

Further supplementary written evidence submitted by North Yorkshire County Council (PHS0531)

Introduction:

North Yorkshire has a population of around 604,900 (ONS mid-2016 population estimate). The population of the county has grown in recent years, partly by indigenous growth and partly by inward migration. It has a healthy economy with low unemployment and a preponderance of small to medium sized businesses.

North Yorkshire County Council (NYCC) is the county council governing the county of North Yorkshire; an area composing most of North Yorkshire in England. The council currently consists of 90 councillors.

Health and Adult Services is the directorate responsible for delivering health and social care services to all North Yorkshire residents. The directorate works with local partners to improve public health and adult social care.

In response to the call for evidence for the Prevention Inquiry, the Health and Adult Services directorate of NYCC wishes to submit eight proposals for consideration by the Health and Social Care Committee.

These will be submitted separately but they are:

1. Overweight and obesity in adolescence
2. Tobacco
3. Air quality
4. Alcohol IBA
5. Homelessness
6. Extra Care
7. Strengthening Communities
8. Living Well

The four questions posed in the call for evidence have been used to structure the proposals. All individual proposals are up to 750 words (excluding the titles and four questions).

On behalf of NYCC, we would be more than happy to provide additional information, evidence or ideas, should any of our proposals are chosen.

Strengthening communities as an approach to prevention

Why the Health and Social Care Committee should consider this issue as part of its Prevention inquiry

Supporting communities to help themselves and create local solutions for service provision can be of particular benefit in the current context. At a time of significant financial challenge for local authorities, having dedicated teams who work alongside local communities and identify opportunities to work with them and the third sector to reduce health inequalities can be valuable. Such teams can encourage communities to work with local authorities, identify local solutions and actions in order for all communities to have greater collective control of their own health and wellbeing.

Working with local residents, community groups and other partners from the public and private sectors, stronger communities teams can find opportunities to co-produce a range of local support and services aimed at reducing inequalities, and improving the wellbeing and social connectedness of people of all ages.

Why the Committee should look at it now: in particular, whether there is an opportunity for it to add value to existing research and evidence

There is extensive evidence that communities that feel connected and empowered are healthy communities. Communities that are involved in decision-making about their area and the services within it, that are well networked and supportive and where neighbours look out for each other, all have a positive impact on people's health and wellbeing.

National Institute for Health and Care Excellence (NICE) guidance endorses community engagement as a strategy for health improvement. There is a substantial body of evidence on community participation and empowerment and on the health benefits of volunteering. The current evidence base does not fully reflect the rich diversity of community practice in England. Cost-effectiveness evidence is still limited; nevertheless research indicates that community capacity building and volunteering bring a positive return on investment.

More research that explores current practices amongst local authorities and cost effectiveness would be beneficial.

Why this area would benefit from scrutiny

Community-centred ways of working have often been poorly understood and have largely been dominated by professionally-led solutions. There are a number of reasons why this situation needs to change:

- Health inequalities in England are unlikely to be addressed without actively involving those most affected by them
- Involving communities affected by structural inequalities can empower and increase confidence as well as improve access and uptake of services and programmes (i.e. vaccination)
- All communities have assets (skills, knowledge, networks) within them; these can act as the building blocks for good health and wellbeing

- health behaviours are complex; the communities people live in can influence behaviour
- Peer support from people who share similar life experiences can be a tool for improving and maintaining health
- Social isolation and loneliness are major public health issues, associated with higher risks of mortality and morbidity
- Communities know and understand their needs; new ideas and intelligence from local communities can give a full picture of what works and what is needed

An approach which focuses on strengthening communities can therefore be successful in improving people's health and wellbeing and, by extension, preventing ill health.

Why the Government needs to take action in this area

In North Yorkshire, a stronger communities team has been operational since 2015 and has produced good outcomes. Their work has focused on:

- community libraries
- services for children, young people and families
- community transport
- services for adults and older people

As a team, they have supported a number of projects and initiatives covering many public health and social care issues including staying healthy and independent for longer, suicide and self-harm prevention, children and young people's emotional and mental health, teenage pregnancy and others. In addition, the team's contribution to the county's response to COVID-19 was incredibly important.

Strengthening communities as an approach has significant potential to prevent ill health by supporting co-production, identifying local needs and ways to meet those using a bottom up approach. This needs to be scrutinised further so that learning can be shared and consideration can be given to scaling up.

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