Notice of a public meeting of
Health and Wellbeing Board

To: Councillors Steels-Walshaw (Chair), Runciman, Webb, and Cullwick,
Michael Ash-McMahon – Interim York Place Director, Humber and North Yorkshire ICB
Peter Roderick – Director of Public Health, City of York Council
Sara Storey – Corporate Director, Adults and Integration, City of York Council
Martin Kelly – Corporate Director of Children's and Education, City of York Council
Pauline Stuchfield – Director of Housing and Communities, City of York Council
Fiona Willey – Chief Superintendent, North Yorkshire Police
Tom Hirst – Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service
Alison Semmence - Chief Executive, York CVS
Siân Balsom – Manager, Healthwatch York
Naomi Lonergan – Interim Managing Director, North Yorkshire, York & Selby - Tees, Esk and Wear Valleys NHS Foundation Trust
Andrew Bertram – Interim Chief Executive and Finance Director, York and Scarborough Teaching Hospitals NHS Foundation Trust
Mike Padgham – Chair, Independent Care Group
Dr Emma Broughton – Joint Chair of York Health & Care Collaborative

Date: Wednesday, 19 November 2025

Time: 4.30 pm

Venue: West Offices

A G E N D A

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting Ben Jewitt:

- Registering to speak
- Written Representations
- Business of the meeting
- Any special arrangements
- Copies of reports

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我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

1. Apologies for Absence

To receive and note apologies for absence.

2. Declarations of Interest (Pages 3 - 4)

At this point in the meeting, Members and co-opted members are asked to declare any disclosable pecuniary interest, or other registerable interest, they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

(Please see attached sheet for further guidance for Members).

3. Minutes (Pages 5 - 20)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday, 24 September 2025.

4. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting. The deadline for registering at this meeting is at **5.00pm** on **Monday, 17 November 2025**.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting please contact the Democracy Officer for the meeting whose details can be found at the foot of the agenda.

Webcasting of Public Meetings

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers who have given their permission. The public meeting can be viewed on demand at www.york.gov.uk/webcasts.

5. Healthwatch York Report: Update on Recommendations in Previous Healthwatch York Reports (Pages 21 - 86)

This report is for information, sharing an update on the responses to recommendations made in Healthwatch York reports during 2024-25.

6. Health Protection Assurance Report (Pages 87 - 122)

The purpose of the report is to provide members of the Health and Wellbeing Board with an update on the health protection assurance arrangements in York and health protection activities over the past year.

7. Delivery of the Joint Health and Wellbeing Strategy and Performance Monitoring (Goal 6) (Pages 123 - 134)

This paper provides the Health and Wellbeing Board (HWBB) with an update on the implementation and delivery of Goal 6 in the Joint Local Health and Wellbeing Strategy 2022-2032. It also includes information on performance monitoring.

8. Update from the York Health and Care Partnership (Pages 135 - 140)

This report provides an update to the Health and Wellbeing Board (HWBB) regarding the work of the York Health and Care Partnership (YHCP).

The report is for information and discussion and does not ask the Health and Wellbeing Board to respond to recommendations or make any decisions.

9. Health and Wellbeing Board Chair's Report (Pages 141 - 146)

This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board (HWBB), giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.

10. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

Democratic Services Officer

Ben Jewitt
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Agenda Item 1

Declarations of Interest – guidance for Members

(1) Members must consider their interests, and act according to the following:

Type of Interest	**You must**
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting unless you have a dispensation.
Other Registrable Interests (Directly Related) **OR** Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item only if the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting unless you have a dispensation.
Other Registrable Interests (Affects) **OR** Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote unless the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item only if the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting unless you have a dispensation.

(2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.

(3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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City of York Council	Committee Minutes
Meeting	Health and Wellbeing Board
Date	24 September 2025
Present	Michael Ash McMahon - Interim York Place Director, Humber and North Yorkshire ICB (Vice Chair) Councillors Runciman, Webb and Cuthbertson (Substitute for Cllr Cullwick); Siân Balsom – Manager, Healthwatch York Peter Roderick – Director of Public Health, City of York Martin Kelly – Corporate Director, Children's and Education, City of York Council Peter Otter – Deputy Chief Executive, York CVS (Substitute for Alison Semmence) David Kerr – Community Mental Health Transformation Programme and Delivery Lead – Tees, Esk and Wear Valleys Foundation Trust (Substitute for Zoe Campbell) Fiona Willey – Chief Superintendent, North Yorkshire Police
Apologies	Councillors Steels-Walshaw and Cullwick Sara Storey – Corporate Director of Adult's and Integration, City of York Council Pauline Stuchfield – Director of Housing and Communities, City of York Council Alison Semmence – Chief Executive, York CVS Simon Morritt – Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust Zoe Campbell – Managing Director, North Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust Tom Hirst – Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service
Absent	Dr Emma Broughton – Joint Chair, York Health and Care Collaborative

	Mike Padgham – Chair, Independent Care Group
Officers in Attendance	Mel John-Ross – City of York Safeguarding Children Partnership Independent Scrutineer Sophia Lenton-Brook – Safeguarding Children Partnership Business Manager Heather Baker – Public Health Improvement Officer

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12. Apologies for Absence (4:36pm)

The board received apologies from Cllr Steels-Walshaw (there was no group substitute, the Interim Director of Place Chaired the meeting) and Cllr Cullwick (who was substituted by Cllr Cuthbertson).

The board received apologies from the Corporate Director of Adult's and Integration, City of York Council; there was no substitute.

The board received apologies from the Director of Housing and Communities, City of York Council; there was no substitute.

The board received apologies from the Chief Executive, York CVS, who was substituted by the Deputy Chief Executive.

The board received apologies from the CEO of York and Scarborough Teaching Hospitals NHS Foundation Trust; there was no substitute.

The board received apologies from the Managing Director, North Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust, who was substituted by the Community Mental Health Transformation Programme and Delivery Lead.

The board received apologies from the Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service; no substitute was available.

13. Declarations of Interest (4:37pm)

Board Members were invited to declare any personal, prejudicial or disclosable pecuniary interests, other than their standing interests, that they had in relation to the business on the agenda. None were declared.

14. Minutes (4:37pm)

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday, 16 July 2025.

15. Public Participation (4:39pm)

It was reported that there had been one registration to speak under the Council's Public Participation Scheme.

Flick Williams spoke on item 9, discussing comments in section five of the report, which alluded to patient employment goals.

She proposed that getting people to work was being treated as a "health outcome", and that this was deeply dangerous. Consequently, with medical practitioners already complaining of heavy caseloads and insufficient consulting time, expecting them to be "work coaches" as well would be damaging to patient-doctor relationships and trust, would reduce quality of service and would make people think twice about seeing a doctor.

She suggested that this system evoked the mindset that only healthy working people were worthwhile to society, and implored the board oppose this.

16. Report of the City of York Safeguarding Children Partnership Annual Report 2024/2025 and the Independent Scrutineer Report (4:43pm)

The Independent Chair and Scrutineer of the City of York Safer Children's Partnership (CYSCP) presented and gave an overview of the CYSCP Annual Report 2024-2025.

She explained that this had been published in line with a statutory requirement for safeguarding children's partnerships. She also noted that the report had been analysed by What Works Network, who provide evidence for decision-making in public services, on behalf of the Department for Education; this analysis was publicly available. In her capacity as an experienced independent scrutineer, she endorsed this as a really strong report; setting out difference, impact, case studies and aspirations.

The Independent Chair and Scrutineer, CYSCP also presented the CYSCP: Independent Scrutiny Annual Report 2024-2025, stating that this evidence-based report adhered to national statutory expectations and involved the wider partnership.

The Business Unit Manager, York CYSCP joined at 16:49 to assist in answering questions from the board.

Members noted the report's case study on the role of primary care within safeguarding and asked how the board might better facilitate picking issues and risks up early and making sure that partners were pulling their weight within the safeguarding system.

The Business Unit Manager, York CYSCP responded that in autumn last year under priority one (Prevention, Early Support and Early Help) they had relaunched the Early Help strategy, with a group of partners around the table including primary care. This focused on a strong partnership response for which everyone can take responsibility, from universal services to the top end of safeguarding. Within the partnership of CYSCP are representatives of York Hospital, CAMHS/TEWV, the ICB and GPs all of whom play a part across the early help landscape in York.

Members noted with pleasure the inclusion for the voluntary and community sector in the report, though it was pointed out that some of the voluntary organisation names cited in the report were outdated or incorrect:

In a couple of places "York Carer's Centre" was renamed as "York Carer's Forum" (which is actually a different charity); the "Young Carer's Centre" should actually be the "Young Carer's Project at the York Carer's Centre" and also "Parent Carer Forum York" was named such because "York Parent Carer

Forum” was a different organisation that didn't exist anymore. The Manager, Healthwatch York offered to check through reports to avoid such errors going forward and also requested a link to the cited Healthwatch York report would be both appreciated and useful for readers.

The Business Unit Manager, York CYSCP accepted responsibility for the group names in the document but by way of explanation she clarified that the names given were derived from partner submissions. She accepted the offer of Healthwatch York’s assistance in the future.

Members asked about the language used as a partnership; about working with fathers and about working in partnership with schools, and what this would look like in York.

The Independent Chair and Scrutineer, CYSCP said that the use of language arose from a challenge by young people about the language used – particularly acronyms and terminology used to refer to young people; the partnership immediately pledged to change its language to ensure it was communicating in a way that was respectful, accessible and culturally sensitive.

Regarding work with schools, she stated that the education sector was not yet a statutory partner. She suggested that the publication of “Working Together 2023” highlighted the valuable role of schools, education providers and the early years sector, and it was clear that a representative of this sector should be invited onto the partnership.

The Business Unit Manager, York CYSCP emphasised the importance of communications between education and safeguarding and discussed the new education safeguarding lead Sophie Coles, with whose team the partnership have strong links. The CYSCP andeducation teams would be working together for the upcoming Section 1572 audit (in which the safeguarding partnership is responsible for undertaking a schools safeguarding audit).

The Business Unit Manager, York CYSCP addressed the issue of engaging with fathers, explaining that the national panel had found there to be a lot of emphasis on mothers, where both parents actually have a role to play, particularly with the practice model being implemented in Children's Services, where the focus was around the family network. Consequently the

partnership ran a campaign around both parents and asked specific questions about how partners had engaged with the fathers, this had allowed data to be produced through audits. The Independent Chair and Scrutineer, CYSCP reiterated that this was something that was tested at every level in terms of the partnership's quality assurance processes.

Members praised the voice of children coming across in the report but asked about how non-verbal children's safeguarding was ensured.

The Independent Chair and Scrutineer, CYSCP noted that some such cases involved pre-verbal children, and others involved those that were selectively non-verbal. In such cases tools were used, based around what was important to the child, including advocates, and careful consideration of the best person to talk to the child (not necessarily a social worker or teacher). Since there had been a drastic reduction in agency workers, children were able to benefit from more consistent and trustworthy relationships.

Members asked about children not in school – both due to refusal and just not being there.

The Independent Chair and Scrutineer, CYSCP responded that children missing from education were a key priority for the partnership – be they absent, excluded or electively home educated. There was a recognised potential to be vulnerable, and therefore these children should be on the radar for Early Help, Child in Need and Child Protection teams. Regarding elective home educated children, limited powers to intervene and must work within the law. Additional powers will be coming in to give oversight to this group.

Members noted the importance of careful language when discussing "electively home-educated" children – such cases were not necessarily elective and many parents would consider this to be something they have to do rather than a choice.

The board publicly thanked The Independent Chair and Scrutineer for her skill and experience in preparing the report.

Resolved: That the Board note the City of York Safeguarding Children Partnership Annual Report 2024-2025 and the Independent Scrutineer Report.

Reason: So that the Board were kept up to date on the work of the CYSCP and Independent Scrutineer.

17. Pharmaceutical Needs Assessment (PNA) 2025-2028 (5:17pm)

The Vice Chair noted that the production of the Pharmaceutical Needs Assessment (PNA) was a statutory duty for the Health and Wellbeing Board, and that the board were being asked to approve this report for publication on City of York Council's website as well as the Joint Strategic Needs Assessment (JSNA) website.

The report was presented by the Director of Public Health and the Public Health Improvement Officer.

The Director of Public Health noted that the board's approval to publish this assessment formed part of the process of pharmacy provision and helped to shape its direction. He explained that pharmacy provision was a local issue, concerning the main point of contact most people have with the health service on a day-to-day basis, and getting this right was important for the board, in terms of assessing need and understanding what the sector looks like.

The Public Health Improvement Officer explained that PNA's exist to provide a comprehensive data driven understanding of unmet need, and opportunities for reducing this. She stated that work on this PNA had begun during the summer of 2024, and in January 2025 residents and stakeholders had been invited to participate in a survey; in August 2025 there had been a 60-day consultation period on the draft document.

The key findings of this consultation were that while York generally had satisfactory pharmacy provision, there were areas of unmet need, particularly in rural and suburban areas of the city, and specifically in Clifton ward - where the nearest pharmacy was some distance away, and Westfield ward – where closure and limiting of hours had reduced provision.

The Manager, Healthwatch York said that this was a very good PNA – particularly praising the excellent survey response – and

that community pharmacy was essential and with the current plans, people would come to rely on them even more.

She suggested there should be representation from the community pharmacy in meetings regarding neighbourhood health plans and the move to reorganise health services, and more detailed involvement from them at an earlier stage.

She suggested the importance of the 100 hour pharmacy changes may have been underestimated, but this fundamentally alters the number of hours that services are available to people.

The Vice Chair responded that neighbourhood and community pharmacies were being included by organisations such as the ICB and work was being done to ensure they were brought into neighbourhood discussions and more fully recognised as an integrated part of the process.

Cllr Webb asked what happens next regarding the identified areas of unmet need, once the PNA was approved; what was the process to address this unmet need?

The Public Health Improvement Officer responded that there was a plan, which would be published to the JSNA website, and there would be follow-up conversations with members within the ICB who commission pharmacy services.

The Director of Public Health added that pharmacies close due to being independent contractors, therefore needing to make a profit. He emphasised that they do not close because they no longer wish to provide a service they close because their operations have ceased to be profitable, and staff cannot be paid. To counter this the local ICB has as a Primary Care Committee within it which receives applications for new pharmacies and applications for closures and changes of hours. The Primary Care Committee uses this document in guiding their decisions. The PNA is therefore a key piece of evidence for the ICB to convince pharmacies; it can’t make a pharmacy open, but if a need has been identified and there are any applications, these will be approved.

Cllr Webb asked whether there had been any applications. The Director of Public Health noted that it was not possible to give specific details as applications were subject to a six-month review process, but one of the areas highlighted in the report

had drawn a number of applications and it was expected this need would ultimately be met.

The Vice Chair said that this was about local determination based around needs.

The Director of Public Health said as independent contractors, pharmacies always welcome people commissioning things in their local areas beyond core contract, they were a great route to reach communities.

Cllr Runciman praised Pharmacy First as a service and wondered whether this could be expanded.

The Director of Public Health answered that this was often about areas where pharmacies can best be used.

Resolved: To approve the Pharmaceutical Needs Assessment for publication.

Reason: To meet the Board's statutory duty to update and publish an up-to-date PNA by 1 October 2025.

18. Delivery of the Joint Health and Wellbeing Strategy & Performance Monitoring (Goal 5) (5:39pm)

The report was presented by the Director of Public Health. He advised that this item addressed goal 5 of the Health and Wellbeing Strategy, which was to reverse the rise in children and adults living with an unhealthy weight. He noted that this had been a sustained and long-term rise, meaning that 1 in 4 reception age children, 1 in 3 year 6 children and 2 in 3 adults were currently living with an unhealthy weight.

He stated that a number of actions had been established by the Public Health team in order to achieve this goal:

13. Support adult residents to achieve improved health behaviours in relation to eating, moving and mental wellbeing, as part of a wider shift to a compassionate approach to weight.
14. Continue to deliver the National Child Measurement Programme and offer targeted support to families with children and young people in bigger bodies.

15. Deliver the Breastfeeding and Infant Feeding Strategy across the city, to support parents to make informed feeding choices and practise age-appropriate introduction of solids; and ensure that families are supported to achieve their feeding goals by professionals with evidence-based training.
16. Deliver the Health, Exercise, and Nutrition in the Really Young (HENRY) approach in our 0–5-year population.
17. Support the implementation of HENRY awareness for professionals.

Board members expressed praise that HENRY was going well – having worked hard to establish this alongside the previous Director of Public Health.

Members noted that the published statistics did not split results on gender lines but asked if there was a difference between boys and girls in this area.

The Director of Public Health advised that it was possible to make this distinction within the statistics and in fact this information was published elsewhere; the intention of this report had been not to overwhelm with too much detail, but he would be happy to include a gendered breakdown in future.

He stated that it was clear that gender differences, and the way in which bodies change at different stages of development, was something that affected genders differently here. He didn’t want to suggest this was more of an issue for one gender or another because it was not, and as much as one might focus on a discussion of underweight teenage girls, one might also discuss the under-reporting of boys’ eating difficulties. While gender differences in this area were a complex issue, they were observable in the data, reflected on and targeted by the Public Health team.

Members asked about what happens regarding HENRY when children reached Year 6.

The Director of Public Health responded that by extending HENRY up to Year 6 this took them to 10-11 years, and health trainers can work and support individuals aged 13 and above. There would be a small gap between these points and the Public Health team were looking for possible ways in which this might be filled. He noted that it was now a much smaller gap

than in the past and they were gradually moving toward a point where support should be available throughout.

He noted that primary school goes up to Year 6, and they did not wish to overly weight manage at this stage as the most effective interventions at a population level were to provide really good universal information, as well as the food provided in schools, the extent to which people can afford that food, the availability of free school meals and the nutritional value of school meals.

Members asked what the demand was for HENRY courses?

The Director of Public Health said that there had been smaller than expected numbers signing up, but he acknowledged that doing so was a big commitment for families. They had responded to this by involving Child Development workers to assist with childcare where other children need support while one child attends a HENRY session with their parents. He acknowledged that they could only offer to people who had been referred and that there were limited places on the courses (6-8 families at a time). There was still low capacity on the course and referrals did need to increase, but they were steadily increasing. He anticipated the numbers going up into 2026.

Members commented about recent feedback from secondary school children, who suggested that fast food was the most affordable option for eating out in town and reiterated the importance of the Commercial Determinants of Health work discussed at the previous meeting.

The Director of Public Health highlighted the York Hungry Minds scheme and the work it had done providing children with nutritious free school meals, both breakfasts and lunches, which had been a great success. He noted that it was giving children an opportunity to see different healthier food choices because the meal provided was much healthier than the equivalent packed lunch. He stated that there had been a tangible positive outcome from this scheme, and he hoped it would be progressed further.

Members discussed the issue of Breast Feeding, commending York’s application for status as a “Feeding Friendly” city but alongside this, asking whether the tongue tie clinic at York Hospital would be available.

The Director of Public Health responded that having spoken to the Chief Executive and the Director of Midwifery, the gap in the pathway had been closed and this issue regarding the tongue tie clinic would now be resolved.

On the subject of becoming a Feeding Friendly City, he confirmed that his team were developing the UNICEF Baby Friendly Initiative submission stage by stage; the specialist lactation clinic was now up and running and staff were sorting out schemes like the aforementioned tongue tie pathway. Progress had been made both within the council and with local businesses. He assured the board that he would update them on their progress in a couple of years, by which time he hoped to have some real success stories in terms of the number of businesses who have signed up.

Members asked whether there was any way of understanding whether or not particular groups were engaging with the approach outlined in the strategy, or more particularly whether there were groups that this approach struggled to reach?

The Director of Public Health stated that in terms of the population, there were axes of inequality and it was not as simple as saying there were “deprived areas and less deprived areas”, although that was a very important factor.

He advised that the issue of gender, as previously raised, was a significant axis, as were ethnicity and an individual’s weight; genetically for example, when combined with high weight there was high predisposition to diabetes in South Asian communities.

He noted that another axis was neurodiversity and the way in which data suggested that food types and texture often provided barriers. Regarding schools and the food environment, he said the canteen was often the noisiest place in a school, in terms of sensory stimulation, and therefore flexibility would be needed to the school meal strategy in such cases.

He did not feel that this was a job for Public Health alone and invited partners and the wider community to all get involved in ensuring more people were living to a healthy weight, since the alternative was early death and disability.

Members praised the change of approach to communication to a less confrontational/accusatory tone where parents in the past had felt persecuted for having “fat children”.

The Director of Public Health advised that he had a statutory duty to send that letter and he agreed that the obligation needed to be undertaken in the most sensitive and caring way possible.

Members asked if there was an understanding of the impact of the COVID pandemic, such restrictions on being out of your house or the drop off in participation in after school activities such as sport and dance, and ultimately was there a plan for active engagement?

The Director of Public Health said there was a separate upcoming goal on the Health and Wellbeing Strategy which would more directly address the issue of physical activity. He explained that the reason these had been divided into separate goals was that while physical exercise was incredibly good for mental health, bone health, cardiovascular health; it was not particularly good at helping to lose weight, although evidence showed it had a modest effect. He advised that for weight loss, diet and more specifically calories were the place to start, because that that is the driver of weight.

He explained that the recent active travel fund from the Combined Authority amounted to £4 million. This would undoubtedly result in more cycle paths and infrastructure. He suggested that he would respond more fully, and make sure items raised were well reported when addressing goal 9 of the strategy at a future meeting.

Members asked about the language used and the idea of a “compassionate approach”. They asked if this had been attempted elsewhere and if so how much of an impact had it made.

The Director of Public Health explained that this approach was based upon a well known intervention in Doncaster called the “Compassionate Approach to Healthy Weight” where the authority took a decision to decommission their weight management services and go for this supportive early prevention instead. This had achieved a good result and had been deemed a success.

He explained that Mounjaro and other weight loss drugs were coming onto the market, and these gave support to this approach because increasingly people would be able to manage their weight down at a particular BMI category and would have the option of those drugs He emphasised that the more that could be done at this level to help people earlier on, and to help them with things that lead to long-term maintenance around eating and exercise and being active, the better.

Resolved: That the board would note and comment on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

19. Verbal Update from the York Health and Care Partnership (6:09pm)

The verbal update was delivered by the Vice Chair; who noted that York's second Mental Health Hub was to open the following day, initially operating within core hours with the aim of expanding to 24/7 opening in the coming months.

He noted that a large part of the York Health and Care Partnership's agenda concerned the National Neighbourhood Health Improvement Programme, in which 43 sites had been identified to become early implementers. York Place had put in a bid, along with all five other Places within the regional Integrated Care Board (ICB). While York had been unsuccessful in its bid, North Lincolnshire had succeeded, so there would be representation here for the ICB.

He acknowledged that the Partnership had understood deprivation was going to be a focus for this, and therefore York and North Yorkshire would struggle to be identified as early implementers on a Place level. It had however, been decided that the lead put forward from within primary care would continue to do that regardless of the outcome of the bid, and that programmes of work within neighbourhoods such as community pharmacies would definitely continue. He stated that this aligned with the priorities and strategy of the Health and Care Partnership.

He acknowledged that this programme had led to recognition of a need for alignment across different sectors and within health itself. He said that, together with the momentum that had been built, this put the YHCP in a great place to respond to the 10-year health plan in defining what these neighbourhoods look like.

There were no questions.

Resolved: That the Board note the report of the YHCP.

Reason: So that the Board were kept up to date on the work of the YHCP, progress to date and next steps.

20. Health and Wellbeing Board Chair's Report (6:15pm)

The Vice Chair presented the report, which was written by the Chair of the Health and Wellbeing Board.

The report included an update on the 10-year health plan for the future, for which a member briefing would take place on Thursday 2 October, presented by the Director of Public Health and the Interim Director of Place.

He reminded board members and residents of the importance of receiving vaccinations at this time of year.

There were no questions, and it was

Resolved: That the Health and Wellbeing Board noted the report.

Reason: So that the Board were kept up to date on: Board business, local updates, national updates, and actions on recommendations from recent Healthwatch reports.

Michael Ash-McMahon, Vice Chair
[The meeting started at 4.36 pm and finished at 6.16 pm].

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Health and Wellbeing Board 19 November 2025
Report of the Manager, Healthwatch York

Healthwatch York Responses to Recommendations Report

Summary

1. This report is for information, sharing an update on the responses to recommendations made in Healthwatch York reports during 2024-25.

Background

2. Healthwatch York produce reports each year highlighting what we hear from people living in York about their experiences of health and care in the city. This report provides updated responses from partners to the recommendations made in our reports for 2024/25. The aim of this report is to support the Board in monitoring progress made.

Main/Key Issues to be considered

3. Healthwatch York are a small team, with a wide remit. We cannot address the concerns raised with us alone. The responses to recommendations report aims to bring together action taken by the system as a response.

Consultation

4. There has been no specific consultation involved in producing the recommendations report.

Options

5. Health and Wellbeing Board are asked to note this report.

Strategic/Operational Plans

6. Areas of work discussed within the report have helped contribute to a number of different strategic and operational plans.

Implications

7. There are no specialist implications from this report.

- **Financial**

There are no financial implications in this report.

- **Human Resources (HR)**

There are no HR implications in this report.

- **Equalities**

There are no equalities implications in this report.

- **Legal**

There are no legal implications in this report.

- **Crime and Disorder**

There are no crime and disorder implications in this report.

- **Information Technology (IT)**

There are no IT implications in this report.

- **Property**

There are no property implications in this report.

- **Other**

There are no other implications in this report.

Risk Management

8. There are no risks associated with this report.

Recommendations

9. The Health and Wellbeing Board are asked to:

i. Review the responses to recommendations and confirm whether they are satisfied with these.

Reason: To keep up to date with the work of Healthwatch York and monitor progress regarding recommendations.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Siân Balsom Manager Healthwatch York 01904 621133	**Report Approved** ☐ **Date** *Insert Date*

☐

Wards Affected: All **All** ✓

For further information please contact the author of the report

Background Papers:

Annexes
Annex A – Responses to recommendations 2024-25

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Annex A:

healthwatch York

Responses to recommendations 2024-25

Partner responses from reports published in 2024-25

November 2025

Contents

Introduction

Part of the role of a local Healthwatch is to make recommendations to health and care partners – both providers and commissioners (the people who buy the services.)

This briefing includes the recommendations Healthwatch York has made in chronological order, with responses from partners. Initially this report planned to cover our reports from April 2024 to March 2025.

The partner responses detail the actions taken as a result of the recommendations. Most of these updates were provided in June 2025. We have also included previous responses where updates have already been requested.

Exploring Access to GP Services

September 2024

Full report can be seen here: https://bit.ly/YorkGPs0924

	Report recommendations
E1	We propose to work collaboratively with a GP practice to pilot a new approach that helps to move towards a more preventative model of care.
R	**HWY** At the time of writing the report we had an opportunity in mind. Due to national developments this did not progress. However, we have had positive conversations with GP partners about other areas of work. We will update further as these areas develop. **YMG** We would be happy to be the pilot site or offer any support that we can with this initiative.
E2	We will feedback directly to all York's GP practices to share the feedback specific to that practice and work with them to explore opportunities for positive change
R	**HWY** Done.
E3	We will develop and facilitate focus groups to explore specific aspects of people's experiences or the experiences of a particular group of people.
R	**HWY**

We have begun exploring specific aspects of people's experiences, relating to gender health. We will update further as this work develops.

E4 We will work to identify GP practices who are currently meeting part or all of the Accessible Information Standard and work with them and other practices to share and implement good practice and to ensure those who need interpreters, including British Sign Language, get the support they need to access healthcare independently.

R **HNY ICB**

The ICB has commissioned a comprehensive service with a range of interventions including face-to-face, video conference and telephone interpretation. The service follows best practice and follows NHS guidance.

HWY

We welcome the decision of the Integrated Care Board to support all GP practices with BSL and translation services. We remain concerned that these solutions must be reliable. We understand there have been significant challenges in using the services provided. Getting this support right is vital if we are to tackle the health inequalities experienced.

YMG

The practice currently has access to AA global who offer BSL service and translation. We have experienced issues with availability of translators (even when booking in advance) as well as difficulty getting through to AA Global on the phone.

E5 We propose the creation of a team of volunteers to assess GP websites and surgeries against agreed local and national criteria, such as the York Poverty Truth Commission's

Organisational Charter, and the Accessible Information Standard.

R **HWY**

Done. For more information see our later reports and recommendations for GP websites and surgeries.

Listening to Neurodivergent Families

January 2025

Full report can be seen here: https://bit.ly/NDFamilies0125

	Report recommendations
L1	Consider how to embed across the health and care workforce the importance of connections, and signposting to peer support at the first moment people approach for help. Make sure this includes not just parent carer awareness but recognises young sibling carers too.
R	**TEWV** When we're approached to consider a young person for neurodevelopmental assessment, our Single Point of Access Team provides a screening pack that includes both national and local resources for parent/carer support. Neurodevelopmental referrals are discussed at a multi-disciplinary panel. We then contact the young person / family / carer by letter to update on outcome of the panel and to offer information about support services in the community. This would include details of support available from SENDIASS (Special Educational Needs and Disabilities Information Advice and Support Service), their local authority, education support and the voluntary sector. We're currently reviewing the content of letters in partnership with families, carers and young people. We have a Keeping in Touch process to support young people and families who are on our neurodevelopmental assessment waiting list. This includes information sharing about services/organisations who may be able to provide support, contact details for young people, families / carers to update us

	about any relevant changes in their situation, and details of who to contact in case of a mental health crisis. We circulate updates and regular newsletters for the Young People's Co-Creation Group and the TEWV CAMHS Parent and Carer Forum. **YMG** The practice uses reasonable adjustment markers to records how best to support patient with extra needs. Carers are identified, signposted to York Carers and a code added to their medical record. York Carers did a presentation at a recent PLT event as well as an update about Cares at our Site Meetings in May. We employ a social prescriber and first contact mental health workers who signpost and support patients to other health care and voluntary agencies. We have a complex care team who support patients with complex health needs and have reduced access to care. We have a named learning disability and dementia nurse who offer longer annual health checks, supported by the complex care team who ensure patient receives an appointment at their preferred surgery and a time that suits them.
L2	Make a commitment to stopping parent blame.
R	**TEWV** We're committed to ensuring parents feel supported and to reduce any feelings of parental blame. We work closely with families and engage with them at every stage. We also welcome conversations and feedback from parents on how this can be continually improved.

	From November 2025 we will be offering a support/information group about ADHD for all parents/carers of young people in the local area including those already on our waiting list for assessment. This is in addition to our already established post-diagnostic group for which we have received good feedback from the perspective of learning new skills, and also the value of peer support between parents.
L3	In partnership with local ND and parent carer groups, seek funding and support through local research networks to develop a Neurodiversity friendly schools charter and encourage local schools to adopt this, covering: • ND training for educators. • How to recognise the signs of EBSA, burnout and school trauma. • Developing a best practice mental health pathway where such signs are observed. • Developing school behaviour models that do not discriminate against people who are neurodivergent. • Transition planning and help to support young people through transition and beyond, with a menu of potential reasonable adjustments that can be accommodated within the school environment. This will rely on identifying funding to support such research. This should also consider the links to the Human Rights schools approach in York.
R	**TEWV** - We have regular contact with local authority education teams. - CAMHS contribute to Education, Health and Care (EHCP) plans, especially the health sections.

	- Our Wellbeing in Mind Team (WiMT) respond to any education based needs that are identified in schools/colleges where the teams are available. Our teams also provide support in situations where young people are not attending school/not in education. - A transitions panel process is in place to explore possible pathways for young people nearing the age of 18. This is a multi-agency panel and could include adult mental health services, Talking Therapies, GPs and VCSE sector services. Quality and governance aspects of this process are monitored internally in TEWV, and we strive to continuously learn and improve the quality of co-created transition plans.
L4	Develop local expertise around neurodivergence and gender identity. Put in place a clear policy around shared care arrangements and an escalation process for those whose GPs cannot or will not support them.
R	**TEWV** Our CAMHS service supports young people and families to review and complete referrals to the Gender Identity Service and we continue to train our staff in relation to how neurodivergence impacts on accessibility of our services. The trust also has a specialist team who provide support and guidance to staff to improve the support and intervention we provide to autistic people. **YMG** There is currently no shared care arrangements within our ICS for prescribing medication for ADHD. We are in the process of developing a policy which aligns with other York practices, not to take on prescribing responsibilities for any new patient on ADHD medication.

	Staff have undertaken LGBTQ training plus yearly Oliver McGowan training. We are currently reviewing our policy for prescribing hormones for patients with gender dysphoria.
L5	Develop and deliver local training around PDA for health, care and education professionals.
R	**HNY ICB** This is being considered as part of the development of the SEND Hub. Training is available and we will make a better effort to promote this to ensure relevant staff are aware and can access it.
L6	Bring York into line with the wider ICB by making sure there is a clear sleep pathway that offers behavioural support and further specialist help where this does not address the problems experienced, including identifying who will prescribe melatonin where this is clinically assessed as right for the child, and how the transition to adulthood will be managed. Provide clear information about the offer for the workforce and parent carers.
R	**HNY ICB** This is being considered as part of the development of the SEND Hub. The ICB is mapping current sleep services in York and developing a clear pathway for specialist interventions, including guidance on melatonin prescribing and transition to adulthood. Support services in place will be communicated to the workforce and parent carers once finalised.
L7	Improve access to information for parents whose children become unable to access the school environment. This must

	include, as above, making them aware of peer support and statutory rights.
R	**TEWV** We are part of a co-ordinated system wide graded response, led by the local authority. We offer advice to families and promote access to the local authority led response of SENDIASS. Our Wellbeing in Mind Teams also support young people and families in this situation. **CYC** Review of local offer is taking place
L8	Make sure all services comply with the Accessible Information Standard and that providers seek to understand the communication needs of parents and children and respect requests for information in particular formats. This duty sits with providers, not families.
R	**TEWV** Easy read versions and other language formats can be available on request. Any communication preferences are captured within the Trust's electronic patient record. We're able to accept referrals to our Single Point of Access Team by telephone as well as referral form. We can offer face to face or telephone appointments. **YMG** YMG's website has a New Mother's support page. https://www.yorkmedicalgroup.co.uk/new-mothers-support/
L9	As per the recommendation in our Children's Mental Health snapshot report, improve administration processes for

	paperwork related to the formal assessment and diagnosis pathway in secondary care. As above, this must include seeking to understand and respecting people's communication preferences. Checking preferred communication methods should form part of any initial SPA conversation.
	TEWV Easy read versions and other language formats can be available on request. Any communication preferences are captured within the Trust's electronic patient record. We are able to accept referrals to our Single Point of Access Team by telephone as well as referral form. We can offer face to face or telephone appointments We recognise there are opportunities to improve and work co-creatively with young people, families and carers. We continue to welcome feedback and respond to suggestions to improve the process, and address any issues raised
L10	Consider ways to improve support for families of neurodivergent young people. This must include considering how existing services such as school SENCOs, SENDIASS, Local Area Co-ordination, Family Navigators and Social Prescribers can play a role connecting families and consider how integrated approaches and multidisciplinary teams can address the challenges families experience, with more proactive and co-ordinated support.
R	**City of York Council** Being considered as part of the development of the SEND Hub.

Response shared within the report.

Humber and North Yorkshire ICB

The Humber and North Yorkshire Integrated Care Board (ICB) and Mental Health, Learning Disabilities & Autism Collaborative were anticipating the opportunity to develop this report together with Healthwatch York and as such would have welcomed more time to consider the draft content describing the local picture and findings. Receiving the report just before Christmas has limited the time to digest, discuss and respond.

The findings will be discussed at a future Executive meeting of the Mental Health, Learning Disabilities & Autism Collaborative, which will enable a more comprehensive response to the recommendations and reflect these in programmes for neurodivergent families. We would like to develop this response in partnership with Healthwatch York, voluntary sector organisations, and representatives of children, young people, and families.

Moving forward the Integrated Care Board is committed to building sustainable and equitable services, balancing diagnostic capacity with appropriate support and ensuring that the right interventions are in place across the system. This demands careful planning, collaboration and a long-term strategy.

We are working with both regional and national teams to address the demand for autism and ADHD (Attention Deficit Hyperactivity Disorder) services, while our Mental Health, Autism, and Learning Disability Collaborative drives pathway improvements. This includes learning from other regions, taking direction from NHS England's national team and sharing resources to better manage demand and meet the needs of the population.

A number of key workstreams have been identified as part of our programme of work include:

- Reviewing waiting lists to ensure accuracy and transparency.
- Creating unified service specifications for both adult and children's assessment services.
- Developing consistent thresholds for assessment eligibility across the system.
- Ensuring diagnostic tools are applied consistently.
- Aligning transition policies between children's and adult services.
- Mapping commissioned and non-commissioned pre- and post-diagnostic support services to identify gaps and assess levels of need.
- Piloting early identification and support initiatives.
- Expanding peer support networks and community advocacy programs.
- Planned development of a central website hub for autism and ADHD resources.

These initiatives aim to address the complexities of autism and ADHD pathways by improving access, quality and outcomes. While this report focuses heavily on autism and ADHD, in York, we are also undertaking several key workstreams around other neurodiverse conditions.

These include initiatives related to Down Syndrome, Foetal Alcohol Spectrum Disorder, Tics and Tourette's Syndrome, Epilepsy, Deaf Autism and ADHD Assessments, hearing checks, and Project SEARCH among others. These efforts reflect our commitment to supporting

the diverse needs of our population and ensuring that individuals with a wide range of neurodiverse conditions receive the care and support they need.

Inaccuracies/Potentially Misleading Information

Assessments for children under 5 take a year to ensure a thorough evaluation over a longer period of time to distinguish between developmental delays and autism.

The report says there is no support available pre and post assessment, however there is a variety of support available depending on the needs of the young person, individual and family. This includes NHS and York Council commissioned services, as well as support from our partners in the Voluntary Community Social Enterprise (VCSE) sector. Some examples include Autism Central, SHOUT, MIND Cafes, Autism Plus, Neurodiverse Parents Group and Castaway Music Theatre. In addition, there are more specialised support services available, tailored to specific needs, such as help with managing finances or getting active. We are also strengthening our collaboration with local businesses within York to better support their neurodiverse customers, ensuring that our communities becomes more inclusive and an increased understanding of diverse needs.

TEWV (Tees Esk Wear And Valleys NHS Foundation Trust) currently use International Classification of Diseases (ICD)-10, and there are other organisations within our Integrated Care System that also use this tool. There is no mandatory implementation for organisations to use ICD-11, however our aim is for all organisations to use ICD-11 as we move forward with our programme of work to ensure consistency across our geography.*

There is no blanket policy preventing GPs from entering shared care; decisions are made based on clinical judgment and the validity of

the assessment and we are advising families to remain with the same provider for the entire episode of care to ensure continuity, as switching between independent and NHS providers often causes delays.

The section on auditory processing disorder (APD) should note that there are services available for assessment and support, such as the Royal National Ear Nose and Throat Eastman Hospital and Great Ormond Street Hospital. These centres accept referrals from York families, with eligibility assessed case-by-case, typically requiring prior hearing checks. Support strategies, while not curative, are widely available and effective in helping individuals manage auditory processing disorder.

The Designated Clinical Officer (DCO) for Special Educational Needs has oversight of health's statutory duties and/or Disabilities (SEND) in York and Associated DCOs have reviewed the guidance for education setting regarding requesting health information for Annual Reviews with colleagues from the Local Authority. This guidance has been shared across school networks and the DCO and ADCO have attended Special educational needs coordinators network meetings, both in person and virtually to deliver training regarding this guidance and the process for education settings to request health advice. Alongside the guidance we have also shared Single Point of Contact email directory for health providers, a timeline for the process and a digital health questionnaire that can be provided to parents/carers and young people to complete ahead of their annual review which informs which health services are currently involved with the child or young person. The timeliness of initial health advice provided for Education Health Care Plans is monitored by the DCO and ADCO and this information is shared with the SEND Partnership Board. In Quarter 2 (2024/25) 97% of health advice was returned

within the statutory timeframe 6 weeks, 1 piece of advice was returned late by 1 day.

Engagement Opportunities

It would be beneficial for Healthwatch York to engage with children's and young people's organisations that specialise in this area. Two key partners to consider are the Parent Carer Forum York and the Nothing About Us Without Us Group. We also link in closely with several local groups and national organisations, such as the National Autistic Society and ADHD360 and would be happy to connect these organisations with Healthwatch York, if they are not already linked in. Nothing About Us Without Us is a Humber and North Yorkshire wide lived experience advisory group which includes representation from Children and Young People aged 10-25 from across our diverse communities including those with autism and ADHD and learning disabilities. The group holds regular place based and system wide events to enable children and young people to share their lived experience and collaborate with senior leaders to coproduce solutions to recommendations from consultations, improve access and experience of services and to shape the mental health priorities for 2025 and beyond. For more information please contact Be.Heard@nhs.net.

Sarah Coltman-Lovell York NHS Place Director York Health and Care Partnership

*TEWV confirm that the current recommendation from NHS England is for all NHS providers to move across to ICD-11 by 2028. The Trust is working hard to meet this deadline.

Response received after publication

City of York Council

Apologies for the delay in providing a response to the Healthwatch report on Listening to Neurodivergent Families. As always the reports that Healthwatch produces help to promote reflection and healthy challenge. The evidence provided from families and young people about their lived experience is important for us to hear and is informing the work we are doing.

We know and accept that some young people have found the education system really challenging and that this has not been helped by the changes to school accountability measures over the last 10 years. The Covid lockdowns created further challenges for some neurodivergent children, with the return to busy classrooms proving really difficult in particular for children who mask.

In January 2024 City of York Council Education launched a full year of training for schools, parents/carers and other professionals. This was delivered both through the ADHD Friendly Schools Award and the PINs project (which will enter is second year from April 2025). Feedback from the webinars and face to face training events have been very positive. In partnership with the Pathfinder Teaching School Alliance and Whole School SEND, adaptive teaching training has been introduced and an increasing number of schools and academies in the city have engaged with the training and are implementing adaptive teaching to improve inclusive mainstream practice.

We have continued to engage with The Land to learn from the lived experience of families and this is being used to inform the deep dive work we are doing to understand the causes of severe absence from school linked to neurodivergence and to plan a response with schools which will see the development and launch of the inclusive education charter and action plan in September 2025.

The York Parent Carer Forum and York Disability Rights Forum continue to work with us to develop the understanding of schools and other education providers about the experiences of neurodivergent children and young people and this is informing the review of the city's SEND and AP strategy which will be launched in September 2025.

The development of the SEND Family Hub is a direct response to the need to bring professionals, the community and voluntary sector and families together so that accessing support feels more joined up.

There is still much to do but be assured there is a commitment to encourage greater consistency of response across the education system in York so that the quality of provision for neurodivergent children is consistent across all settings and schools.

Young People's Experiences of Health and Social Care

A Core Connectors report

March 2025

Full report can be seen here: https://bit.ly/CoreConnect0125

	Report recommendations
C1	Introduce cost of living support: Signpost food banks in schools, colleges and community centres to increase awareness among young people. Offer youth-focused "pay what you can" meals in local hubs and youth centres to make sure they have access to affordable food. Provide clear, accessible information on discounted transport options specifically for young people, with details shared through social media platforms and local resources. Partner with pharmacies to offer discounts or subsidies on essential medications and guide young people on how to access free or low-cost healthcare services.
R	No response received from CYC or ICB to date. However, we are aware of and welcome the work to develop an anti-poverty strategy for the city.
C2	Reduce wait times for mental health support:

	Work to shorten wait times for mental health services and provide interim resources. Place signs or posters in York's hospitals and GP offices, highlighting available mental health resources and support options during wait times.
R	**TEWV** Child and adolescent mental health services (CAMHS) -up to age 18: - we closely monitor and report on our waiting times for CAMHS referrals. Children and young people who are referred for neurodevelopment assessments do have longer waiting times than those referred for other reasons. We strive to continuously reduce our waiting times through quality improvement initiatives and close working with our commissioners and other partner agencies. - Wellbeing in Mind (WIMT) teams are available to support young people up to 18 years in schools/colleges and those who aren't currently accessing education. - In addition to our Single Point of Access resources pack (shared following a young person/family/carer request for consideration for neurodevelopmental assessment), our Think Together team is able to offer group work while young people are waiting. - For young people in mental health crisis, the national 24/7 NHS 111/option 2 for mental health has been implemented. TEWV adult mental health - 18-25 years: - Our Talking Therapies service regularly recruits staff to minimise waiting times to access the service we offer. The service has a training plan for various treatment options to minimise any disparities in waiting times. Talking Therapies outcome letters include information on resources available for people while they're waiting, for example Recovery College resources and crisis information.

	- Across all mental health services in North Yorkshire, York and Selby we continue to keep in touch with people waiting for an intial assessment. We have robust systems in place across our community teams that enables us to keep in contact. It also ensures that we offer an initial needs review to ensure people remain safe and in receipt of communication. - We continue to work with Primary Care Network leads around GP referrals. Where we have First Contact Mental Health Workers in place we are able to monitor the positive impact this is having for the public, as well as ensuring that people are being seen by the right person at the right time in the right place. - For those in mental health crisis, the national 24/7 NHS 111/option 2 for mental health has been implemented." **YMG** Our website has a Mental Health library directed from the Home Page. We have Stay Safe information on our screens which has details for MH services in York.
C3	Tackle GP and dental wait times: Address long wait times for GP and dental appointments within the York region, aiming to reduce delays and improve access to essential healthcare services for young people.
	YMG YMG regularly monitors wait times which allows flexing of appointment types to meet demand and reduce wait times. Total triage also ensures patients received the appropriate appointment, with the right clinician in the right timeframe, as well as ensuring any prework - such as investigations, photos are requested in advance of the appointment. Direction of

	patients to PharmRefer ensure more appointments are available for more complex issues. Nurse appointments are also being reviewed so these can be balanced against demand. The practice has a multidisciplinary team which helps ensure patients can be seen quicker by Mental Health Workers, ANPs including extended access for patients needing out of hours appointments.
C4	Create affordable social and community spaces: Establish affordable, accessible community spaces where young people can gather, socialise, and engage in activities to help reduce social isolation.
R	**CYC** Castle Gateway and the Eye of York intend to create free safe spaces for all to enjoy. As part of the design proposals Make Space for Girls and General Accessibility for all were considered. The proposed designs for the planning application will be submitted in July 25.
C5	Transition to adult services: Provide guidance for young people transitioning to adult healthcare services, with clear information available through schools, posters, and social media in York to help them navigate the system and access necessary treatments.
R	No response received from CYC or ICB.
C6	Improvements to public transport: Invest in improving public transportation in the York region, expanding routes to rural areas to make sure young people have reliable and accessible transport options.

R	**CYC** Secured funding from the Mayoral Combined Authority to continue the £1 Young Persons single trip fare. This discounted fare applies across York and North Yorkshire. . Agreed to extend the operating hours of Park and Ride Services until 10:30 in the evening across all Park and Ride sites . Working on proposals for bus service enhancement

Humber and North Yorkshire Mental Health, Learning Disability and Autism Collaborative

In response to the above two reports, colleagues at the Integrated Commissioning Board have shared the Humber and North Yorkshire Children and Young People's Mental Health Strategic Transformation Plan. Included below is the delivery plan for the first two years of the plan showing the actions to be taken.

Children and Young People's Mental Health Strategic Transformation plan 2025 - 2030 – Delivery plan - Year One and Two.

A system approach to radically improving the mental health of children and young people so they can thrive in their communities and into adulthood.

This is the year one and two (2025-2027) high level delivery plan to deliver the priorities and ambitions identified in the Humber and North Yorkshire (HNY) Children and Young People's (CYP) Mental Health Strategic Transformation plan 2025 - 2030.

The aim of this delivery plan is to lay the foundations and drive forward the successful delivery of the 5-year plan and to drive continuous improvement, productivity and efficiency across the Thrive Framework for Children and Young People's Mental Health. This plan aligns with and compliments the Priorities of the HNY Inpatient Provider Collaborative (Spec Comm). It also reflects the priorities in the 10-year health plan for England: Fit for the Future, NHS planning guidance, HNY ICB plan, the HNY Start Well Childrens plan and the HNY Mental Health, Learning Disabilities and Neurodiversity strategy.

The plan has been developed in partnership with health commissioners and providers, Local Authorities Children's Services and Public Health teams, VCSE, Primary care and Education. It has also been coproduced with CYP with lived experience through the HNY Nothing About Us Without Us group.

This plan will ensure an integrated system wide approach to improvements to prevention, early intervention, access, waiting times, outcomes, and experience across the system and at place. This is an inclusive plan with all priorities seeking to

identify and reduce health inequalities and barriers for the most vulnerable CYP delivering against the CYP Core20Plus5 and reducing the impact of poor mental health on wider outcomes. It will ensure a clear core offer, reduce unwarranted variation, address unmet need and gaps in provision, reduce duplication and improve quality and efficiency. It will also promote closer working, collaboration, and co-operation with partners who support children and young people and families to ensure more cohesive provision as part of a "team around the child/family."

Overall responsibility for the successful delivery of this plan will be the HNY MHLDA Collaborative Executive and the HNY CYP Mental Health Programme Lead. Progress will be delivered through the HNY CYP Mental Health Steering group which has members representing a wide range of partners who worked collaboratively to produce this plan.

Over the course of the life of this plan we will deliver the following by 2030:

- **Improved and expanded prevention, identification, and early intervention** of emerging mental health issues to reduce need for clinical services and inpatient admissions while supporting children and young people and families to have the knowledge skills and resilience cope with life challenges.
- **Improved use of digital tools** to enhance support for good emotional wellbeing and mental health.
- **100% coverage of Mental Health Support Teams** working in partnership with other universal and early intervention services to provide a consistent core offer and reduce unwarranted variation and gaps in the system.
- **Improved access to CYP Mental health services** by reducing overall need across the system while also having sufficient capacity to meet it for all CYP with a mental health condition - Meet 100% of need not 30% (which is the current CYP Mental Health access target).
- **Reduced waiting times in CYP Mental Health services** so no child/young person who needs one will wait more than 4 weeks to access a mental health intervention.
- **Improve accessibility and proactive prevention and support for those most at risk of poor mental health**– remove inequalities barriers to access and ensure services provide interventions adapted to meet needs.
- **Improved outcomes and experience** recording and reporting to evidence impact e.g. 90% of paired outcomes reported for CYP in Mental Health services who exit in a planned way and expected improvement in outcomes for 75% of those exiting in a planned way.

- **Reduce unwarranted variation** to develop a clear core offer across the system across the Thrive Framework
- **Reduced need for mental health crisis services and inpatient admissions -** When specialist support is required, it is proved as close to home/in CYP friendly environments (including home)/least restrictive as possible.
- **Reduced presentations at A&E for mental health issues**
- **Reduced risk of suicide**
- **Trauma Informed approach embedded across the system** in all services working with children and young people and families.
- **Effective coproduction systems embedded in all services** to ensure the voice of children and young people with lived experience is heard and acted upon, and improvements are coproduced and there is shared decision making.
- **A system wide workforce plan** which ensures staff working with children and young people and families have the appropriate level of knowledge and skills for their role.
- **A well trained and adequately staffed mental health workforce** including working across pathways to provide flexible capacity.
- **Move from a crisis led model to a cost-effective model which meets need early -** Prevention and early intervention (thriving/getting advice/getting help) funding has parity with clinical funding (and mental health funding has parity with physical health).
- **An improved culture of learning across the system to deliver improvements and meet need.**
- **Respond to wider national guidance and initiatives to ensure improving mental health is embedded in this wider work** e.g. Integrated neighbourhood teams, Working Together guidance etc.
- **All partners understand their role in delivering this plan and are actively working to deliver these priorities**

***What this will mean for Children, Young People and Families*:**

• *Children and Young People have trusted adults in community, schools, and family they can talk to about their emotional wellbeing and mental health who are confident in listening, identifying need early and supporting them to access the right mental health services if needed.*

• *Children and young people and families feel supported to build knowledge, skills, and resilience to cope with life challenges, there is early identification of emerging need and a reduced need for clinical services and inpatient admissions.*

• *Parents and carers are partners in improving the emotional wellbeing and mental health of their children and young people and feel supported in doing so.*

- *No wrong door approach - children and young people and families are supported to access the right service to meet their needs not just "signposted"*
- *CYP and their families get the right support at the right time before issues escalate and the system is easy to navigate for CYP/Families and those who work with them.*
- *CYP and families who do need a clinical service are supported while waiting to reduce escalation of need and crisis*
- *All parts of the system are connected and communicate effectively with each other and with children, young people, and families to provide a whole person approach to care.*
- *When specialist support is required, it is proved as close to home/in CYP friendly environments (including home)/least restrictive as possible.*
- *Team around the child/family approach so care is joined up to meet needs.*
- *Transitions from children's mental health services to adults' mental health services when needed are seamless and needs led not age led.*
- *Those most at risk of poor mental health experience improved accessibility and proactive support.*
- *Appropriate and adapted mental health support and interventions for CYP who are neurodivergent/have a learning disability {with or without diagnosis)*
- *Improved access, waiting times, outcomes, and experience.*
- *Reduced need to access crisis services, A&E for mental health issues and inpatient admissions*
- *Reduced risk of suicide*
- *Services are trauma informed*
- *Services are coproduced with CYP with lived experience to reflect need and there is shared decision making in care*

This reflects what Children, young people and families with lived experience tell us they need.

This will improve wider outcomes for CYP where mental health is a factor including:

- Improved physical health.
- Improved school readiness
- Improved school attendance and reduced exclusions,
- Reduction in NEET's
- Preparing young people for adulthood

Improved performance and quality assurance

Actions		When	Responsible leads (to be finalised)	How we know things are improving	Progress
1.1	Finalise all aspects of the HNY CYP Mental Health data dashboard and production of monthly data packs for place and delivery partners. Embed consistent performance standards in all contracts and specifications (linked to the work on reducing unwarranted variation)	December 2025 April 2026	HNY CYP MH Programme lead and MHLDA senior performance analyst.	Dashboard expanded to include the monthly reporting on following measures: • Outcomes • DNA's/Were not Brought. • Representations within 6 months • Breakdown by presenting issues/pathways. UpToDate data which enables effective performance management and identifies areas for improvement	Monthly reporting in place for all NHS funded CYP Mental Health Services on: • Access • Waiting times • Presentations for mental health at A&E (including wait time breaches and admissions to acute paediatrics) Production of monthly data packs for place and delivery partners.
1.2	Develop trajectories for key 2030 targets: • Access to NHS funded mental health services. • 4 week wait times. • Outcomes – 90% of paired outcomes reported for CYP who exit in a planned way and expected improvemen	October 2025	HNY CYP MH Programme lead and MHLDA senior performance analyst.	Effective progress to achieve targets. More CYP who need them accessing services and waiting less time to receive an intervention. Improved evidence of impact. Improvement plans in place when trajectories not being achieved.	In development

	t in outcomes for 75% of those exiting in a planned way.				
1.3	Quality improvement demand and capacity programme with Royal College of Psychiatry to improve productivity and efficiency.	April 2025 – March 2027	HNY CYP MH Programme lead and CAMHS managers	Services are reviewed and redesigned to maximise capacity to deliver improved access and reduced waiting times.	This is a two-year project with all four camhs services taking part. Summary of work for each place being finalised to be shared with place.
1.4	Improved performance management and quality assurance including focus on outcomes as well as outputs	October 2025 onwards April 2026	HNY CYP MH programme lead and CYP MH place leads	Delivery against trajectories are on track and /improvement recovery plans are in place and actioned to address variations. Single performance matrix across system for providers/services including Narrative, Quantitative and Qualitative performance measures, mitigation etc.	Production of monthly data packs for place and delivery partners.
Improved Prevention and Early Intervention to reduce need and crisis					
Actions		**When**	**Responsible leads (to be finalised)**	**How we know things are improving**	**Progress**
2.1	Review current prevention and early intervention provision across the partnership to	March 2026	HNY CYP MH programme lead and CYP MH place leads and PH/LA leads	Improved prevention and early intervention offer that reflects need. Reduce need for clinical services and	

	develop a robust and expanded clear core offer and reduce unwarranted variation.			inpatient admissions and build resilience to support CYP to cope with life challenges.	
2.2	Review and further develop effective early intervention pathways/services to address key issues at the earliest opportunity.	March 2026	HNY CYP MH programme lead and CYP MH place leads and PH/LA leads	Improved prevention and early intervention offer that reflects need. Reduce need for clinical services and inpatient admissions and build resilience to support CYP to cope with life challenges	
2.3	Implement roll out of additional MHST across the system. Review current staffing structures of MHST to maximise reach, productivity, efficiency, and impact. Develop a generic specification for all MHST across the system	September 2025 – March 2030 December 2025 March 2026	HNY CYP MH programme lead and CYP MH place leads and MHST managers	100% coverage of MHST across the system Structures reflect skills mix needed to deliver impact and meet need	
2.4	Review current delivery of Mental Health PSHE (Personal, Social, Health Education) across the system against statutory guidance and identify areas for improvement /joint working, training e.g. whole school approach	June 2026	HNY CYP MH programme lead and CYP MH place leads, Public Health and Education leads	PSHE delivery meets the requirements of statutory guidance. CYP have appropriate knowledge and skills. Mental Health services work with schools to ensure PSHE for mental health and emotional wellbeing is evidence based	

2.5	Map current training for non-clinical staff across the partners working with children and young people and develop a clear evidence-based core training offer e.g. Youth Mental Health First Aid etc	September 2026	HNY MH Workforce lead	Multi agency staff working with children and young people and families across the system have the appropriate level of knowledge and skills for their role.	
Developing a core offer of mental health services to reduce unwarranted variation across the system					
Actions		**When**	**Responsible leads (to be finalised)**	**How we know things are improving**	**Progress**
3.1	Mapping current provision by place including capacity to meet need and gap analysis. Map current investment in CYP Mental Health	April 2025 – December 2025	HNY CYP MH programme lead and CYP MH place leads	Improved understanding of capacity in the system to meet need Identification of gaps in provision to develop a clear core offer.	Mapping complete Gap analysis in progress Mapping of current investment underway
3.2	Review of current mental health services specifications, pathways, thresholds, and delivery to quality assure and redesign provision where needed to meet current needs as part of a clear core offer. Identify financially viable opportunities to scale up/down services based upon outcomes	September 2025 – March 2027	HNY CYP MH programme lead and CYP MH place leads, Provider leads	Improved understanding the current level of offer, activity and gaps in service, performance, and outcomes. Best practice examples and potential for replication scoped to reduce variation and improve outcomes, including people experiencing multiple unmet needs. Improved understanding of the level of available resource, including clinical speciality and how the service	

	and performance across the Thrive framework. Develop a fully costed list of priorities for future funding to address gaps and meet need consistently across the system. Work with partners, stakeholders, clinicians, and professionals, together with experts by experience to devise improved delivery model, specification, threshold, outcomes, and measures.			can/could reduce health inequalities. Implementation of delivery at the agreed scale, with planned evaluation to provide assurance that the expected outcomes are being achieved.	
3.3	Establish clear and consistent pathways and thresholds across HNY for existing and new and emerging conditions.	January 2026 – July 2026	HNY CYP MH programme lead and CYP MH place leads, Provider leads	Clear consistent pathways understood by partners, CYP and Families Best practice examples and potential for replication scoped to reduce variation and improve outcomes, including people experiencing multiple unmet needs.	
3.4	Enhance seamless transition from CYP mental health services to adult mental health	April 2025 – July 2026	HNY CYP MH programme lead and CYP MH place leads, Provider leads.	Transitions are needs led not age led.	NICE Quality Standards embedded in all providers policies.

	services in line with NICE guidance and a needs led approach. Embed in core offer/Specifications				
3.5	Map current interventions and develop improved support for CYP waiting to access clinical mental health services and embed in core offer/specifications. Audit and evaluate impact	January 2026 – June 2026 March 2027	HNY CYP MH programme lead and CYP MH place leads, Provider leads	Improved support while waiting for clinical services. Reduced presentations at A&E and Crisis	
3.5	Improved use of digital technologies /interventions to compliment face to face Digital scoping - Scoping alternatives to face-to-face models of support to provide a blended offer.	April 2025 – March 2026	HNY CYP MH programme lead and IRIS lead	Services can offer an evidence based digital offer as part of a blended provision to reduce barriers to access	Evaluation underway of currently used digital interventions e.g. Silvercloud and Lumi Nova in partnership with HNY IRIS team which will conclude by the end of the year. Exploring options to scale up offer depending on outcome of evaluations Working with digital providers to scope and test new, NICE approve digital interventions in partnership with HNY IRIS team
3.5	Work in partnership with HNY Inpatient Collaborative to implement new	Septembe r 2025 – March 2027	HNY CYP MH programme lead and Inpatient	Develop a more robust intensive mental health support provision in the	Awaiting final sign off of commissioning guidance by NHSE

	national commissioning guidance for intensive mental health support for CYP		collaborative lead.	community to reduce need for inpatient admissions and out of area placements in line with new national guidance. Benchmarking by place current provision and identifying and address gaps to reduce variation. When specialist support is required, it is proved as close to home/in CYP friendly environments (including home)/least restrictive as possible.	
3.6	Map current workforce initiative and develop a system wide workforce plan which ensures staff working with children and young people and families have the appropriate level of knowledge and skills for their role. A well trained and adequately staffed mental health workforce including working across pathways to provide flexible capacity.	June 2026	HNY CYP MH programme lead and HNY CYP MH workforce lead	Multi agency staff working with children and young people and families across the system have the appropriate level of knowledge and skills for their role. Improved training for Mental health staff to adapt provision to meet need and to work flexibly across pathways. Increase Advanced Practice roles for nurses and AHPs to reduce international recruitment. Prioritise staff wellbeing to counteract the poor wellbeing among NHS staff.	HNY CYP MH workforce mapping completed, and plan developed in line with National workforce plan. These needs refreshing in line with the recent release of the NHS 10-year plan to ensure it addresses all aspects especially the renewed focus on productivity.

				AI training for staff to increase technology-enabled productivity	
Addressing inequalities of access for CYP most at risk of poor Mental Health					
Actions		**When**	**Responsible leads (to be finalised)**	**How we know things are improving**	**Progress**
4.1	Undertake annual Equalities access audit of CYP Mental Health services to understand levels of access by those groups who experience health inequalities and are most at risk of poor mental health. Development of population profiles by system and place to map levels of need for vulnerable groups against current access to services Services to develop a plan to address barriers and improve access for these groups of CYP to deliver against Core20plus5	September 2025 – December 2025 June 2025 – September 2025 November 2025 - January 2026	CYP Mental Health services managers HNY CYP Programme lead and Population health lead. CYP Mental Health services managers	Improved understanding of who accesses services (and who does not) Addressing barriers to access and access improved for inclusion health groups/ underrepresented communities ensure services provide interventions adapted to meet needs.	Audit tool provided by NHSE
4.2	Review current mental health support and interventions for CYP who have ADHD/Autism/learni	September 2025 – June 2026	HNY CYP MH programme lead and CYP MH place leads and	Appropriate and adapted mental health support and interventions for CYP who have ADHD/Autism/learning	

	ng disability {with or without diagnosis) Identify training needs and actions to improve and evidence-based training.		CYP MH service managers	disability {with or without diagnosis) Mental health needs of CYP with ADHD/Autism/learning disability {with or without diagnosis) are met and barriers to access are addressed.	
4.3	Review and improve current mental health support and interventions for CYP who also accessing support for substance misuse issues	May 2025 – March 2027	HNY CYP MH programme lead and University of Hull Centre for mental health and addictions	Joined up care and barriers to accessing support on both issues are addressed. Clear pathway to address the need for dual diagnosis	Working in partnership with centre for mental health and addictions on 2-year research project
4.4	Implement HNY Care leavers hub and spoke project to test new models of care and deliver improved access, waiting times and outcomes	June 2025 – Septembe r 2028	HNY CYP MH programme lead with CYPMH services managers and leaving care team managers	All staff working with care leavers are confident in providing information, advice, and support on mental health issues. Improved multi agency formulation Care leavers have improved access to appropriate mental health support and services at the earliest opportunity. Improved mental health outcomes for care leavers. Provision for care leavers is Trauma Informed	Funding approved in May 2025 Implementation plan being finalised
4.5	Review current provision for LAC and those with social care involvement needing mental	October 2025 – June 2026	HNY CYP MH programme lead, CYP MH place leads and LA CYP social care leads	Clear and consistent offer for LAC and those with social care involvement needing mental health support which meets need.	

	health support to reduce unwarranted variation and improve access, waiting times and outcomes				
4.6	Develop our workforce to improve access and support for CYP with protected characteristics/health inclusion groups who experience health inequalities and are at higher risk of poor mental health e.g., LGBT, Minority ethnic CYP, CYP who have neurodivergent/LD conditions etc.	January 2026 – June 2026	HNY CYP MH programme lead and HNY CYP MH workforce lead	Staff are confident in providing appropriate support and interventions and making reasonable adjustments to meet the needs of CYP with protected characteristics/health inclusion groups	
Embed a Trauma Informed Care Approach across all services working with CYP and Families					
Actions		**When**	**Responsible leads (to be finalised)**	**How we know things are improving**	**Progress**
5.1	Review current engagement of stakeholder in programme and develop plan to improve engagement in those where engagement is less progressed	August 2025 – October 2025	HNY TIC programme partnership manager	Improved engagement in stakeholders as per stakeholder map in HNY TIC strategy	
5.2	Further develop the HNY TIC Programme's Training Offer to ensure it continues to meet need of stakeholders as part of the effective	April 2025 – March 2028	HNY TIC programme partnership manager HNY TIC community of practice manager	Training is accessed by a wide range of stakeholders, evaluates well and is embedded into policy and practice	

	system change work.				
5.3	Ensure sustainability and embedding of the training via the HNY TIC Community of Practice and continue to develop and broaden their reach e.g. senior leadership, education, health etc	April 2025 – March 2028	HNY TIC programme partnership manager and HNY TIC community of practice manager	Training is accessed by a wide range of stakeholders, evaluates well and is embedded into policy and practice	
5.4	Further develop the work with stakeholders to embed TI approaches within their organisations through the Organisational Toolkit and to build on the number of organisations working on this	April 2025 – March 2028	HNY TIC programme partnership manager and HNY TIC community of practice manager	Organisations are embedding TI approach in policy and practice	
5.5	Improve multi agency formulation to ensure trauma informed approach to care	April 2025 – March 2028	HNY TIC Clinical lead	Organisations working with CYP who have, or may have, experienced trauma work in a joined up consistent trauma informed way to develop effective plans of support	
5.6	Develop sustainability plan for HNY TIC programme including sustainability of funding for test and learn sites working directly with CYP	September 2025 – December 2025	HNY CYP MH programme lead and HNY TIC programme partnership manager	Clear plan to mainstream work of test and learn sites	
Improved and Embedded Effective Participation and Coproduction with CYP with lived experience across the system					

Actions		When	Responsible leads (to be finalised)	How we know things are improving	Progress
6.1	Launch the HNY CYP Participation and coproduction strategy which has been coproduced with partners and CYP (Nothing About Us Without US). The strategy builds on and compliments existing place-based activity, to capture and measure the engagement of children and young people and the impact of this	October 2025	HNY CYP participation and coproduction manager and HNY CYP MH programme lead	Robust systems in place across the partnerships to ensure CYP with lived experience and their families can influence provision across the Thrive Framework Engagement and Co-production with CYP with lived experience and their families to feature through every process. Shared learning and strategic support to place though understanding of successful developments and joint challenges and gaps.	Strategy has been finalised and launch in October is now being planned.
6.2	Implement and coordinate regular communities of practice to embed strategy and ensure consistency of approach using the Lundy Model and peer to peer support and learning between services and partners.	December 2025 – March 2028	HNY CYP participation and coproduction manager	Integrated and co-ordinated approach including sharing findings from previous engagement across places to build on findings rather than repeat and duplicate consultations. Shared learning and strategic support to place though understanding of successful developments and joint challenges and gaps. Partners working in CYP MH at place have	Initial community of practice scheduled for December 2025

				the skills and knowledge to embed engagement and coproduction in all processes.	
6.3	Continue to deliver Nothing About Us Without Us system wide events and manage young volunteers. Support place partners to run regular place events.	April 2025 – March 2028	HNY CYP participation and coproduction manager, Place engagement leads.	CYP with lived experience are supported to continue to work with senior and operational leaders to improve services to meet need. Young People from across our diverse communities can influence change to meet their needs.	Work to strengthen place based codelivery is underway.
6.4	Work with partners to enable them to embed the 50 recommendations for improvement developed by Nothing About Us Without Us.	April 2025 – March 2028	HNY CYP participation and coproduction manager/CYP MH place leads.	Engagement and Co-production with CYP with lived experience to feature through every process. Mental health services and wider partners act on recommendations to deliver improvements. Young people can see evidence of improvements based on coproducing solutions to recommendations.	Places are RAG rating current provision against 50 recommendations to prioritise actions.

GP Surgeries in York: Website Audit Findings

February 2025

Find the full report here: https://bit.ly/GPweb0225

	Report recommendations. These are general recommendations. We recognise that some surgeries already provide some of the following:
W1	Make sure information on practice websites is up to date and all the links work.
R	**YMG** Regular check are made of the website to make sure old news posts with no longer relevant information are removed.
W2	Make sure information on practice websites is up to date and all the links work.
R	**YMG** This is the method we employ on our web pages.
W3	Always provide two ways for people to get in touch, so there is an option for people who can't use a phone or for those who can't access IT.
R	**YMG** We have made our services available online, via the phone, and we have also included on-site IT options for patients. We felt it was more important to include a digital solution for service

	rather than patients having to relay information to our reception teams as we wanted to make our services equitable. Staff are on hand to offers support should patients need it.
W4	Keep the website as clear and simple to follow as possible. Use tabs or menus to provide easy to find information.
R	**YMG** We follow NHS guidance and include About us, Appointments, Prescriptions, New Patients, Opening Hours, News as out title tabs on each page.
W5	Have the most important information for patients clearly on the homepage either as text, or more likely as a linked tab, box or in a menu. This should include frequently requested information including about opening times, contact details (including for multiple surgeries if appropriate), appointment information, ordering a repeat prescription, getting test results, registering as a new patient, sick notes etc.
R	**YMG** On our home screen we also include quick links to Meet the Team, Clinics & Services, Have your Say, Job vacancies, Update your details, Log in to online services. We also have health information page links on the home page. Mental Health, long term conditions, Minor Illness, Our Health Hub, and tests and results.
W6	Where possible have seasonally appropriate information on the homepage like vaccination information.
R	**YMG** We always add our Winter vaccinations to our quick links.

W7	Provide a search function and thoroughly test it.
R	**YMG** Our search function is available on every page. We have tested it but we are unsure on how we make certain information more searchable and are in discussion with our website provider on how to improve this.
W8	If you have online forms, provide guidance on how to use forms for people who are not familiar with them.
R	**YMG** Action: We need to create a guide for this. we used to have a useful video from Klinik but we need to create one for our other website forms.
W9	Provide accessibility options on the website which enables people to change the font size or colour, read the text out and to translate information into other languages.
R	**YMG** We were informed by our website provider that as per NHS policy, accessibility buttons and popovers cannot be used and must be removed. However, we have been able to get these reinstated.
W10	Provide information about physical accessibility at the surgery/surgeries. This should include information about how to arrange an interpreter.
R	**YMG**

	This is included in the about us section on our website and also in our practice leaflet.
W11	Provide information about staff roles (and staff as appropriate) that explains what that role does and why someone may have an appointment or be in contact with that person.
R	**YMG** We have a meet the team page available via our home page.
W12	Provide an email address for patients to get in touch about non-urgent issues, particularly those that do not require an appointment.
R	**YMG** We currently do not offer this service but have reviewed incoming queries and feel these are covered by patients phoning, coming to site or using our online access service.
W13	Test your website, or any updates, with your patients or others and particularly with people who may not be familiar with the website or are not confident website users.
R	**YMG** When VHA was developed PPG helped feedback on the system.
W14	Always make sure that there are options for people to use who don't use websites and that they do not have a poorer experience due to not having online access.
R	**YMG** Patients are able to contact the practice via the phone and staff can help submit digital requests on their behalf but also

	we try to be digitally equitable and offer the option of digital tools in our reception with support from our reception staff.

GP Surgeries in York: Accessibility Audit Findings

March 2025

Full report can be seen here: https://bit.ly/GPAccess0325

	Report recommendations. These are general recommendations. We recognise that some surgeries already provide some of the following:
A1	Make sure all signage is clear and easy to read for everyone. Signage should include: • How to get into the surgery if someone can't use the main entrance. If you have a bell, make sure it is at a height a wheelchair user can use and is clearly marked. • Assistance dogs are welcome. For more information about assistance dogs, visit: https://www.assistancedogs.org.uk/. • If there is a hearing loop at reception. All receptions should have a hearing loop if they don't already. • Tell people what to do if they need help while they are waiting. • Explain if there is a quiet waiting area available for patients to use if appropriate and how to access it. • To and from any accessible toilet as appropriate.
R	**YMG** The practice does have hearing loops at all sites, but a training review will be scheduled. WL and WT have automatic doors. Tower Court is due for an update within the next year, which includes the installation of automatic doors. Due to costs, it isn't possible to install

	automatic doors at all sites. (MG recently received a quote of £15k for installation of automatic doors) The sites do provide a quiet room if space is available, alternatively, a space in the waiting area will be identified away from patients. Disabled loos are available all site ACTIONS: Monitors to have info on what to do if need help whilst waiting. An audit of doorbells and signage is to take place at all sites with recommendations. Staff training for hearing loops
A2	For important signage, like that above, make sure it is not in a cluttered area, so it is easy for people to see and not surrounded by other information. Where possible use words and images with good colour contrast.
R	**YMG** The practice reviewed our posters and agreed set posters which would be displayed on poster boards and on monitors. All posters have YMG branding and wording agreed to. ACTION: Review posters against the accessible standards. Include Accessible standards policy on the website. Include more images on our posters. Review displayed posters to check that they still comply to our Poster Policy display.
A3	Make sure that any display areas or posters are not cluttered and provide space around posters to make it easier for people to differentiate and read them. Perhaps theme posters under a heading/in a particular area.

R	**YMG** All sites have a board designated to Carers which is updated with a monthly newsletter. Some sites that have extra space also have a Baby Board with vaccinations information (MG and TC). All posters are branded with headings and a standardised display.
A4	Make sure waiting areas are quiet. Don't have the radio or music on as this can make waiting difficult for some people. Or have a quiet waiting area/space and clear information about where it is or how someone can access it.
R	**YMG** Radios are played to ensure confidentiality for our patients as some consulting rooms are very close to the waiting rooms. The radio is always on a low volume. Action: Consider a poster re requesting a quiet area Use reasonable adjustments flags to document this Ensure teams are aware of these and are reviewed when making appointments or talking to the patient.
A5	If you are planning to redecorate, make sure there is good colour contrast between walls, floor and seating. This will make it easier for blind and partially sighted people to identify the seating.
R	**YMG** We will bear this in mind when next redecorating our sites. When MG was redecorated, we had support from an advise on colours to use to support patients, especially those with autism.
A6	If you are updating seating, make sure there is a mix of seating. If possible include seating with and without arms and bariatric

	seating. Some higher and lower seating is also beneficial for patients with different needs.
R	**YMG** Refurb at TC will address the fixed seating area. All other sites have a mixture of chairs with and without arms as well as a bariatric chairs. Consider: Different height chairs
A7	Make sure the waiting room has space for a wheelchair user to wait comfortably, where they don't have to sit in the middle of the waiting area or in what could be thoroughfares. If possible add signage to say this is an area for wheelchair users so it doesn't get used for other things.
R	**YMG** Waiting areas have space for wheelchairs. Action: Review wheelchair areas and consider marked area
A8	If there isn't any accessible parking, investigate introducing some or providing information about where someone with a Blue Badge can park close to the surgery. Make sure there is clear space around the parking space in line with the appropriate BSI standard.
R	**YMG** All sites have disabled parking - but no clear or easy access at Acomb. Consider: Redesigning and remarking the car park.
A9	Make sure that there is a clear, safe path for people to use to walk to the surgery entrance from both the pavement and car park. Where possible, this should be a straight and well marked

	path which doesn't cross a car park. If it has to cross the car park, make sure there is a warning for car drivers to take care as people will be walking through the car park.
R	**YMG** Due to cost this will be reviewed when the car parks are resurfaced. Action: Review MG signage and parking space at Acomb and TC
A10	Provide a dropped/lower part of the reception desk, so it is easy for wheelchair users to communicate with receptionists.
R	**YMG** All sites have this, but not always used. All sites have either louvre glass or sliding glass windows.
A11	If possible, make sure that there is a gap in any screens at a reception desk for people who are hard of hearing to see the reception staff clearly.
R	**YMG** Recommendation noted and fed down to staff
A12	Make sure your patient records are up to date with patients' reasonable adjustment and any language needs. Regularly check with patients about any changing needs or have information available to remind patients to let you know so their patient record can be updated.
R	**YMG** New patients are asked for any adjustments needed and these are coded on their record with their digital flag updated. This is

	also reviewed at patients long term condition review, dementia review. We are training our teams to discuss with patients and with their consent to update medical records with support patients may need. Action: Produce an SOP and add code to the formulary. CCT attending site meetings to promote awareness.
A13	If someone requests information in a different format, ensure that this is recorded and they always get information in that format.
R	**YMG** Complaints form is available in Polish (our largest group of patients for whom English is not their first language.) Currently we have no way of sending out bulk letters (such as long-term conditions, vaccination invites) that highlights when a patient has requested letters in a different format, therefore a sentence is added at the bottom of the letter in large font asking them to contact us if a different format is required. NHS guidance has been updated telling practices to remove translation apps or accessible information apps from websites. However, we have managed to get these reinstated.
A14	Make sure patients who need interpreters are aware of how to be sure they have an interpreter booked for their appointment. This could include having information leaflets (including in other languages) available, contacting patients directly to let them know or introducing a card system whereby they can use a card/other to request an interpreter for an appointment or let the surgery know about their need.
R	**YMG**

	Interpreters are booked for the patient when this is recorded on the medical record. The Practice Leaflet gives information about how those with interpreter needs can request support on page 5.
A15	Surgeries should never ask friends or family members to interpret for a patient and should only ever use interpreters who have had training in medical language and terms.
R	**YMG** The Practice would not do this, though would agree if the patient chooses to do this and the clinician is comfortable with this choice
A16	Work with patients who are wheelchair and powerchair users to make sure that the surgery, waiting areas, lifts (if appropriate) and consulting rooms are accessible for them.
R	**YMG** Thank you for the suggestions Action: Review our access for wheelchair users. Consider enlisting someone from the PPG to support with this
A17	Always ask patients what works for them. Use the information you collect about people's reasonable adjustments to ask them if there is anything else that could help them comfortably and safely attend appointments.
R	**YMG** Part of reasonable adjustment plan. Action: Consider phrases for FOH/Contact Centre teams to use when talking to patients

Response received from Haxby Group

Healthwatch Accessibility Review – Premises Summary and Actions

This document outlines the findings and actions arising from the Healthwatch review of accessibility across Haxby Group surgeries. It includes outstanding issues, completed actions, and areas for further discussion and improvement. We welcome continued collaboration and feedback from stakeholders as we work to improve accessibility across all sites.

Outstanding Actions

Hearing Loops and Signage

- All surgeries are equipped with hearing loops. However, signage is inconsistent:
  - One surgery did not have a loop at the time of inspection.
  - One surgery had poor signage.
  - Two surgeries had loops but no visible signage.
- **Action:** Ensure clear, visible signage is in place at all surgeries to inform patients of hearing loop availability.

Huntington Surgery

- While car park access is suitable for wheelchair users, it presents challenges for patients who are blind or partially sighted due to bollards and railings near the automatic doors.
- **Action:** Install guiding rails or tactile markers around the automatic doors to improve safety and meet health and safety standards.

Gale Farm Surgery

- The main entrance is not clearly visible from the car park; patients may inadvertently enter via the pharmacy.
- **Action:** Install clearer directional signage to guide patients from the car park to the main entrance.

Completed Actions

- All reception desks across surgeries are easily identifiable.
- All sites are equipped with patient check-in screens.
- All fixed seating has been removed from Gale Farm and New Earswick surgery following renovations in March/April 2025.
- Additional seating with arms has been added to all waiting rooms, and new bariatric chairs have been ordered.
- All notice boards have been reviewed and decluttered.
- Consistent signage across all surgeries, both externally and internally, to indicate that assistance dogs are welcome.

For Discussion

Discussion point: Is it necessary to offer quiet waiting spaces at all surgeries? This may require use of clinical rooms and further resource planning. A space is always available for patients but there is not a designated room at any sites currently.

Discussion point: Are primary care premises required to have hoists on-site? If implemented, staff training and space allocation would be essential.

Recommendations

To enhance accessibility and inclusivity for all patients, we recommend the following actions across all surgeries:

1. **Clear and Consistent Signage:**
    a. Entry routes for patients who cannot use the main door.
    b. Location of bells, ensuring they are at an accessible height and clearly labelled.
    c. Confirmation that assistance dogs are welcome.

   i. Further guidance available at: https://www.assistancedogs.org.uk
d. Availability of hearing loops at reception.
e. Instructions for patients requiring assistance while waiting.
f. Whether a quiet waiting space is available and how to request access.
g. Directions to and from accessible toilets.

2. **Waiting Room Environment:**
   a. Aim to reduce sensory distractions. Avoid playing music or radio in waiting areas.
      i. **Note:** We have received some feedback that waiting rooms feel too quiet, prompting the addition of radios. A balance will need to be struck - perhaps designating a clearly signposted quiet area at each site.

We are committed to creating accessible and welcoming environments for all patients. The above points will be addressed through ongoing quality improvement planning, and we appreciate continued feedback and collaboration from external organisations and patient groups.

Other reports published during the period

What we are hearing:
April to June 2024: https://bit.ly/WWAHApr-Jun24
July to September 2024: https://bit.ly/WWAHJul-Sep24
October to December 2024: https://bit.ly/WWAHOct-Dec24
January to March 2025: https://bit.ly/WWAHJan-Mar25

Migrant Healthcare across Humber and North Yorkshire, June 2024:
https://bit.ly/MigrantHealth0624

Care home reports:
Ebor Court Care Home, December 2024: https://bit.ly/EborCourt1224
Riverside Care Complex, January 2025: https://bit.ly/Riverside0125
Birchlands Care Home, February 2025: https://bit.ly/Birchlands0225
Rawcliffe Manor Care Home, March 2025: https://bit.ly/Rawcliffe0325

Glossary of terms / abbreviations used

Term	Meaning
BSI	British Standards Institution
CCT	Complex Care Team – a team of care co-ordinators working with people who have significant long term health needs to develop personalised care plans
CYC	City of York Council
CYP	Children and Young People
FOH	Front of House or reception
HNY ICB	Humber and North Yorkshire Integrated Care Board
HWY	Healthwatch York
LD, MH & Autism Collaborative	Providers of learning disability, mental health and autism services working together across Humber and North Yorkshire.
MG	Monkgate (A YMG site)
PPG	Patient Participation Group
SOP	Standard Operating Procedure
SPA	Single Point of Access
TC	Tower Court (A YMG site)
TEWV	Tees Esk and Wear Valleys NHS Foundation Trust
TIC	Trauma Informed Care
VCSE	Voluntary Community and Social Enterprise (sometimes also VCFSE where F stands for Faith)
VHA	Virtual Health Assistant
WL	Water Lane (A YMG site)
WT	Woodthorpe (A YMG site)
YHCP	York Health and Care Partnership
YMG	York Medical Group

Appendix 1 – Health and Wellbeing Board minutes

Listening to Neurodivergent Families report - Minutes of the discussion of the report at the Health and Wellbeing Board meeting 22 January 2025:

The Healthwatch York Manager presented the report; paying tribute to the families, organisations and partners who contributed. She emphasised that sharing stories was an important step to show families not alone and that parents' expertise of their own children and family situation should be recognised.

The Director of Public Health thanked the report authors as well as the public speaker and all involved in producing the report, noting that the Autism and ADHD strategy for the city was currently being written, and had been discussed at the Health Scrutiny committee, and as such this report could not be better timed. He agreed that there was a need to incorporate the voices of those with lived experience of neurodiversity, stating that the larger aspiration was to be a city with a better understanding of neurodiversity in areas such as education and transport, as well as pathways through diagnosis. He assured the board that the Neurodiversity and Mental Health working group for children, adults and those transitioning between services was being well briefed on this issue and hoped to have the strategy completed by May 2025. He added, while the report discussed professionals finding ways of saying "no" to things, this refusal was not due to it not being needed, rather it was due to lack of funding.

The York Place Director commented on the perceived "defensiveness" of the report discussed in public participation – she explained that

the ICB had been invited to fact check, and there had a short turnaround of 10 days due to Healthwatch requesting the ICB comment over the Christmas period. She assured the board that York Teaching Hospitals now included a digital flag on their systems, where there were any doubts over accuracy of any points in a report, and she encouraged people to get in touch online via the ICB website regarding commissioning and support. She said that she had read the report with great personal and professional interest.

The Corporate Director of Children's and Education commended the report, stating that there were good things ahead, although the school system needed to change. He said that the ICB had done good work regarding Trauma-Informed Practice but noted that children and adults who experience autism and ADHD experience "trauma" every day. He also discussed development of this strategy in York, with an additional £60,000 funding to authority, families, SENDIASS.

The Director of Adult Safeguarding said it was a difficult report to read but nothing compared to the difficulties faced every day by the families involved. He advised that a strategic, attitudinal, and trauma-informed workforce approach would help respond to concerns raised.

Board members asked whether the report would be presented to primary and secondary school networks, given the prominent discussion of neurodiversity in schools and the exclusion levels of neurodiverse children in the report. The Director of Children's and Education answered that this was discussed at the Safeguarding Executive Board and would indeed be taken to schools.

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Health and Wellbeing Board 19 November 2025

Report of the Director of Public Health

Health Protection Board Annual Assurance Report 2025

Summary

1. The purpose of the report is to provide members of the Health and Wellbeing Board with an update on the health protection assurance arrangements in York and health protection activities over the past year.

2. A copy of the Health Protection Annual Report is attached at Annex A

Background

3. The protection of the health of the population is one of the mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for City of York Council is responsible under legislation for the discharge of the local authority's public health functions.

4. The health protection element of these statutory responsibilities, and the responsibilities of the DPH are set out below:

   a) The Secretary of State's public health functions

   b) Exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health

   c) Such other public health functions as the Secretary of State specifies in regulations

   d) Responsible for the local authority's public health response as a responsible authority under the Licensing Act 2023, such as making representations about licensing applications

e) A duty to ensure plans are in place to protect their population including through screening and immunisation.

5. Within City of York Council, the remit for health protection is delivered by the Public Health Team in partnership with the Public Protection and Emergency Planning teams.

6. The Humber and North Yorkshire Health and Care Partnership (Integrated Care Board or ICB) has responsibilities for health protection including, for example, arrangements for delivery of Infection Prevention and Control services in York through a joint agreement with York and North Yorkshire Public Health Teams.

7. The UK Health Security Agency (UKHSA) core functions include protecting the public from infectious diseases, chemicals, radiation and environmental hazards and supporting emergency preparedness and response. The team responsible for delivering these functions sit at regional level and facilitate access to national experts in this field. In addition, a new Centre for Climate and Health Security has been launched within UKHSA to lead efforts to protect health in the context of a changing climate and provides a focus for partnerships and collaborations with academia, local authorities and other public sector organisations.

8. NHS England is responsible for commissioning and quality assuring population screening and immunisation programmes with the exception of COVID vaccination which is commissioned by HNY ICB.

9. The Humber and North Yorkshire ICB is a statutory NHS organisation and has a role as a Category One responder for Emergency Planning, Preparedness and Response. A Humber and North Yorkshire Local Health Resilience Partnership (LHRP) (co-chaired by the ICB COO and City of York Council DPH) is established which brings together NHS provider organisations, the Local Resilience Forum's, UKHSA and local authority Public Health to ensure protocols and procedures are in place providing consistency of approach across the Humber and North Yorkshire footprint.

10. Health Protection Arrangements in York

11. One of the lessons learnt from the COVID-19 pandemic is that maintaining a focus on high quality and responsive health protection services is vitally important to protect and improve the health of people living in York. Local health and care organisations and leaders are operating in an increasingly complex national policy and

commissioning environment and are required to maintain their effectiveness to protect and improve health in the face of multiple challenges.

12. York has a York Health Protection Committee which brings together the key partners across the health protection system to work collaboratively on actions to protect the health of the local population. This Committee is chaired by the DPH.

13. The work of the Health Protection Committee is driven by the health needs of local residents and includes both communicable and non communicable disease and environmental threats to health

    a. National programmes for vaccination and immunisation

    b. National screening programmes for antenatal and newborn, cancer (bowel, breast and cervical), diabetic eye screening and screening for abdominal aortic aneurysm

    c. Management of environmental health hazards, including those related to air pollution and food

    d. Health emergency preparedness and response, including management of disease outbreaks and chemical, biological, radiological and nuclear hazards

    e. Infection prevention and control in health and social care community settings

    f. Other measures for the prevention, treatment and control of communicable disease and in response to specific incidents

Main/Key Issues to be Considered

14. The Health Protection Annual Report 2025 provides an overview of health protection activities over the past year and identifies a number of priorities for the coming year.

15. To highlight some of the main issues raised by the report:

    a. Sexual Health services in York now operate under an agreed s75 arrangement with York Hospital, covering both contraception / sexual health and genitourinary medicine (GUM). This followed extensive public consultation and planning, to manage the service within a tight budget and

mitigate the impact of some service reductions. The new service model has been implemented well.

b. Screening and immunisation programmes continue to perform well, with a new provider of School Aged Immunisation Services seeing improved rates of school vaccinations last winter season. There are still risks, for instance with no child immunisation programme reaching the 95% coverage threshold which protects the whole population from risk.

c. A number of new initiatives in Oral health, including those commissioned by public health and by the ICB, are increasing preventative opportunities particularly for school-aged children in York

d. For the first time outside of a pandemic, no areas in the city breached legal Air Quality limits within 2024/25, and the report demonstrates a number of key projects in this area.

Options

16. There are no options to consider. There is a statutory requirement for the Director of Public Health in a local area to be assured of a functioning health protection system, and this report to the Health and Wellbeing Board reflects this duty.

Strategic/Operational Plans

17. There is a general link across to the York Joint Health and Wellbeing Strategy 2022-2032 and the City of York Council Plan 2023-2027 because of the health inequalities impacts of health protection and the need to protect the health of the local population.

Implications

18. There are no specialist implications in this report.

Risk Management

19. There are no risks associated with this report.

Recommendations

The Health and Wellbeing Board are asked to:

i. Receive the report.

Reason: To be assured of the health protection arrangements to protect the local population.

Contact Details

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Wards Affected: All

Annexes:

Annex A – Health Protection Annual Report 2024

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Annex A:

Health Protection Annual Report 2025

Introduction

1. This report provides an overview of work done in York during 2025 to protect the health of the public from health harm arising from infectious and non-infectious cases. This is in fulfilment of the statutory health protection responsibilities held by City of York Council under the Health and Social Care Act 2012. It is presented to the Health and Wellbeing Board every year.

2. With the delivery of crucial functions around health protection sitting across local government, a variety of NHS bodies and the UK Health Security Agency, this report brings together a wide range of work centring on the York place geography.

3. The scale of work undertaken to prevent and manage threats to health will be driven by the health risks in the Local Authority area. The work includes:

    - National programmes for vaccination and immunisation.
    - National programmes for screening, including those for antenatal and newborn; cancer (bowel, breast and cervical); diabetic eye screening and abdominal aortic aneurism screening.
    - Management of environmental hazards including those relating to air pollution and food, these are the responsibility of other departments in the Council and are not included here.
    - Health emergency preparedness and response, including management of incidents relating to communicable disease (and chemical, biological, radiological and nuclear hazards.
    - Infection prevention and control in health and social care community settings.
    - Other measures for the prevention, treatment, and control of the management of communicable disease and non communicable disease as appropriate and in response to specific incidents.

Issues considered within this report.

4. The report contains the following sections:
    - Screening programmes
    - Vaccination and Immunisation
    - Sexual health:
    - Health Care acquired Infections (HCAI)

- Non-communicable Disease:
- Environment:
- Air Quality
- Environmental Health
- Land contamination
- Migrant Health
- Communicable disease activity UKHSA
- Emergency Preparedness, Resilience and Response (EPRR)
- Control of Major Accident Hazards (COMAH)
- Incidents and Outbreaks

Screening Programmes

5. NHS public health functions agreements set out the arrangements under which the Secretary of State delegates responsibility to NHS England for certain public health services (known as Section 7A services). The services currently commissioned in this way are:

    - National immunisation programmes
    - National cancer and non-cancer screening programmes

6. The Public Health Programme Team support the commissioning and delivery of consistent, resilient and high-quality national screening and immunisation programmes, providing leadership, support and oversight in order to achieve high uptake rates and reduce inequalities.

7. Taken from the Public Health Outcomes Framework produced by OHID (Office of Health Improvement and Disparities) Public Health Outcomes Framework the data shows a stable and improving picture.

Indicator	Lower threshold	Standard	Key			Geography	2022	2023	2024
C24a - Cancer screening coverage: breast cancer	70	80	< 70	70 - 80	≥ 80	York	71.7	72.5	75.5
						England	65.2	66.2	69.9
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80	≥ 80		York	67.1	64.6	65.9
						England	67.6	65.8	66.1
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80	≥ 80		York	74.9	74.9	74.9
						England	74.6	74.4	74.3
C24d - Cancer screening coverage: bowel cancer	55	60	< 55	55 - 60	≥ 60	York	75.5	77.1	77.1
						England	70.3	72	71.8
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75	75 - 85	≥ 85	York	38.9	65.3	80.3
						England	70.3	78.3	81.9

8. The NHS 10 year plan Fit for the future: 10 Year Health Plan for England set out ambitions and commitments to improve cancer outcomes and services for England over the next ten years. The NHS has responsibility for these programmes but Public Health work closely with colleagues in the NHS and are members of the HNY Cancer Screening group led by the Cancer Alliance which works to increase uptake and reduce health inequalities. As such we have several collaborative work programmes around the cancer screening, but Public Health lead on and commission many preventive programmes supporting people to adopt healthier lifestyles including stop smoking support, weight management, drug and alcohol support services – which are beyond the scope of this report.

Breast screening

9. Those who are registered with a GP and eligible for screening are invited to attend for a mammogram from 50 years of age every 3 years until the age of 71, when automatic invitations cease but can continue by request. The achievable threshold for this programme is 70% and the uptake in York is above this at 75.5%.
There are pockets of hidden inequality and a regional Health Equity Audit (HEA) has been completed and there is ongoing targeted work with the programmes and actions from HEA.

- Call clients who need additional support before booking their appointment.
- Calling clients who have missed their appointment. The overwhelming majority of people have informed us that the reason they did not attend is that they forgot.
- Text reminders. These are being sent to all screening clients 3 days before their appointment – this was to reduce barriers for clients that can't access the standard written letters.
- Work with York Gypsy Traveller Trust and York Refugee Action York Hub The screening programme have visited groups within the community several times. Topics such as accessibility for people that can't read, nervousness around the unknown or the thought of getting bad news, and not being able to receive letters were raised.

Collaborative working with the Local Authority, ICB place leads and the Cancer Alliance takes place as part of the HNY Cancer Screening group.

Cervical Screening

10. Cervical screening is available to women and people with a cervix and those eligible will be invited by letter if they are registered with a GP. People aged between 25 and 49 are offered screening every 3 years and those between 50 and 64 every 5 years. The uptake in the 25 to 49 year olds is particularly low at 65.9%, below the England average at 66.1%.. Public health commissioning managers and Public Health Programme Team place leads monitor performance, identify areas of need and provide support.
11. Successful bid by Priory Medical group in collaboration with CYC, ICB and Cancer Alliance for nurse led project with the aim to create a meaningful live dashboard to show breakdown of Cervical Screening Uptake and address health inequalities
12. Development of cervical screening offer in Integrated Sexual Health for all eligible, including LGBTQ+ which has received excellent Service User feedback. Monkgate clinic now has colposcopy service as well as main hospital sit
13. The early cancer diagnosis Direct Enhanced Specification also supports initiatives to improve uptake of cervical screening and recommends PCNs to link with Public Health commissioning and the Cancer Alliance – these include:

    - Primary care- call script for admin staff to use to contact those who haven't taken up CS and book into appt- GPs have expressed an interest and will be supported financially according to eligible cohort size.
    - A Birthday card for 25yr olds is under development.
    - Collaborative work with Cancer Alliance to plan for Cervical Screening awareness month in January 2026.

Bowel Cancer screening

14. Bowel screening is offered every 2 years to men and women aged 54-74, this is gradually being reduced to those over 50 years. Uptake in York 77.1% remains above the England average of 71.8%. It is important to recognise that in some Wards and areas of deprivation, there are likely to be lower rates of uptake. The Harrogate, Leeds and York Bowel cancer screening programme are working on initiatives to support awareness and improving uptake in areas of greatest need.

15. Targeted work to support people in our communities living with a Learning Disability, working with GP patient data and resources to better support access to the programme is now embedded

16. Extensive health promotion work across the county continues. including promotional videos at sporting events including York races, shopping centres and in GP surgeries. Attendance to community space for travellers to discuss Bowel Screening.

17. Future plans - Health inequalities audit- continue to audit our HP activity and use this to consider our activities moving forward- we are doing this be tracking 10 lowest uptake GPs per quarter and logging improvement

Abdominal Aortic Aneurysm (AAA)

18. AAA screening in England is offered to men aged 65 and over who are registered with a GP. The uptake rate for York has increased significantly over the last year and is 80.3%. The England % uptake rate is 81.9%.

Priorities for 2025/26

- Continue the work with HNY Cancer screening group to monitor uptake and reduce health inequalities within cancer screening programmes

- Cervical screening – support Priory Medical group with the project work to understand and target Persistent DNAs and those who experience health inequalities.

Vaccination and Immunisation

19. The vaccination and immunisation schedule in England starts at 8 weeks old and continues through the life course, with vaccines being targeted not only at age groups but at key life course moments, for example vaccinations in pregnancy and for those who are in ‘at-risk’ groups. Complete routine immunisation schedule from 1 September 2025 - GOV.UK

20. Significant changes to the routine childhood vaccination schedule and to the selective hepatitis B (HepB) programme occurred from 1 July 2025 . Changes to the routine childhood vaccination schedule from 1 July 2025 and 1 January 2026 letter - GOV.UK . From 1 January there is the introduction of a new routine vaccination appointment at 18 months of age including moving the second dose of MMR to 18 months (previously offered at 3 years and 4 months).

21. The Government is also launching the chickenpox vaccination programme in England from January 2026. GP practices will offer eligible children a combined vaccine for measles, mumps, rubella and varicella (MMRV) - the clinical term for chickenpox - as part of the routine infant vaccination schedule.

22. Public Health work collaboratively with NHSE, HNY ICB, SAIS and NYCC to monitor vaccination programmes and identify opportunities and initiatives to improve uptake and target inequalities through Operational groups, targeted meetings and the regional vaccination board.

23. The Cover of vaccination evaluated rapidly (COVER) programme data set indicated that York is below the required target of 95% to support herd immunity for the following: https://www.gov.uk/government/statistics/cover-of-vaccination-evaluated-rapidly-cover-programme-2024-to-2025-quarterly-data

Vaccination	England average	York value	Target
MMR 1st dose	88.9%	93.8%	Above 95%
MMR 2nd dose	84.5%	88.1%	Above 95%

There is ongoing work to promote data cleansing with primary care.

24. Vaccinations UK, deliver the School Age Immunisation Service (SAIS). Collaborative working is ongoing with the service Vaccination UK, Public Health and Education Services to monitor and improve consent and uptake. The SAIS deliver the HPV, adolescent vaccination, and the seasonal flu programme in schools and in community clinics, MMR vaccination is also offered opportunistically. Home educated children are also offered vaccination.

25. Provisional data shows an improvement in all adolescent vaccination and the current seasonal flu vaccination programme uptake is significantly higher than it was at this point last year.

	Reception	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6	Year 7	Year 8	Year 9	Year 10	Year 11
2023/24	64.1	63.1	60.8	64.6	61.3	61.4	59.6	60.8	57.9	54.8	55.5	48.4
2024/25	75.1	76.8	74	74.4	74.2	74	74	71.3	66.4	65	64	63.3
England	54.7	55.6	55.3	54.6	54.6	54	53	50	46	4.5	42.5	40

https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-children-of-school-age-winter-season-2024-to-2025

26. The SAIS have worked collaboratively with the Travellers Trust to overcome challenges engaging with the Travelling community. Challenges with accessing information about Electively Home Educated (EHE) children continue and work is ongoing to try and overcome these. Information is sent to every GP practice and the EHE service for dissemination to families of EHE with a QR code which goes directly to the Vaccination UK site where there is information regarding all community clinics offered.

27. Vaccination UK are also offering support to the vaccination programme in asylum seeker contingency accommodation.

Priorities for 2025/26

- Continue to support the promotion of vaccination programmes through collaborative working .

Seasonal vaccination programmes

Covid 19

28. Since the end of the spring 2023 campaign, vaccination has become a targeted offer only to those at higher risk of severe COVID

29. Cohort eligibility for COVID Autumn 2025 campaign include adults aged 75 years and over, residents in a care home for older adults, individuals aged 6 months to 74 years in a clinical risk grou

30. The government will respond in due course to JCVI's advice for spring 2026.

Seasonal Flu

31. The uptake of flu vaccinations varied across many cohorts in 2024/25 although remained higher than the England average

	65 and over		Under 65 at risk		Pregnant women		2 yr olds		3 yr olds	
	York	England	York	England	York	England	York	England	York	England
2024	82.5	77.8	46.3	41.4	43	32.1	56.5	44.1	56.6	44.6
2025	80.6	74.9	44.8	40	38.6	35	56.4	41.7	53.4	43.5

https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-monthly-data-2024-to-2025#full-publication-update-history

28. Seasonal Flu vaccination is delivered in primary care and community pharmacy. In previous years community pharmacy have been commissioned to deliver the adult flu programme however this year they also have the opportunity to deliver to 2 and 3 yr olds. The SAIS are also commissioned to deliver opportunistic vaccination to 2 and 3 yr olds in community clinics.

29. Vaccination is an essential part of protecting the public and staff and the approach being taken to support coadministration to maximise clinical protection and therefore the resilience of health and care services over winter when flu and COVID are likely to be at their most prevalent. Supporting coadministration increases opportunities to achieve greater efficiency in delivery.

30. It is acknowledged nationally that there are issues with the data around vaccination in pregnant women and regionally there is a 'Vaccination in Pregnancy' group which at which challenges and barriers are highlighted and addressed.

RSV (respiratory syncytial virus)

31. The RSV immunisation programme for pregnant women and older adults commenced in September 2024. Information has been sent to GP practices to help with identifying and calling eligible patients and provisional uptake data shows an increase over the last month.

Priorities for 2025/26

- Support the changes to the immunisation schedule
- Increase uptake of flu vaccination across cohorts.
- Support delivery of the RSV programme

Sexual Health

32. There are new contractual agreements in place for sexual and reproductive health using a S75 agreement between CYC and YorSexual Health.

33. The provision of free, comprehensive, open access sexual health and contraceptive services is a mandated Public Health function of local authorities, as part of the Health and Social Care Act 2012. The Specialist Sexual Health Service delivers many aspects of sexual and reproductive healthcare and advice including, routine and complex testing, treatment and advice for sexually transmitted infections and contraception, clinical and community outreach for most at risk populations, Condom Distribution Scheme, National Chlamydia Screening program, teaching, and training.

Priorities for 2025/26

- Embed new contractual agreements in place for sexual and reproductive health using a S75 agreement between CYC and YorSexual Health
- Focus on taking a preventative approach to Sexual Health with primary care, education partners, service users and others across the city

34. The contract for Sexual and Reproductive Health Services in York was renewed with York and Scarborough Foundation Trust in April 2025. As part of the re-procurement process, both organisations collaborated closely to evaluate the service and the needs of the population. The revised contract received executive level approval and underwent a consultation process. This is a joint contract established under a Section 75 agreement, reflecting a shared commitment to service delivery. Compared to the previous arrangement, the new contract introduces several changes, primarily driven by budget contraints. Key adjustments include:

    a. Reduced clinic operating hours

    b. Limits on online testing services

    c. Caps on activities related to LARC (Long-Acting Reversible Contraception) and contraceptive implants

35. Despite this the contract also enabled innovation. Notably the introduction of a new ‘domestic abuse inquiry’ initiative. This will allow SSHS to access training, establish referral pathways, and integrate domestic abuse inquiries into clinical consultations.

36. To support the transition to the new contract and associated changes, a dedicated funding allocation has been provided. The implementation of these changes will be closely monitored through regular contract reviews and more frequent meetings during the first year.

37. In addition to changes to the contract there have been a number of changes nationally to preventative interventions. A list of important changes are shown below. These interventions are for those with specific risk factors and YorSexual Health are working to support mplementation.

    a. DoxyPEP
    b. Vaccination for Gonorrhoea
    c. Vaccination for MPoX
    d. Free access to Emergency Hormonal Contraception in pharmacies in York (and nationally) from 29th October 2025.

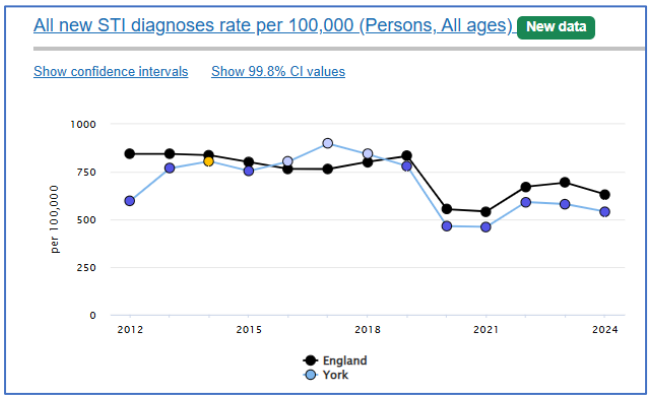
38. In 2025/26 there is:

a. Development of a new domestic abuse inquiry and referrals pathway for users of the Specialist Sexual Health Service.

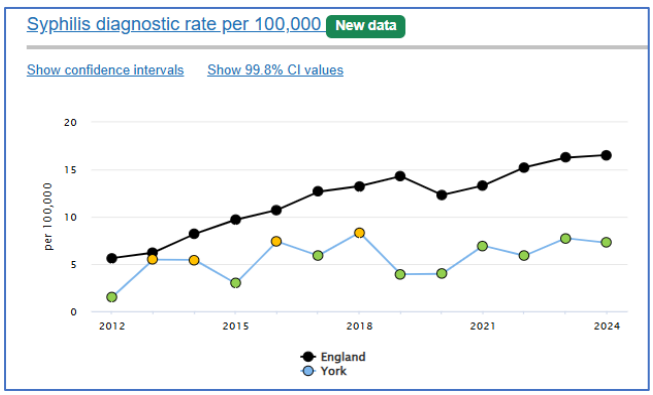
b. Focus on taking a preventative approach to Sexual Health with primary care, service users and other partners.

As part of this there is development of a joint comms approach for Sexual Health between CYC and YorSexual Health and continued focus on outreach, chlamydia screening and condom distribution schemes.

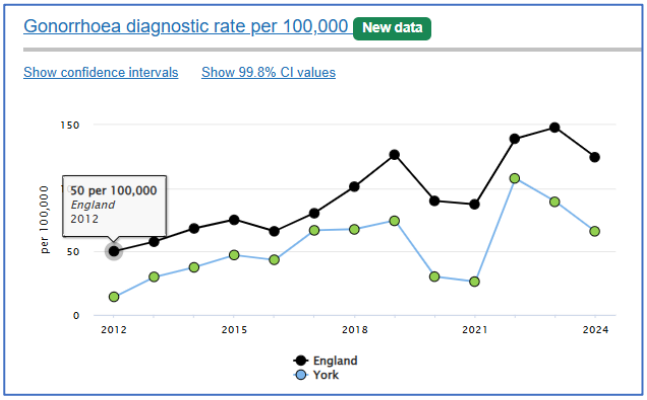
39. The rate of new STI Diagnoses in York (1,119 cases, 541 per 100,000) is below the England average (632) but above the regional average (505)



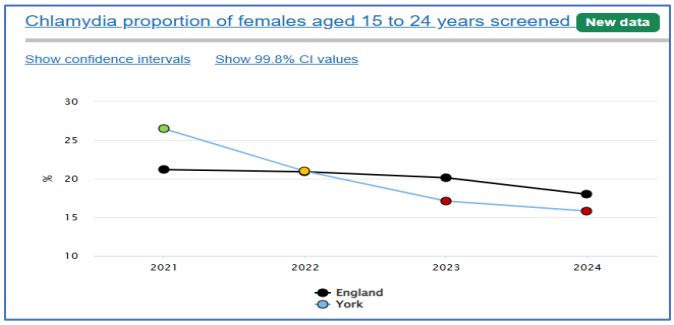
40. The Syphilis diagnostic rate per 100,000 in York (15 cases, 7.3 per 100,000) is lower than the England (16.5) and Regional (8.8) averages (2024 data). The Syphilis diagnosis rate in York has increased from 2019 (8 cases, 3.9 per 100,000) to 2024 (15 cases 7.3 per 100,000) although the rate in York has remained significantly below the England average



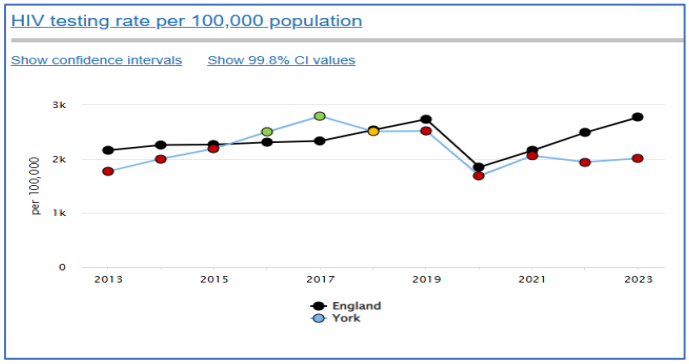
41. The Gonorrhoea diagnostic rate per 100,000 in York (136 cases, 66 per 100,000) is lower than the England (124) and Regional (79) averages. (2024 data). The Gonorrhoea diagnostic rate has fallen over the last 2 years. Since 2012 the rate in York has been below the England average



42. The Chlamydia testing rate in York is lower than the England average – the proportion of the female population 15-24 screened for chlamydia is 15.8% v England 18.0%



43. The HIV testing rate in York is lower than the England average. HIV testing rate per 100,000, 2023: **York 2,010 v England 2,771**



44. In 2023 in York 3,760 people who were HIV negative were accessing specialist Sexual Health Services and 452 (12.0%) of these were defined as having a need for Pre-exposure prophylaxis (PrEP). This is a higher rate compared with national (10.1%) and regional (7.5%) averages.

45. Of the 452 people in York in 2023 with PeEP need, 238 (52.7%) started or continued PrEP at any time in the last 12 months. This is a lower percentage compared with national (73%) and regional (68.4%) averages.

Health Care Acquired Infections (HCAI's)

46. In December 2024 the York and North Yorkshire antimicrobial and Infection prevention and Control Collaborative was established with the purpose of bring together key stakeholders across health and social care from the York and North Yorkshire Health Care Partnerships with the ambition of local delivery of key targets described in the UK 5-year action plan for antimicrobial resistance 2024 to 2029 and any subsequent updates and promote excellence in IPC.

47. The Collaboratives will focus on antimicrobial prescribing and stewardship and measures to recognise, treat, prevent and control infections, including those acquired in primary and secondary health care and social care settings and ensure a coordinated response to infection-related health protection incidents. Share learning across health and social care developing practice and training to embed lessons learnt

Non-communicable disease

Oral Health

48. Tooth decay remains the most common oral disease affecting children and young people (CYP) in England—despite being largely preventable. While oral health outcomes have improved over the past two decades, recent data from the National Dental Epidemiology Programme for England shows a modest decline in prevalence. In 2024, 22.4% of children in England were found to have obvious dentinal decay, compared with 23.7% in 2022.

49. In York, the rate of dentinal decay in children has not been measured recently due to the absence of a provider to undertake the

local epidemiological survey on behalf of Public Health in the City of York Council (CYC). However, in partnership with the Integrated Care Board (ICB), a potential provider has now been identified. Subject to resolution of workforce challenges, a local epidemiology survey is planned for 2025/26. This will provide an up-to-date and detailed understanding of oral health needs across the city.

50. Since November 2022, City of York Council and North Yorkshire County Council have delivered a joint Oral Health Promotion Service. This three-year programme focuses on two core components:

- Supervised toothbrushing programmes
- Training and development for the wider workforce

51. Following the initial contract, funding has now been secured to continue the service for an additional five years. This ongoing commitment will support improvements in oral health outcomes, particularly among those experiencing the greatest inequalities.

52. As of September 2025:

- 100% of children in both York special schools—Hob Moor Oaks and Applefields—participate in daily supervised toothbrushing.
- More than 11 Early Years settings (including nurseries and preschools) are also actively engaged in the programme.

53. Led by the Humber and North Yorkshire (H&NY) Health and Care Partnership, a complementary PAT Programme was launched in September 2023. York schools began participating from September 2024.

This initiative, which targets primary schools, builds on the early years programme and includes:

- Daily supervised toothbrushing
- Twice-yearly fluoride varnish applications
- Access to NHS dental care for children not currently registered with a dentist

To date, 12 primary schools across York are participating in this programme.

54. In March 2025, the Government announced additional ring-fenced Public Health Grant funding to enhance supervised toothbrushing

schemes. This funding will extend local provision until at least 31 March 2026.

55. The new funding package also included a distribution of free toothbrushes and toothpaste, allocated to each local authority based on the number of children aged 3 to 5 living in areas ranked 1 and 2 on the Index of Multiple Deprivation (IMD). In York, these free resources have been distributed via:

- Food banks across the city
- Women's refuge services
- Traveller community sites
- Howe Hill Homeless Hostel
- Siblings of children in IMD 1 and 2 families who receive newborn toothbrushes via the Healthy Child Service
- Residents of Home Office Contingency Accommodation
- The mother and baby unit at the women's open prison

Colgate-Palmolive has committed to supplying these free oral health products for the next five years. However, further confirmation of continued government funding beyond March 2026 is still awaited.

Priorities for 2025/26

1. Deliver the Local Oral Health Epidemiology Survey

- Objective: To obtain accurate, up-to-date data on the prevalence and severity of tooth decay in children in York.
- Why it matters: This data will provide the evidence base for future planning, targeting of interventions, and tracking of oral health inequalities across the city.
- Key action: Work with the ICB and identified provider to deliver the 5-year-old oral health epidemiology survey during the 2025/26 period.

2. Expand Supervised Toothbrushing in Early Years and Primary Schools

- Objective: To increase the number of settings brushing daily, particularly in areas of high deprivation.
- Why it matters: Daily brushing programmes have proven impact on reducing the incidence of tooth decay, especially in vulnerable groups.

- Key action: Use newly secured and government funding to expand reach of supervised toothbrushing, working to ensure equitable access to preventive care.

3. Improve Access to Treatment for Unregistered Children

- Objective: Ensure children identified through school-based programmes who require dental care are connected with NHS dental services.
- Why it matters: Early intervention prevents escalation of dental problems and reduces pressure on urgent and emergency services.
- Key action: Continue to work with the ICB and regional partners to improve referral pathways and remove barriers to accessing NHS dental care for those in most need.

Environmental health

Seasonal Health

56. Adverse weather matters for our health. Adverse weather events and seasonal temperature variations with periods of very hot or cold weather present a wide range of direct and indirect health risks. With global climate change, the UK is now experiencing fluctuating temperatures and an increasing number of adverse weather events.

57. Preparation, timely and appropriate responses to these challenges are vitally important. To support this, Heatwave and Cold Weather Plans are produced annually. These localised plans are based on guidance prepared by the UK Health Security Agency (UKHSA). This guidance has recently been combined into the Adverse Health and Weather Plan published in March 2025.

58. Resources and guidance for both heatwaves and cold weather are disseminated widely to key stakeholders within the City of York, including Adult Social Care, Aged Care providers, Early Years settings and pre-schools, organisations working with those sleeping rough and the homeless community.

59. In October 2025, we hosted the York and North Yorkshire Seasonal Health Forum annual meeting, which

60. The Coping with Winter initiative brought together a range of expertise and advice from teams across City of York Council to support the community and key stakeholders through the winter

months. A partner Toolkit and Leaflet were developed which provided a range of advice and support to raise awareness across the population about the impacts of cold weather. This included general health advice such as how to keep warm, getting flu vaccinations and stocking up on medications to heating your home, and where to get financial support if eligible and checking in on older neighbours. We also shared information on how to avoid condensation and damp in your home, how to get advice on energy efficiency measures in your home and how to reduce energy bills while still keeping warm. We plan to do the same this coming winter.

Air Quality

61. Following adoption of a new Air Quality Action Plan (AQAP4) by CYC's Executive in July 2024, we progressed delivery of measures in AQAP4 including the following initiatives and projects:

- Bus service improvements - we worked in partnership with bus operators to introduce further zero emission electric buses to York, significantly reducing carbon, NO_x and particulate emissions across the city. This has enabled First Bus to set up one of its first net zero emission bus operations in the city. The depot has seen emissions reduce by 90% compared to 2020 with the total fleet of 86 all-electric buses saving around 5,000 tonnes of CO_2 a year.

- Taxis - we provided financial support to taxi drivers through our DEFRA funded Low Emission Taxi Grant scheme until June 2024 (when all funding had been allocated). The scheme provided £105k in grant funding and has supported 38 CYC licensed taxi drivers with either purchase or operational costs for low or zero-emission vehicles. 40% of CYC licensed taxis were low emission petrol hybrid or zero tailpipe emission electric vehicles as of 31st December 2024.

- CYC Fleet - following electrical infrastructure upgrades at the council's Hazel Court Eco depot site, we continued our phased EV fleet replacement programme for vehicles under 3.5t. 60% of CYC's operational van fleet were electric or plug-in hybrid electric vehicles by January 2025.

- Anti-Idling awareness - we continued to promote our 'Kick the Habit' anti-idling campaign on Clean Air Day and throughout

2024 and worked with partners including schools and businesses to reduce vehicle idling across the city.

- Electric Vehicle (EV) charging infrastructure - we continued to upgrade our public electric vehicle charging network and held two workshops with the Energy Savings Trust (EST) in 2024 as part of the development of our updated Public Charging Strategy (due 2025).

- Planning and Development - in line with CYC's Low Emission Planning Guidance, we continued to ensure that emissions and air quality impacts from new developments were appropriately assessed and mitigated, exposure to poor air quality was reduced via good design practices and new private trips were minimised via sustainable transport opportunities.

- Smoke Control Areas - we adopted a new enforcement policy for smoke emissions in CYC's Smoke Control Area (SCA) in November 2024 that will act as a deterrent to burning non-authorised fuels (or using non-exempt appliances) in smoke control areas which contribute to air pollution and especially fine particulate concentrations across the city which impact human health. We re-launched our DEFRA funded 'Fuel for Thought' campaign across CYCs social media channels in October 2024 and prepared for a consultation on expanding the Smoke Control Areas, progressed in 2025.

- Pollution Forecasting Service - We launched a new DEFRA funded pollution forecasting and alert platform, York Air Alert, in July 2024. The new service sends free air pollution alerts and health advice to those most likely to be affected by air pollution to help them minimise their exposure when pollution episodes are forecast. Subscribers can receive air quality alerts by text, email or voicemail for different areas of York.

- Local Transport Strategy – The Executive approved a new Local Transport Strategy (LTS) in July 2024. The LTS sets out ambitions for York's transport network and infrastructure until 2040. An Implementation Plan for the first period of the new LTS was approved by CYC's Executive in November 2024. The Implementation Plan provides an approach to city-wide transformation that will reduce air pollution and enable more physical and social activity through promotion and facilitation of active and sustainable modes of transport.

- Local Cycling and Walking Infrastructure Plan (LCWIP) – this plan was approved by CYC's Executive in December 2024 and will develop more routes for active travel, enabling more people to choose to walk, wheel and cycle safely.

- Gillygate Traffic Signal Trial - in December 2024, CYC's Executive Member for Transport approved a traffic signal trial on Gillygate aimed at improving air quality in the Air Quality Management Area. The trial will continue throughout 2025 with support from local residents, businesses and partner organisations including York Civic Trust. In addition to improving local air quality, the aim is to create a safer environment for pedestrians, wheelchair users and cyclists.

Foodborne illness / hygiene

62. We undertake both proactive and reactive visits to food businesses to ensure that appropriate food safety controls are in place. In additional to ensuring the safety of food we ensure that it is accurately described and that all allergens present are appropriately listed. This ensures the health of consumers is protected.

63. We continue to investigate cases and outbreaks of foodborne illness. We are notified of cases that require investigation by UKHSA and return information to them as required for the purpose of outbreak management. With pathogenic bacterium it is important to identify the possible source and vector so as to prevent further cases and identify any commonality that may indicate an issue within a food business that requires further intervention.

64. Whilst dealing with the case we provide advice and guidance on controlling the spread of illness in the household and, in the case of those persons in risk groups, arrange faecal clearance samples to enable their return to work.

Legionella

65. We regulate the control of Legionella, a bacterium that can be found in water systems that causes legionnaires' disease, at premises within the city of York. We attempt to prevent issues arising by ensuring that businesses comply with the requirement to

identify locations within their premises that are vulnerable to the risk of Legionella before implementing appropriate controls.

66. We investigate notified cases of legionnaires disease as may be required by UKHSA.

Smokefree England

67. We regulate the control of smoking within work premises and work vehicles and, where appropriate, issue fixed penalty notices for non-compliance. We investigate smoking related complaints and ensure that smoking shelters provided by businesses are compliant with the relevant guidance.

Control of Asbestos

68. In addition to the investigation of asbestos related complaints, we undertake site visits at premises when notifiable asbestos removal works are taking place. We ensure that appropriate controls, procedures, testing and decontamination facilities are in place. We provide guidance to both businesses and householders on the safety precautions required when they are considering non-notifiable asbestos works.

Health & Safety

69. Aside from safety hazards presented within the workplace, we investigate all health complaints and notified cases of occupational exposure to chemicals, smoke and dust etc. that causes associated illness. These matters include, but are not limited to:

1. Occupational Lung Disease,
2. Noise in the workplace,
3. Musculoskeletal problems caused by work practices,
4. Animal contact at visitor attractions.

Bird (Avian) Flu

70. Through the implementation of animal health legislation, we ensure that outbreaks of bird flu are appropriately controlled. Although outbreaks may be unavoidable; response

measures implemented ensure that viral spread is kept to a minimum.

Migrant Health

71. All residents of contingency accommodation in York are registered with one of three GP practices promptly on arrival in York. Whilst awaiting a decision from the home office people are entitled to access primary care services including vaccinations and screening.

72. All babies and infants in the contingency accommodation site are invited for the full infant vaccination schedule. These invitations are sent by the GP in the same method that would be offered to any other resident of York.

73. Additionally, there is currently grant funding issued via the ICB to NIMBUS care for catch up vaccinations for primary school age pupils living in York asylum contingency accommodation. This is valuable as our experience shows that few children coming into the York are have any record of receiving vaccinations as infants.

74. The on-site catch-up vaccinations for primary school age children has had a measurable impact on improving vaccination rates, in particular MMR. In doing so it has reduced the risk of outbreak in this densely populated site. However, there is a near constant turnover of families in the contingency site, and so the proportion of non-vaccinated school age children will gradually rise without additional funding to extend the program or a replacement model.

75. There remains good communication between public health and the clinical team on site in asylum seeker contingency accommodation

Emergency Preparedness, Resilience and Response

76. Under the Civil Contingencies Act 2004 (CCA) City of York Council is defined as a Category 1 organisation.

77. The CCA is the driver for how agencies prepares and plan for emergencies, working nationally, locally and co-operatively to ensure civil protection in the UK.

78. The Act places a statutory duty on the City of York Council (CYC) to:

- Assess the risk of emergencies occurring and use this to inform contingency planning.
- Put in place emergency plans.
- Put in place Business Continuity Management arrangements.
- Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
- Share information with other local responders to enhance co-ordination.
- Co-operate with other local responders to enhance co-ordination and efficiency; and

79. Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).

80. The Integrated Emergency Planning Cycle is co-ordinated for the Council by the CYC Resilience and Contingencies Manager assisted through a Collaboration Agreement with North Yorkshire Council Resilience and Emergencies Team (RET).

81. To ensure we fulfil our statutory CCA responsibilities we need to understand our own organisational strategic priorities, working alongside all North Yorkshire Local Resilience Forum (LRF) partners to achieve our own and LRF strategic aims and objectives for 2025 to 2030.

- CYC PH to note the agreed CYC Emergency Planning work plan for 2025/2030.
- CYC PH to receive a link to the quarterly report on the work carried out by the North Yorkshire Local Resilience Forum.

Further documents

- Little Amber Book The Little Amber Book
- Resilience Action Plan UK Government Resilience Action Plan

- Strategic Defence Review The Strategic Defence Review 2025 - Making Britain Safer: secure at home, strong abroad

We are working across the LRF with partners on communicating the risk to communities and have made changes to the website for ease of accessing information to protect yourself, your community or your business during an emergency to allow for whole of society resilience which is a key theme in the above documents.

We have been the lead authority for the development of the interactive tool https://yorkshirereadytogether.co.uk/
To maximise our interaction with all groups of our commity across Y&tH region and signpost to advice on how to increase awareness and preparedness of risks.

Further work also focusses on our engagement and identification of vulnerable groups and communities during emergencies

York and North Yorkshire LRF have a new strategy for 2025 to 2030 divided into 6 themes

- Risk
- Responsibility and accountability
- Partnerships
- Communities
- Investment
- Skills

The full document is available here North Yorkshire Local Resilience Forum Strategy you will see in the risk section that Health (infectious diseases, human and animal) are a particular focus and as such we have committed to involvement in exercise Pegasus during October and November

Control of Major Accident Hazard. (COMAH)

82. York has one site which falls under the COMAH Regulations 2015

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Annex A: Glossary

Abbreviation	In full	Explanation
COVID or COVID-19	Coronavirus disease (COVID-19)	Coronaviruses are a large family of viruses with some causing less severe disease, such as the common cold, and others causing more severe disease, such as Middle East Respiratory Syndrome (MERS) and Severe Acute Respiratory Syndrome (SARS) coronaviruses. They are a different family of viruses to the Influenza viruses that cause seasonal flu.
DHSC	Department of health and Social Care	The Department of Health and Social Care (DHSC) is the UK government department responsible for government policy on health and adult social care in England. The department develops policies and guidelines to improve the quality of care.
DPH	Director of Public Health	Directors of Public Health are responsible for determining the overall vision and objectives for public health in a local area or in a defined area of public health, such as health protection. They are accountable for delivering public health objectives and reporting annually on the outcomes and future work.
HCAI	Health Care Acquired Infections or Health Care Associated Infections	These are infections that occur in a healthcare setting (such as a hospital) that a patient didn't have before they came in. Factors such as illness, age and treatment being received can all make patients more vulnerable to infection.
HIV	Human Immunodeficiency Virus	HIV is a virus that attacks the body's immune system. If HIV is not treated, it can lead to AIDS (acquired immunodeficiency syndrome).
HPB	Health Protection Board	The aim of the Board is to provide assurance to City of York Council and the City of York Health and Wellbeing Board about the adequacy of prevention, surveillance, planning and response with regard to health protection issues
HPV	Human papillomavirus	HPV is the name of a very common group of viruses. They do not cause any problems in most people, but some types can cause genital warts or cancer. In England, girls and boys aged 12 to 13 years are routinely offered the 1st HPV vaccination

		when they're in school Year 8. The 2nd dose is offered 6 to 24 months after the 1st dose.
ICB/ICS	Integrated Care System and Integrated Care Board.	Each Integrated Care System (ICS) will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.
IPC	Infection Prevention and Control	IPC prevents or stops the spread of infections in healthcare settings. IPC practices are based on a risk assessment and make use of personal protective equipment that protect healthcare providers from infection and prevent the spread of infection from patient to patient.
JCVI	Joint Committee on Vaccination and Immunisation	The Joint Committee on Vaccination and Immunisation (JCVI) advises UK health departments on immunisation.
MMR	MMR (measles, mumps and rubella) vaccine	The MMR vaccine is a safe and effective combined vaccine. It protects against 3 serious illnesses: Measles, Mumps and Rubella (German measles). These highly infectious conditions can easily spread between unvaccinated people. Getting vaccinated is important, as these conditions can also lead to serious problems including meningitis, hearing loss and problems during pregnancy. 2 doses of the MMR vaccine provide the best protection against measles, mumps and rubella.
Mpox	Previously known as Monkey Pox	Mpox is a rare infection commonly found in west or central Africa. There has recently been an increase in cases in the UK, but the risk of catching it is low.
MRSA	Methicillin-resistant Staphylococcus aureus	MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. MRSA infections mainly affect people who are staying in hospital. They can

		be serious but can usually be treated with antibiotics.
MSM	Men who have sex with men	Men, including those who do not identify themselves as homosexual or bisexual, who engage in sexual activity with other men (used in public health contexts to avoid excluding men who identify as heterosexual).
NHSE/I	NHS England Improvement	From 1 April 2019, NHS England and Improvement became a new single organisation to better support the NHS to deliver improved care for patients
OHID	Office for Health Improvement and Disparities (OHID)	OHID addresses the unacceptable health disparities that exist across the country to help people live longer, healthier lives and reduce the pressure on the health and care system.
PHOF	Public Health Outcomes Framework	PHOF sets out a vision for public health, that is to improve and protect the nation's health, and improve the health of the poorest fastest. The focus is not only on how long we live – our life expectancy, but on how well we live – our healthy life expectancy and reducing differences between people and communities from different backgrounds.
SAIS	School Aged Immunisation service.	The SAIS team is a nurse led service that provides routine childhood immunisations for children and young people aged 5-19 years living in or attending school in the City of York. It is hosted by Vaccinations UK.
SHEP	Sexual Health Expert Partnership	The Sexual Health Expert Partnership Group will act as a system-wide support mechanism to collaborate and develop effective pathways providing ease of access to sexual health services across the city. The group brings together those with a vested interest in, responsibility for and a commitment to improving sexual health for residents of York and takes the lead in shaping and influencing service development in relation to sexual health.

SHS	Sexual Health Services	Sexual health clinics (which can also be called family planning, genitourinary medicine (GUM) or sexual and reproductive health clinics), offer support, advice and treatment on a range of sexual health issues from contraception to Sexually Transmitted Infections.
TB	Tuberculosis	Tuberculosis (TB) is an infection that usually affects the lungs. It can be treated with antibiotics but can be serious if not treated. There's a vaccine that helps protect some people who are at risk from TB.
Y&SNHSFT	York and Scarborough NHS Hospital Foundation Trust.	York and Scarborough Teaching Hospitals NHS Foundation Trust provides a comprehensive range of acute hospital and specialist healthcare services for approximately 800,000 people living in and around York, North Yorkshire, North East Yorkshire and Ryedale - an area covering 3,400 square miles.
UKHSA	UK Health Security Agency.	UKHSA is responsible for protecting every member of every community from the impact of infectious diseases, chemical, biological, radiological and nuclear incidents and other health threats. UKHSA provides intellectual, scientific and operational leadership at national and local level, as well as on the global stage, to make the nation's health secure.

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Health and Wellbeing Board **19 November 2025**

Report of the Director of Public Health

Progress Against Goal 6 in the Joint Local Health and Wellbeing Strategy 2022-2032

Summary

1. This paper provides the Health and Wellbeing Board (HWBB) with an update on the implementation and delivery of Goal 6 in the Joint Local Health and Wellbeing Strategy 2022-2032. It also includes information on performance monitoring.

2. The Board are asked to note the report.

Background

3. At their March 2023 meeting Health and Wellbeing Board members agreed an action plan and population health outcomes monitor to gauge delivery of the goals and priorities in the current Joint Local Health and Wellbeing Strategy. Progress reports on the action plan have been provided at HWBB meetings over the last two years.

4. At their meeting in March 2025 HWBB members agreed a revised action plan for the next two years. Progress reports on the actions within this will be presented to HWBB members over the course of the next 18 to 24 months.

5. The population health outcomes monitor agreed in 2023 remains the same and regular updates will be provided as annexes to these progress reports.

6. At the last meeting of the HWBB updates were given on **Goal 5** in the strategy. This report sets out updates on the four actions associated with **Goal 6** in the current strategy ***'Reduce health inequalities in specific groups'.***

7. **Population Health Outcomes Monitor**: this is linked to the ten big goals and is designed to provide board members with a holistic view of whether the strategy is making a difference to the health and wellbeing of York's population, using outcome data rather than data on what health and care services are 'doing'. Today's updates at **Annexes A** & **B** to this report provide information on **Goal 6**.

Progress Updates

Goal 6: Reduce Health Inequalities in Specific Groups:

8. Updates on these actions have been provided by the Public Health Team; York CVS and the ICB.

9. **Action 18:** Implement a community-based intervention to reduce health inequalities focused on Children and Young People, working with the Voluntary, Community and Social Enterprise sector.

   - In Spring 2025, a Children and Young People's (CYP) Priorities and Workplan 2025-28 for York was agreed, with priorities around Speech, Language and Communication Needs (SLCN), Integrated Care Teams, Sensory Processing and Neurodiversity. Led by the Joint Commissioning Forum, this will guide integrated commissioning in this area and will look to improve outcomes for the most vulnerable children from inequalities groups.

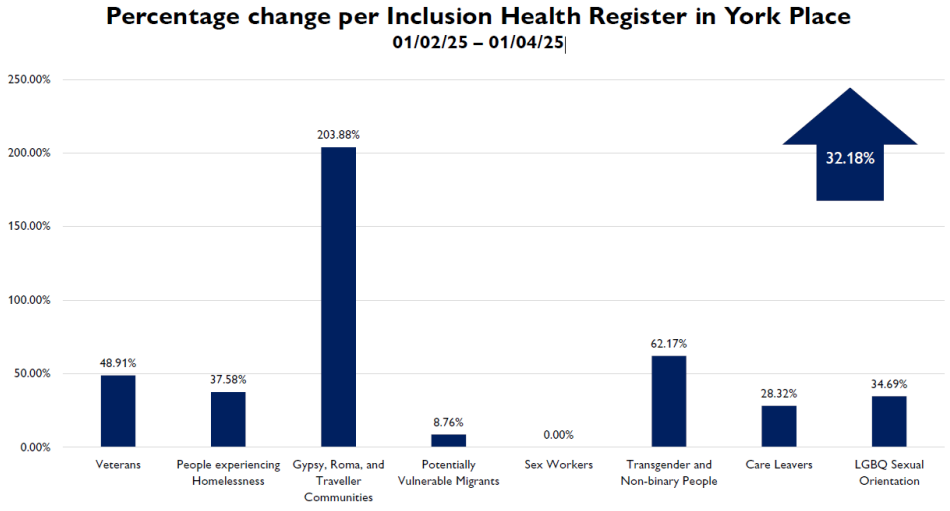
   - One project, funded through Health Inequalities (CORE20PLUS5), is currently in the co-production stage following extensive engagement with Voluntary, Community and Social Enterprise (VCSE) partners across the city. It was agreed that the most effective use of this funding for Children and Young People (CYP) would be to focus on a small cohort identified through the CORE20PLUS5 framework. This approach will deliver a multi-disciplinary, holistic intervention through collaboration between providers, ensuring care is person-centred and tailored to individual needs.

   - The service specification will be designed to encourage closer partnership working among the many VCSE organisations already supporting CYP in York. By strengthening links with statutory services, health professionals, local area coordinators, and pastoral leads, the aim is to provide integrated support for children, young people, and their families, reducing the risk of escalation to more intensive physical or mental health services.

- The ethos of this funding is to create a longer-term (three-year) initiative. It is anticipated that delivery will commence in early 2026. To drive this work forward, a lead VCSE delivery partner will be appointed by the end of November. This partner will oversee the process, award grant agreements to participating VCSE providers, and ensure robust evaluation and reporting throughout the life of the grant.

10. **Action 19:** Improving chronic disease prevention, diagnosis and outcomes in CORE20PLUS5 groups (those facing the largest health inequalities) through enhancement to the Quality and Outcomes Framework (QOF) in General Practice

    - The Inclusion Health Register Pilot in York was a pioneering initiative aimed at improving equity in healthcare by identifying and supporting some of the most vulnerable populations. Using a data-driven approach, the pilot focused on coding patients from Inclusion Health groups within GP systems. The project achieved a 32.18% increase in coded patients, equating to an additional 2,667 individuals formally recognised across participating practices. This pilot has paved the way for our focus on chronic disease prevention, diagnosis and outcomes in CORE20PLUS5 groups.



    - This ambition continues to be a central focus for York. Initially, this work was to be advanced through enhancements to the Quality and Outcomes Framework (QOF+) within general practice. However, following recent developments, a system-wide Inclusion Health Enhanced Service (LES) is now to be

offered across the whole ICB footprint, providing a more unified and comprehensive approach.

- The Inclusion Health LES is designed to ensure that individuals from groups facing the most significant barriers to health are proactively identified and supported within primary care. This service introduces annual enhanced health assessments, trauma-informed care, and strengthened community partnerships, all underpinned by improved data collection and flexible, culturally competent care pathways. For York, the LES offers significant benefits. It provides a universal uplift across the system while allowing flexibility to respond to local priorities.

11. **Action 20:** All partners to adopt and implement the standards developed by the Poverty Truth Commission

    - In March 2025, City of York Council adopted the standards developed by the Poverty Truth Commission (PTC) through an Executive meeting, and there has been a large amount of work on disseminating these standards through staff communications and protocols.

    - This is now being extended to health partners, with the PTC standards embedded in the practice model for neighbourhood working which is being worked up between health and the local authority

12. **Action 21:** Work towards establishing a Poverty Truth Commission for Children

    - Work has now commenced on establishing a Poverty Truth Commission for Children. Doing this requires a different approach from the adults PTC which ran between 2022 and 2024, and York CVS are leading an initial planning process which aims to produce a commission highlighting the experiences and voices of young people in the city experiencing poverty and bringing their input together with decision makers.

Consultation and Engagement

13. As a high-level document setting out the strategic vision for health and wellbeing in the city, the current Joint Local Health and Wellbeing Strategy capitalised on existing consultation and engagement work undertaken on deeper and more specific projects

in the city. Co-production is a principle that has been endorsed by the HWBB and will form a key part of the delivery, implementation, and evaluation of the strategy

14. The actions in the action plan have been identified in consultation with HWBB member organisations and those leading on specific workstreams that impact the ten big goals.

15. The performance management framework has been developed by public health experts in conjunction with the Business Intelligence Team within the City of York Council.

Options

16. There are no specific options for the HWBB in relation to this report. HWBB members are asked to note the update and provide comment on the progress made.

Implications

17. It is important that the priorities in relation to the current Joint Local Health and Wellbeing Strategy are delivered. Members need to be assured that appropriate mechanisms are in place for delivery.

Recommendations

18. Health and Wellbeing Board are asked to note and comment on the updates provided within this report and its associated annexes.

Reason: To ensure that the Health and Wellbeing Board fulfils its statutory duty to deliver on their Joint Local Health and Wellbeing Strategy 2022-2032.

Contact Details

Author:	**Chief Officer Responsible for the report:**
Compiled by Tracy Wallis Health and Wellbeing Partnerships Co-ordinator	Peter Roderick Director of Public Health

Report Approved		**Date**	

Specialist Implications Officer(s)
None
Wards Affected: **All** ✓
For further information please contact the author of the report

Annexes:

Annex A: HWBB Scorecard (for Goal 6)
Annex B: HWBB Trends (for Goal 6)

Annex A:

Health and Wellbeing 10 Year Strategy (2022-2032) 2023/2024

No of Indicators = 3 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub October 2025

				Previous Years								2023/2024		
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Year	Polarity	DOT
Goal 06: Reduce health inequalities	PHOF40a	Gap in employment rate for mental health clients and the overall employment rate (new definition 21/22 onwards)	Annual	-	-	-	-	-	-	64.80%	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	-	-	-	-	-	-	69.40%	-	-		
		Benchmark - Regional Data	Annual	-	-	-	-	-	-	66.50%	-	-		
		Regional Rank (Rank out of 15)	Annual	-	-	-	-	-	-	5	-	-		
	PHOF41	Gap in employment rate for those with learning disabilities and the overall employment rate	Annual	66.30%	69.20%	68.60%	70.10%	71.30%	68.90%	74.30%	76.30%	-	Up is Bad	▲ Red
		Benchmark - National Data	Annual	68.10%	68.70%	69.20%	69.70%	70.60%	70.00%	70.60%	70.90%	-		
		Benchmark - Regional Data	Annual	65.90%	66.10%	66.10%	68.00%	67.70%	67.80%	69.40%	69.60%	-		
		Regional Rank (Rank out of 15)	Annual	9	12	8	11	12	7	15	15	-		
	PHOF75a	Excess under 75 mortality rate in adults with serious mental illness (New definition from Aug 2021)	Annual	-	-	421.7	377.2	399.7	412.9	438.5	459.8	478.8	Up is Bad	▲ Red
		Benchmark - National Data	Annual	-	-	350.6	359.7	377	383.5	385.9	385.9	383.7		
		Benchmark - Regional Data	Annual	-	-	331.2	330.6	341.8	337.7	338.1	334.7	335.7		
		Regional Rank (Rank out of 15)	Annual	-	-	14	11	12	14	15	15	15		

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Annex B:

Business Intelligence Hub

Joint Health and Wellbeing Strategy 2022-2032:

Performance Monitoring for November 2025 Board.

Indicator Trends – Reduce Health Inequalities in Specific Groups.

Author: CYC Business Intelligence Hub

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Contents

Goal 6: Reduce health inequalities in specific groups

Gap in employment rate for mental health clients and the overall employment rate

This indicator[1] identifies the gap in the employment rate for those who are in contact with secondary mental health services and the overall employment rate.

The only published value for this indicator for York relates to the year 2021/22 and shows a **64.8** percentage points gap between the employment rate for people in contact with secondary mental health services (17%) and the overall employment rate (81.8%).

The gap in York is lower compared with the national (69.4%) and regional (66.3%) gaps.

The gap is larger for males in York (69.9%) compared with females (60.8%). This pattern can also be seen in the national and regional data.

Gap in employment rate for those with learning disabilities and the overall employment rate

This indicator[2] identifies the gap in the employment rate between those who are in receipt of long-term support for a learning disability (aged 18 to 64) and the overall employment rate.

The most recent data for York (2022/23) shows a **76.3** percentage points gap between the employment rate for people in receipt of long term support for a learning disability (7.3%) and the overall employment rate (83.6%).

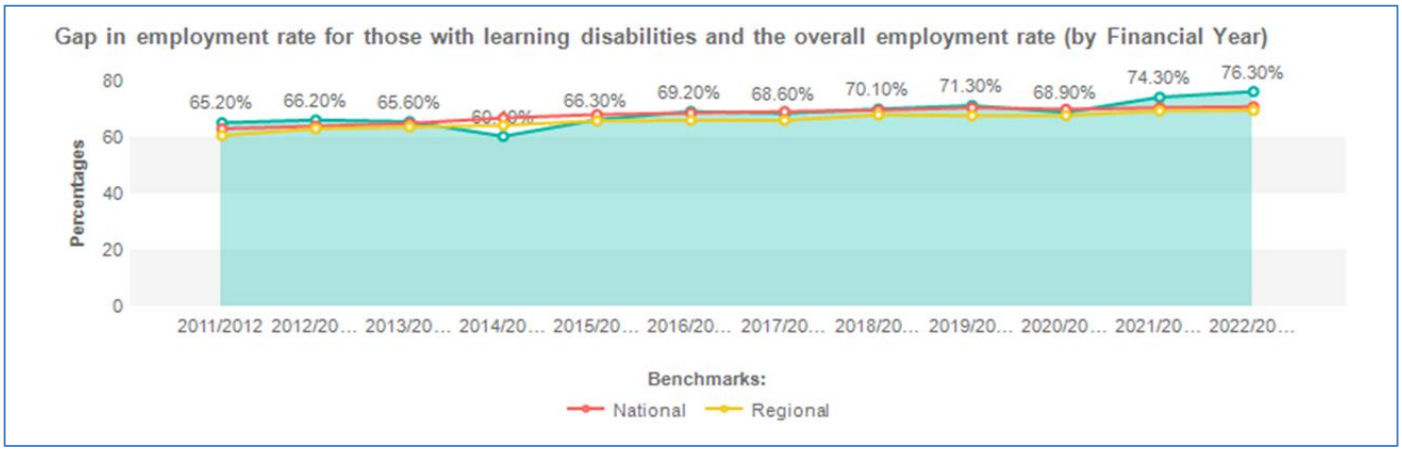
The gap in York is wider than the national (70.9%) and regional (69.6%) averages.

The gap is larger for males in York (77.4%) compared with females (76.3%). This pattern can also be seen in the national and regional data.

Trend data for the period 2011/12 to 2022/23 is shown below. The gap has risen steadily from a low point of 60.4% in 2014/15 to the current value of 76.3% in 2022/23.

[1] The percentage point gap between the percentage of adults (aged 18 - 69) in contact with secondary mental health services at the end of the reporting period who are recorded as being employed and the percentage of all respondents (aged 16 - 64) in the Labour Force Survey classed as employed.

[2] The percentage point gap between the percentage of working age learning disabled clients known to Councils with Adult Social Services Responsibilities (CASSRs) in paid employment (aged 18 to 64, this includes clients who received long term support during the year and appear in the LTS001a measure (table 1a) of the annual statutory return on Short and Long Term Support (SALT) with a primary support reason of Learning Disability Support. Support settings Nursing, Residential, and Community are included; Prison setting is excluded.), and the percentage of all respondents in the Labour Force Survey classed as employed (aged 16 to 64).



Excess under 75 mortality rate in adults with severe mental illness (New definition from Aug 2021)

This indicator is a measure of excess premature mortality experienced by adults with severe mental illness compared with adults without severe mental illness[3].

For the most recent three year period 2021-2023 (shown as 2023/24 on the chart below) the excess mortality for people with severe mental illness (SMI) in York is **478.8%.** This is a higher level of excess mortality compared with national (383.7%) and regional (335.7%) averages.

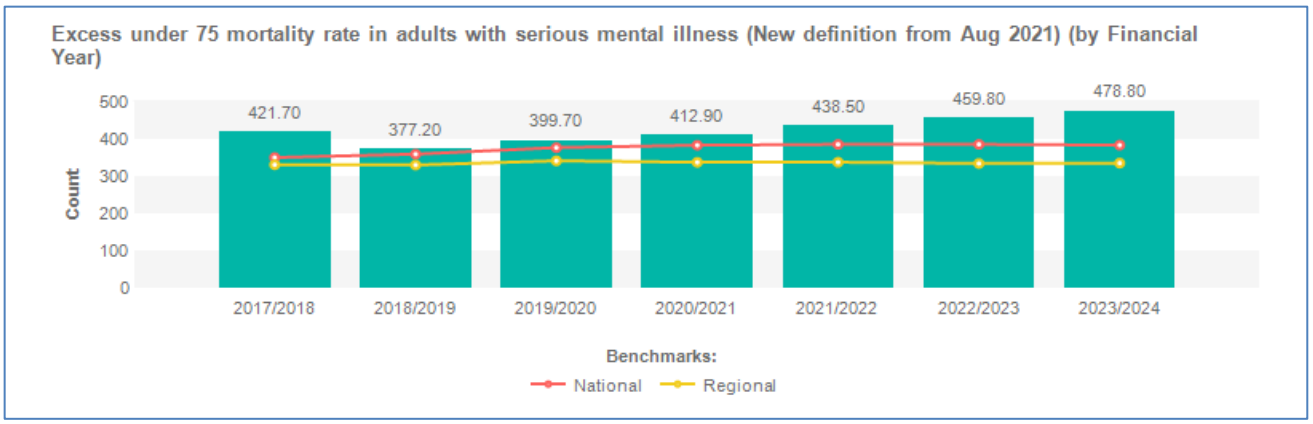
The breakdown of the excess mortality percentage in York is as follows[4].

- The directly age standardised rate of premature mortality per 100,000 of adults with SMI is **1,843.1**
- The directly age standardised rate of premature mortality per 100,000 of adults without SMI is **318.4**.
- The difference between the two is **1,524.7**
- The difference divided by the non-SMI rate (318.4) and expressed as a % is **478.8%**

[3] SMI is defined as having a referral to secondary mental health services in the five years preceding death.

[4] The difference in the DSR of premature mortality in adults (age 18-74) with SMI and that in adults (age 18-74) without SMI, divided by the DSR of premature mortality for adults (age 18-74) without SMI, expressed as a percentage. ((DSR-SMI - DSR-nSMI) / DSR-nSMI) * 100

Trend data is available for 7 periods. The excess rate in York has increased from 377.2% in 2018/19 to the present value of 478.8% in 2023/24.



The excess mortality rate is higher amongst males in York (541%) compared with females (443%).

One of the key risk factors is that people with a long-standing mental health problem are twice as likely to smoke, with the highest rates among people with psychosis or bipolar disorder. This is monitored elsewhere in the Joint Health and Wellbeing Strategy (Goal 3: Reduce smoking rates).

Health and Wellbeing Board 19 November 2025

Report of the York Health and Care Partnership

Summary

1. This report provides an update to the Health and Wellbeing Board (HWBB) regarding the work of the York Health and Care Partnership (YHCP).

2. The report is for information and discussion and does not ask the Health and Wellbeing Board to respond to recommendations or make any decisions.

Background

3. Partners across York Place continue to work closely together to integrate services for our population. The YHCP shares the vision of the York Joint Local Health and Wellbeing Strategy that in 2032, York will be healthier, and that health will be fairer.

4. The YHCP has an Executive Committee which is the forum through which senior Partnership leaders collaborate to oversee the delivery of the Partnership priorities. The Partnership draws on membership across Integrated Care Board (ICB) senior officers, City of York Council senior officers, York and Scarborough NHS Teaching Hospital, Tees, Esk and Wear Valley NHS Mental Health Trust, primary care, York Centre for Voluntary Services, Healthwatch York, the university and education sectors, and City of York Council elected members. Since June 2025, the Executive Committee also operates as a committee of the ICB and City of York Council, governed by a section 75 agreement between the two organisations.

Update on the work of the YHCP

5. The Executive Committee meets monthly, and a summary of the meeting held in October 2025 is set out below.

6. The October meeting of the Executive Committee focused on the following items

   - **York Health and Care Collaborative (YHCC) Subgroup Report:** The joint chair of the YHCC gave a presentation that included a refreshed purpose and focus for the group as of September 2025. The presentation included data relating to health in the East York Place Neighbourhoods. Discussion relating to the mental health data presented included noting that, although a potential site had been proposed for a third mental health hub, there was currently flexibility in terms of its location to respond to identified need; mental health support offered by the universities could form a basis for further development; and emphasis on the need to not only focus on students but provide support for all young people.

     The challenge for neighbourhood working was to understand the particular population profiles, notably areas of deprivation and minoritised groups, and to be able to offer support to all residents

   - **Partnership Development Funding:** The York Place Assistant Director of System Planning described the background to the £250k non-recurrent development funding pot identified to support advancing York Health and Care Partnership priorities and objectives. The paper sought consideration of whether other members' organisations may be able to contribute to the pot, proposed both a set of principles for utilisation of the funding and a process to identify and approve proposals to commit this funding.

   - Members of the YHCP supported a system approach based on available data relating to identified need, not a 'first come, first served' basis.

   - **Health on the High Street – York and North Yorkshire:** YHCP received a presentation that detailed examples of health related integrated developments undertaken by a consultancy called Akeso. The presentation set out the context of the landscape across the York and North Yorkshire Combined Authority; the approach and progress to date towards a shared vision of Health on the High Street – York and North Yorkshire; the current programme of work, and immediate next steps which included aligning ICB priorities, securing Trust data,

refining population health and demand models, evaluating service options against defined criteria, convening a cross-system decision forum, and conducting parallel estates, financial, and risk analyses to support evidence based, decision ready recommendations.

Following on from this YHCP members highlighted the following:

- Emphasis on avoiding duplication, aligning with / complementing existing priorities, strategies and developments - notably neighbourhood working - and delivery of additionality
- Ensuring demographic forecasting data was consistent with sources currently utilised
- The perspectives of children and families, 16+ skills, regeneration and sustainability
- The need for an understanding of travel and transport flow in York as part of accessibility considerations.
- Potential access to Mayoral Combined Authority funding.

Work of the York Population Health Hub

7. The Population Health Hub continues to advance a range of projects that use data and insight to reduce health inequalities, support system integration, and inform evidence-based planning.

8. The Hub is progressing with analysis on York's population projections which will form a helpful document to support with health and care planning in future years. These projections are critical for anticipating future health and care needs, shaping long-term plans, aligning preventive strategies with emerging demand, and improving the integration of services. Once completed, the projections will be available on the Joint Strategic Needs Assessment (JSNA) website.

9. The Hub continues to support the development of Integrated Neighbourhood Teams by producing neighbourhood-level population health intelligence. This includes demographic and health outcome data, enabling the system to understand variation, identify priorities, and plan services that reflect the specific needs of the community.

Once completed, the neighbourhood data packs will be available on the JSNA website.

10. The ICB has recently launched its Population Health Management Dashboard. The dashboard brings together data on population health, workforce, and service demand to support evidence-based planning and decision-making. It helps identify at-risk groups, forecast future needs, and target resources to reduce health inequalities. The dashboard enables system partners to take a more preventive, proactive, and collaborative approach to improving health outcomes across Humber and North Yorkshire.

Work of the York Mental Health Partnership:

11. The York Mental Health Partnership meet every two months. Key messages from their most recent meeting in October are set out below:

    - York Mental Health Partnership and York Health and Care Partnership are focused on the sustainability of the 24/7 hub
    - The children and young people's mental health group is progressing and will now be co-chaired by Martin Kelly from City of York Council and Kirsty Kitching from the ICB
    - The York Mental Health Partnership reports to the York Health and Care Partnership on a quarterly basis; from now on these reports will also include qualitative data; evaluation; case studies and impact assessment.
    - A strategic group will be formed to lead on mental health housing and accommodation; this will report into the partnership
    - There is a multi-agency approach to suicide prevention led from within the Public Health Team
    - Hub activity: Hub 1 at Clarence Street is doing well. Hub 2, the 24/7 Neighbourhood Mental Health Centre opened on a phased basis at Acomb Garth in mid-October.
    - There is a new tranche of VCSE grant funding available. The partnership also agreed to extend current grant holders into a fourth year. This aligns with our ambitions to support the VCSE sector in a more sustainable way

Contact Details

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	Report Approved: Yes
	Date: 05.11.25

Wards Affected ALL

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19 November 2025

Health and Wellbeing Board

Report of the Chair of the York Health and Wellbeing Board

Chair's report and updates

Summary

1. This paper is designed to summarise key issues and progress which has happened in between meetings of the Health and Wellbeing Board (HWBB), giving Board members a concise update on a broad range of relevant topics which would otherwise entail separate papers.

Key Updates for the Board

Partnership Updates

2. **The Ageing Well Partnership** are reviewing their Terms of Reference and refreshing their membership, with the new chair being confirmed as Anne Howgate (Assistant Director – Access, Prevention and Improvement in Adult Social Care). The last meeting focused on social isolation with a presentation from Professor Martin Webber from the University of York. The University have been successful in being awarded research grant funding to codesign a social frailty tool and will collaborate with system partners on the development of this.

3. The Partnership also received a report on the progress against the action points of the Preventing Well section of the Dementia Strategy. The next theme will be Supporting Well, produced by Dementia Forward.

4. The Partnership also received updates regarding progress in the Getting Out And About domain of the Age Friendly York initiative. Two recent initiatives have been launched:

   - For Your Convenience – over 50 businesses offering a seat or toilet without being a paying customer
   - Accessible Housing checklist – a tool to enable people to ensure their property is suitable for their life course or to assess a property they are considering moving to or a method to check if a housing development has taken this into consideration within their property design

5. The Partnership also approved the proposal to introduce:

   - Age Friendly Employer Pledge – encouraging local businesses to take age related employment into consideration in the way the recruit and support staff.

6. **Better Care Fund (BCF):** The BCF Performance and Delivery Group continues to meet regularly, aligning with the quarterly reporting schedule. The group has a renewed set of objectives and outcomes which promote openness and transparency.

7. Following the success of the first BCF Winter Workshop which took place last year, we are planning this year's session which will see partners coming together to celebrate the fantastic work of the BCF.

8. The workshop is a great opportunity to hear examples of real-world delivery from the schemes and to see how often there are interdependencies. It also provides partners with the chance to get to know each other, network and make some helpful links, strengthening partnership working and collaboration.

9. A person behind every statistic was one of the standout statements that many people took away from the last session we will be building on this and breaking down the detail around data and intelligence and we can use this to inform BCF planning.

10. There has been a focus on how we are stronger together and how we all acknowledge that there has been a real shift towards integration across all partners and crucially, beginning to cross organisational boundaries. There are things that we can do together that we cannot do alone and working together and seeing ourselves as 'one' will help create the resilience and strength, fundamentally improving how we work and crucially, improving the lives and experiences of the people accessing these services.

National and Local Updates

11. **Infant Feeding:** The protection, promotion and support for breastfeeding are a vitally important public health priority as breastfeeding promotes health, prevents disease, and provides numerous benefits for both mother and baby. There is overwhelming evidence that breastfeeding saves lives and protects the health of babies and mothers both in the short and long term.

12. As with many aspects of public health, inequalities in maternal and infant outcomes exist, with poorer outcomes experienced by certain groups of women and their babies. We know that these risk factors can

be reduced through promotion of breastfeeding initiation and support for breastfeeding duration.

13. Breastfeeding is viewed by many as difficult to achieve and often unnecessary because formula milk is seen as a close second best. This is largely due to the strong commercial influences from formula milk companies, which use marketing strategies to promote formula milk as equal to breast milk.

14. The Council Plan and Joint Local Health and Wellbeing strategy sets out the vision for York's children to have the best possible start in life, which we know can be achieved through good infant feeding practices, especially breastfeeding. Focusing on nutrition and relationship building in the first 1001 days can also contribute significantly towards progress against the six big ambitions in the Health and Wellbeing strategy.

15. York's Breastfeeding and Infant Feeding Delivery Plan sets out how we will protect, promote, support and normalise breastfeeding across York, improving our existing services and in turn supporting women to initiate breastfeeding and continue breastfeeding as well as targeting interventions in areas of low uptake. One of the key actions within this plan is to become UNICEF Baby Friendly Initiative (BFI) accredited.

16. BFI is an evidence based, staged accreditation programme that will support CYC to improve breastfeeding and infant feeding by setting standards for sustainable improvement, providing training for professionals to give consistent information and personalised support to families; and gaining feedback from families about their experiences of care. This programme of work also helps families in building close parent-infant relationships and supports with good mental health for both parent and baby.

17. We have just submitted our Certificate of Commitment for our UNICEF Baby Friendly Accreditation (BFI). This is a significant first step towards our formal pledge to work towards meetings BFI standards. This shows our commitment to best practice around infant feeding and supportive parent and infant relationships.

18. **SEND Update**: The SEND Inclusion and Belonging Strategy, 2025-2030 was approved by the Council's Executive at their meeting on 7th October. The strategy aligns with the All Age Autism and ADHD strategy and provides an ambitious framework for the way that the local SEND partnership will work together to support the welfare and wellbeing of children and young people with SEND. The strategy and its accompanying delivery plan will be monitored by the SEND and Alternative Provision Partnership Board and progress will also be

shared with the Health and Wellbeing Board through the Chair's updates.

19. On 21st October the culture of Inclusion and Belonging was the focus of a citywide conference for schools. All the city's schools and academy trusts were represented at the conference which has been used to launch the city's focus on belonging and mattering in education as the main priority for 2026. The conference was supported by a range of presentations from national and local speakers and culminated in schools identifying three pledges to promote inclusion and belonging. These pledges are being collated and will be used to develop a city toolkit to support the work on belonging which will be launched with schools in January 2026.

20. **Winter planning**: On October 31st, a Seasonal Health Forum was held at West Offices gathering a wide range of partners across York and North Yorkshire to discuss our local response to, for example, warm homes, vaccination, response to extreme cold and other topics. Important local resources include Warm Places in York, Warm Homes Local Grant, Food banks and links to Mental health services**.**

21. At the time of writing, RSV infections are decreasing, along with COVID-19 numbers. The number of people testing positive for flu, although still within baseline, is rising around 4 weeks earlier than normal.

22. NHS resources on vaccinations and winter health, including eligibility for vaccination and booking details, can be found here

23. **Pharmacy changes**: The HWB has been notified that the Pharmacy at 101-103 Green Lane, Acomb is relocating to Cornlands Road, Acomb, York, YO24 3WX, following the closure of the pharmacy on this site, with a total of 49 hours opening (Mon-Fri: 8:30-13:00; 13:30-18:00 & Sat: 9:00-13:00).

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Report Approved √ **Date** 06.11.25

Wards Affected: **All** √

For further information please contact the author of the report

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