



NORTH YORKSHIRE COUNTY COUNCIL

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD

Wednesday 29 May 2013

Health and Well-being Strategy

1.0 Purpose of Report:

- 1.1 This brief paper asks the Health and Well-being Board to formally ratify the Health and Well-being Strategy it agreed to while in shadow form.

2.0 Introduction:

- 2.1 At its Board's meeting of the 28 November 2012 the report of the Corporate Director – Health and Adult Services invited the Board to comment on the amended draft North Yorkshire Joint Health & Well Being Strategy 2013 / 2018. It had previously been discussed at the Board meeting of the 14 September 2012. Suggestions from the wider community engagement had as far as was possible been incorporated and Members were invited to comment on the latest version of the draft Strategy. Officers were commended for their work amending the draft Strategy which was now very different from the original document. Members endorsed the decision to reduce the number of priorities and areas for action. Overall support and interest levels from communities and voluntary organisations were high and people had been keen to engage and participate.
- 2.2 The Board were thanked for their comments and it was confirmed that final adjustments would be made before the Strategy was published and it resolved that the Shadow Health & Well Being Board approves in principal the content of the joint Health & Well Being Strategy presented to the meeting that day and that the final version of the Joint Health & Well Being Strategy For North Yorkshire 2013 / 2018 be submitted to a meeting of the Board post April 2013 for formal approval.

3.0 Background:

- 3.1 It was pointed out that following advice from the Head of Legal Services the Board was not able to formally approve the Strategy in November 2012 as it lacked legal status. It was therefore proposed that if the Board was minded to approve the draft Strategy in principal that day a further report asking the Board to formally approve the Strategy would be presented to the Board post April 2013. To this end the Strategy is being represented for approval.

4.0 Recommendations:

4.1 The Board is asked to:

- a) Formally agree and sign off the strategy previously agreed in principle.

Sponsor:

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COUNTY HALL
NORTHALLERTON
29 May 2013

North Yorkshire Joint Health and Wellbeing Strategy 2013-2018



Health and Wellbeing Board
North Yorkshire



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Foreword

We can be thankful that, generally speaking, people who live in North Yorkshire enjoy better health than the average across England. Residents also feel North Yorkshire is a good place to live, which contributes to a sense of wellbeing.

North Yorkshire's Health and Wellbeing Board recently completed a Joint Strategic Needs Assessment of the community of North Yorkshire, which confirmed that we are, in the main, healthy. However, there are some people in the county whose opportunities and lifestyles mean that they do not live the long, healthy lives they might rightfully expect.

As partners, the members of the board recognise we must do something about this. As well as seeking to improve everyone's

health and wellbeing, we must address the inequalities that mean people in some parts of the county are likely to live shorter, less healthy lives than others.

This, our first joined up health and wellbeing strategy, is a step towards that goal. In producing this final version we built upon the draft version produced during the summer and the many comments and suggestions we received. We have focussed actions on a few priority areas as the start of our development of a bold, on-going strategy for improving, together with our communities, the health and wellbeing of the people of North Yorkshire.

Councillor John Weighell,
Chair of North Yorkshire's Shadow Health and Wellbeing Board.





The Health and Wellbeing Board's vision

'People in all communities in North Yorkshire have equal opportunities to live long healthy lives'

The challenge for the Board is to empower people of all ages to live healthy active lives and to reduce the health inequalities that exist across the county.

What is the role and purpose of the strategy?

The Joint Health and Wellbeing Strategy (JHWS), like the Joint Strategic Needs Assessment (JSNA), is produced by the Health and Wellbeing Board. It explains what health and wellbeing priorities the Board has set in order to tackle the health and wellbeing needs of the people of North Yorkshire as identified in the JSNA. You can see the full North Yorkshire JSNA at: www.northyorks.gov.uk/jsna.

It is not a detailed plan, but sets out where the Board would like North Yorkshire to be in terms of health and wellbeing and identifies approaches and priorities for all partners to take into account in developing their own strategies. Each partner organisation on the Health and Wellbeing Board is expected to develop its own plans of how it could contribute to the delivery of this overarching vision and strategy.

The Health and Wellbeing Board currently does not itself directly commission any services, but the service commissioning plans produced by Clinical Commissioning Groups (CCGs), Local Authorities (LAs) and the NHS Commissioning Board must be guided by the board's JHWS. If their plans are not in line with the shared strategy they must be able to explain why.



Organisations should look for ways of working together locally to improve people's health and wellbeing, focussing on areas where it is felt a difference could be made. The role of the Health and Wellbeing Board is to offer guidance, encouragement, coordination and, when needed, leadership to help facilitate the partnership working to make this difference. The Health and

Wellbeing Board will also want to evaluate over time if we have collectively made a difference.

The final version of this document builds on the earlier draft version of the strategy and the comments received from individuals and organisations on its structure and content.

Challenges

North Yorkshire's JSNA identified and analysed the current and future health and wellbeing needs of communities within North Yorkshire. It was produced using the knowledge, experience and views of North Yorkshire's people, voluntary organisations and health and social care services.

It tells us North Yorkshire is a relatively prosperous and healthy county compared to the rest of England, although there are local areas of deprivation and poorer health, the two typically being linked. So while focussing on areas of need the challenge is also set before us to work together to improve everyone's health and wellbeing.

Rurality

North Yorkshire is predominantly a rural county with just seven towns that have a population of more than 15,000 people. Two of the seven towns (Scarborough and Harrogate) have populations exceeding 50,000 people. Outside the Scarborough and Harrogate urban areas and market towns, North Yorkshire is sparsely populated. This leads to challenges in delivering services efficiently in remote rural areas.

The challenge

Access to services can be difficult for some communities and individuals. Service providers need to think creatively about rural solutions thus reducing further the need for transport.

An ageing population

The population of North Yorkshire is increasing and ageing with a projected population of 650,400 by 2035, including a predicted increase from 125,000



The gap in life expectancy between the least and most deprived communities across North Yorkshire is around 6.3 years for men and 4.6 years for women. Within some districts, the gap is nearly ten years.



to 160,000 by 2021 in people aged over 65 years. The growth is driven largely by movement from other parts of the UK, with pre-retirement and the recently retired age groups forming a substantial part of the migrant population.

The challenge

Over the next 10 years and beyond, we will continue to see a substantial increase in the elderly population, and in the prevalence of age-related conditions including obesity, diabetes, stroke and dementia and other long-term conditions. There is a huge challenge to find new ways of adequately meeting the resulting care and support needs of much higher numbers of older people with long-term needs in the County. The other challenge for our society is to see older people as an asset and to give people the respect and dignity they deserve.

Deprivation

Despite being relatively prosperous compared to the national average based on overall measures of deprivation, there are pockets of deprivation particularly in the Scarborough and Whitby areas. Each District Council area has its own particular pockets of deprivation.

The challenge

The health of people within North Yorkshire is generally good compared to other parts of England. However,

there is a gap in life expectancy between the least and most deprived communities across North Yorkshire of around 6.3 years for men and 4.6 years for women. Within some districts, the gap is nearly 10 years. Across the life course, deprivation can affect people at every life



stage, including child poverty, inequitable educational attainment, fuel poverty and social isolation. The challenge is to bridge this gap within and between communities.

Killer diseases

Circulatory disease (including heart disease and stroke) and cancers account for the greatest proportion of deaths within North Yorkshire. Cancers are the most common cause of death under the age of 75 years.

The challenge

There are particular challenges for certain conditions due to increasing age (e.g. dementia and stroke) or change in projected prevalence (e.g. obesity and diabetes). Across all age groups, there is a need to establish joined-up care pathways making best use of community support. The other challenge here is to encourage more people to adopt the healthy lifestyles they know effects their health and wellbeing. Adopting an unhealthy lifestyle can also cost more money and one such example is smoking.

Financial Pressures

Each of the local authorities has been challenged to make financial efficiencies as a result of reduced allocations and a continued freeze on their ability to raise taxes in the present financial climate. North Yorkshire County Council alone has to achieve a further £22 million efficiency in 2013/14 over and

above the £69 million target previously set. The NHS in North Yorkshire also has to find significant efficiency savings. Taking millions of pounds out of the health and care system, while changes in the population produce increasing demands on services could have a detrimental effect on the system's capacity to improve the community's health and wellbeing.

The challenge

The challenge in a period of budget constraints is to find creative, innovative and efficient solutions to address needs of an increasing and, in particular, an ageing, population. A conclusion of the Independent Review of Health Services in North Yorkshire and York, published in 2011 was that we must deliver services within our means and place greater emphasis on prevention and support in communities, thus reducing the need for acute care. Our response to these challenges must be planned in the context of the resources available. People in North Yorkshire have high expectations of the quality and availability of health services. However, the national criteria used to allocate NHS spending has resulted in North Yorkshire receiving less money per resident compared with many other areas, despite problems associated in particular with its rurality. The challenge for us as a community is to manage our expectations and find cost-effective, creative, efficient solutions within the resources we have.

Behaviours for change

To improve health and wellbeing in North Yorkshire and respond to our challenges, it will be necessary for all partner organisations, communities and individuals to act differently. We will need consistently to change our behaviours and approaches as organisations, as leaders, as communities and as individuals. Silo approaches, for example, to commissioning are no longer sustainable and we know that insufficient investment in keeping people healthy longer means we spend more and more trying to get people well.

Tackling the wider determinants of health

We know that although chronic disease management is very important in reducing health inequalities, many factors can affect people's health and wellbeing. In order to improve the health of all of North Yorkshire's people, with particular emphasis on the more vulnerable groups, action needs to be taken across the social determinants of health. The social determinants of health are the conditions in which people are born, grow, live, work and age, including the health system. They are largely responsible for the avoidable differences in health outcomes seen between different areas and population groups.

The following six policy objectives are described in the Marmot review Fair Society, Healthy Lives, which shows how tackling the social determinants of health can reduce health inequalities. The policy objectives were used to organise North Yorkshire's JSNA and underpin the overall approach to reducing the variations in health outcomes that exist in the county.

- Give every child the best start in life.
- Enable all children, young people and adults to maximise their capabilities and have control over their lives.
- Create fair employment and good work for all.
- Ensure a healthy standard of living for all.
- Create and develop healthy and sustainable places and communities.
- Strengthen the role and impact of ill-health prevention.

The Health and Wellbeing Board will work with partners where health is not their primary focus to highlight and maximise the health gain from their strategies which affect the wider determinants of health, including affordable housing, lifelong learning and economic development. Continuing to improve the economy of North Yorkshire is likely to have the greatest impact on health and wellbeing, particularly if more people can share in the benefits. Locally, there are pockets of high levels of unemployment. In these

areas Jobseekers Allowance Claimants exceeded 8% of the working age population in January 2012. All seven districts contain at least one ward where the claimant count unemployment rate was higher than the England rate in January 2012.

The Health and Wellbeing Board expects to see evidence that CCGs, local authorities and others have acted on opportunities to positively influence the wider determinates of health.

Improve partnership working

Maximisation of the effectiveness, quantity, quality and efficiency of services is key to the Health and Wellbeing strategy. The aim is to develop a co-ordinated network of health and social care commissioning and provision services, combining the input of statutory, independent and voluntary sector



In North Yorkshire during 2009 there were 14,035 children living in poverty.



organisations, making the best use of resources and enabling services to be responsive to the needs and views of users.

The Health and Wellbeing Board will give every encouragement to commissioners and providers to pursue an integrated approach as the key to providing joined-up solutions for people and ensuring every opportunity is taken to reduce duplication of effort and investment. By not investing sufficiently in community-based services we are having to invest too much in unaffordable acute (e.g. hospital) provision.

The Health and Wellbeing Board expects commissioners to increase their investment in community-based services leading to a better balance of investment in different types of service.

Make better use of community assets

The 'asset-based approach' values and uses the capacity, skills, knowledge, and connections and potential that already exist in a community – replacing the 'deficit approach' where public sector organisations identify needs and create public services to meet the needs.

North Yorkshire enjoys a vibrant voluntary and community sector, and a growing number of social

enterprise organisations, which make an invaluable contribution to both the life of the community and the lives of individuals – through providing a wide range of care and support services, advice and information, education, leisure, cultural and social activities. They provide opportunities for individuals to contribute to their communities through volunteering, and often play a significant 'preventative' role in health and wellbeing. However, many of these organisations are very small, sometimes run purely by volunteers, and may not be easily visible to those planning services or seeking support for vulnerable people.

There is considerable potential to expand the contribution of the voluntary and community sector to health and wellbeing priorities, through better integration of provision and improved referral pathways. Likewise, facilitating community-based approaches will encourage more communities to rise to the challenge to develop their healthy street, their healthy village and their healthy community.

The Health and Wellbeing Board expects Districts, County and especially CCGs commissioners together to work with voluntary and community organisations to improve their knowledge of local community assets and find creative ways of integrating this into the overall pattern of provision.

Prevention is better than cure

There needs to be a shift in focus from sickness and cure to wellness; people should be enabled to stay healthier for longer. Support should be provided as close to people's homes as possible so that people are enabled to live independently and maintain their quality of life for as long as possible within their local community.

The Health and Wellbeing Board expects to see redesign of services with greater integration and partnership working plus increased investment in preventative solutions.

Achieving better outcomes with less money

In order to maximise the impact of health and wellbeing interventions it is important to use available sources of robust evidence of what works. The focus should be on solutions which have the greatest impact for most people taking account of available resources and pressures on limited and sometimes reduced budgets. Cost-effectiveness and delivery of improved health and wellbeing outcomes should always be considered when commissioning services.

The Health and Wellbeing Board expects to see evidence-based commissioning of services, with a focus on specific healthier and wellbeing outcomes for individuals and communities.

The priorities

The strategy's medium to long-term priorities have been developed firstly around areas which can improve health and wellbeing of everyone and secondly, but no less importantly, the vulnerable groups that should be specially targeted. The two categories of priorities should not be looked at separately; there is a clear overlap between actions that will help everyone and actions that are targeted at particular groups.

Improve the health of everyone

Although it will always be necessary to offer services when people need them because of acute or chronic illness and for long term support and care needs, advantages will be gained both economically and for people's actual health by putting greater emphases on early and preventative interventions and interventions around the wider determinates of health and wellbeing. Evidenced based screening techniques should be used to detect medical conditions earlier, improving longer-term outcomes for individuals and communities.

Interventions should improve the health and wellbeing of the total population with emphasis on using economic development and regeneration opportunities

and opportunities for all people to access the benefits of education, employment and good housing.

- **Ill health prevention**

Long term smoking causes a range of cancers and circulatory disease and reduces life expectancy by an average of ten years. Lack of exercise, poor diet and obesity are closely linked to the development of diabetes, heart disease, joint and back problems and depression.

While most of us know what we can do to improve our own health and wellbeing not everyone makes healthy decisions or adopts healthy lifestyles. Having the opportunity to earn income can affect lifestyle choices as can people's housing and their access to transport and leisure services. Encouraging healthy lifestyles and behaviours in children is also very important, habits and activities learned in childhood can last a lifetime.

We need to work in partnership to ensure that the way treatment or care increases are provided gives people control over their health and any long-term conditions, minimising the impact of ill-health on their lives.

- **Healthy and sustainable communities**

North Yorkshire's rurality gives opportunities, which should be encouraged, for leisure activities in the

countryside. However, access to services, employment opportunities and affordable housing can all be more challenging for rural communities.

Economic development across the county, particularly in the areas of relatively high deprivation, is essential to improving the health and wellbeing. Only by addressing the wider determinates of health and wellbeing will we be able to have an impact on the variations in people's health and wellbeing across the county. Health and wellbeing should be included as core considerations during planning and transport policy decision making and as part of North Yorkshire's county and district councils' and other organisations' strategies and plans.

Organisations and communities should understand and develop the contributions from within their own local communities that can be made to producing a healthy and sustainable community. In particular the contribution that can be made by older people should lead them to be seen as a potential community asset rather than viewed as a "drain on resources".

Vulnerable groups

Although the aim is to improve the health and wellbeing of all people in North Yorkshire, there should be emphasis on people for whom interventions

can have the most impact on their long-term health outcomes. Those who are most vulnerable and most at risk should be targeted to ensure that they too have opportunity to receive generic services, access to employment, appropriate housing, and lifestyles which will improve their health and wellbeing.

- **People with long-term conditions**

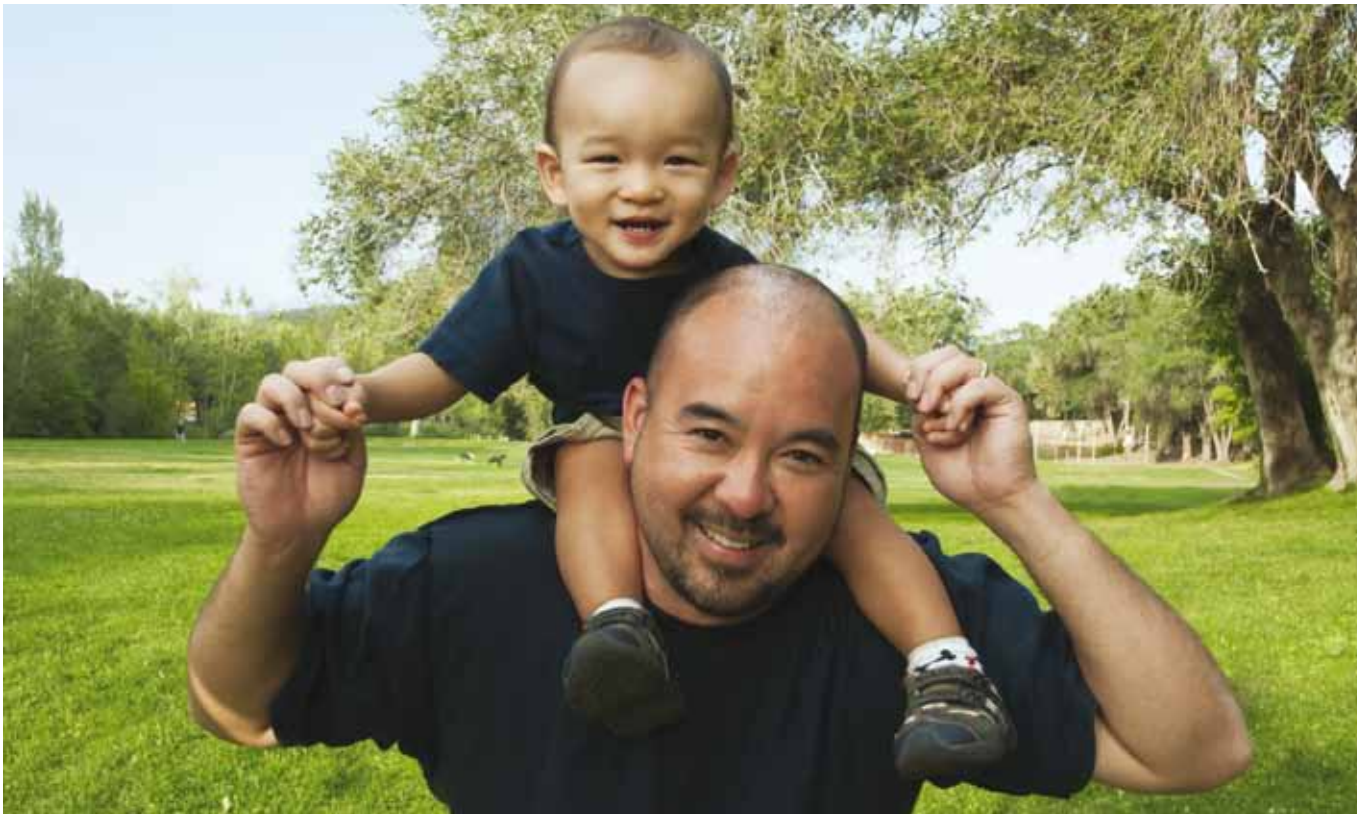
Although the proportion of people with long-term conditions increases with age (70% of people over 85 have long-term conditions), the issue is not whether one is old but whether one has a long-term condition requiring additional support. Long-term conditions can be experienced by all age groups, not just older people.

Tackling ill-health conditions and giving people appropriate support for their long-term condition in a more co-ordinated way will also greatly enhance the life of older people and people in other age groups. The care of patients should be better shared between GPs, community health services, hospital specialists and social services in a more co-ordinated and integrated way to make sure that people with complex or multiple conditions get the right care. Placing greater emphasis on care in the community will reduce hospital admissions.

During the next twenty years, due to an ageing population, the number of people in North Yorkshire with dementia is forecast to nearly double. We must ensure that timely support is available to enable them and their families to cope longer and to live with dignity.

- **Children and young people**

Giving every child the best start in life is crucial to reducing health inequalities in the whole of people's lives. To have an impact on health inequalities we need to address children's access to positive early experiences. Interventions in later life, although important, are considerably less effective when good early foundations are lacking. It is therefore vitally important that we help to support the early development of healthy behaviours and foster a



supportive community for parents and families to give children the best opportunities in life.

• Emotional health and wellbeing

Emotional and mental wellbeing is important across all age groups. Mental health is not just the absence of mental disorder. It is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community. The culture within our North Yorkshire communities should be developed to enable everyone to aspire to a positive sense of emotional health well-being.

We also know that physical health and mental health are strongly linked. The challenge of dealing with pain or a long-term condition can impact on one's mental health and sense of wellbeing. We also know that two thirds of people with persistent mental health problems also have a long-term physical complaint. We need to work in partnership to help people to better understand the connection between mental health and physical health and promote improvement through our joint work on the public health agenda.

Travellers, people who are homeless, those coping with debt, those with learning disabilities and those

who are lonely and isolated are at increased risk of mental ill-health. Some minority communities face increased challenges in accessing mental health services.

So the challenge in North Yorkshire is to give attention to those at greater risk while also improving the health and wellbeing needs of the whole community. For those in contact with services, the focus of service provision should be shifted to one where performance is centred on the numbers of people who have recovered and the number of people positively reporting on their experience of care and support.

Actions to develop sustainable, cohesive and connected communities have an important role in promoting good mental health as there is evidence that strong social networks help protect people against physical and mental health stress. So, having safe places for children to engage in positive activities; reducing crime and anti-social behaviour; supporting people to reduce their dependencies on substance misuse; collectively agreeing a joint strategy with partners for tackling domestic violence; and developing innovative approaches to reducing loneliness and isolation all have their part to play in developing safer supporting communities.

• People living with deprivation

There are some areas in the county that have higher overall levels of deprivation, leading to poorer health and wellbeing outcomes than the rest of the county. The areas are concentrated in the coastal region of the county (Scarborough and Whitby), but there are also some pocket of deprivation in Skipton, Harrogate and Selby.

The rurality of large parts of the county can aggravate social isolation as well as causing problems with access to and availability of services and facilities with associated impact on people's health and wellbeing.

Being in good employment is protective to health; conversely, unemployment contributes to poor health. Attaining work for people is of critical importance for reducing health inequalities. An increase in income leads to an increase in psychological wellbeing and a decrease in anxiety and depression. Employment for people with a range of mental health conditions, including those with a substance misuse dependency, can promote both recovery and social inclusion by providing routine, purpose, income, social interaction and self-confidence.

As a county we need to maximise local opportunities of economic and job development to improve health and wellbeing by building on work from the York and North Yorkshire and East Riding Local Enterprise Partnership (LEP) and help businesses access the finance they need to grow; connect to people who can support their growth plans; help them become more competitive through better use of IT and broadband; help them get the skilled workforce they need; help those in the agricultural and healthy food supply chain expand their market and grow; and help businesses in the visitor economy to become more competitive and succeed.

There are opportunities for large health and wellbeing improvements to be made from placing emphasis on addressing the wider determinants of health affecting people living in areas with higher levels of deprivation.

Areas for focus

The following are highlighted as areas for particular focus during the next 1 to 2 years.

- Make a concerted multi-agency approach to identify children and families who are vulnerable to poverty, have high and complex needs or are in challenging situations. All partners should work

together to develop integrated solutions.

- Social isolation and its impact on mental and wider aspects of people's health.
- Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities. Health, social care and other organisations should develop their knowledge of what community assets exist in their area and how they can be better used and developed. The important role played by unpaid carers should be recognised and supported.
- Ensure services are rapidly developed placing emphasis on integrated interventions which reduce unnecessary hospital admissions for people with long-term conditions and give improved outcomes.
- Encourage positive lifestyle behaviour changes. Improving awareness around the need to develop healthy lifestyles, in particular smoking reduction, obesity and alcohol consumption.
- Opportunities should be sought to develop healthy lifestyles by supporting wide-ranging less obvious initiatives such as maximising the use of our local countryside and local nature partnerships and supporting local sports clubs.

- Improving the availability of more affordable housing that is appropriate to people's needs.
- Maximising opportunities for local economic and job development, including the continued development of a more sustainable transport system to meet the social and economic needs of local communities and safeguard the environment.



What we expect from commissioners

The strategy deliberately does not specify what actions commissioners should take to meet the priorities and areas for focus it contains. The Health and Wellbeing board will expect commissioners from health services, local government and others to explain how action to address them is contained in their own plans and strategies and how their behaviour and approaches are changing. In particular, it is expected that local partnerships will be able to show how they are developing local joined up approaches.

Equality and diversity statement

An essential part of ensuring the health and wellbeing of all in our community is making sure that everyone has an equal opportunity to benefit from health and wellbeing commissioning plans.

North Yorkshire's Joint Health and Wellbeing Strategy is a single cross agency strategy for local health and wellbeing approaches for all people in North Yorkshire. It is based on our Joint Strategic Needs Assessment (JSNA) that highlights the needs and inequalities in our communities. The strategy

recognises that some groups of people and some localities experience more disadvantage or are more vulnerable to poor outcomes than others and therefore seeks to focus activity on meeting their particular needs.

We want to improve the health and well-being of everyone in our community but in doing so we will collectively have to give particular attention to vulnerable people who are at risk and to our more deprived communities.

Equality statement

Partners signing up to North Yorkshire's Health and Well-being Strategy are committed to equality and to making fair treatment part of everything we do. We make this commitment because we want to provide strong leadership to improve the health and well-being of all in our community. Equality will be incorporated into the Health and Wellbeing Board's performance framework.

How will we know if we are making a difference?

Some high-level indicators (see Appendix 1) have been chosen as indicators that a difference is being made to people's health and wellbeing. A more detailed performance framework will follow.



70% of households with support needs are living in homes where no adaptation has been made to help meet their needs.

Appendix 1: Strategic Performance Framework emerging from the North Yorkshire Joint Health and Wellbeing Strategy

The following outlines some of the ways we will know the strategy has improved the Health and Wellbeing of people in North Yorkshire. It is intended that the framework is used as the starting point to develop with partners an agreed range of indicators to show how commissioning plans are having an impact on the challenges and priorities contained in the strategy.

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success. (Suggested template completed by 31 March 2013.)
<p>Rurality</p> <p>Rurality leads to challenges in delivering services efficiently in remote rural areas. Access to services can be a challenge for some communities, service providers need to think creatively about rural solutions thus reducing further the need for transport. The isolation people can experience from living in rural locations can impact on their emotional wellbeing and mental health. Lack of readily available community support and services can reduce vulnerable people's opportunities to live safely in their own homes.</p>	<p>Healthy and sustainable communities.</p> <p>Emotional health and wellbeing.</p> <p>Social isolation and its impact on mental and wider aspects of people's health.</p> <p>Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities.</p> <p>Improving the availability of more affordable housing that is appropriate to peoples needs.</p> <p>Maximising opportunities for local economic and job development, including the continued development of a more sustainable transport system.</p>	<p>Improved access to services for people in rural areas for example by enabling more local communities to manage their own support systems.</p> <p>Improved rural employment opportunities.</p> <p>Improved access to leisure activities for people in rural areas.</p> <p>Improved availability of appropriate and affordable housing.</p> <p>A reduction in the number of socially isolated vulnerable people.</p> <p>Improved communications (e.g. broadband) infrastructure for both business and private premises.</p>	

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success. (Suggested template completed by 31 March 2013.)
<p>Our rurality also means we have many opportunities within our countryside to improve the health and well-being of our community.</p>	<p>Development of a North Yorkshire & York Local Nature Partnership Strategy which sets out how we will conserve and enhance our natural assets and utilise them to maximum effect to enhance the health and well-being of our communities.</p>	<p>The work of the North Yorkshire & York Local Nature Partnership will provide increased access to natural areas for outdoor recreation and conservation volunteering opportunities allowing people to be healthy and play an active role in maintaining our areas of natural beauty.</p>	
<p>An Ageing Population</p> <p>Over the next 10 years and beyond, we will continue to see a substantial increase in the elderly population, and in the prevalence of age-related conditions including obesity, diabetes, stroke and dementia and other long-term conditions. There is a huge challenge to find new ways of adequately meeting the resulting care and support needs of much higher numbers of very elderly people in the County.</p>	<p>Healthy and sustainable communities.</p> <p>People with long-term conditions.</p> <p>Emotional health and wellbeing.</p> <p>People living with deprivation.</p> <p>Social isolation and its impact on mental and wider aspects of people's health.</p> <p>Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities.</p>	<p>A reduction in the number of socially isolated vulnerable people and the development of local strategies to tackle this issue.</p> <p>The number of people living in poor quality or inappropriate housing is reduced.</p> <p>Reduction in the number of people living in fuel poverty.</p> <p>Increase in the number of people volunteering to help support their local community.</p> <p>Increase in the number of people being helped by the voluntary sector.</p>	

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success. (Suggested template completed by 31 March 2013.)
	<p>Ensure services are rapidly developed, placing emphasis on integrated interventions which reduce unnecessary hospital admissions for people with long-term conditions and give improved outcomes.</p> <p>Improving the availability of more affordable housing that is appropriate to peoples needs.</p>	<p>More children, young people and other vulnerable groups are kept safe and protected from harm.</p> <p>Improved support for people wit LTCs: reduction in the number of emergency hospital admissions.</p> <p>Improved knowledge and understanding of the assets available from within local communities by both health and social care agencies and communities themselves.</p> <p>More services being developed and provided in partnership.</p>	

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success. (Suggested template completed by 31 March 2013.)
<p>Deprivation and wider determinates of health</p> <p>The health of people within North Yorkshire is generally good compared to other parts of England. However, there is a gap in life expectancy between the least and most deprived communities across North Yorkshire of around 6.3 years for men and 4.6 years for women. Within some districts, the gap is nearly 10 years. Across the life course, deprivation can affect people at every life stage, including child poverty, inequitable educational attainment, fuel poverty and social isolation.</p>	<p>Ill Health Prevention.</p> <p>Healthy and sustainable communities.</p> <p>Children and young people.</p> <p>Emotional health and wellbeing.</p> <p>People living with deprivation.</p> <p>Make a concerted multi-agency approach to identify and develop integrated solutions for children and families who are vulnerable to poverty, have high and complex needs or are in challenging situations.</p> <p>Social isolation and its impact on mental and wider aspects of people’s health.</p> <p>Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities. Health, social care and other organisations should develop their knowledge of what community assets exist in their area and how they can be better used and developed.</p> <p>Improving the availability of more affordable housing that is appropriate to people’s needs.</p>	<p>Reduction in the number of people living in fuel poverty.</p> <p>Investment and services are provided to communities and people in the most need of health and social care.</p> <p>All public agencies have the reduction of health inequalities embedded in their decision making processes.</p> <p>More children and young people are helped to make positive choices for personal responsibility.</p> <p>Increase in the overall employment rate and reduction in unemployment rate.</p> <p>Reduction in the number and proportions of children living in poverty.</p> <p>More children, young people and other vulnerable groups are kept safe and protected from harm.</p> <p>Reduction in the gap in life expectancy between different areas of the county.</p> <p>Reduction in the variations in educational attainment believed to result from family circumstances.</p>	

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success. (Suggested template completed by 31 March 2013.)
	<p>Maximising opportunities for local economic and job development, including the continued development of a more sustainable transport system to meet the social and economic needs of local communities and safeguard the environment.</p>	<p>The proportion of children and young people not in education, employment, or training (NEET) is reduced.</p> <p>Maximising the opportunities afforded by greater access to broadband across our county.</p> <p>Support and encourage the development of social enterprise approaches to community support. And the maintenance of our natural assets.</p> <p>Lead partner agencies to ensure their contracts support at least a minimum wage standard and encourage access to employment by vulnerable people through such approaches as innovation funds and contracting for outcomes.</p> <p>Enabling the provision of more affordable homes.</p> <p>Maintaining and improving existing housing stock.</p> <p>Improving access to housing services.</p> <p>Reduction in the rate of adult and young people homelessness.</p>	

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success. (Suggested template completed by 31 March 2013.)
<p>Financial pressures</p> <p>The challenge in a period of budget constraints is to find creative, innovative and efficient solutions to address needs of an increasing and in particular an ageing population. A conclusion of the Independent Review of Health Services in North Yorkshire and York, published in 2011 was that we must deliver services within our means and place greater emphasis on prevention and support in communities, thus reducing the need for acute care. Our response to these challenges must be planned in the context of the resources available. People in North Yorkshire have high expectations of the quality and availability of health services. However the national criteria used to allocate NHS spending has resulted in North Yorkshire receiving less money per resident compared with many other areas, despite problems associated in particular with its rurality. The challenge for us as a community is to manage our expectations and find cost effective creative efficient solutions within the resources we have.</p>	<p>Integrated commissioning maximising the use of the public purse.</p> <p>Integrated service provision which reduces duplication and adds value to people’s care pathways.</p> <p>Better support and management of long term-conditions which maximises the use of life enhancing technologies.</p> <p>A better balance between investment in acute support and community focussed early intervention and prevention strategies.</p>	<p>The health and social care economy delivering good quality timely support within a financially balanced system.</p> <p>Evidence that there is a sustainable balanced investment in:</p> <ul style="list-style-type: none"> • early interventions aimed at reducing the need for statutory intervention; • a robust integrated rapid short term response system geared to quickly return people to an acceptable level of health and well-being; and • A financial sustainable acute care response geared to returning people to their appropriate community setting. 	

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success. (Suggested template completed by 31 March 2013.)
<p>Killer diseases</p> <p>Circulatory disease (including heart disease and stroke) and cancers account for the greatest proportion of deaths within North Yorkshire. Cancers are the most common cause of death under the age of 75 years.</p> <p>There are particular challenges for certain conditions due to increasing age (e.g. dementia and stroke) or change in projected prevalence (e.g. obesity and diabetes). Across all age groups, there is a need to establish joined-up care pathways making best use of community support.</p>	<p>Ill Health Prevention.</p> <p>Children and young people.</p> <p>People living with deprivation.</p> <p>Create opportunities to support, expand and grow the contribution people can make in developing safer, supportive communities.</p> <p>Ensure services are rapidly developed placing emphasis on integrated interventions which reduce unnecessary hospital admissions for people with long-term conditions and give improved outcomes.</p> <p>Encourage positive lifestyle behaviour changes.</p>	<p>Reduction in the instances of “killer” diseases.</p> <p>Improvements in life expectancy for people with chronic/LTC.</p> <p>Reduction in emergency admissions for people with LTC.</p> <p>Increase in the number of people of all ages choosing to adopt healthier lifestyles (reduced smoking, alcohol consumption, lower obesity, etc).</p>	
<p>Emotional and mental wellbeing</p> <p>Emotional and mental wellbeing is important across all age groups. Mental health is not just the absence of mental disorder. It is defined as a state of wellbeing in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.</p>	<p>Develop the culture within our North Yorkshire communities to enable everyone to aspire to a positive sense of emotional health well-being.</p> <p>In partnership to help people to better understand the connection between mental health and physical health and promote improvement through our public health agenda work.</p>	<p>More people have better mental health.</p> <p>More people with mental illness or who are substance dependent will recover.</p> <p>People with mental health needs will have improved physical health.</p> <p>More people have a positive experience of care and support.</p> <p>Fewer people suffer avoidable harm.</p> <p>Fewer people experience stigma and discrimination.</p>	

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success. (Suggested template completed by 31 March 2013.)
<p>Physical health and mental health are strongly linked. Dealing with pain or a long-term condition can impact on one's mental health and sense of wellbeing. People with persistent mental health problems often have a long-term physical complaint. Some communities and those who are lonely and isolated are at increased risk of mental ill-health.</p> <p>So the challenge in North Yorkshire is to give attention to develop sustainable, cohesive and connected communities; have safe places for children to engage in positive activities; reduce crime and anti-social behaviour; support more people to reduce their dependencies on substance misuse and tackle domestic violence as all having their part to play in improving emotional health and well-being</p>	<p>Shifting the focus of service provision to one where the performance focus is on the numbers of people who have recovered and the number of people positively reporting on their experience of care and support.</p> <p>Partners collectively agreeing a joint strategy addressing domestic violence.</p> <p>Develop and test innovative approaches to reducing loneliness and isolation.</p>	<p>More local investment in schemes with a focus on reducing isolation and loneliness can demonstrate evidence of improved outcomes for people.</p> <p>People who use services say that those services have made them feel safe and secure.</p> <p>An increase in the number of people who feel they have more control over their service as a result of receiving self directed support.</p> <p>People in contact with secondary mental health services have improved opportunities to access paid employment.</p> <p>People with mental illness have equal opportunity to live independently in settled accommodation with or without support.</p> <p>People of all ages know they have a safe haven to go to if they feel under threat.</p> <p>People who use services and their carers find it easy to find information about services.</p>	

In their commissioning intentions partner agencies will help tighten the performance framework, will have indicated where they as individual agencies can contribute to the KPI's and where collective partnership approaches can bring added value.

Appendix 2: Supporting strategies and plans

- North Yorkshire Carers Strategy
- North Yorkshire Children and Young People's Plan
- North Yorkshire Clinical Commissioning Groups Plans and Strategies
- North Yorkshire Community Plan
- North Yorkshire Community Safety Partnerships strategies
- North Yorkshire County Council Plan
- Craven District Council Plan
- Hambleton District Council Plan
- Harrogate Borough Council Plan
- Richmondshire District Council Plan
- Ryedale District Council Plan
- Scarborough Borough Council Plan
- Selby District Council Plan
- North Yorkshire Housing Strategy
- North Yorkshire Local Economy Development Approach
- North Yorkshire Local Transport Plan
- North Yorkshire Older People Strategy
- North Yorkshire Public Health Annual Report
- North Yorkshire Substance Misuse Partnership Board
- Sites of Importance for Nature Conservation and North Yorkshires Biodiversity Action Plan
- Strategic Commissioning for Independence, Well-being and Choice
- York, North Yorkshire & East Riding Local Enterprise Partnership

Please let us know what you think about North Yorkshire's Health and Wellbeing Strategy

You can tell us what you think about the strategy by emailing your views to jsna@northyorks.gov.uk or writing to:

**JSNA,
North Yorkshire House,
Scalby Road,
Scarborough YO12 6EE**

If you would like this information in another language or format such as Braille, large print or audio, please ask us.

Tel: 01609 532917

Email: communications@northyorks.gov.uk

