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

Joint Local Health and Wellbeing Strategy 2023-2030
Draft EIA

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

如欲索取以另一語文印製或另一格式製作的資料，請與我們聯絡。

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

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

Name of Directorate and Service Area	North Yorkshire Health and Wellbeing Board / NYC Health and Adult Services
Lead Officer and contact details	Louise Wallace, Director of Public Health, North Yorkshire Council
Names and roles of other people involved in carrying out the EIA	JLHWBS Editorial Group, including representatives from: • Humber and North Yorkshire Integrated Care Board • NYC Public Health • NYC HAS Engagement & Governance • NYC Democratic Services

How will you pay due regard? e.g. working group, individual officer	Working Group
When did the due regard process start?	April 2022

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

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

Health and Wellbeing Boards have a statutory duty to produce Joint Health and Wellbeing Strategies. The current North Yorkshire Joint Health and Wellbeing Strategy (JHWBS) covered the time period 2015-2020, and a new Strategy is therefore required.

The purpose of the JHWBS as indicated in the statutory guidance is to:

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

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

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

As outlined in section 1 above, it is a statutory requirement to produce a joint health and wellbeing strategy. The strategy should inform strategy, planning and commissioning by partner organisations, in line with the Health and Social Care Act 2012 which outlines that commissioners should take regard of the JLHWBS when exercising their functions in relation to the commissioning of health and social care services.

The strategy has this overarching ambition: *For all residents of North Yorkshire to have a fair chance of living a fulfilling life, free from preventable ill health, 'adding years to life and life to years'.*

It is then structured around 3 Ps:

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

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

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

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

The strategy focuses on:

- Those groups of people who are particularly at risk of health inequalities and poor health outcomes, including those who typically experience multiple overlapping risk factors for poor health;

- The places where we live, focusing on the wider determinants of health which affect people's life chances and therefore their health outcomes; and
- Prevention of certain health conditions that impact on a wide proportion of the population, including cancer, heart disease, musculoskeletal disorders, mental ill-health, dementia and respiratory diseases

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

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

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

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

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

The strategy contains a number of actions which should improve health outcomes and life chances for the population of North Yorkshire. Improvements will be seen over the longer term, due to the deeply-rooted and systemic nature of the inequalities.

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

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

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

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

In order to guide the development of the new strategy, an editorial group has been convened with representation from the Council and the H&NY Integrated Care Board. This group has worked together to shape the draft strategy, informed by discussions with the Health and Wellbeing Board. Links have also been made with West Yorkshire ICB, Bradford and Craven Place Board.

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

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

Through our engagement review, we have identified certain groups who are at higher risk of health inequalities but whose voice has been less evident. This includes some of the specific groups of people already listed in section 2, particularly homeless people, Gypsy, Roma, Traveller communities, and migrant communities. The voice of ethnic minority communities was also less evident. As well as aiming to hear from a wide range of stakeholders and communities, we are therefore building in ways to hear the voice of these groups into our consultation planning.

The draft strategy also includes a specific cross-cutting theme for all HWB partners to collaborate on coproduction and engagement work and to do this in a way that strengthens community relationships and manages the demand on community groups (particularly socially excluded groups).

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

The aim of the JLHWBS is to inform local commissioning decisions. There should be no direct cost arising from the strategy, but it is expected that it will assist local commissioning decisions to be better targeted to meet evidenced and prioritised local need, thus making best use of available resources. In addition, the strategy includes a cross-cutting theme focused on working collectively to make effective and efficient use of resources.

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

				The JLHWB Strategy includes a number of actions focusing on age, for both children and young people, and older people.
Disability		x		There are certain groups in our communities who have worse health outcomes and life chances than other groups. One term for these groups of people is 'inclusion health groups': this includes Gypsy Roma Travellers, homeless people, prisoners, sex-workers and individuals with substance use disorders. There is a bigger difference in mortality rates between inclusion health groups and the wider population. This difference is even larger than the (substantial) differences between least deprived and most deprived geographical communities in the wider population. Other groups also experience poorer health and social outcomes, related to physical health issues but also to social and economic barriers. This includes people with mental health issues, people with learning disability, and autistic people. People with physical, sensory and cognitive impairments are more likely to experience barriers to access for health, care and everyday services and activities, including built environment, transport, communication and attitudinal barriers. Generally, people with one or more significant health issues are more likely to have a low income. The draft JLHWB strategy has a number of actions focusing on specific health conditions, improving health overall and reducing health inequalities. It also includes a cross-cutting action for all HWB partners that focuses on ensuring that our services and communication channels are accessible to disabled people and others who may experience barriers to access.
Sex		x		Overall, the population of North Yorkshire is made up of 51% female and 49% male (and within that, there is approx. 0.3% of people who identify as gender diverse in some way). Life expectancy at birth for males in North Yorkshire is 80.4 years and 84.3 years for females (2018-20). Both of these figures are significantly higher than the England averages of 79.4 and 83.1 respectively. However, at small area level, life expectancy across the County varies widely - as high as 86.8 years for males in the Harrogate Oatlands ward

				and 90.8 years for females in the Claro ward of Harrogate and as low as 72.8 years for males in the Whitby West Cliff ward of Scarborough district and 78.2 years for females in the Knaresborough Eastfield ward of Harrogate district (2016-20). In terms of healthy life expectancy, men in the Eastfield ward of Scarborough can expect to live 54 years in good health but men in the Rossett ward of Harrogate ward spend 74 years in good health, around a 20 year difference of life spent in good health. For females, there is also a 15 year difference in life expectancy between the wards with the lowest and highest life expectancy. For healthy life expectancy, women in the ward with the lowest life expectancy (Eastfield ward, Scarborough) spend 58 years in good health, while in Spofforth with Lower Wharfedale ward in Harrogate they spend 76 years of their longer life in good health. For both sexes, the wards with the highest life expectancy exceed the national average and those with the lowest life expectancy are below the England figures of around 64 years for males and 65 years for female (2009-13). There are differences between men and women in terms of health needs and socio-economic factors. The Government's Women's Health Strategy (2022) points out that: *"Women spend a significantly greater proportion of their lives in ill health and disability when compared with men. Not enough focus is placed on women-specific issues like miscarriage or menopause, and women are under-represented when it comes to important clinical trials. This has meant that not enough is known about conditions that only affect women, or about how conditions that affect both men and women impact them in different ways."* Women (and some men) may require gender-specific services for certain conditions including support for substance use, particularly if they have experienced trauma[1]. The draft strategy includes actions to improve health and wellbeing for the whole NY population, as well as specific actions focusing on women's health.
Race		x		Within North Yorkshire 6.73% of the population are from Black, Asian and Minority Ethnic groups, compared to 19% in England (Census 2021).

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

				The Middle Super Output Area (MSOA) which covers Catterick Garrison & Colburn in Richmondshire has the largest proportion of ethnic minority residents in North Yorkshire (15.2%), which is associated with the military population at Catterick Garrison. 11.5% of the population of the Skipton South MSOA in Craven are from ethnic minority groups, the second largest community in the county. The MSOAs covering Harrogate East and Central Harrogate have the third largest proportion of ethnic minority residents - both 8.2%. In North Yorkshire, because ethnic minority communities are in general small and dispersed, ethnic minority people can find it harder to access culturally-specific and/or culturally knowledgeable services that might be available in larger urban areas. This, along with experiences of discrimination and racism, and language barriers, are likely to make it harder to access services and to receive a timely diagnosis. The largest ethnic minority grouping across the county is 'White Other' which includes Eastern European people. There is a (relatively) large population in Scarborough and Ryedale, and support is offered in those areas by the Pomoc Community Scarborough and Ryedale project, funded by North Yorkshire Council. At the last census, 900 individuals identified as Gypsy Traveller or Roma (GRT). This is an increase of 312 from the last Census. Research shows that GRT people experience significantly worse health and social outcomes, and die at a younger age. There are eight council-provided sites. Support on a number of sites is provided by Horton Housing and North Yorkshire Council. There are also a number of refugee and asylum-seeking families in North Yorkshire placed via the Vulnerable Persons Resettlement Scheme, as well as Ukrainian families. Some support is provided by North Yorkshire Council and the Refugee Council. Although there are a small number of service providers and projects focusing on specific ethnic minority communities, for other people, the experience of being a minoritized person in a large county with little focused support or infrastructure can increase isolation. The draft strategy includes specific actions aimed at improving health and wider wellbeing outcomes for GRT, refugee and migrant communities, as well as actions aimed at

				improving health and wellbeing across all groups.
Gender reassignment		x		For North Yorkshire, the % of people identifying as Trans/gender diverse in the last Census was approximately 0.3% (of those who responded). This compares to 0.5% for England (0.6% when 'no answer' discounted). Trans people have specific health requirements , particularly if they wish to take a medical pathway in their transition, and experience barriers to accessing both specialist and generalist care. Generally, the former is due to lack of availability/long waiting lists and the latter to concerns about or experience of lack of awareness and discrimination in the health sector. Trans people are, in general, a very small minority group dispersed across a large county; this can increase isolation. From feedback from Trans people, we are aware that there is a lack of organised peer support. The draft strategy includes actions aimed at improving health outcomes and reducing barriers for those groups experiencing health inequalities, as well as actions to improve health and wellbeing for all communities.
Sexual orientation		x		For North Yorkshire, the % of people identifying as LGB+ in the last census was approximately 2%. This compares with the England average of 3.2%. LGB+ people may experience barriers to accessing health care due to experiences or fear of discrimination. LBG+ people also have a higher risk of certain conditions, including substance use and mental health conditions (which is likely to be linked to the impact of discrimination). There may also be lack of awareness from health care workers or LGB+ people themselves about risk of certain conditions and the need for screening eg cervical cancer. Additionally, LGB+ people may find that they are not treated equally as partners and spouses when their loved one is ill or in need of care. LGB+ people are also a small and dispersed community in North Yorkshire, and from feedback we are aware that there is a lack of organised peer support. The draft strategy includes actions aimed at improving health outcomes and reducing barriers for those groups experiencing health inequalities, as well as actions to improve health and wellbeing for all communities.

Religion or belief		x		In North Yorkshire, the most recent Census figures indicate that 51.9% identify as Christian; 38.9% no religion; 1.96% Muslim; 0.5% Sikh; 0.4% Hindu; 0.3% Buddhist; 0.1% Jewish' 0.1% other and 5.9% no answer. The % Christian is higher than the England figure (46.2%), as is the % no religion (37.2%), whilst the other groups are all smaller than the England figures. This is likely to be linked to the small (although growing) percentage of ethnic minority people in North Yorkshire. For some faith groups, particularly minority faith groups, cultural and religious observances will be important for person-centred care, and concern re these needs being met may create barriers to accessing health and other aspects of wider wellbeing. Faith groups also provide a source of support to members, and often to their wider communities, and as such actively contribute to wellbeing and reduction of loneliness and isolation. The draft strategy includes actions aimed at improving health outcomes and reducing barriers for those groups experiencing health inequalities, as well as actions to improve health and wellbeing for all communities.
Pregnancy or maternity		x		Pregnancy and maternity is a stage in women's (and other pregnant people's) lives when they have specific health care needs, and these will interact with existing health conditions or other personal/social characteristics (for example, being a smoker; having a low income and/or living in an area of high deprivation; being a disabled parent). The Government's Women's Health Strategy 2022 highlights that some women experience disparities in outcomes and experiences of maternity care, for example ethnic minority women: women and babies of black or Asian ethnicity or those living in the most deprived areas are more likely to die from causes linked to pregnancy and birth, compared with women living in the least deprived areas. There are also inequalities and inconsistencies in access to fertility treatment, particularly for female same-sex couples. The JLHWB strategy includes a specific action to deliver a North Yorkshire women's health strategy to respond to the Government strategy and address local issues and needs, as well as actions to maintain the downward trajectory in unplanned pregnancy in under 18s and to implement the North Yorkshire Sexual,

				Reproductive Health and HIV strategic framework.
Marriage or civil partnership	x			Whilst no specific barriers on grounds of partnership status have been identified, married people and people in a civil partnership will nevertheless benefit from broader improvements to health and wellbeing.

Section 7. How will this proposal affect people who…	**No impact**	**Make things better**	**Make things worse**	**Why will it have this effect? Provide evidence from engagement, consultation and/or service user data or demographic information etc.**
..live in a rural area?		x		North Yorkshire is England's largest county, covering a geographical area of over 8,000 square kilometres. It has some urban areas and is also highly rural, with up to 85% of the county being classified as 'super sparse'. This results in a population density of just 77 people per square kilometre, compared with an England average of 432. Research by the LGA[2] on health and wellbeing in rural areas identified a number of health risks particular to rural communities. • Rural areas are increasingly older as elder people migrate in whilst younger people migrate out • Infrastructure in rural areas is more sparse • Pollution from traffic is increasing in rural areas • Distance to services means residents can experience 'distance decay' • A breaking down of social networks, resulting in isolation and social exclusion • Poor quality and unaffordable housing, and higher rates of fuel poverty The draft strategy includes a focus on Place, with specific actions aimed at reducing health inequalities in rural and coastal communities.
…have a low income?		x		Although North Yorkshire is relatively prosperous, across the County there are pockets of very high levels of deprivation. The Index of Multiple Deprivation (IMD) 2019 highlighted 24 neighbourhoods (LSOAs) in North Yorkshire that fall within the most deprived quintile in England, 20 of which are concentrated in Scarborough town and Whitby. At ward level Eastfield, Castle and Woodlands in Scarborough town are the three most deprived wards in North Yorkshire. Using the previous Index of Multiple Deprivation 2015, the Director of Public Health Annual Report in 2019 focused on the 11 most deprived LSOAs

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

				in North Yorkshire. They remained the 11 most deprived in the Index of Multiple Deprivation 2019. Scarborough also has a higher prevalence of smoking than the England average, and a significantly worse rate of hospital admission for alcohol-specific conditions (and this is also an issue for North Yorkshire as a whole). Low income/living in a deprived area can intersect with protected characteristics and health conditions to increase the risk of poverty and ill health. The draft strategy includes a number of actions focused on reducing health inequalities by tackling the wider social determinants linked to low income and socio-economic exclusion. This includes support for the most vulnerable families with the cost of living, ensuring they are enrolled in schemes for which they are eligible; influencing the development of the Economic Growth Strategy and Devolution deal, and a cross-cutting action for all HWB partners to show leadership in providing employment opportunities for people who experience barriers to employment.
…are carers (unpaid family or friend)?		x		From Census 2021 age-standardised data, 8.6% of people in North Yorkshire are unpaid carers, with Scarborough district having the largest proportion (9.5%). The NY figure is very slightly lower than the England figure, 8.9%. This is a sharp fall from Census 2011; reasons for this are unclear but may have been influenced by changes during the COVID-19 pandemic. The fall has been greatest in the least deprived LSOAs in North Yorkshire, and nationally. The most deprived LSOAs have seen the smallest reduction in unpaid carers. 4.7% of North Yorkshire residents are providing 9 or less hours of care, 1.6% 20-49 hours, and 2.4% 50 or more hours. The North Yorkshire neighbourhood (MSOA) with the largest proportion of usual residents aged 5 years and over who provided 50 hours or more per week of unpaid care in 2021 was Eastfield, Crossgates & Seamer (4.1%). The average across North Yorkshire is 2.4%. 8 out of the top 10 neighbourhoods in North Yorkshire for the provision of 50 hour or more per week of unpaid care were in Scarborough district. This indicates a link between areas of multiple deprivation, health conditions and need for unpaid care. The health profile of unpaid carers shows that the older the carer is and the more hours of care they provide, the more likely they are to report that they are not in good health. For example, for

				unpaid carers aged 65+ and providing 50 or more hours, 46.45% report that they are not in good health. We also know that more women than men provide unpaid care in most age categories, with men more likely to provide care from the age of 80 years onwards. Unpaid carers can experience a range of health and social impacts as a result of their caring responsibilities, including impacts on mental health, social isolation and income. This can be made worse for carers who live in rural areas, are older, who are young carers, or who are from minority groups and already experiencing access barriers as a result. The draft strategy includes specific actions to reduce inequalities for carers as well as actions to improve health and wellbeing for all communities, including to tackle health inequalities in areas of deprivation.
Armed Forces covenant		x		Armed forces, veterans and families may experience some barriers to health care, eg losing places on waiting lists, and experience disruption to education, due to regular moves. They are also at risk of mental health difficulties. The draft strategy includes actions aimed at improving health outcomes and reducing barriers for those groups experiencing health inequalities, as well as actions to improve health and wellbeing for all communities.

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

Section 9. Will the proposal affect anyone more because of a combination of protected characteristics? (e.g. older women or young gay men) **State what you think the effect may be and why, providing evidence from engagement, consultation and/or service user data or demographic information etc.**

The draft strategy will benefit the whole population of North Yorkshire, but should have a greater positive impact on those experiencing multiple inequalities, including where this is impacted by discrimination and/or access barriers that arise from protected characteristics – for example, disabled or older people who live in rural areas, older female carers in deprived areas.

Section 10. Next steps to address the anticipated impact. Select one of the following options and explain why this has been chosen. (**Remember:** we have an anticipatory duty to make reasonable adjustments so that disabled people can access services and work for us)	**Tick option chosen**
1. No adverse impact - no major change needed to the proposal. There is no potential for discrimination or adverse impact identified.	**x**
2. **Adverse impact - adjust the proposal -** The EIA identifies potential problems or missed opportunities. We will change our proposal to reduce or remove these adverse impacts, or we will achieve our aim in another way which will not make things worse for people.	
3. Adverse impact - continue the proposal - The EIA identifies potential problems or missed opportunities. We cannot change our proposal to reduce or remove these adverse impacts, nor can we achieve our aim in another way which will not make things worse for people. (There must be compelling reasons for continuing with proposals which will have the most adverse impacts. Get advice from Legal Services)	
4. Actual or potential unlawful discrimination - stop and remove the proposal – The EIA identifies actual or potential unlawful discrimination. It must be stopped.	
Explanation of why option has been chosen. (Include any advice given by Legal Services.) The purpose of the Joint Local Health and Wellbeing Strategy is to reduce health inequalities and improve the health and wider wellbeing outcomes of target groups, and the wider population, in North Yorkshire. Consideration has been given to population and identity groups with specific health inequalities and actions included to reduce these inequalities.	

Section 11. If the proposal is to be implemented how will you find out how it is really affecting people? (How will you monitor and review the changes?)

The strategy will be monitored through:

- Monitoring for individual actions such as linked strategies
- High-level measures such as the number of years people spend in ill-health
- Co-production and engagement activities

- Delivery plan and progress reports to Health and Wellbeing Board
- Health and Wellbeing Board spotlight sessions on specific topics/themes

Section 12. Action plan. List any actions you need to take which have been identified in this EIA, including post implementation review to find out how the outcomes have been achieved in practice and what impacts there have actually been on people with protected characteristics.

Action	**Lead**	**By when**	**Progress**	**Monitoring arrangements**
Consider consultation feedback, including any feedback on this EIA, and review draft strategy	Editorial Group	April 2024		Health and Wellbeing Board
Include data and information about the way in which people's protected characteristics have been taken into account, in monitoring the delivery of the strategy – eg via monitoring reports and spotlight sessions	Health and Wellbeing Board	Ongoing		Health and Wellbeing Board

Section 13. Summary Summarise the findings of your EIA, including impacts, recommendation in relation to addressing impacts, including any legal advice, and next steps. This summary should be used as part of the report to the decision maker.

The draft North Yorkshire Joint Local Health and Wellbeing Strategy should have a positive impact on people who live in North Yorkshire, including those defined by protected characteristics. It aims to reduce health inequalities experienced by specific groups in North Yorkshire's population, as well as actions to improve health outcomes for the whole population. The targeted groups include those who experience multiple overlapping risk factors for poor health and those who experience additional barriers to access, such as ethnic minority groups, older people, people living in areas of deprivation and rural areas and women. The strategy also takes account of intersecting identities and barriers.

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

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

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

Section 14. Sign off section

This full EIA was completed by:

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

Completion date: 17 November 2023

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

Date: 13 December 2023