

# York Health and Wellbeing Strategy 2022-2032

*Live Version – ALL CONTENT DRAFT AND YET TO BE AGREED*

## Contents

Foreword and introduction from the York Health and Wellbeing Board .....	3
The context for our health and wellbeing strategy .....	4
Our challenges and strengths .....	5
How have we made this strategy? .....	6
The strategy at a glance .....	7
Four big communities .....	8
Six big ambitions .....	9
Ten big goals .....	10
Working as one city to deliver .....	13

## Foreword and introduction from the York Health and Wellbeing Board

As a group of senior leaders in health and care – clinicians, voluntary sector leaders, local authority directors, healthcare managers, elected members, leaders in public engagement – we want to thank you for taking the time to read our Joint Health and Wellbeing Strategy for York 2022-32.

We have worked together to develop this strategy because we believe *health is precious*, and we want more of it for the 200,000 people who live within our wonderful city of York.

At first glance, walking round our beautiful city might give you the impression that the job is done; we've already achieved our goal; York is already a healthy place. And we certainly can celebrate many things about the place we live. We have a strong cultural heritage, beautiful buildings, green spaces, good community roots, a thriving voluntary and community sector, and higher rates of physical activity and other things which keep people healthy; York certainly is a city full of assets and strengths.

But we also have plenty of health needs still remaining, and while it may seem like York is a city in 'good health', in reality:

### 'good health' is not evenly distributed

*We know that in York the 2010s were a 'lost decade', in which life expectancy improvement stalled, and in the more deprived areas of York declined for the first time in generations.*

### 'good health' is not best health

*We know that York's overall health outcomes, compared to our regional neighbours, look good, but compared nationally are often average: for example York ranks 89<sup>th</sup> out of 152 Local Authorities on female life expectancy at birth and 77<sup>th</sup> on mortality from preventable causes.*

### 'good health' hides uneven health

*We know that there are several areas of longstanding concern for the city's health, where we don't do as well as our affluence would indicate: for instance more people are admitted to hospital with alcohol-related conditions or after an episode of self-harm than we'd like; demand for our children's mental health services is growing dramatically.*

This Strategy is all about how we bridge these gaps, and setting a framework to guide our partners over the next decade towards our vision, which is that

### **York will be a healthier and fairer city, with time to care.**

We all know that strategies don't, on their own, achieve anything: it's the action that results from them which makes the difference. The purpose of a strategy is so that together, we pull on all the resources at our disposal in a coordinated direction, and we do it for the long haul. That's why we've set this strategy to run over 10 years. The things we want to influence are long-term, involving the complex web of factors in society which create health, such as education, jobs, community connection, the impact of the pandemic, economic changes, healthcare services, environmental sustainability. We won't change these things overnight.

It's also why we've kept this strategy high-level. There is simply no way we will be able to articulate all the thousands of actions that will be necessary to get to where we want to get in this strategy. Our real hope with this document is that it inspires, motivates and instigates action. That it gives organisations, partnerships, staff and ultimately the people of York a unified vision and set of goals for a healthy city, from which they can develop their own plans and priorities.

The Health and Wellbeing Board meet regularly, in public, to discuss the key issues in health and care and to collaborate on achieving our vision. We commit to you that through these meetings – and behind the scenes – we will work tirelessly to make the words you read in this strategy a reality.

## The context for our health and wellbeing strategy

### York's 10 year Plan

As a city, we are following a sustainable approach to developing our ambitions for the decade ahead. The goal of sustainability is to, “create and maintain conditions, under which humans and nature can exist in productive harmony, that permit fulfilling the social, economic, and other requirements of present and future generations.” or put simply - ‘Enough, for all, forever’.

This means that sustainable approaches consider the interdependencies between actions that might affect the environment, society, and the economy. To this end, three strategies have been developed to inform city-wide direction over the next decade. These strategies cover health and wellbeing, economic growth and climate change. They all work under 5 key principles:

1. increase collaboration and cooperation
2. adapt to change
3. build fair, healthy and sustainable communities
4. create new employment and investment opportunities
5. act under good governance and evidence based planning

Together, we now have the health, economic and environmental goals of the city aligned, and with them the building blocks for health.



### COVID-19 recovery

At the time of writing this strategy, we are more than two years into a global pandemic which has had a deep impact on the health of our city. Together with the direct impact of the virus and the lives it has changed and claimed, the indirect impacts of the last two years on our physical and mental health are still emerging. It is clear that from the educational impacts of lockdown to the increased demand on mental health services and the pressures on physical health services, COVID-19 has taken a heavy toll.

This strategy is written in light of all this, and with recovery in mind. Among many things we have learnt from the pandemic, we have, positively, seen how well a city can pull together, bureaucracy be broken down, and swift action save lives. We have also seen, negatively, how underlying inequalities in society can amplify a global shock like a pandemic virus, and how, yet again, those with less in our city were more exposed and likely to suffer harm.

Our recovery efforts, and this strategy, seek to learn these lessons by emphasising collaboration, building on the assets already present in our city, and tackling the inequalities which we know also exist.

### Reforms to the Health and Care System

There are currently national reforms to the health and care system, which involve the establishment of Integrated Care Systems (ICSs) to cover every area of the country. Locally, we are working with colleagues across Humber and North Yorkshire to bring care together, increase the quality and outcomes from our health and care services, and improve population health across our region.

Much of this work will be done locally, in our York ‘place’ area, but in the context of a wider regional structure for our NHS and care partners. One key purpose of the strategy is to articulate York’s health ambitions, our priorities, our needs and the things which matter to people living in our city. Part of the job of ICSs (in fact a statutory requirement) is to listen to local places through their Joint Health and Wellbeing Strategies and respond by working with them and giving them the appropriate resources to match their local goals.

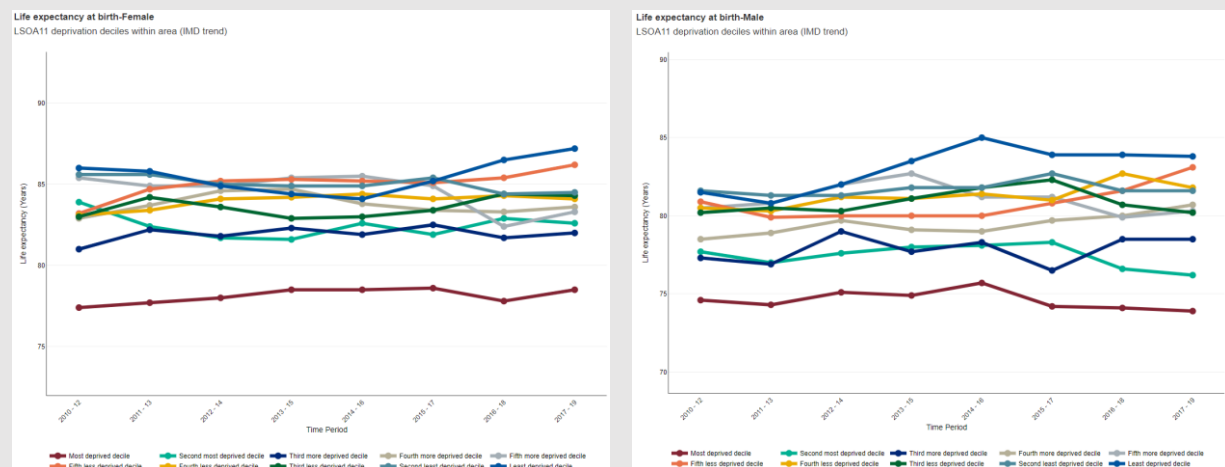
## Our challenges and strengths

One of the Health and Wellbeing Board's key tasks is to assess and monitor the health needs of the city as a whole, and the communities within it. This means we are collecting, publishing and interpreting data on a wide range of things to do with health in the city, through the Joint Strategic Needs Assessment (JSNA), including overviews of each stage of life (Start Well, Live Well, Age Well, and Mental Health) and over twenty deeper pieces of work on specific communities. Doing this work enables us to step back and take a broad view on the headline health challenges in the city:

<p><b>Wider determinants of health</b>          High number of noise complaints          10% of children living in poverty          Housing affordability</p>	<p><b>Widening inequality gaps</b>          Life Expectancy / Healthy Life Expectancy*          Health of those with a learning disability          School readiness</p>
<p><b>York's 'red flags'</b>          Alcohol consumption/admissions          People living with multiple complex needs          Drug related death</p>	<p><b>Examples of preventable ill-health</b>          1 in 10 people smoke          2 in 3 adults overweight or obese          1 in 7 live with depression</p>
<p><b>Changing Demographics</b>          An ageing population, which will lead to a:          4% increase in hospital use (annually)          10% increase in social care use and 2.5% increase in GP use (over 5yrs)</p>	<p><b>Mental Health</b>          Under u18s admissions for mental illness          High prevalence of common mental illness          High suicide and self-harm rate          Student mental health</p>

### \*Recent trends in health inequality in York

The charts below show three clear trends in life expectancy in York: firstly, over the last 10 years the increase in the number of years lived seen since the Second World War stalled; secondly, in the more deprived deciles of the population life expectancy declined for the first time in generations, further widening the inequalities gap; thirdly, there is a larger drop in life expectancy between the bottom 10% and 20% of the population than between any other sections of the population.



Whilst we need to understand our health challenges, in York our approach has also been to focus on what's strong, not what's wrong. We take a strengths-based approach which sees people as valuable, not vulnerable, and recognises that everyone has gifts, talents and skills, which empower people as active citizens and gives them hope, rather than simply being a passive recipient of services. Work which has been developed in the city over the last decade such as local area coordination or social prescribing changes the relationship between statutory services and citizens and communities, by enabling our staff and practitioners to build up a trusted relationship with a person to find out about their skills and gifts, and focus on people's goals and resources, rather than their problems.

This extends to seeing our city as full of assets to use for health. For instance, we could highlight our thriving voluntary and community sector with over 250 organisational members of our Centre for Voluntary Services (CVS); or we could highlight that the average distance to green space in York is around a third of a kilometre, versus a national average distance of a whole kilometre.

## How have we made this strategy?

As part of developing this strategy we have tried to listen both to citizens of our city and to health and social care colleagues.

One way we did this was by facilitating local community groups to host conversations with people and ask them a very simple question:

*What helps you to live a happy and healthy life?*

We collected this information on what helps people to live a happy and healthy life; about health, care and support services; about local communities and our city; what is working well already and what needs to change. The feedback to this exercise has been integrated throughout this strategy and shapes it in its broadest sense.



Having digested this work, the Health and Wellbeing Board also held a workshop to look at our Joint Strategic Needs Assessment and what it was telling us about the health and care needs of the York population. They also looked at existing strategies, frameworks and partnerships in York, mindful of the fact that the Board itself will not be able to deliver our aspirations on its own, and we need the help of the rich tapestry of partnership groups and collaboratives in the city to pull with us towards the outcomes we want to achieve.

Consideration was also given to reports from Healthwatch York, whose job it is to represent the voice of the citizen on the Health and Wellbeing Board. These provided us with quality information on areas of health and social care residents have raised concerns about.

Once some draft principles for this strategy were established, we commenced a process of public consultation, including a number of public Overview and Scrutiny meetings, a public Health and Wellbeing Board, and 'Our Big Conversation: strategy consultation', together with the Economic and Climate Change Strategies.

What has emerged from this is a strategy which focuses on:

### Our **four big communities**

These are the who; a description of four key groups in our population and how good health is built up over the life course

### Our **six big ambitions**

This is the what: the dreams we have for the type of healthy city we want to be

### Our **ten big goals**

This is the how: the measurable, tangible improvements in health outcomes we want to see for our population

# YORK HEALTH AND WELLBEING STRATEGY AT A GLANCE

## One Big Vision

A healthier and fairer city with time to care

## Four Big Communities

York's children have **the best possible start** in life

York's **adults** have equal access to things which produce health

All connected together through families, geographies and communities

York's older adults flourish in an **age friendly city**

Whenever they reach the **end of life**, people in York die well

## Six Big Ambitions

Become a health-generating city

Make good health more equal across the city

Prevent now to avoid later harm

Start good health and wellbeing young

Work to make York a mentally healthy city

Build a collaborative health and care system

## Ten Big Goals

Overarching: gap in Healthy Life Expectancy

Mental wellbeing

Smoking

Healthy Weight

Suicide / Self harm

Physical activity

Alcohol

Inequality groups

Diagnosis gaps

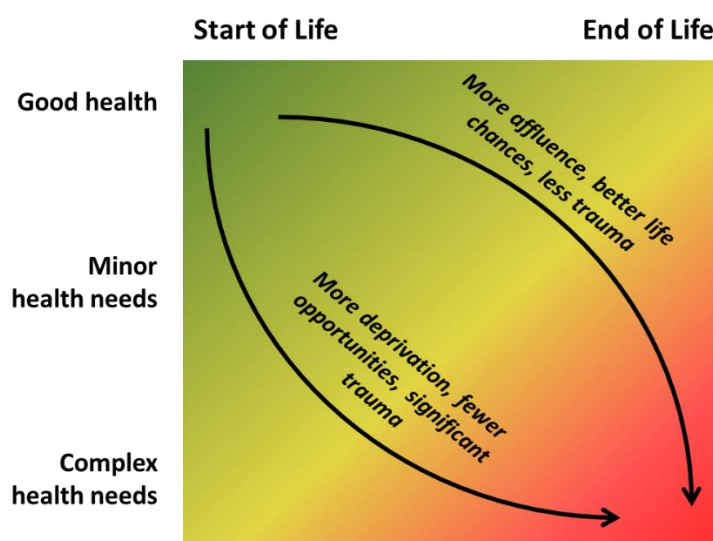
Social connection

## Four big communities

Through this strategy we want to improve health for all in York, as seen through the lens of the four big communities within York, our four stages of life.

Since the work of Michael Marmot in the first decade of the century, the concept of the 'life course' has become familiar. Central to it is the concept that disadvantage starts before birth and accumulates throughout life, with a person's health (or the health of a population group) being the sum of all the health advantages or disadvantages it's members have been exposed to. Rather than framing health as an individual's responsibility – a consequence of their 'choices' – it recognises that health is created by the conditions which surround us; the conditions we experienced even before birth, and during childhood especially, shape our abilities to live healthily as adults, to age healthily in our later years, and to die well.

The journey of life takes us from young to old, and inevitably it takes us from good health to complex health needs and eventually death. However as shown by this graphic, when looking at the population as a whole we are all on the same journey, but not all take the same route:



So in York, we want our citizens to experience the best health possible in all four stages of life:

*York's children have the best possible start in life*

*York's adults have equal access to things which produce health*

*York's older adults flourish in an age friendly city*

*Whenever they reach the end of life, people in York die well*

Crucially, whilst people are generally in just one of these stages at a time, they are all connected together through families, geographies and communities. The health of our mothers in York will affect the health of our babies; the health of our teachers will affect our pupils; the health of our volunteers will affect those receiving help; the health of older people on a street in Tang Hall will affect the health of younger people on the same street; the health of carers will affect the health of those who they care for; the health of communities and organisations will affect all who participate in them. It's all connected.

We will use this concept of the 'life course' to structure our meetings as a health and wellbeing board, for instances in the reports we commission and discuss. It will ensure we don't leave anyone out of the conversation.



## Six big ambitions

This leads us on to the big ambitions of our strategy, which we hope will drive the work of the Health and Wellbeing Board and its partners. These phrases came out loud and clear in the engagement work we developed.

**BECOME A HEALTH-GENERATING CITY**, where our starting point is that strong and supportive communities are the best medicine, where we build on the strengths of our people, and give our citizens the best possible chance of staying healthy, especially through three key building blocks of health: good housing, jobs and education

**MAKE GOOD HEALTH MORE EQUAL ACROSS THE CITY**, recognising that people in the poorest areas of York die ten years earlier than those in the richest areas, and to address this we need to deliver our services scaled at a level proportionate to people's need, and thereby reduce health inequalities

**PREVENT NOW TO AVOID LATER HARM**, acknowledging that two thirds of the gap in healthy life expectancy in York comes from preventable diseases, and therefore ensuring that prevention is in the job description of all health and care staff in the city in order to bring healthy lifestyles within reach of all our residents

**START GOOD HEALTH AND WELLBEING YOUNG**, giving special emphasis to the key formative early years of life as the best place our investment can go, creating from maternal/preconception health and beyond the conditions for our families, communities and young people to live healthy and flourishing lives

**WORK TO MAKE YORK A MENTALLY HEALTHY CITY**, ensuring that mental health and wellbeing is given the same attention as physical health, investing in the things which keep people happy and connected, and working together to support people quickly when they need it

**BUILD A COLLABORATIVE HEALTH AND CARE SYSTEM** with fewer dividing lines between organisations, creating a local culture of integration built by engaged and valued staff who listen to (and involve) our citizens, so that our care can be accessed by all, and is compassionate, high quality, financially and environmentally sustainable

We hope that these ambitions, as aspirational as they are, will set the standard for all changes and developments in health services and beyond in the city over the next decade, giving us bold dreams to measure our plans against and holding us to account.

## Ten big goals

Now we have described our communities and the ambitions we have for a healthy York, we want to set out some clear goals for this strategy – things we can measure, things which are ambitious, things which if we achieved them would mean our city truly has become healthier and fairer over the next ten years.

So we have chosen ten goals which draw upon the things which people have told us in our engagement work they want to see, and on the strengths and challenges we have identified through our JSNA process. They are not a comprehensive list of all that needs to change over the next decade, but they represent some of the most important areas that lead to early illness and death in the city, and therefore feel like the things we need to focus our minds on.

### **1 OVERARCHING GOAL: Reduce the gap in healthy life expectancy between the richest and poorest communities in York**

*Why?* Public health experts the world over tell us that the best measure of the health and fairness of a local population is the gap between the number of years lived in good health for its richest and poorest communities. When that gap is narrower, communities enjoy greater trust and cohesion, better overall physical and mental health, and are more sustainable – i.e. everyone benefits. Currently in York, the life expectancy difference between wards is a stark 10 years for men and 6 years for women (2015-19 data). Older data suggesting *healthy* life expectancy differences are above a decade for both men and women.

*This is the ultimate goal we are trying to reach for our population, but it will only be met if the other goals are too.*

### **2 Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores**

*Why?* As well as ensuring the city has good mental health services to respond to illness, we want to raise the overall level of mental *health* in the city through community assets (e.g. green spaces, community connections), creating a happier population in 2032 than now. The Office for National Statistics measures four dimensions of wellbeing, and we have chosen two of them: one where we do worse than the national average (in 2020/21, 27.1% of York residents had a high anxiety score vs 24.2% nationally) and one where we do better (in the same year, 8.8% of York residents had a low happiness score vs 9.2% nationally).

### **3 Bring smoking rates down below 5% for all population groups**

*Why?* Smoking is the leading preventable cause of death in York, and one in every two people who smoke will die because of tobacco-related causes such as heart disease, cancer, and respiratory illness. There are still more than 20,000 smokers in the city – more than 1 in 10 people – and whilst rates have fallen over the last decade, this has mainly been in our more affluent population, meaning smoking prevalence is higher in routine and manual occupations (1 in 6 people), as well as those with a mental health problem (1 in 3) and opiate users (1 in 2). So our local approach to tobacco control sets an ambition to halve the number of people who smoke by preventing and supporting smokers to quit, and crucially we want to see this across all groups in the city, closing the gap.

#### **4 Reduce from 20% to 15% the proportion of York residents drinking to the Chief Medical Officer alcohol guidelines (under 14 units a week)**

*Why?* Alcohol is widely available and consumed by the majority of adults in England; however its harms are often under-appreciated. It is estimated that nearly 600,000 people need speciality treatment for alcohol dependency every year, and alcohol consumption leads to nearly 25,000 deaths. Drinking at lower levels still causes harm, including liver disease, a number of types of cancer, and increased risk of cardiovascular conditions. Whilst there may be no safe level of drinking, the Chief Medical Officer advises adults drink no more than 14 units a week; however that is not the case for around 1 in 5 adults in York (21.7%), with over 1,000 residents admitted to hospital for alcohol-specific conditions in 2020/21. To decrease the population-level harm of alcohol by reducing the proportion drinking over 14 units to 15%, we need to work on the availability of alcohol, the social norms around its use, and support people to manage down drinking levels and choose alternatives.

#### **5 Reverse the rise in the number of children and adults living with an unhealthy weight**

*Why?* Every year, more people nationally are over a healthy weight, and York is no exception. Being overweight or obese has been shown to affect virtually all bodily systems, raising the risk of mental health problems, Type 2 diabetes, stroke, cardiac conditions, cancer, asthma amongst others. In York, over 1 in 5 reception-aged children, 1 in 3 year six children and nearly 2 in 3 adults are overweight. Obesity rates double in primary school, increase with deprivation, and have risen year on year over the last decade. These trends are driven by complex factors: for instance the commercial determinants of health (e.g. marketing), by our food systems, and by trends in the way we travel and move about in daily life. As an indicator which is worsening, our goal is to reverse this trend, and change the direction of travel on weight for both children and adults; this also includes supporting work to help people with an eating disorder achieve and maintain a healthy weight.

#### **6 Reduce health inequalities in specific groups: people with a severe mental illness, a learning disability, those from an ethnic minority, or a marginalised group**

*Why?* We know that certain groups experience radically worse health outcomes. Sixty-three percent of people with learning disabilities die before reaching the age of 65, compared to 15 percent in the general population, and in York you are four times more likely to die before the age of 75 if you have a severe mental illness. There are inequalities experienced in health and healthcare if you are from an ethnic minority in the city, and the health outcomes of people in marginalised groups within our community are worse too, for instance those from Gypsy, Roma or Traveller backgrounds, those who are new migrants, who are homeless or who use substances. We aspire to build proactive and inclusive services which will level off health inequalities for these groups.

#### **7 Reduce both the suicide rate and the self-harm rate in the city**

*Why?* Death by suicide is a tragedy which affects so many people. Between 2018 and 2020, 70 people died by suicide in York, continuing a trend seen for a number of years of higher rates locally than the regional average. Males are four times more likely to die than females, and whilst complex reasons lie behind every death, there is a clear correlation with deprivation. In 2020/21 there were over 400 hospital admissions for self-harm in the city, with half of them in people aged 10-24. A large amount of human distress lies behind this data, and we want to work together to create the kind of mentally healthy city in which these trends are reversed.

## **8 Improve diagnosis gaps in dementia, diabetes and high blood pressure, and increase the % of cancer detected at an early stage**

*Why?* The early detection of long term conditions gets people treatment faster, avoids illness and saves lives. In York, we see some large delays in diagnosis: for dementia, only 53% of the population estimated to be living with the condition have a diagnosis; for diabetes it's 71%, and for high blood pressure across the Vale of York area it's 60%. All of these rates are worse than national and regional comparators. For cancer, over 400 people in the Vale of York area diagnosed with the disease presented with their first symptoms in A+E in 2020/21 – a sign that earlier detection was needed. Through things like blood pressure checks, screening, and NHS Healthchecks, we hope to close these diagnosis gaps.

## **9 Reduce sedentary behaviour and increase physical activity by 5% across the whole population**

*Why?* York has consistently been one of the most active cities in the country. Nearly three quarters of adults are classed as 'active', which means meeting the Chief Medical Officer guidelines of 150 minutes physical activity per week. But there are still 25% of adults who are classed as inactive, and they are more likely to be inactive if they have a disability or long term health condition, are from an ethnically diverse community, or are female. Activity levels also decline with age, and have declined dramatically during the COVID-19 pandemic. The more we move the greater we benefit, and it is often said by medical practitioners, if physical activity were a pill it would be the most prescribed drug on the market. We think we can go further and get 4 in 5 adults in the city classed as physically active by 2032.

## **10 Increase the proportion of carers and care users who have their desired amount of social contact**

*Why?* Loneliness has been described as 'the feeling we get when our need for rewarding social contact and relationships is not met'. It can happen at any stage in life, and we know that only 2 in 5 adult social care users in York had as much social contact as they would like. This number is similar for adult carers too, whether under or over 65, and all this data shows that York is similar to the national average. This is a problem which cannot be solved by medicine, and requires a community response, as the health effects of loneliness have been shown to significantly increase the risk of disease and premature death.

### **Creating the conditions to achieve these goals: the wider determinants of health**

Wider determinants, also known as social determinants, are a diverse range of social, economic and environmental factors which impact on people's health. Such factors are influenced by the local, national and international distribution of power and resources which shape the conditions of daily life. They determine the extent to which different individuals have the physical, social and personal resources to identify and achieve goals, meet their needs and deal with changes to their circumstances. The Marmot review, published in 2010, raised the profile of wider determinants of health by emphasising the strong and persistent link between social inequalities and disparities in health outcomes. Variation in the experience of wider determinants (i.e. social inequalities) is considered the fundamental cause (the 'causes of the causes') of health outcomes, and as such health inequalities are likely to persist through changes in disease patterns and behavioural risks so long as social inequalities persist. Addressing the wider determinants of health has a key role to play in reducing health inequalities.

Several studies have attempted to estimate the contribution of the wider determinants to population health, finding that wider determinants have a greater influence on health than health care, behaviours or genetics.

## Working as one city to deliver

This strategy deliberately doesn't contain a detailed action plan. A lot will change over the next ten years, and our goals are very broad. We don't just rely on the Health and Wellbeing Board to achieve them, but must pull on all the strengths and people we have in our system.

It is useful, however, to set out how all the pieces of the puzzle fit together, and what the scope and remit of each part of our health and care system is in delivering this strategy:

### York Health and Wellbeing Board

- Act as a public forum for decision making, and engagement with this strategy
- Provide leadership and direction to the system, influencing and advocating for these ambitions and goals to be embedded in operational plans
- Hold organisations, including Integrated Care Systems, to account on how they are delivering the priorities of the York Strategy

### Health and Care Organisations

- Co-produce plans for service change with service users and people with lived experience,
- Provide and commission services which support the six 'Big Ambitions' of the York Health and Wellbeing Strategy
- In particular, lead on the sixth ambition to 'build a collaborative health and care system'

### Other Partnership Groups

- Take ownership on aspects of detailed partnership work needed to deliver the York Health and Wellbeing Strategy, for instance around mental health
- Create plans and strategies which help achieve the ten 'Big Goals' York Health and Wellbeing Strategy
- Promote partnerships wherever possible, working as one organisation for York

### Communities and People

- Participate in the public work of the Health and Wellbeing Board, and hold organisations to a high standard on quality and equality
- Take ownership and responsibility for promoting community health and wellbeing
- Support vulnerable members of the community to be healthy and have strong social connections
- Make best use of community assets and leadership to create local solutions

To illustrate how this might work, we asked each member of the Health and Wellbeing Board to

*Give just one example of how you and your organisation will be supporting this strategy*

This is what they said: [content to be added after board conversation 20/7/2022]

- City of York Council (Public Health)
- York and Scarborough Teaching Hospitals NHS Foundation Trust
- Humber and North Yorkshire Health and Care Partnership
- NHS England
- City of York Council (Children's Services)
- North Yorkshire Police
- City of York Council (Adults Services)
- York CVS
- Healthwatch York
- Tees Esk and Wear Valleys NHS Foundation Trust