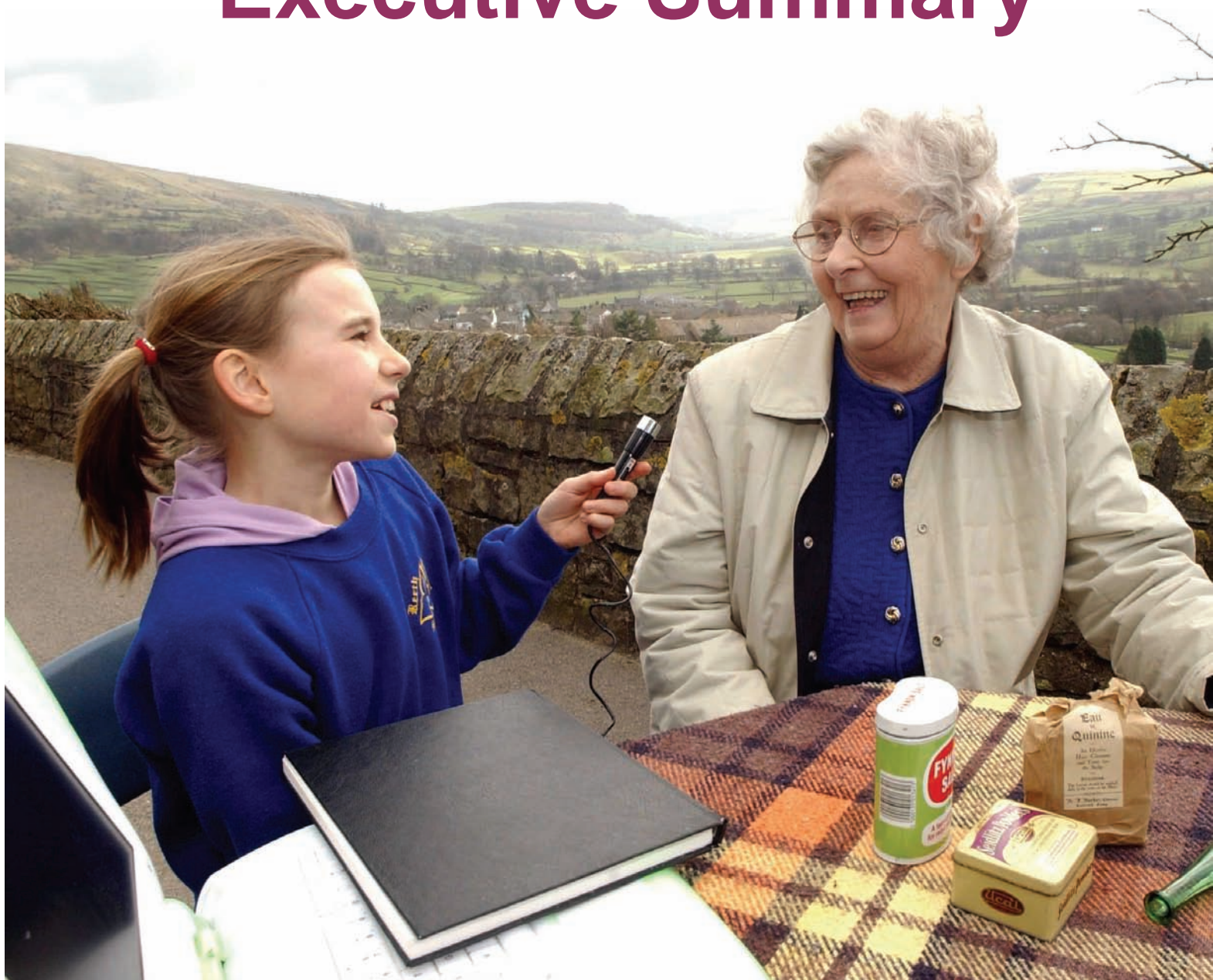


# North Yorkshire's Joint Strategic Needs Assessment Executive Summary



2008 – 2011

# Executive Summary

## About the JSNA

- 1.1 From 1 April 2008, it is the statutory duty of the Directors of Adult Social Services, Public Health and Children and Young People's Services to undertake Joint Strategic Needs Assessment (JSNA).
- 1.2 The Department of Health definition of JSNA is *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* [1].
- 1.3 Specifically, the JSNA is a tool to identify local population groups (rather than individuals) where needs are not being met and that are experiencing poor outcomes. It is a continuous process which involves consultation and dialogue across partners, sectors and communities.

## North Yorkshire's first version

- 1.4 Our first JSNA is structured around 6 outcome areas reflecting the commissioning outcomes for Health, Children and Young People, and Adults:
  - Being Healthy
  - Being Safe
  - Quality of Life
  - Making a Positive Contribution
  - Economic Wellbeing
  - Access to High Quality Services.
- 1.5 As an evidence base for commissioning decisions, it combines 3 important sets of information:
  - the core dataset – being developed nationally, but to be supplemented by locally relevant information
  - citizen voice – obtained through community engagement
  - evidence of effectiveness – how effective (and cost effective) different interventions and service models are.
- 1.6 The full report includes a 'stand alone' chapter per outcome area. For ease of reference, each chapter opens with a definition of the outcome area, the key messages for commissioners and top priorities emerging from the local data and 'JSNA voices' (feedback and views from local people). **It is acknowledged that commissioners will need time and opportunity to consider and respond to the JSNA findings.**

## Headline messages

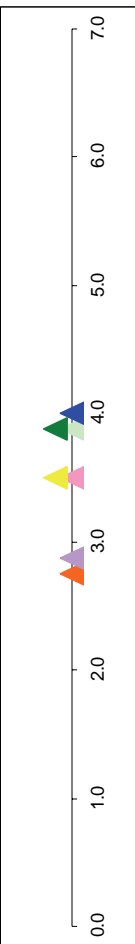
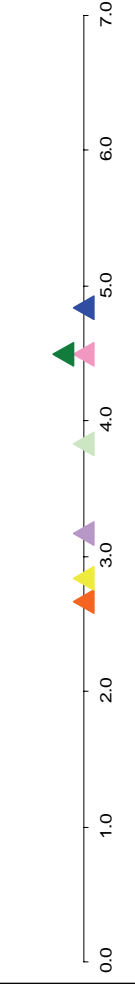
### 1.7 10 overarching messages can be drawn from the entire JSNA:

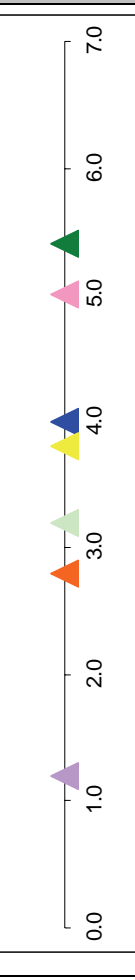

- Many more older people are predicted to live in North Yorkshire. As a result, there will be significantly more people in need of support to live independently, including people with dementia. This has major joint commissioning implications.
- The balance of the population is shifting, with a substantial increase in the number of older people, but fewer young people to supply the future workforce. This will present significant future problems for the delivery of services to support people's health and wellbeing.
- Lack of available and affordable housing present further barriers to securing a stable workforce and to people at risk of homelessness.
- There is a particular under-provision issue relating to the Gypsy and Traveller community – there are 558 Gypsy/Traveller/Show-people households in North Yorkshire, with only 196 pitches.
- Economic development on the East Coast (Scarborough area) is a problem and cause for concern.
- There are mixed messages from local people about our hospitals: *we value them, but we are not convinced about the quality.*
- Alcohol and drug misuse present as causes for concern and are likely to become an increasing problem. In promoting health and healthy lifestyles, more work is needed with children, young people and adults to understand risks, effects and long-term consequences of excessive alcohol consumption and drug/substance misuse.
- Fear of crime and anti-social behaviour is high and visible policing is regarded by local people as a deterrent in tackling both. Consistent messages include children and young people wanting safe places to go and things to do with their friends, and some adults wishing to see young people diverted from congregating in streets and public places.
- Access to NHS dentists and GP services is raised frequently by local people as a problem.
- People of all ages, including children and young people, place a high value on occupation, fitness, access to leisure and activity. A consistent message concerns the desire and willingness of people to be responsible for their own health and wellbeing and get on with their lives; they just need things to be put in place to enable that to happen. Partnerships with the District Councils, leisure services, transport, etc, are an increasingly important part of the infrastructure to enable all of us to be responsible for our health and wellbeing.

## Priorities and profiles

- 1.8 The following tables show priorities identified for each of the 6 Outcome Areas and overall rankings for each district within North Yorkshire (comparing between the 7 districts). **Regarding the latter, it is important to refer to the individual indicator pages within the JSNA data book (Annex 3) to avoid misinterpretation or abstract conclusions.** The full report provides more detail about local views, data findings and what needs to be done.

1 Priorities for Being Healthy:	2 Priorities for Being Safe:								
<p>Overall rank for each district within North Yorkshire (1 = worst – 7 = best):</p>									
<p><b>Key:</b></p> <table border="1"> <tr> <td>Craven</td> <td>Harrogate</td> <td>Ryedale</td> <td>Selby</td> </tr> <tr> <td>Hambleton</td> <td>Richmondshire</td> <td>Scarborough</td> <td></td> </tr> </table>	Craven	Harrogate	Ryedale	Selby	Hambleton	Richmondshire	Scarborough		
Craven	Harrogate	Ryedale	Selby						
Hambleton	Richmondshire	Scarborough							
<p><b>What needs to be done:</b></p>	<p><b>What needs to be done:</b></p>								
<ul style="list-style-type: none"> <li>Improve health outcomes for people living in the most deprived areas of North Yorkshire.</li> </ul>	<ul style="list-style-type: none"> <li>Safeguard children and young people.</li> </ul>								
<ul style="list-style-type: none"> <li>Improve health outcomes for groups of people most likely to experience poor health and/or struggle to access health services. For example, people with learning disabilities, people with mental health problems, people with physical or sensory impairment, carers, older people, people from some ethnic minority groups, and looked after children.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce bullying and discrimination (and improve access to information about this) for children, young people, parents and carers.</li> </ul>								
<ul style="list-style-type: none"> <li>Reduce the rate of premature death from Coronary Heart Disease (CHD).</li> </ul>	<ul style="list-style-type: none"> <li>Improve the provision of safe environments for children and young people.</li> </ul>								
<ul style="list-style-type: none"> <li>Improve mental health and wellbeing.</li> </ul>	<ul style="list-style-type: none"> <li>Safeguard vulnerable adults and increase reporting and protection.</li> </ul>								
<ul style="list-style-type: none"> <li>Reduce smoking prevalence, particularly amongst pregnant women.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce alcohol-related harm.</li> </ul>								
<ul style="list-style-type: none"> <li>Increase physical activity in children, young people and adults, but particularly amongst sedentary people.</li> </ul>	<ul style="list-style-type: none"> <li>Reduce deaths and serious injuries on the roads.</li> </ul>								
<ul style="list-style-type: none"> <li>Improve diet and nutrition.</li> </ul>	<ul style="list-style-type: none"> <li>Prevent falls in older people.</li> </ul>								
<ul style="list-style-type: none"> <li>Reduce levels of obesity in both children and adults.</li> </ul>	<ul style="list-style-type: none"> <li>Address residents' perception of the causes and perpetrators of anti-social behaviour.</li> </ul>								
<ul style="list-style-type: none"> <li>Reduce alcohol-related harm and substance misuse.</li> </ul>									
<ul style="list-style-type: none"> <li>Reduce the number of unplanned teenage conceptions and improve life chances for young families.</li> </ul>									

<h3>3 Priorities for Quality of Life:</h3>	<h3>4 Priorities for Making a Positive Contribution:</h3>								
<p>Overall rank for each district within North Yorkshire (1 = worst – 7 = best):</p> 									
<p><b>Key:</b></p> <table border="1" data-bbox="534 1556 606 2116"> <tr> <td>Craven</td> <td>Harrogate</td> <td>Ryedale</td> <td>Selby</td> </tr> <tr> <td>Hambleton</td> <td>Richmondshire</td> <td>Scarborough</td> <td></td> </tr> </table>	Craven	Harrogate	Ryedale	Selby	Hambleton	Richmondshire	Scarborough		
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<p><b>What needs to be done:</b></p>	<p><b>What needs to be done:</b></p>								
<ul style="list-style-type: none"> <li>● Improve the local environment (small things that make a big difference to local people, such as removal of graffiti, litter clearing, etc).</li> </ul>	<ul style="list-style-type: none"> <li>● Create more opportunities for social inclusion and occupation.</li> </ul>								
<ul style="list-style-type: none"> <li>● Widen the availability of housing solutions and target priority groups.</li> </ul>	<ul style="list-style-type: none"> <li>● Recognise and sustain carers.</li> </ul>								
<ul style="list-style-type: none"> <li>● Be more alert to needs associated with poor living conditions and seasonal changes, recognising heating as a particular concern.</li> </ul>	<ul style="list-style-type: none"> <li>● Improve the local environment and access to the community.</li> </ul>								
<ul style="list-style-type: none"> <li>● Increase the availability of low level support to prevent ill health, dependence and isolation.</li> </ul>	<ul style="list-style-type: none"> <li>● Keep promoting choice, control and influence.</li> </ul>								
<ul style="list-style-type: none"> <li>● Create more opportunities for social inclusion, activity and occupation.</li> </ul>	<ul style="list-style-type: none"> <li>● Reduce anti-social behaviour and its negative effects.</li> </ul>								
<ul style="list-style-type: none"> <li>● Improve support and services available to parents and families of children with learning difficulties and disabilities</li> </ul>	<ul style="list-style-type: none"> <li>● Improve the level of opportunities available for all children and young people, and increase the level of equity of these opportunities.</li> </ul>								
<ul style="list-style-type: none"> <li>● Improve educational standards for <b>all</b> children and young people.</li> </ul>	<ul style="list-style-type: none"> <li>● Increase access to sports, arts and cultural opportunities for all children and young people.</li> </ul>								
<ul style="list-style-type: none"> <li>● Enable <b>all</b> children and young people to attend, participate in, and enjoy their learning.</li> </ul>									

5 Priorities for Economic Wellbeing:	6 Priorities for Access to High Quality Services:								
<p>Overall rank for each district within North Yorkshire (1 = worst – 7 = best):</p> 									
<p><b>Key:</b></p> <table border="1" data-bbox="494 1169 566 2145"> <tr> <td>Craven</td> <td>Harrogate</td> <td>Ryedale</td> <td>Selby</td> </tr> <tr> <td>Hambleton</td> <td>Richmondshire</td> <td>Scarborough</td> <td></td> </tr> </table>	Craven	Harrogate	Ryedale	Selby	Hambleton	Richmondshire	Scarborough		
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<p><b>What needs to be done:</b></p>	<p><b>What needs to be done:</b></p>								
<ul style="list-style-type: none"> <li>● Increase the availability of affordable housing.</li> </ul>	<ul style="list-style-type: none"> <li>● Improve the timeliness of initial and core assessments in children’s social care.</li> </ul>								
<ul style="list-style-type: none"> <li>● Reduce fuel poverty.</li> </ul>	<ul style="list-style-type: none"> <li>● Increase the proportion of looked after children receiving the requisite health and dental checks.</li> </ul>								
<ul style="list-style-type: none"> <li>● Develop sustainable employment opportunities.</li> </ul>	<ul style="list-style-type: none"> <li>● Continue the development of children’s centres, extended schools and integrated youth support.</li> </ul>								
<ul style="list-style-type: none"> <li>● Increase support for ‘back to work’ schemes, particularly for the most vulnerable groups (e.g., people with mental health problems).</li> </ul>	<ul style="list-style-type: none"> <li>● Improve equality of access to specialist services and support for all children and young people.</li> </ul>								
<ul style="list-style-type: none"> <li>● Increase the number of training and employment opportunities for young people aged 16-19 years.</li> </ul>	<ul style="list-style-type: none"> <li>● Improve access to services in rural areas.</li> </ul>								
<ul style="list-style-type: none"> <li>● Increase support for preparing pupils for employment or further education.</li> </ul>	<ul style="list-style-type: none"> <li>● Identify and make use of the demand for high quality affordable public transport.</li> </ul>								
<ul style="list-style-type: none"> <li>● Improve access to services for children and young people.</li> </ul>	<ul style="list-style-type: none"> <li>● Ensure that services can be accessed and delivered as ‘close to home’ as possible.</li> </ul>								
<ul style="list-style-type: none"> <li>● Improve early years’ services and child care provision.</li> </ul>	<ul style="list-style-type: none"> <li>● Increase the use of assistive technology (this includes the whole range of assistive equipment from grab rails and disability equipment to telecare and telemedicine).</li> </ul>								
<ul style="list-style-type: none"> <li>● Increase the diversity and level of skills.</li> </ul>	<ul style="list-style-type: none"> <li>● Ensure that information is widely available and timely – in a range of formats – about services, support, occupation and activity.</li> </ul>								
<ul style="list-style-type: none"> <li>● Increase the take up of benefits by the most vulnerable people (e.g., older people, single parents).</li> </ul>	<ul style="list-style-type: none"> <li>● Improve access to IT.</li> </ul>								
	<ul style="list-style-type: none"> <li>● Improve access to sport and leisure facilities.</li> </ul>								

## Next steps

- 1.9 Commissioners will need to grow and strengthen the JSNA evidence base as knowledge of successful service models and interventions increases. Our first version includes a small sample of evidence and practice illustrations which need to be corroborated and extended by commissioners.
- 1.10 A distinguishing feature of the JSNA is the emphasis on what local people think about where they live, the local environment, problems encountered and where improvements could be made. JSNA covers the **whole** population – people of all ages, living in all areas. Account needs to be taken of the messages received through the JSNA and consideration given to whether '*what we are doing already*' actually addresses the problems and concerns raised by local people.
- 1.11 There are 3 main documents which supplement the JSNA and some cross-referencing is likely to be required by commissioners:
- (i) The PCT's programme budgeting work: *Investing in Health in North Yorkshire and York* (P Brambleby, Director of Public Health, NYYPCT, 2008), which identifies main areas of expenditure in local health services and compares these to similar PCTs and the England average.
  - (ii) North Yorkshire County Council's *Strategic Commissioning for Independence, Wellbeing and Choice: Strategic Commissioning for Adult Social Care in North Yorkshire for the next 15 years 2007-2022*.
  - (iii) North Yorkshire County Council's *Children and Young People's Plan 2008-2011: North Yorkshire Children's and Young People's Strategic Partnership*.
- 1.12 It is important that local people get to know what effect the JSNA has had. Because it is an ongoing process, which involves considerable dialogue within and between local communities, updates and feedback will be provided through a range of formats and media. Electronic access to news will be available.

**To find out more, and have your say, visit the website:**

[www.northyorks.gov.uk/jsna](http://www.northyorks.gov.uk/jsna)

