



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, Nic Harne, Nancy O'Neill, Mike Padgham, Jillian Quinn, Sally Tyrer, Louise Wallace and Richard Webb.

Date: Wednesday, 22nd May, 2024

Time: 1.00 pm

Venue: County Hall, Northallerton

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 meeting is being held as an in-person meeting. The meeting is also 'hybrid', which enables people to attend the meeting remotely using MS Teams. Please contact the Democratic Services Officer if you would like to find out more.

Business

1. **Welcome by the Chair**
2. **Apologies for Absence**
3. **Minutes of the meeting held on 15th March 2024** (Pages 3 - 10)
4. **Declarations of Interest**
5. **Public Participation**

Members of the public may ask questions or make statements at this meeting if they have given notice to Louise Hancock of Democratic and Scrutiny Services and supplied the text (contact details below) by midday on Friday 17th May 2024, 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.

Enquiries relating to this agenda please contact Christian Brennan, Assistant Democratic Services Officer. Tel: 01723 232332

Website: www.northyorks.gov.uk

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.

6. Updates from Integrated Care Systems

- a) Humber and North Yorkshire – Amanda Bloor, Chief Operating Officer
- b) West Yorkshire – Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership

**7. North Yorkshire Joint Local Health and Wellbeing Strategy - (Pages 11 -
Director of Public Health 144)**

**8. Rolling Work Programme 2024/2025 (Pages 145 -
152)**

9. Any Other Items

Any other items which the Chair agrees should be considered as a matter of urgency because of special circumstances

10. Date of Next Meeting - Friday 19th July 2024 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 Christian Brennan, Assistant Democratic Services Officer. Tel: 01723 232332 Or email christian.brennan@northyorks.gov.uk
Website: www.northyorks.gov.uk

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Tuesday, 14 May 2024

North Yorkshire Health and Wellbeing Board

Minutes of the meeting held at County Hall, Northallerton, on Friday 15th March 2024 at 10.30 a.m.

This was a hybrid meeting. An * indicates those Members who attended remotely

Board Members	Constituent Organisation
Councillor Michael Harrison (Chair)	Executive Member for Health and Adult Services
Councillor Alyson Baker	Substitute for Councillor Simon Myers
Wendy Balmain	Place Director for North Yorkshire, 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
Councillor Caroline Dickinson	Substitute for Councillor Janet Sanderson
Jonathan Dyson*	Chief Fire Officer, North Yorkshire Fire and Rescue Service
Jonathan Coulter*	Chief Executive, Harrogate and District NHS Foundation Trust
Ashley Green	Chief Executive, Healthwatch North Yorkshire
Nic Harne*	Corporate Director, Community Development, North Yorkshire Council
Nancy O'Neill, MBE*	Chief Operating Officer, Bradford District and Craven Health and Care Partnership – part of West Yorkshire Integrated Care System
Louise Wallace	Director of Public Health, North Yorkshire Council
Richard Webb	Corporate Director of Health and Adult Services, North Yorkshire Council

In Attendance:-

Patrick Duffy, Principal Democratic Services and Scrutiny Officer and Louise Hancock, Senior Democratic Services Officer

Copies of all documents considered are in the Minute Book

50. Welcome by Chair

The Chair welcomed everybody to the meeting. He stated that this was a hybrid meeting due to the fact that a formal decision would be required to approve the Better Care Fund Item. He had arranged for enough people to be present in person to enable the Board to be quorate and, thereby, to be able to take a decision, but he had not wanted to ask partner Members from across North Yorkshire to travel to and from Northallerton, for what is anticipated to be a relatively brief meeting.

51. Apologies for Absence

Apologies were received from:-

- Amanda Bloor, Chief Operating Officer, Humber and North Yorkshire Integrated Care System
- Councillor Simon Myers, Executive Member for Culture, Arts and Housing
- Mike Padgham, Chair, Independent Care Group (Care Providers Representative)
- Jill Quinn, Chief Executive, Dementia Forward (Voluntary and Community Sector Representative)
- Councillor Janet Sanderson, Executive Member for Children and Families
- Sally Tyrer, Chair, Yorkshire Local Medical Committee (Primary Care Representative)

52. Minutes of the meeting held on 29th November 2023

Resolved –

That the Minutes of the meeting held on 29th November 2023 be approved, subject to Bridget Lentell's title being amended to General Manager.

53. Declarations of Interest

There were no declarations of interest.

54. Public Participation

Patrick Duffy, Principal Democratic Services Scrutiny Officer, confirmed that two public questions had been received from Mr. David McAsey and Mr. Roger Tuckett. They would be taken in the order that they had been received.

Mr. David McAsey

Mr. McAsey made the following statement:-

Mr Chairman and members of the Health and Wellbeing Board. Thank you for allowing me to speak.

If your adult child had a disability, imagine what it would be like if every time you tried to get help and support, organisations such as Social Services, the NHS, Housing, Employment Support etc. failed to provide the services that legislation says your adult child is entitled to receive. The hundreds of families in North Yorkshire who are caring for autistic adults don't need to try and imagine it. What I have described is their lived experience of services.

In April 2014, I stood before this Board and congratulated them on producing their first Autism Strategy. I looked forward to that strategy being the start of meaningful improvements in support for autistic people and their families. But here we are 10 years later, consulting on the 3rd Autism Strategy that acknowledges the same old problems and says the same old things with no realistic prospect of it taking us any further forward.

My autistic daughter is 32. She lives at home with me and my wife. Just like 80% of autistic people she does not have a learning disability but is significantly disabled by her autism and by the failure of services to respond appropriately to her needs. Despite getting 8 good GCSEs she has, for the last 12 years, not been in education, employment or training because of an absence of appropriate services.

I want to share with you an extract from an email received just last week from my daughter's social worker. She wrote: 'I am bit stuck on what else she [my daughter] may benefit from as we unfortunately do not have Autism specific services in our area. I have asked more experienced members [of staff] that have worked with Learning disability and Autism and have a vast array of knowledge and I have been advised there isn't anything'.

The absence of appropriate support means that my daughter's life chances are being eroded and the burden of caring for my daughter increasingly falls to me and my wife. We are not alone. There are hundreds, if not thousands, of families like ours in North Yorkshire.

This situation arises because for the last 10 years there has been no proper understanding or appropriate response to meeting the needs of the estimated 15,000 autistic people who live in North Yorkshire. Within the organisations represented at this Board, there continues to be an absence of understanding, visible leadership and accountability, to drive forward the required changes, reasonable adjustments and prioritisation of services for autistic people.

The pace of change has been and continues to be far too slow! After 10 years that cannot be allowed to continue. Enough is enough!

In April 2014 I asked the Health and Wellbeing Board if North Yorkshire Council would appoint a Councillor to be an Autism Champion. The answer then was No.

In the last 10 years there has been no meaningful progress in meeting the needs of autistic people because of, amongst other things, a failure to provide visible leadership on autism. Therefore, will North Yorkshire Council designate a Councillor to be an Autism Champion so that autistic people and their families are properly understood and services are designed to meet their needs?

Richard Webb, Corporate Director for Health and Adult Services, responded. Among the points he made were:-

- The Directorate has had examples of where Direct Payments have worked well, but the challenge of putting in place the right service is acknowledged.
- We are seeing a significant number of people who have received a diagnosis.
- There is further work to be done on housing for people with autism of working age and the Directorate is looking at what other services it can commission, but there is no immediate solution to some of the issues raised.
- The internet is being used in Schools to provide support.
- We are very conscious of the issue and know that there is more work to do.

In response to the request from Mr. McAsey for the Council to designate a Councillor as an Autism Champion, the Chair advised that he did not agree with this. The Council has several Champions and he is not convinced of the benefit of having a Champion.

The Chair also responded to the comments by Mr. McAsey that there has been no meaningful progress and that there has been a failure to provide visible leadership. He stated that, with a lot of professionals represented on this Board, he could not let the comments go unchallenged and, whilst, he would not wish to downplay the challenge, there has not been a failure of leadership.

Mr. McAsey further commented that, overwhelmingly, the Local Authority and the NHS see autism as a learning disability issue. Richard Webb responded that raising awareness is key and that is why staff have undertaken accreditation training in autism. Initiatives are in place to support staff in this area, including the establishment of a Neuro-Diversity Network. The Directorate is striving to be more autism aware.

In response to the offer of a short supplementary question, Mr. McAsey asked if Members of the Board could indicate by a show of hands whether or not they had completed the Oliver McGowan Training in Learning Disability and Autism. Richard Webb stated that training for frontline staff had been prioritised but there will be a session on this for Members of the Board at a forthcoming meeting.

Wendy Balmain, Place Director for North Yorkshire, with the Humber and North Yorkshire Integrated Care Board, mentioned that she has personal experience of autism within her family and so understood the challenges. The afore-mentioned training is mandatory in the NHS. There are no easy answers, in response to the exponential growth in awareness. The Integrated Care Board is examining what it can do to support people and their families. There is a recognition that demand and capacity are not at the right level.

The Chair said that he would not be asking Board Members to answer the question as to whether or not they had undertaken the Oliver McGowan Training as it was not appropriate. The Chair intervened to bring the item to a close, pointing out that he had exercised considerable discretion in allowing a certain amount of subsequent discussion.

Mr. Roger Tuckett

Mr. Tuckett made the following statement:-

Relevant 2015 Statutory Guidance clearly states that Health and Wellbeing Boards (HWBs) have a crucial role in overseeing implementation of their Adult Autism Strategies. The current NY Partnerships website states that production of Joint Strategic Needs Assessments (JSNAs) is the responsibility of the NY HWB. The recent (Oct 2022) guidance on HWBs following legislation establishing the Integrated Care Boards confirms that these various obligations continue.

While there are more recent JSNAs in North Yorkshire for Autistic Children and Young People (2020/21), and generally for Learning Disabilities (2021), the only JSNA applicable to Autistic Adults without Learning Disabilities (at least 80% of which do not) is a very basic summary dating from 2013.

In her response to my question to the NYC Health Scrutiny Committee last week, a senior NYC public health official stated there were big gaps in available data but that no updated JSNA would be produced for Autistic Adults as matters were developing so quickly, and such a JSNA would be out of date before it was published. Instead a rudimentary Autism Data Pack has been produced to support the Autism Strategy although this has not been published, and it is excluded from the current consultation.

This Data Pack refers to diagnostic prevalence rates now being 2% or higher rather than roughly 1%; that over 5% of all cared-for adults are now Autistic; diagnosis waiting times of several years massively exceed NICE guidelines; there are major physical and mental health inequalities for Autistic adults, including greatly increased suicidality and significantly decreased life expectancy; that nearly 5% of PIP recipients have Autism recorded at their main condition with this proportion growing rapidly; that considerable underdiagnosis is still occurring and the number of people affected by Autism is likely far higher than is reflected in the data.

Question: Are the Board and its Members content that due process is being followed consistent with statutory and national guidance in the decision not to develop a new JSNA for such Autistic Adults prior to adopting NYC's new updated All-Ages Autism Strategy, and will it be directly overseeing this.

Louise Wallace, Director of Public Health, advised Members that this matter had also been discussed at the recent meeting of the Scrutiny of Health Committee.

She added that there is a wealth of data available on the Council's Website but it is clear that some of the data could be more robust. Through the consultation on the draft Autism Strategy, efforts are being made to simplify the process. Officers are keen to see the feedback from the consultation.

In response to Mr. Tuckett's specific questions, the Chair stated that the Board is content that due process is being followed in the decision not to develop a new JSNA for Autistic Adults prior to adopting North Yorkshire Council's new updated All-Ages Autism Strategy, and it will be directly overseeing this.

Mr. Tuckett commented that the response received was welcome and useful but, perhaps, a Joint Strategic Needs Assessment would be preferable to the collection of data being undertaken in an adhoc manner. He suggested that, with regard to follow up work, a Leadership Summit would be beneficial.

The Chair queried whose Summit it would be?

Richard Webb said that the suggestion would be noted as part of the consultation and this will be fed back into the Multi -Agency Group that oversees the consultation (which includes autistic people).

55. Approval of the Better Care Fund 2023/2025 and the Quarterly Returns for Quarters 2 and 3 2023/2024

Considered –

A report and presentation by Louise Wallace, Director of Public Health, which sought approval to:-

- the Better Care Fund Submission for 2023-2025; and
- the Quarterly Returns for the second and third quarters of 2023/2024

The report and presentation, are available to view [here](#).

Louise Wallace stated that, as her presentation had been circulated with the Agenda for the meeting, she did not intend to go through it. The submission had been agreed with partners and fully costed. This was primarily a matter of process and she was seeking formal sign-off from the Board

Wendy Balmain stressed the importance of ensuring that the investment is correct and that it links into other priorities, including those of the Integrated Care Boards.

Ashley Green, Chief Executive Officer of Healthwatch North Yorkshire, said that he was pleased to see that the areas of priority and work outlined in the Better Care Fund proposal mirrored in many ways the priorities included in the current draft Joint Health and Wellbeing Strategy.

Ashley also asked if the Board had to report on progress against the work it had outlined in its Better Care Fund proposals. Louise Wallace confirmed this is the case, via quarterly reports.

He also felt it was important that this work and the funding included 'public involvement' to support this work. The Chair acknowledged that it would.

Resolved –

- a) That the Better Care Fund Plan for 2023-2025 be approved; and
- b) That the Quarterly Returns for Quarters 2 and Quarters 3, in respect of 2023/2024, be approved.

56 Rolling Work Programme – 2023/2024

Considered –

A report by Patrick Duffy, Principal Democratic Services Scrutiny Officer, which sought comments on - and approval to - the draft Work Programme for 2024/2025.

He advised that, as this was the draft Work Programme for the forthcoming year, he had taken the opportunity to outline the rationale for including Items in the draft, namely:-

- a) Statutory documents that need to be considered
Examples include the Joint Local Health and Wellbeing Strategy and the Better Care Fund, which have to be signed off by the Board, according to its Terms of Reference.
- b) Previous decisions of the Board
For example, last year the Board considered an update on Health Protection and resolved that an update be provided every year.
- c) Updates on Key documents likely to have an impact on the health and wellbeing of people in North Yorkshire
These could include the Carers Strategy and the Council's Local Plan.
- d) Convention
It has become the accepted practice that key Annual Reports are considered by the Board. For instance, those of the Director of Public Health and the Safeguarding Adults Board.

He also stressed that the document evolves, according to changed circumstances. The document is considered at each meeting but Members are welcome to propose Items for inclusion at any stage.

NOTED.

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

Membership

Nancy O'Neil, MBE, confirmed that she will replace Ali Jan Haider on this Health and Wellbeing Board, as the representative of Bradford Integrated Care Board.

The Chair advised Members that he and the Vice-Chair had written to the former Emergency Services representative, Lisa Winward, and the former NHS England representative, Shaun Jones, to thank them for their contribution.

Jonathan Dyson, Chief Fire Officer for the North Yorkshire Fire and Rescue Service, informed Members that he will liaise with the new Chief Constable and the Chief Ambulance Officer to agree who will represent the Emergency Services. He will advise who this is.

Patrick Duffy

The Chair advised that this would be the last meeting of the Board attended by Patrick Duffy before his retirement. The Chair thanked Patrick for the work he had done in relation to the Board and the support that he had provided to him.

58. Date of next meeting – Wednesday 22nd May 2024 at 1.00 p.m.

The meeting concluded at 11:10 p.m.

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Health and Wellbeing Board North Yorkshire



22nd May 2024

Joint Local Health and Wellbeing Strategy 2023 - 2030

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

1.0	Purpose of report
1.1	To share the revised Joint Local Health and Wellbeing Strategy for North Yorkshire following consultation, and request approval for the strategy from the Board.
1.2	This report builds on reports to the Health and Wellbeing Board on 28 November 2022, 17 March 2023, 20 September 2023 and 22 November 2023.
2.0	Shape and structure of Joint Local Health and Wellbeing Strategy
2.1	As the Board is aware from previous reports, the strategic ambition of the strategy is: <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>
2.2	The body of the strategy is structured around 3 Ps: <ul style="list-style-type: none"> • Think Prevention • Think Place • Think People <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>
2.3	Each of the 3 Ps includes an overarching aim, brief contextual information and a set of actions. The actions have been derived from a review of relevant engagement, evidence and organisational priorities, led by the JLHWBS Editorial Group.
2.4	The strategy has been revised to take account of feedback from the consultation that ended on 31 st March 2024. The consultation report has been included with this report.
3.0	Consultation feedback and revisions
3.1	The consultation methodology included both quantitative and qualitative data, using a range of methods to ensure accessibility and inclusivity. Feedback was gathered on the strategy itself, and on North Yorkshire residents' priorities for their health and wellbeing. Responses were received from approximately 700 people, including boards and forums.

3.2	<p>In terms of feedback on the strategy itself, the majority of respondents agreed with the ambition, the aims of the 3 Ps, and the structure. Areas where respondents suggested improvements included:</p> <ul style="list-style-type: none"> • Overall length and clarity of document • Clarity and detail of the actions • Suggestions for specific actions and cross-cutting themes • Suggestions for potential gaps • Deliverability of the strategy, including more detail on funding
3.3	<p>From community conversations with North Yorkshire residents, the top 6 priorities for health and wellbeing – ‘The One Thing’ – emerged as follows:</p> <ol style="list-style-type: none"> 1. The importance of and suggestions for improved access to physical activity (including affordability) 2. Better access to GP appointments 3. Improved public transport 4. Importance of access to green space and nature 5. Access to health and care services 6. Importance of social connection <p>There were also some specifics emerging from particular groups, including:</p> <ul style="list-style-type: none"> • Importance of good pre and post-natal support • Support for families, including affordable activities for children and young people • More safe spaces (eg youth clubs) for young people with trained staff • Importance of accessible communication in order to access healthcare
3.4	<p>To complement the consultation, North Yorkshire Citizens Advice and Law Centre undertook a short survey with people accessing their services, asking them to choose their top three priorities from a list of 11, and give their reasons. The top three priorities were:</p> <ol style="list-style-type: none"> 1. Priority 6 - cost of energy and food – ‘heat or eat’ 2. Priority 2 - accessing GP and/or dentists 3. Priority 4 - better mental health support and accessing that support
3.5	<p>From community and voluntary sector partners including Healthwatch North Yorkshire, North Yorkshire Citizens Advice and Law Centre and Age UK colleagues, key areas of concern were identified as follows:</p> <ul style="list-style-type: none"> • Importance of tackling the wider social determinants of inequality • Growing scale of impact of ‘cost of living crisis’ • Concern about poor quality of housing and impact on health • Rurality and associated health inequalities • Importance of reaching and effectively working with marginalised communities • Importance of meaningful voice and involvement of people in making the changes
3.6	<p>To revise the strategy in light of the consultation feedback, officers first considered the consultation analysis alongside the draft strategy. Non-complex edits and points of accuracy were acted on, and feedback about wording, specific actions, gaps etc was shared with appropriate officers for consideration. Officer recommendations were then reviewed by Editorial Group members and decisions made on changes, culminating in a revised strategy document for consideration by the Health and Wellbeing Board.</p>
3.7	<p>The main revisions to the strategy are as follows:</p>

	<ul style="list-style-type: none"> • Document edited for length, with the information on strategic links moved to an appendix • 3 Ps re-ordered to assist with making the scope of strategy clearer (to: Think Prevention, Think Place, Think People) • Document edited for clarity and accuracy, including some re-wording and re-ordering of actions • Narrative sections, actions and cross-cutting themes amended/strengthened • A small number of new actions added, for example on access to primary care and dentistry, and on financial inclusion • Some data updates to be made at design stage <p>Please note that the current document is a working version, and final design work will be undertaken prior to submitting the strategy to Full Council in July.</p>
3.8	As mentioned in paragraph 3.2 above, a key strand in the consultation feedback related to concerns that the actions lacked sufficient detail, including on delivery. The Editorial Group propose that an annual action plan is developed and brought to the Health and Wellbeing Board at their next meeting. This will provide further detail on specific actions, responsibilities, resources and success measures.
3.9	Some suggestions for partners to be referenced and/or included in the strategy and its delivery were received during the consultation. These included North Yorkshire Sport, North Yorkshire Local Access Forum and Local Nature Partnership. It is suggested that strategic links be included in development of the action plan and further considered by the Board.
4.0	Timeline for strategy approval
4.1	<p>The timeline for approval and publication:</p> <ul style="list-style-type: none"> • Final draft strategy to Management Board: May 2024 • Health and Wellbeing Board: May 2024 • North Yorkshire Council Executive: June 2024 • North Yorkshire Council: July 2024 • Launch of new strategy: July/August 2024
5.0	Financial implications
5.1	In terms of the cost of producing the strategy, including consultation costs, this has been met from existing departmental budgets. The main channel for sharing the strategy, once approved, will be digital/online.
5.2	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.
6.0	Legal Implications
6.1	It is a statutory requirement upon the Health and Wellbeing Board to produce a Joint Local Health and Wellbeing Strategy.
7.0	Equalities Implications
7.1	The draft North Yorkshire Joint Local Health and Wellbeing Strategy should have a positive impact on people who live in North Yorkshire, including those defined by

	protected characteristics. It aims to reduce health inequalities experienced by specific groups in North Yorkshire's population, as well as actions to improve health outcomes for the whole population. The targeted groups include those who experience multiple overlapping risk factors for poor health and those who experience additional barriers to access, such as ethnic minority groups, older people, people living in rural areas and women. The strategy also takes account of intersecting identities and barriers.
7.2	An equality impact assessment has been completed and was shared as part of the consultation on the draft strategy. Following the consultation, the EIA has been updated and is included with this report. There are no changes to the outcome of the EIA, that there should be no adverse impact from this proposal.
7.3	In order to ensure that protected characteristics are considered in the delivery and monitoring of the strategy, the Health and Wellbeing Board is advised to include this requirement in data, engagement and progress reports to the Board.
8.0	Climate change implications
8.1	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.
9.0	Conclusion
9.1	The JHWBS Editorial Group have reviewed consultation feedback and updated the strategy in light of the feedback. We would therefore like approval from the Board to take the JHWBS to full Council in July for final approval and publication (following design work for the strategy document).
10.0	Recommendations
10.1	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 approve the Joint Local Health and Wellbeing Strategy 2023-2030; • That the Joint Local Health and Wellbeing Strategy be submitted to Full Council in July 2024; • That the Board considers an annual action plan at their next meeting.

Louise Wallace
Director of Public Health

22nd May 2024
County Hall, Northallerton

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

Documents:

- Joint Local Health and Wellbeing Strategy
- Consultation report
- Equality impact assessment



North Yorkshire Joint Local Health and Wellbeing Strategy 2023–2030

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 POST-CONSULTATION (April 2024)



Foreword

In developing our strategy, we have reviewed data, evidence and research and listened to what local people have told us matters to them. The impacts of the global COVID-19 pandemic as well as climate change and the cost of living are affecting the health and wellbeing of people in North Yorkshire. We know that different communities face different challenges, for example in our rural and coastal areas, and that working together with other organisations locally plays an important role in responding effectively to these. We also know that there are differences in health outcomes for different groups in our population.

In response to this, we have identified three priorities of:

- **Prevention** - 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
- **Place** - 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.
- **People** - 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.

Our priorities focus on issues 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 know that this strategy will also influence the priorities and actions of individual organisations in North Yorkshire.

As a Health and Wellbeing Board, we will build on our history of working together as partners with local communities to respond to the current and future challenges facing our population. Together we will improve people's health from childhood to later-in-life across North Yorkshire.



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 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

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 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

There are lots of links between **Prevention**, **Place** and **People**; we will work together to connect our actions so that we can tackle health inequalities as effectively as possible.



Our **cross-cutting themes** act as a focus for the Health and Wellbeing Board to develop our role as leaders in the wider health and care system, and collectively make a difference:

Workforce & employment opportunities

Digital inclusion and innovation

Making best use of our resources

Accessibility of services and communication

Joining up our coproduction and engagement

Introduction

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 issues 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 systemic 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 **building blocks of health**, or **wider determinants of health**:

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

People's views of health inequalities

Members of the public from different walks of life spoke to researchers about what health inequalities mean to them. **Watch the video [here](https://sites.google.com/nih.ac.uk/unfairstudy/outputs/resources)** (<https://sites.google.com/nih.ac.uk/unfairstudy/outputs/resources>)

"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 which we can prevent.

There are also 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.

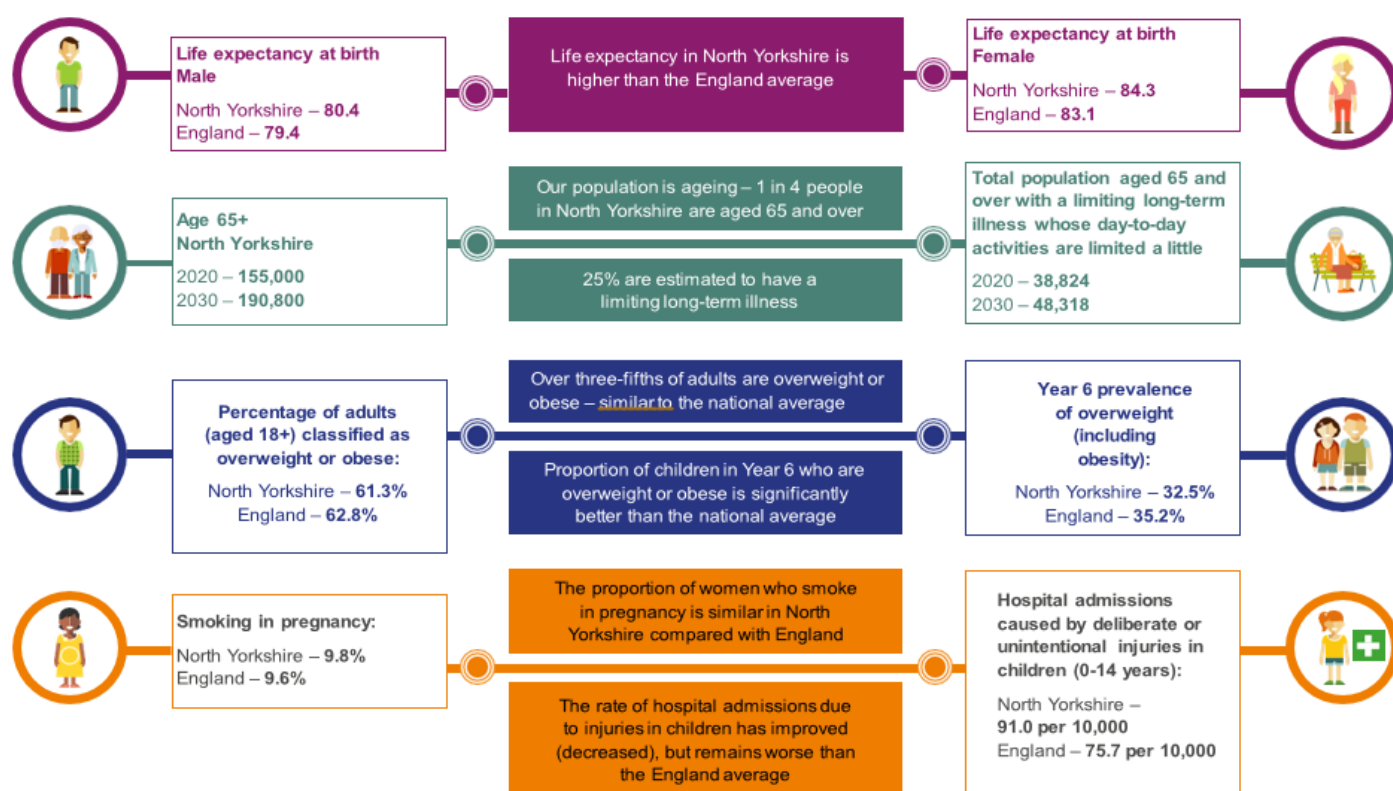
We also know that there are inequalities within wards, and even within streets, including in areas that are not considered 'deprived'. The action we take through this strategy is about reducing these differences.

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; this is higher than the national average. We will also see an increase in the prevalence of conditions often associated with older age such as falls and dementia.

The actions in this strategy will help us to focus on preventing and delaying the impacts of some of these conditions, improving quality of life and maintaining people's independence for as long as possible.

You can find more facts and figures about health in North Yorkshire here:

www.datanorthyorkshire.org/



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 under our previous strategy, and we worked with partners to understand what was most important for them. You can find out more about our partners and priorities in the appendix.

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.

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, Traveller and Show communities, refugees, asylum seekers and homeless people. Reaching these groups is a priority for this strategy.

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. This was reinforced in the feedback from our consultation on the draft strategy. People also told us what was important to them to be able to stay healthy and well, including access to healthcare, physical activity, green spaces and social connection.

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**

<https://www.nypartnerships.org.uk/dphar2022>

Introducing our strategic priorities

The links between Prevention, Place and People

If the **place** we live in has good housing, access to green spaces, transport, education and employment opportunities, this helps **people** to live well and **prevent** ill health.

However, 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 that we want to **prevent** – for example, chronic respiratory disease.

Although we have separate sections in this strategy for **Prevention, Place** and **People**, we know that there are lots of links between them. 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.



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 building blocks of health; putting both together, we can ensure a more robust and joined-up response to health inequalities.



Think people

Think place

Think prevention



For more information about Core20Plus5, please see the following links for children & young people: [NHS England » Core20PLUS5 – An approach to reducing health inequalities for children and young people](#) and for adults: [NHS England » Core20PLUS5 \(adults\) – an approach to reducing healthcare inequalities](#)

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, by everyone working together, can be prevented or delayed. **The national 'Major Conditions Strategy: case for change'** 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 where people are able to live healthy lives, underpinned by effective prevention services/interventions that start in pregnancy and childhood, for example the Healthy Schools Award Programme, and various other

initiatives within schools and Early Years settings. 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 lowering costs by reducing the need for hospital care and medical treatment.

We want **the healthy choice to be the first 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 residents in schools, promoting good nutrition, active lifestyles, and resilience and wellbeing. They will take these skills with them through to the next generation.

Placeholder for healthy schools photo

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, Reception Year 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 then work with partners to reverse this trend.

As we see an increase in the numbers of older people we will also see an increase in falls, frailty and other conditions often associated with old age. Organisations will need to work together to plan services to meet this future demand whilst at the same time focusing on prevention.

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.

Access to health care was also a key theme from the consultation on the draft strategy, alongside feedback on what people need to stay healthy, including affordable physical activities, access to green spaces, social connection and support for families.



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 issues which cause health inequalities and make it harder for **people with poor mental health to stay well**. These include 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 partnership approach of the **Healthy Weight Healthy Lives** strategy, developing our whole system transformational approaches to physical activity and access to healthy food.
- Implement the new national **Modern General Practice** model to support **recovery of access to primary care** in communities. This will support the continuing growth in the number of appointments available in GP Practices.
- 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;
 - Developing a multi-agency programme of work around **falls and frailty**;
 - Reducing long waits for care and treatment in line with the NHS long term plan and joint forward plans of the ICBs, with a focus on prioritising clinical need.
- Improve uptake of **NHS health checks**, screening and immunisation programmes.
- Implement the **North Yorkshire Sexual, Reproductive Health and HIV strategic framework**, working across the system to deliver the associated action plan.

- In line with our transformation plan, continue the ICB programme of investment in access to NHS dentistry, and use population health data to direct dental funding to the areas of most need to help reduce inequalities.
- Develop robust, flexible commissioning strategies to enable a wider range of dental services including community dental services, intermediate minor oral surgery, referral management service, urgent dental care and dental checks in special educational need schools.
- Implement the [Age Friendly Communities framework](#), co-producing actions with the [North Yorkshire Age Friendly Network](#)
- Continue to develop a network of **Community Anchor Organisations** to support individuals, groups and agencies in around 30 local geographies to contribute to prevention goals and reduce health inequalities - making local voices easier to hear, improving social connection, growing volunteering, running community activities or services and developing local solutions to local needs.
- Strengthen the health and wellbeing offer in local libraries including social connection, volunteering opportunities, activities, information & signposting, literacy and digital connection.
- Further develop our partnership approach to the **prevention of seasonal health issues**, including adverse weather planning, heatwaves and climate change, fuel poverty, and prevention of excess winter deaths.
- 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**.
- Ensure that **parents have the pre and post-natal support they need:**
 - Continue to ensure our Health Visitors provide appropriate support to every family, stepping up care where appropriate and ensuring that women have the right help in the first few years of their child's life;
 - Continue to promote breastfeeding friendly venues and expand breastfeeding peer supporters;
 - Continue to work together on perinatal mental health services;
 - Support local communities to provide parent and baby groups for peer support;
 - Close strategic working between children's services and the Integrated Care Boards.
- Continue to explore funding initiatives to provide **affordable activities** for children, young people and their families.
- Continue to focus on improving children and young people's **mental wellbeing and resilience** via:
 - the **Healthy Schools Award** Programme and other school initiatives;
 - work with school safeguarding leads around **online safety, peer relationships and mental health and wellbeing**.
- 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.
- Maintain the **downward trajectory of unplanned pregnancies in under-18's**, with a sustained focus on Scarborough with higher than England rates.

Think Place

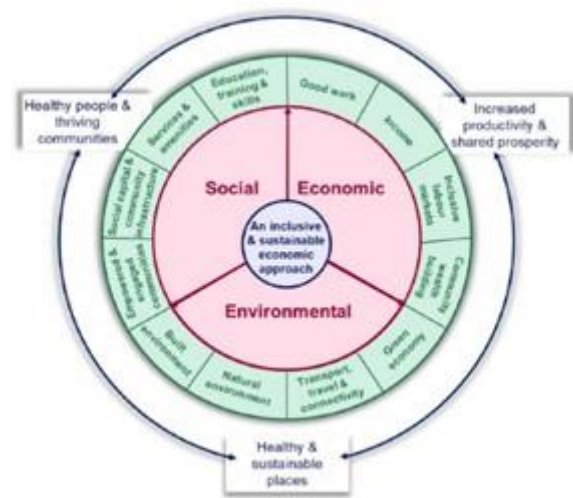
In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.

What does this mean?

We know that where we live is important: our access to services, education, homes, supportive networks, employment, green spaces, activities and leisure opportunities affects how healthy and happy we are. We also know that connected and empowered communities will contribute to healthier, happier and flourishing societies, and we want the people of North Yorkshire to be able to actively participate in their locality and feel a strong sense of belonging.

Social, economic and environmental factors interlink to create communities in which we should all be able to thrive. Tackling these building blocks of health can help make significant improvements to the quality of life of all our communities, at both a county level and a neighbourhood level.

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



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 in North Yorkshire that fall within the most deprived quintile in England, 20 of which are concentrated in Scarborough town and Whitby.

The final report of the independent [North Yorkshire Rural Commission \(2021\)](#) noted the beauty of spacious countryside and opportunities for thriving rural communities, but highlighted problems including a lack of affordable housing, poor public transport links and a huge issue with digital connectivity for both mobile and internet coverage.

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 a key enabler for many of the building blocks of health, 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 [Director of Public Health Annual Report 2023](#) focussing on children & young people.

These themes also came through strongly in our consultation on the draft strategy .



What we are going to do

To build our stronger, fairer and greener places, we will focus on five key actions for Healthy Places: community, homes, food, spaces and movement – and no-one left behind:

Community: we will -

- Ensure that local areas are designed to enhance people’s mental and physical health, and involve local people via **neighbourhood planning**.
- Develop approx. **30 informal local Community Partnerships**, predominantly around our market town footprints, and support their focus on prevention and reducing inequalities, in particular offering help to progress any local action plans which have identified health and wellbeing as a local priority.
- Support **voluntary, community and social enterprise (VCSE) sector** organisations to sustain and grow opportunities to reduce inequalities, and improve the wellbeing and social connectedness of people of all ages.
- Develop opportunities for **communities** across North Yorkshire to have **greater control in leading change** that positively impacts health and wellbeing, and builds resilient, connected communities.

Homes: we will -

- Influence healthy design in the **Housing Strategy** – including work to improve quality of housing, increase energy efficiency of homes, increase adaptable and affordable homes and homes which are flexible for the needs of specific groups.

Food: we will -

- Focus on improving **food infrastructure and the local food environment**, taking a whole system approach that looks to provide accessible, sustainable and nutrient dense food, from food production to distribution, nutrition, consumption and food waste disposal:
 - Develop the first **North Yorkshire Food Strategy** by end of 2024;
 - Focus on developing an **Eatwell culture** starting with access to good food and education in schools through to affordable and diverse access in communities, and acting on recommendations from food insecurity research and insight project;
 - Work with **farmers and producers** to support access to nutrient-dense food.
- Influence healthy design in the **Economic Growth Strategy** - enhance the growth of local economies by using the approach as set out by the [PHE 2021 Inclusive and Sustainable Economies: no-one left behind](#).

Spaces: we will -

- Influence healthy design in the **North Yorkshire Local Plan** - we will prioritise the design of places to improve health and wellbeing; ensure developments do not adversely affect health; and use planning to promote creation of healthy places which make healthier choices easier.
- Enable our **Local Care Partnerships** to lead the design of local integrated health and care services across the county.
- In addition to the above actions, take opportunities to **design environments that include:**
 - **High-quality, climate-resilient natural environment and streetscape**, for example increasing street tree planting and urban greening;
 - **Improving indoor and outdoor air quality** to reduce air pollution-related impacts;
 - **Neighbourhoods that are complete and compact**, with enhanced connectivity through walkability and accessibility.
- Influence healthy design in the **Community Safety Strategy** (due for refresh in 2024) – look for opportunities for the design of places to enhance safety and support community safety priorities.
- 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 in 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.

Movement: we will -

- Influence healthy design in the **Local Transport Plan** - we will ensure links to Local and Strategic Transport Plans where possible with the aim of providing Active Travel infrastructure; prioritising active travel and safe road use; enhanced accessibility for all ages; improving and creating rural solutions for public transport.
- Physical activity – **develop the new sport and active well-being approach** following the Council's strategic leisure review including:
 - services that complement wider community activity, and create opportunities for **active well-being for all** across our diverse geography;
 - make best use of **open spaces & natural environments**;
 - create evidence based approaches to **tackle major health conditions** (such as weight management, falls prevention, cancer prehab);
 - support **inclusive & accessible activity** for those who find it hardest to participate.

In addition, we will:

- 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, and change the way that we **communicate about the building blocks of health** to increase public and partner understanding.
- Maximise the opportunities to improve the health and wellbeing of our population through the **devolution deal** for North Yorkshire and York which will support economic growth and strategic infrastructure.

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, building on community strengths. Our aims and actions for Think Prevention and Think Place will benefit all our communities.

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 to prevent ill health. We also know that some people will experience additional barriers – for example, ethnic minority people, disabled people, women and LGBTQ+ people.

By concentrating on areas and population groups where the inequalities are greatest, we will start to close the gap on inequalities and have the biggest impact.

Why does it matter?

Some groups of people across North Yorkshire can experience multiple overlapping risk factors for poorer health, such as trauma, poverty, violence and discrimination. 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.

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;
- military community or veterans.

Individuals in these groups tend to die younger than the rest of the population and in some of the groups, much younger. For example, the average 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.*

Women spend a significantly greater proportion of their lives in ill health and disability when compared with men. While women make up 51% of the population, historically the health and care system has been designed by men for men. *Source: Women's Health Strategy, 2022*

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

What people have told us

In our engagement review, we heard that for some people there are more barriers to access 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. Older people have reported feeling excluded from health and other services due to the focus on digital technology.

In our consultation on the draft strategy, people said that they needed accessible health and care services, community facilities and information. We heard about the importance of good support for families, and improved access to mental health support. We also heard about the impact of financial exclusion on physical and mental health.



What we are going to do

- Work together to understand more about who and where our **priority groups** are in North Yorkshire, and their barriers to living healthy lives. Use this to develop a framework to support services to **address these barriers in design and delivery**.
- 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).
- Strengthen how we work with **particular communities** to support improving their health outcomes, for example 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**.
- Work together more closely across partners to better **coordinate our responses to financial inclusion for those most in need**, including our work on:
 - affordable, good quality and well-insulated housing;
 - access to affordable food;
 - cash and non-cash based benefits;
 - transport;
 - sports, leisure and wellbeing activities.
- In response to the national 10-year Women's Health Strategy, continue to develop a North Yorkshire approach to **improve the health of women and girls** to reduce the disparities that currently exist.
- Implement a programme of work around **healthy ageing** which includes a focus on reducing inequalities and improving outcomes, particularly in areas where there is a higher proportion of older people.
- Work together across partners to **improve and transform mental health support** and services for adults.
- Work together across the health and care system to improve **waiting times** for assessment and access to services.
- **Transform the care market** with a focus on rural and coastal areas, dementia and working age people with complex life circumstances. Work across the health and care system to support providers with workforce development initiatives.
- Develop our **specialist housing offer** including Extra Care, Supported Housing and Supported Living to address shortages, particularly for working age people with care and support needs, guided by a new housing framework and in partnership with Housing and Care Providers

- Strive to enact the recommendations set out in [The Best Start for Life Programme](#).
- Promote and support **mental and physical health in pregnancy** to ensure that our children have the best start in life, including support for parents who may need extra help with their mental and physical health, parenting and the rising cost of living.
- **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;
 - Healthy Start Scheme;
 - Government-funded childcare;
 - Work with schools to poverty-proof the school environment.
- Initiate a programme of **children and young people's mental health transformation** to ensure that all organisations involved are connected and communicating as an effective system, so that young people receive the right support in the right place at the right time.
- Promote this system of **mental health and wellbeing** around a flexible, asset-focused, needs-based programme of support, in the knowledge that appropriate input will be advised no matter the organisation where concerns are first raised.
- Support children and young people to be **school ready** and continue to maximise their life chances through continuing to **access education and training**.
- For those young people most at risk, in the care system, ensure that the Council's responsibilities as **corporate parent** provide holistic support for the building blocks of health.
- Collectively examine, with our partners, the **children & young people's priorities** for North Yorkshire and determine which are best tackled more locally and which are best tackled at a regional level to make the best use of all our resources.
- Continue working together to **safeguard people of all ages** across the health and care system.

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 collectively make a difference to our communities and organisations. These themes will be important to our work under our priorities of Prevention, Place and People. 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 leaders in the **wider health and care system ("system")** on the following issues:

Workforce, employment and volunteering opportunities

As a **system**, show leadership in providing employment and volunteering 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.

We also acknowledge the important contribution the workforce makes to delivering the improvements in this strategy and will equip them with the skills and knowledge they need for their roles and to work with others across the system.

Accessibility of services and communication

As a **system**, ensure that our services and communication channels are accessible to everyone, and in particular make improvements for disabled people and others who may experience barriers to access, making reasonable adjustments to support this. Work with representative groups and communities to identify barriers to access and practical solutions. Improve communication between services and information about services so it is easier for people to get the help they need. Reduce complexity and remove duplication across the system.

Making best use of our resources

As a **system**, we acknowledge the pressures facing each organisation so we will work together to make best use of our collective resources (our people, our finance, our buildings, our research, data and intelligence) 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.

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 ensure that we listen to and involve our communities as we implement this strategy, in particular by embedding excellent coproduction practice.

Create a better experience for our communities in the way we do this, with the aim of strengthening community relationships, reaching those who are under-represented 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

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 to address the building blocks 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: <https://www.youtube.com/watch?v=7ezvHZmkLA4>

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 priorities will contribute to this and we will track progress on each of them. We will ensure that our work is evidence-based and informed by research. This will be supported by Public Health intelligence and Population Health Management approaches, and by the new North Yorkshire Health Determinants Research Collaboration (HDRC). The HDRC will better identify the local social, economic and environmental factors that influence the health and wellbeing of our residents, and help partners to shape policies and interventions that promote health equity and reduce health inequalities.

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. We will continue to develop the ways that people can get involved in the work of the Board.

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, with information available to the public. In addition to this, the Health and Wellbeing Board will hold a spotlight session on each priority to examine progress in more detail through the year.

Appendix 1

Strategic landscape

In April 2023, the county council and seven district and borough councils in North Yorkshire became one council, making North Yorkshire Council one of the largest councils. 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 new York and North Yorkshire Combined Authority launched on 1 February 2024: this new devolution deal for North Yorkshire and York will support economic growth and strategic infrastructure, benefiting 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.

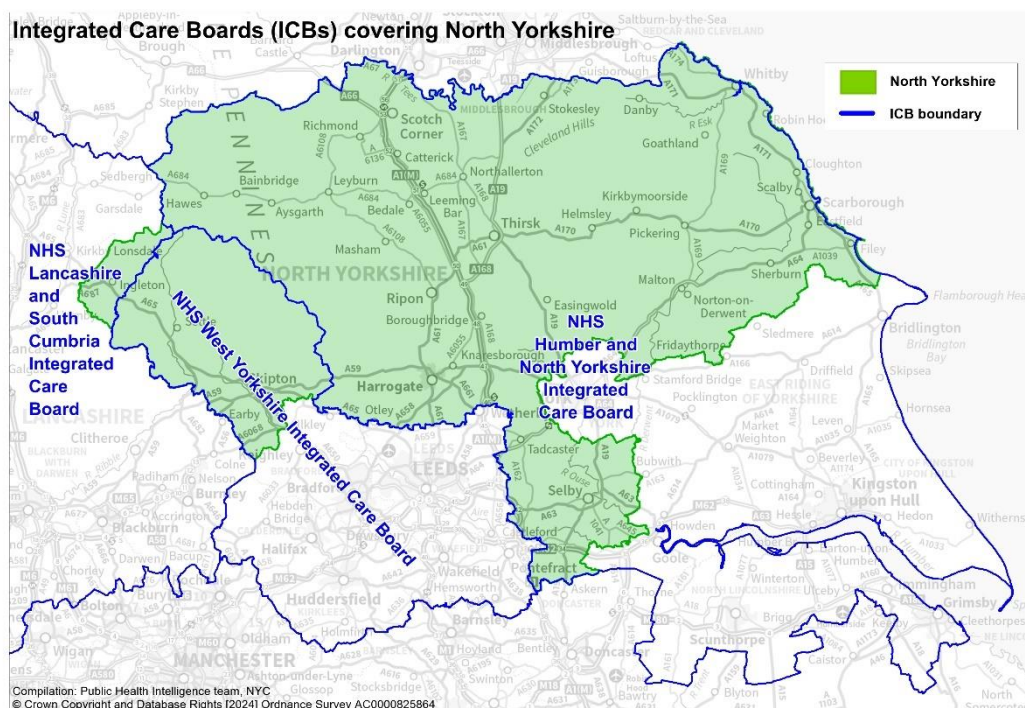
Integrated Care Systems (ICSs) are partnerships between the organisations that meet health and care needs across an area, to coordinate services and to plan in a way that improves population health and reduces inequalities between different groups. The two main Integrated Care Systems in North

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.

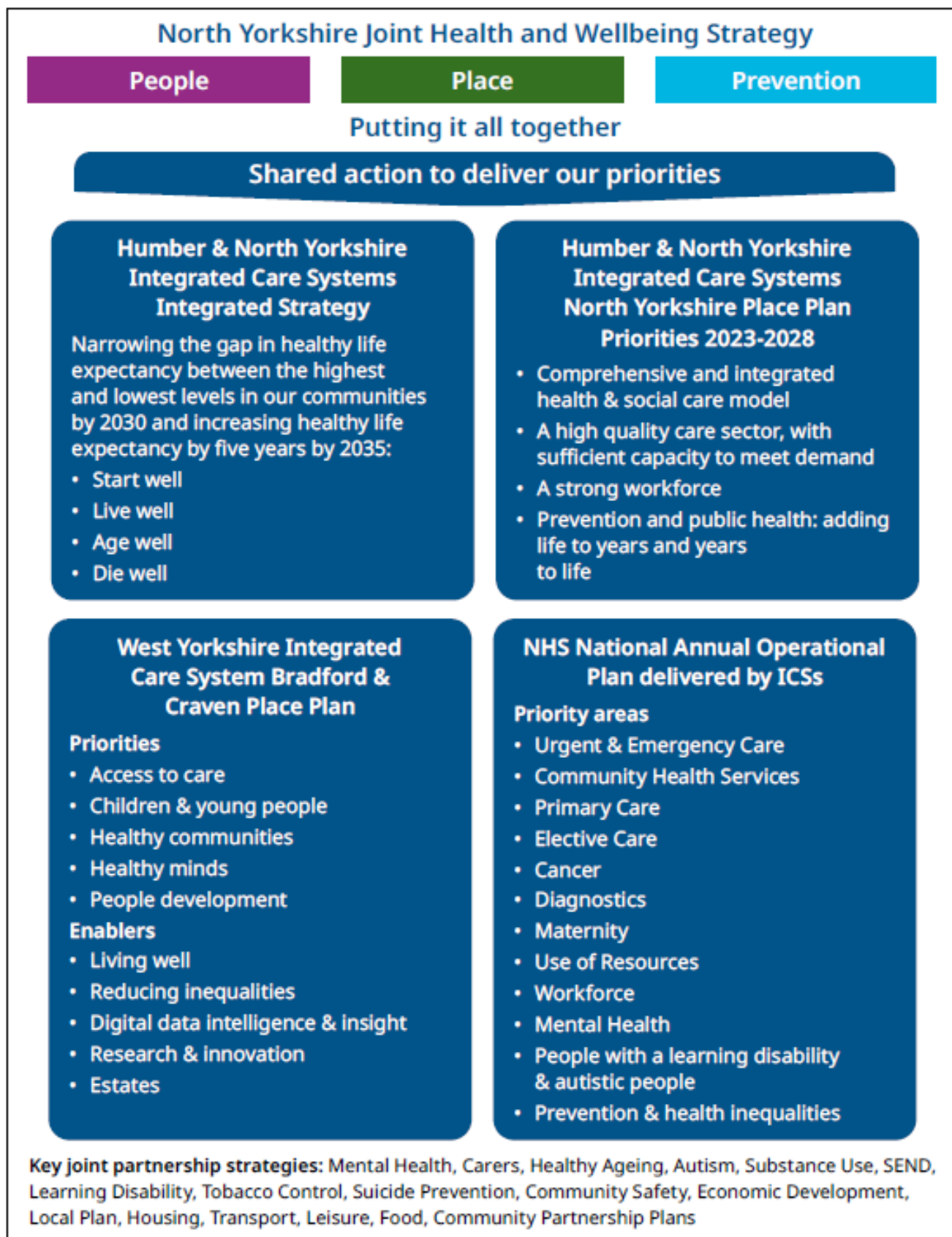
The establishment of North Yorkshire Council alongside the Integrated Care Boards provides new opportunities to work together with partners to transform local services to improve the health and wellbeing of people and communities.

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

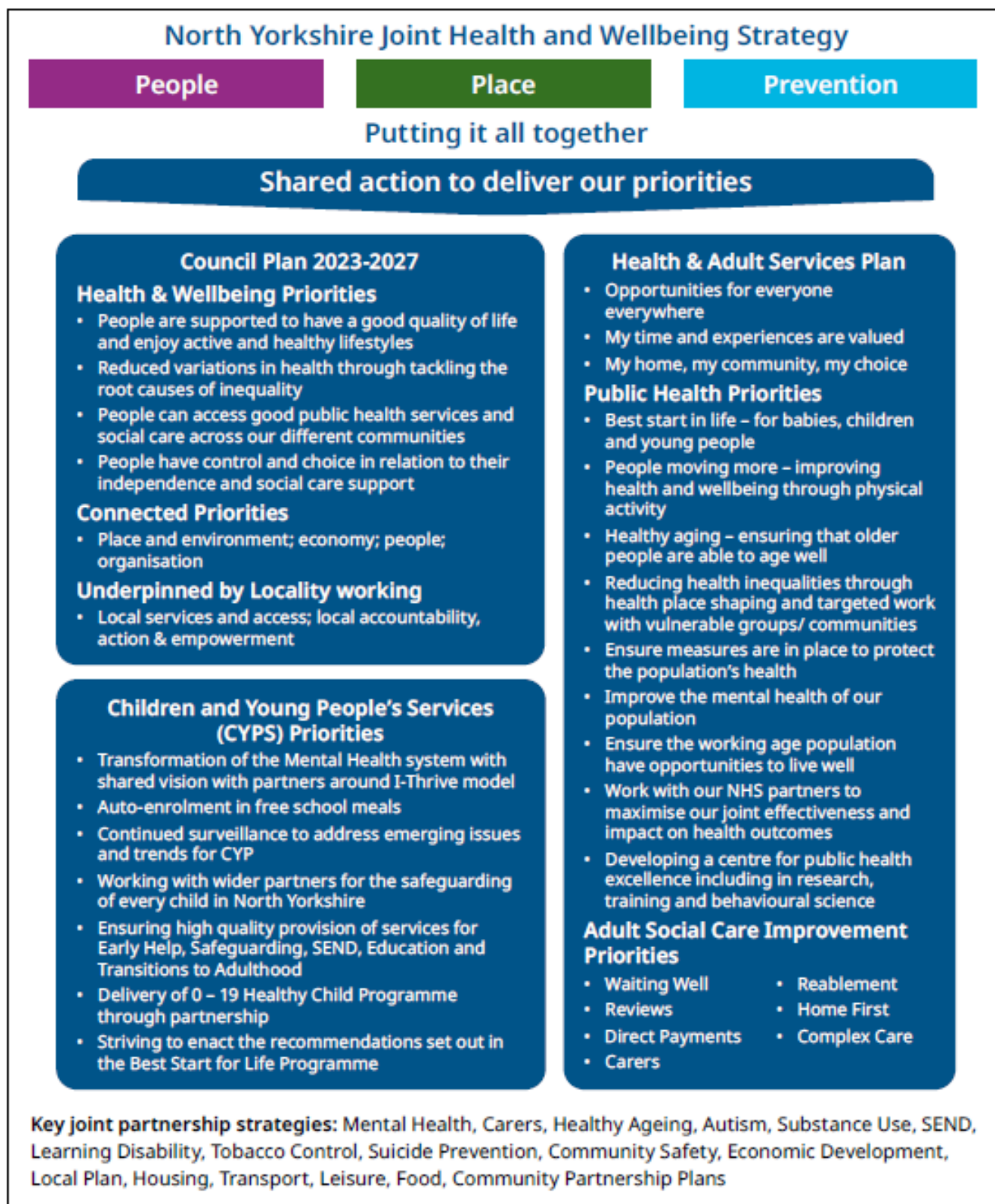
The diagrams on the following pages describe how each major sector in our partnership contributes to the Joint Local Health and Wellbeing Strategy through both their individual priorities and collective action.



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



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



The contribution of other key partners to our joint health & wellbeing strategy



Glossary

Wider health and care system / "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
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.
Building blocks of health (also known as 'wider determinants of health')	The wide range of social, economic and environmental factors that affect our health and wellbeing – the places we live, our education, the jobs we have, how much money we have, how connected or how isolated we feel. The difference in health outcomes are shaped by these factors and not just by individual genetics or behaviours. For example, having access to good quality housing, jobs, education and open green spaces can influence both your physical and mental health, and how long we live.
Modern General Practice – new national model	This model is part of the NHS's plan to recover access to primary care. It is a way of organising work in general practice that enables practices to: <ul style="list-style-type: none"> • see all patient need, by providing inclusive, straightforward online and telephone access • understand all need through structured information gathering • prioritise and allocate need safely and equitably (including continuity of care) • make best use of other primary care services and the multi-professional team • improve the efficiency of their processes and reduce duplication.
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.
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.
Devolution deal	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.
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) Such factors lead to extremely poor health outcomes across physical and mental health.
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.
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.
Modern General Practice	The modern general practice model is a way of organising work in general practice that enables practices to: <ul style="list-style-type: none"> • see all patient need, by providing inclusive, straightforward online and telephone access • understand all need through structured information gathering • prioritise and allocate need safely and equitably (including continuity of care) • make best use of other primary care services and the multi-professional team • improve the efficiency of their processes and reduce duplication.

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northyorks.gov.uk/accessibility

Joint Local Health and Wellbeing Strategy 2023 – 2030

Consultation report



Community, it is everything



Hope

There is so much trauma in the world, sometimes it feels like you don't know where to begin.

This photo makes me think that despite the problems we face, there's a bigger picture - there is hope



I make sure to get outside everyday - it's important, whatever the weather!

Being in nature is a part of what helps keep us healthy



Becoming conscious of time - as you get older you want to make the most of it.

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We haven't been on holiday for a while because of health issues, but we're going away this year and I can't wait



Childhood memories & family.

Where life begins and love never ends.



I love walking on the beach, I have done it all my life.

It makes me feel relaxed the fresh air makes me feel good

1. Executive Summary

Introduction

North Yorkshire Health and Wellbeing Board has a statutory duty to produce a Joint Local Health and Wellbeing Strategy. This report provides the findings of the consultation on the draft strategy, which took place over 12 weeks between 8 January and 31 March 2024.

Consultation

The consultation was developed and delivered in partnership with Healthwatch North Yorkshire, Humber & North Yorkshire ICB engagement team (North Yorkshire Place), and West Yorkshire ICB engagement team (Bradford District and Craven Place).

The steering group applied a mixed methodology with both quantitative and qualitative approaches, in order to broaden the reach and increase accessibility and inclusivity. Methods included survey-based, online and in-person opportunities, and arts-based approaches. Communication about the consultation was supported by the NYC Communications Team and partner organisations, using a variety of channels (both digital and physical).

Key messages from the consultation

Feedback on the draft strategy

Overall, feedback indicated that the strategy was reasonably clear but could benefit from some editing for clarity and length.

The aim and the 3 Ps – Think People, Think Place, Think Prevention – were well received. 89% of survey respondents strongly agreed or agreed with the overall aim of the strategy; 85% of respondents strongly agreed or agreed with the aim for Think People; 91% either strongly agreed or agreed with the aim for Think Place; and 83% either strongly agreed or agreed with the aim of Think Prevention. Positive feedback was also received from online events and written submissions.

A minor theme did however emerge that indicated some confusion about which groups the strategy was focusing on - whether it was the groups listed in the Think People section, or on the wider population.

Reaction to the proposed actions was less positive; from the survey, when asked if the most important actions had been identified to deliver Think People, 44% said yes and 33% said partially. For Think Place, 37% said yes, with 36% saying partially. For Think Prevention, 47% said yes and 28% said partially.

Feedback indicated concern about clarity, lack of detail about how the actions will be delivered, how deliverable they are particularly in the current financial context, and how success will be measured. Via the survey and written responses, suggestions were provided for actions that required more or a different focus in the strategy, and on implementation.

For the cross-cutting themes, 46% of survey respondents thought that the strategy had identified the most useful cross-cutting themes for the Health and Wellbeing Board to focus on, 33% that it partially had. Feedback referred to concerns about clarity and deliverability, plus some suggestions for specific themes (also via online events and written responses).

When the survey respondents were asked if they agreed with the proposed principles for the strategy, 67% said that they agreed, 16% partially agreed. Feedback on specific principles focused on the asset-based community development principle and the ‘working with communities’ principle.

In terms of delivery proposals, there was general support for the suggested approach from survey respondents, online events and written responses but a call for more detail on implementation, including measures of success. Concern about funding emerged again, and the importance of collaboration, coordination, connectivity, joined-up thinking and working was stressed.

Feedback on The One Thing (what matters most to people about health and wellbeing)

From community conversations in libraries and via providers that support people, the top 6 priorities for health and wellbeing – The One Thing – emerged as follows:

- The importance of and suggestions for improved access to physical activity
- Better access to GP appointments
- Improved public transport
- Importance of access to green space and nature
- Access to health and care services
- Importance of social connection

Feedback from North Yorkshire Citizens Advice and Law Bureau (NYCALC) client survey

NYCALC conducted a short survey with people accessing their services, asking them to choose their top three priorities from a list of 11, and give their reasons. The top three priorities were:

- Priority 6 - cost of energy and food – ‘heat or eat’ (98)
- Priority 2 - accessing GP and/or dentists (61)
- Priority 4 - better mental health support and accessing that support (46)

Comments on the top priority chosen, priority 6, indicated worry about the high cost of living generally, having to make choices between fuel and food, and the impact of this on people’s physical and mental health.

Summary respondent profile

Approximately **686 people** contributed to the consultation overall, not including people taking part in discussions at boards and forums (numbers not known): 113 people completed the survey, approx. 204 in the library drop-ins, approx. 223 in community conversations, 8 written responses, and 138 people completed the NYCALC survey.

The majority of participants for all methods were female, and age ranges reached included young people (via youth councils), working age adults and older retired adults. In terms of diversity, the majority were white British with a small number of ethnic minority people, a higher proportion of disabled people than Census 2021 population data indicates, and from the strategy survey, a higher proportion of people who identify as LGBTQ+.

The majority of the survey respondents identified as residents of North Yorkshire (82%, with the remaining 18% answering as someone who works in North Yorkshire, or on behalf of an organisation or group). Community conversation participants were residents of North Yorkshire plus some VCSE representatives; the majority of online event participants and those providing written responses were organisational representatives or people who work in North Yorkshire.

2. Introduction: purpose and scope of report

North Yorkshire Health and Wellbeing Board has a statutory duty to produce a Joint Local Health and Wellbeing Strategy under the Local Government and Public Involvement in Health Act 2007 (as amended by the Health and Social Care Act 2012).

This report provides the findings of the consultation on the draft strategy, which took place over 12 weeks between 8 January and 31 March 2024.

The report includes information about the consultation methodology, analysis of responses, and respondent profile.

3. Methodology

- **Engagement steering group**

The consultation was developed and delivered in partnership with Healthwatch North Yorkshire, Humber and North Yorkshire ICB engagement team (North Yorkshire Place), and West Yorkshire ICB engagement team (Bradford District and Craven Place). All three organisations are also members of the NY Health and Wellbeing Board, and regularly engage with North Yorkshire communities.

- **Engagement review to inform the draft strategy**

Between October 2022 to February 2023, the JHWBS engagement steering group collated reports of engagement with a focus on health, social care and/or wellbeing undertaken (in the main) since 2020. Some information from more recent engagement was gathered from notes or presentations, as the full reports were not yet available.

The steering group members reviewed the reports (43) and pulled out the headline findings and main themes; the reports were also mapped to identify the communities and localities covered by the exercise. The information was then used to inform the development of the draft strategy.

- **Methodology**

For this consultation, the steering group applied a mixed methodology with both quantitative and qualitative approaches, in order to broaden the reach and increase accessibility. Methods included survey-based, online and in-person opportunities, and arts-based approaches.

As it is challenging to generate interest from the general public in a high-level strategy, we designed less formal, conversational methods in order to reach a wider range of respondents than a survey alone would be likely to achieve. These conversational approaches also provided opportunities to communicate about the draft strategy and signpost to the survey, so that people could make their own choice of how to take part.

- **Accessibility considerations**

Easy read versions of the strategy and survey were available online alongside 'standard' versions. Paper copies of the strategy and survey (both the standard and easy read versions) were made available from libraries and on request.

The in-person conversational approach to complement the survey was designed to be inclusive and adaptable.

BSL interpreters were available at two library events (in the localities with the largest Deaf communities).

As well as the above, other channels for feedback included telephone, email and postal address. Strategy documents in other formats were also available on request.

- **Outline of methods**

- **Survey:** to ascertain views on the survey structure, aims and actions, with a variety of question formats including opinion scale, Likert scale and open questions. Available on-line and in hard copy, in both standard and easy-read formats. Hard copies were available via libraries and on request. There were 113 responses to the survey, the majority (82%) from people who identified themselves as residents. The following organisations and groups also responded via the survey:

Community groups	Harrogate Youth Council
Organisations	Visiting Angels North Yorkshire and West Brunswick Organic Nursery North Yorkshire Local Access Forum Whitby Town Council Kismet Yoga Studio Northallerton Town Council
Other	North Yorkshire and York Local Nature Partnership

- **Online events:** three events offered, one in each of the three months covered by the consultation. Two of the events were in the daytime and one in the evening. These events were led by the Director of Public Health, and took attendees through the main elements of the draft strategy with opportunity for discussion. There were 10 participants in total.
- **Library drop-in sessions:** 7 library events were planned and communicated over the 12 weeks, taking place across the county. 2 further events were added, one ad-hoc and one by local invitation. Libraries were chosen as the venues as they are familiar and well-regarded community spaces, and an ideal way to reach local communities as they accessed the library offer – in other words, going to where people already are, rather than expecting them to come to us.

The sessions were designed to be informal and inclusive, based around individual conversations about health and wellbeing, and asking people to identify ‘The One Thing’ – their priorities for improving health and wellbeing. Led by council, ICB and Healthwatch North Yorkshire colleagues, conversations were held with approximately 200 people over the 9 sessions, plus a number of people who took part in the postcard activity (details below).

The library events included a display of photographs taken by a group of North Yorkshire residents supported by the [Pomoc Scarborough & Ryedale](#) project, with the theme of ‘what a good life looks like for me’. This worked well to attract people to engage with the consultation team initially, and for the team to then generate conversations about health and wellbeing.

At three of the library events, we also offered a postcard activity with the same theme. The creative arts element was designed with Photo Voice principles (a community-based participatory research technique) and delivered by an external creative arts professional.

Libraries visited:

- Northallerton
 - Scarborough
 - Harrogate
 - Malton
 - Catterick
 - Skipton
 - Selby
 - Ripon (ad-hoc)
 - Knaresborough (by invitation from Knaresborough Connectors)
- **Community conversations:** as a way of expanding the reach of the consultation to people from a wider range of backgrounds, localities and health/social needs, organisations that support people in North Yorkshire were invited to hold a 'community conversation' themed around health and wellbeing. A short facilitator guide was shared to help guide the conversations and capture people's priorities. 16 community conversations took place.

Positive feedback was received on the methodology from several groups, including that the people involved had enjoyed the conversation, the organisations had got valuable feedback which would influence service development, and that information had been shared that they had not previously heard.

12 responses were received from voluntary organisations and care providers, with approximately 165 participants in total:

- Next Steps, Ryedale (x 4)
- Northallerton and the Dales Mencap Society
- Barlby and Osgodby Town Council/Community Library & Hub
- Skipton Step into Action
- St Wilfred's Community Centre, Ripon – weekly friendship group
- Moorview Care – Moorview Matters inclusion group
- Carers Plus Yorkshire – 'Care for a Cuppa' carers group, Northallerton
- Ripon Community Toy Library
- Harrogate Mental Health and Carers Service User Involvement Group

The NYC Youth Voice team also held conversations with youth councils, involving approximately 30 young people:

- Harrogate Youth Council (6 young people)
- Scarborough Youth Council (15 – 20 young people)
- Skipton Youth Council (10 young people)

For the North Yorkshire Self-Advocates Forum (37 people with a learning disability and/or autism), we worked with the Co-Chairs of North Yorkshire Learning Disability Partnership Board to develop a board game based on the community conversation method to generate discussion and find out what mattered to people.

Boards and forums: the strategy was shared with a number of partnership and citizen voice forums via a presentation on the strategy and discussion. Boards and forums attended:

- Bradford and Craven Place Board
- North Yorkshire Place Board
- Craven Communities Together
- North Yorkshire Equality and Inclusion Partnership
- Northallerton Over-50s Forum
- North Yorkshire Disability Forum

○ **Written responses:** people could also provide feedback via email or letter. 8 responses were received via these channels:

- 1 from NYC councillor
- 1 from member of the public
- 1 from Healthwatch North Yorkshire
- 1 from North Yorkshire Sport
- 4 from NYC colleagues

○ North Yorkshire Citizens Advice and Law Centre client survey: in addition to the above methods, NYCALC very kindly created a survey to complement the consultation, and carried it out with people accessing their services. This was very helpful, as it will have extended the reach of the consultation to people in more need of support. The survey was built around 9 priorities, with advisors asking people to select (up to) their top three priorities, and share why they had chosen them.

- **Analysis of responses**

Survey on draft strategy: responses to opinion scale and Likert scale questions are expressed in numbers/percentages and data graphs. Responses to open questions (free text) have been themed and ranked by frequency.

Library drop-in events and community conversations: responses were qualitative, structured around 'The One Thing' question to identify people's priorities for areas of development or improvement. The responses have been collated, themed and ranked by frequency, then mapped to the draft strategy to assess whether or not the strategy reflects those themes.

Boards and forums, written responses: the responses received via these methods were also qualitative and have been summarised.

North Yorkshire Citizens Advice and Law Centre client survey: percentage breakdown of priorities and list of comments for each priority. The comments have then been themed by NYC officers.

The responses to each consultation method have been analysed and then drawn together to provide an overview, mapped to each section of the strategy.

- **Communication**

The engagement steering group was supported by the NYC Communications Team and by communications colleagues in the partner organisations. To extend reach, the steering group used a range of communication channels, including:

- Page on the consultations section of the North Yorkshire Council website with information about the consultation, survey links and event details
- Press release
- Posters in libraries
- Email to voluntary and community sector organisations
- Email to senior officers in partner organisations
- Email to NYC councillors
- Information shared with care providers registered with NYC Adult Social Care (email and presentation at Care Connected webinar)
- Content in e-bulletins, including Healthwatch North Yorkshire, Community First Yorkshire, Age Friendly Network, Learning Disability Partnership Board
- Content in the NYC residents' newsletter, Your North Yorkshire
- Information shared with town and parish councils via email and Yorkshire Local Councils Association
- Presentations to stakeholders
- Posts on NYC and partner social media channels
- Internal communications to colleagues in NYC and partner organisations
- Humber & North Yorkshire (HNY) ICB stakeholder letter (organisations and members of public)
- HNY ICB GP stakeholder newsletter
- HNY ICB and West Yorkshire (WY) ICB social media
- WY ICB - Bradford District and Craven Place internal bulletins
- Specific community groups in Craven via WY ICB Bradford District & Craven Place
- Healthwatch North Yorkshire – shared with organisations in network



Mycelium.

Plants are all connected, it's like a community. Connection is so important



Life!

Our environment affects our wellbeing and we need it to live a good life



Me against the world

I've just got out of prison after 10 years. I'm having learn and catch up on things after all that time away - technology, phones, life... it's hard. This photo is how I feel at the moment, me against the world.

4. Overview of analysis

A) Feedback on the draft strategy

Feedback on how easy it is to understand the strategy

From the survey, 57% felt that the strategy was either clear or extremely clear, 26% were in the middle, and 17% felt it was not clear. Looking at comments, the top three themes for feedback were:

- 1) Structure and complexity: too wordy, too long and complex, takes too long to get to the actions (13)
- 2) Aims and actions: actions too vague, not clear how the aims and actions will be achieved, and needs concrete examples (11)
- 3) Positive feedback on strategy presentation and structure: clear to read, not too technical and simplifies some complex issues, headings are relatable and provide useful focus to cross-reference, clear and useful data and graphics (10)

Written feedback from North Yorkshire Council colleagues via email included positive feedback on overall strategy structure, document layout, language and glossary.

Feedback on the strategy overall

When asked the final question in the survey – any further comments – respondents gave both positive and negative feedback about the strategy overall:

- Feedback on strategy (positive): good to aim big; really good strategy; positive re aims; aims and actions in right place; positive feedback re inclusion of autism (7)
- Feedback on strategy (negative): jumbled, lacks clarity and vision; great intentions but nothing radical or new; list of things that are happening anyway, not ambitious or clear; needs more practical solutions; needs less content and clearer actions (6)

Written feedback from North Yorkshire Council colleagues via email included need for emphasis on the importance of collective action, and more focus on population projections and future-proofing. There were also suggestions for changes to wording for some actions to better reflect strategic objectives.

Feedback on the aim of the strategy

Survey responses: 89% strongly agreed or agreed with the overall aim of the strategy. Two comments were made on the word 'fair' in the overall aim: one via a board meeting that the word 'fair' in the aim is not ambitious enough, suggesting the word 'good' as an alternative; one via the survey that the word 'fair' is open to interpretation and questioning whether it should be more specific.

Participants in the online events were positive about the overall strategy aim and the 3 Ps. The feedback included that the 3 Ps were short, snappy, to the point, made sense, easily remembered, clear and simple. About Think Prevention specifically, the discussions included positive feedback about the inclusion of prevention, and the suggestion at two of the meetings that it should be first in the list of Ps, as the most significant and overarching P.

Boards and Forums (in particular Bradford District & Craven Place Board and Community First Yorkshire Equality & Inclusion Partnership): positive feedback on the overall aims and structure of the strategy, including that the 3 Ps resonated with people.

Feedback on the 3 Ps: Think People, Think Place and Think Prevention

From the survey, 85% of respondents strongly agreed or agreed with the aim for Think People; 91% either strongly agreed or agreed with the aim for Think Place; and 83% either strongly agreed or agreed with the aim of Think Prevention.

The top three themes (summarised) from comments for Think People were:

- 1) Agreement with the aim (16)
- 2) Disagreement with the aim: the importance of supporting improved health outcomes across entire population of North Yorkshire; importance of proportionate and inclusive approach (9); plus agreement with aim, but with caveat (3): the focus on those with poorest health outcomes should not be at cost of other areas/groups; concern re potential deterioration of other groups
- 3) Access to services: importance of support to access services (face to face and online), and having services available and in place to support people-concerns about gaps; barriers to accessing services including lack of public transport & long waiting lists (9)

Other themes were (in order of frequency): rural and coastal issues; how to achieve aim; communities; topics for specific focus; other; health and wellbeing; importance of co-production.

The top three themes (summarised) from comments for Think Place were:

- 1) Homes and where we live: need for more focus on housing quality, location, regulation for rental sector, tackling disrepair; ensure house planning and building includes necessary extra infrastructure and access/accessibility; planning role in creating healthy places (8)
- 2) Delivery of aims/actions: too vague - more detail needed; not clear enough on deliverables; concern re availability of funding to deliver (7)
- 3) Fairness: all should have access to health care; resources should be shared more fairly; should have access to required services with most needy getting most support; people living in wealthy areas can also be in poor circumstances; individual responsibility also important – making healthy choices (7)

Other themes were (in order of frequency): comments on healthcare; agree with aim; inequalities; physical activity; national level.

The top three themes (summarised) from comments for Think Prevention were:

- 1) Suggestions for areas of focus: improve community knowledge of services such as domestic abuse services and link to the work of community safety partnerships; help improve financial health and wellbeing so that people can be better equipped to help themselves; step-down care hubs, affordable sports, gyms, swim, wellbeing; need for more access to mental health prevention services, support, crisis services; importance of outdoor activity; impact of cost of living crisis on health; environment (10)
- 2) Aim and actions: not clear on actions; more clarity on 'how' needed, and on measuring success; lack of confidence in delivery; prioritise equity in design, access and delivery (9)
- 3) Specific groups to consider: starting at early age; investing in prevention for all age groups; people with long term health conditions; people living alone with no support; more education and support for women's health; strategy not clear about how this aim is consistent with target groups in 'People' section (8)

Other themes were (in order of frequency): small actions are valuable; funding; information and communication; other.

Online events, written feedback and boards/forums

At the online events, participants discussed health inequalities and identified the following as areas to consider:

- Proactively provide detailed population data and galvanise partners around this
- Proposals for priority issues/communities including general inequalities in some localities and the importance of working with the whole family
- Poverty came through as a strong area of concern for participants, with higher demand for support as people's savings are now being depleted and more people, including those in employment, have a negative household budget (more money going out than coming in), also 'postcode issues' with fewer support services for people in wealthy areas, 'hidden postcodes' that are less visible and can fall further behind
- Transport as a key enabler
- Housing - different needs in different areas, different communities
- The health inequality of rurality – transport, housing etc. Need to look at health creation rather than prevention in rural settings, and new ways of bringing in services

Written responses about health inequalities included the following from Healthwatch North Yorkshire (summarised):

- Tackling root causes of inequality, which impact on health inequalities: a more prominent focus within the strategy on inequalities linked to wider social determinants such as social and economic status, low income, poor-quality housing, rural barriers, with clear actions to address the narrowing of these inequalities.

When discussing Think People, online event participants commented on the challenges of connecting with some of the groups of people listed, and other groups to consider including. The groups listed in the strategy generally resonated with participants but it was felt that there needed to be clearer reference to young people, and that poverty was an underpinning issue for many of the groups (including poor quality housing and impact on health). Also to consider referencing domestic abuse. The NHS Integrated Neighbourhood Teams were mentioned as a positive initiative that could be referenced in the strategy.

Written responses relevant to Think People (and with themes also relevant to Think Place and Think Prevention) included the following from Healthwatch North Yorkshire (summarised):

- Improve access to services - reduce waiting lists, focus on families (including impact of cost of living crisis, more health visitors), children and young people – more integration, transitions; specific strategy for transport; importance and value of people's voice and support, funding for this; need for explicit focus on improving the lives of the most marginalised and seldom heard communities (and challenging assumptions about who these communities are)
- From North Yorkshire Council colleagues, suggestions for Think People included: an action on financial inclusion as key to health and wellbeing and enabler for many other actions

For Place, key themes from the online events included how Place itself is defined, housing, fuel poverty and leisure:

- On defining Place, the points included the importance of a widely-agreed way of doing this, that is recognised by people as well as systems; the complexity of statutory organisations working

together and the challenges that this can bring; rural barriers and solutions, and whether farming communities are included in the strategy

- On housing, points included the importance of focus on quality of homes and the need for home improvement schemes (without affordability penalties eg eco heating schemes), making sure support in place for social and private tenants, shortfall in suitable housing for some people who need additional support
- On leisure, the importance of accessibility and positive feedback about the council's strategic leisure review

Turning to the written responses, Healthwatch North Yorkshire gave the following feedback relevant to Think Place (summarised): support for the strategy's focus on coastal and rural communities but increased focus on rural communities/rural-proofing of service delivery needed; more on the importance of the natural world and its impact on health and the benefits of green space and nature, and on the importance of health protection and vital work on environmental risks such as climate change.

Also relevant to Think Place, North Yorkshire Sport gave their support for references in the strategy to moving more, active travel and physical activity more generally, as well as the emerging work in the leisure strategy for North Yorkshire Council. Their letter provided examples of the ways in which the benefits of activity on health inequalities are even wider than those referenced in the strategy. They also provided suggestions for wording for the specific action on physical activity.

North Yorkshire Council colleagues suggested that for Think Place, the wording of the leisure action needs more emphasis on wider wellbeing offer; strengthening language to better reflect housing as key determinant of health; expand the 'design environments that support healthy lives' action to include reference to high quality open spaces and urban greening; and more emphasis on importance of food and nutrition required.

For Prevention, online event participants felt that the Prevention strand was well-defined, and focusing on areas where work was underway but that had scope for improvement. They gave positive feedback about the inclusion of people with multiple conditions, issues around access to food, areas of good practice e.g. annual health checks, and the links between strategies e.g. opportunities for joint working when a person has an appointment for a health condition, bringing in prevention services at the same time. The importance of accessible communication for prevention also came up.

From Boards and Forums (particularly Bradford District & Craven Place Board and Community First Yorkshire Equality and Inclusion Partnership), specific areas of feedback for the 3 Ps included the need to bring out community links and asset-based approach more; concern that mental health is somewhat lost as a theme; need to be stronger on ageing population as lens through which all work needs to be seen; stronger on needs of ethnically diverse communities; quality of housing as prevention issue – particularly the impact of poor housing on health conditions; importance of social connection; inclusion of neurodiversity along with people with learning disability and autistic people.

Feedback on the actions for Think People, Think Place and Think Prevention

From the survey:

- 44% said yes and 33% said partially when asked if the most important actions had been identified to deliver Think People
- For Think Place, 37% agreed, with 36% saying partially
- For Think Prevention, 47% of respondents agreed that the strategy had identified the most important actions and 28% said partially

The comments below are aggregated from the answers to two survey questions: i) if people had answered no or partially as per percentage responses above, and ii) from the answers to the question 'Is there anything else you would like to tell us about the proposed actions for (...)'.

- 1) The main theme from the comments on the actions for Think People (20) and Think Place (17), and the second most frequent for Think Prevention (13), was on clarity and deliverability: actions unclear and more detail required; more detail also required on delivery of the actions, including on how success will be measured and how the strategy will make a difference. Also concern about availability of funding to deliver the actions, and evidence of resource commitment.

These themes were reflected in responses to other survey questions as well, for example the question on delivery of the strategy.

The 2nd and 3rd top themes for the Think People actions were:

- 2) Groups not included or sufficiently recognised in the actions: Armed Forces; adults with learning disability; older people; people not eligible for financial support; school age children (prevention); poverty - key factor in health inequalities; people living in rural areas; army community; people towards end of life, palliative care; menopausal women; working families & single parents (13)
- 3) Proposals for areas of focus to support health, wellbeing and independence: access to local services; improve quality and availability of social housing and insulate all homes better; improve knowledge and skills around healthy eating; improve public transport, particularly in rural areas; make sports, fitness, leisure services more affordable and available; parity of investment in local leisure facilities; access to countryside, value of outdoor activity, no/low cost outdoor activity; more focus on prevention, particularly physical activity for all; value of green/blue social prescribing and linking outdoor providers to social prescribers (12)

Other themes were (in order of frequency): comments on NHS organisation and locations; understanding communities; access to care and other services; communication and support; comments on actions; comments about specific healthcare including preventative; comments about strategy development process and consultation; include all; structure of strategy; joined-up services; other; comment on Catterick development.

For the Think Place actions, the 2nd and 3rd themes were:

- 2) Rural, coastal and local: expand actions around rural and coastal to include housing, education and employment; consider the more isolated rural communities/small villages outside market towns; needs of very rural communities missing from strategy; feedback on local inequalities (eg less support available in Whitby than Scarborough or York); more provision in local areas for young people; greater emphasis on community (13)
- 3) Healthcare: more facilities required for people who need care but no longer require hospital stay; restore core secondary healthcare in East Coast region; more focus needed on health screening; concern re centralisation of services and lack of emergency provision; concern re primary care coping with growing population of older people; staffing issues impacting on local provision; listen/respond more to people (11)

Other themes were (in order of frequency): physical activity; people and communities; natural environment; other; housing; transport and travel; groups to involve in strategy development; planning and healthy place shaping.

For Think Prevention, the 1st and 3rd themes were:

- 1) Areas for more focus: active travel; working with other organisations; affordable sports, fitness and wellness services; promoting healthier food options; diabetes; weight management; alcohol; armed forces community; benefits of (free) exercise in green space; community based support for people with learning disability and long-term health conditions; needs of elderly people; better education for all generations; reducing waiting times for GP appointments; tackling drugs and dependent crime; starting prevention work in pregnancy and early years; mental health including for children and young people; value of continuity of healthcare for prevention; value of leisure activity to reduce loneliness and isolation; those already ill; unpaid carers (26)
- 3) Access considerations, including to existing services: improve public transport so that non-drivers (eg older people) can access leisure etc facilities; Access Aware design when planning new developments to encourage activity/active travel; help people with mobility challenges to exercise; concern about access to health and care services including mental health, early dementia screening, NHS dentists, cost of prescription glasses (link to falls prevention); improve access to current preventative health services; concern re lack of joined-up healthcare services which may lead to lost opportunities for prevention (7)

Other themes were (in order of frequency): resources; comments on strategy document and consultation; involvement and communication; suggestions for design and delivery; other.

Feedback on the cross-cutting themes

Survey respondents were asked if the strategy had identified the most useful cross-cutting themes for the Health and Wellbeing Board to focus on. 46% thought that it had, 33% that it partially had, 8% that it had not, and 14% did not know.

- The top theme for comments focused on clarity and deliverability, including comments that the proposals are too vague; not enough information provided; needs more definite plan and cost-benefit analysis; need to be able to identify/allocate funding; how will these be measured; how will return on investment be measured (10)
- 2nd equal, detailed feedback on the cross-cutting themes included specific feedback on the workforce cross-cutting theme, including that this theme should be in People section, the green economy and building local skilled workforce should be referenced as it is integral to Think Place priority, and equip professional workforce to be system leaders. Additional cross-cutting themes were proposed: make explicit reference to necessity of Health in All – policy, planning, design etc; focus on community asset and building partnerships; more focus on environment and CO² reduction (6)
- 2nd equal, there were also a number of general suggestions for health and wellbeing: more step down care, recovery hubs, cheaper affordable facilities for health and fitness, doctor referrals; importance of leisure facilities to reduce loneliness and increase skills; encourage people to help themselves more; health screening – cost effective; more NHS dentists, doctors, nurses, emergency services etc – but recognise that this is outside control of this strategy/national problem; reduce cost of fitness, swimming pools; provide youth hubs (6)

Other themes were (in order of frequency): other issues (eg rural, housing, understanding local needs); other – feedback on consultation

Feedback on cross-cutting themes from the online events:

- Participants reinforced the interplay between the cross-cutting theme on accessibility of services and the theme on digital inclusion and innovation; the latter was supported, as long as access is central to developments.
- Feedback on the theme 'Joining up our co-production and engagement' focused on the strengths and weaknesses of co-design, highlighting that it can be very useful for some groups but can also demand a lot of individuals. Organisations need to hear from a broad range of voices, and act on what they hear. Also consider working with/paying those organisations which exist to do this work.

Feedback on the workforce theme from North Yorkshire Sport, in their written response: suggestion for wording for the cross-cutting theme on workforce skills and leadership.

Feedback on the strategy principles

When the survey respondents were asked if they agreed with the proposed principles for the strategy, 67% said that they agreed, 16% partially agreed, and 6% did not agree. 12% did not know.

When asked what changes they would make to the principles, feedback on specific principles focused on:

- The **asset-based community development principle**: asset-based community development is very important but requires funding into the voluntary & community sector for it to happen; provide volunteers with assets not management
- The **'working with communities' principle**: requires more definition - current proposals for community partnerships are not yet in place, and not independent; unless there are health care facilities in the area, how can you work with community to develop community's needs? (6)

Some general feedback was provided, including that the principles seem vague and high level; everyone needs to speak same language, and need check-ins to ensure a shared understanding; duplication of what has been previously mentioned in actions – not clear; focus on entire population first (6).

There were some suggestions for organisations to link with to support the delivery of strategy: North Yorkshire Local Access Forum; local access forums and other organisations that can support access to green space; Local Nature Partnership – opportunity to strengthen existing links/collaboration

Feedback on the proposals to deliver the strategy

Survey: when asked if they agreed with the proposals to deliver the strategy, 64% of survey respondents agreed, with 18% partially agreeing. 7% disagreed and 13% did not know.

The main themes (3 each) were around:

- 1) Monitoring and reporting: proposed reporting structures lack independence; not sufficiently clear how local people can get involved, and hold to account for what is happening at local level; use customer feedback
- 2) More detail/clarity needed: proposals need greater clarity on how they will be implemented; lacks clarity and vision; needs more detail

- 3) Resources: ensure effective use of existing resources; concern re sufficient funding for all the support required, including recruiting more health and social care staff; data-gathering not effective use of resources.

There was also mention of the importance of involvement and collaboration, and on enablers including the need to ensure that the focus is on action/change.

When asked the final question in the survey (any further comments on the strategy), delivery emerged as a key theme, with suggestions including: importance of tackling challenges in innovative and creative ways, and working with people/groups already successfully doing this (don't reinvent wheel); have better links to wider associated environmental and recreational groups; reach out to local community businesses to help; speak to people/groups experiencing health inequalities to ask their views on what needs to be done; pick some quick wins and then publicise; deliver the work in the most environmentally-friendly and sustainable way; widely publicise quarterly meeting outcomes (7)

Cost and resources were also mentioned, including concern re cost of delivery; focus on majority; concern re current funding context; needs to be measurable and cost-effective; question whether achievable; more money from government essential to improve social care (6)

Online events: in terms of the deliverability of the strategy, feedback included some concern that the strategy was trying to do everything for everybody, which whilst this was laudable, would make implementation complicated and challenging. Suggestions included a clear focus on added value – what is already there and what could be done to improve conditions; measurable, modifiable risk factors; ensuring that the strategy contains specific measurable actions. The question of the budget for the strategy was raised, and major funding challenges acknowledged.

Coordination, joined-up thinking and working were seen as key – whilst there is a lot of good work happening, this is not always connected and therefore less effective. The importance of a local approach was also highlighted – local to communities, led by communities.

In their written feedback on delivering the strategy, Healthwatch North Yorkshire commented as follows: all system partners to work together (including people and communities and the CVSE sector); robust delivery plan to be in place setting out the 'how', 'who' and 'when' alongside opportunities for the people of North Yorkshire to be involved in the scrutiny of the plan.

North Yorkshire Sport, in their written response, proposed the adoption of systems-based measures to also record the 'health' of the system to help to understand if the right conditions to work collectively have been created.

North Yorkshire Council colleagues, in their written feedback, referenced the role of the Joint Local Health and Wellbeing Strategy and Joint Health Needs Assessments to guide other strategies and policies, for example locally-specific and robust planning policy.

Boards and Forums (in particular Bradford District & Craven Place Board and Community First Yorkshire Equality & Inclusion Partnership): the importance of connectivity across plans was flagged; the section of the draft strategy showing partners' organisational priorities was mentioned as being helpful, but there is a need for further joint forward planning, pooled budgets and joint working as the various strategies and plans across the system progress.

Feedback on whether there are any important issues missing from the strategy

The survey responses to this question were evenly split, with 50% saying No and 50% saying Yes. Respondents who felt that there were missing issues were then asked to share what those were.

The top three themes were:

- 1) General feedback on strategy: needs cost/benefit of aims; over-ambitious and over-estimates potential for partners to make a difference; focus on achievable actions in light of (limited) resources; importance of measuring against carefully constructed KPIs; deliver on promises made; not clear enough; more detail required; how progress will be measured; more detail on holding to account; more detail on funding / staffing; how each resident can input into the Health and Wellbeing Board; importance of shared language (13)
- 2) Structural/infrastructure: commitment to link infrastructure/education/employment opportunities – reduce health inequalities to support growing economy; housing including more council housing, and linking health infrastructure with new housing developments; public transport; rural services; not letting smaller towns and villages fall behind; digital access – encourage YDNPA to prioritise applications for mobile infrastructure under government Shared Rural Network project; implement ‘Health in All’ policy approach for council and partners (9)
- 3) Specific health and care services/support: step-down care recovery hubs; falls prevention; long-term conditions – awareness, support and services; better access to healthcare for teeth, hearing, feet; Long Covid; address the decreasing access to and quality of GP practices; greater focus on dentistry; NHS refocus on patient’s needs rather than ‘efficiency’ – eg passing on travel costs to patients (7)

Other themes were (in order of frequency): access to (affordable) leisure and exercise opportunities; environment and outdoors; people; voluntary sector, volunteering; health and wellbeing.

Any further comments on the draft strategy

Survey respondents were asked if they had any further comments. In addition to themes around overall views of the strategy (13) and delivery/resourcing (13), shared above, key themes included:

- Areas for more focus in strategy: importance of information-sharing agreements to facilitate joined-up approach to support for individuals; housing and community safety; coastal and rural poverty (IMD red zones) to reduce health inequalities; tackling weight challenges; needs clearer determination to create a few key health principles which all other strategies are required to adopt and undertake impact assessment as part of development; create simpler actions that are easier to measure, eg access to education for all, access to healthcare for all (6)
- Comments on consultation: technical issues with online survey; easy read too long to be accessible; tick-box (6)
- Comments on groups of people to focus on, including children, older people, autistic people (4)

B) Library and community conversations: The One Thing themes

The One Thing themes collated – library and community conversations <i>(360 comments; some comments will have been allocated more than one theme)</i>		
Comments	#	Mapped to consultation draft strategy actions
<p>Physical activity: importance of; more children's play areas; more/better leisure centre provision; more cycle paths/more support for cycling; importance for mental health; make leisure centres, gyms, sports facilities etc more affordable; healthy and active older age; free facilities for wider range of people (inc. older people); physical activity classes for people who are slower and/or older e.g. chair yoga, slow walking groups; all-weather facilities; more flexibility/informal access; importance for social connection; more equitable access across/within localities; more activities that families can do together; tailored exercise groups for parents</p>	39	<p>Think Place: (...) Physical activity – getting people moving more, supported by the council's strategic leisure review with new operating model by 2027</p> <p>Think Prevention: (...) Continuing the successful approach of the Healthy Weight Healthy Lives strategy, developing our whole system transformational approaches to physical activity and healthy food security</p>
<p>Improve access to GP appointments: more local provision; other ways to contact surgery, not just digital; improve digital offer; problems with booking system; lack of access can make small issue into a large one; flexibility in registration for separated families; concern about time wasted by cancellations and late-running appointments; access to GPs where you work; not having to wait so long for an appointment; need for continuity of care; in-person appointments; double appointments/more than one issue in an appointment; GP receptionist role; have good support from GP; make it easier to get through to GP practice and see a doctor/nurse</p>	36	<p>Think People: Work together across the system to improve waiting times for assessment and access to services</p> <p>Think Prevention: (...) 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</p>

<p>Improve public transport: trains – not reliable; increase availability and reliability; times need to be more convenient/better connections; make it more affordable (including taxis); increase bus availability/routes; transport should be at forefront and linked to the Government’s Inclusive Transport Strategy; improve infrastructure eg bus stations; transport to get to employment opportunities (can restrict opportunities); more in rural areas; positive feedback about local community transport; better transport links for villages/rural areas; importance of good bus service and cycle lanes to make a place good to live in; negative impact on ability to take part in wellbeing activities and interests (socialising, support groups etc); evening and weekend availability</p>	34	<p>Think Place: influence the development of strategies that shape our communities - prioritising action on: (...) Local Transport Plan</p> <p>Think Place: (...) Active travel routes and improved public transport including to increase education, employment and leisure opportunities as well as access to services</p>
<p>Green space and nature: importance of access to green space and nature; improve accessibility; protect green spaces; improve/maintain public footpaths; need for dog-free spaces for some people; need for toilet facilities; guides for local walks, easily available; plant more trees and have more parks; doing something active outdoors (bike ride, run, country walk); being in nature; access to fresh air; wish for local walking group to be set up – various wellbeing benefits</p>	28	<p>Think Place: Use this shared vision to influence the development of strategies that shape our communities - prioritising action on: (...) North Yorkshire Local Plan</p> <p>Think Place: (...) Active travel routes and improved public transport including to increase education, employment and leisure opportunities as well as access to services</p> <p>Think Place: (...) Physical activity – getting people moving more, supported by the council’s strategic leisure review with new operating model by 2027</p> <p>Think Place: (...) High-quality, climate-resilient natural environment and streetscape</p>
<p>Health and care services: more funding for day services; NHS departments not fully staffed; cost of care home provision; positive feedback about NHS primary and secondary services; concern about need to travel to access secondary health care (Scarborough - York); improve access to free patient transport; referral criteria into services needs to be person centred; align hospice services; more speech and language support for children; minor injuries and walk in clinics; concern re cost of treatments no longer offered by NHS; concern re reduction in number of</p>	24	<p>Think People: Transform the care market with a focus on rural and coastal areas, dementia and working age people with complex life circumstances</p> <p>Think Place: (...) Integrated health and care facilities and services in local communities eg Catterick Integrated Care Campus</p>

<p>hospitals, less community orientated; pay doctors a reasonable salary; concern about strikes; anxiety about access; more local health services and dentists; more health and care services for the learning disability community; better access to health services; equity of access to services inc. prevention services; reduce waiting times for referrals; more, and easier access to, roles to support people with social interaction, navigating services, health and wellbeing etc</p>		<p>Think Prevention: Improve quality and efficiency of patient pathways across health and social care to free up bed capacity in hospitals, by:</p> <ul style="list-style-type: none"> • 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 <p>Think Prevention: Improve uptake of NHS health checks, screening and immunisation programmes</p> <p>Think Prevention: 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</p>
<p>Social connection: importance of social connection; more facilities in rural areas; importance for good mental health; friends and family; more gender-specific provision to encourage engagement (men); facilitate opportunities for older people to remain connected with their community and other people; bring people from different backgrounds and communities together; tackling loneliness, for older people, and men in particular; having someone to talk to, to help tackle problems before they get bigger; staying connected with a good community for help and support if you need it (looking out for each other during pandemic as an example); more community facilities; more community groups; more community hubs; being able to make contact with others when living alone; “the people are what make the place you live”; importance of</p>	<p>29</p>	<p>No specific strategy actions mapped to this theme</p>

sharing activities in a group; need for support/outreach for people who are isolated		
Support for families: understanding time pressures on parents; more family hubs and activities; more local, walkable community places for parents and young children; concern about childcare cost and lack of provision; SEND provision; home-schooling support; increased availability of information for parents delivered in conversation style where children can play at the same time; role of voluntary/community facilities for families as informal information resources	18	<p>Think People: Strive to enact the recommendations set out in The Best Start for Life Programme</p> <p>Think People: 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</p> <p>Think People: Support children and young people to be school ready and continue to maximise their life chances through continuing to access education</p> <p>Think People: 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</p>
Value of local libraries: community activities; parent and children activities; community hubs; sense of purpose for library volunteers; a lifeline; reduces isolation (eg as a new mum); keep libraries and grow the offer; value of local library for social interaction, reducing loneliness and isolation; “one of the happy places in our town” – glad that the library is still open and appreciation of the volunteers	17	No specific strategy actions mapped to this theme
Improve availability of NHS dentists: cannot get to see dentist or even get on waiting list; need more dentists; need local provision; dentists not accepting children	12	No specific strategy actions mapped to this theme
Healthy eating, nutrition and access to food: importance of good food; access to cultural food; education on healthy eating; affordable vitamins for children; more support to reduce sugar and UPFs and eat healthily and affordably; improve availability of ‘normal’ eg food shops, supermarkets in tourist areas; affordability of food	12	Think Place: (...) 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.

		Think Prevention: (...) 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 access for disabled people (and others): to local countryside and green spaces; to local train station; to built environment including roads and pavements; Blue Badge parking - needs a consistent approach across county; affordable activities, places to go, for disabled people; not enough changing facilities, housing, activities for wheelchair users; more pavement ramps; improve access for Deaf people who use BSL particularly in NHS and council services; improve availability of BSL interpreters locally; provide Deaf awareness training to staff; people in communities to have a better understanding of disabilities; have pavement parking fines to reduce the barriers caused for people using the pavements	13	Cross-cutting theme: 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.
Improve access to and availability of information: community, adult education, social care; not just digital – need other options too; clear and well-presented information eg on notice boards, community ‘what’s on’ boards in libraries; help people to develop skills to find information themselves; support to VCSE sector to signpost and awareness of services that are available; interpretation support for VCSE so that they can better support clients; less complicated phone lines, more informed staff; services need to be better at answering the telephone; more information about groups, activities, services we can access locally; helplines that actually do help with the correct information; a central point of information about available services: adult carer services, parent carer services, benefits, support groups; challenge of keeping directories etc up to date	18	Cross-cutting theme: 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.
Activities for children and young people: improve availability of local cultural activities for young people; increase the availability of local safe community spaces for children; more youth centres and the 4Youth van; more flexible access to facilities (eg can show up for informal kick-about rather than always having to book a space); more accessible spaces and events for disabled children (children with different disabilities, in addition to current focus on	14	Think People: Identify specific actions to support improved health outcomes for key groups of people through refreshing our joint strategies for (...) Special Education Needs & Disabilities (SEND) Think People: Collectively examine, with our partners, the children & young people’s priorities for North Yorkshire

<p>neurodiversity); affordable activities; more and safer playgrounds; youth clubs etc for older teenagers; more understanding, and more affordable days out that are suitable for children with SEND and siblings; more free activities; concern re loss of local play area</p>		<p>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</p> <p>Think Place: (...) Physical activity – getting people moving more, supported by the council’s strategic leisure review with new operating model by 2027</p> <p>Think Prevention: 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</p>
<p>Pre and post-natal support: improved community post-natal care; health visitors – more visits/in-person visits to families; improved access to talking therapies for pregnant women; importance of being able to breast-feed in public; more parents and babies classes; more in-person/face to face support; mental health pre and post-natal – more preparation for parents needed, and more training for professionals (experience – post-partum psychosis); more free post-natal activities; need for drop-in, less formal support options; more baby-changing facilities</p>	10	<p>Think People: 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.</p> <p>Think People: Strive to enact the recommendations set out in The Best Start for Life Programme</p> <p>Think People: In response to the national 10-year Women’s Health Strategy, we will continue to develop a North Yorkshire approach and programme of activities to improve the health of women and girls across North Yorkshire across a broad range of priorities, including the wider determinants of health to reduce the disparities that currently exist.</p>
<p>Mental health support: improve access to mental health support; improve access to early intervention (which would increase likelihood of success of interventions for other issues); person-centred offer; more mental health support for queer young people; more mental health support for children (CAMHS); increase access to creative arts mental health support services - more availability, longer-term input; value of local voluntary and community sector</p>	14	<p>Think People: Identify specific actions to support improved health outcomes for key groups of people through refreshing our joint strategies for (...) mental health</p> <p>Think People: Enact overarching transformation across the mental health system for children & young people (comprising health, public</p>

<p>support services to give structure and routine to daily life; importance of good access to mental health services – enough staff, being able to contact when help is needed; importance of talking to each other, friends and family; safe spaces; importance of getting out and about, taking part in social activities and interests</p>		<p>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.</p> <p>Think People: Develop and deliver a community hub approach to support transformation of mental health services for adults</p> <p>Think People: 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.</p> <p>Think Prevention: (...)</p> <ul style="list-style-type: none"> • 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 <p>Think Prevention: Develop a local response to the national Suicide Prevention Strategy</p>
<p>Housing: increase the availability of affordable, good-quality housing; tackle poor-quality rented homes and make this easier & faster for tenants/support services to do; impact of poor housing on physical and mental health; concern about infrastructure on new housing estates (GPs, schools etc); lack of smaller homes for older people; more housing choices and availability (people with learning disability)</p>	<p>11</p>	<p>Think People: (...) Develop specialist housing offer including Extra Care, Supported Housing and Supported Living, guided by a new housing framework</p> <p>Think Place: Use this shared vision to influence the development of strategies that shape our communities - prioritising action on: (...)</p>

		<ul style="list-style-type: none"> • Housing Strategy <p>Think Prevention: Further develop our partnership approach to the prevention of seasonal health issues, including (...) fuel poverty</p>
<p>Employment: more opportunities in local area; more jobs, careers and aspiration for young people in their local areas; better access to work for people who can only work specific hours due to caring responsibilities; NYC Supported Employment too difficult for people to access under current eligibility criteria; challenges with employment opportunities and social mobility – generational attitudes and inherited trauma; importance of jobs for people with learning disability; access to good employment (and link to good transport for this)</p>	10	<p>Think People: Support children and young people to be school ready and continue to maximise their life chances through continuing to access education</p> <p>Think Place: Use this shared vision to influence the development of strategies that shape our communities - prioritising action on: (...) Economic Growth Strategy</p> <p>Think Place: 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</p> <p>Think Place: Active travel routes and improved public transport including to increase education, employment and leisure opportunities as well as access to services</p> <p>Think Prevention: Tackling the health inequalities that make it harder for people with poor mental health to stay well, including employment, loneliness, discrimination, debt and housing</p> <p>Cross-cutting themes: 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.</p>

<p>Access to medical treatment: shorter waiting times for medical treatment; more equitable access to paediatrician appointments across localities/more funding for paediatrics; concern about very long waits for ambulances</p>	8	<p>Think People: Work together across the system to improve waiting times for assessment and access to services</p> <p>Think Place: (...) Enable our Local Care Partnerships to lead the design of local integrated health and care services across the county</p> <p>Think Prevention: Improve quality and efficiency of patient pathways across health and social care to free up bed capacity in hospitals, by:</p> <ul style="list-style-type: none"> • 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
<p>Activities (general): more choice and availability of activities in the evenings for people who work; free community spaces for games, sports, chilling out, spending time with friends and family – ‘universal spaces’; more information (and not just digital) about availability of activities; ideas for local activities (film club, putting local band stand back into use); more activities locally – some have not re-started after the pandemic; more free activities</p>	12	<p>Think Place: (...) Physical activity – getting people moving more, supported by the council’s strategic leisure review with new operating model by 2027</p>
<p>Other: importance of having compassion and care for others; locality funding - concern re impact of new unitary council; concern about loss of local services - banks, post offices etc; importance of helping people to be more proactive about their health; how to manage increased need of ageing population</p>	8	<p>Think Place: Use this shared vision to influence the development of strategies that shape our communities - prioritising action on:</p> <ul style="list-style-type: none"> • North Yorkshire Local Plan • (...) <p>Cross-cutting themes: 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)</p>

		<p>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.</p> <p>Principles: We will work with communities to develop a collective understanding of and responsibility for actively managing our health and wellbeing.</p>
<p>Road and footway infrastructure: importance of maintaining roads and road safety for walkers, cyclists etc; condition of pavements; enough space for prams; street environment - improve cleanliness, reinstate dog licences/wardens</p>	7	<p>Think Place: Use this shared vision to influence the development of strategies that shape our communities - prioritising action on:</p> <ul style="list-style-type: none"> • North Yorkshire Local Plan • Local Transport Plan • (...) <p>Think Place: (...) Active travel routes and improved public transport including to increase education, employment and leisure opportunities as well as access to services</p> <p>Think Place: (...) High-quality, climate-resilient natural environment and streetscape</p>
<p>Cost of living: impact of cost of living on ability to make healthy choices; more people with deficit budget, particularly due to higher energy costs; hidden inequality in some areas; greater impact on people who are not securely housed; impacts on ability to access basics (eg can't afford public transport to health appointments); impact on mental health; link between poverty and ill-health; inequality of access – eg completing DWP forms such as Attendance Allowance without support, v complicated</p>	6	<p>Think People: 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.</p> <p>Think Prevention: (...) Tackling the health inequalities that make it harder for people with poor mental health to stay well, including (...) employment, loneliness, discrimination, debt and housing</p> <p>Think Prevention: Further develop our partnership approach to the prevention of seasonal health issues, including (...) fuel poverty</p> <p>Think Prevention: Support the most vulnerable families with the cost-of-</p>

		<p>living, ensuring they are enrolled in schemes for which they are eligible, eg:</p> <ul style="list-style-type: none"> • Free school meals – autoenrollment is the ultimate goal • Healthy Start Scheme • Government funded childcare
<p>Community cohesion and safety: improving local/national democracy and participation by sharing perspectives, eg in small local groups; concerns about community cohesion; improve community safety for women; more street lighting; more visible policing on the streets – helps us to feel safe; concern about local anti-social behaviour and lack of action, affecting mental health; police presence – local station no longer staffed</p>	9	No specific strategy actions mapped to this theme
<p>Digital access: provide support for people to be able to use digital services etc; need for alternatives to digital access (eg phone calls answered by a person, not automated) and importance of not relying solely on digital provision of services (link to isolation); affordability/funding - need for data as well as devices, funding for people accessing support for new digital initiatives; signal issues for rural communities</p>	6	<p>Think People: Increase digital options for accessing care including Technology Enabled Care as well as online care needs assessments and financial assessments</p> <p>Cross-cutting theme: 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.</p> <p>Cross-cutting theme: 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.</p> <ul style="list-style-type: none"> • In our health services, embed digital innovations to support admission avoidance, improve discharge and support digital pathways of care.

		<ul style="list-style-type: none"> In social care, embed digital innovations to support people to stay as independent as possible in their own homes and communities.
<p>Specific health conditions: more self-help groups for neurodiversity, diagnosis for neurodiversity; more research into cure for Parkinson's disease; condition-specific support (eg diabetes): face to face, ongoing, social; more personalised social support for people with dementia</p>	3	No specific strategy actions mapped to this theme
<p>Listening to people: importance of listening to/responding to people who access services; importance of having voice heard (including children's voices); professionals need to listen to people</p>	3	<p>Cross-cutting theme: Joining up our coproduction and engagement - As a system, collaborate on our coproduction and engagement work to ensure that we listen to and involve our communities as we implement this strategy, in particular by embedding excellent coproduction practice.</p> <p>Create a better experience for our communities in the way we do this, with the aim of strengthening community relationships and managing the demand on community groups (particularly socially excluded groups).</p>
<p>Carers: practical support for parent-carers; value carers; impact of caring on mental health</p>	3	<p>Think People: 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).</p>
<p>Resources, funding and money: financial support for equipment/transport for disabled people - a funding pot; someone to provide information about financial help; an easier way to contact and speak to energy suppliers; reduce council tax; remove or reduce fees for rubbish to mitigate increase in fly tipping; negative feedback about value for money of greenery installations in one town centre; importance of having enough money to live/being debt free for mental health</p>	7	<p>Think Prevention: Tackling the health inequalities that make it harder for people with poor mental health to stay well, including employment, loneliness, discrimination, debt and housing</p> <p>Cross-cutting themes: Making best use of our resources</p> <p>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.</p>

<p>Local areas and amenities: clean and tidy streets – “If our village looks like a dump we feel angry and upset”; a wish to see more municipal flower planting to enhance local area and encourage people to care about where they live (but acknowledgement of funding constraints); shops in local area for local residents, rather than tourists (eg post office, chemists); need more local food shops, supermarkets (and fewer shops aimed at tourists)</p>	4	<p>Think Place: (...) High-quality, climate-resilient natural environment and streetscape</p> <p>Think Place: Use this shared vision to influence the development of strategies that shape our communities - prioritising action on:</p> <ul style="list-style-type: none"> • North Yorkshire Local Plan • Economic Growth Strategy • (...)
<p>Effective and joined-up services: statutory services should work together better, improve their communication; make it more straightforward to get to the right person to sort out an issue; not have to tell your story multiple times - better communication; reduce ‘red tape’</p>	4	<p>Cross-cutting theme: 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.</p> <p>Delivering our strategy: create a partnership system for the future</p>

C) North Yorkshire Citizens Advice and Law Centre client survey

The NYCALC survey asked people accessing their services to select their top 3 from a list of 9:

- Priority 1 - impact of Covid-19 (8)
- Priority 2 - accessing GP and/or dentists (61)
- Priority 3 - hospital waiting lists (31)
- Priority 4 - better mental health support and accessing that support (46)
- Priority 5 - children's health and support services (21)
- Priority 6 - cost of energy and food – ‘heat or eat’ (98)
- Priority 7 - keeping your home adequately heated (44)
- Priority 8 - other financial worries (28)
- Priority 9 - improved community support organisations e.g. more joined up working, digitalisation not suited to everyone (4)
- Priority 10 - lack of/quality of public facilities, e.g. transport, public toilets, roads and pavements (20)
- Other priority (3)

The top 3 priorities chosen overall were:

- Priority 6 - cost of energy and food – ‘heat or eat’ (98)
- Priority 2 - accessing GP and/or dentists (61)
- Priority 4 - better mental health support and accessing that support (46)

Priority 7, keeping your home adequately heated, was selected nearly as many times (44) as Priority 4 (46) and has therefore also been included in this overview.

People were then asked to provide comments on the priorities that they had chosen. For the top three priorities, the main themes are summarised below.

- Priority 6 – cost of energy and food – ‘heat or eat’ (86 comments)
Themes: cost of fuel – putting heating on less often, going without food; having to make choices between heating and eating; struggling with energy and food price rises, high cost of living generally; having to use food banks; accessing support from Warm & Well and local charities, eg fuel vouchers; concern about impact on young families, children, older people, mental health; knock-on impact on health services; digital exclusion
- Priority 2 - accessing GP and/or dentists (57 comments)
Themes: concern about difficulty of getting/waiting times for GP appointments; no NHS dentists/no local NHS dentist; concerns about GP consultations by phone; lack of continuity of care; concerns about quality of care; affordability problems of having to travel to access (eg) dentistry
- Priority 4 - better mental health support and accessing that support (40 comments)
Themes: not enough mental health support; better mental health support needed; negative experience of mental health services; feedback on specific services (positive and negative); personal experience of mental health issues; affordability concerns (paying for support)
- Priority 7 - keeping your home adequately heated (37 comments)
Themes: concerns about mould and damp; can't afford to heat home; age/condition of home makes it difficult/too expensive to heat; low income/benefits – can't afford all bills; has accessed support from Warm & Well/local charities

When comparing the priority themes emerging from the NYCALC survey to those from the community conversations, concerns about access to GP appointments are identified as a key issue for both. Cost of living concerns come out as a much higher priority for people responding to the NYCALC survey (their top priority), and mental health and housing both come out as a higher priority as well.

5. Findings from each method of engagement

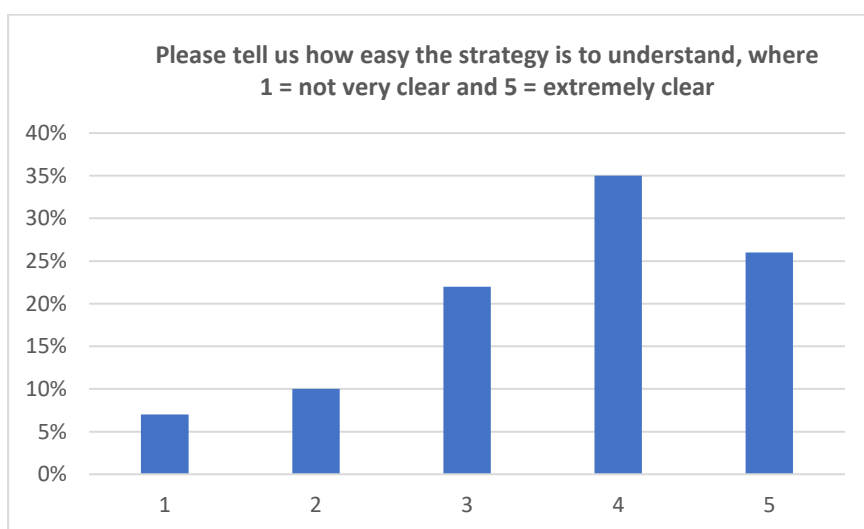
- a) Survey
- b) Online events
- c) Written responses
- d) Boards/Forums
- e) Library drop-in events
- f) Community conversations

a) Survey findings

113 people responded to the survey. Of those 113, 93 said that they were completing it as a resident of North Yorkshire (82%), 8 said that they were completing it as someone who works in North Yorkshire (7%) and 11 said that they were completing it on behalf of an organisation or group (10%) and 1 'other' (1%). Please see section 6 for a more detailed breakdown of respondents.

Question 1: respondents (n=108) were asked how easy the strategy was to understand.

57% felt that the strategy was either clear or extremely clear, 26% were in the middle, and 17% felt it was not clear.



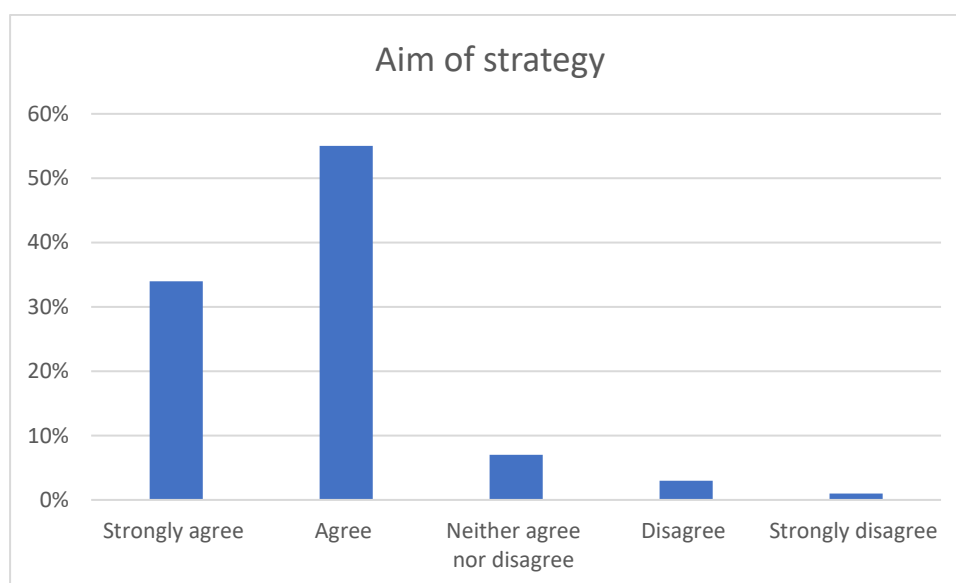
Question 2: respondents were invited to provide comments on the way in which the strategy had been written. Comments received: n=42 (note that some comments were allocated more than one theme). The key themes are as follows:

Structure and complexity: too long/too wordy/too complex/confusing/too many charts etc/takes too long to get to actions	13
Aims and actions: Not enough detail/actions too vague/not clear how the aims and actions will be achieved/needs concrete examples	11
Positive feedback on strategy presentation and structure: clear to read/not too technical/well-written/headings are relatable and provide useful focus to cross-reference/clear and useful data and graphics/well-written to simplify some complicated issues/positive re aims	10

Delivery of strategy: needs more detail on implementation/does not place clear responsibilities on different bodies to action particular areas/not clear how the strategy will incorporate and measure progress of other strategies referenced/concern re realities of financial context	4
Accessibility: positive feedback on easy read version of draft strategy/importance of accessibility – use simple language, explain concepts	4
No sense of progress from previous years/previous 2 strategies	3
Rurality: not enough focus on rural poverty, rural access issues including healthcare, and other inequalities for rural communities/issues with health and care working together	2
Needs a stronger focus on wellness , rather than illness – emphasis on helping people to live a long and active life	1
Had technical issue with online consultation , issues with switching between survey and strategy	1

Question 3: respondents (n=109) were asked whether they agreed with the overall aim of the strategy.

89% strongly agreed or agreed with the overall aim of the strategy, 7% neither agreed nor disagreed, and 4% disagreed or strongly disagreed.

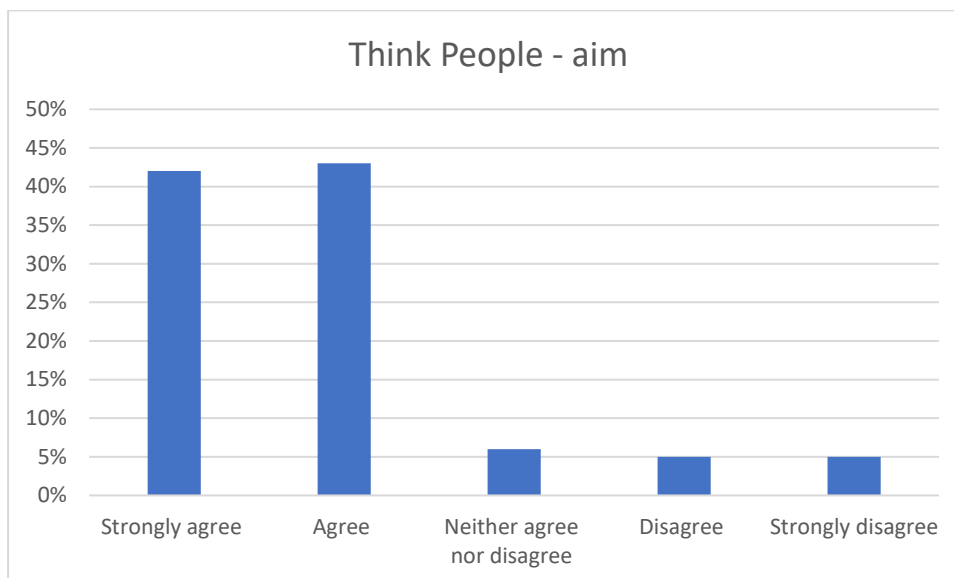


Question 4: respondents who disagreed with the overall aim were invited to tell us why. Comments received: n=2

One comment challenged the use of the word 'fair' in the aim and felt that this was not ambitious enough, suggesting the word 'good' instead. The other comment referred to a sense of distance between the aim and most people's experiences.

Question 5: respondents (n=111) were asked if they agreed with the aim of the ‘Think People’ section of the strategy.

85% of respondents strongly agreed or agreed with the aim for Think People, 6% neither agreed nor disagreed, and 10% disagreed or strongly disagreed.

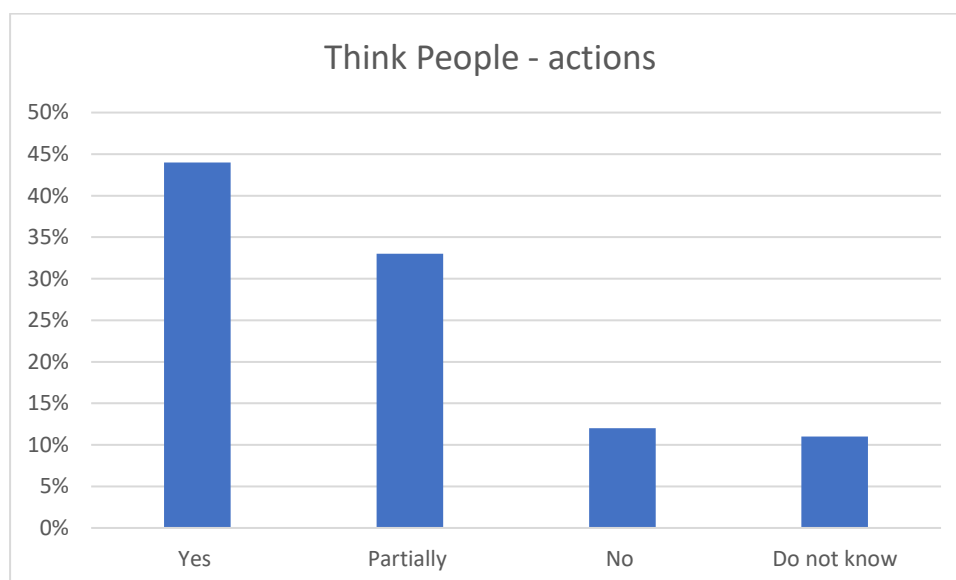


Question 6: respondents were asked to provide more information about their response.	
Comments received n=56; some comments were allocated more than one theme.	
Agree with aim	16
Disagree with aim: should not be limited to communities with poorest health outcomes, needs to be proportional and inclusive/importance of supporting improved health outcomes across entire population of North Yorkshire/prioritise prevention and access to health services for all/importance of prevention	9
Access to services: Importance of support to access services (face to face and online)/having services available and in place to support people-concerns about gaps/lack of public transport-barrier to accessing services/concern re access to services & long waiting lists	9
Rural and coastal issues: rural barriers to accessing services/more emphasis needed on health and related services in rural areas/impact of loss, particularly in coastal areas, of local health services/concern about centralisation of health services/travel distance and cost/importance of local provision	6
How to achieve aim: querying how aim will be achieved/unsure that strategy will achieve its aims/agree with aim, but how will it be achieved/ concern re potential of gap between aspiration and delivery/ Challenge of achievability given current context of run-down services, lack of investment, lack of public transport and health facilities (coastal)	5
Communities: challenge re levels of understanding about different communities/no details given on some of the communities mentioned, eg homeless people/how are communities defined/need not found exclusively in ‘communities’	4
Specific focus: value of & wish for return of Sure Start centres/need more NHS dental services/include mental as well as physical health/more needs to be done for elderly and isolated when they are unwell	4

Other: positive feedback on wellbeing service; comment re doctors working via phone being less effective; comment re pressures of an ageing population; unclear comment	4
Health and wellbeing: Importance of affordable leisure facilities to support good health/doctors should be able to prescribe fitness and wellbeing/do more to make sports and fitness available for all	3
Agree with aim, but with caveat: the focus on those with poorest health outcomes should not be at cost of other areas/groups; concern re potential deterioration of other groups	3
Importance of co-production with people who use services to maximise likelihood of take-up of services	1

Question 7: respondents (n=108) were then asked whether the strategy had identified the most important actions to deliver the Think People aim.

44% said yes, 33% said partially, 12% said no and 11% did not know.



Question 8: respondents who had replied No or Partially were asked to provide more information. Comments received n=38 (some comments have been allocated more than one theme)	
More detail on actions and delivery required: not enough information or detail on how actions will be delivered/achieved; more detail needed on how success will be measured and how strategy will make a difference	9
Groups not included or sufficiently recognised in the actions: Armed Forces; adults with learning disability; older people; people not eligible for financial support; school age children (prevention); poverty - key factor in health inequalities	8
Proposals for areas of focus to support health, wellbeing and independence: footpath condition to help elderly people maintain independence, access local services; improve quality and availability of social housing and insulate all homes better; improve knowledge and skills around healthy eating; improve public transport for access to local services and jobs, particularly in rural areas; make sports, fitness,	7

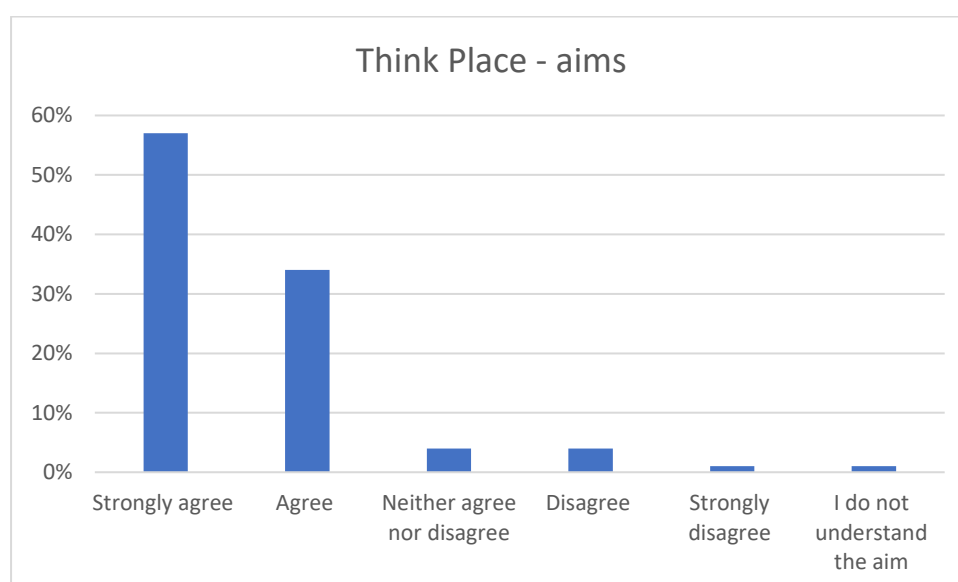
leisure services more affordable and available; parity of investment in local leisure facilities; access to countryside, value of outdoor activity	
Comments on NHS organisation and service location: need integrated NHS coastal healthcare – concern re silos; [Trust] need to address unfair and inequitable distribution of healthcare services and personnel; importance of cross-border care/Integrated Care Boards working cross-border; rural areas need more help to access health services without need to travel long distances	6
Understanding communities: opportunity with Local Government Reorganisation to link better with Housing and Community Safety who work with local communities; listen to communities to find hidden rural poverty and other areas of multiple deprivation (not just Scarborough and Whitby); develop greater understanding with the general public about people from target communities – issues, barriers etc; talk to the identified vulnerable groups and ask what help they need, how action can be taken to help them; not enough emphasis on strengths of local communities	5
Comments on actions: actions and list of groups of people do not fully align, and there are some gaps; disagree with proposed actions as aim needs consulting on; actions seem to be ‘things we are already doing’; are actions new, or things that would happen anyway?	3
Comments about specific health care, including preventative: need to do more to ensure hearing loss is tested and aids provided – link between hearing loss and dementia; need better availability of NHS dental care; importance of podiatry to maintain mobility for older people; prioritise good quality health visitors; everyone should have access to regular & routine GP check ups	3
Other: Points listed on page 18 could be given greater weighting – more emphasis on supporting environment and local biodiversity, reducing CO2 emissions. Many overlaps with Public Health priorities.	1

Question 9: respondents were then asked if there were any other comments they would like to make about the proposed actions for ‘Think People’. Comments received n=36 (some comments have been allocated more than one theme)	
Comments about actions: more detail required on delivery; some actions too broad/vague; concern re availability of funding to deliver actions; need evidence of resource commitment; concern re practical aspects of delivery of actions (care market/shortage of care workers); mismatch between actions and some groups listed (eg no specific actions for army/veterans)	11
Groups/communities to include: people living in rural areas; army community; people towards end of life, palliative care; menopausal women; working families & single parents – cost of living & childcare;	5
Importance of physical activity: more focus on prevention, particularly physical activity for all; affordable sports and fitness for people on low income; value of no/low cost outdoor activity; value of green/blue social prescribing and linking outdoor providers to social prescribers; value of physical activity for older people (yoga) including benefits of social connection	5

Comments on access to care and other services: improve availability of urgent care etc to reduce pressure on hospitals/A&E; improve rural access to care & other services by using local facilities; concern about cost of travel, particularly for young people on low incomes, to access centralised health care; improve availability and access to transport; concern re proposed reduction of local health service;	5
Communication and support: giving individuals enough time to process and apply information to their own situation; communication pathways – parity of digital & non-digital; support people to develop skills to access online services; improve communication with residents, using ‘bottom-up’ approach	4
Comments about strategy development process and consultation: insufficient engagement; technical issue with switching between online survey & strategy document	3
Include all: access to health and care for all, target groups should not have prioritised access; need for all residents, particularly dementia and mental health	2
Structure of strategy: consider using age groups as per previous strategy	1
Importance of/need for joined-up approach to services particularly in rural and coastal areas	1
Comment re Catterick development – cost and consultation process	1

Question 10: respondents (n=109) were asked if they agreed with the aim of the ‘Think Place’ section of the strategy.

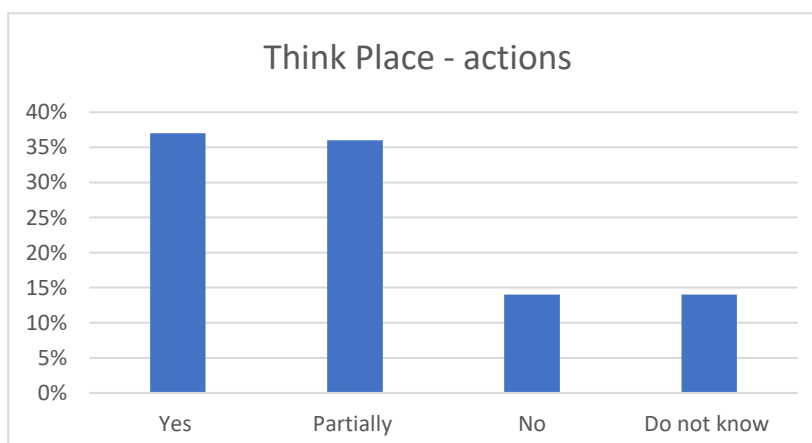
91% either strongly agreed or agreed with the aim for Think Place, and 5% disagreed or strongly disagreed. 4% neither agreed nor disagreed, and 1% said that they did not understand the aim.



Question 11: respondents were asked to provide more information about their response. Comments received n=42; some comments were allocated more than one theme.	
Homes and where we live: importance of quality and location of homes for health and wellbeing; need more focus on fuel poverty and impact of cold and damp homes; regulate private rental sector and tackle disrepair; talk to tenants; ensure house planning and building includes necessary extra infrastructure and access/accessibility; importance of environment – reduce pollution; concerns re planning policy and zoning (residential/industrial); planning role in creating healthy places; improve public transport; safe cycle routes	8
Delivery of aims/actions: more detail needed; too vague; not clear enough on deliverables; concern re availability of funding to deliver	7
Fairness: all should have access to health care; resources should be shared more fairly; should have access to required services with most needy getting most support; incentivise people to work hard to afford to live in area that improves quality of life; allocate funding equally according to council tax receipts; people living in wealthy areas can also be in poor circumstances; individual responsibility also important – making healthy choices	7
Comments on healthcare: need more GPs and dentists; concern re impact of centralised care; take health to community, eg ‘health bus’, more evening and weekend appointments; concern re distance to hospital-based healthcare for some communities;	6
Agree with aim	5
Rurality: importance of focus on rural areas and challenges re accessing services; deprivation also found in rural areas	5
Inequalities: importance of focus on wider determinants; impact of rurality/deprivation/access to services on health and wellbeing; inequalities are linked to what is available where we live	3
Physical activity: physical and mental health benefits of access to open spaces and physical activity; importance of access for people with limited mobility; make fitness and wellbeing more affordable	3
National level: need for national/government action to tackle regional and systemic inequalities; importance of consistency of systems, rolling out national best practice to provide same quality of services wherever people live	3

Question 12: respondents were then asked whether the strategy had identified the most important actions to deliver the Think Place aim (n=111).

37% agreed, with 36% saying only partially. 14% disagreed that the strategy had identified the most important aims, and 14% did not know.



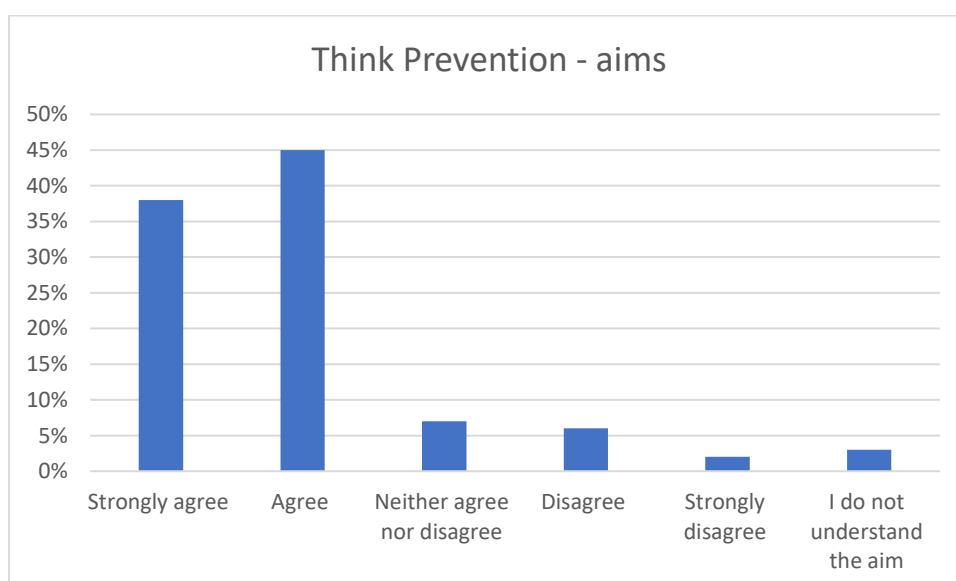
Question 13: respondents who had replied No or Partially were asked to provide more information. Comments received n=42; some comments were allocated more than one theme.	
Actions: unclear; need more detail on delivery; not realistic or deliverable; not measurable; need more detail on interplay between this strategy and other strategies mentioned, and how this will be measured	11
Healthcare: more facilities required for people who need care but no longer require hospital stay; restore core secondary healthcare in East Coast region; more focus needed on health screening; concern re centralisation of services and lack of emergency provision; concern re primary care coping with growing population of older people; staffing issues impacting on local provision; listen/respond more to people	6
People and communities: individuals' responsibility also; more focus on building strengths in communities; strong focus on groups who are disadvantaged wherever they live, eg neurodiverse people; need to consider military communities/Armed Forces Act 2021; more facilities and activities for young people in local areas	5
Rural and coastal: expand actions around rural and coastal to include housing, education and employment; consider the more isolated rural communities/small villages outside market towns; more local services required	5
Natural environment/access to green spaces: action to create high quality etc natural environment – other strategies to reference/guide this action include NYC Climate Change Strategy and NYY Local Nature Recovery Strategy (to be published in 2025); include access to outdoors and clean fresh air; protection of green spaces; identify public green spaces for use as community gardens	5
Physical activity: improve local access to leisure centres; make leisure facilities more affordable; more detail needed on 'transformational approach to physical activity'	5
Housing: strategy should commit to joint approach to tackling housing issues; focus on improving quality of existing housing, particularly social and privately rented; NYC housing policy should robustly support accessibility; include people living in caravan parks (issues of isolation, poor access to services, cost of heating homes)	4
Planning and Healthy Place Shaping: concern about building on greenfield sites without infrastructure to support health and wellbeing; role of strategy as statutory document, influence on planning and Local Plan; prioritise design of places to improve health and wellbeing; ensure developments do not adversely affect health; role of planning to promote creation of healthy places and spaces to make healthy choices easier	3
Other: focus on need not budget; education should be a bigger priority for all ages; importance of good transport links for economic growth	3

Question 14: respondents were then asked if there were any other comments they would like to make about the proposed actions for 'Think Place'. Comments n= 32 (some comments were allocated more than one theme)	
Rural, coastal and local: needs of very rural communities missing from strategy; need access to local leisure facilities in rural areas; need for services in very rural/small villages; feedback on local inequalities (eg less support available in Whitby than Scarborough or York); more provision in local areas for young people; suggestions on improving communication in smaller towns; greater emphasis on community	8
Actions: not clear; concern about deliverability; concern about funding; needs to ensure actions are delivered	6

Health and care: NHS to provide clinics in new housing areas; concern re need to travel long distances to access treatment; more health services needed on east coast; hospital step-down care hubs across rural areas; ensure services are joined up, reduce waiting times, better information-sharing	5
Transport and travel: increase/improve active travel routes; improve public transport (links, timing, affordability); improve transport infrastructure/major road connections (A64) – regional inequality	4
Groups to involve in strategy delivery: involve NY Local Access Forum on actions to increase access to outdoors, green spaces; involve NY Local Nature Partnership on actions to promote connection between nature and health, and nature-based solutions; consider how town and parish councils and voluntary sector will be involved	4
Physical activity: role of housing and planning policy to improve access to opportunities for exercise; more focus on improving leisure facilities and link to social connection	2
Other: comment re institutional discrimination; feedback on online consultation	2

Question 15: respondents (n=111) were asked if they agreed with the aim of the ‘Think Prevention’ section of the strategy.

83% either strongly agreed or agreed, with 8% disagreeing or strongly disagreeing. 7% neither agreed nor disagreed, and 3% did not understand the aim.



Question 16: respondents were asked to provide more information about their response.

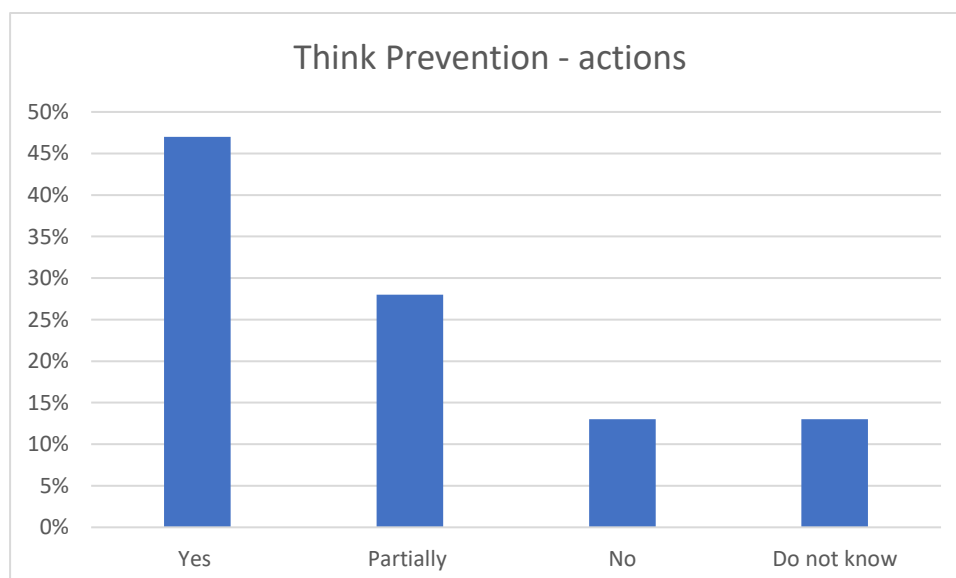
Comments n=42, some comments have been allocated more than one theme

Suggestions for areas of focus: improve community knowledge of services such as domestic abuse services and link to the work of community safety partnerships – reducing harm will lead to better health outcomes; help improve financial health and wellbeing so that people can be better equipped to help themselves; step-down care hubs, affordable sports, gyms, swim, wellbeing; need for more access to mental health prevention services, support, crisis services; importance of outdoor activity; impact of cost of living crisis on health; environment	10
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Aim and actions: not clear on actions; more clarity on 'how' needed; lack of confidence in delivery; lacks clarity on measuring success; prioritise equity in design, access and delivery	9
Specific groups to consider: importance of starting at early age; importance of investing in prevention for all age groups; excludes person in minority and in conflict with your organisation; people with long term health conditions – can experience lack of joined up primary and secondary care, lack of support and access to services; people living alone with no support; more education and support for women's health; strategy not clear about how this aim is consistent with target groups in 'People' section	8
Small actions are also valuable and can make a big difference	6
General support for Prevention aim	4
Funding: focus the limited funding on 'big ticket' items; concern re ability to create significant change in straitened economic times; concern about affordability of strategy	4
Information and communication: More proactive prevention services, information and awareness-raising; communication should emphasise positive message rather than negative – keeping people healthy rather than focus on ill health; difficult to persuade people to change habits	3
Other: concern re lack of continuity of healthcare; not all ill health is preventable; priorities in Place all contribute to Prevention – green space, active lives, early intervention; concern re affordability of local leisure centre	3

Question 17: respondents were then asked whether the strategy had identified the most important actions to deliver the Think Prevention aim (n=108).

47% of respondents agreed that the strategy had identified the most important actions, and 28% thought that it had partially done so. 13% disagreed, and 13% did not know.



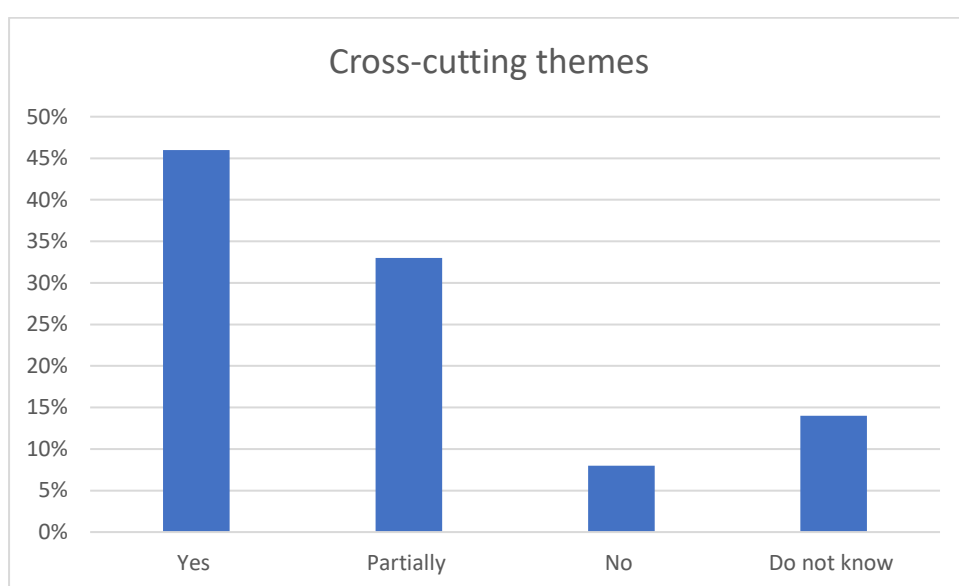
Question 18: respondents who had replied No or Partially were asked to provide more information. Comments n=27; some comments have been allocated more than one theme	
Areas for more focus: active travel; mental health; working with other organisations such as schools and charities; affordable sports, fitness and wellness services; promoting low cost forms of exercise and healthier food options; diabetes; weight management; alcohol; armed forces community; creating the necessary conditions for active travel; benefits of exercise in green space, outdoors – close to home; less focus on smoking cessation/more on community based support for people with learning disability and long-term health conditions; needs of elderly people; better education for all generations; reducing waiting times for GP appointments	14
Actions: aim needs further consideration; actions too vague; not clear how actions will be delivered or measured; not consistent with target groups in People section	6
Resources: budget decisions should ensure access to leisure centres is maintained - cost-effective contribution to prevention; reference to ‘Working Together’ document and value of cohort of active retirees who volunteer; concern about rise in pension age on future volunteer workforce; support for public health interventions via taxation, eg sugar, salt taxes, alcohol unit price	3
Access considerations: improve public transport so that non-drivers (eg older people) can access leisure etc facilities; Access Aware design when planning new developments to encourage activity/active travel; help people with mobility challenges to exercise	3
Comments on strategy document and consultation: data inconsistency; comment re consultation	3
Suggestions for design and delivery: include rapid health impact assessment as part of process for designing and delivering prevention services; importance of place-based and asset-based community development	2

Question 19: respondents were then asked if there were any other comments they would like to make about the proposed actions for ‘Think Prevention’. Comments n=30; some comments were allocated more than one theme.	
Areas for more focus: multi-agency crack-down on drugs and dependent crime; more emphasis on healthy diet; cheaper, affordable facilities for health and fitness; importance of starting prevention work in pregnancy and early years; need for well-trained and well-paid early years etc staff; focus on preventative measures delivered in schools/to children inc. mental health and resilience; addressing obesity/overweight adults; value of access to outdoor space for free exercise; value of continuity of healthcare for prevention; value of leisure activity to reduce loneliness and isolation; those already ill; unpaid carers;	12
Actions: not clear enough; more clarity needed re deliverables and implementation; actions need to be achievable; ensure aims and aspirations are followed through into action	7
Access to existing services: concern about access to health and care services including mental health, early dementia screening, NHS dentists, cost of prescription glasses (link to falls prevention); improve access to current preventative health services, eg ensure NHS Health Check for over 50s is offered; concern re lack of joined-up healthcare services which may lead to lost opportunities for prevention	4

Involvement and communication: listen to/involve local communities to identify key issues, and design and deliver solutions; importance of accessible information for carers and people with learning disability	3
Other: feedback on draft strategy and consultation approach; no places in special needs schools; prevention better than cure	3
Resources: funding will be required to deliver actions; need to focus resources on tangible actions	2

Question 20: respondents (n=111) were asked if the strategy had identified the most useful cross-cutting themes for the Health and Wellbeing Board to focus on.

46% thought that it had, 33% that it partially had, 8% that it had not, and 14% did not know.



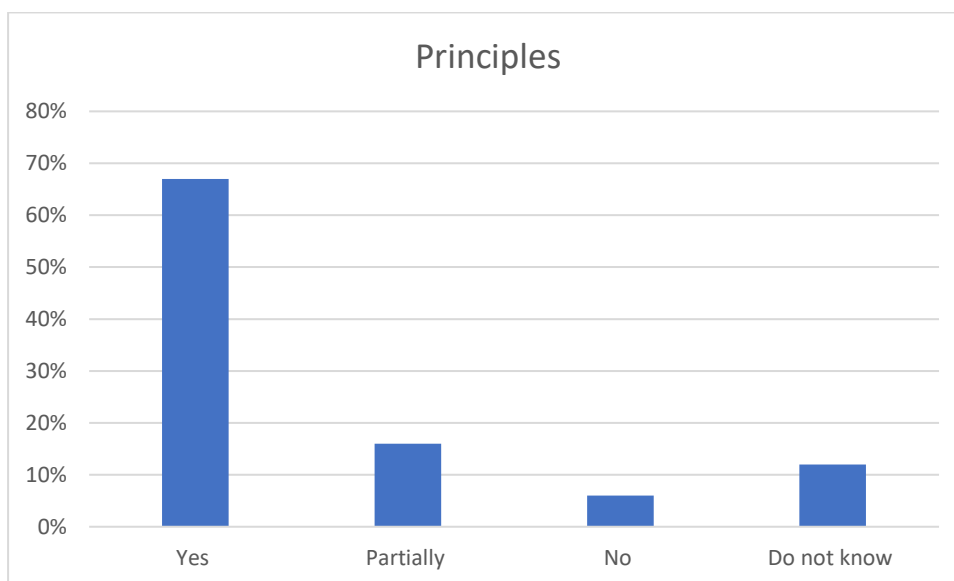
Question 21: respondents who replied No or Partially were asked to provide more information. Comments n=27; some comments have been allocated more than one theme.	
Clarity and deliverability: proposals too vague; not enough information provided; not clear enough; needs more definite plan; needs cost-benefit analysis; need to be able to identify/allocate funding; how will these be measured; how will return on investment be measured; how will achievements be publicised; building blocks need to be in place for strategy to work (concerns re ICB structure and NYC market town proposals)	10
General suggestions for health and wellbeing: more step down care, recovery hubs, cheaper affordable facilities for health and fitness, doctor referrals; importance of leisure facilities to reduce loneliness and increase skills; encourage people to help themselves more; health screening – cost effective; more NHS dentists, doctors, nurses, emergency services etc – but recognise that this is outside control of this strategy/national problem; Reduce cost of fitness, swimming pools; provide youth hubs	6

Other issues: rural services; understanding of local needs; importance of physical environment to healthy living not mentioned (eg transport, highways); involvement and communication: involve community in developing actions; housing is biggest issue – set up local community land trusts with the power and money to buy local housing in perpetuity for local people	5
Comments on workforce theme: workforce theme should be in People section; reference green economy and building local skilled workforce in workforce theme – integral to Think Place priority; workforce - equip professional workforce to be system leaders	3
Suggestions for themes: make explicit reference to necessity of Health in All – policy, planning, design etc; focus on community asset and building partnerships; more focus on environment and CO ² reduction	3
Other: Feedback on technical issue with online survey	1

A number of questions relating to the delivery of the strategy were then asked.

Question 22: respondents (n=108) were asked if they agreed with the proposed principles for the strategy.

67% said that they agreed, 16% partially agreed, and 6% did not agree. 12% did not know.

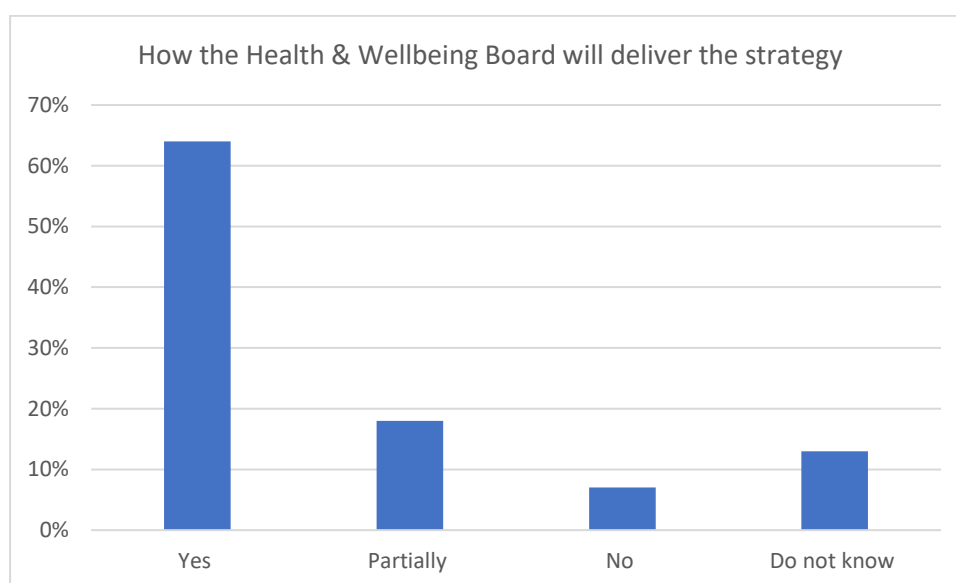


Question 23: respondents who had answered No or Partially were then asked what changes they would make to the principles. Comments n=13	
General feedback on principles: principles seem vague and high level; can always be improved and worked on; everyone needs to speak same language, and need check-ins to ensure a shared understanding; duplication of what has been previously mentioned in actions – not clear; focus on entire population first	6
Suggestions for organisations to link with to support delivery of strategy: North Yorkshire Local Access Forum; local access forums and other organisations that can support access to green space; Local Nature Partnership – opportunity to strengthen existing links/collaboration	3

Comments on asset-based community development principle: asset-based community development is very important but requires funding into the voluntary & community sector for it to happen; provide volunteers with assets not management;	2
Comments on 'working with communities' principle: requires more definition - current proposals for community partnerships are not yet in place, and not independent; unless there are health care facilities in the area, how can you work with community to develop community's needs?	2

Question 24: respondents (n=108) were asked if they agreed with the proposals for delivering the strategy, including delivery plan, progress reports and spotlight sessions.

64% of respondents agreed, with 18% partially agreeing. 7% disagreed and 13% did not know.

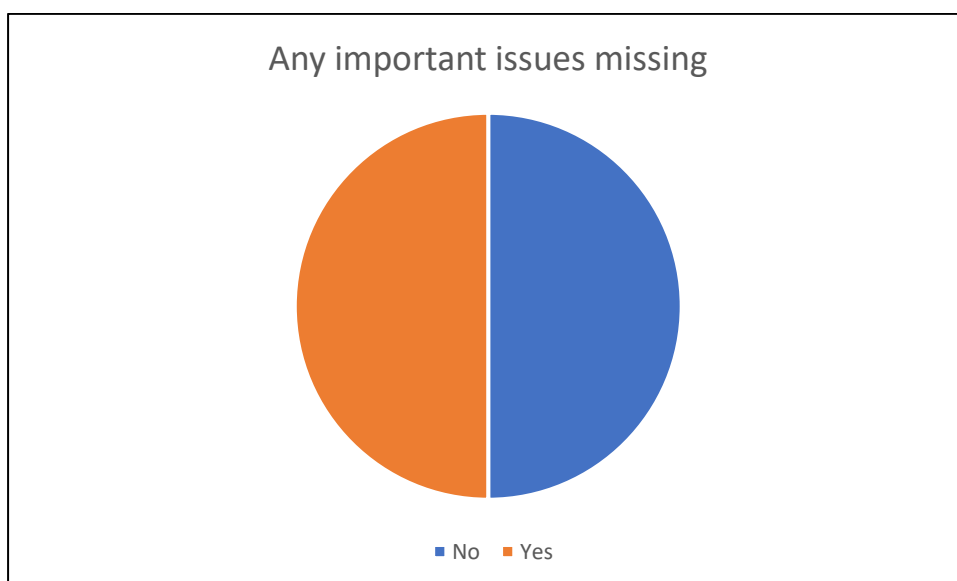


Question 25: respondents who had answered Partially or No to the previous question were asked to share ideas for delivering the strategy. Comments n=15	
Monitoring and reporting: proposed reporting structures lack independence; not sufficiently clear how local people can get involved, and hold to account for what is happening at local level; use customer feedback	3
More detail/clarity needed: proposals need greater clarity on how they will be implemented; lacks clarity and vision; agree in principle but needs more detail	3
Resources: ensure effective use of existing resources, eg talk to established prevention teams about gaps in services; concern re sufficient funding for all the support required, including recruiting more health and social care staff; data-gathering not effective use of resources	3
Involvement and collaboration: involve relevant sector groups and workforce in making changes; need better wider involvement and consultation with cross interest groups like local access forums	2

Enablers: ensure focus is on action/change, not talking; tackle lack of health care facilities and trained staff, lack of public transport; support smaller communities the same as the larger ones	2
Agree providing review of housing policy and standards is included and address need for active travel on wide scale – small improvements in many places	1
Structural issues: need clear strategy for cross-border working with ICBs; need to see improved communication and non-silo working in council	1

Question 26: respondents (n=98) were asked if there were any important issues missing from the strategy that they thought should be included.

The responses to this question were evenly split, with 50% saying No and 50% saying Yes.



Question 27: respondents who had replied Yes to the previous question were asked to share the issues that they thought were missing. Comments n=47; some comments have been allocated more than one theme	
General feedback on strategy: needs cost/benefit of aims; use of the word 'fair' in the strategy aim open to interpretation, should this be more specific; over-ambitious and over-estimates potential for partners to make a difference; focus on achievable actions in light of (limited) resources; importance of measuring against carefully constructed KPIs; deliver on promises made; not clear enough; more detail required; how progress will be measured; more detail on holding to account; more detail on funding; how each resident can input into the Health and Wellbeing Board; detail on funding / staffing; importance of shared language	13
Structural/infrastructure: commitment to link infrastructure/education/employment opportunities – reduce health inequalities to support growing economy; housing; linking health infrastructure with new housing developments; more council housing; public transport; rural services; not letting smaller towns and villages fall behind; digital access – encourage YDNPA to prioritise applications for mobile infrastructure under government Shared Rural Network project; implement 'Health in All' policy approach for council and partners	9

Specific health and care services/support: step-down care recovery hubs; falls prevention; long-term conditions – awareness, support and services; better access to healthcare for teeth, hearing, feet; Long Covid; address the decreasing access to and quality of GP practices; greater focus on dentistry; NHS refocus on patient’s needs rather than ‘efficiency’ – eg passing on travel costs to patients	7
Access to (affordable) leisure and exercise opportunities: work with local parish councils to achieve access to affordable local leisure activities; affordable facilities for health, fitness, wellbeing; maintaining leisure facilities to encourage fitness and exercise; leisure facilities for all to reduce loneliness and enable new skills – arts, drama, sports; better leisure facilities	5
Environment and outdoors: more on how we use natural environment to encourage people to get active outdoors; commitment to reducing traffic speed in order to encourage outdoor activity/active travel (Local Transport Plan); more focus on healthy outdoors activity and access to outdoor spaces	5
People: Armed Forces Act 2021; more consideration for older residents; early years intervention and support, free school meals for all primary school children; connect better with people on the ground; increase availability of childcare; cost of living - more focus on families and lone parents in cost of living crisis	5
Voluntary sector, volunteering: more focus on volunteering as a way to improve health and wellbeing - and reduce shortage of volunteers; relationship/respect for voluntary sector organisations needs to be developed	2
Health and wellbeing: Importance of proactive approach to health and wellbeing; facilitate local wellbeing businesses to contribute	2

Question 28: respondents were asked if they had any further comments on the draft strategy. Comments n=38; some comments were allocated more than one theme	
Delivery of strategy: importance of tackling challenges in innovative and creative way, and working with people/groups already successfully doing this (don’t reinvent wheel); have better links to wider associated environmental and recreational groups, eg Local Access Forums, wildlife trusts, National Parks, Protected areas; reach out to local community businesses to help; speak to people/groups experiencing health inequalities to ask their views on what needs to be done; pick some quick wins and then publicise; deliver the work in the most environmentally-friendly and sustainable way; widely publicise quarterly meeting outcomes	7
Feedback on strategy (positive): good to aim big; really good strategy; positive re aims; aims and actions in right place; positive feedback re inclusion of autism	7
Feedback on strategy (negative): jumbled, lacks clarity and vision; great intentions but nothing radical or new; list of things that are happening anyway, not ambitious or clear; needs more practical solutions; needs less content and clearer actions	6
Comments on consultation: technical issues with online survey; easy read too long to be accessible; tick-box	6
Deliverability/cost/resources: concern re cost of delivery; focus on majority; concern re current funding context; needs to be measurable and cost-effective; question whether achievable; more money from government essential to improve social care	6

<p>Areas for more focus in strategy: importance of information-sharing agreements to facilitate joined-up approach to support for individuals; housing and community safety; coastal and rural poverty (IMD red zones) to reduce health inequalities; tackling weight challenges; needs clearer determination to create a few key health principles which all other strategies are required to adopt and undertake impact assessment as part of development; create simpler actions that are easier to measure, eg access to education for all, access to healthcare for all</p>	6
<p>People: importance of support for young people (our future); elderly and vulnerable must have easy access to healthcare and appointments; hard to get people to change habits; importance of diagnosis and support for people with autism, particularly in education and employment</p>	4

b) Online consultation events

Three online consultation events were offered, one in each of the three months covered by the consultation. Two of the events were in the daytime and one in the evening, lasting between one hour and one hour 30 minutes. The events were led by the Director of Public Health, taking attendees through the main elements of the draft strategy with opportunity for discussion. 17 people registered for the events and 10 people attended, the majority from North Yorkshire care and support organisations.

Summary of online event discussions

Strategy structure:

Participants were positive about the overall strategy aim and the 3 Ps. The feedback included that the 3 Ps were short, snappy, to the point, made sense, easily remembered, clear and simple. About Prevention specifically, the discussions included positive feedback about the inclusion of prevention, and the suggestion at two of the meetings that it should be first in the list of Ps, as the most significant and overarching P.

Strategy delivery:

In terms of the deliverability of the strategy, feedback included some concern that the strategy was trying to do everything for everybody, which whilst this was laudable, would make implementation complicated and challenging.

Suggestions included a clear focus on added value – what is already there and what could be done to improve conditions; measurable, modifiable risk factors; ensuring that the strategy contains specific measurable actions.

Coordination, joined-up thinking and working were seen as key – whilst there is a lot of good work happening, this is not always connected and therefore less effective. The importance of a local approach was also highlighted – local to communities, led by communities.

The question of the budget for the strategy was raised, and major funding challenges acknowledged.

Cross-cutting themes:

Participants reinforced the interplay between the cross-cutting theme on accessibility of services and the theme on digital inclusion and innovation: the latter was supported, as long as access is central to developments.

Feedback on the theme 'Joining up our co-production and engagement' focused on the strengths and weaknesses of co-design, highlighting that it can be very useful for some groups but can also be "*very exploitative and exhausting*". Organisations need to hear from a broad range of voices, and act on what they hear. Also consider working with/paying those organisations which exist to do this work.

Points re health inequalities (general):

The importance of a **deep dive into data** was mentioned, to proactively provide detailed population data and galvanise partners around this, including primary care.

Proposals for priority issues/communities included: general inequalities in some localities and the importance of working with the whole family, citing the Brazilian model; frailty and the importance of falls reduction; poverty (and fuel poverty in particular); transport; housing; rural barriers to access services.

Poverty came through as a strong area of concern for participants, with higher demand for support as people's savings are now being depleted and more people, including those in employment, have a negative household budget (more money going out than coming in). The Household Support Fund was mentioned as a lifeline for people. Several impacts of rising levels of poverty were referenced: fuel poverty and cold homes, impact on physical and mental health, increasing complexity and vulnerability being seen by caseworkers; older people, including those in areas seen as wealthy, not able to heat their homes (particularly if reliant on oil heating) and less likely to come forward for support due to sense of shame. Also concern expressed that it is difficult to engage people in being interested in their health in poorer areas/communities – need indirect approach.

'Postcode' issues: fewer support services for people in wealthy areas; 'hidden postcodes' that are less visible, hidden by the data about more affluent postcodes – can fall further behind.

Transport: key enabler for accessing wellbeing and support programmes, services etc – a real problem getting people to programmes etc, particularly with rurality. Barrier to accessing opportunities in person, particularly for people who live rurally/older people.

Housing: different needs in different areas, different communities: lack of suitable housing in areas such as Ryedale and Richmond - people in tied accommodation, unsuitable accommodation; Scarborough - big levels of poverty and people unable to access suitable housing.

Rurality: the health inequality of rurality – transport, housing etc – penalise against health and wellbeing. Need to look at health creation rather than prevention in rural settings, and new ways of bringing in services. 'Distance = delay', and delay can mean that some things are far less treatable.

Also need **other systems to be working effectively** to reduce health inequalities, eg education, family support, courts system, NHS/A&E. Participants expressed concern that systems are failing, breaking down, and this aggravates the problems of health inequalities.

North Yorkshire Citizens Advice and Law Centre participants shared that they have developed a survey to assess the key issues with their clients, to complement the health and wellbeing strategy consultation, and will share the results with the council at the end of the consultation period. So far, the top priorities from clients are:

- Access to GPs
- Access to NHS dentists
- Mental health services, including for children (more wrap-around services)
- Cost of living
- Quality of housing (cold, damp issues, debt linked to cost of living)
- Transport

People:

Comments on the People strand of the strategy included the challenges of connecting with some of the groups of people listed, and other groups to consider including in the list.

Challenges:

- The groups of people listed in this section include some of the hardest to connect with, reach, get into surgeries. Local NHS are creating Integrated Neighbourhood Teams with responsibility for a specific cohort of patients, using data to identify them – the people who are particularly hard to reach, with high needs. This initiative should be included in the strategy.
- Link between People and Place section, for example impact of poor housing on vulnerable groups, less able to advocate for themselves – shortage of supported housing

Other groups to consider:

- The list of people included resonates with Citizens Advice experience, but young people are not visible. Also consider including poverty, as this has biggest impact on health inequalities – poverty is the underpinning issue.
- Comment that there are a lot of inclusion health groups on the list, but equally, where do you stop?
- Comment that the people struggling to access support services tend to be people with mental health issues and people with ‘high functioning’ autism more than people with learning disability, but services tend to be aimed at people with learning disability and autism. People with severe MH needs receive minimal support to get to do things and this impacts on their physical health and wellbeing.
- Consider referencing domestic abuse

Good practice:

- Positive feedback about NHS services in Harrogate area - reasonable adjustments for autistic people or people with additional needs, eg early appointments or first appointment after lunch. GPs are generally really good

Place:

Key themes from the discussions on the Place strand included how Place itself is defined, housing, fuel poverty and leisure.

How Place is defined:

- The importance of a widely-agreed way of defining Place, that is recognised by people as well as systems. Data is still organised by districts by the Office for National Statistics (ONS) and still used by people accessing services, because that is what they understand. Depending on where

people live, they may relate more to town or district. Challenge our assumptions around Place, consider partnership SWOT analysis on Place, asset-based.

- Challenges of statutory organisations working together, particularly the size of the organisations, all at different stages. Need to be able to align development stages, and this is complex. Creates challenges to efficiency.
- Discussions re rural barriers, taking services to people where they are, using local assets, mobile options. Question about whether farming communities are included in the strategy – close knit communities, support each other, but have specific needs (eg mental health support).
- Importance of trust, community as co-producers – *“...lengthy job to engage in but time well spent, embedding trust and understanding, creativity about how some things are delivered”*.

Housing:

- Importance of focus on quality of homes, issues of mould and damp – need home improvement schemes, making sure support in place for social and private tenants, and that home improvement schemes (eg eco heating systems) are affordable for tenants. Link to fuel poverty – cold homes lead to more mould and damp.
- Shortfall in suitable housing for some people who need additional support, for example people with learning disability and other people with housing needs. Concern around tension between choice of care provider, and housing providers preferring to also supply the care element themselves. Concern around regulation of housing associations.

Leisure offer:

- Need more accessibility in community to sports facilities for adults with LD and/or autism as standard leisure environments can be overwhelming – busy, loud.
- Positive feedback about the council’s strategic leisure review, and in particular bringing Brimhams Active back in-house and extending the Brimhams approach.

Prevention:

Overall, participants felt that the Prevention strand was well-defined, and focusing on areas where work was underway but that had scope for improvement: *“...it could be huge, but you’ve got it down to areas that we’re starting on and we also could do better at which is nice to see”*.

Participants gave positive feedback about the inclusion of people with multiple conditions, issues around access to food, areas of good practice eg annual health checks, and the links between strategies – opportunities for joint working when a person has an appointment for a health condition, bringing in prevention services at the same time.

Food:

- The importance of access to appropriate food was highlighted, and some structural barriers (for example, an example of local supermarkets not selling milk powder, used to fortify drinks). The strategy may help with corporate responsibility discussions.
- There was also mention of people who have support with their nutrition and the role of paid staff to support people with healthy eating, the need to educate carers/staff, and the link to the amount of time allowed for care visits.
- The increase in cost of living issues and poverty creates challenges with accessing and affording healthy food, and a lot of people are reliant on food banks.

The importance of **accessible communication** for prevention also came up:

- People understanding why they have been called for a screening appointment; getting the right information to people, eg about free school meals; people knowing where to go and who to ask

- All organisations/partners communicating together and pulling together - *"But you might have an organisation or a community group that does that, and it's having that knowledge of who's out there, that full comprehensive list and how we all could interact in in trying to we're all fighting for the same thing. You know, we're all fighting for the better lives and it's just getting that out there so we can all work together and do that. So that's my personal big thing."*

There was also mention of a specific employment issue linked to the action to develop the age-friendly communities framework: the increasing number of older people in the workforce and the need for more guidance to support an older workforce, including on the menopause.

c) Written responses

8 responses to the consultation were received via email/letter:

- 1 from NYC councillor
- 1 from member of the public
- 1 from Healthwatch North Yorkshire
- 1 from North Yorkshire Sport
- 4 from NYC colleagues

Main themes of letter from Healthwatch North Yorkshire:

Welcoming draft strategy, particularly commitment to tackle health inequalities and improve the outcomes of the poorest people across our county.

Key areas to prioritise to improve the lives of the most vulnerable people in North Yorkshire:

- Tackling root causes of inequality, which impact on health inequalities: a more prominent focus within the strategy on inequalities linked to wider social determinants such as social and economic status, low income, poor-quality housing, rural barriers, with clear actions to address the narrowing of these inequalities.
- Improve access to services - reduce waiting lists, focus on families (including impact of cost of living crisis, more health visitors), children and young people – more integration, transitions; specific strategy for transport; importance and value of people's voice and support, funding for this; need for explicit focus on improving the lives of the most marginalised and seldom heard communities (and challenging assumptions about who these communities are).
- Support for the strategy's focus on coastal and rural communities but increased focus on rural communities/rural-proofing of service delivery needed.
- More on the importance of the natural world and its impact on health and the benefits of green space and nature, and on the importance of health protection and vital work on environmental risks such as climate change.

Delivering the strategy: all system partners to work together (including people and communities and the CVSE sector); robust delivery plan to be in place setting out the 'how', 'who' and 'when' alongside opportunities for the people of North Yorkshire to be involved in the scrutiny of the plan.

Main themes of letter from North Yorkshire Sport:

Support for references in strategy to moving more, active travel and physical activity more generally, as well as the emerging work in the leisure strategy for North Yorkshire Council.

Benefits of activity on health inequalities even wider than those referenced in strategy (examples given).

Specific feedback: include North Yorkshire Sports as strategic delivery partner; suggestions for wording for specific action re physical activity and cross-cutting theme on workforce skills and leadership; proposal to adopt systems-based measures to also record the 'health' of the system to help to understand if right conditions to work collectively have been created.

Email feedback from NY councillor and colleagues:

- Positive feedback on overall strategy structure, document layout, language and glossary; emphasis on collective action
- Feedback on proof-reading and accuracy edits
- More emphasis on importance of food and nutrition required
- More focus on population projections and future-proofing
- People section - include action on financial inclusion: key to health and wellbeing and enabler for many other actions
- Place section – leisure action: wording focuses on physical activity, needs more emphasis on wider wellbeing offer
- Cross-cutting themes – co-production and engagement: include clear reference to including people who are under-represented/do not currently have a strong voice, to help service design
- Suggestions for changes to wording for some actions to better reflect strategic objectives
- Role of the Joint Local Health and Wellbeing Strategy and Joint Health Needs Assessments to guide other strategies and policies, for example locally-specific and robust planning policy
- Strengthening language to better reflect housing as key determinant of health
- In Place section, expand the 'design environments that support healthy lives' action to include reference to high quality open spaces and urban greening

Email feedback from member of the public:

Suggestion to broaden use of Harrogate conference centre spaces for health and wellbeing activities, to enhance local offer and increase accessibility of local people (particularly those who do not drive).

d) Feedback from boards and forums

The draft strategy was presented to a number of boards and forums (see Methodology section of consultation report for full list).

In the majority of cases, the presentations served to raise awareness of the draft strategy and signpost towards opportunities to take part in the consultation. Where there was opportunity for more in-depth conversation (particularly Bradford District and Craven Place Board and Craven Communities Together), there was positive feedback on the overall aims and structure of the strategy, including that the 3 Ps resonated with people.

At one meeting, the ambition of the aim was challenged, asking whether 'having a fair chance' ambitious enough, rather should it be 'having a good chance'?

Specific areas of feedback included the need to bring out community links and asset-based approach more; concern that mental health is somewhat lost as a theme; need to be stronger on ageing population as lens through which all work needs to be seen; stronger on needs of ethnically diverse communities; quality of housing as prevention issue – particularly the impact of poor housing on

health conditions; importance of social connection, inclusion of neurodiversity along with people with learning disability and autistic people.

The importance of connectivity across plans was also flagged; the section of the draft strategy showing partners’ organisational priorities was mentioned as being helpful, but there is a need for further joint forward planning, pooled budgets and joint working as the various strategies and plans across the system progress.

e) Library drop-in events

Conversations were held with approximately 200 people over 9 sessions across the county, plus a number of people who took part in the postcard activity.

In addition to the members of the public and library volunteers who took part in the conversations, several organisations attended the drop-in events including Victim Support, North Yorkshire Citizens Advice and Law Centre, Age UK North Yorkshire and Darlington, Scarborough Deaf Club, St Catherine’s Hospice.

It is important to note that many people we spoke to in libraries gave positive feedback about their health and wellbeing and the things they did to stay healthy and happy, and positive experiences of services were also shared. In most cases, the suggestions offered are for areas to sustain and improve so that more people can benefit from them, or benefit more often, rather than issues that are significantly impacting on them.

Library events - The One Thing themes	
Comments n=273; some comments have been allocated more than one theme	
Physical activity: importance of; more children's play areas; more/better leisure centre provision; more cycle paths/more support for cycling; importance for mental health; make leisure centres, gyms, sports facilities etc more affordable; healthy and active older age; free facilities for wider range of people (inc. older people); physical activity classes for people who are slower and/or older e.g. chair yoga, slow walking groups; all-weather facilities; more flexibility/informal access; importance for social connection; more equitable access across/within localities; more activities that families can do together	36
Improve access to GP appointments: more local provision; other ways to contact surgery, not just digital; improve digital offer; problems with booking system; lack of access can make small issue into a large one; flexibility in registration for separated families; concern about time wasted by cancellations and late-running appointments; access to GPs where you work; not having to wait so long for an appointment; need for continuity of care; in-person appointments; double appointments/more than one issue in an appointment; GP receptionist role; have good support from GP	31
Improve public transport: trains – not reliable; increase availability; times need to be more convenient/better connections; make it more affordable (including taxis); increase bus availability/routes; transport should be at forefront and linked to the Government’s Inclusive Transport Strategy; improve infrastructure eg bus stations; transport to get to employment opportunities (can restrict opportunities); more in rural areas; positive feedback about local community transport	22
Green space and nature: importance of access to green space and nature; improve accessibility; protect green spaces; improve/maintain public footpaths; need for dog-free spaces for some people; need for toilet facilities; guides for local walks, easily available; plant more trees and have more parks	21

Health and care services: more funding for day services; NHS departments not fully staffed; cost of care home provision; positive feedback about NHS primary and secondary services; concern about need to travel to access secondary health care (Scarborough - York); improve access to free patient transport; referral criteria into services needs to be person centred; align hospice services; more speech and language support for children; minor injuries and walk in clinics; concern re cost of treatments no longer offered by NHS; concern re reduction in number of hospitals, less community orientated; pay doctors a reasonable salary; concern about strikes; anxiety about access	18
Social connection: importance of social connection; more facilities in rural areas; importance for good mental health; friends and family; more gender-specific provision to encourage engagement (men); facilitate opportunities for older people to remain connected with their community and other people; bring people from different backgrounds and communities together; tackling loneliness, for older people, and men in particular	17
Support for families: understanding time pressures on parents; more family hubs and activities; more local, walkable community places for parents and young children; concern about childcare cost and lack of provision; SEND provision; home-schooling support	15
Value of local libraries: community activities; parent and children activities; social connection; community hubs; sense of purpose for library volunteers; a lifeline; reduces isolation (eg as a new mum); keep libraries and grow the offer	13
Improve availability of NHS dentists: cannot get to see dentist or even get on waiting list; need more dentists; need local provision; dentists not accepting children	12
Healthy eating, nutrition and access to food: importance of good food; access to cultural food; education on healthy eating; affordable vitamins for children; more support to reduce sugar and UPFs and eat healthily and affordably; improve availability of 'normal' eg food shops, supermarkets in tourist areas; affordability of food	12
Improve access for disabled people: to local countryside and green spaces; to local train station; to built environment including roads and pavements; Blue Badge parking - needs a consistent approach across county; affordable activities, places to go, for disabled people; not enough changing facilities, housing, activities for wheelchair users; more pavement ramps; improve access for Deaf people who use BSL particularly in NHS and council services; improve availability of BSL interpreters locally; provide deaf awareness training to staff	11
Improve access to information: community, adult education, social care; not just digital – need other options too; clear and well-presented information eg on notice boards; help people to develop skills to find information themselves; support to VCSE sector to signpost and awareness of services that are available; interpretation support for VCSE so that they can better support clients	11
Activities for children and young people: improve availability of local cultural activities for young people; increase the availability of local safe community spaces for children; more youth centres and the 4Youth van; more flexible access to facilities (eg can show up for informal kick-about rather than always having to book a space); more accessible spaces and events for disabled children (children with different disabilities, in addition to current focus on neurodiversity); affordable activities; more and safer playgrounds; youth clubs etc for older teenagers; SEND: more understanding, and more affordable days out that are suitable for children with SEND and siblings	11

Pre and post-natal support: improved community post-natal care; health visitors – more visits/in-person visits to families; improved access to talking therapies for pregnant women; importance of being able to breast-feed in public; more parents and babies classes; more in-person/face to face support; mental health pre and post-natal – more preparation for parents needed, and more training for professionals (experience – post-partum psychosis); more free post-natal activities; need for drop-in, less formal support options; more baby-changing facilities	10
Mental health support: improve access to mental health support; improve access to early intervention (which would increase likelihood of success of interventions for other issues); person-centred offer; more mental health support for queer young people; more mental health support for children (CAMHS); increase access to mental health support services (creative arts) - more availability, longer-term input	10
Housing: increase the availability of affordable, good-quality housing; tackle poor-quality rented homes and make this easier & faster for tenants/support services to do; impact of poor housing on physical and mental health; concern about infrastructure on new housing estates (GPs, schools etc); lack of smaller homes for older people	9
Employment: more opportunities in local area; more jobs, careers and aspiration for young people in their local areas; better access to work for people who can only work specific hours due to caring responsibilities; NYC Supported Employment too difficult for people to access under current eligibility criteria; challenges with employment opportunities and social mobility – generational attitudes and inherited trauma; importance of jobs for people with learning disability;	8
Access to medical treatment: shorter waiting times for medical treatment; more equitable access to paediatrician appointments across localities/more funding for paediatrics; concern about very long waits for ambulances	8
Activities (general): more choice and availability of activities in the evenings for people who work; free community spaces for games, sports, chilling out, spending time with friends and family – ‘universal spaces’; more information (and not just digital) about availability of activities	8
Other: importance of having compassion and care for others; locality funding - concern re impact of new unitary council; concern about loss of local services - banks, post offices etc; importance of helping people to be more proactive about their health; how to manage increased need of ageing population	8
Road and footway infrastructure: importance of maintaining roads and road safety for walkers, cyclists etc; condition of pavements; enough space for prams; street environment - improve cleanliness, reinstate dog licences/wardens	7
Cost of living: impact of cost of living on ability to make healthy choices; more people with deficit budget, particularly due to higher energy costs; hidden inequality in some areas; greater impact on people who are not securely housed; impacts on ability to access basics (eg can't afford public transport to health appointments); impact on mental health; link between poverty and ill-health; inequality of access – eg completing DWP forms such as Attendance Allowance without support, v complicated	6
Community cohesion and safety: improving local/national democracy and participation by sharing perspectives, eg in small local groups; concerns about community cohesion; improve community safety for women; more street lighting	6

Digital access: provide support for people to be able to use digital services etc; need for alternatives to digital access (eg phone calls answered by a person, not automated); affordability - need for data as well as devices; signal issues for rural communities	4
Specific health conditions: more self-help groups for neurodiversity, diagnosis for neurodiversity; more research into cure for Parkinson's disease; condition-specific support (eg diabetes): face to face, ongoing, social; more personalised social support for people with dementia	3
Listening to people: importance of listening to/responding to people who access services; importance of having voice heard (including children's voices); professionals need to listen to people	3
Carers: practical support for parent-carers; value carers; impact of caring on mental health	3

f) Community conversations

12 organisations/groups held community conversations and shared the results with us. People taking part included older people, people with mental health conditions, people experiencing loneliness and isolation; people with physical health conditions and/or frailty, people with learning disability and/or autism, unpaid carers and parents.

Conversations were also held with youth councils, and with the North Yorkshire Learning Disability Partnership Board self-advocates' forum – these have been summarised separately (see below), making 16 community conversations in total.

Community conversations - The One Thing themes Comments n=87; some comments have been allocated more than one theme. Note that some comments provided were summaries of group conversations, so do not fully reflect the number of people involved (165 people involved in the conversations in total).	
Social connection and community: having someone to talk to, to help tackle problems before they get bigger; staying connected with a good community for help and support if you need it (looking out for each other during pandemic as an example); more community facilities; more community groups; more community hubs; being able to make contact with others when living alone; “the people are what make the place you live”; importance of sharing activities in a group; need for support/outreach for people who are isolated	12
Improve public transport: Regular and reliable public transport; better bus / train transport; better transport links for villages/rural areas; importance of good bus service and cycle lanes to make a place good to live in; more affordable (inc. taxis); negative impact on ability to take part in wellbeing activities and interests (socialising, support groups etc); evening and weekend availability	12
Resources, funding and money: financial support for equipment/transport for disabled people - a funding pot; someone to provide information about financial help; an easier way to contact and speak to energy suppliers; reduce council tax; remove or reduce fees for rubbish to mitigate increase in fly tipping; negative feedback about value for money of greenery installations in one town centre; importance of having enough money to live/being debt free for mental health	7
Green space and nature: importance of local green areas and walking paths to keep healthy; doing something active outdoors (bike ride, run, country walk); being in nature; access to fresh air; wish for local walking group to be set up – various wellbeing benefits	7

Improve access to and availability of information: less complicated phone lines, more informed staff; services need to be better at answering the telephone; more information about groups, activities, services we can access locally; helplines that actually do help with the correct information; a central point of information about available services: adult carer services, parent carer services, benefits, support groups; a local community 'what's on' board in the library; challenge of keeping directories etc up to date	7
Health and care services: More local health services and dentists; more health and care services for the learning disability community; better access to health services; equity of access to services inc. prevention services; reduce waiting times for referrals; more, and easier access to, roles to support people with social interaction, navigating services, health and wellbeing etc	6
Improve access to GP appointments: make it easier to get through to GP practice and see a doctor/nurse; access generally; make it easier to make an appointment; reduce waiting times; importance of continuity of care	5
Local areas and amenities: clean and tidy streets – “If our village looks like a dump we feel angry and upset”; a wish to see more municipal flower planting to enhance local area and encourage people to care about where they live (but acknowledgement of funding constraints); shops in local area for local residents, rather than tourists (eg post office, chemists); need more local food shops, supermarkets (and fewer shops aimed at tourists)	4
Mental health support: value of local voluntary and community sector support services to give structure and routine to daily life; importance of good access to mental health services – enough staff, being able to contact when help is needed; importance of talking to each other, friends and family; safe spaces; importance of getting out and about, taking part in social activities and interests	4
Effective and joined-up services: statutory services should work together better, improve their communication; make it more straightforward to get to the right person to sort out an issue; not have to tell your story multiple times - better communication; reduce 'red tape'	4
Value of local libraries: value of local library for social interaction, reducing loneliness and isolation; “one of the happy places in our town” – glad that the library is still open and appreciation of the volunteers	4
Activities (general): ideas for local activities (film club, putting local band stand back into use); more activities locally – some have not re-started after the pandemic; more free activities	4
Physical and leisure activity: better access to gym and leisure activities; more leisure activities; tailored exercise groups for parents	3
Activities for children and young people: need a youth centre for teens as they seem to be left out; more free activities; concern re loss of local play area	3
Support for families: increased availability of information for parents delivered in conversation style where children can play at the same time; role of voluntary/community facilities for families as informal information resources	3
Community cohesion and safety: more visible policing on the streets – helps us to feel safe; concern about local anti-social behaviour and lack of action, affecting mental health; police presence – local station no longer staffed; better police presence	3
Improve access for disabled people (and everyone): people in communities to have a better understanding of disabilities; have pavement parking fines to reduce the barriers caused for people using the pavements	2

Housing: more housing choices and availability (people with learning disability); need more good-quality housing	2
Employment: more employment opportunities; access to good employment (and link to good transport for this)	2
Other: the importance of appreciating simple joys in life	2
Digital access: funding for people accessing support for new digital initiatives; importance of not relying solely on digital provision of services (link to isolation)	2
Carers: companionship for cared-for person	1

Youth Councils – community conversations

Three Youth Councils, involving over 30 young people from a range of localities and backgrounds, took part in community conversations with members of the NYC Children and Young People’s Voice and Creative Engagement team.

The top priority for young people

All three Youth Councils highlighted that they felt that **youth centres, youth groups and safe spaces for young people**, with trained staff, are very important to them, and they would like there to be more of them. More availability of spaces with trained and trusted staff where they feel safe, respected and listened to would contribute to better mental health, and to early intervention and prevention.

Note that the theme of more safe spaces, activities and youth clubs for young people emerged through conversations with adults as well (see library drop-in themes and community conversation themes, above).

Experiences and issues that impact negatively on young people’s wellbeing:

- Impact of education/schools on young people: feeling that they are not being listened to in education settings and the impact this has on their mental health; limited autonomy; no mechanism to challenge injustice; not appreciating individual need or understanding and adapting to the young people’s disabilities
- Discussions about pressures generally on their mental health, including concern about negative or limiting perceptions that adults have of young people
- Lack of safe and welcoming spaces for young people
- Concerns about safety and fear of crime, but lack of trust in the police
- Feedback from young women in one area that if you are from certain areas/backgrounds, the way to gain social status was by being good at fighting; however, this has significant negative impacts on their sense of safety and on their mental health. In addition, they also reported sexual harassment by older men, which also impacts negatively on sense of safety and mental health.
- Local facilities reducing, for example shops closing down so their choices of clothing etc are limited (importance of this for creating their own identity)
- The cost-of-living crisis is having an enormous impact on young people’s wellbeing. They said they are witnessing parental stress and this is causing a sense of instability in the home.

Positive impacts on young people's wellbeing – what works, and what they would like more of:

- Being listened to, for example in Youth Council and youth club
- Access to culture and music, and going to the library
- If there were better shopping opportunities, and better access to culture and music – and better public transport would help with this
- Feeling safer when there is a police presence in town and in key public areas
- If there was better support for mental health. Ideas included: more mental health groups in schools (but finding a balance about how mental health is discussed); mental health days for students (case by case basis); opportunity/space to 'take a breather' while in school; mental health wellbeing training for students; sleep workshops; greater access to services for mental health support and reduced waiting times
- Greater regulation on social media, especially young people using it
- More sports clubs for young people
- Education: one young person with a refugee background shared that education has enabled them to get out the house and learn language to enable them to live happier and healthier in their community; ideas from young people including abolishing SATs, better management of homework (improving communication and reducing overall quantity), start school day later (10am)

Self-Advocates' Forum - community conversation

The Self-Advocates' Forum is part of the North Yorkshire Learning Disability Partnership Board, and is an event for self-advocates (people with a learning disability and/or autism who speak up on behalf of themselves and others) to get together, connect, discuss important issues, influence decision makers and have fun.

As a way of making the consultation inclusive for self-advocates, the co-chairs of the Partnership Board created a board game based on the community conversation prompts. By playing the game, participants could discuss what helped them to stay healthy and happy, what could be improved, and what their One Thing would be.

37 self-advocates took part, along with supporters, and this is what they said:

- They would like more opportunities for activities. This included after-work activities, making the gym more affordable, more opportunities for team sports, and support to do their regular activities. Some people would also like support to exercise and manage their weight.
- Social connection is really important – being with the people you choose and having support to make and maintain your connections.
- More reliable and frequent transport was mentioned, and also finding understanding driving instructors for adults with learning disability/autism/disabled.
- Health issues came up: difficulties getting a dental appointment; cost and support needed to eat more healthily (and role of care support workers in this); managing diabetes.
- One group said that the most important things are your mental health and your physical health, connections, and support to maintain these.

- Home and money also came up as important – where we live, our choices about where we live, and having enough money.



North Yorkshire Citizens Advice and Law Centre client survey

The NYCALC survey asked people accessing their services to select their top 3 from a list of 9:

- Priority 1 - impact of Covid-19 (8)
- Priority 2 - accessing GP and/or dentists (61)
- Priority 3 - hospital waiting lists (31)
- Priority 4 - better mental health support and accessing that support (46)
- Priority 5 - children's health and support services (21)
- Priority 6 - cost of energy and food – 'heat or eat' (98)
- Priority 7 - keeping your home adequately heated (44)
- Priority 8 - other financial worries (28)
- Priority 9 - improved community support organisations e.g. more joined up working, digitalisation not suited to everyone (4)
- Priority 10 - lack of/quality of public facilities, e.g. transport, public toilets, roads and pavements (20)
- Other priority (3)

The top 3 priorities chosen were:

- Priority 6 - cost of energy and food – 'heat or eat' (98)
- Priority 2 - accessing GP and/or dentists (61)
- Priority 4 - better mental health support and accessing that support (46)

People were then asked to provide comments on the priorities that they had chosen. The main themes are summarised below.

- Priority 1 - impact of Covid-19 (14 comments)
Themes: personal impact of the pandemic; reduced access to services, including GPs and NHS dentistry; impact of pandemic on mental health; cost of living/financial worries
- Priority 2 - accessing GP and/or dentists (57 comments)
Themes: concern about difficulty of getting/waiting times for GP appointments; no NHS dentists/no local NHS dentist; concerns about GP consultations by phone; lack of continuity of care; concerns about quality of care; affordability problems of having to travel to access (eg) dentistry
- Priority 3 - hospital waiting lists (33 comments)
Themes: long waits to access hospital/secondary care treatment; concern about impact of waiting lists/cancelled appointments on health conditions; cost of living concerns
- Priority 4 - better mental health support and accessing that support (40 comments)
Themes: not enough mental health support; better mental health support needed; negative experience of mental health services; feedback on specific services (positive and negative); personal experience of mental health issues; affordability concerns (paying for support)
- Priority 5 - children's health and support services (18 comments)
Themes: more opportunities for positive activities, community, socialising needed; more support for children with additional needs; concerns about waiting lists; own experience of being a parent – importance of good start for children, access to healthcare
- Priority 6 – cost of energy and food – ‘heat or eat’ (86 comments)
Themes: cost of fuel – putting heating on less often, going without food; having to make choices between heating and eating; struggling with energy and food price rises, high cost of living generally; having to use food banks; accessing support from Warm & Well and local charities, eg fuel vouchers; concern about impact on young families, children, older people, mental health; knock-on impact on health services; digital exclusion
- Priority 7 - keeping your home adequately heated (37 comments)
Themes: concerns about mould and damp; can't afford to heat home; age/condition of home makes it difficult/too expensive to heat; low income/benefits – can't afford all bills; has accessed support from Warm & Well/local charities
- Priority 8 - other financial worries (24 comments)
Themes: worries about debt; struggling to afford essential expenses; impact of job loss – can't afford bills, growing debt; increases in cost of living impacting on ability to afford other basics – eg clothes, car maintenance, repairs.
- Priority 9 - improved community support organisations e.g. more joined up working, digitalisation not suited to everyone (1 comment)
Theme: person's husband in need of social care, person not digitally connected
- Priority 10 - lack of/quality of public facilities, e.g. transport, public toilets, roads and pavements (17 comments)
Themes: infrastructure - poor road conditions/potholes; lack of wheelchair access; buses not reliable; no public transport; bus service stopped (rural area); affordability of transport; lack of public toilets
- Other priority (1 comment) - *Theme: infrastructure - rebuild and refurbish Scarborough*

6. Respondent demographics

Survey respondents

113 people completed the survey. 82% identified themselves as residents of North Yorkshire, with the remaining 18% answering as someone who works in North Yorkshire, or on behalf of an organisation or group.

In terms of geography, the largest number of responses selected 'North Yorkshire' (30%), with the next two highest being Hambleton area and Scarborough area (15% each). Ryedale area had the lowest percentage of respondents at 3%. Some respondents chose more than one option for this question.

*The majority of respondents were female (70%), with 1% identifying as having a different gender identity. The largest age group (43%) was people aged 50 – 64. 27% of respondents identified as disabled, and 27% as having caring responsibilities. 86% identified as white, with 3% from other ethnic/mixed ethnic backgrounds. 78% identified as heterosexual and 6% as LGB+.

When compared with census data for people aged 16+, the profile of survey respondents includes a higher proportion of LGBT+ people (although actual numbers are very small so firm conclusions cannot be drawn), a higher proportion of disabled people, fewer ethnic minority people and fewer men.

**Note that these percentage calculations include people who selected 'choose not to say'*

Library drop-ins

Approximately 204 people took part in the library conversations. There are also some people who took part in the postcard activity not counted here (some will have taken part in both the conversations and the postcard activity).

Of those people, 139 were women and 55 men; 121 people were estimated to be under the age of 65 (including young people, and parents with babies and young children), and 73 people estimated to be 65+. There were also 10 people for whom this information was not noted.

Ethnicity: majority of participants were white, with a small number of ethnic minority people taking part including an ESOL class of refugees in one library and Eastern European people in the Photo Voice project. Disability: this information was not gathered, however Scarborough Deaf Club representatives did attend the Scarborough Library event with BSL interpretation support.

Community conversations

Approximately 223 people took part in community conversations: approx. 156 in conversations facilitated by VCSE and care providers; approx. 30 in youth council conversations; 37 self-advocates.

Exact numbers for gender and age ranges not available, but sufficient information provided to show that the ages of people involved ranged from 11 to 65+, and both men and women took part (likely to be a higher number of women). Gender diversity not known, but likely to have been some representation particularly via youth councils. Health conditions/disability of participants as referenced in returns:

- Dementia
- Mental ill health

- Stroke survivor
- Hearing difficulties and conditions associated with ageing
- Learning disability
- Autism
- Mobility problems
- Memory problems
- Loneliness

Other factors:

- Unpaid carers
- People living in rural areas

Where groups taking part were located:

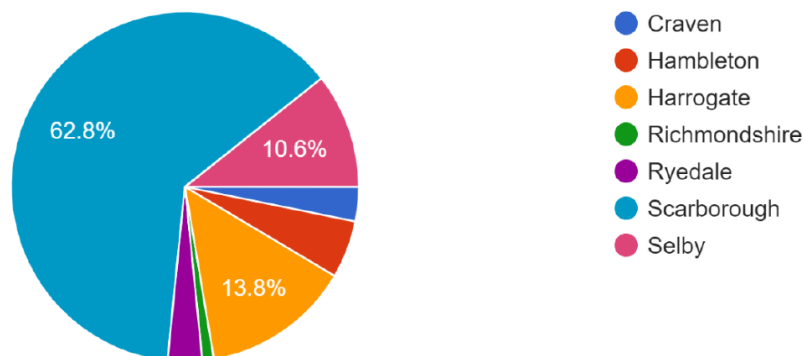
- Skipton
- Northallerton x 2
- Barlby & Osgodby
- Scarborough/Whitby
- Ripon
- Helmsley
- Pickering
- Norton
- Kirbymoorside
- Harrogate
- County-wide (self-advocates' forum)

Boards and forums, written responses and online events

Demographic information not available.

North Yorkshire Citizens Advice and Law Centre survey

% Breakdown of areas in North Yorkshire where respondents lived



138 respondents to the survey; other demographic information not gathered for this exercise, but NYCALC feedback is that it would reflect the overall demographics of people accessing their services: 60% female, 40% male; 80% aged between 18 and 64. A high proportion would have had a disability or long term health condition, mainly multiple impairments, mental health, and physical impairment (non-sensory).

7. Appendices

Appendix 1: consultation survey (attachment)

Appendix 2: easy ready consultation survey (attachment)

Report author:

Shanna Carrell, Equalities Manager (NYC Health and Adult Services)

April 2024

North Yorkshire Joint Local Health and Wellbeing Strategy

This survey is about the draft North Yorkshire Joint Local Health and Wellbeing Strategy 2023 to 2030.

The draft strategy document and information about this consultation can be found on our website at <https://www.northyorks.gov.uk/your-council/consultations-and-engagement/current-consultations/joint-local-health-and-wellbeing-strategy>. You can also ask your local North Yorkshire library for a copy of the draft strategy. If you prefer, you can complete this form online on our website at the link above. The online form allows more space to write your responses.

Please help the North Yorkshire Health and Wellbeing Board to make sure this strategy is focusing on the most important things by answering some questions.

When you are answering the questions, please do not include any personal identifiable information.

The closing date for this survey is 31 March 2024.

Privacy

Reading our Privacy Statement will help you to understand how and why we use your data. Please visit <https://www.northyorks.gov.uk/your-council/transparency-freedom-information-and-data-protection/privacy-notices>

About the Draft Strategy

Please tell us how easy the strategy is to understand, where 1 = not very clear and 5 = extremely clear:

1	2	3	4	5
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you would like to tell us more about the way we have written the strategy, please do so below:

We have said that this is what we want the strategy to do: To enable 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'.

Do you agree that this is what the strategy should do?

Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	I do not understand the aim
<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

If you have said that you disagree that this is what the strategy should do, please tell us what changes you would make:

In this strategy, we are asking everyone to 'Think People, Place and Prevention'.

For each of these, we have explained our aim and said what we want to do to help us achieve the aim. The next series of questions will ask for your opinions on these.

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.

Do you agree with this aim?

- | | | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|-----------------------------------|
| Strongly agree | Agree | Neither agree
nor disagree | Disagree | Strongly
disagree | I do not
understand the
aim |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please tell us more about your response:

To achieve this aim, we said that we are going to focus on a number of actions. You can read more about these actions in our strategy document.

Have we identified the most important things to do to help us achieve our aim?

- | | | | |
|---------------------------|--------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Partially | <input type="radio"/> Do not know |
|---------------------------|--------------------------|---------------------------------|-----------------------------------|

If you have responded 'No' or 'Partially', please tell us more about your response:

Is there anything else you would like to tell us about the proposed actions for 'Think 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.

Do you agree with this aim?

- | | | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|-----------------------------------|
| Strongly agree | Agree | Neither agree
nor disagree | Disagree | Strongly
disagree | I do not
understand the
aim |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please tell us more about your response:

To achieve this aim, we said that we are going to focus on a number of actions. You can read more about these actions in our strategy document.

Have we identified the most important things to do to help us achieve our aim?

- | | | | |
|---------------------------|--------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Partially | <input type="radio"/> Do not know |
|---------------------------|--------------------------|---------------------------------|-----------------------------------|

If you have responded 'No' or 'Partially', please tell us more about your response:

Is there anything else you would like to tell us about the proposed actions for 'Think Place'?

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.

Do you agree with this aim?

- | | | | | | |
|-----------------------|-----------------------|-------------------------------|-----------------------|-----------------------|-----------------------------------|
| Strongly agree | Agree | Neither agree
nor disagree | Disagree | Strongly
disagree | I do not
understand the
aim |
| <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> | <input type="radio"/> |

Please tell us more about your response:

To achieve this aim, we said that we are going to focus on a number of actions. You can read more about these actions in our strategy document.

Have we identified the most important things to do to help us achieve our aim?

- | | | | |
|---------------------------|--------------------------|---------------------------------|-----------------------------------|
| <input type="radio"/> Yes | <input type="radio"/> No | <input type="radio"/> Partially | <input type="radio"/> Do not know |
|---------------------------|--------------------------|---------------------------------|-----------------------------------|

If you have responded 'No' or 'Partially', please tell us more about your response:

Is there anything else you would like to tell us about the proposed actions for 'Think Prevention'?

Putting it together - cross-cutting themes

We have identified some themes where we believe we have an opportunity to collectively make a difference to our communities and organisations. You can read more about these themes in our strategy document

Have we identified the most useful cross-cutting themes for the Health and Wellbeing Board to focus on?

- Yes No Partially Do not know

If you have responded 'No' or 'Partially', please tell us more about your response:

How we will deliver the strategy

The Health and Wellbeing Board wants to work in partnership across the health, social care and voluntary sector to deliver this strategy. Please refer to the strategy document.

Do you agree with the proposed principles?

- Yes No Partially Do not know

If you have answered 'No' or 'Partially', please tell us what changes you would make to the principles:

We will develop a delivery plan with ways to measure the difference we are making, and progress reports will be taken to 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.

Do you agree with our proposed approach for delivering the strategy?

- Yes No Partially Do not know

If you have answered 'No' or 'Partially', please tell us your ideas for delivering the strategy:

Are there any important issues missing from the strategy that you think should be included?

Yes

No

If you have replied 'Yes', please tell us the important issues that are missing:

Do you have any further comments on the draft strategy?

About you

Are you completing this survey as:

A resident of North Yorkshire

Someone who works in North Yorkshire

On behalf of a community voice group or patient network

On behalf of an organisation

On behalf of a partnership group or board

Other

Please tell us the name of your community voice group or patient network:

Please tell us the name of your organisation:

Please tell us the name of your partnership group or board:

If 'Other' please explain:

Where in North Yorkshire do you live?

- | | | |
|---|---|---|
| <input type="checkbox"/> North Yorkshire | <input type="checkbox"/> Craven area | <input type="checkbox"/> Hambleton area |
| <input type="checkbox"/> Harrogate area | <input type="checkbox"/> Richmondshire area | <input type="checkbox"/> Ryedale area |
| <input type="checkbox"/> Scarborough area | <input type="checkbox"/> Selby area | |

Where in North Yorkshire do you work?

- | | | |
|---|---|---|
| <input type="checkbox"/> North Yorkshire | <input type="checkbox"/> Craven area | <input type="checkbox"/> Hambleton area |
| <input type="checkbox"/> Harrogate area | <input type="checkbox"/> Richmondshire area | <input type="checkbox"/> Ryedale area |
| <input type="checkbox"/> Scarborough area | <input type="checkbox"/> Selby area | |

Which area of North Yorkshire does your group, network, organisation or board cover?

- | | | |
|---|---|---|
| <input type="checkbox"/> North Yorkshire | <input type="checkbox"/> Craven area | <input type="checkbox"/> Hambleton area |
| <input type="checkbox"/> Harrogate area | <input type="checkbox"/> Richmondshire area | <input type="checkbox"/> Ryedale area |
| <input type="checkbox"/> Scarborough area | <input type="checkbox"/> Selby area | |

We want to make sure that we know which groups in our communities we have reached with this survey, and what different groups think about the strategy. To help us with this, please answer the following questions about yourself.

You do not have to answer these questions. The information you provide will be made anonymous and collated for statistical analysis. We will not ask for any personal identifying information, such as your name or address.

Age: Which age category are you in?

- | | | | |
|---|--------------------------------|--------------------------------|-----------------------------------|
| <input type="radio"/> 16 to 19 | <input type="radio"/> 20 to 29 | <input type="radio"/> 30 to 39 | <input type="radio"/> 40 to 49 |
| <input type="radio"/> 50 to 64 | <input type="radio"/> 65 to 74 | <input type="radio"/> 75 to 84 | <input type="radio"/> 85 or older |
| <input type="radio"/> Prefer not to say | | | |

Gender: Which of the following best describes you?

- | | | | |
|------------------------------|----------------------------|--|---|
| <input type="radio"/> Female | <input type="radio"/> Male | <input type="radio"/> I describe myself in another way | <input type="radio"/> Prefer not to say |
|------------------------------|----------------------------|--|---|

If you selected 'I describe myself in another way' please tell us below if you would like to:

Gender identity: Is the gender you identify with the same as your sex registered at birth?

- Yes No Prefer not to say

If you selected 'No' please tell us below if you would like to:

Ethnicity: What is your ethnic group?

- White Mixed or multiple ethnic groups Asian Black, African or Caribbean
- Other ethnic group Prefer not to say

If you selected 'Other ethnic group' please tell us below if you would like to:

Disability: Do you consider yourself to be a disabled person or to have a long-term, limiting condition?

- Yes No Prefer not to say

Sexual orientation: Which of the following best describes how you think of yourself?

- Heterosexual or Straight Gay or Lesbian
- Bisexual Other sexual orientation
- Prefer not to say

If you selected 'Other sexual orientation' please tell us below if you would like to:

Caring responsibilities: Do you provide regular care and support for a disabled or ill family member, friend or neighbour?

- Yes No Prefer not to say

Thank you for completing this survey.

Please return this survey to us by handing it in at your local North Yorkshire library, or by posting it to us at:

**North Yorkshire Council
Health and Adult Services
Racecourse Lane
Northallerton
DL7 8AD**

North Yorkshire

Joint Local Health and Wellbeing Strategy 2023 – 2030

Easy read consultation survey

  	<p>This survey is about the Joint Local Health and Wellbeing Strategy. This is a plan to help people who live in North Yorkshire to be healthier and happier.</p> <p>The plan belongs to the North Yorkshire Health and Wellbeing Board.</p> <p>You can find the plan on the council’s website: www.northyorks.gov.uk/WellbeingStrategyConsultation</p> <p>Or by asking in your local library.</p> <p>Here is a link to North Yorkshire Council’s Privacy Plan: www.northyorks.gov.uk/your-council/transparency-freedom-information-and-data-protection/privacy-notices</p>
	<p>We would like to ask you some questions to find out what you think about the plan.</p>
 <p>Library</p>	<p>Please fill in this survey and hand it in to your local library, or send it back to:</p> <p>North Yorkshire Council Health and Adult Services Racecourse Lane Northallerton DL7 8AD</p>



Or you can fill the survey in online instead:
www.northyorks.gov.uk/WellbeingStrategyConsultation



Please send it to us by **31 March 2024**.

Thank you.

When you answer the survey questions, please do not tell us anything personal about yourself or your family



If you are filling in this survey as an advocate for someone please tick here:

Please answer the questions, where possible, how they would answer themselves.



Please tick a box to tell us if you are:

Someone who lives in North Yorkshire

Someone who does not live in North Yorkshire, but who has a job or goes to college here

Answering on behalf of a community group
or a partnership board

Please tell us the name:

Answering on behalf of an organisation

Please tell us the name:



Is the plan easy to understand?

Yes

No

I'm not sure



If you said no, what would make it easier to understand? Please write it here:



Do you agree with the big aim of the plan: 'For everyone who lives in North Yorkshire to have a fair chance of living a good life, free from preventable ill health, living a longer, healthier life.'



Yes



No



I'm not sure



If you said no, please tell us why not. Please write it here:



In our plan, we have said that ‘We want to make sure that our communities with the poorest health have the services and opportunities they need to make their health better.’

Do you think that this is an important thing to do?



Yes



No



I'm not sure



If you said no, please tell us why not. Please write it here:



Our plan has a list of the things we want to do to help people with the poorest health to live healthier lives. Do you think these are the right things for us to do?



Yes



No



I'm not sure



If you answered 'no', what do you think we should do instead?

Please write it here:



In our plan, we have said that 'We want to make sure that where you live helps you stay well and happy.'

Do you think that this is an important thing to do?



Yes



No



I'm not sure



If you said no, please tell us why not. Please write it here:



Our plan has a list of the things we want to do to help make sure that where we live helps us to stay healthy and happy. Do you think these are the right things for us to do?



Yes



No



I'm not sure



If you answered 'no', what do you think we should do instead?

Please write it here:



In our plan, we have said that 'We want to help everyone who lives in North Yorkshire to be healthier by doing the big things that will make the most difference.' Do you think that this is an important thing to do?

Yes

No

I'm not sure





If you said no, please tell us why not. Please write it here:



Our plan has a list of the things we want to do to make it easier for everyone in North Yorkshire to make healthy choices. Do you think these are the right things for us to do?

Yes



No



I'm not sure





If you answered 'no', what do you think we should do instead? Please write it here:



In our plan, we have said that there are some big things that the Health and Wellbeing Board wants all organisations to do. These things will help us make the changes we want for North Yorkshire.

Do you think these are the right things for organisations to do, to help make things better for people?



Yes



No



I'm not sure



If you answered 'no', what do you think organisations should do instead? Please write it here:



In our plan, we have said how we will make the plan happen. Do you think these are the right things for the Health and Wellbeing Board to do, to make sure the plan is happening?

Yes

No

I'm not sure



If you answered 'no', what do you think the Health and Wellbeing Board should do instead?
Please write it here:



Is there anything else you want to say about the plan? Please write it here:

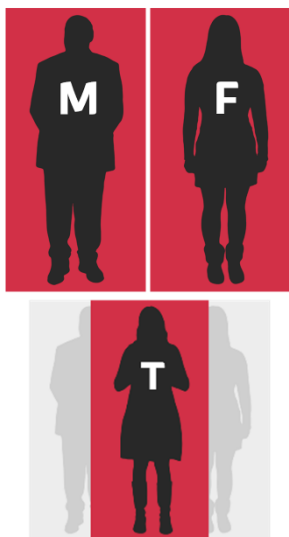
Please tell us about yourself. This will help us to know if our survey is getting to different sorts of people.

You don't have to fill this part of the survey in, and you can leave parts of it blank if you want to.



How old are you? Please tick one box.

16 - 19	<input type="checkbox"/>
20 - 29	<input type="checkbox"/>
30 - 39	<input type="checkbox"/>
40 - 49	<input type="checkbox"/>
50 - 64	<input type="checkbox"/>
65 - 74	<input type="checkbox"/>
75 - 84	<input type="checkbox"/>
85+	<input type="checkbox"/>
I don't want to say	<input type="checkbox"/>



Please tick one box to tell us if you:

Are a man	<input type="checkbox"/>
Are a woman	<input type="checkbox"/>
Think about yourself in a different way	<input type="checkbox"/>
Prefer not to say	<input type="checkbox"/>

Please tick one box to tell us if you are a person with a disability, or if you have a long-term illness or condition:

Yes

No



If you said **yes**, please tick all of the boxes which describe your disability or long term illness or condition

- I have a physical impairment or disability
- I have a learning disability or difficulty
- I have sight or hearing loss
- I have a long term illness or condition
- I have a mental health problem or illness
- Other disability, illness or condition



Please tick one box to tell us if you are:

White British or Irish or Other white background	<input type="checkbox"/>
Mixed ethnicity	<input type="checkbox"/>
Asian or Asian British	<input type="checkbox"/>
Black or Black British	<input type="checkbox"/>
Chinese	<input type="checkbox"/>
Other ethnic group	<input type="checkbox"/>
	<input type="checkbox"/>



Please tick a box to tell us where you live:

Craven	<input type="checkbox"/>
Hambleton	<input type="checkbox"/>
Harrogate	<input type="checkbox"/>
Richmondshire	<input type="checkbox"/>
Ryedale	<input type="checkbox"/>
Scarborough	<input type="checkbox"/>
Selby	<input type="checkbox"/>
Somewhere else	<input type="checkbox"/>



Thank you for answering our questions.

Equality impact assessment (EIA) form: evidencing paying due regard to protected characteristics

Joint Local Health and Wellbeing Strategy 2023-2030

If you would like this information in another language or format such as Braille, large print or audio, please contact the Communications Unit on 01609 53 2013 or email communications@northyorks.gov.uk.



যদি আপনি এই ডকুমেন্ট অন্য ভাষায় বা ফরমেটে চান, তাহলে দয়া করে আমাদেরকে বলুন।

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

اگر آپ کو معلومات کسی دیگر زبان یا دیگر شکل میں درکار ہوں تو برائے مہربانی ہم سے پوچھئے۔

Equality Impact Assessments (EIAs) are public documents. EIAs accompanying reports going to Councillors for decisions are published with the committee papers on our website and are available in hard copy at the relevant meeting. To help people to find completed EIAs we also publish them in the Equality and Diversity section of our website. This will help people to see for themselves how we have paid due regard in order to meet statutory requirements.

Name of Directorate and Service Area	North Yorkshire Health and Wellbeing Board / NYC Health and Adult Services
Lead Officer and contact details	Louise Wallace, Director of Public Health, North Yorkshire Council
Names and roles of other people involved in carrying out the EIA	JLHWBS Editorial Group, including representatives from: <ul style="list-style-type: none"> • Humber and North Yorkshire Integrated Care Board • NYC Public Health • NYC HAS Engagement & Governance • NYC Democratic Services
How will you pay due regard? e.g. working group, individual officer	Working Group
When did the due regard process start?	April 2022

Section 1. Please describe briefly what this EIA is about. (e.g. are you starting a new service, changing how you do something, stopping doing something?)

This equality impact assessment is being undertaken on behalf of the North Yorkshire Health and Wellbeing Board.

Health and Wellbeing Boards have a statutory duty to produce and deliver Joint Health and Wellbeing Strategies, that aim to help improve overall health and wellbeing for the local populations and reduce health inequalities. The current North Yorkshire Joint Health and Wellbeing Strategy (JHWBS) covered the time period 2015-2020, and a new strategy is therefore required.

The purpose of the Joint Local Health and Wellbeing Strategy as indicated in the statutory guidance is to:

- Meet the needs identified in Joint Strategic Needs Assessments (JSNA), unique to each local area;
- Explain what priorities the health and wellbeing board has set in order to tackle the needs identified in their JSNAs;
- Set a small number of key strategic priorities for action, that will make a real impact on people's lives (rather than attempting to tackle everything);
- Translate JSNA findings into clear outcomes the Board wants to achieve, which will inform local commissioning – leading to locally led initiatives that meet those outcomes and address the needs.

This EIA has been updated following the consultation on the draft strategy, January – March 2024.

Section 2. Why is this being proposed? What are the aims? What does the authority hope to achieve by it? (e.g. to save money, meet increased demand, do things in a better way.)

The proposal is for the new JLHWBS to take account of recent events, particularly the impact of the pandemic on health and wider inequalities; to explore what matters to people now (for example the cost of living crisis); and to identify longer-term priorities for improving health and reducing health inequalities

As outlined in section 1 above, it is a statutory requirement to produce a joint health and wellbeing strategy. The strategy should inform strategy, planning and commissioning by partner organisations, in line with the Health and Social Care Act 2012 which outlines that commissioners should take regard of the JLHWBS when exercising their functions in relation to the commissioning of health and social care services. In line with this intent, the strategy will be reflected in the wider plans of the North Yorkshire Place Board and Humber and North Yorkshire Health and Care Partnership and is synergistic with the direction of the Bradford District & Craven Place Board.

The strategy has this overarching ambition: *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'.*

It is then structured around 3 Ps:

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.

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.

For each 'P', there are a number of actions to contribute to achieving the overall ambition.

The strategy focuses on:

- Prevention of certain health conditions that impact on a wide proportion of the population, including cancer, heart disease, musculoskeletal disorders, mental ill-health, dementia and respiratory diseases;
- The places where we live, focusing on the wider determinants of health which affect people's life chances and therefore their health outcomes; and
- Those groups of people who are particularly at risk of health inequalities and poor health outcomes, including those who typically experience multiple overlapping risk factors for poor health.

It therefore includes a focus both on the wider population of North Yorkshire and on some specific groups of people.

Specific groups of people across North Yorkshire, who are of particular relevance to this EIA, can experience multiple overlapping risk factors for poorer health, such as trauma, poverty, violence and discrimination. This leads to extremely poor health outcomes - often much worse than the general population. As well as health and wellbeing improvements for the population overall, the strategy will focus on people who are in one or more of the following 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

The strategy also acknowledges that 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.

Section 3. What will change? What will be different for customers and/or staff?

The strategy is an overarching plan that focuses on priorities and outcomes. It describes a number of actions which should improve health outcomes and life chances for the population of North Yorkshire. Improvements will be seen over the longer term, due to the deeply-rooted and systemic nature of the inequalities. It will also guide work with our system partners to help meet the growing health and social care needs within North Yorkshire and address the wider determinants of health.

The strategy includes actions aimed at improving health outcomes for specific groups (including those listed above), and actions that are aimed at improving health outcomes for all populations. Through this combination of targeted and broader actions, the aim is that health inequalities across and within our communities will be reduced.

Equality and inclusion will also be considered in the strategy's implementation planning and monitoring.

Strategy implementation and monitoring will be overseen by the North Yorkshire Health and Wellbeing Board, and via the implementation of linked strategies.

Section 4. Involvement and consultation (What involvement and consultation has been done regarding the proposal and what are the results? What consultation will be needed and how will it be done?)

In order to guide the development of the new strategy, an editorial group has been convened with representation from the Council and the H&NY Integrated Care Board.

This group has worked together to shape the draft strategy, informed by discussions with the Health and Wellbeing Board. Links have also been made with West Yorkshire ICB, Bradford and Craven Place Board. In addition, an engagement task group has been formed with representation from the council, both ICBs and Healthwatch North Yorkshire.

Mapping and analysis of relevant engagement was undertaken to bring together 'what people have already told us', to inform the draft strategy. This approach was taken as a considerable quantity of engagement has been carried out by partners and we were conscious of the need not to overwhelm people, as per the council's engagement promise.

A 12-week consultation period was built into the project timeline, to allow partners and communities to examine and respond to the draft strategy. This was designed to be inclusive, with in-person and online opportunities as well as a survey option.

Through our engagement review, we identified certain groups who are at higher risk of health inequalities but whose voice has been less evident. This includes some of the specific groups of people already listed in section 2, particularly homeless people, Gypsy, Roma, Traveller communities, and migrant communities. The voice of ethnic minority communities was also less evident. As well as aiming to hear from a wide range of stakeholders and communities, it is important that we hear the voice of these groups. Whilst we did hear from a broad range of people in our consultation including people from a migrant background, we still need to do more work to hear from these communities. This will be supported by current work to undertake a health needs assessment for Gypsy, Roma, Traveller and Show people and ongoing health inequalities and inclusion work including with migrant communities.

The draft strategy also includes a specific cross-cutting theme for all Health and Wellbeing Board partners to collaborate on coproduction and engagement work and to do this in a way that strengthens community relationships and manages the demand on community groups (particularly socially excluded groups). In addition, the guiding principles of collaborative working within the strategy includes the following: 'We will promote inclusion, recognising diversity and reducing inequalities'.

From the consultation on the draft strategy, the ambition and the 3 Ps were supported by the majority of survey respondents and partner responses. However, people felt that the actions required clarification, and more detail on how they would be delivered.

From community conversations in libraries and via providers that support people, the top 6 priorities for health and wellbeing – The One Thing – emerged as follows:

- The importance of and suggestions for improved access to physical activity
- Better access to GP appointments
- Improved public transport
- Importance of access to green space and nature
- Access to health and care services
- Importance of social connection

Feedback from North Yorkshire Citizens Advice and Law Bureau (NYCALC) client survey

NYCALC conducted a short survey with people accessing their services, asking them to choose their top three priorities from a list of 11, and give their reasons. The top three priorities were:

- Priority 6 - cost of energy and food – 'heat or eat' (98)
- Priority 2 - accessing GP and/or dentists (61)
- Priority 4 - better mental health support and accessing that support (46)

The majority of participants for all methods were female, and age ranges reached included young people (via youth councils), working age adults and older retired adults. In terms of diversity, the majority were white British with a small number of ethnic minority people, a higher proportion of disabled people than Census 2021 population data indicates, and from the strategy survey, a higher proportion of people who identify as LGBTQ+. In terms of disabled people, people experiencing a wide range of conditions took part, including people with learning disability, Deaf people, people with long term physical conditions and people with mental health conditions.

The draft equality impact assessment was made available alongside the other consultation documents during the consultation period. No comments relating specifically to the EIA were received.

The strategy has been revised following consultation to take account of feedback, and a delivery plan will be developed, providing more detail on delivery of actions.

Section 5. What impact will this proposal have on council budgets? Will it be cost neutral, have increased cost or reduce costs?

The aim of the JLHWBS is to inform local commissioning decisions and guide targeted work with our system partners to help meet the needs of our North Yorkshire residents.

There should be no direct cost arising from the strategy, but it is expected that it will assist local commissioning decisions to ensure they are targeted to meet evidenced and prioritised local need; thus, making best use of available resources.

In addition, the strategy includes a cross-cutting theme focused on working collectively to make effective and efficient use of resources to avoid duplication, maximise impact at a community level and enable delivery at scale (where appropriate).

Section 6. How will this proposal affect people with protected characteristics?	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
Age		x		<p>North Yorkshire has a population of around 615,500 people (Census 2021), an increase of around 17,100 people since 2011.</p> <p>The population is older than the national average – 25.0% are aged 65 years and over compared with the England average of 18.4%. This has increased from 20.6% in 2011. The proportion of the population aged under 15 (16.1%) and aged 16-64 years (58.9%) are smaller than the national averages of 18.6% and 63.0% respectively.</p> <p>There are about 68,900 people aged 65+ with a limiting long term illness in North Yorkshire. Of these people, 44% (30,100) report that their daily activities are limited a lot because of their illness (POPPI, 2020).</p> <p>In terms of children and young people, we know that there are 151,000 children and young people aged under 25. Key issues for children and young people include increased need for support for their mental health; disparities in terms of health and wider social determinants in and between areas of North Yorkshire; educational and social development following the pandemic.</p> <p>The JLHWB Strategy includes a number of actions focusing on age, for both children and young people, and older people.</p>
Disability		x		<p>There are certain groups in our communities who have worse health outcomes and life chances than other groups.</p> <p>There is a bigger difference in mortality rates between inclusion health groups and the wider population. This difference is even larger than the (substantial) differences between least</p>

			<p>deprived and most deprived geographical communities in the wider population.</p> <p>Other groups also experience poorer health and social outcomes, related to physical health issues but also to social and economic barriers. This includes people with mental health issues, people with learning disability, and autistic people.</p> <p>People with physical, sensory and cognitive impairments are more likely to experience barriers to access for health, care and everyday services and activities, including built environment, transport, communication and attitudinal barriers.</p> <p>Generally, people with one or more significant health issues are more likely to have a low income.</p> <p>The draft JLHWB strategy has a number of actions focusing on specific health conditions, improving health overall and reducing health inequalities.</p> <p>It also includes a cross-cutting action for all HWB partners that focuses on ensuring that our services and communication channels are accessible to disabled people and others who may experience barriers to access.</p>
Sex		x	<p>Overall, the population of North Yorkshire is made up of 51% female and 49% male (and within that, there is approx. 0.3% of people who identify as gender diverse in some way).</p> <p>Life expectancy at birth for males in North Yorkshire is 80.4 years and 84.3 years for females (2018-20). Both of these figures are significantly higher than the England averages of 79.4 and 83.1 respectively.</p> <p>However, at small area level, life expectancy across the County varies widely - as high as 86.8 years for males in the Harrogate Oatlands ward and 90.8 years for females in the Claro ward of Harrogate and as low as 72.8 years for males in the Whitby West Cliff ward of Scarborough district and 78.2 years for females in the Knaresborough Eastfield ward of Harrogate district (2016-20).</p> <p>In terms of healthy life expectancy, men in the Eastfield ward of Scarborough can expect to live 54 years in good health but men in the Rossett ward of Harrogate ward spend 74 years in good health, around a 20 year difference of life spent in good health. For females, there is also a 15 year difference in life expectancy between the wards with the lowest and highest life expectancy.</p>

			<p>For healthy life expectancy, women in the ward with the lowest life expectancy (Eastfield ward, Scarborough) spend 58 years in good health, while in Spofforth with Lower Wharfedale ward in Harrogate they spend 76 years of their longer life in good health. For both sexes, the wards with the highest life expectancy exceed the national average and those with the lowest life expectancy are below the England figures of around 64 years for males and 65 years for female (2009-13).</p> <p>There are differences between men and women in terms of health needs and socio-economic factors. The Government's Women's Health Strategy (2022) points out that: "<i>Women spend a significantly greater proportion of their lives in ill health and disability when compared with men. Not enough focus is placed on women-specific issues like miscarriage or menopause, and women are under-represented when it comes to important clinical trials. This has meant that not enough is known about conditions that only affect women, or about how conditions that affect both men and women impact them in different ways.</i>"</p> <p>Women (and some men) may require gender-specific services for certain conditions including support for substance use, particularly if they have experienced trauma¹.</p> <p>The draft strategy includes actions to improve health and wellbeing for the whole NY population, as well as specific actions focusing on women's health.</p>
Race		x	<p>Within North Yorkshire 6.73% of the population are from Black, Asian and Minority Ethnic groups, compared to 19% in England (Census 2021).</p> <p>The Middle Super Output Area (MSOA) which covers Catterick Garrison & Colburn in Richmondshire has the largest proportion of ethnic minority residents in North Yorkshire (15.2%), which is associated with the military population at Catterick Garrison.</p> <p>11.5% of the population of the Skipton South MSOA in Craven are from ethnic minority groups, the second largest community in the county.</p> <p>The MSOAs covering Harrogate East and Central Harrogate have the third largest proportion of ethnic minority residents - both 8.2%.</p>

¹ [Research shows that women are being failed by drug and alcohol treatment services | Centre for Justice Innovation](#)

			<p>In North Yorkshire, because ethnic minority communities are in general small and dispersed, ethnic minority people can find it harder to access culturally-specific and/or culturally knowledgeable services that might be available in larger urban areas. This, along with experiences of discrimination and racism, and language barriers, are likely to make it harder to access services and to receive a timely diagnosis.</p> <p>The largest ethnic minority grouping across the county is 'White Other' which includes Eastern European people. There is a (relatively) large population in Scarborough and Ryedale, and support is offered in those areas by the Pomoc Community Scarborough and Ryedale project, funded by North Yorkshire Council.</p> <p>At the last census, 900 individuals identified as Gypsy Traveller or Roma (GRT). This is an increase of 312 from the last Census. Research shows that GRT people experience significantly worse health and social outcomes, and die at a younger age. There are eight council-provided sites. Support on a number of sites is provided by Horton Housing and North Yorkshire Council.</p> <p>There are also a number of refugee and asylum-seeking families in North Yorkshire placed via the Vulnerable Persons Resettlement Scheme, as well as Ukrainian families. Some support is provided by North Yorkshire Council and the Refugee Council.</p> <p>Although there are a small number of service providers and projects focusing on specific ethnic minority communities, for other people, the experience of being a minoritized person in a large county with little focused support or infrastructure can increase isolation.</p> <p>The draft strategy includes specific actions aimed at improving health and wider wellbeing outcomes for GRT, refugee and migrant communities, as well as actions aimed at improving health and wellbeing across all groups.</p>
Gender reassignment		x	<p>For North Yorkshire, the % of people identifying as Trans/gender diverse in the last Census was approximately 0.3% (of those who responded). This compares to 0.5% for England (0.6% when 'no answer' discounted).</p> <p>Trans people have specific health requirements , particularly if they wish to take a medical pathway in their transition, and experience barriers to accessing both specialist and generalist care. Generally, the former is due to lack of availability/long waiting lists and the latter to concerns about or experience of lack of awareness and discrimination in the health sector.</p>

				<p>Trans people are, in general, a very small minority group dispersed across a large county; this can increase isolation. From feedback from Trans people, we are aware that there is a lack of organised peer support.</p> <p>The draft strategy includes actions aimed at improving health outcomes and reducing barriers for those groups experiencing health inequalities, as well as actions to improve health and wellbeing for all communities.</p>
Sexual orientation		x		<p>For North Yorkshire, the % of people identifying as LGB+ in the last census was approximately 2%. This compares with the England average of 3.2%.</p> <p>LGB+ people may experience barriers to accessing health care due to experiences or fear of discrimination. LGB+ people also have a higher risk of certain conditions, including substance use and mental health conditions (which is likely to be linked to the impact of discrimination). There may also be lack of awareness from health care workers or LGB+ people themselves about risk of certain conditions and the need for screening eg cervical cancer.</p> <p>Additionally, LGB+ people may find that they are not treated equally as partners and spouses when their loved one is ill or in need of care.</p> <p>LGB+ people are also a small and dispersed community in North Yorkshire, and from feedback we are aware that there is a lack of organised peer support.</p> <p>The draft strategy includes actions aimed at improving health outcomes and reducing barriers for those groups experiencing health inequalities, as well as actions to improve health and wellbeing for all communities.</p>
Religion or belief		x		<p>In North Yorkshire, the most recent Census figures indicate that 51.9% identify as Christian; 38.9% no religion; 1.96% Muslim; 0.5% Sikh; 0.4% Hindu; 0.3% Buddhist; 0.1% Jewish' 0.1% other and 5.9% no answer.</p> <p>The % Christian is higher than the England figure (46.2%), as is the % no religion (37.2%), whilst the other groups are all smaller than the England figures.</p> <p>This is likely to be linked to the small (although growing) percentage of ethnic minority people in North Yorkshire.</p> <p>For some faith groups, particularly minority faith groups, cultural and religious observances will be important for person-centred care, and concern</p>

				<p>re these needs being met may create barriers to accessing health and other aspects of wider wellbeing.</p> <p>Faith groups also provide a source of support to members, and often to their wider communities, and as such actively contribute to wellbeing and reduction of loneliness and isolation.</p> <p>The draft strategy includes actions aimed at improving health outcomes and reducing barriers for those groups experiencing health inequalities, as well as actions to improve health and wellbeing for all communities.</p>
Pregnancy or maternity		x		<p>Pregnancy and maternity is a stage in women's (and other pregnant people's) lives when they have specific health care needs, and these will interact with existing health conditions or other personal/social characteristics (for example, being a smoker; having a low income and/or living in an area of high deprivation; being a disabled parent).</p> <p>The Government's Women's Health Strategy 2022 highlights that some women experience disparities in outcomes and experiences of maternity care, for example ethnic minority women: women and babies of black or Asian ethnicity or those living in the most deprived areas are more likely to die from causes linked to pregnancy and birth, compared with women living in the least deprived areas. There are also inequalities and inconsistencies in access to fertility treatment, particularly for female same-sex couples.</p> <p>The JLHWB strategy includes a specific action to deliver a North Yorkshire women's health strategy to respond to the Government strategy and address local issues and needs, as well as actions to maintain the downward trajectory in unplanned pregnancy in under 18s and to implement the North Yorkshire Sexual, Reproductive Health and HIV strategic framework.</p>
Marriage or civil partnership	x			<p>Whilst no specific barriers on grounds of partnership status have been identified, married people and people in a civil partnership will nevertheless benefit from broader improvements to health and wellbeing.</p>

Section 7. How will this proposal affect people who...	No impact	Make things better	Make things worse	Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.
..live in a rural area?		x		North Yorkshire is England's largest county, covering a geographical area of over 8,000 square kilometres. It has some urban areas and

			<p>is also highly rural, with up to 85% of the county being classified as 'super sparse'. This results in a population density of just 77 people per square kilometre, compared with an England average of 432.</p> <p>Research by the LGA² on health and wellbeing in rural areas identified a number of health risks particular to rural communities.</p> <ul style="list-style-type: none"> • Rural areas are increasingly older as elder people migrate in whilst younger people migrate out • Infrastructure in rural areas is more sparse • Pollution from traffic is increasing in rural areas • Distance to services means residents can experience 'distance decay' • A breaking down of social networks, resulting in isolation and social exclusion • Poor quality and unaffordable housing, and higher rates of fuel poverty <p>The draft strategy includes a focus on Place, with specific actions aimed at reducing health inequalities in rural and coastal communities.</p>
...have a low income?		x	<p>Although North Yorkshire is relatively prosperous, across the County there are pockets of very high levels of deprivation. 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. At ward level Eastfield, Castle and Woodlands in Scarborough town are the three most deprived wards in North Yorkshire. Using the previous Index of Multiple Deprivation 2015, the Director of Public Health Annual Report in 2019 focused on the 11 most deprived LSOAs in North Yorkshire. They remained the 11 most deprived in the Index of Multiple Deprivation 2019.</p> <p>Scarborough also has a higher prevalence of smoking than the England average, and a significantly worse rate of hospital admission for alcohol-specific conditions (and this is also an issue for North Yorkshire as a whole).</p> <p>Low income/living in a deprived area can intersect with protected characteristics and health conditions to increase the risk of poverty and ill health. The draft strategy includes a number of actions focused on reducing health inequalities by tackling the wider social determinants linked to low income and socio-economic exclusion. This includes support for the most vulnerable families with the cost of living, ensuring they are enrolled in schemes for which they are eligible; influencing</p>

² Local Government Association C2017. Health and wellbeing in Rural areas. Pp7-8

				<p>the development of the Economic Growth Strategy and Devolution deal, and a cross-cutting action for all HWB partners to show leadership in providing employment opportunities for people who experience barriers to employment.</p>
<p>...are carers (unpaid family or friend)?</p>		x		<p>From Census 2021 age-standardised data, 8.6% of people in North Yorkshire are unpaid carers, with Scarborough district having the largest proportion (9.5%). The NY figure is very slightly lower than the England figure, 8.9%. This is a sharp fall from Census 2011; reasons for this are unclear but may have been influenced by changes during the COVID-19 pandemic.</p> <p>The fall has been greatest in the least deprived LSOAs in North Yorkshire, and nationally. The most deprived LSOAs have seen the smallest reduction in unpaid carers.</p> <p>4.7% of North Yorkshire residents are providing 9 or less hours of care, 1.6% 20-49 hours, and 2.4% 50 or more hours.</p> <p>The North Yorkshire neighbourhood (MSOA) with the largest proportion of usual residents aged 5 years and over who provided 50 hours or more per week of unpaid care in 2021 was Eastfield, Crossgates & Seamer (4.1%). The average across North Yorkshire is 2.4%.</p> <p>8 out of the top 10 neighbourhoods in North Yorkshire for the provision of 50 hour or more per week of unpaid care were in Scarborough district.</p> <p>This indicates a link between areas of multiple deprivation, health conditions and need for unpaid care.</p> <p>The health profile of unpaid carers shows that the older the carer is and the more hours of care they provide, the more likely they are to report that they are not in good health. For example, for unpaid carers aged 65+ and providing 50 or more hours, 46.45% report that they are not in good health.</p> <p>We also know that more women than men provide unpaid care in most age categories, with men more likely to provide care from the age of 80 years onwards.</p> <p>Unpaid carers can experience a range of health and social impacts as a result of their caring responsibilities, including impacts on mental health, social isolation and income. This can be made worse for carers who live in rural areas, are older, who are young carers, or who are from minority groups and already experiencing access barriers as a result.</p> <p>The draft strategy includes specific actions to reduce inequalities for carers as well as actions</p>

				to improve health and wellbeing for all communities, including to tackle health inequalities in areas of deprivation.
Armed Forces covenant		X		<p>Armed forces, veterans and families may experience some barriers to health care, eg losing places on waiting lists, and experience disruption to education, due to regular moves. They are also at risk of mental health difficulties.</p> <p>The draft strategy includes actions aimed at improving health outcomes and reducing barriers for those groups experiencing health inequalities, as well as actions to improve health and wellbeing for all communities.</p>

Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)	
North Yorkshire wide	X The strategy applies to the whole of North Yorkshire, and includes a focus on remote rural areas and coastal inequalities
Craven district	
Hambleton district	
Harrogate district	
Richmondshire district	
Ryedale district	
Scarborough district	
Selby district	
If you have ticked one or more districts, will specific town(s)/village(s) be particularly impacted? If so, please specify below.	

<p>Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.</p> <p>The draft strategy will benefit the whole population of North Yorkshire but should have a greater positive impact on those experiencing multiple inequalities. This includes those impacted by discrimination and/or access barriers that arise from protected characteristics – for example, disabled or older people who live in rural areas, older female carers in deprived areas.</p>
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Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (Remember: we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	Tick option chosen
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	x
2. Adverse impact - adjust the proposal - The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why option has been chosen. (Include any advice given by Legal Services.)	
The purpose of the Joint Local Health and Wellbeing Strategy is to help improve overall health and wellbeing for the local populations and reduce health inequalities across North Yorkshire, with a focus on improving the health and wider wellbeing outcomes of specific target groups.	

Section 11. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)
The strategy will be monitored through:
<ul style="list-style-type: none"> • Monitoring for individual actions such as linked strategies • High-level measures such as the number of years people spend in ill-health • Co-production and engagement activities • Delivery plan and progress reports to Health and Wellbeing Board • Health and Wellbeing Board spotlight sessions on specific topics/themes • Improved health outcomes • Engagement with services and access to services in primary and secondary care • Changes in patterns/trends in demand for services (adult social care)

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.				
Action	Lead	By when	Progress	Monitoring arrangements
Consider consultation feedback, including any feedback on this EIA, and review draft strategy	Editorial Group	April 2024		Health and Wellbeing Board
Include data and information about the way in which people's protected	Health and Wellbeing Board	Ongoing		Health and Wellbeing Board

characteristics have been taken into account, in monitoring the delivery of the strategy – eg via monitoring reports and spotlight sessions				
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Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

The draft North Yorkshire Joint Local Health and Wellbeing Strategy should have a positive impact on people who live in North Yorkshire, including those defined by protected characteristics.

It aims to reduce health inequalities experienced by specific groups in North Yorkshire’s population, as well as actions to improve health outcomes for the whole population. The targeted groups include those who experience multiple overlapping risk factors for poor health and those who experience additional barriers to access, such as ethnic minority groups, older people, people living in areas of deprivation and rural areas and women. The strategy also takes account of intersecting identities and barriers.

The EIA has been shared as part of the consultation on the draft strategy and reviewed post-consultation to inform the final strategy.

The consultation reached a wide range of groups in our community, including some who experience additional barriers to access so that their views could inform the final strategy. There are some particularly marginalised groups not reached; however, there is focused work ongoing which should help to fill this gap – for example, the health needs assessment for Gypsy, Roma, Traveller and Show People currently underway.

In order to ensure that protected characteristics are considered in the delivery and monitoring of the strategy, the Health and Wellbeing Board is advised to include this requirement in data, engagement and progress reports to the Board.

Section 14. Sign off section

This full EIA was completed by:

Name: JLHWBS Editorial Group
Job title:
Directorate: Health and Adult Services
Signature:

Completion date: 17 November 2023

Authorised by relevant Assistant Director (signature): Louise Wallace, DPH

Date: 13 December 2023; updated post-consultation May 2024

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DRAFT ROLLING WORK PROGRAMME 2024/2025

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

WEDNESDAY 22ND MAY 2024			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Integrated Care Partnerships - Updates	Chief Operating Officer, Humber and North Yorkshire Integrated Care System Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Monday 13th May 2024	Standing Item Generally these will be verbal updates
North Yorkshire Joint Local Health and Wellbeing Strategy	Director of Public Health	Monday 13th May 2024	Sign off of the Strategy
Rolling Work Programme	Senior Democratic Services Officer	Monday 13th May 2024	Standing Item

ROLLING WORK PROGRAMME 2024/2025

FRIDAY 19TH JULY 2024			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Bradford and Craven Place Update	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Wednesday 10 th July 2024	Standing Item Generally these will be verbal updates
North Yorkshire Place Update	Chief Operating Officer, Humber and North Yorkshire Integrated Care System	Wednesday 10 th July 2024	Standing Item Generally these will be verbal updates
Health Protection	Public Health Consultant	Wednesday 10 th July 2024	When a report on this was presented last year, it was agreed that there should be an annual update
Better Care Fund 2023/2024 – Quarter 4 Return	Director of Public Health	Wednesday 10 th July 2024	To approve the fourth quarter return
Rolling Work Programme	Senior Democratic Services Officer	Wednesday 10 th July 2024	Standing Item

ROLLING WORK PROGRAMME 2024/2025

WEDNESDAY 18TH SEPTEMBER 2024			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Bradford and Craven Place Update	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Monday 9 th September 2024	Standing Item Generally these will be verbal updates
North Yorkshire Place Update	Chief Operating Officer, Humber and North Yorkshire Integrated Care System	Monday 9 th September 2024	Standing Item Generally these will be verbal updates
Local Plan Update	Director of Community Development	Monday 9 th September 2024	Presentation
Rolling Work Programme	Senior Democratic Services Officer	Monday 9 th September 2024	Standing Item

ROLLING WORK PROGRAMME 2023/2024

WEDNESDAY 27TH NOVEMBER 2024			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Bradford and Craven Place Update	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Monday 18 th November 2024	Standing Item Generally these will be verbal updates
North Yorkshire Place Update	Chief Operating Officer, Humber and North Yorkshire Integrated Care System	Monday 18 th November 2024	Standing Item Generally these will be verbal updates
North Yorkshire Joint Local Health and Wellbeing Strategy – Delivery Plan	Director of Public Health	Monday 18 th November 2024	Update on progress against the key priorities in the Strategy
Director of Public Health Annual Report	Director of Public Health	Monday 18 th November 2024	Report and presentation
North Yorkshire Safeguarding Children’s Partnership (NYSCP) Annual Report 2023/2024	Executive Chair and Independent Scrutineer NYSCP and Corporate Director, Children and Young People’s Service	Monday 18 th November 2024	Presentation
North Yorkshire Safeguarding Adults Board Annual Report 2023/2024	Chair of Safeguarding Adults Board	Monday 18 th November 2024	Presentation

Rolling Work Programme	Senior Democratic Services Officer	Monday 18 th November 2024	Standing Item
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DRAFT

ROLLING WORK PROGRAMME 2023/2024

MONDAY 13TH JANUARY 2025			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Bradford and Craven Place Update	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Thursday 2 nd January 2025	Standing Item Generally these will be verbal updates
North Yorkshire Place Update	Chief Operating Officer, Humber and North Yorkshire Integrated Care System	Thursday 2 nd January 2025	Standing Item Generally these will be verbal updates
Better Care Fund 2025/2026	Director of Public Health	Thursday 2 nd January 2025	To approve the Better Care Fund
Rolling Work Programme	Senior Democratic Services Officer	Thursday 2 nd January 2025	Standing Item

ROLLING WORK PROGRAMME 2024/2025

FRIDAY 14TH MARCH 2025			
ITEM	LEAD	REPORT DEADLINE	COMMENTS
Bradford and Craven Place Update	Director of Integrated Health and Care, Bradford District and Craven Health and Care Partnership	Wednesday 5 th March 2025	Standing Item Generally these will be verbal updates
North Yorkshire Place Update	Chief Operating Officer, Humber and North Yorkshire Integrated Care System	Wednesday 5 th March 2025	Standing Item Generally these will be verbal updates
North Yorkshire Joint Local Health and Wellbeing Strategy – Delivery Plan	Director of Public Health	Wednesday 5 th March 2025	Update on progress against the key priorities in the Strategy
Consideration of Rolling Work Programme for 2025/2026	Principal Democratic Services Officer	Wednesday 5 th March 2025	To approve the Work Programme for the year ahead

OTHER *POTENTIAL* ITEMS – NO SET DATE ALLOCATED

- NHS Operating Framework and Local Government Financial Settlement – update
- Regeneration

***POTENTIAL* WORKSHOPS**

On occasions (on the same day as a Board meeting), the Board holds a Workshop on an area of mutual interest to partners.

Future Workshops might include:-

- Spotlight Session on the Joint Local Health and Wellbeing Strategy
- Health of the Nation
- Health and Inequalities
- Coastal/Rural Initiatives
- Local Plan Update (suggested as an Agenda Item for the meeting on 18th September 2024 but may lend itself to a Workshop)

Principal Democratic Services Scrutiny Officer

March 2024