforts to improve health and reduce inequalities. Together, we could focus our efforts on:

- Improving health-related outcomes, reduce disparity and increase access to services.
- Supporting primary care to help ensure they see themselves and feel part of the wider public health team, and implement initiatives, programmes and services that are financially viable and can be fully capitalised.
- Improving patient health-related behaviours by encouraging self-care, promote health literacy and increase expertise across the workforce by providing and supporting training.
- Maximising our joint potential for action by focusing on what makes us well, keeps us healthy and helps us manage health conditions when they arise.

In order to achieve this, we need to carry out effective engagement with primary care, identifying opportunities for joint working that fit with existing service demands. Development of a Public Health and Primary Care vision, will build new relationships or improve on those already in existence to develop joint working on mutual objectives, thus recognising that Public Health is everyone's business. The vision and aspirations for North Yorkshire will articulate our shared principles and will seek to propose priority areas of work.

### Next Steps

We would like you to think about what we have said about the health of people in North Yorkshire and our aspirations for the future opportunities for joint working. What do you think our focus should be, and how will we do this? As part of our engagement, we plan to ask a series of questions, these are:

1. How relevant is prevention of ill-health in your day to day work?
2. How confident are you in your knowledge of prevention, and delivering prevention as part of your role?
3. Is there anything that would encourage you to do more work on prevention?
4. What do you think the key priorities for primary care and public health should be over the next few years?