



healthwatch
North Yorkshire

Improving your health and social care, together

Our strategy for 2023 – 2026

Introduction

By Ashley Green, chief executive officer at Healthwatch North Yorkshire



It has been an incredibly busy and exciting past few years for Healthwatch North Yorkshire, with much happening for example new staff, trustees and volunteers joining us.

We have experienced a changing NHS and social care environment, with the creation of regional integrated care systems of which we are linked to two. Firstly, the Humber & North Yorkshire ICS (also covering York, Hull, East Riding and North and North-East Lincolnshire) and secondly, West Yorkshire ICS which covers Craven, within North Yorkshire (also covering Leeds, Bradford, Wakefield, Calderdale & Kirklees).

The other major change is the coming together of all the councils to form one unitary North Yorkshire Council. Additionally, we have experienced the very challenging and tragic COVID-19 pandemic, and the more recent issues around the cost-of-living crisis and the continuing and widening health inequalities that this has caused.

In developing our new long-term strategy for the next three years (April 2023 – March 2026) we wanted to ensure that we reflected on where we had got to and how, that we listened to and understood the needs and concerns of our partners (NHS, social care, public health and the community, voluntary and social enterprise sector), and acted on the issues we are hearing from the public.

We therefore spoke with people from across the county including the public, local organisations, North Yorkshire Council and NHS, and considered their priorities as well as those from Healthwatch England. We also considered our own strengths, opportunities, weaknesses, and threats, and considered likely developments including within the environment, economy, and any political changes.

During May – June 2023 we undertook a consultation process with the public and key stakeholders to find out what they thought of our plans and ideas, and we heard back from partners including our volunteer network, the public, Harrogate District Foundation Trust, North Yorkshire Council and North Yorkshire ICS.

Alongside this, we were keen to ensure that our plans had the maximum impact on the communities we serve and particularly those facing the greatest inequalities and that our plans meet the new challenges facing us.

Our role



“Healthwatch will strengthen the collective voice of people across both health and social care and influence joint strategic needs assessments and local health and wellbeing strategies on which local commissioning decisions will be based”. **The Government.**



Healthwatch is set apart from statutory structures and the voluntary community sector as we perform functions, deliver statutory duties, and receive public funding. Local commissioners and providers have a duty to respond to us as a Healthwatch and our reports and recommendations, and we can refer matters to the North Yorkshire Overview and Scrutiny Committees, the CQC, and Healthwatch England.

The Government’s aim is for Healthwatch to hold commissioners and providers of services to account and act as a critical friend to help bring about improvements in services and the public’s wellbeing. We aim to use these powers and responsibilities to good effect, by:

Listening to what people like about services and what could be improved. Including targeted engagement to hear from and work with people and diverse communities to ensure their views and experiences influence existing services and shape new services to meet needs.

By sharing their views with those with the power to make **change** happen. By producing high quality reports for those partners in health and social care that are responsible for the policy, commissioning, and provision of services to inform, support and influence improvements and innovation.

Additionally, we will work with partners across health and social care, to help them listen to and involve people to support service improvements and promote health and wellbeing.

Finally, we will help people find the **information** they need about services in their area that will contribute to their health and wellbeing, and support people to be able to scrutinise, review and monitor such services.

Our values

We adhere to the five key values of Healthwatch England to help us describe and deliver our work. These are:

- 1. Listening** – We recognise the value of listening to people and making sure their voices are heard.
- 2. Including** – We value inclusivity. Listening to the first-hand experiences of diverse groups improves care for everyone.
- 3. Analysing** – We value the insight that's gained from analysing many different people's experiences to learn how to improve care.
- 4. Acting** – We act on feedback and drive change. Listening has to positively affect outcomes and influence important decisions about people's care.
- 5. Partnering** – We value strong partnerships with care providers and Government – serving as the public's independent advocate.

As a public body we also subscribe to the Nolan principles of selflessness, integrity, objectivity, accountability, openness honesty and providing leadership.

North Yorkshire demographics

We considered local needs assessments and demographics in constructing our strategy, and whilst the health and wellbeing of the population of North Yorkshire is either similar to or better than the England average, the county does have its own set of challenges which are quite stark.

For example, North Yorkshire has one of the highest proportions of older people in England, and whilst many are well and active, as people age their needs can severely impact local health and care services.

There is a wide disparity between people's health and wellbeing across the county, as well as their life opportunities (because of income, transport, employment, housing etc.) across the seven districts. For example, there is a fifteen-year difference in life expectancy in adults living in Scarborough to those living in Harrogate. The black and

minority ethnic communities in North Yorkshire only make up approximately 7% of the population, which often means their voice and concerns go unheard.

The geography and rurality of the county also adds its own challenges around accessing health and care services, community organisations and transport. There are added consequences of isolation and loneliness that is a growing feature of our communities. Additionally, the geography of the county means that those people living with the greatest inequalities find it harder to be heard, have limited community networks for support or representation, and are often hidden or marginalised.

Data from North Yorkshire Council tells us that:

- Almost 25% of people are over 65, with over 85's expected to rise by 26% by 2030.
- Outside of large towns, 55% of people live in rural areas.
- Scarborough identified as the main district for adult & child poverty.
- Major causes of death: circulatory disease, respiratory disease, and cancer.
- High proportion of households classed as 'fuel poor' and struggle to heat homes.
- Hospital admissions caused by deliberate or unintentional injuries in children (0-14 years) is higher than the England average.

Our strategic plan going forward

We will continue to build on work that we have delivered over the last few years, including our focus on primary care, and particularly **GP access**, which is the area we get the most feedback about from the public. We will continue to seek improvements in **dentistry** access and care, champion people's access to high quality **social care** and further explore people's experiences of **mental health** services, for example people living with autism.

We will work with the public and partners to improve people's **public health** through health promotion, encouraging public involvement and supporting NHS and local authority campaigns to support improvements in self-care and wellbeing.

Additionally, we will ensure that the people and communities that we hear from and engage with are representative of our **diverse communities**, and we will seek out and work with those communities who aren't always listened to or involved in discussions

about their health or social care. This will include for example, people with **'protected characteristics'** (as set out in equalities legislation), including women, older people, children, and younger people., people with disabilities, black and minority ethnic communities and the LGBTQ communities.

We will work towards expanding both our **profile and reach** across North Yorkshire so that more people are aware of us and able to share their experiences with us. This will include the development of a long-term communication & marketing plan, which will be a priority for us in 2023.

Additionally, we will ensure that the information that we provide to the public is **accurate, accessible and meets the needs of people** to enable them to make informed choices about their care and health. This will include a review of what and how we provide information and involve people in our plans.

We are keen to work with partners across North Yorkshire, including North Yorkshire Council and the North Yorkshire ICS place to explore the development of a **public voice network** across the county. Our proposal would bring together individuals, groups, networks, and organisations to ensure the voice of people is at the heart of health and care decision-making in North Yorkshire.

A priority for us will be to ensure that our work, reports, and insight gathered from the public effects real and long-term change across the health and social care system, **demonstrating genuine impact**. We will be more robust in following up on our reports and recommendations with system leaders and partners and offering support, where appropriate, to help facilitate this change. Equally, we will 'call out' those organisations who ignore or do not facilitate change because of our work.

We have identified four themes to our strategy which are:

1. People

We will listen to and gather the views of all people, and particularly those facing the greatest inequalities to ensure their views and experiences influence existing services and improve and shape new services to meet people's needs.

This will include:

- Continuing to hear from the public via our regular surveys and produce our Pulse reports and briefings to highlight emerging and topical issues that are

affecting people and communities across North Yorkshire.

- The completion of our funded mental health engagement work looking into the issues faced by people accessing mental health services across North Yorkshire. Using the findings from the report published in June 2023, we will identify any issues or themes that we feel require further work over the next 3 years. Initially this is likely to include, working with veterans, service personal and their families and the farming community.
- Research to review the accessibility and patient experience of GP websites (following on from our original research in 2021). To see if our recommendations have been addressed and access improved.
- New research and engagement to understand the provision of people's lived experiences of postnatal care at home and in the community,
- Targeted engagement within specific communities facing the greatest inequalities to gather their views and experiences. To include those people with protected characteristics, marginalised and diverse communities. Initially this will include us engaging with those people affected by fuel and food poverty.
- The continuation of our enter & view programme in care homes across North Yorkshire to ensure the most vulnerable people in our communities (older people, those with dementia and physical disabilities) have a voice.
- Development of a younger people's network to help gather their experiences of health and social care.
- Work with, listen to and build relations with people using and those providing primary care services (GP's) via Patient Participation Groups (PPG's) and Primary Care Networks to ensure the public voice is including in decision making.
- Working with commissioners and providers of children's services we will explore where we can support them to seek the views of children and younger people, as well as parents about their wellbeing and use and satisfaction of the services they use.

2. Place

We will focus our work on those communities facing the greatest inequalities, including those people effected by geography (rural or coastal communities), those effected by poor access to transport and those people living in poverty.

This will include:

- The completion of our joint research with York St John University exploring the impact of rurality on access to health and care services. Using the research findings explore, if relevant, further work covering rurality over the next three years, such as transport and poverty.
- Our continued collaboration with Craven Communities Together Partnership and support to their workstreams around transport & GP access in a rural setting.
- With funding from the West Yorkshire ICS, we will undertake engagement in Craven to hear about people's experiences of palliative and end of life care, as part of a wider Healthwatch West Yorkshire project.
- We will continue to listen to and gather the views of people in Scarborough and other coastal communities, for example by undertaking public engagement and highlighting the concerns people have with commissioners and providers, for example around travel and easy access to secondary care and treatments.
- We will work proactively in Selby to ensure the public voice is heard and acted on, via our involvement and relationship with Up For Yorkshire (formerly Selby District AVS) and Selby Local Care Partnership.
- We will continue to support and contribute to health and care networks across the county, for example as part of the community mental health groups in Harrogate, Hambleton and Richmondshire, in the patient and carer experience forums, covering Whitby, Scarborough & Ryedale, and the North Yorkshire wide disability forum.
- We will support and contribute to the newly emerging local care partnership in North Yorkshire – East Coast, Harrogate & District, Selby Vale, and Hambleton & Richmondshire, to help bring local public feedback to decision making.

- We will work with local politicians and local elected councillors as well as parish councils to inform them and be informed by them about local health and care issues.

3. Partnership

We will work with key stakeholders, organisations, CVSE sector and Healthwatch partners to support and influence improvements in people’s health and wellbeing and access to quality health and care services.

This will include:

- A funded collaborative project with Medequip to hear from their service users to help collect, analyse, and report on people’s experiences of using their equipment and services, to influence service improvements. [April – September 2023].
- Our ongoing work with the West Yorkshire Voice (part of West Yorkshire Healthwatch) to hear from people’s experiences in Craven.
- Collaborative work with Healthwatch Bradford as part of the Bradford District & Craven Citizens Forum to ensure the experiences and views of the people of Craven are fully represented.
- Working with Healthwatch across Humber & North Yorkshire ICS to ensure people and communities are included in and influence service provision and improvements across the ICS footprint. This will also involve partnership working the Humber & North Yorkshire ICS.
- We will continue to build relations with colleges and universities to explore how they might support and/or collaborate with us on specific projects or via student placements. Our initial focus in Year 1 will be to build on those relationships with York St John University, York University and Coventry University at Scarborough.
- We will continue to build relations, challenge and partner with the key organisations who deliver health and social care across North Yorkshire, including North Yorkshire Council, York & Scarborough NHS Trust, Harrogate & District NHS Trust, Tees Esk Wear Valley NHS Trust, Humber NHS Trust and South Tees NHS Trust.

4. Performance

We will involve people & communities in our work, monitor our performance, and demonstrate our impact to ensure our work will affect real change to people's lives and wellbeing.

This will include:

- A volunteer plan to ensure the network fully supports and contributes to our work and projects and is inclusive and representative of our communities.
- We will expand our networks to include NHS Trust Council of Governors, their volunteers, and other public services such as housing and voluntary and community organisations.
- When developing and delivering our projects and work we will consult with and involve people with protected characteristics, seldom heard communities and the necessary partner organisations.
- We will improve our understanding of which members of the public contact us for information, inform us and engage with us geographically, and in terms of demography and protected characteristics.
- We will implement the Healthwatch England 'impact tracker' and record our achievements. We will rigorously follow up on our recommendations where we have presented evidence of issues to ensure change happens.
- We will build on our relationship with Cloverleaf (NHS complaints and advocacy service) and continue to refer the public to their service and identify any key themes emerging that may steer our future work.
- Undertake a review of how we share public insight/feedback (via our monthly issues log) with our partner organisations to ensure we are identifying themes and providing useful information. And that we are hearing back from them on what they have done because of our feedback.
- We will undertake a review of our performance and work by hearing from our partner organisations, the public and our volunteer network, and act on any feedback and make the necessary changes.

Governance, staff, and resource

In developing our new strategy, we recognised the need to have a robust and responsive organisational structure and processes, to live our values and to ensure the right procedures and policies are in place.

We have a strong and inclusive governance structure, a well-supported and trained staff team, and a high-quality volunteer network to support our work.

Governance

We will:

- Continue to review and develop our organisational policies and procedures on an ongoing basis to deliver our objectives.
- Adhere to the public sector equality duty (under the Equality Act 2010) when developing our policies and procedures and in the planning, design and delivery of our projects and work.
- We recently renewed and extended our contract with Peninsula (external HR & health & safety specialists) to ensure we comply with current legislation and provide the right support and advice to our staff and volunteers.
- Recruit new trustees to join us, and review the Board membership annually to ensure it is representative of the community it services (skills, background, diversity etc.)
- Hold our Board meetings in public, and at different locations across the county.
- Support our trustees via annual appraisals, training and development, and regular networking.
- Use a new finance system (QuickBooks) to record, analyse, and support our budget and accounting procedures, report regularly to the Board of Trustees on financial management, and help us to plan and use our funding and resources wisely.

- Identify and secure additional income streams to complement our grant award from North Yorkshire Council to support our core work and fund new work/projects that we identify as being important (including partnership working with universities, other Healthwatch, ICS etc.).

Staff & volunteers

We will:

- Support our team to deliver their roles to the best of their abilities, by support & supervision, training and networking, wellbeing support, and an inclusive and transparent working environment.
- Move to a new permanent office space to aid joint team working and wellbeing, as well as offering hybrid working.
- Continue to value and support our volunteers, review annually the support and training needs of our volunteer network via survey, skills audit and network events, and continue to recruit new volunteers.



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