



# North Yorkshire Joint Local Health and Wellbeing Strategy 2023–2030

For all residents of North Yorkshire to have a fair chance of living a fulfilling life, free from preventable ill health, 'adding years to life and life to years'.

**DRAFT POST-CONSULTATION (April 2024)**



# Foreword

In developing our strategy, we have reviewed data, evidence and research and listened to what local people have told us matters to them. The impacts of the global COVID-19 pandemic as well as climate change and the cost of living are affecting the health and wellbeing of people in North Yorkshire. We know that different communities face different challenges, for example in our rural and coastal areas, and that working together with other organisations locally plays an important role in responding effectively to these. We also know that there are differences in health outcomes for different groups in our population.

In response to this, we have identified three priorities of:

- **Prevention** - we will improve the health and wellbeing of all our residents by concentrating on the big actions that will make the most difference to our population
- **Place** - where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.
- **People** - we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need.

Our priorities focus on issues where there are opportunities for partners to work together to have a real impact on health and wellbeing outcomes for people of all ages, to provide children with the best start in life and to reduce health inequalities. We know that this strategy will also influence the priorities and actions of individual organisations in North Yorkshire.

As a Health and Wellbeing Board, we will build on our history of working together as partners with local communities to respond to the current and future challenges facing our population. Together we will improve people's health from childhood to later-in-life across North Yorkshire.



**Councillor Michael Harrison** *Executive Member Public Health and Adult Social Care  
Chair of North Yorkshire Health and Wellbeing Board*



**Amanda Bloor** *Chief Operating Officer, Humber and North Yorkshire Health and Care Partnership  
Vice Chair of North Yorkshire Health and Wellbeing Board*

## What we want to achieve through our Joint Local Health & Wellbeing Strategy

*For all residents of North Yorkshire to have a fair chance of living a fulfilling life, free from preventable ill health, 'adding years to life and life to years'.*

To achieve this ambition, the Health and Wellbeing Board wants everyone - and in particular the **wider health and care system** - to:

### Think Prevention

In North Yorkshire, we will improve the health and wellbeing of all our residents by concentrating on the big actions that will make the most difference to our population

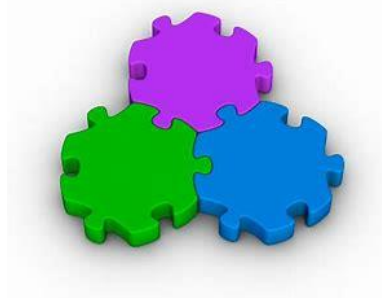
### Think Place

In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life

### Think People

In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need

There are lots of links between **Prevention**, **Place** and **People**; we will work together to connect our actions so that we can tackle health inequalities as effectively as possible.



Our **cross-cutting themes** act as a focus for the Health and Wellbeing Board to develop our role as leaders in the wider health and care system, and collectively make a difference:

**Workforce & employment opportunities**

**Digital inclusion and innovation**

**Making best use of our resources**

**Accessibility of services and communication**

**Joining up our coproduction and engagement**

# Introduction

## What is the Joint Local Health and Wellbeing Strategy?

Each local area must have a Joint Local Health and Wellbeing Strategy which sets out the priorities identified within its Joint Strategic Needs Assessment (JSNA) that local government, the NHS and other partners will deliver through its Health and Wellbeing Board.

The overall ambition of the **North Yorkshire Health and Wellbeing Board** is to reduce the gap in life expectancy, increase years of healthy life expectancy and reduce differences between health outcomes in our population. **We want to add years to life, and life to years.**

This is our third Joint Local Health and Wellbeing Strategy. It builds on our previous strategies and sets out priorities for action over the next 7 years.

Our priorities focus on issues where there are opportunities for partners to work together to have a real impact on **health and wellbeing outcomes** for people of all ages, to provide children with the best start in life and to reduce **health inequalities**.

We will work collaboratively as a partnership and with our communities to deliver these priorities.

**You can find a short explanation of the words in orange at the end of this strategy.**

## What do we mean by health inequalities?

**Health inequalities** are avoidable, unfair and systemic differences in health between different groups of people. They are created by the conditions in which we are born, grow, live, work and age. We all have some influence over our own health through the lifestyle choices that we make, but the conditions we live in and whether we have fair access to services will have a much greater impact. These factors are often referred to as the **building blocks of health**, or **wider determinants of health**:

- Where we are born
- The amount of money we have
- The quality of our education
- Where and what we do for work
- Connections such as digital and social networks
- Where and how we play and exercise
- Where we live
- The food we eat
- Healthcare

### People's views of health inequalities

Members of the public from different walks of life spoke to researchers about what health inequalities mean to them. **Watch the video [here](https://sites.google.com/nih.ac.uk/unfairstudy/outputs/resources)** (<https://sites.google.com/nih.ac.uk/unfairstudy/outputs/resources>)

*"The health difference across the country matters. What's on the map is unfair."*

*"You shouldn't have to learn a system in order to know best how to use it."*

*"Respect, accept and value all people, regardless of how we look or where we live".*

*"Decision-makers should involve communities in the beginning, middle and end of decision-making, recognising their strength."*

## What does health and wellbeing look like in North Yorkshire?

North Yorkshire is a great place to live in lots of ways, with beautiful countryside, vibrant market towns and active communities. Most people in North Yorkshire live relatively healthy lives, and average life expectancy for both men and women is higher than the England average. However, it's not the same for all - some groups of people are less healthy and die sooner, from illnesses which we can prevent.

There are also areas where life expectancy is worse, particularly in Scarborough, but also in parts of Selby, Harrogate and Richmondshire. The gap in life expectancy between our most deprived and least deprived wards can be as much as 11 years for men and 10 years for women.

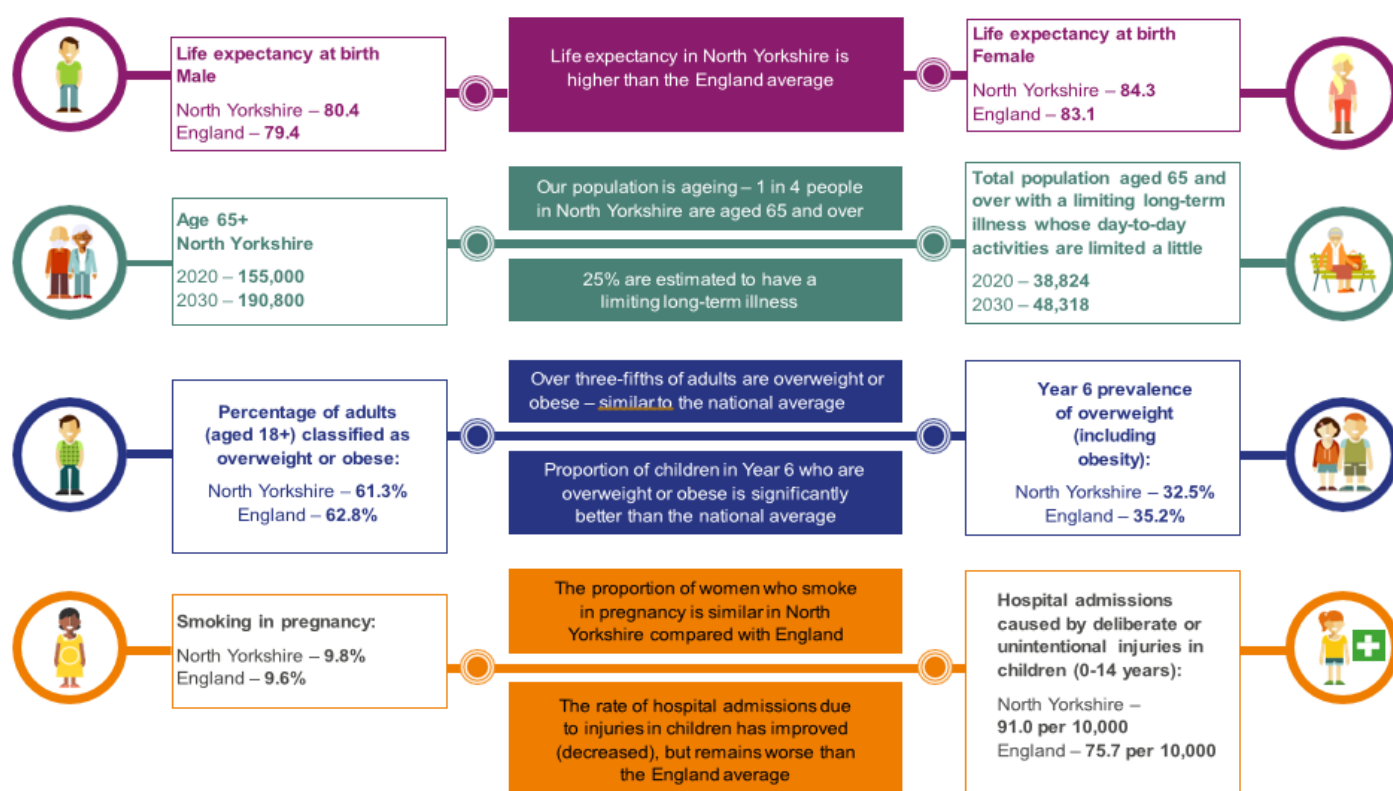
We also know that there are inequalities within wards, and even within streets, including in areas that are not considered 'deprived'. The action we take through this strategy is about reducing these differences.

We serve a total population of 615,400 people with 153,800 people (25%) over the age of 65 years. With projected trends and inward migration of older people to the area, we expect this figure to increase to almost a third by 2035; this is higher than the national average. We will also see an increase in the prevalence of conditions often associated with older age such as falls and dementia.

The actions in this strategy will help us to focus on preventing and delaying the impacts of some of these conditions, improving quality of life and maintaining people's independence for as long as possible.

You can find more facts and figures about health in North Yorkshire here:

[www.datanorthyorkshire.org/](http://www.datanorthyorkshire.org/)



## How we have developed this strategy

To develop this strategy, we looked at what the data was telling us about health in North Yorkshire. We reviewed the progress that had been made under our previous strategy, and we worked with partners to understand what was most important for them. You can find out more about our partners and priorities in the appendix.

We considered the impact of the COVID-19 pandemic on people's health and what we know about this so far, and we also looked at the cost of living crisis and what this meant for people's ability to live healthily.

We looked at what people had told us through engagement during and since the pandemic, to understand their experiences and views of health and social care, and wider health and wellbeing. Although this brought in a wide range of voices and communities across North Yorkshire, some were less well represented – in particular, those groups who experience the poorest health outcomes, including Gypsy, Roma, Traveller and Show communities, refugees, asylum seekers and homeless people. Reaching these groups is a priority for this strategy.

In North Yorkshire, our engagement review showed that the cost of living is a concern for all ages, with people sharing worries about money, the impact on mental health, and on physical health if not able to afford to keep homes adequately heated, the choice for some of 'heat or eat', affordability of travel, and young people worried about their parents struggling. This was reinforced in the feedback from our consultation on the draft strategy. People also told us what was important to them to be able to stay healthy and well, including access to healthcare, physical activity, green spaces and social connection.

The impact of the COVID-19 pandemic on people's health and wellbeing has been immense, and it will take many years for the full scale of this to be realised. You can find out more about the impacts of the pandemic in the **North Yorkshire Director of Public Health Annual Report 2021-22**

<https://www.nypartnerships.org.uk/dphar2022>



## Introducing our strategic priorities

### The links between Prevention, Place and People

If the **place** we live in has good housing, access to green spaces, transport, education and employment opportunities, this helps **people** to live well and **prevent** ill health.

However, some **people** who experience the poorest health outcomes live in our most deprived **places** and are more likely to experience some of the population health major conditions that we want to **prevent** – for example, chronic respiratory disease.

Although we have separate sections in this strategy for **Prevention, Place** and **People**, we know that there are lots of links between them. By making sure that we connect up our work across the system, it will be more effective and result in better outcomes for people in North Yorkshire.



### Core20PLUS5

The NHS Core20PLUS5 is a national approach aimed at reducing healthcare inequalities at both national and local level via targeted action.

It concentrates on the most deprived 20% of the national population (Core), the groups that experience poorer than average health outcomes (PLUS), and 5 specific clinical areas (5).

The Core20PLUS5 approach underpins our strategy, and is in turn strengthened by the strategy's focus on the building blocks of health; putting both together, we can ensure a more robust and joined-up response to health inequalities.



Think people

Think place

Think prevention



For more information about Core20Plus5, please see the following links for children & young people: [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#) and for adults: [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

# Think Prevention

**In North Yorkshire, we will improve the health and wellbeing of all our residents by concentrating on the big actions that will make the most difference to our population**

## What does this mean?

North Yorkshire people are healthier, and live longer, than the average for England. But there is still work to do to reduce the number of people affected by conditions that, by everyone working together, can be prevented or delayed. **The national 'Major Conditions Strategy: case for change'** shows that in most instances, poor health arises from living with at least one of 6 major health conditions: cancer, heart disease, musculoskeletal disorders, mental ill-health, dementia and respiratory diseases. Together, these conditions account for over 60% of ill health and early death in England. **One in 4 adults has at least 2 health conditions.**

Many of these illnesses can be prevented where people are able to live healthy lives, underpinned by effective prevention services/interventions that start in pregnancy and childhood, for example the Healthy Schools Award Programme, and various other

initiatives within schools and Early Years settings. Investing in prevention can protect individuals and their health by improving their quality of life and extending healthy life expectancy.

Activities focussed on prevention are also beneficial to wider parts of the economy such as helping to increase productivity through reduction in sickness absence and lowering costs by reducing the need for hospital care and medical treatment.

We want **the healthy choice to be the first choice** for people. For this to happen people need the skills, opportunities and motivation to take action, supported by a healthy environment and with access to good services. Skills should first be taught to our youngest residents in schools, promoting good nutrition, active lifestyles, and resilience and wellbeing. They will take these skills with them through to the next generation.

*Placeholder for healthy schools photo*

## Why does it matter?

Many health conditions affect a wide proportion of the population; heart disease, stroke and cancer account for the greatest proportion of deaths within North Yorkshire. 61% of adults are classified as overweight or obese, and in year 6 aged children, the proportion that are overweight or obese is 34%.

More worrying, Reception Year children have higher levels of excess weight than the national average. Although smoking prevalence in North Yorkshire is lower compared to England, in some areas it is higher than the England average.

The rate of hospital admission for alcohol related conditions is worse than the England average. We also need to consider the number of young people starting vaping and then work with partners to reverse this trend.

As we see an increase in the numbers of older people we will also see an increase in falls, frailty and other conditions often associated with old age. Organisations will need to work together to plan services to meet this future demand whilst at the same time focusing on prevention.



## What people have told us

Concern about timely access to GP and other health appointments came through as a particularly strong theme in our review of engagement, and people said that it affected their health and their ability to manage long-term conditions. Another strong theme was about both children's and adults' experiences of mental ill-health and problems getting support. We know there are significant concerns around access to autism assessment and support for both children and adults, but with children, this has impacts on education that may be lifelong. Many of the issues mentioned in People and Place are also relevant here, including availability of

accessible public transport and what people need for their area to be a healthy place to live. By addressing these barriers, prevention interventions are more likely to succeed.

Access to health care was also a key theme from the consultation on the draft strategy, alongside feedback on what people need to stay healthy, including affordable physical activities, access to green spaces, social connection and support for families.



## What we are going to do

- Develop our local response to the national **Major Conditions Strategy (2023)** including:
  - Supporting the **mental health and emotional wellbeing of children** and families, with a focus on those in our communities who have been hit the hardest by the pandemic as evidence on this emerges;
  - Tackling issues which cause health inequalities and make it harder for **people with poor mental health to stay well**. These include employment, loneliness, discrimination, debt and housing;
  - **Preventing the onset and reduce the impact of cardiovascular disease (CVD)** by identifying those at risk earlier, focusing on prevention and improving the management of CVD health conditions.
- Focus on **prevention** to reduce the risk of people developing long-term conditions by:
  - Continuing to **reduce smoking levels** in North Yorkshire, working towards our aim of achieving 'smoke-free 2030';
  - Continuing the successful partnership approach of the **Healthy Weight Healthy Lives** strategy, developing our whole system transformational approaches to physical activity and access to healthy food.
- Implement the new national **Modern General Practice** model to support **recovery of access to primary care** in communities. This will support the continuing growth in the number of appointments available in GP Practices.
- Improve **quality and efficiency of patient pathways** across health and social care to free up bed capacity in hospitals, by:
  - Providing **good access to primary care and urgent care** to reduce the need for admission into a hospital bed and reducing the average length of stay in a hospital bed through timely and safe discharge back home or to suitable community-based care;
  - Delivering **quality healthcare through innovative models** eg virtual wards and a new intermediate care model including improvements in triage, assessment, discharge, reablement and community-based care and support;
  - Developing a multi-agency programme of work around **falls and frailty**;
  - Reducing long waits for care and treatment in line with the NHS long term plan and joint forward plans of the ICBs, with a focus on prioritising clinical need.
- Improve uptake of **NHS health checks**, screening and immunisation programmes.
- Implement the **North Yorkshire Sexual, Reproductive Health and HIV strategic framework**, working across the system to deliver the associated action plan.

- In line with our transformation plan, continue the ICB programme of investment in access to NHS dentistry, and use population health data to direct dental funding to the areas of most need to help reduce inequalities.
- Develop robust, flexible commissioning strategies to enable a wider range of dental services including community dental services, intermediate minor oral surgery, referral management service, urgent dental care and dental checks in special educational need schools.
- Implement the [Age Friendly Communities framework](#), co-producing actions with the [North Yorkshire Age Friendly Network](#)
- Continue to develop a network of **Community Anchor Organisations** to support individuals, groups and agencies in around 30 local geographies to contribute to prevention goals and reduce health inequalities - making local voices easier to hear, improving social connection, growing volunteering, running community activities or services and developing local solutions to local needs.
- Strengthen the health and wellbeing offer in local libraries including social connection, volunteering opportunities, activities, information & signposting, literacy and digital connection.
- Further develop our partnership approach to the **prevention of seasonal health issues**, including adverse weather planning, heatwaves and climate change, fuel poverty, and prevention of excess winter deaths.
- Improve our approach to **Community Infection Prevention & Control** to support health protection in frontline services across the system.
- Develop a local response to the national **Suicide Prevention Strategy**.
- Ensure that **parents have the pre and post-natal support they need:**
  - Continue to ensure our Health Visitors provide appropriate support to every family, stepping up care where appropriate and ensuring that women have the right help in the first few years of their child's life;
  - Continue to promote breastfeeding friendly venues and expand breastfeeding peer supporters;
  - Continue to work together on perinatal mental health services;
  - Support local communities to provide parent and baby groups for peer support;
  - Close strategic working between children's services and the Integrated Care Boards.
- Continue to explore funding initiatives to provide **affordable activities** for children, young people and their families.
- Continue to focus on improving children and young people's **mental wellbeing and resilience** via:
  - the **Healthy Schools Award** Programme and other school initiatives;
  - work with school safeguarding leads around **online safety, peer relationships and mental health and wellbeing**.
- Continue our **health surveillance** to act on those health issues we have identified as being of concern **for children and young people**, including:
  - Childhood admissions from unintentional injuries;
  - Childhood unhealthy weight;
  - Drug and alcohol admissions.
- Maintain the **downward trajectory of unplanned pregnancies in under-18's**, with a sustained focus on Scarborough with higher than England rates.

# Think Place

**In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.**

## What does this mean?

We know that where we live is important: our access to services, education, homes, supportive networks, employment, green spaces, activities and leisure opportunities affects how healthy and happy we are. We also know that connected and empowered communities will contribute to healthier, happier and flourishing societies, and we want the people of North Yorkshire to be able to actively participate in their locality and feel a strong sense of belonging.

Social, economic and environmental factors interlink to create communities in which we should all be able to thrive. Tackling these building blocks of health can help make significant improvements to the quality of life of all our communities, at both a county level and a neighbourhood level.

We understand that one size doesn't fit all - we believe that thinking about Place in this way provides a unique opportunity to build on community strengths and make a difference to people at a local level, which will then contribute to health improvements at a population level.



## Why does it matter?

North Yorkshire is the largest county in England by land area, and its geography ranges from rural to urban and coastal. Eighty-five percent of the county is classed as very rural or super-sparse. This diversity brings many opportunities for quality of life for our communities and for visitors, but also challenges, particularly around delivering consistent and accessible services, affordable homes and access to high-quality education and employment across the area.

The county is relatively prosperous but there are pockets of very high levels of deprivation, particularly in Scarborough town and Whitby. Life expectancy at birth for men and women in North Yorkshire is generally significantly higher than the England averages. However, as we describe in the introduction to this strategy, at the local level life expectancy across the county varies widely.

As highlighted in the [Chief Medical Officer for England's Annual Report 2021](#), coastal communities include many of the most beautiful, vibrant and historically important places in the

country. They also have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. There is a 15 year difference in life expectancy for males between the ward with the lowest overall life expectancy (Castle ward, Scarborough district) and that with the highest overall life expectancy (Ripon Minster ward, Harrogate district).

The Index of Multiple Deprivation (IMD) 2019 highlighted 24 neighbourhoods in North Yorkshire that fall within the most deprived quintile in England, 20 of which are concentrated in Scarborough town and Whitby.

The final report of the independent [North Yorkshire Rural Commission \(2021\)](#) noted the beauty of spacious countryside and opportunities for thriving rural communities, but highlighted problems including a lack of affordable housing, poor public transport links and a huge issue with digital connectivity for both mobile and internet coverage.

## What people have told us

In our engagement review, we heard about the importance of place for good health and wellbeing. People said that for good health, they needed affordable public transport; accessible, inclusive and affordable opportunities for exercise, including being in nature; supportive communities and networks. Public transport came through as a key enabler for many of the building blocks of health, and a big concern for people. The geography of North Yorkshire was also highlighted, and in particular the reduction of specialist health care in local areas due to the concentration of specialisms in larger urban areas. For children and young people, what matters to them at all ages is their family, friends, environment

and having something to do - this is shown in our [Director of Public Health Annual Report 2023](#) focussing on children & young people.

These themes also came through strongly in our consultation on the draft strategy .



## What we are going to do

To build our stronger, fairer and greener places, we will focus on five key actions for Healthy Places: community, homes, food, spaces and movement – and no-one left behind:

### Community: we will -

- Ensure that local areas are designed to enhance people’s mental and physical health, and involve local people via **neighbourhood planning**.
- Develop approx. **30 informal local Community Partnerships**, predominantly around our market town footprints, and support their focus on prevention and reducing inequalities, in particular offering help to progress any local action plans which have identified health and wellbeing as a local priority.
- Support **voluntary, community and social enterprise (VCSE) sector** organisations to sustain and grow opportunities to reduce inequalities, and improve the wellbeing and social connectedness of people of all ages.
- Develop opportunities for **communities** across North Yorkshire to have **greater control in leading change** that positively impacts health and wellbeing, and builds resilient, connected communities.

### Homes: we will -

- Influence healthy design in the **Housing Strategy** – including work to improve quality of housing, increase energy efficiency of homes, increase adaptable and affordable homes and homes which are flexible for the needs of specific groups.

### Food: we will -

- Focus on improving **food infrastructure and the local food environment**, taking a whole system approach that looks to provide accessible, sustainable and nutrient dense food, from food production to distribution, nutrition, consumption and food waste disposal:
  - Develop the first **North Yorkshire Food Strategy** by end of 2024;
  - Focus on developing an **Eatwell culture** starting with access to good food and education in schools through to affordable and diverse access in communities, and acting on recommendations from food insecurity research and insight project;
  - Work with **farmers and producers** to support access to nutrient-dense food.
- Influence healthy design in the **Economic Growth Strategy** - enhance the growth of local economies by using the approach as set out by the [PHE 2021 Inclusive and Sustainable Economies: no-one left behind](#).



### Spaces: we will -

- Influence healthy design in the **North Yorkshire Local Plan** - we will prioritise the design of places to improve health and wellbeing; ensure developments do not adversely affect health; and use planning to promote creation of healthy places which make healthier choices easier.
- Enable our **Local Care Partnerships** to lead the design of local integrated health and care services across the county.
- In addition to the above actions, take opportunities to **design environments that include:**
  - **High-quality, climate-resilient natural environment and streetscape**, for example increasing street tree planting and urban greening;
  - **Improving indoor and outdoor air quality** to reduce air pollution-related impacts;
  - **Neighbourhoods that are complete and compact**, with enhanced connectivity through walkability and accessibility.
- Influence healthy design in the **Community Safety Strategy** (due for refresh in 2024) – look for opportunities for the design of places to enhance safety and support community safety priorities.
- Reduce health inequalities in **rural and coastal communities** with an initial focus on:
  - Improving **data and research** into those communities;
  - Increasing **health and care workforce in coastal communities** working with partners in the academic sector;
  - Building on the work of the **North Yorkshire Rural Commission** to address access issues for health and care;
  - Developing innovative models for **domiciliary care in rural areas**, including care built on community strengths.

### Movement: we will -

- Influence healthy design in the **Local Transport Plan** - we will ensure links to Local and Strategic Transport Plans where possible with the aim of providing Active Travel infrastructure; prioritising active travel and safe road use; enhanced accessibility for all ages; improving and creating rural solutions for public transport.
- Physical activity – **develop the new sport and active well-being approach** following the Council's strategic leisure review including:
  - services that complement wider community activity, and create opportunities for **active well-being for all** across our diverse geography;
  - make best use of **open spaces & natural environments**;
  - create evidence based approaches to **tackle major health conditions** (such as weight management, falls prevention, cancer prehab);
  - support **inclusive & accessible activity** for those who find it hardest to participate.

### In addition, we will:

- Make sure that all partners have a **shared understanding** of what is meant by a **place-based approach**, by agreeing together our vision and principles for healthy, happy places, and change the way that we **communicate about the building blocks of health** to increase public and partner understanding.
- Maximise the opportunities to improve the health and wellbeing of our population through the **devolution deal** for North Yorkshire and York which will support economic growth and strategic infrastructure.

# Think 'People'

**In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need.**

## What does this mean?

For many people North Yorkshire is a great place to live a healthy life, and the joint action we take under this strategy will help to sustain this, building on community strengths. Our aims and actions for Think Prevention and Think Place will benefit all our communities.

However we know that there are people within our communities for whom it is much harder to live a healthy lifestyle and to access

the right services to prevent ill health. We also know that some people will experience additional barriers – for example, ethnic minority people, disabled people, women and LGBTQ+ people.

By concentrating on areas and population groups where the inequalities are greatest, we will start to close the gap on inequalities and have the biggest impact.

## Why does it matter?

Some groups of people across North Yorkshire can experience multiple overlapping risk factors for poorer health, such as trauma, poverty, violence and discrimination. This leads to extremely poor health outcomes - often much worse than the general population, lower average age of death, and greater health inequalities. We want to work together to address this.

We will focus on people who are in at least one of these groups:

- experience poor mental health and/or mental illness;
- have learning disabilities;
- are autistic;
- are older people living on low income and/or with multiple health conditions;
- experience homelessness;
- experience drug and alcohol dependence;
- have experienced adversity or difficulty in their childhood;
- are vulnerable migrants, refugees and asylum seekers;
- live in Gypsy, Roma, Traveller and Show communities;
- are sex workers;
- experience the justice system;
- are victims of modern slavery;
- military community or veterans.

Individuals in these groups tend to die younger than the rest of the population and in some of the groups, much younger. For example, the average mortality rate for homeless individuals, prisoners, sex workers and people with substance misuse disorders is between 9 and 15 times higher than the wider population for women and between 5 and 11 times higher than the general population for men. *Source: OHID Spotlight.*

Women spend a significantly greater proportion of their lives in ill health and disability when compared with men. While women make up 51% of the population, historically the health and care system has been designed by men for men. *Source: Women's Health Strategy, 2022*

There will also be differences in needs within these groups (for example between men and women, through age or culture), so we must understand these differences.



## What people have told us

In our engagement review, we heard that for some people there are more barriers to access health care because of who they are. This included concerns that services lacked awareness of how to support LGBTQ+ people, unreliable access to interpreters for refugees and migrant families, poor availability of accessible information and communication particularly for disabled people, and worries about being stigmatised or viewed negatively because of their identity or conditions. Older people have reported feeling excluded from health and other services due to the focus on digital technology.

In our consultation on the draft strategy, people said that they needed accessible health and care services, community facilities and information. We heard about the importance of good support for families, and improved access to mental health support. We also heard about the impact of financial exclusion on physical and mental health.



## What we are going to do

- Work together to understand more about who and where our **priority groups** are in North Yorkshire, and their barriers to living healthy lives. Use this to develop a framework to support services to **address these barriers in design and delivery**.
- Identify specific actions to support **improved health outcomes for key groups** of people through refreshing our joint strategies for autism, carers, dementia, substance use, mental health, Special Education Needs & Disabilities (SEND).
- Strengthen how we work with **particular communities** to support improving their health outcomes, for example refugee, asylum seeker and migrant communities and Gypsy, Roma, Traveller and Show communities.
- Review and improve how we work together to support people with **complex life circumstances**.
- Work together more closely across partners to better **coordinate our responses to financial inclusion for those most in need**, including our work on:
  - affordable, good quality and well- insulated housing;
  - access to affordable food;
  - cash and non-cash based benefits;
  - transport;
  - sports, leisure and wellbeing activities.
- In response to the national 10-year Women's Health Strategy, continue to develop a North Yorkshire approach to **improve the health of women and girls** to reduce the disparities that currently exist.
- Implement a programme of work around **healthy ageing** which includes a focus on reducing inequalities and improving outcomes, particularly in areas where there is a higher proportion of older people.
- Work together across partners to **improve and transform mental health support** and services for adults.
- Work together across the health and care system to improve **waiting times** for assessment and access to services.
- **Transform the care market** with a focus on rural and coastal areas, dementia and working age people with complex life circumstances. Work across the health and care system to support providers with workforce development initiatives.
- Develop our **specialist housing offer** including Extra Care, Supported Housing and Supported Living to address shortages, particularly for working age people with care and support needs, guided by a new housing framework and in partnership with Housing and Care Providers

- Strive to enact the recommendations set out in [The Best Start for Life Programme](#).
- Promote and support **mental and physical health in pregnancy** to ensure that our children have the best start in life, including support for parents who may need extra help with their mental and physical health, parenting and the rising cost of living.
- **Support the most vulnerable families** with the **cost of living**, ensuring they are enrolled in schemes for which they are eligible, eg:
  - Free school meals;
  - Healthy Start Scheme;
  - Government-funded childcare;
  - Work with schools to poverty-proof the school environment.
- Initiate a programme of **children and young people's mental health transformation** to ensure that all organisations involved are connected and communicating as an effective system, so that young people receive the right support in the right place at the right time.
- Promote this system of **mental health and wellbeing** around a flexible, asset-focused, needs-based programme of support, in the knowledge that appropriate input will be advised no matter the organisation where concerns are first raised.
- Support children and young people to be **school ready** and continue to maximise their life chances through continuing to **access education and training**.
- For those young people most at risk, in the care system, ensure that the Council's responsibilities as **corporate parent** provide holistic support for the building blocks of health.
- Collectively examine, with our partners, the **children & young people's priorities** for North Yorkshire and determine which are best tackled more locally and which are best tackled at a regional level to make the best use of all our resources.
- Continue working together to **safeguard people of all ages** across the health and care system.

# Cross-cutting themes

From our discussions with partners and our engagement work, we have also identified some cross-cutting themes where we believe we have an opportunity to collectively make a difference to our communities and organisations. These themes will be important to our work under our priorities of Prevention, Place and People. For each of these themes, we also want to make sure that we share knowledge and learning to enhance our effectiveness.

As a Health and Wellbeing Board, we will have a programme to develop our role as leaders in the **wider health and care system ("system")** on the following issues:

## **Workforce, employment and volunteering opportunities**

As a **system**, show leadership in providing employment and volunteering opportunities for people who experience barriers to employment, including those who live in areas of deprivation, disabled people, young people with Special Educational Needs and people from our priority groups.

We also acknowledge the important contribution the workforce makes to delivering the improvements in this strategy and will equip them with the skills and knowledge they need for their roles and to work with others across the system.

## **Accessibility of services and communication**

As a **system**, ensure that our services and communication channels are accessible to everyone, and in particular make improvements for disabled people and others who may experience barriers to access, making reasonable adjustments to support this. Work with representative groups and communities to identify barriers to access and practical solutions. Improve communication between services and information about services so it is easier for people to get the help they need. Reduce complexity and remove duplication across the system.

## **Making best use of our resources**

As a **system**, we acknowledge the pressures facing each organisation so we will work together to make best use of our collective resources (our people, our finance, our buildings, our research, data and intelligence) to deliver the strategy together. Efficient use of these resources will avoid duplication, maximise impact at a community level and enable delivery at scale where appropriate.

## **Digital inclusion and innovation**

As a **system**, act to reduce digital exclusion and enhance the opportunities provided by digital innovation. Ensure that our digital innovations are as accessible as possible, working with communities to test this, and ensuring that people who cannot access digital options do not receive a lesser service.

In our health services, embed digital innovations to support admission avoidance, improve discharge and support digital pathways of care.

In social care, embed digital innovations to support people to stay as independent as possible in their own homes and communities.

## **Joining up our coproduction and engagement**

As a **system**, collaborate on our coproduction and engagement work to ensure that we listen to and involve our communities as we implement this strategy, in particular by embedding excellent coproduction practice.

Create a better experience for our communities in the way we do this, with the aim of strengthening community relationships, reaching those who are under-represented and managing the demand on community groups (particularly socially excluded groups).

# Delivering our strategy

In North Yorkshire we have a strong working partnership across the health, social care and voluntary organisations who work with local people to prevent ill-health and deliver care. As a Health and Wellbeing Board, we are stronger together and recognise the commitment across the whole system to enable North Yorkshire to be a good place to live a healthier longer life.

The implementation of this strategy presents a powerful opportunity for North Yorkshire to create a partnership system for the future, building on previous success and momentum of the last strategy and the new developments of the health and care system and unitary council for North Yorkshire. This includes working at

## Our principles for how we will work collectively to deliver the ambitions of our new strategy

- We will focus on early intervention and prevention in everything we do starting with our youngest children;
- We will work with our local communities using an **asset based community development** approach to identify and support local solutions to improve health and wellbeing;
- We will work to address the building blocks of health that drive poorer health outcomes, for example transport, housing, and access to services;
- We will promote inclusion, recognising diversity and reducing inequalities;
- We will work with communities to develop a collective understanding of and responsibility for actively managing our health and wellbeing.

This short film from our neighbours in Leeds explains asset based community development: <https://www.youtube.com/watch?v=7ezvHZmkLA4>

## How we will keep track of our progress

Change can take a generation for some of these issues. We recognise that, so we also want to identify other ways we will monitor achievements and progress.

One important measure of our success will be reducing the number of years that people spend in ill-health and reducing unfair variation in this. Achieving this will require action over the long term. Our collective work on our priorities will contribute to this and we will track progress on each of them. We will ensure that our work is evidence-based and informed by research. This will be supported by Public Health intelligence and Population Health Management approaches, and by the new North Yorkshire Health Determinants Research Collaboration (HDRC). The HDRC will better identify the local social, economic and environmental factors that influence the health and wellbeing of our residents, and help partners to shape policies and interventions that promote health equity and reduce health inequalities.

the local community level with Local Care Partnerships and Community Partnerships.

The Health and Wellbeing Board will provide leadership and direction to the system and hold organisations, including Integrated Care Systems, to account on how they are delivering the priorities of the North Yorkshire Joint Local Health and Wellbeing Strategy through annual action plans. The Health and Wellbeing Board will also advocate at both regional and national levels for improvements which will benefit the health of North Yorkshire residents.

Another important measure will be what people say – the feedback that our communities give us about their experiences, their health and their wellbeing, and how involved they are in making the changes. We will continue to develop the ways that people can get involved in the work of the Board.

External scrutiny will provide additional rigour in the monitoring of our work together, including the new Care Quality Commission (CQC) Inspection of Adult Social Care and Integrated Care Systems, as well as existing inspection frameworks for health and care providers (CQC) and children's social care and education (OFSTED).

We will develop a delivery plan with ways to measure the difference we are making, and progress reports will be presented at the quarterly Health and Wellbeing Board Meetings, with information available to the public. In addition to this, the Health and Wellbeing Board will hold a spotlight session on each priority to examine progress in more detail through the year.



# Appendix 1

## Strategic landscape

In April 2023, the county council and seven district and borough councils in North Yorkshire became one council, making North Yorkshire Council one of the largest councils. The new unitary council delivers a wide range of local services which contribute to the health and wellbeing of people and places across the county, including housing, social care, leisure, community safety, economic development and planning. In addition, the new York and North Yorkshire Combined Authority launched on 1 February 2024: this new devolution deal for North Yorkshire and York will support economic growth and strategic infrastructure, benefiting the health and wellbeing of our population.

The planning of our local NHS services is now overseen by **Integrated Care Boards** (ICBs). The ICBs work together with all parts of the NHS, local councils and other partners to deliver joined-up care for people, in Integrated Care Systems.

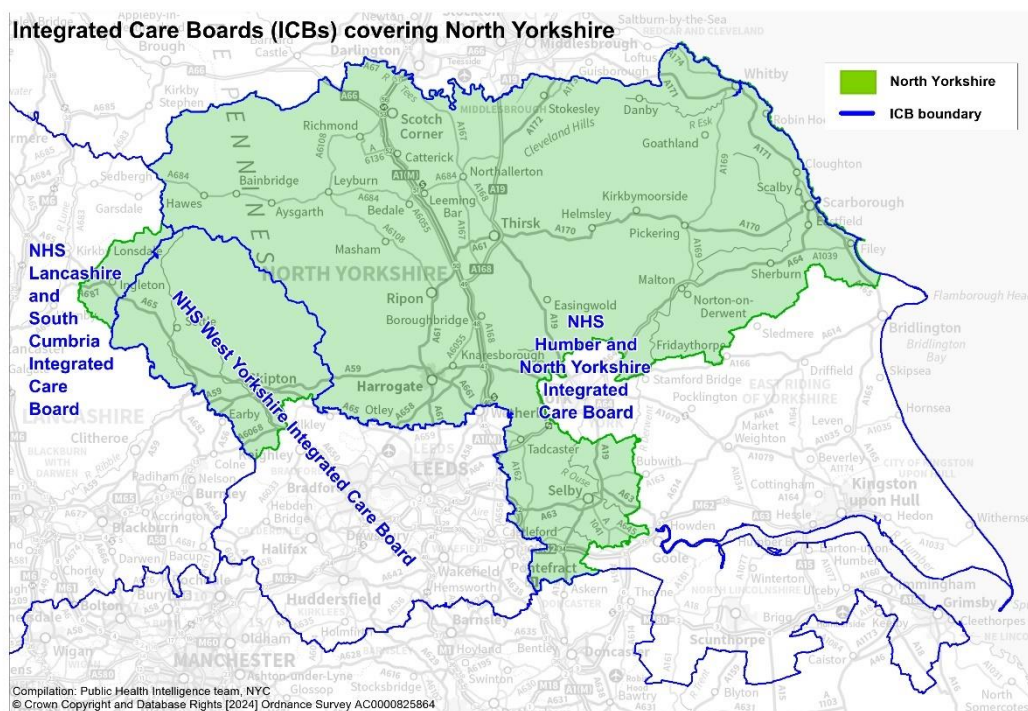
**Integrated Care Systems** (ICSs) are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. The two main Integrated Care Systems in North

Yorkshire are Humber & North Yorkshire Health and Care Partnership and Bradford District & Craven Health Care Partnership. They include NHS organisations, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations. We all play an important role in reducing health inequalities and improving population health and wellbeing in North Yorkshire.

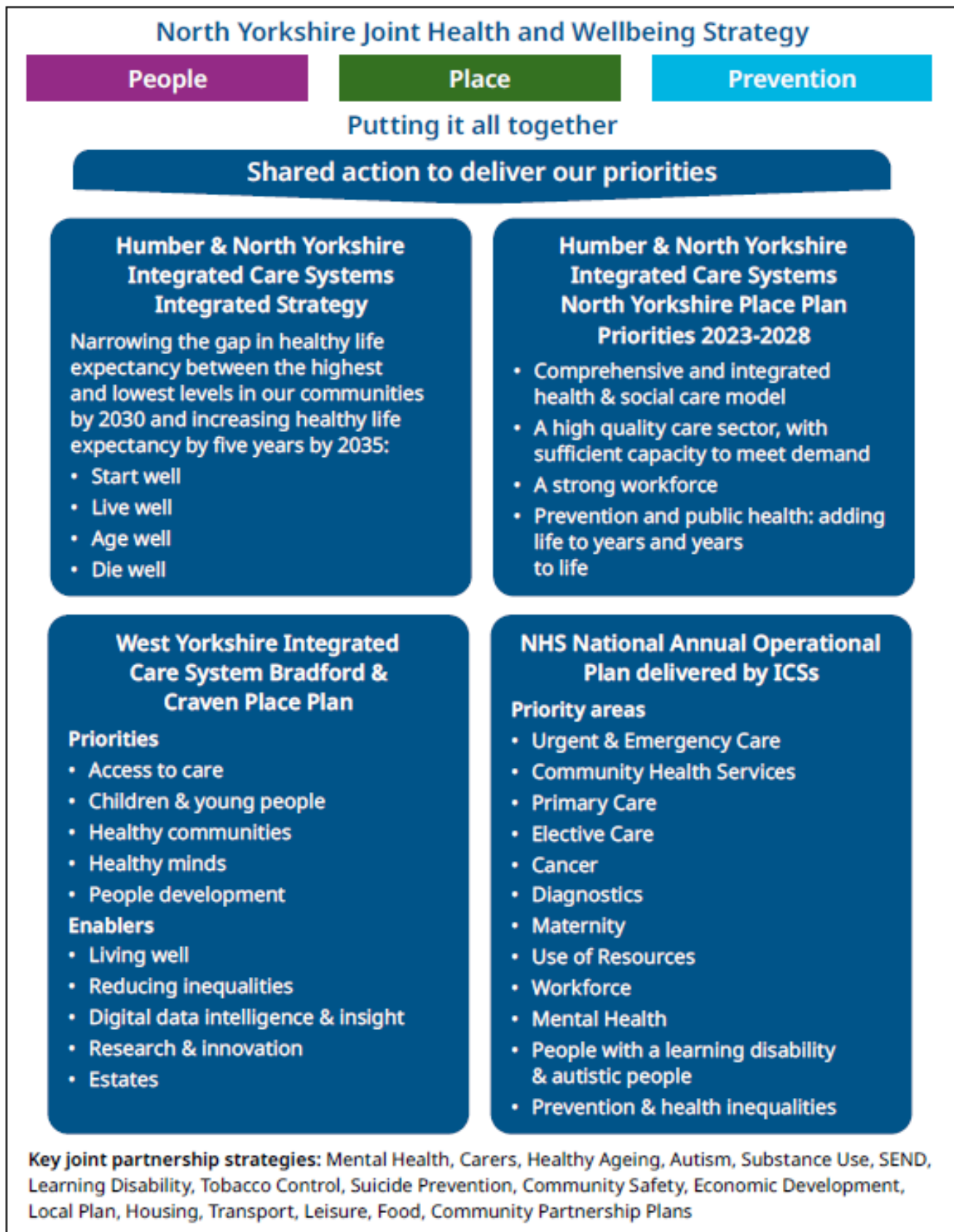
The establishment of North Yorkshire Council alongside the Integrated Care Boards provides new opportunities to work together with partners to transform local services to improve the health and wellbeing of people and communities.

Our Joint Local Health and Wellbeing Strategy has been developed in this context. It is both an expression of our shared commitment to delivering actions which add value through working together, and a clear set of priorities to influence the core work and focus of all partners.

The diagrams on the following pages describe how each major sector in our partnership contributes to the Joint Local Health and Wellbeing Strategy through both their individual priorities and collective action.



# The contribution of local health services to our joint health & wellbeing strategy





# The contribution of North Yorkshire Council to our joint health & wellbeing strategy

## North Yorkshire Joint Health and Wellbeing Strategy

People

Place

Prevention

Putting it all together

Shared action to deliver our priorities

### Council Plan 2023-2027

#### Health & Wellbeing Priorities

- People are supported to have a good quality of life and enjoy active and healthy lifestyles
- Reduced variations in health through tackling the root causes of inequality
- People can access good public health services and social care across our different communities
- People have control and choice in relation to their independence and social care support

#### Connected Priorities

- Place and environment; economy; people; organisation

#### Underpinned by Locality working

- Local services and access; local accountability, action & empowerment

### Children and Young People's Services (CYPS) Priorities

- Transformation of the Mental Health system with shared vision with partners around I-Thrive model
- Auto-enrolment in free school meals
- Continued surveillance to address emerging issues and trends for CYP
- Working with wider partners for the safeguarding of every child in North Yorkshire
- Ensuring high quality provision of services for Early Help, Safeguarding, SEND, Education and Transitions to Adulthood
- Delivery of 0 – 19 Healthy Child Programme through partnership
- Striving to enact the recommendations set out in the Best Start for Life Programme

### Health & Adult Services Plan

- Opportunities for everyone everywhere
- My time and experiences are valued
- My home, my community, my choice

#### Public Health Priorities

- Best start in life – for babies, children and young people
- People moving more – improving health and wellbeing through physical activity
- Healthy aging – ensuring that older people are able to age well
- Reducing health inequalities through health place shaping and targeted work with vulnerable groups/ communities
- Ensure measures are in place to protect the population's health
- Improve the mental health of our population
- Ensure the working age population have opportunities to live well
- Work with our NHS partners to maximise our joint effectiveness and impact on health outcomes
- Developing a centre for public health excellence including in research, training and behavioural science

#### Adult Social Care Improvement Priorities

- Waiting Well
- Reviews
- Direct Payments
- Carers
- Reablement
- Home First
- Complex Care

**Key joint partnership strategies:** Mental Health, Carers, Healthy Ageing, Autism, Substance Use, SEND, Learning Disability, Tobacco Control, Suicide Prevention, Community Safety, Economic Development, Local Plan, Housing, Transport, Leisure, Food, Community Partnership Plans

# The contribution of other key partners to our joint health & wellbeing strategy



# Glossary

<b>Wider health and care system / "system"</b>	All the organisations, community groups and so on that are involved in organising and delivering health and social care – broader than the NHS or the local council
<b>North Yorkshire Health and Wellbeing Board</b>	The North Yorkshire Health and Wellbeing Board is a statutory committee of North Yorkshire Council and provides a forum where political, clinical, professional and community leaders from across our health and care system come together to improve the health and wellbeing of our local population and reduce health inequalities.
<b>Health and wellbeing outcomes</b>	The difference made by actions to improve health and wellbeing. For example, more people take up regular exercise (action) which results in fewer people being overweight and reducing their risk of heart disease (outcome)
<b>Health inequalities</b>	Unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.
<b>Building blocks of health (also known as 'wider determinants of health')</b>	The wide range of social, economic and environmental factors that affect our health and wellbeing – the places we live, our education, the jobs we have, how much money we have, how connected or how isolated we feel. The difference in health outcomes are shaped by these factors and not just by individual genetics or behaviours. For example, having access to good quality housing, jobs, education and open green spaces can influence both your physical and mental health, and how long we live.
<b>Modern General Practice – new national model</b>	This model is part of the NHS's plan to recover access to primary care. It is a way of organising work in general practice that enables practices to: <ul style="list-style-type: none"> <li>• see all patient need, by providing inclusive, straightforward online and telephone access</li> <li>• understand all need through structured information gathering</li> <li>• prioritise and allocate need safely and equitably (including continuity of care)</li> <li>• make best use of other primary care services and the multi-professional team</li> <li>• improve the efficiency of their processes and reduce duplication.</li> </ul>
<b>Community Partnerships</b>	North Yorkshire Council is developing Community Partnerships to work in and with communities within North Yorkshire. Community Partnerships will connect with Local Care Partnerships.
<b>Local Care Partnerships</b>	Local Care Partnerships help to deliver the aims of the Integrated Care System at a more local level, working in and with communities.
<b>Devolution deal</b>	In England, devolution is the transfer of powers and funding from national to local government. It is important because it ensures that decisions are made closer to the local people, communities and businesses they affect. Each devolution deal is negotiated separately between ministers and local council leaders, but most deals devolve a core set of powers relating to transport, skills and economic development.
<b>Socially excluded</b>	Groups that: <ul style="list-style-type: none"> <li>• Are not consistently recorded in electronic systems (dropping through the system)</li> <li>• Experience stigma and discrimination</li> <li>• Have insecure housing, overcrowding or communal accommodation</li> <li>• Experience barriers in access to health care and other services</li> <li>• Have multiple poor health risk factors (poverty, violence, complex trauma)</li> </ul> Such factors lead to extremely poor health outcomes across physical and mental health.
<b>Asset-based community development (ABCD)</b>	ABCD focuses on a community's assets, capacities and abilities, rather than on needs, deficits and problems. In this way, communities work together to share skills, strengthen relationships and build on what is strong, not what is wrong.
<b>Integrated Care Board</b>	A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a specific area.
<b>Integrated Care System</b>	Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
<b>Modern General Practice</b>	The modern general practice model is a way of organising work in general practice that enables practices to: <ul style="list-style-type: none"> <li>• see all patient need, by providing inclusive, straightforward online and telephone access</li> <li>• understand all need through structured information gathering</li> <li>• prioritise and allocate need safely and equitably (including continuity of care)</li> <li>• make best use of other primary care services and the multi-professional team</li> <li>• improve the efficiency of their processes and reduce duplication.</li> </ul>

## Contact us

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