



**29 November 2023**

## **Joint Local Health and Wellbeing Strategy 2023 - 2030**

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

<b>1.0</b>	<b>Purpose of report</b>
1.1	To share the draft Joint Local Health and Wellbeing Strategy for North Yorkshire, and request approval from the Board to take the draft forward for public consultation.
1.2	This report builds on reports to the Health and Wellbeing Board on 28 November 2022, 17 March 2023 and 20 September 2023.
<b>2.0</b>	<b>Shape and structure of new Joint Local Health and Wellbeing Strategy</b>
2.1	As the Board is aware from previous reports, the strategic vision 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"> <li>• Think People</li> <li>• Think Place</li> <li>• Think Prevention</li> </ul> <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 draft strategy has been revised to take account of feedback from the Board at its meeting in September 2023. The current version to be taken forward for public consultation can be seen in appendix 1 to this report.
<b>3.0</b>	<b>Consultation proposals</b>
3.1	The consultation proposals have been developed by a partnership group including representatives from North Yorkshire Council, Health and Healthwatch North Yorkshire, and remain the same as shared with the Board in March 2023: a public consultation of 12 weeks, starting on 8 <sup>th</sup> January 2024 and ending on 31 <sup>st</sup> March 2024.
3.2	More detail on the consultation plans can be found in appendix 2. The plans include a mix of survey (online, easy read and paper versions via libraries), virtual meetings and in-person opportunities for communities to share their views, with careful consideration given to accessible and inclusive methods of engagement.

3.3	<p>A summary of consultation risks and mitigating actions can also be found in appendix 2. The risks include:</p> <ul style="list-style-type: none"> <li>• High-level nature of strategy means that it may be challenging to gain interest from stakeholders, particularly the general public</li> <li>• Consultation timeline overlaps with other consultations</li> <li>• Poor weather may impact on in-person consultation events</li> <li>• Difficulty in reaching/engaging with marginalised groups</li> <li>• Staffing restructures may slow down production of consultation materials</li> </ul>
3.4	<p>Board members are invited to deliver aspects of the consultation, in particular to lead group discussions at partnership boards, forums and virtual consultation events, and attend community drop-in events. More detail on this, including dates and locations, will be made available shortly.</p>
<b>4.0</b>	<b>Timeline for strategy approval</b>
4.1	<p>The timeline following approval to go forward to public consultation is as follows:</p> <p>Public consultation: 8<sup>th</sup> January 204 to 31<sup>st</sup> March 2024 (12 weeks)  Analysis and production of final draft strategy: April/May 2024  Final draft strategy to Health and Wellbeing Board: May 2024  North Yorkshire Council Executive: June 2024  North Yorkshire Council: July 2024  Launch of new strategy: July/August 2024</p>
<b>5.0</b>	<b>Financial implications</b>
5.1	<p>In terms of the cost of producing the strategy, including consultation costs, this will be met from existing departmental budgets. We will look to keep the number of printed copies to a minimum, given the online access that there will be to the document; however some printed consultation copies will be required for accessibility.</p>
5.2	<p>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.</p>
<b>6.0</b>	<b>Legal Implications</b>
6.1	<p>It is a statutory requirement upon the Health and Wellbeing Board to produce a Joint Local Health and Wellbeing Strategy.</p>
<b>7.0</b>	<b>Equalities Implications</b>
7.1	<p>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.</p>
7.2	<p>An equality impact assessment has been completed (appendix 3) and will be shared as part of the consultation on the draft strategy. The consultation will aim to reach marginalised groups and those who experience additional barriers to access so that their views can inform the final strategy. The EIA will then be reviewed post-consultation to inform the final strategy. Findings will be shared with the Health and Wellbeing Board.</p>

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.
<b>8.0</b>	<b>Climate change implications</b>
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.
<b>9.0</b>	<b>Conclusion</b>
9.1	The JHWBS Editorial Group would be grateful for the views of the Health and Wellbeing Board on the proposed plans for public consultation, and for the participation of HWB members in consultation events.
<b>10.0</b>	<b>Recommendations</b>
10.1	<p>The JLHWBS Editorial Group requests that the following recommendations are approved:</p> <ul style="list-style-type: none"> <li>• That the North Yorkshire Health and Wellbeing Board approve the draft Joint Local Health and Wellbeing Strategy to go forward for public consultation;</li> <li>• That the Board approves the plans for public consultation, to take place between 8<sup>th</sup> January and 31<sup>st</sup> March 2024.</li> </ul>

Louise Wallace  
Director of Public Health

20 November 2023  
County Hall, Northallerton

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# 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 v 16.1*

OFFICIAL

## Foreword

### 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 local partnerships play 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:*

- *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.*
- *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.*
- *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.*

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

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

**Think Place**

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

**Think Prevention**

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

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

To do this we will focus on:

Workforce & employment opportunities

Digital inclusion and innovation

Making best use of our resources

Accessibility of services and communication

Joining up our coproduction and engagement

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

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

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

## What do we mean by health inequalities?

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



### 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](#)

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

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

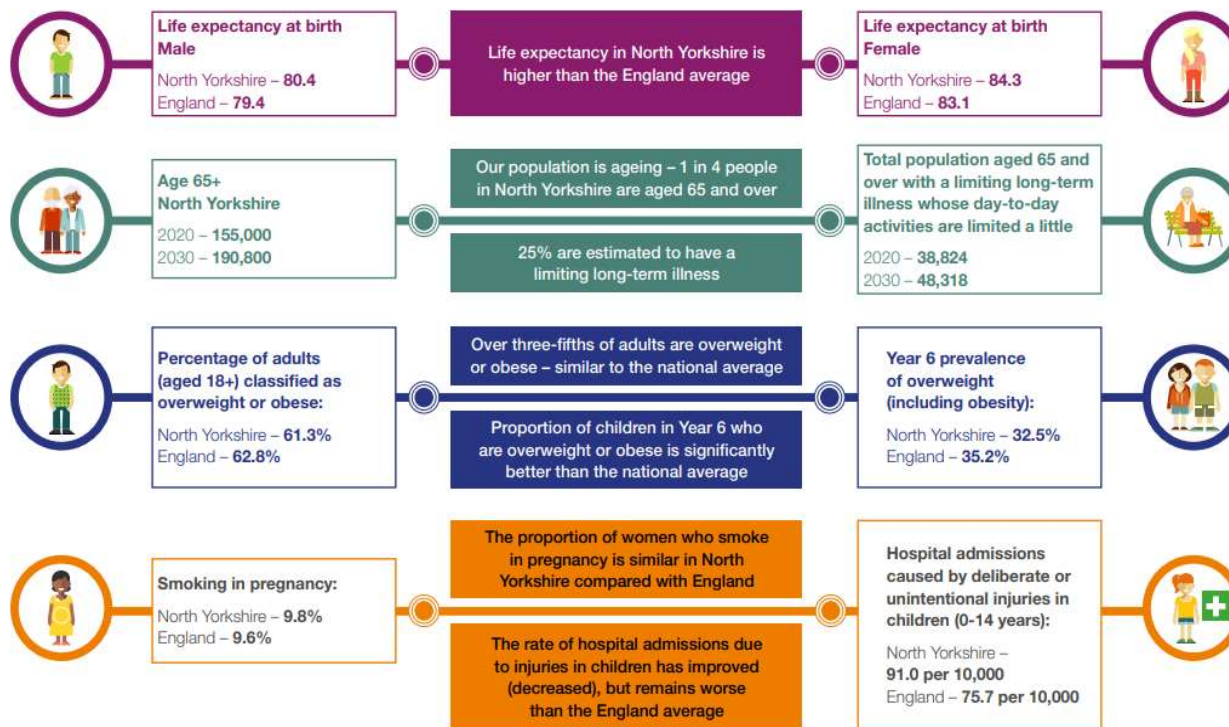
*"Respect, accept and value all people, regardless of how we look or where we live".*

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



# What does health and wellbeing look like in North Yorkshire?

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



Large parts of North Yorkshire have better than average life expectancy when compared with England as a whole. However, there are areas where life expectancy is worse, particularly in Scarborough, but also in parts of Selby, Harrogate and Richmondshire. The gap in life expectancy between our most deprived and least deprived wards can be as much as 11 years for men and 10 years for women. We also know that there are inequalities within wards, and even within streets, including in areas that are not considered 'deprived'.

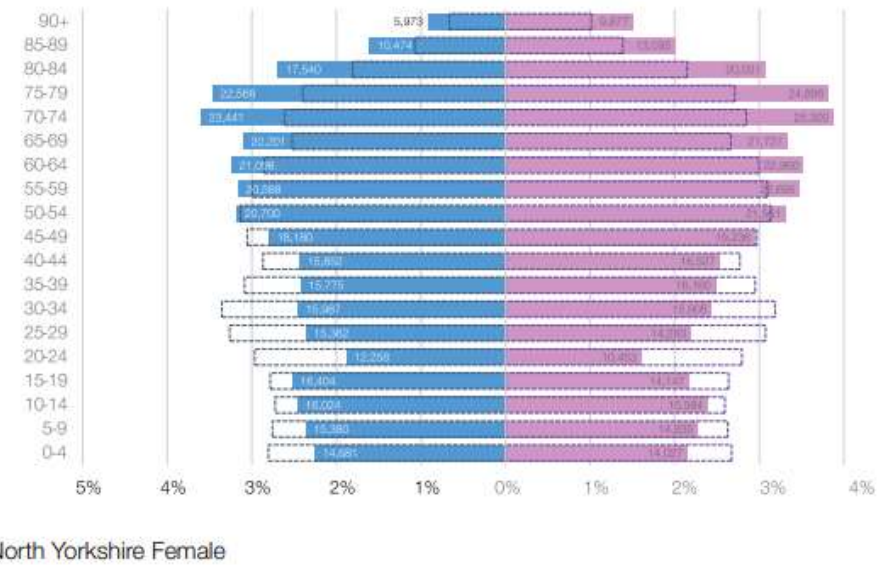
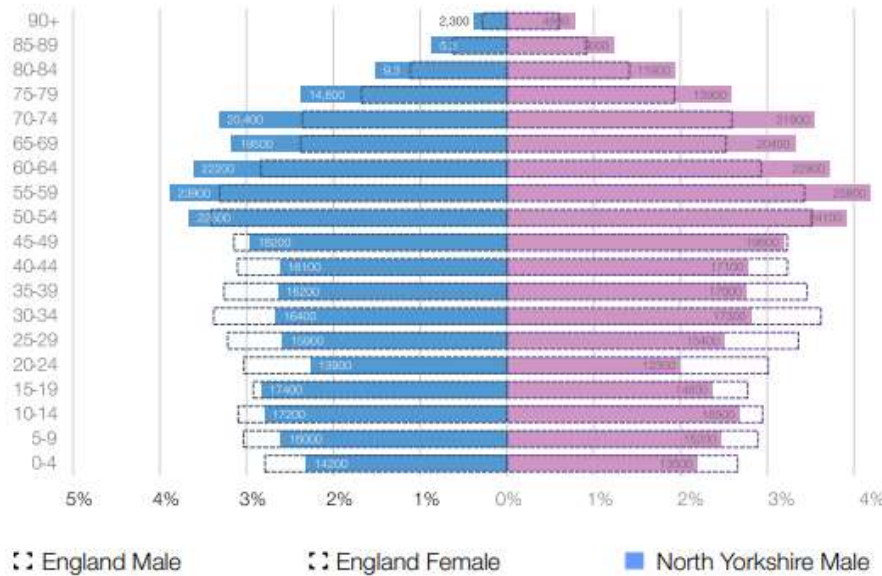
You can find more facts and figures about health in North Yorkshire here: [Welcome - Data North Yorkshire](#)

# What does health and wellbeing look like in North Yorkshire?

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

**Age profile, North Yorkshire**  
ONS mid-year population estimates 2021

**Projected age profile, North Yorkshire, 2043**  
ONS 2018-based population projections



## How we have developed this strategy

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

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

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

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

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

## Strategic landscape

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

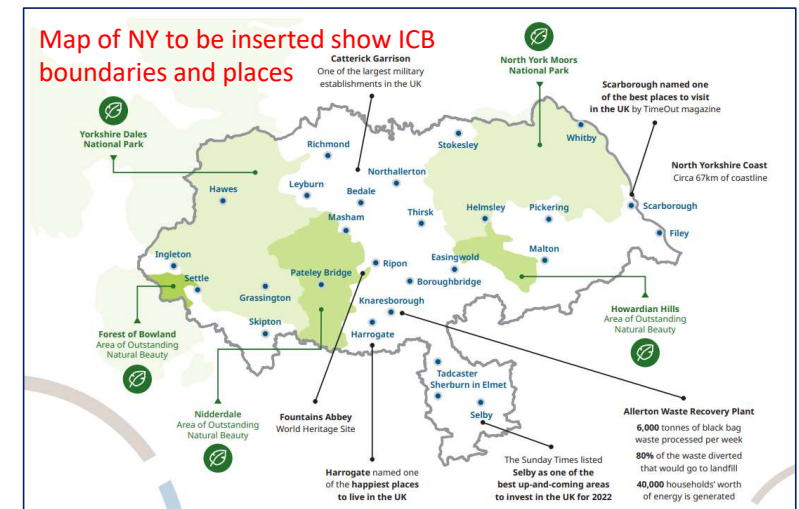
The planning of our local NHS services is now overseen by **Integrated Care Boards** (ICBs). The ICBs work together with all parts of the NHS, local councils and other partners to deliver joined-up care for people, in Integrated Care Systems.

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

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

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

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



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

People

Place

Prevention

Putting it all together

Shared action to deliver our priorities

## Humber & North Yorkshire Integrated Care System Integrated Strategy

Narrowing the gap in healthy life expectancy between the highest and lowest levels in our communities by 2030 and increasing healthy life expectancy by five years by 2035:

- Start well
- Live well
- Age well
- Die well

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

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

## West Yorkshire Integrated Care System Integrated Strategy

Together, we want to help people live well and stay healthy for as long as possible, and if they have mental health or physical problems, make sure they can easily access services that meet their needs.

- Reduce health inequalities
- Manage unwarranted variations in care
- Secure the wider benefits of investing in health and care
- Use our collective resources wisely

## West Yorkshire Integrated Care System Bradford & Craven Place Plan

### Priorities

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

### Enablers

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

## NHS National Annual Operational Plan delivered by ICSs

### Priority areas

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

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

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

## North Yorkshire Joint Health and Wellbeing Strategy

People

Place

Prevention

Putting it all together

### Shared action to deliver our priorities

#### Council Plan 2023-2027

##### Health & Wellbeing Priorities:

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

##### Connected priorities:

- Place and environment; economy; people; organisation

##### Underpinned by Locality working

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

#### Health & Adult Services Plan

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

#### Director of Public Health Big Ticket Items:

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

#### Adult Social Care Improvement Priorities

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

#### Children and Young People's Services (CYPS) Priorities

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

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

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

## North Yorkshire Joint Health and Wellbeing Strategy

People

Place

Prevention

Putting it all together

Shared action to deliver our priorities

Local independent consumer champion for health and social care

### Healthwatch North Yorkshire: 2023-2024 priorities

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

Voluntary and community sector

### Community First Yorkshire

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

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

## Introducing our strategic priorities

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



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



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



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



# Introducing our strategic priorities: Core20PLUS5

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

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

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



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

**What does this mean?** For many people North Yorkshire is a great place to live a healthy life, and the joint action we take under this strategy will help to sustain this. However we know that there are people within our communities for whom it is much harder to live a healthy lifestyle and to access the right services at the right level to prevent ill health. And we also know that within our communities, some people will experience additional barriers – for example, ethnic minority people, women and LGBTQ+ people.

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

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

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

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

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

Women spend a significantly greater proportion of their lives in ill health and disability when compared with men. And 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

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

### What people have told us

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



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

## What we are going to do

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

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

### What we are going to do

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

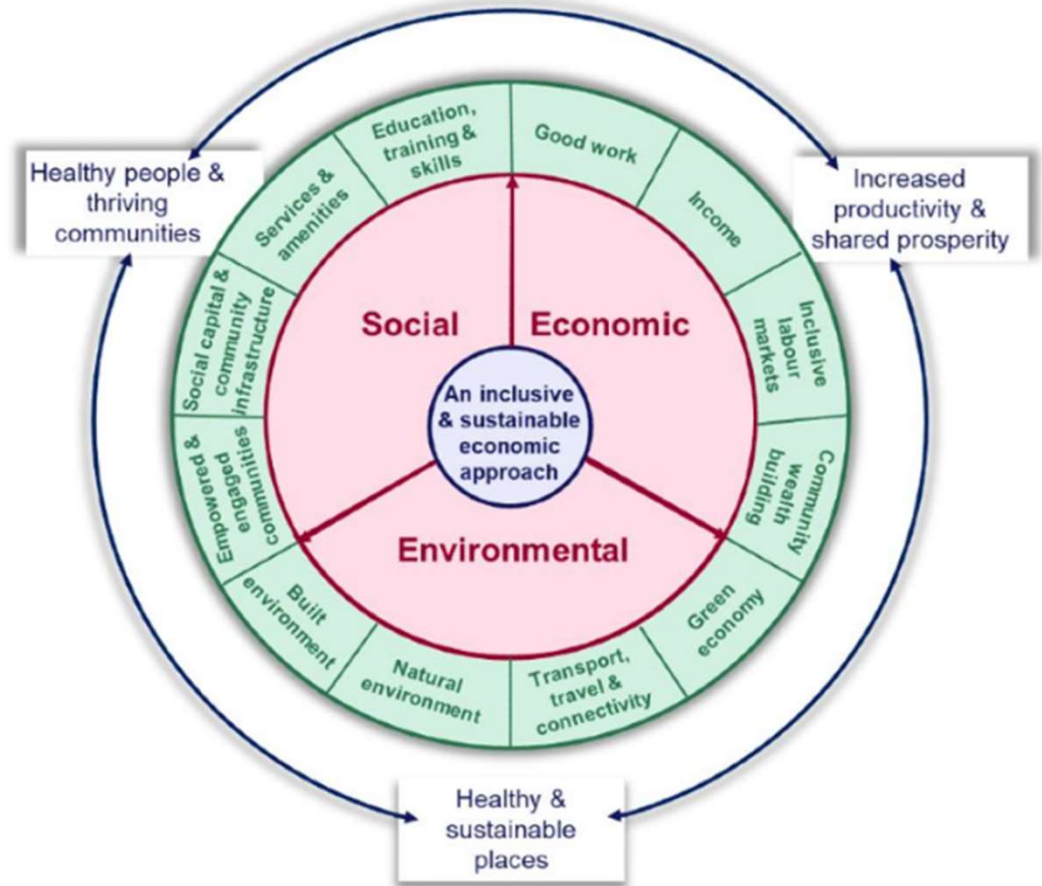
**Think Place:** In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life.

### What does this mean?

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

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

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



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

### Why does it matter?

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

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

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

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

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

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

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

### What people have told us

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





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

### What we are going to do

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

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

### What we are going to do

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

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

### What does this mean?

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

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

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

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

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

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

### Why does it matter?

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



### What people have told us

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

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

## What we are going to do

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

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

## What we are going to do

- Strengthen **Public Health intelligence and Population Health Management** approaches to meet the needs of people now and in the future
- Improve our approach to **Community Infection Prevention & Control** to support health protection in frontline services across the system
- Develop a local response to the national **Suicide Prevention Strategy**
- Continue to provide **the 0-19 Healthy Child Programme** across NY, both the mandated service and those additional extras which are deemed most effective across the region. We continue to monitor the impact of all parts of the programme
- **Support the most vulnerable families with the cost of living**, ensuring they are enrolled in schemes for which they are eligible, eg:
  - Free school meals – autoenrollment is the ultimate goal
  - Healthy Start Scheme
  - Government funded childcare
- Continue our **health surveillance** to act on those health issues we have identified as being of concern **for children and young people**, including:
  - Childhood admissions from unintentional injuries
  - Childhood unhealthy weight
  - Drug and alcohol admissions
- Maintain the **downward trajectory of unplanned pregnancies in under 18's**, with a sustained focus on Scarborough with higher than England rates
- Implement the **North Yorkshire Sexual, Reproductive Health and HIV strategic framework**, working across the system to deliver the associated action plan

## Putting it together: Cross-cutting themes

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

### **Workforce and employment opportunities**

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

### **Accessibility of services and communication**

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

### **Making best use of our resources**

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

## Putting it together: Cross-cutting themes

### Digital inclusion and innovation

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

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

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

### Joining up our coproduction and engagement

As a system, collaborate on our coproduction and engagement work to 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 and managing the demand on community groups (particularly socially excluded groups).



## Delivering our strategy

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

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

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

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

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

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

## Delivering our strategy

### How we will keep track of our progress

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

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

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

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

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

## Glossary

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

## Joint Local Health and Wellbeing Strategy 2023-2030

### Public consultation proposals

#### Introduction and context

The purpose of this paper is to outline the proposals for public consultation on the draft Joint Local Health and Wellbeing Strategy (JLHWBS) 2023-2030.

The draft strategy has been informed by the findings of a review of existing engagement, conducted by the JLHWBS engagement task group\*. This was based on the knowledge that a substantial amount of relevant engagement activity had been carried out by the council and partners, including locality-based activity and some large-scale projects, for example the 'Let's Talk' conversations to inform the new North Yorkshire Council. However, we are aware that some voices were less evident from this review and this is therefore considered in the consultation planning.

The next stage is for the draft strategy to be shared with stakeholders via a public consultation. This is being proposed as it is essential that stakeholders have the opportunity to consider and influence the final shape of the strategy, and there is a general expectation that strategies such as this will be available for consultation. The timescale of 12 weeks is proposed in order to allow sufficient time for communication and for key stakeholders to consider and respond.

The \*JLHWBS engagement task group, with representation from NYC, Healthwatch North Yorkshire and ICBS, is leading on planning the consultation on behalf of the Editorial Group.

#### Consultation proposals

The aim of the consultation exercise is to allow system partners and communities to consider and comment on the aims, objectives and intended outcomes of the draft Joint Local Health and Wellbeing Strategy, and thus influence its direction, content and implementation.

It is acknowledged that the stakeholders most likely to be motivated to participate are system partners (statutory and non-statutory) for whom the strategy is more directly relevant. However, it is important to the Board to also hear from the wider community in North Yorkshire, and in particular marginalised groups whose voices were less evident in the engagement review. The consultation will therefore include actions to ensure that the consultation is accessible and communicated widely.

#### Timeline

The proposed timescale for the consultation is 12 weeks, in line with good practice guidelines for public consultation. The proposed dates are: Monday 8<sup>th</sup> January 2024 to 31<sup>st</sup> March 2024.

Analysis will take place concurrently where possible and finalised during April 2024, aiming to bring the consultation report and strategy back to the Health and Wellbeing Board in May 2024.

#### Methodology

We are proposing a combination of approaches to reach a wide range of stakeholders:

- Webpage on North Yorkshire Council website to host the consultation
- Links to this page from partner websites
- Survey to be available online, plus paper copies available in libraries and via partners

- Draft strategy and survey will also be provided in easy read, and in other formats on request
- Attending scheduled community forums and partner meetings, in-person and online (booking into these forums is in progress)
- Online consultation events for system partners (also open to general public)
- In-person consultation events: local events to be held in libraries using an informal ‘drop-in’ format with use of creative/arts engagement methods (Photo Voice exhibition and participatory engagement)
- Toolkit to support discussions at forums etc (short presentation, simple prompt questions, survey link)
- Reaching marginalised groups by liaising with specific organisations working with those groups, and going to where people already are, where possible
- Communications plan, including press release that partners can also use; social media; e-bulletins and newsletters (for example Healthwatch North Yorkshire and Community First Yorkshire e-bulletins); via partner, patient and community networks

Health and Wellbeing Board members are requested to support the consultation by leading the strategy discussions at forums etc. Dates and locations for events will be circulated as soon as available.

The engagement task group and editorial group will continue to monitor, liaise and adjust as required during the consultation period, depending on response levels and feedback.

### Output and impact

The consultation findings will be analysed and a report created to inform the review of the draft strategy. This consultation report will be shared with Health and Wellbeing Board along with the revised strategy, and uploaded (with summary) on the consultation webpage to provide feedback to participants.

The impact of the consultation exercise will be measured via response rate and route, number and range of forums etc attended, and any feedback received on the consultation exercise itself.

### Risks

The key risks and mitigations around the consultation are:

Risk	Mitigation
Lack of interest. The JLHWBS strategy is very high-level and it may be challenging to gain interest from the general public.	Considered in consultation methodology and communications: will use a variety of methods, including less formal drop-in sessions, creative engagement, and broad comms strategy.
Overlapping with other strategy consultations: <ul style="list-style-type: none"> <li>• Autism Strategy (27.11.23 – 15.3.24)</li> <li>• Drug and Alcohol Strategy (2.2.24 – 30.4.24)</li> <li>• Other partner consultations, such as the HNY ICB consultation on autism diagnosis criteria</li> </ul> Could cause confusion and consultation fatigue for partners and communities.	We will use consultation forward planning to help to manage this, and work with colleagues to share information about other consultation opportunities at their events etc

Given the consultation will be taking place over the winter/early spring season, there is a risk that poor weather may impact on attendance at events	Offer mix of online and in-person events
Difficulty in reaching/engaging with marginalised groups	Consult with organisations that work with these groups, so that they can provide feedback on their behalf (based on their knowledge of key issues)
Staffing restructures may slow down production of consultation materials	Advance planning and good communication with colleagues

*Author:*

*Shanna Carrell*

*HAS Equalities Manager*

*On behalf of JLHWBS Engagement Task Group*

*20 November 2023*

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

### *Joint Local Health and Wellbeing Strategy 2023-2030 Draft EIA*

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](mailto: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	Shanna Carrell, HAS Equalities Manager <a href="mailto:Shanna.carrell@northyorks.gov.uk">Shanna.carrell@northyorks.gov.uk</a>
Names and roles of other people involved in carrying out the EIA	JLHWBS Editorial Group, including representatives from: <ul style="list-style-type: none"> <li>• Humber and North Yorkshire Integrated Care Board</li> <li>• NYC Public Health</li> <li>• NYC HAS Engagement &amp; Governance</li> <li>• NYC Democratic Services</li> </ul>

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 Joint Health and Wellbeing Strategies. 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 JHWBS as indicated in the statutory guidance is to:

- Meet the needs identified in Joint Strategic Needs Assessments, 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.

**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.

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

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

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

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

The strategy focuses on:

- 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;



- The places where we live, focusing on the wider determinants of health which affect people's life chances and therefore their health outcomes; and
- 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

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

The specific groups who are of particular relevance to this EIA, because they are particularly at risk of health inequalities including multiple overlapping risk factors, include people who:

- 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 contains 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.

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.

Mapping and analysis of recent relevant engagement has been 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 is currently underway) and we were conscious of the need not to overwhelm people, as per the Council's engagement promise.

A 12 -week consultation period has been built into the project timeline, to allow partners and communities to examine and respond to the draft strategy. It is intended that this will include in-person and online opportunities as well as the usual survey option.

Through our engagement review, we have 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, we are therefore building in ways to hear the voice of these groups into our consultation planning.

The draft strategy also includes a specific cross-cutting theme for all HWB 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).

**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. There should be no direct cost arising from the strategy, but it is expected that it will assist local commissioning decisions to be better 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.

<b>Section 6. How will this proposal affect people with protected characteristics?</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
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. One term for these groups of people is 'inclusion health groups': this includes Gypsy Roma Travellers, homeless people, prisoners, sex-workers and individuals with substance use disorders.</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 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</p>

				<p>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 trauma<sup>1</sup>.</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>

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

			<p>The Middle Super Output Area (MSOA) which covers Catterick Garrison &amp; 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> <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</p>
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				improving health and wellbeing across all groups.
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. LBG+ 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 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 JLHWP 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</p>

				implement the North Yorkshire Sexual, Reproductive Health and HIV strategic framework.
Marriage or civil partnership	x			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.

<b>Section 7. How will this proposal affect people who...</b>	<b>No impact</b>	<b>Make things better</b>	<b>Make things worse</b>	<b>Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.</b>
..live in a rural area?		x		<p>North Yorkshire is England's largest county, covering a geographical area of over 8,000 square kilometres. It has some urban areas and 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 LGA<sup>2</sup> on health and wellbeing in rural areas identified a number of health risks particular to rural communities.</p> <ul style="list-style-type: none"> <li>• Rural areas are increasingly older as elder people migrate in whilst younger people migrate out</li> <li>• Infrastructure in rural areas is more sparse</li> <li>• Pollution from traffic is increasing in rural areas</li> <li>• Distance to services means residents can experience 'distance decay'</li> <li>• A breaking down of social networks, resulting in isolation and social exclusion</li> <li>• Poor quality and unaffordable housing, and higher rates of fuel poverty</li> </ul> <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</p>

<sup>2</sup> Local Government Association C2017. Health and wellbeing in Rural areas. Pp7-8



			<p>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 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>
...are carers (unpaid family or friend)?		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 &amp; 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</p>

				<p>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 to improve health and wellbeing for all communities, including to tackle health inequalities in areas of deprivation.</p>
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>

<b>Section 8. Geographic impact – Please detail where the impact will be (please tick all that apply)</b>	
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.**

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**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.**

The draft strategy will benefit the whole population of North Yorkshire, but should have a greater positive impact on those experiencing multiple inequalities, including where this is 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.

<b>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)</b>	<b>Tick option chosen</b>
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<b>1. No adverse impact - no major change needed to the proposal.</b> There is no potential for discrimination or adverse impact identified.	<b>x</b>
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<b>2. Adverse impact - adjust the proposal</b> - 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.	
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<b>3. Adverse impact - continue the proposal</b> - 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)	
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<b>4. Actual or potential unlawful discrimination - stop and remove the proposal</b> – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
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**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 reduce health inequalities and improve the health and wider wellbeing outcomes of target groups, and the wider population, in North Yorkshire. Consideration has been given to population and identity groups with specific health inequalities and actions included to reduce these inequalities.

**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:

- 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

**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 characteristics have been taken into account, in monitoring the delivery of the strategy – eg via monitoring reports and spotlight sessions	Health and Wellbeing Board	Ongoing		Health and Wellbeing Board

**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 will be shared as part of the consultation on the draft strategy and reviewed post-consultation to inform the final strategy. Findings will be shared with the Health and Wellbeing Board.

The consultation will aim to reach marginalised groups and those who experience additional barriers to access so that their views can inform the final strategy.

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.

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**Section 14. Sign off section**

This full EIA was completed by:

**Name:** Shanna Carrell  
**Job title:** Equalities Manager  
**Directorate:** Health and Adult Services  
**Signature:** S Carrell

**Completion date:** 17 November 2023

**Authorised by relevant Assistant Director (signature):**

**Date:**