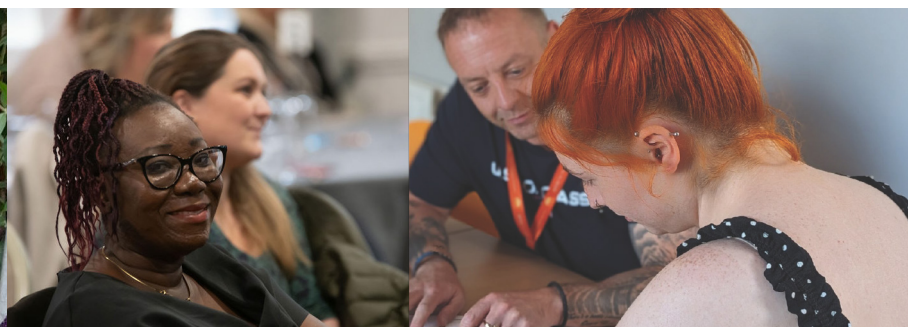




Health and Adult Services

HAS 2030

Our plan to help people live longer, healthier, independent lives



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WELCOME TO *HAS 2030*

This plan sets out how North Yorkshire's Health and Adult Services (HAS) will change by 2030, including developing new services, improving existing services and saving £13 million by 2028. The HAS directorate comprises Public Health and Adult Social Care services and our plan has been developed by a cross-section of colleagues, as well as building on feedback we have had from people who use our services and their carers. This working document will evolve over the next five years and will guide detailed service plans, as well as joint strategies with the NHS and other community partners. It should be read alongside the North Yorkshire Council Plan.

HAS 2030 summarises the main points of our work programme for the next 5 years and will be used mainly by HAS colleagues, whilst also being useful for Elected Members, the wider council, partner agencies and the public.

Since our last plan was published, we have continued to invest in prevention and care services including our Stronger Communities programme and the Living Well service and new services such as Living Well Smokefree. We have expanded extra care housing with 28 schemes now in place, comprising 1500 apartments and bungalows.

We are making the most of being a new unitary council, with a stronger Public Health contribution to shaping the new countywide leisure and active well-being service and plans being developed to build more, better homes for older and disabled people, and to improve support to people with multiple, complex health, housing and care issues in their lives. We are also working with colleagues on issues such as food affordability and supply and climate change. And we are strengthening our Health Protection services.



We have also introduced new online services – people who use our services have helped us to develop a new online self-assessment for social care, for instance.

Our work with the NHS has advanced significantly. In 2025, we launch the North Yorkshire Health Collaborative to oversee in the region of £600m in prevention and community services, aiming to improve outcomes, and tackle inequalities and join-up working.

At the heart of these changes is a determination to put the voices and aspirations of people with lived experience at the heart of what we do. We have co-produced our HAS Involvement Framework and our goal is to grow co-production in our daily practice, our service improvement and our service developments. Our ambition is to show what our lived experience experts mean when they say that **“Co-production is a super-power”**.

In Public Health, we are focused on giving children the best start in life, getting more people to move more and helping people age healthily.

Every year we identify our Adult Social Care improvement priorities, which are about the ‘bread and butter’ of our practice – for example, reducing waiting lists and times, supporting unpaid carers and offering direct payments to more people so that they can have more say over their own care – so that it is more consistent across the County.

We have continued to support record numbers of people who are being discharged from our local hospitals. We have also supported the care sector with additional funding of £38m above inflation. And our expanded Integrated Quality Team, which is a hands-on team that helps care providers improve their service quality and has, in the last year, ensured nearly 900 people stayed in the place they call home. In January 2025, the Council approved investment of up to £60m in new Care and Support Hubs for intermediate care and specialist dementia care.

Over the coming years, we want to enhance our prevention services in communities across North Yorkshire; to support unpaid carers in better ways; to focus more on how we help people with mental health, disability or substance use issues who are likely to have higher needs and potentially higher care costs; to continue our journey of improvement in adult social care practice; to continue to develop our services and joint working with the NHS; to work with communities and partner agencies to help people be more physically active; to improve the affordability and availability of good quality food; to work towards a smoke-free generation; and to improve women’s health and access to services.

We will need to move forward in the context of external volatility and constraints on public finances.

Thank you for taking time to read this plan for working with us to make it happen and for feeding back on what we do well and where we can do better.



Councillor Michael Harrison, Richard Webb and Health and Adult Services Leadership Team



Health and Adult Services

Our role

The Council's Health and Adult Services employs nearly 2000 people and in 2025/26 invests a Public Health Grant of £25.9m and an adult social care net budget of £277m.

Public Health

The council is the lead organisation for Public Health, working with various agencies and community groups. This remit includes providing services directly (for example, the stop smoking service, Living Well Smokefree) as well as the commissioning and funding of services like health visitors, sexual health, substance use and Health Checks which are undertaken in primary care and pharmacies.

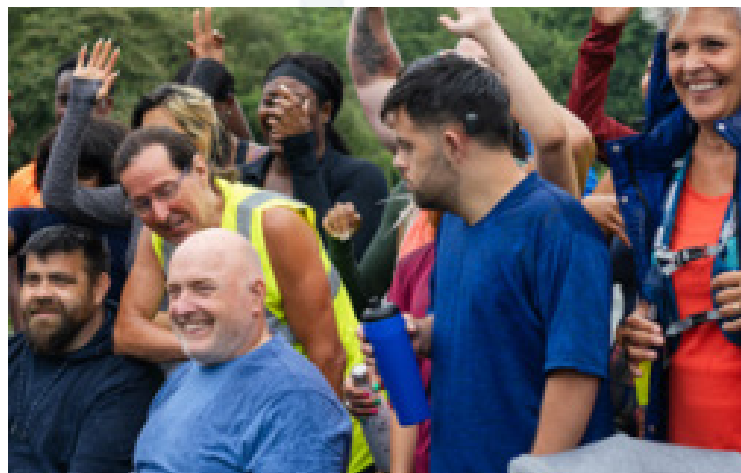
There are three main aspects of Public Health work:

- **Health Improvement** – promoting healthy choices and lifestyles, through better food and diet and greater uptake of physical activity and cross-cutting work with groups within the population such as women's health and the health of minority ethnic communities.
- **Health Protection** – protecting individuals and communities against infectious diseases, ranging from COVID-19 and avian influenza to sexually transmitted infections.
- **Healthcare Public Health** – working with the NHS to tackle specific clinical conditions such as diabetes, cancer and coronary heart disease.
- **Public Health Intelligence** is an underpinning function that supports all three domains of public health. Intelligence specialists are responsible for gathering, analysing and interpreting information around health and determinants of health.

Each Council has a Public Health mandate from Government, setting out requirements for:

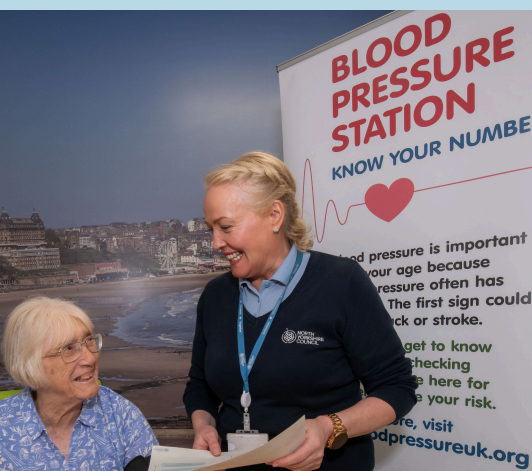
- Ensuring NHS commissioners receive the **public health advice** they need.
- Ensuring plans are in place to **protect the health of the population**.
- Appropriate access to **sexual health services**.
- The National **Child Measurement Programme**.
- NHS **Health Check Assessment**.
- Elements of the **Healthy Child Programme**.

As the Public Health team is relatively small, most of our work is funded and delivered through other parts of the Council, NHS providers, community organisations and businesses.



Public Health is a broad spectrum of activity and intervention and the Public Health team works with, for example, we work with schools and the Children and Young People's Directorate to ensure that children get the best start in life through the auto-enrollment of eligible pupils for free school meals, and we support businesses to make workplaces healthier.

The diagram below sets out what are called the wider determinants of health:



Our plan to help people live longer, healthier, independent lives

Adult Social Care

Adult Social Care services are delivered in accordance with the Care Act, Mental Capacity Act, Mental Health Act, and other care-related laws. The Council over nearly 2,000 staff to deliver these services, including occupational therapists, social workers, and care professionals. In North Yorkshire, over 16,000 people work in the wider care sector, including independent and voluntary providers. The services provided include:

- Information and advice, including through the Council's Customer Centre and our revenues and benefits and income maximisation teams.
- Online assessment services, which people can use for a family member or friend.
- Prevention services, including Living Well and Supported Employment.
- Assessment and ongoing support provided by Occupational Therapists, Social Workers and community team colleagues.
- Advice, breaks and support for unpaid carers who are looking after family members and/or friends.
- Support at home, including equipment, aids and adaptations; reablement services which help people recover their independence following illness; home care; and day services.
- Specialist housing, including extra care housing, supported living, supported tenancies and Shared Lives; and residential and nursing homes.
- Support to the care market to ensure a sustainable market with sufficient capacity to meet the needs of people in North Yorkshire and to meet our Care Act market-shaping duties.
- Joint working with the NHS to avoid hospital admission, help people home from hospital and to support people living in the community



Our vision and ambitions

Our vision for Health and Adult Services (HAS) is about **“people living longer, healthier, independent lives”**. We have four over-arching ambitions, underpinned by statements about what they will mean for people:

Opportunities for everyone, everywhere

My time and experiences are valued

My home, my community, my choice

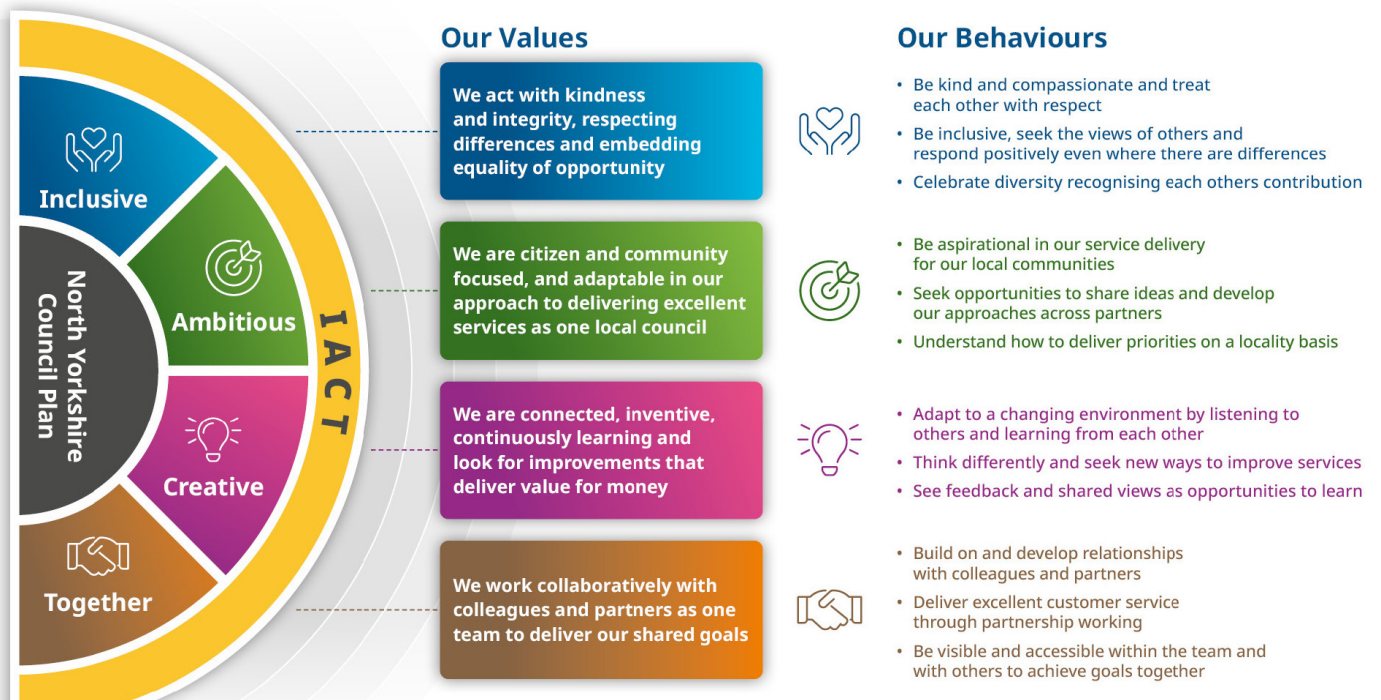
Leading and delivering

Our detailed plans on pages 12-19 are set out under these four headings.

For ease of reading the summary on pages 10 & 11 sets out key highlights on People, Prevention, Practice, Partnerships, Pounds & Performance.

We see this vision and the changes we are making as part of North Yorkshire Council living up to its **IAC T (Inclusive, Ambitious, Creative, Together)** values:

Values and Behaviours



Why do we need to change?

These are some of the reasons why, over the next 5 years, we need to change how we work:

- The changing demographics of North Yorkshire, including more people reaching advanced old age and more younger people with mental health issues, learning disabilities, neurodiversity or using substances.
- The number of people aged over 80 who need help with at least one self-care activity will increase by 31% by 2030, which equates to an additional 6,000 people.
- The number of people aged over 65 predicted to have dementia will increase by 20% by 2030, for those aged over 85 the predicted increase is 22% or 1,100 people.
- People's changing expectations about what they need and how they want to live their lives.
- The long-term impact of COVID-19 on people's physical and mental health, on inequalities within the population and in the recovery of public services, and the need to return to a focus on prevention and independence.
- The service and financial challenges which face most councils, including sustained increases in hospital discharge rates.
- Global uncertainty and severe constraints on public finances, which may impact on our plans over the coming years.
- Research with the County Councils Network and the Newton Research Programme forecasts annual spending on working age adults and lifelong disabled adults will exceed £200 Million by 2030 if we continue to provide support in the same way.
- The number of people who are obese or are an unhealthy weight is increasing.
- The availability of new technology that can help us to work more quickly and efficiently.
- Although, as of 2025, we have 95% or more recruitment in most teams, the complexity of issues that people are facing in communities are changing the nature of our work
- National policy, such as the ambition to create a Smokefree Generation, alongside NHS and Mental Health Act reforms and the independent commission on adult social care.



As part of our commitment to **continuous improvement**, the directorate has identified three over-arching Public Health themes and, as of spring 2025, has seven Adult Social Care improvement priorities. These have been informed both by what people have told us matters to them and by data benchmarking and they will be reviewed regularly:

Public Health Priorities

- 1 Best start in life
- 2 Increased physical activity, and
- 3 Healthy ageing

Adult Social Care Improvement Priorities

(subject to annual review)

- | | |
|------------------------------|----------------|
| 1 Carers | 5 Reablement |
| 2 Complex life circumstances | 6 Reviews |
| 3 Direct payments | 7 Waiting well |
| 4 Home first | |

OUR PLAN FOR 2030

The following pages outline our plan for 2025-2030. We understand that society, technology and the global situation (which impacts on issues such as workforce, markets, inflation, funding and costs) are evolving rapidly, so some of these commitments may change. However, these are the main things we aim to deliver over the next 5 years:



People

- Working with **people who use our services and the wider community to ensure their voices are heard** in case work, service improvement and service development, building on the HAS Involvement Framework.
- Building on the knowledge and connections within our **diverse workforce and communities** to make sure that we work in an inclusive and equitable way. This includes working with our partners and making good use of data.
- Developing **strong teams** within our own workforce and the wider health and care sectors. This approach includes further embedding Public Health leadership arrangements and transforming the adult social care structure to a more specialist model.



Prevention

- Working with Community Anchor Organisations in the voluntary sector and enhancing our Living Well service to help prevent, reduce, and delay the need for long-term council involvement in people's lives, as part of an enhanced model of **Prevention Plus**.
- Expanding our **Stop Smoking services** to help create a smokefree generation.
- Launching a new **integrated community equipment** service with the NHS.
- Investing in more **extra care housing** for older people and new **supported accommodation** for younger adults.
- Expanding **care technology services** and **online services**.
- Improving **home care, reablement and intermediate care services** so that more people stay in their own home for longer, and there is less reliance on short-stay care beds.
- Supporting **healthy ageing** in North Yorkshire and planning for the projected increase in our older population.
- **Building up to 5 council-run care and support hubs** specialising in intermediate care and specialist dementia services.
- Focusing more on **people with high needs and / or high care costs** by improving support for people with complex life circumstances, investing in and re-designing supported accommodation for working-age adults, developing our substance use services, and the *Team Around the Person* approach for those with multiple disadvantages.
- Improving **support for unpaid Carers**.
- Supporting more people to be **physically active**
- Focusing more on **women's health**, including healthy ageing and screening
- Taking action to improve **food affordability and supply**.



Practice

- Relentlessly pursuing outcome focused and **strength-based practice** ensuring the person is at the heart of all our work.
- **Developing our social care Practice Expectations** and embedding our Practice Principles which are fundamental to the delivery of the above.
- **Reducing waiting times** and offering supportive contact when people are waiting.
- Developing the use of **Artificial Intelligence** to improve practice impact and efficiency.
- **More people using direct payments and individual service funds** to organise their care.



Partnerships

- **Developing the North Yorkshire Health Collaborative** with NHS, voluntary sector and other partners to improve how £600m of prevention and community services are delivered.
- Working with NHS partners **to shift how we work from treatment to prevention and from hospital to community**, including reducing admissions to hospital and long-term care and improving how services are aligned in neighbourhoods.
- Using our **Health Determinants Research Collaborative**, supported by £5m national funding, to build our capabilities for research, evaluation, learning and teaching.
- Continuing to work collaboratively with the Independent Care Group and care providers to ensure a **sustainable care market** that meets people's care needs.
- Continuing our *Care Connected* and Integrated Quality Team programmes to **support the care sector**.



Pounds and Performance

- Delivering our **medium-term financial strategy** objectives.
- Responding to **national and local performance and quality imperatives**, driven by what people tell us and what the data shows us.

The changes we will make by 2030:

Opportunities for everyone, everywhere

Our aim is that everyone has an equal opportunity to have the best possible start to a long, healthy and independent life; where people fulfil more of their ambitions and aspirations; where we help to reduce the gaps in life expectancy and healthy years lived and improve health outcomes across the county.

We aim to prevent and delay illness and reduce the number of people who need care by offering support earlier. This approach helps more people live healthier lives, adding both years to life and life to years.

By 2030 we will have:

- Expanded services to help achieve the national ambition for a Smokefree Generation, by investing more in Stop Smoking services and tackling illegal tobacco sales.
- Re-designed Substance Use services to disrupt supply, get more people into treatment and help more people to move on in their lives once they have recovered.
- Focused more on people with high needs and/or high-cost care by working better with people with complex life circumstances and other working-age adults. This will be through investment in and re-design of, supported accommodation for working age adults; by re-design of substance use services, and using a multi-agency Team Around the Person approach for people with multiple disadvantages.
- Started delivering a plan for the future of sustainable food in North Yorkshire. We will have local arrangements with communities and businesses to stimulate a thriving local economy; we will work with communities to improve access to nutritious, affordable food for those who need it most.
- An agreed North Yorkshire Women's Health Plan delivering partner and population priorities including healthy ageing, screening and immunisations, menopause, and tackling violence against women and girls.



- Reduced inequities in access to reablement, respite, Extra Care housing, and community-based long-term provision.
- Developed a Prevention Plus model which enhances the offer to local communities through the Council working with the voluntary sector across North Yorkshire.
- A comprehensive programme of Supported Employment opportunities contributing to helping people with health issues or disabilities get into volunteering, training and work.
- Made improvements around healthy ageing in North Yorkshire through work on our priority areas of health and reducing inequalities, housing, employment and financial security and making North Yorkshire an age friendly place, as well as planning for the projected increase in our older population.
- Taken targeted action to address avoidable differences in people's quality and length of life across North Yorkshire.
- Worked with the care market to improve services, particularly for people with complex life circumstances, high needs and high cost care.
- Worked with NHS colleagues to improve and develop infection prevention and control services.
- Worked with colleagues and partners to strengthen our shared understanding of our diverse communities, to inform service development and delivery.



What this will mean:

- More people quitting smoking.
- More prevention services in communities, delivered with voluntary sector organisations.
- More supported accommodation and improved care services for working age adults – improving outcomes and managing or reducing costs wherever possible.
- More joined-up help and earlier intervention with people who have a mix of mental health, disability, housing and/or substance use issues.

The changes we will make by 2030:

My time and experiences are valued

We want everyone to feel their time is valued and that their views and experiences shape their support. We will use feedback to continuously improve our practice.

By 2030 we will have:

- Improved how we work with people who use our services and the wider community to ensure that people's voices shine through case work, service improvement and service development, building on the HAS Involvement Framework.
- Improved our social care referral and assessment processes to ensure that if people have to wait for services, they are waiting well. We will do this by:
 - *Reducing the number of people waiting at different points in their social care journey and reducing their length of wait wherever possible.*
 - *Improving regular contact with people who are waiting.*
 - *Standardising the median time taken for social care assessments.*
- Consistently focused on Back-to-Basics approaches, including timely assessments, care plans, reviews, and well-documented case notes that highlight people's strengths and what matters to them.
- Developed the use of Artificial Intelligence to improve social care practice impact and efficiency.
- Improved online and offline information and advice and self-help / self-assessment services.
- Supported more people using direct payments and individual service funds to organise their own care.



- Published a new, multi-agency Carers' Strategy, co-produced with unpaid carers, which focuses on getting the "ABCs" right and which has started delivering on them: advice and assessment, breaks and community contributions (helping carers to stay socially connected and maintain or return to work).
- Improved young people's transition from children's services, including better preparation for adulthood and supporting young people to achieve their maximum independence.
- Made progress with the North Yorkshire Safeguarding Adults Board strategic priorities:



North Yorkshire
Safeguarding Adults Board



Connection

Our communities

Promote equality

Involve and amplify the voice of communities.

Workforce

Engage with and continue to support the workforce

Awareness

Raise awareness of abuse and neglect and how to report it.

Raise the profile of the SAB.

Prevention

Recurring rough sleeping

Transition of service, location, young person into adulthood

Self-neglect

Confident practice

Trauma-informed approach

Mental Capacity Assessment

Information sharing & recording

Professional curiosity

What this will mean:

- Fewer people waiting for social care assessment or services.
- Shorter timescales for social care assessments.
- More people completing their own online social care assessments.
- More people using direct payments and individual service funds to organise their care.
- Better support for unpaid carers.

The changes we will make by 2030:

My home, my community, my choice

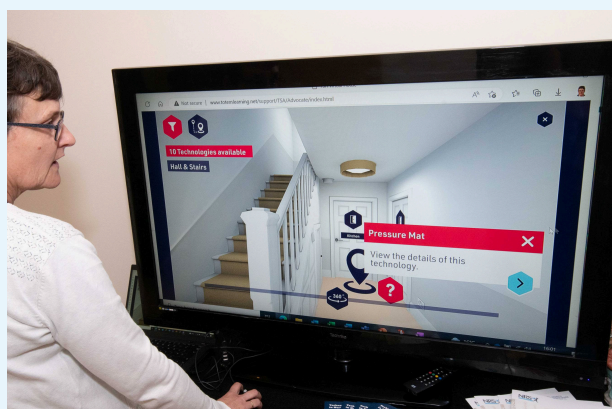
We have a strong history of providing a range of housing and community-based care services to help people stay independent where they want to live.

Our population is ageing faster than the national average and we are forecast to be supporting more people with multiple needs and complex life circumstances.

However, we are focused on building on our track-record to achieve this ambition for as many people as possible.

By 2030 we will have:

- Launched a new integrated community equipment service with the NHS.
- Expanded care technology.
- Built more extra care housing for older people and invested in supported accommodation for younger adults.
- Improved home care, reablement and intermediate care services so that more people stay in their own home for longer and that there is less reliance on short-stay care beds.
- Worked more closely with NHS partners to shift how we work from treatment to prevention and from hospital to community, including reducing admissions to hospital and long-term care and improving how services are aligned in neighbourhoods.
- Built up to 5 council-run care and support hubs, specialising in intermediate care and dementia services.
- Explored the feasibility of developing reablement services and / or specialist home care services for people with a learning disability, mental health conditions and neurodiversity where that may lead to better outcomes and value for money.
- Developed the care market where there are gaps in provision.
- Re-commissioned our existing Approved Provider Lists to ensure a legal and sustainable way to purchase care from the market.



What will this mean:

- More Extra Care Housing flats for rent or sale.
- More supported accommodation for working age adults.
- Improved community equipment and care technology services.
- New Care and Support Hubs for people with advanced dementia and for people leaving hospital or to prevent the need for a hospital admission.
- More stability and continuity in home care services.
- More people being supported by the Council's reablement teams so that they do not need long-term and/or high-cost care.
- More people having alternatives to hospital or long-term care admissions



The changes we will make by 2030:

Leading and delivering

Our plans for the next 5 years require us to work well with other parts of the Council, the NHS, businesses and voluntary sector organisations, as well as with individuals and communities.

In so doing, we need to continue to focus on our workforce, including recruitment and retention; to continue our commitment to learning and training and research; and to constantly strive for improvements in performance, quality and equity across the County.

By 2030 we will have:

- Developed the North Yorkshire Health Collaborative with NHS, voluntary sector and other partners to improve how £600m of prevention and community services are delivered.
- Used our Health Determinants Research Collaborative to build our capabilities for research, evaluation, learning and teaching, underpinned by £5m national investment.
- Continued our Care Connected and Integrated Quality Team programmes to support the care sector.
- Delivered our medium-term financial strategy objectives.
- Undertaken Adult Social Care Assurance (an independent inspection from the Care Quality Commission) and a Public Health Peer Review and delivered action plans in response to these external reviews.
- Responded to national and local performance and quality imperatives, driven by what people tell us and what the data shows us.
- Maintained and updated our workforce development programmes, including training.



- Developed strong teams within our own workforce and the wider public health and care sectors, including further embedding new Public Health leadership arrangements and moving the adult social care structure into a more specialist model.
- Made the most of national policy developments, for example, Louise Casey's independent commission on adult social care and any future Public Health reforms – making sure North Yorkshire's voices are heard at every opportunity in the national debate.
- Maximised the use of Artificial Intelligence in safe and ethical ways to help improve services, to use data more effectively and to manage our workloads better.
- Implemented Provider Portals, eBrokerage for providers and electronic care records in Care Provider Services.



What will this mean:

- New structure in place for Adult Social Care, with stable recruitment and retention and clear career pathways and responsibilities.
- Updating our governance and decision-making arrangements where necessary.
- Better use of data and evidence to inform decision making.
- An improved experience for providers working with us.
- An ambitious but ethical approach to emerging technologies.

How we will measure our performance and quality

Overall performance

The progress we make and the improvements we achieve will be reflected in the data sets published nationally to monitor the quality and impact of the Public Health and Adult Social Care services delivered by local councils, including:

- The Public Health (PHOF) and Adult Social Care (ASCOF) outcomes frameworks.
- The annual Personal Social Services Adult Social Care Survey of people using our services, and the Survey of Adult Carers in England, which is completed every two years.
- The Adult Social Care Activity and Finance Report, which provides an annual summary of spending and activity.
- The Safeguarding Adults Collection and the Deprivation of Liberty Safeguards Collection, which monitor our work to keep people safe.
- The Adult Social Care Workforce Data Set.

We measure our performance against a set of key performance indicators that are aligned with these national data sets and the Care Quality Commission's assurance framework for local authority adult social care services. Assessment of our performance includes benchmarking comparisons with national and regional averages and against the performance of groups of similar local authorities. This analysis informs the improvement priorities and the targets we set.

To ensure our assessment of our performance continues to be robust, our performance management arrangements are transparent and include:

- Quarterly finance and performance reports to the Council's Executive and Elected Members, which are in the public domain.
- Quarterly reports on safeguarding activity through the independently chaired and multi-agency Safeguarding Adults Board.
- Progress reports to our Improvement & Inspection Leadership Board, which includes a wide range of external partners.
- Regular reviews of finance, performance and quality data (including untoward incidents) with our Executive Member, North Yorkshire Council Management Board, HAS Leadership Team and service leadership teams.

Sickness absence

Sickness absence data (including sickness trigger reporting) is available to managers in real time, is reviewed monthly and reported to HAS Leadership Team quarterly. Managers are supported by HR colleagues in several ways including preventative strategies to address absence levels.

Assurance on Learning and Improvement

HAS Leadership Team and the Executive Member review untoward incidents on a monthly basis. The Mortality Data Subgroup collaborates closely to analyse data on cases where people have died in tragic, potentially preventable, circumstances from Drugs and Alcohol Related Deaths (DARD), deaths identified through the serious incident process (identified through the serious incident process) and deaths by suicide. The Council also participates in wider learning through the Safeguarding Adults Review process, working with other agencies to ensure a consistent approach to learning. Data is reviewed regularly to identify any emerging trends, with a focus on learning, improvement and embedding lessons learned into practice. Similar approaches are also used to draw on learning and trends from customer feedback including compliments and complaints.

Director of Public Health Annual Report

Directors of Public Health have a statutory requirement to write an annual independent report on the health of their population. The aim of the report is to raise awareness and understanding of local health issues, highlight areas of specific concern, and make recommendations for change. You can find the North Yorkshire reports here: [Director of Public Health annual report | North Yorkshire Partnerships](#).

Health and Adult Services Local Account

The Local Account is an annual account of what the Directorate has done to support people across the County during the previous year; how we have invested public money; and what we aim to do in the following year. The focus of the report is adult social care, but it also includes some information about Public Health activities. You can find the Local Account here: [Health and Adult Services Local Account | North Yorkshire Council](#).

How you can be part of what we do

There are several ways for the public to get involved and shape the future of Health and Adult Services. Some recent examples include:

- Creative activities to share views and ideas
- Taking part in workshops, events and regular forums
- Sharing ideas and feedback in surveys, focus groups and one-to-one conversations
- Creating videos and developing training
- Taking part in interview panels and recruitment activities for new staff

People can register their interest and sign up to our involvement mailing list to find out future opportunities:

HASengagement@northyorks.gov.uk or call 01609 534916.

HAS colleagues have various involvement and engagement opportunities, including **Weekly Team briefing**, quarterly **HAS Connected** sessions, Provider Forum, Assistant Director **roadshows**, and **Leadership Forum**. Additionally, the People Strategy group is launching a HAS Voices engagement forum for colleagues to contribute to major directorate changes and decisions.

Our partnerships are vital for supporting the development of Public Health and Adult Social Care. Our voluntary sector partners, NHS colleagues, care providers and wider stakeholders already work with the directorate on a range of developments. We will continue to co-design services and value our partners' expertise, maintaining communication through, for example, Care Connected, Provider Fora, service-specific partnership boards (for example, Carers, Mental Health/People with Learning Disabilities, Substance Use), Thriving Communities Partnership and specific projects. as well as our work with organisations such as Healthwatch North Yorkshire.

