

York's Joint Health and Wellbeing Strategy 2017-2022



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Glossary

Advanced Directive – a legal document in which a person specifies what actions should be taken for their health if they are no longer able to make decisions for themselves because of illness or incapacity

Health and Wellbeing Board – Health and Wellbeing Boards are a statutory forum where key leaders from the health and social care system work together to improve the health and wellbeing of their local population

Joint Strategic Needs Assessment – a systematic method for reviewing the health and wellbeing needs of a population, leading to agreed commissioning priorities that will improve health and wellbeing outcomes and reduce health inequalities

Local Area Teams – multi agency teams, covering the entire city and delivering early intervention services to families with children aged 0-19 years (up to 25 years for those with a learning or physical disability)

Social prescribing – a means by which primary care services can refer patients with social, emotional or practical needs to a range of local, non-clinical services, often provided by the voluntary and community sector

Workplace Wellbeing Charter – a statement of intent showing an employer's commitment to the health and wellbeing of their workforce

Foreword

On behalf of City of York's Heath and Wellbeing Board, we are delighted to present our new Joint Health and Wellbeing Strategy for the five years to 2022.

There is much to be proud of in York. We all love living here, and appreciate what the city and its community have to offer. On almost every indicator, health, wellbeing and happiness in York is well above the national average. We must make sure we keep it that way.

However, these benefits do not extend to everybody. There are communities within our city for whom health and wellbeing outcomes fall well short of those enjoyed by the majority. The difference in life expectancy between the most and least deprived wards is 7.7 years for women and 5 years for men. In particular, people who experience mental ill health are still not consistently getting the services they need. The Health and Wellbeing Board is determined to make sure this changes.

At the same time, we need to reduce pressure on our services by supporting people to better manage their own health and wellbeing, and by intervening at the earliest sign of problems. This was a consistent theme in the engagement exercises we conducted as part of the preparation for this Strategy. You also asked us to place more emphasis on the things to do with health and wellbeing that are not about doctors or hospitals - wider issues such as poverty, household income, housing, crime, loneliness, transport and the environment. We have taken this into account, whilst at the same time being open about the extent and the limitations of what the partners on the board can do.

We have therefore decided to concentrate on just four themes: **mental health and wellbeing**, and three **life stages**. Within each theme we have set out our top priority, plus five or six other things we want to achieve. We hope that this approach will help everybody to focus their efforts over the next five years. By everybody we mean not just those who commission or provide health and social care, but also communities and individuals, who are just as significant. We want everyone in York to have the confidence to play their part.

This Strategy is important. It is a shared agreement between each partner organisation in the Health and Wellbeing Board with, and for, people of all ages living in York. It is about what we can and want to change. We hope the new Strategy inspires you to be part of that change.



Cllr Carol Runciman
Chair, York Health and
Wellbeing Board



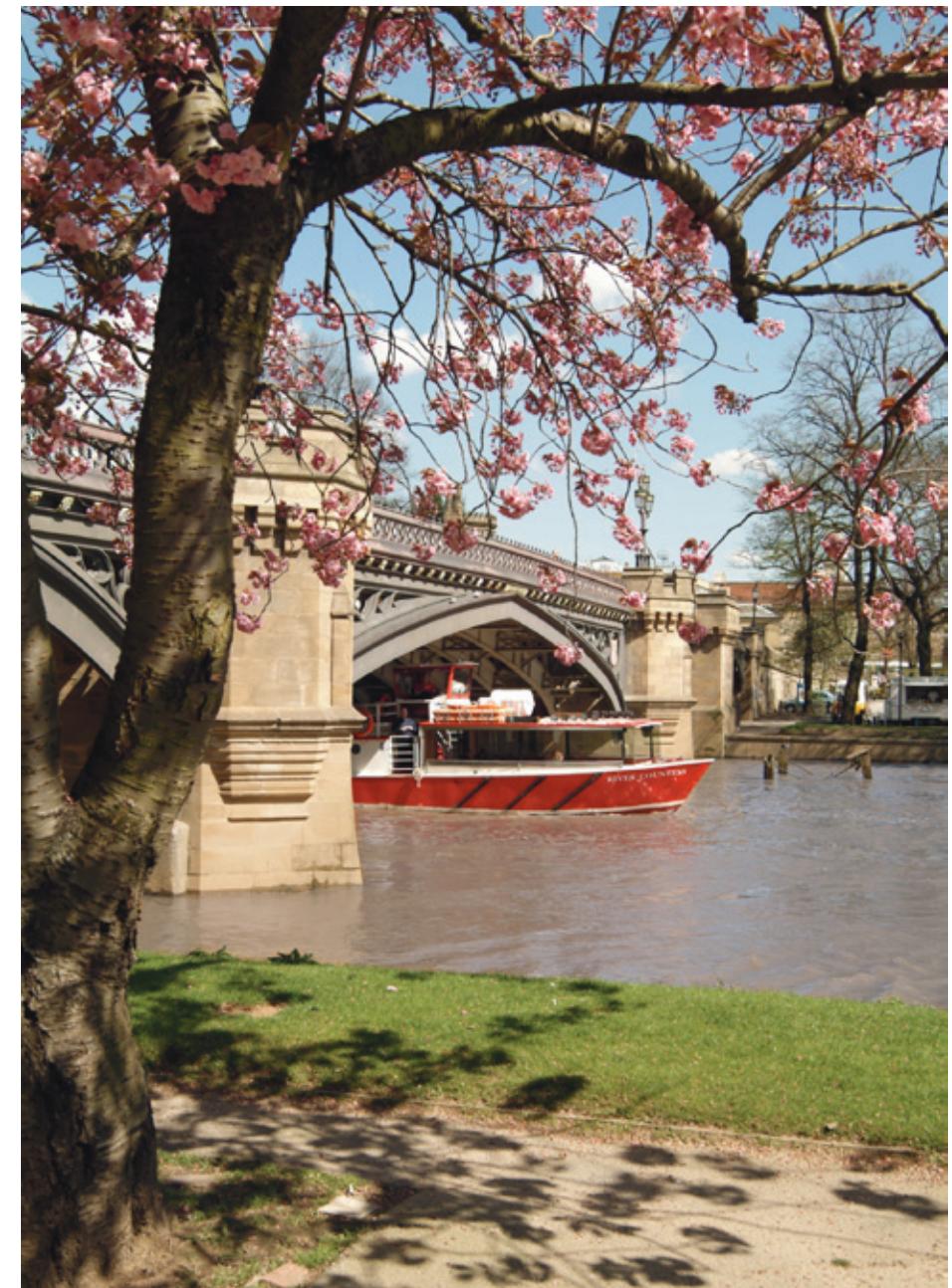
Sharon Stoltz
Director of Public Health,
City of York

How we put this Strategy together

In putting this Strategy together we have taken account of:

- the latest evidence about what is needed in York, drawing on information from a wide range of sources. You can see the most recent analysis in our Joint Strategic Needs Assessment, which is available at www.healthyyork.org. There are key facts and figures in the individual chapters of this Strategy;
- an honest assessment of how far we have achieved the objectives we set out in our previous Strategy, published in 2013. Some of the priorities in that document have continued into this one;
- your views about what's important for your long term health and wellbeing, expressed individually and collectively through a large number of consultation and engagement events, plus an online survey. We received over 1200 comments and key points are summarised in the individual chapters;
- the wider things - beyond the state of someone's physical health - which can affect a person's wellbeing. You told us this was particularly important;
- groups or communities who have particular needs;
- the latest relevant national guidance, and links to other local plans, strategies and reports.

We will also need to be continually mindful of the budgets available to us and likely further reductions in these over the next five years.



York in a nutshell

York's population is now estimated to be just over 200,000 people. The city has become more culturally and religiously diverse with a Black and Minority Ethnic (BME) population of 9.8% (non White British) compared to 4.9% in 2001. By 2025, it is estimated that

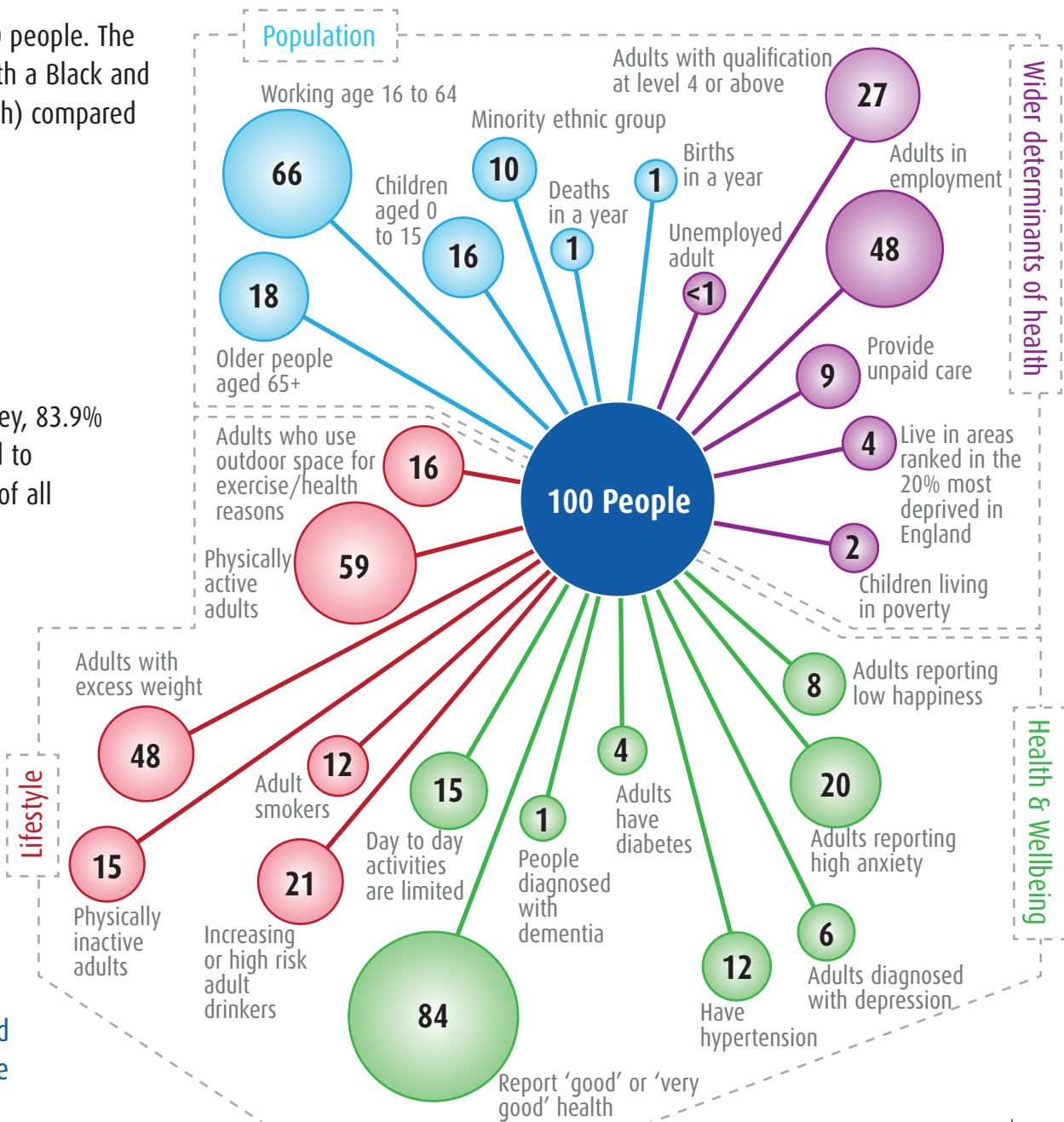
- the 65+ population in York will have increased by 16%;
- the 85+ population in York will have increased by 32%;
- the 0-19 population will have risen by about 9%.

York's population is on the whole healthy (in a recent survey, 83.9% stated that they are in very good or good health compared to 80% regionally and 81.2% nationally). But this is not true of all communities and groups.



This graphic illustrates what the composition of York would be like if it was a village of 100 people based on available data. (October 2016)

If York was a village of 100 people





The new Strategy on a Page

What we want to achieve is simple to say: our ambition is for every single resident of York to enjoy the best possible health and wellbeing throughout the course of their life:

- by promoting greater independence, choice and control;
- building up community based support;
- by supporting self care and management;

- with greater use of early help through targeted/short term interventions;
- by imaginative use of new technology;
- with fewer people using statutory services.

This document sets out how we will do this. It doesn't attempt to describe every trend or cover every issue. Instead, it seeks to focus on the key priorities. These are illustrated in the diagram below and explained in more detail in the following chapters.

Four themes for Health and Wellbeing in York 2017-2022

Theme	Mental Health and Wellbeing	Starting and Growing Well	Living and Working Well	Ageing Well
Top Priorities	Get better at spotting the early signs of mental ill health and intervening early	Support for the first 1001 days, especially for vulnerable communities	Promote workplace health and remove barriers to employment	Reduce loneliness and isolation for older people
Additional things we want to achieve	<ul style="list-style-type: none"> Focus on recovery and rehabilitation Improve services for young mothers, children and young people Improve the services for those with learning disabilities Ensure that York becomes a Suicide Safer city Ensure that York is both a mental health and dementia friendly environment 	<ul style="list-style-type: none"> Reduce inequalities in outcomes for particular groups of children Ensure children and young people are free from all forms of neglect and abuse Improve services for students Improve services for vulnerable mothers Ensure that York becomes a breastfeeding-friendly city Make sustained progress towards a smoke-free generation in York 	<ul style="list-style-type: none"> Reduce inequalities for those living in the poorer wards and for vulnerable groups Help residents make good choices Support people to maintain a healthy weight Help people to help themselves including management of long-term conditions Work with the Safer York Partnership to implement the city's new alcohol strategy 	<ul style="list-style-type: none"> Continue work on delayed discharges from hospital Celebrate the role that older people play and use their talents Enable people to recover faster Support the vital contribution of York's carers Increase the use of social prescribing Enable people to die well in their place of choice

Directed by dedicated groups, and measured through both hard data and what people tell us

Mental Health and Wellbeing

What this covers: anyone who experiences mental ill health or who is affected by its impact on others. Over the course of a lifetime, this is pretty much everyone.

We know that:

- 25% of adults experience at least one diagnosable mental health problem in any given year;
- 50% of those with poor mental health had symptoms before the age of 14;
- Between 2006 - 2014 there were 154 suicides in York; 84% of those were men;
- York has a higher rate of emergency hospital admissions for intentional self-harm than the national average;
- York has an estimated 2,717 people with dementia and this is expected to rise to 3,503 by 2025.

You told us that mental health services in York are still not good enough; that more support needs to be given in particular to families and carers; and that intervening earlier would be far more effective. You were particularly concerned about support for young people, for students, and for those with dementia. You said that mental health needs should be treated with equal importance to physical health needs.

We want to see people in York enjoying good mental health throughout their lives, with the confidence to promote their own wellbeing, supported by excellent, integrated services should they need it.

Our top priority is to get better at spotting the early signs of mental ill health so that we can provide support sooner and prevent problems from escalating.

We also want to:

- focus our efforts on recovery and rehabilitation wherever this is possible, recognising people's need for ongoing support and the importance of housing, education and employment;
- improve services for young mothers, recognising that this group can be particularly at risk;
- improve mental health and wellbeing services for children and young people;
- improve the services we offer to those with learning disabilities;
- ensure that York becomes a Suicide Safer City and a mental health friendly environment;
- continue the work to ensure that York is a dementia-friendly environment.

The board will:

- promote the **five steps to wellbeing** approach to help people to improve their own mental health;
- use its influence to press for greater parity between mental and physical health services;
- tackle stigma, ensuring there are safe places to talk to friendly people, and that everyone is treated with respect and dignity;
- develop a better understanding of mental health needs in York so that we can ensure our services are fit for purpose, redesigning them if necessary;
- work in particular to improve mental health services for children and young people so that emerging issues are quickly identified and supported within universal settings, and that timely specialist help is available when it is needed;
- ensure that the actions arising from this Strategy also take account of the guidance and specific targets within the national **Five Year Forward View for Mental Health**.



We will monitor our progress on:

- access to, and take-up of, talking therapies;
- dementia diagnosis within primary care;
- a sustained reduction in premature deaths among people with severe mental illness;
- a sustained reduction in the number of people admitted to hospital for self-harm;
- regular sharing of information between GPs and CYC about people with learning disabilities;
- more people telling us that they and their families feel well supported through a crisis and afterwards.

Starting and Growing Well

What this covers: pregnancy, birth, early years, childhood, schooldays and young adulthood - roughly up to age 21.

We know that:

- 16% of York's population are children aged 0-15;
- 10.9% of York's population is a Higher Education student;
- 11.7% of children in York were living in poverty in 2015;
- Childhood obesity affects more children in our most deprived wards;
- During the first two years of life the foundations of a baby's mind are being put in place; when a baby's development falls behind during the first years of life, it is likely to fall even further behind in subsequent years.

You told us that you value services provided by children centres and school nurses, but that there should be more support for young mums, including parenting skills and healthy eating. You wanted more play spaces and were concerned about air pollution. You felt schools should provide education on a wider range of life skills. You were concerned about the impact of domestic abuse. Young people said they wanted to be able to talk privately to GPs and specialist staff.

We want to see every young resident of York getting the best possible start in life, with excellent opportunities to grow up healthy and happy

Our top priority is to provide excellent, coordinated support through pregnancy and the first two years - the first 1001 days - especially for our most vulnerable communities.

We also want to:

- reduce inequalities in outcomes for particular groups, including children eligible for free school meals/ the pupil premium, children who are looked after, young carers and refugees;
- improve services for vulnerable mothers, including very young mothers, single parents, parents with learning disabilities, or those whose children have learning disabilities;
- improve services for our large student population;
- make sustained progress towards a smoke-free generation in York;
- ensure that York becomes a breastfeeding-friendly city;
- ensure children and young people are free from all forms of neglect and abuse.

The board will:

- promote healthy choices including healthy eating and locally-sourced food;
- ensure the successful establishment of York's Local Area Teams;
- further develop the parenting offer for all families, especially those with children under five;
- ensure that the ambitions outlined in the **Children and Young People's Plan 2016-2020** are delivered;
- ensure that the particular needs of students are understood and reflected in all relevant local plans.



We will monitor our progress on:

- the increase in the percentage of mothers in York who are breastfeeding;
- improvements in the timeliness of visits and reviews in the first year of life to at least the national average;
- reducing the variation in obesity levels between different wards in York;
- improved school readiness for the most vulnerable groups, e.g. those on free school meals;
- reducing hospital admissions for tooth decay in children (working with the Safeguarding Board);
- more young people in York telling us they feel safe, happy and able to cope with things.

Living and Working Well

What this covers: adulthood - roughly from 21 to 66 - including working life.

We know that:

- 60% people in York are of working age (16-64);
- 3.8% of York's population live in areas that are among the most deprived in the country;
- poverty is associated with much poorer health and wellbeing outcomes;
- there are also poorer outcomes for certain vulnerable groups, e.g. the gypsy and Roma community and the lesbian, gay, bisexual and trans (LGBT) population.

You told us you wanted to see the living wage across the board in York and more affordable housing; better advice; and more job opportunities, especially for those who may face difficulties in the market, e.g. those with learning or physical disabilities or long term conditions. You wanted us to promote the importance of a good work/life balance and to engage early with those who need to change their lifestyles. You told us that LGBT people experience significant health inequalities which need to be addressed. You asked for a comprehensive strategy to address alcohol use in the city.

We want to see everyone in York having the maximum opportunity to live their lives to the full, including employment for everyone capable of it, with employers taking seriously the health and wellbeing of their staff.

Our top priority is to work with York's employers to promote health and wellbeing in the workplace, and to help remove any barriers to the employment of vulnerable groups.

We also want to:

- reduce inequalities in outcomes for particular groups, including those living in the poorer wards, and vulnerable groups such as the LGBT community and the Gypsy and Roma community;
- offer a range of support to help residents make good choices about their own health and wellbeing;
- support people to lose weight and maintain a healthy weight, including promoting the benefits of walking and eating healthily;
- help people to access the services to help them to help themselves, including the management of long-term conditions;
- work with the Safer York Partnership to implement the city's new Alcohol Strategy.

The board will:

- promote greater awareness of, and referral to, services that support people to live healthily by all frontline staff;
- oversee the establishment of an integrated wellness service in York, providing advice on a wide range of health and wellbeing issues;
- promote the Workplace Wellbeing Charter amongst the city's employers, ensuring board members lead by example;
- lead by example in the employment of people with learning disabilities, and other vulnerable groups;
- scrutinise and challenge the development and delivery of local health and care services to ensure a focus on physical activity and healthy weight is embedded in the management of long term conditions;
- increase the visibility of alcohol-related harm as a key public health issue, supporting an approach to alcohol licensing that ensures alcohol is sold and consumed in a responsible way.

We will monitor our progress on:

- improving uptake of all screening programmes;
- the number of major employers signed up to the Workplace Wellbeing Charter;
- reducing the number of adults classed as overweight or obese;
- sustaining a reduction in the rate of admissions involving an alcohol-related primary diagnosis or an alcohol-related external cause;
- York being nationally recognised as a more equal city, with a measurable reduction in the gap in outcomes between different wards;
- increasing the number of people with a learning disability or mental health condition in employment;
- more people, particularly from vulnerable groups, telling us they are happy with their health and wellbeing.



Ageing Well

What this covers: the so-called third age, roughly from 66 onwards, including the end of life.

We know that:

- over the next 15 years the number of people over 65 in York will increase from 36,000 to 46,000 and those aged 75 and over from 17,000 to 26,000;
- nationally, 10% of older people are suffering from chronic loneliness;
- in 2014 there were 1,771 deaths of York residents;
- In 2014, 9.2% of households in York were living in fuel poverty;
- the number of delayed discharges from hospital beds in York is higher than the national average.

You told us you wanted to feel included in your community, and that your age and experience is valued. You wanted more support and advice for people to manage long term conditions away from GP services and a wider range of housing options for older people. You asked for more resources for care agencies and better services. You wanted better public transport. You particularly wanted us to tackle isolation and loneliness and to ensure that in York, no one ever dies alone.

We want to see York as a fantastic place to grow old, with our increasingly ageing population able to stay fit, healthy and independent for longer, and (though it is a sensitive topic) also a good place in which to die.

Our top priority is to reduce loneliness and isolation for older people.

We also want to:

- ensure that there is sufficient community-based support to tackle the problem of delayed discharges from hospital;
- celebrate the role that older people play in making York such a special place;
- enable people to recover faster and remain independent for longer;
- recognise and support the vital contribution of York's carers;
- increase the use of social prescribing, ie, linking patients in primary care with sources of support within the community;
- enable people to die well in a place of their choosing and encourage people to prepare advanced directives.

The board will:

- promote volunteering, befriending and other opportunities to share knowledge, skills and experience;
- promote local social opportunities such as health walks;
- press for improvements in the accessibility and availability of community transport;
- press for improvements in the range and choice of accommodation available for older people;
- ensure that the needs of carers feature prominently in all policy making and service delivery;
- offer practical support and advice to those preparing for the end of life;
- champion the issues of older people, ensuring they have a voice in all local debates.



We will monitor our progress on:

- more older people telling us they have as much social contact as they would like;
- reducing the number of unnecessary acute and mental health admissions to hospital for older people;
- reducing the number of delayed discharges from hospital beds;
- more older people still being at home 91 days after reablement or rehabilitation;
- more volunteering opportunities for older people;
- more older people telling us they are happy with the care they receive, and have done the groundwork to prepare for their end of life.

How we will deliver the Strategy

In order to deliver this Strategy we will need to transform the way in which we work - with individuals, with communities, and with each other. Each of these has three components.

Transforming how we work with individuals

- continuing the process of **transferring responsibility**, decision-making and (where possible) budgets to individuals so that they can better understand the choices available to them, and take full ownership of the outcomes. Some call this way of working co-production;
- seeing the **whole person**. This means ensuring that we can (for example) recognise the physical health needs of someone presenting with mental illness, and vice versa. Our staff need to be trained to have the confidence to think beyond their professional specialism, while also being clear about when a referral to another service may be needed;
- acknowledging the **wider determinants** of people's health and wellbeing, especially housing, employment and environmental health impacts. These may not be directly under our board's control, but we can use our influence to ensure that policy-makers always take this dimension into account; and at an individual level, ensure we are equipped to point people in the right direction for advice and support. The board recognises that economic growth is not always inclusive and some people can get left behind. The board endorses the use of tools such as the Joseph Rowntree Foundation's Inclusive Growth monitor, which assesses inclusivity within regions.

Transforming how we work with communities

- helping to build friendly, **resilient communities** in York through targeted interventions and support. Such communities need the encouragement and resources to help themselves, for example through building networks of peer support;
- ensuring that when we commission services, we do so taking full account of the individual circumstances - and, in particular the **assets** - of the community;
- reducing the use of traditional medical prescribing and increasing the use of **community-based solutions**, - such as joining a club or engaging in volunteering - where this may be the best approach to an individual's problems.

Transforming how we work with each other

- further work to pool our budgets and commission services on a **joint basis** where this makes sense, as part of a strategic process to transform the way that health and social care services (in particular) accept joint responsibility for issues such as delayed discharges;
- ensuring that organisational boundaries never stand in the way of the best solution to an individual's issues, and that the principle of **no wrong door** runs through all of our services. Our workforce may need additional training to deliver this;
- focusing in particular on **transitions** between institutions and services. Experience - and your feedback - suggests that this is the point at which problems occur, and that we could transform people's experiences if we could get this right.

The role of the **Health and Wellbeing Board** will be to champion the ambition and priorities of this Strategy, maintaining a clear focus on outcomes. This will require us to support and challenge organisations to align their work to the strategic direction we have set out and to show action-focused leadership if barriers exist and are preventing progress. This may include board members working to drive change in their own organisations, or looking together at how resources are used across different agencies and partners for maximum impact.

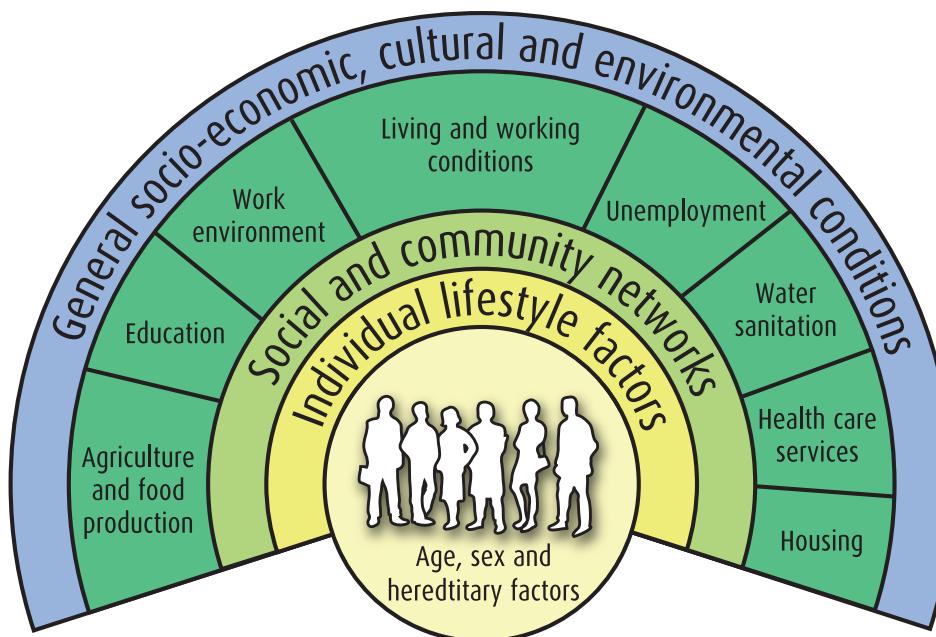
How we will measure outcomes

The board will make use of a range of groups and action focused task groups, to develop action plans to take forward the initiatives outlined in this Strategy. Each will be the personal responsibility of an individual board Member. The board will monitor a range of indicators, some of which were set out in the previous chapters, to ensure that the Strategy is on track and - if not - to make adjustments based on clear evidence. At the same time, the board will establish new mechanisms to ensure it is constantly in touch with what residents think and feel, and has access to relevant case studies, because we accept that some aspects of health and wellbeing can't be measured by numbers alone. The board has also agreed some key principles that will underpin this work.



Wider determinants of people's health and wellbeing

The health and wellbeing of individuals and communities in York is affected by a wide range of factors. Some of these, such as gender and genetic makeup are outside our control. Other factors which might be beyond an individual's control can be improved with support from organisations such as the NHS, local authority or voluntary sector. These factors include things like the environment, the economy and housing.



Factors that affect people's health and wellbeing are generally connected.

Plans and strategies

The board will take into account the relevant national and local plans and strategies.

Some of the groups in York where there is evidence of poorer outcomes

- Those living in the **poorer parts of the city**, where there are higher rates of childhood obesity, greater prevalence of chronic health conditions, and lower life expectancy;
- **single parents** - to ensure their children get the best possible start in life, and that their own health needs are not neglected;
- **children on free school meals/eligible for the pupil premium**, or in the care of the local authority;
- **students** - there is concern at the apparent increase in students of all ages experiencing mental and emotional health issues;
- people with **long term conditions**, who may find it difficult to get employment;
- people with a **learning disability**;
- people from **minority ethnic groups**, such as the traveller community;
- those from the **LGBT** community, where there is evidence of poorer health outcomes;
- **frail elderly** people living on their own;
- **carers** - people who deserve more support, and who have their own health and wellbeing needs.

Key Principles for the Health and Wellbeing Board

Ensure that we work together in true partnership for the good of the people of York;

Involve local people in identifying the challenges and redesigning services;

Promote equality of opportunity and access for all communities, and challenge discrimination if it arises;

Treat everyone with dignity and respect at all times;

Recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York;

Champion the role of the voluntary sector and the value its strength, diversity and knowledge brings in improving the health and wellbeing of our residents;

Work with the Adults' and Children's Safeguarding Boards to ensure that everyone always feels safe, and that the ways to report concerns are clear.

This Strategy does not stand alone, and the board is not the only body with an influence over the outcomes.

The board will strive to ensure that all these strategies and plans are aligned, so as to maximise their impact. This is especially important given the pressures on our budgets. The board will keep an overview of certain additional indicators that are not its direct responsibility in order to achieve this alignment and in case there is a need to challenge partners.

There will also need to be actions at a community level and by families and individuals. The board will not seek to micro-manage, but will instead maintain a strategic overview. We hope this Strategy will encourage individuals to take more responsibility for their own health and wellbeing, and to look out for others in their local community.

People should, of course, not hesitate to ask for help if they need it. For our part, we undertake to continue to listen to residents to ensure we are getting things right, and to make rapid changes if we are not. If we can nurture and sustain a spirit of true partnership throughout York, we really will be able to make it the best City in England in which to grow up, live, and grow old.

If you require further information then please contact the Public Health Team:

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Partners who sit on the York Health and Wellbeing Board



Tees, Esk and Wear Valleys **NHS**
NHS Foundation Trust



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