

York's Health and Wellbeing Strategy 2022 - 2032

A healthier, fairer, city

Background

There is a statutory requirement for every local authority to have a Health and Wellbeing Board, and for that Board to produce a Health and Wellbeing Strategy.

Our Board in York is made up of many partners, from NHS bodies to the council and third sector representatives, and so although the Health and Wellbeing Strategy (currently being written to cover 2022-2032) is one of the city's 10 year strategies, it is developed through a slightly different process, led between the partners within the health and care system rather than by the council.

Several engagement events and workshops within the health and care sector have taken place across the last six months to help write the strategy, and six key priority themes have emerged which have been included as part of the resident consultation and the joint scrutiny meetings about the 10 year strategies.

The Health and Wellbeing Board will be invited to consider the feedback from these consultation and scrutiny events and take it into account as they finalise the Strategy in autumn 2022.

Joint Strategic Needs Assessment

The joint strategic needs assessment (JSNA) describes the current and emerging health and wellbeing needs for people who live in York.

The JSNA is the responsibility of the York Health and Wellbeing Board.

The main purpose of the JSNA is to support the York Health and Wellbeing Strategy (see pg 3 for March 2022 JSNA).

Health and wellbeing priorities

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 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 is compassionate, high quality, and financially and environmentally sustainable

Visit <https://www.healthyyork.org/>

Demographics (York’s ‘population’)

Our birth rate has fallen every year since 2009 and remains significantly below the England average 36.8 per 1000 in York vs 55.3 per 1000 in England in 2020. [1]

The 19-29 age group in York makes up 21.8% of the population, compared to 14.3% of UK population. [2]

Increase in 80+ population: 11,600 people in 2020, 12,800 in 2025, 15,300 in 2030, 16,100 in 2035 and 17,400 in 2040. Between 2020 and 2040 this is a 50% increase. [3]

Projections of the care needs of some adults over the age of 65 [4]

| Population | 2020 | 2040 |
|-----------------------------------|--------|---------------|
| Living with a learning disability | 818 | 1059 (+29%) |
| Living with Dementia | 2,927 | 4,291 (+47%) |
| Providing unpaid care | 5,271 | 6,592 (+25%) |
| Needing care | 11,380 | 15,207 (+34%) |

Absolute need (York’s ‘big issues’)

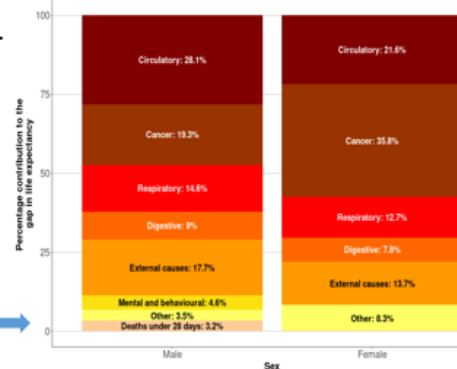
Smoking- The smoking prevalence in adults aged 18+ is 20,783 or 11.9% of York’s population. Modelled estimates suggest that around 160, or 8.5% of teenagers at 15 years are either regular or occasional smokers. [5]

Obese/Overweight- Approximately 129,000 people, or 61.4% of adults are classified as either overweight or obese. 225 or 21.4% of reception-age children are classified as either overweight or obese. In Year 6, this increases to 245 children, or 33.8%. [6] [10]

Numbers with multiple long term conditions- 30,375 people, or 15.3%, report they are living with a long-term illness or disability, and 11.1% are on more than one disease register [7]

Leading causes of inequality in life expectancy [8]

Scarf chart showing the breakdown of the life expectancy gap between the most deprived quintile and least deprived quintile of York, by broad cause of death, 2015-17



Relative Need (York’s ‘red flags’)

CYP mental health- 2.25% of school pupils have social, emotional and mental health needs. In under 18s, the rate of hospital admissions for mental health conditions is 109.3/100,000 [9]

Suicide and self harm- The suicide rate for all persons in York 13.3 per 100,000, and is 4 times higher in males. Emergency hospital admissions for intentional self harm was 172.4 per 100,000 with the highest rates seen in teenagers aged 15-19 years (757.7 per 100,000). [10]

Alcohol- Alcohol-related mortality in York is 35.1/100,000 or 69 people in 2020. 1315 people, or 683/100,000 were admitted to hospital for alcohol specific conditions in 2020/21. [11]

Diagnosis gap- there is a larger than expected gap in the number of people in York living with dementia (46% undiagnosed), diabetes (28%), and hypertension (40%) [12] [13]

Falls- Falls that result in emergency hospital admission can be seen in both elderly and child populations. In children 0-4 this rate was 139.7/100,000 over five years. The highest rate of admissions for falls are those 80+ years are 5,954/100,000 over two years. In people aged 65-79, this rate is 849/100,000. [14]

Cervical screening- 67.2% of females aged 25-49 years attended cervical screening in 2021. This increased to 74.7% of females aged 50-64. [15]

Emergency admissions due to accidents- A&E attendances for adults in accidents are 301.9/1000 and 585.6/1000 in children 0-4 years. [16]

Wider determinants (‘causes of the causes’)

Air pollution- York has three air quality zones where the levels of nitrogen dioxide and particulate matter exceed the national air quality objectives. In York, this is largely caused by congestion and heavy traffic. [17]

Lower than average wages - £597.90 was the Median Gross Weekly pay in York in 2021 (vs £613.30 in England). Over 20% of working people in York earned less than the living wage (as recommended by the living wage foundation). 13.0% of children are living in low income families and there are 8.9% of households in fuel poverty. [18]

Housing Affordability - Across York 66% of people own their own home, either outright or with a mortgage, 18% are private renters and 14% are social tenants. There are 7,400 Council Houses in York. Properties in York had an overall average price of £308,196 in 2021. [19]