

Joint Local Health and Wellbeing Strategy 2023 – 2030

Consultation report



Community, it is everything



Hope

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

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



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

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



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

Contents

1. Executive summary
2. Introduction – purpose and scope of report
3. Methodology
 - Engagement steering group
 - Engagement review
 - Accessibility considerations
 - Consultation methods
 - Analysis methods
 - Communication
4. Overview of consultation findings
5. Findings from each consultation method
 - Survey
 - Online events
 - Feedback via email and letter
 - Boards and forums
 - Library drop-ins
 - Community conversations
 - North Yorkshire Citizens Advice and Law Centre survey
6. Respondent demographics
7. Appendices: consultation surveys



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



Childhood memories & family.

Where life begins and love never ends.



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

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

1. Executive Summary

Introduction

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

Consultation

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

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

Key messages from the consultation

Feedback on the draft strategy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Summary respondent profile

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

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

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

2. Introduction: purpose and scope of report

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

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

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

3. Methodology

- **Engagement steering group**

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

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

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

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

- **Methodology**

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

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

- **Accessibility considerations**

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

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

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

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

- **Outline of methods**

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

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

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

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

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

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

Libraries visited:

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

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

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

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

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

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

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

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

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

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

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

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

- **Analysis of responses**

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

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

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

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

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

- **Communication**

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

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



Mycelium.

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



Life!

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



Me against the world

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

4. Overview of analysis

A) Feedback on the draft strategy

Feedback on how easy it is to understand the strategy

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

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

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

Feedback on the strategy overall

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

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

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

Feedback on the aim of the strategy

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Online events, written feedback and boards/forums

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

From the survey:

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

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

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

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

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

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

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

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

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

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

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

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

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

Feedback on the cross-cutting themes

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

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

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

Feedback on cross-cutting themes from the online events:

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

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

Feedback on the strategy principles

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

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

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

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

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

Feedback on the proposals to deliver the strategy

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

The main themes (3 each) were around:

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

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

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

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

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

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

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

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

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

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

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

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

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

The top three themes were:

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

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

Any further comments on the draft strategy

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

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

B) Library and community conversations: The One Thing themes

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

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

<p>hospitals, less community orientated; pay doctors a reasonable salary; concern about strikes; anxiety about access; more local health services and dentists; more health and care services for the learning disability community; better access to health services; equity of access to services inc. prevention services; reduce waiting times for referrals; more, and easier access to, roles to support people with social interaction, navigating services, health and wellbeing etc</p>		<p>Think Prevention: Improve quality and efficiency of patient pathways across health and social care to free up bed capacity in hospitals, by:</p> <ul style="list-style-type: none"> • Providing good access to primary care and urgent care to reduce the need for admission into a hospital bed and reducing the average length of stay in a hospital bed through timely and safe discharge back home or to suitable community-based care. • Delivering quality healthcare through innovative models eg virtual wards and a new intermediate care model including improvements in triage, assessment, discharge, reablement and community-based care and support <p>Think Prevention: Improve uptake of NHS health checks, screening and immunisation programmes</p> <p>Think Prevention: Continue to provide the 0-19 Healthy Child Programme across NY, both the mandated service and those additional extras which are deemed most effective across the region. We continue to monitor the impact of all parts of the programme</p>
<p>Social connection: importance of social connection; more facilities in rural areas; importance for good mental health; friends and family; more gender-specific provision to encourage engagement (men); facilitate opportunities for older people to remain connected with their community and other people; bring people from different backgrounds and communities together; tackling loneliness, for older people, and men in particular; having someone to talk to, to help tackle problems before they get bigger; staying connected with a good community for help and support if you need it (looking out for each other during pandemic as an example); more community facilities; more community groups; more community hubs; being able to make contact with others when living alone; “the people are what make the place you live”; importance of</p>	<p>29</p>	<p>No specific strategy actions mapped to this theme</p>

<p>sharing activities in a group; need for support/outreach for people who are isolated</p>		
<p>Support for families: understanding time pressures on parents; more family hubs and activities; more local, walkable community places for parents and young children; concern about childcare cost and lack of provision; SEND provision; home-schooling support; increased availability of information for parents delivered in conversation style where children can play at the same time; role of voluntary/community facilities for families as informal information resources</p>	<p>18</p>	<p>Think People: Strive to enact the recommendations set out in The Best Start for Life Programme</p> <p>Think People: Collectively examine, with our partners, the children & young people’s priorities for North Yorkshire and determine which are best tackled at place and which are best tackled at a regional level to make the best use of all our resources</p> <p>Think People: Support children and young people to be school ready and continue to maximise their life chances through continuing to access education</p> <p>Think People: For those young people most at risk, in the care system, ensure that the Council’s responsibilities as corporate parent provide holistic support for those wider determinants of health and wellbeing</p>
<p>Value of local libraries: community activities; parent and children activities; community hubs; sense of purpose for library volunteers; a lifeline; reduces isolation (eg as a new mum); keep libraries and grow the offer; value of local library for social interaction, reducing loneliness and isolation; “one of the happy places in our town” – glad that the library is still open and appreciation of the volunteers</p>	<p>17</p>	<p>No specific strategy actions mapped to this theme</p>
<p>Improve availability of NHS dentists: cannot get to see dentist or even get on waiting list; need more dentists; need local provision; dentists not accepting children</p>	<p>12</p>	<p>No specific strategy actions mapped to this theme</p>
<p>Healthy eating, nutrition and access to food: importance of good food; access to cultural food; education on healthy eating; affordable vitamins for children; more support to reduce sugar and UPFs and eat healthily and affordably; improve availability of ‘normal’ eg food shops, supermarkets in tourist areas; affordability of food</p>	<p>12</p>	<p>Think Place: (...) A focus on improving food infrastructure that includes the whole scope of a local food system, from food production to distribution, consumption and food waste disposal, with the first North Yorkshire Food Strategy in place in 2024. This will include food in schools.</p>

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

<p>neurodiversity); affordable activities; more and safer playgrounds; youth clubs etc for older teenagers; more understanding, and more affordable days out that are suitable for children with SEND and siblings; more free activities; concern re loss of local play area</p>		<p>and determine which are best tackled at place and which are best tackled at a regional level to make the best use of all our resources</p> <p>Think Place: (...) Physical activity – getting people moving more, supported by the council’s strategic leisure review with new operating model by 2027</p> <p>Think Prevention: Continue to provide the 0-19 Healthy Child Programme across NY, both the mandated service and those additional extras which are deemed most effective across the region. We continue to monitor the impact of all parts of the programme</p>
<p>Pre and post-natal support: improved community post-natal care; health visitors – more visits/in-person visits to families; improved access to talking therapies for pregnant women; importance of being able to breast-feed in public; more parents and babies classes; more in-person/face to face support; mental health pre and post-natal – more preparation for parents needed, and more training for professionals (experience – post-partum psychosis); more free post-natal activities; need for drop-in, less formal support options; more baby-changing facilities</p>	10	<p>Think People: Promote and support mental and physical health in pregnancy to ensure that our children have the best start in life. Plus support parents who may need a little extra help with their mental and physical health, parenting and the rising cost of living.</p> <p>Think People: Strive to enact the recommendations set out in The Best Start for Life Programme</p> <p>Think People: In response to the national 10-year Women’s Health Strategy, we will continue to develop a North Yorkshire approach and programme of activities to improve the health of women and girls across North Yorkshire across a broad range of priorities, including the wider determinants of health to reduce the disparities that currently exist.</p>
<p>Mental health support: improve access to mental health support; improve access to early intervention (which would increase likelihood of success of interventions for other issues); person-centred offer; more mental health support for queer young people; more mental health support for children (CAMHS); increase access to creative arts mental health support services - more availability, longer-term input; value of local voluntary and community sector</p>	14	<p>Think People: Identify specific actions to support improved health outcomes for key groups of people through refreshing our joint strategies for (...) mental health</p> <p>Think People: Enact overarching transformation across the mental health system for children & young people (comprising health, public</p>

<p>support services to give structure and routine to daily life; importance of good access to mental health services – enough staff, being able to contact when help is needed; importance of talking to each other, friends and family; safe spaces; importance of getting out and about, taking part in social activities and interests</p>		<p>health, children’s social care, education, inclusion, criminal justice and the voluntary and community sector) ensuring all partners are brought together under a single mental health and wellbeing model, iThrive, with shared, inclusive language and a single, bespoke vision and set of values and goals.</p> <p>Think People: Develop and deliver a community hub approach to support transformation of mental health services for adults</p> <p>Think People: Promote and support mental and physical health in pregnancy to ensure that our children have the best start in life. Plus support parents who may need a little extra help with their mental and physical health, parenting and the rising cost of living.</p> <p>Think Prevention: (...)</p> <ul style="list-style-type: none"> • Supporting the mental health and emotional wellbeing of children and families, with a focus on those in our communities who have been hit the hardest by the pandemic as evidence on this emerges • Tackling the health inequalities that make it harder for people with poor mental health to stay well, including employment, loneliness, discrimination, debt and housing <p>Think Prevention: Develop a local response to the national Suicide Prevention Strategy</p>
<p>Housing: increase the availability of affordable, good-quality housing; tackle poor-quality rented homes and make this easier & faster for tenants/support services to do; impact of poor housing on physical and mental health; concern about infrastructure on new housing estates (GPs, schools etc); lack of smaller homes for older people; more housing choices and availability (people with learning disability)</p>	<p>11</p>	<p>Think People: (...) Develop specialist housing offer including Extra Care, Supported Housing and Supported Living, guided by a new housing framework</p> <p>Think Place: Use this shared vision to influence the development of strategies that shape our communities - prioritising action on: (...)</p>

		<ul style="list-style-type: none"> • Housing Strategy <p>Think Prevention: Further develop our partnership approach to the prevention of seasonal health issues, including (...) fuel poverty</p>
<p>Employment: more opportunities in local area; more jobs, careers and aspiration for young people in their local areas; better access to work for people who can only work specific hours due to caring responsibilities; NYC Supported Employment too difficult for people to access under current eligibility criteria; challenges with employment opportunities and social mobility – generational attitudes and inherited trauma; importance of jobs for people with learning disability; access to good employment (and link to good transport for this)</p>	10	<p>Think People: Support children and young people to be school ready and continue to maximise their life chances through continuing to access education</p> <p>Think Place: Use this shared vision to influence the development of strategies that shape our communities - prioritising action on: (...) Economic Growth Strategy</p> <p>Think Place: Maximise the opportunities to improve the health and wellbeing of our population through the new devolution deal for North Yorkshire and York which will support economic growth and strategic infrastructure</p> <p>Think Place: Active travel routes and improved public transport including to increase education, employment and leisure opportunities as well as access to services</p> <p>Think Prevention: Tackling the health inequalities that make it harder for people with poor mental health to stay well, including employment, loneliness, discrimination, debt and housing</p> <p>Cross-cutting themes: Workforce and employment opportunities - As a system, show leadership in providing employment opportunities for people who experience barriers to employment, including those who live in areas of deprivation, disabled people, young people with Special Educational Needs and people from our priority groups.</p>

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

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

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

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

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

C) North Yorkshire Citizens Advice and Law Centre client survey

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

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

The top 3 priorities chosen overall were:

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

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

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

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

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

5. Findings from each method of engagement

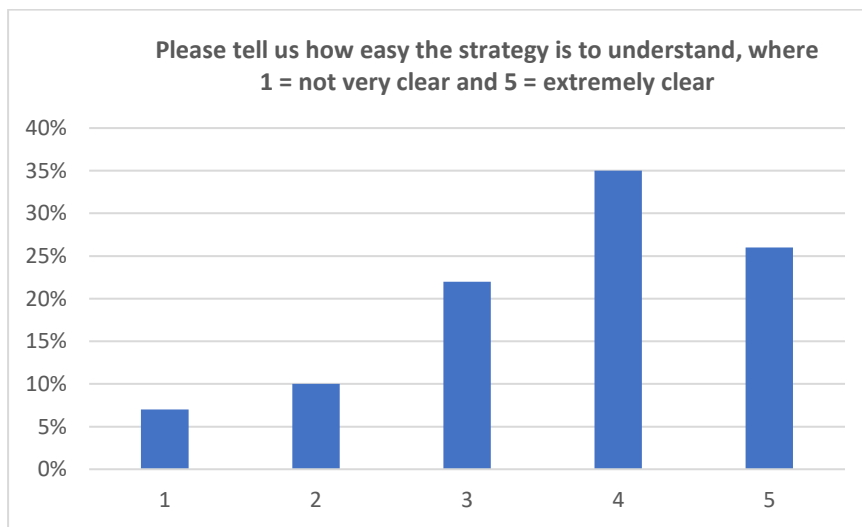
- a) Survey
- b) Online events
- c) Written responses
- d) Boards/Forums
- e) Library drop-in events
- f) Community conversations

a) Survey findings

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

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

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



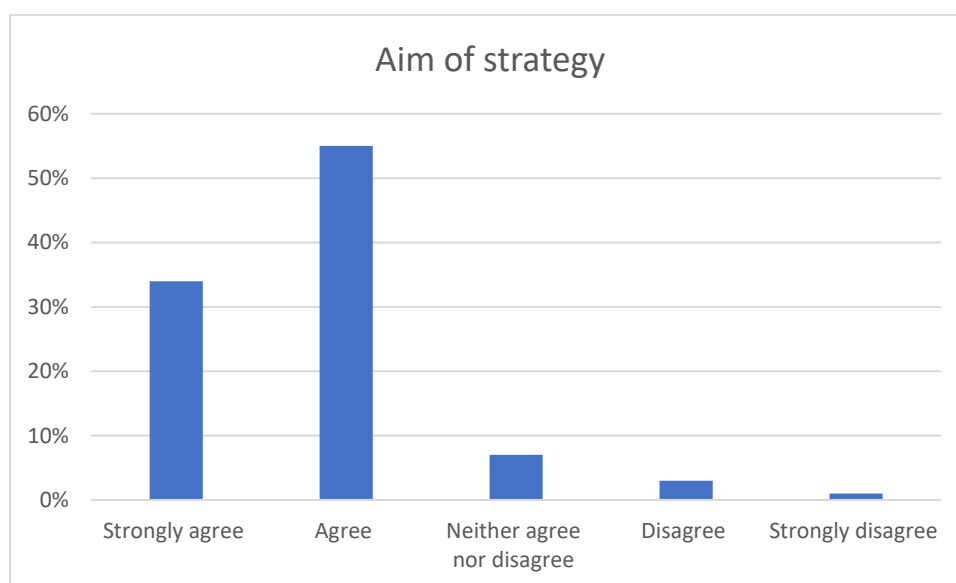
Question 2: respondents were invited to provide comments on the way in which the strategy had been written. Comments received: n=42 (note that some comments were allocated more than one theme). The key themes are as follows:

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

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

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

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

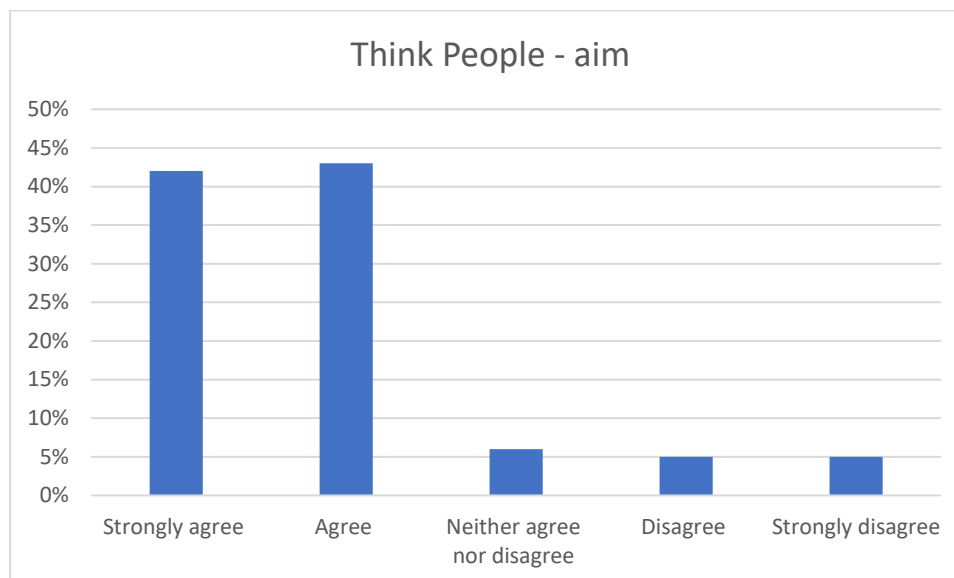


Question 4: respondents who disagreed with the overall aim were invited to tell us why. Comments received: n=2

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

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

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

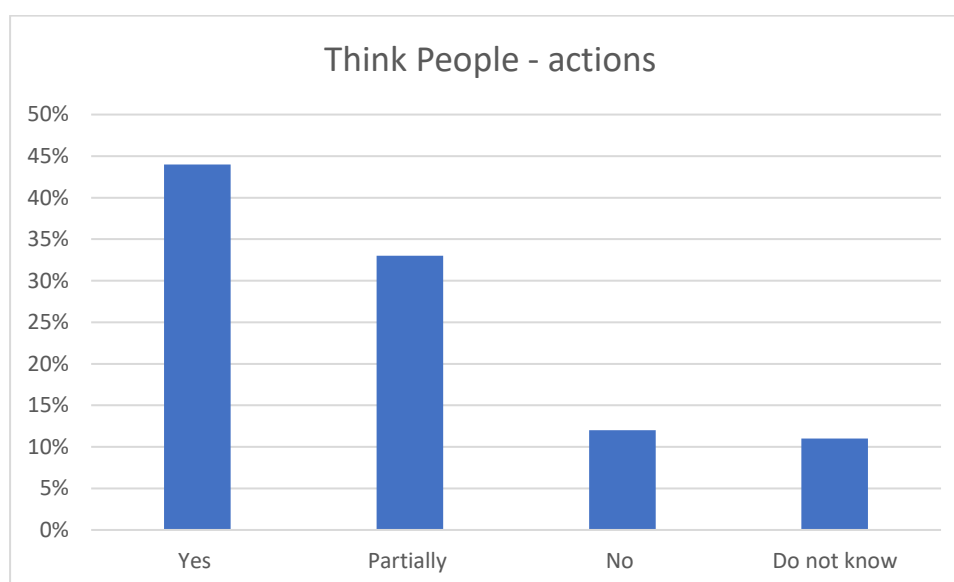


Question 6: respondents were asked to provide more information about their response.	
Comments received n=56; some comments were allocated more than one theme.	
Agree with aim	16
Disagree with aim: should not be limited to communities with poorest health outcomes, needs to be proportional and inclusive/importance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

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

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

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



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

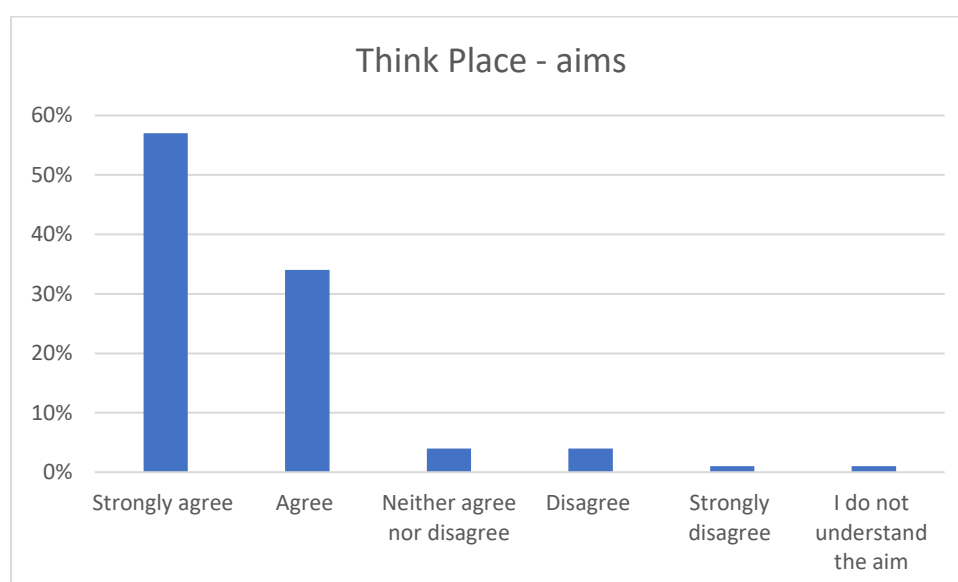
leisure services more affordable and available; parity of investment in local leisure facilities; access to countryside, value of outdoor activity	
Comments on NHS organisation and service location: need integrated NHS coastal healthcare – concern re silos; [Trust] need to address unfair and inequitable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

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

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

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

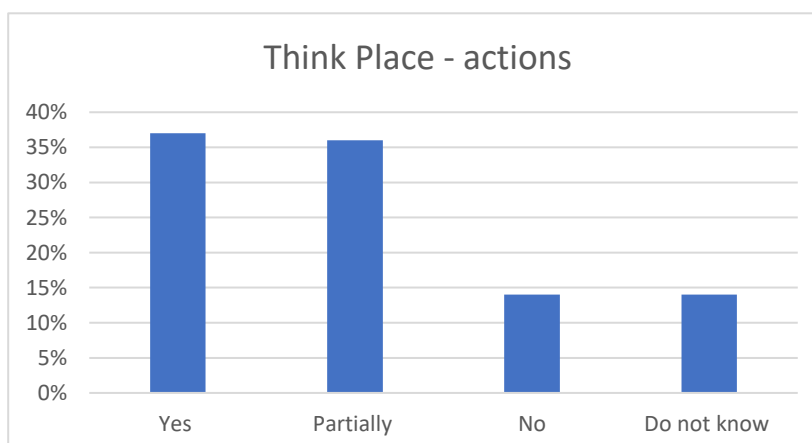
91% either strongly agreed or agreed with the aim for Think Place, and 5% disagreed or strongly disagreed. 4% neither agreed nor disagreed, and 1% said that they did not understand the aim.



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

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

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



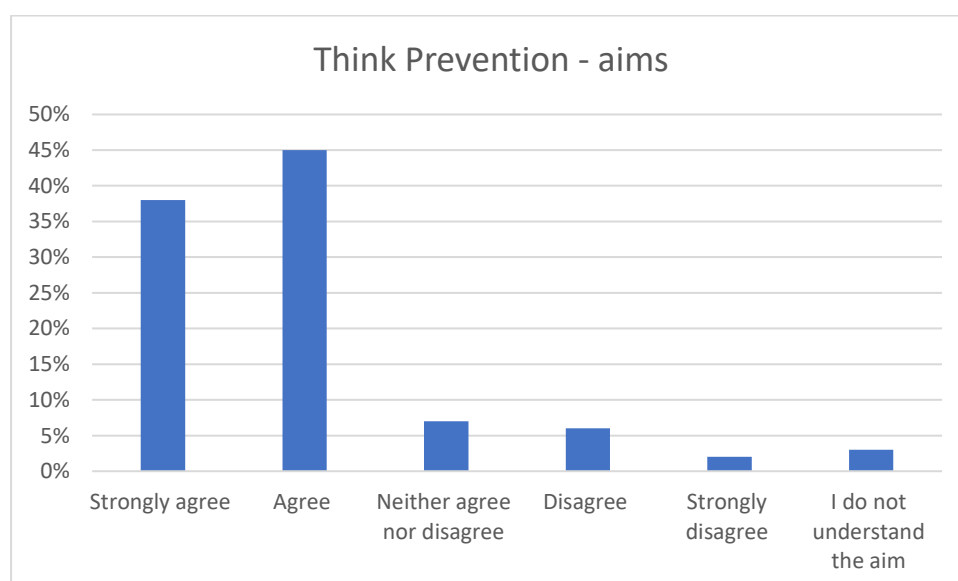
Question 13: respondents who had replied No or Partially were asked to provide more information. Comments received n=42; some comments were allocated more than one theme.	
Actions: unclear; need more detail on delivery; not realistic or deliverable; not measurable; need more detail on interplay between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

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

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

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

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



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

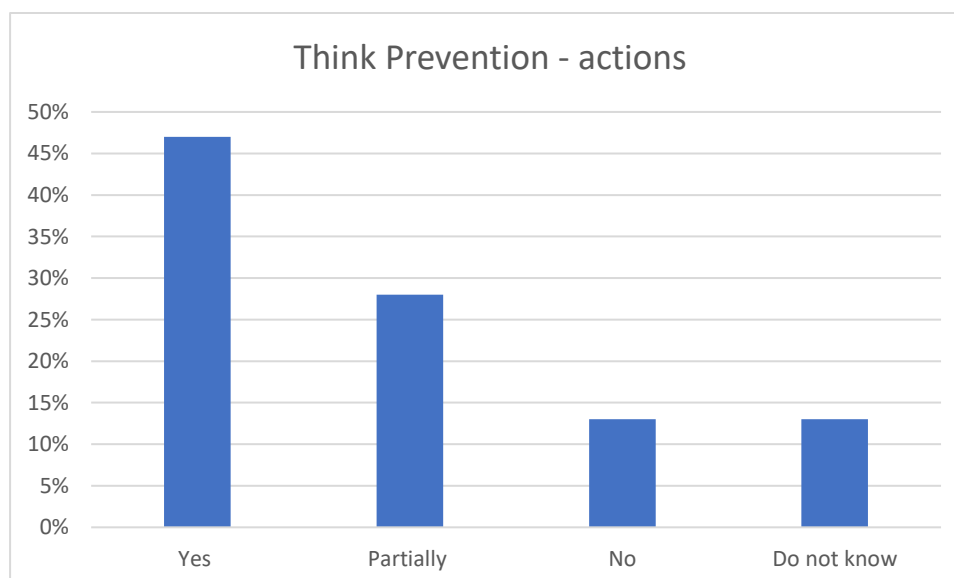
Comments n=42, some comments have been allocated more than one theme

Suggestions for areas of focus: improve community knowledge of services such as domestic abuse services and link to the work of community safety partnerships – reducing harm will lead to better health outcomes; help improve financial health and wellbeing so that people can be better equipped to help themselves; step-down care hubs, affordable sports, gyms, swim, wellbeing; need for more access to mental health prevention services, support, crisis services; importance of outdoor activity; impact of cost of living crisis on health; environment	10
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	----

Aim and actions: not clear on actions; more clarity on 'how' needed; lack of confidence in delivery; lacks clarity on measuring success; prioritise equity in design, access and delivery	9
Specific groups to consider: importance of starting at early age; importance of investing in prevention for all age groups; excludes person in minority and in conflict with your organisation; people with long term health conditions – can experience lack of joined up primary and secondary care, lack of support and access to services; people living alone with no support; more education and support for women's health; strategy not clear about how this aim is consistent with target groups in 'People' section	8
Small actions are also valuable and can make a big difference	6
General support for Prevention aim	4
Funding: focus the limited funding on 'big ticket' items; concern re ability to create significant change in straitened economic times; concern about affordability of strategy	4
Information and communication: More proactive prevention services, information and awareness-raising; communication should emphasise positive message rather than negative – keeping people healthy rather than focus on ill health; difficult to persuade people to change habits	3
Other: concern re lack of continuity of healthcare; not all ill health is preventable; priorities in Place all contribute to Prevention – green space, active lives, early intervention; concern re affordability of local leisure centre	3

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

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



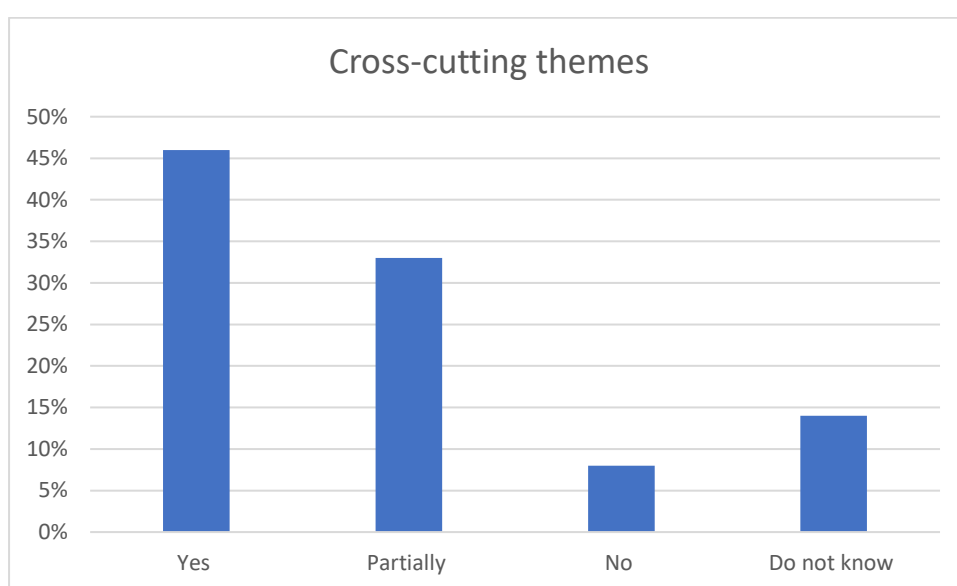
Question 18: respondents who had replied No or Partially were asked to provide more information. Comments n=27; some comments have been allocated more than one theme	
Areas for more focus: active travel; mental health; working with other organisations such as schools and charities; affordable sports,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

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

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

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

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



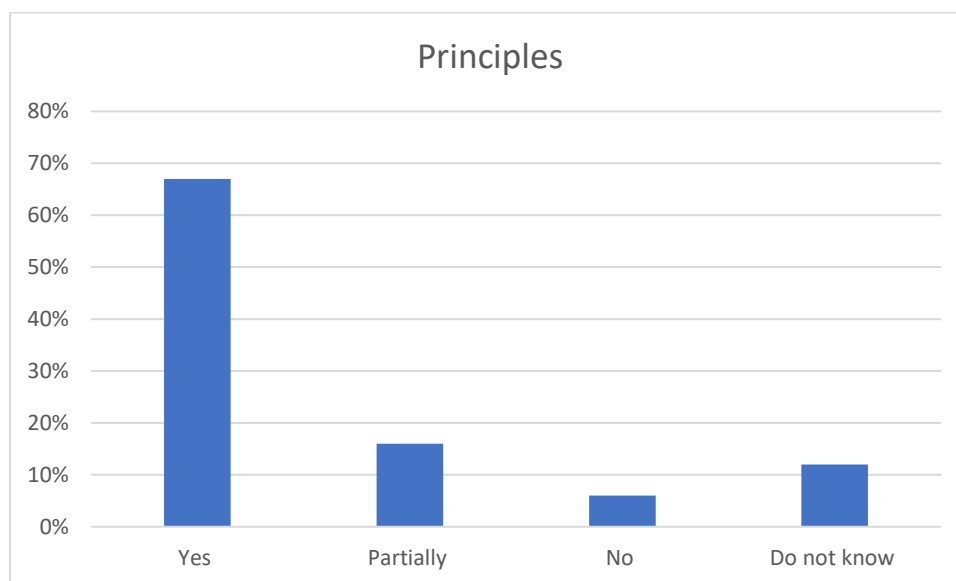
Question 21: respondents who replied No or Partially were asked to provide more information. Comments n=27; some comments have been allocated more than one theme.	
Clarity and deliverability: proposals too vague; not enough information provided; not clear enough; needs more definite plan; needs cost-benefit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

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

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

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

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

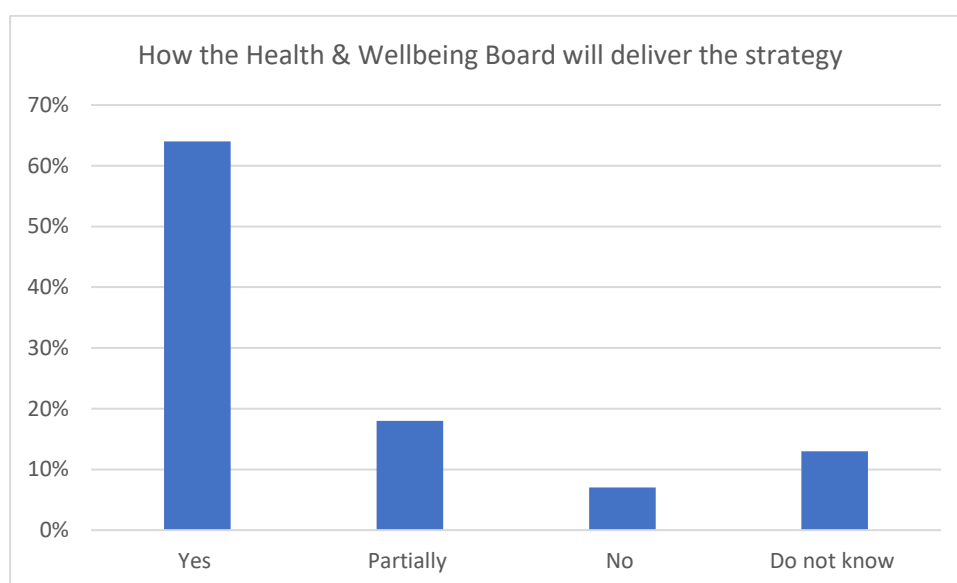


Question 23: respondents who had answered No or Partially were then asked what changes they would make to the principles. Comments n=13	
General feedback on principles: principles seem vague and high level; can always be improved and worked on; everyone needs to speak same language, and need check-ins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

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

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

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

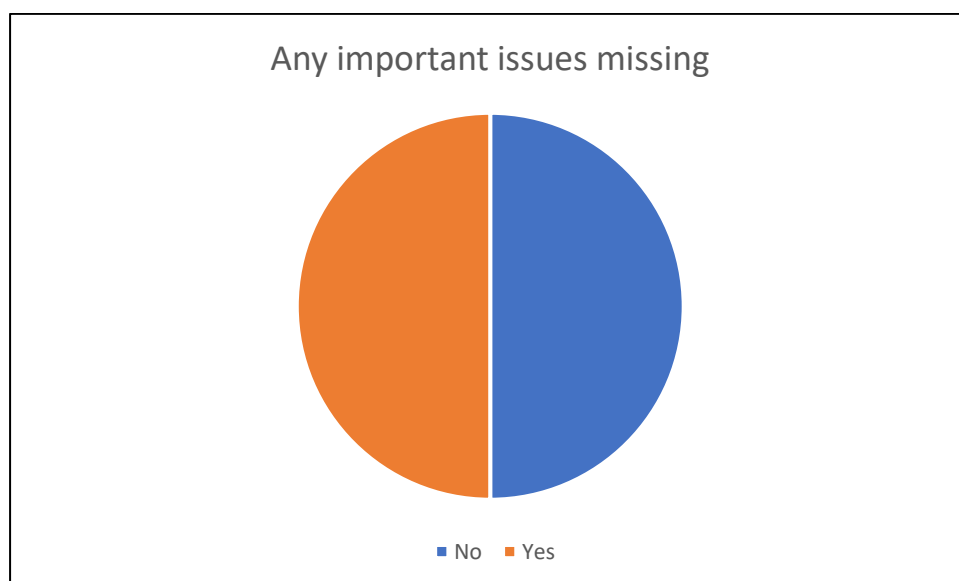


Question 25: respondents who had answered Partially or No to the previous question were asked to share ideas for delivering the strategy. Comments n=15	
Monitoring and reporting: proposed reporting structures lack independence; not sufficiently clear how local people can get involved, and hold to account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

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

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

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



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

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

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

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

b) Online consultation events

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

Summary of online event discussions

Strategy structure:

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

Strategy delivery:

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

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

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

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

Cross-cutting themes:

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

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

Points re health inequalities (general):

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

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

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

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

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

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

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

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

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

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

People:

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

Challenges:

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

Other groups to consider:

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

Good practice:

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

Place:

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

How Place is defined:

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

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

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

Housing:

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

Leisure offer:

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

Prevention:

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

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

Food:

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

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

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

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

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

c) Written responses

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

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

Main themes of letter from Healthwatch North Yorkshire:

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

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

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

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

Main themes of letter from North Yorkshire Sport:

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

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

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

Email feedback from NY councillor and colleagues:

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

Email feedback from member of the public:

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

d) Feedback from boards and forums

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

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

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

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

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

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

e) Library drop-in events

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

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

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

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

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

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

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

f) Community conversations

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

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

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

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

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

Youth Councils – community conversations

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

The top priority for young people

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

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

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

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

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

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

Self-Advocates' Forum - community conversation

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

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

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

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

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



North Yorkshire Citizens Advice and Law Centre client survey

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

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

The top 3 priorities chosen were:

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

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

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

6. Respondent demographics

Survey respondents

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

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

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

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

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

Library drop-ins

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

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

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

Community conversations

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

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

- Dementia
- Mental ill health

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

Other factors:

- Unpaid carers
- People living in rural areas

Where groups taking part were located:

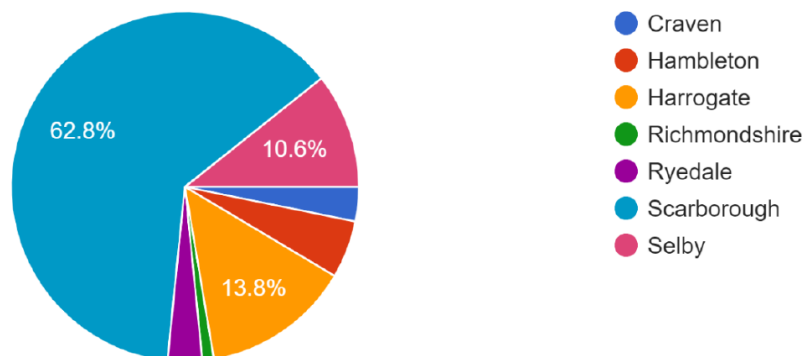
- Skipton
- Northallerton x 2
- Barlby & Osgodby
- Scarborough/Whitby
- Ripon
- Helmsley
- Pickering
- Norton
- Kirbymoorside
- Harrogate
- County-wide (self-advocates' forum)

Boards and forums, written responses and online events

Demographic information not available.

North Yorkshire Citizens Advice and Law Centre survey

% Breakdown of areas in North Yorkshire where respondents lived



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

7. Appendices

Appendix 1: consultation survey (attachment)

Appendix 2: easy ready consultation survey (attachment)

Report author:

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

April 2024