



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'.



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 local partnerships play 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:

- **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.
- **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.
- **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.

Our priorities focus on areas 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 improve people's health from childhood to later-in-life across North Yorkshire.



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Executive Member Public Health and Adult Social Care
Chair of North Yorkshire Health and Wellbeing Board



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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 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

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 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

We also want to think about **Putting it all together** – the links between our Ps.

To do this we will focus on:

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 areas 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 systematic 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 **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>)

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

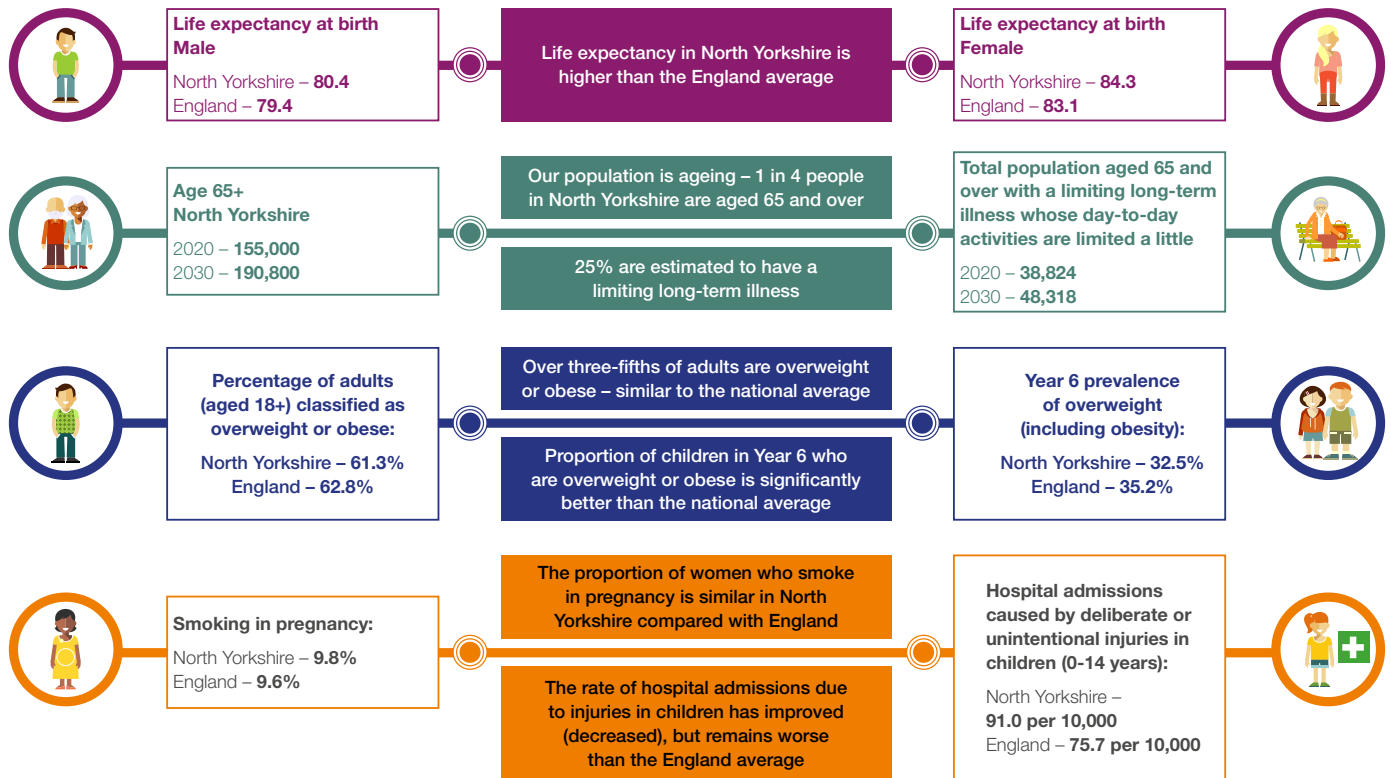
"You shouldn't have to learn a system in order to know best how to use it."

"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 that are preventable.



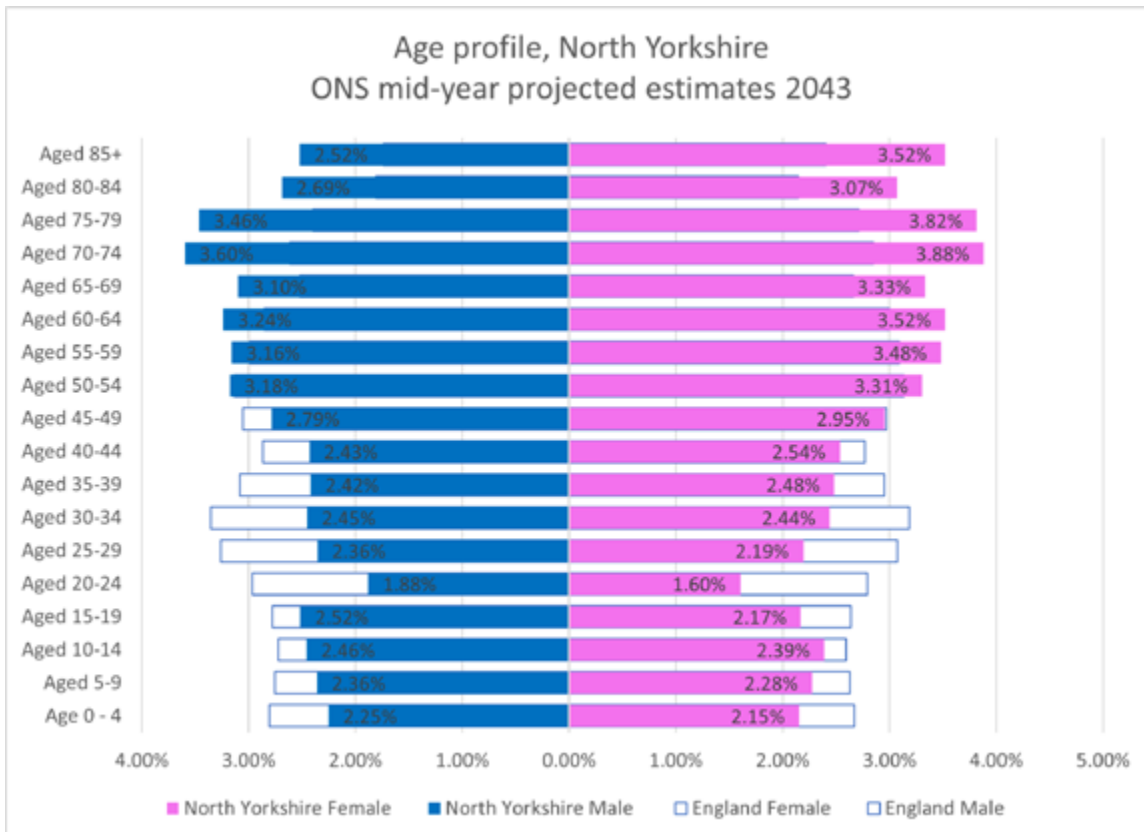
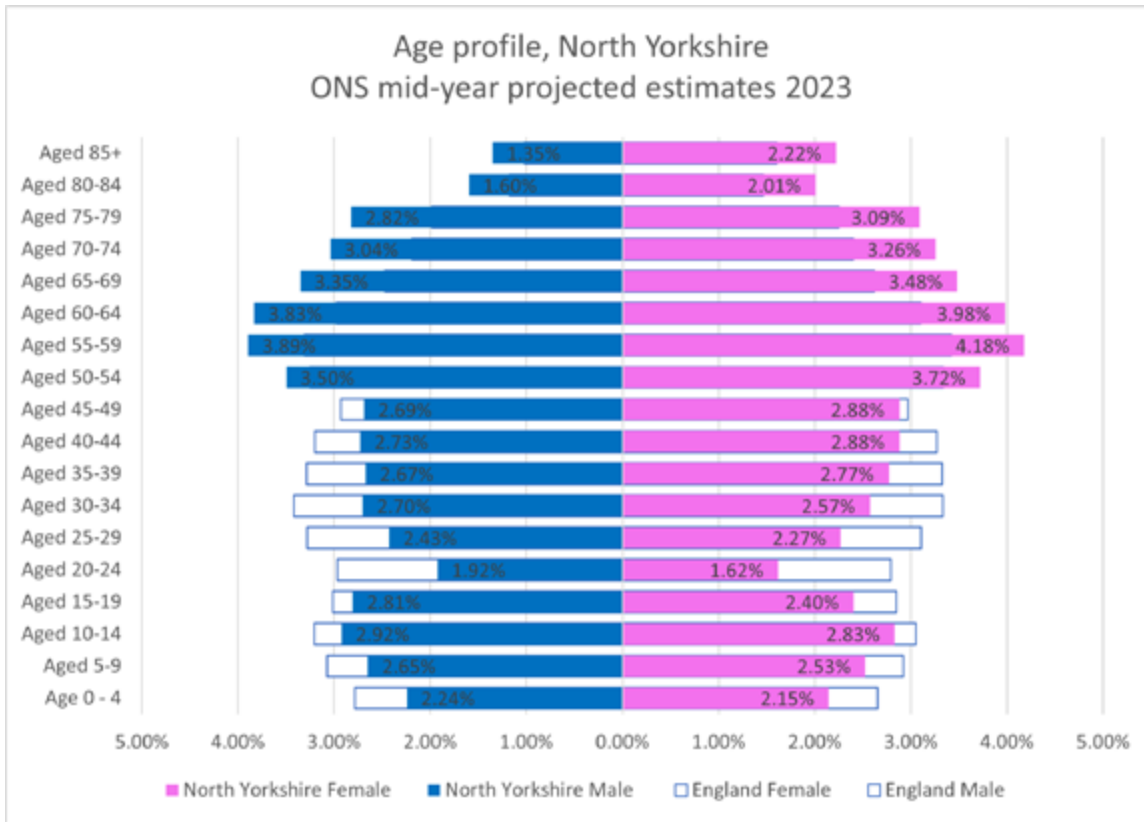
Large parts of North Yorkshire have better than average life expectancy when compared with England as a whole. However, there are areas where life expectancy is worse, particularly in Scarborough, but also in parts of Selby, Harrogate and Richmondshire. The gap in life expectancy between our most deprived 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'.

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

www.datanorthyorkshire.org/

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.



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 for our previous strategy, and we worked with partners to understand what was most important for them. The next section will tell you more about our partners and priorities.

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.

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.

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 Travellers, migrants and homeless people. Reaching these groups is a priority for this strategy.

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>



Strategic landscape

In April 2023, the county council and seven district and borough councils in North Yorkshire became one council, making North Yorkshire Council the largest council in the region. 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 region will benefit from a new devolution deal for North Yorkshire and York which will support economic growth and strategic infrastructure that will bring benefit to 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.

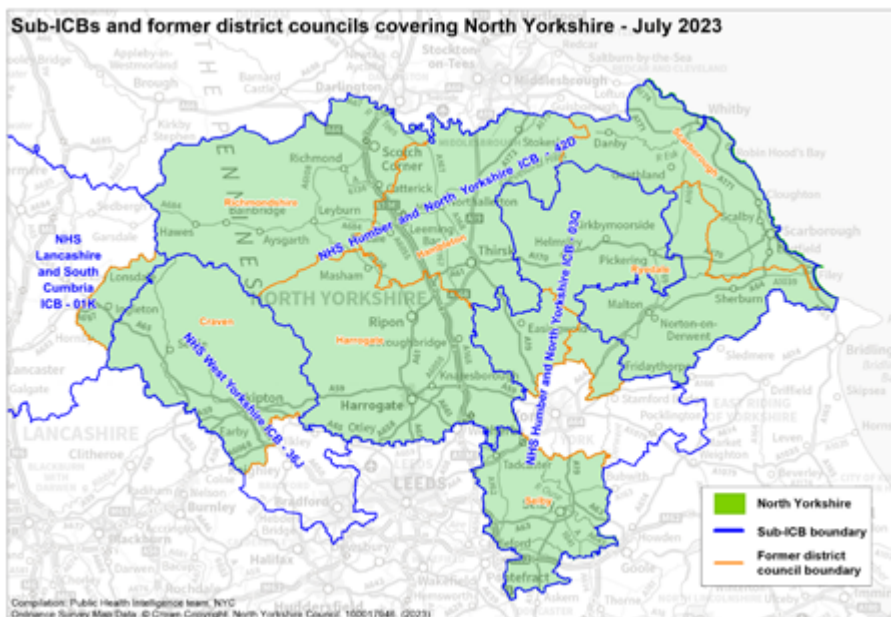
Integrated Care Systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. The two main Integrated Care Systems in North

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.

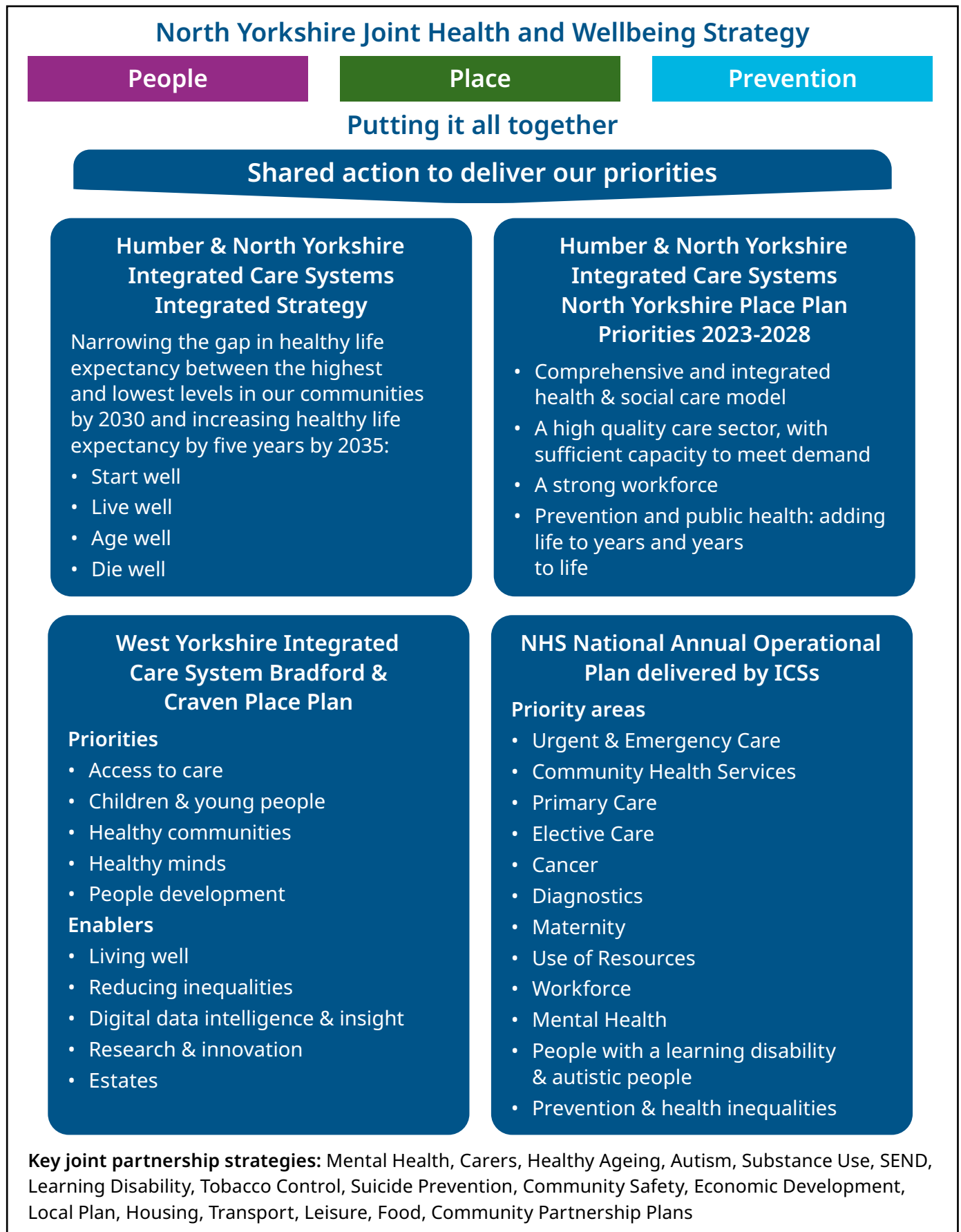
The establishment of North Yorkshire Council alongside the new Integrated Care Boards provides new opportunities to work together with partners to transform local services to improve the health and wellbeing of people and communities.

Our Joint Local Health and Wellbeing Strategy has been developed in this context, as both an expression of our shared commitment to delivering actions which add value through working together, and as 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

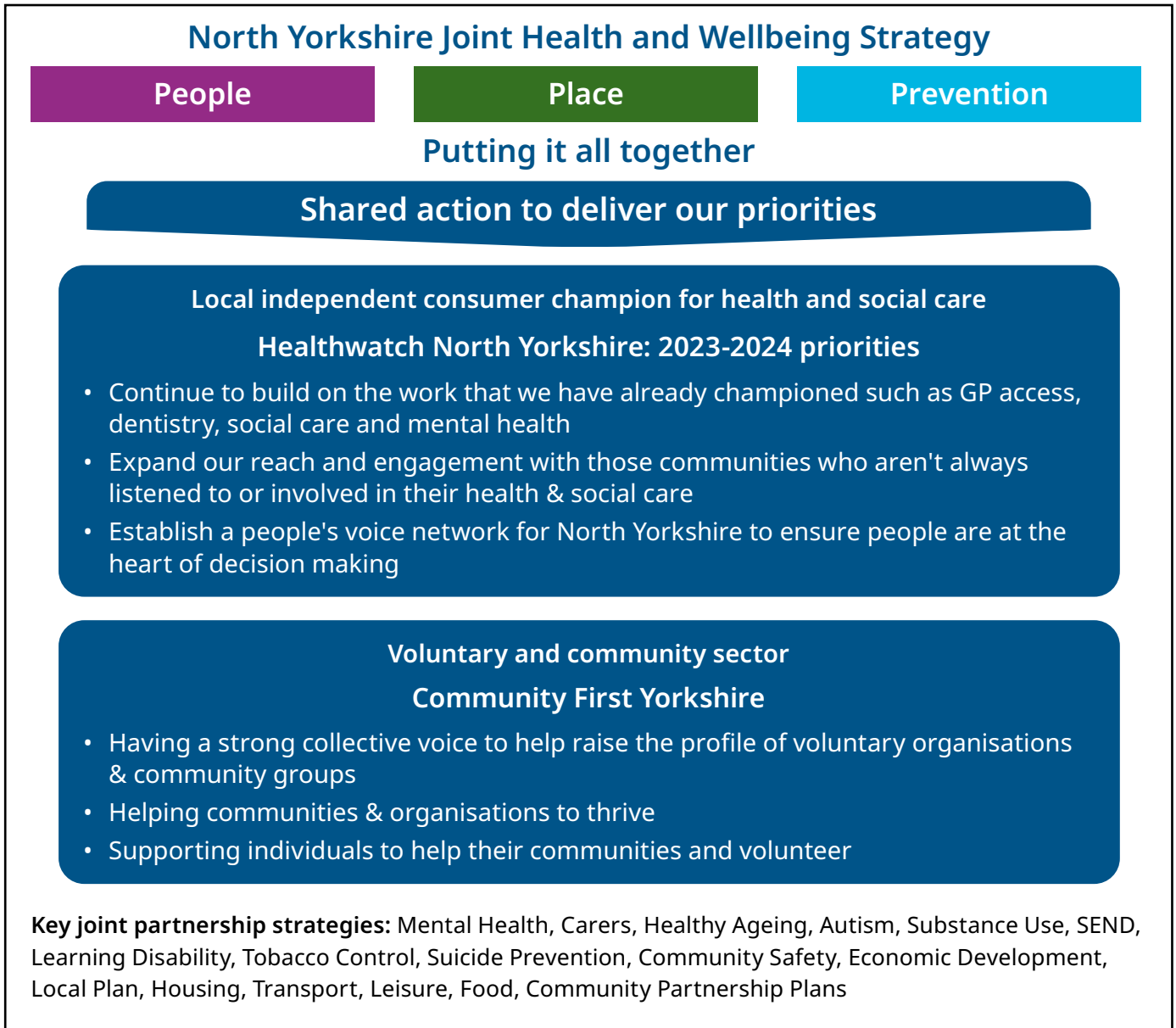
- Best start in life – for babies, children and young people
- People moving more – improving health and wellbeing through physical activity
- Healthy aging – ensuring that older people are able to age well
- Reducing health inequalities through health place shaping and targeted work with vulnerable 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



Introducing our strategic priorities

Although we have separate sections in this strategy for People, Place, and Prevention, we know that there are lots of links between them. For example, 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. 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.

-  **Some people who experience the poorest health outcomes**
-  **live in our most deprived places, and**
-  **are more likely to experience some of the major health conditions**

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 wider determinants of health; putting both together, we can ensure a more robust and joined-up response to health inequalities.



Think people

Think place

Think prevention



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. 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 at the right level to prevent ill health. And we also know that within our communities, some people will experience additional barriers – for example, ethnic minority people, women and LGBTQ+ people.

Why does it matter?

The actions in our strategy will benefit all residents. However some groups of people typically experience multiple overlapping risk factors for poor health. 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.

In this strategy, 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
- are in the military or are veterans

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

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 combined 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. And 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

What people have told us

In our engagement review, we heard that for some people there are more barriers to accessing 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.



What we are going to do

- Work together across the system to improve **waiting times** for assessment and access to services
- 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)**
- Work together to understand 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**
- Strengthen how we work with **particular communities** to support improving their health outcomes – we know we need to do more with refugee, asylum seeker and migrant communities and Gypsy, Roma, Traveller and Showpeople communities
- Review and improve how we work together to support people with **complex life circumstances**
- In response to the national 10-year Women's Health Strategy, we will continue to develop a North Yorkshire approach and programme of activities to **improve the health of women and girls** across North Yorkshire across a broad range of priorities, including the wider determinants of health to reduce the disparities that currently exist.
- **Transform the care market** with a focus on rural and coastal areas, dementia and working age people with complex life circumstances
- Develop **specialist housing offer** including Extra Care, Supported Housing and Supported Living, guided by a new housing framework
- Increase **digital options** for accessing care including Technology Enabled Care as well as online care needs assessments and financial assessments
- Develop and deliver a **community hub approach** to support transformation of mental health services for adults

- Promote and support **mental and physical health in pregnancy** to ensure that our children have the best start in life. Plus support parents who may need a little extra help with their mental and physical health, parenting and the rising cost of living.
- Support children and young people to be **school ready** and continue to maximise their life chances through continuing to **access education**
- For those young people most at risk, in the care system, ensure that the Council's responsibilities as **corporate parent** provide holistic support for those wider determinants of health and wellbeing.
- Collectively examine, with our partners, the **children & young people's priorities** for North Yorkshire and determine which are best tackled at place and which are best tackled at a regional level to make the best use of all our resources
- Enact overarching transformation across the **mental health system for children & young people** (comprising health, public health, children's social care, education, inclusion, criminal justice and the voluntary and community sector) ensuring all partners are brought together under a single mental health and wellbeing model, iThrive, with shared, inclusive language and a single, bespoke vision and set of values and goals.
- Strive to enact the recommendations set out in **The Best Start for Life Programme**
- Continue working together to **safeguard people of all ages** across the health and care system
- Monitor health inequalities through robust **Public Health Intelligence** and linking this back into quality improvement across the system.



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 and leisure opportunities will affect how healthy and happy we are. Social, economic and environmental factors interlink to create communities in which we should all be able to thrive.

Tackling these wider determinants of health can help make significant improvements to

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-rural. 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

quality of life and the health and wellbeing of all our communities, at both a county level and a neighbourhood level.

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



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 (LSOAs) in North Yorkshire that fall within the most deprived quintile in England, 20 of which are concentrated in Scarborough town and Whitby.

Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities – Summary and recommendations (https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1005217/cmo-annual_report-2021-health-in-coastal-communities-summary-and-recommendations-accessible.pdf)

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 the key enabler for many of the building blocks of health and wellbeing, 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 [\[link to be added when published\]](#) Director of Public Health Annual Report 2023 focussing on children & young people.



What we are going to do

- 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:
 - Enable our Local Care Partnerships to lead the design of local integrated health and care services across the county
 - Develop approx. 30 local Community Partnerships around our market town footprints and support them to focus on improving health & wellbeing
 - Change the way that we communicate about the wider determinants of health to increase public and partner understanding.
- Use this shared vision to influence the development of **strategies** that **shape our communities** - prioritising action on:
 - North Yorkshire Local Plan
 - Local Transport Plan
 - Housing Strategy
 - Economic Growth Strategy
- Maximise the opportunities to improve the health and wellbeing of our population through the new **devolution deal** for North Yorkshire and York which will support economic growth and strategic infrastructure



- Take opportunities to **design environments that support healthy lives**, including:
 - Physical activity – getting people moving more, supported by the council’s strategic leisure review with new operating model by 2027
 - A focus on improving food infrastructure that includes the whole scope of a local food system, from food production to distribution, consumption and food waste disposal, with the first North Yorkshire Food Strategy in place in 2024. This will include food in schools.
 - Active travel routes and improved public transport including to increase education, employment and leisure opportunities as well as access to services
 - High-quality, climate-resilient natural environment and streetscape
 - Improving indoor and outdoor air quality to reduce air pollution-related impacts
- Integrated health and care facilities and services in local communities eg Catterick Integrated Care Campus
- 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 within 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

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 can be prevented or delayed. **The National Major Conditions Strategy** 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 with positive lifestyle choices underpinned by effective prevention services/interventions that start in childhood, hence the Healthy Schools Award Programme. 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 reducing costs by reducing the need for hospital care and medical treatment.

We want **the healthy choice to be the easy 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

in schools, promoting healthy eating, active lifestyles, and resilience and wellbeing, who can take what they have learned back home.

As an example, a study in 2019 found that people were more likely to choose healthy vegetable dishes if the food labels emphasised tastiness and enjoyment.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6843749/>

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, year 2 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.

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.



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 the health inequalities that make it harder for people with poor mental health to stay well, including 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 approach of the Healthy Weight Healthy Lives strategy, developing our whole system transformational approaches to **physical activity and healthy food security**
 - 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

- Improve uptake of **NHS health checks**, screening and immunisation programmes
- Implement the **Age Friendly Communities framework**, co-producing actions with the **North Yorkshire Age Friendly Network**.
- 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
- Strengthen **Public Health intelligence and Population Health Management** approaches to meet the needs of people now and in the future
- 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**
- Continue to provide **the 0-19 Healthy Child Programme** across NY, both the mandated service and those additional extras which are deemed most effective across the region. We continue to monitor the impact of all parts of the programme
- **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 – autoenrollment is the ultimate goal
 - Healthy Start Scheme
 - Government funded childcare
- 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 the higher than England rates
- Implement the **North Yorkshire Sexual, Reproductive Health and HIV strategic framework**, working across the system to deliver the associated action plan



Putting it together

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. 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 system leaders in the following areas:

Workforce and employment opportunities

As a system, show leadership in providing employment 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.

Accessibility of services and communication

As a system, ensure that our services and communication channels are accessible to disabled people and others who may experience barriers to access. Work with representative groups and communities to identify barriers to access and practical solutions.

Making best use of our resources

As a system, we will work together to make best use of our collective resources (our people, our finance, our buildings) 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 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 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.

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 collectively to address the wider determinants 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 priority areas will contribute to this and we will track progress on each of them.

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.

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. In addition to this, the Health and Wellbeing Board will hold a spotlight session on each work area to examine progress in more detail through the year.

Glossary

North Yorkshire Health and Wellbeing Board	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.
Health and wellbeing outcomes	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)
Health inequalities	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.
Wider determinants of health	The wide range of factors that affect our health – the places we live, our education, the jobs we have, how much money we have, how connected or how isolated we feel
Wider health and care system	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
Integrated Care Board	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.
Integrated Care System	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.
Socially excluded	Groups that: <ul style="list-style-type: none">• Are not consistently recorded in electronic systems (dropping through the system)• Experience stigma and discrimination• Have insecure housing, overcrowding or communal accommodation• Experience barriers in access to health care and other services• Have multiple poor health risk factors (poverty, violence, complex trauma) Such factors lead to extremely poor health outcomes across physical and mental health.
Inclusion health	Making sure that people who experience social exclusion have their health and wellbeing needs met, by targeted activity where required.
Devolution deal	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.
Local Care Partnerships	Local Care Partnerships help to deliver the aims of the Integrated Care System at a more local level, working in and with communities.
Community Partnerships	North Yorkshire Council is developing Community Partnerships to work in and with communities within North Yorkshire. Community Partnerships will connect with Local Care Partnerships.
Asset-based community development (ABCD)	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.

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