East Riding of Yorkshire Health and Care Committee

Engagement intelligence and insight form

This proforma has been created to record engagement activity in the East Riding of Yorkshire, allowing insight and intelligence gathered to be shared across the East Riding Health and Care Committee work programmes (see 14.).

No patient/public/client identifiable information (other than work related names and contact details) should be included.

Please send your completed proforma to hnyicb-ery.pmo@nhs.net

Thank you

1.	Name and organisation	Humber and North Yorkshire ICB
2.	Title of engagement, date and venue	Bridlington Health Strategy engagement
3.	Type of engagement: (survey/focus group/visit/conversation/ co- production session/workshop)	Goal: To understand Bridlington residents' healthcare needs and challenges. Timeframe: July - August 2024 Method: Online and printed survey and focus groups (within Bridlington schools) Objectives: Identify barriers in healthcare access. Gather insights for targeted health interventions. Engage residents in shaping future healthcare strategies.
4.	Which area of the East Riding does this focus on?	Bridlington
5.	Which group(s) did you engage with	745 respondents with majority aged 45 – 74 Focus group insights from schools in Bridlington through specific workshops Geographic Focus: people who live in or near Bridlington
6.	How many people were involved (if known)	745
7.	 What intelligence has been gained. Please give a headline summary here What residents valued most about health care services in Bridlington: The following areas were seen to be working well. Improvement in GP services over the last 6 – 12 months Pharmacies The Urgent Treatment Centre 	

Opticians in the town.

What challenges did they identify:

Limited Access to Services:

- Dental and GP appointments difficult to access.
- Long wait times and limited face-to-face consultations.

Transportation Barriers:

- Challenges reaching Scarborough, Hull, or York for specialised care.
- High reliance on private transport, lack of Medi-Bus.

Mental Health Service Gaps:

· Long waiting lists, limited youth support.

GP Services:

• Frequent complaints about appointment access and continuity of care.

Dental Services:

Severe shortage of NHS dentists; many rely on private services.

Mental Health:

Concerns over insufficient resources, particularly for youth and chronic issues.

Technology and Healthcare Access

- Almost all respondents had a device and access to the internet.
- Mixed responses to openness to using technology to support healthcare.

Focus group insights from schools in Bridlington through specific workshops: Primary School:

- Emphasis on exercise, diet, sleep for health.
- Concerns about club access due to cost and transportation.

Secondary School:

- Awareness of mental health impact from peer pressure, social media.
- Mixed access to healthcare, with some challenges in emergency care.

Overall, the findings highlight several areas where access to healthcare is limited, including

- Dental services and general practice appointments.
- Participants expressed frustration with long waiting times, challenges with booking systems, and what they deemed to be a lack of certain services locally, such as Accident & Emergency (A&E) care.
- Mental health services were also flagged as needing significant improvement, with concerns around long waiting times and insufficient support, particularly for young people.
- In addition to healthcare access issues, transport barriers further complicate the ability of some residents to seek timely medical care.
- While there were some positive reflections on specific GP practices and community health services, the overwhelming sentiment indicates a need for improvement in healthcare accessibility and delivery.

The ICB is currently sharing its findings with stakeholders, with a view to collaborating with local authority and healthcare providers. An implementation plan will be developed to launch some pilot programs: test mobile health units and continue to expand GP access. It will establish feedback mechanisms, with continuous community involvement in strategy implementation through the Bridlington Multi-agency Group.

8.	Did your activity involve: (a) People with protected characteristics: https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics (b) People from inclusion groups (This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.)	The survey was shared by voluntary organisation The Hinge and people from inclusion groups were supported in taking part.
9.	Other partners involved	The survey was co-produced by members of Bridlington Multi Agency Group, which includes local health forums, voluntary organisations, health providers and the local authority.
10.	How could this be followed up?	The ICB is currently sharing its findings with stakeholders, with a view to collaborating with local authority and healthcare providers. An implementation plan will be developed to launch some pilot programs: test mobile health units and continue to expand GP access. It will establish feedback mechanisms, with continuous community involvement in strategy implementation through the Bridlington Multi-agency Group.
11.	Contact details for follow up	Hnyicb.communications@nhs.net
12.	I give my consent for anonymised data gathered to be shared on the public-facing JSNA database and used by the East Riding Health and Care Committee to help shape programme work	Yes
13.	I am happy to have my contact email address published for people to get in touch to hear more about the project	Yes – use address above
14.	Reports/links/further info	Report available by emailing hnyicb.communications@nhs.net
15.	FOR OFFICE USE	
	Do we have BI data that supports this insight? Provide links	
10		
16.	Which Health and Care Committee work programme(s) is it best aligned to? a. Bridlington Place-based Programme b. Inclusion Groups	

	c. Complex Case Managementd. Integrated Neighbourhood Teamse. Weight Managementf. Rural and Coastal Communities	
15.	Uploaded to JSNA database	Yes/no date