North Yorkshire

Joint Local Health and Wellbeing Strategy 2023 – 2030

Easy read consultation survey





This survey is about the Joint Local Health and Wellbeing Strategy. This is a plan to help people who live in North Yorkshire to be healthier and happier.

The plan belongs to the North Yorkshire Health and Wellbeing Board.

You can find the plan on the council's website: www.northyorks.gov.uk/WellbeingStrategyConsultation

Or by asking in your local library.

Here is a link to North Yorkshire Council's Privacy Plan: www.northyorks.gov.uk/your-council/transparency-freedom-information-and-data-protection/privacy-notices



We would like to ask you some questions to find out what you think about the plan.

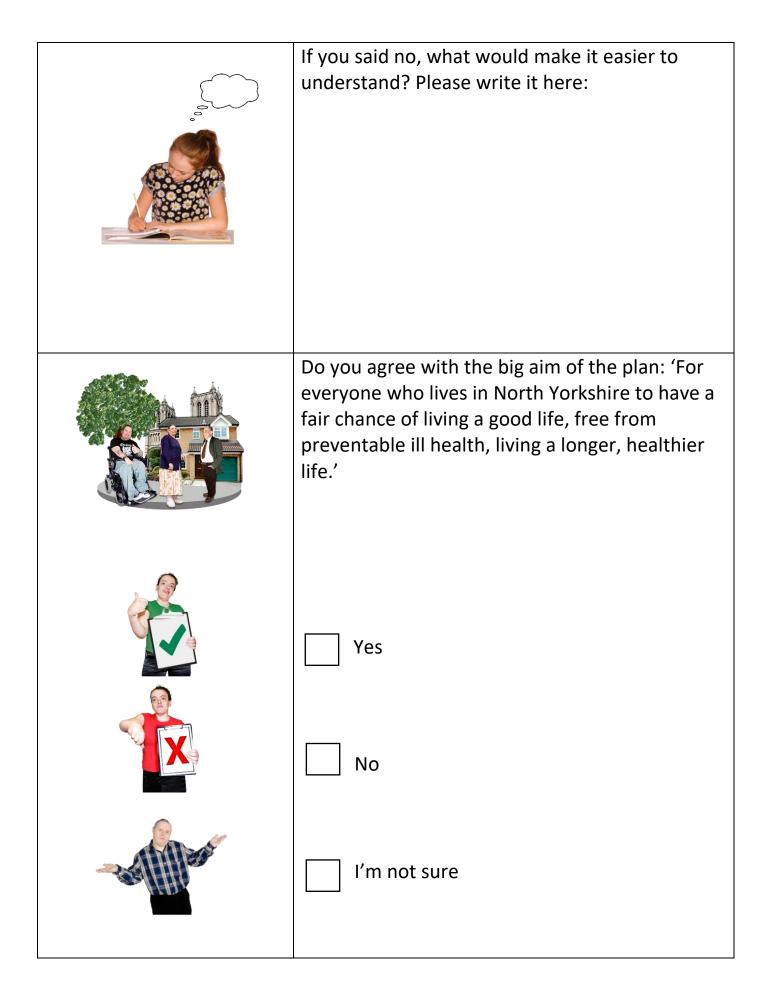


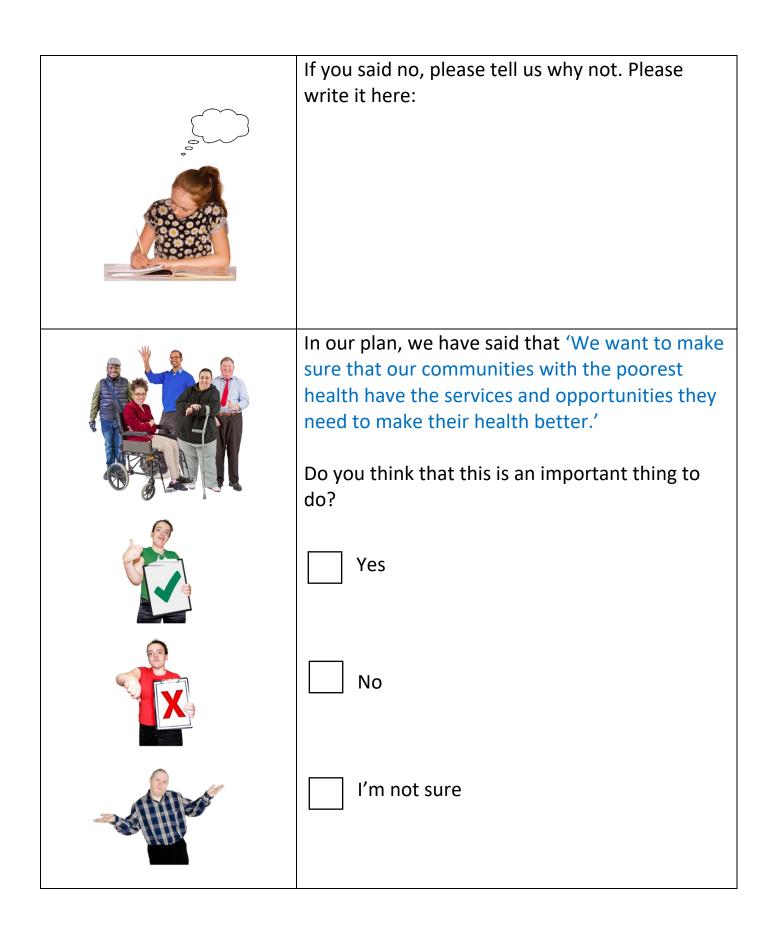
Please fill in this survey and hand it in to your local library, or send it back to:

North Yorkshire Council Health and Adult Services Racecourse Lane Northallerton DL7 8AD

What do you think Do you shipk the docur to Ven Mort surv No	Or you can fill the survey in online instead: www.northyorks.gov.uk/WellbeingStrategyConsultation
March 31	Please send it to us by 31 March 2024. Thank you.
	When you answer the survey questions, please do not tell us anything personal about yourself or your family
	If you are filling in this survey as an advocate for someone please tick here: Please answer the questions, where possible, how they would answer themselves.
	Please tick a box to tell us if you are: Someone who lives in North Yorkshire Someone who does not live in North Yorkshire, but who has a job or goes to college here

	Answering on behalf of a community group
	or a partnership board
	Please tell us the name:
	Answering on behalf of an organisation
	Please tell us the name:
Plan	Is the plan easy to understand?
	Yes
X	□ No
	I'm not sure





If you said no, please tell us why not. Please write it here:
Our plan has a list of the things we want to do to help people with the poorest health to live
healthier lives. Do you think these are the right things for us to do?
Yes
□ No
I'm not sure

	If you answered 'no', what do you think we should do instead? Please write it here:
Community Lite	In our plan, we have said that 'We want to make sure that where you live helps you stay well and happy.' Do you think that this is an important thing to do?
	Yes
	☐ No ☐ I'm not sure
	THI HOL Suite

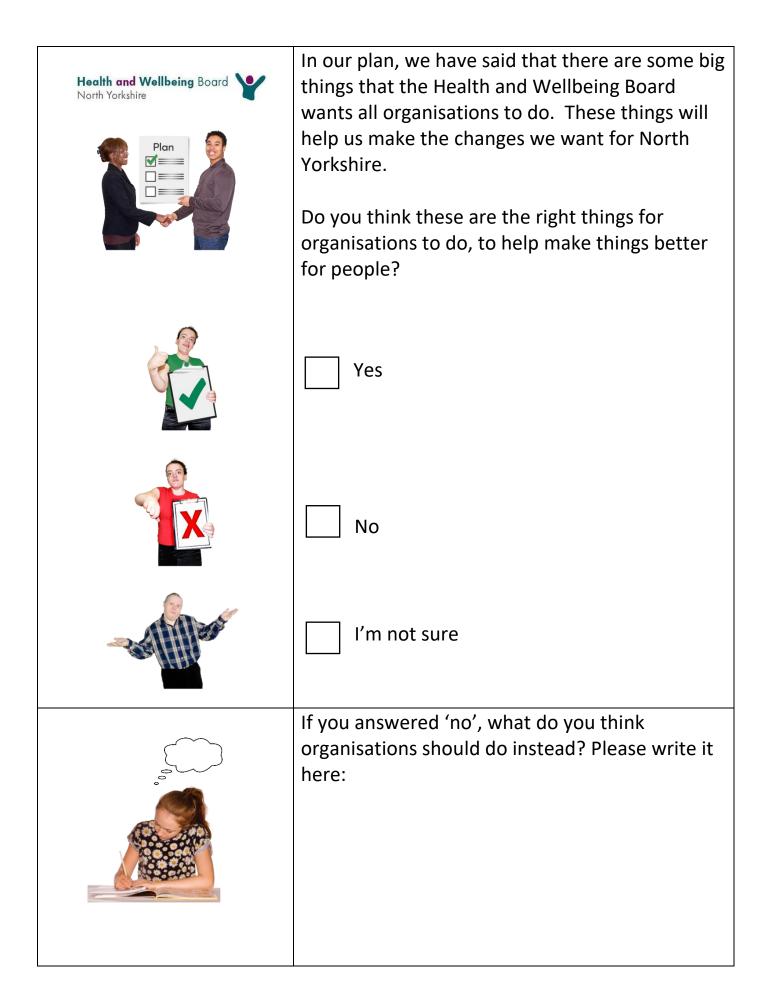
If you said no, please tell us why not. Please write it here:
Our plan has a list of the things we want to do to help make sure that where we live helps us to stay healthy and happy. Do you think these are the right things for us to do?
Yes
□ No
l'm not sure

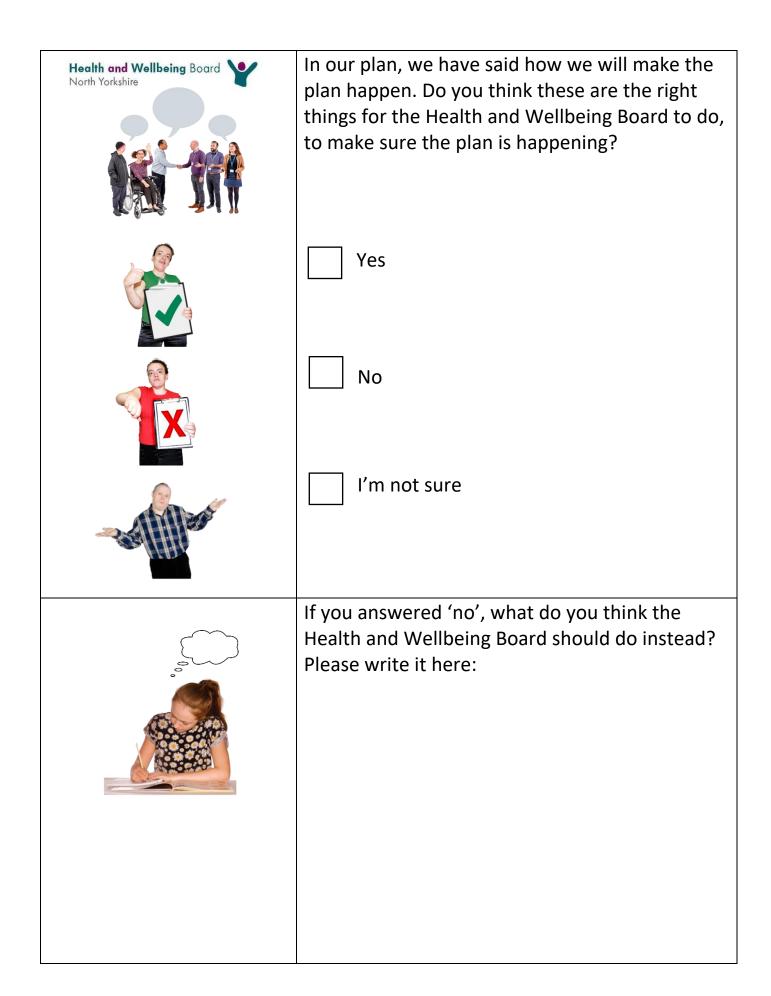
	If you answered 'no', what do you think we should do instead?
	Please write it here:
	In our plan, we have said that 'We want to help everyone who lives in North Yorkshire to be healthier by doing the big things that will make the most difference.' Do you think that this is an important thing to do?
	Yes
X	No No
	l'm not sure

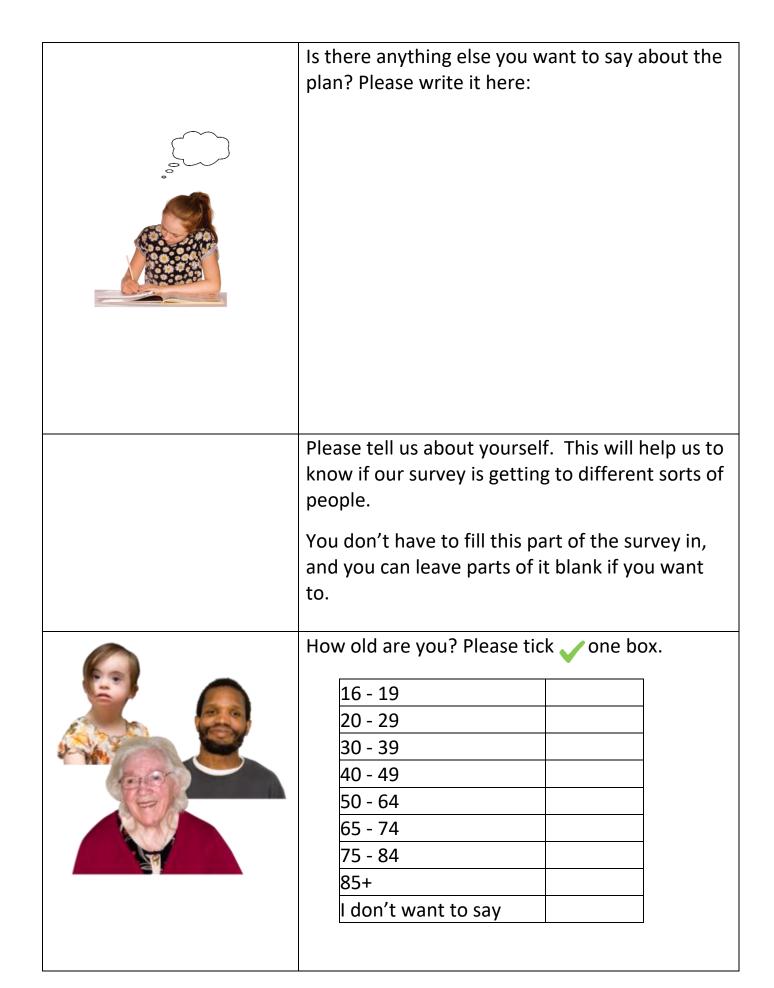
If you said no, please tell us why not. Please write it here:
Our plan has a list of the things we want to do to make it easier for everyone in North Yorkshire to make healthy choices. Do you think these are the right things for us to do?
Yes
□ No
I'm not sure



If you answered 'no', what do you think we should do instead? Please write it here:







Are a man Are a woman Think about yourself in a different way Prefer not to say Please tick one box to tell us if you are a person with a disability, or if you have a long-term illness or condition: Yes No If you said yes, please tick all of the boxes which describe your disability or long term illness or condition I have a physical impairment or disability I have a learning disability or difficulty I have a long term illness or condition I have a mental health problem or illness Other disability, illness or condition		Please tick ✓one box to tell us if you:	
Think about yourself in a different way Prefer not to say Please tick one box to tell us if you are a person with a disability, or if you have a long-term illness or condition: Yes No If you said yes, please tick all of the boxes which describe your disability or long term illness or condition I have a physical impairment or disability I have a learning disability or difficulty I have sight or hearing loss I have a long term illness or condition I have a mental health problem or illness	M	Are a man	
Please tick one box to tell us if you are a person with a disability, or if you have a long-term illness or condition: Yes No If you said yes, please tick all of the boxes which describe your disability or long term illness or condition I have a physical impairment or disability I have a learning disability or difficulty I have a long term illness or condition I have a mental health problem or illness		Are a woman	
Please tick one box to tell us if you are a person with a disability, or if you have a long-term illness or condition: Yes No If you said yes, please tick all of the boxes which describe your disability or long term illness or condition I have a physical impairment or disability I have a learning disability or difficulty I have sight or hearing loss I have a long term illness or condition I have a mental health problem or illness			
person with a disability, or if you have a long-term illness or condition: Yes No If you said yes, please tick all of the boxes which describe your disability or long term illness or condition I have a physical impairment or disability I have a learning disability or difficulty I have sight or hearing loss I have a long term illness or condition I have a mental health problem or illness		Prefer not to say	
person with a disability, or if you have a long-term illness or condition: Yes No If you said yes, please tick all of the boxes which describe your disability or long term illness or condition I have a physical impairment or disability I have a learning disability or difficulty I have sight or hearing loss I have a long term illness or condition I have a mental health problem or illness			
If you said yes, please tick all of the boxes which describe your disability or long term illness or condition I have a physical impairment or disability I have a learning disability or difficulty I have sight or hearing loss I have a long term illness or condition I have a mental health problem or illness		person with a disability, or if you have a long-	
If you said yes, please tick all of the boxes which describe your disability or long term illness or condition I have a physical impairment or disability I have a learning disability or difficulty I have sight or hearing loss I have a long term illness or condition I have a mental health problem or illness			
describe your disability or long term illness or condition I have a physical impairment or disability I have a learning disability or difficulty I have sight or hearing loss I have a long term illness or condition I have a mental health problem or illness		Yes No	
describe your disability or long term illness or condition I have a physical impairment or disability I have a learning disability or difficulty I have sight or hearing loss I have a long term illness or condition I have a mental health problem or illness			
I have a learning disability or difficulty I have sight or hearing loss I have a long term illness or condition I have a mental health problem or illness		describe your disability or long term illness or	
I have sight or hearing loss I have a long term illness or condition I have a mental health problem or illness		I have a physical impairment or disability	
I have a long term illness or condition I have a mental health problem or illness		I have a learning disability or difficulty	
I have a mental health problem or illness		I have sight or hearing loss	
		I have a long term illness or condition	
Other disability, illness or condition		I have a mental health problem or illness	
		Other disability, illness or condition	



Please tick one box to tell us if you are:

White British or Irish or Other white	
background	
Mixed ethnicity	
Asian or Asian British	
Black or Black British	
Chinese	
Other ethnic group	





Please tick

a box to tell us where you live:

Craven	
Hambleton	
Harrogate	
Richmondshire	
Ryedale	
Scarborough	
Selby	
Somewhere else	



Thank you for answering our questions.