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## Health and Wellbeing Board

22 January 2025

Report of the Director of Public Health

### **York's Joint Local Health and Wellbeing Strategy 2022-2032: review of progress and future action planning.**

#### **Summary and Background**

1. In 2022, the Board conducted an extensive exercise including co-design and public consultation and brought forward its 10-year Joint Local Health and Wellbeing Strategy (JLHWBS).
2. The ambition of the strategy was for York to become a health generating city, and the overarching vision was that 'In 2032 York will be healthier, and that health will be fairer'.
3. In early 2023, the Board approved the action plan for the strategy, including 28 actions aligned to the ten population health goals intended to cover actions in the first two years of the strategy's life. Having reported on progress against all the actions in the plan for a first cycle of two years, this paper summarises progress so far and asks Board members to consider how future reporting should be undertaken.

#### **Background**

4. The '**vision**' of the [York Joint Health and Wellbeing Strategy 2022-2032](#) is around both increasing health and distributing that health more fairly. In York, people in poorer communities are dying earlier. Rather than increase the overall life expectancy of the population, therefore, the Board decided to aim to focus on improving healthy life expectancy (the amount of time spent living in good health) for the city and reducing the gap in life expectancy between the least and most deprived areas.

5. The six '**ambitions**' of the strategy are focussed around the large scale shifts which will be needed by partners in order to achieve this vision:
  - 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
  
6. Alongside these, in order to ensure concrete and tangible actions could be planned and measured, the strategy used the [Joint Strategic Needs Assessment](#) to identify ten key '**goals**' to focus on in terms of the factors which lead to the greatest health loss and inequality in the city:
  - Goal 1: OVERARCHING GOAL: Reduce the gap in healthy life expectancy between the richest and poorest communities in York
  - Goal 2: Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores
  - Goal 3: Bring smoking rates down below 5% for all population groups
  - Goal 4: Reduce from 20% to 15% the proportion of York residents drinking to the Chief Medical Officer alcohol guidelines (under 14 units a week)
  - Goal 5: Reverse the rise in the number of children and adults living with an unhealthy weight
  - Goal 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
  - Goal 7: Reduce both the suicide rate and the self-harm rate in the city
  - Goal 8: Improve diagnosis gaps in dementia, diabetes and high blood pressure, and increase the % of cancer detected at an early stage

- Goal 9: Reduce sedentary behaviour and increase physical activity by 5% across the whole population
  - Goal 10: Increase the proportion of carers and care users who have their desired amount of social contact
7. The strategy was clear throughout that the predominant driver of the population's health is not the clinical care people receive during various periods of life, but the circumstances in which we are born, raised and grow old. These were described as the 'building blocks of health': housing, education, income, employment, commercial influence and other factors which play a crucial role in determining how our health progresses. These local, national and international factors create an uneven 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. This is why the strategy was launched alongside the Climate Change and Economic strategies, as three strategic pillars which guide a decade of renewal for the city and aim to lay the foundations for good health in our social, economic and civic life.

## **Main/Key Issues to be Considered**

### How have we done – the data

8. At most Health and Wellbeing Board meetings since the action plan was published, data has been produced against the ten goals of the strategy, demonstrating the current city position.
9. Annexes 1 and 2 show an overview, the first giving an 'at a glance' view with one indicator visually represented over time for each goal in the strategy, the second a more in-depth scorecard with further indicators relevant to each goal.
10. The table below summarises the key messages within this data. It should be recognised that the goals were chosen based in part on the areas where York's health needs are the greatest, not where we know we are already doing well, and also that two years is not a long time period to see sustained change in population-level outcomes. The data summarised below shows a stage in the journey of our ten-year strategy.

Goal	What the data tells us
<p>1 OVERARCHING GOAL: Reduce the gap in healthy life expectancy between the richest and poorest communities in York</p>	<ul style="list-style-type: none"> <li>• Life expectancy is static in females and declining slightly in males</li> <li>• Healthy Life expectancy is declining slightly in males and substantially in females</li> <li>• These trends mirror what is happening nationally, and overall York's data is similar or slightly better than average.</li> <li>• The gap in life expectancy between more and less deprived wards in York is widening for males and static for females</li> </ul>
<p>2 Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores</p>	<ul style="list-style-type: none"> <li>• Self-reported high anxiety has been persistently higher in York than nationally, and is not improving</li> <li>• Self-reported low happiness has been persistently higher in York than nationally; the most recent year saw an improvement but it is too early to tell if this is a trend</li> </ul>
<p>3 Bring smoking rates down below 5% for all population groups</p>	<ul style="list-style-type: none"> <li>• Smoking rates have been reducing consistently in York over the last decade, faster than national reductions</li> <li>• Smoking rates are still highly unequal, with people in York from routine and manual occupations 3.3x as likely to smoke and those with a long term mental health condition 2.7x as likely to smoke</li> </ul>
<p>4 Reduce from 20% to 15% the proportion of York residents drinking to the Chief Medical Officer alcohol guidelines (under 14 units a week)</p>	<ul style="list-style-type: none"> <li>• A similar number of adults meet the CMO alcohol guidelines in York as elsewhere; data availability hinders how useful this indicator is</li> <li>• Other indicators of alcohol-related harm, such as hospital admissions, liver disease and mortality, continue to show York has worse outcomes than national averages, which are not improving</li> </ul>
<p>5 Reverse the rise in the number of children and adults living with an unhealthy weight</p>	<ul style="list-style-type: none"> <li>• A similar, and high, number of children at reception age are overweight or obese in York compared to the national average. This has remained static over the last decade at around in 1 in 5 reception-aged children</li> <li>• A slightly lower number of children at year 6 are overweight or obese in York compared to</li> </ul>

	<p>the national average. This is rising in line with the national trend; locally it was 1 in 4 in 2009/10 and is now 1 in 3 in 2023/4</p> <ul style="list-style-type: none"> <li>• A similar number of adults are overweight or obese in York compared to the national average. This is rising in line with the national trend and is now nearly 2 in 3 adults</li> </ul>
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	<ul style="list-style-type: none"> <li>• Data on these groups is harder to gather, however the York Population Health Hub is working on a CORE20PLUS5 data pack</li> <li>• Employment gaps between the general population and those with a serious mental illness or a learning disability are high.</li> <li>• Excess mortality for those with a serious mental illness means people from this group are 4.5x more likely to die in any given year, this is worst ratio in the region.</li> </ul>
7 Reduce both the suicide rate and the self-harm rate in the city	<ul style="list-style-type: none"> <li>• Suicide rates have historically been higher in York than national averages; the most recent year saw an improvement, but it is too early to tell if this is a trend.</li> <li>• Self-harm emergency admissions have been declining in York over the last decade.</li> </ul>
8 Improve diagnosis gaps in dementia, diabetes and high blood pressure, and increase the % of cancer detected at an early stage	<ul style="list-style-type: none"> <li>• There has been a significant improvement in the diagnosis of hypertension and diabetes, but diabetes detection rates remain lower than national average.</li> <li>• Dementia diagnosis rates remain poor</li> <li>• Early detection of cancer data has not been recently updated.</li> </ul>
9 Reduce sedentary behaviour and increase physical activity by 5% across the whole population	<ul style="list-style-type: none"> <li>• Physical activity levels in York remain higher than national averages, including adult and children meeting the national guidance and active travel indicators</li> <li>• Recent data is not available to tell if the goal is heading in the right direction</li> </ul>
10 Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population	<ul style="list-style-type: none"> <li>• The data behind this goal has not been updated and we have asked national partners to update when this will become available</li> <li>• Social contact among social care users has recovered following the pandemic</li> </ul>

## How have we done – the action

11. At board meetings, information against the agreed actions has been produced against the ten goals of the strategy, demonstrating the current city position. Below is a high-level snapshot of some of the highlights reported to the HWBB over the last 12-18 months.

Goal	HWB Lead	What have we done
1. OVERARCHING GOAL: Reduce the gap in healthy life expectancy between the richest and poorest communities in York	Director of Public Health/All Board Members	Actions not set – strategy states ‘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	Co-chairs of the York Mental Health Partnership in conjunction with the NHS Place Lead for York	3 actions set that have led to: <ul style="list-style-type: none"> <li>• Opening of a mental health hub at Clarence Street with developments underway to open further hubs</li> <li>• Work towards becoming a Trauma Informed and Responsive County</li> <li>• Administration of Community Mental Health Transformation Grants through the VCSE</li> </ul>
3. Bring smoking rates down below 5% for all population groups	Director of Public Health	3 actions that have led to: <ul style="list-style-type: none"> <li>• A programme of work through the CYC Public Protection function focused on illicit tobacco and enforcement of age of sale legislation</li> <li>• Work to reduce the sale of vapes to under 18s</li> <li>• Commencement of an acute pathways Tobacco Dependency Treatment service at York Hospital</li> <li>• An increase in the number of successful smoking quits through the Health Trainer Service</li> </ul>

<p>4. Reduce from 20% to 15% the proportion of York residents drinking to the Chief Medical Officer alcohol guidelines (under 14 units a week)</p>	<p>Director of Public Health</p>	<p>2 actions that have led to:</p> <ul style="list-style-type: none"> <li>• An offer of Alcohol Identification and Brief Advice training to any professional or volunteer in the city who regularly comes into contact with residents</li> <li>• Introduction of an alcohol harm reduction online tool and supporting Lower MY Drinking App</li> </ul>
<p>5. Reverse the rise in the number of children and adults living with an unhealthy weight</p>	<p>Director of Public Health/Consultant in Public Health</p>	<p>5 actions that have led to:</p> <ul style="list-style-type: none"> <li>• Health Trainer Service provides advice and guidance on healthy eating, physical activity and how to maintain a healthy weight</li> <li>• Healthy Child Service supports parents/carers and young people wishing to make changes to reach a healthy weight</li> <li>• NHS and ICB provide various weight management programmes aimed at those who need more complex weight management initiatives</li> <li>• There is good coverage of the National Child Measurement Programme across York schools. In 2022/23 96% of children at cohort ages were weighed and measured compared with 93.2% nationally</li> <li>• Working proactively to encourage breast-feeding</li> <li>• Continuation of the delivery of the HENRY programme which delivers practical support around increasing self-esteem and emotional wellbeing alongside guidance on diet, nutrition and oral health</li> </ul>
<p>6. Reduce health inequalities in specific groups: people with a severe mental illness, a</p>	<p>Director of Public Health and Chief Executive at York CVS</p>	<p>2 actions that have led to:</p> <ul style="list-style-type: none"> <li>• A delegated budget from the ICB Health Inequalities fund of around £270k per annum to tackle health</li> </ul>

<p>learning disability, those from an ethnic minority, or a marginalised group</p>		<p>inequalities in the city. Project areas include maternal and child nutrition; asthma friendly schools; York brain health café; mental health related school absence; ways to wellbeing small grants programme; York Health Mela; GP Outreach at the Women's Centre and more</p> <ul style="list-style-type: none"> <li>• In Autumn 2023 nine community commissioners were joined by civic commissioners representing key organisations in York as part of the Poverty Truth Commission. The commissioners reported back to the HWBB in 2024 with their findings</li> </ul>
<p>7. Reduce both the suicide rate and the self-harm rate in the city</p>	<p>Director of Public Health</p>	<p>3 actions that have led to:</p> <ul style="list-style-type: none"> <li>• A Suicide Audit was undertaken in 2024</li> <li>• The York Ending Stigma (YES) programme led by YES champions has been awarded a contract until July 2025. Funding for this is specific to the ongoing promotion of suicide awareness prevention training</li> <li>• Work has started to refresh/relaunch the Suicide Safer Community Strategy</li> </ul>
<p>8. Improve diagnosis gaps in dementia, diabetes and high blood pressure, and increase the % of cancer detected at an early stage</p>	<p>NHS Place Director for York GP Representative</p>	<p>4 actions that have led to:</p> <ul style="list-style-type: none"> <li>• Collaboration between the ICB Place team and public health on a CVD prevention programme</li> <li>• Delivery of NHS health checks to the residents of York</li> <li>• Development of a Dementia Strategy for York along with a delivery/action plan</li> <li>• Working to reduce the number of York patients waiting over 62 days for a cancer diagnosis</li> </ul>



<p>9. Reduce sedentary behaviour and increase physical activity by 5% across the whole population</p>	<p>Consultant in Public Health</p>	<p>2 actions that have led to:</p> <ul style="list-style-type: none"> <li>• Updating the Playing Pitch Strategy and Built Facilities Strategy which are used to audit current provision</li> <li>• The Physical Activity and Sports Strategy was published in 2022 along with an action plan however the lasting effects of the pandemic halted the delivery of much of this. The physical activity strategic group was re-established in the latter part of 2024 to refresh the action plan.</li> </ul>
<p>10. Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population</p>	<p>Chief Executive York CVS Director for Adult Social Care</p>	<p>4 actions that have led to:</p> <ul style="list-style-type: none"> <li>• Both Local Area Coordination and Social Prescribing programmes have been successful in building trusted relationships with local residents thus helping to reduce loneliness and social isolation</li> <li>• Neighbourhood action plans are being developed to complement ward working and the delivery of local priorities.</li> <li>• An asset based community development (ABCD) approach has helped map community assets, connections and associations thus helping to build the social connections between citizens</li> <li>• Family hubs have been introduced to areas the most in need</li> <li>• The Age Friendly York model continues to provide the opportunity for citizens and providers to develop a shared approach to solving solutions that impact older people</li> </ul>

## **Options and Analysis**

12. The Board will want to consider how we measure and enable progress against the action plan in the remaining 8 years of the strategy.
13. There are several options for how this could be achieved:
  - a. Continue another cycle through the current 28 actions in the plan, which would see further embedding and assurance on what partners have committed to, but risk overlooking key areas of work outside the current actions.
  - b. Agree with the board lead for each goal a combination of new and old actions in each area appropriate for 2025-2027, and then cycle through reporting on these new actions from May 2025.
  - c. Take a different approach, for instance focussing on the six ambitions in the strategy, or on using themed sessions around the 'life course' areas (Start Well, Live Well, Age Well, Die Well), or focussing on the 'building blocks of health'.

## **Recommendations**

14. The recommended option is b), which builds on good progress and clear assurance around measurable goals but recognises that the actions need to be flexible as time passes, that some may have been achieved, and some new actions may now be relevant.
15. If this is agreed by the board, work will commence with each goal lead and the new action plan will be presented at the March Board before the first actions reported at the May Board.
16. The board are asked to delegate permission to the report authors to agree HWBB leads for each goal and new action.

## **Contact Details**

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**Annexes:**

**Annex 1:** HWBB 10 Goals Trend Data

**Annex 2:** HWBB Scorecard