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|  | **North Yorkshire Equality and Inclusion Partnership Meeting**  |
| **Date**  | **Wednesday 10 January 2024**  | **Time:**  | **14:00-16:00**  |

**ATTENDEES: If you were at the meeting and not listed below as attended or vice versa please**

**advise and we can update the record.**

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| Caroline O'Neill | Community First Yorkshire | Alice Sotirchos | Compass Phoenix |
| Alison Brown | Foundation | Carol Shreeve | North Yorkshire Citizens Advice & Law Centre |
| Jeremy Dunford | Ripon Distability Forum & NY Disability Forum | Hannah Nash | North Yorkshire Fire, Police and Crime Commissioner's Office |
| Ann Duncan | North Yorkshire Council | Neil Cutler | Dementia Forward & York LGBT Forum |
| Carys Hyett | Humankind Charity  | Tracey Taylor | Chopsticks (North Yorkshire) Limited |
| Christopher Bentley | Cayton Parish Council | Alison Tutill | Library Service |
| fiona diaper | North Yorkshire Council | Maria Spadafora | Inclusion North |
| Gary Craig | York Workshops | Jeanette Hague | Community First Yorkshire |
| Hannah Linaker | Forestry England | Jo Marriott | North Yorkshire Council |
| Jo Butler | North Yorkshire Council | Rachel Maw | North Yorkshire Council |
| Joe McKenzie | Better Connect  | Shanna Carrell | North Yorkshire Council |
| Vicki Sharp | Community First Yorkshire |  |  |

**Meeting Notes**

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| 1.
 | **Welcome and Introductions** - Caroline O’Neill - Head of Policy and Partnerships, Community First Yorkshire         Caroline introduced herself and Community First Yorkshire, thanked everyone for finding the time to attend and covered zoom housekeeping.      Caroline reminded the group of the value of the conversation at these and other meetings, adding to the insight Community First Yorkshire and other partners on the call can provide at forums and meetings we all attend.  For North Yorkshire Council and NHS colleagues, the group is important for hearing and understanding the concerns and issues of the people they are working with and their own organisations’ challenges.  Providing a voice on behalf of the sector and communities, is what we do at meetings with strategic partners such as North Yorkshire Council, NHS, York and North Yorkshire LEP, and government such as Defra.  Meetings include safeguarding, health and wellbeing planning, grant funders and covering North Yorkshire, regionally and nationally, and more local planning. The focus of the meeting is on people who are part of the nine Protected Characteristic Groups and the needs of the people you are supporting and pressures on your organisation.Colleagues are asked to note and respect the pronoun a person has used in the captions against their name and to respect all comments and perspectives shared in the meeting, and that they are valid and listened to. The meetings are recorded purely for producing the meeting notes. The notes are an extensive record for us all to use and comments are attributed to people for further follow-up if needed. If you prefer not to have your comments attributed please advise me. [Notes](https://www.communityfirstyorkshire.org.uk/wp-content/uploads/2024/01/231011-NY-Equality-and-Inclusion-Partnership-meeting-October.docx) of the October meeting. For update - North Yorkshire All Age Autism Strategy 2024-27 Consultation meeting dates – Caroline signposted colleagues to the meetings which run to mid March listed at the end of the agenda, and encouraged involvement to feed into the refresh.  |
| 1.
 | **Focus on -** [North Yorkshire Age Friendly Network](https://www.communityfirstyorkshire.org.uk/our-work/our-projects/age-friendly-network/) **- emerging issues, extending the reach and influence** - Jeanette Hague, Age Friendly Network Co-ordinator, Community First Yorkshire Jeanette talked through the [presentation](https://www.communityfirstyorkshire.org.uk/wp-content/uploads/2024/01/240110-P-JH-Age-Friendly-Network-North-Yorkshire-V1.pptx) and outlined her role.A few facts were highlighted from the presentation:* 49.3% of the North Yorkshire population are aged 50 and above
* in 20 years time (2043) 33% of North Yorkshire residents will be over the age of 65
* the top three words in media articles associated with older people and ageing were Dementia, vulnerable and residents.  The Network seeks to challenge these by tackling ageism, promoting intergenerational understanding and driving real changes in the social perceptions of older people
* in the UK country 20% of over 65s are living in poverty, and currently there is an estimated £20m of unclaimed pension credit in North Yorkshire. The Network is seeking to communicate about this to increase the take-up of pension credit
* 36% of people aged 50-69 feel at a disadvantage applying for jobs due to their age
* 33% of people aged over 65s, 62,165 residents have at least one fall a year
* life expectancy between our most deprived and least deprived areas is 11 years, the lowest is Scarborough at 74 for men and 78 for women, Harrogate highest 85 for men and 87 for women.

Physical and social environments are major influences on how ageing is experienced and the opportunities it brings. Developing age-friendly villages, towns and cities enables *all* people to age well in a place that is right for them, to continue to develop personally, be included, and contribute to their communities whilst promoting and enabling their independence and health.  World Health Organisation provides a clear framework for age-friendly communities, which NYC is signed up to and it is outlined in the slides,The 'Age Friendly Network' project is a membership-based group of organisations, individuals and volunteers, committed to empowering the community by supporting members and to have a voice and play an active role in age-friendly representation throughout North Yorkshire.Progress to date:* 180+ members and growing
* the Steering Group includes local government departments eg transport and housing, and high-profile councillors, representatives from older peoples forums and community groups
* regular liaison with other local and National Groups (Good Practice mentors, Age UK) plus established Networks across the UK to learn to enrich our knowledge and understanding of age-related topics within the protected characteristics criteria
* regular Newsletters and bulletins, and asking for and posing key questions to senior leaders involved in public health and NHS services
* survey of almost 450 residents undertaken, the [results](https://www.communityfirstyorkshire.org.uk/wp-content/uploads/2023/06/220926-A4-survey-4-pages-FINAL.pdf) are on the Community First Yorkshire website. The findings are aligned to the Framework domains and actions were suggested, as listed on the slide
* North Yorkshire Wider Partnership Conference workshop messages are on the slide detailing what is strong, wrong, could do better and action/resources needed
* updated [webpage](https://www.communityfirstyorkshire.org.uk/our-work/our-projects/age-friendly-network/) with links to helpful partners and links to join as an individual or an organisation
* engaging with community organisations and partners, doing presentations and asking others to engage their contacts into the Network (Community Anchor Organisations, Senior Healthcare Innovation Consortium (SHIC), Libraries etc)

The future focus is outlined on the slides and help from colleagues is asked for: * to put forward ideas, provide contact into meetings and specific events, plans, projects with Age friendly links and to use the flyers and registration forms for people and organisations to join the network
* to use the Communication Pack resources due out April.

**Discussion*** Carole - suggested to get involved in the current campaign to pension rates, in particular for women’s pensions. Getting together is useful but what is needed it to address income and help for people to get out of poverty, living in damp homes, and influence councillors to focus on the needs of this group of people.
* Jeanette outlined that the issue of poverty the Network is already pushing with Council executive staff and councillors.
* Jeremy - there is an overlap with the work and approaches being taken by the North Yorkshire Disability Forum and Ripon Disability Forum. The connections between the two has been the Forums pushing Ripon Town Council and NYC for changes, and moving to an approach whereby the Councils are coming to the Forums to ask for input and suggestions on particular issues.

The ask being discussed with NYC is for someone at Assistant Director (AD) level to have overall responsibility for access, inclusion and equality, and someone in each directorate at senior level to act as lead person to roll policy out. Contact is then made at AD level for work to flow to the directorates. What you have in the Network is the approach that NYC should adopt more widely, as an exemplar, so that if you are a business, property developer for example you only have to go to one person. It will help build on good practice.* Caroline reminded colleagues about the Communications Pack due out April and we ask you to share more widely.
* Jeanette - will connect with Carole to look at what can be communicated back to NYC Chief Executive.

jeanette.hague@communityfirstyorkshire.org.uk   |
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 | **Focus on - Gypsy, Roma, Traveller and Show People (GRTS) communities and Health Needs Assessment Project –** Eric Ayesu-Boapeah, Public Health Manager and Rachel Maw, Public Health Officer, Healthier Lives, Communities and Economies, North Yorkshire Council. For update, feedback on links, VCSE connections with people in these communities and discussion of gaps to meet needs Eric went through the [presentation](https://www.communityfirstyorkshire.org.uk/wp-content/uploads/2024/01/240110-Gypsy-Roma-Traveller-NYC-PH-Presentation-EI-mtg.pptx). The starting point for this work was a recognition that the services for people within these communities and information about them is fragmented across the Council, A first step was to bring teams together to establish from across NYC what work is taking place and what intelligence NYC has for a ‘deeper’ dive into the communities. These communities are part of Inclusion Health Groups, defined as a catch all term to describe people who are socially excluded and typically experience multiple overlapping risk factors for poor health which can include childhood trauma, poverty and violence.The people are experiencing Social Exclusion, as a function of multiple risk factors for poor health ​(poverty, violence, complex trauma)​ which includes:* not consistently recorded in electronic systems, from GPs
* barriers in access to healthcare and other services​
* stigma and discrimination​
* insecure housing, communal accommodation, overcrowding.
* Leading to poor health and mental challenges. The groups are part of the priorities for investment from the health system, which is targeting the 20 most deprived areas, as outlined in the slide.
* information which correlates deprived areas and gender of people within the excluded groups shows a stark picture of lower life expectancy than others living in deprived areas. The project is focussing with partners on identifying health needs to know more about health needs of the GRTS communities, identify gaps in service provision ​and understanding across health partners to key shared priorities.
* 2021 Census data for Gypsy, Irish Traveller and Roma communities gives a total of 900 people across North Yorkshire and the slides gives a breakdown by former district council areas. By age the communities have a younger focus than the England average which again indicates the impact of shorter life expectancy
* smoking is high among these groups compared to all ethnic groups in England.

Health issues based on all England data:* 42% of English Gypsies are affected by a long-term condition, as opposed to 18% of the general population​, due to the factors already outlined about lifestyle and housing
* delayed diagnosis​, normally they do not engage with primary care and often access health support through hospitals which can lead to late diagnosis
* higher rates of stillbirth, infant mortality and maternal death ​
* higher levels of stress, anxiety and depression ​
* poor dental health, low registration and high level of unmet need​
* GRT communities have low vaccination and immunisation uptake, which again can lead to poor health outcomes ​
* GRTs have the lowest rate of employment of any ethnic group, at 47%, compared with 63%
* more likely to live in poor housing
* 3-4% of the GRT population access higher education (18-30yrs), compared to 43% for England.

Progress to date includes ​writing of a comprehensive GRTS Health Needs Assessment, steered by a multi-agency editorial group with VCSE involvement, Task and Finish groups looking at Data and Intelligence, Engagement, Wider Determinants​. **Action** - VCSE colleagues interested in being involved in any of the groups to contact Eric.**Discussion*** Carole - reminded that the approach we take is not ‘being done to us’ but by us. The work and data is really useful but are people from these communities feeding into the understanding and providing insight behind the data. In the past authorities have taken certain actions, which has led to mistrust and lack of engagement with the services. Are their voices feeding into the work, without that things will not change?

-Eric responded by outlining that the HNA will be developed ‘bottom up’ and the facts discussed with the communities to provide the interpretation of the data, and answer ‘why’, add to understanding and what interventions will work. The next stage is to go into the communities.* Caroline - asked that if colleagues are working with the people they will be trusted and are best place to develop better understanding

-Carole added that such an approach has risks if something does not come of the conversations, and actions need to be seen happen from the time people have taken to provide insight.-Caroline asked that Eric looks at how actions will be taken forward as a result of gathering additional information and that to have two or three areas of early action to evidence responsiveness will be appropriate* Gary - referred to the data and advised that this information always provides an undercount. An example is York Council area Census data shows 300 people in the GRT groups but the Travellers Trust, made up of the communities, suggests it is 1,000 and applying that ratio to North Yorkshire the number would be 3,000. It is important to find ways of getting a more accurate count, and to develop a strategy based the larger number.

- Eric advised that the Strategy Group is being asked about the numbers to get a more accurate picture.- Shanna added that NYC is very aware of the importance of input from the communities and currently have a person involved but want more, to avoid not ‘doing to’ and working carefully and respectfully with these groups to make sure the work will influence positive change. Also the currently approach is to make sure any action emerging that can be immediately taken will be done to develop the trust and relationships- Rachel commented that York Travellers Trust and Leeds Gate, both of which are supporting the group, and sharing work being done elsewhere and challenging the approach.**Action** - All if you have information and ideas to share please contact Eric and Rachel.Eric.Ayesu-Boapeah@northyorks.gov.uk Rachel.Maw@northyorks.gov.uk |
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  | **Increasing inclusivity in North Yorkshire -** Caroline and Group members. Actions and next steps from the Task and Finish Group  The Group met earlier this week. Colleagues attending included: Caroline, Jeremy, Liz, Shanna, Alison NYC communications team. The following was discussed. * Identify what data we have to understand the size of these groups of people in North Yorkshire, gaps in data and who can provide this:

- Shanna agreed to contact Business Intelligence colleagues at NYC to ask for someone to provide data from the 2021 Census to give figures for the numbers across North Yorkshire of the people who identify themselves within the Protected Characteristic Groups. This data is to be presented at the next full meeting - Additional data can also come from a number of sources to give a more detailed picture eg: PIP receipts, Blue Badge holders, gender pay gap, disability adaptions, SEND in schools/colleges- Benchmarking data against national and similar geographical areas* A draft Equality and Inclusion position statement

- Shanna shared [Devon’s](https://www.devon.gov.uk/equality/guidance/position-statements/equality-diversity-and-inclusion-by-design) position statement in advance of the meeting- the draft Statement was shared and is [here](https://www.communityfirstyorkshire.org.uk/wp-content/uploads/2024/04/231203-CON-Position-Statement-draft.docx)- its aims are to provide a collective commitment to embed three overarching principles relating to Fair treatment, Inclusive communities and workplaces and the value of Diverse places and workforces. Equality by design, was suggested as a forth commitment- the redrafted statement will pose a series of questions, such as What does your Board do?What does your organisation do?How are you ensuring equality? **Next steps for the Group are to:*** complete the work on the position statement
* agree how to share resources more widely
* consider wider partners to target to bring into the conversations
* identify relevant networks and structures where we can have an influence

For ref:[Notes from the October 2023 meeting](https://www.communityfirstyorkshire.org.uk/wp-content/uploads/2024/01/231010-CON-Equality-and-Inclusion-TF-mtg-notes.docx) [April 2023 draft paper](https://www.communityfirstyorkshire.org.uk/wp-content/uploads/2023/06/230417-Draft-EOI-Project-Brief-sections-2.2-2.3.docx)  |
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 | **Working with health**  - Shanna Carrell, Equalities Manager, Health and Adult Services, NYC and Caroline North Yorkshire Joint Health and Wellbeing Strategy - refresh and [consultation](https://www.northyorks.gov.uk/your-council/consultations-and-engagement/current-consultations/joint-local-health-and-wellbeing-strategy-consultation) update and overview Shanna went through the presentation which outlined the consultation aims and events. Everyone is encouraged to feed into the survey or attend events and drop-ins where views from as wider range of people are wanted to reshape the priorities. * The Strategy is led by the Health and Wellbeing Board a statutory committee of North Yorkshire Council​. The Board membership includes North Yorkshire Council, Independent Care Boards for Humber and North Yorkshire and West Yorkshire, Healthwatch North Yorkshire, Jill Quinn, CE of Dementia Forward as the voluntary sector representative and independent care sector representative​
* Health and Wellbeing Boards have a responsibility to produce a joint local health and wellbeing strategy, which sets out priorities to improve people’s health and reduce health inequalities and explains how the board will do this​
* Health inequalities: avoidable, unfair and systematic differences in health between different groups of people. North Yorkshire, overall good, but there are inequalities:​
* some groups of people experience multiple overlapping risk factors for poor health, leading to extremely poor health outcomes ​
* 24 neighbourhoods are within the most deprived quintile in England, 20 of which are concentrated in Scarborough town and Whitby​
* Health improvements often concern conditions that can be prevented or delayed (cancer, heart disease, musculoskeletal disorders, mental ill-health, dementia and respiratory diseases)​
* Central to the Strategy are the themes of Think People, Think Place, Think Prevention.
* The consultation is to ask for just One Thingpeople would like to see happen to improve health and wellbeing for them, their community and where they live.
* The draft will be finalised and agreed by the Board at the end of July. ​

**Action** - All to encourage contacts to engage in the consultations in person, on-line and drop-ins at libraries. Also to use the guidance information for gathering your own feedback from groups you are meeting with. Caroline - commented that she is mindful people are having a number of plans and strategies being presented for comment and consultations being invited to. This is understandable with the new Council one year on and structures like the Combined Authority coming into place. It is understandable they are being refreshed. Community First Yorkshire’s messages and ask is for there to be connectivity across plans. The Health and Wellbeing Strategy goes someway towards this with tables aligning the priorities with those of the HNY ICS North Yorkshire Place Priorities. Where there is similarity of work we ask, how can forward planning and management of it be pooled and how can budgets be pooled, to create greater connectivity and coherence across complementary plans and joint working structures? |
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 | **Impact of the cost of living crisis - sharing local intelligence and responses** * Caroline acknowledged the challenges and support Carole has in place for her colleagues at CAB, who are in conversation with people facing often multiple challenges, day in day out and how they handle the person impact of that.
* Carole mentioned a Data Insights session in January and provided links to attend. Also if anyone wants to look at local North Yorkshire data to contact Carole.
* County Courts are getting busy with evictions, and CAB colleagues who work on housing have not additional capacity.

Caroline - asked about advocacy for those families, how does that happen? Carole - advised there is not the support and the growth is no fault evictions, which they would like to see ceasing. In York, Harrogate and Scarborough Courts CAB has funding to provide legal advice. * The team is also working with landlords to keep people in their homes.

Caroline made the links with health and housing. Carole also advised about the benefits economically of keeping people in their homes for employment and avoiding getting deeper in debt. |
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 | **Items for future meetings** - colleagues are welcome to suggest topics and come forward to lead on the topic focusing on Protected Characteristic Groups or groups within these: age, disability, gender reassignment, marriage or civil partnership (in employment only), pregnancy and maternity, race, religion or belief, sex and sexuality. We have in the past covered each over a two year cycle. Caroline asked for suggestions and also for people who would like to lead the conversation.Caroline paid tribute to Alex Merrett, who lived in the Settle area and was significantly involved in the local community. Alex attended this group for some years and was a very active and constructive member of the group. He happily gave very helpful support outside the meeting. Alex identified as part of the LGBTQI+ community but also had a wider perspective on the whole topic of inclusivity. Unfortunately Alex died at the end of 2023 and Caroline wanted to pay tribute to his work. He was an important contributer to the work of the local authority and he will be sadly missed. He had so much respect from all of us. Caroline added that she liked his email address ‘Alex the activist’.  |