

JSNA Recommendation Responsibility

The following recommendations were highlighted through the JSNA process. In order to progress work to achieve these, lead responsibility for each action needs to be assigned. The table below highlights possible leads for each area:

	Recommendation	Rationale for Recommendation	Existing Priority in Health and Wellbeing Strategy	Work stream under Progress	Proposed Responsibility Lead
1	To maximise the effectiveness of any health checks that are locally commissioned.	<p>The NHS Health Check is for adults in England between the ages of 40 and 74. Its aim is to give the person and their GP a clearer picture about the person's health, and help the person take action to reduce risk of heart disease, stroke, type 2 diabetes and kidney disease.</p> <p>In York, less than half of all people offered a health check received one and only just over 6.5% of the eligible population received a health check (3,649 people out of 55,311).</p> <p>At present we are unable to break down these numbers to see if any</p>	No	Yes	Public Health Lead (in conjunction with CCG)

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		<p>groups within the population are less likely to attend, for instance what is the uptake by men of working age? What is the uptake in people with disabilities? Therefore it is recommended that further analysis be undertaken so that efforts to increase uptake are appropriately targeted.</p>			
2	<p>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</p>	<p>There is a lack of local data available about lesbian, gay, bisexual and transgender populations in York. Many services do not routinely record information about sexual orientation and many services do not routinely record information about other characteristics of their patients or clients.</p> <p>Without collecting information about the characteristics of clients or patients – some of whom belong to groups that we know are more likely to experience health inequalities – it</p>	No	No	<p>Equalities lead for each organisation represented on the Health and Wellbeing Board</p>

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	to reduce health inequalities.	is not possible to know for sure that services are used by all members of our community or that they are providing equal access and quality to all clients or patients regardless of their characteristics.			
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.	<p>The true levels of domestic abuse cannot be established as it is acknowledged that there is significant under-reporting, particularly in rural and some minority ethnic communities, and therefore increasing the level of initial reporting is an objective across the North Yorkshire Police area. The Independent Domestic Abuse Service (IDAS) report that 90% of incidents of domestic abuse go un-reported.</p> <p>A better understanding of the numbers of people affected by domestic abuse and how to improve levels of reporting of domestic abuse</p>	Partial (included in children's priority)	Yes	Domestic Abuse Board

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		and access to services would help inform the development of a local strategy around domestic abuse.			
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.	<p>Nearly half of York's not in education, employment or training young people live in 4 wards - as at August 2013, 47% of the young people not in education, employment or training resided in Clifton, Westfield, Heworth or Holgate.</p> <p>By developing a better understanding about the factors that may be risks to a young person becoming 'Not in Education, Employment or Training' (NEET) we can look at developing ways to decrease this risk and to improve outcomes for those young people</p>	Priority in Children and Young People's Plan	Yes	YorOK
5	Review the effectiveness of smoking cessation services for specific population groups;	Smoking is the leading cause of early death in England.	Yes	Yes	Public Health

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	<p>particularly stop smoking support offers for pregnant women, and for manual workers</p>	<p>Smoking is known to be more prevalent in people who are from poorer backgrounds. In York, the gap in life expectancy between richest and poorest is lower than national rates but is still nearly 8 years in men and 6 years in women. That is, those who are poorer can expect to die earlier than those who are richer. The main contributing factor to these early deaths in terms of the cause of death is cardiovascular disease and we know that smoking is a high risk factor in someone developing cardiovascular disease.</p> <p>York has higher rates of women who smoke in pregnancy than England. People from routine and manual occupational backgrounds are twice as likely to smoke compared to those from managerial or professional</p>			

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		<p>backgrounds.</p> <p>NICE recommendations are to target smoking cessation services to ethnic minority and people from lower socioeconomic groups locally.</p>			
6	<p>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</p>	<p>England has one of the highest rates of obesity in the world. An increasing number of children are becoming obese and are more likely to become obese adults. Obesity contributes to a range of health conditions that can lead to long term conditions, poor health and early death.</p> <p>The National Child Measurement Programme already exists and operates in York to identify school age children who are obese or at risk of becoming obese. There are a number of lifestyle factors that can contribute to healthy weight which include breastfeeding, physical</p>	Yes	Yes	Public Health and YorOK Board

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		activity and diet. There are a range of local services which help to reduce levels of obesity by focussing on lifestyle interventions, however, there is no encompassing local strategy which identifies how we can reduce obesity and how services can work more effectively together to prevent and reduce obesity.			
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	Alcohol misuse contributes to over 40 diseases or conditions which can lead to early death or reduced quality of life. Alcohol use is a complicated issue because it is not always negative. Used responsibly, it can have positive impacts on people's lives. Alcohol provides real economic benefits in that it supports employment and contributes to the local night time economy.	Yes	Yes	Safer York Partnership Public Health

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	people and alcohol	<p>Having said that, it also contributes to ill health, crime and domestic violence, anti-social behaviour. Alcohol misuse places a demand on statutory services which can struggle to deal with the negative effects alcohol can bring.</p> <p>There is no encompassing strategy that addresses all elements of alcohol, its harms and benefits.</p>			
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	Stroke is the third biggest cause of death in the UK and the largest single cause of severe disability. Each year more than 110,000 people in England will suffer from a stroke which costs over £2.8 billion in direct costs to the NHS, £2.4 billion of informal care costs (e.g. the costs of home nursing borne by patients' families) and £1.8 billion in income lost to productivity and disability (Public Health England).	No	Yes	We are not an outlier for stroke and as such this is unlikely to be progressed as a priority by the CCG; however York Hospital are currently reviewing stroke

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	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.	The JSNA did not uncover much local data to establish whether any gaps in need exist. Given the large impact that Stroke has on health across the country and the range of modifiable risk factors (lifestyle choices) that can reduce Stroke, it is suggested that a better understanding of Stroke prevention and Stroke related health and social care provision is needed.			pathways and the Public Health Team will be reviewing delivery and commissioning of Health Checks during 2015/16
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	Locally, the life expectancy gap for men is reducing but for women it is increasing. There appears to be limited understanding about the reasons behind this.	Yes	No	Public Health <i>[No action will be taken on this until the next set of trends data is available later in 2015]</i>

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	that are the largest causes of this difference in life expectancy.				