North Yorkshire County Council

Healthy Weight, Active Lives Strategy

Engagement Report

March 2016

Summary

Background: As of 1st April 2013, North Yorkshire County Council Public Health team have responsibility, as part of a wider organisational approach, to address the prevalence of overweight and obesity and physical inactivity across North Yorkshire. In order to understand how best to achieve a joined up approach to achieve our vision for North Yorkshire, the Public Health team decided to undertake an engagement exercise with stakeholder organisations who work within North Yorkshire.

Methods: The engagement exercise involved the use of qualitative techniques. Semi-structured interviews were delivered with invited key stakeholders who accepted the offer of engagement.

Results: The data collected through the engagement exercise has been analysed and broken down into four main themes, which include geography, intervention, population perception, societal change.

Conclusion: The Project Group feel that the engagement exercise has been an extremely positive process in identifying the current challenges and barriers key stakeholders believe to be relevant for the current obesity and physical activity levels for the population of North Yorkshire. Clear action against identified challenges and barriers is crucial for change.

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1.0 Background

As of 1st April 2013, North Yorkshire County Council Public Health team have responsibility, as part of a wider organisational approach, to address the prevalence of overweight and obesity and physical inactivity across North Yorkshire. A proposed vision for this work is,

"To create an environment and culture where all adults and children have the opportunity to achieve and maintain a healthy weight and be physically active".

In order to understand how best to achieve a joined up approach to achieve our vision for North Yorkshire, the Public Health team decided to undertake an engagement exercise with stakeholder organisations who work within North Yorkshire. The comprehensive engagement exercise took place between 1st November 2015 and 12th February 2016. A Public Health Healthy Weight, Active Lives Strategy Project Group was established to lead on this engagement activity.

2.0 Aim of Engagement

The engagement exercise aimed to support the rewrite of the existing North Yorkshire and York Health Weight Active, Lives strategy 2009-2020. The engagement activity set out to define priorities to reduce obesity and increase physical activity across North Yorkshire, by exploring the provision of weight management, physical activity and related services across North Yorkshire. The Project Group wanted to engage with stakeholder organisations to understand in greater depth the current role, and potential future influence that these organisations can have in supporting healthy weight and increasing physical activity in North Yorkshire. The engagement exercise aimed to identify gaps that might exist in current service provision and identify opportunity for future joined-up approach to tackling obesity and physical inactivity across the County. The process has been led by an established a Public Health Healthy Weight, Active Lives Strategy Project Group.

3.0 Methods

a) Design of the engagement exercise

The engagement activity involved the use of qualitative techniques, giving stakeholders an opportunity to provide detailed responses to the questions that they were presented with. Undertaking face-to-face qualitative analysis allowed for the facilitation of in-depth discussion around the questions/responses.

Quantitative methods were not used during the engagement exercise.

The engagement exercise consisted of a semi- structured interview (see appendix 2) with 49 stakeholder from a range of organisations identified by the Project Group, as organisations whose remit has a role in influencing an increase in the number of individuals across North Yorkshire who are of a healthy weight and are engaging in the recommended levels of physical activity.

b) Sampling and data collection methods

Semi-structured interviews with identified stakeholder organisations.

A letter of invite (see appendix 1) was sent to all potential stakeholders, inviting them to take-part in a face-to face semi-structured interview on behalf of their organisation. We identified key stakeholders within each organisation who it was felt would have knowledge of the topic in question, a responsibility for weight management/physical activity under their remit, as well as decision making power which will facilitate their organisation in playing a role in delivering key actions within the Healthy Weight, Active Lives strategy action plan.

Stakeholders taking part in the semi-structured interview included professionals from district and borough councils, North Yorkshire County Council directorates, the voluntary sector, NHS foundation trusts, clinical commissioning groups, Local Pharmaceutical Committee, Local Medical Committee, the research sector, and weight management providers. In total, forty-nine stakeholder interviews, lasting up to one-and-half hours each, took place with lead staff from teams within the aforementioned sectors, over a period of three-and-half months.

The purpose of the semi-structured interview was to assess current role of the stakeholder organisation in tackling obesity and increasing physical activity, to build the knowledge base around the services and programmes currently provided by the organisation, to gain an understanding of the availability of assets in local areas that can influence a healthy weight and to understand the current challenges and barriers to tackling obesity and increasing physical activity. We also wanted to gather information on each stakeholder's perspective on a universal proportionate approach, as well as ask for feedback on the suggested framework and the governance structure. The final question posed to stakeholders required a response in relation to their interest of being involved in the steering group for implementation.

It was agreed that conducting semi-structured interviews across a wide range of organisations would generate sufficient information in response to the questions we needed answering at this point in the strategy rewrite. It was felt that each stakeholder organisation would provide a response which took into consideration the needs of the population that it works with. During the consultation stage, there will be opportunity for the general public to provide feedback on the draft strategy.

Responses to stakeholder interviews were recorded in writing by the project group member conducting the interview and were sent to the interviewee for validation.

c) Data Analysis

Semi-structured interview analysis.

For the purpose of analysis, participating stakeholder organisations were further divided into key groups:

- Sport, leisure and physical activity providers
- Planning and the environment
- Healthcare-primary and secondary
- Weight management providers
- Healthcare commissioners
- Advocacy
- Third sector
- Research
- Other children and young people's services

Notes from each semi-structured interview were analysed by members of the project group and common themes were identified for stakeholders within each of the nine key groups listed. Key findings were identified for each of these groups, which are outlined in section 4.

4.0 Results

61 individuals from key stakeholder organisations were invited to take part in a semi-structured interview as part of the engagement process to support the writing of the Healthy Weight, Active Lives Strategy. There were a total of 49 semi-structured interviews conducted with key stakeholders. A list of the stakeholders who took part in the interviews can be seen in appendix 3. The table below shows the breakdown of the number of organisations that provided data within each stakeholder key group:

Stakeholder key group name	**Number of individuals from stakeholder organisations that provided data**
Sport, leisure and physical activity providers	10
Planning and the environment	6
Healthcare providers - primary and secondary	14
Weight management providers	2
Healthcare commissioners	7
Advocacy	3
Third sector	3
Research	1
Other children and young people's services	3

Organisation's roles in tackling obesity and physical activity

Of those organisations that provided data through the semi-structured interviews 6 stakeholders confirmed they did not have a mandated role or have direct responsibility for tackling obesity or increasing physical activity in North Yorkshire. Of those that confirmed they did have a role, the main responsibilities are noted (responses for specific stakeholder groups are indicated):

Sport, leisure and physical activity providers

- Improving health and wellbeing through physical activity (x2 responses)
- Support quality of outdoor environment (x1 response)

Planning and the environment

- Increase access to open spaces (x1 response)

Healthcare providers – primary and secondary

- Opportunistic advice provided by GP practices (x1 response)
- Diet and physical activity advice for recovery (x1 response)
- Physical activity support to improve mental health (x1 response)
- Encouraging healthy weight during pregnancy (x1 response)
- Promoting breastfeeding (x1 response)
- Form part of healthy weight pathway (x1 response)
- Provision of holistic care, including weight management and physical activity (x1 response)

- Sign posting (x1 response)
- Reporting data associated with physical activity and weight (x1 response)
- Reducing health inequalities [mental health] (x1 response)
- Tier 2 support (x1 response)
- Referral to specialist services (x1 response)
- Staff health and wellbeing (x1 response)
- Clinical public health role (x1 response)
- Tier 4 bariatric service/surgery provision (x1 response)
- Dietetics service provision (x1 response)
- Clinical treatment of long term conditions (x1 response)

Weight management providers

- Provision of tier 2 weight management for adults (x7 responses)

Healthcare commissioners

- No direct role in prevention – current focus on treatment and management of conditions (x5 responses)
- Incorporating physical activity and obesity into commissioned services [adults and children and young people] (x2 responses)

3rd sector

- Support older people to increase physical activity to reduce falls and reduce social isolation (x1 response)
- Provide information on diet, exercise and mental health (x1 response)
- Sign posting to other services (x1response)
- Improve health and wellbeing – focus on prevention (x1 response)
- Community engagement with hard to reach groups (x1 response)
- Incorporating dietary advice in needs assessment of target communities (x1 response)
- Other children and young people's services
- Giving young people a voice on health related issues (x1 response)
- Health promotion in schools (x1 response)

Services/programmes/resources currently commissioned or provided to tackle obesity and increase physical activity in North Yorkshire. Are these universal or targeted?

The information collected through the semi-structured interviews confirmed that all stakeholder groups currently commission or provide services, programme and/or resources to tackle obesity and/or increase physical activity in North Yorkshire. A summary of responses from each stakeholder group is provided:

Sport, leisure and physical activity providers

From the responses obtained through the stakeholder interviews it is clear that the main function of this stakeholder group is the provision of services/programmes and resources to tackle obesity and increase physical activity.

A summary of responses for sport, leisure and physical activity providers highlights the provision of tier 2 weight management (x6 responses) and management and provision of leisure services (x2 responses) as the main function of this stakeholder group. Sport development (x1 response), the provision of physical activity schemes (x1 response), shaping policy for use of outdoor space (x1) and managing community grants for community development (x1 responses) were also highlighted.

It is clear from the responses provided by organisations in this stakeholder group that at a district level there is a universal geographic leisure offer; targeted weight management service; some targeted provision for disability groups and certain age groups; targeted swimming rates.

Planning and the environment

From the responses obtained through the stakeholder interviews it is clear that the main function of this stakeholder group is the provision of services/programmes and resources to tackle obesity and increase physical activity.

Assessing food safety and hygiene was identified as a core function of two organisations within this stakeholder group. Other services, programmes and/or resources provided by this stakeholder group included:

- Provide a healthier food scheme to local retailers (x1 response)
- Maintaining public rights of way and increase access through provision of specific projects (x1 response)
- Improve sustainable transport routes and active travel (walking and cycling) (x1 response)
- Maintenance of public spaces (x1 response)
- Provision of brief advice (x1 response)

It is apparent from the responses provided within this stakeholder group that programmes, services and/or resources provided are universally accessible but geographically targeted (x2 responses) or are delivered as targeted interventions (x2 responses). One organisation highlighted a universal budget is allocated based on need.

Healthcare providers – primary and secondary

The function of the organisations in this stakeholder group is clearly the provision of services and programmes. Two organisations highlighted that they provide support and advice for breast feeding and two organisations noted that they provide general health promotion and weight management advice to children and young people and families. Other examples of provision included:

- Provision of nutrition and physical advice as part of recovery (x1 response)
- Provide lifestyle advice to pregnant women who are overweight and obese (x1 response)
- Provide support and advice for infant weight (x1 response)
- Diet and exercise advise (antenatal) (x1 response)

- Provide tier 4 bariatric surgery/services (x1 response)
- Deliver National Child Measurement Programme (x1 response)

Responses indicate that the majority of the services or programmes provided by organisations in this stakeholder group are geographically targeted based on trust boundaries (x6 responses). Some services or programmes are targeted for pregnant women, families [population] (x1 response). One response noted that services or programmes provided are universal (x1 response).

Weight management providers

Seven responses noted that their organisation provides a tier 2 weight management service. Other services provided in this stakeholder group included the provision of tier 3 children and young people weight management service (x 1 response) and the provision of children and young people/family weight management service [tier 2] (x1 response).

Responses indicated that provision of services is targeted [based on inclusion criteria] (x2 responses).

Healthcare commissioners

The main services and programmes that this stakeholder group commission include the National Child Measurement Programme (x1 response) the Healthy Lifestyle Service [children and young people and families (x1 response) and the Healthy Child Programme (x1 response).

Stakeholders also highlighted that they provide support and guidance/information to GP practices to enable them to refer to tier 2 weight management services (x1 response) and provide support to commissioners of tier 2 services (x1 response).

The majority of responses highlighted that commissioning of services and programmes is geographically targeted based on trust boundaries (x6 responses).

3rd sector

The responses provided from organisations within the 3rd sector highlight that the delivery of projects was the organisations' main function in relation to tackling obesity and increasing physical activity. Specifically:

- Deliver projects and training that incorporate physical activity and health messages through external funding (x1 response)
- Deliver physical activity projects using external funding (x1 response)

Responses indicated that projects were either universal or targeted for geographical area and population group dependent on commissioning arrangements.

Other children and young people's services

Of the organisations that make up this stakeholder group it is clear that the provision of support to schools is a key function, specifically in relation to the achievement of the health and wellbeing award (x1 response).

Awareness of assets that support tackling obesity and increasing physical activity

The information collected through the semi-structured interviews confirmed that all stakeholder groups were familiar with assets, whether these were facilities, financial or the environment. A summary of responses from each stakeholder group is provided:

Sport, leisure and physical activity providers

Organisations in this stakeholder group were consistent in their knowledge of assets. The main assets that this stakeholder group were aware of included:

- Leisure facilities (x6 responses)
- Parks /green spaces (x6 responses)
- 106 money (x4 responses)
- Grant money (x3 responses)
- Dual use of school facilities (x3 responses)
- Play parks (x 3 responses)
- Websites (x2 responses)
- Community centres (x2 responses)
- Cabinet support (x2 responses)

Planning and the environment

The main assets this stakeholder group were aware of included public rights of way (x2 responses) and leisure facilities (x3 responses)

Healthcare providers – primary and secondary

The main assets organisations in this stakeholder group were aware of included adult tier 2 weight management services and children and young people's tier 2 and tier 3 weight management services (x 3 responses). Organisations were also aware of leisure facilities (x 2 responses) and that staff knowledge base (midwifery) (x1 response), access to a large population (staff and patients) (x 1 response) and links with the early intervention team (x1 response) are key assets in North Yorkshire.

Weight management providers

With only two responses provided in this stakeholder group it indicates a limited knowledge on the assets available in North Yorkshire to support the tackling of obesity and increase in physical activity. Two responses noted an awareness of leisure facilities (x1 response) and adult weight management services [tier 2] (x1 response).

Healthcare commissioners

Again, knowledge of assets in this stakeholder group were limited. The main assets this stakeholder group were aware of included links with public health (x2 responses) and patient involvement (x2 responses).

Advocacy

Organisations in this stakeholder group provided a range of responses, which included:

- Volunteer networks (x2 responses)
- Sports facilities (x1 response)
- Sports clubs (x1 response)
- Voluntary sector (x1 response)
- Parks/green spaces (x1 response)
- Play areas (x1 response)
- Public rights of way (x1 response)
- National parks and rangers (x1 response)
- Village halls and community centres (x1 response)
- Rural Action Yorkshire (x1 response)

3rd sector

Organisations in this stakeholder group provided a range of responses, which included:

- Calton Lodge [outdoor activity centre] (x1 response)
- Community assets (x1 response)
- Extra care housing facilities (x1 response)
- Parks (x1 response)
- Walking networks (x1 response)
- Leisure services (x1 response)
- Equipment and resources, 'how to…guides' (x1 response)
- Allotments (x1 response)
- Village halls (x1 response)
- Community resilience groups (x1 response)
- Churches (x1 response)
- Parish councils (x1 response)

Other children and young people's services

Responses included:

- External funding (x1)
- Grants (x1)
- PE premiums (x1)

Challenges and barriers to tackling obesity and increasing physical activity in North Yorkshire. Action to overcome these challenges and barriers.

The data collected from all the stakeholder semi-structured interviews for the question on challenges and barriers and action to overcome these challenges and barriers has been summarised into four main themes and associated sub-themes. These include:

GEOGRAPHY

- Responsibility boundaries
- Transport (public transport and active travel)
- Access to service provision

INTERVENTION

- Service/programme design
- Marketing and communication
- Confident and competent workforce
- Partnership/joined up approach/co-ordinated action

POPULATION PERCEPTION

- Cost of physical activity
- Community safety
- Healthy weight

SOCIETAL CHANGE

- Increased use of technology
- Increased sedentary leisure time
- Increased access to unhealthy food options
- Restrictions on time (time poor)
- Convenience
- Reduction in cooking skills and convenience in relation to eating

Proposed framework to tackle obesity and increase physical activity across North Yorkshire

Stakeholders were asked their views on the suggested framework (which can be seen in appendix 2) for tackling obesity and increasing physical activity in North Yorkshire, the framework focusing on a universal proportionate approach (Marmot: Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call this proportionate universalism).

In summary, opinion from stakeholders on a universal proportionate approach was divided. Some stakeholders clearly agreed and supported a universal proportionate approach (x9 responses) and were adopted this in their current commissioning and/or provider responsibilities.

Some stakeholders felt a universal approach was important or critical, universal relating to changes in the environment (x1 response) i.e. transport infrastructure, or the population (x5 responses).

Some stakeholders expressed that a targeted approach (x5 responses) would be more effective in tackling obesity and increasing physical activity, specifically noting target groups as different ages i.e. children and young people, older adults, gender, homeless, people with mental health problems, and black and minority ethnic communities.

5 stakeholders noted that there was nothing to change with the framework.

3 stakeholders specifically noted that they agreed with the life course approach of the framework.

5 stakeholders suggested that the adult age bracket presented in the framework should be broken down further.

One other comments suggested a family approach across the life course.

Anything missing?

5 stakeholders clearly stated there was nothing missing from the proposed framework.

5 stakeholders identified target groups or more at risk groups that were missing from the framework, including low income families, black and minority ethnic communities, more focus on those accessing youth clubs/sports clubs rather than schools, and disability groups.

3 stakeholders suggested that there needs to be a clear vision and set of values that partners can sign up to.

Some stakeholders specifically noted interventions or service areas that needed to be included in the framework. It must be highlighted that the interventions and services provided in the framework for engagement were just a sample of examples. More detail will be developed as part of a comprehensive action plan key partners to contribute to and develop as part of the Strategy implementation.

Proposed governance structure to support action to tackle obesity and increase physical activity across North Yorkshire

Stakeholders were asked their thoughts on the proposed governance model (which can be seen in appendix 2).

Feedback included:

- Working groups to have a geographical/locality/district level focus (x 6 responses)
- Working groups to be themed i.e. mental health, physical activity, learning disabilities, age categories (x4 responses)
- There needs to be strong communication across the governance model, both up and down and sideways (x6 responses)
- Incorporate agenda and actions into existing meetings rather than establish new groups (x1 response)
- Clear leadership and direction is required; clear terms of reference, roles and responsibilities of group members (x3 responses)
- Clear objective and indicators for steering group and working groups (x2 responses)

- Steering group needs to be a suitable size (small) to enable effective decision making (x2 responses)
- Working groups require patient and public involvement (x 1 response)
- Clarity needed on decision making powers, including working group ability to make decisions (x2 responses)

Attendance on Healthy Weight, Active Lives Strategy Steering Group

The majority of stakeholders who took part in the engagement exercise provisionally agreed to have a representative from their organisation on the steering group and/or working groups. It was clear that terms of reference and clear information on what stakeholders would be committing to would be required prior to formal sign up.

5.0 Discussion

This focus of this discussion section is on the main themes and associated sub themes that have emerged from the data relating to challenges and barriers in addressing obesity and physical activity levels and the action required to overcome these challenges and barriers. It is felt that this is the most important information, collected through the semi-structured interviews, which will help shape priorities and associated action within the Healthy Weight, Active Lives Strategy.

Any comments provided in this discussion section are not direct quotes but are taken from notes made during the semi-structured interviews.

A. GEOGRAPHY

Analysis of the data collected through the semi-structured interviews highlights geography to be significant when addressing physical activity and obesity. Sub themes that have emerged within this main theme include:

- Responsibility boundaries
- Transport (public transport and active travel)
- Access to service provision

- Responsibility boundaries

Analysis of the data collected from the semi-structured interviews indicates that responsibility boundaries are thought to be a barrier in relation to tackling obesity and increasing physical activity, specifically in relation to planning, commissioning and provision of services.

Due to geography, the CCG work with 3 Public Health teams….Each of the teams has differing agendas, which can prove difficult when it comes to engaging with them and implementing recommendations (Healthcare commissioner stakeholder response)

…many people across the District will not have access to leisure services in their local area (Sport, leisure and physical activity provider stakeholder response).

- Transport (public transport and active travel)

The comments below highlight feedback from key stakeholders that supports the notion that there are limitations regarding public transport (due to cost and availability) and limitations in relation to active travel. Infrastructure and facilities were the main elements of active travel that were seen to contribute to limitations.

*…geographical area - difficult to access without getting in a car; facilities need to be available i.e. showers at work. Road safety. All of which puts people off. Safe routes. Cycle track between Malton and Pickering would be beneficial. Walking - distances too big; volume of traffic. Highways and road safety a big issue. (*Sport, leisure and physical activity provider stakeholder response).

Transport… that said there are lots of community minibuses, getting people to drive them is an issue (Research stakeholder response).

*Our existing infrastructure doesn't make it easy for people to be physically active - poor design- end of cycle route not appropriate, ending in an unsafe place (*Planning and the environment stakeholder response).

*Main challenges include access to services in terms of affordability/geographical location… (*Planning and the environment stakeholder response).

…insufficient transport (transport campaign) - transport a massive issue. Affordability of transport? More recent times, access and affordability…. (other children and young people's services stakeholder response)

Rurality is also an issue as often journeys need to be taken by car (Healthcare service provider stakeholder response).

- Access to service provision

Analysis of the data collected through the interviews highlights that the geography and rurality of North Yorkshire is a barrier for people being able to access the services they require.

Rurality is the biggest challenge and this is a county wide issue. Young people can find it challenging to access services/provision near to where they live. (Other children and young people's services stakeholder response).

Geography – the ability of rurally located patients to access services (Research stakeholder response).

*Accessibility-rurality- difficult for all the population to get to leisure centres (*Health care commissioner stakeholder response).

Rurality is an issue. Physically getting to the children who need the weight management services can be a barrier (Weight management provider stakeholder response).

*Access to services is a barrier for some people. The charge that applies to using the leisure services, as well as poor transport links to allow people to get to the services can also prevent people from using the services (*Health care commissioner stakeholder response).

The cost associated with using/joining local facilities, such as gyms or swimming pools, puts people off exercising (Planning and the environment stakeholder response).

Budget and cost of services/programmes is a significant barrier (Healthcare commissioner stakeholder response).

The cost of accessing leisure services for those less well-off is a significant barrier to allowing people to be physically active (Healthcare commissioner stakeholder response).

Main challenges include access to services in terms of affordability/geographical location…. (Planning and the environment stakeholder response).

B. INTERVENTION

Analysis of the data collected through the semi-structured interviews suggests that there are specific aspects of the commissioning and provision of interventions and services that are significant when tackling obesity and increase physical activity for the population in North Yorkshire. Sub themes that have emerged within this main theme include:

- Service/programme design
- Access
- Marketing and communication
- Confident and competent workforce
- Partnership/joined up approach/co-ordinated action

- Service/programme design

The comments below highlight that core elements to effective service/programme design include a whole family approach to service provision, responsive and appropriate service provision for complex needs and differing population needs across the County, a clear and consistent service offer and referral pathways to support effective and appropriate referrals into services, an appropriate community offer (including choice), and sustainable provision.

Need a whole family approach, just focusing on children can limit impact as they can go home and get a different message (Sport, leisure and physical activity provider stakeholder response).

Every district is different with different challenges, one size does not fit all for North Yorkshire (Healthy weight provider stakeholder response).

Targeted interventions can be time limited and not sustainable (Sport, leisure and physical activity provider stakeholder response).

Do we need more school/community/family based initiatives to support people in purchasing and consuming healthier foods? (Healthcare commissioner stakeholder response).

Need to provide what the community will have an interest in (Planning and the environment stakeholder response).

The challenge for [anon] NHS foundation trust lie in what they can offer patients that they work with. Sometimes programmes are not suitable for people living with a cancer diagnosis and they find themselves in a position where they can't direct a person to a service (Healthcare service provider stakeholder response).

Appealing offer that is: Easy, Attractive, Social and Timely (Sport, leisure and physical activity provider stakeholder response).

As an organisation we need to be more creative in our thinking of what actually works in attracting certain audiences to getting out and being physically active. For example, what is going to make young people to get out and enjoy the countryside? Most likely, technology. Designing apps whereby young people can immediately access a constant stream of information and exchange that information between each other (setting up local challenges for people to compete against each other e.g. like the Fit Bit does) (Planning and the environment stakeholder response).

Limited access for clients who want to access tier 2 where it is GP referral only (Healthcare provider stakeholder response).

Referral systems and health professionals buy in and commitment (Sport, leisure and physical activity provider stakeholder response).

A referral pathway for professionals to follow in relation to obesity needs to be built into the commissioning contracts in order to strengthen this and make it a requirement for professionals to refer to specialist services where an issue is identified (Healthcare provider stakeholder response).

Variance in what is offered i.e. around tier 2. No clear understanding from GP practices on where to refer (Healthcare provider stakeholder response).

Awareness of local interventions and services - change so frequently and criteria change (Healthcare provider stakeholder response).

We have, on occasions, encountered negative attitudes when discussing the possibility of referring service users into existing community programmes. This has partly been driven by a lack of understanding of the needs of service users and misconceptions about their likely presentation. Some providers lack confidence in their ability to work with this client group.

- Access

The cost of some service provision i.e. price of leisure provision, is noted as an obstacle to accessing interventions, services and programmes.

*Access to services is a barrier for some people. The charge that applies to using the leisure services, as well as poor transport links to allow people to get to the services can also prevent people from using the services (*Health care commissioner stakeholder response).

The cost associated with using/joining local facilities, such as gyms or swimming pools, puts people off exercising (Planning and the environment stakeholder response).

Budget and cost of services/programmes is a significant barrier (Healthcare commissioner stakeholder response).

The cost of accessing leisure services for those less well-off is a significant barrier to allowing people to be physically active (Healthcare commissioner stakeholder response).

Main challenges include access to services in terms of affordability (Planning and the environment stakeholder response).

- Marketing and communication

The comments below highlight that marketing and communication is important in both improving access to services and programmes but also in ensuring that the local population are receiving the correct messages in relation to physical activity and healthy eating; the correct messages are important in supporting behaviour change. It is clear that awareness of existing services, referral routes and options could be improved through better communication and marketing.

A clear signposting tool is required for GPs to allow them to signpost patients to services that are suitable for that individual, rather than relying on the medical model (Healthcare commissioner stakeholder response).

Another barrier is that organisations often do not know what already exists in their area (Advocacy stakeholder response)

Working through how referrers receive programme information to enable referrals (Sport, leisure and physical activity provider stakeholder response).

Lack of knowledge of Allied Health Professionals of services available in their area. (Healthcare commissioner stakeholder response).

Really understanding the audience and using the messages that work for people (Weight management provider stakeholder response).

The issue of conflicting messages, whereby at one point we are told something is good for us and later we are told it is not and that it is linked to cancer and other diseases, is almost off putting for people. They tend to not weight the messages with as much importance with the release of so many conflicting messages (Healthcare provider stakeholder response).

Making people more aware is vital. Schools are a way of overcoming the issues as they can get the messages across to their pupils and wider families. We don't need big fancy messages, just simple information (Healthcare provider stakeholder response).

Through the programmes that are currently being run, or through new programmes, action needs to be taken to educate people on food contents. This will provide people with the knowledge that they need to make the right choices (Planning and environment stakeholder response).

Behaviour change is one of the biggest challenges. There is a lack of awareness and preconceptions among the population about what level of activity is required to have a positive benefit on health (Healthcare commissioner stakeholder response).

- Confident and competent workforce

Information collected through the semi-structured interviews highlights the importance of a confident and competent workforce in the effective provision of services and programmes to tackle obesity and increase physical activity. The knowledge of practitioners on obesity and physical activity, the education and behaviour change approaches used and the confidence and competence in raising and addressing issues of weight are seen to be important components of an effective workforce.

Allied health professionals mis-educating or not educating patients on issues relating to diet and physical activity, or not making patients aware of services which will have an impact on overall wellbeing. Lack of knowledge of Allied Health Professionals of services available in their area (Healthcare commissioner stakeholder response).

Professionals find it difficult to raise the issue of obesity due to the nature and sensitivity around this. Practitioners fear damaging their relationship with the individual if they raise the issue. Training in how to confidently, appropriately and sensitively raise the issue is needed (Weight management provider stakeholder response).

Discussing weight is an emotive subject for pregnant women who often would rather hear advice on smoking cessation/domestic violence etc. than their body mass index and the adverse effect this could have on their own health and that of their unborn baby (Healthcare provider stakeholder response).

Better understanding of related issues - people that are responsible for providing services - are they trained and developed sufficiently (Sport, leisure and physical activity provider stakeholder response).

We have, on occasions, encountered negative attitudes when discussing the possibility of referring service users into existing community programmes. This has partly been driven by a lack of understanding of the needs of service users and misconceptions about their likely presentation. Some providers lack confidence in their ability to work with this client group (Healthcare service provider stakeholder response).

- Partnership/joined up approach/co-ordinated action

Comments that have been obtained from stakeholders highlight that a more joined up approach is important when tackling obesity and physical activity levels in North Yorkshire. Data collected indicates that organisations can work in a more co-ordinated manner to share knowledge and skills of specialist practitioners, to share resources to deliver evidence-based interventions. Leadership is seen to be key in a collaborative approach to this agenda.

… collaborative working; mental health/ learning disability practitioners educating those inexperienced in this area on how best to work with individuals with mental health problems/ learning disabilities (Healthcare provider stakeholder response).

Unless you have strategic leadership things tend to not be driven forward. Somebody needs to champion it in order for it to succeed. We, as organisations, need to work together to create information pathways so that we can boost confidence in referring people to appropriate services. (Advocacy stakeholder response).

Working with partners to break down barriers - cycle refurbishment. Re-look at walking for health scheme for wider groups i.e. families (Sport, leisure and physical activity provider stakeholder response).

C. POPULATION PERCEPTION

Analysis of the data collected through the semi-structured interviews suggests that the perception of the local population can be a significant barrier in addressing obesity and physical activity levels. Specific perceptions of the population identified by key stakeholders include:

- Cost of physical activity
- Community safety
- Healthy weight

- Cost of physical activity

Although cost of services and programmes was highlighted by key stakeholders as an actual barrier to accessing interventions (in theme B. Intervention), information gathered through the interviews also

notes that there is a perception of the general population that physical activity is costly. The discussion relating to this is about the misconception that physical activity, in particular, has a cost attached.

… the lack of use of what is free and on the doorstep. Lots of people believe that exercise is only achieved when it is paid for (e.g. pay to go to the gym, access and exercise class, swim etc.). Exercise is viewed as a structured thing to do and not just as simple as going for a walk which is free and accessible to most (Other children and young people's services stakeholder response).

- Community safety

Reponses from key stakeholders clearly highlight the notion that the general public perceive the community to be unsafe, particularly for children and young people, which can have a negative impact on play and physical activity, in particular.

Social connectivity has reduced; children are warned to be taught to fear many people. People are very suspicious of other and are reluctant to support children's groups. Social interaction has changed, newspapers are flooded with negative views (Advocacy stakeholder response).

Parents perceive that their children are at greater risk in the world than they used to be. This can lead to children being kept indoors in front of the TV or video games instead of being outside and playing (Other children and young people's services stakeholder response).

…children are not allowed/encouraged to play outdoors. Parents fear the child being out of sight and the potential consequences of this and so there is limited opportunity or encouragement to undertake physical activities as part of everyday life (i.e. playing outside in the local park with friends/walking or cycling into the local town) (Other children and young people's services stakeholder response).

Children are not allowed to play out any more, risks are emphasized in the media and parents are scared (Healthcare provider stakeholder response).

Infrastructure can create a barrier- roads may be dangerous, parents won't let children walk to school. More traffic. Greater perceived risk. However statistics support the theory that accident prevalence has been reduced in recent years (Planning and the environment stakeholder response).

- Healthy weight

Key stakeholders provided information that suggests there is a lack of understanding and awareness about healthy weight, overweight and obese categories and the lack of recognition of the health problems associated with obesity. The acceptance or 'norming' of obesity is highlighted as an issue.

Awareness and belief about the problem. People don't recognise unhealthy weight in children. People just see it as puppy fat, don't see the value of addressing it. Need to reframe the issue (Weight management provider stakeholder response).

Lack of recognition that obesity is a health problem. Community messages that accepting that there are more overweight kids than ever been and this is not a good thing. Not seen a shift in attitude towards these issues, despite increasing obesity. In comparison to smoking, attitudes have not changed (Healthcare commissioner stakeholder response).

'Norming' - what is normal to the general public, what is excess weight, confidence, self-esteem (Sport, leisure and physical activity provider stakeholder response).

People don't recognise themselves that they are overweight and aren't aware of the implications of excess weight (Healthcare provider stakeholder response).

Parents are a barrier. They often think that their children are "fine" and can be offended when their child is identified as being overweight or obese (Healthcare provider stakeholder response).

D. SOCIETAL CHANGE

Analysis of the data collected through the semi-structured interviews suggests that the changes in society can and are having an impact on obesity and physical activity levels. Specific societal changes identified through the information collected from key stakeholders include:

- Increased use of technology
- Increased sedentary leisure time
- Increased access to unhealthy food options
- Restrictions on time (time poor)
- Convenience
- Reduction in cooking skills

- Increased use of technology

Comments provided by key stakeholders indicate that there is a rise in the use of technology, particularly in children and young people, contributing to increased sedentary behaviour and reduction in play and use of outdoor space.

Kids now have social interactions online, so have become sedentary. They can stay connected to people by staying in their bedroom (Advocacy stakeholder response).

Technology (including social media and video games) are a large barrier to physical activity for children and young people - there is a tendency to want to stay indoors and engage with others via technology rather than going outside to "play"/interact etc. (Other children and young people's services stakeholder response).

Teenagers tend to be on their phones quite a lot so we need to think creatively in terms of how we can make that phone part of the experience (Planning and the environment stakeholder response).

Technology is a barrier to physical activity. Children have ready access to tablets and games and they are often entertained by these instead of going outside (Healthcare provider stakeholder response).

- Increased sedentary leisure time

Comments from key stakeholders indicate that there is an increase in sedentary behaviour within our society, links being made with increased technology, convenience, and perceptions of community safety for children and young people.

[increased] screen time and sedentary behaviour in adult and children – with the increase in popularity of electronic media both in working and social environments (Research stakeholder response).

Modern life- today's society is such that people don't need to move as much e.g. shopping online … Our existing infrastructure doesn't make it easy for people to be physically active - poor design- end of cycle route not appropriate, ending in an unsafe place….Behaviour change is a significant barrier- people's reluctance to walk to places results in them using alternative, less physically demanding means of getting places (Planning and the environment stakeholder response).

"Society has changed" - children are not allowed/encouraged to play outdoors. Parents fear the child being out of sight and the potential consequences of this and so there is limited opportunity or encouragement to undertake physical activities as part of everyday life (i.e. playing outside in the local park with friends/walking or cycling into the local town) (Other children and young people's services stakeholder response).

Previously people were more active in their daily lives. The overall calorie intake is generally the same as it was in the past but peoples physical activity levels have reduced and therefore they are not burning calories like the used to (Healthcare commissioner stakeholder response).

In general, as a society we are too sedentary, and far too reliant on buying our way out of things. We tend to be in the habit of buying a gym membership in order to be physically active, rather than just using the green space around us (Planning and the environment stakeholder response).

One of the biggest challenges is the culture of physical inactivity among the young and the availability of junk food (3rd sector stakeholder response).

People don't want to do something physical they want to do something social. Building social into the activity is a start (Advocacy stakeholder response).

- Increased access to unhealthy food options

Comments from key stakeholders strongly indicate that there is a change in society that enables people to have easier access to unhealthy food options within a range of settings such as leisure facilities, schools, and supermarkets. The variance of cost between healthy and unhealthy food options is also noted. Some of the comments relate access to unhealthy foods as an attitudinal/behaviour issue.

…fast food outlets, unregulated unhealthy food provision wider… *national influences such as marketing of high fat sugar food… obesogenic environment – e.g. vending machines in leisure centres* (Research stakeholder response).

Deregulation on school meals, and less money going in to school meals… Speed and convenience has become dominant which has had an impact (growth of big supermarkets) (Advocacy stakeholder response).

Entrenched behaviour patterns/lifestyle choices of poor diet and/or lack of physical activity, often inherited through generations. Need for increased very basic education on "healthy-eating on a budget", and cost-freeways of exercising such as local free walking groups etc. Many are in a habit of eating "cheap" takeaway food and/or ready meals under the illusion this is all they can afford, when in reality, with the correct advice, they could eat freshly cooked food for cheaper. This advice and education should be integrated within existing service provision, through funding to increase capacity where services are already in contact with vulnerable groups, rather than ploughing funding into "healthy eating courses" which often hold a stigma for people, and receive little take up (Advocacy stakeholder response).

There are challenges and barriers in terms of increasing choice on menus. Provision of healthier choices will be a good starting point but it does not address the wider attitudinal issues (Planning and the environment stakeholder response).

The ready availability of junk food is a significant contributing factor (Healthcare provider stakeholder response).

Processed food is often cheaper than fresh healthier food. National policies need to be introduced and the government need to work with supermarkets at a higher level to address this. We have a culture of overeating and being overweight is "normalised" (Healthcare provider stakeholder response).

The expense of "healthy foods" is also a barrier, fatty foods are often cheaper (Healthcare provider stakeholder response).

- Restrictions on time (time poor)

Comments from stakeholders highlight that society has become 'time poor', families in particular having more limitations on time available for physical activity and choosing healthier food options. The issue of conflicting priorities is also noted.

We are a culture that works hard and has "no time" to do things like physical activity… Time is a barrier. We are a nation with no time to exercise. Priorities are also an issue. People do not priorities physical activity and taking care of their health (weight and diet) (Healthcare provider stakeholder response).

Time is an issue for families. There is not much time in the day for physical activity and also food shopping - making healthy choices takes time as we need to look at the labels or take trips to extra shops e.g. the butchers for fresh meat (Healthcare provider stakeholder response).

- Convenience

Convenience in relation to access to unhealthy food options has been noted. This links with restrictions on time and being 'time poor' in today's society.

One of the main challenges to address is society's expectation of a "convenience lifestyle". There is an expectation that things should be readily available to us e.g. convenience meals, because we do not have time to prepare fresh meals due to being busy all of the time (Healthcare commissioner stakeholder response).

- Reduction in cooking skills

Comments from key stakeholders note a reduction of cooking skills, particularly in younger adults, as having an impact on tackling obesity.

Cooking skills/food preparation skills are an issue. We have a deskilled generation (Healthcare provider stakeholder response).

Whole community approaches to cooking would be good, e.g. cooking classes, community bake off competitions. Young people in their 20's often do not have the skills to be able to cook. Teaching this

age group basic skills could be a target. "Health and wellbeing by stealth" (Advocacy stakeholder response).

6.0 Conclusion

The Project Group feel that the engagement exercise has been an extremely positive process in identifying the current challenges and barriers key stakeholders believe to be relevant for the current obesity and physical activity levels for the population of North Yorkshire.

A large proportion of stakeholders who were interviewed clearly have a significant role to play in supporting the reduction in obesity and overweight and increasing physical activity levels in North Yorkshire. A joined up approach is evidently imperative and key stakeholders indicate that if the governance structure and objectives of the groups within the governance structure are clearly identified then commitment from organisations to tackle obesity and increase physical activity as a shared responsibility will occur.

Clear action against identified challenges and barriers is crucial for change.

7.0 Recommendations

Recommendations that have been highlighted as a result of the engagement exercise are presented:

- Improve access to healthier foods
- Improved access to weight management and physical activity interventions
    - Transport
    - Cost
    - Improved information for referral
    - Strengthened weight management pathway (focus on tier 1 -3)
    - Service design
    - Access for rural communities
    - Clear offer for the community
- Utilise technology more creatively to support increased activity and healthier eating
- Challenge perception and social norms
    - Community safety
    - Convenience
    - Time poor lifestyle
    - Healthy weight ‘norms’
- Building capacity across the system for more effective behaviour change

8.0 Appendices

Appendix 1 – Invite letter

Health & Adult Services
County Hall, Northallerton
North Yorkshire DL7 8DD

Your ref:		Tel: 01609 793165
Our ref:	Healthy Weight, Active Lives Strategy	Fax: 01609 532035
Contact:	Aoife Healy	Email: aoife.healy@northyorks.gov.uk
Date:	17 Sept 2015	

Dear Colleague

Re: Healthy Weight, Active Lives Strategy 2009- 2020

North Yorkshire County Council Public Health Team has developed a framework to guide local action to reduce the levels of obesity in children and young people and adults through increased physical activity and improved diet. This proposed framework has been developed as part of a process to update the existing Healthy Weight, Active Lives Strategy 2009-2020.

The Public Health Team would like to engage with partners and stakeholders to gather some feedback on the proposed framework and discuss a joint approach in reducing levels of obesity and increasing physical activity in North Yorkshire. We hope that through our discussions with you and other stakeholders across North Yorkshire we will be able to clearly identify existing gaps and define the priority actions that need to be undertaken to achieve these important public health outcomes.

As part of the engagement activity a member of the Public Health Team will be in touch to arrange a meeting with you. The attached interview schedule has been developed to prepare for discussions with stakeholders. We would appreciate it if you could take some time to read through the questions and prepare responses in preparation for our meeting with you. Your contribution, on behalf of your organisation, is valuable in ensuring that the Healthy Weight, Active Lives framework and associated action plan is representative of a joint approach to addressing the needs of the people of North Yorkshire.

A stakeholder engagement report will be produced which is hoped will contain key themes from each stakeholder interview conducted. The information in the report will be used to further develop the Healthy Weight, Active Lives framework, which will be a guiding tool for future partnership work on overweight and obesity, physical activity engagement and access to healthy food.

We hope to complete this engagement stage by December 2015 and hope that you will become involved in this engagement stage with us.

In the meantime, if you have any further questions please do not hesitate to contact Aoife Healy, Health Improvement Officer on 01609 793165/ 07773 165693 or at aoife.healy@northyorks.gov.uk

The Public Health team look forward to meeting with you very soon.

Yours Sincerely,

Lincoln Sargeant
Director of Public Health, North Yorkshire County Council

Enclosed:

Interview schedule

Appendix 2 – Semi-structured interview schedule including proposed framework and governance model

North Yorkshire Healthy Weight, Active Lives Strategy

We need your views

Introduction and invitation

We would like to obtain your views to shape the focus of the Healthy Weight, Active Lives Strategy in North Yorkshire and define the priorities to reduce obesity and increase physical activity across the County.

Your contributions are important in ensuring a joint approach to improving the physical health of North Yorkshire residents.

What will you have to do?

We will ask you a small number of questions, of which your responses will be noted down.
You may like to discuss these questions with your teams either before or after our meeting and we would be happy to take any notes or feedback from these discussions.

What will happen to the information collected?

Your views and the information we collect from other stakeholders and local residents, will enable us to decide on the focus and content of the new Healthy Weight, Active Lives Strategy for North Yorkshire.

Further information and contact details

If you would like further information on the re-write of the North Yorkshire Healthy Weight, Active Lives Strategy please email healthyweightactivelives@northyorks.gov.uk

Semi-structured interview questions

Organisation: _____

Date of interview: _____

Q1. What do you feel your organisation's role is in tackling obesity and increasing physical activity in North Yorkshire?

Q2. Please can you tell us a bit about any services/programmes/resources currently provided and/or commissioned by your organisation to tackle obesity and increase physical activity across North Yorkshire? *Prompt: if the organisation is not currently providing and/or commissioning any services ask what the organisation's potential role could be.*

Q3. *[Where applicable]* Are these services/programmes universal or specific to geographical areas or target groups?

Q4. What assets are you aware of in existence that support tackling obesity and increasing physical activity? How can/does your organisation link in with existing assets?

Q5. What do you feel are the main challenges/barriers to tackling obesity and increasing physical activity in North Yorkshire? What action do you suggest is required to overcome these challenges/barriers?

Q6a. An initial framework has been scoped *[see appendix a],* which focuses on a universally proportionated approach *[Marmot:* Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently. To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. We call

this proportionate universalism. *]*. Please tell us your thoughts. Do you think setting up working groups around the key stages of the life course, ensuring that actions delivered by each working group adhere to the proportionate universalism approach would be a useful approach?

6b. Which part of the proposed framework do you feel you can influence the most? What is the required infrastructure to make this happen?

6c. How can you work with partners to support key areas of the proposed framework?

6d. Is there anything missing from the proposed framework?

Q7. Tackling obesity and increasing physical activity levels across North Yorkshire requires a shared responsibility and joined up leadership approach between stakeholders. How do you feel the Healthy Weight, Active Lives Strategy could facilitate partnership working? What are the key components in ensuring this works effectively?

Q8. A Healthy Weight, Active Lives Governance model is proposed [*see visual – appendix b]*. What are your thoughts?

Q9. The intention is to establish a Healthy Weight Active Lives Steering Group. Please indicate whether you or a representative from your organisation would consider being a member of this group.

Thank you for your time. An engagement report will be written to present the findings of the evaluation activity, which will be shared with you on publication.

Appendix a - Proposed framework

The World Health Organisation defines a healthy city as one that "supports health, recreation and wellbeing, safety, social interaction, easy mobility, a sense of pride and cultural identity and … is accessible to the needs of all its citizens". The same principles apply to villages, towns and communities of all shapes and sizes, rural and urban.

*Our **vision** is:* *'To create an environment and culture where all adults and children have the opportunity to achieve and maintain a healthy weight and be physically active'.*

Objectives: To increase the proportion of children and adults who are a healthy weight
To reduce the number of people who are overweight and obese in North Yorkshire
To increase the proportion of children and adults who are physically active

Taking action across the life course

The approach for the prevention and management of obesity should be modelled on tackling this issue across the life course, targeting groups where there are periods of metabolic change, which are linked to spontaneous changes in behaviour, or periods of significant shifts in attitudes:

- Pregnancy and first year of life
- Early years (1-4 years)
- Childhood (5-10 years & 11-16 years)
- Adulthood (17-59 years)
- Older people (60+ years)

A number of interventions will impact upon more than one life stage, particularly those interventions that fall within the environment component.

Taking action that is universally proportionate

This framework also recognises that there is a need take a universal and targeted approach ensuring that actions taken are universally proportionate. Focusing solely on the most disadvantaged will not reduce health inequalities sufficiently .To reduce the steepness of the social gradient in health, actions must be universal, but with a scale and intensity that is proportionate to the level of disadvantage. This is called proportionate universalism.

Universal interventions, e.g. physical activity and green spaces, food access and choice, social norms, built environment and infrastructure, active transport, workplace approaches, school approaches, economic development

Targeted interventions, e.g. lifestyle interventions, cooking skills, I want to get active etc.

Specialist interventions, e.g. specialist weight management services

Population groups who are **more** at risk of developing obesity require a more targeted approach. These include:

- Pregnant women
- Troubled families
- Looked after children (LAC)
- Older people
- People who have a physical disability or learning disability
- People with a mental health condition

All partners will be role models and lead by example. This will be demonstrated by ensuring that actions around obesity are in all partners' plans, which include ensuring that employee health and wellbeing is addressed.

The draft framework

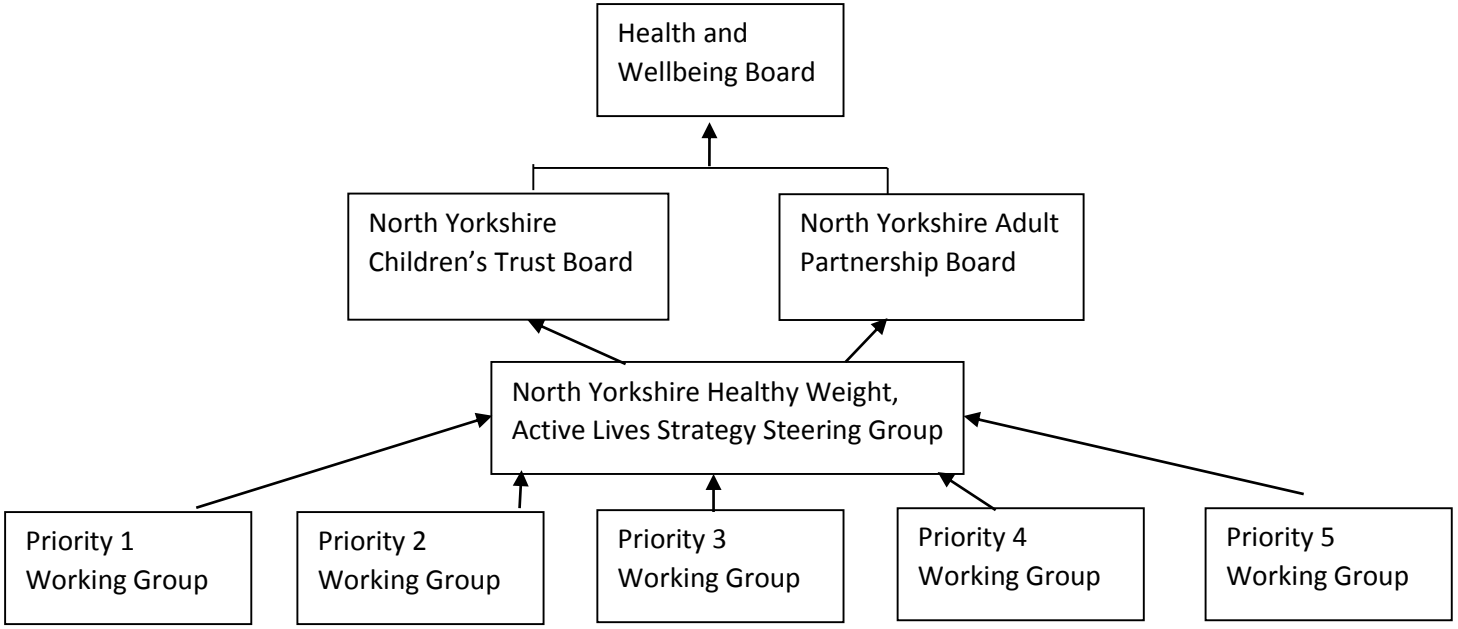
The table below highlights a number of interventions that are either currently being delivered or could be considered in the future within this framework.

Life course stage	Universal	Targeted	Specialist
Pregnancy and first 2 years of life	• Breast Feeding Initiative – Baby Friendly accreditation • Healthy Start • Best Start- social marketing	• Encourage breast feeding initiation and maintenance at 6-8 weeks • Brief advice in primary care	• CCGs have role in delivering this • (clinical pathway)
Early years (1-4 years)	• Healthy eating policies • Ensure local play areas are safe	• Brief advice in primary care	•
Childhood (5-10 years & 11-16 years)	• PE premium- • Curriculum based healthy eating – family cooking lessons • Healthy food provision – school catering • Social marketing – C4L • Fresh fruit and veg scheme	• Limiting fast food outlets in close proximity to schools • 20's plenty – residential areas- road safety interventions • NCMP- proactive follow up • Promote active travel – school walking and cycling this includes	• residential weight management services

		• Bikeability • Community \weight management services	
Adulthood (17-59 years)	• Planning ('Healthy Places') – food outlets, green spaces • Local Transport plan • Making Every Contact Count (MECC) • Workplace health policies • Brief advice in secondary care • NHS Health Check – lifestyle management • Walking and cycling routes are opened up and promoted to communities • NHS Choices - including 12 week weight management programme	• Regulating growth of food outlets • Proactive and locality targeted NHS Health Check – lifestyle management • Adult Healthy lifestyle service • Walking and cycling schemes	
Older people (60+ years)	• Local Transport plan • NHS Health Checks – lifestyle management		

Appendix b – Proposed governance structure

The suggested local leadership and accountability framework is presented below:



Appendix 3 - List of interviews

Interviews were held with representatives from the following organisations:

- Executive Directors, representatives from Sport, Leisure, Culture, Wellbeing, Housing, Planning, Environmental Health at;
- Hambleton District Council
- Ryedale District Council
- Scarborough Borough Council
- Craven District Council
- Harrogate Borough Council
- Richmondshire District Council
- Selby District Council
- Business and Environmental Services at North Yorkshire County Council
- Waste and Countryside Services
- Highways and Transportation
- Trading Standards and Planning Services
- Children and Young Peoples Service at North Yorkshire County Council
- Strategy and Commissioning
- Children and Families
- Education and Skills
- Harrogate District Foundation Trust
- 5-19 Healthy Child Programme
- Health Visiting Team
- Acute and Cancer Care Directorate
- Policy and Partnerships (CSD) Stronger Communities, North Yorkshire County Council
- MoreLife
- Clinical Commissioning Group
- Airedale, Wharfdale, Craven
- Harrogate and Rural District
- Hambleton, Richmondshire, Whitby
- Scarborough and Ryedale
- Vale of York
- Primary Care
- NHS North Yorkshire and Humber Area Team
- Tees, Esk and Wear Valleys NHS Foundation Trust
- Mental Health Services
- York Teaching Hospital NHS Foundation Trust
- Chief Executive
- Estates Services
- Maternity Services
- Paediatric Services
- Local Medical Committee
- Local Pharmaceutical Committee
- FUSE

- Rural Action Yorkshire
- Age UK North Yorkshire
- North Yorkshire Youth
- North Yorkshire Sport
- National Parks Authority
- Horton Housing
- North Yorkshire Horizons
- Healthwatch North Yorkshire