



# North Yorkshire's Joint Strategic Needs Assessment 2010 Interim Report

# Foreword

We are very pleased to be able to present this Interim Report on the North Yorkshire Joint Strategic Needs Assessment. In order to plan services we need to understand the current and future health and well-being needs of our population. Through the JSNA we are able to review what the data and local areas are telling us about people and communities to reach a shared understanding of what this means in the short and longer term. The data annex gives a wealth of updated information which will be further developed for the next JSNA.

This interim report complements the locality JSNAs produced during 2009, updates on progress against the original 2008 recommendations and includes a particular focus on Scarborough, highlighted as an area of poorer health outcomes than the rest of the county. We hope that you find it useful and would welcome any comments on our future plans.

**Derek Law MBE**

Corporate Director - Adult and Community Services  
North Yorkshire County Council

**Cynthia Welbourn**

Director of Children's Services  
North Yorkshire County Council

**Rachel Johns**

Interim Director of Public Health,  
NHS North Yorkshire & York and North Yorkshire County Council

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## Annexes

(published separately)

- Annex 1 JSNA Data Book**
- Annex 2 General Responses to the JSNA**
- Annex 3 Responses to the JSNA in the Scarborough Borough**

# Introduction

*Joint Strategic Needs Assessment describes a process that identifies current and future health and wellbeing needs in light of existing services, and informs future service planning taking into account evidence of effectiveness*

(Guidance on Joint Strategic Needs Assessment, Department of Health, December 2007)

The first Joint Strategic Needs Assessment (JSNA) report for North Yorkshire was published in November 2008. This was followed during spring 2009 by publication of seven district summaries. It is planned to publish the next full JSNA report during 2012.

This interim report is not intended to replace the 2008 report. Its aim is to complement the existing report by:

- **Outlining responses** to the priorities identified in the 2008 JSNA report including a particular focus on the Scarborough Borough area. Tackling health inequality is a key priority within the JSNA and as Scarborough Borough experiences higher level of deprivation than the County as whole and tends to have worse health and wellbeing outcomes, we have highlighted it here.
- **Updating the current key priorities** from both county and district perspectives and refreshing data sources in the Data Book Annex to allow future planning. This interim report focuses more specifically on the health and well being priorities identified by local LSPs and key partners such as NHS North Yorkshire and York and the County Council's Adult and Children's Services. Whilst the impact of wider factors such as economic well being, community safety and opportunities to make a positive contribution are recognised as important influences on wellbeing, actions to respond to such issues are set out elsewhere. This interim report therefore focuses more strongly on key health and wellbeing priorities.
- The report also outlines plans for the **future development** in North Yorkshire of the JSNA process. It should be remembered that the JSNA is not just a report but is an on-going process to identify the needs of communities to help guide and inform service commissioning.

# Section 1 – What are we doing?

## 1.1 County Overview

Since the publication of the first JSNA for North Yorkshire in 2008 the JSNA has been used to inform service commissioning strategies. This includes the development of the NHS North Yorkshire & York Strategic Plan (see section 2.2) and a refresh of Adult Services commissioning plan. Across the county a number of specific services have been commissioned that address the priorities identified in the 2008 JSNA report.

The accompanying table (see annex 2) provides more detailed information and further examples, but some of the more significant examples are set out below.

**Telecare** Following social care assessment Telecare is available across the county for people with a range of needs. It currently helps manage risks for carers, people with learning difficulties, mental health issues, physical and sensory impairment and older people. Telecare is available and easily installed in rural areas. If phone lines are not available, GSM/GPRS technology can be installed to support the users and carers.

The management of patients with Long Term Conditions using Telehealth units which monitors their condition on a daily basis in their own homes is also being developed and is in use on a trial basis with a number of patients in the Whitby area.

**Physical activity** The Children and Young People's Plan and Local Area Agreement both include targets to increase participation of children and young people in physical activity. Delivery of these targets is supported by a range of actions. In 2008/09 92% of children and young people accessed 2hrs or more physical activity within the school curriculum. This was an increase from 88% in the previous year and is above the national average of 90%

**Unplanned teenage conception** The four Emergency Hormonal Contraception (EHC) schemes have been refined into one service thereby providing consistency across North Yorkshire and York. Participating community pharmacies can provide EHC to young women aged 14 to 24 years and provide informed advice and support to compliment existing sexual health services.

**Safeguarding** A separate North Yorkshire Safeguarding Adults Board has been established. Additional new safeguarding posts, a Manager and four Officers, have been created to support operational staff. Telecare technology has also been used to safeguard and protect those at risk of bullying and harassment.

The Children and Young People's Plan sets out the arrangements and accountabilities for safeguarding children. Following Ofsted inspections of safeguarding in 2009 a comprehensive improvement plan is being implemented.

This includes increased investment in social care services, including provision of more than 20 additional social workers, Improvements to the information systems which support social work practice

**Reablement** The transformation of the majority of the county's in-house adult's domiciliary care service into a re-ablement service has commenced. This approach focuses on re-abling people within their homes so they achieve their optimum level of independence with the lowest appropriate level of ongoing support care.

**Bullying** The Children and Young People's Plan includes actions to reduce bullying. Following the development and implementation of an anti-bullying programme, the number of children who report they have been bullied has reduced. 83% of parents are satisfied with support services for bullying.

Survey evidence suggests bullying is less of a problem in North Yorkshire compared to the national picture.

**Childhood obesity** The Healthy Schools Programme ensures that all pupils are able to eat healthily and participate in physical activity. 100% of schools participate in the Healthy Schools Programme and 76% of schools have achieved Healthy Schools Status. In 2008/09 childhood obesity amongst pupils in Year 6 reduced.

The Primary Care Trust (PCT) has produced a 'Healthy Weight and Active Lives' strategy which includes reducing childhood obesity.

**Housing** The North Yorkshire Housing partnership is developing a sub regional housing strategy and local action plans. This will identify priorities and maximise delivery of affordable and accessible housing for the community. A Choice Based Lettings scheme is being implemented which will make the information about what housing is available more accessible to all.

**Children's participation** The Children and Young People's Plan includes actions to increase children and young people's participation in shaping services. A Young People Participation Strategy has been developed and was signed-off by the Children's Trust Board in March 2010. A participation tool - HyBRid - has been developed and is being embedded in service planning and delivery.

Comparatively high levels of pupils report that their views are asked for in the running of their school (74% secondary, 68% primary). 64% of secondary pupils believe their views make a difference to the running of their school. More than 90% of looked after children participate in their reviews.

**Coronary heart disease** Vascular risk checks, smoking cessation services and services to address obesity risks have been introduced to reduce the rate of premature death from coronary heart disease (CHD). Access to treatment, e.g. angiography/angioplasty, has also been improved.

**Early years services** The development of SureStart children's centres and childcare services has continued. 37 SureStart children's centres are in place, delivering early years services and support.

## **1.2 Focus on Scarborough Borough**

### **Introduction**

The Joint Strategic Needs Assessment (JSNA) told us that the health and wellbeing of people in Scarborough is similar to the England average, yet it is worse than other parts of North Yorkshire. There are differences between different parts of the Borough, with concentrations of deprivation and poor health outcomes in particular wards. Early deaths from heart disease, stroke and the incidence of long-term condition are higher than the England average. The population of Scarborough is aging with a particular local issue of net inward migration of predominantly older people who come to retire in the Borough. The forecast number of people aged 65 and over as a percentage of the total population (23% in 2010, 25% in 2015 and 26% in 2020) is the highest in the county and significantly higher than the average for England.

### **The impact of the JSNA**

The JSNA brought the issue of health inequalities into a sharper focus in Scarborough Borough and it has informed the work of partner agencies. It has influenced the development of the priorities in the new Sustainable Community Strategy 2010, recently produced by the North Yorkshire Coast Community Partnership and includes key priorities relating to:-

- Health
- Older People
- Children and Young People
- Alcohol Misuse

The JSNA has also informed the work of the local Older Peoples Development Group, a partnership forum between the statutory sector and older peoples groups, the Learning Disability Partnership Board and the Older Peoples Mental Health Planning and Local Implementation Group (PLIG).

More directly it has shaped the commissioning intentions of Adult and Community Services (ACS) and NHS partners. The transformation of ACS services around establishing a reablement service, investing in prevention, telecare and developing a comprehensive network of extra care services are designed to help tackle the issues the JSNA raises at a strategic level. The evidence base is that such services provide better outcomes for people and that they will be more appropriate and cost effective in the longer term.

## Local Examples

The accompanying table (see annex 3) provides more detailed information and further examples, but some significant ones are set out below.

- The extra care scheme in Castleton in the Esk Valley opened in 2009. It is a innovative scheme that provides care and support for older people in one of the more remote rural communities within the Borough.
- The need for extra care housing to improve outcomes for older people in the Eastfield area and replace existing models of provision is recognised. Due to the recent difficulties in getting a scheme in place the need to do so is a high priority in the County Council's development of extra care housing.
- Additional GP Health Centres have been provided in Scarborough's Castle ward to improve service access times and provide special services for sexual health, mental health and drug and alcohol users.
- The project plan for the County wide transformation of the in house home care service into a re-ablement service has the development of this service in Scarborough as an early priority. All of the Scarborough town area will be working to this model by early 2011. This will improve outcomes for people by promoting independence and maximising opportunities for people.
- NHS North Yorkshire and York successfully bid for a Department of Health grant to support a pilot project to develop health trainer services in Scarborough. Health Trainers offer support with: Healthy eating, losing weight, physically activity, stopping smoking, reducing alcohol and substance misuse, sexual health and reducing stress and anxiety.
- Children and young people for whom there is a mental health concern are experiencing improved access to specialist mental health services. In addition to access to GP-based primary mental healthcare workers, a multi-agency panel has been established in the Scarborough Borough to signpost children/ young people to appropriate services. This Emotional and Behavioural Concerns Panel is tasked with reducing the number of inappropriate referrals to services for these youngsters.

## **Section 2 - Priorities Update**

Across the county the overriding priorities for people's health and wellbeing are generally the same as described in the 2008 JSNA report. An ageing population, rurality and the current economic climate are key challenges across the county for achieving the shared objectives of reducing health inequalities, improving people's choices, independence and access to high quality services.

### **2.1 Local Strategic Partnership Priorities**

#### **Introduction**

The district Local Strategic Partnerships across the county were asked for their health and well being priorities. The priorities were identified by the LSP Managers/Coordinators and are a mixture of data and results of consultations. They are mainly those issues identified through local community strategies, but also include priorities identified through local plans (e.g. Parish and Area Plans) and through groups such as older people's groups, Community Safety Partnerships, LSP groups and other local partnerships.

#### **Shared Priorities**

A number of shared priorities were identified by LSP's including.

#### ***Being Healthy***

The following are priorities in the majority of districts:

- Tackling alcohol related harm
- Reducing childhood obesity
- Encouraging healthy lifestyles (particularly increasing levels of physical activity and healthy eating).
- Reducing health inequalities (targeting both specific geographical communities and vulnerable groups within the community )

Strategies recognise the important links between health and issues such as economic well being, good housing and tackling issues such as fuel poverty.

All areas of the County have an ageing population and the need to plan effectively to reflect the needs of a growing number of older people is highlighted within a number of the local strategies.

#### **Access to Services**

In a predominantly rural county, access to high quality services and issues of rurality are consistent priorities.

- All areas identify the issue of transport as being crucial both in accessing healthcare and in promoting well being

- A number of districts also identify a need to improve access to information and co-ordination of services as important priorities.

### **Being Safe**

- Safe roads (reducing injury and death) is a priority in all areas.

The following are priorities in the majority of districts:

- Alcohol related crime and disorder
- Anti-social behaviour (including behaviour of young people, vandalism, graffiti, damage to vehicles)
- Domestic abuse.

### **Local Priorities**

The following table shows some of the specific local **health and well being** priorities identified by Local Strategic Partnerships. Following the 2010 general election, it is anticipated that a greater emphasis will be placed on locality and local solutions. Irrespective of future partnership structures these will remain the priorities of local communities.

Scarborough	<ul style="list-style-type: none"> <li>• Tackling disadvantage and deprivation and reducing health inequalities.</li> <li>• Alcohol misuse</li> <li>• Promoting healthy lifestyle choices (inc. reducing obesity)</li> <li>• Safe roads</li> <li>• Domestic Abuse</li> <li>• Concerns about retention of local services, including hospitals (Scarborough and Whitby).</li> <li>• Improved information about health services</li> <li>• Improved communication between services, including when patients are discharged from hospital.</li> </ul>
Ryedale	<ul style="list-style-type: none"> <li>• Children and adults participating in physical activity and leading active lives</li> <li>• Co-ordination of health appointments with available transport</li> <li>• Alcohol related harm</li> </ul>
Hambleton & Richmondshire	<ul style="list-style-type: none"> <li>• Healthy lifestyles/increasing physical activity (adults, children, employees, people with a learning disability and older people)</li> <li>• Reducing obesity</li> </ul>

	<ul style="list-style-type: none"> <li>• Reducing fuel poverty</li> <li>• Improving sexual health (under age conceptions, reduce 2<sup>nd</sup> babies born to teenage mothers and reducing STDs)</li> <li>• Reducing smoking (increasing brief interventions and advice)</li> <li>• Increased awareness of safe drinking levels</li> </ul>
Harrogate	<p>Currently the Harrogate District Strategic Partnership has ten priorities of which several have implications for health and well being. These being:</p> <ul style="list-style-type: none"> <li>• Reduce drug, alcohol misuse and smoking</li> <li>• Increased physical activity across the Community</li> <li>• Improved access to facilities and services (information, cost and local delivery of health, community cultural and sports facilities).</li> <li>• Support for independent living (focus on older people, disabled and young people).</li> <li>• Improved/accessible transport</li> <li>• Support for parents/carers</li> </ul>
Craven	<p>Craven LSPs priorities do not currently include Health and Wellbeing however priorities are being reviewed during 2010 which may increase the LSPs focus on health issues.</p> <p>Currently the following issues have been highlighted as concerns by local partnerships.</p> <ul style="list-style-type: none"> <li>• Alcohol related harm/crime and disorder (additional resources for alcohol support services to meet unmet need)</li> <li>• Childhood obesity</li> <li>• Reducing health inequalities</li> <li>• Improving access to services</li> <li>• Reducing fuel poverty and improving housing</li> </ul>
Selby	<ul style="list-style-type: none"> <li>• Tackle disadvantage (Selby North and Selby south in the Country's top 20% most deprived areas).</li> <li>• Improve outcomes for vulnerable groups (including need for specialist accommodation for disabled and older people)</li> </ul>

## **2.2 NHS North Yorkshire and York Strategic Plan: Healthier Lives, 2010 to 2015 – Objectives and Priorities**

### **Introduction**

NHS North Yorkshire and York (NHS NYY) has produced a five year strategy for healthcare in North Yorkshire and York to give the people of North Yorkshire and York the best possible healthcare outcomes, helping all to live long and healthy lives. The Strategic Plan is available at

[www.northyorkshireandyork.nhs.uk/directorates/strategy/healthierlives.htm](http://www.northyorkshireandyork.nhs.uk/directorates/strategy/healthierlives.htm) The mission is to commission the highest quality health services that:

- Reduce health inequalities
- Empower individuals to manage their own health
- Create seamless care with partners, which make best use of our allocated resources

### **Key Strategic issues – defining the biggest challenges**

NHS North Yorkshire and York produces a comprehensive annual public health report that details the health needs of the local population. The 2009 report, Finding the Mission for Commissioning: Annual Report of the Director of Public Health available at [www.northyorkshireandyork.nhs.uk/aboutus/publications/phannualreport](http://www.northyorkshireandyork.nhs.uk/aboutus/publications/phannualreport). along with the Joint Strategic Need Assessments (JSNAs) created for the City of York Council (CYC) and North Yorkshire County Council (NYCC) have been utilised in the development of the strategic plan. The examination of this health needs data along with evaluation of current health services, a review of best practise and the expert staff knowledge, resulted in the recognition of key strategic issues for North Yorkshire and York including:

- The population in North Yorkshire and York is changing, it is growing, ageing and becoming more diverse
- There is inequity in health outcomes. Overall the health outcomes in North Yorkshire and York (NYY) are some of the best in the country, but there are areas where outcomes are below average and this usually correlates with areas of high deprivation or access issues relating to rurality
- Our geography is mostly rural, which presents both opportunities for better health and challenges around access to services and social isolation.
- There is a need for a greater focus on health promotion and education and on disease prevention
- There is a need to be prepared to respond to our changing economic climate, specifically how and where money is spent

- Due to economic and service quality drivers better ways to undertake joint and co-commissioning with partners is needed
- There are increasingly higher expectations and standards of quality
- There is a greater focus on patients and individual needs and choice

### **Goals to respond to the biggest challenges:**

With partners and stakeholders six goals are identified to respond to the key strategic issues the population of North Yorkshire and York. The goals for the next five years are:

#### **Comprehensive services for the ageing population**

Over the next ten years there will be significant growth in both the over-65 and over-85 age groups. This growth will require NHS NYY to work with partners to ensure high quality and joined up services are provided to enable this population to live independently.

#### **Reduction in health inequalities**

North Yorkshire and York has very good overall health outcomes, although in some areas national averages are not met. These areas where there are poor results are by and large also the areas where there are high levels of deprivation. NYY is a large geographical area with many areas sparsely populated which results in limited access to services. Good health and well-being should be a reasonable expectation of all the people of NYY regardless of their circumstances. Work will take place to ensure that the level of inequality will be significantly reduced over the next five years.

#### **Improved health and well-being of the population through the promotion of healthy lifestyles**

Over the next five years individuals and communities will be supported to make healthy choices about their own health. This will be accomplished through tailored interventions for those who are least likely to make these choices.

#### **Clinically and financially sustainable healthcare system**

NHS NYY will work with partners to ensure a health system that is both clinically and financially sustainable.

#### **Highest quality care in the right settings**

There must be a full care pathway approach to the health services commissioned, recognising that individuals want care to be high quality and convenient and have an important say in how and where they are cared for. NHS NYY needs to ensure patients receive access to early intervention and diagnostics, provide services close to people's homes or in locations that are accessible and to make services available when people need them.

### **Strong partnerships focused on the individual**

Over the next five years NHS NYY will commit to working positively with existing partners and find opportunities to engage with new partners to increase productivity and quality.

### **Health Outcomes**

NHS North Yorkshire and York Board will monitor **ten outcome measures** during the implementation of the plan.

The outcome measures relate to:

1. Inequalities in life expectancy (health inequalities)
2. Overall life expectancy
3. Prevalence of obesity in Year 6 children
4. Stroke deaths within 30 days of admission
5. Rate of alcohol-related hospital admissions per 100,000
6. CHD mortality
7. Proportion of all deaths that occur at home
8. Delayed transfers of care
9. Smoking quitters
10. Access to Psychological Therapies (IAPT)

### **Delivering the strategy**

In conjunction with co-commissioners, the population, partners and providers, ambitious goals are set for 2010 which respond to the key issues in North Yorkshire and York. In order to deliver these goals and associated outcomes the best chance of success is to have robust and detailed supporting **strategic initiatives** as follows:

- Build an improved community system
- Responding to dementia
- Help people to change their behaviour
- Self care and self management of disease
- Clinical networks and alliances
- An urgent care system

## **2.3 North Yorkshire County Council Adult and Community Services - Objectives and Priorities**

### **Objectives**

The overall aim of the North Yorkshire County Council Adult and Community Services is to promote the well-being of people and communities by the provision of appropriate support and information.

Key objectives are:

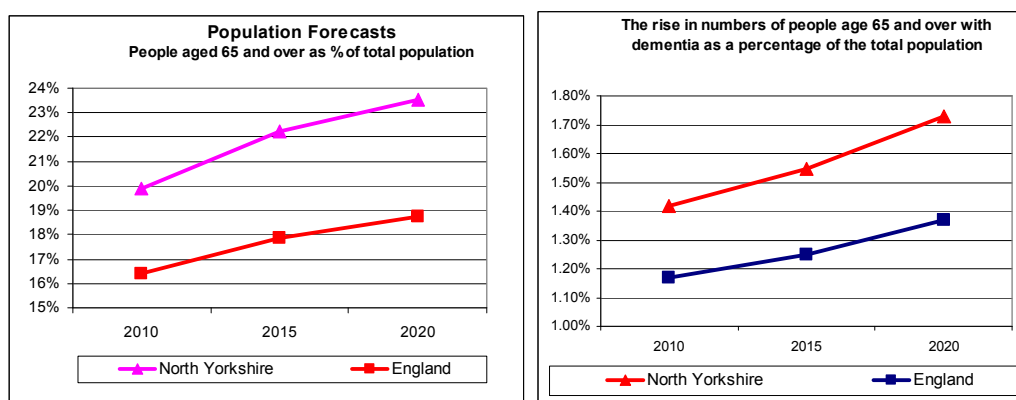
- To ensure that there are effective safeguarding arrangements in place for people of North Yorkshire which prevent and protect from all forms of abuse.
- To ensure that more universal services are available to people which are flexible, offer choice and enable people to achieve the key outcome of living independently for as long as possible.
- To plan, commission and purchase care effectively through the implementation of the Strategic Commissioning Strategy and 'Putting People First' concordat and so ensure that there is person centred, cost effective and safe provision for the people of North Yorkshire.
- To maximise the use of financial resources through robust budget management and value for money approaches and provide more services to vulnerable adults to help them retain or regain their independence.
- To reduce the reliance on residential care by exploring every means of supporting people closer to home. For some people extra care will be their new home.
- To exploit the opportunities made available by technology so that practical benefits and improved outcomes are gained for staff, partners and service users.
- To improve access to services within the County through the Authority's Public Access Strategy so that more people receive customer centred services.
- To promote good practice in equalities that benefits all people, aims to eliminate all forms of unlawful discrimination and promotes equality of opportunity for people in our services, employment and partnerships.

### **Challenges**

A major challenge to meeting the objectives is the demographic changes occurring across North Yorkshire. An ageing population, is, leading to an increasing number of older people with support needs. This will include a significant increase in the number of people with dementia.

Although an ageing population is a trend across all of the country it is a bigger issue for more rural areas such as North Yorkshire where there tends to be a net inwards migration of older people adding to the ageing “native” population.

- The number of people aged 65 and over in the county is forecast to increase by 17% between 2010-15 and by 30% 2010-20, higher than average for England.
- The forecast number of people aged 85 and over in the county is forecast to increase by 17% between 2010-15 and by 40% 2010-20.
- The number of people aged 65 and over in the district suffering from dementia is forecast to increase between 2010-15 by 14% and by 34% between 2010-20.



More efficient ways of procuring and delivering care and support are required that continue to be of high quality and treat people with dignity and respect. The program of work described below responds to this challenge.

## Priorities

Particular areas that have been identified as priorities:

- **Market Shaping** – developing and sustaining the adult social care market in the context of changing demographics, and minimising impact on the independent sector/ voluntary organisations in the recession. This will build upon what is learnt from the dialogues with the voluntary sector and with providers of care services and that took place in 2009 and the start of 2010.
- **Re-ablement** – the transformation during the next two years of the majority of the county’s in-house domiciliary care service into a re-ablement service. This approach focuses on re-abling people within their homes so they achieve their optimum level of independence with the lowest appropriate level of ongoing support care.
- **Telecare** – continue to develop the use of Telecare to offer effective, cost efficient solutions to help people retain their independence. Telecare can improve and maintain well-being, self-esteem, independence and autonomy enabling individuals to live safely and securely at home.

- **Personalisation and personal budgets** – personalisation is about creating more opportunities for self directed support. It is a process that changes the way that adult social care is planned, managed and delivered. People are given more choice and control over their care. They will have the freedom to assess their own needs, plan their own support and manage their own social care money, all with the help and guidance of North Yorkshire County Council social care staff. And, by allowing them to find their own solutions, it draws on the strengths of local communities and people’s pre-existing support networks.
- **Extra Care Housing** – continue to work with other organisations to develop more choices around Extra care.  
Extra care housing offers a choice of accommodation such as flats or bungalows, for sale or rent. All offer the security of owning or renting one's own home, control over personal finances and the peace of mind that goes with having access to 24hr support available on site if needed.

**The common thread through all of the priorities is to ensure that people are safeguarded in what ever setting they choose to live. This remains a number one priority.**

### **Partnerships**

The drive to support more people at a time when availability of resources does not match demand will need creative solutions to be found to meet people’s support needs. This cannot be delivered in isolation and will require collective approaches:

- Integrating more effectively how we buy and delivery care.
- Partnership approaches to minimise all duplication in terms of how things are done, in structures, backroom approaches etc. This should result in better integration within geographical zones and across similar organisations.
- That investment will go to where it is used most cost effectively i.e. where better outcomes are delivered for more people and where the greater inequalities in health and well-being exist.

## 2.4 North Yorkshire County Council Children and Young People's Service - Objectives and Priorities

### Objectives

Childhood and adolescence are periods of astonishing growth and development, and the Children and Young People's Service recognises the importance of supporting all children and young people during these dynamic life stages. The overall objective of the service is to deliver the Every Child Matters five outcomes:

- Be healthy
- Stay safe
- Enjoy and achieve
- Make a positive contribution
- Achieve Economic Well Being.

Through these outcomes we aim to enable all children and young people to:

- **Adopt healthy lifestyles:** all children and young people can participate in physical exercise and benefit from healthy eating, can enjoy good mental and emotional health, and can receive suitable advice and support regarding drugs, alcohol, and sexual health, and receive good health care when they need it.
- **Be safe and feel safe:** all children and young people are free from maltreatment, abuse, violence and neglect, can live in caring and stable households, are protected from accidents, and are not victims of bullying and discrimination or criminal and antisocial behaviour.
- **Enjoy and achieve both in and out of school:** all children and young people grow up ready for school life; they attend and enjoy their school, can fulfil their potential through academic and vocational activities, and have opportunities for recreation, culture and personal development.
- **Make a positive contribution to their communities:** all children and young people can have a say in decisions that affect them (such as in their school or local community), can develop positive relationships with others and be law-abiding citizens, and can pursue enterprising activities which enhance their communities.
- **Achieve economic security and a successful transition to adulthood:** all children and young people can live in decent homes free from poverty, are ready for employment and can pursue training and education after leaving school, and can access reliable transport to help them get around.

## Challenges

- **Geography.** Delivering the Every Child Matters outcomes in a large, sparsely populated and predominantly rural county brings challenges including:
  - Pockets of deprivation within a broadly affluent county
  - Rural deprivation and isolation
  - Limited choice for service users: the local service is often the only service and so it must be good
  - Dangers of inequity in the coverage or reach of services
  - Vulnerable groups are widely dispersed
  - Inclusion and barriers to it
  - Integrating dispersed services and multiple partner organisations
- **Safeguarding.** All children's social care services face pressures following the Baby Peter case in Haringey and other similar cases elsewhere. Last year an Ofsted inspection found that safeguarding arrangements in North Yorkshire are adequate. Challenges remain, however, and including dealing with a big increase in social care referrals in a timely and appropriate manner, ensuring we have sufficient numbers of social workers, and improving the information systems which support them. In addition, we must ensure that safeguarding arrangements remain compliant with a changing national policy context.
- **Public Finances.** The Children and Young People Service in North Yorkshire provides good value for money by being high performing but relatively low-spending. We maximise the resources which go to front-line service provision such as schools, social work and children's centres. We know that public services face budgetary pressures in coming years, and a key challenge is to maximise the quality and coverage of service provision during this period of financial constraint.

## Priorities for 2010/11

We strive for continuous improvement and aim for our services to be as dynamic and vibrant as the people we serve. Our key priorities are:

- **Keeping children and young people safe** We will enhance child protection services and safeguarding arrangements to ensure that all children and young people remain safe from harm. We will consolidate the delivery of our comprehensive improvements developed in response to the Ofsted inspections of safeguarding and services for looked after children which took place in 2009. This includes improving the timeliness of social care assessments, increasing the number of frontline social care workers, enhancing the information systems which support social work, and working with health providers and commissioners to improve health services for looked after children.

- **Children with disabilities** We will continue to improve services for disabled children and their families, including implementing the next stages of the learning difficulties and disabilities strategy.
- **Educational attainment** We will maintain high standards of educational attainment at all key stages, and provide more intensive support for those pupils and schools which perform less well.
- **14 to 19 curriculum** We will continue to implement key changes to the 14 -19 curriculum, including the introduction of a broader range of learning diplomas and apprenticeships. We will complete the transfer of functions previously held by the Learning and Skills Council, which means that the County Council will be responsible for planning education and training provision for 16-19 year olds.
- **Supporting families** We will continue to develop local preventative services to support children and families, including Sure Start children's centres, extended schools, and parenting support. This means that children, young people and their families will have access to help and support in and around their communities. We will also develop new ways of making family support provision more joined-up with other providers such as the health service.

## Section 3 - Data Annex Summary

The data annex has been updated where possible, giving a wealth of information on a range of health related indicators for North Yorkshire and for the Districts. Generally the health and well-being of the population of North Yorkshire remains very good with many indicators placing us significantly better than the national average. However we are not complacent and the following list highlights some of the updated data which is significantly different to the national average or indicates inequalities in health across the county:

### **Resident Population - Older People**

North Yorkshire has a substantially higher proportion of older people than the national average and since 2001 the growth of this section of the population in North Yorkshire has accelerated faster than the national average. There is also an associated increase in the number of people with dementia.

The County overall has a substantially lower number of claimants of Disability Living Allowance per head than the national average.

### **Disability Living Allowance Claimants**

The County overall has a substantially lower number of claimants of Disability Living Allowance per head than the national average. Richmondshire district has the lowest proportion, approximately 60% of the national average. However Scarborough district has a substantially higher level than that of England as a whole.

### **Adult participation in sport N18**

North Yorkshire is not on target to achieve 26.7% participation by 2010/2011, however in 2008 the North Yorkshire rate was 23.4%, which is higher than the England rate of 21.3%.

### **Prevalence of Coronary Heart Disease**

All localities within North Yorkshire had registered prevalence rates that were significantly higher than the national average (NYY PCT – 4.4% compared with 3.5% for England) and overall expected prevalence rates were highest in Scarborough and Ryedale. However, this may reflect higher levels of coverage by general practice rather than truly higher prevalence.

### **Smoking in pregnancy**

The NY LAA aims to reduce prevalence to 13% by 2009/10. Prevalence is highest in the Scarborough Whitby & Ryedale locality (21.8% compared to the lowest North Yorkshire rate in Craven & Harrogate of 9.6%)

### **Breastfeeding Initiation**

Prevalence is lowest in the Scarborough, Whitby & Ryedale locality (54%) compared with Craven & Harrogate (83.5%), which is the highest rate in North Yorkshire.

### **Chronic Obstructive Pulmonary Disease**

The overall prevalence in North Yorkshire was the same as the national average, although prevalence rates were significantly higher than the national average in Craven, Selby and Scarborough. This may be accounted for in terms of coverage or lack of age standardisation.

### **Children's Social Care - Timeliness of Core Assessments**

This indicator measures the percentage of children's social care core assessments completed within 35 working days. Core assessments are in-depth assessments of the child or children and their family. Timeliness of core assessments is an indicator of effectiveness in assessing and meeting children's needs.

Performance in North Yorkshire has improved in absolute terms in recent years, but performance remains below national averages.

### **Health Assessments of Looked After Children**

This indicator measures basic health requirements which should not be overlooked for looked after children and which serve as an indicator of good overall health outcomes. It is an amalgam of two components: (1) visits to the dentist and (2) health assessments. Poor performance in one component can mask good performance in the other.

Historical performance in North Yorkshire has been good. Recent performance has declined in both absolute and relative terms.

## Section 4 - What Next?

The primary aim of the JSNA is to inform service commissioners of the needs and service inequalities within the communities of North Yorkshire. The 2008 report used consultation responses and available data at a North Yorkshire level. Where possible data was broken down to district level, but time pressures meant that, from a district perspective, it was a very “top-down” process. The local summaries published in spring 2009, and this interim report allow us to focus the JSNA process on the needs of people within each district and to build up from the district level to produce the county wide JSNA.

This is important as it is intended that the JSNA should have greater emphasis on identification of service inequalities across the county and local differences, as well as identifying shared need and priorities across the County.

Key objectives for the North Yorkshire JSNA in future are:

- Its focus will primarily be on core health and wellbeing issues.
- It will be the authoritative source of health and wellbeing needs information for the area that can be used as the basis for more detailed analysis if required.
- It will not duplicate other reports but should summarise content that impacts on health and wellbeing and reference the full reports.
- It will identify priorities in terms of needs and inequalities of service provision. Recommendations, based on evidence such as NICE guidance will be made to statutory and other partners.
- It will increasingly include projections of future trends as well as current information.
- The JSNA will take account of any equality mapping and understanding of communities including the extent of inequality and disadvantage, carried out locally as part of organisation’s work to meet equality duties and the equality standards/framework.
- The JSNA covers all age groups and will include consideration of the needs of people with current good health and well being e.g. preventative service needs, as well as those who have physical, mental or other “traditional” health or social care needs.
- Action taken to address the national deficit is anticipated to impact on the delivery of public services. The JSNA highlights needs within the community. The challenge for commissioners in a period of financial constraint is to find creative, innovative and efficient solutions to address those needs.

A Local Information System (LIS) for North Yorkshire and York is currently under development by key partner organisations across the county. The system will consist

of a database accessible by organisations across the County and (at least partly) by the public. A comprehensive dataset is being developed including:

- Crime
- Education and Skills
- Employment
- Business
- Health
- Housing and Homelessness
- Population
- Social Care
- Environmental

Once it is available it is anticipated that the LIS will largely if not totally replace the need for a JSNA data annex.

As well as quantitative data about an area, it is important that the JSNA continues to consider the more qualitative information. We will continue to consider information from local consultations including what people tell us about the area where they live and their needs.

New JSNA guidance is due to be published by the Department of Health later this year that will influence how the JSNA is developed in North Yorkshire. The new guidance is planned to include revised core guidance, a revised core dataset and a report and toolkit/guide on the role of JSNA and commissioning.

# Section 5 - Useful Downloads

## 5.1 Key Strategic Reports

- **Healthier Lives - 2010 to 2015**  
NHS North Yorkshire and York Strategic Plan  
[www.northyorkshireandyork.nhs.uk/aboutus/publications/phannualreport](http://www.northyorkshireandyork.nhs.uk/aboutus/publications/phannualreport)
- **Strategic Commissioning for Independence, Well-being and Choice**  
Strategic Commissioning for Adult Social Care in North Yorkshire for the next 15 year.  
[www.northyorks.gov.uk/CHttpHandler.ashx?id=485&p=0](http://www.northyorks.gov.uk/CHttpHandler.ashx?id=485&p=0)
- **Children and Young People's Plan 2008 - 2011 Year 2**  
This plan is about the children and young people of North Yorkshire and the commitment to their well-being.  
[www.northyorks.gov.uk/CHttpHandler.ashx?id=2725&p=0](http://www.northyorks.gov.uk/CHttpHandler.ashx?id=2725&p=0)
- **North Yorkshire Strategic Partnership (NYSP) Strategies**
  - Sustainable Community Strategy***  
The Sustainable Community Strategy 2008/18 sets out NYSP's long-term vision for North Yorkshire.  
[www.nysp.org.uk/downloads/Sustainable Community Strategy for NY 2008 18\\_refresh\\_ref\\_copy.pdf](http://www.nysp.org.uk/downloads/Sustainable%20Community%20Strategy%20for%20NY%202008%2018_refresh_ref_copy.pdf)
  - North Yorkshire Local Area Agreement***  
The North Yorkshire Local Area Agreement (LAA) is the three year 'deal' between the main public sector agencies in the area, other partners and central Government to improve services and the quality of life in North Yorkshire.  
[www.nysp.org.uk/html/local-area-agreement](http://www.nysp.org.uk/html/local-area-agreement)
  - Alcohol Harm Reduction Strategy***  
The Alcohol Harm Reduction Strategy is key to linking at a countywide level cross-cutting issues, including harms to health and well-being, social harms and the harms caused to the development, achievement and well-being of young people and families.  
[www.nysp.org.uk/downloads/Alcohol Strategy 04 12 07 amended final.pdf](http://www.nysp.org.uk/downloads/Alcohol%20Strategy%2004%2012%2007%20amended%20final.pdf)

## 5.2 Data Sources

- **North Yorkshire Joint Strategic Needs Assessment 2008 - 2011**  
[www.northyorks.gov.uk/jsna](http://www.northyorks.gov.uk/jsna)

- **Neighbourhood Profiles**

The profiles provide statistics for individual neighbourhoods and wards within a District area.

[www.northyorks.gov.uk/index.aspx?articleid=9701](http://www.northyorks.gov.uk/index.aspx?articleid=9701)

- **Health Profiles**

Health Profiles provide a snapshot of health for each area in England using key health indicators, which enables comparison locally, regionally and over time. They are designed to help local councils and the NHS decide where to target resources and tackle health inequalities in their local area.

[www.apho.org.uk/default.aspx?RID=49802](http://www.apho.org.uk/default.aspx?RID=49802)

