

JSNA 2014 Main Content Recommendation

1. To maximise the effectiveness of any health checks that are locally commissioned or provided by working with practices to analyse the take up of health checks by factors such as gender and deprivation. To use this information to target the offer of health checks to those groups less likely to attend and to increase the number of health checks that are completed, specifically for people with learning disabilities.
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.
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.
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.
5. Review the effectiveness of smoking cessation services for specific population groups; particularly stop smoking support offers for pregnant women, and for manual workers.
6. 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.

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.
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 re-ablement.
9. To investigate the reasons behind the apparent trend that is emerging of a year on year rising gap in life expectancy for women between the most and least deprived residents in York. With particular focus on diseases such as Chronic Obstructive Pulmonary Disease (COPD) and lung cancer that are the largest causes of this difference in life expectancy.

JSNA Poverty Deep Dive Recommendations:

There were no clearly identified and agreed upon recommendations from the poverty deep dive. However, this work will inform the poverty strategy re-launch which is due for Cabinet approval in October.

The following lists the key findings and themes from the poverty deep dive and subsequent engagement day:

1. The gap in life expectancy between the most and least deprived areas is 8.5 years for men and 5.6 for women (there is a strong correlation between deprivation and lower life expectancy)
2. The prevalence of mental health problems is more than twice as high in the most deprived areas

3. The median monthly rent for a two bedroom property in the private sector is £650 – beyond the reach of those who rely on Housing Benefit
4. The average house price in February 2014 was £183,000 compared to £170,000 nationally and £117,000 regionally.
5. Four wards, Westfield, Heworth, Holgate and Clifton, account for 54% of the long term unemployed and along with Hull Road are home to 60% of children living in poverty in the city.
6. Gender pay inequality has widened with women earning 19% less than men.

A major increase in part-time working amongst those in employment since 2010 - 10% more men and 5% more women in the workforce are working less than full-time.

7. Lack of employment opportunities that generate 'good growth', i.e. jobs which pay at least Living Wage (£7.65 per hour) and are sustainable to be able to lift people out of poverty.
8. Large numbers of those in poverty, including older people and disabled people, are "digitally excluded" i.e. not able to afford IT and Broadband, and therefore suffer poverty of opportunity.

JSNA Mental Health Recommendations:

1. Locally appropriate recommendations from the Department of Health's '[Closing The Gap: Priorities for essential change in mental health](#)' report are applied.
2. To increase community based services which can keep people with mental health conditions out of hospital when they don't need to be there.
3. To jointly scope options between housing support services, local housing associations, mental health services, the voluntary sector

and NHS Vale of York CCG to increase the provision and support arrangements for supported living arrangements for people with mental health needs.

4. To share information between general practices and City of York Council about people with a learning disability in order to increase the number of people with learning disability known to local authority so that services can be offered and provided where appropriate.
5. To improve the percentage of people with a learning disability who receive an annual health check.
6. Improvements in IAPT service provision is considered which increases investment, referral rates, and positive outcomes and reduces wait times, non-attendances and unsuccessful outcomes.
7. To further develop our local understanding of the prevalence of self-harm and to enhance means to prevent and reduce instances of self-harm.