

NORTH YORKSHIRE HEALTH AND WELLBEING BOARD
Joint Health and Wellbeing Strategy
30 September 2015

1. Purpose

- 1.1 To bring the draft Joint Health and Wellbeing Strategy (JHWS) before the Board following consultation with the public and wider partners. Following approval by the Board the strategy will be used as the overarching framework for ensuring delivery of the Board's priorities.

2. Background

- 2.1 The Board approved the updated draft JHWS on 15 June 2015 and asked the task and finish group to finalise a draft version of the strategy for consultation during July and August.
- 2.2 In line with the timetable approved by the Board, a final version of the strategy was published electronically on 22 June 2015. A summary document, Easy Read and Plain English versions were also produced and all documents were made available on-line or in hard copy if requested.
- 2.3 HWB member organisations were actively involved in the consultation by sharing the strategy and engaging with others through their own forums and publishing the strategy on their own websites.

3. Consultation methodology and feedback mechanisms

- 3.1 A communications plan was developed to support the consultation period which included a number of different mechanisms to communicate the strategy to a broad audience and capture any feedback people wanted to give. Within the strategy document a web link was provided to take people to an on-line survey to gather feedback.
- 3.2 Individual letters launching the consultation were sent to Health and Wellbeing Board members from Councillor Wood and from Richard Webb to Police, Fire & Rescue and all North Yorkshire District Chief Executive Officers. HWB members posted the strategy and survey link on their own intranet to raise awareness and seek the views of staff across health and social care. Some members, in particular Healthwatch and the Voluntary sector, were able to use their own networks to reach further into the community and gain feedback from service users.
- 3.3 As well as seeking views via the survey questions, a number of discussions with service users, partners and key stakeholders were held throughout the consultation period. This included discussion in staff or community forums, press and radio interviews and dialogue with specific groups/organisations. A summary of these is set out in Appendix 1.

4. Consultation feedback

- 4.1 In addition to the survey questionnaires, the following partners and stakeholder organisations also submitted comments:
- Healthwatch
 - Scarborough Borough Council
 - Richmondshire District Council
 - Harrogate Borough Council
 - Transport Planning Office
 - NYCC Scrutiny of Health Committee
 - County Homelessness Group
 - Woodland Trust
- 4.2 The consultation closed on 19 August 2015 and we received 75 questionnaire responses in total, of which 13 were in Easy Read format. A detailed breakdown of the demographic information and responses is set out in Appendix 2.
- 4.3 The vast majority of respondents were supportive of the strategy and the priorities set within it. Out of 75 respondents 67(89%) agreed or strongly agreed with the strategy (question 1 of the survey).
- 4.4 The generic survey responses to questions 2-5 were varied and produced a total of 290 comments which ranged from broad agreement with much of the strategy to some specific and individual responses about particular issues. As advised by communications and quality & engagement teams, survey questions were adjusted slightly for the Easy Read version.
- 4.5 Table 1 below shows a high level summary of questions 2-5 and the number of comments received spread across these questions for both survey questionnaires.

Generic questions		Number of comments
2.	<i>Which areas would you like to prioritise?</i>	96
3.	<i>What matters to you about your own health and social care</i>	89
4.	<i>Is there anything you would like more information about?</i>	39
5.	<i>Do you have any suggestions about how we could improve the strategy?</i>	38
Easy Read questions		
2.	<i>Tell us what you think is important to you to keep you healthy and happy</i>	18
3.	<i>Do you have any ideas about how to make the North Yorkshire Health and Wellbeing Board plan better?</i>	8
4.	<i>Is there anything you would like to know more about in the plan?</i>	3
5.	<i>Is there anything you would like to tell us about?</i>	4

Table 1: High level question/comment analysis

- 4.6 Given this level of response, comments have been aggregated into feedback groupings. Where comments covered more than one issue these were assigned to a maximum of three feedback groupings. Appendix 3 sets out the detail of these groupings as they align to the questions.

5.0 Summary of responses

5.1 Responses to Question 2, which focused on priorities and what is important to people, highlighted that the JHWS themes reflect issues that people are concerned about. Respondents wanted to have good access to services for all ages in both health and social care. In particular, people valued the importance of having access to their local GP to offer advice and guidance either directly or into other services. In terms of services, mental health, support for carers and older people featured in the responses to this question. Comments included:

- *“Having resources available at appropriate times of the day/week - for example lunch time weekdays are inaccessible due to work”*
- *“Access to services in rural areas, particularly for those with mental health issues and disabilities.”*
- *“Availability of a well trained, experienced GP. More information about preventing illness.”*
- *“Care for the elderly and vulnerable and more awareness of dementia in the community.”*

5.2 Responses to Question 3, which asked people what matters most to them about their own health care, reinforced the need for health and social care to listen to people and include them in the planning of services. Comments included:

- *“Include everyone in decision making and let people have a choice.”*
- *“Consultation at each stage. Involvement in decision making and an acknowledgement of the whole person not just the physical.”*

5.3 Responses to Question 4, which asked people what they would like to know more about, focused on people seeking information about services or how the strategy would be delivered. Comments included:

- *“Clear, easy to locate & understand information on service which are available”*
- *“How the strategy will be funded. How local people will be involved in the decision making process?”*

5.4 Responses to Question 5, which asked how we could improve the strategy, generally thought that the strategy was good but questions were raised about how things would be funded and how it would be delivered. Comments included:

- *“I think the strategy is good, but how robust is it for implementation?”*
- *“The changes you are aiming towards are huge. I'd like more information about how you are planning to achieve them.”*

6.0 Changes to the strategy

6.1 Overall, the consultation responses are supportive of the strategy and the themes/outcomes identified within it that are aimed at delivering improved and

joined up health and social care services for the people of North Yorkshire. The Board has recognised the need for the strategy to be an on-going work plan that makes a difference, rather than be a document that is not used. Comments from both the public and partners has then been considered in relation to the strategy so that the Board can be assured that the results of the consultation have been taken into account and, where necessary, the strategy amended to reflect the views of the public and partners.

6.2 Connected Communities

A range of observations were received from all respondents, and partners, which focused on the need to bring communities together and make them better connected. References to telecommunications, community related issues and rural isolation were key features highlighted in this strategy theme. Comments included:

- *“To belong to a vibrant, caring community and to have access to health services when I need them. It's good that Fibre Broadband has now arrived in Malhamdale.”*
- *“To have options and resources available which reduce social isolation. To be able to feel confident attending a medical appointment and understand what's been said, what actions are required and what treatment is needed”*
- *“Being able to socialise. Family around me.”*
- *“My lovely village staying lovely; Being able to communicate with family & friends via Skype which I can't do very well because we have no broadband.”*

Some changes have been made in the strategy reflecting the feedback in relation to this theme and some respondents' comments added (pages 9 and 17).

6.2 Start Well

A number of people highlighted that this theme was important to them and some comments were received which focused on keeping children and young people safe, improving opportunities for young people to lead active lives and giving children and young people a voice. Comments included:

- *“To speak up about the needs of local people including those who are at risk of being marginalised or in particular need, especially where this relates to children and young people, and other groups who might not ordinarily be able to speak up for themselves. Please provide more advocates, particularly in Craven.”*
- *“keeping children and young people safe and ensuring that children and young people are safe from drugs/alcohol and unsafe sex.”*

The second bullet point has been added to the strategy as an example of comments received in relation to this theme (page 11).

6.3 Live Well

This strategy theme was strongly reflected in people's responses with a range of comments relating to achieving a healthy lifestyle, diet and exercise as well as issues about mental well-being. People commented on being able to

incorporate physical activity into everyday life, developing or providing access to clubs and gyms that provide the opportunity to exercise. Some responses reflected a desire for better leisure facilities that are available and affordable to all. Getting good advice and information from health and social care professionals in an easy and straightforward way was also important to people. Comments included:

- *“To encourage healthy lifestyles, exercise, use of sustainable transport.”*
- *“Having easier access to fitness centres, lowering costs of fitness centres. More information on healthy choices.”*
- *“Our social wellbeing is the main key to prevention and our abilities affect the wellbeing of others whether old or young. With reduction of services and opportunities through the austerity measured it is important to retain what we can, and support access to what remains where possible. The community hub is a great potential to form part of this and could perform functions of library; computer resource including learning; social hub replacing or supporting what has been community centre/ village hall activities etc. We could also build on the success of more recent events such as Tour de Yorkshire developing clubs, and activities that provide opportunity for all such as cycle groups, walking groups, and general social experience.”*
- *“Go swimming and walks. Going to work and seeing family. Healthy eating.”*

Some changes have been made in the strategy reflecting the feedback in relation to this theme and some respondents' comments added (page 13).

6.5 Age Well

A number of comments were received in relation to this strategy theme. Being able to live and age well in people's own home with the support of their family, friends or local community for as long as possible was important to people. Having choice and control was also something that came through strongly with people wanting to be listened to and treated as equals. Comments included:

- *“Helping people to remain in their own home but provide support that is tailored to them.”*
- *“Living well and ageing well, greater support for mental health issues. Increased choice of modern housing for ageing population.”*
- *“Care for the elderly and vulnerable and more awareness of dementia in the community”*
- *“That the professionals communicate effectively with each other, that there are supportive local services, that I am treated as an equal in my care”*

Some changes have been made in the strategy reflecting the feedback in relation to this theme and some respondents' comments added (page 15).

6.6 A letter was received from the NYCC Scrutiny of Health Committee about improving end of life care and a view expressed that the importance of 'dying well' was given greater recognition and prominence in the strategy.

Specifically, suggesting that this should be set out as a separate theme within the document replacing 'Connected Communities'.

6.6 Key Enablers

The draft strategy also highlights four key enablers: A new relationship with people who use services; workforce; technology and economic prosperity. It also reflects the importance of connecting services across health and social care to support the system working together better and start to reshape the relationship of care between the individual and the care provider.

Respondents also felt that these elements were important in relation to the strategy as reflect in comments in responses across a number of survey questions. Comments included:

- *"I think one of the hardest things for policy makers is to understand the variety of differing complex situations people find themselves in at various stages in their lives, and particularly in later life. So the point in the strategy about developing relationships with service users seems to me to be very important."*
- *"...It is important to remember that prevention is better than cure. I would prioritise getting the whole system working better, which I think would have the greatest impact, affecting all the other areas."*
- *"timely access - use phone, email and other methods accurate and accessible information local services where they can be, don't mind travelling for specialist services being joined up - sharing data and provides in a way i have confidence people know what is happening across the system."*

Some changes have been made in the strategy reflecting the feedback in relation to this theme and some respondents' comments added (page 17).

5.2 Identifying and stating the importance of broader determinants of health and well-being, such as housing and transport, was a strong message from partners who were involved in the consultation who felt that these elements needed strengthening in the strategy. There was a strong view that good housing, suitable employment and reliable transport all impacted positively on a person's mental health and well-being as much as their physical state; that creating infrastructure helped to reduce social isolation and build and maintain communities that could be resilient and self-reliant, ultimately contributed to the prevention agenda. Comments included:

- *"Housing - I would like the strategy to be clearer about the role of housing in prevention. Not just focusing on housing with care but on how the built environment can help to reduce care and health needs by having accessible accommodation with a range of on-site facilities."*
- *"Having good, clear information about what is available, where and when. Good transport links and cheaper access to sports and gym sessions."*

5.3 A specific reference and weblink to the York, North Yorkshire and East Riding Strategic Housing Partnership and associated Housing Strategy has been added to the JHWS strategy document (page 13).

6. Measuring success

6.1 A number of respondents commented on the importance of turning the strategy into plans that were more detailed and localised. People were supportive of the strategy but felt that it might be too ambitious and that it was important to understand the improvements made in North Yorkshire that related to the vision and themes described. Comments included:

- *“The changes you are aiming towards are huge. I’d like more information about how you are planning to achieve them.”*
- *“Tell us more about HOW not WHAT.”*

A section has been added to the strategy setting out how the strategy will be taken forward to delivery and how success will then be measured. The five elements set out in the document will be developed further with Board members through the autumn (page 23).

7.0 Implementation and Next Steps

7.1 The strategy received positive comments from stakeholders in relation to the way information was presented through clear and simple language. Some respondents felt that the design and visual content could be stronger. A revised design has been developed which reflects this feedback.

7.2 The concept of Connecting Communities; Start Well; Live Well; Age Well was positively received during consultation and was seen as a helpful way of presenting the strategy. The consultation comments reinforced the need for services to: work in a more integrated way; use technology and other innovative solutions; to keep listening to people and partners so that services are developed and delivered in line with what people want.

7.3 To help keep a focus on what people have said, the Board’s business could be co-ordinated in a way that reflects the strategy themes and the key enablers. In practical terms, it would be helpful for all current and future strategies/work programmes of the HWB to reference which strategy themes and associated outcome(s) their work relates to.

7.4 Further work is needed to agree how progress against the strategy is maintained. The input of the Board is essential in helping to shape how changes in service can be measured and demonstrated to the public and partners. The next Board development session in October may be a good opportunity to take this forward.

8. Required from the Board

8.1 The Board is asked to:

- 8.1.1 Acknowledge the work undertaken by the task and finish group in producing the final draft strategy and the support of partners in seeking/providing feedback throughout the consultation.
- 8.1.2 Receive and note the feedback received throughout the consultation and approve the changes made within the strategy document. Specifically, consider and agree any changes necessary with regard to the suggestion of including a separate theme on 'dying well'.
- 8.1.3 Approve the design concept in principle in order that the document can be finalised and progress to publication of the strategy as part of a 'soft launch' in October 2015.
- 8.1.4 Support the intention that strategies/work programmes are clearly linked to the JHWS outcomes.
- 8.1.5 Support the use of some of the Board development session on 26 October 2015 to further develop the five elements described in the strategy for measuring success.

Amanda Bloor
Chief Officer, Harrogate & Rural District CCG

List of partner/stakeholder discussions and interactions

Chief Executives Group (District & Borough Councils)	18 June	Wendy Balmain
Radio Interview – Stray FM	23 June	Richard Webb
Richmondshire District Council	25 June	Elaine Wyllie
Media & Press Release issued via NYCC Communications Team	29 June	Cllr Clare Wood
Northern Echo	1 July	Richard Webb
Yorkshire Post	2 July	Richard Webb
Harrogate Advertiser	3 July	Richard Webb
Airedale, Wharfedale & Craven Transformation Implementation Group	3 July	Elaine Wyllie
Harrogate Borough Council	15 July	Elaine Wyllie
Harrogate Health Transformation Board	23 July	Amanda Bloor
Children & Young People Leadership Team	23 July	Wendy Balmain
Mid-cycle briefing for Scrutiny of Health Committee	24 July	Richard Webb
Hambleton, Richmondshire & Whitby Transformation Board	27 July	Richard Webb/ Debbie Newton
County Homelessness Group	28 July	Elaine Wyllie
Radio Interview – Stray FM	28 July	Wendy Balmain
Reminder Press Release issued via NYCC Communications Team	28 July	Cllr Clare Wood
Vale of York CCG Governing Body	6 August	Mark Hayes

Appendix 2

Demographic analysis:

75 responses received in total comprising 62 generic and 13 Easy Read responses.

Of the 62 generic questionnaires received: 60 on-line responses; 1 by email and 1 by post, the following data has been captured:

Agree/Disagree (Question 1):

Strongly agree = 16 (26%)

Agree = 38 (61%)

Disagree = 7 (11%)

Strongly disagree = 1 (2%)

Geography:

Postcodes of respondents represented the following areas;

BD23 and 24

DN14

LS3 and 22

DL3, 6, 7, 8 and 9

HG1, 2, 4 and 5

YO7, 1, 12, 13, 17, 22, 30, 32 and 51

Gender:

38 (61%) Female respondents	20 (32%) Male respondents
20 to 29 years = 3 (5%)	20 to 29 years = 1 (2%)
30 to 39 years = 2 (3%)	30 to 39 years = 3 (5%)
40 to 49 years = 7 (11%)	40 to 49 years = 2 (3%)
50 to 64 years = 23 (37%)	50 to 64 years = 13 (20%)
65 to 74 years = 3 (5%)	65 to 74 years = 1 (2%)
4 (7%) respondents = Preferred not to reveal their gender	

Of the 13 Easy Read Format responses received, the following data has been captured:

Agree/Disagree (Question 1):

All 13 respondents agreed with all of the four main themes in the strategy.

Disability/Long-Term Condition:

All 13 respondents stated that they have at least one disability or long-term condition.

Geography:

The following geographical areas were represented by easy-read respondents:

Scarborough = 8 (61%); Hambleton = 3 (23%); Harrogate = 1 (8%) and Selby = 1 (8%).

Gender:

7 (54%) Female respondents	6 (46%) Male respondents
35 to 44 years = 1 (8%)	18 to 24 years = 1 (8%)
45 to 54 years = 5 (38%)	25 to 34 years = 2 (15%)
55 to 64 years = 1 (8%)	45 to 54 years = 3 (23%)

Questionnaire responses and themes aligned to questions 2-5

The following rates of response for the on-line generic survey were received for questions 2-5:

Generic questionnaire			
Question number	Question	Number of completed responses	Number of comments
2.	Please tell us which areas in the strategy you would like to prioritise	59	96
3.	Please tell us what matters to you about your own health and social care	56	89
4.	Please tell us anything you would like more information about	38	39
5.	Please tell us any suggestions for how we could improve the strategy	45	38

The comments given by respondents have been grouped according to common themes . Some comments covered more than one issue so were allocated to more than one theme, up to a maximum of three. Across questions 2-5, the most common themes were:

- *Access to, choice and quality of or reduction of services (44)*
- *Healthy lifestyle including diet and/or exercise (27)*
- *Community centred, rurality (26)*
- *Staying at home, age well, elderly (19)*
- *Cost (19)*
- *Mental health (17)*
- *Communications including internet/broadband access (16)*
- *Health and care integration, partnerships (16)*

The following rates of response for the easy read questionnaires were received for questions 2-5:

Easy read questionnaire			
Question number	Question	Number of completed responses	Number of comments
2.	Tell us what you think is important to you to keep you healthy and happy	13	18
3.	Do you have any ideas about how to make the North Yorkshire Health and Wellbeing Board plan better?	13	8
4.	Is there anything you would like to know more about in the plan?	10	3
5.	Is there anything you would like to tell us about?	10	4

The most common feedback themes arising from Question 2 were:

- *Healthy lifestyle including diet and exercise*
- *Social interaction*
- *Access to, choice and quality of, reduction of services*

Most of the responses to question 3 were positive with respondents' comments focusing on being involved in decision making and letting people having a choice.

Fewer comments were given in response to questions 4 and 5 with only one issue raised in responses for both questions as follows:

- *“Have people with a LD and autism on the HWB so they are included from the beginning. Get out and about and talk to more people”*
- *“Why are people with a LD and Autism not involved in these plans from the start?”*

Consultation with other stakeholders

In addition to comments received via the on-line survey, a number of other stakeholders provided feedback on the strategy including: Healthwatch; Scarborough Borough Council; Richmondshire District Council; Harrogate Borough Council; NYCC Scrutiny of Health Committee; County Homelessness Group, NYCC Transport Planning Office and Woodlands.

Whilst not all these partners responded specifically as per the questionnaire, the following recurring themes were recorded;

Question 2 – Please tell us which areas in the strategy you would like to prioritise.

End of life, dying well - this needs more attention and should include support for people choosing to die at home and also recognise the contribution made by bereavement services and the Hospice movement.

Mental health - more prominence and increased funding for Mental Health issues, particularly as good mental health can help in relation to reducing isolation and loneliness. Scientific evidence also shows that access to woodlands can help reduce levels of mental stress.

Community centred, rural issues - more emphasis needs to be placed on areas with high levels of deprivation which can be both town or rurally located. Transport links to and from rural areas need to be improved to prevent increasing rates of isolation.

Housing - it is widely recognised by stakeholders that more work needs to be done to reduce homelessness and create more suitable and affordable housing solutions within our communities.

Question 3 – Please tell us what matters to you about your own health and social care.

Community centred, rural Issues - more local focus is needed; the strategy does not make clear any differences that the strategy will make for our local populations.

Housing - local communities are suffering because young families cannot afford to buy property in ageing, affluent areas. More recognition that good housing options have a determining factor in health outcomes.

Health and care integration, partnerships - more work is needed to reflect and demonstrate how current changes in the health and social care economy are affecting our areas. Also need to work better with our partners and consider what contributions we need from other agencies and partners.

**Question 4 – Please tell us anything you would like more information about
Question 5 – Please tell us any suggestions for how we could improve the strategy.**

These two questions have been answered more generally but there are still some commonalities in responses from individual stakeholders;

Improvements needed - the strategy needs to present specifically what will happen next. Stakeholders wish to know what changes they can expect to see and how they can contribute directly to improvements in their own communities. More practical and real examples of anticipated improvements are needed rather than aspirational targets.

Community centred, rural issues - deprived communities need additional support to become more vibrant, self-reliant and connected. Make more use of our own local heritage to contribute towards health and wellbeing.