

Annex A:

	Goals	City Lead	Suggested Actions
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"> 1. Continue to develop citywide Neighbourhood Mental Health Centres whilst ensuring strong interconnectivity with the ongoing development of Integrated Neighbourhood Teams 2. To fulfil the Mental Health Partnership's ambition of being an all-age group continue to establish and develop a Children & Young People's Mental Health Group to respond to the recommendations of the Nothing Without Us Group and drive improvements in children & young people's mental health 3. Continue to support the VCS to capitalise on the community assets and community connections we have in York 4. Deliver a public mental health programme based on embedding the use of the 5 Ways to Wellbeing methodology in the city

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 & Travellers, Homeless, Social Housing and IMD deciles 1&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 (>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"> • Support system change behind loneliness • Take into consideration upstream factors including socialisation, affordability, isolation • consider younger age cohorts