



Agenda

Notice of a public meeting of North Yorkshire Health and Wellbeing Board

To: Councillors Michael Harrison (Chair), Simon Myers, Janet Sanderson

Amanda Bloor (Vice-Chair), Wendy Balmain, Zoe Campbell, Jonathan Coulter, Stuart Carlton, Ashley Green, Ali Jan Haider, Nic Harne, Shaun Jones, Mike Padgham, Jillian Quinn, Sally Tyrer, Louise Wallace, Richard Webb and Lisa Winward.

Date: Wednesday, 20th September, 2023

Time: 10.30 am

Venue: Remote meeting to be held via Microsoft Teams

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. Please contact the Democratic Services Officer whose details are at the foot of the first page of the Agenda if you would like to find out more.

This is an informal meeting of the Committee that is being held remotely using Microsoft Teams. Members of the public wishing to attend will be sent a link to the meeting, upon request. Again, please contact the Democratic Services Officer concerned for further information.

NOTE: This Agenda was updated on 18th September 2023 to incorporate Agenda Items 7 (Appendix), 12 and 13, which had been marked "To follow"

Business

1. Welcome by the Chair
2. Apologies for Absence
3. Minutes of the Meeting held on 21st July 2023 (Pages 5 - 6)
4. Declarations of Interest
All Members are invited to declare at this point any interests they have in items appearing on this agenda, including the nature of those interests.

Enquiries relating to this agenda please contact Patrick Duffy, Principal Democratic Services Scrutiny Officer.
Email: Patrick.Duffy@northyorks.gov.uk
Tel: 01609 534546

Website: www.northyorks.gov.uk

5. Exclusion of the Public

Members are recommended to exclude the public from the meeting during consideration of each of the items of business listed in Column 1 of the following table on the grounds that they each involve the likely disclosure of exempt information as defined in the paragraph(s) specified in column 2 of Part 1 of Schedule 12A to the Local Government Act 1972 as amended by the Local Government (Access to information)(Variation) Order 2006:-

Item number on the agenda	Paragraph Number
13	3

6. Public Participation

Members of the public may ask questions or make statements at this meeting if they have given notice to Patrick Duffy of Democratic and Scrutiny Services and supplied the text (contact details below) by midday on Friday 15th September 2023, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chair who will instruct anyone who may be taking a recording to cease while you speak.

7. **North Yorkshire Joint Local Health and Wellbeing Strategy - Louise Wallace, Director of Public Health** (Pages 7 - 40)
8. **Place Board Update from NHS Humber and North Yorkshire Integrated Care Board - Dr. Bruce Willoughby, Clinical Place Director (North Yorkshire) and Christian Turner, Deputy Director, Business Change and Planning** (Pages 41 - 50)
9. **Place Board Update from Bradford District and Craven Health and Care Partnership/links with Lancashire and South Cumbria - Nancy O'Neill, MBE., Chief Operating Officer, Bradford District and Craven Health and Care Partnership; Richard Webb, Corporate Director, Health and Adult Services; and Jane Scattergood, Place Director for South Cumbria** (Pages 51 - 60)
10. **Local Plan, Verbal Update - Louise Wallace, Director of Public Health**
11. **Rolling Work Programme - Patrick Duffy, Principal Democratic Services Scrutiny Officer** (Pages 61 - 64)
12. **Regulatory Oversight Briefing - Louise Wallace, Director of Public Health** (Pages 65 - 76)
13. **Closed Session: To consider the elements of the Regulatory Oversight Briefing that contain exempt information - Louise Wallace, Director of Public Health** (Pages 77 - 80)
14. **Any Other Items**
Any other items which the Chair agrees should be considered as a matter of urgency because of special circumstances

15. Date of Next Meeting - Wednesday 29th November 2023 at 10.30 a.m.

Members are reminded that in order to expedite business at the meeting and enable Officers to adapt their presentations to address areas causing difficulty, they are encouraged to contact Officers prior to the meeting with questions on technical issues in reports.

Contact Details:

For enquiries relating to this agenda please contact Patrick Duffy, Principal Democratic Services Scrutiny Officer. Tel: 01609 534546 Or email Patrick.Duffy@northyorks.gov.uk
Website: www.northyorks.gov.uk

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Tuesday, 12 September 2023

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North Yorkshire Health and Wellbeing Board

Minutes of the meeting held at Scarborough Sports Village on Friday 21 July 2023 at 9.45 a.m.

Board Members	Constituent Organisation
Councillor Michael Harrison (Chair)	Executive Member for Health and Adult Services
Ashley Green	Chief Executive, Healthwatch North Yorkshire
Ali Jan Haider	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership – part of West Yorkshire Integrated Care System
David Kerr	Service Manager, Community Mental Health, Tees, Esk and Wear Valleys NHS Foundation Trust (substitute for Zoe Campbell)
Councillor Simon Myers	Executive Member for Culture, Arts and Housing
Emma Nunez	Deputy Chief Executive, Harrogate and District NHS Foundation Trust and representative of Acute and Community NHS Foundation Trusts (substitute for Jonathan Coulter)
Mike Padgham	Chair, Independent Care Group (Care Providers Representative)
Stephanie Porter	Assistant Director of Estates Infrastructure and Sustainability for Humber and North Yorkshire Integrated Care Board (Substitute for Wendy Balmain)
Councillor Janet Sanderson	Executive Member for Children and Families
Sally Tyrer	Chair, Yorkshire Local Medical Committee (Primary Care Representative)
Louise Wallace	Director of Public Health, North Yorkshire Council
Richard Webb	Corporate Director of Health and Adult Services, North Yorkshire Council
Lisa Winward	Chief Constable, North Yorkshire Police (Emergency Services Representative)

In Attendance (North Yorkshire Council) unless stated:-

Patrick Duffy, Principal Democratic Services Scrutiny Officer, North Yorkshire Council

Copies of all documents considered are in the Minute Book

13. Welcome by Chair

The Chair welcomed everybody to the meeting, explaining that the main purpose of this morning would be the informal Workshop on Community Development, to be held following this meeting. Prior to that, however, this brief formal meeting was being held to cover off a couple of procedural matters.

14. Apologies for Absence

Apologies were received from:-

- Wendy Balmain, Place Director for North Yorkshire, Humber and North Yorkshire Integrated Care System
- Amanda Bloor, Deputy Chief Executive and Chief Operating Officer, Humber and North Yorkshire Integrated Care System
- Zoe Campbell, Managing Director, North Yorkshire, York and Selby, Tees, Esk and Wear Valleys NHS Foundation Trust.
- Stuart Carlton, Corporate Director, Children and Young People's Service, North Yorkshire Council
- Jonathan Coulter, Chief Executive, Harrogate and District NHS Foundation Trust
- Nic Harne, Corporate Director, Community Development, North Yorkshire Council
- Shaun Jones, Interim Locality Director, NHS England and NHS Improvement

15. Minutes of the meeting held on 24th May 2023

Resolved –

That the Minutes of the meeting held on 24th May 2023 be approved.

16. Declarations of Interest

There were no declarations of interest.

17. Public Questions and Statements

It was confirmed that no public questions or statements had been received.

18. Rolling Work Programme – 2023/2024

The Chair introduced this report and emphasised that the Work Programme is for the Board to edit and add to as they wish.

NOTED.

19. Any other business which, in the opinion of the Chair, should be considered as a matter of urgency

There was no other business.

20. Date of next meeting – Wednesday 20th September 2023 at 10.30 a.m.

The meeting concluded at 9.55 a.m.

PD



20 September 2023

Joint Local Health and Wellbeing Strategy 2023 - 2030

Report of the Director of Public Health (Health and Adult Services)

1	Purpose of report
1.1	To share the draft Joint Local Health and Wellbeing Strategy for North Yorkshire, and request feedback from the Board (draft strategy document to follow).
1.2	This report builds on reports to the Health and Wellbeing Board on 28 November 2022 and 17 March 2023.
2	Shape and structure of new Joint Local Health and Wellbeing Strategy
2.1	The JHWBS editorial group has continued to meet to guide the development of the draft strategy to prepare it for the Board's consideration and for public consultation.
2.2	The editorial group has given particular consideration to the accessibility of the strategy, in terms of language, length and design.
2.3	The strategic vision is the same as that shared previously, apart from one word (using the word 'fair' rather than 'equal', as this was felt to more accurately capture our ambition): <i>For all residents of North Yorkshire to have a fair chance of living a fulfilling life, free from preventable ill health, 'adding years to life and life to years'.</i>
2.4	The body of the strategy is now structured around 3 Ps, to simplify and improve accessibility: <ul style="list-style-type: none"> • Think People • Think Place • Think Population Health and Prevention <p>There are also sections focusing on the strategic landscape and on cross-cutting themes. The strategy closes with a section on delivery, including principles and keeping track of progress.</p>
3	Consultation proposals
3.1	The consultation proposals remain the same as shared with the Board in March 2023 – a public consultation of 12 weeks. The consultation plans have been developed in partnership with Health and Healthwatch North Yorkshire partners. It is anticipated that the public consultation will commence following the Health and Wellbeing Board meeting in November 2023, at which the final draft strategy for consultation and consultation plans will be presented.
4.0	Financial implications
4.1	In terms of the cost of producing the strategy, including consultation costs, this will be met from existing departmental budgets. We will look to keep the number of printed copies to a minimum, given the online access that there will be to the document; however some printed consultation copies will be required for accessibility.

4.2	If the outcomes contained within the strategy are achieved, this will have a significant impact on improving people's health and wellbeing and, whilst a figure cannot be easily estimated, this prevention element will help the Council and its partners in managing resources.
5.0	Legal Implications
5.1	It is a statutory requirement upon the Health and Wellbeing Board to produce a Joint Local Health and Wellbeing Strategy.
6.0	Equalities Implications
6.1	The strategy should have a positive impact on equality and equity, as it focuses on reducing health inequalities in North Yorkshire's people, places and population. This includes a focus on inclusion health groups, which refers to those people who experience extremely poor health outcomes due to social exclusion combined with multiple overlapping risk factors for poor health.
6.2	An equality impact assessment is in progress, to be finalised post-consultation, and will be shared with the Health and Wellbeing Board.
7.0	Climate change implications
7.1	A climate change impact assessment screening form has been completed. This indicates that there could be a small positive impact on pollution, if people undertake a healthier lifestyle by, for example, walking rather than driving in certain situations.
8.0	Conclusion
8.1	The JHWBS Editorial Group would be grateful for the views of the Health and Wellbeing Board on the draft strategy, in order to allow the Editorial Group to refine it and to then take it forward for public consultation.
9.0	Recommendations
9.1	The JLHWBS Editorial Group requests that the following recommendations are approved: <ul style="list-style-type: none"> • That the North Yorkshire Health and Wellbeing Board note this report, and share their feedback on the draft strategy; • That the Board agrees to accept a final draft strategy for consultation and consultation plans for approval at their meeting in November 2023.

Louise Wallace
Director of Public Health

12 September 2023
County Hall, Northallerton

Report Authors:
Louise Wallace, Director of Public Health
Shanna Carrell, Equalities Manager, Health and Adult Services



North Yorkshire Joint Local Health and Wellbeing Strategy 2023 – 2030

Page 9

For all residents of North Yorkshire to have a fair chance of living a fulfilling life, free from preventable ill health, 'adding years to life and life to years'.

DRAFT

For consideration by Health and Wellbeing Board 20th September 2023

Foreword

[to be drafted following H&WB 20th Sept 2023] Key points to cover:

- Role of HWB, strength of partnership
- Building on good work and previous strategies
- Big issues to tackle that affect people's health and wellbeing – pandemic, cost of living
- Importance of reducing health inequalities
- Role of this strategy to do so – 'adding value' by working together and also influencing individual organisational strategies and activities
- Board taking it forward, making it happen
- Importance of locality – Local Care Partnerships, Area Committees, Place-Shaping (place as a key priority of the strategy) – rural, coastal
- Importance of a good start in life



County Councillor Michael Harrison

Executive Member Public Health and Adult Social Care

Chair of North Yorkshire Health and Wellbeing Board



Amanda Bloor

Chief Operating Officer, Humber and North Yorkshire Health and Care Partnership

Vice Chair of North Yorkshire Health and Wellbeing Board

What we want to achieve through our Joint Local Health & Wellbeing Strategy

For all residents of North Yorkshire to have a fair chance of living a fulfilling life, free from preventable ill health, 'adding years to life and life to years'.

To achieve this ambition, the Health and Wellbeing Board wants everyone - and in particular **the wider health and care system** - to...

Think People

In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need

Think Place

In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life

Think Prevention

In North Yorkshire, we will improve the health and wellbeing of all our residents by concentrating on the big actions that will make the most difference to our population

We also want to think about **Putting it all together** – the links between our Ps.

To do this we will focus on:

Workforce & employment opportunities

Digital inclusion and innovation

Making best use of our resources

Accessibility of services and communication

Joining up our coproduction and engagement

What is the Joint Local Health and Wellbeing Strategy?

Each local area must have a Joint Local Health and Wellbeing Strategy which sets out the priorities identified within its Joint Strategic Needs Assessment (JSNA) that local government, the NHS and other partners will deliver through its Health and Wellbeing Board.

The overall ambition of the **North Yorkshire Health and Wellbeing Board** is to reduce the gap in life expectancy, increase years of healthy life expectancy and reduce differences between health outcomes in our population. **We want to add years to life, and life to years.**

This is our third Joint Local Health and Wellbeing Strategy. It builds on our previous strategies and sets out priorities for action over the next 7 years.

Our priorities focus on areas where there are opportunities for partners to work together to have a real impact on **health and wellbeing outcomes** for people of all ages, to provide children with the best start in life and to reduce **health inequalities**.

We will work collaboratively as a partnership and with our communities to deliver these priorities.

You can find a short explanation of the words in orange at the end of this strategy.

What do we mean by health inequalities?

Health inequalities are avoidable, unfair and systematic differences in health between different groups of people. They are created by the conditions in which we are born, grow, live, work and age. We all have some influence over our own health through the lifestyle choices that we make, but the conditions we live in and whether we have fair access to services will have a much greater impact. These factors are often referred to as the **wider determinants of health**.

-  Where we are born
-  The amount of money we have
-  Where we live
-  The food we eat
-  Healthcare
-  The quality of our education
-  Connections such as digital and social networks
-  Where and what we do for work
-  Where and how we play and exercise

People's views of health inequalities

Members of the public alongside researchers at Newcastle University spoke to people from different walks of life about what health inequalities mean to them. Watch the video [here](#)

"The health difference across the country matters. What's on the map is unfair."

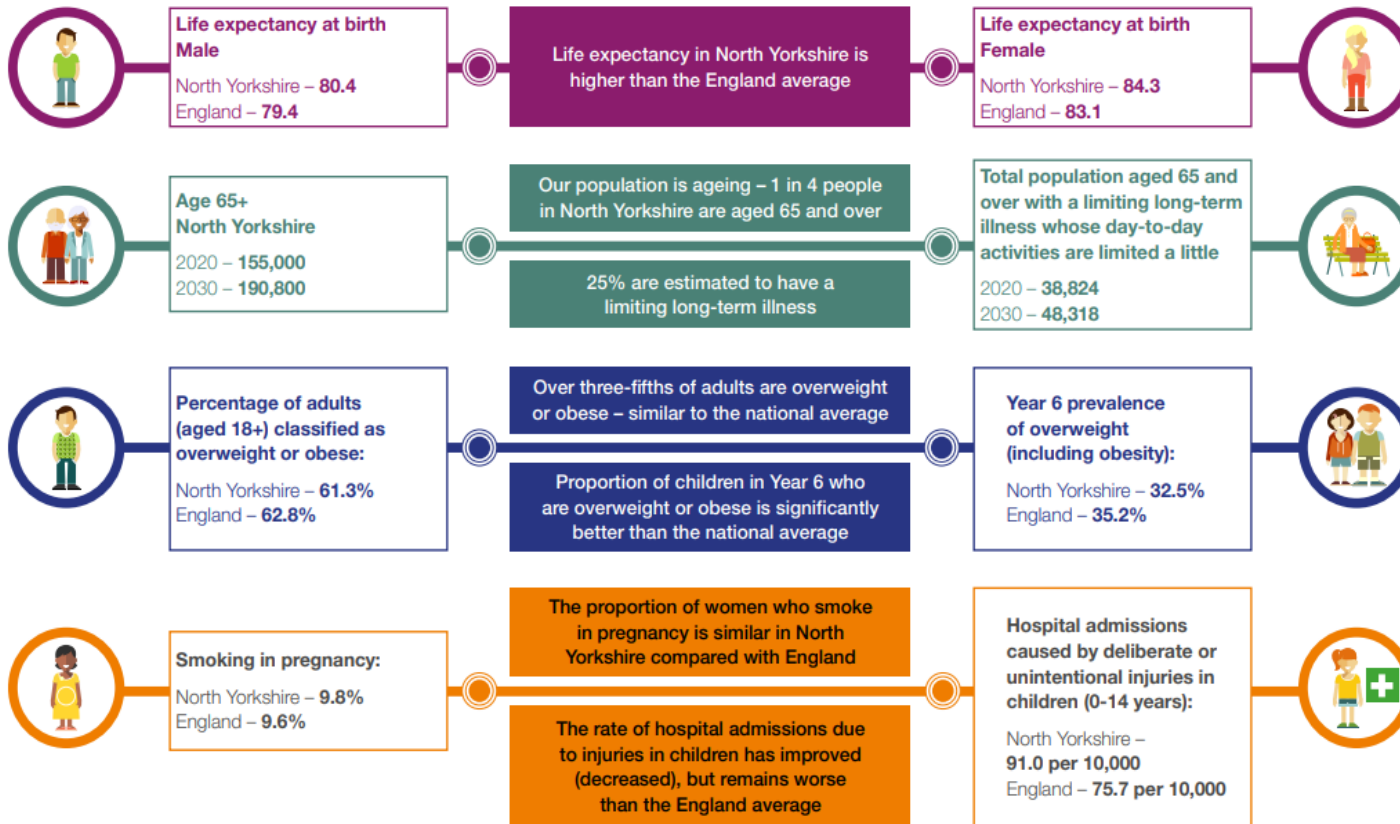
"You shouldn't have to learn a system in order to know best how to use it."

"Respect, accept and value all people, regardless of how we look or where we live".

"Decision-makers should involve communities in the beginning, middle and end of decision-making, recognising their strength."

What does health and wellbeing look like in North Yorkshire?

North Yorkshire is a great place to live in lots of ways, with beautiful countryside, vibrant market towns and active communities. Most people in North Yorkshire live relatively healthy lives, and average life expectancy for both men and women is higher than the England average. However, it's not the same for all - some groups of people are less healthy and die sooner, from illnesses that are preventable.



Large parts of North Yorkshire have better than average life expectancy when compared with England as a whole. However, there are areas where life expectancy is worse, particularly in Scarborough, but also in parts of Selby, Harrogate and Richmondshire. The gap in life expectancy between our most deprived and least deprived wards can be as much as 11 years for men and 10 years for women.

You can find more facts and figures about health in North Yorkshire here: [Welcome - Data North Yorkshire](#)

What does health and wellbeing look like in North Yorkshire?

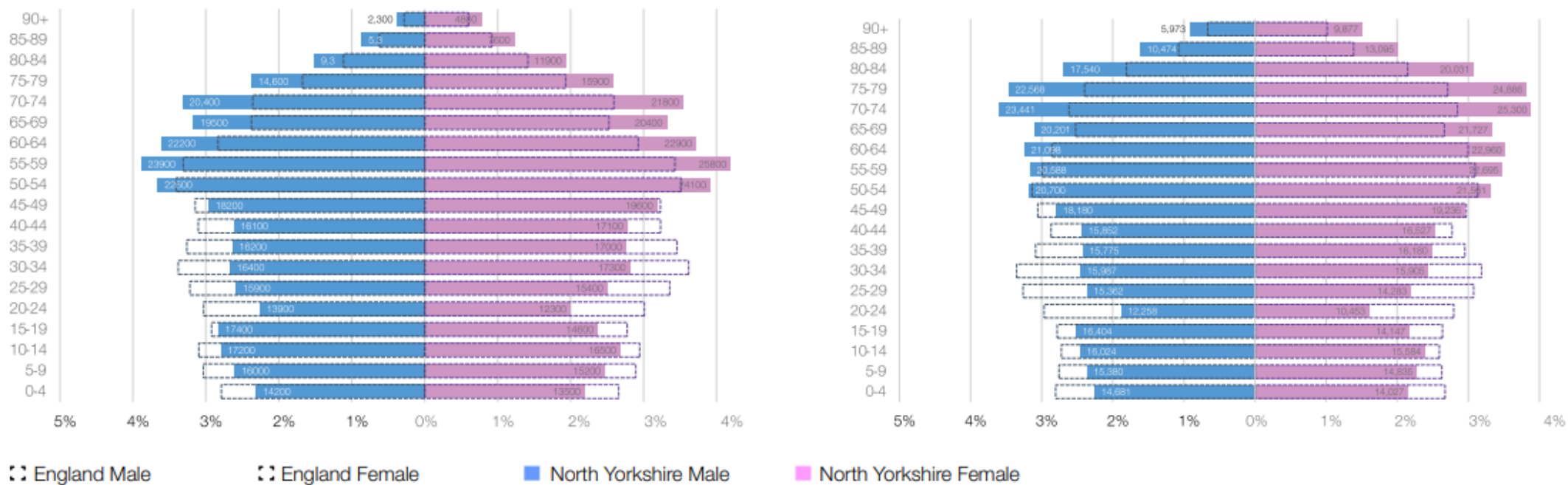
We serve a total population of 615,400 people with 153,800 people (25%) over the age of 65 years; with projected trends and inward migration of older people to the area, we expect this figure to increase to almost a third by 2035.

Age profile, North Yorkshire

ONS mid-year population estimates 2021

Projected age profile, North Yorkshire, 2043

ONS 2018-based population projections



How we have developed this strategy

To develop this strategy, we looked at what the data was telling us about health in North Yorkshire. We reviewed the progress that had been made for our previous strategy, and we worked with partners to understand what was most important for them. The next section will tell you more about our partners and priorities.

We considered the impact of the [Covid-19 pandemic](#) on people's health and what we know about this so far, and we also looked at the cost of living crisis and what this meant for people's ability to live healthily.

In North Yorkshire, our engagement review showed that the cost of living is a concern for all ages, with people sharing worries about money, the impact on mental health, and on physical health if not able to afford to keep homes adequately heated, the choice for some of 'heat or eat', affordability of travel, and young people worried about their parents struggling.

We looked at what people had told us through engagement during and since the pandemic, to understand their experiences and views of health and social care, and wider health and wellbeing. Although this brought in a wide range of voices and communities across North Yorkshire, some were less well represented – in particular, those groups who experience the poorest health outcomes, including Gypsy Roma Travellers, migrants and homeless people. Reaching these groups is a priority for this strategy.

The impact of the Covid-19 pandemic on people's health and wellbeing has been immense, and it will take many years for the full scale of this to be realised. You can find out more about the impacts of the pandemic in the [North Yorkshire Director of Public Health Annual Report 2021-22](#)

Strategic landscape

In April 2023, the county council and seven district and borough councils in North Yorkshire became one council, making North Yorkshire Council the largest council in the region. The new unitary council delivers a wide range of local services which contribute to the health and wellbeing of people and places across the county, including housing, social care, leisure, community safety, economic development and planning. In addition, the region will benefit from a new devolution deal for North Yorkshire and York which will support economic growth and strategic infrastructure that will bring benefit to the health and wellbeing of our population.

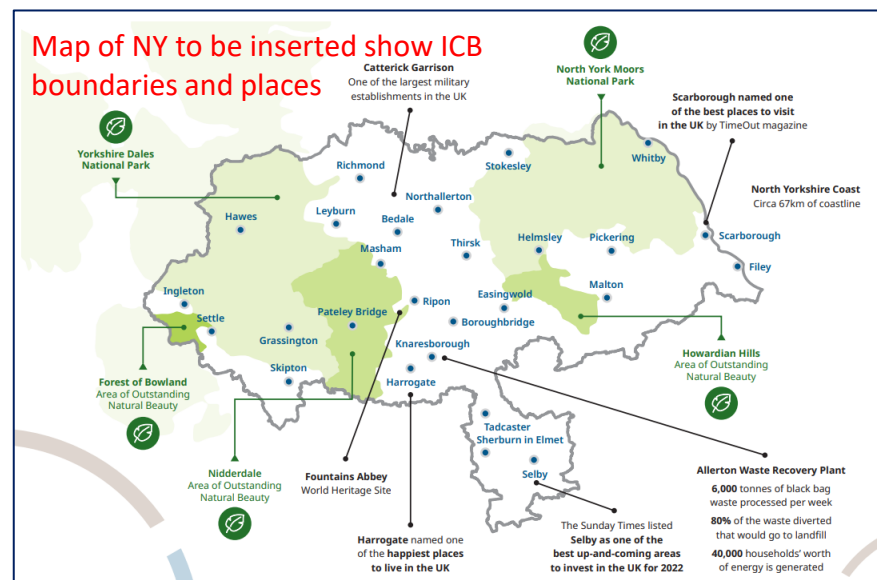
The planning of our local NHS services is now overseen by **Integrated Care Boards** (ICBs). The ICBs work together with all parts of the NHS, local councils and other partners to deliver joined-up care for people, in Integrated Care Systems.

Integrated Care Systems (ICSs) are new partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. The two main Integrated Care Systems in North Yorkshire are Humber & North Yorkshire Health and Care Partnership and Bradford District & Craven Health Care Partnership. They include NHS organisations, local councils, health and care providers and voluntary, community and social enterprise (VCSE) organisations. We all play an important role in reducing health inequalities and improving population health and wellbeing in North Yorkshire.

The establishment of North Yorkshire Council alongside the new Integrated Care Boards provides new opportunities to work together with partners to transform local services to improve the health and wellbeing of people and communities.

Our Joint Local Health and Wellbeing Strategy has been developed in this context, as both an expression of our shared commitment to delivering actions which add value through working together, and as a clear set of priorities to influence the core work and focus of all partners.

The diagrams on the following pages describe how each major sector in our partnership contributes to the Joint Local Health and Wellbeing Strategy through both their individual priorities and collective action.



The contribution of local health services to our joint health & wellbeing strategy

People

Place

Prevention

Putting it all together

Shared action to deliver our priorities

Humber & North Yorkshire Integrated Care Systems North Yorkshire Place Plan Priorities 2023-2028

- Comprehensive and integrated health & social care model
- A high quality care sector, with sufficient capacity to meet demand
- A strong workforce
- Prevention and public health: adding life to years and years to life

West Yorkshire Integrated Care System Bradford & Craven Place Plan

Priorities

- Access to care
- Children & young people
- Healthy communities
- Healthy minds
- People development

Enablers

- Living well
- Reducing inequalities
- Digital data intelligence & insight
- Research & innovation
- Estates

NHS National Annual Operational Plan delivered by ICSs

Priority areas

- Urgent & Emergency Care
- Community Health Services
- Primary Care
- Elective Care
- Cancer
- Diagnostics
- Maternity
- Use of Resources
- Workforce
- Mental Health
- People with a learning disability & autistic people
- Prevention & health inequalities

Key joint partnership strategies: Mental Health, Carers, Healthy Ageing, Autism, Substance Use, SEND, LD, Tobacco Control, Suicide Prevention, Community Safety, Economic Development, Local Plan, Housing, Transport, Leisure, Food, Community Partnership Plans

The contribution of North Yorkshire Council to our joint health & wellbeing strategy

North Yorkshire Joint Health and Wellbeing Strategy

People

Place

Prevention

Putting it all together

Shared action to deliver our priorities

Council Plan 2023-2027

Health & Wellbeing Priorities:

- People are supported to have a good quality of life and enjoy active and healthy lifestyles
- Reduced variations in health through tackling the root causes of inequality
- People can access good public health services and social care across our different communities
- People have control and choice in relation to their independence and social care support

Connected priorities:

- place and environment; economy; people; organisation

Underpinned by Locality working

- local services and access; local accountability, action & empowerment

Health & Adult Services Plan

- Opportunities for everyone everywhere
- My time and experiences are valued
- My home, my community, my choice

Director of Public Health Big Ticket Items:

- Best start in life
- People moving more
- Healthy aging

Adult Social Care Improvement Priorities

- Waiting Well
- Reviews
- Direct Payments
- Carers
- Reablement
- Home First
- Complex Care

Children and Young People's Services (CYPS) Priorities

- Transformation of the Mental Health system with shared vision with partners around I-Thrive model
- Auto-enrolment in free school meals
- Continued surveillance to address emerging issues and trends for CYP
- Working with wider partners for the safeguarding of every child in North Yorkshire
- Ensuring high quality provision of services for Early Help, Safeguarding, SEND, Education and Transitions to Adulthood
- Delivery of 0 – 19 Healthy Child Programme through partnership
- Striving to enact the recommendations set out in the Best Start for Life Programme

Key joint partnership strategies: Mental Health, Carers, Healthy Ageing, Autism, Substance Use, SEND, LD, Tobacco Control, Suicide Prevention, Community Safety, Economic Development, Local Plan, Housing, Transport, Leisure, Food, Community Partnership Plans

The contribution of the voluntary & community sector to our joint health & wellbeing strategy

North Yorkshire Joint Health and Wellbeing Strategy

People

Place

Prevention

Putting it all together

Shared action to deliver our priorities

Healthwatch North Yorkshire: 2023-2024 priorities

- Continue to build on the work that we have already championed such as GP access, dentistry, social care and mental health
- Expand our reach and engagement with those communities who aren't always listened to or involved in their health & social care
- Establish a people's voice network for North Yorkshire to ensure people are at the heart of decision making

Community First Yorkshire

- Having a strong collective voice to help raise the profile of voluntary organisations & community groups
- Helping communities & organisations to thrive
- Supporting individuals to help their communities and volunteer

Key joint partnership strategies: Mental Health, Carers, Healthy Ageing, Autism, Substance Use, SEND, LD, Tobacco Control, Suicide Prevention, Community Safety, Economic Development, Local Plan, Housing, Transport, Leisure, Food, Community Partnership Plans

Introducing our strategic priorities

Although we have separate sections in this strategy for People, Place, and Population Health & Prevention, we know that there are lots of links between them. For example, some **people** who experience the poorest health outcomes live in our most deprived **places** and are more likely to experience some of the **population health** major conditions – for example, chronic respiratory disease. By making sure that we connect up our work across the system, it will be more effective and result in better outcomes for people in North Yorkshire.



Some **people** who experience the poorest health outcomes



live in our most deprived **places**, and



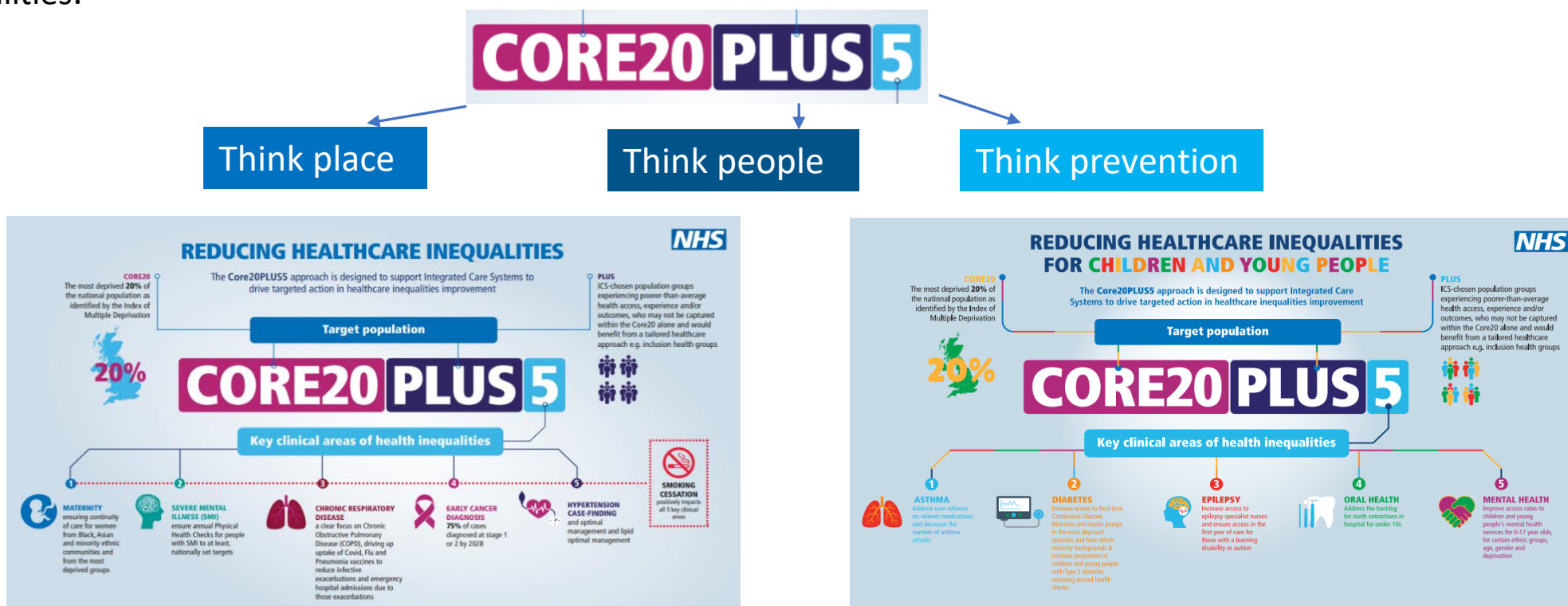
are more likely to experience some of the **population health** issues

Introducing our strategic priorities: Core20PLUS5

The [NHS Core20PLUS5](#) is a national approach aimed at reducing healthcare inequalities at both national and local level via targeted action.

It concentrates on the most deprived 20% of the national population (Core), the groups that experience poorer than average health outcomes (PLUS), and 5 specific clinical areas (5).

The Core20PLUS5 approach underpins our strategy, and is in turn strengthened by the strategy's focus on the wider determinants of health; putting both together, we can ensure a more robust and joined-up response to health inequalities.



Think 'People': In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need.

What does this mean? For many people North Yorkshire is a great place to live a healthy life, and the joint action we take under this strategy will help to sustain this. However we know that there are people within our communities for whom it is much harder to live a healthy lifestyle and to access the right services at the right level to prevent ill health.

Why does it matter? The actions in our strategy will benefit all residents. However some groups of people typically experience multiple overlapping risk factors for poor health. This leads to extremely poor health outcomes - often much worse than the general population, lower average age of death, and greater health inequalities. We want to work together to address this.

In this strategy, we will focus on people who are in at least one of these groups:

- experience poor mental health and/or mental illness
- have learning disabilities
- are autistic
- are older people living on low income and/or with multiple health conditions
- experience homelessness
- experience drug and alcohol dependence
- have experienced adversity or difficulty in their childhood
- are vulnerable migrants, refugees and asylum seekers
- live in Gypsy, Roma, Traveller and Show communities
- are sex workers
- experience the justice system
- are victims of modern slavery
- are in the military or are veterans

There will be differences in needs within these groups (for example between men and women, through age or culture) and we also need to understand these differences.

Individuals in these groups tend to die much younger than the rest of the population. For example, the combined mortality rate for homeless individuals, prisoners, sex workers and people with substance misuse disorders is between 9 and 15 times higher than the wider population for women and between 5 and 11 times higher than the general population for men. Source: OHID Spotlight.

Think 'People': In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need.

What people have told us

In our engagement review, we heard that for some people there are more barriers to accessing health care because of who they are. This included concerns that services lacked awareness of how to support LGBTQ+ people, unreliable access to interpreters for refugees and migrant families, poor availability of accessible information and communication particularly for disabled people, and worries about being stigmatised or viewed negatively because of their identity or conditions.



Think 'People': In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need.

What we are going to do

- Work together across the system to improve **waiting times** for assessment and access to services
- Identify **specific actions** to support improved health outcomes for key groups of people through refreshing our **joint strategies for autism, carers, dementia, substance use, mental health, Special Education Needs & Disabilities (SEND)**
- Work together to understand who and where our priority groups are in North Yorkshire and their barriers to living healthy lives. Use this to develop an framework to support services to address these barriers in design and delivery
- Strengthen how we work with **particular communities** to support improving their health outcomes – we know we need to do more with refugee, asylum seeker and migrant communities and Gypsy, Roma, Traveller and Show communities
- Review and improve how we work together to support people with **complex life circumstances**
- **Transform the care market** with a focus on rural and coastal areas, dementia and working age people with complex life circumstances
- Develop **specialist housing offer** including Extra Care, Supported Housing and Supported Living, guided by a new housing framework
- Increase **digital options** for accessing care including Technology Enabled Care as well as online care needs assessments and financial assessments
- Develop and deliver a **community hub approach** to support transformation of mental health services for adults

Think 'People': In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need.

What we are going to do

- Promote and support **mental and physical health in pregnancy** to ensure that our children have the best start in life. Plus support parents who may need a little extra help with their mental and physical health, parenting and the rising cost of living.
- Support children and young people to be **school ready** and continue to maximise their life chances through continuing to **access education**
- For those young people most at risk, in the care system, ensure that the Council's responsibilities as **corporate parent** provide holistic support for those wider determinants of health and wellbeing.
- Collectively examine, with our partners, the children & young people's priorities for North Yorkshire and determine which are best tackled at place and which are best tackled at a regional level to make the best use of all our resources
- Enact overarching transformation across the **mental health system for children & young people** (comprising health, public health, children's social care, education, inclusion, criminal justice and the voluntary and community sector) ensuring all partners are brought together under a single mental health and wellbeing model, iThrive, with shared, inclusive language and a single, bespoke vision and set of values and goals.
- Strive to enact the recommendations set out in **The Best Start for Life Programme**
- Continue working together to **safeguard people of all ages** across the health and care system
- Monitor health inequalities through robust **Public Health Intelligence** and linking this back into quality improvement across the system

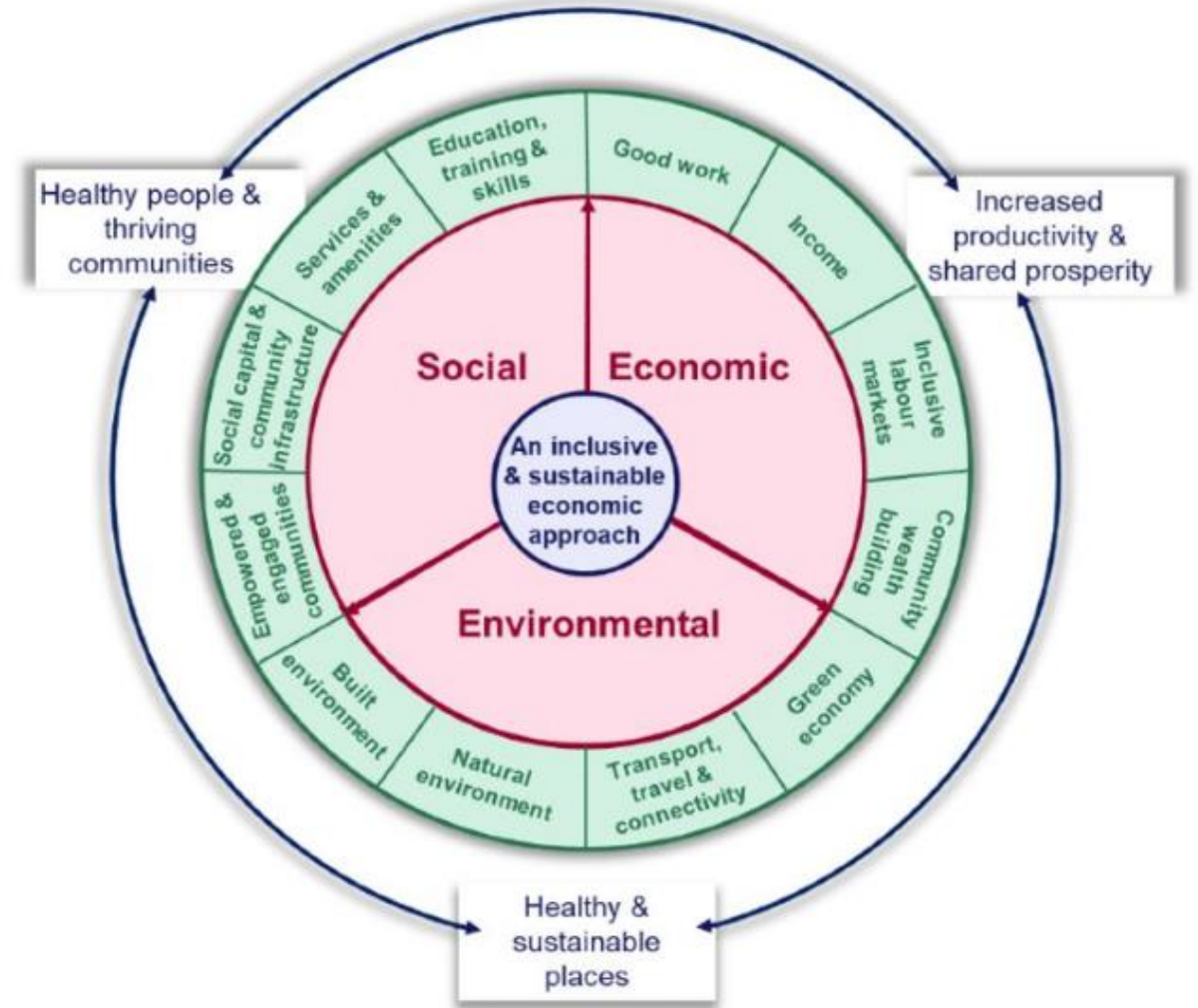
Think Place: In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.

What does this mean?

We know that where we live is important: our access to services, education, homes, supportive networks, employment, green spaces and leisure opportunities will affect how healthy and happy we are. Social, economic and environmental factors interlink to create communities in which we should all be able to thrive.

Tackling these wider determinants of health can help make significant improvements to quality of life and the health and wellbeing of our communities, at both a county level and a neighbourhood level.

We know that one size doesn't fit all - we believe that thinking about Place in this way provides a unique opportunity to make a difference to people at a local level, which will then contribute to health improvements at a population level.



Think Place: In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.

Why does it matter?

North Yorkshire is the largest county in England by land area, and its geography ranges from rural to urban and coastal. Eighty-five percent of the county is classed as very rural or super-sparse. This diversity brings many opportunities for quality of life for our communities and for visitors, but also challenges, particularly around delivering consistent and accessible services, affordable homes and access to high-quality education and employment across the area.

The county is relatively prosperous but there are pockets of very high levels of deprivation, particularly in Scarborough town and Whitby.

Life expectancy at birth for men and women in North Yorkshire is generally significantly higher than the England averages. However, as we describe in the introduction to this strategy, at the local level life expectancy across the County varies widely.

As highlighted in the Chief Medical Officer for England's Annual Report 2021, coastal communities include many of the most beautiful, vibrant and historically important places in the country. They also have some of the worst health outcomes in England, with low life expectancy and high rates of many major diseases. There is a 15 year difference in life expectancy for males between the ward with the lowest overall life expectancy (Castle ward, Scarborough district) and that with the highest overall life expectancy (Ripon Minster ward, Harrogate district).

The Index of Multiple Deprivation (IMD) 2019 highlighted 24 neighbourhoods (LSOAs) in North Yorkshire that fall within the most deprived quintile in England, 20 of which are concentrated in Scarborough town and Whitby

[Chief Medical Officer's Annual Report 2021 - Health in Coastal Communities – Summary and recommendations \(publishing.service.gov.uk\)](#)

Think Place: In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.

What people have told us

In our engagement review, we heard about the importance of place for good health and wellbeing. People said that for good health, they needed affordable public transport; accessible, inclusive and affordable opportunities for exercise, including being in nature; supportive communities and networks. Public transport came through as the key enabler for many of the building blocks of health and wellbeing, and a big concern for people. The geography of North Yorkshire was also highlighted, and in particular the reduction of specialist health care in local areas due to the concentration of specialisms in larger urban areas. For children and young people, what matters to them at all ages is their family, friends, environment and having something to do - this is shown in our *[link once published]* forthcoming Director of Public Health Annual Report 2023 focussing on children & young people.



Think Place: In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.

What we are going to do

- Make sure that all partners have a shared understanding of what is meant by a **place-based approach**, by agreeing together our vision and principles for healthy, happy places:
 - Enable our Local Care Partnerships to lead the design of local integrated health and care services across the county
 - Develop approx. 30 local Community Partnerships around our market town footprints and support them to focus on improving health & wellbeing
 - Change the way that we communicate about the wider determinants of health to increase public and partner understanding.
- Use this shared vision to influence the development of **strategies** that **shape our communities** - prioritising action on:
 - North Yorkshire Local Plan
 - Local Transport Plan
 - Housing Strategy
 - Economic Growth Strategy
- Maximise the opportunities to improve the health and wellbeing of our population through the new **devolution deal** for North Yorkshire and York which will support economic growth and strategic infrastructure

Think Place: In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.

What we are going to do

- Take opportunities to **design environments that support healthy lives**, including:
 - Physical activity – getting people moving more, supported by the council’s strategic leisure review with new operating model by 2027
 - A focus on improving food infrastructure that includes the whole scope of a local food system, from food production to distribution, consumption and food waste disposal, with the first North Yorkshire Food Strategy in place in 2024. This will include food in schools.
 - Active travel routes and improved public transport including to increase education, employment and leisure opportunities as well as access to services
 - High-quality natural environment and streetscape
 - Integrated health and care facilities and services in local communities eg Catterick Integrated Care Campus
- Reduce health inequalities in **rural and coastal communities**, with an initial focus on:
 - Improving data and research into those communities
 - Increasing health and care workforce within coastal communities working with partners in the academic sector
 - Building on the work of the North Yorkshire Rural Commission to address access issues for health and care
 - Developing innovative models for domiciliary care in rural areas, including care built on community strengths

Think Prevention: In North Yorkshire, we will improve the health and wellbeing of all our residents by concentrating on the big actions that will make the most difference to our population

What does this mean?

North Yorkshire people are healthier, and live longer, than the average for England. But there is still work to do to reduce the number of people affected by conditions that can be prevented or delayed. The [National Major Conditions Strategy](#) shows that in most instances, poor health arises from living with at least one of 6 major health conditions: cancer, heart disease, musculoskeletal disorders, mental ill-health, dementia and respiratory diseases. Together, these conditions account for over 60% of ill health and early death in England. [One in 4 adults has at least 2 health conditions.](#)

Many of these illnesses can be prevented with positive lifestyle choices underpinned by effective prevention services/interventions that start in childhood, hence the Healthy Schools Award Programme. Investing in prevention can protect individuals and their health by improving their quality of life and extending healthy life expectancy. Activities focussed on prevention are also beneficial to wider parts of the economy such as helping to increase productivity through reduction in sickness absence and reducing costs by reducing the need for hospital care and medical treatment.

We want ***the healthy choice to be the easy choice*** for people. For this to happen people need the skills, opportunities and motivation to take action, supported by a healthy environment and with access to good services. Skills should first be taught to our youngest in schools, promoting healthy eating, active lifestyles, and resilience and wellbeing, who can take what they have learned back home.

A study in 2019 found that people were more likely to choose healthy vegetable dishes if the food labels emphasised tastiness and enjoyment.

<https://www.ncbi.nlm.nih.gov/pmc/articles/PMC6843749/>

Think Prevention: In North Yorkshire, we will improve the health and wellbeing of all our residents by concentrating on the big actions that will make the most difference to our population

Why does it matter?

Many health conditions affect a wide proportion of the population; heart disease, stroke and cancer account for the greatest proportion of deaths within North Yorkshire. 61% of adults are classified as overweight or obese, and in year 6 aged children, the proportion that are overweight or obese is 34%. More worrying, year 2 children have higher levels of excess weight than the national average. Although smoking prevalence in North Yorkshire is lower compared to England, in some areas it is higher than the England average. The rate of hospital admission for alcohol related conditions is worse than the England average. We also need to consider the number of young people starting vaping and the work with partners to reverse this trend.



What people have told us

Concern about timely access to GP and other health appointments came through as a particularly strong theme in our review of engagement, and people said that it affected their health and their ability to manage long-term conditions. Another strong theme was about both children's and adults' experiences of mental ill-health and problems getting support. We know there are significant concerns around access to autism assessment and support for both children and adults, but with children, this has impacts on education that may be lifelong. Many of the issues mentioned in People and Place are also relevant here, including availability of accessible public transport and what people need for their area to be a healthy place to live. By addressing these barriers, prevention interventions are more likely to succeed.

Think Prevention: In North Yorkshire, we will improve the health and wellbeing of all our residents by concentrating on the big actions that will make the most difference to our population

What we are going to do

- Develop our local response to the national **Major Conditions Strategy** (2023) including:
 - Supporting the mental health and emotional wellbeing of children and families, with a focus on those in our communities who have been hit the hardest by the pandemic as evidence on this emerges
 - Tackling the health inequalities that make it harder for people with poor mental health to stay well, including employment, loneliness, discrimination, debt and housing
 - Preventing the onset and reduce the impact of cardiovascular disease (CVD) by identifying those at risk earlier, focusing on prevention and improving the management of CVD health conditions
- Focus on **prevention** to reduce the risk of people developing long-term conditions by:
 - Continuing to **reduce smoking levels** in North Yorkshire, working towards our aim of achieving ‘smoke-free 2030’
 - Continuing the successful approach of the Healthy Weight Healthy Lives strategy, developing our whole system transformational approaches to **physical activity and healthy food security**
- Improve quality and efficiency of patient pathways across health and social care to free up bed capacity in hospitals, by:
 - Providing **good access to primary care and urgent care** to reduce the need for admission into a hospital bed and reducing the average length of stay in a hospital bed through timely and safe discharge back home or to suitable community-based care.
 - Delivering **quality healthcare through innovative models** eg virtual wards and a new intermediate care model including improvements in triage, assessment, discharge, reablement and community-based care and support
 - Improving **quality and efficiency of patient pathways** across health and social care to free up bed capacity in hospitals.

Think Prevention: In North Yorkshire, we will improve the health and wellbeing of all our residents by concentrating on the big actions that will make the most difference to our population

What we are going to do

- Improve uptake of NHS health checks, screening and immunisation programmes
- Implement the [Age Friendly Communities framework](#), co-producing actions with the [North Yorkshire Age Friendly Network](#).
- Strengthen **Public Health intelligence and Population Health Management** approaches to meet the needs of people now and in the future
- Improve our approach to Community Infection Prevention & Control to support **health protection in frontline services** across the system
- Develop a local response to the national **Suicide Prevention** Strategy
- Continue to provide **the 0-19 Healthy Child Programme** across NY, both the mandated service and those additional extras which are deemed most effective across the region. We continue to monitor the impact of all parts of the programme
- Support the most vulnerable families with the cost-of-living, ensuring they are enrolled in schemes for which they are eligible, eg:
 - Free school meals – autoenrollment is the ultimate goal
 - Healthy Start Scheme
 - Government funded childcare
- Continue our health surveillance to act on those health issues we have identified as being of concern for children and young people, including:
 - Childhood admissions from unintentional injuries
 - Childhood unhealthy weight
 - Drug and alcohol admissions

Putting it together: Cross-cutting themes

From our discussions with partners and our engagement work, we have also identified some cross-cutting themes where we believe we have an opportunity to make a difference to our communities and organisations. For each of these themes, we also want to make sure that we share knowledge and learning to enhance our effectiveness. As a Health and Wellbeing Board, we will have a programme to develop our role as system leaders in the following areas:

Workforce and employment opportunities

As a system, show leadership in providing employment opportunities for people who experience barriers to employment, including those who live in areas of deprivation, disabled people, young people with Special Educational Needs and people from our priority groups.

Accessibility of services and communication

As a system, ensure that our services and communication channels are accessible to disabled people and others who may experience barriers to access. Work with representative groups and communities to identify barriers to access and practical solutions.

Making best use of our resources

As a system, we will work together to make best use of our collective resources (our people, our finance, our buildings) to deliver the strategy together. Efficient use of these resources will avoid duplication, maximise impact at a community level and enable delivery at scale where appropriate.

Putting it together: Cross-cutting themes

Digital inclusion and innovation

As a system, act to reduce digital exclusion and enhance the opportunities provided by digital innovation. Ensure that our digital innovations are as accessible as possible, working with communities to test this, and ensuring that people who cannot access digital options do not receive a lesser service.

In our health services, embed digital innovations to support admission avoidance, improve discharge and support digital pathways of care.

In social care, embed digital innovations to support people to stay as independent as possible in their own homes and communities.

Joining up our coproduction and engagement

As a system, collaborate on our coproduction and engagement work to create a better experience for our communities, with the aim of strengthening community relationships and managing the demand on community groups (particularly socially excluded groups).

Delivering our strategy

In North Yorkshire we have a strong working partnership across the health, social care and voluntary organisations who work with local people to prevent ill-health and deliver care. As a Health and Wellbeing Board, we are stronger together and recognise the commitment across the whole system to enable North Yorkshire to be a good place to live a healthier longer life.

The implementation of this strategy presents a powerful opportunity for North Yorkshire to create a partnership system for the future, building on previous success and momentum of the last strategy and the new developments of the health and care system and unitary council for North Yorkshire. This includes working at the local community level with **Local Care Partnerships** and **Community Partnerships**.

The Health and Wellbeing board will provide leadership and direction to the system and hold organisations, including Integrated Care Systems, to account on how they are delivering the priorities of the North Yorkshire Joint Local Health and Wellbeing Strategy.

Our principles for how we will work collectively to deliver the ambitions of our new strategy

- We will focus on early intervention and prevention in everything we do starting with our youngest children;
- We will work with our local communities using an **asset based community development** approach to identify and support local solutions to improve health and wellbeing;
- We will work collectively to address the wider determinants of health that drive poorer health outcomes, for example transport, housing, and access to services;
- We will promote inclusion, recognising diversity and reducing inequalities;
- We will work with communities to develop a collective understanding of and responsibility for actively managing our health and wellbeing.

This short film from our neighbours in Leeds explains asset based community development: [ABCD Leeds - YouTube](#)

Delivering our strategy

How we will keep track of our progress

Change can take a generation for some of these issues. We recognise that, so we also want to identify other ways we will monitor achievements and progress.

One important measure of our success will be reducing the number of years that people spend in ill-health and reducing unfair variation in this. Achieving this will require action over the long term. Our collective work on our priority areas will contribute to this and we will track progress on each of them.

Another important measure will be what people say – the feedback that our communities give us about their experiences, their health and their wellbeing, and how involved they are in making the changes.

External scrutiny will provide additional rigour in the monitoring of our work together, including the new Care Quality Commission (CQC) Inspection of Adult Social Care and Integrated Care Systems, as well as existing inspection frameworks for health and care providers (CQC) and children’s social care and education (OFSTED).

We will develop a delivery plan with ways to measure the difference we are making, and progress reports will be presented at the quarterly Health and Wellbeing Board meetings. In addition to this, the Health and Wellbeing Board will hold a spotlight session on each work area to examine progress in more detail through the year.

Glossary

North Yorkshire Health and Wellbeing Board	The North Yorkshire Health and Wellbeing Board is a statutory committee of North Yorkshire Council and provides a forum where political, clinical, professional and community leaders from across our health and care system come together to improve the health and wellbeing of our local population and reduce health inequalities.
Health and wellbeing outcomes	The difference made by actions to improve health and wellbeing. For example, more people take up regular exercise (action) which results in fewer people being overweight and reducing their risk of heart disease (outcome)
Health inequalities	Unfair and avoidable differences in health across the population, and between different groups within society. These include how long people are likely to live, the health conditions they may experience and the care that is available to them.
Wider determinants of health	The wide range of factors that affect our health – the places we live, our education, the jobs we have, how much money we have, how connected or how isolated we feel
Wider health and care system	All the organisations, community groups and so on that are involved in organising and delivering health and social care – broader than the NHS or the local council
Integrated Care Board	A statutory NHS organisation responsible for developing a plan for meeting the health needs of the population, managing the NHS budget and arranging for the provision of health services in a specific area.
Integrated Care System	Integrated care systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services, and to improve the lives of people who live and work in their area.
Socially excluded	Groups that: <ul style="list-style-type: none"> • Are not consistently recorded in electronic systems (dropping through the system) • Experience stigma and discrimination • Have insecure housing, overcrowding or communal accommodation • Experience barriers in access to health care and other services • Have multiple poor health risk factors (poverty, violence, complex trauma)
Devolution deal	Such factors lead to extremely poor health outcomes across physical and mental health. In England, devolution is the transfer of powers and funding from national to local government. It is important because it ensures that decisions are made closer to the local people, communities and businesses they affect. Each devolution deal is negotiated separately between ministers and local council leaders, but most deals devolve a core set of powers relating to transport, skills and economic development.
Local Care Partnerships	Local Care Partnerships help to deliver the aims of the Integrated Care System at a more local level, working in and with communities.
Community Partnerships	North Yorkshire Council is developing Community Partnerships to work in and with communities within North Yorkshire. Community Partnerships will connect with Local Care Partnerships.
Asset-based community development (ABCD)	ABCD focuses on a community's assets, capacities and abilities, rather than on needs, deficits and problems. In this way, communities work together to share skills, strengthen relationships and build on what is strong, not what is wrong.



Humber and North Yorkshire
Health and Care Partnership

North Yorkshire Place

Review of Strategic Priorities

North Yorkshire Health and Wellbeing Board
September 2023

Dr Bruce Willoughby
Clinical Place Director (North Yorkshire), NHS Humber and North Yorkshire Integrated Care Board

Christian Turner
Deputy Director Business Change and Planning, NHS Humber and North Yorkshire Integrated Care Board



Partnership working is at the heart of the Integrated Care System and Place leadership is central to delivering the scale of ambition across North Yorkshire - to join up care and deliver better outcomes for our communities and population.



The North Yorkshire Place Board was established in July 2022 as the ICS formally came into existence to promote Place leadership.



Board members are Chief Executives and Directors representing the wide-range of providers across local government, mental health, primary care, secondary care, voluntary sector and public health.



Chaired by Richard Flinton, Chief Executive of North Yorkshire Council, the Board agreed four strategic priorities where opportunities for making transformational changes could be maximised by working together.

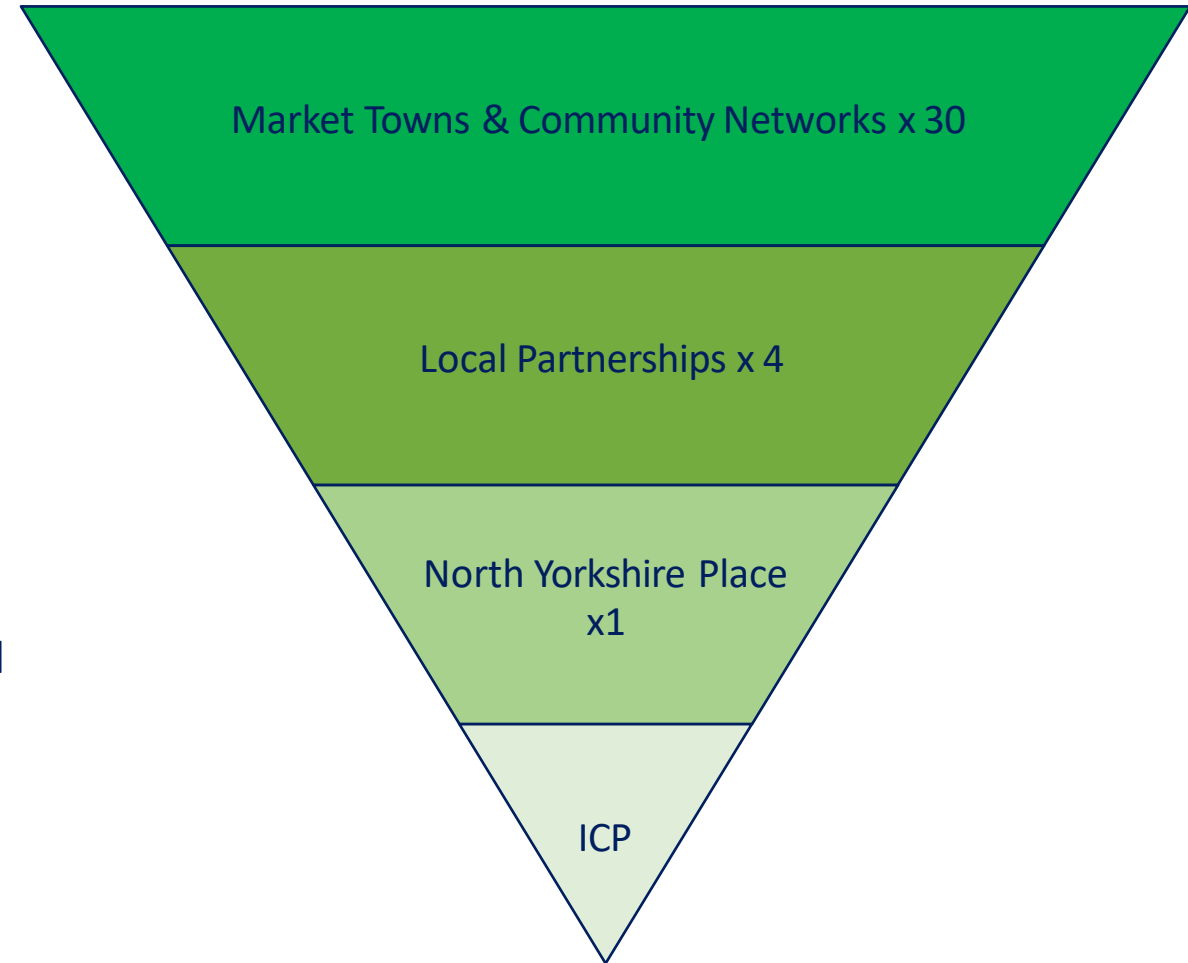


Having been established for just over a year the Board is reviewing progress in the four strategic areas and these slides provide a brief update on that progress.



- North Yorkshire is a complex geography with variation in populations needs and health inequalities across our different communities.
- The Place Board wants to engage, grow and activate our leadership communities so they have the freedoms and permission to innovate and bring about meaningful change within a framework of accountability.
- Our ambition is to shift the dial on health inequalities through a population health evidence-based approach.
- This is not about structural change but about how we work together on the right things that improve mental and physical health.
- We have a once in a generation opportunity to connect through a single council to influence the wider determinants of health through one conversation with housing, leisure, public health, education and social care.

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A comprehensive and integrated health and social care model

A strong workforce



A high quality care sector, with sufficient capacity to meet demand



Prevention and public health: adding life to years and years to life

A comprehensive and integrated health and social care model

- Local care partnerships established in Harrogate, East Coast and Vale and Selby. Hambleton and Richmondshire partners have held initial discussions with first formal meeting planned for October 2023.
- A joint North Yorkshire and York Urgent Care Board established, and the Integrated Urgent Care Redesign (UCR) is underway for York, Scarborough, Vale and Selby areas.
- A total of 40 frailty virtual ward beds have been established which is largest number across the Humber and North Yorkshire ICS.
- Through Social Care Discharge Fund a successful in-reach therapy model for intermediate care beds in Scarborough has been implemented, along with new 'Home First' team for Hambleton and Richmondshire and improved electronic TAF (trusted assessor framework) processes.
- Immedicare telehealth implemented across 79 Care Homes in North Yorkshire and the NHS Improvement team are leading the process of developing safety huddles across 18 care homes
- All local areas have developed plans for a community hub approach and the commissioning and mobilisation with the voluntary sector will commence during 2023.
- Developing new workforce roles and recruitment is ongoing. Within Primary Care new Mental Health workers are being recruited with the aim of having three Mental Health workers for each PCN by March 2024.
- There is also continued recruitment into specialist roles for personality disorders, adult eating disorders and early intervention in psychosis (EIP).

*A comprehensive
and integrated
health and social
care model*



- Four approved provider lists (APLs) have been established from February this year and a provider uplift is in the process of being implemented.
- A 'fair cost of care' exercise has been completed for domiciliary care alongside implementing an 'actual cost of care' exercise for residential /nursing care to help deliver a sustainable care market.
- There has been a sustained reduction in unsourced packages of care across the county. Further analysis being undertaken to consider the longer term trends and forecasts within the home based support market to inform future market development activity.
- Scarborough Care Zone has been established focusing on the socio-economic and health population considerations of the residents of Scarborough, with a strong workforce element.
- Recruitment and retention of care staff remains a priority and North Yorkshire Council (NYC) has appointed a Human Resources lead to support independent and voluntary sector care providers.
- Work is now underway to develop and implement initiatives which will support the independent and voluntary sector with workforce planning and skills development.
- Data indicates that the number of care workers and nurses employed within social care has increased since September 2022 and further work will continue to support this.
- There has been a significant improvement in the capacity and responsiveness of the home care market and to ensure these improvements are sustainable, Phase 2 of the Market Transformation Programme will target rural and coastal areas.

A high quality care sector



- North Yorkshire has been allocated 24 £3k bursaries to support international recruitment of care workers, as part of the £1.3m funding available across Yorkshire and Humber area. To date 37 social workers (adults and children) have been recruited.
- Significant work has been undertaken to establish a hybrid model of working, maximising the use of technology and available spaces to deliver accessible and flexible services to individuals whilst also supporting staff to achieve a good work/life balance
- The MakeCareMatter recruitment hub is a multi-channel recruitment tool with a candidate first approach to recruitment across care providers in North Yorkshire. A dedicated social care workforce website is also in development.

Pilot programme developed by local NHS Trust to provide OSCE (Objective Structured Clinical Examination) support for international recruited nurses within social care to enable them to obtain their NMC (Nursing and Midwifery Council) registration.

- Social Care Workforce Lead role developed with ICB funding to provide support to the independent care sector. Direct support has been given to a nursing home resulting in 29 health and care workers being recruited, and use of the OSCE support programme to recruit 6 nurses.
- Several joint roles created including Strategic Lead for Population Health and Inequalities, NYC Quality Assurance Team Chief Nurse and joint roles between adult social care and leisure services for North Yorkshire Sport.
- The ICB has developed a phased roll out programme of the Oliver McGowan training on Learning Disability and Autism for all health and social care workers..

A strong workforce



- Following the pandemic, take up of NHS health checks and sexual health services has increased. Support to help people to stop smoking is in place in primary care and there is high uptake of support to quit through Living Well Smokefree.
- Mental Health checks. At the end of 2022/23 the rate of SMI (severe mental illness) health checks was at 61.9% for North Yorkshire with the target of 60%. Within Primary Care new Mental Health workers are being recruited with the aim of having three Mental Health workers for each PCN by March 2024.
- A strategic review of leisure services is underway led by the new Council.
Strong partnership working with organisations such as North Yorkshire Sport and Sport England to maximise resources and opportunities across the county for people to get active
- Healthy School Award promotes physical activity and 77% of schools are currently registered to take part in the award scheme.
- A key strategic aim of the new Council is to be local and close to communities and a range of community partnerships will continue to be developed centred around market towns.
- Living Well Team is well utilised and a key service across NY to help prevent, reduce and delay people requiring health and care.
- The Director of Public Health Report for North Yorkshire for 2021/22 was judged in the top four reports nationally by the Association of Directors of Public Health (ADPH).

Prevention and
public health





A draft of the new Health and Wellbeing Board Strategy is being developed jointly by the Public Health team and the North Yorkshire ICB.



Focus at the next North Yorkshire Place Board will be on reviewing progress against priorities over the first year in existence of the ICB and the new North Yorkshire Council. As part of this Board will also consider the priorities for the next year.

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The Place Board review will take account of the draft Health Wellbeing Board Strategy, the Integrated Care Partnership (ICP) Strategy and the joint forward plan (JFP) for delivering the strategy.



The Board continues to support the system to deliver performance improvement and a new 'dashboard' is being developed to help the Board understand areas where targeted, collective actions may help the system overall.



The role of localities and communities across North Yorkshire is a key element in the delivery of the strategic priorities and the Board will continue to recognise this role while strengthening local input to delivery.

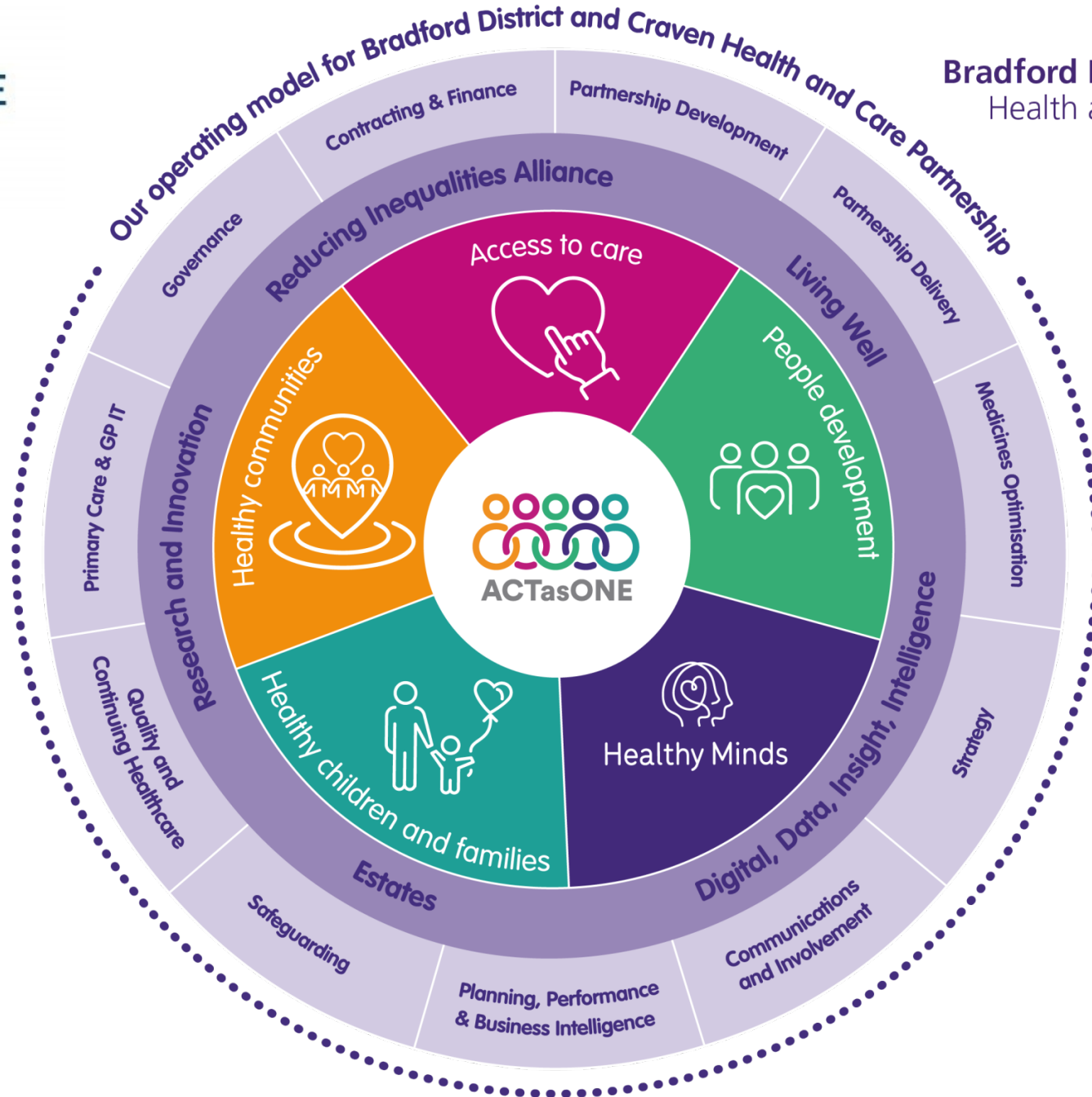
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Bradford and Craven (including Bentham/Ingleton) Place Update

North Yorkshire Health and Well-being Board

September 2023





Examples of our priorities in action in Craven - Healthy Communities

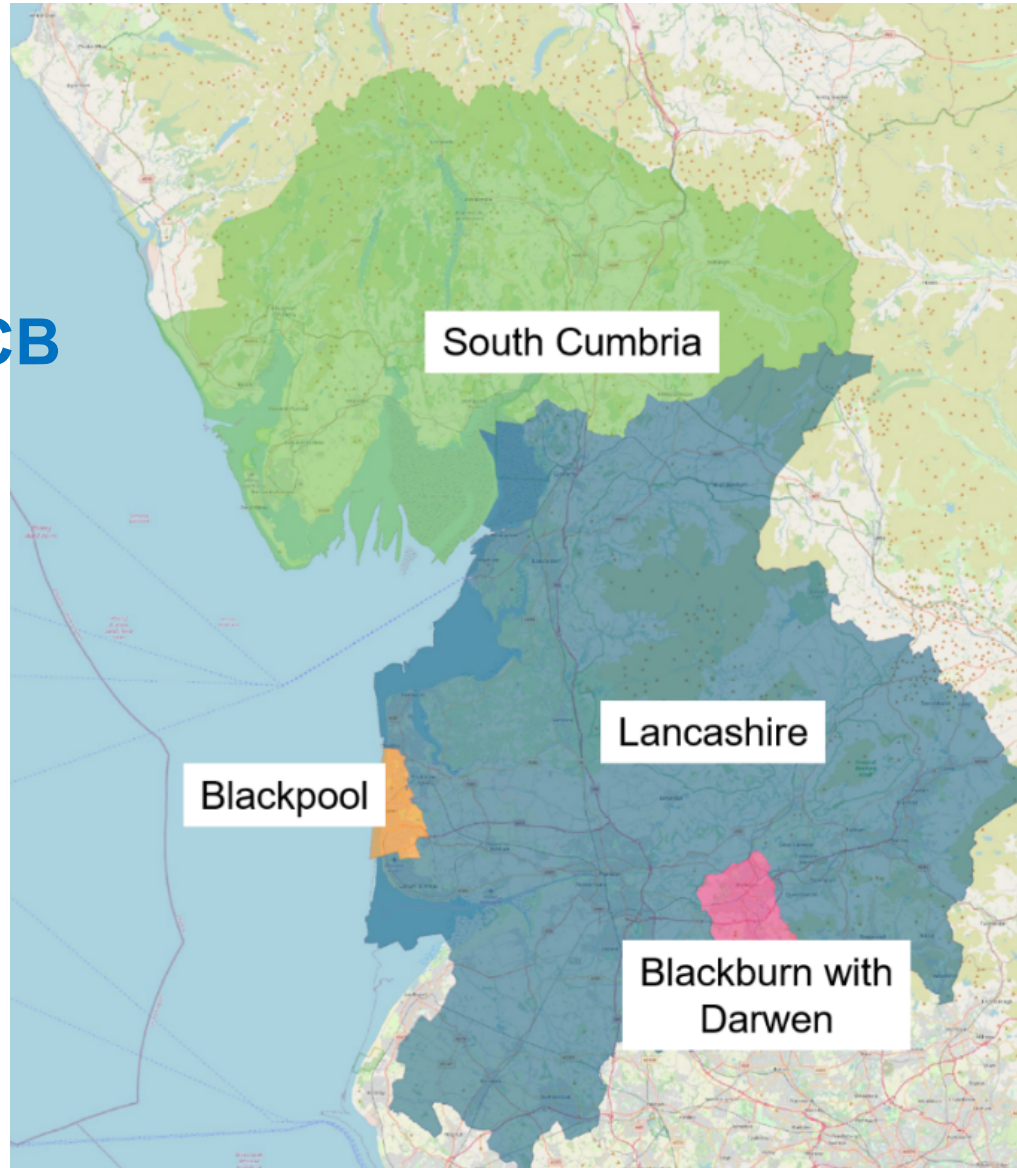
- Craven Communities Together (Community partnership) have developed two new projects using Core20plus5 data from NY Public Health and the ICB for the two most deprived neighbourhoods. The projects will focus on supporting individuals to access support and understand the ways of preventing both initiation and worsening of cardiovascular and respiratory ill health and increasing early identification of cancer.
- Currently scoping and understanding options to improve falls prevention and management support services work (linking with PH Team) and considering how we can use the learning and success from the Ashfield care home beds to continue to support patient flow and discharge over winter.
- Collaborative work continues with ICB and NYCC colleagues across community teams, social care and public health working on various initiatives including discharge and flow, community mental health, wellbeing networks, children and young people, women's health etc.

Examples of our priorities in action in Craven - Healthy Minds and Children, young people and families

- Craven was one of our first established Mental health support teams for children and young people. Provides a additional trained mental health capacity as well as new capacity through the education mental health practitioners. The Healthy Minds apprentices have delivered the anti-bullying campaign - Kindness, Compassion and Understanding - to over 1800 students in the Craven area.
- We have recently commissioned two projects which incorporate Craven schools and the Skipton family hubs (via the Core20plus5 programme) focused on building resilience in Primary schools and offering support with sleep to families with 2–11 year olds.
- we have worked closely with North Yorkshire Council colleagues to share learning from the SEND inspection and monitoring visits that have taken place in Bradford to support in readiness for the upcoming inspection

- Stock-take with NHS Bradford and Craven colleagues following merger of Craven DC and NYCC: priorities, who does what, etc – key areas likely to include public health, prevention, intermediate care, mental health
- NYC planning to replace Neville House Gargrave with new extra care and supported housing services
- Development of joint approach with Lancashire and South Cumbria ICB for the Bentham and Ingleton communities

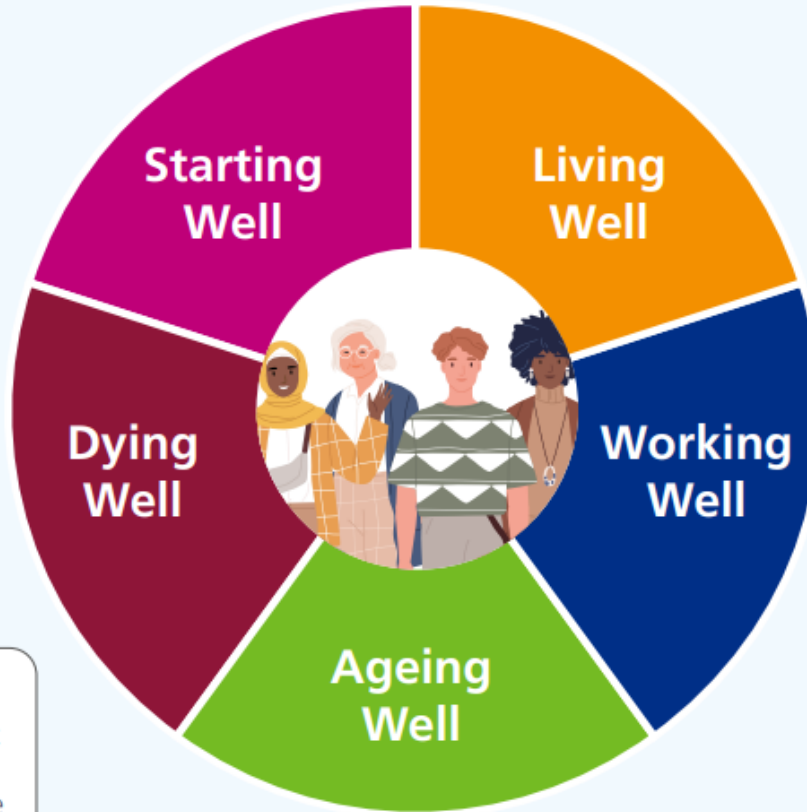
Lancashire and South Cumbria ICB



Give our children the best start in life, supporting them and their families with problems that affect their health and wellbeing, and getting them ready to start school.

Encourage all our residents to feel comfortable in talking about planning for dying, and to be well-supported when a loved one dies.

We know that many people will be living their lives across several different parts of this life course at the same time. It is important that we make sure the connections between these are easy to navigate.



Reduce ill health and tackle inequalities across mental and physical health for people of all ages by understanding the cause of these unfair differences.

Increase ambition, aspiration and employment, with businesses supporting a healthy and stable workforce and employing people who live in the local area.

Support people to stay well in their own home, with connections to their communities and more joined up care.



A long term plan for the NHS in Lancashire and South Cumbria

The plan will set out how we intend to deliver the statutory aims of the ICB across four pillars:

Tackling inequalities in outcomes, experience, and access	Improving outcomes in population health and healthcare	Enhancing productivity and value for money	Helping the NHS to support broader social and economic development
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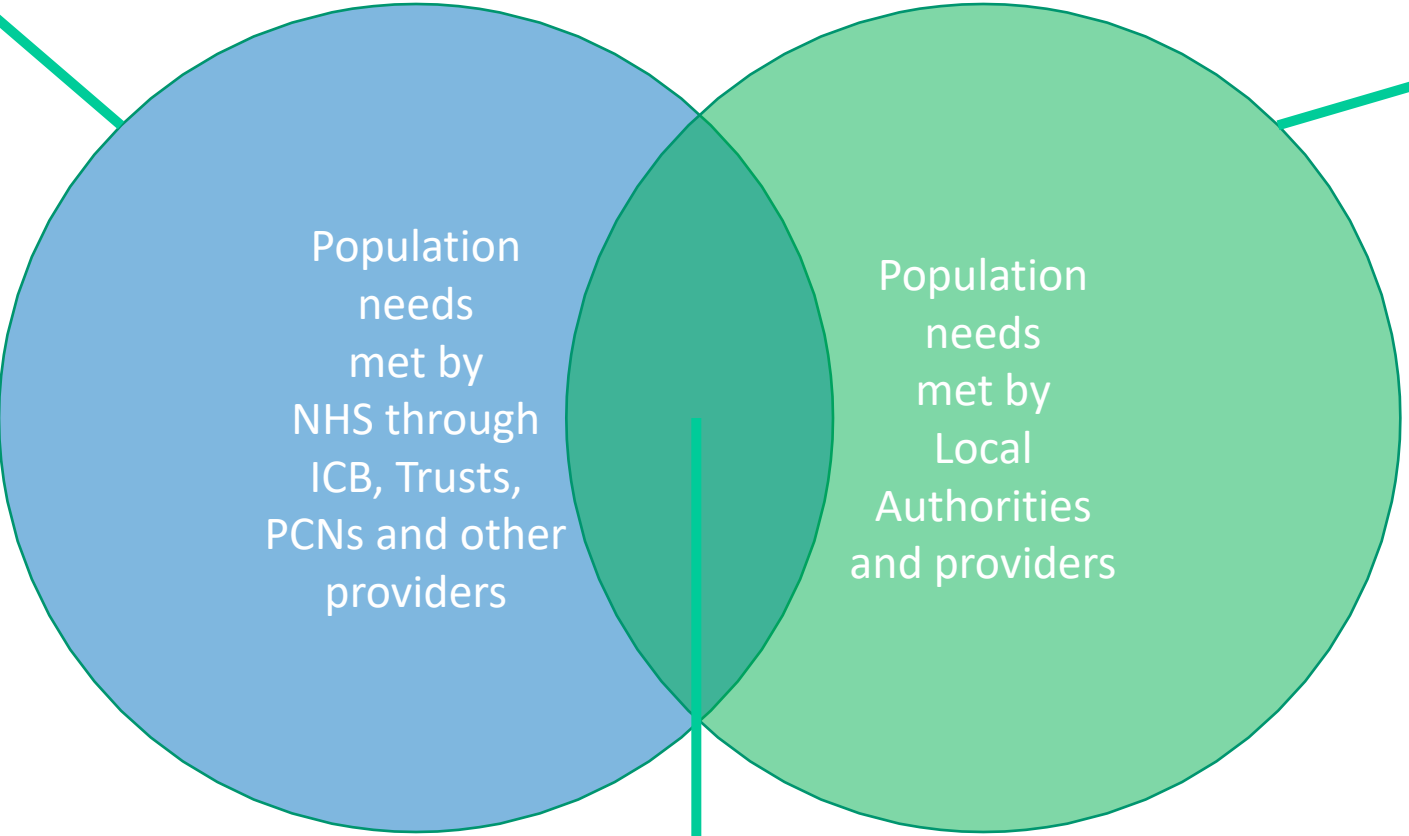
Our emerging long term strategic priorities:

- 1. Strengthening our foundations:** Improve our long-term financial sustainability and value for money, through transformation with providers.
- 2. Improve prevention:** Prevent ill-health and reduce inequalities by collaborating with partners.
- 3. Improve and transform care provision:**
Integrate and strengthen primary and community care with partners and providers.
Improve quality and outcomes through standardisation & networking with providers.
- 4. World class care:** Deliver world-class care for priority disease areas, conditions, population groups and communities.

The Integrated Care Strategy covers those services where NHS, Local Authority and other partners agree to work together to meet population need...

Focus of the five year
NHS Joint Forward Plan

Focus of
Local Authority plans



Focus of the ***Integrated Care Strategy***

....commitments made in the Integrated Care Strategy must therefore be delivered within the NHS Joint Forward Plan and individual Local Authority plans

As a minimum, each PBP will coordinate the planning and delivery of all age, community-based service provision for physical and mental health care.

Place focus on supporting people to live well and independently; reducing health inequalities and unwarranted variation within their place and, where appropriate, across Lancashire and South Cumbria.

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Service delivery requirements of place-based partnerships (PBPs) collaborate with a different place, for example, with Lancashire on the Morecambe Bay footprint, or as a collective of four places in Lancashire and South Cumbria.

- Secondary and tertiary care health providers have a significant role to play within place, both as a partner and large-scale employer, to ensure seamless pathways for residents and in supporting health creation, prevention, providing care in neighbourhoods and on-going support for people to remain at home.
- However, planning and delivery of most secondary and tertiary health care provision (for example, elective care and emergency, hospital bed-based care) is not in scope for places.





ROLLING WORK PROGRAMME 2023/2024

NOTE: Items subject to change. All meetings to be held remotely via Microsoft Teams, unless stated otherwise

WEDNESDAY 20TH SEPTEMBER 2023			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
North Yorkshire Joint Local Health and Wellbeing Strategy	Louise Wallace	Monday 11 th September 2023	Presentation
Integrated Care Boards (ICB) - Place Board Updates	Richard Webb Nancy O'Neill, MBE Jane Scattergood	Monday 11 th September 2023	Update on the three Place Boards that cover North Yorkshire, namely: Humber and North Yorkshire; Bradford District and Craven (part of West Yorkshire ICB; and Lancashire and South Cumbria
Local Plan Update	Louise Wallace	Monday 11 th September 2023	Verbal update
Regulatory Oversight	Richard Webb and Louise Wallace	Monday 11 th September 2023	Presentation
Rolling Work Programme	Patrick Duffy	Monday 11 th September 2023	Standing Item

ROLLING WORK PROGRAMME 2023/2024

WEDNESDAY 29TH NOVEMBER 2023			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Integrated Care Boards Updates	Amanda Bloor Ali Jan Haider	Monday 20 th November 2023	Standing Item
North Yorkshire Safeguarding Children's Partnership Annual Report 2022/2023	Stuart Carlton	Monday 20 th November 2023	Presentation
North Yorkshire Safeguarding Adults Board Annual Report 2022/2023	Laura Watson	Monday 20 th November 2023	Presentation
Draft Housing Strategy	Sharon Graham	Monday 20 th November 2023	
Proposal to support people with lived experience to be involved and contribute to decision making across North Yorkshire	Ashley Green	Monday 20 th November 2023	Report
Rolling Work Programme	Patrick Duffy	Monday 20 th November 2023	Standing Item

ROLLING WORK PROGRAMME 2023/2024

WEDNESDAY 17TH JANUARY 2024			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Integrated Care Boards Updates	Amanda Bloor Ali Jan Haider	Monday 8 th January 2024	Standing Item
Better Care Fund 2023/2024	Louise Wallace	Monday 8 th January 2024	Presentation
Rolling Work Programme	Patrick Duffy	Monday 8 th January 2024	Standing Item

ROLLING WORK PROGRAMME 2023/2024

FRIDAY 15 TH MARCH 2024			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Integrated Care Boards Updates	Amanda Bloor Wendy Balmain	Wednesday 6 th March 2024	Standing Item
Consideration of Rolling Work Programme for 2024/2025	Patrick Duffy	Wednesday 6 th March 2024	

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WORKSHOPS

- Community Development – 21st July 2023 (held)
- Integration – date tbc
- Loneliness Strategy – date tbc
- Coastal/Rural initiatives – date tbc

Patrick Duffy, Principal Democratic Services Scrutiny Officer

September2023

Regulatory Update

Health & Wellbeing Board – 20th September 2023

The framework for ICS/LA



Assessment of Adult Social Care

5 pilots during summer 2023:

- Birmingham City Council
- Lincolnshire County Council
- North Lincolnshire Council
- Nottingham City Council
- Suffolk County Council

CQC will provide a report and indicative scores for all the quality statements. Overall indicative rating will be published on the CQC website in November.

Any learning will be incorporated into the formal assessments which will start later this year, rather than in September as previously planned.

CQC is currently developing how it will select the first local authorities to be assessed and will publish more information on this before the start of formal assessments.

4 domains and 9 Quality Statements

Working with People	Providing Support	Ensuring Safety	Leadership
Assessing needs (including unpaid carers)	Care Provision, Integrity and continuity	Safe systems, pathways and transitions	Governance, management and sustainability
Supporting people to lead healthier lives	Partnerships and Community	Safeguarding	Learning, improvement and innovation
Equity in Experiences and outcomes			

Assessment of integrated care systems

2 pilots:

- Birmingham and Solihull Integrated Care System
- Dorset Integrated Care System

Three themes:

Quality and safety

Integration

Leadership

Assessments will be based on evidence gathered under **6 categories**:

- People's experience of health and care services
- Feedback from staff and leaders
- Feedback from partners
- Observation
- Processes
- Outcomes

Case tracking will be included as part of the pilots.

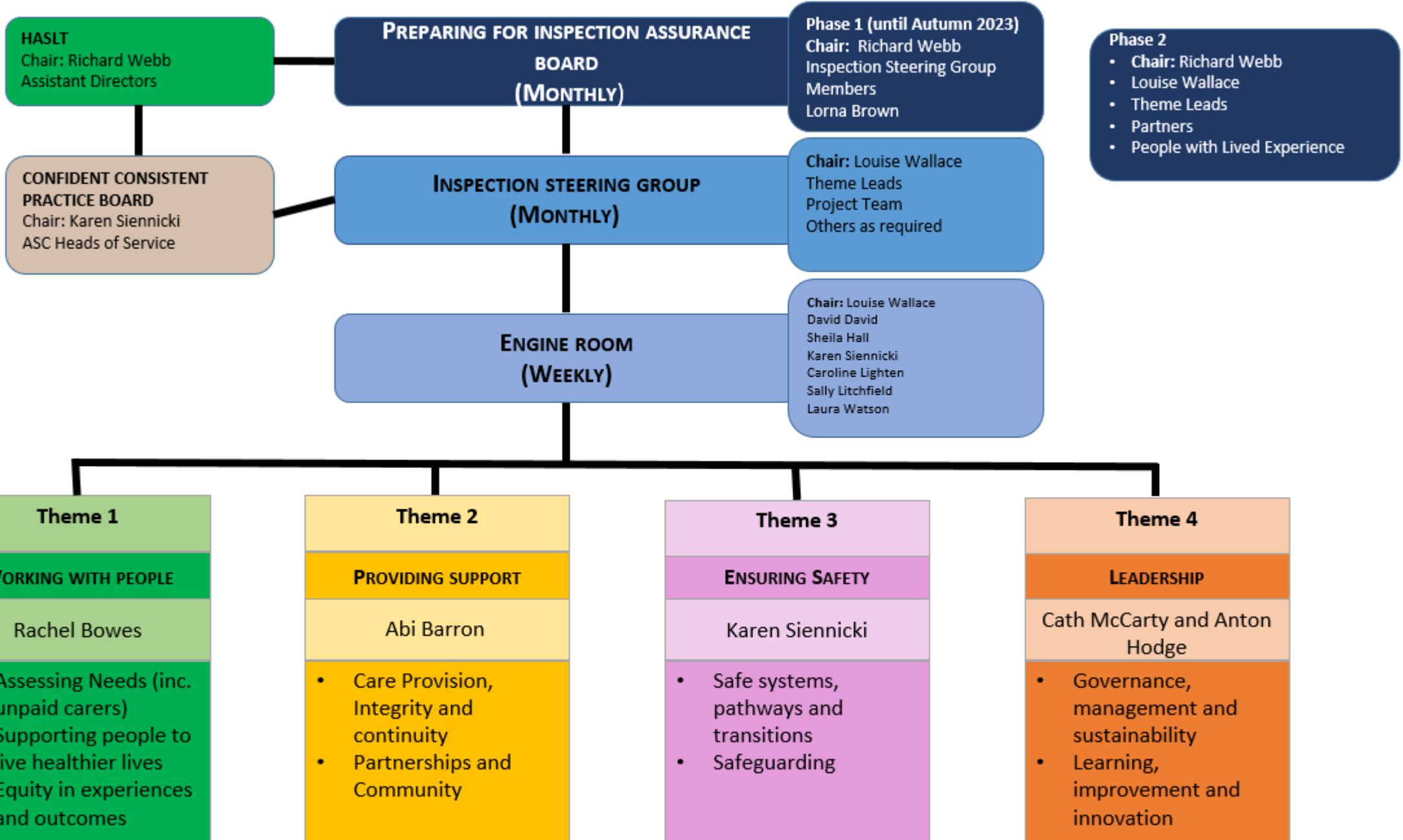
For each integrated care system in the pilot, CQC will provide a report of the findings from the assessment. Confirmation from the Secretary of State for Health and Social Care about including ratings for the pilot assessments is awaited.

Any learning from the pilots will be incorporated into the formal assessments, which will start in 2024.

When “The Inspector Calls”

Small CQC team with senior external advisors:

- **Week 1:** Pre-assessment work e.g. planning, requests for information
- **Weeks 2-3:** Data gathering and analysis, document reviews
- **Week 4:** Approx. four site day visit for interviews, discussion forums, focus groups
- **Week 5:** Report drafting & Q&A
- **Week 6:** Feedback & evaluations
- **Week 8:** Report Issued.....



What we're doing to prepare:

June 2023

Phase 1 of “Mock Inspection” by Dr Carol Tozer. Largely desktop, with group discussion with HAS Leadership Team and colleagues.

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November 2023

Phase 2 of “Mock Inspection” – site visit by Carol Tozer, along with Regional Peer Team. Case audits and focus group discussions with NYC colleagues, partners and people with lived experience

Ongoing actions to prepare

- Action plan against identified **priorities for action** over the coming months
- Maintain the impetus on **data quality** as client level data will be key
- Retain focus on quality of **practice** and the voice of practice as this will tell us much more
- Building in some **capacity** to lead, investigate, identify, action plan & implement improvement activities (e.g. Advanced Practitioners)
- Review all of our **engagement activities** to demonstrate co-production and links to performance improvement & shaping change – strong focus from CQC
- Work with our **providers and partners** who will also be inspected under this single assessment framework – avoid duplication of effort
- **Communicate and prepare** our colleagues, our partners and the people who we provide services to about this new approach
- Continue preparation & collation of the **‘evidence chest’** – we want qualitative as well as quantitative information to develop our narrative, our stories, shine a light on everything we do everyday in every part of the county

7 ASC Improvement areas and 3 Public Health Big Ticket issues

- Waiting Well
 - Reviews
 - Direct Payments
 - Carers
 - Reablement
 - Home First
 - Complex Care
-
- Best start in Life
 - Getting people moving more
 - Health ageing

The “Evidence Chest”



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By virtue of paragraph(s) 3 of Part 1 of Schedule 12A
of the Local Government Act 1972.

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