



## **Notice of a public meeting of Health and Wellbeing Board**

**To:** Councillors Steels-Walshaw (Chair), Runciman, Webb and Cullwick  
Sarah Coltman-Lovell - York Place Director (Vice Chair)  
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  
Sara Storey – Corporate Director, Adults and Integration  
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  
Alison Semmence - Chief Executive, York CVS  
Peter Roderick - Director of Public Health, City of York Council  
Tim Forber - Chief Constable, North Yorkshire Police

**Date:** Wednesday, 19 March 2025

**Time:** 4.30 pm

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

### **A G E N D A**

**1. Apologies for Absence**

To receive and note apologies for absence.

**2. Declarations of Interest**

(Pages 5 - 6)

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

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

*[Please see attached sheet for further guidance for Members].*

**3. Minutes** (Pages 7 - 18)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on **Wednesday, 22 January 2025**.

**4. Public Participation**

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

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

To register to speak please visit [www.york.gov.uk/AttendCouncilMeetings](http://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](http://www.york.gov.uk/webcasts).

**5. Healthwatch York Report Core Connectors Report Young People's Experiences of Health and Social Care** (Pages 19 - 64)

This report shares a report with the board from the Core Connectors team, based in Healthwatch York, which shares the results of their peer research.

**6. Joint Local Health and Wellbeing Strategy Action Plan** (Pages 65 - 76)

In 2022, the board conducted an extensive exercise including co-design and public consultation and brought forward its 10-year Joint Local Health and Wellbeing Strategy; a revised action plan has now been produced.

This report asks the board to approve this action plan and agree to receiving regular progress updates at future meetings.

**7. Health and Wellbeing Board Chair's Report** (Pages 77 - 80)

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.

**8. Update from the York Health and Care Partnership** (Pages 81 - 88)

This report provides an update to the Health and Wellbeing Board regarding the work of the York Health and Care Partnership, progress to date and next steps.

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

**9. Urgent Business**

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

Democracy Officer: Ben Jewitt

Telephone No- 01904 553073

Email- [benjamin.jewitt@york.gov.uk](mailto: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

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

## Alternative formats

If you require this document in an alternative language or format (e.g. large print, braille, Audio, BSL or Easy Read) you can:



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We can also translate into the following languages:

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 میا کی جاسکتی ہیں۔ (Urdu)



**Declarations of Interest – guidance for Members**

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

<b>Type of Interest</b>	<b>You must</b>
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) <b>OR</b> 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) <b>OR</b> 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

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Meeting	Health and Wellbeing Board
Date	22 January 2025
Present	<p>Councillors Steels-Walshaw (Chair) and Runciman (Arrived 4:51pm)</p> <p>Sarah Coltman-Lovell - York Place Director (Vice Chair)</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Martin Kelly - Corporate Director of Children's and Education, City of York Council (Arrived 4:45pm)</p> <p>Alison Semmence - Chief Executive, York CVS</p> <p>Peter Roderick - Director of Public Health, City of York Council (Left 6:20pm)</p> <p>Tim Forber - Chief Constable, North Yorkshire Police</p> <p>Michael Melvin – Director of Adults Safeguarding, City of York Council (Substitute for Sara Storey)</p> <p>Lucy Brown – Director of Communications, York and Scarborough Teaching Hospitals NHS Foundation Trust (Substitute for Simon Morritt)</p> <p>David Kerr – Community Mental Health Transformation Programme and Delivery Lead – Tees, Esk and Wear Valleys Foundation Trust (Substitute for Zoe Campbell)</p>
Apologies	<p>Councillors Mason and Webb</p> <p>Dr Emma Broughton – Joint Chair of York Health &amp; Care Collaborative</p> <p>Zoe Campbell – Managing Director, Yorkshire, York &amp; Selby - Tees, Esk &amp; Wear Valleys NHS Foundation Trust</p> <p>Sara Storey – Corporate Director, Adults and Integration</p> <p>Simon Morritt - Chief Executive, York &amp; Scarborough Teaching Hospitals NHS Foundation Trust</p> <p>Mike Padgham – Chair, Independent Care Group</p>

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**23. Apologies for Absence (4:34pm)**

The board received apologies from Councillors Mason and Webb; there were no substitutes for the councillors.

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

The board received apologies from the Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust, who was substituted by the Director Of Communications.

The board received apologies from the Corporate Director, Adults and Integration, City of York Council who was substituted by the Director of Adult Safeguarding.

Notice was received from Councillor Runciman and the Corporate Director, Childrens and Education, City of York Council who were running late for this meeting.

**24. Declarations of Interest (4:34pm)**

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.

The York Place Director declared a personal interest in Item 5, in addition to her professional role as a representative of NHS Humber and North Yorkshire Integrated Care Board (ICB).

**25. Minutes (4:34pm)**

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday, 11 November 2024 and amended minutes from the meeting held on 25 September 2024.

## **26. Public Participation (4:35pm)**

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

Cllr Nelson spoke on agenda item 10, and the wider remit of the board, regarding pharmaceutical needs assessment. She specifically cited pharmacy access in Westfield ward, where there was only one out of hours pharmacy, which had recently applied for a change of opening hours; "no significant change" had been flagged for the individual application – but it would in fact represent a profound change in pharmacy provision for residents this part of the city if the only late pharmacy service was to cease.

Cllr Nelson requested that the board formally write to national government in an official capacity, requesting a change in legislation on this matter because there was currently no local provision for funding or contracting of pharmacies. The Chair acknowledged this request and confirmed that she would discuss this with the Director of Public Health.

Hillary Conroy spoke on agenda item 5, praising the authors for their hard work and advising that parents of neurodiverse children like those who contributed to the report experienced a great deal of pressure and were often afraid to "speak up" honestly about their experiences. She said a huge physical and emotional toll was taken on parents, many of whom had felt they were the only ones. She felt that the ICB had been overly defensive with their initial response to Healthwatch and suggested that a change in approach to these families was required and simply signposting was not necessarily the best solution.

## **27. Healthwatch York Report: Listening to Neurodivergent Families in York (4:43pm)**

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

[ The Director of Childrens and Education arrived at 4:45pm ]

[ Cllr Runciman arrived at 4:51pm ]

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

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

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

The Director of Adult Safeguarding said it was a difficult report to read but nothing compared to the difficulties faced every day

by the families involved. He advised that a strategic, attitudinal, and trauma-informed workforce approach would help respond to concerns raised.

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

**28. City of York Safeguarding Adults Board Annual Report 2023/24 (5:06pm)**

The Director of Adults Safeguarding advised that this report summarised achievements and challenges of the Safeguarding Adults Board as well as its ambitions for 2025 and sought input from board members.

The Independent Chair of the City of York Safeguarding Adults Board presented the report and PowerPoint discussing the work of the members of the Safeguarding Adults Board to carry out and deliver the objectives of their strategic plan during 2023/24. The Independent Chair and Director of Adults Safeguarding then responded to questions from the board.

The board noted that the referrals coming in and conversions into Section 42 investigations were higher than the national average and asked whether there was any concern about initial referrals not being as high as they might be.

The Director of Adults Safeguarding responded that there was a positive in increased awareness in the city prompting residents to come forward to Adult Social Care Front Door with their concerns, but Community and Early Intervention needed to manage these risks, and the conversion rate of Section 42 enquiries was in part lower than it otherwise might be due to the amount of discretionary work put in at the triaging stage. There was capacity to help manage risk without getting into lengthy enquiries, and extant multi agency partnerships with the Police Force and Mental Health Services could be broadened to further avoid the need to progress to Section 42 with all referrals. He suggested that he would be more concerned if the number of

referrals continued to rise as these numbers could become unsustainable.

On the point of increased referrals – The Chief Constable, North Yorkshire Police, added reassurance that the Police Force had made considerable investment in its workforce for the Vulnerability Assessment Team, which was currently a bottleneck for referrals, and that this was one of the limited areas being prioritised for further investment in the coming year.

The board asked how safeguarding were dealing with Neurodivergent residents and particularly those transitioning from Children's to Adult's Social Care, where issues have arisen in the past due to this milestone representing a change in all the rules, and it should not be assumed that young people are aware of this.

The Director of Adult's Safeguarding said that a transitional protocol had been put in place to identify those with potential need in this area, with the intention of identifying young people who may need safeguarding support into adulthood. Alongside this there was both a strategic and an operational transitions group looking at individuals and cohorts in order to better support their transition between services. As the plan detailed, there was a specific focus on training and governance within the workforce for younger adults and the particular types of harm that they experience.

The Corporate Director of Children's and Education added that it was important to recognise and understand much more about neurodiversity; how young people don't fully develop their brains until 25 and how being supportive rather than punitive at a young age was important. Moving forwards, the Children and Wellbeing Schools Bill which would be mandating Multi-Agency Child Protection teams from 2027, strengthening what can be done for children moving into adult life.

The board expressed that the inclusion of homeless and rough sleepers in the report was positive, as this cohort were historically harder to engage.

The Independent Chair of City of York Safeguarding Adults Board responded that it had not been hard to engage this group, rather a way had not been found to engage with them, which was an important distinction.



She concluded that there was now a much better understanding of the well-being principle under the Care Act, and how that was not simply about older people, but about anyone struggling with care and/or support.

## **29. Annual Update on the Joint Strategic Needs Assessment (5:33pm)**

The Director of Public Health introduced and presented PowerPoint slides, alongside the Public Health Practitioner, Communities and Neighbourhoods Services.

The report summarised and updated on the Joint Strategic Needs Assessment, including work undertaken in the last year by the York Population Health Hub, planned work for the coming year, and some key changes in the York population.

The presentation reminded members of the key role JSNAs play within the work of the board, and outlined the approach being taken in York.

Given the discussion during public participation, it was pointed out that one of the Health Needs Assessments undertaken as part of this work concerned Pharmaceutical Needs Assessment; one of the required statutory assessments for this board.

The Population Health Hub (PHH) was also highlighted because the Director of Public Health felt that it tied into the work undertaken by his team on Health Needs Assessments, but it was also part of a wider partnership with the ICB, the hospital, the police and many other partners around the table. The PHH represented important partnership work, meeting on a regular basis and discussing how data is shared.

The Director of Place commended the PHH as a real asset for York, with analysts coming together to talk about need, which she felt tied it to the neighbourhood principles of the York Health and Care Partnership discussed in item 8. She said that moving to neighbourhood working was extremely positive and enabled multi-agency work.

The board asked whether Public Health team would be able to look at the needs highlighted by the PHH on a neighbourhood basis and use this data.

The Director of Public Health answered with the example of “Practice Social Prescribing”, a project started a couple of years prior, analysing need of a cohort of patients with respiratory conditions, and sharing data between the ICB, hospital and York CVS. This had received good self-reported outcomes, though not yet formally assessed. He agreed that the neighbourhood model and data sharing was a helpful and positive step forward.

The Director of York CVS added that this project had worked well; those engaged in Practice Social Prescribing faced many challenges and might ordinarily have “fallen through the cracks” in the system. Their team needed to be persistent as some appointments were cancelled and some patients did not attend, but this persistence moved patients to a better place where they were happier. She stated that the project did not cost a lot and in fact had saved a lot of money.

The board asked whether there had been any progress with regard to dental health and supervised toothbrushing schemes at schools.

The Director of Public Health responded that he would have to formally report back to the board at a later date on this matter; there was now supervised brushing in six settings and the ICB was funding further expansion of this. Supervised brushing was so well evidenced that data was not routinely collected, but he committed to discussing this with the oral health lead, to produce evidence of impact.

### **30. Update from the York Health and Care Partnership (5:49pm)**

The York Place Director presented the report summarising the work of, and recent minutes of the York Health and Care Partnership (YHCP), progress to date and next steps.

One report highlighted in the wake of earlier public participation and item 5, summarised work the YHCP, City of York Council and the ICB had undertaken linked to the neurodiversity in schools, due to conclude in March 2025.

Also, she explained that all six places were now set to form joint committees – as such York could be seen to be leading the way.

The board asked about money allocated for the Mental Health Hub running out if this project was not completed in time. The York Place Director responded that there were very detailed plans in place for this and money was in place for two years. Currently they simply needed to answer how the allocation would be spent. TEWV, Adult Social Care and the ICB had all discussed a sustainable model and she hoped to be able to give an update on further work elsewhere in city.

The Director of Adults Safeguarding clarified that The Mental Health Hub (Hub 3) would be focused on a specific local area, and there would never be one central base for whole city, rather a localised concentration. Beyond the two years of funding, there was a hope that a neighbourhood model would be adopted to better serve people.

**31. York's Joint Local Health and Wellbeing Strategy 2022-2032: Review of Progress and Future Action Planning (6:07pm)**

The Director of Public Health presented the report summarising the background and goals of York's Joint Local Health and Wellbeing Strategy, established in 2022 for 10-year vision of a healthier and fairer city; not just healthier but health-generating. Now that the strategy was two years in, it was time to review the action plan.

The Director of Public Health asked the board to consider how to measure and enable progress against the action plan in the remaining eight years of the strategy, proposing three options for how this could be achieved:

- a. Continue another cycle through the current 28 actions in the plan, which would see further embedding and assurance on what partners have committed to, but risk overlooking key areas of work outside the current actions.
- b. Agree with the board lead for each goal a combination of new and old actions in each area appropriate for

2025-2027, and then cycle through reporting on these new actions from May 2025.

- c. Take a different approach, for instance focussing on the six ambitions in the strategy, or on using themed sessions around the 'life course' areas (Start Well, Live Well, Age Well, Die Well), or focussing on the 'building blocks of health'.

The Chair agreed to delegate actions to the Director of Public Health and the Health and Wellbeing Partnerships Coordinator. The board agreed with the author's recommendation of Option B.

### **32. Report of the Chair of the Health and Wellbeing Board (6:16pm)**

The Chair of the Health and Wellbeing Board presented the report, which focused on pharmacy provision further to the public participation. While there had been a statement made that hours would not change, the Chair resolved to monitor this. She drew attention to the Pharmaceutical Needs Assessment Survey 2025 (PNA) which would be live until 3 March 2025, and encouraged people to complete this to have their say on services.

The Manager, Healthwatch York reminded the board that Healthwatch had completed a report on pharmacy provision last year, in which the number of pharmacies that had moved from 100 hours was discussed before changes to NI. She agreed that this was a really concerning aspect and hoped to see a national settlement soon.

[The Director of Public Health left at 6:20pm]

The Chair endorsed the neighbourhood model discussed in item 8, citing the need to switch from a reactive service to a model where localised teams shared information across the whole community; stating that such models also reduced pressure on Health and Care Systems and created savings.

Cllr L Steels-Walshaw, Chair

[The meeting started at 4.33 pm and finished at 6.21 pm].

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**Health and Wellbeing Board**  
Report of the Manager, Healthwatch York

19 March 2025

**Healthwatch York Report: “Young People’s Experiences of Health and Social Care: Core Connectors report” March 2025.**

**Summary**

- This report is for the attention and action of Board members, sharing a report from the Core Connectors team, based in Healthwatch York which shares the results of their peer research.

**Background**

- Healthwatch York provides information and advice about health and care services, signposts people to support, and listens to their experiences when accessing health and care services.
- We received funding from NHS England through Humber and North Yorkshire ICB to be part of the national Core Connectors programme. This work had already begun across the wider ICS. This involved Core Connectors surveying other young people about health and care services, with a focus on the Core20Plus5 health concerns of asthma, diabetes, epilepsy, oral health and mental health.
- Our work is based on the programme that had already been developed. However, our Core Connectors in York, and our Public Health team colleagues, were keen to gain a broader understanding of how it feels growing up in York. As a result the survey our Core Connectors used reflected this broader aim.
- This report, created by our Core Connectors, shares what they learnt from young people in the city over the year this project ran.

**Main/Key Issues to be considered**

- Our report’s key findings are:

- The cost-of-living crisis is impacting on young people, with challenges affording the basics of life, increased costs to access healthcare services, and worries about their finances affecting their mental wellbeing
- Young people have concerns about waiting times for accessing services and support.
- Many reported that worries and stress relating to education had negative impacts on their wellbeing.
- Things that can have a positive impact included healthcare, education support, families and friendships, hobbies and self care.

### **Consultation**

- In producing this report, our Core Connectors held conversations with young people across the city.

### **Options**

- There are recommendations within this report set out on pages 33-34.

### **Implications**

- There are no specialist implications from this report.

- **Financial**

There are no financial implications in this report.

- **Human Resources (HR)**

There are no HR implications in this report.

- **Equalities**

There are no equalities implications in this report.

- **Legal**

There are no legal implications in this report.

- **Crime and Disorder**

There are no crime and disorder implications in this report.

- **Information Technology (IT)**



There are no IT implications in this report.

- **Property**

There are no property implications in this report.

- **Other**

There are no other implications in this report.

### **Risk Management**

- There are no risks associated with this report.

### **Recommendations**

- The Health and Wellbeing Board are asked to:
  - i. Receive the Core Connectors report,
  - ii. Provide a response to the recommendations to be collated for the July Health and Wellbeing Board,

Reason: To keep up to date with the work of Healthwatch York and be aware of what members of the public are telling us.

### **Contact Details**

**Author:**

Siân Balsom  
Manager  
Healthwatch York  
01904 621133

**Chief Officer Responsible for the report:**

**Report  
Approved**


**Date** 10.03.25

**Wards Affected:** All

**All** ☒

**For further information please contact the author of the report**

### **Background Papers:**

Annex A - <https://www.healthwatchyork.co.uk/wp-content/uploads/2025/03/Core-Connector-report-March-2025.pdf>  
Also available at <https://bit.ly/CoreConnect25>

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**healthwatch**  
York

# Young People's Experiences of Health and Social Care

**Core Connectors Report 2025**

# Researched, compiled and created by our Core Connectors team:

## Team leaders:

Grace Robinson  
Jamie-Lee James

## Core Connector team

Aaron Rich  
Alecsia Torok  
Anna Wells  
Casey McInerney  
Cory Rich  
Gordon Kwok  
Katie Pawlec  
Kiri Shaw  
Lily Zhao  
Martha Steventon  
Ralph Woods  
Ryan Barry



*"Being a core connector has  
given me so much more  
confidence to go out and ask  
other young people about the  
issues that matter to us."*

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**Content warning: contains reference to mental ill-health, anxiety, distress, and struggles with daily living.**

## Acknowledgements

We recruited 14 young people and we thank them all for their dedication and passion in taking the research out to a variety of locations across the city, talking directly to other young people, their detailed analysis of all the data and creation of this engaging and comprehensive report. They did this despite all the many pressures of work and study and we are grateful for their time and expertise.

This report is a departure from our 'usual' publications, as it was researched, conceived and created by the Core Connectors themselves. We now look forward to continuing to work alongside them to co-create better ways forward for the health and wellbeing of all young people in our city.

We would also like to thank York College for allowing us to have Jamie-Lee and Grace as Core Connector Team Leaders as their T-level work experience. We really couldn't have done this without them.



# Background

**Core Connectors are young people who help Healthwatch York improve local health services by sharing their experiences and ideas. They are part of the Core20PLUS5 Connector Programme, which aims to reduce health inequalities in their area.**



Martha Steventon

## Who can be a Core Connector?

- Young people aged 16–25
- People with local knowledge and recent lived experience of health inequality
- People who are passionate about improving local services



*“Spending time outside and with my friends has a positive impact on my mental health. I think trying to learn how to practise self-love/self-care is helping both mentally and physically. I have been making more of an effort to look after my body by doing exercise to move around and learning more about what my body needs to be healthy.”*

# Healthwatch York is your local health and social care champion

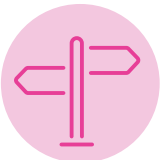
## About us

We make sure NHS leaders and decision makers hear your voice and use your feedback to improve care. We can also help you to find reliable and trustworthy information and advice.



### Our vision

A world where we can all get the health and care we need.



### Our mission

To make sure people's experiences help make health and care better.

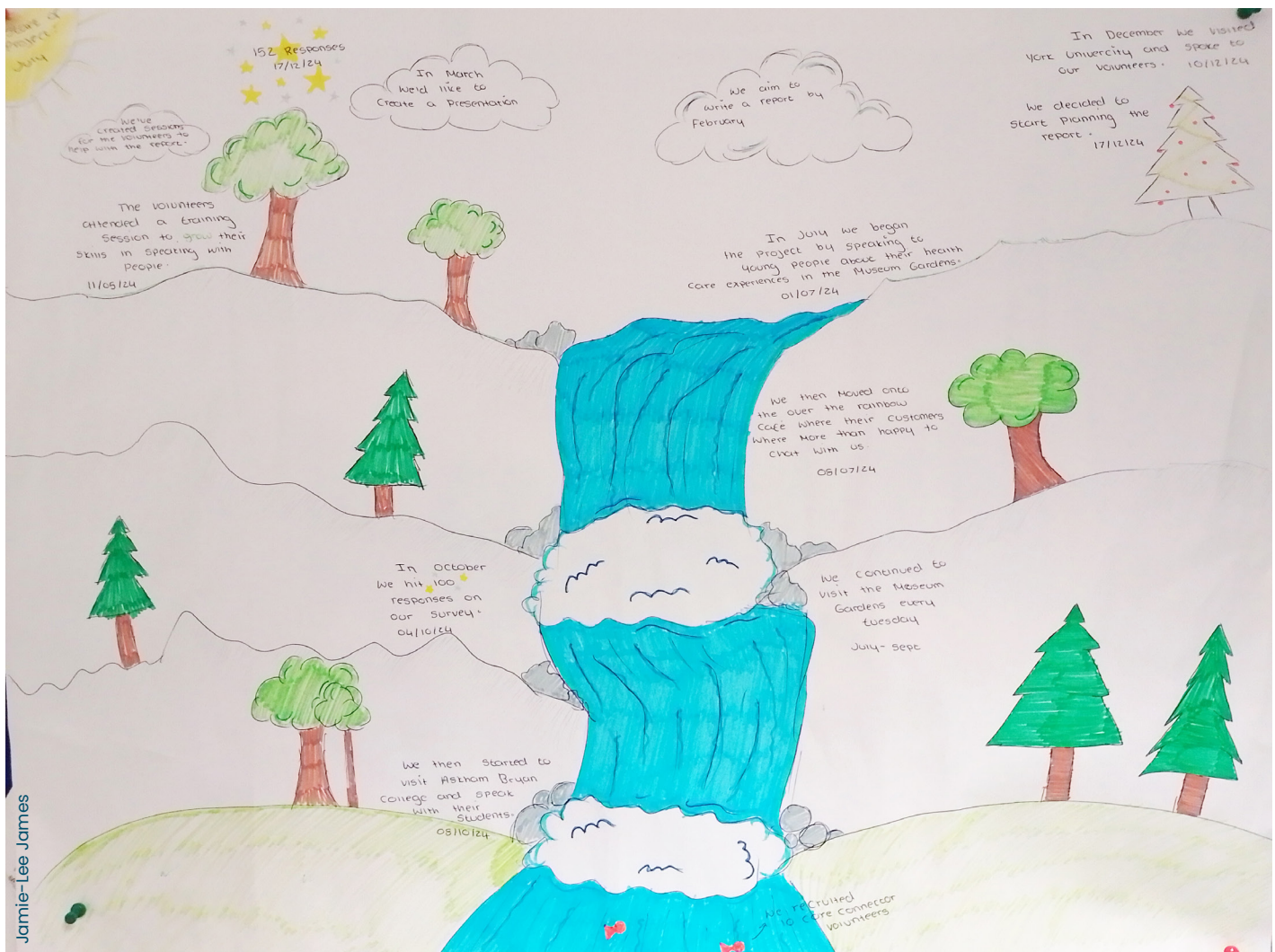


### Our values are:

- Listening to people and making sure their voices are heard.
- Including everyone in the conversation – especially those who don't always have their voice heard.
- Analysing different people's experiences to learn how to improve care.
- Acting on feedback and driving change.
- Partnering with care providers, Government, and the voluntary sector – serving as the public's independent advocate.

# What we did

Recruited 10 Core Connectors and designed and completed questionnaire surveys and semi-structured interviews with 152 young people at various locations across York. These included the Museum Gardens, Askham Bryan College, York College, A NAUWU (Nothing About Us Without Us) event and Over The Rainbow Cafe (an LGBTQ+ safe space/cafe and sober space).





# Our future plans

We aim to continue our research throughout 2025 by looking in more detail at some of the issues from the initial report and proposing better ways forward. To continue to research issues of concern to young people in York and take action to improve healthcare for young people in the city.



Unsplash

# How the cost of living has affected young people and their access to health and social care

Key themes that have emerged when we asked this question to young people included food inflation, restricted access to now-private healthcare, changes to diets due to food affordability, issues with paying bills at home and restricted access to essential travel due to rising prices.

Food inflation was a main concern with young people that filled out our questionnaire. For example, some young people told us that they had to make changes to their diets due to an inability to afford “good” or “nutritional food”. Another young person claimed it was “hard to afford the basics without overworking”. Being able to know where to go to find affordable food was also an issue for young people, this may be due to young people often being very inexperienced about where to buy food and not knowing how various supermarkets compare in terms of affordability. One young person found that even “justifying a food shop is hard”. This shows that young people are seriously debating going out and buying food, likely due to the large inflated prices at supermarkets due to the ongoing cost of living crisis. Another young person resorted to getting food from a food charity to “make up what was once the weekly shop”.

Some young people that participated in our study were unhappy about having restricted access to private healthcare such as eyecare and private dentists. Other young people on prescribed medication were frustrated with having to pay money for life-saving medications such as asthma medication which one person paid “over nine pounds for.” One young person told us that they had spent fifty pounds on medication in one month. It is clear there must be another way to make access to life saving medication available to young people at a much lower cost, especially given the amount of young people suffering from long term health conditions. Long term health conditions led to one person having to access private healthcare due to the NHS not covering long term treatments such as physiotherapy. Another young person’s access to eyecare was heavily restricted due to being over the age where age-related discounts could be applied, making this young person unable to afford a new pair of glasses. Other young people simply could not afford private healthcare.

*“A lot of the time can’t afford to eat- primary carer of mum and siblings and so there has been a lot of increased stress from trying to buy groceries. Also, payments for apartment have massively gone up- really expensive.”*

*“Rising bills on gas, electricity, and water, rising insurance costs for car is especially ridiculous, rising food prices - have been and are getting some food from food charity to make up what was once the weekly shop.”*

Young people also spoke to us about difficulties around their finances. Some students were upset about rising rents in York. Some students told us they had to “really budget” in order to get by. For young people living at home, some had to chip in to help with their family finances, some young people were forced to move back in with their parents due to their finances. Another young person had to move out of York altogether due to higher prices after having lived in the city for four years.

Some young people that we spoke to had help from their family to ease the burden on the cost of living but when these young people struggled further, they felt unable to get any more help due to “feeling guilty about asking for more [support]”.

Transport was also an issue faced by young people taking part in our research. One person who suffered with various illnesses found that their illnesses combined with the cost of living crisis made transport to hospital difficult. One young person who got their food shopping delivered to them due to illness had to go to get the food themselves, walking with a sprained ankle to the shop due to them not being able to afford delivery costs.

*“...can't afford delivery despite struggling with energy and access to shops – sprained ankle but had to walk on it as it was the only way to get food.”*



For young people that owned vehicles, issues with car insurance affordability was also commonly discussed with us. One young person had to walk to work rather than get there any other way due to their mother not being able to afford to pay bills from time to time. Another person remarked “transport is so much more expensive”. One young person said that the price of their car insurance was “ridiculous”.

Money and finance related difficulties were also found to have had a negative effect on young people’s mental wellbeing, with students saying that they were struggling with the cost of living crisis, paying rent and feeling “guilty” for treating themselves by going against their budgets.

*“my bills, rent especially and transport is so much more expensive.”*

*“...know that could ask for parents for help but already receive a lot of support from them and feel guilty about asking for more.”*

*"The higher costs of healthy food results in having to purchase less nutritional items. This has resulted in me being ill a lot more."*

*"Absolutely yes - has put a massive strain on groceries. The prices of things are so ridiculous that cannot afford to buy as much/ as good a quality of food. Feel a lot of shame around their diet because they can't afford to buy healthy food- want to eat fruit and vegetables but have to prioritise high energy foods like carbs because there isn't the money to buy enough."*

# Things that have negatively impacted young people's mental and physical health

Waiting time was a prominent issue faced by research participants. Young people complained that access to GP appointments was very difficult and that when they had these appointments, sometimes doctors had to have issues such as gender dysphoria explained to them or not being inclusive toward young people with autism. Phone appointments were found to be challenging too, as young people found it difficult to fully explain their issues adequately to healthcare professionals. One trans person was told by their GP to not get an autism diagnosis in case it delayed their access to receiving gender-affirming care. Communication about a young person's status on a waiting list was a common issue faced by young people that we spoke to. One person had waited six months for a medical appointment only to have it cancelled. Many young people complained at the lack of mental health related services available alongside the long waiting lists for these services.

*"My experiences in the healthcare in York has been really good however mental health have difficult issues on where to start with it, I personally don't know how to access proper forms of support or any help for that matter."*

Education related issues that young people spoke to us about mainly included exam-related stress and pressure, a lack of help within educational settings, managing a work life balance and rental costs for student accommodation. One student told us that they felt a lot of pressure relating to exams yet had no adequate support to deal with managing this pressure at school. One university student previously was able to get support but told us that they no longer were able to. Another student at a university told us that they had to wait seven months for counselling and so did not use the services much as a result. Students also struggled with the work life balance, one student said “having to work and study is stressful as I have to make time for both of them”. Another student said they felt “overwhelmed with how much I have to do in so little time”. A lot of students felt worried about the future, one student felt that they had to “plan [their] own life” and that they were being treated like an adult when they are still a child.

*“hard to get face to face appointments  
– takes far too long to find a doctor who  
understands mental health.”*

*“Really long waiting times for  
appointments – had to wait  
6 months for an appointment  
only to have it cancelled.”*

*“I think social media and body  
image has a negative impact on  
my mental health.”*



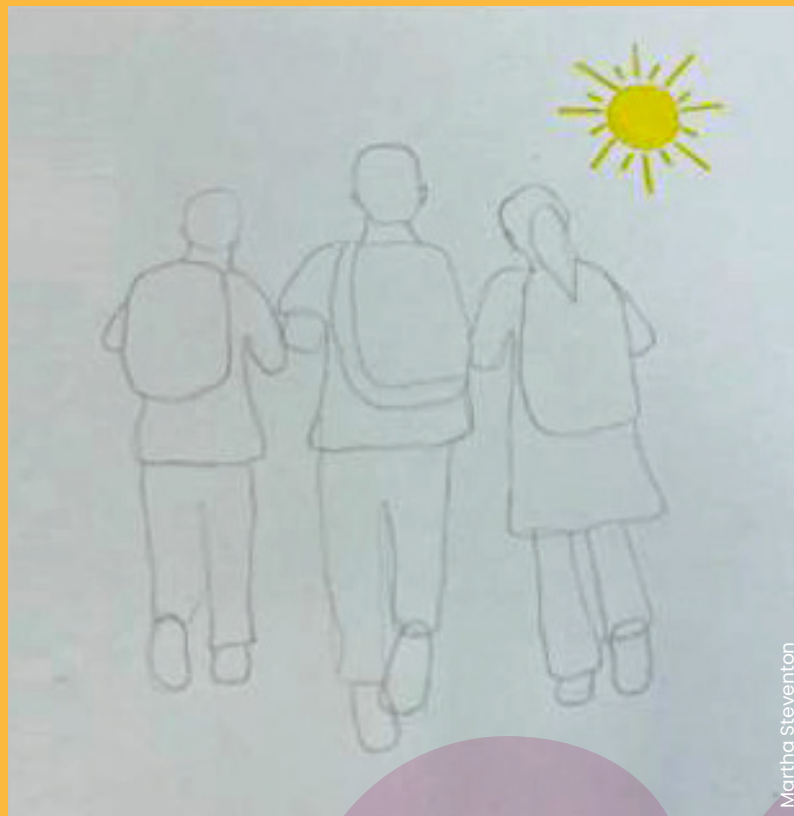
Money and finance related difficulties were also found to have had a negative effect on young people's mental wellbeing, with students saying that they were struggling with the cost of living crisis, paying rent and feeling "guilty" for treating themselves by going against their budgets.

Other issues that negatively impacted young people's mental and physical wellbeing were family issues, anxiety from adjusting to social situations post-lockdown, being in unhealthy relationships, the isolation felt by young people and the negative impact of social media encouraging young people to stay inside rather than go out.



We asked this question to have a focus on the positive aspects of young people's mental and physical health, as well as to learn what keeps them happy. We found that the things that have the most positive impact on young people's mental and physical health are healthcare, education, their selfcare/hobbies and their social relationships.

Young people mentioned that healthcare has a positive impact on their mental and physical health due to good experience with specific organisations, those were Mind and Spectrum First Education. Easy access was also mentioned, this had a positive impact as it meant young people were not waiting too long and left struggling, so it was effective and efficient.



*“Exercise and time outside  
seeing friends.”*

*“Walking in nature and seeing  
friends and family.”*

We found out that having a support team at their educational establishment that they could easily access had a positive impact on their mental health and said it was “very good”. Extracurriculars kept them busy and distracted, it also gave people the opportunity to socialise and spend time with their friends.

Staying active came up a lot during our research. This involved working out, spending time with friends and family, and going outdoors, nature was mentioned a significant amount of times. Hobbies have a big positive impact on young people’s mental and physical health. Going out and farming were talked about the most, and for some it was as simple as getting out of bed and eating nutritious foods.

*“Socialising with others, and talking to my family.”*

*“Lived in York my whole life so used to the GPs and they’re nice – not bad waiting times – never waited more than a week and occasionally same day appointments.”*

Social relationships are what positively impact young people's mental and physical health the most. Speaking and seeing family and friends was spoken about multiple times, as well as the importance of having someone to speak to has a major impact for young people. Social relationships in education are important as it allows them to have a connection with others who are going through similar things and know they are not alone.

Overall, speaking to people, whether that be healthcare professionals or family and friends, has a major positive impact on young people's mental health and going out to see friends and family or working out and eating nutritious foods has a positive impact on their physical health.



*"Mind was a great organisation they listened. Spectrum first support autistic and ADHD students at uni and was brilliant."*

# What would make York a healthier city

Healthcare access is a major concern. Long wait times plague services, especially for GPs and mental health care, with short, ineffective appointments. Mental health care options are limited, and navigating the complex system is confusing, with inconsistent information and a lack of support groups. Trans healthcare access is particularly challenging. While there's increased awareness of cancer symptoms and a focus on safe water, specialized care is difficult to obtain. Increased funding and improved communication are needed across all healthcare services.

Community and infrastructure issues compound these problems. There's a need for more mental health services, especially in schools, and better access to trans healthcare. Affordable, healthy food options are lacking, and social spaces are often alcohol-centric. Pollution, drug access, and the high cost of healthy food, entertainment, and social activities are also concerns. Public transport is overcrowded and expensive, limiting access, particularly in rural areas. Improved cycle paths, pedestrian areas, and lighting are needed.



*"More things to do with friends in the centre of town that encourage activity instead of just having shops. Less need to spend money when doing social activities."*



Accessibility is another key challenge. Cobbled streets and poor transport options, especially in rural areas, limit mobility and contribute to social isolation. Navigating the healthcare system and understanding available services, including disability access, is difficult. Communication about appointments and services is poor. More affordable and frequent bus services, particularly connecting rural areas to city centers, are needed, along with increased access to outdoor activities and green spaces for people with disabilities. Education and referrals from schools to support services are also vital, along with more mental health support.



*“Overall yes, but for disabled people no. Due to poor access to transport, family can often be restricted to their home- for those who struggle with mobility, the cobbled streets are difficult for getting round- for this reason there is a reliance on public transport but this doesn’t work well in York.”*

# Which service did you access and how was that experience?

The 4 key themes we found were mental health, GP access, specialist care and urgent vs non urgent care.

In most cases referrals were easier to obtain than actual support. However, being inadequate with one saying they were “denied the opportunity to reschedule an appointment which was only missed due to insomnia caused by PTSD”. Another person who had a similar negative experience at Leeds Immunology stated “tried to blame everything I said on my mental health, called me crazy”, they also were not listened to by their GP and was refused acknowledgement. During crisis situations services were more responsive and immediate support was provided. GP consultations felt rushed and focused on generic advice rather than specific needs of the person. CAMHS was mentioned repeatedly for not doing an effective job of supporting those who needed it,” Found the CAMHS worker very rude and dismissive” and just general advice was given. A lack of support was given to people after turning 18, with no referrals to adult services.

*“The service I used was the NHS website I filled out their form about my migraines and we got a call around 3-4 weeks after that. When we got the call we went over my symptoms and they provided much needed help and made me understand it better.”*

Many young people are finding it extremely difficult to get timely and effective GP appointments. They face long waits, struggle with online booking, and rarely get face-to-face consultations. When they do see a doctor, they often feel dismissed and rushed, receiving unhelpful advice and lacking proper follow-up care, particularly for ongoing or complicated health issues. Although some people told us that same day appointments were quick and efficient, especially when getting prescribed medication. Regarding repeat prescriptions views were mixed, with some saying the NHS app simplified the process but others were confused.



*"...lots of wrong diagnosis eventually  
got the right one (autism) but  
wrong for a long time."*



Experiences with the hospital were also mixed. Some claimed it was a positive and efficient experience, mainly for urgent issues like broken bones and head injuries, while others faced long waits even after being referred by a GP, and felt they were unheard and dismissed by the hospital staff.

Specialised care was also mentioned a lot. The wait list for specialists was excessively long, with some people having to resort to private healthcare. However once seen the experiences were overall positive. Long diagnostic processes and quite a few misdiagnoses meant people were not getting the help and support they needed. Gynecologists often dismissed what people had to say, even with a previous diagnosis outside of York, and pressured one individual into having an exam despite them telling the professional multiple times they were on their period. Trans healthcare is also a big issue, with not one positive thing to be said, and one person saying “im trans and f\*cking nobody will help me with it”.

*“I went to see a medical professional in uni and the experience was good.”*

When it came to accessing the GP it was made clear that there was a difference between how people are treated during urgent vs non urgent appointments. A number of young people said that their GP appointments felt rushed and useless as well as having long waiting lists up to 3-4 weeks. A sprained ankle resulted in a 6-8 weeks wait for a specialist, hindering the healing process and by the time of the appointment their ankle had mostly healed. However for some they managed to obtain an appointment quickly (same day) or received help through 111 which one person got referred to the ICE department stating "the overall experience was very positive- got a lot of good advice". Majority of urgent A&E visits were prioritized and effective. A few responses mentioning the lack of follow ups.

*"The last service I used was my local GP. I was relatively easy to organise, but I could only have a telephone appointment. The call was short, friendly, helpful and followed up with a check in a few days later. However, if the option was there I would rather have spoken to my doctor face to face."*



# What was your experience of moving from children's to adult services?

The experience of transitioning from children's to adult healthcare services are mainly negative. The key issues we found are lack of support and abrupt transitions, a decline in care quality, increased responsibility & independence, waiting lists & access, communication & information gaps and financial changes.

Upon turning 18 many people told us they had been "dropped" from CAMHS, with little to no planning for how they can move to adult services. Some were told to reapply which created more barriers. A lack of continuity in care was a major concern.

Adult services were perceived to be less caring and more focused on the condition rather than the individual and their needs. Children's services offered more advocacy and support which the adult ones are lacking.

The majority of people found the independence in adult services overwhelming, especially when using complex systems or lacking information about how to access specific services.

Compared to children services adult services were found to have a longer wait time. Accessing specific treatment or medications became increasingly more difficult during the transition, especially for those who are nearly 18, where you can no longer qualify for pediatric services but can not access adult treatments yet.

There is a lack of information about the process and how to navigate adult services, and communication when transitioning to adult services. Some experienced miscommunication and even blame from services during this time.

Having to now pay for prescriptions is a difficult change for some, especially those who need them quite frequently.

However some individuals claimed it was a relatively smooth experience, particularly if they remained with the same GP. Some appreciated the increase in independence.



*"It was difficult considering no one really talks about how to book your own appointment or anything I found it difficult to get help because I wasn't sure where to start so I just went to my parent for help."*

# Are you aware or do you attend any support groups for your health and wellbeing? If so, where do you attend?

64% of young people who answered our survey have no awareness of the support groups in their community. 21% of young people are aware but only 9% of those actually attend support groups. Support groups mentioned the most were specific/education based groups, as well as the Over the Rainbow Cafe based in the city centre for LGBTQ+ support. A few people mentioned they used to attend support groups but no longer do, with one person saying they “had a very bad experience- for this reason would not attend again.”

*“Yes- the over the rainbow cafe provides support (in particular queer support) and also support from their housemates.”*

*“No and I’m not aware of any.”*

# What has been your experience of dental care?

The responses we got regarding dental care were very mixed, with some people having positive experiences, expressing the helpfulness, professionalism and ease of booking (especially with private dentists). However, a significant number of people have had trouble accessing NHS dental care, the most common complaints being long wait lists, difficulty registering with an NHS dentist, cancelled appointments, dentist turnover, and poor communication. And for private/emergency dental care the biggest issue is the cost, and puts many people off.

Long waiting lists was the biggest issue young people are facing regarding dentistry, with many of them waiting months or even years for appointments. Some are even just placed on waiting lists with no estimated time frame given to them.

Many respondents told us they were unable to find NHS dentists who were accepting new patients, which meant some had to switch to private dental care.

*“When dentist appointments are available they are always great, but I have noticed that the wait times are getting longer and longer, and that appointments may be cancelled several times in a row before one becomes available. ”*

The high cost of private care was a barrier for some, and many were forced to move to private dentists due to the NHS lacking space. Even emergency dental appointments were unaffordable for some.

Repeated cancellation of appointments was mentioned multiple times. This led to further delays in treatment.

As well as this poor communication was a common theme, confusion regarding treatment plans and missed appointments due to it.

Changes in dentists was a concern, with some patients left to find new dentists.

Overall, the biggest issue is access to timely and affordable dental care, mainly within the NHS system. With some people avoiding dental care altogether due to fear, costs or just the inability to get an appointment.

*"I used to have an NHS dentist which was good but he left and told me to find a new one. I've not been able to find one for 2 years now."*



# Is there anything else you would like to tell us about healthcare in York?

Key themes we found in our research are mental health crisis, access barriers, service gaps, hospital experiences, systemic issues, positive feedback as well as some other concerns.

When it came to the mental health crisis young people said access was a major problem as the waiting times were long, difficult to navigate and there was a lack of support especially when transitioning between services. Assessments for ADHD and Autism were described as negative and felt as if they were dismissed by professionals.

Young people mentioned there was a problem with access barriers such as language and technological barriers. With some not having English as their first language or not having the right technology to try and get the help they need it made it difficult for those to make an appointment or speak with a professional.



Another theme we saw was service gaps. It was mentioned that there was a need for more mental health support within schools. There was also a lack of sexual health and endometriosis information for young women. When it came to trans healthcare it was mentioned multiple times how problematic it was especially after waiting a long time for an appointment.

However York hospital had a few positive experiences, although some had to wait up to 12 hours in A&E. One person mentioned being turned away with a suspected ectopic pregnancy and being told "I was too young to have an ectopic pregnancy". Some others reported negative experiences related to epilepsy, a knee injury with inadequate treatment and cancelled appointments.

Many young people mentioned systemic issues like understaffing and underfunding. Some said there needs to be an improvement on the communication between services. It was suggested to make a flow chart for services to show when they're available. One person stated "The current direction of the DFH and NHS England is directly at odds with improving care of children, teenagers and queer youth".

*"I'm concerned about the ease of accessing healthcare. As a young person there is a bit of a learning curve for accessing healthcare independently for the first time but I feel like I am ok at picking it up quickly and being able to find the information I need. For a person who is not as good with technology or for someone with English as a second language it becomes much more difficult and frustrating, this is something I have seen first hand with my family members."*

Other concerns mentioned the cost of healthy food and having to resort to unhealthy food choices as it is cheaper. The cleanliness of toilets in health care facilities, children's opinions being ignored in clinical settings and the lack of understanding of university students' needs.

However there was some positive feedback from the young people having positive experiences with their GP's, hospitals and ambulance services. The dedication of healthcare professionals is being acknowledged but hampered by the funding issues.

*"Yes, as there are plenty of healthy options however with the cost of living it makes it difficult to be healthy as unhealthy is the cheapest option."*



*"I think there needs to be more awareness for young people especially women where to go when it comes to sexual health such as contraception and abortions and how they can access this help as its not advertised enough and some are embarrassed to ask."*

# Recommendations

## 1 Introduce Cost of Living Support

Signpost food banks in schools, colleges, and community centers to increase awareness among young people. Offer youth-focused “pay what you can” meals in local hubs and youth centers to ensure they have access to affordable food.

Provide clear, accessible information on discounted transport options specifically for young people, with details shared through social media platforms and local resources.

Partner with pharmacies to offer discounts or subsidies on essential medications and guide young people on how to access free or low-cost healthcare services.

## 2 Reduce Wait Times for Mental Health Support

Work to shorten wait times for mental health services and provide interim resources. Place signs or posters in York’s hospitals and GP offices, highlighting available mental health resources and support options during wait times.

## 3 Tackle GP and Dental Wait Times

Address long wait times for GP and dental appointments within the York region, aiming to reduce delays and improve access to essential healthcare services for young people.

## 4 Create Affordable Social and Community Spaces

Establish affordable, accessible community spaces where young people can gather, socialize, and engage in activities to help reduce social isolation.

## 5 Transition to adult services

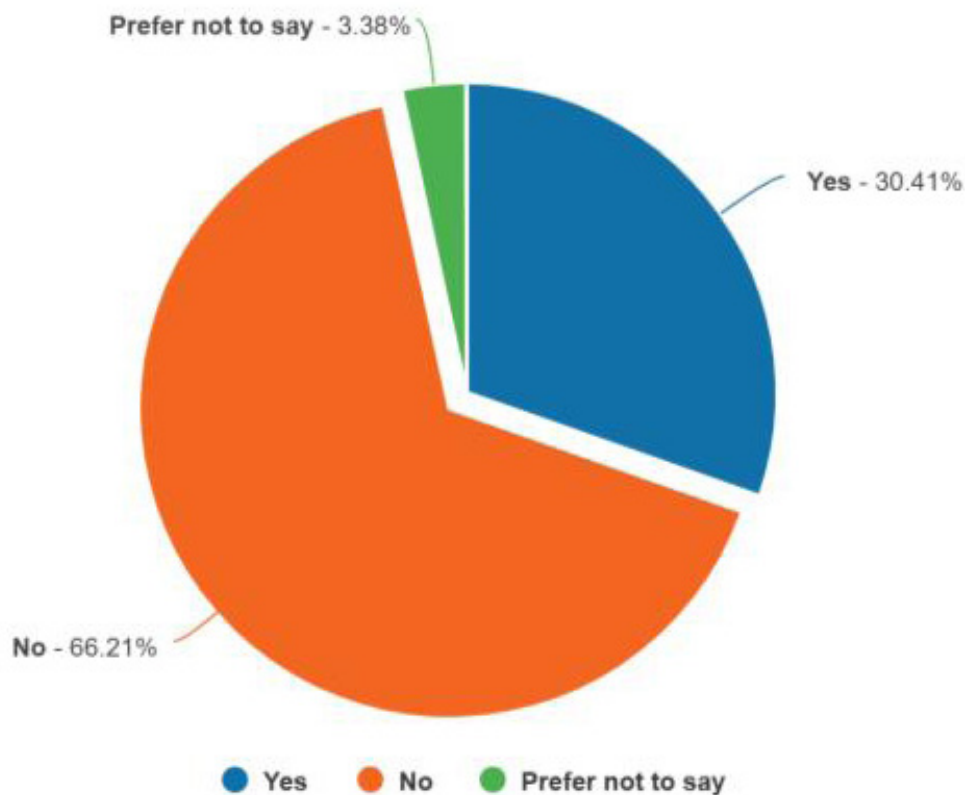
Provide guidance for young people transitioning to adult healthcare services, with clear information available through schools, posters, and social media in York to help them navigate the system and access necessary treatments.

## 6 Improvements to public transport

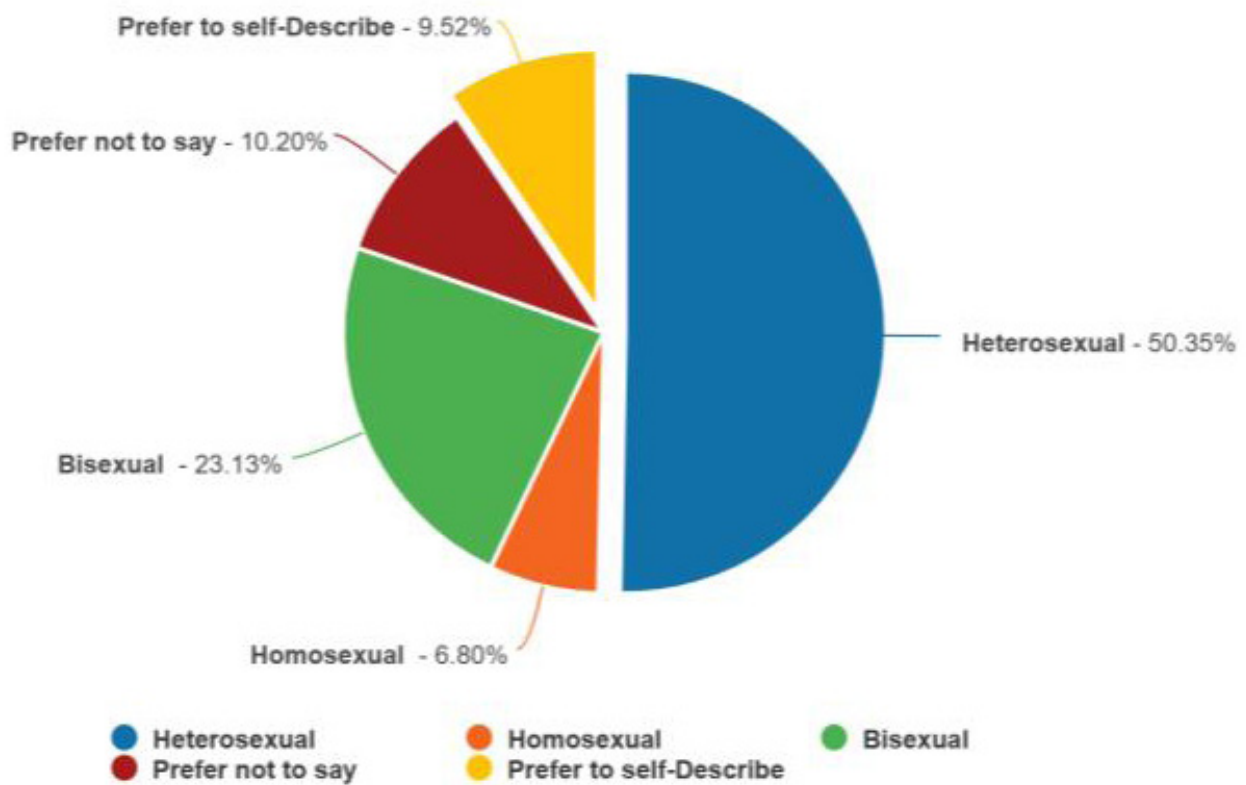
Invest in improving public transportation in the York region, expanding routes to rural areas to ensure young people have reliable and accessible transport options.



# Do you consider yourself to have a long-term health condition?



# What is your sexual orientation?

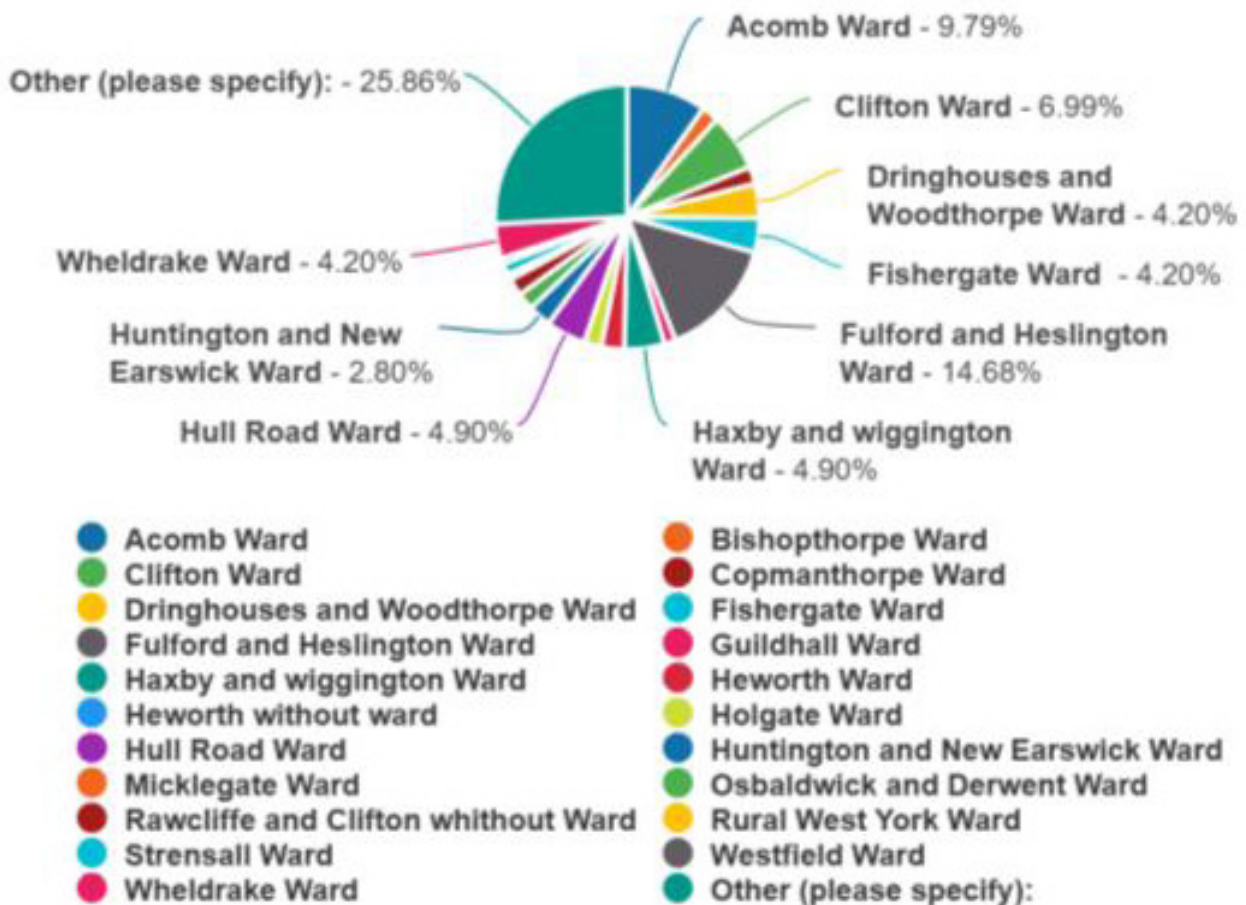


Self described:

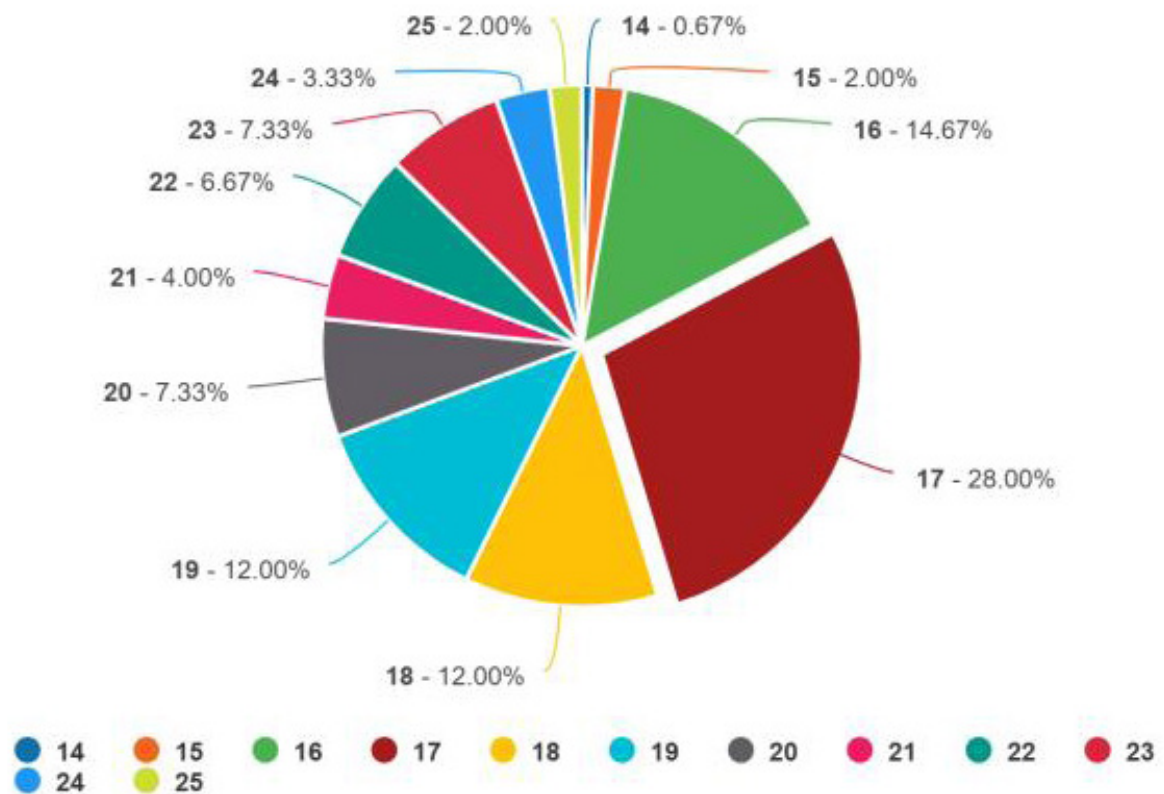
1 omnisexual,  
1 demisexual/biromantic,  
1 pansexual,  
3 asexual,  
6 queer



# What part of York do you live in?

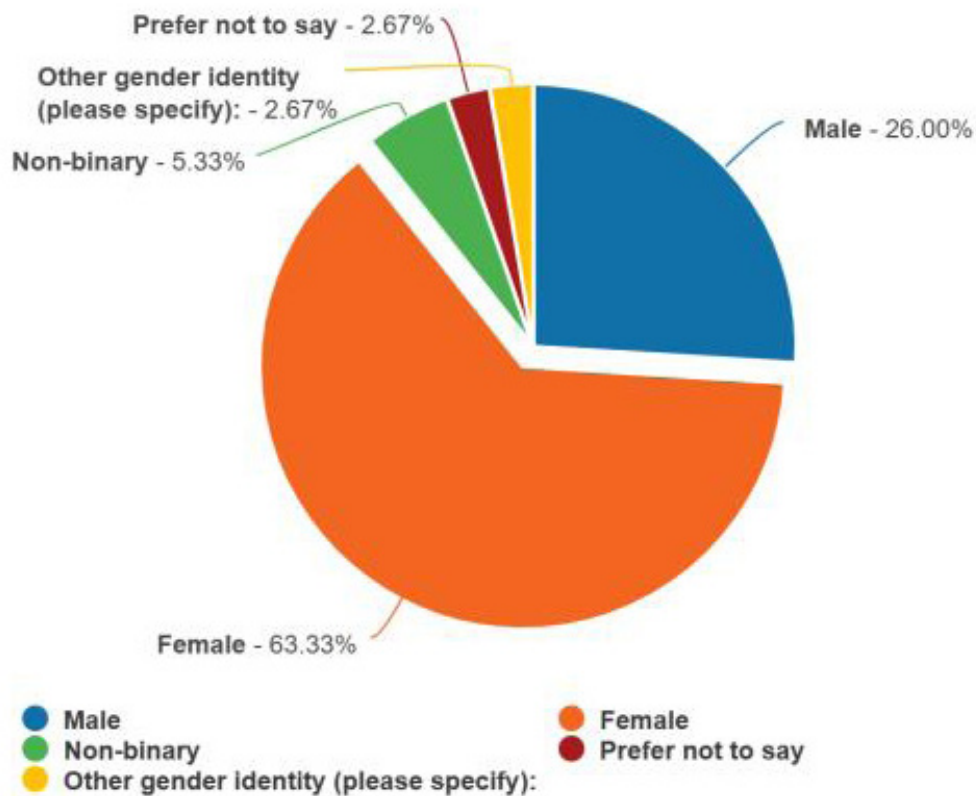


# How old are you?





# What is your gender?

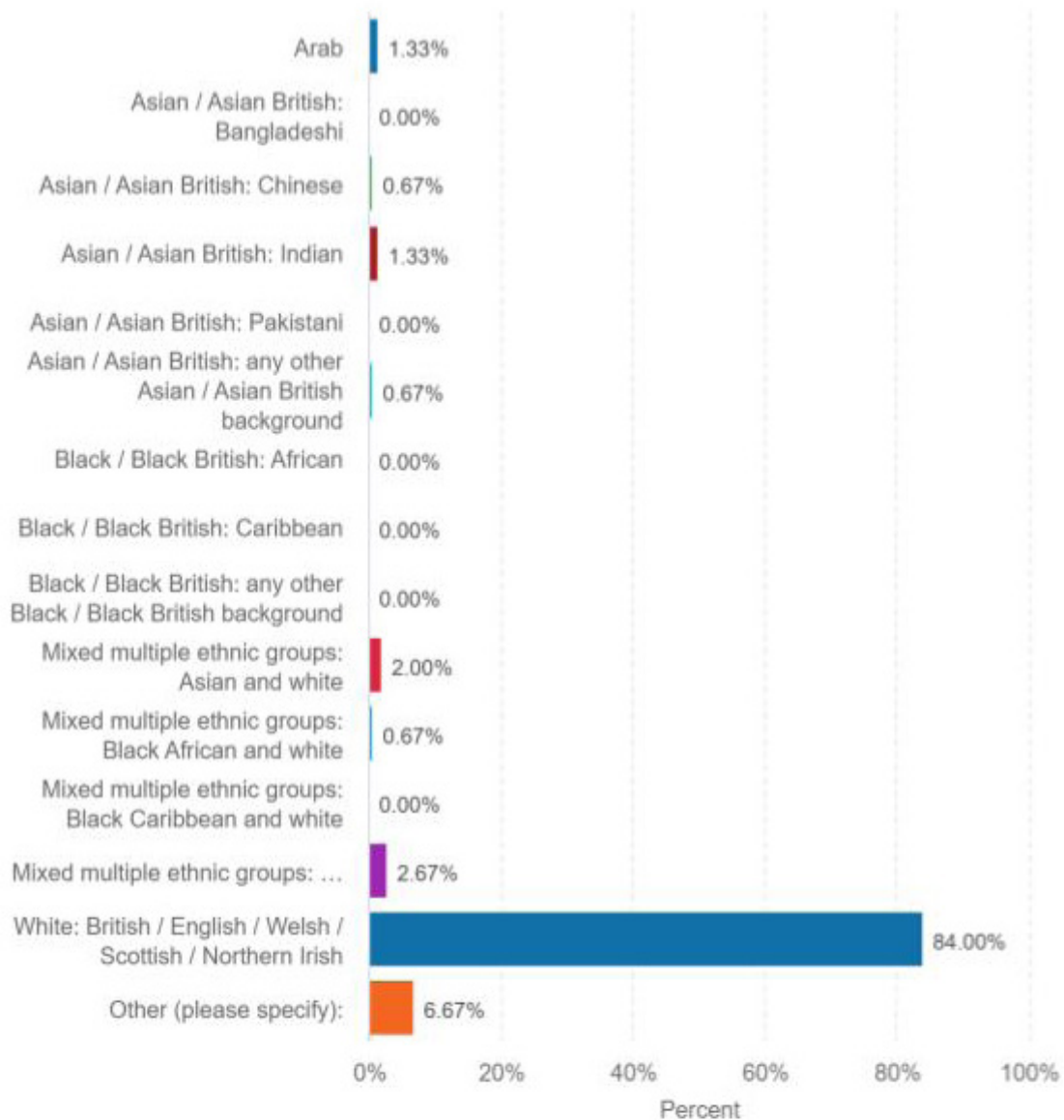


Other identities:

2 genderqueer

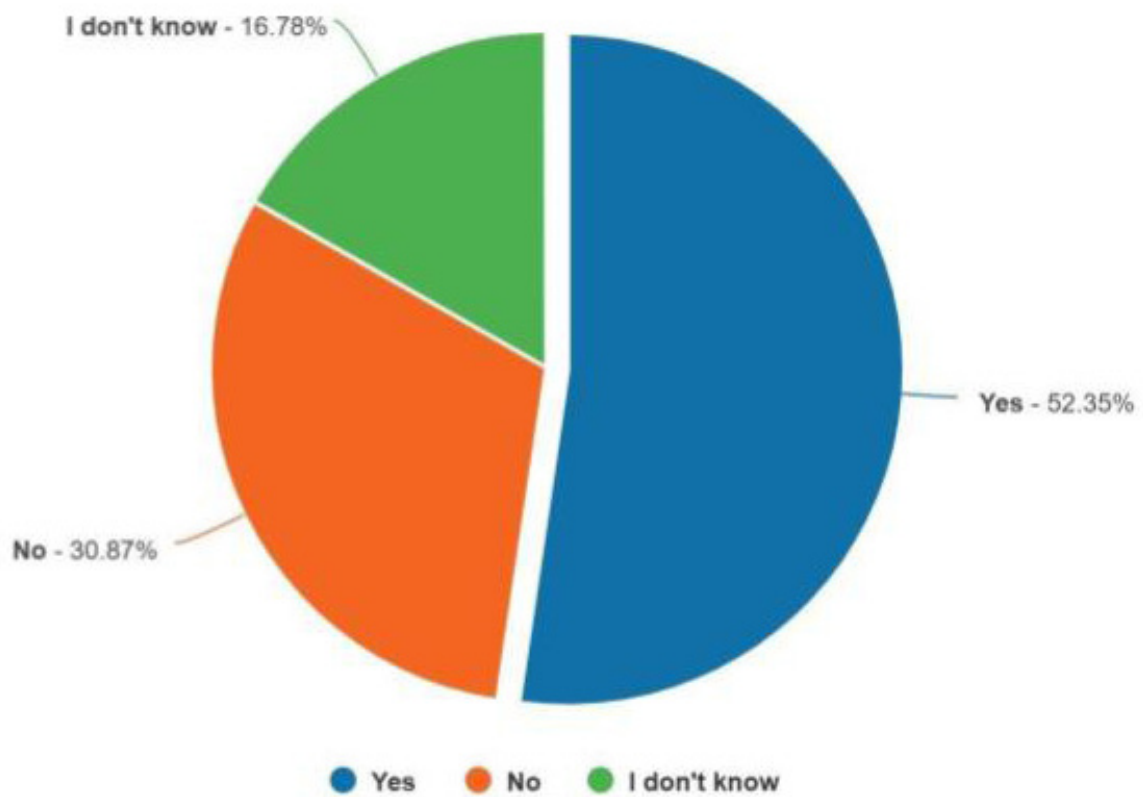
1 genderfluid

# What is your ethnicity?



- Arab
- Asian / Asian British: Bangladeshi
- Asian / Asian British: Chinese
- Asian / Asian British: Indian
- Asian / Asian British: Pakistani
- Asian / Asian British: any other Asian / Asian British background
- Black / Black British: African
- Black / Black British: Caribbean
- Black / Black British: any other Black / Black British background
- Mixed multiple ethnic groups: Asian and white
- Mixed multiple ethnic groups: Black African and white
- Mixed multiple ethnic groups: Black Caribbean and white
- Mixed multiple ethnic groups: any other mixed multiple ethnic groups
- White: British / English / Welsh / Scottish / Northern Irish
- Other (please specify):

# Are you registered with an NHS dentist?



# Together we're making health and social care better



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York

Healthwatch York  
Priory Street Centre  
15 Priory Street  
York YO1 6ET

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☎ 01904 621133  
✉ [healthwatch@yorkcvs.org.uk](mailto:healthwatch@yorkcvs.org.uk)  
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## Health and Wellbeing Board

19 March 2025

Report of the Director of Public Health

### York's Joint Local Health and Wellbeing Strategy 2022-2032: Action Plan

#### Summary

1. In 2022, the Board conducted an extensive exercise including co-design and public consultation and brought forward its 10-year Joint Local Health and Wellbeing Strategy (JLHWBS).
2. The ambition of the strategy was for York to become a health generating city, and the overarching vision was that 'In 2032 York will be healthier, and that health will be fairer'.
3. In early 2023, the Board approved the action plan for the strategy, including 28 actions aligned to the ten population health goals intended to cover actions in the first two years of the strategy's life. In January 2025 the Board received a paper summarising progress against these actions. After consideration of this paper the Board agreed to a review and refresh of the action plan.
4. A revised action plan has been produced and this is at **Annex A** to this report. The action plan will be reviewed again in approximately 12 to 18 months and HWBB will receive regular progress updates associated with the delivery of the action plan.
5. The Board are asked to approve the attached action plan and agree to receiving regular progress updates at HWBB meetings.

#### Background

6. The '**vision**' of the York Joint Health and Wellbeing Strategy 2022-2032 is around both increasing health and distributing that health more fairly. In York, people in poorer communities are dying earlier. Rather than increase the overall life expectancy of the population, therefore, the Board decided to aim to focus on improving healthy



life expectancy (the amount of time spent living in good health) for the city and reducing the gap in life expectancy between the least and most deprived areas.

7. The six '**ambitions**' of the strategy are focussed on the large scale shifts which will be needed by partners in order to achieve this vision:
  - Become a health-generating city
  - Make good health more equal across the city,
  - Prevent now to avoid later harm
  - Start good health and wellbeing young
  - Work to make York a mentally healthy city
  - Build a collaborative health and care system
  
8. Alongside these, in order to ensure concrete and tangible actions could be planned and measured, the strategy used the Joint Strategic Needs Assessment to identify ten key '**goals**' to focus on in terms of the factors which lead to the greatest health loss and inequality in the city:
  - Goal 1: OVERARCHING GOAL: Reduce the gap in healthy life expectancy between the richest and poorest communities in York
  - Goal 2: Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores
  - Goal 3: Bring smoking rates down below 5% for all population groups
  - Goal 4: Reduce from 20% to 15% the proportion of York residents drinking to the Chief Medical Officer alcohol guidelines (under 14 units a week)
  - Goal 5: Reverse the rise in the number of children and adults living with an unhealthy weight
  - Goal 6: Reduce health inequalities in specific groups: people with a severe mental illness, a learning disability, those from an ethnic minority, or a marginalised group
  - Goal 7: Reduce both the suicide rate and the self-harm rate in the city

- Goal 8: Improve diagnosis gaps in dementia, diabetes and high blood pressure, and increase the % of cancer detected at an early stage
  - Goal 9: Reduce sedentary behaviour and increase physical activity by 5% across the whole population
  - Goal 10: Increase the proportion of carers and care users who have their desired amount of social contact
9. The actions in the new action plan are mapped against the ten big goals set out above.

### **Main/Key Issues to be Considered**

10. The action plan has been produced alongside the lead officers for each of the ten big goals. Broad themes have been included for Goal 10, but further discussion is required to identify the specific actions for this goal. The Board is asked to start this discussion at today's meeting and to delegate the identification of the final actions to the lead officers for this goal.
11. Additionally, we will continue to update the HWBB on trends and data linked to the ten big goals.

### **Options and Analysis**

12. Health and Wellbeing Board can:
- a) Agree to approve the action plan at **Annex A** and receive regular progress updates on the delivery of these actions.
  - b) Identify specific actions for Goal 10
  - c) Delegate the identification of specific actions for Goal 10 to the lead officers for this goal.
  - d) Suggest amendments/additions to the action plan
  - e) Not approve the action plan

### **Recommendations**

13. The recommended option is a) and c), to approve the action plan and receive regular updates on the delivery of these actions and to delegate the identification of specific actions for Goal 10 to the lead officers for this goal.

Reason: To ensure the HWBB is actively and effectively delivering on the vision and ambitions set out within the Joint Local Health and Wellbeing Strategy 2022-2032.

**Contact Details**

**Author:**

Tracy Wallis on behalf of  
Peter Roderick  
Director of Public Health  
City of York Council

**Chief Officer Responsible for the report:**

Peter Roderick  
Director of Public Health  
City of York Council

**Report  
Approved**



**Date** 10.03.2025

**Annexes:**

**Annex A:** Action Plan



## Annex A:

	<b>Goals</b>	<b>City Lead</b>	<b>Suggested Actions</b>
1.	Reduce the gap in healthy life expectancy between the richest and poorest communities	All HWBB Members	Overarching priority that will be achieved if all other priorities/actions are successful
2.	Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores by 5%	Dr Stephen Wright Professor Lynne Gabriel Peter Roderick	<ol style="list-style-type: none"> <li>1. Continue to develop citywide Neighbourhood Mental Health Centres whilst ensuring strong interconnectivity with the ongoing development of Integrated Neighbourhood Teams</li> <li>2. To fulfil the Mental Health Partnership's ambition of being an all-age group continue to establish and develop a Children &amp; Young People's Mental Health Group to respond to the recommendations of the Nothing Without Us Group and drive improvements in children &amp; young people's mental health</li> <li>3. Continue to support the VCS to capitalise on the community assets and community connections we have in York</li> <li>4. Deliver a public mental health programme based on embedding the use of the 5 Ways to Wellbeing methodology in the city</li> </ol>

3.	Bring smoking rates down below 5% for all population groups	Consultant in Public Health	<p>5. Continue joint working between Public Health and Public Protection to increase the amount of intelligence around illicit tobacco and utilise new legislation to support enforcement activity (“The Environmental Protection (Single-use Vapes) (England) Regulations 2024” and the proposed “Tobacco and Vapes Bill”).</p> <p>6. Implement Tobacco Dependency Treatment service in York Hospital in both Acute and Maternity pathways</p> <p>7. Implement that National Smoking in Pregnancy Incentive Scheme across York and Scarborough trust.</p> <p>8. Increase the number of successful smoking quits through the York Health Trainer service to 350 in 25/26.</p> <p>9. Prioritise working with previously underserved population groups, including Gypsy &amp; Travellers, Homeless, Social Housing and IMD deciles 1&amp;2.</p>
4.	Reduce from over 20% to 15% the proportion of York residents drinking above the Chief Medical	Consultant in Public Health	<p>10. Continue making Alcohol Identification and Brief Advice (IBA) training available to organisations working with York residents to support</p>

	Officer's alcohol guideline (no more than 14 units per week)		<p>conversations with individuals and enable signposting to appropriate services, and increase the number of staff who are trained to deliver IBA</p> <p>11. Establish York Hospital Drug and Alcohol Care Programme for the identification of, and optimal treatment and effective discharge planning for all at risk of alcohol-related harm.</p> <p>12. Through the Drugs and Alcohol Partnership, take action to reduce alcohol harm, including engaging with businesses and using the levers of the licensing system around the advertising, affordability and availability of alcohol in York, particularly for children and young people</p>
5.	Reverse the rise in the number of children and adults living with a healthy weight	Consultant in Public Health	<p>13. Support adult residents to achieve improved health behaviours in relation to eating, moving and mental wellbeing, as part of a wider shift to a compassionate approach to weight.</p> <p>14. Continue to deliver the National Child Measurement Programme and offer targeted support to families with children and young people in bigger bodies (&gt;91st centile).</p>

			<p>15. Deliver the Breastfeeding and Infant Feeding Strategy across the city, to support parents to make informed feeding choices and practise age-appropriate introduction of solids; and ensure that families are supported to achieve their feeding goals by professionals with evidence-based training</p> <p>16. Deliver the HENRY approach in our 0–5-year population</p> <p>17. Support the implementation of HENRY awareness for professionals</p>
6.	Reduce health inequalities in specific groups	Peter Roderick Sarah Coltman-Lovell	<p>18. Implement a community-based intervention to reduce health inequalities focused on Children and Young People, working with the Voluntary, Community and Social Enterprise sector.</p> <p>19. Improving chronic disease prevention, diagnosis and outcomes in CORE20PLUS5 groups (those facing the largest health inequalities) through enhancement to the Quality and Outcomes Framework (QOF) in General Practice</p>

			20. Identify and address barriers to accessing appropriate health services by people experiencing poverty through the Poverty Truth Commission
7.	Reduce both the suicide rate and the self-harm rate in the city by 20%	Peter Roderick Alison Semmence Zoe Campbell Tim Forber	21. Implement a real-time surveillance approach to suicide reporting between North Yorkshire Council, City of York Council and North Yorkshire Police, enabling the identification of prevention measures and potential suicide clusters 22. Continue Papyrus, ASSIST and SafeTalk training 23. Establish four 'Community Action Groups' around populations in the city with higher suicide risk
8.	Improve diagnosis gaps in dementia, diabetes and high blood pressure to above the national average and detect cancer at an earlier stage	Sarah Coltman-Lovell Dr Emma Broughton Lucy Turner	24. Increase the percentage of people with expected hypertension in York who have been diagnosed to above the national average by 2027/28, aiming for 80% of the expected population receiving a diagnosis by 2029 25. Treat to target 80% of people with hypertension in York who are in CORE20PLUS5 inequalities groups

			<p>26. Increase the number of people identified with diabetes through targeted NHS checks</p> <p>27. Increase the number of dementia diagnosis in York through the development of a community-based diagnosis pathway with support from General Practice. Aiming for the national target of 67% by 2026/27</p> <p>28. Reduce the numbers of York patients waiting over 62 days for a cancer diagnosis, with a focus on the 28 day Faster Diagnosis Standard through local delivery plans concentrating on promoting timely presentation and working with General Practice on improving referral practice</p>
9.	Reduce sedentary behaviour so that 4 in every 5 adults in York are physically active	Consultant in Public Health	<p>29. Ensure that the built environment, active transport options and school curriculum supports children and young people to access green space and enables increased activity.</p> <p>30. Publish a Healthy Places Supplementary Planning Document (SPD) which builds opportunities for movement into planning decisions and removes barriers for active travel</p>

			<p>31. Support the implementation of the Physical Activity and Sport Strategy.</p> <p>32. Continue to work with the regional Active Partnership – North Yorkshire Sport, to attract regional and national funding to support physical activity.</p>
10.	Reduce the proportion of adults who report feeling lonely from 25% to 20% of our population	<p>Alison Semmence</p> <p>Sara Storey</p> <p>Peter Roderick</p>	<p>Further discussion at March HWBB</p> <p>Need to:</p> <ul style="list-style-type: none"> <li>• Support system change behind loneliness</li> <li>• Take into consideration upstream factors including socialisation, affordability, isolation</li> <li>• consider younger age cohorts</li> </ul>



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## Health and Wellbeing Board

19 March 2025

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 team at **Healthwatch York** has been shortlisted for a national award for their work in improving healthcare for people in the city. The National Healthwatch Impact Award recognises outstanding examples of people sharing their experiences to improve care for their community.
3. Healthwatch York has been shortlisted for its independent evaluation of the new pathway for assessing Autism and ADHD in adults. The report highlighted significant concerns about the new pathway.
4. The full report, ADHD and Autism Pilot Pathway: An independent assessment, and an executive summary are available at:  
<https://www.healthwatchyork.co.uk/our-work/hw-york-publications/>
5. The nominees were announced as part of 'Share for Better Care Week', a campaign to encourage people to share their experiences of NHS and adult social care services across England to help improve care for everyone.
6. **The Ageing Well Partnership** continues to meet every two months and recent topics have included: the Adult Social Care Strategy; Self-Monitoring findings; [Age Friendly York achievements 2024](#) and the Frailty Hub.
7. The second cycle for Age Friendly York has now started with a re-fresh of the [Your Home Domain action points](#) through a co-designed workshop on a wide range of age related housing topics.

### Adult Social Care

8. [Consultation](#) on the City of York Council's draft **Adult Social Care Strategy** for the next three years is now available. This strategy sets out commitments, priorities and approaches, reflecting both the challenges ahead and the opportunities we have to make a real impact. The strategy is available to read online at:

<https://www.york.gov.uk/AdultSocialCareStrategy2025> and also in [easy read version](#)

9. The consultation runs until the end of March 2025.

### Children and Young People

10. The implementation plan for the **SEND** Hub is underway and the role of SEND Hub and integration Manager has been recruited to and the manager will be in post from Monday 31<sup>st</sup> March. A management committee has been established and a programme of monthly meetings is taking place. Voice work to support the development of the SEND Hub has been facilitated by the York Parent/ Carer Forum and feedback is being used to inform the further development of the offer from the Hub.
11. The local authority has engaged with support from the DfE RISE (Research and Improvement for SEND) programme to support the local areas work on Preparation for Adulthood. Two workshops facilitated by the National Development Team for Inclusion (NdTI) have taken place in March to develop partners understanding of preparation for adulthood and to provide the context for the implementation of York's co-produced preparation of adulthood protocol.

### Public Health

12. **Specialist Sexual Health Service:** Following a robust procurement process the new contract with York and Scarborough NHS Foundation Trust (Y&SFT) for a Specialist Sexual Health Service, will commence on 1 April 2025. This contract has been agreed using a "Section 75 agreement" (which is a partnership agreement in compliance with *NHS and Local Authorities Partnership Arrangement Regulations 2000*). Y&SFT have provided sexual health services (Also known as YorSexualHealth) in York since the services became local authority responsibility in 2013. Working within a challenging financial environment have meant significant changes to the service delivery model, however the provision of a free, comprehensive, open access sexual health and contraceptive service has been secured for 10 years. The service will now work with partners across the changing sexual

health system to develop a safe, sustainable service model for the future.

13. Key challenges:

- Addressing the provision of Long-Acting Reversible contraception in the City.
- Increasing the positivity rate of chlamydia screening in females aged between 15 and 24.
- Reducing residents who go out of area for STI treatment and management.
- Establishing a system wide approach to contraception.

14. **The Pharmaceutical Needs Assessment** (PNA) is in progress and due to be published in Autumn 2025. The main purpose of the pharmaceutical needs assessment is to inform the submission of and evaluation of applications for new pharmacies into a local area. As part of developing the York PNA, we asked residents their views of local pharmacy services.

15. The survey ran for six weeks, from 20<sup>th</sup> January until 2<sup>nd</sup> March. The survey was available online and promoted in pharmacies and GP practices and other local organisations. There were also paper copies in libraries and distributed through selected charity groups.

16. 415 residents completed the survey either online or on paper. This is a significant increase from the 2022-2025 PNA where there were 62 responses. Data analysis is currently underway however preliminary findings show the following:

- The majority of respondents visited their local pharmacy at least once a month
- Over 70% stated that their usual pharmacy was one on their local high street.
- The majority of respondents felt the availability of pharmacies in the area were “good.”
- A quarter rated provision as either “poor” or “very poor.”
- Over a quarter of respondents felt pharmacies needed to be open at weekends and bank holidays with a fifth also stating evening opening hours. Respondents expressed concern about limited opening hours with some unable to use their local pharmacy as they worked full-time.
- Over 10% believed more staff and availability of over-the-counter products would improve services.
- There were several comments about the closure of Boots in Clifton ward. People were either having to travel into the centre of York to use pharmacy services or relied on home delivery.

- Out of hours provision meant some respondents were not able to access emergency medication within a 20-mile radius in some instances.
- A fifth wanted better availability of medication.
- Many respondents had issues with medication shortages. Some pharmacies were unable to source medication meaning respondents had to try and find pharmacies that did. Others were experiencing delays of up to and over a week before they could collect their prescriptions.

17. A full analysis of the data will be included in the PNA.

18. In addition to the residents' survey, we are currently engaging with stakeholders for professional views on pharmacy services. These include GP Practices and other local organisations and charities that work with service users who may use pharmacies often or face additional barriers in using a pharmacy.

19. Finally, there will be a statutory 60-day consultation period on the full draft of the PNA. This is scheduled for 20 June where the public and professionals will be invited to read and comment on a draft of the PNA. The final version will be submitted to HWBB for approval in Autumn 2025.

**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** 10.03.2025

**Specialist Implications Officers**

Not applicable

**Wards Affected:**

All

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**For further information please contact the author of the report**



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**Health and Wellbeing Board**

19 March 2025

**Report of the York Health and Care Partnership****Summary**

1. This report provides an update to the Health and Wellbeing Board (HWBB) regarding the work of the York Health and Care Partnership (YHCP), progress to date and next steps.
2. The report is for information and discussion and does not ask the Health and Wellbeing Board to respond to recommendations or make any decisions.

**Background**

3. Partners across York Place continue to work closely together to integrate services for our population. The YHCP shares the vision of the York Joint Local Health and Wellbeing Strategy that in 2032, York will be healthier, and that health will be fairer.
4. The YHCP has an Executive Committee (shadow) which is the forum through which senior Partnership leaders collaborate to oversee the delivery of the Partnership priorities. Since 2022, the YHCP has been an Executive Committee of the ICB, drawing on membership across Integrated Care Board (ICB) senior officers, City of York Council senior officers, York and Scarborough NHS Teaching Hospital, Tees, Esk and Wear Valley NHS Mental Health Trust, primary care, York Centre for Voluntary Services, Healthwatch York, the university and education sectors, and City of York Council elected members.

**Update on the work of the YHCP**

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

January 2025 Executive Committee Meeting

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

- **York Mental Health Partnership Sub-Group Report:** This report provided a progress update from the York Mental Health Partnership to the YHCP. It also restated the co-produced high-level vision for the York Mental Health Partnership which is as follows:

*The Mental Health Partnership's vision for York is of a **Whole Life, Whole Person, Whole System** approach and a city where citizens can:*

- *All feel valued by our community, connected to it and can help shape it*
- *Are enabled to help ourselves and others, build on our strengths, and can access support with confidence*
- *Are proud to have a Mental Health Service that is built around our lives, listens to us, is flexible and responds to all our needs*

To work towards achieving this high-level vision the YMHP meets every two months where they discuss a variety of workstreams.

Mental Health Hubs and 24/7 Neighbourhood Mental Health Centre: To date the key workstream for the Partnership has been the Connecting our City Project, with a focus on establishing mental health hubs within the city. Highlights of this work are:

- a) Work on the existing Mental Health Hub at Clarence Street continues
- b) A further 24/7 Neighbourhood Mental Health Centre at Acomb Garth continues to be developed supported by NHSE funding. A manager for the centre has been recruited.
- c) A recruitment event was held in Acomb in December and there was a great deal of interest in a variety of roles at the 24/7 centre. Formal recruitment will be taking place in the first quarter of 2025

The Joint Delivery Group is responsible for overseeing progress, decision making and unblocking issues.

Resources are kept under regular review to maximise the benefits afforded by the addition of short term national funding,



including how the hubs can inform the future of community based mental health services, which join up medical and non-medical/social based models.

The York Mental Health Partnership is developing a **strategy on a page** and accompanying narrative. Work on this is progressing well, however it is still evolving and at a draft stage. The ultimate goal is for this to be an All-Age document and work continues to achieve this

Children & Young People's Mental Health Group: work is ongoing to establish a children and young people's mental health group. Several meetings have been held but work is still ongoing to agree a Terms of Reference, scope and membership for the group.

- **Health Inequalities and Prevention Funding for 2025/26 onwards**: This report outlined proposals for health inequalities and prevention services from April 2025 in a three-pillar approach:

**Pillar 1** A community-based intervention focused on Children and Young People, working with the Voluntary, Community and Social Enterprise sector to address the wider determinants of health.

**Pillar 2** Improving diagnosis, outcomes, and secondary prevention through enhancement to the Quality and Outcomes Framework (QOF) in General Practice, with a targeted focus on addressing health inequalities.

**Pillar 3** Prevention – A set of actions to strengthen and simplify access to the existing prevention and early intervention services in the city, including proactive social prescribing, and targeting people with high or increasing intensity service use.

The three pillars have been designed to deliver substantial interventions that improve both clinical outcomes and the wider determinants of health, through strengthening our universal prevention offer and targeting further support at those facing the starkest health inequalities.

- **Accelerating Healthy Communities**: this report focused on a joint call to action to shape health and care services in the city over the next decade or more.

The reasons are two-fold:

Firstly, the ICB and City of York Council recognise that some of the challenges we face – rising demand, related to rising morbidity and population growth; the condition of the health and social care estate; funding deficits – cannot be eased without significant and lasting action to build for future generations.

Secondly, all health and care partners are keen to move towards a neighbourhood model for health, as a means of delivering better care, closer to home while reducing pressure on services and creating healthier, more connected neighbourhoods. At the moment our physical infrastructure and working practices hold us back from being able to align services and invest in the modern infrastructure needed.

Dedicated capacity and feasibility testing is required to progress this long term work. Obviously, there's still a lot of thinking to be done, and we are sure things will change as feasibility progresses.

It is worth noting that NHS England and the Department of Health and Social Care have issued communications in January and February 2025, describing neighbourhood models as a pre-requisite to the ten-year plan anticipated this year, which all systems and providers must get behind. **Accelerating Healthy Communities** therefore provides York with the clarity and constancy of purpose to lead a local response, in support of the ICB and Council's work to deliver the national ambition.

#### February 2025 Executive Development Session

7. The focus of the February development session was to consider a draft partnership agreement to support the agreed establishment of a joint committee from April 2025. The Partnership Agreement formalises the foundation of relationships and strength of leadership already established through the shadow committee. It will set out how we work together; to integrate and transform services; to improve outcomes and address health inequalities for the population of York. It will help to ensure we have the right skills, capacity, and capability from "Team York" – commissioners, providers, and wider partners.

Work of the York Population Health Hub

8. The York Population Health Hub continues to drive initiatives aimed at improving population health outcomes in our city. In collaboration with students from York St John University, the Population Health Hub has developed a video highlighting the risks associated with high blood pressure. This video presents steps that patients can take to detect hypertension early and begin treatment, leveraging creative input from students to ensure the content is engaging and impactful.
9. The Hub has been actively involved in supporting the development of Integrated Neighbourhood Teams. Developing Integrated Neighbourhood teams – where health, care and prevention practitioners start working in or relate to localities or ‘neighbourhoods’ of approximately 50,000 people – is an important part of the future neighbourhood model both nationally and locally. The Hub is developing a population health data pack for each neighbourhood to provide valuable insights into community health needs and trends, aligning with existing council wards and ensuring a balanced approach to population needs across different areas. The data highlights key health indicators, including long-term condition prevalence, mental health trends, and the distribution of vulnerable populations. Additionally, it includes insights into the impact of social determinants on health outcomes and the accessibility of health services within each neighbourhood.
10. The Hub has played a crucial role in assisting City of York Council’s Pharmaceutical Needs Assessment. By offering data insights into patient-nominated pharmacies, the Hub has contributed to a better understanding of pharmacy service utilisation across the city.
11. Mental health in primary care has also been a focus. At the February York Health & Care Collaborative meeting, the Hub presented an in-depth analysis of primary care data on mental health in York. This presentation sparked significant discussions, encouraging further exploration of mental health service provision and needs.
12. In January, the Hub hosted a “Lunch & Learn” session on Staying Well in the Winter. This session emphasised the importance of seasonal vaccinations, including updates on the RSV vaccine and its role in protecting vulnerable populations. Attendees also gained insights from vaccination datasets to understand trends and public health impacts. The event featured practical advice from City of York Council’s Home Energy Efficiency Team, highlighting funding opportunities and initiatives to maintain warm and healthy homes during winter.

Furthermore, the impact of winter on emergency services and hospital admissions was discussed, along with a directory of services to support communities and professionals through the season.

13. Through these initiatives, the York Population Health Hub remains committed to fostering innovation, collaboration, and evidence-based strategies to enhance the well-being of the York community.

Humber and North Yorkshire Integrated Care Board (ICB) Annual Report

14. Humber and North Yorkshire ICB's Annual Report for 2024-25 will include a section outlining how the ICB has contributed to delivery of local joint health and wellbeing strategies. The following wording has been submitted for inclusion:

*York Health and Care Partnership has made notable progress in enhancing health and care services. The Frailty Crisis Response and Health Integration service, which has been operational since 2023, has continued to expand and now operates seven days a week, supporting around 7,300 crisis cases per year and avoiding 2,920 ED attendances. Our collaborative approach has streamlined hospital discharge processes and a 'home first' care approach, resulting in more patients who no longer require medical care being able to leave hospital much sooner compared to the previous year, and remain independent in their own homes. The first Mental Health hub was launched in May 2024 to provide flexible, community-connected mental health support aimed at early intervention and prevention. A range of initiatives have focused on supporting vulnerable populations and reducing health inequalities in York, including social and wellbeing activities for asylum seekers and GP outreach services for women with urgent healthcare needs who face barriers to accessing conventional care and enhanced support for children with autism and anxiety. A second Brain Health Cafe was also launched to aid individuals with mild cognitive impairment.*

**Contact Details**

**Authors:**

Compiled by Tracy Wallis,  
Health and Wellbeing  
Partnerships Co-ordinator,  
City of York Council

**Chief Officer Responsible for the  
report:**

Sarah Coltman-Lovell, NHS Place  
Director

Report Approved

Date: 10 March 2025

**Wards Affected**

**For further information please contact the author(s) of the report**

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