Item 8 - Appendix 1

Workshop discussion on Health

Some key challenges

The workshop discussion around health highlighted how much resident health is linked to a range of wider determinants, with only 20% of health outcomes determined by 'acute' services and around 80% by socio-economic factors, such as friends, home and work and access to open/green space. There are many examples of good practice of improving resident health, however not necessarily the funding to put these into practice.

Mental health is under resourced and there are capacity constraints, e.g. GP appointments and referrals, which means that too many of our over 40s are off work for so long they are not likely to return to work after eventually being diagnosed.

Too many institutional **'silos'** – e.g. modern slavery, drug addiction, criminal activity which leads to many vulnerable people not treated in the round, eg through integrated services and a health system which is focused on the person rather than provider services.

General lack of primary service provision, especially in most deprived areas, e.g. dentists, opticians, GPs, pharmacists.

Environmental factors and living conditions often impact on people's health. These include poor road planning; low quality public realm; poor quality housing which tend to particularly affect our most deprived communities; exacerbating long-standing health inequalities. It was expressed that we may not be doing enough to tackle damaging environmental factors, and that some well-meaning interventions e.g. to improve connectivity may have negative consequences. Environmental factors further influence lifestyle factors, such as travelling by car instead of public transport or cycling and walking. Collectively these factors can lead to following undesirable outcomes:

- Loneliness/ social isolation.
- Poor access to jobs and services/shops (labour market failures).
- Poor air quality (links e.g. with premature deaths, range of illnesses, delayed development in children).
- Places which are not attractive to investors.
- Physical inactivity (links with obesity).

On the supply side - Commissioned health services exclude smaller community based providers.

Possible solutions

- 'Best Start' – Focussing on the first 1000 days of life as a key determinant of health outcomes.

- Better alignment of funding and service integration and rebalancing away from acute services towards prevention.
- Dealing with vulnerable people in the round – to avoid silos, e.g. Greater Manchester debt and housing advice.
- Around 80% of the public realm is roads/streets. The Combined Authority and councils could consider accelerating current plans for 'Healthy Streets' demonstrators in each district building on good practice in the region and elsewhere (e.g. Manchester; London's Mini Holland programme).
- Make local economies more resilient, more vibrant – especially improving business survival in deprived neighbourhoods
- Role of the 'good employer, e.g. Mental Health prevention and return to work policies.
- Changing the focus to long-term outcomes because preventative approaches would not show short-term results. This long-term partnership approach requires passion, energy and pace to deliver change and improvements.
- Listening to testimony to capture the issues and opportunities – e.g. 'Poverty Truth Commission'. Panel could visit local projects which are making impact to see how these could be applied across West Yorkshire.
- Make Inclusive Growth more tangible, e.g. by using commonly understood and agreed methodologies/tools and indicators/metrics.

Some examples of good practice

Apply other good approaches/models used elsewhere, for example:

- The fire service's community based approach;
- West Riding CC integrated partnership approach but applied to health, not direct control and
- Expanding the 'social prescribing' model that is currently being trialled in York (i.e., what is our 'offer', noting work of others e.g. Voluntary Action Calderdale quality mark?).