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# Joint Strategic Needs Assessment York 2010



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## 1 Introduction

Welcome to the second Joint Strategic Needs Assessment for York. In the context of significant change across the public sector it is important to keep our focus firmly on improving the health and wellbeing of our population. This report will help all those developing services to make sure they address real needs and use the available resources for the maximum benefit.

This report builds on the 2008 JSNA<sup>1</sup>, updating what we know about health needs from data and from engagement with our community. We have used the comments received on the previous report to expand our sources of information on health and wellbeing. The report is intended to be a relatively short summary covering a wide range of issues. It aims to be an authoritative, easy to use, source document on health and wellbeing needs. It is not designed to discuss any one area at length so each section gives key facts and findings but also references source documents so that readers can study areas in more depth.

Significant progress has been on the recommendations in the 2008 report, details of which can be found in the 2009 Annual Public Health Report<sup>2</sup>.

Generally the health and wellbeing of residents of York remains very good in relation to the rest of the country. However we still see inequalities in the determinants and outcomes of health for vulnerable groups and unhealthy lifestyles still impact on a proportion of the population.

A growing number of councils and health partners are becoming interested in the potential for greater integration between their organisations. Mounting pressure on resources, increased demand on public services and the need to improve outcomes are all key drivers towards integration. Working more closely with partners will be an attractive and potentially vital part of achieving outcomes more effectively and using resources more efficiently. Integration opens up the potential for efficiency savings to be realised in a variety of ways; through better joint commissioning and more joined up delivery of services as well as through organisational and structural changes.

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The White Paper "Equity and Excellence: Liberating the NHS" published on 12 July, is described by many as the most important redirection of the NHS in more than a generation. New roles for GP consortiums in commissioning services and, with the abolition of PCTs, an expanded role for local authorities taking on responsibility for aspects of public health and health improvement. More details on the implications of these changes to follow, but for York they are consistent with the existing drive across existing partners for more localised and integrated commissioning arrangements. Integrated commissioning has to respond to a strong evidence base and clear understanding of need. The JSNA is a key document for existing and developing partnership arrangements

These issues are priorities for the NHS, Local Government and other partners who will work together to further improve health and wellbeing in York.

This Joint Strategic Needs Assessment for York is presented to City of York Council and North Yorkshire and York PCT by:



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## General Note:

Much of the data used applies to the City of York Council area. Where data is given at primary care level it relates to the York Health Group of general practices which covers a larger population due to registrations from outside the area and the inclusion of Easingwold and Tadcaster practices in the group. Although the boundaries within which partners work in York may be differently defined the key messages contained in this report are valid as they indicate overall trend and comparison to the national picture.

## 2 Demography

This section summarises what we know about the structure and size of the population who live in the City of York area and how we predict that this is likely to change in the future.

### 2a Population Structure and future population projections

ONS 2008 mid year estimate		Projected populations <sup>3</sup>		
All Ages	2009	2014	2019	2029
	<b>197,500</b>	<b>209,400</b>	<b>219,400</b>	<b>239,300</b>
0-4	10,000	10,700	11,300	11,600
5-9	8,800	10,000	10,600	11,500
10-14	9,700	9,000	10,200	11,200
15-19	13,900	13,200	12,300	14,300
20-24	20,400	22,100	20,900	21,900
25-29	16,000	18,200	18,900	17,200
30-34	12,200	15,600	17,500	17,100
35-39	13,200	12,300	15,300	17,500
40-44	13,700	13,300	12,300	16,800
45-49	13,200	13,700	13,200	14,700
50-54	11,500	13,000	13,500	11,900
55-59	10,800	11,200	12,700	12,600
60-64	11,400	10,300	10,800	12,800
65-69	8,400	10,800	9,900	11,900
70-74	7,900	8,000	10,300	9,900
75-79	6,500	7,100	7,300	8,800
80-84	5,100	5,300	6,000	8,300
85-89	3,400	3,500	3,900	5,000
90+	1,400	2,100	2,500	4,100

Overall the population of York is expected to increase from a baseline in 2009 by 6% by 2014, rising to nearly 11% in 2019. Within that period there will be increases by 30% in the 70-74 years and 33% in the 85+ year's age-group. The increase in older people will have a significant impact on public services for this age group and for carers within the community. However, it is important to recognise that the projected increase is lower than that expected for region and nationally. The number

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of York residents aged 55+ are expected to increase by 30.7% between 2009 and 2029. In Yorkshire & the Humber the increase will be 32.3% and in England 33.3%

Lower numbers of births in the period 2001 to 2003<sup>4</sup> will influence the population structure of the younger age group with a predicted readjustment seen as births increased once again in recent years. This will impact all services that relate to maternity and childbirth, child health and education. The expansion of the University of York is expected to increase the 15 to 29 age group with a planned increase in student numbers of around 5000 by 2015<sup>5</sup>.

**Recommendation:** Plan at individual service level to explicitly include likely changes to the affected population to ensure that services are robust and sustainable.

## 2b Changing Ethnic Mix

Understanding the changing ethnic mix of York is an important consideration when developing services as there are recognised differences in lifestyle, service access and health outcomes that make these groups at risk of disadvantage. The 2008 JSNA included 2001 Census data showing that 95% of the York population classified themselves as White British, a higher level than the country as a whole<sup>6</sup>. These figures are now very out of date but new census data will not be available for a few years. Experimental population estimates by ethnic group from ONS indicate that in 2007 the proportion of York residents who were White British was 90.3%, White Other was 3.6% and other groups made up 6.1%, with the largest group being Chinese at 1%.

There are a number of incomplete data sources that we can use, for example in 2008/9 there were 1,500 national insurance registrations for non-UK nationals in York, slightly less than the previous year<sup>7</sup>.

However, in February 2010 the Joseph Rowntree Foundation published the results of research into rapidly changing minority ethnic populations in York which suggested that York's population is much more ethnically diverse than is often supposed<sup>8</sup>. The researchers identified 78 different first languages within the city and estimated that the minority ethnic population (all groups other than White British) in 2009 could be as high as 11% of the total.

It is not possible to give the exact numbers of gypsies and travellers in York, partly due to mobility. The Department of Communities and Local Government operated a bi-annual caravan counting system, and this estimated a total of 111 caravans in the York area in January 2008<sup>9</sup>. This is estimated to correspond to around 390 travellers living in caravans in York at that time.

**Recommendation:** Commissioning plans should ensure that prevention, treatment and support services are accessible to all, regardless of ethnic background.

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**Recommendation:** All health and social care agencies should review their data collection and service processes as they relate to ethnic minority groups to ensure they can meet the needs of the increasingly diverse population.

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### 3 Social and Environmental Context

This section covers the possible ‘determinants’ of health – the factors in our lives that can impact on our lifestyle, on how healthy we are and on how we use health services. This includes where we live, whether we work, how much money we have and what our qualifications are.

#### 3a Community Cohesion

In York 79.4% of residents who responded to the 2008 Place Survey<sup>10</sup> agreed that their local area is a place where people from different backgrounds get on well together. Agreement was stronger amongst older respondents – rising to 92% in those aged 75 or over. Eighty percent of those with a disability agreed as did 84% of those whose sexual orientation was not heterosexual. However, there was a marked difference between agreement in white respondents (80%) and those from a BME background (64%). Those who did not have a religion or belief expressed lower levels of agreement than those who did.

When asked whether they felt they belonged to their immediate neighbourhood 55.1% of respondents agreed. Those from a BME background had much lower rates – at 21% which is a cause for concern. Older people and those with a disability once again had higher rates of agreement.

Three wards in particular reported low levels of community cohesion with around half saying they felt that people from different backgrounds get on well together and they felt they belonged to their immediate neighbourhood; Acomb (50%), Guildhall (55%), Westfield (56%).

Focus groups which looked in more detail at these issues in 2010 found that religion and cultural groups are important in enhancing a sense of belonging within some BME communities. Inter-generational tension and the relationship between students and the wider community were highlighted as possible areas of concern for community cohesion<sup>11</sup>.

Only 18.4% believe that drunk and rowdy behaviour is a problem in their local area which puts York in the top quartile nationally. Similarly only 17.6% think that drug use or drug dealing is a problem in their local area, again a top quartile result.

Community cohesion is an important element of well-being which has been shown to positively impact on health outcomes. It is important that we build on our existing strengths to retain and develop this social capital.

**Recommendation:** Implement the Inclusive City recommendations of the Place Survey Focus Group Report 2010.

**Recommendation:** Work across all partners in the city to implement the Inclusive York's One City Strategy which aims to increase participation, engagement, cohesion, fairness and inclusion.

### 3b Disadvantage

Detailed maps of deprivation within York were included in the 2008 JSNA. As the underlying data has not been updated we have not included them in this report but a summary of key points appears below:

Overall York's levels of deprivation are decreasing. The number of deprived areas in York has also decreased. In the 2007 Index of Multiple Deprivation scores there were eight areas (called super output areas) in the most deprived 20% in the country. This compared to 11 in 2004. These areas include 6.6% of the York population<sup>12</sup>. In the domain for health deprivation and disability only two areas are in the most deprived fifth of the country, within Guildhall and Westfield wards. Sixty percent of the York population lives in areas that are in the best forty percent of this indicator nationally.

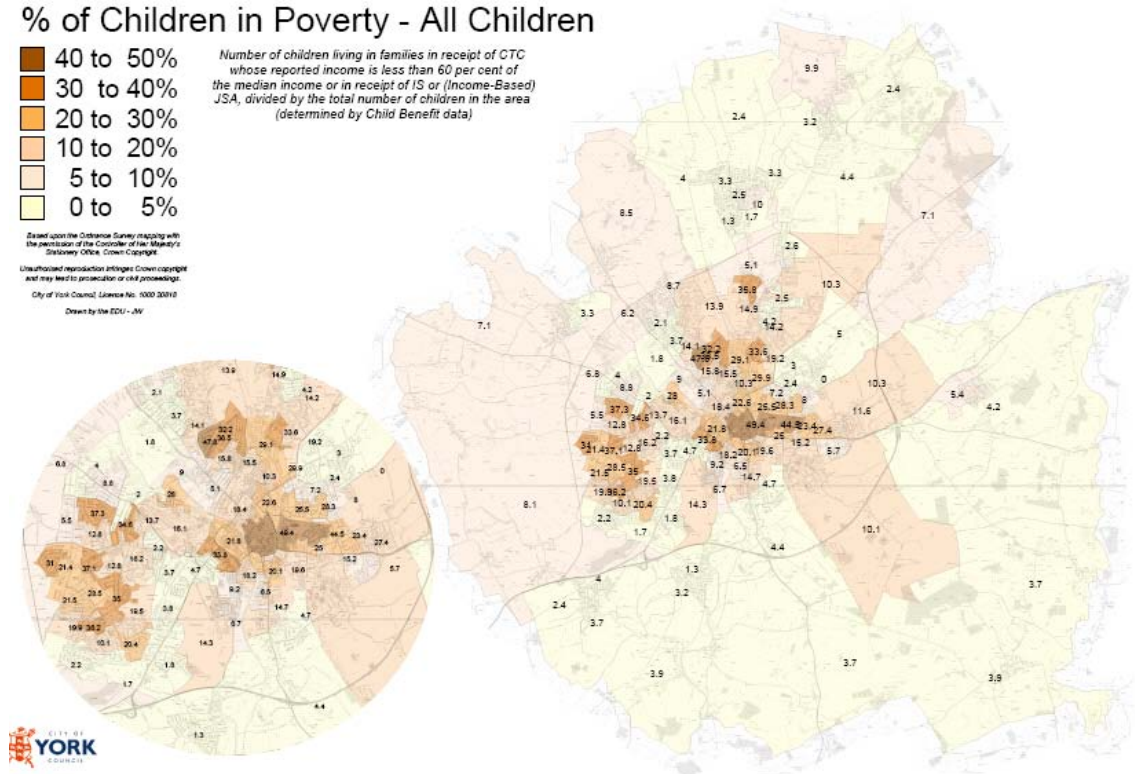
The proportion of children in poverty (in families in receipt of out of work benefits) shows an improving picture, with rates of 14.4% recorded in 2004 decreasing to 12% in 2008, significantly lower than the national average of 19.2% in 2008<sup>13</sup>.

#### % of Children in Poverty - All Children

- 40 to 50%
- 30 to 40%
- 20 to 30%
- 10 to 20%
- 5 to 10%
- 0 to 5%

*Number of children living in families in receipt of CTC whose reported income is less than 60 per cent of the median income or in receipt of IS or (Income-Based) JSA, divided by the total number of children in the area (determined by Child Benefit data)*

Based upon the Ordnance Survey mapping with the permission of the Controller of Her Majesty's Stationery Office. Crown Copyright and may need to be protected or other proceedings. City of York Council, Licence No. 1000 20010 Drawn by the EDU - JW



More recent data shows a rising proportion of York children are eligible to receive a free school meal in 2010, with 11% of children of primary school age and 8.2% of those at secondary school age<sup>14</sup>. Both of these rates have increased from 2009 and are now at the highest level recorded since 2001 and 2002 respectively. There is a clear variation in the proportion of those eligible for free school meals with Derwent Infant at 55% and Naburn Primary at just 1.3%.

School	Eligible for free school meals	Take up of free school meals
Derwent Infant	55%	92%
Derwent Junior	49%	80%
Hob Moor Primary	38%	80%
Burton Green Primary	36%	66%
Clifton Green Primary	36%	88%
St Lawrence's CE Primary	35%	79%
Haxby Road Primary	31%	100%
Tang Hall Primary	30%	86%

The map below shows the areas with a high proportion of children eligible for free school meals (those who attend a York LA maintained school and live in York). It shows areas in Westfield, Clifton, Hull Road and Guildhall to have high levels compared to the rest of the city.

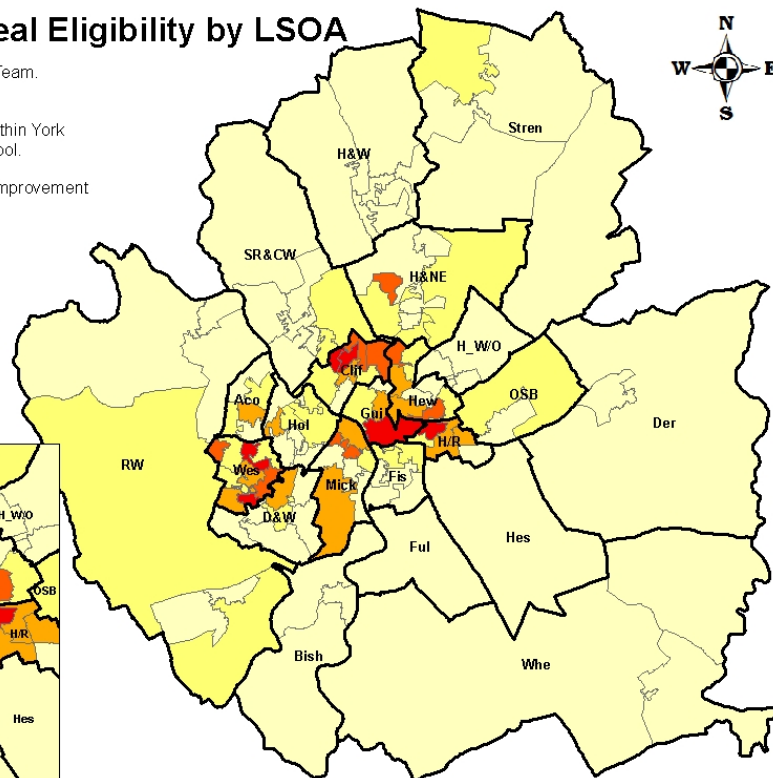
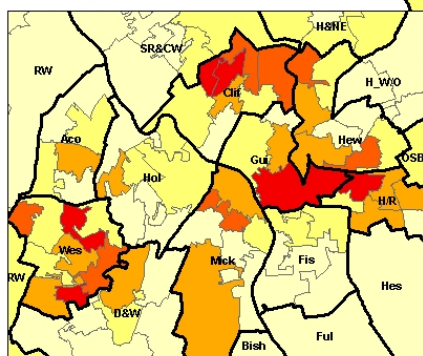
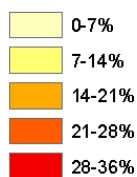
### Pupils Free School Meal Eligibility by LSOA

Source: Adults, Children and Education MIS Team, 2010 School Census

Data: This data is only for pupils who live within York and attend a York LA maintained school.

Map: Map produced by Performance and Improvement Team (Nigel Batey).

#### Free School Meals %



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**Recommendation:** Use the lessons from successful work to target areas of higher deprivation such as the Kingsway project to reduce inequalities within the city.

**Recommendation:** Continue to encourage uptake of free school meals and support healthy schools schemes within those schools with the highest proportion of those eligible.

**Recommendation:** Target all areas of high deprivation as identified by the developing Child Poverty Strategy, to ensure the right services are targeted in the worse areas of deprivation within York.

### 3c Housing

Safe, secure and affordable housing is an important component in a healthy and happy life. The majority of people living in York have accommodation that meets these needs but there are a number of factors that can have a negative influence.

Homelessness is the most extreme form of housing need which can affect anyone, including families, childless couples and single people. Homelessness can lead to mental and physical illness, and it can stand in the way of tackling health inequalities. Over recent years, City of York Council and its partners have shifted the focus of its homelessness services away from crisis management to homelessness prevention. Significant reductions in the number of people presenting as homeless have been achieved, particularly among younger people.

The number of York households living in temporary accommodation continues to reduce, despite the national increase in home repossessions across England. In 2009-10 there were 79 such households which represents a 67% decrease since 2007-8<sup>15</sup>.

In 2009-10 2949 dwellings (4.1%) failed the repair requirements of the Decent Homes standard. Poor repair can threaten the structural integrity and wind/weatherproofing of a home and the ultimate health and safety of the occupants. The majority of these homes are in a state of disrepair rather than exhibiting more serious hazards. They are concentrated in the Acomb, Westfield, Guildhall and Clifton areas, in the owner-occupied sector and in pre-1919 terraced housing.

Fuel poverty is usually defined by an annual expenditure on fuel in excess of 10% of annual household income. The private sector house condition survey 2008 found 5978 households in the city (8.2%) in fuel poverty. Higher rates occur in Fishergate (27.3%), Westfield (21.2%) and Guildhall (19.8%). All of these areas have below average household incomes. In Fishergate and Guildhall there are a higher than average proportion of younger single households and in Acomb Westfield there are more older households<sup>16</sup>.

A recent review of older person's accommodation and support needs<sup>17</sup> found that less than 10% of 'older person only' households' need or are likely to move in the next two years. Of these 2,950 households, 1,321 gave age-related reasons for moving and expected to remain in York. The study found a need for around 320

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units of additional affordable specialist accommodation for older people up to 2014. It also found a need for additional stay at home services, such as adaptations to people's properties and access to support services such as handyman schemes and other forms of practical help. Older people increasingly wish to remain independent at home rather than have to move to some form of 'specialist' accommodation.

City of York Council provides three dedicated sites for Gypsies and Travellers, providing over 50 pitches. An action plan has recently been agreed that seeks to improve standards of accommodation for this group as well as provide a more coordinated approach to meeting their needs.

**Recommendation:** Build on York's role as a regional champion for homelessness to continue to develop services to support individuals and families into long term accommodation.

**Recommendation:** Provide more specialist accommodation for young people linked to help with training and employment, and is seeking to provide more dedicated accommodation for teenage parents

**Recommendation:** Seek ways to mainstream referral for affordable warmth interventions.

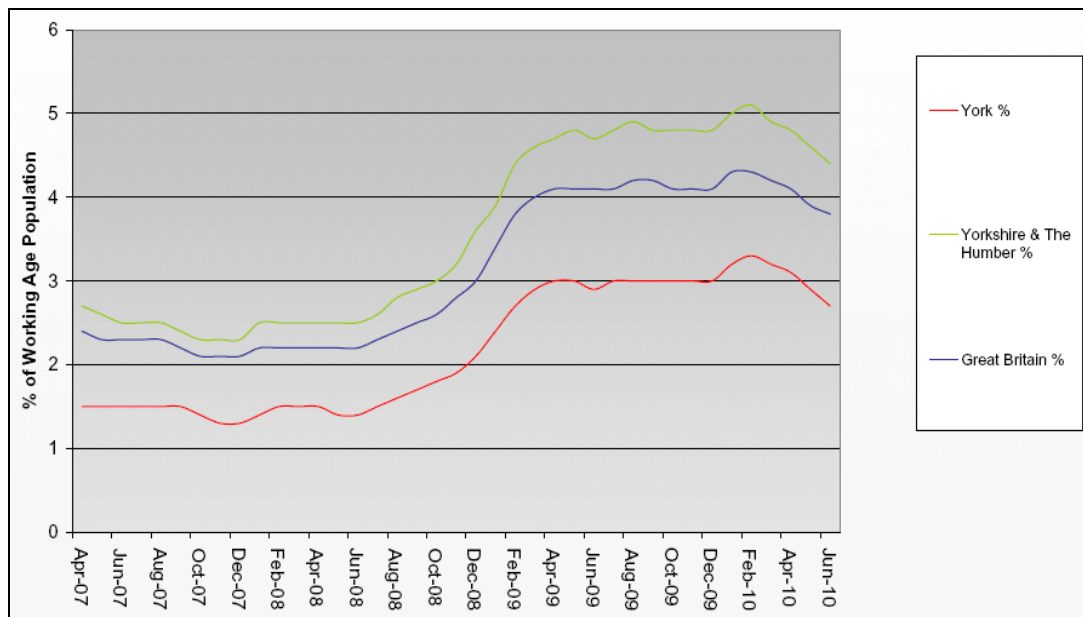
**Recommendation:** Work together to better understand the impact of poor and inappropriate housing on demand for health services.

### 3d Employment

York's overall employment rate in 2009-10 was 77%, down from 79% in the previous two years<sup>18</sup>. This remains in the top quartile nationally but is obviously a cause for a degree of concern.

The following graph also shows that although the recession is impacting on York, the effect as measured by those claiming job seekers allowance is lower than that for Yorkshire and Humber Region and for Great Britain. The York rate in June 2010 was 2.7% compared to 4.4% regionally and 3.8% nationally<sup>19</sup>.

## % of people claiming job seekers allowance



There is significant evidence linking unemployment to ill-health. Unemployment has various effects that may combine to influence the health of individuals through factors including income deprivation, health behaviours and psycho-social stress<sup>20</sup>. There is a high chance that the negative implications of unemployment may disproportionately impact on more disadvantaged communities, leading to greater health inequalities.

**Recommendation:** Use local research into the health impact of the recession to inform policy and work with Thriving City partners to minimise the impact on individuals and communities.

**Recommendation:** Further reduce the number of young people not in education, employment, or training.

### 3e Education

Education levels are strongly linked to health outcomes and are therefore a key priority in improving health and reducing inequalities in health.

In 2010 York pupils overall achieved very positive results at all stages of the curriculum, often much higher than national averages. York recorded its best ever results at Key Stage 4 in 2009 and importantly this has been maintained in 2010. Provisional results for 2010 show the percentage of pupils achieving 5 or more A\* to C GCSE grades has increased significantly rising to 81% from 69% in 2008. The percentage of pupils where these grades included English and Maths has also increased significantly to 59% from 54% in 2008, well above the 2009 national average of 50%, with York ranked 18<sup>th</sup> nationally in 2009<sup>21</sup>. For the pupils living in

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the most deprived 30% of the area this figure was lower at 35% in 2009, but this was still an impressive improvement of 7 percentage points, with particularly exceptional performance in Burnholme School and York High.

York also attained good results at achieving a Level 4 or above Key Stage 2, with the authority's results well above the national averages for all subjects at this level in 2010.

The educational performance of the small cohort of looked after children at KS2 is good, but the outcomes achieved at KS4 are more mixed<sup>22</sup>. There has been significant closing of the gap at KS2, with the gap in attainment being reduced between those children who are entitled to free school meals and those who aren't in 2010, down to 21% from the 32% recorded in 2009.

In 2008 80% of working age adults were qualified to Level 2 (e.g. GCSE), 63% to Level 3 (e.g. A Level) and 37% to Level 4 (e.g. Degree). These compare very well to national figures and have improved since the previous year.

**Recommendation:** Focus additional, targeted support on vulnerable children and young people; ensuring high aspirations and expectations are part of the culture and ethos of schools; increasing further the numbers attending targeted Parenting Programmes.

**Recommendation:** Concentrate our support for schools and for children on the few areas where performance is as not as strong as we could wish.

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## 4 Lifestyle and Risk Factors

In this section we look at what we know about the lifestyle of the people who live in the City of York area and the risk factors that could impact on their health.

### 4a Smoking

As outlined in the 2008 JSNA we do not have an accurate measure of smoking prevalence in the general population. The Yorkshire and Humber Public Health Observatory have combined and adjusted a range of estimates to find that the 'best estimate' for North Yorkshire & York in 2010 is 20.8% which compares favourably to the regional best estimate of 25%<sup>23</sup>.

Deaths from smoking in the population over 35 are significantly lower than the England Average. In the period 2006-2008 the average rate was 185 per 100,000 compared to a national average of 207<sup>13</sup>. This is a reduction from previous periods.

Smoking in pregnancy rates continue to improve from 18.9% in 2006/07 to 16% in 2008/09 although they remain above the England average of 14.6%<sup>13</sup>.

In 2008/09 14.8% of those registered with a long term health condition (CHD, Stroke/TIA, Hypertension, Diabetes, COPD and Asthma) smoked, which is significantly lower than the national average but has actually increased from previous years. Of these 91.7% of them had been given smoking cessation advice or referred to the stop smoking service, a lower proportion than the previous year<sup>24</sup>.

Smoking remains one of the most important contributors to ill health and avoidable deaths. Helping someone to give up smoking is one of the most cost-effective ways to improve health and shows both an immediate and a long term benefit. Restricting the supply of tobacco products through enforcement of legislation on illicit and underage sales helps support people to give up or, ideally, not to start at all.

**Recommendation:** Reduce smoking prevalence using all available options including regulation of sales and appropriate support for behaviour change.

**Recommendation:** Design stop smoking services to be easy to use by those who are most vulnerable, including pregnant smokers and those in routine and manual occupation groups.

### 4b Eating Habits

Although York compares well to national figures, the majority do not report eating healthily. The 2009 TellUs 4 survey found that 22% of years 6, 8 and 10 children reported that they ate the recommended level of five or more portions of fruit and vegetables per day, well above the national average of 19%<sup>25</sup>. Modelled estimates, which should be treated with caution, suggest that 30.9% of adults eat the

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recommended 5 portions of fruit and vegetables a day, higher than the national estimate.

Breastfeeding is a key component of health eating for children. The proportion of mothers starting to breastfeed in 2008/09 was 73.3%, slightly above national levels, and higher than in 2006/07<sup>13</sup>.

**Recommendation:** Use the Be A Star campaign to promote breastfeeding to those least likely to start, particularly younger mums.

**Recommendation:** Support Change4Life and other programmes to improve diet.

**Recommendation:** Develop programmes in the Children's Centres to include breastfeeding support, weekly under 1 drop-ins and healthy eating sessions.

#### 4c Alcohol

Alcohol consumption is a significant health concern, both for the short term impact of excessive drinking on any one occasion and the longer term impact on conditions such as heart disease, stroke and some cancers. It is important to recognise that harmful drinking often happens at home, where it is much less likely to be visible. Synthetic estimates for binge drinking suggest rates are high in York but these estimates are of questionable use.

In York, alcohol related hospital admissions have been monitored as part of the Local Area Agreement and during that time the calculation of this indicator changed, meaning that the following information does not compare to that presented in the 2008 JSNA.

During 2008/9 hospital stays for alcohol related harm were 1400 per 100,000 in York, significantly lower than the England average of 1580<sup>13</sup>. Quarterly monitoring for 2009/10 suggests that levels in York may be levelling off, which compares well to the national increasing trend. However, there is much more to be done to reduce the impact of alcohol on health and reverse the trend of previous years.

The 2009 Tellus4<sup>24</sup> survey indicates that 46% of pupils aged 10 to 15 in York have had an alcoholic drink, 4 percentage points higher than the national average, with 8% saying that they were drunk in the last four weeks, 2 percentage points more than the national average.

Findings from the Great Drink Debate survey<sup>26</sup> during 2009 show that in North Yorkshire & York 59% of respondents said they drink alcohol no more than once or twice a week, compared to a regional average of 60%. However, 15% of respondents drink alcohol every day, the highest rate in the region (average 12%). Of course this does not give any indication of the number of units consumed but it does give an indication of the pattern of drinking in the area. 74% obtain alcohol from supermarkets; 46% from pubs, bars and clubs and 13% from off-licences. The majority of people drink at home (78%) with 50% drinking in pubs, bars and clubs.

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**Recommendation:** Promote sensible drinking across all sections of the community.

**Recommendation:** Work in partnership to reduce the harm caused by alcohol and provide services to support harmful and hazardous drinkers.

**Recommendation:** Promote awareness of the issues around alcohol and substance misuse (see below), recognising that young people will always take risks, but helping them to make positive choices

#### 4d Substance Misuse

City of York DAT Needs Assessment 2009/10<sup>27</sup> found York performs well in terms of retaining users in treatment, and analysis of the last 3 years presentations reveal declining numbers of new users accessing services. Estimates of the numbers using particular substances are mixed and difficult to generalise. However, it is highlighted that new service contacts are likely to be white males aged 25-34. Very low numbers of drug users from the BME population are in contact with treatment services. The needs assessment identified stakeholder concern about the relationships between services and the level of detox provision. Feedback from stakeholders and service providers also cites lack of access to appropriate housing as a barrier to service users engaging with treatment services.

**Recommendation:** Continue to prioritise prevention and treatment of drug misuse as an area for joint planning and commissioning, through the development of a York specific Drug Action Team.

#### 4e. Physical Activity

Active People<sup>28</sup> is a national survey carried out by MORI which measures adults (aged 16+) participation in Sport and activity leisure. Active people 1 in December 2006 found that 24.9% of the adult population in York participated in sport and active leisure activities for the recommended 3 x 30 minutes per week. In December 2008 Active people 2 indicated that participation in York had dropped to only 19.8%. The Active People 3 results, released in December 2009 indicate that 25.4% of York adults participate in sport 3 times per week for 30 minutes or more. However the results of Active People 2 and 3 will be combined due to sample sizes to give an overall new rate of 22.9%. In summary the results are varied and we cannot yet see an overall trend.

When the results for Active People 1 were released, the figures which were of greatest concern were the difference in participation rates between those in lower socio economic groups, those aged 55+, and those with a limiting disability against the average adult population in the city. The aim for the last 2 years for the council and its partners in Active York has been to narrow these gaps in participation. We are pleased that the combined Active People 2 and 3 data shows some promising results. The gap in participation between the average in York and those aged 55+ has been reduced by 2%, and between those in socio economic groups 5 and above

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by over 3%. The biggest change is in the percentage of people with a limiting disability participating in sport 3 times per week for 30 minutes or more. This appears to have increased from 7% in Active People 1 to 16.3% in Active People 2/3. This is great news and reflects the extensive work that is being done across the city to increase opportunities for people with limiting disabilities to participate in sporting activity. Cycling is a particular focus for the city and 49% of respondents to the cycling city survey reported that they cycled 4 or more times a week.

The performance of children and young people (aged 5-16) participating in at least 2 hours of high quality PE, is achieving well above the national average at 87% compared to 81%<sup>29</sup>. However, the target for school aged children has changed and now will be recording three hours of high quality PE and school sport. For this measure York achieves 43%, which is significantly lower than the England Average of 49.6%. Positively 88% of schools now have Healthy Schools Standard<sup>30</sup> and it is hoped that this will reach 100% during 2010/11.

**Recommendation:** Promote physical activity through a variety of opportunities including the Just30 Good News campaign.

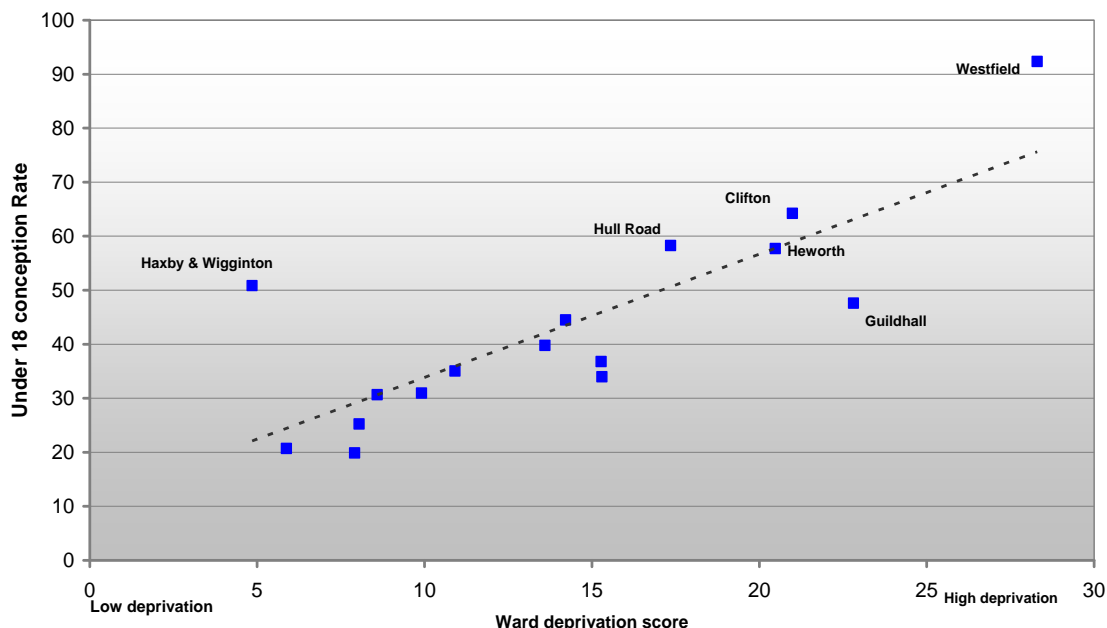
**Recommendation:** Develop opportunities to link health and physical activity services through Active York.

#### 4f. Teenage Pregnancy

Teenage pregnancy can have a negative impact on the health and wellbeing of both mother and baby. In York a long-standing partnership works to help prevent teenage pregnancies and to support those parents who have their baby at a young age.

Teenage Pregnancy conception data for 2008 indicates a welcome decrease in teenage conceptions in the city. The 2008 rate of 34 per thousand females aged 15-17 is very slightly above the 1998 baseline year but is a 20% decrease from 2007<sup>31</sup>. The very latest results for the second quarter 2009, show a continued drop in rates to 32 per 1000, the lowest recorded since early 2002. However, latest aggregated data for 2005-7 shows that there has been a rise in the under 16 rate (to 8.4) with fewer conceptions ending in termination (56%). Particular wards have higher rates of teenage pregnancy and there is an apparent relationship with deprivation.

**Graph showing correlation between ward deprivation score and under 18 conception rate for 2005-2007**



**Note:** Under 18 conception rates are per 1000 females aged 15-17  
**Sources:** ONS (ward conception numbers) and Teenage Pregnancy Unit (ward conception rates)

**Recommendation:** Target teenage pregnancy prevention work in hotspot wards and wards where teenage pregnancy rates are rising.

**Recommendation:** Expand programmes to combat unwanted conceptions by developing specific initiatives to raise girls' self-esteem and boys' awareness of their responsibilities

**Recommendation:** Further promote good sexual health through high quality sex and relationships education in schools

**Recommendation:** Work with parents to give them the knowledge and skills to enable them to talk to their children about sex and relationships issues

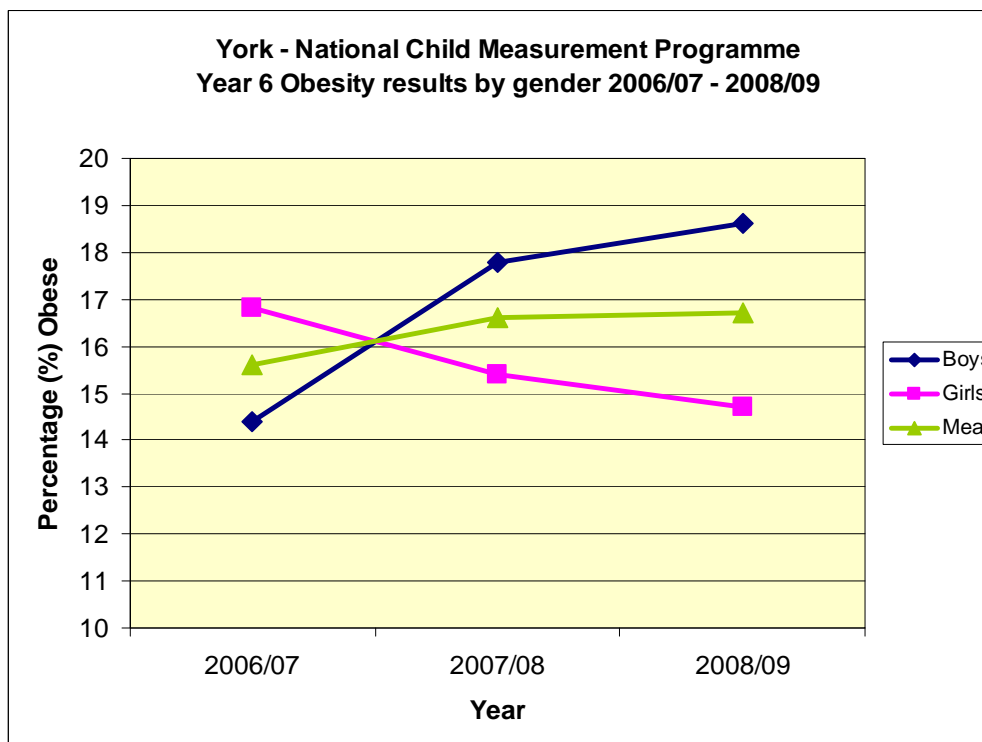
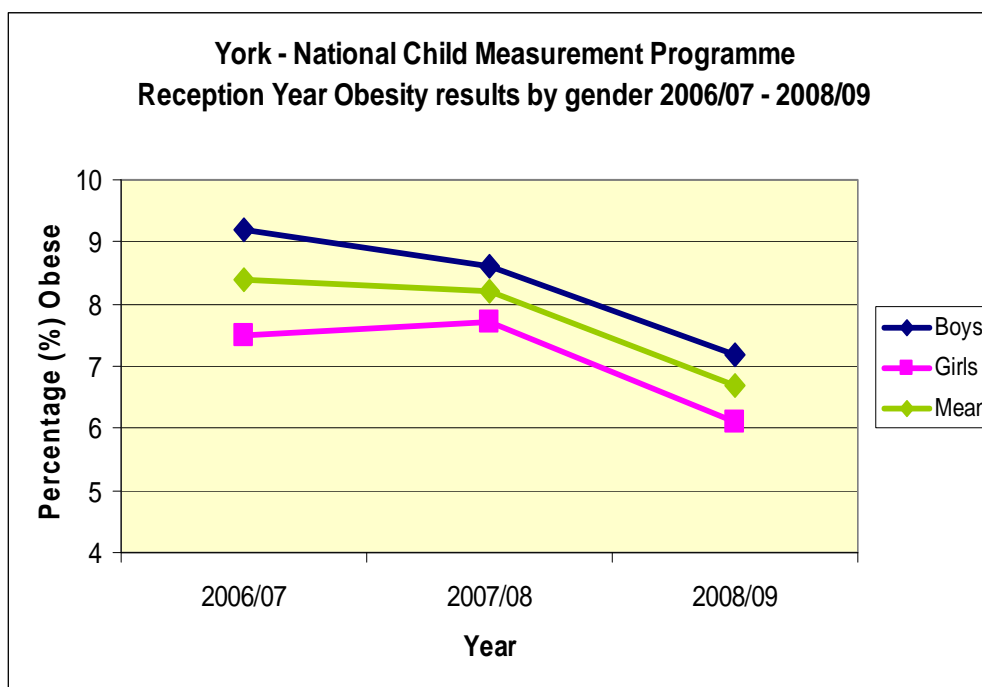
#### 4g High Blood Pressure

The proportion of people known to have high blood pressure (hypertension) in 2008/09 was 12.4% of the registered population, a rate that has been slowly increasing since 2004/05 (11.7%), yet remaining significantly lower than the national average. Another 11.6% are expected to be undiagnosed, although this is lower than in the previous year. Of those who are identified as hypertensive 80% currently have their blood pressure within recommended levels, an improvement on the previous year<sup>24</sup>.

**Recommendation:** Continue to seek opportunities to identify people with high blood pressure, to further reduce the proportion undiagnosed within the community.

## 4h Obesity

Obesity levels are rising nationally and represent one of the biggest threats to future health for our population. 9.4% of people aged 16+ registered with a GP were classified as obese in 2008/9 which was significantly higher than national average (QOF). However, given that this proportion is lower than expected levels it is likely that GPs in York are recording more people, not necessarily that there are higher levels of obesity. Modelled estimates, which should be treated with caution, suggest that 23.7% of adults are obese compared to 24.2% nationally (HP).



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In the York UA area 6.7% of reception children in 2008/9 are at risk of obesity which is a decrease from the previous year of 1 percentage point. In Year 6, 16.6% are at risk of obesity, an increase of 0.1% on the previous year. These figures compare well to national figures of 9.6% and 18.3% respectively<sup>32</sup>. The graphs on the previous page show how these rates have changed over time, illustrating a difference between girls and boys in Year 6. It is hoped that the positive trend in Reception will continue and that we will see more of this effect in Year 6 over time.

**Recommendation:** Promote the weight management programmes that are available and seek to mainstream them.

**Recommendation:** Work with partners to prevent childhood obesity by supporting healthy eating and physical activity.

#### 4i Immunisation

In 2008/09 the coverage of the primary DtaP/IPV/Hib vaccine in York practices was 96%, 96% and 95% for 1, 2 and 5 year olds respectively which is very positive. MRR coverage for 2 year olds was 91%, an increase from 87% on 2005/6, but still below the recommended levels required to protect the whole community<sup>33</sup>.

Flu vaccination rates in people aged 65 or over for 2008/09 were 79% in York which compared well to the PCT average of 76% and the England rate of 74%<sup>34</sup>.

**Recommendation:** Continue to improve MRR vaccination rates to reach 95% in order to provide 'herd immunity' to protect those who cannot be vaccinated for medical reasons.

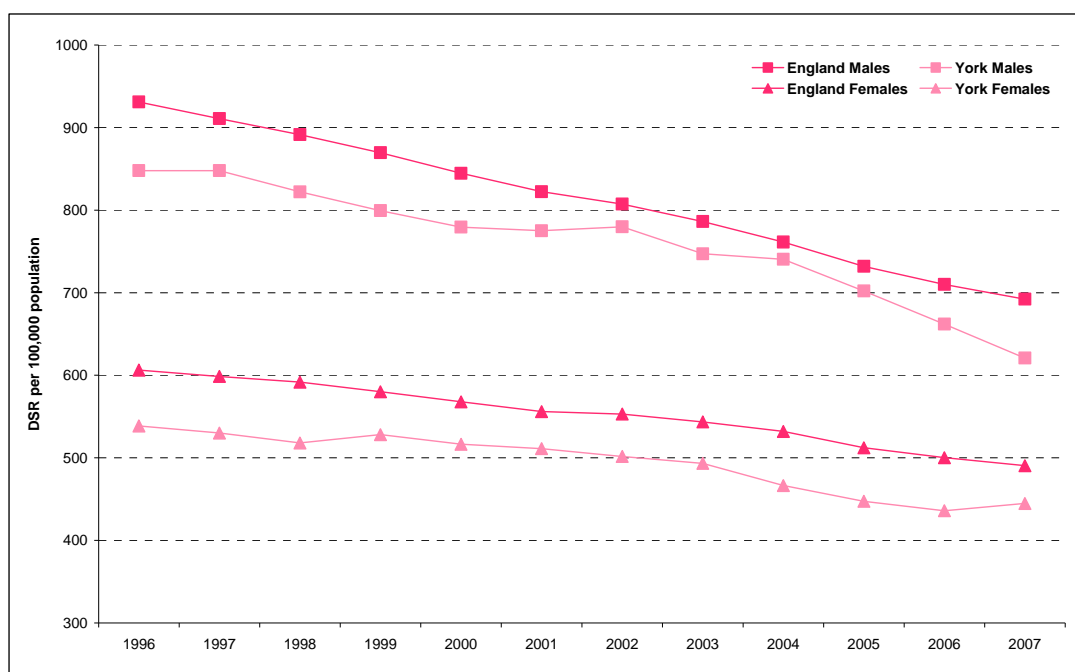
## 5 Burden of Ill-Health

### 5a Self reported levels of health

In the 2008 Place Survey<sup>10</sup> 78.7% of respondents said that their health was good or very good which puts York in the second quartile nationally. There was a negative correlation with age of respondents with 91% of 18-34 year olds agreeing and only 42% of those over 75. Similarly only 40% of those with a disability report good or very good health, compared to 92% without a disability. Although smaller in number, respondents from a BME background reported higher levels of good health than their white counterparts (90% compared to 78%). More than 10% of people in the Bishopthorpe, Heworth and Westfield wards said their health was 'bad' or 'very bad', which is higher than the York average.

### 5b Overall death rates

#### All age, all cause mortality (3 year rolling averages)<sup>35</sup>

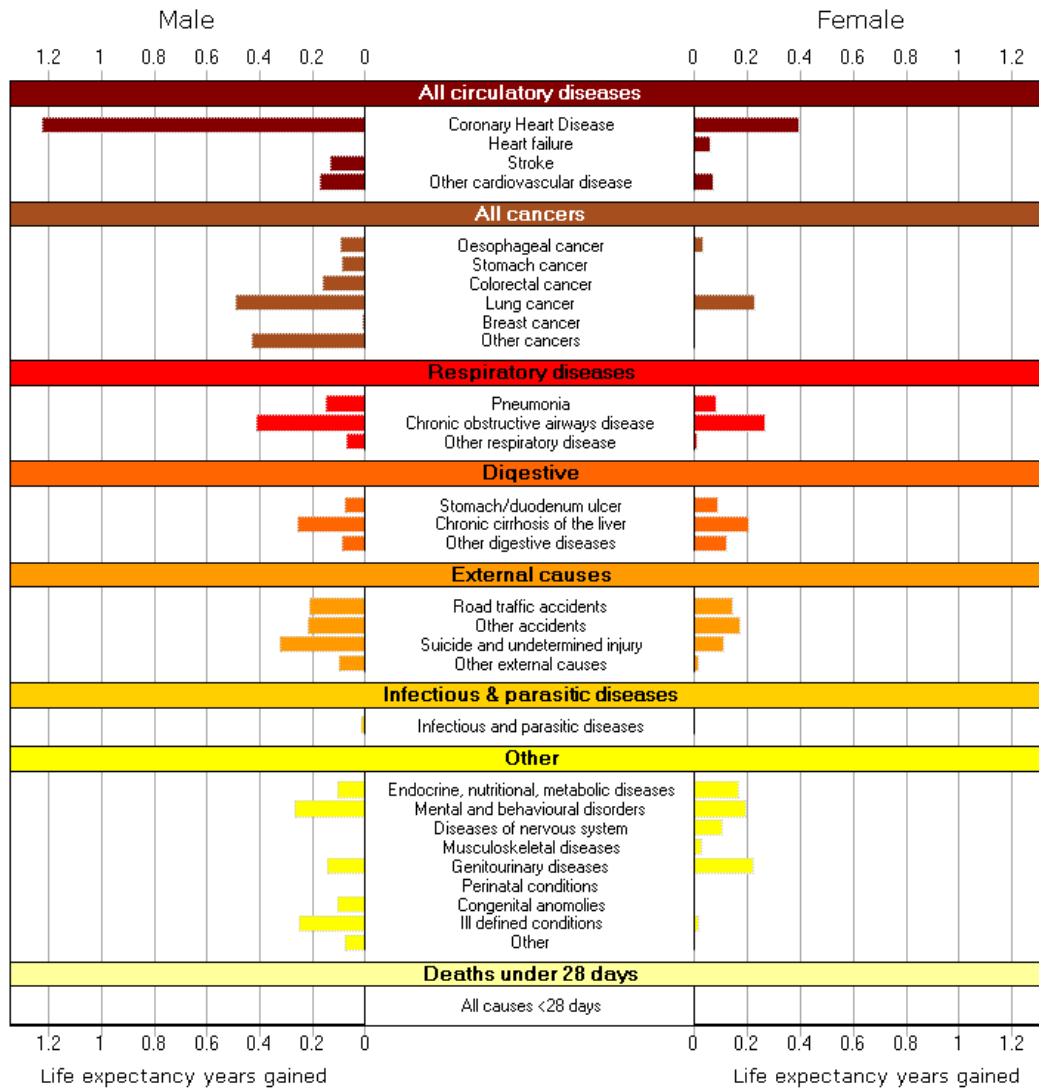


Age standardised rates of all age all cause mortality are consistently below the England rate for men and for women, and have dropped significantly since the mid 1990s. Recently the gap between York and England for men has widened but it has narrowed slightly for women. Given the comparison to the England rate and the overall reduction this is not yet a cause for concern but we will continue to monitor progress carefully. Analysis suggests that the overall female rates have been influenced by an increase in deaths from chronic obstructive pulmonary disease (COPD) and fluctuations in stroke deaths (see sections 5e and 5g). The difference in overall mortality rates between the most deprived quintile in York and the average has remained within the Local Area Agreement limits with a difference of 30% in 2008<sup>36</sup>.

### 5c Life expectancy

Life expectancy at birth (2006-2008) for York females was 83.2 years and for York men 79.4 years. These are significantly higher than the England figures of 82 and 77.9 respectively, with an increase for men and a very slight decrease for women. However there remains significantly lower life expectancy in most deprived quintile of the city compared to the least deprived.

The following table shows the life expectancy that would be gained if the most deprived quintile of York had the same mortality rate as the average for the four other quintiles in the local authority for each cause of death<sup>37</sup>.



**Recommendation:** Target preventative activity such as vascular checks, community health educators and health trainer courses in the most deprived communities to reduce the relative gap in life expectancy.

## 5d Infant mortality

Infant mortality is not significantly different from the England average (2006-2008) with a local rate of 4.74 per 1,000 live births, compared to the England average of 4.84<sup>13</sup>. The numbers are fortunately very small so variations can cause large but not significant fluctuations. The percentage of births that had a low birthweight (less than 2,500g) was 5.8 in 2008, significantly lower than the national rate<sup>36</sup>.

**Recommendation:** Continue to work to reduce the risk factors of low birthweight and infant mortality including smoking in pregnancy.

## 5e. Circulatory Diseases

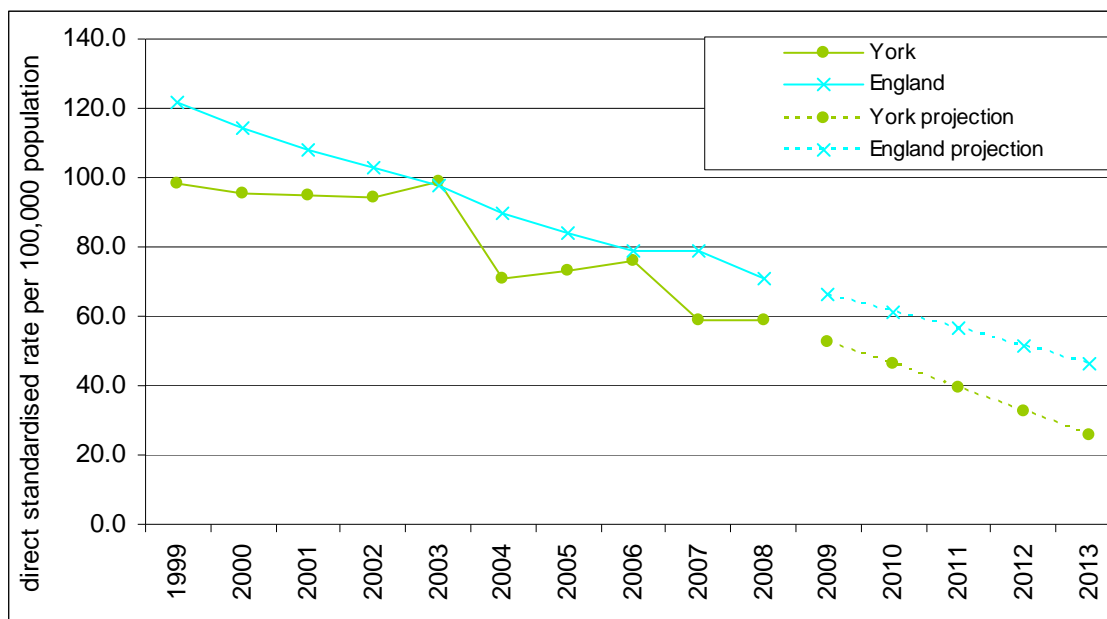
**Mortality from all circulatory diseases per 100,000 under 75 years (3 year rolling averages)<sup>35</sup>**



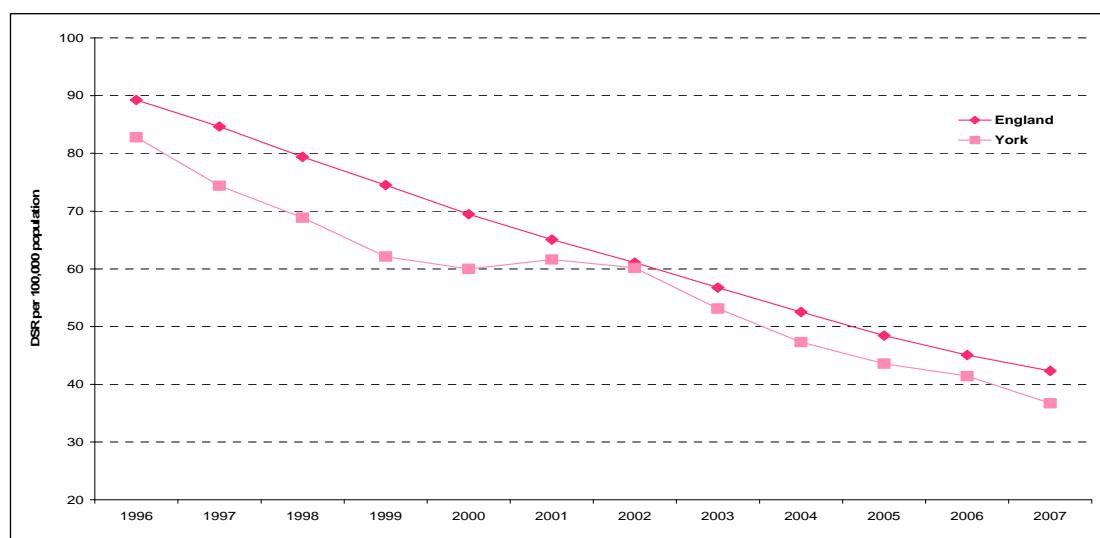
Age standardised rates of mortality for under 75 year olds from all circulatory diseases are consistently below the national rate for England and reduced by 58% between 1995 and 2008. Improvements in this area, particularly in coronary heart disease and stroke, are one the most impressive health achievements in recent times.

Using the non-smoothed data we can project likely rates for future years, which indicate further improvements can be expected.

### Mortality from all circulatory diseases under 75 (with projections)<sup>35</sup>



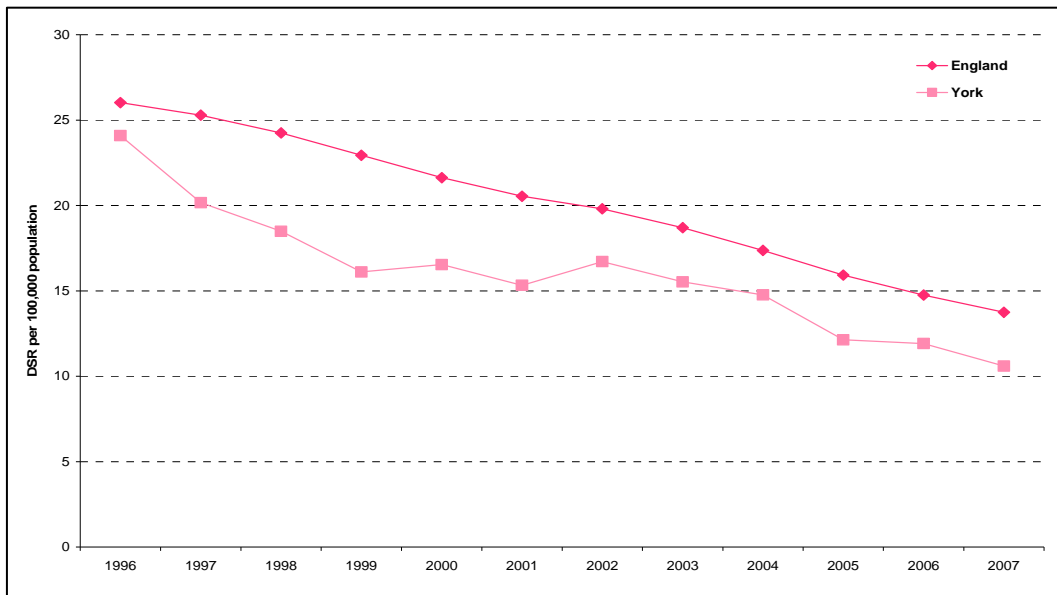
### Mortality from coronary heart disease aged under 75 (3 year rolling averages)<sup>35</sup>



Within the grouping of circulatory disease, age standardised rates of mortality for under 75 year olds from coronary heart disease are better than the England rate. Numbers have reduced from 181 deaths in 1995 to 62 in 2008 (a 67% reduction). The percentage of people known to have CHD in 2008/09 was 3.6%<sup>24</sup>, which is higher than the national average but projected to fall below national rates by 2013/14. Models suggest that another 0.9% remain undiagnosed and the PCT will be involved in the development of the identification and management of patients at high risk of cardiovascular disease. Of those on the CHD register within general practices, 80.6% had cholesterol levels within recommended levels and 89.3% had blood pressure under recommended limits.

0.6% of the population were known to have heart failure in 2008/09 and 88.3% those eligible were treated with an ACE inhibitor<sup>24</sup>.

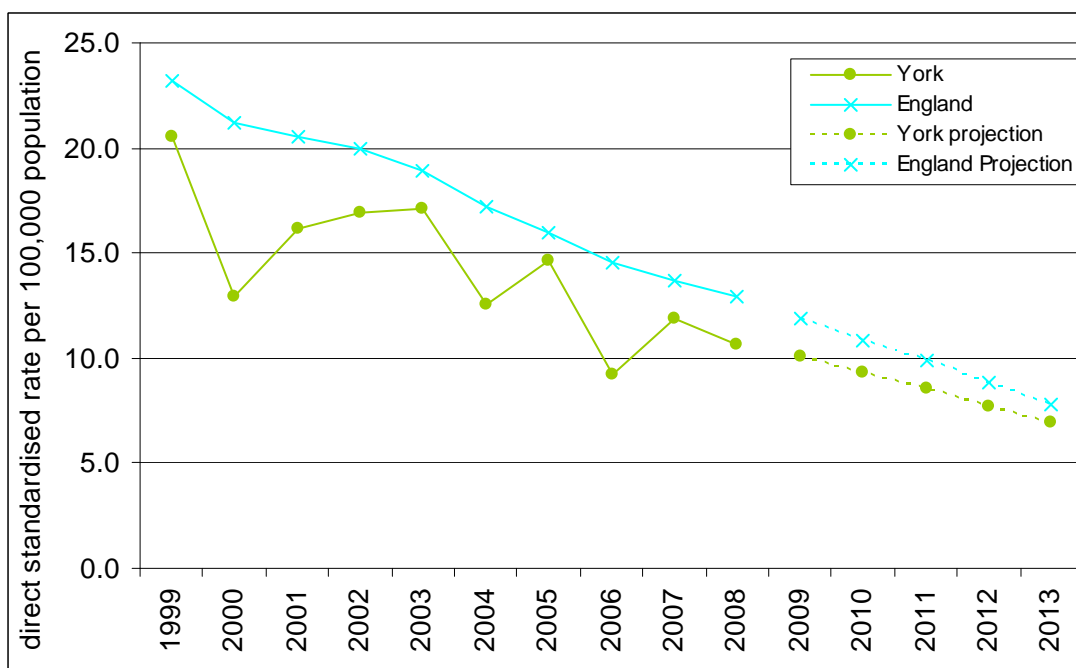
**Mortality from stroke aged under 75 (3 year rolling averages)<sup>35</sup>**



Age standardised rates of early death due to stroke are below the England rate. Numbers in this age group have reduced from 55 deaths in 1995 to 22 in 2008.

Again projections indicate that future improvements can be expected.

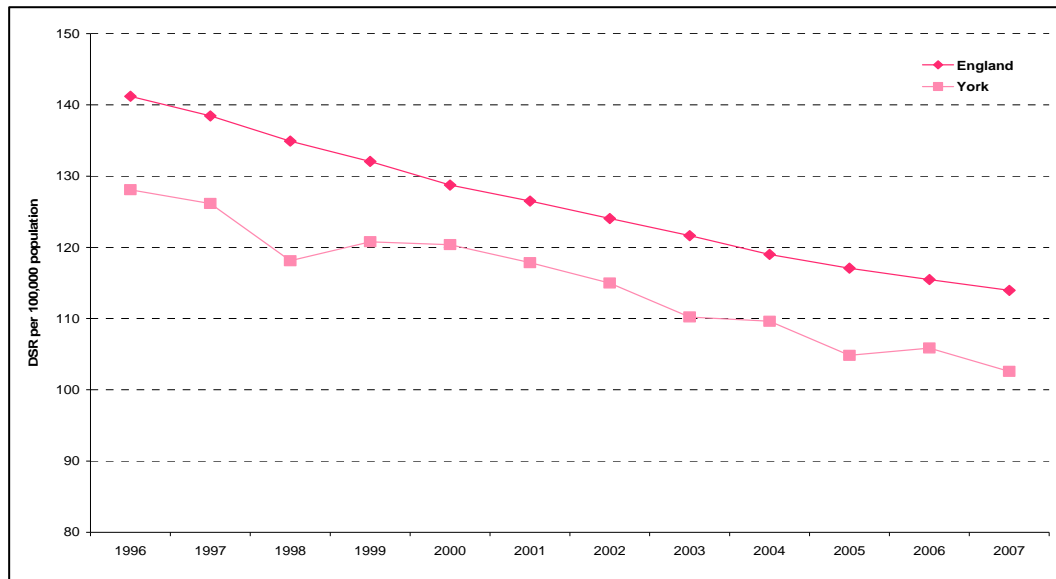
**Mortality from stroke aged under 75 – non smoothed with projections<sup>35</sup>**



**Recommendation:** Identify those at risk of circulatory disease through the targeted implementation of vascular checks, ensuring that services are available to support lifestyle change as required and improve the primary prevention of cardiovascular disease.

## 5f Cancer

### Mortality from all cancers aged under 75 (3 year rolling averages)<sup>35</sup>



Age standardised death rates for cancer in those under 75 have also decreased substantially, remaining below national comparator rates.

Early identification of cancer is an important part of successful treatment. In North Yorkshire & York 82.7% of 25 to 64 year old women were screened for cervical cancer in 2008/9, putting the area in the highest quartile nationally. Breast screening rates for 53-70 year olds were similarly in the highest quartile at 82.6%<sup>38</sup>.

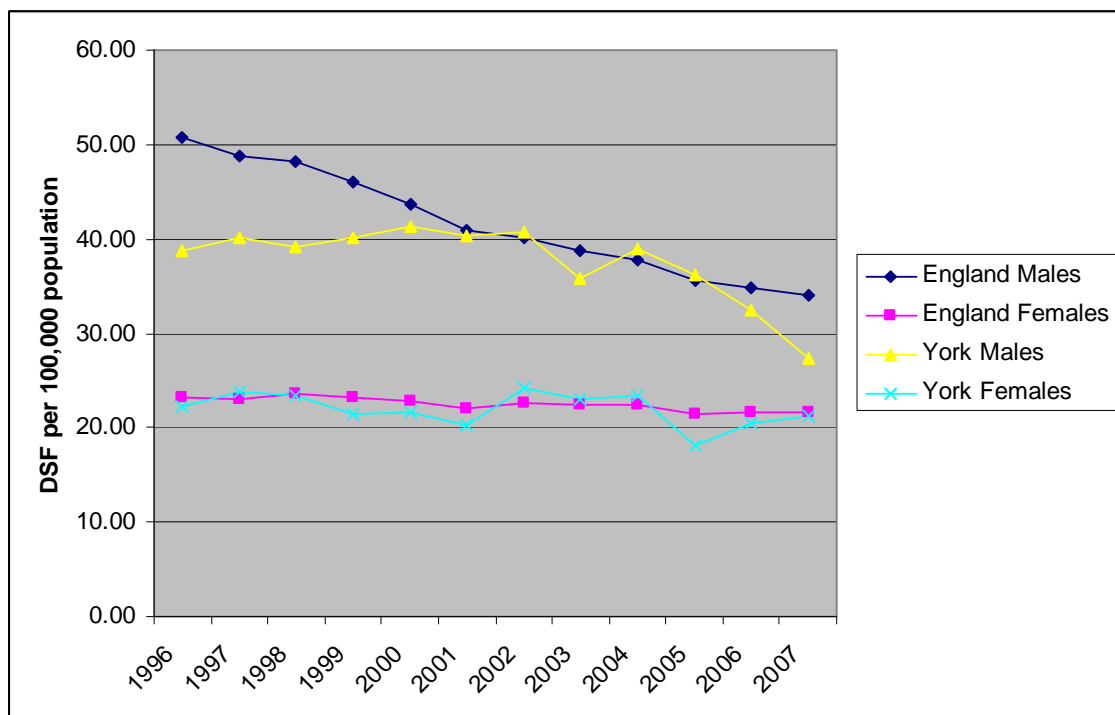
Using the latest North Yorkshire & York data from 2006 we can compare 1 year survival rates for some cancers which give us an indication of early detection and treatment. For breast and colorectal cancer the 1 year survival rates are in the highest quartile nationally, at 96.9% and 74.2% respectively. For lung cancer the survival rate is 29.1% which puts the area in the middle range<sup>39</sup>.

**Recommendation:** Continue to identify and treat patients with cancer using established successful mechanisms.

## 5g Respiratory Disease

Mortality rates for chronic obstructive pulmonary disease (COPD) are variable, in part due to relatively small numbers. Currently rates are close to national levels for women and show particular improvement in men. In 2008/09 1.4% of the population were known to have COPD, which was significantly lower than the national average.

### Mortality from COPD all ages (3 year rolling averages)<sup>35</sup>



The rate of new cases of tuberculosis (TB) are significantly below the national average with only 6 per 100,000 population per year in the period 2006-2008 compared to 15<sup>132</sup>.

**Recommendation:** Develop services to reduce COPD admissions to hospital, supporting people to manage their care at home wherever possible.

## 5h Dental Health

The average number of decayed, extracted or filled teeth in children aged 5 was 0.7 teeth in 2007/8<sup>13</sup>. This was significantly lower than the national average of 1.1 teeth. Previous survey results of a larger sample in 2005/6 gave a figure of 1.3 which may have been more accurate as parents had to opt out of the research rather than the current practice of opting in. It should be noted that in both cases surveys use visual examinations of teeth and will not pick up decay which can only be detected by diagnostic aids such as x-rays.

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In 2008 a survey of adult dental health<sup>40</sup> found that only 21.7% of North Yorkshire and York respondents described their oral health as fair, poor or very poor which was lower than all other areas in Yorkshire and the Humber. 84.8% reported having been to a dentist within the last two years, significantly above regional rates. However 20.9% said they had difficulties in getting routine care and 16.6% had difficulties in getting care when having problems. These rates are better than the regional average but not significantly so.

Access to NHS dentistry is a consistent theme of PALs enquiries to the PCT, MP letters on behalf of constituents and scrutiny committee agendas.

**Recommendation:** Further improve access to NHS dentistry, particularly for groups who are at risk of disadvantage.

**Recommendation:** Develop and implement an Oral Health Strategy to ensure people are supported in improving and maintaining their oral health.

## 5i Trauma and Violence

Trauma information tells us about the impact of accidents on the population of York. This section highlights a small number of key indicators. As a measure of preventable falls, hip fracture in the over 65s rates were slightly but not significantly lower than the England average in 2008/9<sup>13</sup>. Road injuries and deaths were significantly higher than the national average (60.2 per 100,000 compared to 51.3 per 100,000) in the period 2006-08<sup>13</sup>. However recent figures suggest that there was a large reduction in those killed or seriously injured between 2008 and 2009.

Violence and the threat of violence have a significant impact on the physical and mental health of individuals. Violent crime in York is significantly lower than the national rate (14 per 1,000 in 2008/9 compared to 16.4)<sup>13</sup>, but this still equates to 2,711 recorded crimes. There are over 2,200 reports of domestic violence each year in York and it is estimated that they make up less than 10% of the actual instances. Depression, suicide, alcohol misuse, drug use, youth offending and teenage pregnancy are all linked to living with domestic abuse.

**Recommendation:** Build on initiatives such as the 'Made You Look' campaign to maintain recent improvements in the number of casualties on the road.

**Recommendation:** Develop programmes to prevent falls, particularly in older people.

**Recommendation:** Work in partnership to reduce the level and impact of violence, including in a domestic setting.

**Recommendation:** Promote a safer city through the delivery of outstanding, integrated services by: embedding new ways of working, especially the Common Assessment Framework and the YorOK Child Index.

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## 6 Client Groups

This section looks at health need as defined by the use of services by particular groups of clients.

### 6a Physical disability, frailty and sensory impairment.

Only a proportion of people who consider themselves to have a long term limiting illness receive support from social services during any one year. Most who do will be older people. In 2008/9 5,025 adult clients with physical disability, frailty or sensory impairment received social services, 4,477 of whom were supported in the community<sup>41</sup>. Eighty four percent of clients were above 65 years old. We can expect the population over 65 to grow by 34% over the next 15 years – an additional 11,100 people. Based on the pattern of current social care service delivery it is possible to project the level of services that may be required for this growing population. This would mean that by 2025 an additional 1400 people a year will need services due to physical disabilities, 323 of whom will need supported residential and nursing care.

In the year ending 31 March 2008, 85 people were newly registered as blind or partially sighted, of whom 75 were over the age of 65<sup>41</sup>. Information from the database of York Blind and Partially Sighted Society (YBPSS) identifies that they are in contact with 1,042 people who are visually impaired. In addition, according to research<sup>42</sup>, twice as many people will have a severe visual impairment, but are not registered. This may be because they choose not to be, or it was not offered to them, or their level of vision does not qualify for registration, but is severely impaired and affecting their daily living. 383 are registered blind and 446 are registered partially sighted with the remainder not registered. 22% of those whose age is known are under 65 and 67% are 75 or over. During 2009 YBPSS had 320 people using their services for the first time, and a total of 1,840 people visiting their Equipment and Information Centre.

Nationally 60% of people registered blind or partially sighted have additional disabilities, mainly physical, but combined sight and hearing loss was reported by 27%<sup>43</sup>. It is highly likely that sight loss will increase as the population ages, with a clear relationship between smoking, obesity and sight loss.

2.5% of all people aged over 75 are likely to have Dementia and significant sight loss<sup>44</sup>. This is likely to be an underestimate and has significant implications for carers of people with Dementia. Up to 70% of people who have a stroke suffer some kind of visual loss and as many as 90% of those with learning disabilities may have a visual impairment. The majority of people with sight loss live in poverty, and only 30% of people of working age are in employment<sup>42</sup>.

At 31 March 2007 there were 1,140 people registered as deaf or hard of hearing. It is estimated that 1 in 7 of the population will have a hearing loss ranging from slight to profound<sup>45</sup>, in total affecting some 27,500 persons. The majority (around 20,500) will have a mild to moderate loss and many will have difficulty in everyday conversation, hearing TV and radio, and using the telephone. Many would benefit from using hearing aids but would not necessarily require environmental aids.

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Around 5,500 will have a moderate to severe loss and be dependent on hearing aids for all communication. Approximately 1,500 people will have serious to profound loss, not only dependent on hearing aids for communication help. They would also need aids to help with alarms, paging, awareness, and telephone equipment e.g. screen phones. Most would find communication extremely difficult and rely on lip reading, visual aids and signs and the written word. It is estimated that around 250 people would use BSL as their first language. Of those with a hearing loss in York, 72% will be 60 or more.

The proportion of children with Special Educational Needs remained constant between January 2009 and January 2010 at 16.4% of the school population. This includes children who have a range of needs, many of which are met by provision within school. 186 children attend special school.

The primary need for children with a Statement or at School Action Plus is recorded in the York school census. It is important to note that these figures from January 2010 do not include those with an impairment which is an additional need, or those at schools outside York, which would significantly increase the figures. The numbers of children with a hearing loss as their primary need is 44. Those with a visual impairment number 15. Children with a social, emotional behavioural need form a significant number, 439. Those with communication difficulties are 300. This includes children with speech, language communication needs, 182 and those affected by autism spectrum conditions, 118. Within York schools there are 62 children with a physical disability. These figures have been relatively stable over the last five years. There is a relationship between those with special educational needs and those entitled to free school meals.

Disabled young people moving into adulthood and their families benefit from coordinated multi agency support that considers the whole needs of the young person, planning for them to lead a fulfilled life in their local community wherever possible. Fifty six percent of parents responding to the York Transition questionnaire said they worried a lot about what their child would be doing after school.

**Recommendation:** Work towards delivering the UK vision strategy to prevent avoidable sight loss, and ensure that people with sight loss can be enabled to live active, independent and fulfilling lives.

**Recommendation:** Implement the local strategy for physical and sensory impairment.

**Recommendation:** All providers of health and social care services should ensure their services are accessible to, and support the identification of, those with hearing loss.

**Recommendation:** Develop further the multi-agency co-located transition team with children with disabilities and strengthen multi agency working in the implementation of the York Charter for Disabled Children.

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**Recommendation:** Ensure the Aiming High for Disabled Children “Core Offer” is at the heart of our strategy to develop services for disabled children in York.

**Recommendation:** Bring integrated health services closer to local communities through the implementation of the local response to the Bercow Report.

## 6b Learning disability

Population estimates would suggest that there are between 3280 and 4100 people with a learning disability within the city<sup>46</sup>. The majority of these will have mild to moderate disabilities and may not be known to services. There are over 550 adults with a learning disability known to care management and health services within the City of York Council geographical boundary. This is consistent with the national population data figures of incidence. Within that figure, York has a higher percentage of people with profound and multiple disability than other comparable areas. This is attributable to a previous long stay hospital in the area being closed and people moving into the York area. Within that population over 60% live in tenancies/residential accommodation, whilst the rest are living with families.

For those with mild to moderate disabilities, most may not need very much additional support beyond their own families, friends and social networks. However, without information about and access to a range of mainstream services, and help at points of crisis, their needs may escalate to the point where their support networks break down.

In the January 2010 school census there are 670 children recorded with a primary need of learning and cognition. Disabled children with learning difficulties include children whose primary need may be sensory, communication and physical. The great majority of these children are educated within their mainstream school, receiving school support and support from central services. There is a reduction in figures of pupils recorded with moderate learning difficulties and specific learning difficulties at School Action Plus and Statemented pupils. This may be due to the support being provided within school.

The national focus on increasing Short Breaks for disabled children, through Aiming High for Disabled Children, estimates that there are 2.7% of children nationally who are severely disabled and should be accessing Short Breaks for carers. In York there are 221 children accessing short breaks, an increase from 150 children in 2008/9. This equates to a rise from 14.8% to 20.8% of severely disabled children in 2010, or 0.4% rising to 0.56 % of the population of children.

**Recommendation:** Support people with learning disabilities to live full lives within mainstream services wherever possible.

**Recommendation:** Continue to prioritise Short Breaks for disabled children and their families.

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**Recommendation:** Contribute to the delivery of the 'Our Promise' to ensure that the multi agency focus on improving outcomes for children with disabilities is sustained

## 6c Mental Health

It is estimated that in York 36,000 people experience various kinds of mental health problems ranging from anxiety and depression to severe and enduring conditions including dementia and schizophrenia<sup>47</sup>. People with mental ill health are often disadvantaged and have particularly high health and social care needs.

Chapter 2 notes that that between 2006 and 2020 the 70-74 and 85+ age groups will increase by over 40%. These increases will have a very large impact on the demand for health and social care. However, this problem will be aggravated by the very large predicted increase in the number of people over 65 in York with dementia; these numbers are expected to rise from 2300 in 2009 to 3900 in 2030<sup>50</sup>.

The Health Overview and Scrutiny Committee reviewed dementia services and identified a number of priorities including the need for increased early identification, liaison between sectors and recognition of the important role of carers<sup>48</sup>.

Those recovering from mental ill health need support to help them overcome the barriers to social inclusion including schemes to help them into paid or voluntary employment.

An estimated 800 people in York are diagnosed with schizophrenia, many of these and others with severe and enduring mental illnesses (which can include those whose illnesses are compounded by drug and alcohol abuse) are unlikely to gain employment or access mainstream activities. People in this particularly disadvantaged group need support from statutory and voluntary sector services, not only to help them overcome the problems of social isolation, but also to stay well and avoid admission (or in many cases, re-admission) to hospital.

The needs outlined above have been supported by studies by the York Voluntary Sector Mental Health Forum and York LINK.

Limetrees, the child and adolescent mental health service (CAMHS) has identified the following needs: to improve awareness of (and access to) mental health services in schools; to continue with efforts to counter stigma in mental health; and to ensure privacy when young people contact services. Work is also needed to ensure that the transition from CAMHS to adult services is made as trouble free as possible.

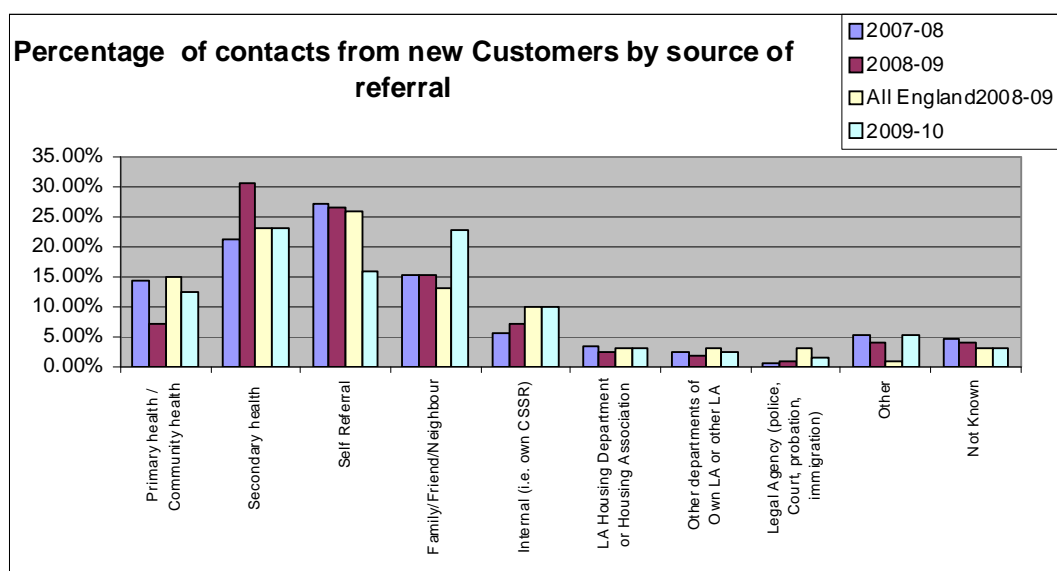
**Recommendation:** Support the work to implement the Mental Health Commissioning Strategy 2010 – 2015 which is led by the York Mental Health Partnership and Modernisation Board.

**Recommendation:** Actively plan for the increase in dementia expected in future years.

**Recommendation:** Promote the emotional health of children and young people through the implementation and evaluation of the Targeted Mental Health Programme

## 6d Referrals to Adult Social Care

During 2009/10 there were 3,711 new customers whose needs were attended to at the point of contact. This was an increase of 10.9% from 2008-09 when the figure was 3,346 new clients. An additional 4,213 contacts went on for further screening and possible assessment of need. This was a comparable proportion to the England ratio. Of these referrals to adult social care 23% were from secondary health (England percentage 23%) but only 16% were self referral (England 26%).



The highest proportion of referrals were from Westfield ward, followed by Heworth, Haxby & Wiggington and Huntington and New Earswick.

## 6e Supporting people to live at home

In the 2008 Place Survey<sup>10</sup> 30% of all York respondents thought that older people in their local area get the health and support they need to continue to live at home for as long as they want to, which exceeded that national average of 28.9%. The survey indicated that older people in York have more confidence in support being available, with 53% of respondents over the age of 75 agreeing with this statement.

More older people are helped to live at home in York than the national average, or the average of our comparator authorities. The number of older people helped to live at home in York in 2009-10 was 96 per 1,000 population. This matched previous years' figures. In 2009-10 York's statistical neighbours helped on average 78 people per 1,000 head of population<sup>41</sup>.

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The ratio of older people aged 65 or over admitted on a permanent basis to residential or nursing care during 2009-10 was 66 per 10,000, while the number of under 65 year olds admitted to care homes was 0.70 per 10,000 head of population. This means that fewer older people live in residential care homes in York compared to the national average for England (11 per 1,000 compared to 14). However slightly more received nursing care in York than the national average (7 per 1,000 compared to 6)<sup>41</sup>.

Among the 18-64 age group York has fewer residents with learning disabilities or with physical disabilities living in residential or nursing care than the England average, and the rate for those with mental health problems is close to the national rate<sup>41</sup>.

One of the key joint social care and health activities that promote the independence of people is the provision of intermediate care and rehabilitation services. These provide additional support for those who would otherwise face an unnecessarily prolonged stay in acute inpatient/community hospital care, or be permanently admitted to long term residential or nursing home care. This provision also facilitates timely discharge and/or effective rehabilitation – particularly in residential setting. Performance on delayed transfers of care in York is lower than comparator authorities, and access to intermediate care services in York is identified as an area for joint improvement.

**Recommendation:** Deliver improvements in the numbers of people who are supported to establish and maintain independent living, and those who are supported to move on from temporary living arrangements in a planned way.

**Recommendation:** Reduce levels of delayed discharges from hospital care and improved access to Intermediate Care provision.

**Recommendation:** Deliver more complex telecare and telehealth packages targeting those people with higher levels of need to retain their independence.

**Recommendation:** Continue to develop alternatives to residential care including the delivery of new extra care schemes.

## 6f Long Term Neurological Conditions

The needs of people with long term neurological conditions have been highlighted by York LINK who carried out a public awareness and consultation event on the subject in 2009. They highlighted the need to for health and social care workers to work with people with neurological conditions to understand the impact of their condition and ensure that care and equipment are tailored appropriately.

Neurological conditions cover a wide range of problems including Stroke and Dementia which are covered elsewhere. We only have very limited information about the current prevalence of other neurological conditions in York and this is an

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area we intend to investigate further. We do know that 1,235 people were registered with epilepsy in 2008/9 which was a lower proportion than the England average (0.66% compared to 0.76%)<sup>24</sup>.

**Recommendation:** Use national and local evidence to improve our understanding of the local prevalence of neurological conditions.

## 6g Carers

Within the city 1473 carers of all ages who carried out substantial and regular care were assessed or reviewed in 2009/10 and subsequently given support, information or advice<sup>49</sup>. However we know from the census that there were over 17,000 carers in total of whom over 3000 people who identified themselves as providing 50+ hours of care a week<sup>6</sup>.

Following a review of services for carers in 2007, three new carers forums have been established which help ensure that carers now have direct input into service planning. York Carers Centre was jointly commissioned to provide a range of services for local carers. A carers information pack was introduced in April 2009, and since October 2009 a multi-agency health task group led by NHS North Yorkshire and York, has met aiming to improve carer services and support in health settings. In the first national user experience survey of carers 49% of those who responded were 65 or over<sup>41</sup>. With the projected rise in the older age group we can expect more older people to become carers, which will impact on their physical and emotional health. Support for carers will be a priority for the York Local Involvement Network during 2011.

**Recommendation:** Implement the York Carers Strategy Group Action Plan 2010-12 with particular attention to building closer joint working and partnerships between health, social care and the third sector.

**Recommendation:** Ensure carers are identified and have access to flexible services that meet their individual needs.

**Recommendation:** Identify and improve sources of support which enable carers to stay mentally and physically well.

**Recommendation:** Work towards a whole family approach in protecting young carers from inappropriate caring.

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## 6h Sexual Health Services

In 2009, 51% of 13-15 year olds thought that they needed more or better information and advice on sex and relationships, 2% higher than the national average<sup>25</sup>. In North Yorkshire & York the rate of Chlamydia in the 15-24 year old age group was 1789 per 100,000 in 2009, much lower than the regional rate of 2378. In the over 25s it was 40 per 100,000, less than half the regional rate of 86. Rates of gonorrhoea, syphilis, herpes, genital warts and acute sexually transmitted infections were all much lower than the regional and national rate.

In North Yorkshire & York PCT area there were 1,698 abortions in 2008, 964 of which were in the under 25 year old age group. In women under 25 years old 19% were repeat abortions.

**Recommendation:** Work across the health and education sectors to increase awareness of methods to avoid pregnancy and sexually transmitted infections.

**Recommendation:** Provide accessible, local screening facilities to reduce the impact and onward spread of sexually transmitted diseases.

## 6i Maternity Services

The Maternity Services Liaison Committee regularly talks to women who have delivered their baby in York to look for trends<sup>50</sup>. They have identified that greater support is required throughout pregnancy, delivery and in the postnatal period, particularly for first time mothers. They have also highlighted the need to support breastfeeding and to increase the choice in place of birth.

**Recommendation:** Work in partnership to increase support and choice during pregnancy and in the postnatal period.

## 6j General Public views on services

Wherever patient or public views have been found to relate to specific issues or services we have included them in the relevant section of this report. However there are a number of more general themes. Public satisfaction with the NHS in North Yorkshire & York is high with overall rates slightly above the regional average in 2009 (78.1% compared to 77.8%). A higher than average number of respondents in the 2009 survey believed that North Yorkshire & York PCT works with local organisations to improve health and wellbeing. North Yorkshire and York performed better than average on GP services with an overall satisfaction rating of 83.1 (regional average: 80.0). Users were more positive than non users (84.4 v 79.2), rating all of the aspects as strengths and giving scores of over 80 (out of 100) for all of them. The Ambulance Service achieved an overall score slightly above the regional average (86 v 85)<sup>51</sup>.

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The GP access survey 2008 had higher access rates than the regional and national average. 85.5% of respondents were satisfied with their telephone access to their surgery, 83.8% obtained access within 48 hours and 83.1% were satisfied with their surgery's opening hours.

In City of York residents surveys good health services ranked as the second most important factor in making York a good place to live. In Haxby and Wiggington, Strensall and Huntington this was considered the most important factor. Only 10% of residents said health services needed to improve although this was higher in the responses from Dringhouses, Heslington, Micklegate and Bishopthorpe. Only 3% of residents said they had been involved in making decisions on local health services.

**Recommendation:** Increase public engagement in local health service decisions.

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## 7 Conclusion

The JSNA is formally presented to City of York Council and NHS North Yorkshire & York. However, its recommendations will be of value to all the partners who work to improve health and wellbeing in York. These include colleagues in GP commissioning, local hospitals, patient groups, the voluntary sector, the private sector and education.

In summary the recommendations are:

### Demography

- Plan at individual service level to explicitly include likely changes to the affected population to ensure that services are robust and sustainable.
- Commissioning plans should ensure that prevention, treatment and support services are accessible to all, regardless of ethnic background.
- All health and social care agencies should review their data collection and service processes as they relate to ethnic minority groups to ensure they can meet the needs of the increasingly diverse population.

### Social and Environmental Context

- Implement the Inclusive City recommendations of the Place Survey Focus Group Report 2010.
- Work across all partners in the city to implement the Inclusive York's One City Strategy which aims to increase participation, engagement, cohesion, fairness and inclusion.
- Use the lessons from successful work to target areas of higher deprivation such as the Kingsway project to reduce inequalities within the city.
- Continue to encourage uptake of free school meals and support healthy schools schemes within those schools with the highest proportion of those eligible.
- Target all areas of high deprivation as identified by the developing Child Poverty Strategy, to ensure the right services are targeted in the worse areas of deprivation within York
- Build on York's role as a regional champion for homelessness to continue to develop services to support individuals and families into long term accommodation.
- Provide more specialist accommodation for young people linked to help with training and employment, and seek to provide more dedicated accommodation for teenage parents.
- Seek ways to mainstream referral for affordable warmth interventions.
- Work together to better understand the impact of poor and inappropriate housing on demand for health services.

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- Use local research into the health impact of the recession to inform policy and work with Thriving City partners to minimise the impact on individuals and communities.
  - Further reduce the number of young people not in education, employment, or training.
  - Focus additional, targeted support on vulnerable children and young people; ensuring high aspirations and expectations are part of the culture and ethos of schools; increasing further the numbers attending targeted Parenting Programmes
  - Concentrate our support for schools and for children on the few areas where performance is as not as strong as we could wish.

### **Lifestyle and Risk Factors**

- Reduce smoking prevalence using all available options including regulation of sales and appropriate support for behaviour change.
- Design stop smoking services to be easy to use by those who are most vulnerable, including pregnant smokers and those in routine and manual occupation groups.
- Use the Be A Star campaign to promote breastfeeding to those least likely to start, particularly younger mums.
- Support Change4Life and other programmes to improve diet.
- Develop programmes in the Children's Centres to include breastfeeding support, weekly under 1 drop-ins and healthy eating sessions.
- Promote sensible drinking across all sections of the community.
- Work in partnership to reduce the harm caused by alcohol and provide services to support harmful and hazardous drinkers.
- Promote awareness of the issues around alcohol and substance misuse recognising that young people will always take risks, but helping them to make positive choices.
- Continue to prioritise prevention and treatment of drug misuse as an area for joint planning and commissioning, through the development of a York specific Drug Action Team.
- Promote physical activity through a variety of opportunities including the Just30 Good News Campaign.
- Develop opportunities to link health and physical activity services through Active York.
- Target teenage pregnancy prevention work in hotspot wards and wards where teenage pregnancy rates are rising.
- Expand programmes to combat unwanted conceptions by developing specific initiatives to raise girls' self-esteem and boys' awareness of their responsibilities.

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- Further promote good sexual health through high quality sex and relationships education in schools.
  - Work with parents to give them the knowledge and skills to enable them to talk to their children about sex and relationships issues
  - Continue to seek opportunities to identify people with high blood pressure, to further reduce the proportion undiagnosed within the community.
  - Promote the weight management programmes that are available and seek to mainstream them.
  - Work with partners to prevent childhood obesity by supporting healthy eating and physical activity.
  - Continue to improve MMR vaccination rates to reach 95% in order to provide 'herd immunity' to protect those who cannot be vaccinated for medical reasons.

### **Burden of Ill-Health**

- Target preventative activity such as vascular checks, community health educators and health trainer courses in the most deprived communities to reduce the relative gap in life expectancy.
- Continue to work to reduce the risk of factors of low birthweight and infant mortality including smoking in pregnancy
- Identify those at risk of circulatory disease through the targeted implementation of vascular checks, ensuring that services are available to support lifestyle change as required and improve the primary prevention of cardiovascular disease.
- Continue to identify and treat patients with cancer using established successful mechanisms
- Develop services to reduce COPD admissions to hospital, supporting people to manage their care at home wherever possible.
- Further improve access to NHS dentistry, particularly for groups who are at risk of disadvantage.
- Develop and implement an Oral Health Strategy to ensure people are supported in improving and maintaining their oral health
- Build on initiatives such as the 'Made You Look' campaign to maintain recent improvements in the number of casualties on the road.
- Develop programmes to prevent falls, particularly in older people.
- Work in partnership to reduce the level and impact of violence, including in a domestic setting.
- Promote a safer city through the delivery of outstanding, integrated services by: embedding new ways of working, especially the Common Assessment Framework and the YorOK Child Index.

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## Client Groups

- Work towards delivering the UK vision strategy to prevent avoidable sight loss, and ensure that people with sight loss can be enabled to live active, independent and fulfilling lives.
- Implement the local strategy for physical and sensory impairment.
- All providers of health and social care services should ensure their services are accessible to, and support the identification of, those with hearing loss.
- Develop further the multi-agency co-located transition team with children with disabilities and strengthen multi agency working in the implementation of the York Charter for Disabled Children.
- Ensure the Aiming High for Disabled Children “Core Offer” is at the heart of our strategy to develop services for disabled children in York.
- Bring integrated health services closer to local communities through the implementation of the local response to the Bercow Report.
- Support people with learning disabilities to live full lives within mainstream services wherever possible.
- Continue to prioritise Short Breaks for disabled children and their families.
- Contribute to the delivery of the ‘Our Promise’ to ensure that the multi agency focus on improving outcomes for children with disabilities is sustained
- Support the work to implement the Mental Health Commissioning Strategy 2010 – 2015 which is led by the York Mental Health Partnership and Modernisation Board.
- Actively plan for the increase in dementia expected in future years.
- Promote the emotional health of children and young people through the implementation and evaluation of the Targeted Mental Health Programme
- Deliver improvements in the numbers of people who are supported to establish and maintain independent living, and those who are supported to move on from temporary living arrangements in a planned way.
- Reduce levels of delayed discharges from hospital care and improved access to Intermediate Care provision.
- Deliver more complex telecare and telehealth packages targeting those people with higher levels of need to retain their independence.
- Continue to develop alternatives to residential care including the delivery of new extra care schemes.
- Use national and local evidence to improve our understanding of the local prevalence of neurological conditions.
- Implement the York Carers Strategy Group Action Plan 2010-12 with particular attention to building closer joint working and partnerships between health, social care and the third sector.

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- Ensure carers are identified and have access to flexible services that meet their individual needs.
  - Identify and improve sources of support which enable carers to stay mentally and physically well.
  - Work towards a whole family approach in protecting young carers from inappropriate caring.
  - Work across the health and education sectors to increase awareness of methods to avoid pregnancy and sexually transmitted infections.
  - Provide accessible, local screening facilities to reduce the impact and onward spread of sexually transmitted diseases.
  - Work in partnership to increase support and choice during pregnancy and in the postnatal period.
  - Increase public engagement in local health service decisions.

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