

NORTH YORKSHIRE HEALTH AND WELL BEING STRATEGY

CONTRIBUTIONS OF CYPS AND CHILDREN'S TRUST PARTNERS

AS SET OUT IN THE NORTH YORKSHIRE HEALTH AND WELL BEING STRATEGY			TO BE POPULATED BY CYPS AND CHILDREN'S TRUST PARTNERS
Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success.
<p>The content of this column has been pre-populated from the North Yorkshire Health and Well-Being Strategy</p>	<p>The content of this column has been pre-populated from the North Yorkshire Health and Well-Being Strategy</p>	<p>The content of this column has been pre-populated from the North Yorkshire Health and Well-Being Strategy</p> <p>Some of the priorities listed in this column will have a number in brackets after them. This number signposts the reader to the content in the right hand column concerning agencies' local contributions. This is an attempt to map across from the success criteria presented in this column to the relevant agency contributions in the right hand column.</p>	<p>The content of this column has been populated by CYPS Performance and Outcomes, with contributions from other colleagues</p> <p>In most instances the references here are to the relevant implementation priorities set out in the CYPP 2011-14.</p> <p>There are some references to additional plans and strategies, including the Looked After Strategy 2013-15, the SEND Improvement and Integration Strategy, and the CYPS Post-Inspection Action Plan.</p> <p>Each statement in this column has a number in brackets at the beginning. This number refers back to the success criterion (presented in the column to the left of this one) to which the statement refers.</p> <p>It is expected that further work will be required to refine and finalise the content of this column</p>

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success.
<p>1. 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>Our rurality also means we have many opportunities within our countryside to improve the health and well-being of our community</p>	<p>Healthy and sustainable communities. 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 people's needs.</p> <p>Maximising opportunities for local economic and job development, including the continued development of a more sustainable transport system.</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>Improved access to services for people in rural areas for example by enabling more local communities to manage their own support systems.(1)</p> <p>Improved rural employment opportunities.(2)</p> <p>Improved access to leisure activities for people in rural areas. (3)</p> <p>Improved availability of appropriate and affordable housing (4)</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> <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>(1) CYPP GS 1.3: Strengthen the network of opportunities for learning through well-planned provision or co-ordination</p> <p>(2) CYPP ES 2.1: Develop multi-agency support to help all families engage in training and employment</p> <p>(3) CYPP PC1.2: Protect and promote opportunities for outdoor education, arts and culture</p> <p>(4) CYPP ES 1.4: Secure consistent and equitable provision of accommodation for vulnerable young people [also CYPP Focus Area 3: Teenagers with Multiple Vulnerabilities]</p>

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<p>2. 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>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 people's needs.</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 (1)</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> <p>More children, young people and other vulnerable groups are kept safe and protected from harm.(2)</p> <p>Improved support for people with 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 (3)</p>	<p>(1) CYPP ES 1.4: Secure consistent and equitable provision of accommodation for vulnerable young people [also CYPP Focus Area 3: Teenagers with Multiple Vulnerabilities]. This work will result in fewer young people presenting as homeless or living in unsuitable accommodation.</p> <p>(2) on keeping children and young people safe and protected from harm see the numerous references to (5) in the section below on Challenger 3 'Deprivation and Wider Determinates of Health.'</p> <p>(3) CYPP SF 1.2: Embed integration to improve services for users, impact and efficiency. See the section on Challenge 4 'Financial Pressures' for more information on integration of services.</p>

Challenges	Priorities and areas for focus	What will success look like?	How agencies will locally contribute to success.
<p>3. 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>(page 1 of 3)</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>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>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. (1)</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. (2)</p> <p>Increase in the overall employment rate, reduced unemployment rate. (3)</p> <p>Reduction in the number and proportions of children in poverty. (4)</p> <p>More children, young people and other vulnerable groups are kept safe and protected from harm. (5)</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. (6)</p> <p>The proportion of children and young people not in education, employment, or training (NEET) is reduced. (7)</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</p>	<p>(1) CYPP HL 2.1: Secure integration with new community health providers for best outcomes</p> <p>(1) CYPP SS 2.1: Reduce numbers of LAC by building capacity around best practice for family interventions which work.</p> <p>(1) CYPP SS 2.2: Reduce the incidence of family breakdown through effective, rapid response work and outreach services.</p> <p>(1) CYPP PC 2.3: Improve integration and impact for families with Level 3 needs [also CYPP Focus Areas 5B: support families with Level 3 needs]</p> <p>(1) CYPP PC 2.2: Integrated early help improves parents' ability to meet children's needs and is value for money [also CYPP Focus Area 5A: integrate early help for families.]</p> <p>(1) CYPP Focus Areas 5C: support families with multiple and serious problems</p> <p>The combined result of the above actions will be that more families will be helped at an earlier stage, thereby reducing the number of children referred to children's social care, the number of child protection plans, and the number of looked after children.</p> <p>(1) CYPP Focus Area 2: Special Educational Needs and Disability, including the SEND Improvement and Integration Strategy. Specific</p>

<p>3. Deprivation and wider determinates of health</p> <p>(page 2 of 3)</p>	<p>Improving the availability of more affordable housing that is appropriate to people's needs.</p>	<p>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 (8)</p>	<p>outcomes will include:</p> <ul style="list-style-type: none"> • Joint commissioning of health services for children and young people with an Education, Health and Care Plan (e.g. speech, language and communication needs). • Publication of the Local Offer of what help is available locally for children and young people and their families. • At least 165 SEN statements 'converted' to EHC Plans by August 2014. Integrated assessments and EHC Plans introduced from September 2014. • Personal budgets available for education, health and care services, for those with an EHC Plan. Direct Payments enabled where requested. • An integrated Transitions process and service. <p>(2) CYPP PC 1.1: Young people are active in service, school and community decisions</p> <p>(2) CYPP PC 1.4: Ensure young people have access to quality youth services and targeted support</p> <p>(2) PC 1.5 Reduce offending and re-offending</p> <p>(2) NY Looked After Strategy 2013-15, Priority 8: leaving care provision; Priority 5: transition to adulthood.</p> <p>(3) CYPP ES 2.1: Develop multi-agency support to help all families engage in training and employment</p>
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<p>3. Deprivation and wider determinates of health</p> <p>(page 3 of 4)</p>			<p>(3) and (7) CYPP ES 1.1: Prepare children and young people to continue to participate in learning and succeed in working life</p> <p>(3) NY Looked After Strategy 2013-15, Priority 9: care leaver engagement in education, training and employment</p> <p>(4) CYPP ES 2.2: Develop a multi-agency child poverty strategy</p> <p>(5) CYPP SS 1.1: Provide safe environments for all children and young people</p> <p>(5) CYPP SS 1.2: Reduce the impact of domestic abuse on children and young people</p> <p>(5) CYPP SS 1.3: Ensure safeguarding issues for those with SEND are covered well</p> <p>(5) CYPP SS 1.4: Embed further improvements in performance, practice and systems in relation to contact, referral and assessment for Children In Need and for child protection [also see Post-Inspection Action Plan]</p> <p>(5) NY Looked After Strategy 2013-15, Priority 1: stable homes and placements; Priority 7: safe and secure accommodation</p> <p>(6) CYPP GS 2.1: Help maximise achievement for all and close the attainment gaps for vulnerable groups through targeted support</p> <p>(6) CYPP GS 2.2: Help schools and settings to improve access and provision for all pupils</p> <p>(6) NY Looked After Strategy 2013-15,</p>
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			<p>Priority 3: improve educational achievement of looked after children and young people.</p> <p>(7) and (3) CYPP ES 1.1: Prepare children and young people to continue to participate in learning and succeed in working life</p> <p>(7) CYPP ES1.2: Ensure a wide range of 14-19 learning opportunities with strong progression routes</p> <p>(7) CYPP ES 1.3: Provide support to young people who are NEET or at risk of becoming NEET</p> <p>(8) CYPP ES 1.4: Secure consistent and equitable provision of accommodation for vulnerable young people [also CYPP Focus Area 3: Teenagers with Multiple Vulnerabilities]</p>
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<p>4. Financial Pressures</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.(1)</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; (2) • a robust integrated rapid short term response system geared to quickly return people to an acceptable level of health and well-being; (3) and • a financially sustainable acute care response geared to returning people to their appropriate community setting 	<p>(1) CYPP SF 1.1: Delivering the CYPS Savings and Transformation Strategy successfully and CYPP SS 1.5: Ensure the CYPS Savings and Transformation Strategy protects capacity for safeguarding at all levels</p> <p>(2) CYPP PC 2.2: Integrated early help improves parents’ ability to meet children’s needs and is value for money and CYPP Focus Area 5A: Integrate early help for families.</p> <p>(2) CYPP Focus Area 5B: Support families with Level 3 (targeted prevention) needs</p> <p>(2) CYPP SS 2.1: Reduce numbers of LAC by building capacity around best practice for family interventions which work.</p> <p>(3) CYPP SF 1.2: Embed integration to improve services for users, impact and efficiency</p> <p>(3) CYPP SS 2.2: Reduce the incidence of family breakdown through effective, rapid response work and outreach services</p> <p>The combined result of (2) and (3) above will be that more families receive effective early help that prevents their problems from escalating to higher levels of need</p>

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<p>5. 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.). (1)</p>	<p>(1) CYPP HL 1.1: Promote healthy weight, healthy eating, and active lives. Roll-out of the Making Every Contact Count scheme will increase the skills of frontline staff to deliver advice and interventions around healthy lifestyles. Partnership work with district councils to develop community initiatives to promote physical activity and healthy eating, and services to address children identified as being of an unhealthy weight via the NCMP.</p> <p>(1) CYPP HL 1.2: Support new parents for a confident start in family life [e.g. breastfeeding support, smoking cessation during pregnancy]. Specific projects include work with children’s centres to increase breastfeeding duration and Healthy Start uptake, and multiagency work in Scarborough to address smoking in pregnancy rates.</p> <p>(1) CYPP HL 1.4: Improve sexual health of young people [also CYPP Focus Area 4: Tackling Risky Behaviours]. Specific actions include a review and re-commissioning of sexual health services for young people</p> <p>(1) CYPP HL 1.5: Reduce alcohol and substance misuse [also CYPP Focus Area 4: Tackling Risky Behaviours]</p> <p>(1) CYPP HL 1.6: Keep focus on acute and additional health care priorities</p>

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			<p>(1) CYPP HL 2.1: Secure integration with new community health providers for best outcomes</p> <p>(1) CYPP HL 2.2: Maintain a strong public health programme for children and young people as a positive start to public health changes</p> <p>(1) NY Looked After Strategy 2013-15, Priority 2: health needs and access to appropriate health services {see also CYPP SS 2.3 Improve the Lives of Looked After Children, and CYPP Focus Area 1, Improving Outcomes for Looked After Children)</p>
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<p>6. 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>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>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>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 people have better mental health.(1)</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> <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. (2)</p>	<p>(1) CYPP HL 1.3: Support and promote good mental and emotional health. The specific CYPP HL 1.3 actions are:</p> <ul style="list-style-type: none"> Engage with commissioning changes to achieve mental and emotional health services that provide a comprehensive CAMHS offer across each level of need Jointly evaluate CAMHS commissioned services to improve integration, prevention and targeting Work with health colleagues to improve transitions for young people moving from CAMHS to adult mental health services Achieve greater integration across emotional and mental health services, social care and health visiting Better identify parents or those in caring roles with mental health issues to enable appropriate support <p>In addition, the CYPP includes other actions around mental health and well-being, including:</p> <p>(1) CYPP GS 2.5: Support schools and settings in ensuring that children and young people grow up happy and healthy in safe communities.</p> <p>(1) NY Looked After Strategy 2013-15, Priority 11: psychological and therapeutic support, including timely</p>

<p>6. Emotional and mental wellbeing (page 2 of 2)</p>		<p>People of all ages know they have a safe haven to go to if they feel under threat (3)</p> <p>People who use services and their carers find it easy to find information about services. (4)</p>	<p>access to CAMHS where required. Priority 10: grow confidence and self-esteem</p> <p>(2) CYPP ES 1.4: Secure consistent and equitable provision of accommodation for vulnerable young people [also CYPP Focus Area 3: Teenagers with Multiple Vulnerabilities]</p> <p>(3) CYPP SS 1.1: Provide safe environments for all children and young people</p> <p>(4) CYPP PC2.1: Parents have access to good information, advice and guidance</p> <p>(4) CYPP PC 1.3: Young people retain high quality information, advice and guidance</p>
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