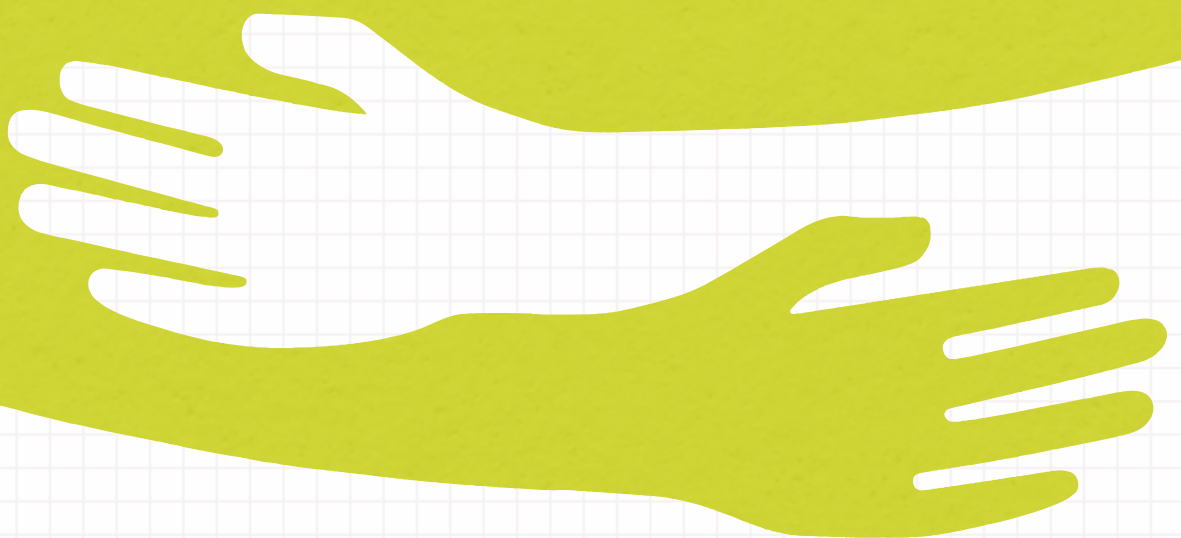


EAST RIDING JOINT HEALTH AND WELLBEING STRATEGY

2023 - 2028



FOREWORD

WELCOME TO OUR NEW HEALTH AND WELLBEING STRATEGY FOR 2023 – 2028

In our previous strategy (2019 - 2022), we mentioned how a lot had changed in the world of health and wellbeing, observing how the health and care system faced unprecedented demand and was facing significant structural changes. Little did we know how the entire landscape of health and wellbeing would be turned so dramatically upside down only a few months later.

STRATEGY

COVID-19 PANDEMIC

Since the launch of our previous strategy, we have seen the devastating impact of COVID-19 pandemic throughout the UK and the East Riding. As a result, health and wellbeing inequalities have widened, and the NHS is now facing a severe backlog of cases. However, during the pandemic, we demonstrated our ability to be resilient, adaptive and innovative, seizing and creating opportunities to ensure that we continue to deliver the best range of support and services possible despite the broad range of challenges that we faced. As we move on from a world dominated by COVID-19, we will seek to continue to build on this to help our communities recover and thrive.

COST OF LIVING CRISIS



The national Cost of Living Crisis continues to impact people's health and wellbeing. It has not only deepened a range of existing inequalities, but has, in many cases, pushed some middle-income families who were previously coping into real financial hardship. The effect this has had on health and wellbeing cannot be understated. Families have been forced to make cutbacks on essentials such as food and warmth, causing a deterioration in the conditions they live in. This has chipped away at many people's resilience, causing ill health, and impacting their wellbeing. The board has been active in seeking to understand the impacts of the crisis on our residents and communities and has helped inform actions taken, coordinated by the Cost of Living working group.

2022 saw the establishment of the Humber and North Yorkshire Health and Care Partnership (our local Integrated Care System). This was part of the national policy response to the ongoing challenges facing the health, wellbeing and the care sector, particularly concerning the high and growing demand on the system.

Our multi agency health, wellbeing and partnership (representing our 'System') has not only had to face the impact of the COVID-19 pandemic but has also had to prepare for significant structural changes as we move to a much more integrated approach. In many ways, the pandemic accelerated this shift and showed us what was possible through a more collaborative health, wellbeing and care system.



Locally, the pressure on resources across our health and care system is substantial. This comes at a time of ever-increasing demand from the whole population, particularly from the most vulnerable, not to mention the growth of our older population within the East Riding, many of whom have moved here to retire.

HOWEVER, THE ASPIRATION OF OUR SYSTEM REMAINS STRONG. WE WILL CONTINUE TO FOCUS ON THE CONDITIONS OF LIVING FOR OUR RESIDENTS.

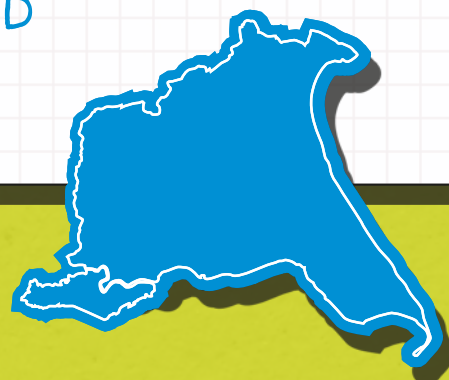


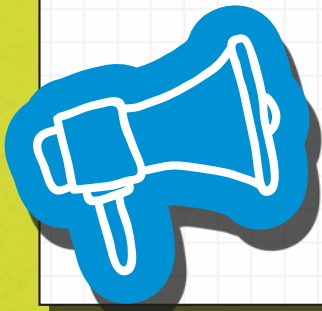
Strong and resilient communities, good housing, access to good education, the opportunity to develop and learn new skills, increasing employment, and making community assets accessible for everyone - these all work towards creating the best conditions for better health and wellbeing, not simply access to hospital services.

OUR NEW JOINT HEALTH AND WELLBEING STRATEGY, AND ITS SUPPORTING STRATEGIES, COMMIT TO THIS, SETTING OUT A VISION FOR:



AN EAST RIDING WHERE ALL RESIDENTS ARE SUPPORTED TO ENJOY THEIR MAXIMUM POTENTIAL FOR HEALTH, WELLBEING, AND PARTICIPATION, THROUGHOUT THEIR LIVES.



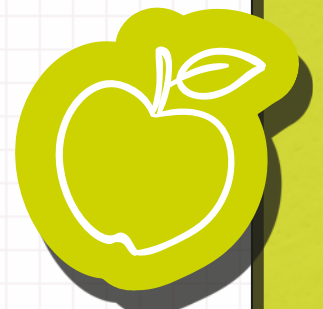


As a system, we have worked together to review our health and wellbeing priorities, consulting key stakeholders and partners to develop this joint strategy.

We aim to deliver quality services as a single system to increase levels of personal, community, and system resilience. Focusing on prevention and resilience at all levels and at all stages of our residents' lives, remains at the centre of our approach.

As a system, we strive to enhance the wellbeing of our residents and to transform the experience and care of people with ill health, and the consequences this has for families, friends and carers.

We will achieve these aims by improving the conditions of living for our residents and communities, through taking an asset-based approach, and by utilising the skills and knowledge of individuals, communities and organisations rather than focussing on problems or gaps.



This strategy is not only owned by the Health and Wellbeing Board but is now also supported by the East Riding Health and Care Committee whose work programme works toward delivering the collective priorities of the Integrated System for our area.

Our experience of previous innovative work and our commitment to working together as a system means that there is now a real opportunity to effectively bring together our complex mix of resources.

We look forward to working with what we know are our strong and vibrant communities in order to help all our residents achieve the highest levels of health and wellbeing possible throughout their lives.



Cllr Jonathan Owen

Chair, Health and Wellbeing Board



INTRODUCTION

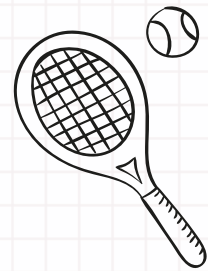
WHAT HAS CHANGED?

There have been many changes in the world of health and wellbeing over the past few years which have affected us as individuals, our communities and the ways in which the health, wellbeing and care system works together.

DURING THE COVID-19 PANDEMIC, PHYSICAL INTERACTION WAS HEAVILY RESTRICTED IMPACTING PEOPLES:

PHYSICAL HEALTH AND WELLBEING

The primary threat to physical health and wellbeing during the pandemic was catching COVID-19, particularly for those who were identified as clinically extremely vulnerable. Restricting social interaction also led many to live a more sedentary lifestyle. Many struggled to access in person healthcare services and community assets, whereby physical conditions perhaps went unnoticed and deteriorated.



MENTAL HEALTH AND WELLBEING

During the height of the pandemic, many were anxious, scared and stressed. These emotions were compounded by the lack of in-person interaction.



SOCIAL HEALTH AND WELLBEING

Contact with friends, social networks and community participation undoubtedly suffered during lockdowns. The erosion of these social networks will have affected many people's wellbeing.



THE COST OF LIVING CRISIS HAS MADE EVERYDAY ITEMS AND SERVICES MORE EXPENSIVE. AGAIN AFFECTING RESIDENTS:

PHYSICAL HEALTH AND WELLBEING

The price of heating our homes and food has increased dramatically. This has pushed many to keep their heating off and cut down on their food bills. Living in a cold or a damp home, has been shown to severely affect a person's physical health, exposing them to conditions which can lead to common viral infections, asthma and cardiovascular disease. At its worst, the increase in food prices force some people to drastically cut back and skip meals, weakening physical resilience.



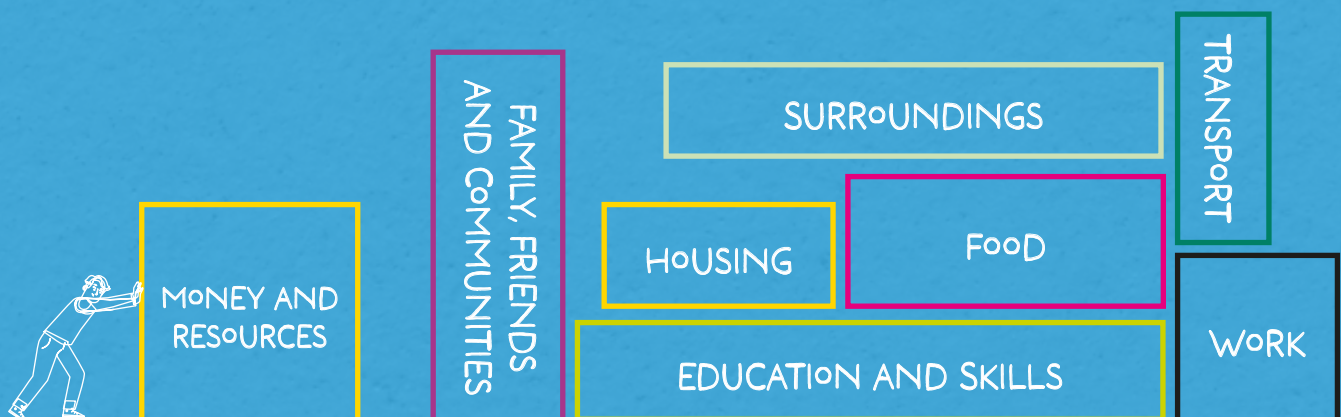
MENTAL HEALTH AND WELLBEING



Financial strain can lead to increased stress, anxiety and depression. This financial insecurity can also impact people's sense of self-worth and increase feelings of shame and guilt.

SOCIAL HEALTH AND WELLBEING

Financial pressure can lead to social isolation as people cut back on activities and expenses that were once a source of connection and enjoyment. This isolation can lead to feelings of loneliness and further exacerbate mental health issues. Being able to fully participate in our communities and friendship groups is integral to good health and wellbeing.



WORKING IN PARTNERSHIP

OUR LAST STRATEGY SHOWED A REAL SHIFT TOWARDS USING A SYSTEM-BASED APPROACH FOR IMPROVING HEALTH AND WELLBEING ACROSS THE EAST RIDING.

When we use the word 'system', we mean all providers, groups and organisations who affect and influence people's health and wellbeing.

A 'system approach' to health and wellbeing therefore means a variety of partners working together to achieve the best outcomes for residents across the East Riding instead of working separately or in competition.



THE COUNCIL, IN COLLABORATION WITH SYSTEM PARTNERS

has been developing coproduction techniques in various projects over recent years. We have demonstrated examples of best practice and have seen positive outcomes for people.

Through better collaboration with people with lived experience, outcomes are improved and to be better able to meet the care, support, understanding and accessibility needs of the people we serve.

The integrated better care fund has been crucial in supporting coproduction initiatives.

THE HUMBER AND NORTH YORKSHIRE HEALTH AND CARE PARTNERSHIP IS A NEW BODY BUILT UPON THIS SYSTEMS APPROACH.



This is a collaboration of partners from across the health, wellbeing, and care system to join up initiatives in the region, to make better use of existing assets and provide a better experience for residents.

Working closely with the partnership The Humber and North Yorkshire Integrated Care Board which has replaced the Clinical Commissioning Groups in the region.

This new single body will be responsible for funding and planning NHS services across the same area as the partnership outlined on the next page:

THE HUMBER AND NORTH YORKSHIRE INTEGRATED CARE BOARD

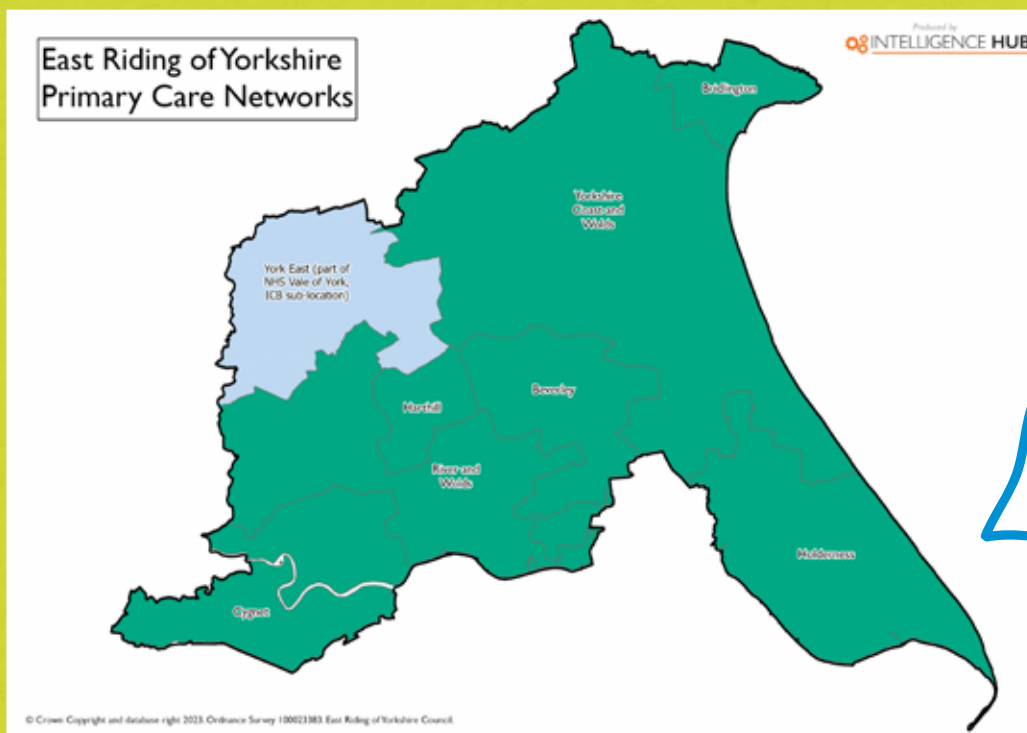


To help work towards the objectives of the Board and the Partnership, each local authority involved has set its own Health and Care Committee which are all made up of representatives from across the health, wellbeing, and care system in their respective area.

The East Riding **Health and Care Committee** has been working closely with the **Health and Wellbeing Board** to coordinate nine work programmes, many of which are focused the wider determinants of resident's health and wellbeing. These programmes are listed on page 33.

These Health and Care Committee Programmes form a substantial part of the delivery of this strategy and collectively work towards the vision and outcomes of this strategy. The Health and Wellbeing Board will continue to work closely with the Health and Care Committee going forward to secure better health and wellbeing for residents throughout the East Riding.

We, alongside the partnership and the board will also be working closely alongside the seven Primary Care Networks (PCNs) within the East Riding which are mentioned throughout this document. PCNs are groups of GP practices who work closely together to provide integrated services for residents. GPs within the Pocklington area have opted to be part of a PCN within the Vale of York structures.



MAP OF
OUR AREAS
PCNS



In the East Riding, we have a long history of working with our partners in the health, wellbeing and care sector. This partnership formalises and expands that relationship, it will make it easier to work together and properly align objectives and priorities.

This partnership will evolve and mature as time goes on as we figure out how best to use our collective assets for residents in the East Riding and across the Humber and North Yorkshire.

OUR VISION AND PRIORITY OUTCOMES



A lot has changed in the world of health and wellbeing since our previous strategy. Despite these changes, however, our vision remains:

AN EAST RIDING WHERE ALL RESIDENTS ARE SUPPORTED TO ENJOY THEIR MAXIMUM POTENTIAL FOR HEALTH, WELLBEING AND PARTICIPATION, THROUGHOUT THEIR LIVES.

Our vision commits to a 'life course' approach to health and wellbeing. We want to ensure residents enjoy good health and wellbeing during every stage of their life. We know that early life experiences and behaviours play a huge role in our health and wellbeing throughout our lives. We also know that our personal actions impact others around us in different ways as we age, just as other peoples' actions impact us. By taking a 'life course approach', we therefore acknowledge that health and wellbeing is a lifelong journey not only for us individually, but something interconnected with those around us.

Our vision also acknowledges the importance of enabling everyone to participate fully in their communities. Our local communities, friends and families, and other formal and informal support networks all play a huge role in our health and wellbeing.

Our vision recognises the different needs and abilities of our residents. Health and wellbeing is something very personal and we endeavour to be respectful of people's individual circumstances. Therefore, our vision is committed to empowering individuals to be as independent as possible and wherever possible, providing people with a variety of options to suit their needs.

Our vision is therefore supported by the following statement which can also be found in the Humber and North Yorkshire Care Partnership strategy:

THINK PERSON, THINK FAMILY,
THINK COMMUNITY...

THIS STATEMENT HELPS US BREAKDOWN OUR VISION AND PROVIDES THREE AREAS OF FOCUS:

THINK PERSON

We want residents to enjoy their maximum potential for health and wellbeing. We seek for individuals to take ownership of their health and wellbeing through acting on the wider determinants of health in their lives. We wish to provide tailored provision and services for our residents which is respectful of individuals different needs, wishes and abilities. We will help individuals develop lifelong healthy behaviours.

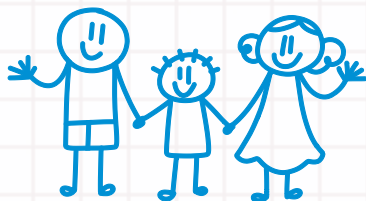
THINK FAMILY

We envision healthy and positive relationships between family members, friends and loved ones. These connections will act as supportive environments consisting of people who we can rely on and who can help us practice a healthy lifestyle.

THINK COMMUNITY

We are committed to developing strong, vibrant, and connected communities throughout the East Riding, which contain a variety of assets for a range of people and which foster good community relations to bring people together.

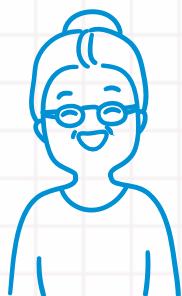
IN LINE WITH OUR VISION AND ITS SUPPORTING STATEMENT, THE FOUR PRIORITY OUTCOMES FOR THIS STRATEGY ARE:



1. CHILDREN AND YOUNG PEOPLE IN THE EAST RIDING ENJOYING GOOD HEALTH AND WELLBEING



2. WORKING AGE ADULTS REDUCE THEIR RISK OF ILL HEALTH



3. EAST RIDING RESIDENTS ACHIEVE HEALTHY, INDEPENDENT AGEING



4. HEALTH INEQUALITIES ARE REDUCED

HOW WILL WE GET THERE?

Instead of purely focussing on individual problems as and when they arise, we have taken a step back to think about the root causes of ill health and what leads to strong health. What has become clear from this approach is that our health and wellbeing is shaped by many factors in our lives as this diagram maps out:

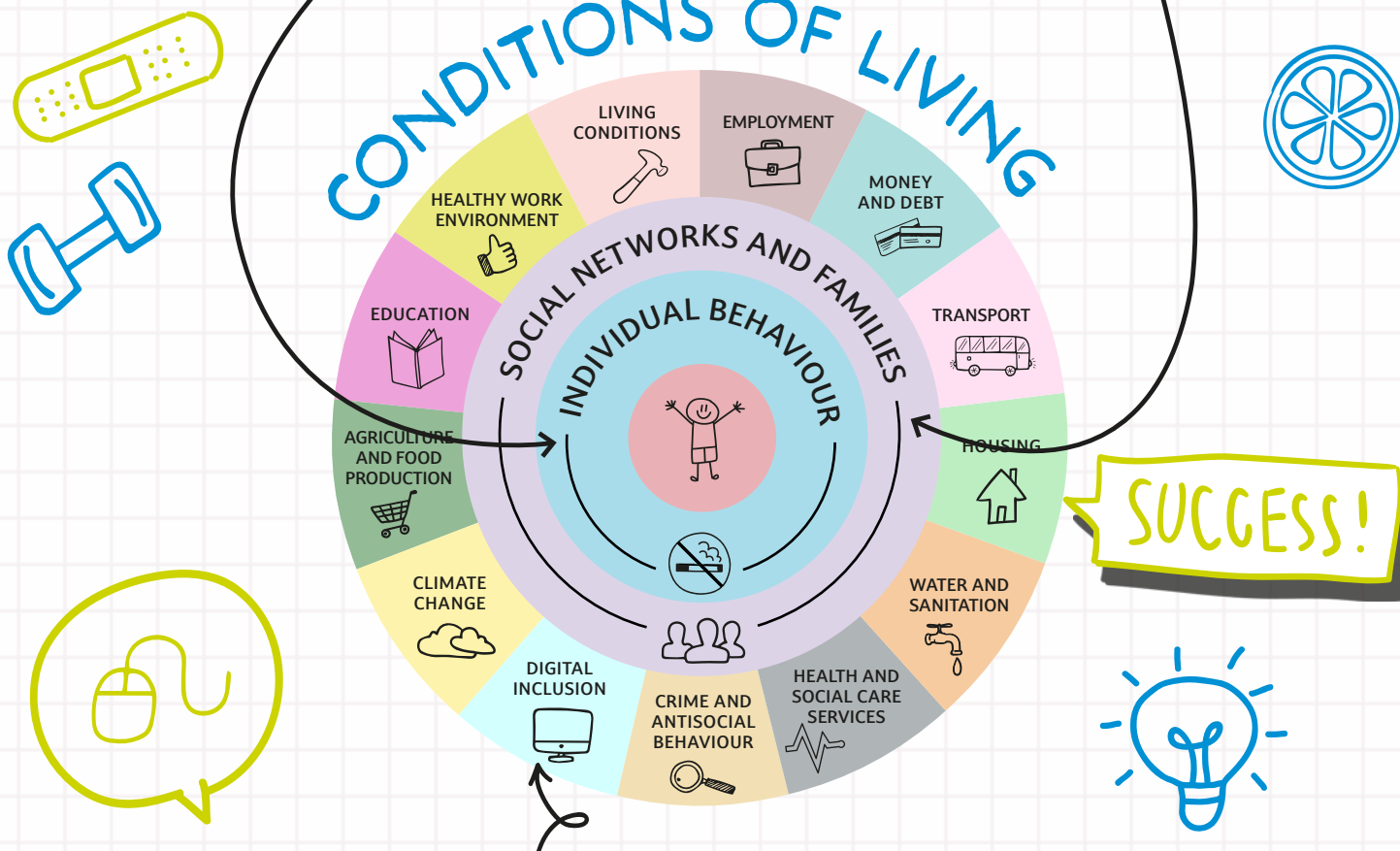
THINK PERSON

These two circles in the middle represent our individual characteristics and behaviours. We are born with many characteristics which heavily influence our health and wellbeing. We also learn and develop many behaviours which affect our health and wellbeing, such as the way we eat, how we act in a relationship, if we smoke or drink heavily or if we exercise.

THINK FAMILY

This next layer is to do with our families, friends, and other social networks in our communities.

These connections play a huge role in our health and wellbeing through shaping our own behaviours, and usually being the first people to notice when something's not quite right.



THINK COMMUNITY

This last circle lays out the wider social, economic and environmental conditions we live in.

These all impact a person's health and wellbeing in different ways. For example, poor housing can increase the risk of physical health problems such as respiratory illnesses, while limited transport links can lead to increased isolation, affecting a person's physical and mental health.

As the diagram on the previous page shows, there are many factors which influence our health and wellbeing. Many of these are represented by different people and organisations.

Therefore, this is a **joint strategy**. Built on the above diagram, this strategy will act as a framework to help us and our partners design health and wellbeing initiatives which are focused on people's conditions of living.

The **Conditions of Living Model** can be used in a number of scenarios and can help partners and projects take a step back and think about the root causes and wider effects of a particular issue.

Throughout this strategy, we have highlighted a number of key actions to help embed prevention and develop resilience. These actions are wide reaching and have been drawn from a variety of strategies and work programmes already in operation across the system.

Whilst these pieces of work are respectively monitored through other boards and committees, to reduce silo working and avoid duplication, the Health and Wellbeing Board will host a number of thematic / cross cutting deep dive sessions related to a particular theme from the Conditions of Living model as laid on the following page, which has been adapted to pick out some relevant strategies, work programmes and partners best placed to lead a session on a particular theme.

THESE SESSIONS WILL HELP DEVELOP A SYSTEMS WIDE APPROACH TO COMMUNICATIONS, INTELLIGENCE GATHERING AND PROJECT DESIGN.

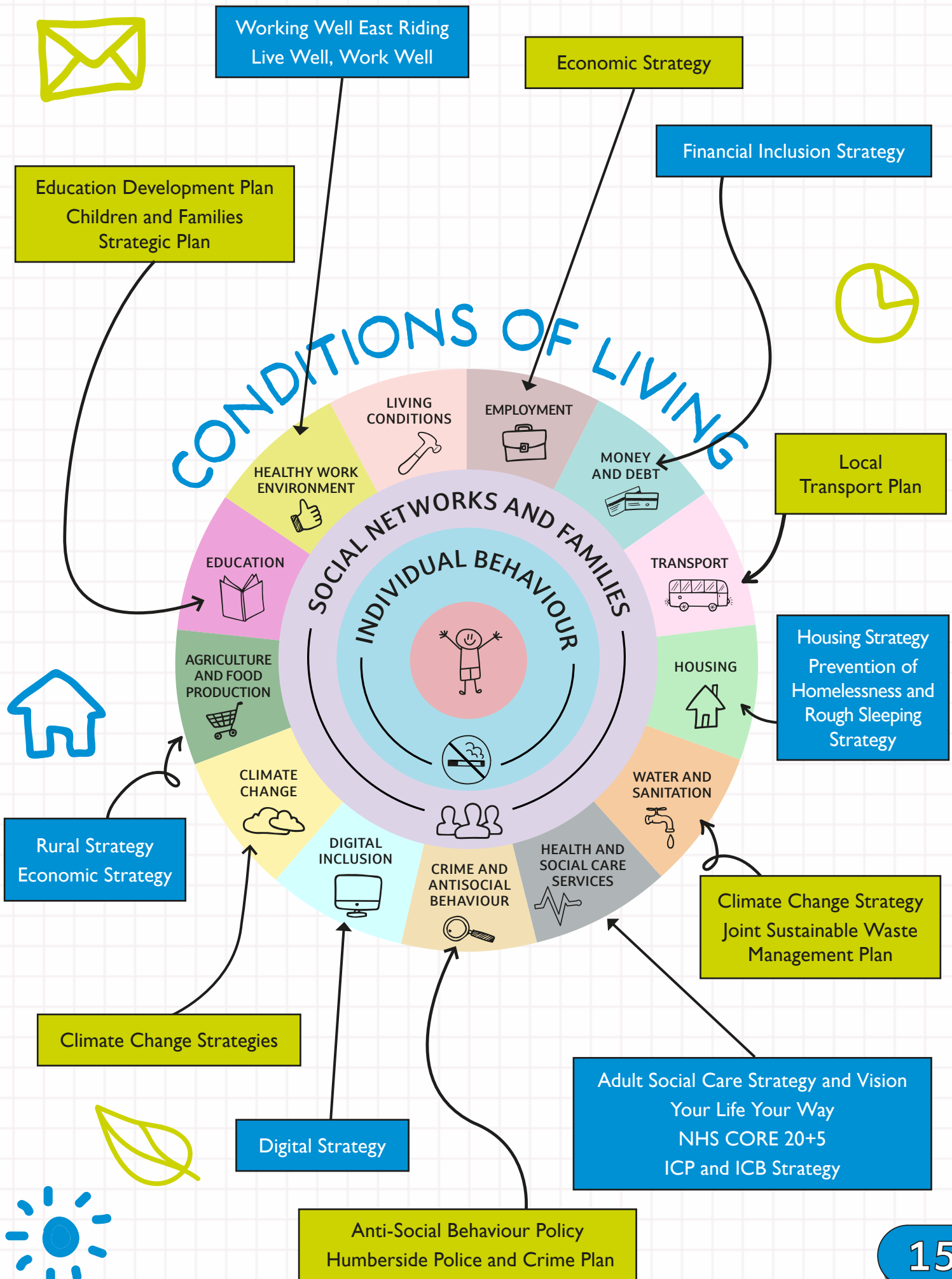
They will provide opportunity for the Board to bring together system partners leading relevant projects alongside intelligence specialists to:

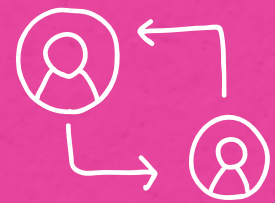
- Understand current work being undertaken across the system, learning from successes and challenges
- Develop a better understanding of the issues facing residents
- Deliver successful initiatives to improve the conditions of living.



The Board will use these sessions as an opportunity to monitor the progress of the actions highlighted within each priority outcome of this strategy.







PRIORITY OUTCOME 1

CHILDREN AND YOUNG PEOPLE IN THE EAST RIDING ENJOY GOOD HEALTH AND WELLBEING

“An East Riding where all residents enjoy their maximum potential for health, wellbeing and participation, throughout their lives”

‘STARTING WELL’ AND ‘DEVELOPING WELL’ PROVIDE THE CORNERSTONES OF GOOD HEALTH AND WELLBEING THROUGHOUT A PERSON’S LIFE.

These formative years contain a number of significant developmental milestones, which can sometimes be complex to navigate for children and young people individually as well as for their families.

Therefore, while we have divided an individual’s life into stages within this strategy and have laid out our ambitions specifically for children’s health and wellbeing below, we cannot overlook the interconnectedness of health and wellbeing between family members and communities.

A HEALTHY AND SUPPORTIVE FAMILY AND COMMUNITY ENVIRONMENT WILL GREATLY INFLUENCE A CHILD’S DEVELOPMENT AND OVERALL HEALTH OUTCOMES.

Securing the best health and wellbeing outcomes for children and young people will be achieved not only through targeted help for them specifically, but also through wider support for the adults and the communities around them.

THE COVID-19 PANDEMIC HEAVILY IMPACTED THE DEVELOPMENT, LEARNING AND EDUCATION FOR CHILDREN AND YOUNG PEOPLE.

It also impacted the way they socialised, where many spent much more time online and on social media, with much less face-to-face contact with family, friends and at social events and groups. The ongoing Cost of Living Crisis is impacting the fundamental building blocks of health such as peoples diet and the conditions they live in. It is also having a huge affect on people’s mental health and emotional wellbeing.

We will continue to manage the impact upon children and young people's learning, development, and emotional, mental, and physical health needs and will work to ensure they are not disadvantaged in the long term.

We will always be committed to working with our partners to ensure that children and young people enjoy healthy and happy lives to help give them the best start in life. This will be done by focusing on prevention and developing resilience wherever possible through targeting the wider determinants of health and supporting our partners to create the best conditions possible for children and young people. We want to ensure:

- That children and young people enjoy good mental health and emotional wellbeing.
- That children and young people have high aspirations and can achieve later in life through skills and qualifications they have acquired.
- That any difficulties facing children and young people are identified quickly, leading to holistic support as soon as possible to prevent issues from escalating.
- That children and young people feel safe at home, in school and in their community.
- Those with Neurodevelopmental or additional needs and their families are supported and able to reach their potential.
- That children and young people feel involved in their community.



KEY LIFE EVENTS	EMBEDDING PREVENTION	INCREASING RESILIENCE
<p>START WELL Pregnancy and Early Years</p> <ul style="list-style-type: none"> • Pregnancy and birth • Early development at home • Beginning childcare • Nursery or preschool • Primary School 	<ul style="list-style-type: none"> • Reduce drinking and smoking during pregnancy • Increase protection from serious diseases through vaccination • Signpost support available for new parents • Encourage outdoor play and activities • Encourage a nutritious diet and establish healthy eating patterns 	<ul style="list-style-type: none"> • Promote breast feeding • Improve school readiness • Improve the timeliness of SEND assessments and associated provision • Enable family participation within their community • Encourage outdoor play and activities • Promote and provide a nutritious diet and establish healthy eating patterns
<p>DEVELOP WELL Childhood through to Adolescence</p> <ul style="list-style-type: none"> • Puberty • Secondary School • Engaging with social media • Entering or leaving care • Negotiating relationships, exploring sexuality, and gender • Starting work, unemployment, development of personal finances • Driving • Drinking alcohol, vaping and drug use • Starting further and higher education • Leaving home, living alone or with others, perhaps homelessness 	<ul style="list-style-type: none"> • Encourage healthy individual behaviours to reduce obesity and alcohol and drug misuse • Support young people to maintain respectful emotional and sexual boundaries and relationships • Support the safe navigation of the internet and social media • Equip young people with a variety of skills for education or employment through a range of training and learning options • Ensure a range of appropriate provision and support for vulnerable children and those with SEND • Administer timely intervention and develop clear pathways where specialist help is needed 	<ul style="list-style-type: none"> • Increase digital resilience to digital bullying, trolling, and grooming through recognising the complexities of the digital world • Ensure children and young people receive holistic support for their caring role • Develop and strengthen community assets to support vulnerable families and young people • Promote early financial capability as an integral life skill • Encourage supportive and respectful relationships and friendships amongst peers • Raise awareness of a variety of techniques such as mindfulness to cope with stress and anxiety in day-to-day life • Develop individual confidence and create pathways to raise and resolve issues impacting someone's health and wellbeing

PCN PRIORITIES AND CHALLENGES

CHILDREN AND YOUNG PEOPLE



BEVERLEY

- Children in Reception who are overweight
- Children in year six who are overweight
- Hospital admissions for mental health conditions 0 - 17 years

HOLDERNESS

- Children in year six who are overweight
- Higher rate of children with an Education Health and Care Plan

CYGNET

- Children in year six who are overweight
- Hospital admissions because of self-harm 10 - 24 years
- NEETs aged 16 - 19

BRIDLINGTON

- Higher rate of children receiving school meals
- Higher rate of under 18s conception
- Lower rate of infants being breastfed at six weeks
- Higher rate of low birth weight
- Higher rate of children in year six who are overweight and obese
- A&E attendance rates for those under five years old
- NEETs aged 16 - 19
- Hospital admissions for injuries 15 - 24 years old

RIVER AND WOLDS

- Children in Reception who are overweight
- Children in year six who are overweight

HARTHILL

- Children in Reception who are overweight
- Hospital admissions because of self-harm 10 - 24 years

YORKSHIRE COAST AND WOLDS

- Children in year six who are overweight
- Hospital admissions for mental health conditions 0 - 17 years

For more information on PCN profiles, and for further analysis see:



PRIORITY OUTCOME 2



WORKING AGE ADULTS REDUCE THEIR RISK OF ILL HEALTH

“An East Riding where all residents enjoy their maximum potential for health, wellbeing and participation, throughout their lives”

‘LIVING AND WORKING WELL’ ARE PERIODS WHICH REPRESENT THE MAJORITY OF MOST PEOPLE’S LIVES.

While having gone through most of the physical and mental development which will define their adult lives, these years contain many milestones and events which shape health and wellbeing for years to come. Additionally, many adults begin to play a central role within their families and local communities during these years, influencing the health and wellbeing of those around them. To promote healthy lifestyles and reduce the risk of preventable diseases, we must help create the right conditions for health and wellbeing to flourish. This includes access to community assets, quality employment, good housing, green spaces and walkable and cyclable routes. It also means developing thriving local communities with diverse businesses and an engaged voluntary and community sector.

COVID-19 DISRUPTED THE LIVES OF MANY WORKING AGE ADULTS AND IMPACTED HEALTH AND WELLBEING NEGATIVELY AND POSITIVELY IN MANY WAYS PERSONAL TO EACH INDIVIDUAL.

Negative impacts ranged from stress related to being clinically extremely vulnerable. Having limited outdoor access, poor housing and periods of isolation. Balancing working from home, caring and home schooling was very stressful for many, but advantageous to others. During this period people were encouraged to stay away from GP practices and hospitals, leaving some conditions unmonitored and untreated. This has proven to have serious consequences for some individuals and for the NHS and health and social care sector. We also know that around three per cent of East Riding residents are still suffering from long COVID-19 and other legacy challenges including COVID-19 related bereavement.

THE IMPACT OF THE ONGOING COST OF LIVING CRISIS ON THE HEALTH AND WELLBEING OF ADULTS IS JUST AS FAR REACHING.

The increase in prices has caused more stress, anxiety, and depression for many, impacting people's mental health in some way. Physical health will have been affected in the population with many adults having to adjust their food shop and their diet in the face of increased prices in addition to many turning their heating down or off completely to cope with more expensive energy costs. While the Cost of Living is affecting us all the impact will have been more severe for vulnerable families and for individuals with existing health conditions.

WE ARE AIMING TO IMPROVE THE HEALTH AND WELLBEING OF WORKING AGE ADULTS THROUGH A PLACE BASED, POPULATION HEALTH APPROACH AND BY MAKING THE MOST OF ALL THE TOUCHPOINTS WHICH PEOPLE HAVE WITH US THROUGHOUT THEIR LIVES.

We understand that all adults are individuals with different needs. By focussing on prevention and resilience throughout a person's adult life, we can help stop preventable conditions appearing in the first place, and ensure our residents are more resilient to bad health when it does appear. We want to ensure that Working Age Adults:

- Enjoy good mental health and emotional wellbeing
- Have the opportunity to develop their skills and study towards qualifications in order to lift their aspirations and help them seek out new opportunities
- Feel involved in their community and are aware of the variety of groups and support mechanisms available to help with their own health and wellbeing, and others
- Lead healthy lifestyles to help embed prevention and build resilience
- Are aware of the wider determinants of health and are aware of the support on offer to assist in creating the best conditions for health.



KEY LIFE EVENTS	EMBEDDING PREVENTION	INCREASING RESILIENCE
<p>LIVE WELL AND WORK WELL Adulthood and Working Life</p> <ul style="list-style-type: none"> • Greater independence. Maybe moving away from close family and childhood friends • Establishing or ending long term relationships • Starting, progressing, or changing a career • Navigating work life balance • Changes in income and expenditure • Managing more complex finances and retirement planning • Changes in housing • Changes in diet, independent shopping, cooking and eating • Starting a family, birth of children • Caring for elderly or vulnerable relatives, friends or neighbours • Death of close relatives • Changes to physical and mental capacity • Taking up or quitting smoking, drinking or the use of drugs (prescription and / or illegal) 	<p>Encourage long term healthy lifestyle behaviours:</p> <ul style="list-style-type: none"> • Increase access to walking, and cycling routes in rural and urban locations • Promote a range of activities, and offers at leisure centres, making them accessible and inclusive to all • Provide information on affordable, healthy and varied meals to shop for and cook at home • Provide a mixture of low-level support to help reduce pressure on adult social care and encourage independence <p>Develop community-based support services:</p> <ul style="list-style-type: none"> • Reduce the number of adults who smoke and/or drink excessively • Reduce dependence on prescription drugs • Help adults stop the use of illegal drugs • Provide information and accessible contacts to combat of poor living conditions • Improve financial literacy and raise awareness of financial scams and crime 	<ul style="list-style-type: none"> • Raise awareness of a variety of techniques to compact low level mental health needs and improve mental and emotional wellbeing • Equip adults with skills and qualifications for a changing labour market • Provide smokers and heavy drinkers with self-help toolkits to cut down or quit • Signpost the recently bereaved to support groups and online advice • Support existing and developing new welcoming warm spaces during the cost of living crisis and beyond • Signpost cost of living support to adults and families • Develop the financial literacy of working age adults • Ensure smooth transition from Children's Social Care into Adults Social Care. Providing timely provision of care and support while focusing on a strengths-based approach and utilising Technology Enabled Care where possible • Encourage healthy lifestyle behaviours is previously listed • Develop vibrant communities with a variety of assets • Work closely with communities to combat crime and antisocial behaviour
	<ul style="list-style-type: none"> • Improve financial literacy and raise awareness of financial scams and crime • Share information and advice for new parents and families with young children and to help them connect with other families 	

EMBEDDING PREVENTION (CONTINUED)

- Ensure smooth transition from Children's Social Care into Adults Social Care. Providing timely provision of care and support while focusing on a strengths-based approach and utilising Technology Enabled Care where possible
- Develop pathways for adults to secure long term employment

Create safe, healthy communities to live and work in:

- Provide good quality and healthy homes for residents suited to their needs and abilities
- Help businesses develop healthy working practices

Happy



PCN PRIORITIES AND CHALLENGES

WORKING AGE ADULTS



BEVERLEY

- Hypertension is the disease with the greatest prevalence in this PCN
- Hospital admissions for mental health conditions 0 - 64 years
- Hospital admissions as a result of self-harm all ages

HOLDERNESS

- Hypertension is the disease with the greatest prevalence in this PCN
- Those reporting a long terms MSK problem is the highest of all ER PCNs
- Higher rates of depression than average across ER
- Higher rates of diabetes than average across ER

CYGNET

- Hypertension is the disease with the greatest prevalence in this PCN
- Higher rates of A&E high intensity users
- Higher rates of adult obesity than the ER average
- Highest rates of depression of all ER PCNs
- Much higher rates of smoking prevalence than ER average

RIVER AND WOLDS

- Hypertension is the disease with the greatest prevalence in this PCN
- Higher rates of A&E high intensity users and A&E attendance than ER average
- Higher prevalence of depression than ER average

BRIDLINGTON

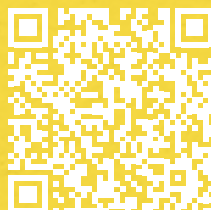
- Higher rates of A&E attendances
- Higher prevalence of strokes, hypertension, COP, diabetes, dementia than all other ER PCNS
- Significantly higher rates of hospital admissions for self-harm
- Much higher rates of smoking prevalence than ER average
- High rate of adult obesity

YORKSHIRE COAST AND WOLDS

- Hypertension is the disease with the greatest prevalence in this PCN
- Slightly higher rates of smoking prevalence than ER average
- Higher rates of adult diabetes than ER average
- Higher rates of asthma than ER average
- Higher prevalence of cancer than ER

HARTHILL

- Hypertension is the disease with the greatest prevalence in this PCN
- Higher rates of A&E high intensity users and A&E attendances than ER average
- High rate of adult obesity



For more information on PCN profiles, and for further analysis see:

PRIORITY OUTCOME 3

EAST RIDING RESIDENTS ACHIEVE HEALTHY, INDEPENDENT AGEING



“An East Riding where all residents enjoy their maximum potential for health, wellbeing and participation, throughout their lives”

THE EAST RIDING HAS A HIGHER PREVALENCE OF THOSE AGED 65+ THAN THE NATIONAL AVERAGE, THEREFORE ONE OF THE CENTRAL PRIORITIES OF THIS STRATEGY IS FOR OUR OLDER RESIDENTS TO ENJOY HEALTHY AND INDEPENDENT AGING.

Through encouraging residents to practice a healthy lifestyle, by targeting the wider determinants health and by creating supportive and healthy communities, we will help build resilience in our population and combat preventable diseases as someone ages. We seek to continue this strategy as residents age so they can face later life with dignity, strength and happiness.

Getting older is full of so many opportunities. In most cases, we become much more financially comfortable and can begin retirement to spend time with our loved ones and doing the things we enjoy. We want our older residents to enjoy this period of their life as much as possible. Therefore, we will help as much as possible to keep older residents fit and healthy. We will work to spot issues early and target the wider determinants of health and wellbeing issues. Wherever possible we seek to fully utilise community assets outside of frontline care to keep our residents as independent as possible, for long as possible.

COVID-19 CAUSED A GREAT DEAL OF ANXIETY AND PAIN FOR OUR ELDERLY RESIDENTS.

Many were extremely worried of catching this disease and opted to stay at home wherever possible leaving some very isolated and lonely. As we emerge from the pandemic, we must be mindful of the effect that COVID-19 isolation had on the mental health by older residents. This isolation will have physical affects also, therefore we seek wherever possible to help older people to rebuild their confidence to once again actively participate in and enjoy their communities and friendship groups throughout the East Riding.

FOR MANY OLDER PEOPLE IN THE EAST RIDING CAN BE CONSIDERED RATHER AFFLUENT, THE COST-OF-LIVING CRISIS IS IMPACTING OLDER RESIDENTS, ESPECIALLY THOSE RELYING ON MODEST PENSIONS.

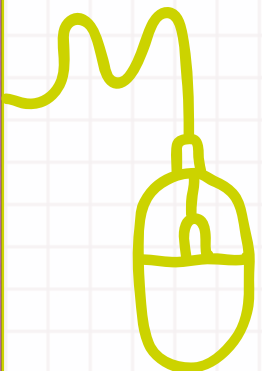
To combat the rise in energy prices many older people are opting to turn down their heating or off completely. With the colder weather this can be an extremely difficult decision to make. A cold home will deteriorate existing conditions which are much more prevalent in the older population. Some are also deciding to cut back on social care and medication, decisions which will lead to a deterioration in conditions of those who are the most in need. Isolation, and deteriorating mental wellbeing is another concern for older residents.

WE ARE COMMITTED TO SUPPORTING ELDERLY RESIDENTS TO ENJOY THEIR OLDER YEARS AS MUCH AS POSSIBLE.

We will do this by laying the foundation of good health and wellbeing throughout their entire by creating the conditions for health and wellbeing to thrive. When reaching those later years we want our residents to be members of strong communities who can provide support, care and enjoyment for our residents in a variety of settings and encourage them to get out and stay active. This will ensure our older residents:

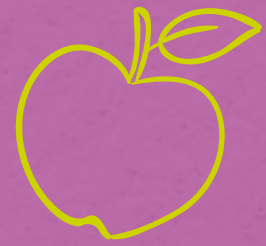
- Enjoy good social, emotional, and mental health and wellbeing,
- Keep physically active wherever possible
- Understand the wider determinants of health to help prevent poor health and wellbeing, and maintain resilience
- Have access to a wide range of support in the community.



KEY LIFE EVENTS	EMBEDDING PREVENTION	INCREASING RESILIENCE
<p>AGE WELL AND END OF LIFE Retirement and Later Life</p> <ul style="list-style-type: none"> • Changes to employment, and income • Partial or full retirement. More free time for hobbies, volunteering, spending time with friends and family • Spending time with and looking after grandchildren • More time spent at home with partner / spouse • Using more public and community transport • Potential changes to housing • Family members perhaps taking on caring responsibilities • Changes to physical and mental health 	<ul style="list-style-type: none"> • Maintain, and seeking new opportunities to maintain, physical and mental activity • Encourage families to have positive conversations about aging, embed prevention techniques early and spot the signs of changes • Signpost families to support on offer for older relatives • Encourage adults to think about financial resilience as they age to prevent financial trouble later in life • Encourage adults to maintain and social groups to prevent isolation and to provide low level support as they age • Utilise Technology Enabled Care, such as Lifeline, to keep older residents independent and living in their own homes as long as possible • Provide community transport schemes to prevent isolation and improve accessibility • Encourage adults to prepare for end of life 	<ul style="list-style-type: none"> • Maintain, and seeking new opportunities to maintain, physical and mental activity • Keep older residents socially active in a variety of ways • Raise awareness of, and developing, community transport schemes • Encourage older residents, especially those living on their own, to sources and prepare nutritious meals • Encourage adults to think about financial resilience as they age • Continue a 'strengths-based approach' to Adult Social Care and fully utilise Technology Enabled Care within Adult Social Care in order to keep people independent for as long as possible and aid rehabilitation • Provide booster jabs for diseases such as the flu and COVID-19 • Provide the recently bereaved with a variety of support • Secure appropriate accommodation for residents suited to their needs and abilities

PCN PRIORITIES AND CHALLENGES

OLDER RESIDENTS



BEVERLEY

- Higher rates of Lifeline callouts than the ER average
- Higher rates of hospital admissions for hip fractures for those aged 65+ (Cottingham South, Minster and Woodmansey)
- Higher proportion of 'older people with care needs' in this PCN

HOLDERNESS

- Higher rates of Lifeline callouts than the ER average
- Significantly higher rates of hospital admissions for hip fractures for those aged 65+

CYGNET

- Higher rates of hospital admissions for hip fractures for those aged 65+
- Higher proportion of 'settled and secure' households in this PCN

BRIDLINGTON

- Higher prevalence of strokes, hypertension, COP, diabetes, dementia than all other ER PCNS
- Higher proportion of 'older independents' in this PCN
- Those aged 65+ and over account for 32 per cent in this PCN and 50 per cent of A&E attendances



RIVER AND WOLDS

- Lower proportion of 'older independents' and 'older people with care needs' in this PCN



HARTHILL

- Higher rates of Lifeline callouts than ER average
- Higher rates of those aged 65+ in this PCN than ER average
- Lower proportion of 'older independents' and 'older people with care needs' in this PCN

YORKSHIRE COAST AND WOLDS

- Higher rates of Lifeline callouts than ER average
- Higher rates of those aged 65+ in this PCN than ER average
- Higher proportion of 'older independents' in this PCN

For more information on PCN profiles, and for further analysis see:



PRIORITY OUTCOME 4



HEALTH INEQUALITIES IN THE EAST RIDING ARE REDUCED

“An East Riding where all residents enjoy their maximum potential for health, wellbeing and participation, throughout their lives”

FROM A NATIONAL PERSPECTIVE, THE EAST RIDING IS AN AFFLUENT PLACE TO LIVE, WITH BETTER THAN AVERAGE HEALTH AND WELLBEING OUTCOMES ACROSS THE BOARD.

However, this picture disguises the pockets of high deprivation within the region, areas where residents are generally subject to poorer health and wellbeing when compared to less deprived areas. The most shocking evidence here is the life expectancy gap between the most and least deprived areas in the East Riding. Men living in the least deprived areas can expect to live 7.2 years longer than men in the most deprived places, for women the gap is 4.2 years. Tackling these inequalities is central to the Humber and North Yorkshire Health and Care Partnership, and the NHS CORE20+5 plan.

WHEN WE TALK ABOUT DEPRIVATION, THIS TAKES INTO ACCOUNT SEVEN DIFFERENT COMPONENTS: INCOME, EMPLOYMENT, EDUCATION, HEALTH, CRIME, BARRIERS TO HOUSING AND SERVICES, AND THE LIVED ENVIRONMENT.

This definition attempts to consider the wider determinants of health which play such a huge role in someone's life. For example, it accounts for limited access to services and community assets. We know the East Riding contains a number of isolated communities, many with poor transport links, limited digital accessibility or no local health assets. This has a huge impact on people's health and wellbeing simply due to the fact that people cannot easily access the support they need. Targeting these seven components will work to reduce inequalities across the East Riding and create the conditions for health and wellbeing to flourish.

COVID-19 PROVED HOW A CHANGE TO A PERSON'S CONDITIONS CAN NEGATIVELY AFFECT THEIR HEALTH AND WELLBEING.

When people have limited access to community assets and local services due to lockdowns, their health and wellbeing worsens. During COVID-19 this limited accessibility happened for around two years, but for some communities and families throughout the East Riding, this has been happening for much longer.

THE COST OF LIVING CRISIS HAS PROVEN THIS AS WELL. MANY HAVE HAD TO REDUCE THEIR ENERGY CONSUMPTION AND FOOD BILLS IN THE FACE OF RISING PRICES.

This has affected people's health and wellbeing in some way across the board. Again, some communities and families have been making these difficult choices for years, chipping away at their resilience and worsening their health and wellbeing.

BOTH COVID-19 AND THE COST OF LIVING CRISIS HAVE BOTH DISPROPORTIONATELY AFFECTED THE MOST DEPRIVED THROUGHOUT THE COUNTRY AND HAVE DEEPENED EXISTING HEALTH AND WELLBEING INEQUALITIES.

Furthermore, many who were originally just about coping, have been pushed into severe financial hardship, eroding their resilience and adversely impacting their health and wellbeing overall. Therefore, we are committed to reducing health inequalities across the East Riding primarily through providing holistic support and targeting the wider determinants of health in a person's life. This will also require targeted support for the most deprived areas within the East Riding, improving the community offer in these areas, and using a place based approach to address their particular needs and issues which will vary from place to place.



LIFE EVENTS

EMBEDDING PREVENTION AND INCREASING RESILIENCE

ACROSS THE LIFE COURSE The Wider Determinants of Health

- Housing conditions
- Diet
- Being taught basic life skills from a young age
- Relationships with family, friends and members of the community
- Correct provision and support at school if needed
- Entering or leaving care
- Academic achievement at school, opportunities to study towards a range of qualifications and skills
- Rate of crime in the area
- Career opportunities in the area. Number of businesses and employers. Resilience of the local economy
- Community assets, places to meet others, enjoy free time and access support
- Individual financial skills and literacy
- Access to green and open space for physical activity
- Air quality of the local area, and other forms of pollution
- Transport links
- Digital accessibility and literacy

- Signpost support for low-income families
- Ensure timely identification of children with need and providing necessary support
- Provide smooth transition from children social care to adult social care
- Ensure council housing stock is in good condition and regularly maintained
- Raise awareness of the rights and expectations of private tenants, the danger of poor living conditions and what to do in case of poor housing
- Ensure that every contact counts with the council and its partners to spot and address problems early, encourage partners to ask about the wider determinants and not just address symptoms of poor conditions
- Develop transport links for isolated communities
- Increase digital accessibility and literacy
- Develop individual financial literacy for residents
- Grow the local economy, increasing the number of employers and businesses.
- Develop opportunities to learn new skills and qualifications at every age
- Listen and engaging with residents to understand the needs of their local community
- Improve air quality and combatting pollution
- Provide access to green spaces, and walkable and cyclable routes
- Develop community assets to provide a range of support in the local area
- Encourage healthy relationships throughout life, and providing mechanisms to practise mindfulness alongside spaces to talk to others
- Continue and expand the practice of social prescribing



PCN PRIORITIES AND CHALLENGES

WORKING AGE ADULTS

BEVERLEY

- Higher crime rate across this PCN than the East Riding (ER) average
- Highest levels of deprivation found to the East of Beverley
- Increase in claimant counts is higher than the East Riding (ER) average

HOLDERNESS

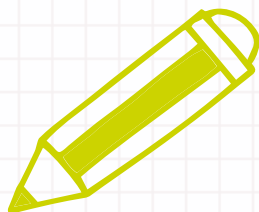
- Higher rates of fuel poverty in this PCN than the East Riding average (especially south-east coast)
- Higher rates of vehicle crime and burglary in this PCN than the ER average
- Highest levels of deprivation in Withernsea

CYGNET

- Higher rates of deprivation, fuel poverty, benefit claimants, households in arrears and with bailiffs sent round than the ER average
- Highest rates of deprivation cover East of Goole and old Goole

BRIDLINGTON

- Higher rates of deprivation, bailiffs and arrears across the PCN than the ER average
- Higher rates of young people not in employment education or training
- Higher rates of fuel poverty in this PCN than the ER average (especially Bridlington South)
- 9 of the 25 Bridlington LSOAs are in the 10 per cent most deprived in LSOAs in England



RIVER AND WOLDS

- Increase in claimant counts is higher than the ER average



HARTHILL

- Higher crime rate across the PCN than the East Riding average. Higher robbery, theft from person and vehicle crime
- Increase in claimant counts is higher than the ER average

YORKSHIRE COAST AND WOLDS

- Higher rates of fuel poverty and deprivation in this PCN than the ER average

For more information on PCN profiles, and for further analysis see:



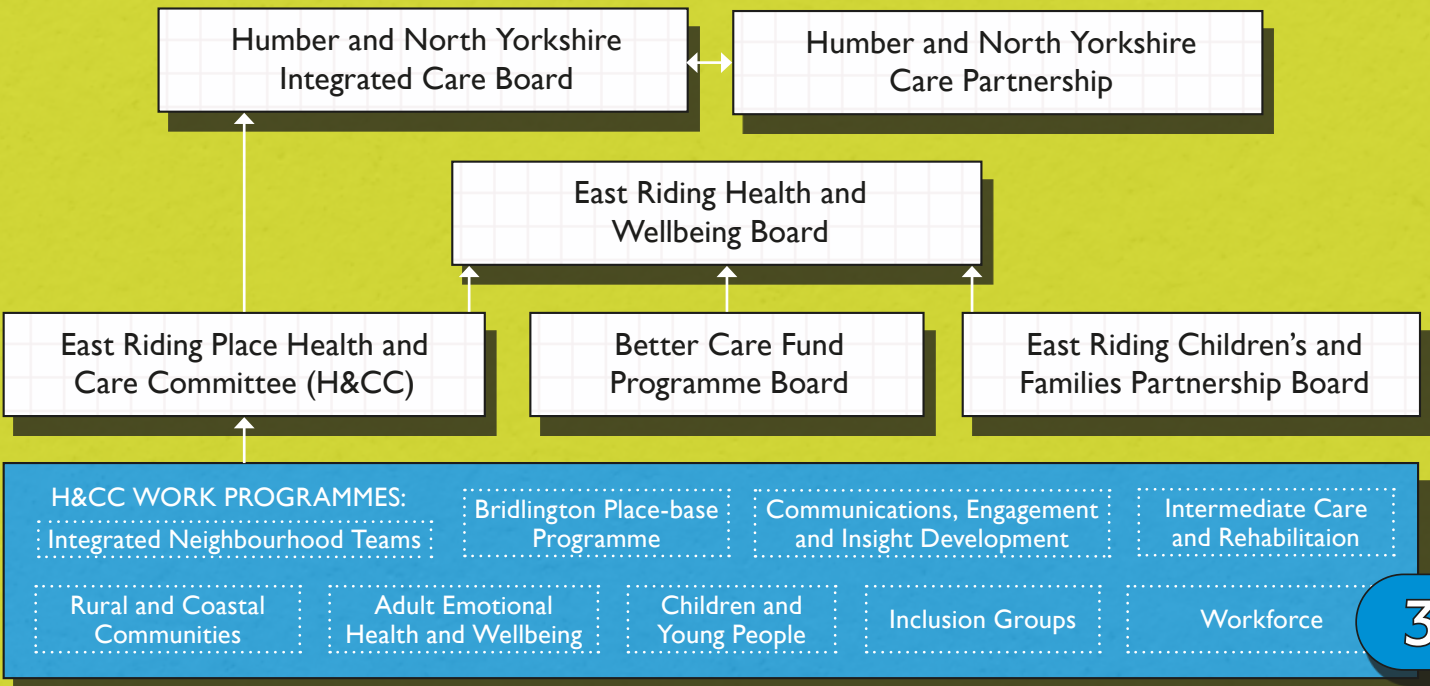
DELIVERY AND GOVERNANCE

THIS STRATEGY IS OWNED BY THE HEALTH AND WELLBEING BOARD, WHO, ALONGSIDE THE EAST RIDING HEALTH AND CARE COMMITTEE, WILL OVERSEE IT'S DELIVERY AND WILL MONITOR ITS PROGRESS ON A REGULAR BASIS.

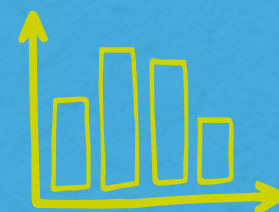
This will require the Board, alongside the East Riding Health and Care Committee, to support and challenge organisations to align their work to the strategic direction they have committed to, as set out in the strategy and to show action-focused leadership to remove barriers preventing progress.

As laid out on pages 14 and 15, the Board will host a number of thematic deep dive sessions over the next five years in line with the themes highlighted in the adapted conditions of living model. These sessions will be a core element of the delivery of this strategy as they will help create the right conditions for health and wellbeing throughout the East Riding. The Board has updated its terms of reference to take this approach forward. The topics of these deep dive sessions will be decided by the Board through their work programme.

Below is a structure chart which outlines the main parts of our areas Integrated Care System who have been mentioned throughout this document. All these groups will be responsible for oversight of this strategy and ensuring the achievement of its priority outcomes through effective partnership working. The nine Health and Care Committee Work Programmes (H&CC) outlined at the bottom of this chart will form a substantial part of the delivery aspect of the strategy also:



DATA AND INTELLIGENCE



To aid with the delivery of this Strategy and the work of the Board,

WE USE A RANGE OF INTELLIGENCE AND DATA TO INFORM WHAT WE NEED TO PRIORITISE AND TO BETTER UNDERSTAND THE NEEDS OF RESIDENTS.

It is more important than ever that we use quality research, data and intelligence to help us target our services at those who need them most. Our use of national and local intelligence, alongside strong partnership work helps us ensure that residents' needs are met and that services are delivered in the right places, at the right time, in the right way. Some of the ways we use intelligence are:

NATIONAL DATA

We utilise national data, such as the census conducted by The Office for National Statistics (ONS), to gain insights into the population of England and Wales and their requirements. The 2021 census data has been gradually released over the past year and continues to aid in understanding regional demographics and needs. The ONS Health Index, categorized into Healthy People, Healthy Lives, and Healthy Places, provides valuable information on changes in the nation's health over time and the factors driving these changes.

NEEDS ASSESSMENTS

We conduct a range of strategic assessments, often with partners, in order to analyse demand on services and to plan and deliver services effectively. We use a combination of published data and directly available intelligence from partners and residents to undertake needs assessments. Assessments undertaken include: Joint strategic needs assessment, Pharmaceutical needs assessment and Population assessment.

PCN PROFILES AND INSIGHTS

Our Intelligence Team, Public Health, and the ICB collaborate closely with the PCN network, gathering data from each of the East Riding's seven PCNs. This data includes information on prevalent health conditions, living conditions, and local issues.

POPULATION HEALTH COMMUNITY OF PRACTICE

Each month, colleagues from across the system with a data, intelligence or strategy role meet monthly to share updates from their own team, develop their knowledge on population health more broadly and share relevant intelligence from across the system. These sessions help colleagues understand the range of work being undertaken across the region, providing a forum to help link up existing provision and utilise a range of data from different organisations.

CONSULTATION

Consultation is regularly undertaken to capture the public's input on matters affecting them, using a variety of methods including focus groups and surveys. Its main aim is to improve the efficiency, transparency and public involvement in decision making processes. Internal consultations also provide staff views, expertise and suggestions to guide decision making. All current consultations can be found on the consultation finder (on the East Riding of Yorkshire Council's website) along with the outcomes of previous consultations.

Most recently, in 2023, we launched a Health and Wellbeing Survey for all residents of the East Riding to help understand need and develop public health and care services that are effective at helping people to improve their health and wellbeing.

REAL TIME THEMATIC INTELLIGENCE GATHERING

To respond to emerging challenges, such as the pandemic and Cost of Living Crisis, the system has responded at pace, collaboratively using tools such as Microsoft Teams channels and KUMU to share data and intelligence rapidly. This has supported the system to make decisions and target resources at those most in need. This successful approach supports more planned data and intelligence gathering and can be deployed in the future as and when required.

CROSS-PARTNERSHIP INTELLIGENCE

We work with a wide range of local, regional and national partners on a regular basis, which helps to gain broader knowledge on the needs and experiences of our residents, businesses and visitors. This includes formal and statutory bodies such as safeguarding boards, local enterprise partnership and the integrated care board, led by the NHS, as well as long standing local arrangements such as the voluntary sector steering group and children and families partnership board.



THIS DOCUMENT WAS PRODUCED BY:

East Riding Health and Wellbeing Board

To find out more information,
you can visit the following websites:

- 🔗 eastriding.gov.uk/council/committees/health-and-wellbeing-board
- 🔗 humberandnorthyorkshire.org.uk
- 🔗 eastridinghealthandwellbeing.co.uk

