



Notice of a public meeting of Health and Wellbeing Board

To: Councillors Steels-Walshaw (Chair), Runciman, Webb and Mason
Siân Balsom – Manager, Healthwatch York
Dr Emma Broughton – Joint Chair of York Health & Care Collaborative
Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust
Sarah Coltman-Lovell – NHS Place Director for the York Locality - Humber & North Yorkshire Health and Care Partnership
Tim Forber – Chief Constable, North Yorkshire Police
Martin Kelly – Corporate Director of Children's and Education, City of York Council
Simon Morritt – Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust
Mike Padgham – Chair, Independent Care Group
Peter Roderick – Director of Public Health, City of York Council
Alison Semmence – Chief Executive, York CVS
Sara Storey – Corporate Director of Adults and Integration, City of York Council

Date: Wednesday, 20 November 2024

Time: 4.30 pm

Venue: West Offices - Station Rise, York YO1 6GA

A G E N D A

1. Declarations of Interest (4:36pm) (Pages 7 - 8)

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].

2. Minutes (4:37pm) (Pages 9 - 22)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on **Wednesday, 25 September 2024**.

3. Public Participation (4:38pm)

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, 18 November 2024**.

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.

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

4. Report of the Chair of the Health and Wellbeing Board (6:24pm) (Pages 23 - 32)

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

5. The approach to working with people and communities in Humber and North Yorkshire and 'We Need to Talk' engagement programme, Summary (5:52pm) (Pages 33 - 70)

This report provides an update to the Health and Wellbeing Board regarding the engagement approach (public and patient) delivered by Humber and North Yorkshire NHS Integrated Care Board (ICB).

The report also provides an interim summary of the 'We Need to Talk' engagement programme that ran across Humber and North Yorkshire from 14 October 2024 to 11 November 2024.

6. Update on Goal 10 of the Joint Local Health and Wellbeing Strategy 2022-2032 (4:44pm)

This paper provides the Health and Wellbeing Board with an update on the implementation and delivery of one of the ten big goals within the Local Joint Health and Wellbeing Strategy 2022-2032. It also includes information on performance monitoring.

7. Health Protection Board Annual Assurance Report (5:29pm)

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.

8. Urgent Business

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

Democratic Services Officer

Ben Jewitt

Contact Details:

Telephone – (01904) 553073

Email – benjamin.jewitt@york.gov.uk

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

- 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)

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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 <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> 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 <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> 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	25 September 2024
Present	<p>Councillors Steels-Walshaw (Chair), Runciman and Webb</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Dr Emma Broughton – Joint Chair of York Health & Care Collaborative</p> <p>Sarah Coltman-Lovell – NHS Place Director for the York Locality - Humber & North Yorkshire Health and Care Partnership</p> <p>Martin Kelly – Corporate Director of Children’s and Education, City of York Council</p> <p>Alison Semmence – Chief Executive, York CVS</p> <p>Brian Cranna - Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute for Zoe Campbell)</p> <p>Jodie Farquharson - Head of Public Health, Healthy Child Service (Substitute for Peter Roderick)</p> <p>Fiona Willey - Chief Superintendent, North Yorkshire Police (Substitute for Tim Forber)</p>
Apologies	<p>Zoe Campbell – Managing Director, Yorkshire, York & Selby - Tees, Esk & Wear Valleys NHS Foundation Trust</p> <p>Tim Forber – Chief Constable, North Yorkshire Police</p> <p>Councillor Mason</p> <p>Simon Morritt – Chief Executive, York & Scarborough Teaching Hospitals NHS Foundation Trust</p> <p>Mike Padgham – Chair, Independent Care Group</p> <p>Peter Roderick – Director of Public Health, City of York Council</p> <p>Sara Storey – Corporate Director of Adults and Integration, City of York Council</p>

10. Declarations of Interest (4:35pm)

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.

11. Minutes (4:34pm)

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday 24 July 2024.

12. Public Participation (4:35pm)

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

A speaker discussed their difficulties securing a CAMHS referral, and their concerns regarding service providers, including health and social care practitioners.*

*Amended as requested at 20 November 2024 meeting and via subsequent update – details redacted at public participant's request.

13. Children and Young People's Health (4:39pm)

The York Place Director introduced the item, including a PowerPoint presentation on Children and Young People's Health in York, incorporating a one-page summary of the Integrated Care System (ICS) Strategy outlining the aims and outcome priorities, with representation from all sectors.

She also introduced the strategy of Core20PLUS5, which is an approach designed to drive targeted action in healthcare inequalities improvement; it was explained that "Core 20" referred to the 20% most deprived members of the population as identified by the Index of Multiple Deprivation, and the "Plus 5" referred to 5 population groups selected by the ICS, who

were experiencing poorer than average health access, experience or outcomes.

Representatives from the Integrated Care Board, who had co-authored the report, then further discussed elements of the presentation in detail and responded to questions from the board.

The Programme Lead for Children and Young People's Mental Health, further elaborated on the Core20PLUS5 and presented a video entitled "Nothing About Us Without Us" discussing young people's top four priorities for mental health:

1. Young people led awareness-raising and training on the signs and symptoms of mental health problems, and issues impacting young people's mental health, including LGBTQ+, racism, etc.
2. Easier access to services.
3. Young people leading on work and courses about children and young people's mental health, to ensure their voices are heard, their lived experience is valued, and they are not "shrugged off" by professionals.
4. Listen to young people more.

She stated that young people's involvement with the development of the mental health strategy had been productive and successful.

The Senior Commissioning Manager Children and Young People discussed the offer for emotional and mental wellbeing using the "I thrive" model which was generally self-directed, with support and advice from specialist services such as York Mind, Beat (the National Eating Disorder Service) as well as Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV), Child and Adolescent Mental Health Services (CAMHS), Improving Access to Psychological Therapies (IAPT), Wellbeing in Mind and the School Wellbeing Service (SWS). She explained that this model moved from signposting, through increasing levels of assistance and involvement.

She summarised how these services are employed, working with schools and social care, to facilitate good mental health for

children and young people in York and discussed funding and challenges.

The Senior Quality Lead for Children and Young People at York Place discussed physical health and services focusing on the five vulnerable groups identified by Core20PLUS5; she advised the board:

- That a post was being set up with funding from York Place, to enable children with asthma to live a normal life.
- That continuous monitoring and support was being offered to children with Diabetes across the ICB.
- That integrated bowel and bladder workshops in partnership with the Healthy Child Service were being established.
- That significant work had been undertaken with therapies teams at York hospital to reduce long wait times for children with sensory/processing difficulties.

The board thanked the presenters for their report, noting the quality and comprehensiveness of the presentation.

Board members expressed some concern that the presentation itself had not been incorporated into the pack.

The board asked for further information regarding the transition from Childrens Social Care to Adults Social Care concerning support for mental health, and whether the ICB had looked to other authorities Integrated Care Strategies for guidance regarding good practice?

The Programme Lead for Children and Young People's Mental Health responded that a working group across the six Places within the ICB was focusing on a consistent approach to mental health, aware that people may live in one area and work/school in another, and a move away from an age-led approach towards a needs-led approach. She said that having young people stay within a particular service until a need is met rather than a specific birthday, or having a key worker to guide them can be useful in avoiding a “cliff edge” at 18 years.

Regarding the board's question concerning best practices, she answered that she liaised regularly with her counterparts in

West Yorkshire and South Yorkshire, and she was quite keen to take guidance from other authorities, but also the Humber and North Yorkshire ICB's work on Trauma Informed care was leading the way nationally.

She went on to discuss the need to adapt for new or emerging issues such as Avoidant/Restrictive Food Intake Disorder (ARFID), which she distinguished from traditional eating disorders on the basis of the response required. Senior Commissioning Manager Children and Young People added that the shortage of specialised staff is also an issue across the ICB, particularly when dealing with specialist areas such as ARFID.

Board members raised the example of the East Cambridge model, which utilised social prescribing to lessen the burden on specialists – and asked whether the ICB might be able to do more in the community utilising this model?

The Programme Lead for Children and Young People's Mental Health answered that this highlighted the importance of the list of priorities for each place to best deliver change in each area. The Director of Operations and Transformation, TEWV NHS Foundation Trust added that work was being done in Adult Services regarding the Community Hub concerning the range of early interventions prior to reaching specialist Services and this absolutely needed to be part of the children's work too going forward.

The Programme Lead for Children and Young People's Mental Health added that whereas the ICB were very good at escalating/"stepping up" young people to CAHMS they also needed to work towards a more graduated drop down.

The board discussed family members of children, especially those with specific concerns such as neurodiversity or gender identity, and how they could find someone within the system who was equipped to help them holistically; it was hoped that patients with ongoing health concerns as part of their identity could have these taken into consideration alongside transitory health issues and not have to choose which issue they would like to have dealt with in isolation.

The board also expressed concern at the confrontational nature of parents seeking the best assistance for their child, and the

fact it was often presented as a “fight” where healthcare inequalities could be greater dependant on a child’s particular condition, dependent on how well their carer was able to advocate for them and dependent on which area they lived. They suggested that better communication was required from healthcare professionals to patients and their families, for example regarding waiting lists.

The Programme Lead for Children and Young People's Mental Health responded that this was very much where the feedback and recommendations from young people had led, with over 80% of respondents had made very modest recommendations concerning communication, such as young people not buying stamps. The Senior Commissioning Manager Children and Young People added that the School Wellbeing Service and Wellbeing in Mind are in all/most schools in York respectively and have overwhelmingly positive feedback but unless it is on their phones, many young people do not express this feedback via forms. For this reason a feedback app was being developed (with digital poverty in mind).

Board members suggested that the public speaker and the upcoming Healthwatch report exemplified that information and advice was not always successfully being conveyed to people – it was suggested that greater proactive contact with patients/families before or during the transition between Childrens Social Care and Adults Social Care could be beneficial.

The Senior Commissioning Manager Children and Young People agreed with this point, commending the Healthwatch report and proclaimed Healthwatch to be one of the key guides she would recommend for mental health. The Programme Lead for Children and Young People's Mental Health added that Centre for Voluntary Services are also very useful, and that she had been doing normalising work with York Mind regarding how podcasts and positive social media (included self-generated material) could further be used to pre-empt young people first hearing about things from a doctor.

The board further enquired whether the funding for York Mind would be continuing, given it was cited as a key service, and whether it may be subject to potential future cuts since the flow of money comes from council.

The Programme Lead for Children and Young People's Mental Health answered that the forward plan would look at where spending was best prioritised within the ICB on different areas. The Executive Member for Children, Young People and Education responded that York Mind was funded by the Local Authority and the executive would reassess contract when it was due for renewal.

The Programme Lead for Children and Young People's Mental Health stated that the forward plan needed to be systems-based and it had to be about all services united; be they national, regional or local, because actually these were all interlinked at the point of delivery, and ultimately young people just want to know there is help there that could benefit them.

Board members agreed that mental health was a complex issue and all partners would need to be involved, encouraging the voluntary sector to seek national funding in addition to that received from the council.

The Corporate Director of Children and Education noted a York led bid had secured £500,000 for care leavers that will come into the system to trial a new approach which is having a clinical psychologist and six Advanced Clinical Practitioner Apprentices across the authority. He encouraged partners to look toward innovative models that possibly do not currently exist.

The Chief Executive, York CVS stated that there should be a management of expectations towards seeking funds outside York – places like grant making trusts are closing their doors and there is fierce competition for funding from places like the National Lottery.

Resolved: That the board noted the report.

Reason: The report detailed the current provision and plans to deliver against priorities and the gaps that need to be addressed to improve outcomes for children and young people.

14. Report of the York Health and Care Partnership (5:56pm)

The York Place Director presented the report.

She discussed the success of the 30 Clarence Street Hub, the Conversation Café Forum and the announcement of the £2.4 million next phase of the Mental Health Hub, which had previously been embargoed due to the general election, and the pre-election period, which prevented central and local government from announcing any new initiatives. She discussed the Connecting our City Event, development of YHCP and the future work required to take the partnership forward including digital strategy and integration of teams.

She noted that Lord Darzi's report on the state of the National Health Service in England highlighted some important issues, including an emerging need for seven new hospital wards in York for people aged 75 or over at a time when the hospital is closing wards due to staffing shortages, and there is simply no room to build new wards on the current hospital site.

The York Place Director stated that another key issue was that specialist staff were retiring across sectors, and many people were going out of area which a regional model would be a more effective solution for. The early intervention model would alleviate this to some degree, but major reform was needed. Humber and North Yorkshire ICB discussed this in August, a month ahead of the Darzi report and as such had begun to formulate three areas of focus:

- 1. Local Integrated Primary, Community and Social Care (including social based and de-medicalised mental health and neurodiversity services) – The ICB want people to be able to access primary, community, mental health, long-term conditions management, outpatients, social care and end of life care in a joined-up way that is local to their place.**
- 2. Mental Health Learning Disability and Autism – The ICB want people to be able to receive the specialist health and mental health services that they require least often when they need it, which may mean they are provided at scale and could be from a single location.**
- 3. Acute and Specialist services and care – The ICB want people to be able to receive best quality planned treatment in a timely way, this may require**

people to travel to receive access to health expertise in specific centres of excellence that maximise productivity and improve people's outcomes.

The board asked about accessibility of GP surgeries and pharmacies, both with regard to current housing stock, and in view of the number of new housing developments planned, it was hoped that these new houses would also have access to services as a consideration of the planning process.

The York Place Director said that it was difficult to produce integrated care centres for all communities in a short space of time, but that this was a challenge that the partnership recognised and would look at as a long-term issue. She stated that future planning would most definitely consider access to care services, if necessary, via regular public transport.

The Chief Executive, York CVS stated that this report recognised the challenge of statutory partners referring people to the voluntary sector because they didn't meet threshold, and the necessary investment required for those referrals. Consequently £250,000 had been invested in seven organisations over a period of two years.

The board welcomed this as a positive step, noting that that the voluntary service had hitherto been providing core offer but not being properly compensated for it.

The board asked about the accessibility to all of the Mental Health hub – which was a 24:7 service offer but was not in the centre of York; it would probably not be appropriate for someone experiencing mental health crisis to travel via multiple buses to seek assistance.

Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust responded that this would be a pilot in one particular neighbourhood, in order to demonstrate its effectiveness for the two-year period, and if successful it would be rolled out citywide, making the service more readily accessible to all. This service will serve as additionality and would not remove existing crisis services; these would remain in

place, operating alongside the targeted hub, currently in this one neighbourhood.

Joint Chair of York Health & Care Collaborative pointed out that primary care estates were currently fragmented, and while co-location was essential there was not a single estate currently fit for purpose. She encouraged partners to collectively get behind this vision, which would require investment, citing the example of Acomb where there were six GP services in under a mile which could all be colocated.

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.

15. Healthwatch York Report - Exploring Access to GP Services in York - Interim Report September 2024 (6:27pm)

The Manager of Healthwatch York presented the report, which summarised the results of a survey exploring people's experiences of accessing GP services within the city of York.

She stated that the intention had been to encourage open, honest conversations about access to primary care and thanked respondents to the survey which formed the basis of the report.

She emphasised that when visiting their GP, respondents overwhelmingly indicated they wanted a consistent point of contact who knew them and who they trusted. Patients with chronic conditions wished to have their doctor understand their condition, but not to attribute or link all health concerns to this condition.

She noted that this report and the other items on the agenda illustrated that capacity and demand were not currently in step with one another, but opportunities had been presented in this report, the urgent care report and the pharmacy report, which could be explored collectively by partners to develop a strategy for how the ideas might take shape.

She cited examples such as integrated Care Community hubs, changing roles for pharmacies and independent prescribing,

better access to voluntary and community services to alleviate Health and Care Services and early intervention and prevention.

She noted that formal recommendations for the board had not been made in this report, but next steps had been proposed and the board's views and suggestions on these would be welcomed.

The board commended the report.

Since this report was titled an "interim report" the board asked when the final report was due.

The Healthwatch Manager responded that what had been published reflected the full results of the surveys undertaken by Healthwatch, but it was titled an "interim" report at publication because further work on these results had not then been completed by Healthwatch, who sought to explore solutions. She added that they had since undertaken follow up meetings with those in primary care to explore how they might bring people and clinicians together and work on systemic improvements.

The board stressed the importance of people still coming forward for care, and not presenting late or avoiding doing so for fear of overburdening their GP as was suggested by quotes from respondents in the report. Despite the disproportionate pressure on GPs, who see 90% of all contacts, triage in this area has been a key innovation to ensure that those most in need are seen first and patients should contact their GP to allow for this rather than stay silent.

The board expressed concern about situations arising where a specialist/consultant advises that they will send something through to a patient's GP, followed by a break in the flow of the service and a potential breakdown in communication at the patient's end, resulting in confusion as to whether or not the GP has actually received this information. Residents have reported believing they had a prescription ready, only to find out this was not the case weeks later.

The Joint Chair of York Health and Care Collaborative responded to this, quoting the NHS Constitution on

responsibility for prescribing between primary and secondary care, stating that secondary care practitioners, if they feel a drug needs to be issued with urgency, can issue it immediately. A GP constitutionally has 28 days to receive a letter from secondary care, read it, action it and put it on a patient's notes. It is therefore reasonable to expect a GP to take up to 28 days to have your prescription prepared and ready. It was conceded that current pressures on the NHS have meant that these targets are not always met, and expectation management for patients was vital.

The Chief Superintendent, North Yorkshire Police agreed that expectation needed to be realistic, and from a police perspective additional services had been launched with no additional staffing resource.

The Manager of Healthwatch York agreed that there was frustration on both sides (patients and GPs) emphasising the pressing need to refocus resources on where they can make the most impact. She stated that more patients were being seen by primary care than before the pandemic; while some of these were seen online, face to face appointments had nearly returned to pre-covid levels and there were more online and more telephone than before.

She stated that it was vital to have a really good conversation about how to make GP services as good as they can be for our population, acknowledging that current demand cannot be met and prioritising a way forward that people respect and understand.

She concluded with three key questions to take away from the report:

1. How can capacity be increased?
2. How can other areas of the system be utilised more effectively to make sure that that GP support is there for the people who need it?
3. How can communication be improved between primary and secondary care so we don't have GPs, members of the public and people working in hospitals chasing each other for things as raised by board members?

Resolved: That the Board noted Healthwatch York's Report – Exploring Access to GP Services in York – Interim Report September 2024, and commented on the updates provided within the report and its associated annexes.

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

Cllr L Steels-Walshaw, Chair

[The meeting started at 4.34 pm and finished at 6.46 pm].

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Health and Wellbeing Board

20 November 2024

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

2. **The Ageing Well Partnership** meets every 2 months to discuss progress against the Ageing Well agenda. This includes any progress or sign off through the Age Friendly York Action Plan. A brief update against the age friendly domains are as follows:
3. Your Home – a workshop for residents took place in September which was opened by Cllr. Michael Pavlovic (Executive member for housing, planning and safer communities). These included tables on: falls prevention; telecare; pier support; access to information; housing options; retrofitting and housing development. This provided the opportunity to update the Your Home domain action plan, which was signed off by the Ageing Well Partnership on 15th October 2024. One of the new action points is already being picked up with an invitation to a housing association residents coffee morning. This is to look at improving considering housing options through pier support with residents offering to show people around so they get a good understanding what moving to sheltered provision would be like.
4. Your Information – an information survey was carried out in September and October. The results from which will be used to refresh the action plan. Further work is being done to raise the profile of access to information for those that do not use IT. Nationally it is known that 30% of people over 65 years old do not use IT so other options like printable personal booklets and York Talking Newspapers need to continued to be offered. As a follow on from the previous information strategy a

guidance document was produced with 14 principles specified regarding to access to good quality accessible information.

5. Your Time – further to the workshop in collaboration with the Curiosity Partnership we will be looking at the findings from this workshop to inform next steps in reducing social isolation. In September the 50+ Festival took place, led by YOPA. This covered over 130 activities including opportunity to try new activities. At the beginning of October the International Day of Older people was celebrated with a pre-session through the city centre, a range of activities and the opportunity to capture memories and dreams.
6. Getting Out and About – a charity has now been identified to fund the production of Happy to Chat Bench plaques that can be placed at suitable locations. Two will be situated at Acomb High Street and one at North Street Gardens. Further work is taking place to review and raise the profile of Take a Seat initiative that has over 60 businesses in York signed up to offer a seat, access to their facilities or both.
7. Your Service – work is taking place with the ICB to provide a [bereavement directory](#) on Live Well York. It has been identified that further work is required with information on End of Life. In addition the Early Onset dementia group were providing some art work, as people with lived experience, for a dementia pathway.
8. **Realignment of the York Health and Care Collaborative (YHCC) From the York Health and Wellbeing Board to the York Health and Care Partnership:** The purpose of the YHCC is to work with local providers, elected members and community representatives to improve population outcomes and reduce inequalities for the people and communities of York, through locality-based, integrated solutions. In doing so:
 - build on strengths and assets of the local community
 - build on the collective capability of member organisations
 - support preventative, coordinated and person-centred principles
 - attain meaning in work for people who work in the system (to enhance the experience of delivery of care
 - make best use of collective resources.
 - be action focused, understanding what value we can add collectively and as individuals
 - embed actions in individual organisations
9. The Collaborative has to date reported directly to the Health and Wellbeing Board. Realigning the York Health and Care Collaborative to the YHCP will bring reciprocal benefits and would actively align the ambitions and focus of the YHCC with the vision of the YHCP.

10. As part of this realignment the YHCC is committed to supporting the YHCP to reduce health inequalities; transform health services in the city; delivering against the priorities in both the Joint Health and Wellbeing Strategy 2022-2032 and the strategic ambitions and priorities for YHCP.
11. The Terms of Reference for the YHCC are currently being refreshed to reflect this. To enable this new approach, a new governance structure has been agreed between the YHCC chairs and key YHCC members. The governance structure will enable YHCC to safely assess opportunities for collaboration and integration, frame them in a local authority 'locality' context, and be in a position to assess deliverability, in order to inform Place Board decision-making.
12. **Better Care Fund (BCF):** Since the decision to stand down the BCF Performance and Delivery Group last year, officers have been working to reinstate this forum with a renewed set of objectives and outcomes which promote openness and transparency.
13. Invites to a BCF workshop will have been received by members which will take place in early December. This workshop will provide the opportunity for members to highlight the work of their individual schemes and how this contributes to the overarching principles and metrics of the BCF.
14. It will also give us the opportunity to share with the group our vision for the new Performance and Delivery Groups which will go into diaries from next year. Draft Terms of Reference are under development and will be shared at the workshop for discussion and input from the wider group.

Children and Young People

15. Plans to develop a SEND Hub as part of the family hubs provision have been approved by the council's Executive. The SEND Hub will provide a single point of access for parents and carers and will be a physical front door for the SEND local offer. The development of the Hub will take place over the next six months and will be grounded in co-production.
16. Phase 1 has started and this is focusing on the development of the spaces being used by three providers, St Paul's Nursery, SNAPPY and York Inspirational Kids. Phase 2 will see the development of the broader partnership offer from the building and crucial to this will be a series of engagement events which will inform the development of the project delivery plan.

17. The recommendations from the SEND Health Needs Assessment have been received by the SEND Partnership Board and progress on the adoption and impact of the recommendations will be part of an on-going reporting cycle to the board during 2024-25.
18. The review of the SEND strategy will begin in January 2025 and a series of engagement events will bring together partners and stakeholders to complete the review of the current strategy and to inform the next steps in updating the strategy and the development of the local area inclusion plan.
19. York in common with the vast majority of local authorities nationally continues to see SEND as its highest area of risk, both financially and reputationally due to the current legislative framework which is process rather than practice and outcomes driven. There is a growing national narrative which acknowledges that the SEND system is 'broken. The recent publication of the independent report by ISOS commissioned by the County Councils Network and Local Government Association, 'Towards an effective and financially sustainable approach to SEND in England' (July 2024) has added to this narrative. The report identifies four key facts which need to be addressed to drive effective reform of the SEND System. These facts are:
20. **Key fact 1:** More children and young people than ever before are being identified as having SEND;
21. **Key fact 2:** There are more children and young people than ever before whose needs are not being met in mainstream education, and thus require specialist provision;
22. **Key fact 3:** More money than ever before is being invested in SEND, but it is significantly less than what is actually being spent on SEND by LAs, health services and education settings;
23. **Key fact 4:** Despite rapidly rising expenditure, outcomes of children and young people with SEND and families' day to day experiences of the system have not improved.
24. This analysis resonates with what we are seeing in our context in York. We have continued to make improvements through work both on the SEND operational plan and the Safety Valve agreement however, to secure sustainable change which delivers better outcomes cannot be delivered without some significant changes in both national policy (including a review of school funding to promote inclusion) and local practice.
25. The recent budget has allocated additional funding for SEND however at this stage the details on how this will be allocated remain unclear

Public Health

26. **Mpox Clade 1b:** The World Health Organisation (WHO) has determined that the [upsurge of mpox in the Democratic Republic of the Congo \(DRC\) and a growing number of countries in Africa constitutes a public health emergency of international concern \(PHEIC\)](#) under the International Health Regulations (2005) (IHR).
27. At the time of writing there have been four cases of Mpox Clade 1b in the UK, one travel-related case and three contacts of that case. As part of any outbreak planning process, we are in a “preparedness” phase and the key messages are:
- The risk to the population is low. Public health authorities are working with partners to make sure all contacts of the cases are identified and contacted to reduce the risk of further spread
 - A clear process is ready to roll out if/when a case is reported locally
 - Mpox does not spread easily between people unless there is close contact.
28. If anyone from affected countries feels they may have been at risk or show symptoms they should isolate immediately and call NHS 111 – this will ensure the NHS protocols are enacted. A targeted vaccination programme is underway, and people should wait to be invited if eligible. Recently published information has been updated and some key links to information are below. These are updated regularly.

[Mpox: background information - GOV.UK](#)

29. **Winter planning:** A recent report to Health Housing and Adult Social Care Scrutiny Committee covered preparation for winter from an infectious disease and warm homes perspective. Latest UK Health Security Agency (UKHSA) data shows that over the past 2 winters (October to May, 2022 to 2023 and 2023 to 2024) at least 18,000 deaths were associated with flu, despite last winter being a relatively mild flu season. In the same two-year winter period, the estimated number of deaths associated with COVID-19 was just over 19,500. This suggests that one lasting legacy of the pandemic is an increased burden on Acute Respiratory Illness (ARI) in the population each winter
30. Bearing in mind this variability, some principles and predictions which can put forward for winter this year include:
- A rise in respiratory illness through September relating to ‘back-to-school’ mixing of children
 - A rise in Covid cases through autumn, with peak demand at some point in winter

- A rise in flu in early January 2025
 - A peak in Respiratory Syncytial Virus (RSV) in November / December 2024
 - Norovirus cases and outbreaks spread across the winter, particularly concerning in settings with vulnerable residents e.g., care homes.
31. So far, as of 1st October (week 44) a COVID-19 and rhinovirus (common cold) peak in September is abating, and there have been some early rises in flu and RSV
32. National Immunisation programmes are delivered through primary and secondary care, pharmacies and the School Aged Vaccination Service (Vaccination UK). Vaccines relevant to our winter planning efforts include:
- The introduction of RSV vaccination programme for older adults (75, plus 76-79 catch up) and pregnant women, which started in September 2024. Infants will be protected by maternal vaccination at around 28 weeks year round, and through direct vaccination for infants and young children at high risk of severe RSV disease
 - Flu and COVID vaccination programmes, including eligibility for all frontline health and social care workers.
 - Year round MMR and pertussis programmes, due to higher levels of Measles and Whooping Cough (Pertussis) during winter and pressure on services.
33. While uptake in older people last year remained high, only 4 in 10 (41%) people with long-term health conditions, just over 4 in 10 (44%) 2- and 3-year-olds, and just 1 in 3 pregnant women received the flu vaccine. Evidence shows the significant impact from last year's flu vaccine with a 30% reduction in the number of those aged 65 and over being hospitalised and a 74% reduction in those between 2 and 17 years of age.
34. **Public Health award:** The Healthy Child Service, as part of the Yorkshire and Humber 0-19 Research Network, won a Nursing Times Public Health Nursing award. The aim of this project is to build research capacity and capability within 0-19 services, and to support the delivery of studies in public health research, aligning with the national Chief Nursing Officer strategic plan for research.
35. **Tobacco and Vapes Bill:** The Tobacco and Vapes Bill was introduced to parliament on 5th November. This will be the biggest public health intervention since the ban on smoking in public places in 2007. It will put us on track to a smoke-free UK, saving thousands of lives, and begin the immense task of fixing our broken health system and rebuilding our economy.

36. The Bill is a key pillar of the Government's Health Mission to help people stay healthier for longer, reduce the number of premature deaths from the biggest killers like cancer, and raise the healthiest generation of children in our history.

37. The Bill will:

- Create a smoke-free generation, gradually ending the sale of tobacco products across the country and breaking the cycle of addiction and disadvantage.
- strengthen the existing ban on smoking in public places to reduce the harms of passive smoking, particularly around children and vulnerable people.
- ban vapes and nicotine products from being deliberately branded, promoted, and advertised to children to stop the next generation from becoming hooked on nicotine.
- provide powers to introduce a licensing scheme for the retail sale of tobacco, vapes and nicotine products in England, Wales, and Northern Ireland, and expand the retailer registration scheme in Scotland.
- It will also strengthen enforcement activity to support the implementation of the above measures.

38. **Pharmacy Provision in York:** Health Housing and Adult Social Care Scrutiny Committee also received a report on pharmacy provision in York and the Pharmaceutical Needs Assessment (PNA). A gap in provision due to the closure of a Pharmacy in the Clifton area was noted, and public health have issued a supplementary statement to the PNA which identifies a gap in availability of services in this area. ICB and local pharmacy representatives were present, and following the meeting on the recommendation of Scrutiny, the Director of Public Health has written to the ICB requesting further clarity on how this gap can be filled and services re-provided for residents in the ward.

Author:

Compiled by Tracy Wallis
Health and Wellbeing
Partnerships Co-ordinator

Responsible for the report:

Cllr Lucy Steels-Walshaw
Executive Member for Health, Wellbeing and
Adult Social Care

**Report
Approved**

✓ **Date** 08.11.2024

Specialist Implications Officers

Not applicable

Wards Affected:

All

☒

For further information please contact the author of the report

York Health and Wellbeing Board

Station Rise, York, YO1 6GA

Enhanced Supplementary Statement to the York Pharmaceutical Needs Assessment 2022-2025

This enhanced supplementary statement was issued in November 2024 in recognition that NHSE has received appeals on decisions in relation to applications made for pharmacies in the Clifton area of York.

The following pharmacy has closed: Boots UK limited, 86 Clifton, YO30 6BA

The pharmacy closed on 17th February 2024. There have been two public petitions campaigning for a pharmacy in the Clifton area of York.

We continue to believe that it is a disproportionate response to amend the existing PNA directly. However we have also assessed that the findings of the existing PNA no longer accurately describe the current availability of pharmacy services in the Clifton area of York and no longer describe accurately describe the availability of needle exchange and supervised consumption services in York as a whole.

The closure of this pharmacy has meant that a greater number of York residents are greater than a 15 minute walk of a pharmacy, and as such there is an unmet need of pharmacy services in the Clifton area of York. Clifton is an area of relative disadvantage in York, with more residents experiencing poorer health, and therefore a greater need for pharmacy services. Additionally, residents of Clifton may face additional barriers to travelling to other parts of York to access pharmacy services.

In addition, the closed pharmacy in Clifton provided both needle exchange service and supervised consumption service. The closure of this pharmacy has provided a particular unmet need for residents who use these services with residents now having to travel to other parts of York to access these services.

It is our view that this now a gap in pharmacy provision in the Clifton area of York for core pharmaceutical services, and a whole city gap in provision for needle exchange and supervised consumption services.

Signed Cllr Lucy Steels-Walshaw, Chair of York Health and Wellbeing Board and Executive Member for Health, Wellbeing and Adult Social Care

Date 13/11/2024

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Health and Wellbeing Board

20 November 2024

Report of Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations, Humber and North Yorkshire NHS Integrated Care Board.

The approach to working with people and communities in Humber and North Yorkshire and 'We Need to Talk' engagement programme, Summary

1. This report provides an update to the Health and Wellbeing Board (HWBB) regarding the engagement approach (public and patient) delivered by Humber and North Yorkshire NHS Integrated Care Board (ICB).
2. The report also provides an interim summary (*Annex 1*) of the 'We Need to Talk' engagement programme that ran across Humber and North Yorkshire from 14 October 2024 to 11 November 2024, which invited members of the public, patients, staff and stakeholders to participate in a four-week conversation through social media and in-person focus groups about the future of the NHS in our area.
3. 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

4. Humber and North Yorkshire Integrated Care Board's refreshed Engagement Plan for Working with People and Communities (*Annex 2*) was approved by the Board on 9 October 2024 and will be reviewed in 2028. It underpins the Integrated Strategy of the Humber and North Yorkshire Health and Care Partnership.
5. This plan was developed in collaboration with all the partners that make up the Humber and North Yorkshire Integrated Care System, including engagement and patient experience professionals, people from voluntary and community groups, Healthwatch, as well as patients and members of the public.

6. As a first step in the delivery of this plan, and to support the system's work in 'Design for the Future' (as discussed as part of Report of the York Health and Care Partnership at the meeting of the HWBB on 24 September 2024), a four-week programme of engagement has taken place from 14 October 2024 to 11 November 2024 about the future of the NHS in our area.
7. Positioned as 'We Need to Talk' the engagement programme has included a survey, wider digital activity and in-person focus groups to give people an opportunity to signal how they might want the NHS to change to meet the challenges of today and the demands of the future.
8. This sits as part of an ongoing public engagement and marketing campaign that delves into the key issues impacting today's NHS, and wider health and care system. Titled, "Our NHS. The next Chapter", this overarching campaign will remain active, for at least 12 months, allowing continuous engagement with the opportunity to explore some of the key themes we're hearing from the public.
9. In parallel, the priorities identified in the Engagement Plan (*Annex 2*) will be supported and delivered, namely:
 - a. Strengthening the voice of underrepresented groups
 - b. Lead a new innovative way of system working
 - c. Launch and build a diverse public and partner membership
 - d. Develop a culture of participation, collaboration and improvement
10. The key deliverables underpinning these priorities for this year (24/25) are to:
 - a. Launch and build a new public membership approach called Community Voices – A tiered, free membership scheme to allow for different levels of information and involvement
 - b. Extend our Working Voices membership (supporting employers to improve the health and wellbeing of their employees) across the ICB footprint
 - c. Launch Insight Bank – a system-wide digital repository to capture what we already know supporting data led system working and insight driven communications campaigns.

- d. A relentless approach to engaging with more underrepresented groups, including those from deprived and diverse backgrounds.
- e. Education and empowerment of ICB staff to embed involvement throughout the culture and work of our organisation.

Main/Key Issues to be Considered

Working with People and Communities

- 11. It would be helpful to further explore with partners in York how the approach articulated in our Working with People and Communities plan can be used to further 'drill down' into local issues.
- 12. It would be useful to explore the development of Community Voices and Working Voices in York.

We Need to Talk – Feedback from York Residents

- 13. Once complete, the final report of the 'We Need to Talk' engagement programme will be shared with York place leaders, to support the development of future service provision.

Contact Details

Author:

Chief Officer Responsible for the report: Anja Hazebroek, Executive Director of Communications, Marketing and Media Relations, NHS Humber and North Yorkshire Integrated Care Board

Author's name
Title
Dept Name
Organisation name
Tel No.

Chief Officer's name
Job Title
Organisation name
Tel No

Co-Author's Name
Title
Dept Name
Organisation name
Tel No.

Report
Approved

☐

Date *Insert Date*

Chief Officer's name
Title

Report
Approved

☐

Date *Insert Date*

Wards Affected:

All

Annexes

Annex 1: We Need to Talk Interim Summary – York HWBB Nov 24
Annex 2 – Working with People and Communities Engagement
Approach 24-28 Final

Our NHS – the next chapter. We need to talk (York)

Interim report (as of 5 November and three weeks into the programme - data subject to change)

More than 1,800
survey responses
so far (163 from
York residents)...

23.5% of
respondents
are NHS
staff

75% of
respondents
are
members of
the public

More than 500 face-to-
face conversations, 181
of which have been in
York

www.ourNHS.org_

Our NHS. The next chapter.

In-Person Engagement

Targeted Events:

- West Offices – 17th October (working age) = 50 people
- West Offices – Welcome to York, Our City Hub - 1st November (BAME) = 10 people

Outreach Events:

- York Hospital ED – 29th October = 35 people
- Roko Health Club – 29th October = 51 people
- Gallows Community Centre, York – 5th November = 35
- York Livestock Centre – 7th Nov (Farmers) - TBC
- Designer Outlet – 7th November - TBC

What are people telling us in York?

(Data subject to change)

Headline stat:

- **100%** of respondents say the NHS needs to change

The top three problems people face that they would like us to prioritise solving are:

1. There are long waiting times to receive the advice, care or treatment I need (88.6%)
2. Health services are understaffed (69.5%)
3. Health services don't talk to each other and I have to tell my story over and over again (62.3%)

What are people telling us in York?

(Data subject to change)

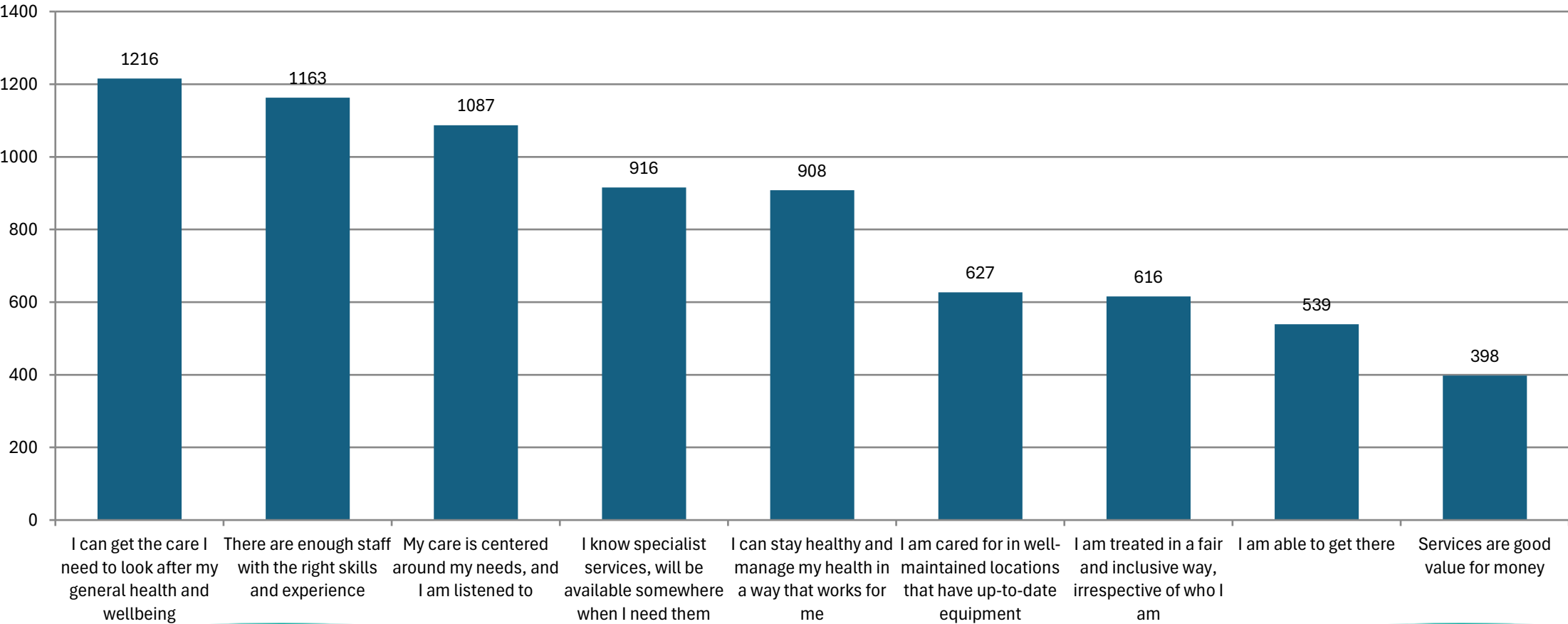
The top 5 services people think should be prioritised are:

- 1 Primary Care (139 responses)
- 2 Emergency Care (104)
- 3 Mental Health Care (81)
- 4 Social Care (68)
- 5 Care for Long Term Health Conditions (62)

The top 3 answers given to asking people what they think they could do to improve their health and wellbeing are:

- = 1 Increasing exercise and Reducing anxiety/stress (92)
- 2 Improving mental health (70)
 - 3 Improving diet (69)

What is most important to people in York? (Data subject to change)



Some emerging themes from face-to-face engagement

- NHS services are fantastic at the point of crisis/genuine emergency but everything else needs to improve
- Hard to get in the system, but once in, staff/service is great (in the main)
- Concerns about variation in service and better use of VCSE/Community support
- Services/people/systems don't connect/integrate
- Communication (service 'labels' and understanding, patient level)
- Stress, anxiety and wider impact of long waits for diagnosis/treatment (not parity between mental and physical health, children vs elderly)
- Inefficiency and waste (medication, administration, multiple appointments etc)

Engagement Approach 2024 - 2028

Working with People and Communities



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About this document

This is Humber and North Yorkshire Integrated Care Board's Working with People and Communities Engagement approach.

This plan was developed in collaboration with all the partners that make up the Humber and North Yorkshire Integrated Care System, including engagement and patient experience professionals, people from voluntary and community groups, Healthwatch, as well as patients and members of the public.

This plan was approved by the Humber and North Yorkshire Integrated Care Board on 9 October, 2024 and will be reviewed in 2028 - in line with the Joint Forward Plan.

Our original plan was launched in July 2022. We have refreshed this as we felt two years into our life as an organisation we are in a stronger position to identify meaningful aims and ambitions for the longer term.

We believe in keeping our patients and public informed about the latest local health and social care developments. The more informed the public are the richer their involvement and insight becomes in helping us deliver the best possible health and care services.

And the more informed people and communities are about key health messages, the more likely it is to lead to healthier lives for those people and communities.

To join our public membership, [please click here](#). We look forward to you getting involved!



If you would like this document in large print, or different format please contact
01482 344700 to talk about your needs

Foreword



Sue Symington
Chair, Humber and North Yorkshire
Health and Care Partnership

I am delighted to write the foreword to our refreshed engagement approach.

It is my personal ambition that Humber and North Yorkshire Health and Care Partnership gains a positive reputation for active, responsive involvement with people and communities across Humber, North Yorkshire and York, as we strive to create a health and care system where everyone can start well, live well, age well and end life well.

This plan for the NHS Integrated Care Board sets out how we will engage with people and communities to achieve this transformation.

We will best be able to achieve these aims together. Wide involvement with people in our communities,

who use our services, or may need them in the future, is essential for us to build a sustainable health and care system.

It is vital that we actively listen and openly share. Our public engagement must enable a candid relationship of equals, where constructive and transparent conversations help us understand the key opportunities to improve health and social care services and outcomes for the 1.7 million people we serve. Together we can identify issues and opportunities, and then work collectively and collaboratively, to build the health and care system our population wants to see and experience.

In developing this approach, we have spoken with people across Humber, North Yorkshire and York to understand where public involvement has worked well in the past to improve health and care across the region. This dialogue has also helped identify opportunities for innovation as we come together as the Humber and North Yorkshire Health and Care Partnership.

Our wonderfully diverse communities want to be part of the conversations about health and care in their local area. We understand this and our approach to engagement has a strong focus on ensuring involvement happens locally, in neighbourhoods and with communities, discussing issues, talking about change and making things happen. As our partnership continues to strengthen, these conversations will be at the heart of our decision making, shaping health and care for the future.

While developing, and now refreshing, this approach we have heard many examples of well established relationships and inclusive involvement across the region. This welcome framework will enable us to build on best practice as we innovate for the future.

We have made good progress in our first two years as an ICB. Moving forward and doing so together, with our population, we can develop world class health and care services for the people of Humber and North Yorkshire Health and Care Partnership, fit for the 21st Century.

Our aim

We will foster meaningful relationships with communities and patients, ensuring diverse voices are heard and involved in shaping services. Our four key priorities will enhance co-production to improve patient outcomes, promote health equity, and build trust through transparency and inclusion and improve people's understanding of both physical and mental wellbeing.

Using data from our Insight Bank and our diverse public membership, we will facilitate service change and development and target our social marketing work where it can have the biggest impact.

This will support the ICB in its overarching mission to increase life expectancy by five years by 2035.

About us



An Integrated Care System (ICS) is a group of health, social care, community and charitable organisations.

We work together to improve:

- outcomes in population health and healthcare
- tackle inequalities in outcomes, experience and access
- enhance productivity and value for money
- help the NHS support broader social and economic development

ICSs will help health and care organisations tackle complex challenges, including:

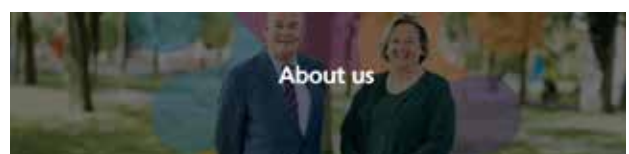
- improving the health of children and young people
- supporting people to stay well and independent
- acting sooner to help those with preventable conditions
- supporting those with long-term conditions or mental health issues
- caring for those with multiple needs as populations age
- getting the best from collective resources so people get care as quickly as possible



Since 1 July 2022, each ICS has been led by an NHS Integrated Care Board (ICB), an organisation with responsibility for NHS functions and budgets, and an Integrated Care Partnership (ICP), a statutory committee bringing together all system partners to produce a health and care approach.



Click image above to view our Partners page on the website



Click image above to view our About us page on the website and how the ICS works



Strategy on a page

This is taken from our Integrated Strategy for wellbeing, health and care. It provides a clear focus for our Partnership, so that we remain focused and ambitious for all of the people we serve.



vides the guiding light for the Humber and North Yorkshire Health and Care
erve.



Some health facts about our area

More than 2,700 people in Humber and North Yorkshire are known to die each year from causes considered to be preventable

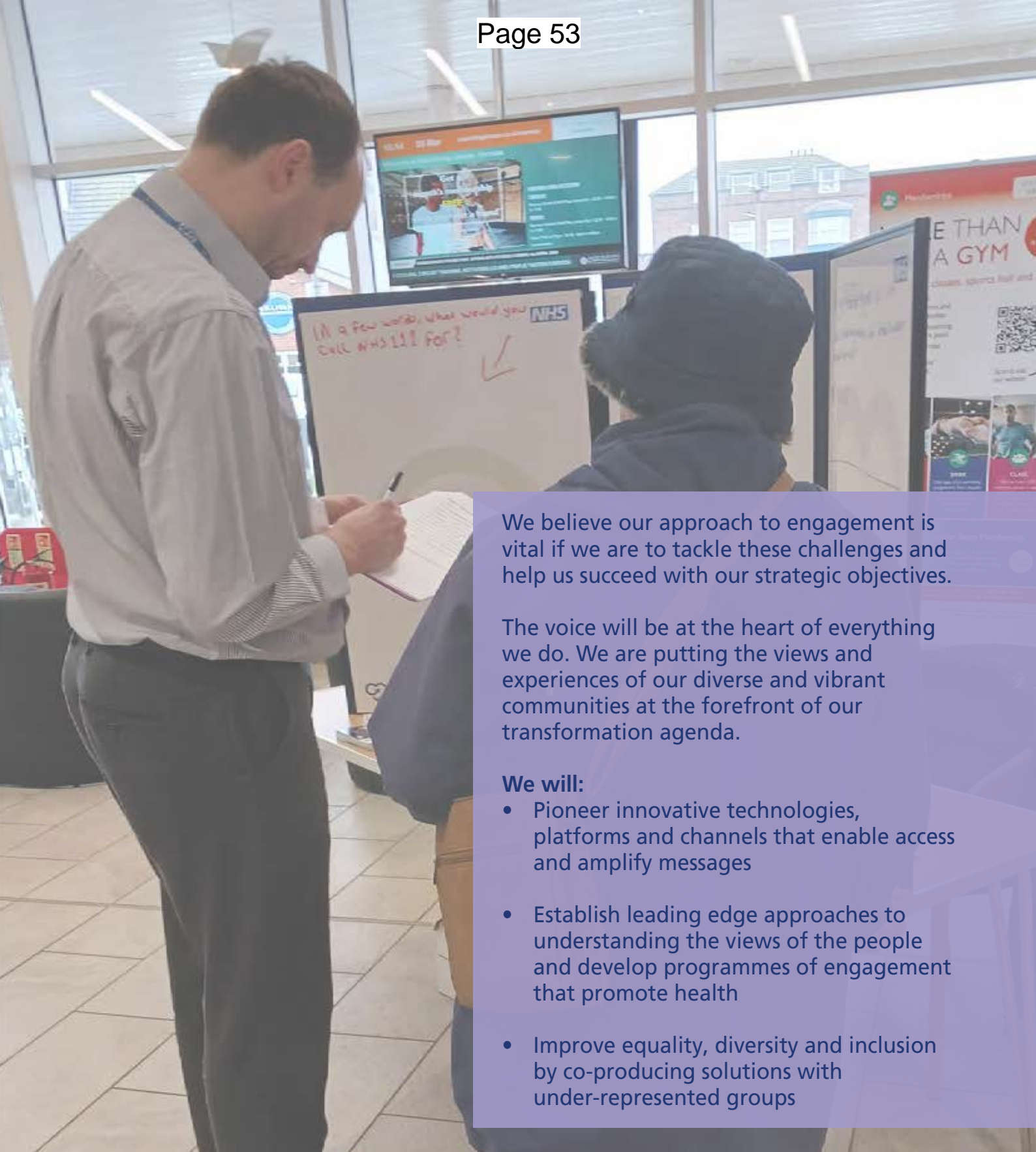
There is a considerable gap in healthy life expectancy between those from the most and least deprived communities in the area.

In some areas, this gap is 15 years

24% of primary school children in reception are overweight or obese.

By year 6 this figure rises to 33%

[Click here to read more about the challenges in our area on our webpage](#)



We believe our approach to engagement is vital if we are to tackle these challenges and help us succeed with our strategic objectives.

The voice will be at the heart of everything we do. We are putting the views and experiences of our diverse and vibrant communities at the forefront of our transformation agenda.

We will:

- Pioneer innovative technologies, platforms and channels that enable access and amplify messages
- Establish leading edge approaches to understanding the views of the people and develop programmes of engagement that promote health
- Improve equality, diversity and inclusion by co-producing solutions with under-represented groups



Why do we involve people?

By giving everyone an equal voice, listening to people who use services and empowering them to be part of the design and decision making about services we become aware of ideas and aspects of service that may not have been considered, enabling us to make positive change.

We engage to: Understand experience and perceptions of services; involve residents and patients in service development, delivery and reconfiguration and gain insight on attitudes and behaviours around health and wellbeing. The insight and data we gather from our community engagement will also be maximised to fuel meaningful and impactful communication campaigns as we aim to empower our population to lead healthier lives.

Our engagement and involvement will:

Be visible, honest and open

Be flexible, dynamic and innovative

Be inclusive and accessible, seeking voices of the seldom heard

Listen to communities and value contributions

Build trust and nurture ongoing relationships

Learn from each other and embed feed back processes

The Integrated Care Board has a legal duty to involve patients and the public in decision making and service development. There are clear standards for public engagement to shape decisions, monitor quality and to set priorities.

You can read more about our legal duties here if you wish: [NHS England » Working in partnership with people and communities: Statutory guidance](#)

Although we have a legal duty to involve people, we believe local people know their communities best.

By building relationships and trust through making sure everyone has a voice and that decision making is underpinned by robust evidence, we can make sure services meet the needs of the local community.

It is imperative we create opportunities for patients and the public to be involved and contribute, by sharing power and co-producing services and solutions.

Our co-produced vision for engagement, aligns with the principles listed below which are described in '[Building strong integrated care systems everywhere](#)', and describes what engagement and involvement is and how we will achieve it.



10

The 10 principles for engagement are:

1. Focus decision-making and governance around the voices of people and communities
2. Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions
3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
4. Build relationships based on trust, especially with marginalised groups and those affected by health inequalities
5. Work with Healthwatch and the voluntary, community and social enterprise sector
6. Provide clear and accessible public information
7. Use community-centred approaches that empower people and communities
8. Have a range of ways for people and communities to take part in health and care services
9. Tackle system priorities and service reconfiguration in partnership with people and communities
10. Learn from what works and build on the assets of all health and care partners – networks, relationships and activity in local places

To read about how we will work to achieve these principles, please go to page 24 and 25.

Our priorities

Working from our 10 principles and exploring what actions we need to put in place to fulfil the principles, and enable the system to achieve its four clinical priorities earlier in this document. We have identified four overarching involvement priorities for the ICB.

Strengthening the voice of underrepresented groups



This includes: A focus on identifying the groups who are underrepresented and to reach out to these groups to enable us to identify the barriers to their involvement, and work with them to remove these barriers to participation. We will work with people to find better ways of demonstrating the impact of people's involvement and how their views inform decisions, priorities, and improvements.

We will work alongside the Voluntary Community and Social Enterprise (VCSE), and Collaboratives across the system, to establish strong and lasting relationships with all communities. We will be pro-active and go to them. In line with our partnership strategic ambition, we will put an emphasis on children and young people, as we aim to build a healthy future. People living with a disability, LGBTQ+, the Black, Asian and Minority Ethnic communities, working adults, pregnant women and our most deprived communities.

Lead a new and innovative way of system working



This includes: We will innovate and explore technologies and new ways of working. We will build an Insight Bank fit to host all system-wide public intelligence.

Better use of this intelligence will lead to effectively targeted, more efficient and more concerted and powerful engagement with our population. Engagement activity will be led by data held both on the insight bank and Population Health Business Intelligence (BI software). Marrying the two will spark a new era of data driven and focused engagement - in the right place at the right time.

We will lead system wide social media polls to gather live insight. They may be snap polls to gather general views or on more specific topics. We will also target particular groups or communities via paid-for social media activity where possible as this is proven to reach large numbers of people - or through online neighbourhood forums such as Facebook pages and more. We will connect with groups of people on their preferred platform – whether that is Instagram, X, TikTok, Snapchat or creating Whatsapp groups and more.

Launch and build a diverse public and partner membership



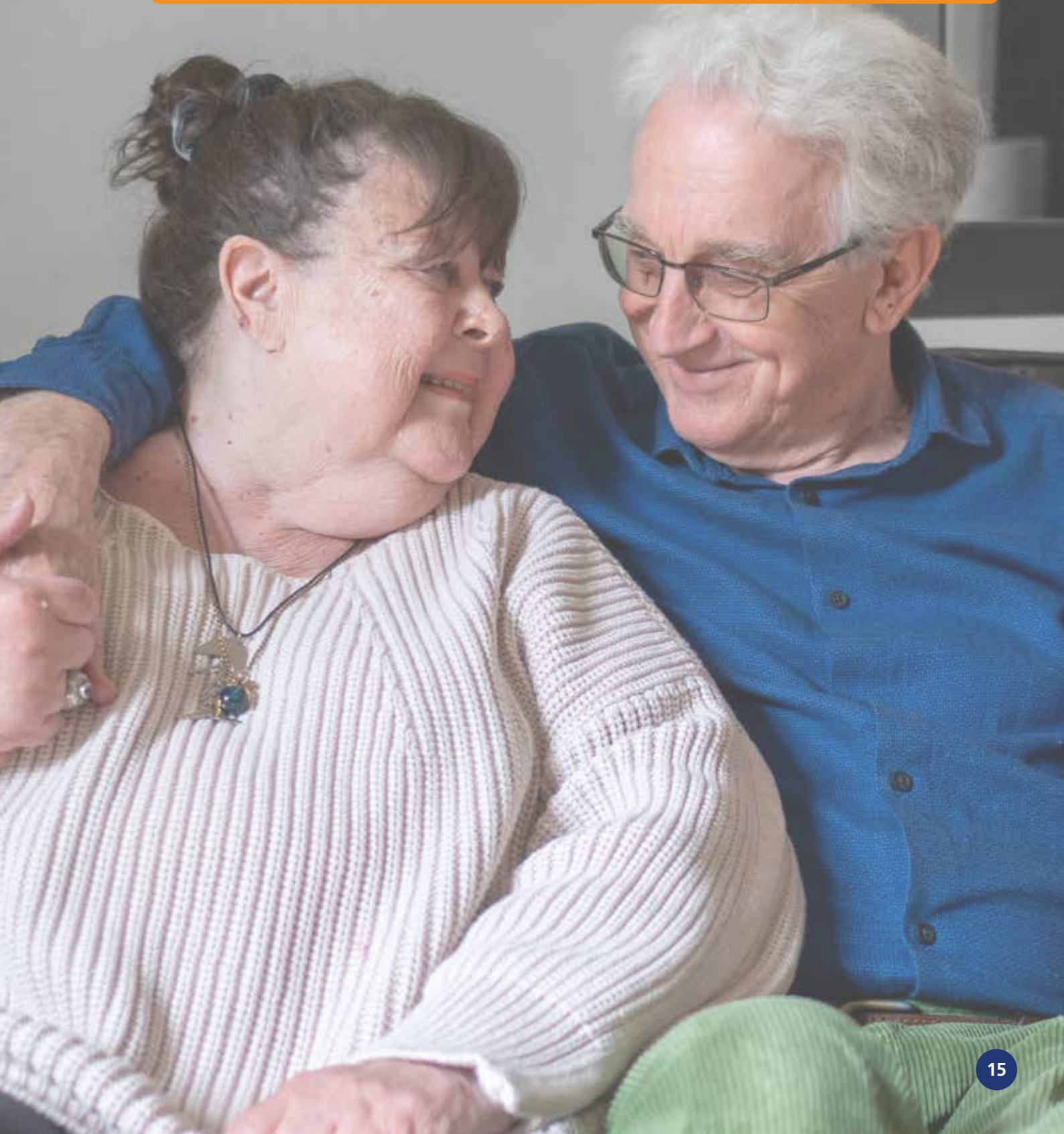
This includes: The launch of a multiple level public membership scheme in which how involved the individual or community is, is entirely down to them.

Extend Working Voices - a local NHS programme that aims to reach people at work, allowing us to build strong partnerships between businesses, the NHS, local authorities, voluntary community services, and other health and opportunities to get involved in our work.

Develop a culture of participation, collaboration, and improvement



This includes: Making sure engagement is appropriate and proportionate and happens early in the planning process. Virtual and face to face training will be provided to colleagues across the ICB and wider partners to ensure they are fully aware of the requirements for engagement, the model and processes for conducting engagement and we will ensure appropriate governance and assurance processes are in place. A best practice engagement toolkit will support training.



What are we going to do?



Strengthening the voice of underrepresented groups

- Working with the VCSE, Healthwatch and partners on an approach for ongoing insight capturing, particularly from our underserved communities. This will ensure we understand our communities' needs and we will listen and gather their insights and use them to inform our work and developing opportunities for coproduction and working hand in hand with our communities to tackle system priorities.
- We will be proactive and relentless in our approach to building contacts in our more deprived and diverse communities. Data shows us this is where many of our pressure points lie and so, if we are to truly improve the health of our population and reduce health inequalities, we must bolster representation of these groups through our public membership scheme and general engagement activity.
- We will apply emphasis on building relationships with our children and young people as we aim to build a NHS fit for the future. We will be doing this by being more proactive on key social media and digital platforms.
- Using stakeholder mapping and equality impact analysis we will be able to identify key communities, people and organisations who could support engagement and involvement. Importantly, this will also enable us to build new relationships – broadening our insight and understanding of patient and public experience.

Historically, we have strong engagement links with many communities and the input of these people is invaluable. But we will do more to involve underrepresented groups such as younger adults, people living with a disability, LGBTQ+, the Black, Asian and Minority Ethnic and pregnant women.

How will we measure our success?

All of our work will have a sharp focus on our most underrepresented communities. We will have a younger, more diverse public membership, with strong relationships with key community figures across Humber and North Yorkshire.







Lead a new and innovative way of system working



- **Build and host an ICS Insight Bank** - We will build an Insight Bank fit to host all system - wide public intelligence.

This will include engagement activity, whether it is a specific project or a statutory piece of work, complaints, patient experience reports, locally, regionally and nationally.

Staff and external partners will all be able to access and benefit from the data.

The Insight Bank will play a pivotal role in shaping our future engagement in communities across Humber and North Yorkshire. We will study what we already know, share contacts, identify gaps in the system where we need to engage, implement meaningful and detailed engagement activities as a system. We will particularly link our system engagement work to our four clinical priorities: cancer, cardiovascular disease, frailty and mental health as these are the key areas if we are to hit our system aims.

Working with the VCSE, Healthwatch and partners on an approach for ongoing insight capturing, particularly from our underserved communities, to ensure we understand our communities' needs and empowering our people and communities; and we will listen and gather their insights and use them to inform our work and developing opportunities for co-production and working hand in hand with our communities to tackle system priorities.

We will lead system wide social media polls to gather live insight. They may be snap polls to gather general views or on more specific topics. We will also target particular groups or communities via paid-for social media activity where possible as this is proven to reach large numbers of people - or through online neighbourhood forums such as Facebook pages and more. We will connect with groups of people on their preferred platform – whether that is Instagram, X, TikTok, Snapchat or creating Whatsapp groups and more.

How will we measure our success? The Insight Bank to be successfully launched across our ICS with staff throughout partners using the repository, packed with hundreds of pieces of intelligence, to help improve knowledge, shape options, decision making and ensuring patient voice is embedded across Humber and North Yorkshire – not just in our ICB. The Insight Bank will be the catalyst and focal point behind a new era of collaborative, more efficient and targeted engagement. There will be less duplication and richer insight gathered, together.

Invaluable and regular insight via a range of social media platforms will serve to bolster our system wide intelligence repository.



Launch and build a diverse public and partner membership

Launch a three-tier public membership scheme, Community Voices

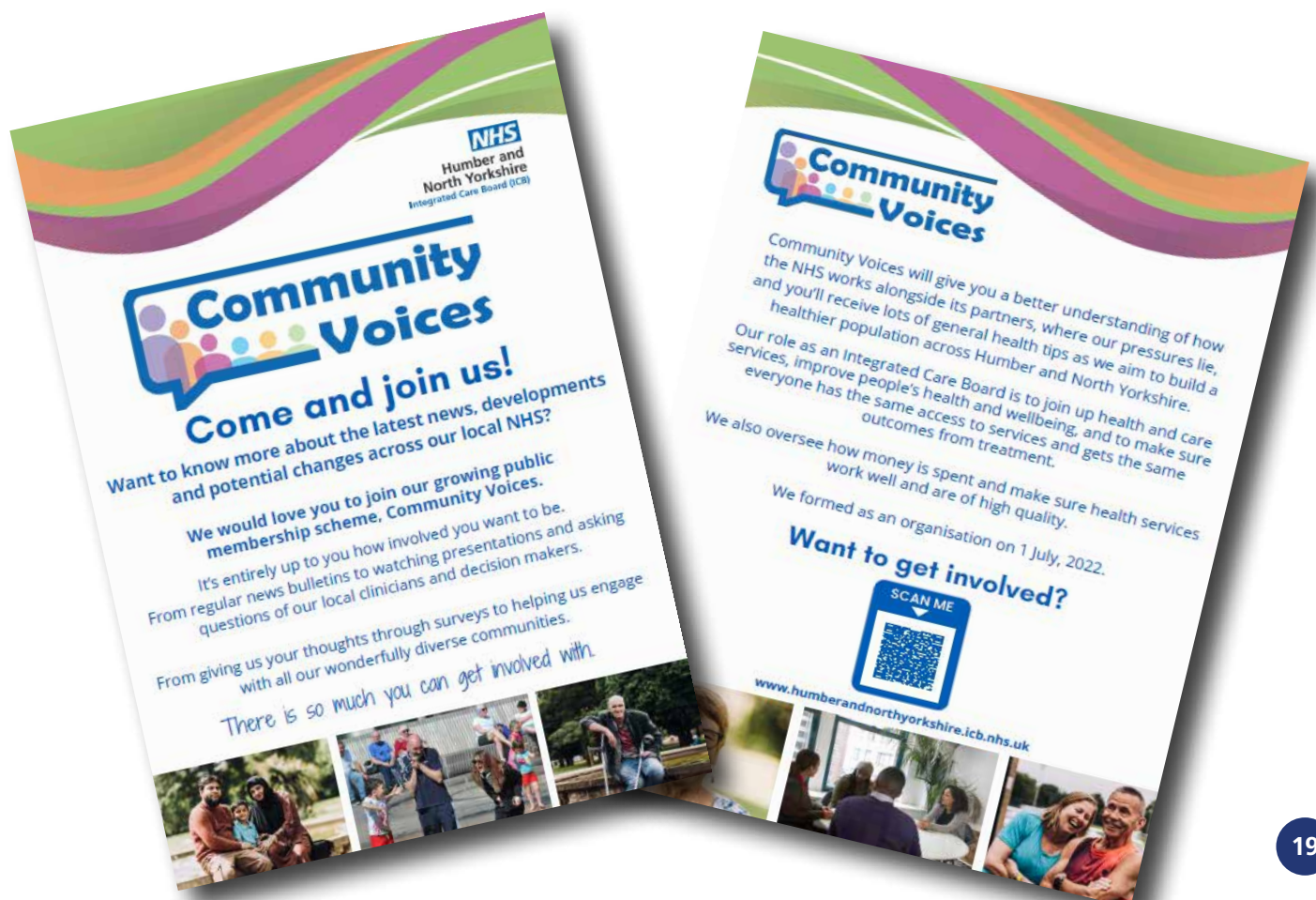
Level one – members will receive regular news bulletins. Our population has told us they continue to particularly value local news. As a result, our e-magazines, which will be bright and engaging, will be Place focused with its initial news stories.

Thereafter, newsletters will include a mixture of health-related news from the ICB, ICS and nationally – as well as offer opportunities for people to get involved in projects of work. They will be full of health messages as we strive as an organisation to build a healthier population.



Level two - members not only receive regular news bulletins, but also invites to virtual and in-person Patient Engagement Network events with the ICB. These meetings will be an opportunity for the public to gain more in-depth knowledge of what is happening locally by watching presentations and being able to take part in Q&A sessions with ICB leaders and project managers. Seeking people's views on specific pieces of work will be a critical part of this.

Level three - members can be more heavily involved in everything we do as both an ICB and as an ICS. Here, supported by the knowledge gained from levels one and two, members will be able to form focus groups on particular projects we need public input on, proof documents, help plan/implement an engagement approach with us, form a scrutiny panel for our engagement work to be held account to. This level and exactly what will happen will be co-produced between the ICB's engagement team and the members themselves.



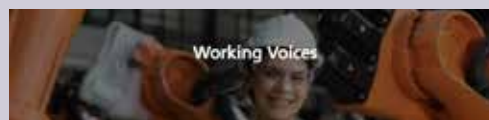
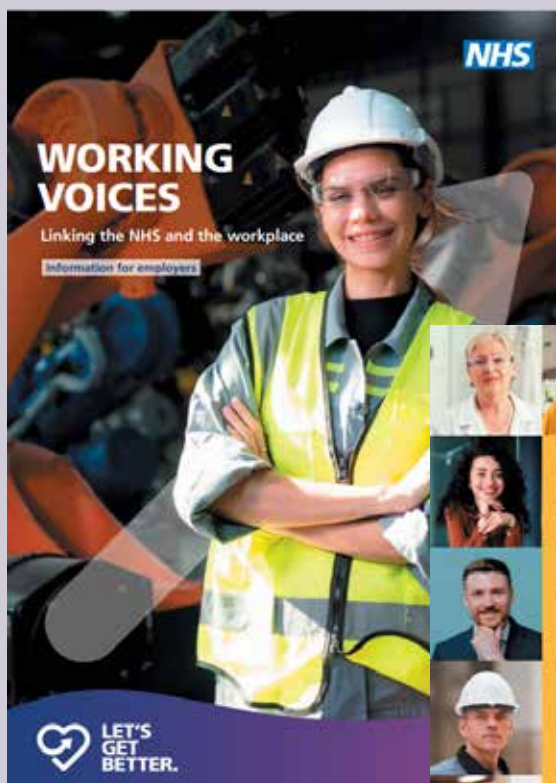
Extend Working Voices across the Humber and North Yorkshire region

Working Voices is a local NHS programme that aims to reach people at work.

The NHS has always been at the heart of local communities. We want to support employers to improve the health and wellbeing of their employees by providing information about local health and lifestyle services. We also want employees to have their say about local health services to help us plan and design services that meet their needs and preferences. We will work hard to get as many Humber and North Yorkshire businesses as possible, signed up to this scheme.

Supporting employees to have good health and wellbeing brings many benefits to business' including reducing sickness absence, lowering staff turnover, increasing employee satisfaction, and improving productivity.

How will we measure our success? A refreshed membership scheme launched – with thousands of members who want to be informed, involved or both. We will have a younger, diverse membership with regular opportunities for more keen members to get involved in projects of work (such as website development, social media approaches etc).



Our aim is to work with businesses to help support staff to improve their health and wellbeing.

Click image above to read more about Working Voices on our website





Develop a culture of participation, collaboration, and improvement

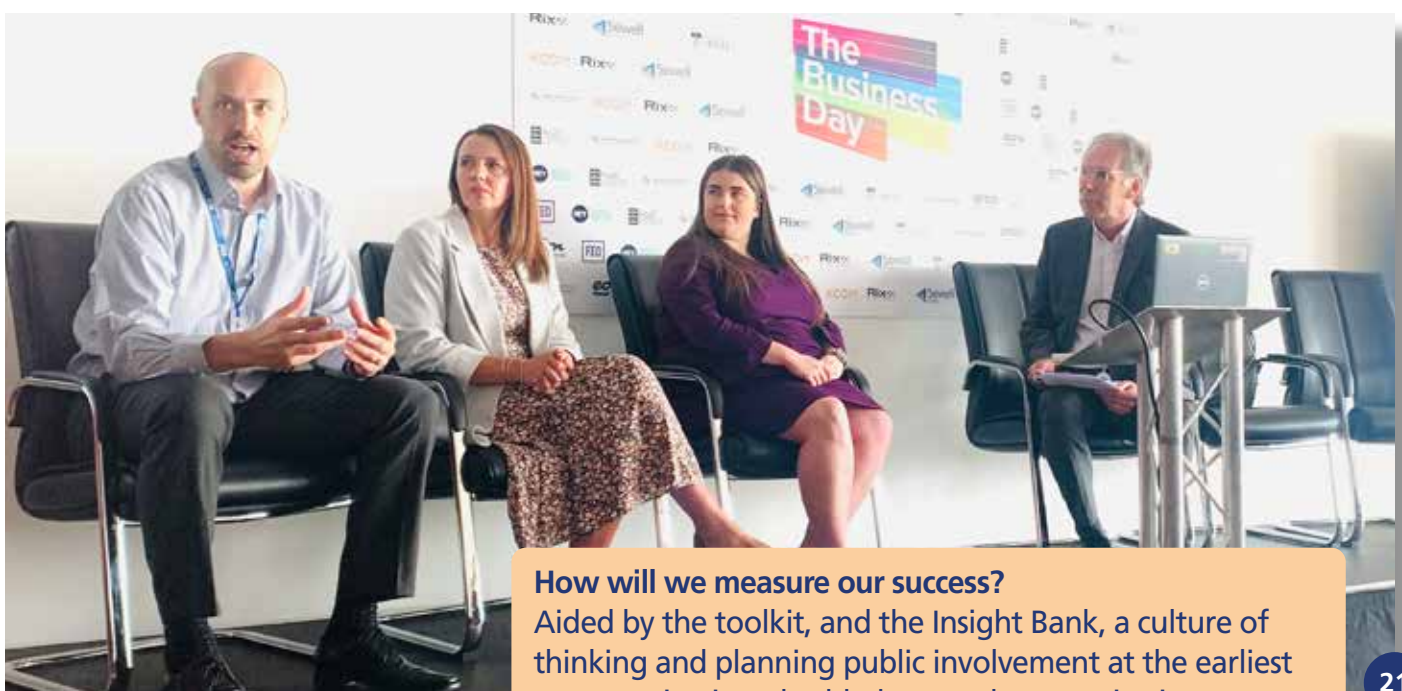
We will develop an extensive but simple-to-use engagement toolkit for not only ICB staff but also staff across the ICS.

The toolkit will promote best practice at all stages of the engagement cycle. The involvement process will be embedded throughout the organisation, courtesy of continuous staff training at ICB and Place level. Staff will have the opportunity to book slots with engagement professionals for advice and guidance with their projects of work.

The main purpose of the toolkit is to ensure engagement is being implemented in all areas of the organisation – and that all members of staff are equipped to do so when there is perhaps no need for an engagement professional.

We will produce tailored materials and methods relevant and relatable to empower people to participate in the conversation. We will use a pro-active, flexible and dynamic approach, identifying the best range of methods to reach a diverse audience. We will adapt to their needs.

The final aspect to any engagement is to close the loop, feeding back the findings and feelings of those who took part with decision makers. We will then share the impact the findings had on the decision or design with all those who took part for complete transparency. We will also share and act on the learning discovered by the engagement to improve for the future.



How will we involve people?

Purpose

By being clear about the aims and objectives, what we are trying to achieve, and how the feedback will influence and inform service design and decision making we will make involvement and listening meaningful.

Insight

Through a new public membership scheme, previous engagement, and patient experience findings hosted on our new system-wide Insight Bank, we can reduce duplication and engagement fatigue. This will also help us assess any gaps so we can better target our engagement and make sure conversation builds on previous work.

Connect

Using stakeholder mapping and equality impact analysis we will be able to identify key communities, people and organisations who could support engagement and involvement. This will enable us to tap into existing knowledge and expertise, and make full use of existing relationships with communities as well as help us build new ones.

Methods

Tailored materials and methods will create a relevant relatable approach to empower people to participate in the conversation. We will use a pro-active, flexible and dynamic approach, identifying the best range of methods to reach a diverse audience. We will adapt to their needs.

Feedback

The final aspect to any engagement is to close the loop, feeding back the findings and feelings of those who took part with decision makers. We will then share the impact the findings had on the decision or design with all those who took part for complete transparency. We will also share and act on the learning discovered by the engagement to improve for the future.

Making engagement count

Engagement is more than just a popular concept - it's the foundation of meaningful connections and lasting impact.

But how do we ensure our efforts resonate and deliver results?

The key lies in measuring both impact and success. This demands a strategic approach to cultivating authentic engagement, along with a clear understanding of how to measure it. By aligning our goals with actionable insights, we can make every interaction count and effectively track our progress.

There are a number of mechanisms by which the engagement work of the ICB is measured through assessment and accountability processes, including:

- NHS England has an assurance process to check we are following the correct processes for consultation
- Local Overview and Scrutiny Committees and Joint Health Overview and Scrutiny Committee
- Involvement Annual Report assurance processes
- Assurance at ICB Board

In addition, we've looked at our engagement priorities and the 10 principles and identified what we will deliver to evidence our commitment to involving patients and the public.



The 10 Principles for engagement

1

Centre decision-making and governance around the voices of people and communities

Outcomes



- Significantly expand our membership scheme – with a larger number of our population involved and from diverse backgrounds.
- Engagement work will move from the centre, to the groups in our local communities. We will not expect people to come to us.
- ICB colleagues are trained to better involve people in a proactive way throughout their work.

2

Involve people and communities at every stage and feedback to them about how it has influenced activities and decisions

Outcomes



- Working Voices expanded across our ICB geography.
- Regular, clear and timely updates showcasing engagement opportunities to be shared and so people know how to get involved.
- Develop a comprehensive engagement toolkit – train ICB colleagues to better involve people in a proactive way early in their work.

3

Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working

Outcomes



- Develop and launch system wide Insight Bank – capturing what we already know.
- Taking the lead on better sharing of public insight and patient experience across system partners, including Healthwatch, VCSE, providers and local authorities, to better understand the community's needs. Via this data we will be conducting significant pieces of engagement work, linked to our system objectives, as a system more routinely.

4

Build relationships based on trust, especially with marginalised groups and those affected by health inequalities

Outcomes



- Using stakeholder mapping and equality impact analysis we will be able to identify key communities.
- Reaching out to new groups who may not have previously engaged. Pro-active and relentless approach.
- Strengthen links with our underrepresented groups, understand who they are. Doing something about it.
- Strengthen relationships with our VCSE partners who have these relationships to ensure we understand our communities' needs and empowering our wonderfully diverse cultures and people.

5

Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners

Outcomes



- Work with our partners to develop a system-wide Insight database, collating feedback and experiences from people and communities across all channels and organisations to inform our involvement activities and decision making.
- Work in partnership to maximise opportunities and improve outcomes for people and communities – all through the Experience of Care Forum.
- We will develop strong relationships and connections to existing networks, rather than creating something different.

6

Provide clear and accessible public information about vision, plans and progress, to build understanding and trust

Outcomes



- We will communicate in a range of ways appropriate to the communities. We must be clear and consistent in our You Said We Did (or did not) reporting back.
- Our public e-magazine and Patient Engagement Network forums will play a pivotal role in this.
- Deliver training to ICB staff, so they are aware of the engagement model, requirements ensuring engagement is embedded across the whole organisation – before, during and after the project.

7

Use community development approaches that empower people and communities, making connections to social action

Outcomes



- Retaining and enhancing our close working relationships with local authority, VCSE and Healthwatch partners in order to reach as many communities as we can.

8

Have a range of ways for people and communities to take part in health and care services - use co-production, insight and engagement to achieve accountable health and care services

Outcomes



- Our involvement activities will be data driven, built on insight and patient experience working through the system's Experience of Care Forum.
- We will manage expectations and articulate limits to what we can/can't do – honest and open.

9

Tackle system priorities and service reconfiguration in partnership with people and communities

Outcomes



- Our governance and reporting structure will ensure public and community feedback is heard before decisions are made.

10

Learn from what works and build on the assets of all partners – networks, relationships, and activity in local places

Outcomes



- Make use of what already exists – insight bank holding local intelligence (and other data holding platforms).
- Continue to strengthen and work together as system partners and sharing contacts and intelligence. Together, we will make a difference.

Our engagement work to date

Get Involved section of the website

Click image to view our Get Involved page on the website



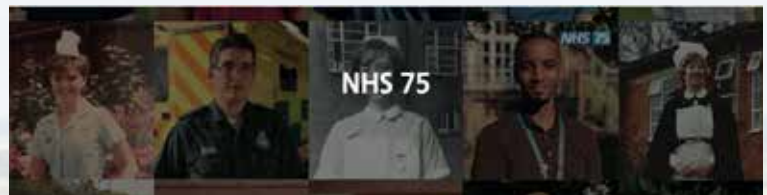
Humber Acute Services Programme

Click image to view our Humber Acute Services Programme page on the website



Celebrating 75 years of the NHS

Click image to view our NHS 75 page on the website



NHS 111



Pride



Hull Urgent Treatment Centre



Bridlington Health Plan



Catterick

We are continuously listening to our patients and wider public.
To read reports on our latest work, or to get involved,
[please visit our Get Involved page](#) on the website



Humber and North Yorkshire Health and Care Partnership

Health House
Grange Park Lane
Willerby
HU10 6DT

Web: www.humberandnorthyorkshire.org.uk
Web: www.humberandnorthyorkshire.icb.nhs.uk

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Health and Wellbeing Board

20 November 2024

Report of the Director of Public Health

Update on Goal 10 of 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 one of the ten big goals within the Local Joint 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 the January 2023 meeting of the Health and Wellbeing Board (HWBB) members of the Board agreed a framework for an action plan and a Population Health Outcomes Monitor for the Joint Health and Wellbeing Strategy 2022-2032. This was followed by agreement at the March 2023 meeting of a populated action plan and a Population Health Outcomes Monitor. Over the last 12 to 18 months updates have been presented on **Goals 1 to 9** of the strategy and their associated actions.
4. Today's report provides an update on a further goal:
Goal 10: Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population
5. This report also provides information on the **4** associated actions for the goal along with updates on the agreed key performance indicators associated with the goals.
6. The agreed actions cover the first 24 months of the strategy's 10-year life span.

Goal 10: Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population

7. **Action A25:** Support more people in the city to increase social connection through social prescribing and local area coordination thereby reducing or preventing illness.
8. Progress: Local Area Coordination (LAC) and Social Prescribing are recognised as strength-based programmes that apply person centred approaches, supporting people to achieve more healthy, happy and connected lives. Loneliness is one of the primary reasons why people are referred to both teams. Introduced alongside one another in 2016/17 as integral parts of the Health and Adult Social care community operating model and recognising the need to invest more in early intervention, prevention and asset based community development, the teams have actively collaborated to enable added value, whilst respecting their unique offers.
9. Both teams have built up trusted relationships with the people they have been referred to and a deep appreciation of neighbourhood assets focusing on people's goals and resources rather than their problems, enabling people to build their family and community networks to overcome loneliness.

Local Area Coordination

10. LAC is an internationally recognised approach to creating networks of support around people to increase independence and reduce dependence on statutory services. Often referred to as 'a bridge from loneliness and social isolation to active citizenship' It is an evidence-based approach to supporting people as valued citizens in their communities. It enables people to pursue their vision for a good life and to stay safe, strong, healthy, connected and in control. As well as building the skills, knowledge and confidence of people and the community, Local Area Coordination is an integral part of system transformation. It simplifies the system and provides a single accessible point of contact for people in their local community. The York programme is a member of the national LAC Network which host a bank of evidence from across the country.
<https://www.communitycatalysts.co.uk/lacnetwork/>

Key metrics and citizens stories addressing loneliness:

11. Quarterly Local Area Coordination performance reports are produced by the York LAC team, which capture many of the stories of people the team 'walk alongside'. The LAC team has supported over 6,000 people since the inception of the programme. Of the 745 live cases currently, there have been 313 positive outcomes achieved that have related to reduced loneliness and isolation. Over 90% of people introduced to the team also reported feeling less socially isolated and more connected to their community.
12. The main reasons people get in touch or are introduced to a LAC are related to Poverty and Financial concerns, Mental Health, Loneliness & Isolation, and Housing issues. These issues are often interlinked and loneliness is a common factor across the majority of presenting issues.
13. The York team have also collaborated with the national Local Area Coordination Network to capture the digital stories of citizens. The story of Glynn is a good example of how LAC can help address loneliness and isolation and how our early intervention and prevention services have enabled Glynn to realise a good life through LAC, the Health Trainers Service and Move Mates all collaborating to build Glynn's wellbeing, social connection and networks. This followed an initial introduction to the Westfield Local Area Coordinator from a local Councillor. The story is attached as Annex 1 and a film of Glynn's story is here <https://www.youtube.com/watch?v=ikfQy2Br4Tw>
14. The Network has also produced an animation of the story of Dee, a disabled citizen who has been supported by one of the LACs. Following a life changing operation, Dee was supported to reconnect with her community, overcoming loneliness and social isolation. This has recently been captured as an interactive story that highlights, in Dee's own words, her journey from loneliness and isolation to active citizenship and helping others. Dee has become one of the council's volunteer Community Health Champions, is now a qualified chair based fitness instructor and has shared her story at the LAC national conference.
[Read Dee's Story here](#)

15. An in-depth evaluation of York's work can be found in the paper 'Bridging the Gaps in Evidencing Prevention; key findings from a Multi-site Study of Local Area Coordination' – see background papers. The research was led by the Universities of Sheffield, Hull and York and funded by the National Institute for Health Research. A subsequent roundtable workshop has taken place with the Department for Health and Social Care, to help build the learning from LAC into national social care policy development.

Key findings from the report identify individual level impacts:

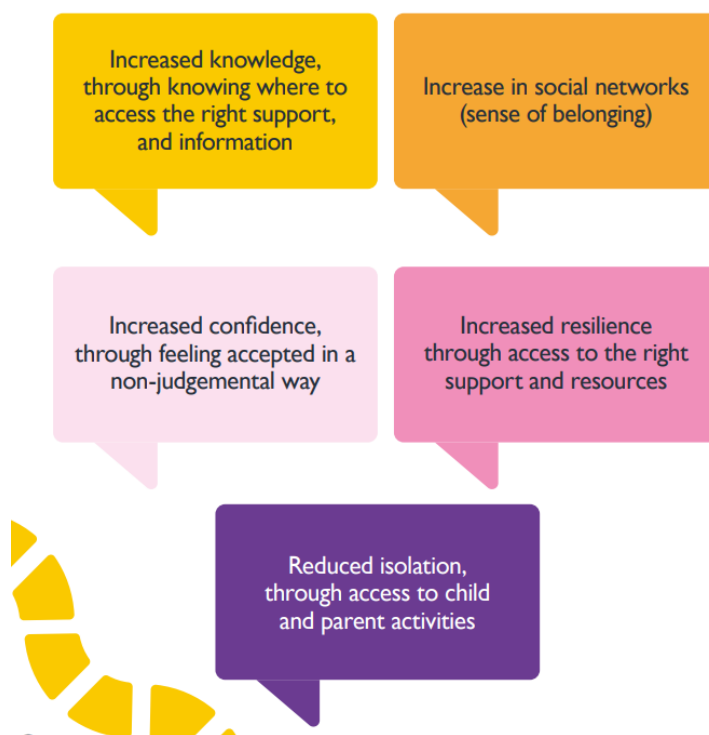
"Outcomes and impact data at individual level highlights a strengths-based approach and the benefits it brings. Two key outcomes identified were 'feeling accompanied and reduced isolation' and 'fostering confidence and independence'. Participant data provided strong evidence that this enabled them to better cope with challenges, reduce their stress and anxiety and reduce their risk of falling into crisis."

Social Prescribing

16. In 2022-23 York CVS's Social Prescribing teams worked with 3,979 people. This number increased to 4,416 in 2023-24. Loneliness was a primary issue for many individuals referred into the social prescribing teams.
17. In 2023-23 91% of those supported by the Ways to Wellbeing team reported that they were less socially isolated and / or more connected to their community since working with their social prescriber. In 2023-24 this number increased to 96%.
18. 94% of people supported by the Primary Care Link Worker team in 2023-24 reported an increase in how satisfied they were with their lives following input from their social prescriber. For further information please see Annex 2
19. **Action A26:** Support the development of thriving people and communities through asset-based community development (ABCD), neighbourhood action plans and community hubs which prioritise addressing loneliness.

20. The council's Communities team have been developing neighbourhood action plans to complement ward working and the delivery of local priorities. Reflecting an ABCD approach the team have been working through a community asset mapping process that maps assets, connections and associations helping to build the social connections between citizens. The action planning process has included a variety of networking and engagement opportunities and review of ward priorities, that enables us to find out what people living in a community care enough about to work on together to change, develop or sustain. Ward funding is then available to support the development of community action projects that respond to locally agreed priorities. Currently 17 of the 21 wards have prioritised addressing loneliness as one of their local priorities and all wards have funded local projects to address this.
21. Ward Committee funding has supported community capacity building and activity in the city for over 30 years. In respect to combatting social isolation, the funding has supported the development of community hubs, lunch clubs, trips, social activities and support services and more. An analysis of the ward funded schemes in the financial year 2023/24 shows that just over 50% of the total value invested in ward committee grants and schemes over this period contributed either directly or indirectly to combatting social isolation in adults and supporting citizens to lead their best lives.
22. The network of community hubs in the city continue to evolve and are connected through the Good Place Network, which brings Community Leaders from the hubs together to explore issues in the city including food poverty, financial inclusion, warm places, loneliness and social isolation. A warm places grants programme was provided last year and will be repeated, providing grants to community hubs to ensure that people are able to connect with their neighbours in local settings, building a sense of belonging and helping to overcome feelings of loneliness and social isolation. National research has identified the importance of warm space hubs in providing a sense of belonging and tackling loneliness.
<https://www.theguardian.com/society/2023/apr/26/warm-rooms-winter-loneliness> Last year, the £40,000 'Good Place Warm Place Grants' Programme supported a total of 28 projects forming a network of warm places across the city. The warm place grants have also been made available for a further year and are currently live.

23. In July 2023 Family Hubs were introduced to York as part of a successful Transformation Grant through the Department for Education. These were established in areas of greatest poverty (Westfield, Tang Hall & Clifton) and facilitated through the Children Centres and Libraries in these wards. This brought families together through activities for their children and a warm welcome. There were 5097 unique users of the Family Hubs during the year. Evidence suggests Hubs were providing a facility for parents who do not have a support network in York, including parents who were new to the area and/or don't have English as a first language, suggesting Family Hubs were providing a vehicle to help reduce loneliness and isolation and develop social networks. Developing this community-based approach has also enabled the opportunity to also recruit and train 14 Parent Champions.
24. The outcomes the Family Hub initiative identified through working with families and young people had a strong emphasis on social isolation and community connections.



25. The Community Health Champions programme recruits local volunteers with a passion for promoting positive health and wellbeing across their communities. Community Health Champions are people who, with training and support, voluntarily offer their skills and passion and make use of their community links to transform Health

and Wellbeing in their neighbourhood. A number of people who have been supported by Local Area Coordination have gone on to become Community Health Champions. Further information is provided at Annex 4.

26. Move Mates <https://www.movethemasses.org.uk/move-mates/> run by the charity Move the Masses, is an opportunity for someone who struggles with their physicality to be matched with a volunteer to go for a walk, improving physical health, reducing isolation and feeling happier! In 2023-24 there were 112 active pairings throughout every month of the year. In addition to the physical and mental wellbeing benefits, this also helps to reduce loneliness and social isolation. Move Mates has received funding from Ward Committees and the Better Care Fund.

“I feel mentally a lot better for walking with [my volunteer]. It is the one thing I look forward to all week.”

“I look forward to it and it is nice to have company because I don't get out on my own.”

Case Study:

Nick

47-year-old Nick was referred to Move Mates in November 2023 by his Local Area Coordinator. Nick is blind and has mild learning difficulties. He wanted to walk with a Move Mate to help manage his weight and to get out and about more regularly, addressing loneliness.

Nick is a people person who enjoys chatting. He is a great lover of walking, but he needs one to one support to do this due to his blindness. In January 2024 Nick was paired with a volunteer, Peter. We felt that they would be a good match due to their personalities and senses of humour - both enjoying a good joke and chat.

Due to Nick needing a sighted guide, we arranged for Peter to attend Sighted Guiding training. They walk together weekly using Nick's ramble tag. After previously struggling with obesity, over the last six months of walking with Peter, Nick has managed to lose some weight. They get along wonderfully, and Nick gets a lot of enjoyment from Peter's company and the walking. Nick has now also joined the 'Let's Walk' walking group which Move Mates runs in collaboration with the CYC

Health Champions. The walk is another chance for Nick to exercise and socialise.

The one-to-one walks Nick has weekly with Peter enable him to walk at a faster pace which has been instrumental in his weight loss achievements, as well as providing him with the opportunity to go to different places and have agency over the routes chosen. The monthly group walks provide him with an extra opportunity to walk and to socialise with a wider group of people.

27. **Action A27:** Support the development of relational centred practice including intergenerational approaches to addressing loneliness through Age Friendly York and our social connections programme.
28. York has actively taken part in the work of the Relationships Project <https://relationshipsproject.org/> over the last two years, helping to contribute to growing the field of relational centred practice through publications including the Case Maker <https://relationshipsproject.org/case-maker/> , recognising when we put relationships first, everything is better. Relational centred practice will become a key principle within the introduction of Integrated Neighbourhood Teams and the development of the new Neighbourhood model for York.
29. The Age Friendly York model continues to provide the opportunity for citizens, providers and organisations to get together to develop a shared approach to solving solutions that impact older people. These include Age Friendly York sessions that create a relational centred approach to problem solving. One of the five Age Friendly York domains is Your Time which had a strong focus on social isolation through the [Baseline Assessment](#).
30. Practical initiatives have been codesigned with Age Friendly York, including Happy to Chat benches across the city, which provide permission and opportunity for people to talk to each other, often bringing older and younger people together.
31. The 'Take a Seat' initiative was also launched to ensure older people felt confident in accessing the city by widening the opportunity to rest their legs or use businesses facilities in an inclusive way. Therefore enabling older people to remain connected to their city and the people in it.

32. Learning from the evidence-based Cares Family <https://www.thecaresfamily.org.uk/> model of intergenerational approaches to addressing loneliness, York Cares have led a partnership approach to the development of social clubs in the city. The clubs bring younger and older neighbours together to build mutually beneficial friendships and relationships, helping to reduce loneliness. The partnership made up of York Cares, York CVS, York Neighbours, Students Unions from both Universities, One Voice York and the council have collaborated to deliver the social clubs programme. Over the last year 90 older people and 158 younger people have connected through the social clubs. The activities have helped bridge the intergenerational divide, reducing loneliness and social isolation. Building on assets in the community, monthly Social Club Coffee mornings are now taking place at the Spurriergate Centre and York Community Furniture Store, alongside a programme of social clubs around the city that have connected younger and older neighbours to the cities' cultural and environmental assets.

A York St John student has undertaken their dissertation on the impact of the social clubs. It concluded

"Promoting intergenerational exchange and bringing together all ages of the community, has increased community values, created meaningful moments and has enriched the lives of participants, boosting overall wellbeing, which is in line with York Cares aims of promoting wellbeing amongst neighbours"

One younger neighbour commented

"There's a massive wealth of stories to be told and experiences in the room. It's like one big, massive wisdom share. One couple who I got their whole life story off, probably in their 80's, she had so much va va voom in her. I thought she was so inspiring"

An older neighbour commented

"The social club concept is a sort of extension of your next-door neighbour. I remember thinking this is what Christmas is about bringing together the Christmas spirit in the community"

33. **Action A28:** To identify gaps in provision for those at greatest risk of loneliness and lead partnership action to fill gaps.

34. In collaboration with the Curiosity Partnership, (which brings local authorities and universities together to build research capacity in social care, helping to inform local priorities)
<https://www.curiositypartnership.org.uk/about/> York CVS and the Council hosted a loneliness workshop at the Guildhall in April, exploring 'York's Loneliness puzzle'. This combined showcasing a range of approaches in the city, including local area coordination, social prescribing, Homeshare, Musical Connections and York Cares, that are utilised to help reduce loneliness as well as discussion groups to try to get a clearer understanding of the challenges in York and the potential ways forward. Presentations were delivered by the Director of Public Health on loneliness data in York, alongside a key note address from Dr Kalpa Kharicha, Kings College London and research lead at the Campaign to End Loneliness. Dr. Jon Burchell from the University of Sheffield also presented the research findings on a two year multi site study of local area coordination, a summary of the research and blog has been produced by the National Local Area Coordination Network here [a blog](#)
35. There is an opportunity to undertake further research work with the Curiosity Partnership to understand the impact of loneliness, those that might be of greatest risk of loneliness and how strength based approaches might be utilised to address this. A copy of the Loneliness Showcase event report is attached as Annex 3.
36. Through the RAISE York Family Hubs Network, we have identified that there is a risk of loneliness with parents and guardians that provide Elective Home Education. The parents have already set up social groups to address this, however we want to ensure that these groups have access to the holistic needs of the family that they may otherwise miss out on from not being at school. The Family Information Service are supporting health colleagues to ensure these opportunities can be offered without impact on what they have facilitated.
37. The Family Information Service, as part of the Family Hub Network, have also introduced sessions at Stay City for families that are asylum seekers. The team are able to signpost, amongst other things, opportunity for social activities to reduce isolation and feel more part of the community.

38. Whilst older people are identified as at greatest risk of social isolation, the York Older People's Assembly, are a fantastic example of recognising older people as active citizens and are integral to the running of the annual '50Plus Festival'. Now in its nineteenth year, in September the Festival provided the opportunity for over 130 taster opportunities with a wide range of activities, 58 of these including a sport and physical activity offer. York's U3A movement continues to thrive with over 130 groups running. Further details are here <https://york.u3asite.uk/groups/>
39. A common challenge however is not the availability of social activities but often the means to get there. In response to this, Age Friendly York facilitated two community transport meetings in 2024 with citizens, Elected Members, the Transport team and providers to try to seek a suitable solution. The group identified that the biggest challenge was for people who use a wheelchair, as it is very difficult to book a suitable taxi in advance.
40. In addition, in 2023 it was identified that only 60% of people that have a concessionary bus pass use the bus in comparison to pre-COVID. The survey was carried out by the York Older People Assembly. Those that were identified indicated that they still do not feel safe in an enclosed space or that they do things more locally, reducing the need to catch a bus. There were further checks on this statistic and the percentage had only increased by about 5% in six months. This further reflects the importance of providing social engagement opportunities locally within neighbourhoods.
41. As set out earlier in the report, the wide range of asset based models and approaches we have described is not an exhaustive list. As ultimately all services can be offered in ways which aim to help people to build and maintain family, social connections and relationships, all helping to address loneliness, whilst also building confidence, knowledge and resilience
42. The Joint Local Health and Wellbeing Strategy reinforces this message, through our strategic approach to be a health generating city, where all citizens are supported to be the producers of their own health and wellbeing outcomes.
43. **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 are at **Annexes 5 and 6** to this report and provide further information on **Goal 10** of the strategy.

Consultation and Engagement

- 44. As a high-level document setting out the strategic vision for health and wellbeing in the city, the new Local Joint 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.
- 45. 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.
- 46. 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

- 47. 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

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

Recommendations

- 49. 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:

Joe Micheli
Head of Communities

Chief Officer Responsible for the report:

Peter Roderick
Director of Public Health

Report
Approved



Date 06.11.2024

Background papers

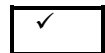
- Bridging the Gaps In Evidencing Prevention: Key Findings from a Multi-site Study of Local Area Coordination, April 2024, <https://www.communitycatalysts.co.uk/lacnetwork/wp-content/uploads/sites/3/2024/05/Bridging-the-gaps-in-evidencing-prevention.pdf>

Specialist Implications Officer(s)

None

Wards Affected:

All



For further information please contact the author of the report

Annexes:

Annex 1 Glynn's story

Annex 2 York CVS Social Prescribing teams and loneliness

Annex 3 Curiosity Partnership Loneliness workshop report

Annex 4 CYC Community Health Champions

Annex 5 HWBB Key Performance Indicators Goal 10

Annex 6 HWBB Goal 10 Key Performance Indicator Trends

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Local Area Coordination - Glynn's Story – Westfield**Introduction**

Glynn was introduced to his Local Area Coordinator by his ward Councillor.

Situation

Glynn was feeling isolated by not being able to get out during the pandemic. This was making his agoraphobia worse and he felt that he was losing the confidence to go out. He could only mobilise short distances with the aid of a wheeled walker (due to nerve damage and poor circulation in his legs, also breathing problems), and was considering getting a mobility scooter. The LAC suggested Move Mates, and Glynn was paired with a volunteer to go for a walk every Wednesday.

What happened?

Glynn looked forward to the walks, and discovered footpaths locally which he had been unaware of. The walks built his confidence, and Glynn found himself covering greater distances than he'd imagined, which resulted in aching legs. He asked the LAC for info about private physios. The LAC suggested the CYC Health Trainers, and emailed a link. Glynn made contact and was offered a one hour consultation the following week.

The Health Trainer agreed to send out a questionnaire, info about diet, and some exercises, and also offered ongoing support with giving up smoking. Glynn felt that the Health Trainer was genuinely interested in his wellbeing.

Glynn was so pleased with the progress he had made with Move Mates and the support from the Health Trainers, that he told his LAC he felt that the mobility scooter was less of a priority now - he realised he could start to access local shops on foot with his wheeled walker.

After taking massive strides to improve his quality of life, Glynn decided he would like to move to an Independent Living Community. His local area suffered from anti-social behaviour.

After a few months on the waiting list, a flat came up at a local ILC and Glynn went to view it, and accepted the tenancy. The LAC provided the name of a trusted removal company and it turned out Robert already knew the guy; the move was arranged and he quickly moved in to a ground floor flat which was a vast improvement on his old flat. He was able to get a 2nd hand mobility scooter which enabled him to get to the amenities in his new area. He was introduced to his new LAC who picked up on his interest in gardening and supported Glynn to get some raised beds and to grow flowers, fruit and veg. Glynn started to notice how many tenants were lonely and isolated, and rarely went out, and began to visit them for a chat and to tell them about other support services

He began to share information on organisations that could help older people, and as a result 3 tenants registered themselves with “York Neighbours”. This helped to reduce their social isolation. Glynn also started picking up bits of shopping for these tenants when his daughter took him shopping on a Wednesday. This led to him delivering freshly laid farm eggs to them once a week. Glynn also bagged up his surplus “harvest” of cherry tomatoes and delivered these round the flats.

Outcomes / difference for the person

Glynn’s viewpoint is that “those who have been helped by LAC, can then go on to help others”.

Asked about LAC, Glynn said “It’s given me the confidence to do what I do and help other people (and give them a bag of tomatoes now and again!)”.

What made the difference?

- The LAC had a well-established working relationship with Glynn, so there was no need for her to ask loads of questions about his circumstances
- The LAC had a good knowledge of local services
- The LAC had developed a good relationship with Move Mates
- The LAC’s relationship with the Health Trainers had been strengthened through the Practitioners Forum

Any perceived/evidenced preventions or savings as a result of Local Area Coordination intervention:

i.e. Reduction in health support, reduction in services, community providers/groups involvement, what may of happened without Local Area Coordination, etc.

No need to request community physio, was given exercises by Health Trainer

Reduced need for NHS, through Smoking Cessation programme and Move Mates walking

Reduced social isolation through Move Mates pairing

Reduced need for formal mental health services – improved mood and confidence through Move Mates, has enabled him to be in charge of his own health and wellbeing and to maintain a level of fitness and mobility, thereby reducing his need for statutory services

Without LAC, Glynn would have faced increasing social isolation and inability physically and mentally to go out into his local area. He is now going shopping independently to local shops for the first time in several years.

Thanks to his improved accommodation, Glynn’s wellbeing has further improved, he does not need to ring his HMO to report problems with ASB from neighbours.

Glynn's help for his elderly neighbours has helped them to make use of voluntary services and to overcome loneliness and social isolation.

Glyn makes good use of voluntary groups such as York Neighbours and OCAY; this reduces or eliminates his need for statutory services.

Glyn's confidence has enabled him to be a good and pro-active neighbour and his promotion of York Neighbours amongst his peers has in turn reduced their isolation.

This has all been a direct result of his introduction to LAC in the early days of the LAC service.

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York CVS Social Prescribing teams and loneliness

April 2022 to March 2024

1. Context

Social Prescribers links people to non-medical sources of support to improve their health and wellbeing. Social Prescribers develop tailored plans led by the person and their priorities, connecting them to community resources, groups and support services; learning and volunteering opportunities and peer support networks.

Between April 2022 and March 2024, York CVS provided Social Prescribing through a number of teams including:

- **Primary Care Link Workers:** Social Prescribers based in GP surgeries across York, working alongside individuals to get to know them, and ultimately help them improve their health and wellbeing
- **Ways to Wellbeing:** Provided social prescribing to individuals who were referred by local NHS secondary care services, including York and Scarborough District Hospital and Foss Park Hospital. The Ways to Wellbeing social prescribing contract was decommissioned in spring 2024.
- **Extra Discharge Support Service:** A partnership of voluntary sector organisations working together to support patients on discharge from York Hospital. The team includes a Social Prescriber.
- **Proactive Social Prescribing:** Providing proactive outreach to individuals with long-term respiratory conditions.

Loneliness is a primary issue for many individuals referred into the social prescribing teams, for example:

- 69% of individuals referred into the Ways to Wellbeing team in 2023-24 had social isolation listed as a reason for referral
- 46% of people working with the Proactive Social Prescriber identified isolation as a priority issue they wanted to address

2. Number of people supported by York CVS Social Prescribing teams between April 2022 and March 2024

The table below outlines the number of people supported by York CVS's Social Prescribing teams between April 2022 and March 2024.

York CVS Social Prescribing Team	2022-23	2023-24
Primary Care Link Workers	3,541	4,003
Ways to Wellbeing	421	242
Extra Discharge Support Service	17*	119
Proactive Social Prescribing	n/a	52
Total	3,979	4,416

**Provision started in March 2023*

3. Outcomes

3.1. Primary Care Link Workers outcomes

Measure	2023-24
Percentage of respondents reported an increase in how satisfied they were with their lives following input from the social prescribing team	94%
Percentage of respondents reporting an increase in the extent to which they felt that the things they did in their life were worthwhile	82%
Percentage of respondents who felt happier after having input from the social prescribing team	94%
Percentage of respondents who felt less anxious after having input from the social prescribing team	86%

3.2. Ways to wellbeing outcomes

Measure	2022-23	2023-24
Percentage of respondents identifying as less socially isolated and / or more part of the community since working with their social prescriber	91%	96%
Percentage of respondents who have been to any new groups or services since working with their social prescriber	90%	81%
Percentage of respondents identifying improved wellbeing since working with their social prescriber	89%	99%
Percentage of respondents identifying increase in confidence since working with their social prescriber	82%	99%

4. Case study

York CVS's Social Prescribing team run a monthly craft group in York for individuals who are working with a social prescriber. The group is kept small and often provides a stepping stone for individuals before attending larger groups or attending groups without a social prescriber present.

The social prescribing team received a referral for a woman who was recently bereaved. She felt lonely, struggled to make friends and found it difficult to adapt to life with no full time caring responsibilities. The social prescribers used the craft group as a starting point to allow the individual to build their confidence, explore her hobbies and interests and to start building relationships with others. Attending the group also provided an opportunity for the individual to build their confidence with accessing public transport.

Another woman who was feeling lonely, and struggling with her recent retirement from work was also referred to the team. Again, the craft group was used as a first step for the lady to

work out what she would like from social prescribing, if social groups were for her and whether she would be confident attending a group alone.

Through the craft group the two individuals created a solid friendship, have been proactively helping each other and have started doing things together. This friendship has allowed them to get out more, improving their physical health, as well as helping to reduce feelings of loneliness.

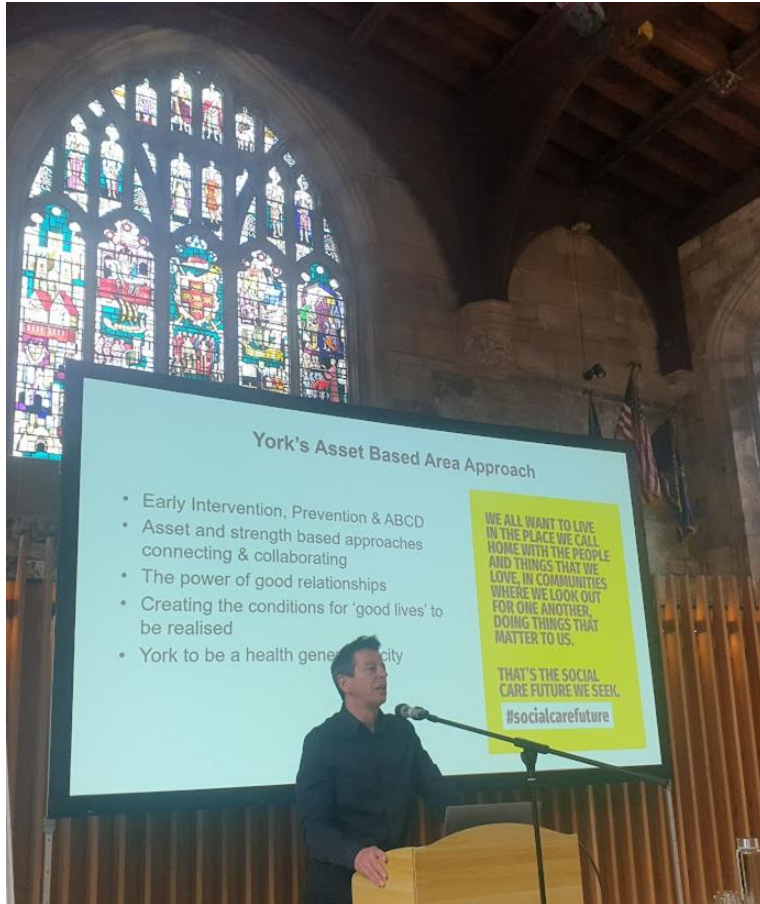
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Loneliness Evidence Showcase

Overview & reflections

Overview of event



The event was a mixture of presentations, lived experience videos, and roundtable discussions delivered jointly by CYC staff and academics working in the area of loneliness & isolation.

The event was sponsored by the Curiosity Partnership, a partnership which York are a part of, designed to build researcher and research capacity, knowledge and understanding of the value of evidence based practice.

Attendee summary



15 Local Authority employees:

Senior LACs, social workers, public health improvement officers & health and transformation officers



19 public/VCS employees:

Organisations such as Age UK York, Alzheimers Society, St Leonards Hospice & the Carer's Centre



8 Academic/researchers



UNIVERSITY
of York

KING'S
College
LONDON

Overview of event

Setting the scene

- York's Asset Based Area Approach
- Innovations in community-centred support
- The experience of loneliness
- York's position in relation to social isolation
- Social prescribing in York

Dr Kalpa Karicha

- Loneliness policy & in the media
- Definitions of loneliness, characteristics, prevalence
- Risk factors, trigger events, health
- Measuring loneliness, gathering evidence, identifying solutions
- Frameworks for embedding loneliness approaches at a community level

The lived experience of loneliness

- Catalyst films exploring experiences of loneliness

Roundtable discussion 1

- General reflections on talks and films
- Did anything surprise you? Did anything resonate with you?
- Who is affected by loneliness? What facilitates connections or belonging?



LifeStyle • Health & Families • Features

The loneliness epidemic: We're more connected than ever - but are we feeling more alone?

Social pain is as real a sensation for us as physical pain, and research has shown loneliness impacts on health in a greater way than smoking or obesity

Rebecca Harris • Monday 30 March 2015 18:03 BST • Comments



Roundtable 1

- Anyone can be affected by loneliness, but more concern for young people, parents of young children (particularly those with special needs), unpaid carers, care home residents and the bereaved.
- Gender differences in loneliness - more common in women.
- Familial and friend support networks don't necessarily prevent loneliness.
- First steps are often the hardest - seeking out support is challenging.
- Misconceptions around only older people being lonely.
- The impact of the pandemic and overuse of technology impacting on communication skills.

Overview of event

Local Area Coordination (LAC)

- Place and strengths based approach
- Systems impact data
- The York Good Life Survey
- Value of being there

York Cares Social Connections Programme

- Social connections
- Social clubs

Research on LAC & strength based approaches

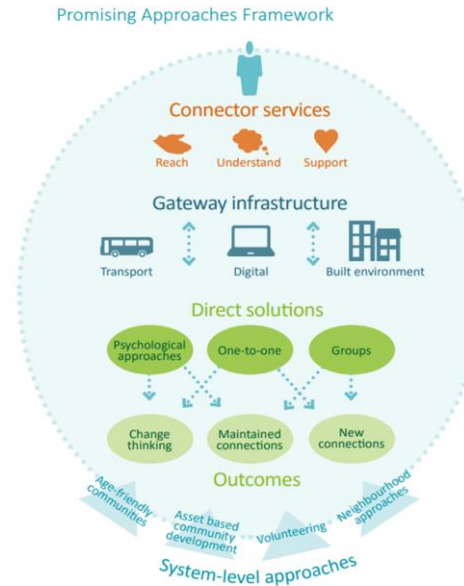
- Individual challenges & context
- Role of coordinator: ways of working
- Creating insulators against triggers

Approaches to addressing loneliness

- Catalyst films exploring Musical Connections and Homeshare

Roundtable discussion 2 - The missing pieces of the puzzle

- Is York a lonely city?
- What risk factors are there and what can we do about them?
- What protective factors are there and how can we make more of them?
- How do we know we are making a difference?



Creating and sustaining a Warm Welcome experience



Roundtable 2

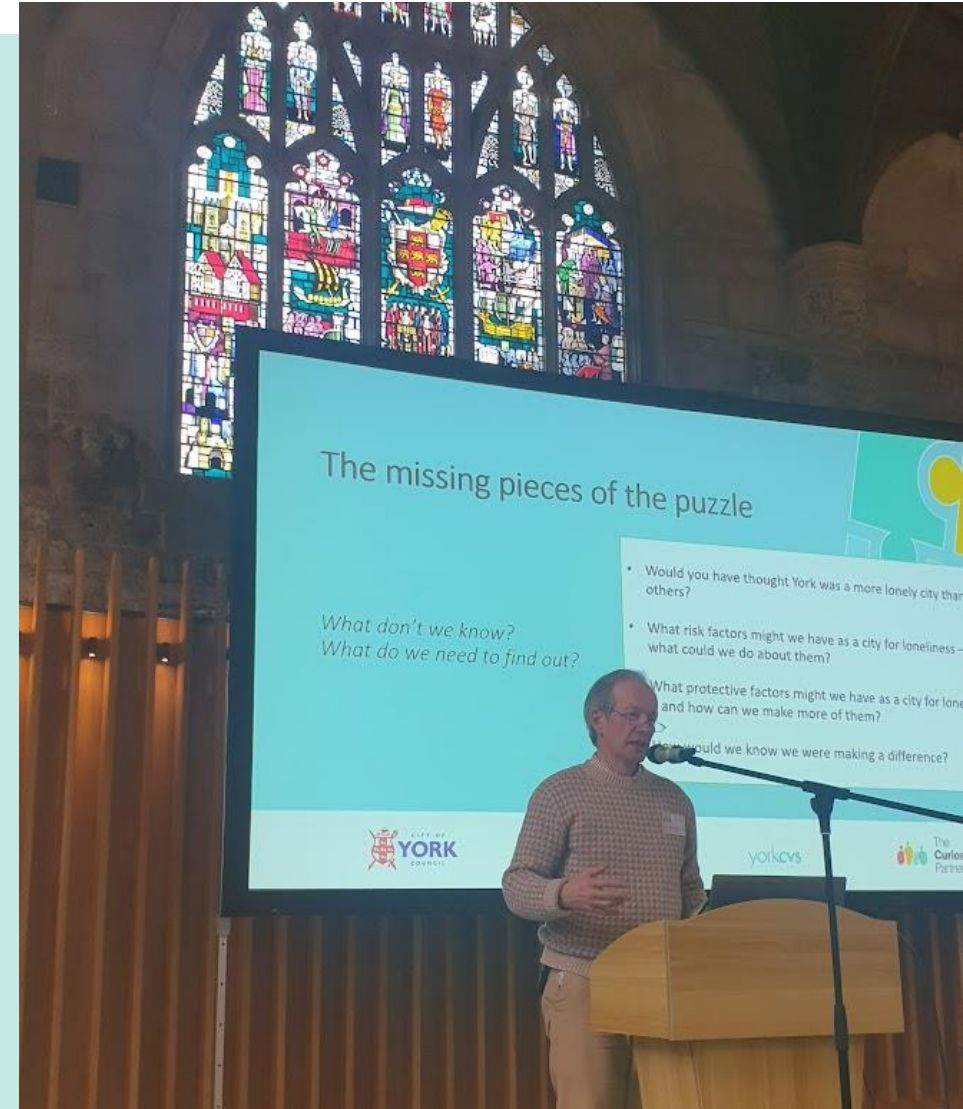
- Surprise that such a vibrant city struggles with loneliness.
- Groups and activities be promoted on Live Well York
- Transient populations make it hard to build lasting relationships.
- Differences in economic circumstances creating divisions.
- Physical barriers eg public transport from outlying areas, blue badge restrictions, lack of public toilets, flooding.

Roundtable 2

- Important to protect existing services.
- Exploration of a tourist tax to help fund community activities.
- Data collection to learn from local experiences.
- Better use of touch points eg GP, pharmacies.
- More focus on creating connection and belonging in the community eg through in-person contact at shops/banks.
- Consider what other similar areas are doing.
- Raise awareness of existing resources.

Roundtable 2

- More research on:
 - What has changed since COVID
 - Relationship between loneliness and deprivation
 - Differences between rural & urban areas
 - Impact of community groups and services on loneliness
 - How to better educate health and social care professionals
 - Better ways for warning signs to be picked up early



CYC Community Health Champions – Reducing loneliness & isolation

The Community Health Champions programme is proving to be an effective way of reaching people and is making a real difference within communities. Champions are increasing public participation, initiating community development opportunities whilst gaining new skills and knowledge. Within their families, communities and workplaces Community Health Champions empower and motivate people to get involved in healthy social activities; create new activities to meet local needs; and signpost people to relevant community activities and support.

Each Community Health Champion attends a 4 hour training and induction session covering key topics including health inequalities across the city plus City of York Council and key partner's approach to addressing and impacting those inequalities. Each Health Champion also learns how using a Making Every Contact Count (MECC) approach can influence positive behaviour change to positively impact health and wellbeing.

Core learning as a Health Champion covers key public health areas of healthy weight, balanced diet, smoking, alcohol and physical activity. The training focuses on how individual lifestyle factors affect these key areas of health and how peoples' social capacity and community networks play a key role in addressing health inequalities.

The Community Health Champions programme includes core principles of reducing loneliness and social isolation to improve social capacity. This recognises the role that relationships between individuals and between individuals and institutions has on health inequalities as a result of social inequalities. Community Health Champions help people to connect with their communities and local services, reducing social isolation and loneliness, increasing social capital.

All incoming Health Champions are offered a series of one-to-one conversations with the programme manager to explore project ideas in their local area. Recognising Health Champions as experts by experience in their own communities is a core principle of the programme and supports the development of projects based on local knowledge and experience.

Key examples of Health Champion projects currently reducing loneliness and social isolation are:

Strictly Fun Dancing - A barn / ceilidh style social dance taking place in Acomb, aimed at older people but inclusive of all age groups. The dances don't require having a partner and promote movement to music in groups in a social environment.

Mindfulness Minds – Promotes and facilitates “being present”, a key area of the five ways to wellbeing. Facilitating group craft activities in a relaxed and inclusive environment at New Earswick Folk Hall.

Let's Walk York – A sight-guided walking group for adults with learning disabilities, sight loss and / or visual impairments. Walks start and finish at Wilberforce House independent living accommodation. Health Champion volunteers are trained in sight-guided walking through the Guide Dogs Association.

Lunchtime Connections York – A weekly group video call for people living alone and working from home. The group connects people at risk of loneliness and social isolation.



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 2024

Annex 5:

			Previous Years									2023/2024			
		Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Year	Target	Polarity	DOT	
Goal 10: Reduce the proportion of adults who report feeling lonely	PHOF112	Loneliness: Percentage of adults who feel lonely often / always or some of the time	Annual	NC	NC	NC	NC	25.70%	25.70% (2019/20)	25.70% (2019/20)	25.70% (2019/20)	25.70% (2019/20)	20%	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	NC	NC	NC	NC	22.30%	22.30% (2019/20)	22.30% (2019/20)	22.30% (2019/20)	22.30% (2019/20)	-		
		Benchmark - Regional Data	Annual	NC	NC	NC	NC	21.50%	21.50% (2019/20)	21.50% (2019/20)	21.50% (2019/20)	21.50% (2019/20)	-		
		Regional Rank (Rank out of 15)	Annual	NC	NC	NC	NC	13	13 (2019/20)	13 (2019/20)	13 (2019/20)	13 (2019/20)	-		
	ASCOF111	Proportion of people who use services who reported that they had as much social contact as they would like (18+)	Annual	45.80%	49.50%	44.50%	43.40%	45.50%	35.40%	39.70%	41.30%	(Due Dec 2024)	-	Up is Good	▲ Green
		Benchmark - National Data	Annual	45.40%	45.40%	46.00%	45.90%	45.90%	34.40%	40.60%	44.40%	(Due Dec 2024)	-		
		Benchmark - Regional Data	Annual	46.00%	45.60%	47.50%	48.00%	46.20%	NC	40.20%	46.30%	(Due Dec 2024)	-		
		Regional Rank (Rank out of 15)	Annual	9	6	12	14	10	NC	11	13	(Due Dec 2024)	-		
	PHOF99	% of adult social care users who have as much social contact as they would like (65+ yrs)	Annual	41.00%	48.70%	41.30%	37.00%	40.40%	NC	39.20%	37.40%	(Due Dec 24)	-	Up is Good	▼ Red
		Benchmark - National Data	Annual	43.70%	43.20%	44.00%	43.50%	43.40%	NC	37.30%	41.50%	(Due Dec 24)	-		
		Benchmark - Regional Data	Annual	44.80%	44.40%	44.90%	44.60%	43.40%	NC	36.80%	44.10%	(Due Dec 24)	-		
		Regional Rank (Rank out of 15)	Annual	13	5	12	15	11	NC	6	12	(Due Dec 24)	-		

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Annex 6:

Business Intelligence Hub

Joint Health and Wellbeing Strategy 2022-2032

Performance Monitoring for November 2024 Board.

Indicator Trends – Goal 10: Reduce the proportion of adults who report feeling lonely.

Author: CYC Business Intelligence Hub

Date: October 2024

Contents

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Goal 10: Reduce the proportion of adults who report feeling lonely

Health and Wellbeing Board 2022-32 Indicators

Loneliness: Percentage of adults who feel lonely often / always or some of the time

This indicator is sourced from the Sport England Active Lives Survey and it is calculated as the percentage of adults (aged 16 and over) that responded to the question "How often do you feel lonely?" with "Always or often" or "Some of the time"

Currently the only published value for this indicator was for the period 2019/20. In York **25.7%** of the 16+ population said they felt lonely often / always or some of the time compared with 22.3% in England and 21.5% in the Yorkshire and Humber Region. (The York value is based on a sample of 297 residents aged 16+).

Proportion of people who use services who reported that they had as much social contact as they would like.

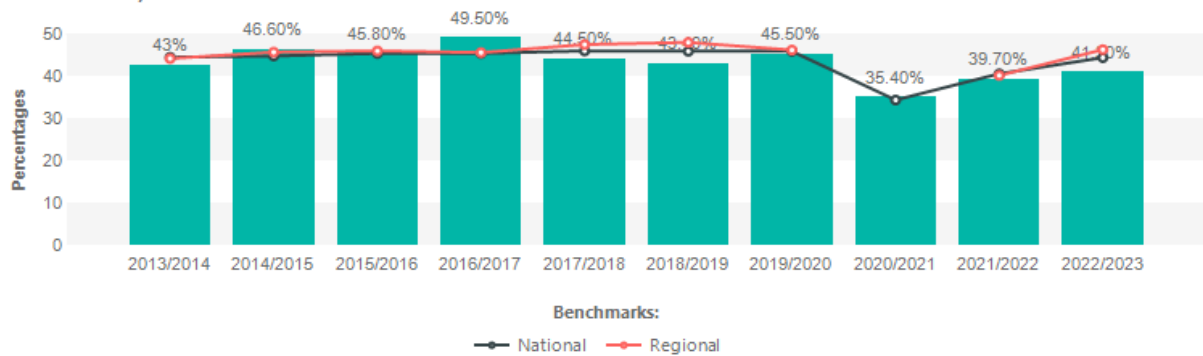
This indicator is part of the Adult Social Care and Outcomes Framework and is calculated as the percentage of respondents to the Adult Social Care Survey (service users) who responded to the question "Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation?" with the answer "I have as much social contact as I want with people I like".

Residents aged 18+

The latest published version of the indicator for 2022-23 shows that 41.3% of service users aged 18+ in York said they had as much social contact as they would like compared with 44.4% in England and 46.3% in the Yorkshire and Humber region. (The York value is based on a sample of 1,995 service users aged 18+).

Trend data for the indicator is available going back to 2013/14. The best (highest) value for the indicator was 49.5% in 2016/17 and the lowest value was 35.4% during the covid period of 2020/21.

Proportion of people who use services who reported that they had as much social contact as they would like (by Financial Year)

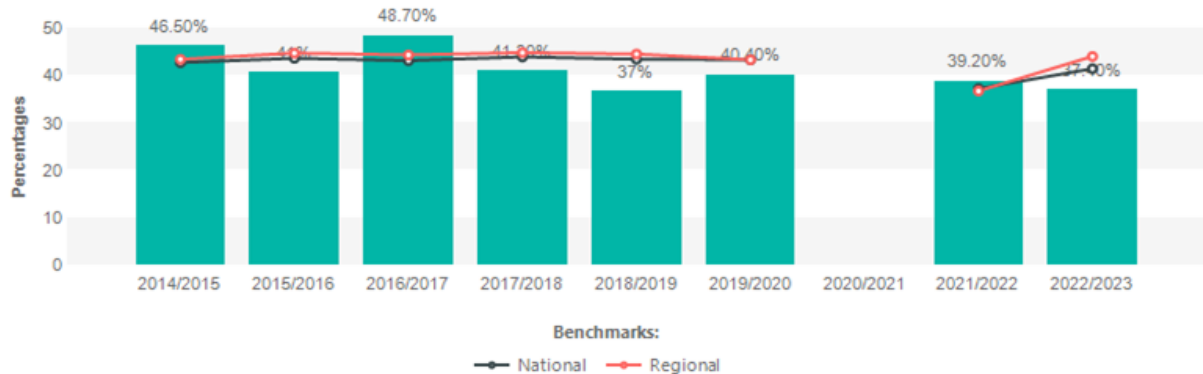


Residents aged 65+

The latest published version of the indicator for 2022-23 shows that 37.4% of service users aged 65+ in York said they had as much social contact as they would like compared with 41.5% in England and 44.1% in the Yorkshire and Humber region. (The York value is based on a sample of 1,140 service users aged 65+).

Trend data for the indicator is available going back to 2014/15. The best (highest) value for the indicator was 48.7% in 2016/17 and the lowest value was 37.0% in 2018/19.

% of adult social care users who have as much social contact as they would like (65+ yrs) (by Financial Year)



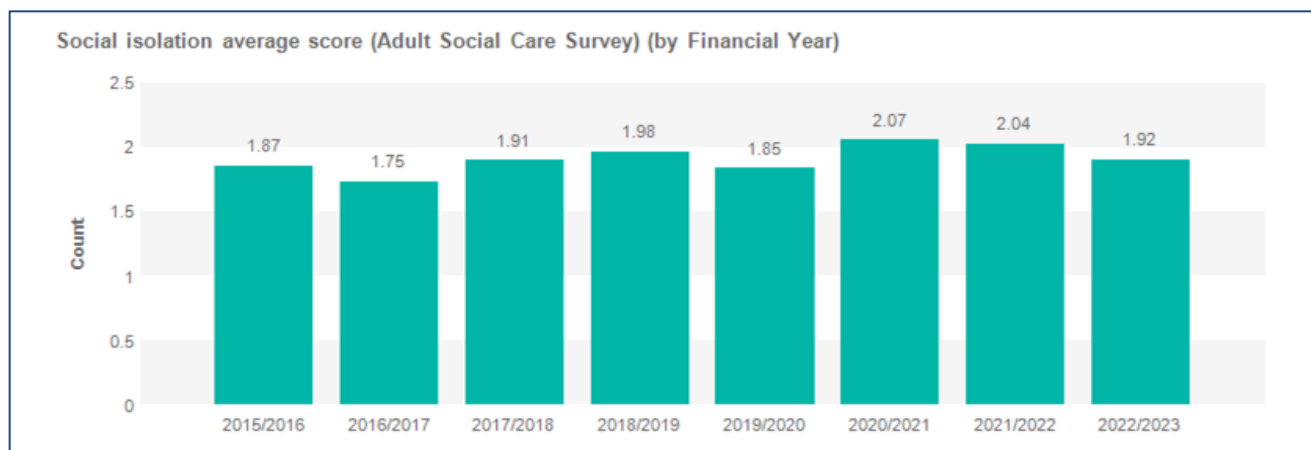
Other Relevant Indicators

Social isolation average score (Adult Social Care Survey)

This indicator is based on responses to two questions on the Adult Social Care Survey regarding social contact and how time is spent.

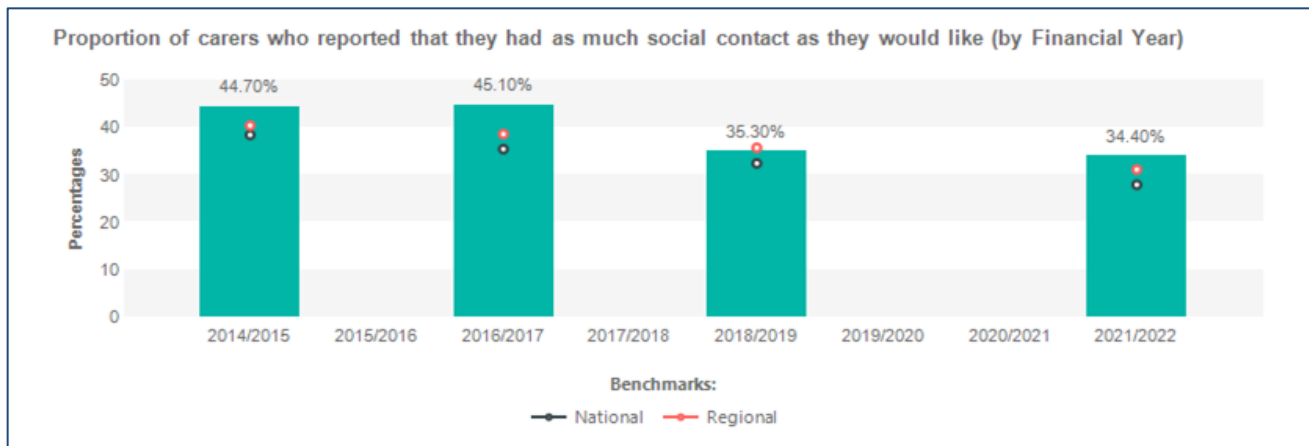
- A score of 1 indicates that the respondent has plenty of social contact and that they spend their time doing things they enjoy.
- A score of 4 indicates that the respondent feels socially isolated and that they don't feel they do little of value with their time.

A lower score is therefore desirable. The mean of all respondents' responses to both questions is presented here. It can be seen that the average score in York has improved (fallen) over the last two years.



Social Isolation: % of adult carers who have as much social contact as they would like

This indicator is part of the bi-annual Personal Social Services Survey of Adult Carers in England and is calculated as the percentage who responded to the question "Thinking about how much contact you have had with people you like, which of the following best describes your social situation?" with the answer "I have as much social contact as I want with people I like".



In 2021/22 in York, 34.4% of carers aged 18+ who responded to this question said they had as much contact as they wanted with people they liked. This is higher (better) than the national (28.0%) and regional (31.2%) average. There has been a downward (worsening) trend in this indicator, both locally and nationally since 2014/15.

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Health and Wellbeing Board

20 November 2024

Report of the Director of Public Health

Health Protection Board Annual Assurance Report 2024**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 DPH 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) 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 and the Terms of Reference and Membership can be found as an Annex to this report.
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 2024 provides an overview of health protection activities over the past year and identifies a number of priorities for the coming year which are summarised below:

Screening

- a. A regional (NEY) Health Equity Audit (HEA) has been completed by the Breast Screening Service and there is ongoing targeted work with the programmes and actions from HEA. Alongside this there is a national campaign/promotion to increase uptake

- Cervical Screening – identify opportunities missed to support young women to attend for screening.
- b. Uptake in the Abdominal Aortic Aneurysm (AAA) screening has improved as capacity has returned to normal within the programme and there is an improving picture with increased capacity. Regional discussions are ongoing with regard to promotional approaches.
- c. All screening programmes are working to address inequalities and access targeting persistent non-attenders and those experiencing health inequalities in access.

Vaccination and Immunisation

- a. Increase the uptake of seasonal flu and covid vaccination in all eligible groups. Offer occupational seasonal flu vaccination to CYC staff who are not eligible on the NHS
- b. Support the introduction of the RSV vaccination programmes for older adults and pregnant women.

Sexual Health

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 sexual health service in York is delivered through YorSexualHealth, provided by the York and Scarborough Teaching Hospitals NHS Foundation Trust. However, the public health grant has not increased with inflation and, in real terms, is 30% smaller since 2015 – which was when the service was first commissioned by CYC. This has created a significant pressure on the budget, in order to match services to the budget available requires us to make changes to service delivery. The changes include staged service reductions over a 12-month period and were agreed following an extensive consultation process which took place between July and September 2024.

- a. New contractual arrangements have proved complex and as a result the current contract has been extended for up to 12 months – 30 June 2025 – with the hope that the new contract will commence by 1 April 2025.

- b. Continual development of a service delivery model which reduces inequalities and improves access to services ensuring a 'no wrong door' approach is delivered. This continues to be developed as part of the on-going challenges the budget poses to the service. Consultation on delivery model changes was helpful and has helped to develop the service specification.
- c. Introduce call and recall to improve uptake of annual HIV testing in men who have sex with men. Improvement of HIV testing is an aspiration and continues to be a difficult target to achieve both locally and Nationally. The introduction of the HIV Action Plan has supported this work but in York and across Y&H we are seeing more late diagnosis in heterosexual women and those who are HIV positive when they enter the country
- d. Relaunch the condom distribution scheme.

Oral Health

- a. Continue the roll out of the supervised toothbrushing programme in more early years settings, dependent on continued funding. The supervised toothbrushing offer, commissioned by Public Health, is now taking place daily in 5 nursery schools, three primary and both special schools which means over 720 children are now brushing their teeth daily as part of the programme. Feedback from staff has been positive with many reporting improved brushing techniques – including brushing “at the back” and a number of settings have commented that they were proud to be able to add the supervised toothbrushing as part of Ofsted inspections
- b. Continue the development of the workforce training offer and development of support resources for those who are not part of the targeted supervised toothbrushing programme but wish to be involved, dependent on continued funding. In September 2023, Humber and North Yorkshire Health and Care Partnership introduced a Toothbrushing and fluoride varnish programme. This is being rolled out across H&NY and the first schools in York were recruited in September 2024. This programme works along side local dental practitioners offering Prevention, Access and Treatment (PAT) for primary school children. Volunteer dental professionals visit schools on a bi-annual basis providing toothbrushes and toothpaste together with dental examinations and fluoride varnish to help prevent dental decay. Children and

their families have on-going access to dental care if they do not already have a dentist.

Winter Resilience

The winter planning meeting, led by public health had the aim of developing a collaborative approach to tackling the challenges that winter brings to the health and care system. It was identified that other multi-agency meetings exist in both healthcare sectors and within communities to prepare and protect citizens. For instance, winter pressures will be discussed daily at system escalation meetings including staff from the hospital, social care alongside other partners. These meetings provide an integrated system response to help relieve pressures and provide ongoing support in the community.

The winter planning meetings are now part of a winter communication group in collaboration with NYCC, YAS and NYFRS. The group shares expertise and resources to achieve better outcomes for the population across the region. For example, a suite of communications is currently being developed to share consistent health messages as required in weather events, commencing with specific winter health messaging such as Stay safe, stay warm, stay well.

Air Quality

- a. A public consultation was held on York's fourth Air Quality Action Plan (AQAP4) at the same time as the Local Transport Strategy (LTS) consultation, between 22 November 2023 and 4 February 2024. AQAP4 aims to reduce levels of air pollution in the city to meet the health based Government Air Quality Objectives and to aim towards the World Health Organisation (WHO) Air Quality Guidelines in the longer term, thereby improving the health and quality of life of residents and visitors to York. Over three quarters (79%) of respondents agreed that the council should continue to reduce air pollution, with between 67% and 87% of respondents indicated support for all priority actions. AQAP4 was adopted by CYC's Executive in July 2024.
- b. Little progress has been made with feasibility work to address first/last mile delivery of light goods in York mainly due to the withdrawal of the Council's delivery partner.

- c. Following the introduction of the UK's first and only 'voluntary' Clean Air Zone (CAZ) for buses in 2020/21, CYC has worked in partnership with bus operators to introduce further zero emission electric buses to the York fleet, significantly reducing carbon, NO_x and particulate emissions across the city.
- d. Discussions around extending the geographic area of the CAZ, including tour buses and other operators within the remit of the CAZ and further measures to reduce emissions from delivery vehicles have commenced.
- e. Work has continued with partners to raise awareness of and to deter unnecessary idling by stationary vehicles in line with CYC's existing 'Kick the Habit' anti-idling campaign.
- f. Upgrade has continued with our public electric vehicle charging network and finalised infrastructure upgrades at Hazel Court to facilitate the transition to an all-electric council fleet for vehicles under 3.5t. By February 2024, 41% of CYC's operational fleet (<3.5t) were electric vehicles.
- g. CYC's Low Emission Taxi Grant scheme continued so that by the end of March 2024, 38% of CYC licensed taxis were using low emission petrol hybrid or zero emission electric vehicles. The taxi licensing policy has been consulted upon to encourage the uptake of low emission taxis.
- h. Continued work 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 that new private trips were minimised via the provision of sustainable transport opportunities. A new policy was introduced to reduce emissions from idling vehicles delivering or collecting from new developments.
- i. A DEFRA funded 'Fuel for Thought' campaign was launched in November 2023, to improve public awareness of domestic solid fuel burning practices, particulate emissions and associated health impacts. A DEFRA funded project was progressed to develop an online air pollution forecasting and notification service, York Air Alert, to allow residents and visitors to York to access information

that allows them to minimise their own exposure when pollution episodes are forecast.

Environmental Permits

We continue to work with all process in York that have emissions to atmosphere to reduce their emissions.

Land Contamination

- a. Following consultation with stakeholders, the council's Contaminated Land Strategy has been updated to incorporate recent changes in legalisation/guidance and to provide an update on progress.
- b. We continue to assess land contamination through the planning regime to ensure that new developments are safe and do not pose unacceptable risks to people, property or the environment.

We will continue to inspect any site as a matter of urgency if we suspect that there is a serious risk to human health or the environment.

Migrant Health

- a. All residents of contingency accommodation in York are registered with one of three GP practices promptly on arrival in York.

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.

This risk is also described in a paper that is due to go to the 'Integrated Care Board Executive Meeting' on 14th December.

- b. There remains good communication between public health and the clinical team on site in stay city.

The UK Health Security Agency regional health protection team

- a. As we progress through 25/26 we aim to move away from the proportion of work spent on reactive pieces and look more to proactive strategic work. We have undertaken quite a lot of work over the past year in York. We have worked together looking at migrant health plans and measles plans and had a collective meeting discuss ways of working between UKHSA and York City Council Public Health Team.
- b. Going forward a priority of the coming year will be to confirm the infection prevention control contract that is up for renewal. They are partners we work with very closely especially in terms of care home outbreaks and supporting infection control in care homes.
- c. Continue to build on the strong working relationships with different agencies across York.

Options

- 15. There are no options to consider. The production of a health protection report to provide the Health and Wellbeing Board with assurance is a statutory requirement.

Strategic/Operational Plans

- 16. 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

- 17. There are no specialist implications in this report.

Risk Management

- 18. 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

<p>Report Authors:</p> <p>Wendy Watson Public Health Specialist Practitioner Advanced wendy.watson@york.gov.uk</p> <p>Anita Dobson Anita.dobson@york.gov.uk</p> <p>With contributions from members of the council's Public Health Protection Team and the York Health Protection Committee</p>	<p>Chief Officer responsible for the report:</p> <p>Peter Roderick Director of Public Health Peter.Roderick@york.gov.uk</p>
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Wards Affected: All

Annexes:

Annex A – Health Protection Annual Report 2024



Health Protection Annual Report 2024

Introduction

1. This report provides an update on health protection responsibilities within City of York Council and builds on the report from November 2023.
2. The scale of work undertaken by local government to prevent and manage threats to health will be driven by the health risks in the Local Authority area and 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 (e.g. COVID-19) 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.

Main Issues considered within this report.

3. 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:**
- **Environmental permits**
- **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

4. 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
5. 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.

Screening data

6. Taken from the Public Health Outcomes Framework produced by OHID (Office of Health Improvement and Disparities) the table below shows a generally improving picture apart from cervical cancer screening in the lower age group.

Indicator	Lower threshold ¹	Standard ²	Key			Geography	2020/21	2021/22	2022/23
C24e - Abdominal Aortic Aneurysm Screening Coverage	75	85	< 75	75 - 85	≥ 85	York	17.5	38.9	65.3
						England	55.0	70.3	78.3

Indicator	Lower threshold	Standard	Key			Geography	2021	2022	2023
C24a - Cancer screening coverage: breast cancer	70	80	< 70	70 - 80	≥ 80	York	64.8	71.7	72.5
						England	64.1	65.2	66.2
C24b - Cancer screening coverage: cervical cancer (aged 25 to 49 years old)	80	N/A	< 80	≥ 80		York	67.2	67.1	64.6
						England	68.0	67.6	65.8
C24c - Cancer screening coverage: cervical cancer (aged 50 to 64 years old)	80	N/A	< 80	≥ 80		York	74.7	74.9	74.9
						England	74.7	74.6	74.4
C24d - Cancer screening coverage: bowel cancer	55	60	< 55	55 - 60	≥ 60	York	71.7	75.5	77.1
						England	66.1	70.3	72.0

7. The NHS Long Term Plan (LTP) published in 2019 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

8. 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 target for this programme is 70% and the uptake in York is above this at 72.5%. 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 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.

A new static site for Breast Screening opened at the Magnolia Centre at York District Hospital in 2024 giving the people of York an easy access screening site.

Cervical Screening

9. 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 64.6%, below the Yorkshire and Humber region at 70.3%. Public health commissioning managers and Public Health Programme Team place leads monitor performance, identify areas of need and provide support.
10. Development of cervical screening offer in Integrated Sexual Health for all eligible, including LGBTQ+ and trans which has received excellent Service User feedback. Monkgate clinic now has colposcopy service as well as main hospital site
11. 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 2025.

Bowel Cancer screening

12. 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 has continued to increase and is above the England (72%), 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.
13. 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.
14. Extensive health promotion work across the county 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.
15. Future plans - Health inequalities audit- continue to audit our HP activity and use this to consider our activities moving forward- we are doing this by tracking 10 lowest uptake GPs per quarter and logging improvement

Abdominal Aortic Aneurysm (AAA)

16. AAA screening in England is offered to men aged 65 and over who are registered with a GP. The regional programme had significant

capacity issues which have now been resolved and as a result the uptake has improved.

The uptake rate for York is 65.3%, a significant improvement from the previous years uptake of 38.9%. The England % uptake rate is 78.3%.

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 – identify opportunities missed to support young women to attend for screening.
- Understand and target Persistent DNAs and those who experience health inequalities.

Vaccination and Immunisation

17. 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.
18. 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.
19. The Public Health Outcomes Framework data set indicated that York is below the required target of 95% to support herd immunity for the following:

Vaccination	England average	York value	Target
MMR second dose	84.5%	86.5%	Above 95%

Last years project work with Nimbuscare to increase MMR uptake highlighted data issues which affect the uptake statistics. There is ongoing work to promote data cleansing with primary care.

20. From 1 September 2023 a new provider, Vaccinations UK, delivered 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.
21. Provisional data shows an improvement in all adolescent vaccination and the current seasonal flu vaccination programme uptake is higher than it was at this point last year.

22.	All primary school age	All secondary school age in Y7 to Y11	All school age children (age 4 to 16 years)
York	62.2	55.5	59.3
England	55.11	42.8	49.9

[Seasonal influenza vaccine uptake in children of school age: winter season 2023 to 2024 - GOV.UK](#)

23. There are challenges with reaching some groups including the Travelling community and electively Home Educated children and work is ongoing to try and overcome these
24. Vaccination UK are also offering support to the vaccination programme in Stay City
25. **Changes to the Shingles vaccination programme** . From 1 September 2023 the national shingles immunisation programme changed to offer vaccination routinely at 60 years of age, and offered to immunocompromised individuals aged 50 and over. Individuals who will become eligible for the Shingrix vaccine from 60 years of age in a phased implementation over a 10-year period starting with those turning 65 and 70 years of age. To increase uptake, from the 1 September 2023 practices will be required to have a call/recall system in place. Published data will not yet reflect the changes to the programme.

Priorities for 2025/26

- Continue to support the promotion of vaccination programmes through collaborative working .
- Support the new SAIS to increase uptake of school aged vaccinations.

Seasonal vaccination programmes

Covid-19, seasonal influenza and RSV (respiratory syncytial virus) vaccination

Covid 19 - JCVI advises that with the close of the autumn 2022 vaccination campaign, the offer of a pandemic booster dose (in place since 2021) for persons aged 16 to 49 years who are not in a clinical or other high risk group should close. Since the end of the spring 2023 campaign, vaccination has become a targeted offer only to those at higher risk of severe COVID-19. This offer is expected to continue in future seasonal campaigns, aimed at reducing the burden of COVID related admissions on the NHS during periods of pressure due to other viruses and cold weather. Until the seasonality of COVID-19 infection is more predictable, an additional campaign will be offered in the spring.

Cohort eligibility for COVID Autumn 2024 campaign include adults aged 65 years and over, residents in a care home for older adults, individuals aged 6 months to 64 years in a clinical risk group, frontline NHS and social care workers, and those working in care homes for older people.

Seasonal Flu

26. As can be seen the uptake of flu vaccinations varied across many cohorts in 2023/24 although remained higher than the England average. (Red = lower, Amber = equal, green = higher)

Category	65 and over	Under 65 at risk	Pregnant women	2 yr olds	3 yr olds
York	82.5	46.3	43	56.5	56.6
England	77.8	41.4	32.1	44.1	44.6

[Seasonal influenza vaccine uptake in GP patients: monthly data, 2023 to 2024 - GOV.UK](#)

27. Both flu and COVID vaccinations have now commenced for all eligible cohorts.

28. 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.

29. It is acknowledged nationally that there are issues with the data around vaccination in pregnant women and as a response to this a 'Vaccination in Pregnancy' group including NHSE, ICB, Midwifery services and Local Authorities has recently been established.

RSV (respiratory syncytial virus)

30. Following **JCVI** advice the **RSV** immunisation programme commenced in September 2024. The NHS started vaccinating pregnant women and older adults, including those turning 75 on or after 1 September. There will also be a one-off 'catch-up' offer for everyone aged 75 to 79 years old to ensure the older age group are protected as the winter months approach.

Priorities for 2025/26

- Increase uptake of flu vaccination across cohorts.
- Support the implementation of the RSV programme

Sexual Health

YorSexualHealth (YSH) service

31. The Integrated Sexual Health Service, (ISHS) is commissioned by City of York Council and provided by York and Scarborough Teaching Hospitals NHS Foundation Trust (Y&STHFT).
32. The ISHS delivers many aspects of sexual and reproductive healthcare and advice including, routine and complex testing, treatment and advice for sexually transmitted infections and contraception, HIV social support for people living with HIV and their family/carers, sexual health counselling, clinical and community outreach for most at risk populations, Condom Distribution Scheme, National Chlamydia Screening program, teaching, and training.
33. Within the ISHS, there are a number of services such as counselling and HIV social support for people living with HIV and Community Outreach services for most at risk populations, along with a number of community and pop-up clinics/provision as well as

bespoke clinical interventions offered in services and to individuals in the community.

Priorities for 2025/26

- Section 75 agreement to be in place from 1st April 2025 with Y&STHFT
- Based on the consultation which took place between July and Sept 2024 service will be implemented to bring this in line with the budget

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 sexual health service in York is delivered through YorSexualHealth, provided by the York and Scarborough Teaching Hospitals NHS Foundation Trust. The public health grant has not increased with inflation and, in real terms, is 30% smaller since 2015. If it had kept pace with inflation, an extra £2m would have been available to fund public health services in York, and this has created a significant pressure on the budget. We have to match services to the budget available, and to do so requires us to make changes.

The contract with the York and Scarborough Teaching Hospitals NHS Foundation Trust was renewed in July, and following Executive approval was extended for an additional 12-month period. Both organisations have worked closely together to review the service and its partnership, as part of the re-procurement of the service for the next 10 years.

A report was taken to an Executive meeting in June to outline what these changes could mean, before going out to consultation. The consultation highlighted the need for a number of changes, following this a number of changes have now been agreed to the way sexual health services are provided in York,

The changes include these staged service reductions over a 12-month period:

1. A reduction in the number of clinic hours the service is open for:
The council and York and Scarborough Teaching Hospitals NHS Foundation Trust listened to feedback on the Saturday closure proposals, which was unpopular with respondents. We have revised our

thinking on this and are looking at closing the service at a different time to lessen the impact. Instead, the clinic will now close on a Wednesday morning.

2. A further cap on activity relating to Preventx for York residents.

(online STI testing): The service will now offer an ‘enhanced triage’ or clinician recommended approach, to ensure that service users get the right test for them, which is better for both the service user and the cost efficiency of the service. This also brings the online testing provision in line with the testing that is offered when attending the service in person.

3. A cap on activity relating to LARC (Long-Acting Reversible Contraception) including contraceptive coils and contraceptive implants:

York has a high number of LARC fitted per head of population, well above the national average. This means we are building from a strong position in access to contraception in the city, and need to ensure that this remains a specialist service available to those who need it. However, last year over 3,000 people attended for basic contraception needs, which GPs and Pharmacists can support with. Pharmacists can also issue repeat contraception and initial contraception. Our contraception activity will be focussed and prioritised according to need.

Sexually Transmitted Infections.

34. The table below shows the rates per 100,000 population of new STI rates in York and England in 2022 to 2023

Rates per 100,000 population of new STIs in York and England: 2022 to 2023

Diagnoses	2022	2023	% change 2022 to 2023	Rank among 16 similar UTLAs/ULAs†	Rank within England: 2023‡	Value for England: 2023
New STIs	589.6	588.6	-0.2%	5	70	703.6
New STIs (exc chlamydia aged <25)	342.2	352.5	3.0%	7	96	519.9
Chlamydia	343.7	327.5	-4.7%	6	62	341.4
Gonorrhoea	107.1	90.9	-15.1%	9	95	149.2
Syphilis	5.9	8.3	41.7%	12	90	16.7
Genital warts	46.4	48.9	5.3%	5	42	45.8
Genital herpes	35.7	42.0	17.8%	6	76	47.6

35. Chlamydia is the most commonly diagnosed STI in York, nationally and regionally there has been a recent increase in the number of

Syphilis rates and locally we have also seen increase. The service is working to raise awareness and around the risk and prevention within the most-at-risk communities and with system partners. Prevention work will be done via robust partner notification, timely access to first line treatment and by targeted campaigns and events.

36. Sexual Health services offer a range of vaccines for prevention of infections such as Hep A, B, Human Papilloma Virus (HPV) and MPox Virus (MPV) Eligibility for vaccinations is largely based on risk associated with sexual orientation and/or exposure through lifestyle, life events and country of origin.

Mpox

37. At the time of writing, four lined cases of Clade 1 mpox have been diagnosed in England. It is different from mpox Clade II that has been circulating at low levels in the UK since 2022. The risk to the UK population remains low and there are currently no actions for Local Public Health.

Health Care Acquired Infections (HCAI's)

38. We are in the process of moving away from the HCAI review process which tracks individual patients to a process which looks at themes and trends to identify areas of risk. The new meeting will bring together key stakeholders across health and social care from the York and North Yorkshire Care Partnerships, with the ambition of local delivery of key targets as described in the UK 5-year action plan for antimicrobial resistance 2019 to 2024 and any subsequent updates, and promote excellence in infection prevention and control (IPC).

The Collaborative 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.

Non-communicable disease

Oral Health

39. Tooth decay is the most common oral disease affecting children and young people (CYP) in England, yet it is largely preventable. While children's oral health has improved over the past 20 years, almost a quarter (23.5%) of five-year-olds still had tooth decay in 2019.
40. Tooth decay was the most common reason for hospital admissions in children aged six to ten years old in 2019-20. Dental treatment under general anaesthesia (GA), presents a small but real risk of life-threatening complications for children.
41. Although the experience of dental decay in 5-year-olds in both North Yorkshire (20%) and York (18.9%) (2019) is lower than both the Yorkshire and Humber (28.7%) and England averages (23.4%), wide geographical inequalities exist within CYC, with some wards experiencing significantly higher prevalence of dental decay.
42. In November 2022 City of York Council and North Yorkshire County Council entered into a collaborative agreement for the provision of an Oral Health Promotion Service. The contract for 3 years consisted of two core elements:
- Supervised toothbrushing programme
 - Oral Health training and development for the wider workforce.

Supervised Toothbrushing

43. The supervised toothbrushing offer, commissioned by Public Health, is now taking place daily in 5 nursery schools, three primary and both special schools which means over 720 children are now brushing their teeth daily as part of the programme.

Oral Health Training and Development

44. In September 2023, Humber and North Yorkshire Health and Care Partnership introduced a Toothbrushing and fluoride varnish programme. This is being rolled out across H&NY and the first schools in York were recruited in September 2024.

Priorities 2025/26

- Continue the roll out of the Supervised Toothbrushing programme in more early years settings.
- Continue the development of the workforce training offer and development of support resources for those who are not part of the targeted supervised toothbrushing programme but wish to be involved.
- Future plans for the Oral Health Promotion programme beyond 2025

Environment

Seasonal Health

45. 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.
46. 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 Weather and Health Plan](#) published in March 2024.
47. Resources and guidance for both heatwaves and cold weather are disseminated widely to key stakeholders within the City of York, including Aged Care providers, Early Years settings and pre-schools, organisations working with those sleeping rough and the homeless community.

Coping With Winter

48. 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.

Air Quality

- a. A public consultation was held on York's fourth Air Quality Action Plan (AQAP4) at the same time as the Local Transport Strategy (LTS) consultation, between 22 November 2023 and 4 February 2024. AQAP4 aims to reduce levels of air pollution in the city to meet the health based Government Air Quality Objectives and to aim towards the World Health Organisation (WHO) Air Quality Guidelines in the longer term, thereby improving the health and quality of life of residents and visitors to York. Over three quarters (79%) of respondents agreed that the council should continue to reduce air pollution, with between 67% and 87% of respondents indicated support for all priority actions. AQAP4 was adopted by CYC's Executive in July 2024.
- b. Little progress has been made with feasibility work to address first/last mile delivery of light goods in York mainly due to the withdrawal of the Council's delivery partner.
- c. Following the introduction of the UK's first and only 'voluntary' Clean Air Zone (CAZ) for buses in 2020/21, CYC has worked in partnership with bus operators to introduce further zero emission electric buses to the York fleet, significantly reducing carbon, NO_x and particulate emissions across the city.
- d. Discussions around extending the geographic area of the CAZ, including tour buses and other operators within the remit of the CAZ and further measures to reduce emissions from delivery vehicles have commenced.
- e. Work has continued with partners to raise awareness of and to deter unnecessary idling by stationary vehicles in line with CYC's existing 'Kick the Habit' anti-idling campaign.
- f. Upgrade has continued with our public electric vehicle charging network and finalised infrastructure upgrades at Hazel Court to facilitate the transition to an all-electric council fleet for vehicles

under 3.5t. By February 2024, 41% of CYC's operational fleet (<3.5t) were electric vehicles.

- g. CYC's Low Emission Taxi Grant scheme continued so that by the end of March 2024, 38% of CYC licensed taxis were using low emission petrol hybrid or zero emission electric vehicles. The taxi licensing policy has been consulted upon to encourage the uptake of low emission taxis.
- h. Continued work 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 that new private trips were minimised via the provision of sustainable transport opportunities. A new policy was introduced to reduce emissions from idling vehicles delivering or collecting from new developments.

A DEFRA funded 'Fuel for Thought' campaign was launched in November 2023, to improve public awareness of domestic solid fuel burning practices, particulate emissions and associated health impacts. A DEFRA funded project was progressed to develop an online air pollution forecasting and notification service, York Air Alert, to allow residents and visitors to York to access information that allows them to minimise their own exposure when pollution episodes are forecast.

Environmental Health

Infectious Disease Control

- 49. 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.
- 50. 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

51. 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.
52. We investigate notified cases of legionnaires disease as may be required by UKHSA.

Smokefree England

53. 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

54. 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

55. 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 Asthma associated with flour dust in bakeries,
 2. Occupational dermatitis following exposure to chemicals and water in the workplace,
 3. Musculoskeletal problems caused by work practices,

4. Display screen assessments and ergonomics associated with office work.

Food Hygiene and Standards

56. We undertake both proactive and reactive visits to food businesses to ensure that appropriate food safety controls are in place. In addition 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.

Bird (Avian) Flu

57. 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.

Environmental Permits

Environmental Permits

We continue to work with all process in York that have emissions to atmosphere to reduce their emissions.

Land Contamination

58. Following consultation with stakeholders, the council's Contaminated Land Strategy has been updated to incorporate recent changes in legalisation/guidance and to provide an update on progress.
59. We continue to assess land contamination through the planning regime to ensure that new developments are safe and do not pose unacceptable risks to people, property or the environment.
60. We will continue to inspect any site as a matter of urgency if we suspect that there is a serious risk to human health or the environment.

Migrant Health

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.

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.

Additionally, there is currently grant funding issued via the ICB to NIMCBUS care for catch up vaccinations for primary school age pupils living in York 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. ICB funding for the on-site clinic to provide general acute care has been extended until April 2025, but presently the funding for the catch-up vaccination program is due to be used by December 2024 with no further funding secured at this time.

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.

This risk is also described in a paper that is due to go to the 'Integrated Care Board Executive Meeting' on 14th December.

61. There remains good communication between public health and the clinical team on site in stay city.

Emergency Preparedness, Resilience and Response

62. Under the Civil Contingencies Act 2004 (CCA) City of York Council is defined as a Category 1 organisation.
 63. 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.
 64. 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
 65. Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).
 66. 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).
- 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 2023 to 2025.
 - CYC PH to note the agreed CYC Emergency Planning work plan

- for 2024/2025.
- CYC PH to receive a [link](#) to the quarterly report on the work carried out by the North Yorkshire Local Resilience Forum.

Control of Major Accident Hazard. (COMAH)

67. York now has a site which falls under the COMAH Regulations 2015. York and North Yorkshire Council and relevant partners have taken part in an exercise to ensure that this site complies with all regulations.

Incidents and outbreaks

68. Over the past year the Local Authority Public Health team and the Health Protection Team in UKHSA have continued to work closely to manage any outbreaks and incidents within the York locality.

Awaiting further update from UKSHA

Report Authors:

Wendy Watson
Public Health Specialist Practitioner Advanced
wendy.watson@york.gov.uk

Anita Dobson
Anita.dobson@york.gov.uk

With contributions from members of the council's Public Health Protection Team and the York Health Protection Committee

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	<p>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.</p> <p>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.</p>
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	<p>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.</p> <p>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.</p>

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.	<p>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.</p> <p>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.</p>

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