Update on JSNA recommendations

The JSNA highlighted a number of areas for further consideration by the Health and Wellbeing Board. These areas have been examined and are being taken forward as appropriate. A brief update on each is outlined below:

1. To maximise the effectiveness of any health checks that are locally commissioned.

Local authorities are mandated to make appropriate provision for the offer of NHS Health Checks to eligible residents aged between 40 and 74 years. The current NHS Health Checks offer is under review and our commissioning intentions are that this will become a more targeted programme in future with a focus on narrowing the gap in life expectancy between the affluent and more deprived communities across the City by earlier identification of risk factors for heart disease, stroke, type 2 diabetes and kidney disease and offer of appropriate lifestyle interventions.

2. To work with local service providers to ensure that they record information on protected characteristics about their staff and clients / patients such as age, disability, gender re-assignment, marriage and civil partnership, pregnancy / maternity, race, religion and belief, gender and sexual orientation, in order to inform service provision to reduce health inequalities.

Commissioners and local service providers already have a duty under the Equality Act to undertake Equality Impact Assessments and this includes consideration of the needs of those patients / clients with protected characteristics. Each organisation represented on the Health and Wellbeing Board has a responsibility to ensure that there is effective patient and public engagement in their services.

3. Development of an in-depth multi-agency local needs assessment and domestic abuse strategy to include consideration of; access to domestic abuse support services;

prevention of domestic abuse; violence against women; substance misuse; child sexual exploitation.

The work programme around a multi-agency response to domestic abuse is being taken forward on a joint North Yorkshire and York basis. The Safer York Partnership maintains a local overview of this together with the City of York Safeguarding Children Board and Safeguarding Adults Board.

4. To develop a more detailed understanding of the profile of young people who are not in education, employment or training and those at risk of not being in education, employment or training.

The work on young people who are not in education, employment or training or who are at risk is being taken forward by the YorOK Board and this continues to be a priority in the new Children and Young People's Plan.

5. Review the effectiveness of smoking cessation services for specific population groups; particularly stop smoking support offers for pregnant women, and for manual workers

Reducing smoking prevalence in York continues to be a public health priority as part of a wider approach to tobacco control. Work is underway on a Tobacco Strategy for York which will come to the Health and Wellbeing Board in due course.

 Development of a holistic strategy to address childhood obesity which includes consideration of; Breastfeeding Support Programmes; UNICEF accreditation initiative; targeted sport and active leisure programmes; access to active sport and leisure options; dietary advice and support

Excess weight and obesity in children continues to be a public health priority. York's performance as part of the National Child Measurement Programme is better than the regional and national averages but there are still a significant number of children every year who are identified as being overweight or obese. Work to help prevent obesity and promote a healthy weight will form part of the new Healthy Child Service being established during 2016/17.

7. Development of an in-depth multi-agency local needs assessment and alcohol strategy to include consideration of; licensing; harm prevention; interventions and brief advice; crime and disorder; hospital based and specialist treatment services; parental alcohol misuse; risky behaviours in young people; older people and alcohol

Alcohol misuse continues to be a public health priority. Work is underway to produce an Alcohol Strategy for the City which will come to the Health and Wellbeing Board in due course.

8. To develop a more detailed understanding of the local needs and service provision around Stroke, Transient Ischemic Attacks (also known as TIA's or 'mini strokes') and vascular diseases which can contribute to Stroke. To include within this a review of Stroke pathways, opportunities for prevention and how local Health Checks can contribute to identification of risk factors for Stroke. To explore options for early supported discharge and reablement.

Work to better understand the life expectancy gap between the more affluent and deprived communities in York and trends in life expectancy will continue to be monitored through the Public Health Outcomes Framework.

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