



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

**To:** Councillors Coles (Chair), Aye, Runciman and Webb,  
Siân Balsom – Manager, Healthwatch York  
Dr Emma Broughton – Joint Chair of York Health &  
Care Collaborative  
Zoe Campbell – Managing Director, Yorkshire, York &  
Selby - Tees, Esk & Wear Valleys NHS Foundation  
Trust  
Sarah Coltman-Lovell - York Place Director  
Jamaila Hussain - Director of Prevention &  
Commissioning, City of York Council  
Shaun Jones – Interim Director, Humber and North  
Yorkshire Locality, NHS England and Improvement  
Martin Kelly - Corporate Director of Children’s and  
Education, City of York Council  
Simon Morrith - Chief Executive, York & Scarborough  
Teaching Hospitals NHS Foundation Trust  
Mike Padgham – Chair, Independent Care Group  
Alison Semmence - Chief Executive, York CVS  
Sharon Stoltz - Director of Public Health, City of York  
Council  
Lisa Winward - Chief Constable, North Yorkshire Police

**Date:** Wednesday, 22 November 2023

**Time:** 4.30 pm

**Venue:** The George Hudson Board Room - 1st Floor West  
Offices (F045)

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

**1. Declarations of Interest** (Pages 1 - 2)

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

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

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

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

To approve and sign the minutes of the last meetings of the Health and Wellbeing Board held on **25 July 2023, and 20 September 2023.**

**3. 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, 20 November 2023.**

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).

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

**4. Report of the Chair of the Health and Wellbeing Board** (Pages 19 - 30)

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

**5. Health and Wellbeing Board Terms of Reference** (Pages 31 - 46)

This report asks the Board to approve a redrafted Terms of Reference for the York Health and Wellbeing Board.

**6. Report of the York Health and Care Partnership** (Pages 47 - 62)

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.

**7. Report of the Health Impacts of the Cost-of-Living Crisis** (Pages 63 - 82)

This report provides an update to the Health and Wellbeing Board regarding the update of the Report on the Health Impacts of the Cost-of-Living Crisis undertaken by the York Population Health Hub.

**8. Health Protection Annual Report** (Pages 83 - 136)

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

**9. Implementation, Delivery, & Performance** (Pages 137 - 154)  
**Monitoring of the Joint Health and Wellbeing Strategy 2022-2032**

This paper provides the Health and Wellbeing Board with an update on the implementation and delivery of three of the ten big goals within the Local Joint Health and Wellbeing Strategy 2022-2023. It also includes information on performance monitoring.

**10. Annual Report of the Director of Public Health** (Pages 155 - 218)  
The production of a Director of Public Health Annual Report is a statutory duty set out in the Health and Social Care Act 2012. For 2023, the report is focused on the important issue of domestic abuse.

**11. Urgent Business**

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

**Democracy Officer:**

Reece Williams

Telephone No – 01904 55 4447

Email – [reece.williams@york.gov.uk](mailto:reece.williams@york.gov.uk)

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

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

**This information can be provided in your own language.**

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)

 (01904) 551550

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

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

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** (01904) 551550**

### Declarations of Interest – guidance for Members

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

Type of Interest	You must
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) <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.

City of York Council

Committee Minutes

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Meeting	Health and Wellbeing Board
Date	25 July 2023
Present	<p>Councillors Coles (Chair), Runciman, Webb          Siân Balsom – Manager, Healthwatch York          Dr Emma Broughton – Joint Chair of York          Health &amp; Care Collaborative          Zoe Campbell – Managing Director, Tees,          Esk and Wear Valleys NHS Foundation Trust          Michelle Carrington – Director of Quality and          Nursing, NHS Vale of York Clinical          Commissioning Group (Substitute for Sarah          Coltman-Lovell)          Simon Morritt – Chief Executive, York &amp;          Scarborough Teaching Hospitals NHS          Foundation Trust          Michael Melvin – Director of Adults          Safeguarding (Substitute for Jamaila          Hussain)          John Pattinson – Chief Executive,          Independent Care Group (Substitute for Mike          Padgham)          Peter Roderick – Consultant in Public Health,          City of York Council/NHS Humber &amp; North          Yorkshire Health and Care Partnership          (Substitute for Sharon Stoltz)          Alison Semmence – Chief Executive, York          CVS          Maxine Squire – Assistant Director,          Education &amp; Skills (Substitute for Martin          Kelly)          Lisa Winward – Chief Constable, North          Yorkshire Police</p>
In attendance	Tracy Wallis – Health and Wellbeing Partnerships Coordinator, City of York Council
Apologies	<p>Councillor Ayre          Jamaila Hussain – Corporate Director of          Adult Social Care and Integration          Martin Kelly – Corporate Director of</p>

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Children's and Education Services  
Sharon Stoltz – Director of Public Health for  
City of York  
Sarah Coltman-Lovell – Place Director, NHS  
Humber & North Yorkshire Health and Care  
Partnership  
Mike Padgham – Chair, Independent Care  
Group  
Shaun Jones – Humber and North Yorkshire  
Locality Interim Director, NHS England and  
Improvement

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**144. Declarations of Interest (4:36pm)**

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

**145. Minutes (4:36pm)**

Resolved: That the minutes of the last meeting of the Health and Wellbeing Board held on 15 March 2023 be approved as an accurate record.

**146. Public Participation (4:37pm)**

It was reported that there had been 3 registrations to speak under the Council's Public Participation Scheme.

[Assistant Director, Education & Skills arrived at 4:38pm]

Flick Williams spoke about mental health and Covid-19, asking members to consider Covid-19 as an ongoing issue, and not something in the past. She highlighted that public health was a shared public responsibility, and not just for individuals to care for themselves. She also mentioned how attitudes to Covid-19 precautions had dropped and that people should still be concerned at taking precautions for Covid.

Cat Ownes spoke on agenda item 6 – Healthwatch York Report: Breaking Point, A Recent History of Mental Health Crisis Care in

York. Cat raised concerns with the absence of Autism and ADHD in the Joint Health and Wellbeing Strategy and stated that the Autism Strategy had been out-of-date since 2021. She highlighted that the report shows how difficult it was for people to access support. She also discussed misdiagnosis and how some people were diagnosed with mental health illness when they should receive support.

Hazel Kerrison also spoke on agenda item 6. Hazel stated there was a misunderstanding between mental health and neurodivergence, and there was a stigma around personality disorders. Many people received incorrect diagnoses and therefore received inadequate support that was not fitting with their situation. She explained people with personality disorders often face prejudice and discrimination when these disorders show on their records. She also discussed the lack of services available in York specifically targeted towards Autistic and ADHD individuals, and stated those that are available were hard to find.

#### **147. Report of the York Health and Care Partnership (4:48pm)**

The Director of Nursing and Quality presented a report which provided an update to the Board regarding the work of the York Health and Care Partnership (YHCP). It was indicated that YHCP was transferring pathways of care and reducing inequalities, and it was discussed how the Council were on top of upcoming issues. She also told the board that the YHCP was the first in the Integrated Care Board (ICB) to have a population health hub.

In response to questions from members, the Director of Nursing and Quality confirmed that mental health was a priority for the YHCP, and that services were being improved all the time. She noted that a new A&E department which was opening at York hospital would provide more resources for those in crisis needing help with their mental health.

The Consultant in Public Health, City of York Council highlighted how health melas were being used to engage the public in mental health and public health discussions and help residents access health resources such as blood pressure monitoring. He

noted that These were typically used more in communities where health inequalities were known to exist.

It was recorded that a School Attendance Reintegration worker would be appointed within the Learning Support Hub to work with the attendance team to understand trends on absence, and to work on helping get long-term absent children back into education.

Resolved:

- i. That the Joint Forward Plan be received and that the Board provided feedback on its approach that can support the ongoing development of the planning process for future iterations.
- ii. That the contents of the report and the progress made be noted.

Reason: To keep the Health and Wellbeing Board up to date with the work of the York Health and Care Partnership.

#### **148. Discussion Paper: Review/Reset of York's Health and Wellbeing Board (5:04pm)**

The Consultant in Public Health presented a report setting out the statutory functions of the Board as well as its status within the new NHS arrangements. It was stated that the changes involved in this report has been trialled at various other Health and Wellbeing Boards. The report shows that health inequalities predominantly come from education, home, and lifestyle conditions such as health and salary conditions for families, highlighting that the focus should not just be surrounding the NHS, but also other factors of Health and Wellbeing.

The Board discussed how agenda items and Board meetings should be organised and discussed The Consultant in Public Health's suggestion of dividing the time into thirds for agenda management to give the Board an effective focus and not let time be wasted.

The Assistant Director, Education & Skills raised the issue of special educational needs and disability (SEND) within the Board and stated that reports are rarely formally presented to the HWBB from the Local Area Send Partnership. It was discussed that the Board should hold conversations with the YHCP to decide what issues and topics were brought to the Board, so that the overlap was limited, and workloads were not duplicated.

Questions were asked regarding the action tracker, and how issues that have been raised can be followed up to ensure progress was being made. The possibility of a Task & Finish Group being formed to investigate and follow up on actions, and report back to the Board was raised. The Consultant in Public Health noted that the Health and Wellbeing Strategy Action Plan was in place and was one of the documents that held the Board accountable. He noted that when Healthwatch brought a report with recommendations for partners, they would follow up on actions via email. It was suggested that the Terms of Reference (ToRs) could be updated to publicly assure that partners respond to recommendations.

It was then agreed that the ToRs would be looked at with the comments made by board members considered and brought back to the Board at the next meeting.

Resolved:

- i. That the themes highlighted within the report were discussed with specific reference to the summary set out in paragraph 39 of this report.
- ii. That any changes to the Board's Terms of Reference be brought back to the September meeting of the HWBB for approval before being referred to Full Council for approval.
- iii. For the Monitoring Officer to ensure that the Council's Constitution be updated to incorporate any revisions to the Terms of Reference once they have been agreed by the HWBB and Full Council.

Reason: In order to ensure that the Health and Wellbeing Board continues to undertake its statutory functions appropriately and

effectively and continues to strengthen local partnership arrangements.

**[The meeting paused at 5:36pm and reconvened at 5:42pm.]**

**149. Healthwatch York Report: Breaking Point, A Recent History of Mental Health Crisis Care in York (5:42pm)**

The Healthwatch York Manager presented a report which detailed the local experiences of residents in seeking support for a mental health crisis in the city. She also listed the organisations Healthwatch York regularly worked with, including the York Multiple Complex Needs Network.

In response to questions from the Board, the Managing Director (North Yorkshire, York and Selby) for Tees, Esk and Wear Valleys NHS Foundation Trust explained that:

- The Crisis phonenumber had recently been updated to replace the previous multiple phone numbers into one number which can then divert people to the relevant team. This had increased the number of calls received and had also increased the pickup rate of calls to 60%.
- Calls which were not answered but received a call back are not counted in these statistics.
- Due to capacity people often had to call multiple times to get through. As face-face meetings were the priority due to resource issues.
- COVID-19 had increased the number of calls received by the crisis line. Many organisations which were not deemed as crisis organisations have since turned into crisis organisations to assist with demand.
- More people were being sent to A&E for mental health help than before and early-intervention could reduce the strain upon both the Crisis Line and A&E.

The Chief Constable indicated how the Police often received crisis calls that should be dealt with via the crisis line, however when calls were received relating to risk to life, the Police were the right first point of contact. The Chief Constable highlighted a 'Right Care Right Person' approach.

It was suggested by the Consultant in Public Health and agreed by the board that this report will be revisited along with the revised ToRs.

Resolved:

- i. That the Healthwatch York's report, Breaking Point: A recent history of mental health crisis care, be received.
- ii. That the Board Confirm how they wished to be informed on progress against the recommendations within the report.

Reason: To keep up to date with the work of Healthwatch York, be aware of what members of the public are telling us and identify the best route for the development of partnership improvement plans.

**150. Healthwatch York Report: Health and the Cost of Living in York (6:14pm)**

A report was presented by the Healthwatch York Manager which analysed the results of the second Healthwatch York survey exploring the health impacts of the rising cost of living. It was outlined that the number of people using food banks had increased and more residents were struggling to eat healthily. She also highlighted that residents were not heating their homes due to increased energy costs.

Board members then echoed these the prevalence of these issues and then:

Resolved:

- i. That the Healthwatch York's report, Health and the Cost of Living in York, be received.
- ii. That the Board requested responses to the recommendations from the bodies named within the report.

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

**151. For Information Only - Healthwatch York Annual Report  
(6:29pm)**

Resolved:

- i. That the Healthwatch York's Annual Report be received.

Reason: To keep up to date with the work of Healthwatch York.

Councillor Coles, Chair

[The meeting started at 4.30 pm and finished at 6.30 pm].

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Meeting	Health and Wellbeing Board
Date	20 September 2023
Present	<p>Councillors Coles (Chair), Runciman, Webb          Siân Balsom – Manager, Healthwatch York          Zoe Campbell – Managing Director, Tees,          Esk and Wear Valleys NHS Foundation Trust          Sarah Coltman-Lovell - Place Director of NHS          Humber &amp; North Yorkshire Health and Care          Partnership          Jamaila Hussain - Corporate Director Adult          Social Care and Integration          Peter Roderick – Consultant in Public Health,          City of York Council/NHS Humber &amp; North          Yorkshire Health and Care Partnership          (Substitute for Sharon Stoltz)          David Harbourne - Chair of York CVS          (Substitute for Alison Semmence)          Martin Kelly – Corporate Director of          Children’s and Education Services</p>
Apologies	<p>Councillor Ayre,          Dr Emma Broughton, Simon Morritt, Mike          Padgham, and Lisa Winward</p>

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### **152. Declarations of Interest (4:38pm)**

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

### **153. Public Participation (4:39pm)**

It was reported that there were five registrations to speak under the Council’s Public Participation Scheme.

Manar Mutisiak spoke on the Healthwatch York report representing Living Autism’s Autistic and Neurodivergent clients in York and North Yorkshire. Manar commented on York’s All Age Autism Strategy 2017-21 and how there was no current strategy in place since the last one ended in 2021. She

expressed that waiting lists for diagnoses were growing and that new criteria for referral on the Pilot Pathway would mean fewer people would be helped with a referral for diagnosis.

Helen Jones spoke on the Healthwatch York report as the Chair of Yorkshire Disability Rights Forum (YDRF). She mentioned that YDRF has worked with people and autism and ADHD since the Healthwatch Pilot began. Helen noted that issues that were raised on risk, consultation, or data protection have not affected the pilot. Helen also commented on the ability to scrutinise the Humber & North Yorkshire Integrated Care Board (ICB) and questioned how people could hold the ICB to account.

Hazel Kerrison spoke on the Healthwatch York report. She commented on the new criteria for referral in the Pilot Pathway and stated that only people with a crisis plan in place would count as a person at risk, but lots of people did not have a crisis plan and would be left without a referral under these criteria. Hazel also commented on misdiagnosis and stated how many people have received incorrect diagnoses which caused even more harm for the individuals.

Gemma Barstow spoke on the Healthwatch York report. She spoke about students and stated that 2.4% of the student population have Autism, and that autistic students were ten times more likely to drop-out of their studies than students without autism. Gemma mentioned that the Government provided funding through a disabled students allowance to remove barriers to education, but to access this funding students must have had a diagnosis, meaning people who were on waiting lists and who did not fit under the new criteria would not be eligible. Gemma noted that this funding allowed people to be put on waiting lists, but that this was not available in York.

The Chair read out a statement from Catherine Owens. The statement urged the board to consider their responsibility for system redesign, and stated how the simplification of points of access and care pathways were key priorities, but the report showed the redesigned pathway had become more complex, and less accessible. Catherine's statement stated how important it was for people to be communicated in a way they understand. It was stated that In England, 43% of adults did not have the literacy skills to routinely understand health information, which rose to 61% for numeracy.

**154. Report of the Chair of the York Health and Wellbeing Board (4:55pm)**

The Chair presented the report. The Chair confirmed that the City of York Council four-year Council Plan was approved at the Executive Committee meeting on 14 September 2023.

The board discussed the recommendations in Annexe A of the report.

The Managing Director of Tees, Esk, and Wear Valleys NHS Foundation Trust informed the board that the crisis line service had updated, and that they were working with those in the voluntary sector to deliver this service, this meant that response statistics were increasing. Voluntary sector workers would deliver the initial phone call assessment before transferring the call onto a trained professional if needed.

In response to questions from the board, the Managing Director stated that their volunteers had the support of qualified clinicians, and that volunteers were trained before they answered any calls, with access to qualified clinicians at all times.

Resolved:

- i. The board was minded to collectively recommit to the council motion to recognise a social model of disability.
- ii. The board was minded to embed a compassionate culture towards all people experiencing mental ill health.

Reason: So that the board was updated on a broad range of relevant topics which would otherwise entail separate papers.

**155. Update on the Implementation of the Dementia Strategy (5:10pm)**

The Corporate Director Adult Social Care and Integration presented the report and provided a summary of the Dementia Strategy. It was noted that the dementia strategy was brought in 12 months ago to support people and families with dementia.

The Community Liaison for Dementia Forward stated that Dementia Forward had held the Commissioning Service for dementia support across the whole of North Yorkshire for the past few years, and that the commissioning service was commissioned for ten years.

The Community Liaison stated that it could be a difficult and long process for people awaiting dementia support, and that there was a Dementia Forward helpline for people to call and speak to a member of staff to help. A support advisor was allocated to all those who did not want to be referred to their services. Support advisors would work with the individual and families all through the process, and would be based within the area the person lives in.

The Corporate Director Adult Social Care and Integration noted that City of York Council and the ICB were looking at how they could commission jointly and were looking at how they could support people to get a working diagnosis sooner.

In response to questions from the board, it was noted that:

- Dementia Hubs being set up in York and North Yorkshire were well attended and many hubs had waiting lists. Dementia Forward worked to make sure activities were appropriate for all attendees.
- Diagnosis for Early-Onset Dementia was improving, and in many rural areas without adequate services communities were important in helping and setting up community dementia services.
- The delivery plan was being updated to include support for carers.
- Dementia Forward were finding more and more diagnosed and un-diagnosed people were attending their education sessions.

Resolved: That the board received the update on the implementation of the dementia strategy.

Reason: So that the board were kept up to date on the implementation of the dementia strategy.

### **156. Report of the Health and Care Partnership (5:34pm)**

The Place Director of NHS Humber & North Yorkshire Health and Care Partnership (YHCP) presented the report to the board.

The Place Director listed the Place board's six focus areas as: Integrated community offers, integrated urgent care, primary and secondary care interface, children and young people, integrated prevention offers, and broader social and economic development.

The Place Director then spoke about the YHCP Winter Plan, highlighting that their focus was ensuring resilience in the NHS. She then mentioned that technology could support the care that could be given at a consultant level, and how this helped offer support to people in their own home. It was also mentioned that the winter plan included responding to surges in acute respiratory illness.

The Consultant in Public Health highlighted how over the past few years since COVID-19 people have been vaccinated more than ever, and that there could now be an issue with vaccination fatigue within the population. He indicated it was important to ensure winter resilience and that the importance of winter vaccinations should be emphasised.

Councillor Webb raised the issue that people should be encouraged not to treat flu and illnesses like a common cold, and live and work through them as normal, Councillor Webb stated that instead people should be more cautious with these illnesses through the winter.

Councillor Runciman commented that Health and Care infrastructure was important and that many areas of the city did not have adequate infrastructure. Councillor Runciman noted that this should be looked into, as well as what would be needed in the future.

In response to questions from the board, The Place Director confirmed that:

- All organisational partners were asked to circulate details of the Joint Workforce Recruitment Event to their young people; and there was promotional material online via social media.
- YHCP were using the Local Development Plan and were working on highlighting where services were stretched.

Resolved: The Board noted the report of the YHCP.

Reason: To ensure the Board were up to date with the work of the YHCP, their progress to date, and next steps.

#### **157. York Health and Wellbeing Strategy 2022-2032: Report of the Acting Director of Public Health (5:49pm)**

The Consultant in Public Health presented the report, explaining the gaps between Life Expectancy and Healthy Life Expectancy between different groups, noted the increasing need to reverse this trend.

The Consultant in Public Health issued a correction to the report. The correction stated that on page 53 of the report, the table should read “Older people in poverty (IDAOP), 4.0% (Heworth Without), not (Heworth) as published.

The Chair and Councillor Webb commented on the pressures effecting people’s health, and the need to target support at the most vulnerable and those who need it. Councillor Webb highlighted how many behaviours were influenced by living conditions, and that there needed to be a focus on destressing people’s environments.

Resolved:

- That the board noted and commented on the current data on inequalities in life expectancy and healthy life expectancy in York.
- That the board discussed where and how the inequalities arise, and ‘where to look’ for solutions.

Reason: So that the board were kept up to date on health inequality data in York.

**158. Healthwatch York Report (6:24pm)**

The Healthwatch York Manager presented the report.

The Healthwatch York Manager noted that the Health and Care system worked better for people when it was designed with them, and that the report found that there was a failure to do this in York. It was commented that without change in the care system, there was potential for waiting lists to grow exponentially. The Healthwatch York Manager also stated that their vision as a health and care system was early intervention and prevention.

The Place Director for NHS Humber & North Yorkshire Health and Care Partnership noted that communication surrounding the Pathway for Autism and ADHD could have been better, and that lesson would be learned from this. She then commented that the Pathway was a pilot, and it was brought it due to growing demand on services. It was noted that amendments had already been made, and the criteria had been expanded.

In response to questions from the board, it was confirmed that:

- The Healthwatch York Manager would provide an update at a future meeting regarding feedback on the service's communication and progress.
- The Commission service had been maintained in terms of the level it was commissioned at, there had been no reduction in service.
- The Equality Assessment was being continually updated.
- There was a plan in place to have a place online where all pathways were accessible.
- People would still have access to waiting list when participating in the Pilot Pathway.

Resolved:

- i. That the board received Healthwatch York's report, "I want to know, I want a diagnosis, I want help" - Pilot Pathway for Autism and ADHD: Independent evaluation August 2023.
- ii. That the board was minded to confirm the best avenue for further consideration of this matter.

Reason: So that the board was minded of the Pilot Pathway for Autism and ADHD.

**159. Presentation: Adult Social Care CQC Readiness (6:09pm)**

The Corporate Director Adult Social Care and Integration and the Head of Transformation presented an introduction to the Care Quality Commission (CQC) Operating Model and noted that this Health and Adult care inspection would be the first inspection since 2010, and the first one under the new framework.

The Head of Transformation noted that CQC had created a single framework where before there were many, and all of Health and Social Care would be inspected under the same new framework. Under the Health and Care Act 2022 the CQC had regulatory powers to inspect local authorities (LAs).

In response to questions from the board, officers confirmed that:

- Under the care act, the Council had a duty to have a sustainable long-term care market.
- The CQC inspection would look at the Council's financial management, how the Council were helping people and feedback received on their services, as well as looking at the volatility of care markets and the Council's response to this.
- The mock inspection and the real inspection should not add any pressure to workloads as they would be a continuation of day-to-day working. Preparation was being done to work in a way that mimics the inspection process as much as possible.

Resolved: That the board received the Introduction to the CQC Operating Model presentation.

Reason: So that the board was aware of the new single framework CQC Operating Model.

Cllr Coles, Chair

[The meeting started at 4:35pm and finished at 6:48pm].



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**Health and Wellbeing Board****22 November 2023**

Report of the Chair of the York Health and Wellbeing Board

**Chair's report and updates – November 2023****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.
2. It will consider:
  - Board business
  - Local updates for the board
  - National updates for the board
  - Actions on recommendations from recent Healthwatch reports.

**Board Business**

1. Following discussions at recent Health and Wellbeing Board meetings, the new Health and Wellbeing Board Terms of Reference have been drafted in conjunction with colleagues and are included within this meeting's agenda pack.
2. A separate report detailing progress against several of the actions in the Local Joint Health and Wellbeing Strategy action plan is included as a separate paper in the agenda pack.

**Key local updates for the board**School Survey

3. Following the roll out of York's Health and Wellbeing School Survey in 2021, a further survey will be carried out this year, starting this month and running until the end of December. The survey covers a range of health-related topics, focusing on social context, health outcomes, health behaviours and risk behaviours relevant to young

people's health and well-being. The survey is available to pupils in years 4 and 6 in primary schools, years 8 and 10 in secondary schools, and year 12 in sixth forms. The results from the survey will be available to schools once the survey has closed and the data has been analysed and reported. Public Health will support schools with action planning and will use the resulting data to inform any required interventions.

### Baby Friendly Initiative

4. In February 2023, funding was obtained through the ICB Inequalities Fund to implement the UNICEF Baby Friendly Initiative (BFI) across Health Visiting and Children Centres. BFI is an evidence based, staged accreditation programme that will support CYC to improve breastfeeding and infant feeding by setting standards for sustainable improvement, providing training for professionals to give consistent information and personalised support to families; and gaining feedback from families about their experiences of care. This programme of work also helps families in building close parent-infant relationships and supports with good mental health for both parent and baby. We now join the 91% of other health visiting services that are working towards BFI accreditation across the UK.

### Winter Planning

5. The roll out of both the flu and COVID vaccination programme is on track across all 'at-risk' cohorts. GP Practices have visited all Care Homes and offered vaccinations to both residents and staff, however the take up rate amongst staff remains extremely low. Further investigation into this revealed that there continues to be vaccination fatigue, mistrust of the covid vaccination and what it contains and if it makes them feel unwell staff have to take unpaid sick leave. A targeted communications campaign was planned with CYC communications team, but this seems to have had little impact to date.
6. The School Aged Immunisation Service (SAIS) commissioned by NHSE appointed a new provider in August 2023, despite the worry that there may be a delayed provision this has not been the case and Vaccination UK are on track with 100% of schools offered the vaccination and by 15 December all schools and community clinics will have been completed.

### Update from the Co-chairs of the York Mental Health Partnership (YMHP)

7. The York Mental Health Partnership co-chairs, Dr Stephen Wright and Professor Lynne Gabriel, were recruited in spring 2023, to provide leadership roles for the YMHP following the departure of the

then Chair, Tim Madgwick. The following paragraphs are an update from them:

8. *“Following a challenging transformation period across early spring into autumn 2023, and the working through of agreed key protocols and policies, the YMHP is now poised to drive forward on positive mental health transformation processes in York. It is important to note that YMHP and its co-chairs have overseen an extremely turbulent transition process, including trialling of the Community Mental Health Hub prototype.*
9. *Due to partnership issues, workstreams associated with the Connecting Our City NHS mental health transformation programme had to be halted. This was due to delays in partner agreement and sign-up to ongoing Hub transformation work, as well as staff absences. The workstreams are now being gradually reinstated, in order to progress the Connecting Our City programme and the Hub upscaling. Teams and colleagues involved in the Hub prototype and the planned upscaling of the Hub model are committed to ensuring appropriate protocols and models for Hub delivery.*
10. *Moving forward, it is important that the YMHP responds to the Healthwatch report on accessing mental health services in York. At the December YMHP meeting, we expect to set in motion a task and finish group to respond to the Healthwatch report.*
11. *In the meantime, a York Joint Delivery Board, supporting the ongoing development of the York Hub model is in place and will support the ongoing progression of the Hub development and core Connecting Our City vision for ‘one-stop’ mental health portals.”*

#### Update from the Chair of the Ageing Well Partnership

12. The Ageing Well Partnership scheduled 6 meetings over the last 12 months. The following reports were presented to the partnership:
  - York State of Ageing – this was to provide a local perspective of the [National State of Ageing report 2022](#)
  - Self-monitoring
  - Health Protection update - including details of flu, Covid-19, pneumococcal vaccinations, and screening programmes relevant to older people.

13. The Health & Wellbeing Board approved the WHO Age Friendly Communities tool as the method to identify and deliver against the ageing well agenda through a co-produced approach.
14. [Baseline Assessments](#) have now been completed across the age friendly domains: Your Journey; Your Destination; Your Information; Your Time; Your Service and Your Home.
15. This was presented to the Health & Wellbeing Board on 16<sup>th</sup> November 2022 with the [consideration](#) of approval to apply for WHO Age Friendly Communities status. However, due to the level of concern around blue badge holders being excluded from the city centre, 9 community groups proposed that the application was put on hold. This recommendation was approved by the Board. Once the blue badge ban is lifted then the community groups will be approached to agree whether it would be appropriate to apply for status before re-submitting request for approval from the board.
16. In addition to the Baseline Assessments an evolving [action plan](#) has been drawn up with any actions presented to the Age Friendly York group for scrutiny before submitting to the Ageing Well Partnership for sign off.
17. Some of the achievements over the last year are included in this [supplementary document](#).

#### Update from the York Health and Care Collaborative

18. An update from the York Health and Care Collaborative is at Annex A to this report.

#### Update on the Better Care Fund

19. An update on the Better Care Fund is at Annex B to this report

#### Key National Updates

20. On Wednesday 4 October, the Prime Minister announced proposals to raise the age of sale for tobacco by one year every year and tightening restrictions on the sale of vapes to children and young people. This was then followed with an announcement for additional funding for Local Authorities to increase support for Stop Smoking services and the launch of a consultation on the proposed measures. The consultation is currently open and will close on 6 December. On Tuesday 7 November, the legislation was included in the Kings Speech – which will allow the legislation to become law in the next session of parliament.

21. As a local authority, through our Tobacco Alliance, we are preparing a response to the official consultation. This mainly focuses on regulations relating to vaping, but it does also seek views on raising the age of sale for cigarettes. The consultation response will draw on the views of various departments across the authority, including Public Health, Public Protection and Public Realm. The consultation questions can be viewed here:  
<https://www.gov.uk/government/consultations/creating-a-smokefree-generation-and-tackling-youth-vaping/creating-a-smokefree-generation-and-tackling-youth-vaping-your-views>

Recommendations from a recent Healthwatch report

22. In September 2023 HWBB received one York Healthwatch report:
- **“I want to know, I want a diagnosis, I want help”** - Pilot Pathway for Autism and ADHD: Independent evaluation August 2023
23. The recommendations from this report are at Annex C to this paper, and the Chair will be asking relevant board members for an update on progress at today’s meeting.

**Author:**

Tracy Wallis  
Health and Wellbeing  
Partnerships Co-ordinator

**Responsible for the report:**

Cllr Jo Coles  
Executive Member for Health, Wellbeing and  
Adult Social Care

**Report** ✓ **Date** 14 November 2023  
**Approved**

**Specialist Implications Officers**

Not applicable

**Wards Affected:**

All

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

**Annexes**

**Annex A** – Update from the York Health and Care Collaborative

**Annex B** – Update on the Better Care Fund

**Annex C** – Recommendations from **Healthwatch York Report: “I want to know, I want a diagnosis, I want help”** - Pilot Pathway for Autism and ADHD: Independent evaluation August 2023



## **Report of York Health and Care Collaborative; Update November 2023**

### **1. Introduction**

This report provides an update on the work of the York Health and Care Collaborative (YHCC). The responsibility for leading health promotion and prevention activities across the city is with City of York Council. YHCC provides a forum to share population health intelligence and receive feedback from a wide range of provider and commissioning partners.

### **2. Progress on Priorities since the last report to HWBB;**

NECS (North of England Commissioning Support) was commissioned by the NHS HNY ICB to deliver a Population Health Management Programme for York Place. To start the programme, a workshop was held at September YHCC to bring together colleagues across organisations to engage in a collaborative discussion around population health intelligence for key citizen groups in the city. The following groups were agreed collaboratively by the York Population Health Hub Steering Group:

- People who are living with multiple health conditions in the most deprived areas of York
- Children And Young People with anxiety or depression
- People who are on the Edge of Care / moderate frailty
- 18-25 transition, focussing on what we know pre and post 18 about the Core20 plus 5 CYP areas - Asthma, Diabetes, Epilepsy, Oral Health, Mental Health.

### **3. Outcomes of the meeting:**

- The data showed children and young people from more affluent areas (Fulford and Heworth) have higher rates of anxiety and depression and questioned whether this could be due to them being more likely to seek out help or self-funding care to get a diagnosis privately. Further work is required to identify whether a health inequality is being created due to some people being able to seek private medical care and bypass NHS services.



- Data shows that people with mild/moderate/severe frailty in York have significantly higher levels of falls than groups with similar levels of frailty in North Yorkshire. Work is being done through the frailty team to identify individuals that may have dementia, but have not yet had a diagnosis, and looking at how to put interventions in place earlier to support this cohort and prevent falls.
- An action was taken from the meeting to summarise the data collated by NECS onto one page and disseminate it to a broader audience including social prescribers and Local Area Coordinators (LACs)
- The group was consulted around which cohorts it would be beneficial for the Population Health Hub and NECS to look more closely at based on the data presented. Suggested areas of focus were:
  - Children and Young people, taking a preventative approach to identify issues before they progress,
  - Older people, looking at one of the high cost areas such as adults/elderly with SMI, social care and wider care and the impacts of poverty.

#### **4. Future work for YHCC**

In November, YHCC will look at Drugs, Alcohol and Smoking. The meeting will have a particular focus on prevention work that is taking place across the city for children, the transition between child and adult services and the barriers for those with dual diagnosis.

Other topics that have been scheduled for future meetings to March 2024 include, Frailty & Dementia, Women's Health and Mental Health with a focus on children and young people.

## Update on the Better Care Fund (BCF)

City of York and the ICB collectively oversee £20m spend across Health and Social Care to support system flow, maintain independence, reduce hospital delays and admissions.

A BCF Delivery Group is in place to make collective decisions around how we spend the money allocated within the BCF and what schemes have the greatest impact. Over the summer we have completed a review of all the schemes and categorising these into three areas. These are:

- Early intervention and prevention including core 25
- Intermediate care and reablement
- Core Schemes (these are schemes that are part of core Health and Social Care Contracts)

The reviews have been successful and have enabled a new way of delivery through an Integrated Frailty Hub together with a single team working together including the CVS, Brokerage Social Workers, Intermediate Care, PCNs, CRT, TEVW and the Acute Trust. The service went live on the 1<sup>st</sup> October and we will look to continue to enhance this as we develop over the next few months. The Frailty Hub support around 4,400 people across York with a long-term condition.

Alongside this we are moving to Integrating Commissioning for our Dementia Support with our Place Health colleagues. This will enable a seamless approach to delivery and care for both carers and people who use Dementia Services.

As part of our commitment to Home First we are recommissioning our Reablement Services that will support all needs including Physical Disability, Learning Disability and Mental Health. We are aiming to support a majority of people coming out of Hospital through Reablement Services and Intermediate Care, as this supports our ethos of Early Intervention.

As part of the Better Care Governance, we have completed the 22/23 BCF narrative. If anyone requires a copy of this, please contact [dawn.hobson@york.gov.uk](mailto:dawn.hobson@york.gov.uk)

The BCF Project Manager works closely with finance and health colleagues and a monthly assurance is sent to the National BCF

Team. Most recently we have completed our Winter Plan including the additional social care winter monies. The bid comprises of additional step-down beds, community support and domiciliary care.

Next steps for the BCF Delivery Group is to have discussion around further growth and pooling of monies, over the last 18 months the Group has delivered many significant changes, as the Group comprises of all partners decisions and are made collectively ensuring a whole system approach.

Further updates in regard to Winter and End of Year will be provided through the Chairs Report on a quarterly basis.

Recommendations from the Healthwatch York Report: “I want to know, I want a diagnosis, I want help” - Pilot Pathway for Autism and ADHD:  
Independent evaluation August 2023

	<b>Action</b>	<b>For</b>
1	Review the referral criteria, working with leading academics within neurodiversity.	Humber & North Yorkshire Health and Care Partnership (HNYHCP )
2	Review all the feedback available, involving from relevant and appropriate partners.	HNYHCP
3	Commit to investing in meaningful community engagement throughout the commissioning cycle.	HNYHCP
4	Commit to providing the resources necessary to support those not able to access the pathway in its current form, communicating how this will be provided.	HNYHCP
5	Investigate the use of the Do-It Profiler as a digital health technology in accordance with guidance and legislation. This should include the completion of a clinical risk assessment and equality/discrimination assessment.	HNYHCP
6	Provide effective ‘waiting well’ initiatives that are accessible to all, working in partnership with others to understand what would produce the best outcomes for people for the best price.	Mental Health Partnership (MHP)
7	Implement a strategy for neurodiverse service market growth, ensuring a preventative approach to commissioning and delivering.	HNYHCP/MHP
8	Immediately amend the pilot in accordance with legislation and best practice.	
9	Conduct an audit of commissioning to ensure full legislative compliance and learn from mistakes made.	Humber & North Yorkshire Integrated Care Board

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**Health and Wellbeing Board****22 November 2023**

Report of the Director of Public Health

**Draft Revised Terms of Reference for the York Health and Wellbeing Board (HWBB)****Summary**

1. This report asks the Board to approve a redrafted Terms of Reference for the York Health and Wellbeing Board. These are at an Appendix 1 to this report and the membership at Annex A.

**Background**

2. The Council has appointed a Health and Wellbeing Board. The Board is responsible for encouraging providers of health and social care to work together and has certain statutory functions. The terms of reference for the Board set out how it operates and carries out these functions.
3. In July 2023 HWBB [received a discussion paper](#) about reviewing the HWBB; the discussions from that meeting have led to a redrafted Terms of Reference for the Board.
4. The newly drafted Terms of Reference reflect:
  - Changes to the NHS landscape that have happened over the past 12 months including amendments to the statutory functions of the HWBB and a revised membership to reflect these changes
  - A revised membership (including representatives from housing and the fire service) to reflect the priorities in the new Local Joint Health and Wellbeing Strategy
  - The addition of a section on the roles and responsibilities of HWBB members
5. The Terms of Reference are purposefully kept to a minimum to allow the HWBB to work in a flexible way to deliver its statutory functions and to work in partnership with all organisations represented on the HWBB.
6. Other changes that are not lengthily drawn out within the Terms of Reference are around the current sub-structure of the HWBB. As per

[the report to the July meeting of the HWBB](#) it is proposed that the Mental Health Partnership be realigned to the York Health and Care Partnership and work is underway to progress this.

7. The Population Health Hub, responsible for the production and maintenance of the Joint strategic Needs Assessment (JSNA) will continue to report to both the HWBB and to the York Health and Care Partnership.
8. Other groups, such as, but not restricted to, the Ageing Well Partnership and the York Health and Care Collaborative, will no longer be formal sub-groups of the HWBB but will still have a relationship with the Board and can report to them.
9. Provision has also been added into the Terms of Reference for the HWBB to establish Task and Finish Groups to undertake specific pieces of work that will aid the delivery of the priorities in the new Local Joint Health and Wellbeing Strategy and any other areas of work that the Board wishes to progress.
10. Whilst not reflected in the Terms of Reference to allow for maximum flexibility it should be noted that at their July meeting HWBB agreed a new way of managing their agendas aiming to have an even spread of agenda items across the following three areas:
  - Integration and determinants of health attributable to health and social care services
  - Wider Determinants of Health (such as education, housing, employment, social isolation, poverty)
  - Future Focus & Partnerships (this could include updates from any partnerships that have a relationship with the HWBB). This section would also afford the HWBB the space to discuss broader plans to meet longer term local health challenges (3 years +)

## **Consultation**

11. HWBB members were consulted via a report sent to their July 2023 meeting.

## **Options**

12. There are no specific options within this report; the Board can either agree to the proposed draft Terms of Reference and membership or suggest further amendments with the proviso that legal input is still required prior to them going through the Constitution Working Group.

13. Following on from this they will be presented to Full Council for approval, and it is after this that they will come into effect.

### **Council Plan and other strategic plans**

14. Maintaining an appropriate decision-making function and reviewing how the Board operates, contributes to the Council delivering its core priorities set out in the current Council Plan, effectively. Updating the Board's terms of reference ensures that partnership working is central to both the Council and partner organisation working together to improve the overall wellbeing of the city.
15. The HWBB also have a new Joint Local Health and Wellbeing Strategy in place, and they will need to be assured that appropriate mechanisms are in place to deliver this, this may include membership changes to reflect the priorities within the strategy.

### **Implications**

16. There are no known implications in relation to the following in terms of redrafting the Board's Terms of Reference:
  - Financial
  - Human Resources (HR)
  - Equalities
  - Crime and Disorder
  - Property
  - Other

### **Legal Implications**

17. The Council is statutorily obliged to appoint a Health & Wellbeing Board and its Terms of Reference should be regularly reviewed and approved by the Council, given that the Board acts as a Committee of the Council. Following any review of, or proposed alteration to, the terms of reference by the Board, it is therefore appropriate for any changes to be referred to Full Council for ratification.
18. Prior to this the draft Terms of Reference must be considered by the legal team and then the Constitution Working Group.
19. The revised Terms of Reference cannot take effect until both the Constitution Working Group and Full Council have approved them. A definitive date for this happening cannot be confirmed but it is hoped that they will be presented to Full Council in March 2024.

## **Risk Management**

20. In compliance with the Council's risk management strategy, the only risk associated with the recommendations in this report is that the Council would fail in its statutory obligation if the Terms of Reference were not reviewed, updated, and confirmed.

## **Recommendations**

21. The Health and Wellbeing Board are asked to approve the proposed Terms of Reference
22. Following on from this that the Board's revised Terms of Reference be referred to the Constitution Working Group and then onto Full Council for approval.
23. For the Monitoring Officer to ensure that the Council's Constitution is updated to incorporate any revisions to the Terms of Reference agreed by Full Council.

Reason: In order to ensure that the Health and Wellbeing Board continues to undertake its statutory functions appropriately and effectively.

**Author:**

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Partnerships Co-Ordinator  
Telephone: 01904 551714

**Chief Officer Responsible for the report:**

Sharon Stoltz  
Director of Public Health

**Report** ✓ **Date** 13 November 2023  
**Approved**

**Specialist Implications Officers**

Not applicable

**Wards Affected:**

All

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

**Background Papers**

None

**Annexes**

Appendix 1: Draft Terms of Reference  
Annex A: Proposed Membership of HWBB

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## YORK HEALTH AND WELLBEING BOARD – CURRENT MEMBERSHIP AND PROPOSED CHANGES

NO.	REPRESENTATIVE/ORGANISATION	STATUTORY?	APPOINTED/NOMINATED BY	COMMENTS/PROPOSED CHANGE
<b>Councillors</b>				
1	Councillor Jo Coles, Portfolio Holder for Health, Wellbeing & Adult Social Care	Yes	Leader's nominee	No change
2	Councillor Robert Webb, Portfolio Holder for Children, Young People & Education	No	Council	
3	Councillor Carol Runciman, Opposition Political Group Representative	No	Council	
4	Councillor Nigel Ayre, Leader of the Main Oppositions Political Group	No	Council	
<b>Local Authority Officers</b>				
5	Peter Roderick, The Director of Public Health	Yes	N/A	No change
6	TBC, Corporate Director Adults & Integration, City of York Council	Yes	N/A	No change

## YORK HEALTH AND WELLBEING BOARD – CURRENT MEMBERSHIP AND PROPOSED CHANGES

NO.	REPRESENTATIVE/ORGANISATION	STATUTORY?	APPOINTED/NOMINATED BY	COMMENTS/PROPOSED CHANGE
7	Martin Kelly, Corporate Director, Children's & Education, City of York Council	Yes	N/A	No change
8	TBC, a representative of Economy & Place, City of York Council	No	CYC	To ensure delivery of the Local Joint Health and Wellbeing Strategy it is proposed that a representative from CYC covering economy & place (including housing) is added to the board membership.
<b>York Health and Care Partnership</b>				
9	Sarah Coltman-Lovell, York NHS Place Director, York Health and Care Partnership	Yes	York Health and Care Partnership	No change
<b>Other</b>				
10	Siân Balsom, Manager of Healthwatch York	Yes	Healthwatch York	No change
11	Alison Semmence, the Chief Executive of York CVS	No	York CVS	No change

## YORK HEALTH AND WELLBEING BOARD – CURRENT MEMBERSHIP AND PROPOSED CHANGES

NO.	REPRESENTATIVE/ORGANISATION	STATUTORY?	APPOINTED/NOMINATED BY	COMMENTS/PROPOSED CHANGE
12	Dr Emma Broughton, GP & Joint Chair of the York Health and Care Collaborative	No	Primary Care	No change
13	Simon Morrith, Chief Executive of York & Scarborough Teaching Hospitals NHS Foundation Trust	No	York & Scarborough Teaching Hospitals NHS Foundation Trust	No change
14	Zoe Campbell, Managing Director, North Yorkshire & Selby, Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV)	No	TEWV	No change
15	Mike Padgham, the Chair of the Independent Care Group (ICG)	No	ICG	No change
16	Shaun Jones Interim Locality Director, NHS England (NE and Yorkshire)	Yes	NHS England	No change – Statutory appointee <i>[please note that this is likely to change as functions transfer between NHSE &amp; ICB – however legislation still requires that HWBB has a representative from NHSE]</i>

## YORK HEALTH AND WELLBEING BOARD – CURRENT MEMBERSHIP AND PROPOSED CHANGES

NO.	REPRESENTATIVE/ORGANISATION	STATUTORY?	APPOINTED/NOMINATED BY	COMMENTS/PROPOSED CHANGE
17	Lisa Winward, The Chief Constable, North Yorkshire Police	No	North Yorkshire Police	No change
18	TBC, A representative of North Yorkshire Fire Service	No	North Yorkshire Fire Service	To ensure delivery of the Local Joint Health and Wellbeing Strategy it is proposed that a representative from the Fire Service is added to the board membership

# DRAFT

City of York Council Constitution  
Article 18: York Health and Wellbeing Board

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## ARTICLE 18 - YORK HEALTH AND WELLBEING BOARD

### Terms of Reference

The York Health and Wellbeing Board is established under the Health and Social Care Act 2012 as a statutory committee of the City of York Council (the Council). However, it will operate as a multi-agency board of equal partners.

It has a key strategic role in setting a vision to reduce health inequalities in the city; carrying out assessments of the health and wellbeing needs of the people of York and in developing strategies to meet those needs. It also has a role in encouraging health and social care providers to work together to meet those needs.

#### 1. Name

- 1.1 The Board will be known as the York Health and Wellbeing Board ('the Board')

#### 2. Membership

- 2.1 The Council has appointed a Health and Wellbeing Board. Although it operates as a form of Committee the Health and Wellbeing Board is unusual in that some of the membership is set out in law (including, uniquely, certain Officers), the Leader has the power to nominate to some positions and some positions are reserved to post holders who are not councillors.
- 2.2 Board members will be required to represent their organisation with sufficient seniority and influence for decision making. A list of Board members is at annex A to these Terms of Reference
- 2.3 The membership of the Board will be as per Annex A to this Terms of Reference

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City of York Council Constitution  
Article 18: York Health and Wellbeing Board

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## 3. Legal Status

- 3.1 The Health and Wellbeing Board is a committee of the Council and will adhere to the Constitutional requirements of the Council affecting committees unless alternative provision is made within these terms of reference or the law.

## 4. Disqualification from Membership

- 4.1 The following are disqualified from being a Board Member
- a. Any person who is the subject of a bankruptcy restrictions order or interim order.
  - b. Any person who has within five years before the day of being appointed or since their appointment been convicted in the United Kingdom, the Channel Islands or the Isle of Man of any offence and has had passed on them a sentence of imprisonment (whether suspended or not) for a period of not less than three months without the option of a fine.

## 5. Quorum

- 5.1 The quorum shall be 7 members including as a minimum a representative of the City of York Council and a representative of the Humber and North Yorkshire Health and Care Partnership.

## 6. Chair and Vice-Chair

- 6.1 The Chair of the Board shall be the Leader of the Council or his or her nominated representative. The Vice-Chair of the Board shall be the York NHS Place Director, York Health and Care Partnership. In the absence of both, a Chair will be nominated from amongst those present for that particular meeting.
- 6.2 The Chair of the Health and Wellbeing Board will be required to hold a named delegate list for board representatives, including deputies for officer members on the Board.

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City of York Council Constitution  
Article 18: York Health and Wellbeing Board

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## 7. Frequency of Meetings

7.1 The Board shall schedule meetings at least four times a year.

## 8. Decision-making and voting:

8.1 The Board will operate on a consensus basis. Where consensus cannot be achieved the matter will be put to a vote. Decisions will be made by simple majority: the Chair will have the casting vote. All votes shall be taken by a show of hands unless decided otherwise by the Chair.

## 9. Delegation of Powers

9.1 The Board may establish Task and Finish Groups to discharge any function of the Board or to advise the Board in respect of its functions.

9.2 The production and maintenance of an up to date Joint Strategic Needs Assessment (JSNA) will be delegated to the Population Health Hub; as a minimum the board will receive an annual report on the JSNA but may also receive other reports from the Hub throughout the year if requested.

9.3 If the Council delegates any of its public health functions to the Board in accordance with section 196(2) of the Health and Social Care Act 2012 then the Board may arrange for those functions to be discharged by an officer. Other functions of the Board may not be delegated to officers.

## 10. Functions of the Board

- i. To produce and maintain a Joint Strategic Needs Assessment (JSNA);
- ii. To produce and ensure the delivery of a Local Joint Health and Wellbeing Strategy;
- iii. To produce a Pharmaceutical Needs Assessment;

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City of York Council Constitution  
Article 18: York Health and Wellbeing Board

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- iv. to review the extent to which the York Health and Care Partnership has contributed to the delivery of the Local Joint Health and Wellbeing Strategy;
  - v. to provide an opinion to the York Health and Care Partnership on whether their Joint Forward Plan takes proper account of the Local Joint Health and Wellbeing Strategy;
  - vi. To support joint planning and commissioning and encourage integrated working and pooled budget arrangements in relation to the provision of health, health related or social care services;
  - vii. To provide such assistance or other support as it thinks appropriate for the purpose of encouraging the making of arrangements under section 75 of the National Health Service Act 2006 between the Council and NHS bodies in relation to the exercise of NHS functions or health related functions of the Council;
  - viii. To oversee the strategic direction of the Better Care Fund and the delivery of better integrated care, as part of its statutory duty to encourage integrated working. This will include signing off quarterly and annual Better Care Fund submissions;
  - ix. To lead cultural and behavioural change to support a joint approach to meeting local need;
  - x. To receive and approve any other plans or strategies that are required or permitted by law to be exercised by the Board;
  - xi. To work alongside local and regional strategic partnership arrangements to ensure the coordination of city-wide ambitions, all of which impact on the health and wellbeing of residents.
- 10.1 To periodically review the York Health and Wellbeing Board constitution.
- 10.2 When acting as a member of the Board members will be bound by the same codes of conduct as Councillors.

## **11. Roles and Responsibilities of Health and Wellbeing Board Members**

**All members of the Health and Wellbeing Board will be expected to:**

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City of York Council Constitution  
Article 18: York Health and Wellbeing Board

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- **Ensure** that when acting as a member of the Health and Wellbeing Board they **adhere** to the same [code of conduct](#) as Councillors
- **Represent** and **speak** on behalf of their organisation or sector
- Be **accountable** to their organisation or sector when participating in the Health and Wellbeing Board
- Ensure their organisations/sector are kept informed of Health and Wellbeing Board business and that information from their organisation/sector is reported to the Health and Wellbeing Board
- **Support** the agreed majority view when speaking on behalf of the Health and Wellbeing Board to other parties
- **Attend** Health and Wellbeing Board meetings and workshops or ensure a named deputy is briefed when attending on their behalf
- **Declare** any conflicts of interest should they arise
- **Read** agenda papers prior to meetings so that they are ready to contribute and discuss Health and Wellbeing Board business
- **Provide** updates to the Health and Wellbeing Board on matters discussed and actions arising from previous meetings
- **Work collaboratively** with other board members in pursuit of Health and Wellbeing Board business
- **Ensure** that the Health and Wellbeing Board adheres to its agreed terms of reference responsibilities
- **Listen** and respect the views of fellow board members

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City of York Council Constitution  
Article 18: York Health and Wellbeing Board

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- **Be willing** to take on special tasks or attend additional meetings or functions to represent the Health and Wellbeing Board

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**Health and Wellbeing Board****22 November 2023****Report of the York Health and Care Partnership****Summary**

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

**1. Background**

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

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. The Executive Committee meets monthly, and minutes from meetings held in 2023 are available in Annex A.

This report provides an update to the York Health and Wellbeing Board on the YHCP's progress since the last report provided in [September 2023](#).

**2. Update on the work of the YHCP****September and October Executive Committee Meetings**

In the September YHCP Executive Committee meeting the focus was on the YHCP's winter resilience plan (as discussed at the HWB Board in September 2023). In May 2023 the YHCP agreed to produce a whole system winter resilience plan summarising the work underway across the partnership to keep people well and supported throughout the year and our winter preparedness plans. Each organisation contributed to the plan, and the plan is the first time York has a system wide view of winter preparedness plans

across the whole pathway. The plan aligns with the YHCP's priorities to deliver integrated community, urgent and emergency care, and prevention services. The purpose of developing the plan was to:

- Ensure the partnership is sighted on each organisation's plans from prevention services to hospital admission and discharge, to ensure that opportunities for integration are utilised;
- Understand if there are gaps in service provision;
- Learn from what worked last year, and build on system resilience as we move through winter and beyond;
- Ensure our plans are in line with our values 'We are in it together' and 'We will connect clinicians and professionals'.

The plan is being finalised and will be shared across partners when complete.

In the October YHCP Executive Committee meeting the Executive Committee discussed Estates, the ICB Place Responsibility Agreement, a proposal to undertake a prevention scoping exercise and heard from the York Carers Centre (please see Annex A for the full meeting minutes).

It is encouraging to see that York's health and care partners are coming together to discuss and plan for the City's future health and care estate requirements, particularly in the context of the expected changes to the population and communities over the next 10 years. Partners discussed the importance of a joined-up approach with the Council's Local Development Plan to achieve success.

At the October meeting a proposal around scoping York's prevention offer was agreed by the partnership. The proposal outlines how prevention services are a vital part of the health and care system and how they are essential components of public health efforts to improve overall health, reduce healthcare costs, and enhance the quality of life for individuals and communities. The YHCP Executive Committee's workplan committed the Partnership to completing a scoping exercise to understand our prevention offer across the partnership and identify opportunities for integration, strengthening the links between health, public health and the VCSE. This exercise will be jointly led by the Public

Health team at CYC and the York Place team in the Humber and North Yorkshire ICB and will be delivered through a series of coproduction workshops. An update will be brought back to the HWB Board in 2024.

At the October meeting the Executive Committee also discussed the developing relationship between place-based partnerships, ICB central functions, and provider collaboratives (provider collaboratives bring providers together at scale across Humber and North Yorkshire to do things once where it makes sense). The discussion included how York will develop and deliver integration and local priorities, as well as efficient, quality, and equitable health and care services, building on our ongoing relationships and collaboration. The discussion illustrated how place-based leadership creates the right conditions for change, ensuring local system conversations can develop plans to address local priorities and health inequalities within the overall Humber and North Yorkshire strategy.

### **York's first Health Mela**

York's first Health Mela was held in September 2023. A Mela means 'meeting' or 'gathering' in Hindi and is a multicultural festival/celebration. The YHCP was the main sponsor for the event, which brought together our diverse communities from across the city to focus on health and wellbeing, with over 3,000 people in attendance. The Health Mela also showcased local talent, where groups from our communities shared music and dancing from their cultures. This gave communities the chance to be involved and feel empowered to take care of their health and wellbeing, building confidence, integration and creating a sense of community.

This was a unique opportunity for York Place to address health inequalities in the City, by creating trust and empowering individuals to focus on their health and wellbeing through a range of supported activities and health and wellbeing stands. The presence of many of our health, care and VCSE organisations meant that attendees had the opportunity to identify undiagnosed conditions and risk factors and receive encouragement to make lifestyle changes.

This event was in line with the Core20PLUS5 work for children and adults that is a key priority of the Population Health and

Prevention Executive Committee and aligned well with the ambitions outlined in the York Health and Wellbeing Strategy 2022-2032. It also supported the delivery of the York Health and Care Partnership's priority to 'Embed an integrated early intervention and prevention model' by providing free health checks and encouraging early help and health education for individuals.

### **Joint Workforce Recruitment Event**

As part of the YHCP's 'Drive Social and Economic Development' priority a joint workforce event was held between Health and Social Care services in York, jointly led by CYC and Humber and North Yorkshire ICB. The event was held on 4<sup>th</sup> November at West Offices, bringing together partners across York Health and Care Partnership to seek to recruit to existing job opportunities, engage with people who are interested in careers in health and care whether that is through college or university programmes and apprenticeships. The event was the first all-partner contribution sponsored by the York Place Executive Committee to deliver the workforce priorities of the HNY annual Operational Plan demonstrating the commitment to providing joint workforce actions that strike at the heart of local priorities, align with HNY and national priorities, and do them well.

### **3. Work of the York Population Health Hub**

As a key enabler of the YHCP, the York Population Health Hub continues to bring together partners to enable, analyse and undertake population health management approaches to provide a clearer picture of the health of the population and the inequalities people face across York place.

#### **Cost of Living data pack**

As part of work to understand our population and inform service delivery the Hub has updated the Cost of Living data pack produced in 2022 ([Cost-of-Living Crisis in York: Understanding and Reducing the Health Impacts data pack](#)). This update aims to demonstrate the health impact of the Cost-of-Living crisis on York's communities during 2023.

Representatives of the PHH will attend the November HWB Board to provide an overview of the pack (this is covered as a separate agenda item at the November meeting).

**Contact Details**

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(York Place)

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**Chief Officer Responsible for the report:**  
Sarah Coltman-Lovell, NHS Place Director

Ian Floyd, Chief Operating Officer CYC and  
York Place Lead

*Chief Officer's name*

Sarah Coltman-Lovell

*Job Title*

NHS Place Director (York)

*Organisation name*

Humber and North Yorkshire ICB

**Report  
Approved**



**Date 6 November 2023**

**Report  
Approved**



**Date 6 November 2023**

**Wards Affected:**

All



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

**Annexes**

***All annexes to the report must be listed here.***

**Annex A: YHCP minutes**

- YHCP minutes September 2023;
- YHCP minutes October 2023.



## York Health and Care Partnership

**Thursday 21<sup>st</sup> September 2023, 10:00 - 12:30**  
**Severus Meeting Room; First Floor, West Offices**  
**Chair: Ian Floyd**

<b>Present</b>		
Ian Floyd (Chair)	Chief Operating Officer	City of York Council (CYC)
Sarah Coltman- Lovell	York Place Director	York Place, H&NY ICB
Rebecca Field	Joint Chair of York Health and Care Collaborative	York Medical Group
Emma Johnson	Chief Executive	St. Leonards Hospice
Simon Morritt	Chief Executive	YSTHFT
Michelle Carrington	Director of Nursing and Quality North Yorkshire and York	York Place, H&NY ICB
Jamaila Hussain	Corporate Director of Adult Service and Integration	CYC
Cllr Jo Coles	Executive Member for Health, Wellbeing and Adult Social Care	CYC
Peter Roderick	Acting Director of Public Health/ Deputy Director of Population Health	CYC/York Place, H&NY ICB
Sian Balsom	Manager	Healthwatch, York
Brian Cranna	Care Group Director of Operations & Transformation, North Yorkshire, York and Selby Care Group	TEWV
Helena Ebbs	Place Clinical Director	York Place, H&NY ICB
Christine Marmion-Lennon (on behalf of Alison Semmence)	Deputy Chief Executive	York Centre for Voluntary Services (CVS)
Martin Kelly	Corporate Director of Children and Young People	CYC
Cllr Claire Douglas	Leader of the Labour Group	CYC
Mark Bradley	Place Finance Director	York Place, H&NY ICB
<b>In Attendance</b>		
Hannah Taylor	Team Administrator	York Place, H&NY ICB
Gary Young	Deputy Director Provider Development	York Place, H&NY ICB
Anne-Marie Roberts	Director of Clinical Services	St Leonards Hospice

Helen Hart	Deputy Place Nurse Director – North Yorkshire	North Yorkshire Place, H&NYICB
Melanie Liley	Chief Allied Health Professional	YSTHFT
<b>Apologies</b>		
Professor Karen Bryan	Vice Chancellor	York St John University (representing higher education)
Alison Semmence	Chief Executive	York Centre for Voluntary Services (CVS)
Gail Brown	CEO	York Schools & Academies Board
Zoe Campbell	Managing Director, NYY&S	TEWV
Debbie Mitchell	Chief Finance Officer	CYC

**Minutes – draft**

Item	Title	Led by
1	<p><b>Welcome and apologies for absence</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>The minutes of the meeting held on 21.08.2023 were approved.</p> <p>There were no declarations of interest in the business of the meeting.</p>	Chair
2	<p><b>Citizen Story - Discharge Case Study</b></p> <p>Sarah Coltman-Lovell started by explaining that the Discharge Case Study was undertaken on the back of delayed discharge escalations, an investigation was undertaken with all system partners with a report in the process of being created.</p> <p>Sarah shared the stories of two individuals who had delayed discharges coming out of Hospital. Sarah Coltman-Lovell informed that there is learning to do across the system from the case studies and highlighted some areas where work is already being undertaken to reduce the amount of delayed discharges.</p> <p>Discussion took place between partners on some of the reasons for some delayed discharges, a rough number of delayed discharges in the hospital noting it can vary. Sarah ended by informing of a meeting the 3<sup>rd</sup> week in October to look at the lessons that can be learned and areas to improve.</p> <p><b>Action</b> Sarah Coltman-Lovell to confirm if she is able to send the discharge stock take onto system partners and circulate once confirmed.</p>	Sarah Coltman-Lovell
3	<b>York system winter planning for approval – part 1</b>	Sarah Coltman-Lovell

	<p>Sarah Coltman-Lovell started by explaining following discussions at the May York Health and Care Partnership meeting it was agreed that the focus for September would be a cross system winter resilience plan to identify gaps in service provision and integration and ensure a system approach. Going through slides Sarah explained the 3 components to the winter plan and shared information backed up by data on the Winter 2023 forecast, ED performance, ambulance handover and CAT 2 response, no criteria to reside patients by pathway.</p> <p>Peter Roderick gave an update on the keeping people well in our communities element of the Winter Plan. Peter started by going through the Winter 2023 forecast noting the data suggests that hospitalisations is likely to be similar to Winter 2022, Peter also informed of a system pressure concern if Flu and Covid hit at the same time. Sharing slides Peter highlighted some of the projects across the system for winter plans and noted areas where work is being undertaken and the Winter Communications Plans.</p> <p>Discussion ensued on:</p> <ul style="list-style-type: none"> <li>• Areas missed and incorporating them</li> <li>• Understanding how to respond proactively and reactively around health inequalities</li> <li>• Linking in Schools and family health hubs for communications</li> <li>• Effectiveness of Comms</li> <li>• When to worry communication document</li> </ul> <p>Gary Young explained the Urgent and Emergency Care System Improvement Plan and NHS Winter Plan, Gary Young and Melanie Liley started by explaining about the York Emergency Department noting the redesign had been welcomed by staff working in the department, explaining the acronyms in the presentation.</p> <p>Gary Young went on to share an overview of the key milestones of the Urgent and Emergency Care (UEC) Programme overview, winter preparedness for Primary Care, NHS support for Care Homes, Tees Esk and Wear Valleys (TEWV), a brief summary of York Trust's draft winter plan and the NHSE winter assurance guidelines.</p> <p>Discussion ensued on</p> <ul style="list-style-type: none"> <li>• Mental Health Crisis Line</li> <li>• System success story of a provider</li> </ul> <p><b>Action</b></p> <p>Peter Roderick/ Emma Johnson to pick up a conversation around linking in St Leonards Hospice.</p> <p>Peter Roderick to pick up with colleagues at the hospital about accessing real time data to respond to the surges and target responses.</p> <p>Sarah Coltman-Lovell to check with the ICB their winter comms plans.</p>	<p>Peter Roderick</p> <p>Gary Young</p>
4	<p><b>York system winter planning for approval – part 2</b></p> <p>Jamaila informed the board of a Task and Finish group that is in place looking at the frailty hub and gave context of the role of the group and the work they are doing.</p>	<p>Jamaila Hussain</p>

	<p>Sarah informed that Frailty and Mental health are two areas that can help to reduce A&amp;E attendance with other services in place, Sarah referred to the Jean Bishop Hub in Hull and envisions a similar provision for York. Continuing Jamaila touched on the single point of access team and the work being done.</p> <p>Discussion took place on</p> <ul style="list-style-type: none"> <li>• Mental Health and Frailty key areas that can help reduce A&amp;E attendance</li> <li>• Community Asset Approach</li> <li>• Carers Centre/CVS will struggle to recruit to posts as quickly as they have done to support the frailty hub previously</li> </ul> <p>Ending Jamaila and Sarah touched on the Discharge Stocktake work that was completed and Adult Social Care resilience planning. Noting an update on Discharge would be brought to the October meeting.</p> <p>Sarah informed of a potential additional fund of up to £0.5m for York which the ICB will push for the money to be used for discharge due to York being an outlier on discharges against other hospitals within the ICB.</p> <p>Discussion ensued on the below topics from both Jamaila Hussain and Gary Young's items</p> <ul style="list-style-type: none"> <li>• ARI/CAT hubs funding</li> <li>• St Leonards Hospice at Home over Winter</li> <li>• Unused out of hours funds</li> <li>• Place Board Accountability</li> </ul> <p><b>Action</b></p> <p>Rebecca Field and Brian Cranna to discuss Primary Care representation at the York Mental Health Partnership board</p> <p>Plan to be updated with the changes discussed and recirculated.</p> <p>Update on Discharge to come to the October meeting</p> <p>Update on Frailty to come to the November meeting</p>	
<p><b>AOB</b></p>	<p>There was no AOB item's.</p>	<p>Chair</p>



## York Health and Care Partnership

**Monday 16<sup>th</sup> October 2023, 12:30 - 15:00**

**Severus Meeting Room; First Floor, West Offices**

**Chair: Ian Floyd**

<b>Present</b>		
Ian Floyd (Chair)	Chief Operating Officer	City of York Council (CYC)
Sarah Coltman- Lovell	York Place Director	York Place, H&NY ICB
Rebecca Field	Joint Chair of York Health and Care Collaborative	York Medical Group
Michelle Carrington	Director of Nursing and Quality North Yorkshire and York	York Place, H&NY ICB
Cllr Jo Coles	Executive Member for Health, Wellbeing and Adult Social Care	CYC
Peter Roderick	Acting Director of Public Health/ Deputy Director of Population Health	CYC/York Place, H&NY ICB
Sian Balsom	Manager	Healthwatch, York
Zoe Campbell	Managing Director, NYY&S	TEWV
Cllr Claire Douglas	Leader of the Labour Group	CYC
Professor Karen Bryan	Vice Chancellor	York St John University (representing higher education)
Alison Semmence	Chief Executive	York Centre for Voluntary Services (CVS)
Prof Mike Holmes	Chair	Nimbuscare
<b>In Attendance</b>		
Hannah Taylor	Team Administrator	York Place, H&NY ICB
Phil Truby	Public Health Specialist	CYC
Stephanie Porter	HNY ICB AD Estates, Infrastructure and Sustainability	H&NY ICB
Neil Ferris	Corporate Director of Place	CYC
Karen Monroe	Unpaid Carer	
Sharron Smith	Chief Executive Officer	York Carers Centre
Danielle Johnson	Director of Childrens Safeguarding	CYC
Caroline Johnson	Deputy Director of Nursing and Quality York	York Place, H&NY ICB
<b>Apologies</b>		
Gail Brown	CEO	York Schools & Academies Board
Jamaila Hussain	Corporate Director of Adult Service and Integration	CYC
Melanie Liley	Chief Allied Health Professional	YSTHFT

Helena Ebbs	Place Clinical Director	York Place, H&NY ICB
Sharon Stoltz	Director of Public Health	CYC
Emma Johnson	Chief Executive	St. Leonards Hospice
Simon Morrill	Chief Executive	YSTHFT

### Minutes – draft

The agenda was discussed in the following order

Item	Title	Led by
1	<p><b>Welcome and apologies for absence</b></p> <p>The Chair welcomed everyone to the meeting.</p> <p>The minutes of the meeting held on 21.09.2023 were approved.</p> <p>There were no declarations of interest in the business of the meeting.</p>	Chair
3	<p><b>Estates Update</b></p> <p>Stephanie Porter started by informing that phase 1 of a task and finish group to update and develop the detailed impact and mitigations for the residential housing development, set up to discuss estates with partners had now concluded. The proposals have been shared at the forth and final meeting of the group, and in separate presentations with the commercial leads of Nimbuscare and with York and Scarborough Foundation Trust. The proposals are currently with the York PCN to review once more and for sign off. Continuing through her presentation Stephanie shared information on the Acomb and Burnholme areas as examples of all the localities impacted informing that for each area of York there are 2 slides with information on the health needs and the costed proposals to mitigate the impact on General practice and community services the area. Current areas of deprivation, the LDP housing growth scheme, the proposals also highlight potential areas of consolidation of existing property. Ending Stephanie asked that the local development plan is fully understood and resourced appropriately to achieve success.</p> <p>Discussion took place on:</p> <ul style="list-style-type: none"> <li>• Access issues if current buildings are released</li> <li>• York's growth compared to other areas in the ICB</li> <li>• Funding</li> <li>• Future proofing as much as possible based on data predictions</li> <li>• Inequalities</li> <li>• Duty to include the public in discussions</li> <li>• Moving services out of hospitals into primary care so they are more accessible</li> <li>• Need for a space to develop medical trainee's</li> </ul>	Stephanie Porter/Neil Ferris

	<p><b><u>Action</u></b> Partners to contact Stephanie Porter if they would like more information on the task and finish group discussions Stephanie Porter to create a strategic statement of intent including discussions at the meeting and meet with Sarah Coltman-Lovell, Ian Floyd and Neil Ferris in 3-4 weeks.</p>	
2	<p><b>Place Responsibility Agreement</b></p> <p>Starting Sarah Coltman-Lovell gave context to why the item came to the committee and referenced the papers in the Agenda Pack.</p> <p>Sarah explained that the Responsibility Agreement defines the ICBs relationship with each Place and Collaborative.</p> <p>Sarah made reference to the Assurance Report and explained how the colour coded sections align to the three areas of responsibility set out in the Responsibility Agreement</p> <ul style="list-style-type: none"> <li>• Place priorities for integration and transformation (orange)</li> <li>• Performance and delivery of NHS objectives (green)</li> <li>• Finances – quality, efficiency and productivity plans (blue)</li> </ul> <p>Sarah noted that accountability is a key theme and made the distinction between hard accountability internally through organisations - and soft accountability through the partnership committee, giving members permission to hold each other to account. Very much in line with the Place Board Charter of Behaviours.</p> <p>Sarah informed that she would like the committee to support her in telling the story of Place to the ICB via the Assurance Report, including good news stories.</p> <p>Sarah directed people to Natalie Caphane and Anna Basilico with any additional sections they wish to add that reflect our broader health and care remit, noting that the current version reflects what the ICB expects and we have the freedom to expand on this.</p> <p>Discussion ensued on:</p> <ul style="list-style-type: none"> <li>• Areas missing from the report and not always information on what can be done</li> <li>• Title appearing top down</li> <li>• Could have been developed in partnership with Place Committees</li> <li>• Acceptance of the report but the need of clarity moving forward and areas incorporated that are missing</li> </ul> <p><b><u>Action</u></b> Assurance Report to come to the committee bi-monthly Sarah to feedback the information shared on bed capacity at Foss Park Hospital with the ICB Sarah to draft a response and circulate</p>	Sarah Coltman-Lovell

4	<p><b>Integrated Prevention Offer</b></p> <p>Peter started by informing that an integrated prevention offer relates to one of the place priorities. Phil shared there is a strong evidence base for prevention services and raised the question whether the aim is to improve health or reduce costs. Phil detailed a one system approach to prevention ensuring all parts are working together.</p> <p>Phil asked the committee to  Approve the commencement of co-production workshops that establish the actions for excellence in our prevention system  Consider if the aims of this exercise cover everything the Partnership would want to include?  What other outcomes would YHCP members wish to get out of this exercise? To what extent should we consider how enhancements of the prevention system in our city could deliver financial savings?</p> <p>Discussion ensued on:</p> <ul style="list-style-type: none"> <li>• Definition of prevention and what is included and not included</li> <li>• Linking in housing</li> <li>• May not be cost saving but is better for quality of life</li> <li>• Measuring the impact of spend on non statutory services</li> <li>• Areas missing including, education, carers, environment</li> <li>• Could be bolder in the aims of the exercise; for example, test a joint funding approach, include the role of population health intelligence to support planning and implementation of prevention services</li> </ul> <p>Ian concluded by asking to map a citizen story and to start with a broader scope and then to narrow it down to individual services noting if done correctly it will save the Local Authority money.</p> <p>The Board approved the scoping exercise including the co-production workshops Phil described.</p> <p><b>Action</b>  Sarah Coltman-Lovell to put the team in touch with the University of York to assist with measure definition  Anna Basilico and Phil Truby to commence the scoping exercise</p>	Phil Truby
5	<p><b>Citizen Story – Unpaid Carers York Carers Centre</b></p> <p>Sharron started by sharing the following statistics on unpaid carers:</p> <ul style="list-style-type: none"> <li>• Unpaid carers contribute £162bn per yr to society, equivalent to a second NHS. (England and Wales)</li> <li>• 2021 Census highlighted around 9% of population are carers (likely to be more than this). York: 14,868. 6,248 people were providing more than 20 hours of unpaid care a week, including 3,803 people doing so for more than 50 hours a week</li> </ul>	Sharron Smith/Karen Monroe

	<ul style="list-style-type: none"> <li>• Nearly 1/3 of NHS staff are carers (31%)1 in 7 people in the workplace are juggling work and care</li> <li>• JRF listed carers as one of the groups more likely to be in very deep poverty</li> <li>• 60% of carers report a long-term health condition or disability compared to 50% non-carers</li> <li>• Young carers are more likely to report severe psychological distress</li> <li>• Research in 2019 highlighted almost half 45% of Young Adult Carers report having a mental health condition (before pandemic) and seeing issues in Young Adult carers who have frailty scores of 65 yr olds</li> <li>• There is increasing evidence that caring should be considered a social determinant of health (Public Health England, Caring as a Social Determinant of Health, 2021)</li> <li>• NHS England, commissioning for carers states almost £4 saved from every £1 spent.</li> </ul> <p>Karen shared her story as an unpaid carer, what she does as a carer, how York Carers Centre supports her, and an ask for services to work in partnership.</p> <p>Finishing Sharron shared information on what York Carers Centre do and some asks for the Board</p> <ul style="list-style-type: none"> <li>• Ensure unpaid carers are included in every strategy and considered in all decisions made</li> <li>• Unpaid carers are listened to and respected as equal care partners across all health staff</li> <li>• Consider if carer awareness training could be mandatory across all healthcare settings</li> <li>• The ICB to agree to host a resource pack for Primary Care with NHS England on their website</li> </ul> <p>The Board approved the asks from York Carers Centre</p> <p><b>Action</b>  Caroline Johnson and Sharron Smith link up on training  Carers Centre to come back with a plan on how the board can support the asks  Sarah to request the Carers Centre to attend the ICB board</p>	
	<p><b>AOB</b></p> <p>There were no AOB items.</p>	Chair

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**Health and Wellbeing Board****22 November 2023****Report on the Health Impacts of the Cost-of-Living Crisis****Summary**

This report provides an update to the Health and Wellbeing Board (HWB) regarding the update of the Report on the Health Impacts of the Cost-of-Living Crisis undertaken by the York Population Health Hub.

**1. Background**

The Population Health Hub (PHH) is a multi-organisation group which brings together colleagues from the local authority, health, public health, and business intelligence to enable, analyse and undertake population health management approaches in York. The aim of this work is to provide a clearer picture of the health of the population and the inequalities people face and use this data to drive more effective use of shrinking resources.

In the context of growing winter pressures and the cost-of-living crisis, the PHH has produced a second volume of its cost-of-living data pack (the first was originally produced in winter 2022) to provide an update to date picture about people in York whose health is likely to be affected by the cost-of-living crisis, for instance through cold weather / cold homes. This report complements the recently published 'Health and the cost-of-living in York' Healthwatch report which outlines citizen's lived experiences of the cost-of-living crisis.

The Health and Wellbeing Strategy 2022-32 makes clear the link between the gap in healthy life expectancy within our city and the 'building blocks of health', such as housing, the economy and poverty.

## 2. Overview of the report

The report brings together key local health data which highlights the health impacts of the cost-of-living crisis already observed in the city. Data presented in the report includes trends and characteristics of physical and mental health developed from last year's report, and an examination of other factors contributing to the wider determinants of health drawing from data provided by organisations including Citizens Advice York and Healthwatch.

Whilst experiencing lower levels of deprivation than surrounding areas of the North of England, York has several geographical pockets of deep need observed in wards such as Westfield, Clifton and Hull Road (but at an individual level spread out through the city). In addition, the threshold at which people are being brought into levels of economic stress and poverty is getting lower as inflation and the cost-of-living impacts, with York experiencing particular issues around its affordability ratio and the effect of high housing costs. The wider determinants of health (social, economic & environmental factors) that impact on people's health are frequently referred to in public health and health services when looking to target and reduce health inequalities, and several areas are worsening nationally and locally. During the cost-of-living crisis many people have indicated that their health has been negatively affected (Goddard, 2022).

Representatives of the York Population Health Hub will be in attendance at the November meeting to provide key headlines from the report, and the report will be published on the York Population Health Hub's website [here](#).

City of York Council hosted a Cost-of-Living Summit in 2022 and from this is leading work to mitigate and protect those most of risk during the current economic pressures.

## 3. Recommendations

Members of the HWB Board are asked to:

- Note and discuss the contents of the report;
- Disseminate the findings and support available in York to local services and practitioners in York.

Reason: So that findings and support in York is available to local services and practitioners.

**Contact Details**

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**Chief Officer Responsible for the report:**  
Peter Roderick, Director of Public Health,  
City of York Council

**Report  
Approved**

**Date 13 November  
2023**

**Report  
Approved**

**Date 13 November  
2023**

**Wards Affected:** *List wards affected or tick box to indicate all [most reports presented to the Health and Wellbeing Board will affect all wards in the city – however there may be times that only a specific area is affected and this should be made clear]*

**All**

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

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Humber and North Yorkshire  
Health and Care Partnership

**YORK** Population  
Health  
Hub

# Report on the Health Impacts of the Cost of Living Crisis

November 2023

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*“Skipping meals, turning heat off, not going out as much as [I] can’t afford bus fare, skipping prescriptions.”*

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## Purpose of this Pack

The Population Health Hub (PHH) is a multi-organisation group which brings together colleagues from the local authority, health, public health, and business intelligence to enable, analyse and undertake population health management approaches in York.

In the context of growing winter pressures and the cost of living crisis, the PHH has created this pack to provide information about **people in York whose health is likely to be affected by the cost of living crisis, who may be at risk of harm from winter and cold homes.**

## Introduction

The cost of living increased significantly across the UK in late 2021 and 2022. In October 2022, the annual rate of inflation reached a 41-year high of 11.1%, however this has eased to 6.3% in August 2023. High inflation affects the affordability of everyday essentials such as food and bills creating additional pressures for people already living on the breadline.

The cost-of-living crisis has impacted both systemic and individual elements leading to increased health inequities, reduced stability of communities, and increases in health demand.

This pack brings together key local health data which will highlight the impacts already observed in the city. Data presented here includes trends and characteristics of physical and mental health developed from last year's report, and an examination of other factors contributing to the wider determinants of health drawing from data provided by organisations including Citizens Advice York and Healthwatch.

It is important to note that much of the data trends here will not suggest a direct correlation between rising costs and changes in health. A more detailed qualitative analysis would be required to aid this data. It is important to understand how rising costs are affecting the health and wellbeing of York residents. By identifying health trends and highlighting areas in particular need of support, it is hoped these findings can be used by local services and professionals working with individuals.

## Key statistics

This dashboard brings together local health, social care, and housing data to help provide an overview of how rising prices could be having an impact on York's health.



**1 in 9**

York children living in poverty (1)



**67**

The median EPC rating in York, equivalent to Band D



**£325,497**

Average York house price (3)



**3.8%**

Mental Health Attendances (4)



**68%**

Increase in average foodbank voucher uptake per 1000 people from 20/21 to 22/23 (5)



**£945**

Average rent per calendar month (6)



**69**

Homeless households in temporary accommodation in 22/23 (7)



**20%**

Increase in tenant arrears from 21/22 to 22/23 (8)



**698**

Events in Primary Care relating to substance misuse Oct 22-23 (9)



**1,472**

New mental health diagnoses between Jan 23 to Aug 23 (10)



**6%**

Worse asthma control in children living in deprived neighbourhoods (11)



**69%**

Increase in alcohol dependence diagnoses comparing Aug 21 to Aug 23 (12)



**55%**

Citizen's advice claimants disabled or have long term health conditions (13)



**167**

Children with asthma are passive smokers (14)



**55,496**

Residents living with long term health conditions (15)



**18**

Designated warm spaces in York (16)



**26%**

More COPD exacerbation in Jan-Mar 23 than in Jan-Mar 22 (17)

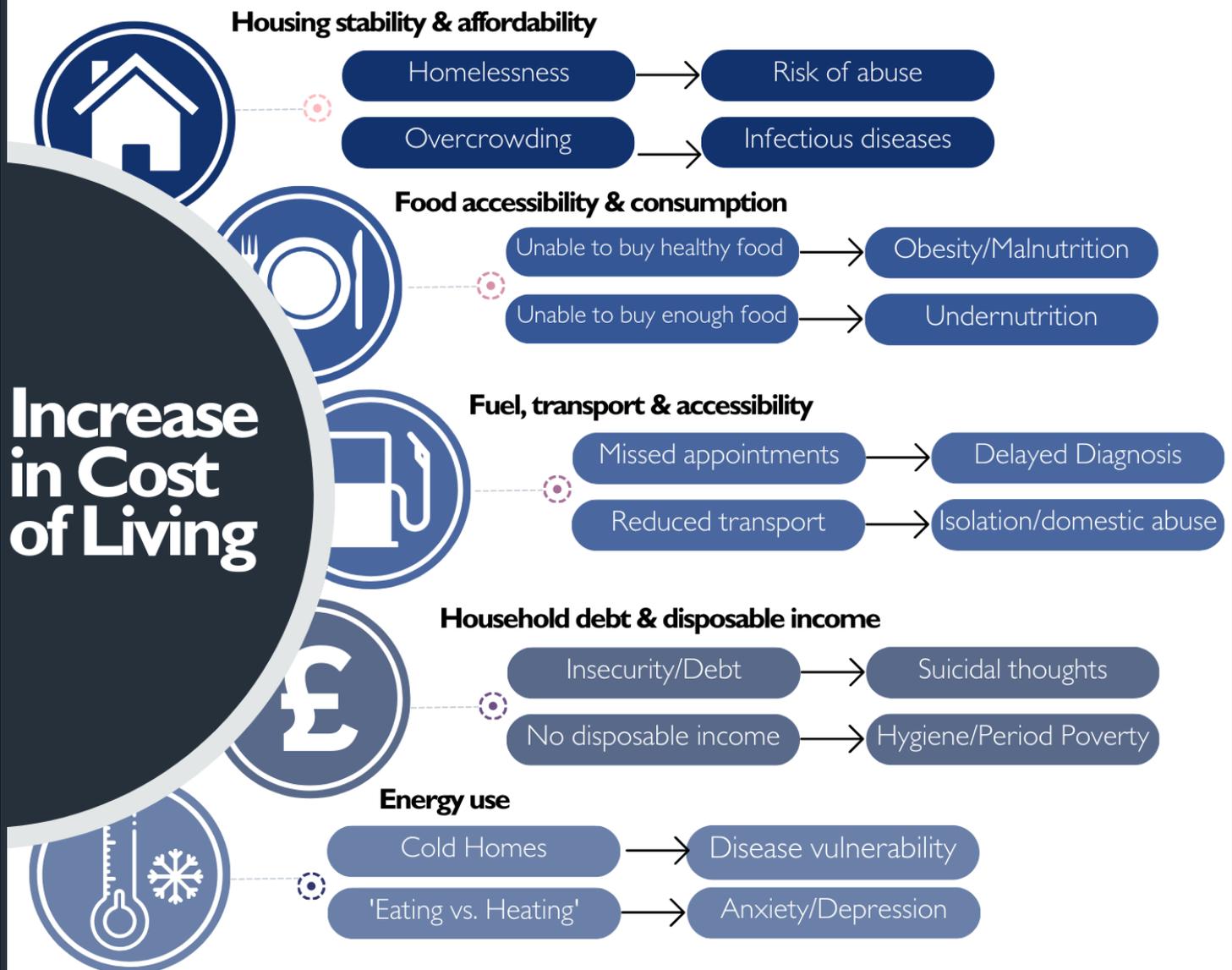


**1,343**

Residents living with mental health conditions in deprived neighbourhoods (18)

## Methodology

The London School of Economics (Roberts, 2023)(3) has declared the cost of living crisis as a “public health emergency”. The inability for some people to afford even the basic essentials can have far-reaching health consequences that impact on both mental and physical health. The infographic below shows the complexities of these consequences and highlights both the systemic and individual impacts.



York is unique when looking at the effects of the cost of living crisis. Despite being considered an affluent city, York has pockets of deep deprivation observed in wards such as Westfield. The wider determinants of health (social, economic & environmental factors) that impact on people’s health are frequently referred to in public health when looking to target and reduce health inequalities. The cost of living crisis has indicated that people feel their health has been negatively affected by the rising costs of living (Goddard, 2022).



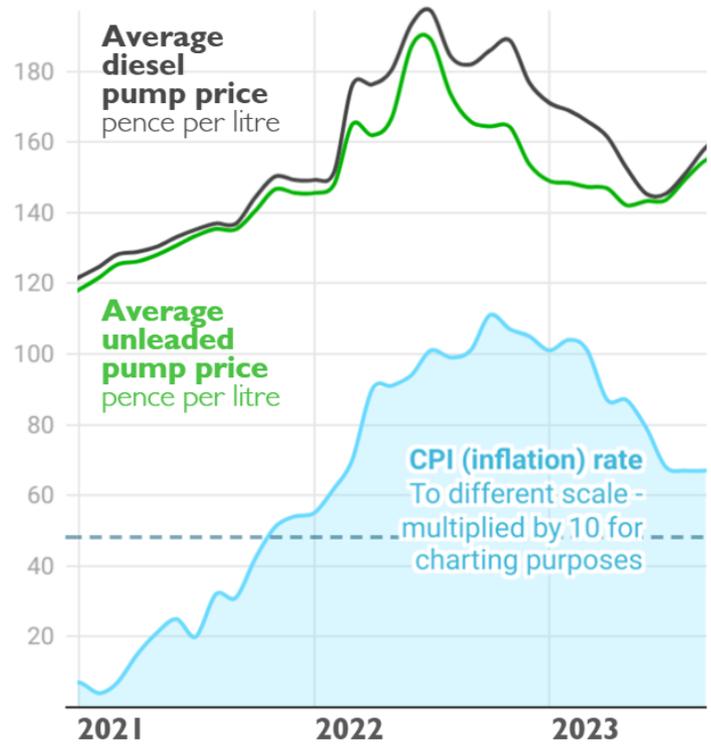
## Fuel, Transport & Accessibility

There are many reasons for fuel and transport poverty, however financial and infrastructural inequalities are amongst the main reasons: low incomes, lack of access to and high costs of public transport, which may result in 'forced' ownership of personal vehicles, and cuts to timetables which may directly affect shift workers and those working long or anti-social hours. Vulnerability to fuel and transport poverty is generally identified amongst cohorts already experiencing social exclusion. It is detrimental to people's quality of life and can result in stress, missed opportunities such as leisure time or travel to job interviews and the workplace. Vulnerability to fuel and transport poverty is therefore rooted in societal infrastructures as much as it is directly impacted by rising fuel rates.

**16% of households in Yorkshire & Humber are experiencing fuel poverty.** The national average is 15%

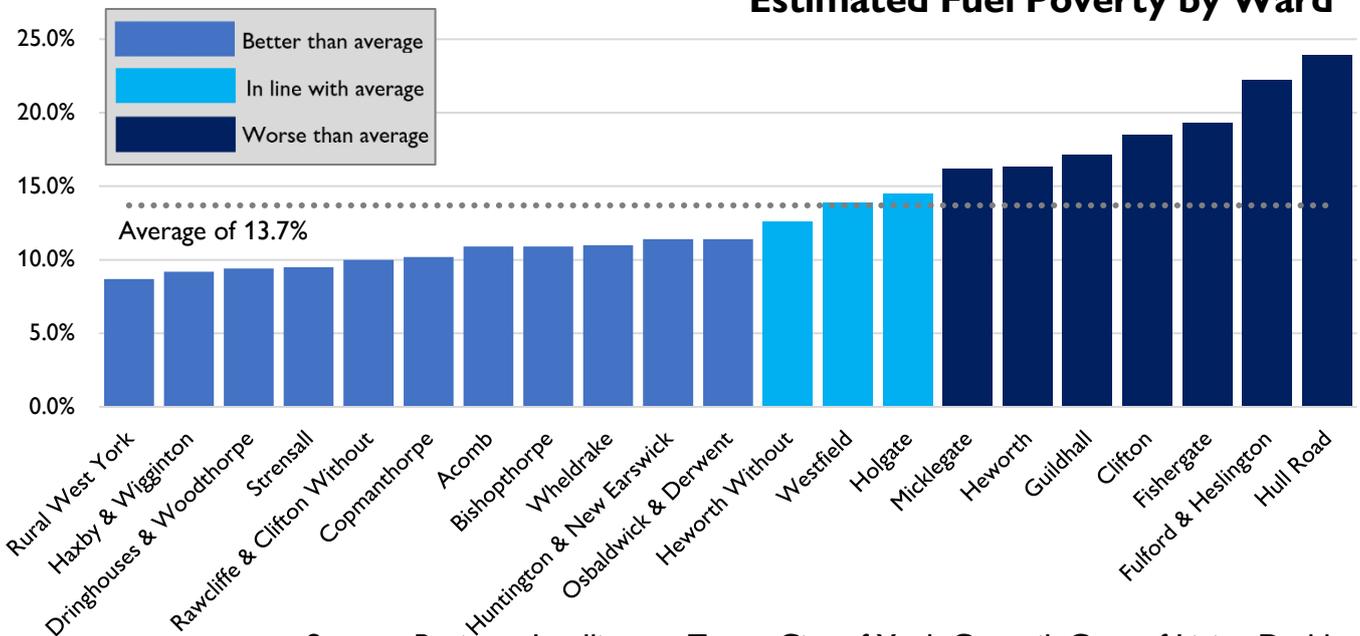
Source: Cost of Living Report, 2022

The link between petrol and diesel prices, and inflation



Source: RAC Fuel Watch, Chart: Datawrapper

## Estimated Fuel Poverty by Ward



Source: Business Intelligence Team, City of York Council, Cost of Living Dashboard



**The voice of York's citizens**

- Money is not stretching as it used to, and people are having to having to use savings to pay bills.
- People are begging landlords not to sell houses as they otherwise would not be able to afford the higher current rents.
- People are struggling to heat their homes resulting in many cases of exacerbations of existing physical and/or mental health conditions.
- Source: Healthwatch Cost of Living Report

**Housing Stability & Affordability**

Tenant arrears in York have increased significantly since 2020/21. With the increase in rent and decreased income, the chart below infers people are struggling to meet their rental payments each month. Mortgage rates have also risen considerably in an already unstable housing market. High mortgage rates are putting pressure on current homeowners, some of whom may need to sell their property.

Prospective homeowners are priced out of the market and struggling to save for a [mortgage deposit](#). As a result the rental market is highly competitive placing additional pressures on people to find suitable, and affordable accommodation. Increasing rent, therefore, is placing people in an untenable situation which may result in arrears, eviction, and homelessness.

People experiencing homelessness are vulnerable to [acute and chronic illness](#), particularly mental illness, substance use disorder, and complications relating to infections and hypothermia. “Other health problems that may result from or that are commonly associated with homelessness include malnutrition, parasitic infestations, dental and periodontal disease, degenerative joint diseases, venereal diseases, hepatic cirrhosis secondary to alcoholism, and infectious hepatitis related to intravenous (IV) drug abuse.” ([Homelessness, Health, and Human Needs](#))

**Homeless households in temporary accommodation in York 69**



**Current Tenant Arrears in York**



Source: York Business Intelligence, Cost of Living Data



## Food accessibility & consumption

*“I go to foodbanks now as food has gone up so much... nor do I often put my heating on.”*

**Increase in average uptake of foodbank vouchers of 20% in York**

From 2019-2023

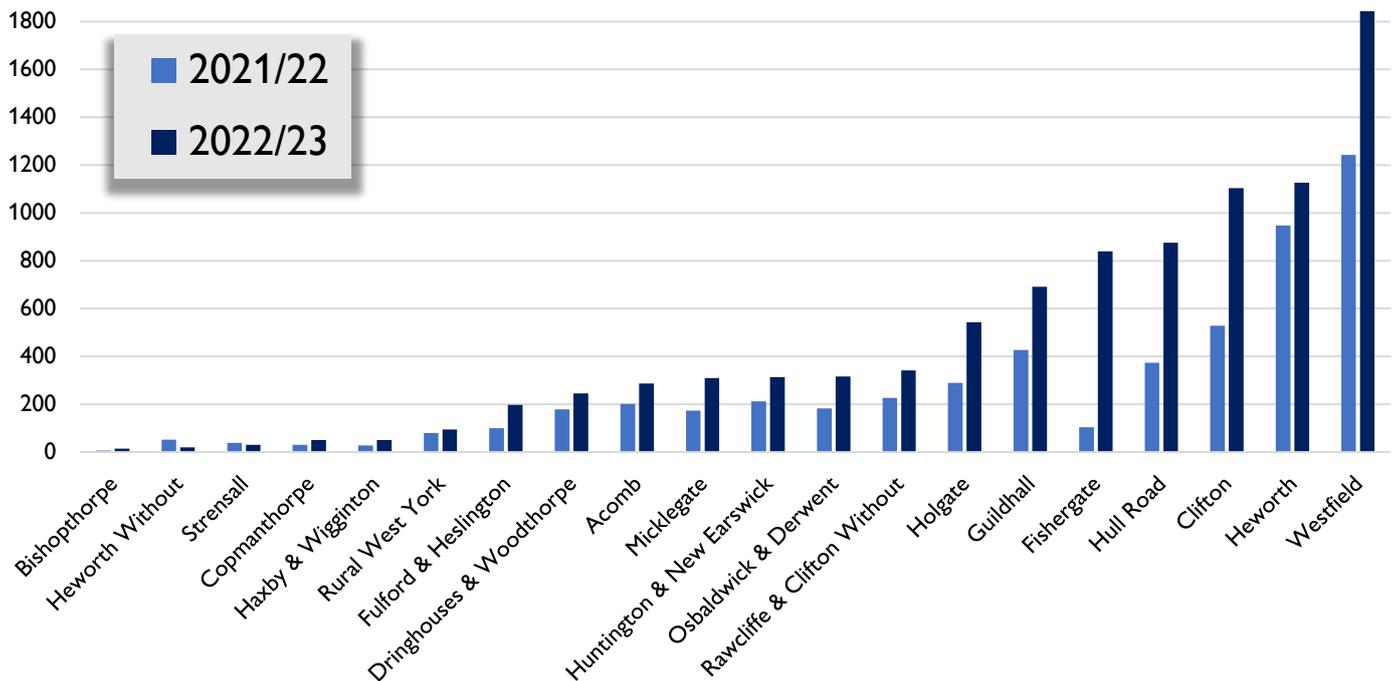
Source: York Foodbank

The cost of living crisis has resulted in increased pressure on foodbanks and their users. Increasing demand and declining donations have been observed nationally as the price of food has sharply increased. The data below is from York Foodbank and shows, by ward, that demands on their services over the past four years have rapidly increased by over 80%. Much of that increase is observed between 2021-2022 and 2022-2023 rates. The more deprived wards of Westfield, Hull Road, and Heworth continue to observe the highest rates of foodbank usage. Nonetheless, other wards such as Clifton and Fishergate have seen sharp increases in the number of residents requiring food donations in 2022-2023.

### Average Uptake of Foodbank Vouchers/total numbers of people



### Comparative voucher provision in 2021/22 & 2022/23



Source: York Business Intelligence, Cost of Living Data



## Household debt & disposable income

*“My circumstances right now are horrible and my already bad mental health has just got worse and worse to the point I'm self harming nearly every day”*

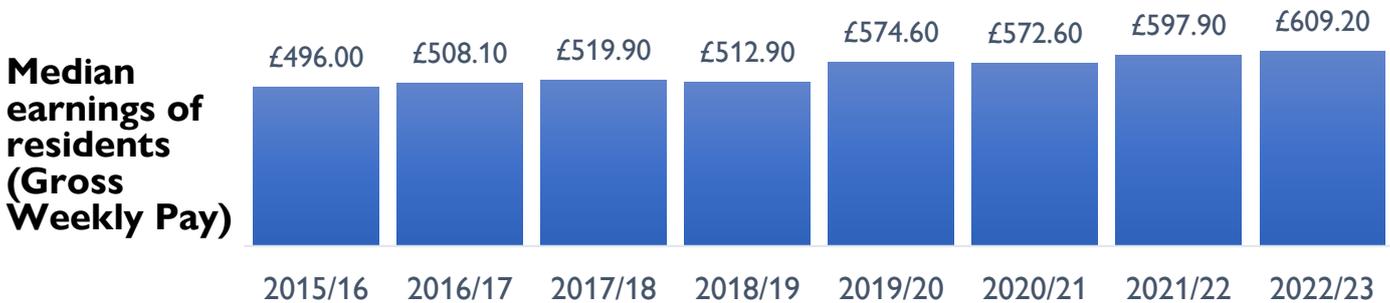
**7 in 10 adults are spending less on non-essentials because of cost of living increases**

Adults in Great Britain, 6 September to 17 September 2023

Source: Office for National Statistics

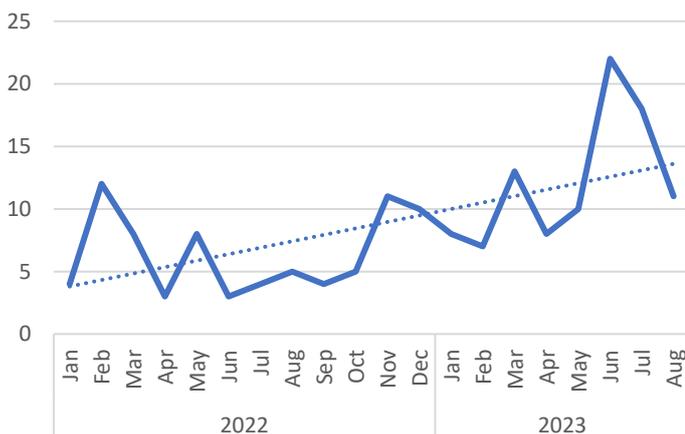
With inflation at its highest for 40 years, there are concerns that a wage-price spiral has been introduced whereby inflation leads to higher wage growth which leads to even higher inflation ([IMF Blog](#)). For populations, this may mean that despite an increase in pay, the rising costs of everyday essentials also increases so no financial benefit is observed. In York, the median earnings of residents increased by 1.8% between 2021/22 and 2022/23 compared with the peak inflation rise of 9.6% (October 2022).

Addiction to alcohol and drugs is often synonymous with problem debt ([StepChange Debt Charity](#)). Money spent on alcohol or drugs, or borrowing from friends or a bank can lead to spiralling debts making them less manageable and therefore harder for an individual to work through overcoming their addiction.

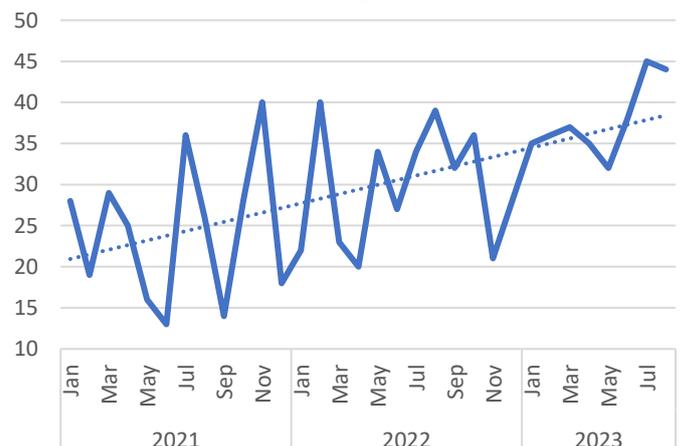


Source: York Business Intelligence, Cost of Living Data

### Primary Care 'Events' coded Substance misuse



### Primary Care 'Events' coded Alcohol Dependence



Source: Primary Care Data, SystemOne



## Energy Use

*“My health issues mean that I can’t bear being cold without being in awful pain.”*

The escalating fuel costs are further intensifying the economic burden, particularly with respect to commuting and home heating. To mitigate these increased costs, many households are reducing their fuel consumption, leading to decreased driving and reduced heating, with potential ramifications for overall quality of life and economic activity.

The right home environment is essential to health and wellbeing. It is a wider determinant of health, protects and improves health and wellbeing, and prevents physical and mental ill health.

There are risks to an individual’s physical and mental health associated with living in:

- a cold, damp, or otherwise hazardous home (an unhealthy home)
- a home that doesn’t meet the household’s needs due to risks such as being overcrowded or inaccessible to a disabled or older person (an unsuitable home)
- a home that does not provide a sense of safety and security including precarious living circumstances and/or homelessness (an unstable home)

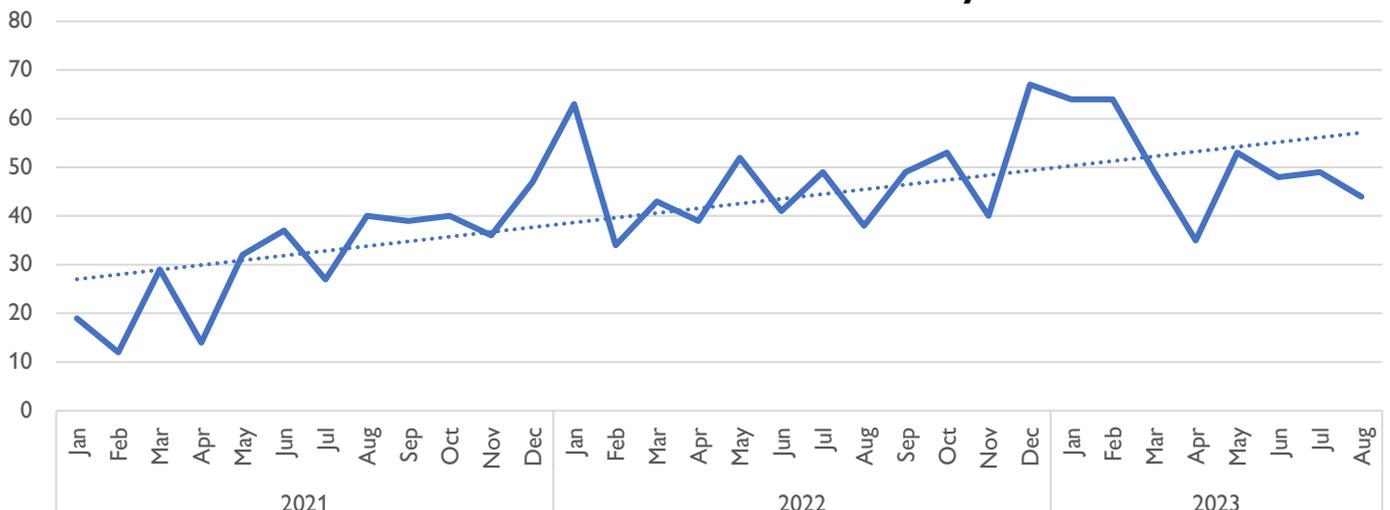
A report by BRE suggests that in 2011 cold and damp homes cost the NHS an estimated £864m in first year treatment costs. They contribute to excess winter deaths and illnesses, particularly from cardiovascular and respiratory disease.

**Around half of adults are using less fuel in their homes because of cost of living increases**

Adults in Great Britain

Source: Office for National Statistics

### COPD Exacerbations coded in Primary Care



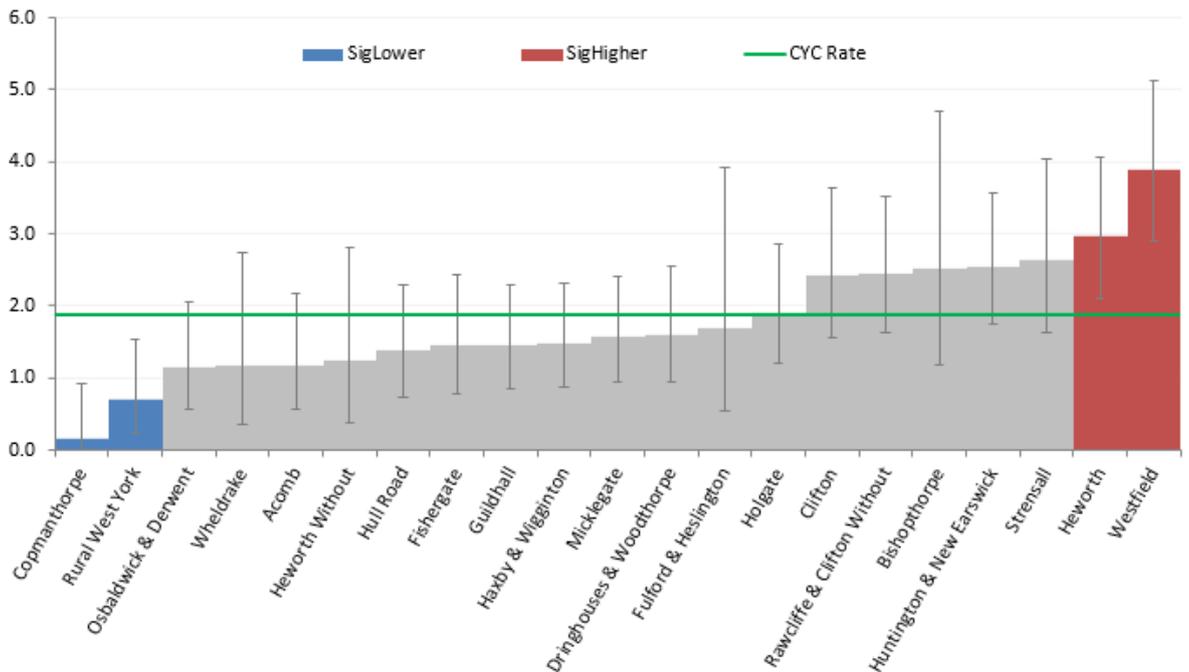
Source: Primary Care Data, SystemOne

### A&E Attendances and Admissions for Respiratory Conditions (April 2022 to March 2023)

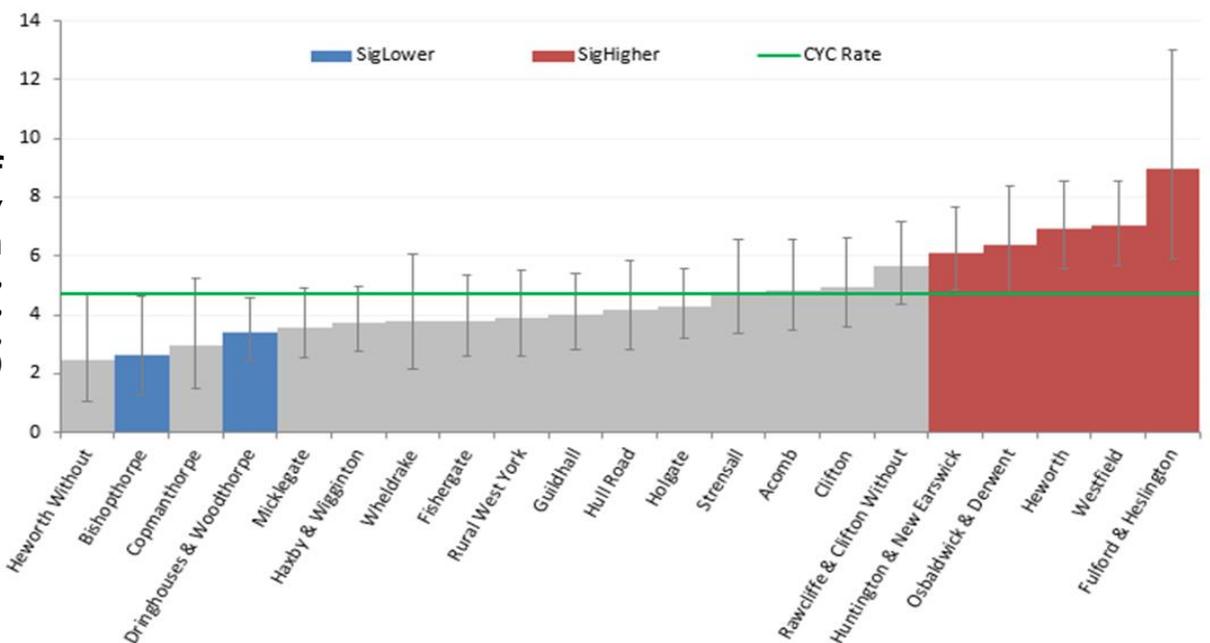
These charts measure the number of attendances to York Hospital Emergency Department during the period April 2022 to March 2023. Values are shown as Age/Sex standardised rates per 1,000 people who are resident in each Local Authority Ward.

Most of York’s wards had similar rates to the City’s average. Two of York's five most deprived wards, Heworth and Westfield, had significantly higher rates that were almost two-fold. Conversely, York’s two least deprived wards recorded significantly lower rates. Possible explanations could indicate better quality of health and access to services in the latter wards.

#### Diagnosis of Asthma or COPD



#### Diagnosis of Respiratory condition (Inc. Asthma, COPD, Bronchiectasis, Bronchitis)

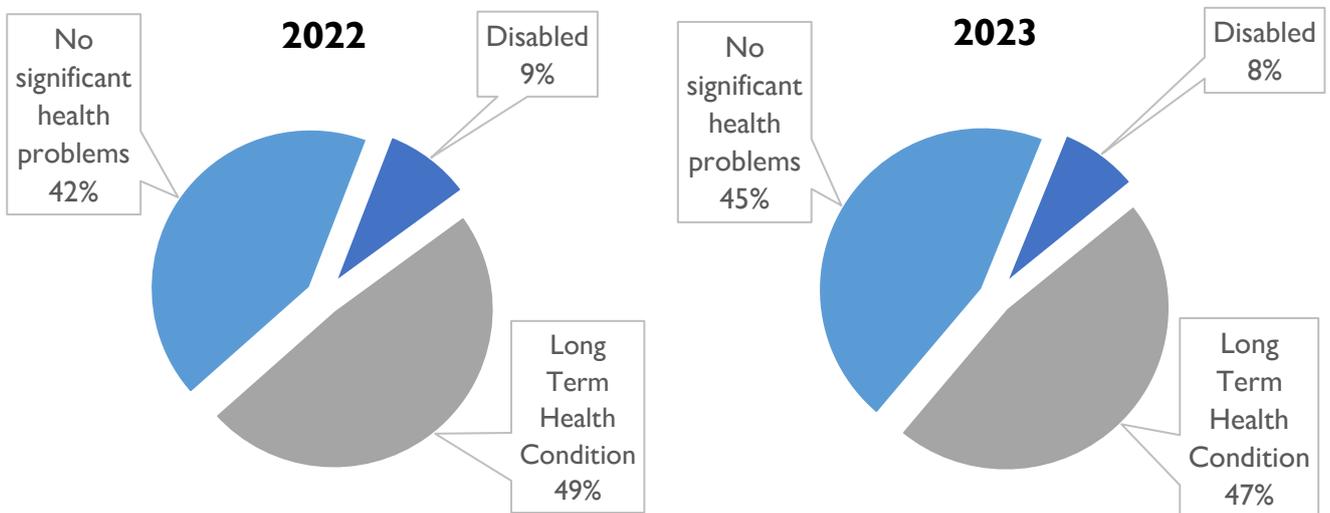
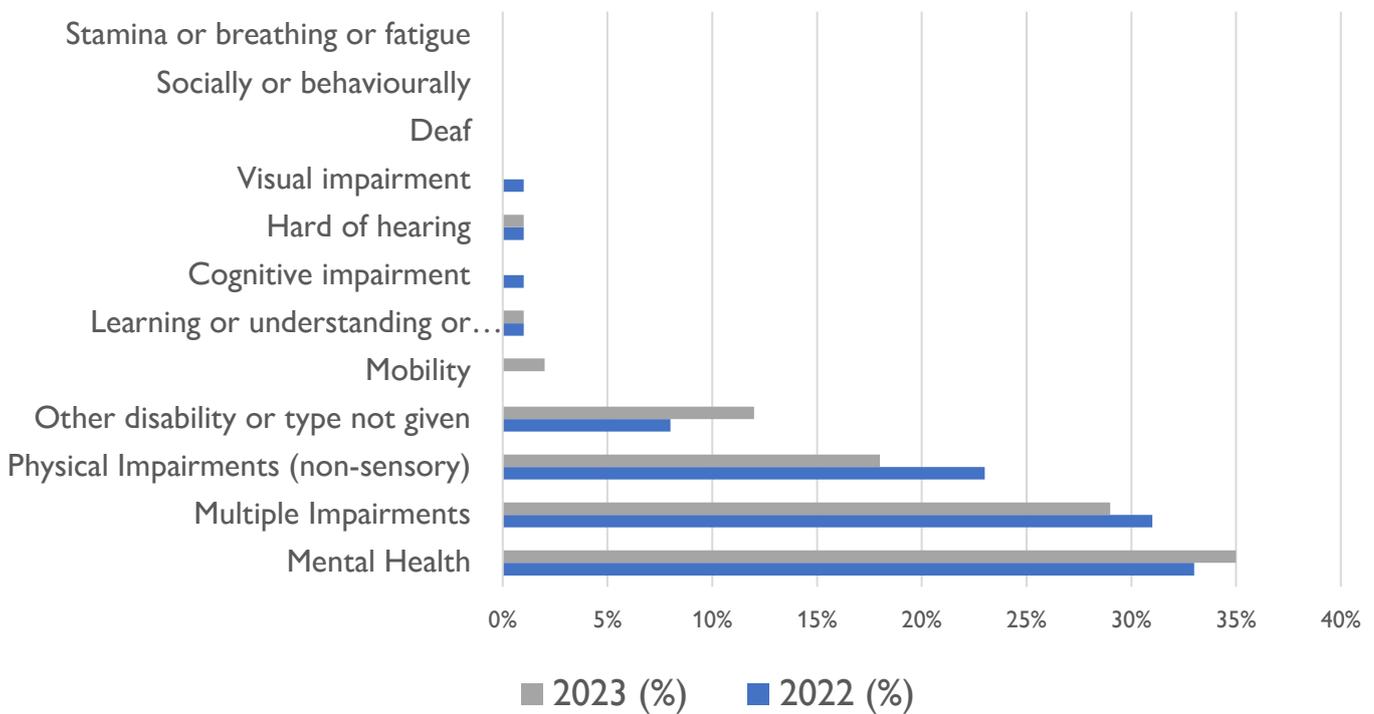


Source: Emergency Care dataset (SUS) and Admitted patient Care Dataset (SUS)

## Citizens Advice York

Citizens Advice York offers free and impartial advice on matters relating to benefits, debt, employment, housing and others. Since 2022, there have been sharp increases in the number of calls enquiring about help and support for household costs and utility bills. In addition, data was collected regarding the number of callers with a disability or long-term medical issue as shown in the graphs below. Please note that these figures are only of people who agreed for this special data to be recorded. There may well be many more.

### Type of Disability



Source: Citizen's Advice York

### Top five reasons people called Citizen’s Advice in Financial Q2, 2023



Source: Citizen’s Advice York

## Summary

The cost of living crisis has undoubtedly affected people from all walks of life in York. However, the crisis has disproportionately affected residents living in poverty, and those living in the most deprived wards as they become more vulnerable to the increases in essential expenses such as housing, food, and utilities. Experiencing restricted means of living can result in stress and anxiety which can increase the risk of developing hypertension, cardiovascular disease, and type 2 diabetes.<sup>1</sup> People living with long-term medical conditions may experience exacerbations of ill health as they choose to not heat their homes, or reduce expenditure of essential items like food and prescriptions. Fuel and transport poverty may limit people's movement across the city and wider which could result in loneliness, and reduced mobility.

The crisis has emerged as more than just an economic challenge. It is a pressing public health issue that concerns the health and wellbeing of the population. Health disparities have widened as the most deprived communities face barriers to essential services, perpetuating a cycle of inequality that is both economically and medically detrimental.

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<sup>1</sup> [Fuel Poverty, Cold Homes and Health Inequalities in the UK, Institute of Health Inequity, 2022](#)

## Support Available in York

[York CVS](#) and [Live Well York](#) have pages that provide support and advice for York residents.



### Health & Wellbeing

Age Friendly York  
Alcohol and Wellbeing  
Armed Forces Community  
Being Physically Active #whatsmynextstep  
Dealing with Seasonal Changes  
Emotional Health #feelrealyork  
Equality Services  
Health Trainers  
Help for drugs and alcohol use  
Mental Health  
Remaining Independent  
Social Contact  
Staying Safe - Personal Safety



### Money & Legal

Advocacy  
Benefits  
Community Food Help  
Independent Advice  
Mental Capacity  
Money and Benefits Advice  
Power of Attorney  
York Talk Money - Help with Cost of Living  
York Talk Money Autumn 2023



### Clinical Health & Adult Social Care

Health and Adult Social Care  
Adult Social Care  
Arranging your own Care and Support  
Care and Support at Home  
Dementia  
Personal Budgets and Direct Payments  
Disabilities  
End of Life Care  
Getting the right Treatment and Care  
Health Conditions  
Leaving Hospital  
Long Term Health Conditions  
NHS Services & Advice  
Occupational Therapy  
Paying for Care and Support  
Pharmacies and use of Health Services

Figure 1: Examples of support available on the Live Well York website

Organisation:	Support available:	Contact details:
<b>Carecent, St Saviourgate, York</b>	Carecent serves breakfast every morning between 8.30am - 10.45am. This is primarily used by rough sleepers, unemployed and otherwise socially excluded people, but is open to all adults.	Website: <a href="https://www.carecent.org.uk">https://www.carecent.org.uk</a>
<b>Central Methodist Church</b>	Place of Welcome is an afternoon drop in where anyone in the community can have a free hot drink, in a warm welcoming environment. Jigsaws, games and crafts are available. Open weekday afternoons between 1pm - 3pm	Website: <a href="https://www.placesofwelcome.org.uk/locations">https://www.placesofwelcome.org.uk/locations</a>  Email: <a href="mailto:deaconjudithstoddart@gmail.com">deaconjudithstoddart@gmail.com</a>
<b>City of York Council Public Health (Alcohol)</b>	We're aware that alcohol may be used as a strategy for coping with the burden of the cost of living, and alcohol consumption may also be increasing financial strain, and so we're keen to make sure York residents know about the support available to them to reduce alcohol consumption and build new ways of coping with challenges.	Websites: <a href="http://www.LowerMyDrinking.com">www.LowerMyDrinking.com</a> <a href="http://www.york.gov.uk/LowerMyDrinking">www.york.gov.uk/LowerMyDrinking</a>

Figure 2: List of support on York CVS website

## Appendix

- 1) Official Statistics- Children in Low Income Families: Local Area Statistics, Financial Year ending 2022, Department of Work & Pensions
  - 2) Median Energy Efficiency Score, England and Wales, 1<sup>st</sup> November 2023
  - 3) Land Registry House Price Statistics, York August 2022-August 2023
  - 4) SUS ECDS Data – Mental Health related attendances include ED diagnosis of a Mental Health Condition, as well as several presenting complaints which relate to Mental health, and intentional self-harm injuries
  - 5) York Food Bank, April 2020-March 2021 (19.7 vouchers/1000 people) & April 2022-March 2023 (38.2 vouchers/1000 people)
  - 6) Quarterly Market Report, Zoopla, May 2022
  - 7) CYC Cost of Living 2019-2023, Strategic Business Intelligence Hub, October 2023
  - 8) April 2021-March 2022 (£1,342,660.34) & April 2022-March 2023 (£1,613,175.73)
  - 9) Primary care data(a), SystemOne, 31/10/22-31/10/23.
  - 10) Primary care data(a), SystemOne, 01/01/23-31/08/23.
  - 11) Primary care data(a), SystemOne, snapshot as of 24/10/2023, IMD 1-3 (average ACT score 20.6) & IMD 4-10 (average ACT score 21.7), 6-18 years old, QoF 2023 register (b)
  - 12) Primary care data(a), SystemOne, August 2021 (26 patients) & August 2023 (44 patients).
  - 13) Citizen's Advice York, April 2023-September 2023, disabled (8%), long term health condition (47%)
  - 14) Primary care data(a), SystemOne, snapshot as of 24/10/2023, 6-18 years old, QoF 2023 register (b)
  - 15) Primary care data(a), SystemOne, snapshot as of 09/11/2023, QoF 2023 register (b)
  - 16) Warm Spaces site: [www.warmspaces.org](http://www.warmspaces.org)
  - 17) Primary care data(a), SystemOne, January-March 2022 (140 patients) & January-March 2023 (177 patients)
  - 18) Primary care data(a), SystemOne, snapshot as of 09/11/2023, current diagnosis of Depression, Anxiety, Eating Disorders, and/or Severe Mental Illness, IMD 1-3
- (a) Primary care data extracted from SystemOne includes GP practices: Dalton Terrace Surgery, Front Street Surgery, Haxby Group Practice, Jorvik Gillygate Practice, MyHealth, Old School Medical Practice, Priory Medical Group, and York Medical Group. Only residents living within the City of York council local authority boundary have been included, unless otherwise stated.
- (b) Data pertaining to the Quality Outcomes Framework (QOF) clinical domain includes the following disease registers: Atrial Fibrillation, Coronary Heart Disease, Heart Failure, Hypertension, Peripheral arterial disease, Stroke & TIA, Diabetes, Asthma, COPD, Dementia, Depression, Severe mental illnesses, Chronic kidney disease, Epilepsy, Osteoporosis, and Rheumatoid arthritis.



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**Health and Wellbeing Board****22 November 2023**

Report of the Director of Public Health

**Health Protection Annual Report 2023****Summary**

1. The purpose of the report is to provide members of the Health and Wellbeing Board with an update on the health protection assurance arrangements in York and health protection activities over the past year.
2. A copy of the Health Protection Annual Report is attached at Annex A

**Background**

3. The protection of the health of the population is one of the mandated responsibilities given to local authorities as part of the Health and Social Care Act 2012. The Director of Public Health (DPH) for City of York Council is responsible under legislation for the discharge of the local authority's public health functions.
4. The health protection element of these statutory responsibilities, and the responsibilities of the DPH are set out below:
  - a) The Secretary of State's public health functions
  - b) Exercising the local authority's functions in planning for, and responding to, emergencies that present a risk to the public's health
  - c) Such other public health functions as the Secretary of State specifies in regulations
  - d) Responsible for the local authority's public health response as a responsible authority under the Licensing Act 2023, such as making representations about licensing applications

- e) A duty to ensure plans are in place to protect their population including through screening and immunisation.
- 5. Within City of York Council, the remit for health protection is delivered by the DPH in partnership with the Public Protection and Emergency Planning teams.
- 6. The Humber and North Yorkshire Health and Care Partnership (Integrated Care Board or ICB) has responsibilities for health protection including, for example, arrangements for delivery of Infection Prevention and Control services in York through a joint agreement with York and North Yorkshire Public Health Teams.
- 7. The UK Health Security Agency (UKHSA) core functions include protecting the public from infectious diseases, chemicals, radiation and environmental hazards and supporting emergency preparedness and response. The team responsible for delivering these functions sit at regional level and facilitate access to national experts in this field. In addition, a new Centre for Climate and Health Security has been launched within UKHSA to lead efforts to protect health in the context of a changing climate and provides a focus for partnerships and collaborations with academia, local authorities and other public sector organisations.
- 8. NHS England is responsible for commissioning and quality assuring population screening and immunisation programmes.
- 9. The Humber and North Yorkshire ICB is now a statutory NHS organisation and has a new role as a Category One responder for Emergency Planning, Preparedness and Response. A Humber and North Yorkshire Local Health Resilience Partnership (LHRP) has been established which brings together NHS provider organisations, the Local Resilience Forum's, UKHSA and local authority Public Health to ensure protocols and procedures are in place providing consistency of approach across the Humber and North Yorkshire footprint. The Humber and North Yorkshire LHRP is chaired by the Deputy Chief Executive and Chief Operating Officer for the ICB. The City of York Council DPH is the vice-chair.

### **Health Protection Arrangements in York**

- 10. One of the lessons learnt from the COVID-19 pandemic is that maintaining a focus on high quality and responsive health protection services is vitally important to protect and improve the health of people living in York. Local health and care organisations

and leaders are operating in an increasingly complex national policy and commissioning environment and are required to maintain their effectiveness to protect and improve health in the face of multiple challenges.

11. The DPH in York has established a York Health Protection Committee which brings together the key partners across the health protection system to work collaboratively on actions to protect the health of the local population. This Committee is chaired by the DPH and the Terms of Reference and Membership can be found as an Annex to this report.
12. The work of the Health Protection Committee is driven by the health needs of local residents and includes:
  - a. National programmes for vaccination and immunisation;
  - b. National screening programmes for antenatal and newborn, cancer (bowel, breast and cervical), diabetic eye careening and screening for abdominal aortic aneurysm;
  - c. Management of environmental health hazards, including those related to air pollution and food;
  - d. Health emergency preparedness and response, including management of disease outbreaks and chemical, biological, radiological and nuclear hazards;
  - e. Infection prevention and control in health and social care community settings;
  - f. Other measures for the prevention, treatment, and control of communicable disease and in response to specific incidents.

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

13. The Health Protection Annual Report 2023 provides an overview of health protection activities over the past year and identifies a number of for the coming year which are summarised below:

#### Screening

- a. Continue the work with the breast screening unit to identify those eligible who have not attended for screening, understand the reasons why and remove barriers to access.

- b. Identify missed opportunities for younger women to attend cervical screening. For some marginalised groups this may involve looking at alternatives to GP practice for screening including the sexual health service.
- c. Identify what is working well in other local authority areas with higher uptake of abdominal aorta aneurysm screening and apply this learning to York.
- d. There will be a focus on targeting persistent non-attenders and those experiencing health inequalities in access.

#### Vaccination and Immunisation

- a. Increase the uptake of seasonal flu and covid vaccination in all eligible groups.

#### Sexual Health

- a. New contractual agreements for sexual health and contraception services to be put in place.
- b. Development of a service delivery model which reduces inequalities and improves access to services ensuring a 'no wrong door' approach is delivered.
- c. Introduce call and recall to improve uptake of annual HIV testing in men who have sex with men.
- d. Relaunch the condom distribution scheme.

#### Oral Health

- a. Continue the roll out of the supervised toothbrushing programme in more early years settings, dependent on continued funding.
- b. Continue the development of the workforce training offer and development of support resources for those who are not part of the targeted supervised toothbrushing programme but wish to be involved, dependent on continued funding.

#### Winter Resilience

A key priority for 2024/25 is the ongoing work of the Winter Planning Group. The group was formed in March 2023 and

meets fortnightly with the aim of developing a collaborative approach to tackling the challenges that winter brings to the health and care system. The group shares expertise and resources to achieve better outcomes for the population across the region. For example, a suite of communications is currently being developed to share consistent health messages as required in weather events, commencing with specific winter health messaging. Members of the group include representatives from the Integrated Care Board (ICB), NHS England (NHSE), York and Scarborough Teaching Hospitals Trust, regional Local Authorities and Pharmacy services.

### Air Quality

- a. Progress consultation with stakeholders and residents on a draft Local Transport Strategy. We will also consult on a revised Air Quality Action Plan (AQAP4) that will outline the action we will take to further improve air quality in York over the next 5 years to meet health-based National Air Quality Objectives in all areas and to work towards meeting stricter World Health Organisation (WHO) Air Quality Guidelines in the longer term, to improve public health outcomes. AQAP4 is fully aligned to the Council Plan and reflects ambitions contained within our 10-Year Strategies covering climate, health and wellbeing and the economy.
- b. Continue feasibility work to address first/last mile delivery of light goods in York and will work with partners to evaluate low emission delivery modes.
- c. Progress further upgrades to bus services (including further electrification of the urban fleet).
- d. Consider the feasibility of extending the Clean Air Zone (CAZ) to other areas and vehicle types.
- e. Continue to address idling emissions and raise awareness of the links between idling emissions and health in line with CYC's existing 'Kick the Habit' anti-idling campaign.
- f. Progress upgrades to CYC's fleet vehicles as part of an EV upgrade programme.

- g. Continue to reduce emissions from taxis and undertake further consultation with the trade in relation to updates to our Taxi Licensing Policy.
- h. Continue to work with developers to ensure development related emissions are appropriately mitigated and exposure to poor air quality is reduced. We will also continue to facilitate and encourage walking, cycling and low emission public transport use, which have co-benefits for health and wellbeing.
- i. Progress a DEFRA funded project to improve public awareness of the links between domestic solid fuel burning, particulate emissions and health impacts. This project will highlight the links between solid fuel burning at home and links to both indoor and outdoor air pollution.

#### Environmental Permits

- a. To continue working with the metal coating sites to reduce the volatile organic compound usage using water-based products or alternative coating methods. To consider the potential use of abatement to further reduce emission to the environment.
- b. To support one of the readymade concrete batching sites to expand whilst maintaining compliance with the environmental permit.
- c. To update the permit held by the vegetable dryer to cover the new processing plant installed following major investment in the site.
- d. The A2 site requires a full review of the permit to take account of the new guidance documents, the compliance deadline for this is 9 December 2024. E have been working with the new operators at this site and progress towards meeting this deadline is going well.

#### Land Contamination

- a. Update the council's Contaminated Land Strategy to incorporate recent changes in legalisation/guidance and provide an update on progress made to date. This includes consultation with various stakeholders and residents.

- b. Continue to assess all land contamination investigation, risk assessment and remediation work undertaken through the planning regime to ensure that new developments are safe and do not pose unacceptable risks to people, property or the environment.
- c. Continue to inspect any site as a matter of urgency if we suspect that there is a serious risk to human health or the environment.

#### Migrant Health

- a. To continue the focused work to achieve full vaccination for asylum seeking and refugee children and adults.
- b. To improve the information sharing between partners to ensure that progress is jointly monitored.

#### The UK Health Security Agency regional health protection team

- a. As we progress through 23/24, we aim to move away from the proportion of work spent on reactive pieces and look more to proactive strategic work. We have undertaken quite a lot of work over the past year in York. We have worked together looking at migrant health plans and measles plans and had a collective meeting discuss ways of working between UKHSA and York City Council Public Health Team.
- b. Going forward a priority of the coming year will be to confirm the infection prevention control contract that is up for renewal. They are partners we work with very closely especially in terms of care home outbreaks and supporting infection control in care homes.
- c. Continue to build on the strong working relationships with different agencies across York.

#### **Options**

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

### **Strategic/Operational Plans**

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

### **Implications**

16. There are no specialist implications in this report.

### **Risk Management**

17. There are no risks associated with this report.

### **Recommendations**

The Health and Wellbeing Board are asked to:

- i. Receive the report.

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

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

**Report**      ✓      **Date**    **14 November 2023**  
**Approved**

**Wards Affected:** All

### Annexes:

Annex A – Health Protection Annual Report 2023

Annex B – York Health Protection Committee Terms of Reference

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## Health Protection Annual Report 2023

### Introduction

1. This report provides an update on health protection responsibilities within City of York Council and builds on the report from November 2022.
2. The scale of work undertaken by local government to prevent and manage threats to health will be driven by the health risks in the Local Authority area and includes:
  - National programmes for vaccination and immunisation.
  - National programmes for screening, including those for antenatal and newborn; cancer (bowel, breast and cervical); diabetic eye screening and abdominal aortic aneurism screening.
  - Management of environmental hazards including those relating to air pollution and food, these are the responsibility of other departments in the Council and are not included here.
  - Health emergency preparedness and response, including management of incidents relating to communicable disease (e.g. COVID-19) and chemical, biological, radiological and nuclear hazards.
  - Infection prevention and control in health and social care community settings.
  - Other measures for the prevention, treatment, and control of the management of communicable disease as appropriate and in response to specific incidents.

### Main Issues considered within this report.

3. The report contains the following sections:
  - **Screening programmes**
  - **Vaccination and Immunisation**
    - Including COVID-19 and seasonal flu
  - **Sexual health:**

- Including; YorSexualHealth Service, Sexually Transmitted Infections, Mpox and HPV
- **Health Care acquired Infections (HCAI)**
- **Non-communicable Disease:**
  - Including Oral Health
  - Supervised toothbrushing
  - Oral health training and development
- **Environment:**
  - Including Seasonal health
  - Coping with winter
- **Air Quality**
- **Environmental Health:**
  - Including Infectious disease control
  - Legionella
  - Smokefree England
  - Control of asbestos
  - Health and Safety
  - Food hygiene standards
  - Bird (Avian) flu
- **Environmental permits**
- **Land contamination**
- **Migrant Health**
- **Communicable disease activity UKHSA**
- **Emergency Preparedness, Resilience and Response (EPRR)**
- **Control of Major Accident Hazards (COMAH)**
- **Incidents and Outbreaks:**
  - Including COVID-19
  - Group streptococcal Infection
  - TB
- **Support for care homes**

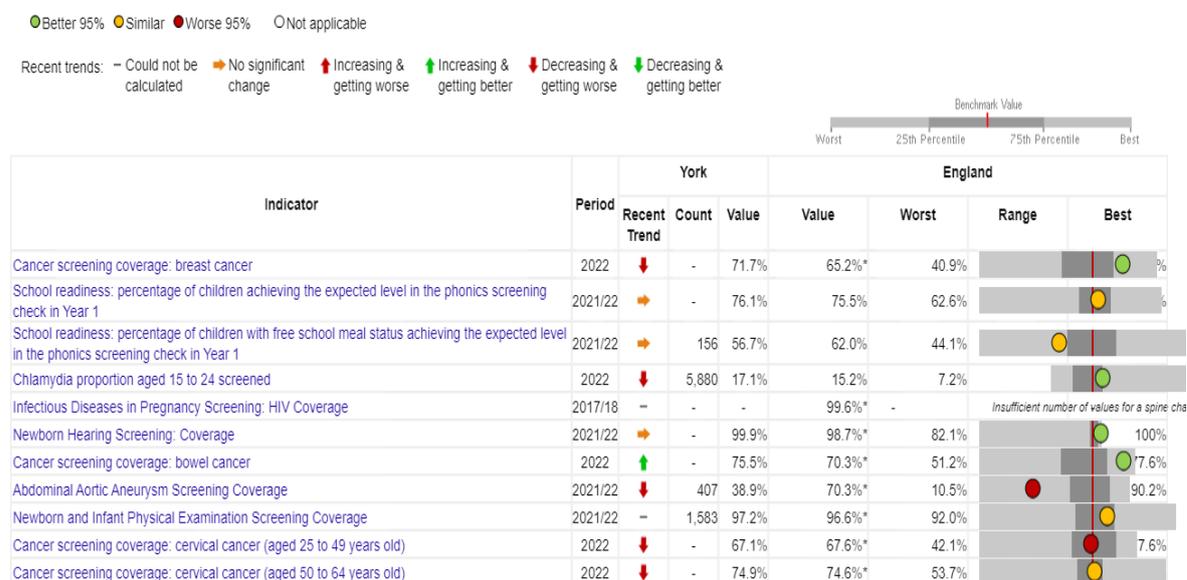
## Screening Programmes

4. NHS public health functions agreements set out the arrangements under which the Secretary of State delegates responsibility to NHS England for certain public health services (known as Section 7A services). The services currently commissioned in this way are:
  - National immunisation programmes
  - National cancer and non-cancer screening programmes
  - Child Health Information Services (CHIS)

- The Public Health Programme Team, previously known as the Screening and Immunisation Team (SIT) support the commissioning and delivery of consistent, resilient and high-quality national screening and immunisation programmes, providing leadership, support and oversight in order to achieve high uptake rates and reduce inequalities.

### Screening data

- Taken from the Public Health Outcomes Framework produced by OHID (Office of Health Improvement and Disparities) the table below shows that most screening programmes are showing a downward trend in uptake.



- The NHS Long Term Plan (LTP) published in 2019 set out ambitions and commitments to improve cancer outcomes and services for England over the next ten years. The NHS has responsibility for these programmes but Public Health work closely with colleagues in the NHS to increase the uptake and reduce health inequalities. As such we have several collaborative work programmes around the cancer screening, but Public Health lead on and commission many preventive programmes supporting people to adopt healthier lifestyles including stop smoking support, weight management, drug and alcohol support services – which are beyond the scope of this report.

### **Breast screening**

8. Those who are registered with a GP and eligible for screening are invited to attend for a mammogram from 50 years of age every 3 years until the age of 71, when automatic invitations cease but can continue by request. The target for this programme is 70% and the uptake in York is slightly above this at 71.7%. However, we know that there are pockets of hidden inequality and in August 2023 the Local Authority started working with the Breast Screening Unit to address these inequalities. Public health commissioning managers and screening and immunisation place leads link with the programme to monitor performance, identify areas of improvement and offer additional one-off funding to support initiatives to improve uptake. Collaborative working with the Local Authority, ICB place leads and the Cancer Alliance is being developed.

### **Cervical Screening**

9. Cervical screening is available to women and people with a cervix and those eligible will be invited by letter if they are registered with a GP. People aged between 25 and 49 are offered screening every 3 years and those between 50 and 64 every 5 years. The uptake in the 25 to 49 year olds is particularly low at 67.1%, below the Yorkshire and Humber region at 70.3%. Public health commissioning managers and screening and immunisation place leads monitor performance, identify areas of need, and support by offering additional one-off funding for initiatives to improve uptake. The early cancer diagnosis DES also supports initiatives to improve uptake of cervical screening and recommends PCNs to link with Public Health commissioning and the Cancer Alliance.

## **Case study**

### **Review of opportunistic and targeted cervical screening at York Sexual Health Clinic**

The York Sexual Health service commissioned by City of York Council Public Health has taken a systematic approach to understanding why some women do not attend cervical screening through a primary care or women's health clinic route but feel comfortable attending a sexual health clinic for other screening.

Understanding the patients' needs led to an initiative to offer opportunistic cervical screening and specific targeted cervical screening sessions for some populations. Offering the screening in a different style and where the patient felt more at ease with the treatment setting.

Within the sexual health service environment practitioners are routinely trained and deal with a wide range of personal and intrusive procedures. Unique to the sexual health service was that those who are noted in research as not attending were attending or felt able to attend this environment. For instance, sexual health screening and intimate examination of young people, sex workers and transmen were commonplace in this environment but not in a general practice clinic.

In the first six months of this initiative the sexual health service has demonstrated tangible increases in the number of people who have been screened in York. Most of whom who would not have attended for screening through the universal clinical pathway or would have delayed regular screening for a variety of reasons.

## **Bowel Cancer screening**

10. Bowel screening is offered every 2 years to men and women aged 60-74, from 2018 this is being reduced to those over 50 years and since 2021 the NHS has been working though this extended cohort. York is above the England (70.3%) and Regional (72.2%) average

at 75.5% uptake, it is important to recognise that in some Wards and areas of deprivation, there are likely to be lower rates of uptake. The Harrogate, Leeds and York Bowel cancer screening programme are working on initiatives to support awareness and improving uptake in areas of greatest need. Public health commissioning managers and screening and immunisation place leads monitor performance, identify areas of need, and support by offering additional one-off funding to for initiatives to improve uptake and link in external partners as necessary.

11. This level of detail would provide a focus for further targeted work to raise awareness, increase understanding of the importance of screening with the aim of increasing uptake. Targeted work would also provide the opportunity to gain a better understanding of the reasons why some people choose not to take up the offer. There is specific work being undertaken to support people in our communities living with a Learning Disability, working with GP patient data and resources to better support access to the programme. The Cancer Alliance in Humber & North Yorkshire is supporting this.

### **Abdominal Aortic Aneurysm (AAA)**

12. AAA screening in England is offered to men aged 65 and over who are registered with a GP. The uptake rate for York is 38.9%. York is showing the second worst rate for the region with a trend which is decreasing and getting worse. The England % uptake rate is 70.3% with the Yorkshire and Humber region at 67.8%. The best performing area in the region is Wakefield with 83.4% uptake.

#### **Priorities for 2024/25**

- Continue the work with the Breast Screening Unit to identify those who have not attended for breast screening, understand and remove barriers.
- Cervical screening – identify opportunities missed to support young women to attend for screening. For some marginalised groups this may be looking at alternatives to GP practice for screening including the sexual health service.
- Identify what is working well in Wakefield (and other localities within the region) for AAA screening and apply learning to York.
- All cancer screening programmes have been restored following COVID – persistent DNAs and those who experience health inequalities will be targeted in 2023/24.

## Vaccination and Immunisation

13. The vaccination and immunisation schedule in England starts at 8 weeks old and continues through the life course, with vaccines being targeted not only at age groups but at key life course moments, for example vaccinations in pregnancy and for those who are in 'at-risk' groups.

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

Vaccination	England average	York value	Target
MMR second dose	85.7%	89.1%	Above 95%
HPV (population coverage two doses for males and females – 13 to 14 years of age)	67.3%	60.3%	Above 90%
School age flu (Primary School)	57.4%	61.0%	Above 65%
Shingles (71 years)	44.0%	37.8%	Above 60%

15. One of the challenges over the last year has been the School Aged Immunisation Service (SAIS) has been re-tendered and as a result of this re-procurement the incumbent provider was not successful. The move from an NHS to a private provider for school aged immunisations has caused some disruption in the system. From 1 September 2023 the new provider, Vaccinations UK, will be in place.

## Case study

### Increasing Shingles and MMR vaccinations

After securing extra, one-off funding from NHS England, the public health team launched two projects to understand the barriers to and to increase the uptake of the Shingles Vaccination and the second dose of MMR.

In collaboration with NHE and primary care colleagues a project plan was developed to contact people/parents within the relevant cohorts and invite them to attend for vaccination.

One of the initial findings was that uptake rates were higher than first thought as many patient records had been incorrectly coded.

#### Priorities for 2024/25

- Roll out the learning from the Shingles and MMR vaccination study.
- Support the new SAIS to increase uptake of school aged vaccinations.

## Covid-19 and seasonal influenza vaccination programmes

Indicator	Period	York		England				
		Recent Trend	Count	Value	Value	Worst	Range	Best
Population vaccination coverage: Flu (aged 65 and over)	2021/22	↑	36,366	84.7%	82.3%	62.5%		88.8%
Population vaccination coverage: Flu (at risk individuals)	2021/22	↑	-	57.3%	52.9%	35.5%		
Population vaccination coverage: Flu (2 to 3 years old)	2021/22	↑	-	66.4%	50.1%	26.2%		
Population vaccination coverage: Flu (primary school aged children)	2021	-	7,906	61.0%	57.4%	31.7%		

16. City of York had a widely varying cumulative uptake rate (as of the 5 January 2023) of the covid booster in those aged 12+:

1<sup>st</sup> and 2<sup>nd</sup> dose – 81.6%

Booster1 – 69.7%

Booster 2 – 36.3%

Booster 3 – 9.6%.

Variation by ward can be seen below and this is largely influenced by the age profile of the ward.

### Flu vaccination Autumn/Winter 2022/23

17. As can be seen the uptake of flu vaccinations was low across many cohorts in 2022/23.

Category	65 and over	Under 65 at risk	Pregnant women	50-65 at risk	All 50 to 65	2 year olds	3 year olds	6 months to 2 years, at risk	6months to under 65 at risk
%	83.3	54.3	40.1	49.4	26.7	56.5	61.6	17.1	54.3

<https://www.gov.uk/government/statistics/seasonal-influenza-vaccine-uptake-in-gp-patients-in-england-winter-season-2022-to-2023>

### Autumn/Winter 2023/24

18. In August 2023 the JCVI advised the next steps for Flu and COVID-19 vaccination delivery for Autumn / Winter 2023/2024. Both flu and COVID vaccinations have commenced for adults- flu vaccinations for children should start from September 2023.
19. Vaccination is an essential part of protecting the public and staff and the approach being taken to support coadministration to maximise clinical protection and therefore the resilience of health and care services over winter when flu and COVID are likely to be at their most prevalent. Supporting coadministration increases opportunities to achieve greater efficiency in delivery.
20. Cohort eligibility for COVID Autumn 2023 campaign include: Residents in a care home for older adults, all adults aged 65 years and over, persons aged 6 months to 64 years in a clinical risk group, frontline health and social care workers, persons aged 12 to 64 years who are household contacts of people with immunosuppression, persons aged 16 to 64 years who are carers and staff working in care homes for older adults.

**Priorities for 2024/25**

- Increase uptake of flu and covid vaccination across cohorts.

**Sexual Health**

21. Overall, the sexual and reproductive health outcomes for City of York are good and frequently better than the England average and regional average.

**Key achievements 2022/23**

- Completion of a Sexual health Needs Assessment to inform the commissioning of the Sexual Health services for York from July 2024.
- Took part in a regional insight project identifying factors contributing to the low uptake of Pre-exposure prophylaxis (PrEP)
- Re-established a system wide Sexual Health Expert Partnership Group (SHEP)
- Re-procurement of the Sexual Health Service has commenced, and the new service will start in July 2024. Following an extensive consultation and engagement exercise it was evident that the only viable provider was the current provider – York and Scarborough Hospitals NHS Foundation Trust. This service will be re-procured under a Section 75 agreement between the Trust and CYC.

**Priorities for 2024/25**

- Safe procurement of the Section 75 agreement with Y&STHFT
- Development of a service delivery model which reduces inequalities and ensures the 'no wrong door' approach is delivered.

### YorSexualHealth (YSH) service

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

### Sexually Transmitted Infections.

25. The table below shows the rates per 100,000 population of new STI rates in York and England in 2019 to 2020

Diagnoses	2019	2020	% change 2019 to 2020*	Rank among 16 similar UTLAs/Us†	Rank within England: 2020‡	Value for England: 2020
New STIs	755.9	455.0	-39.8%	6	70	562.2
New STIs (exc chlamydia aged <25)¹	663.0	378.2	-43.0%	8	116	619.0
Chlamydia	415.0	255.4	-38.4%	4	69	285.9
Gonorrhoea	72.2	40.3	-44.2%	11	117	100.9
Syphilis	3.8	3.8	-0.2%	14	122	12.2
Genital warts	125.3	73.5	-41.4%	2	19	48.6
Genital herpes	60.3	35.1	-41.8%	6	68	36.3

26. Chlamydia is the most commonly diagnosed STI in York, nationally and regionally there has been a recent increase in the number of Gonorrhoea and Syphilis rates and locally we have also seen increase in these STI's. The service is working to raise awareness and around the risk and prevention within the most-at-risk communities and with system partners. Prevention work will be

done via robust partner notification, timely access to first line treatment and by targeted campaigns and events.

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

- In 2022/23 95 individuals were vaccinated against Hepatitis A:
- 155 individuals against Hepatitis B

### **Mpox**

28. The first case of Mpox (formally known as Monkey Pox) was first diagnosed in the UK in May 2022. The vaccine offers 78% protection against the virus from one dose (14 days after receiving the vaccination).
29. Across York and North Yorkshire the ISHS diagnosed and supported three confirmed cases and vaccinated 237 individuals.

### **The national Human Papilloma vaccination (HPV) programme for MSM began on 1 April 2018**

30. The purpose of the HPV for Men who have sex with men programme is to offer the vaccine to MSM aged up to and including 45-years-old through Specialist Sexual Health Services (SSHS) and/or HIV clinics. At present, the vaccine is only available at SSHS and HIV clinics. During 2022/23 The York ISHS offered **373 vaccines to 308 individuals (this includes a course as appropriate).**

#### **Priorities for 2024/25**

- **Annual HIV Testing in Gay and Bisexual men who have sex with men.**

The York ISHS are below the England average for annual HIV testing in Gay and Bisexual Men who have sex with men (GBMSM). To try and improve upon this we have developed a text recall process for annual HIV testing for GBMSM. This will help ensure that with appropriate permissions from the SU's we are able to send text reminders to advise them that their annual HIV test is due. We will evaluate this after 6 months.

- **Relaunch of the condom distribution scheme**

Following a review of the condom distribution we aim to relaunch with a "fresh look" in September/October 2023. We will work with LTC, our existing providers, our website developers and system partners to create a greater awareness and visibility of the availability of the condom distribution scheme, supporting greater ease of access whilst recognizing the need to ensure we have robust safeguarding measures in place for young people.

## Health Care Acquired Infections (HCAI's)

31. The York and Scarborough Community and Acute HCAI is a multi-disciplinary panel responsible for oversight of C-Difficile cases occurring within the footprint covered by York and Scarborough Teaching Hospital NHS Foundation Trusts. The panel meets monthly to review Post Infection Reviews (PIR's) which conducted to investigate contributory factors in each patients care, and identify trends to support quality improvement work and learning to prevent future cases and delivery of best outcomes for our population.
32. During the financial year 2022/23 there were **193** C-Diff cases reported across the patch of which **164** have now been reviewed by the group (including 19 which were agreed out of scope due to the individual being abroad when the infection contracted). **94** Cases have been reviewed which originated in a hospital setting, of **53** were agreed to be in the panel as a lapse in care and **41** where there was no contributory lapse in care. **49** Cases originated within the community of which all but 4 were agreed to have had no contributory lapse in care.
33. Where a lapse is identified this has been fed back to the clinical team by the group to support continuous improvement. The group conducts trend analysis across individual hospital wards and GP practice to gather themes to focus improvement work. The most common contributory factors during this timeframe were **28** instances of inappropriate antimicrobial prescribing, **22** cases where a patient wasn't isolated after positive test, and **18** instances where appropriate stool sampling did not take place. The group also continues to monitor instances of good practice being observed, to support consideration of how this can be further embedded in practice.

## Non-communicable disease

### Oral Health

34. Tooth decay is the most common oral disease affecting children and young people (CYP) in England, yet it is largely preventable. While children's oral health has improved over the past 20 years, almost a quarter (23.5%) of five-year-olds still had tooth decay in 2019.

35. Tooth decay was the most common reason for hospital admissions in children aged six to ten years old in 2019-20. Dental treatment under general anaesthesia (GA), presents a small but real risk of life-threatening complications for children.
36. Although the experience of dental decay in 5-year-olds in both North Yorkshire (20%) and York (18.9%) (2019) is lower than both the Yorkshire and Humber (28.7%) and England averages (23.4%), wide geographical inequalities exist within CYC, with some wards experiencing significantly higher prevalence of dental decay.
37. In November 2022 City of York Council and North Yorkshire County Council entered into a collaborative agreement for the provision of an Oral Health Promotion Service. The contract for 3 years consisted of two core elements:
  - Supervised toothbrushing programme
  - Oral Health training and development for the wider workforce.

### **Supervised Toothbrushing**

38. An annual toothbrushing programme is delivered to all special schools within the city and 6 further mainstream settings – nurseries, early years and/or reception year primary school. Settings are identified using data from a number of sources including Index of Multiple Deprivation (IMD), funded 2-year-old childcare places and targeting localities with high levels of decay.

### **Oral Health Training and Development**

39. To ensure the workforce has the confidence and skills to deliver evidenced base oral health promotion advice and support in a variety of settings an annual programmes of tailored training id delivered. Workforce groups to be offered training are agreed annually and prioritised in negotiation between all parties. These include the Health Child Workforce, early help and children’s social care, foster carers and those with special educational needs. Adult Social care including care homes and supported living services are also included.

### **Feedback from schools following the implementation of supervised toothbrushing.**

100% of children in each setting approached to take part in Supervised toothbrushing have positively consented.

Feedback: “The training reignited staffs resolve to develop our existing provision”.

- Staff reported that some parents have found brushing at home easier with their children because they are used to doing it at school and it has become less of a challenge.
- Teachers have reported that some children wouldn't brush at all at first but are growing in confidence and ability because the toothbrushing is incorporated as part of the daily routine.

- From Clifton Green Primary

“We are so excited to take part in the supervised toothbrushing training and start the project.”

“Thank you so much for today, the children loved it.”

- From Westfield Primary

“Thank you so much for your visit, the children really enjoyed it and can't wait to get started.”

- From Hob Moor Oaks

We are very interested in being part of your programme. We are York's primary special school providing specialist education for pupils aged 2-11 years. Unfortunately, poor dental health is a common problem for many of our children, we do teach tooth brushing and it forms part of regular care routines and an area of our provision we would like to develop especially in regard to supporting parents to get good routines at home too. Many of our children's communication difficulties also mean that they are often unable to tell us they have pain and often resulting in many extractions when decay becomes obvious.

**Priorities 2024/25**

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

**Environment****Seasonal Health**

40. Adverse weather matters for our health. Adverse weather events and seasonal temperature variations with periods of very hot or cold weather present a wide range of direct and indirect health risks. With global climate change, the UK is now experiencing fluctuating temperatures and an increasing number of adverse weather events.
41. Preparation, timely and appropriate responses to these challenges are vitally important. To support this, Heatwave and Cold Weather Plans are produced annually. These localised plans are based on guidance prepared by the UK Health Security Agency (UKHSA). This guidance has recently been combined into the [Adverse Weather and Health Plan](#) published in April 2023.
42. Resources and guidance for both heatwaves and cold weather were disseminated widely to key stakeholders within the City of York, including Aged Care providers, Early Years settings and pre-schools, organisations working with those sleeping rough and the homeless community. Members of the Public Health team also took part in Radio interviews to highlight key health messages and to raise awareness across the community.

**Coping With Winter**

43. The Coping with Winter initiative brought together a range of expertise and advice from teams across City of York Council to support the community and key stakeholders through the winter months. A partner Toolkit and Leaflet were developed which

provided a range of advice and support to raise awareness across the population about the impacts of cold weather. This included general health advice such as how to keep warm, getting flu vaccinations and stocking up on medications to heating your home, and where to get financial support if eligible. The Coping with Winter Leaflet was distributed via York Community Voluntary Services (CVS), City of York's Warm Places, Explore Libraries, and the communities team. A link to this resource was also shared via the Council produced 'Our City' publication which goes to all households. Social media assets were shared on Instagram, facebook, twitter and Nextdoor.

#### **Priorities for 2024/25**

A key priority for 2024/25 is the ongoing work of the Winter Planning Group. The group was formed in March 2023 and meets fortnightly with the aim of developing a collaborative approach to tackling the challenges that winter brings to the health and care system. The group shares expertise and resources to achieve better outcomes for the population across the region. For example, a suite of communications is currently being developed to share consistent health messages as required in weather events, commencing with specific winter health messaging. Members of the group include representatives from the Integrated Care Board (ICB), NHS England (NHSE), York and Scarborough Teaching Hospitals Trust, regional Local Authorities and Pharmacy services.

### **Air Quality**

44. Everyone can be affected by poor air quality, but some groups are at increased risk of exposure or adverse effects. People who may be particularly vulnerable to ill health as a result of exposure to poor air quality include people with pre-existing health conditions (such as asthma, allergies, chronic pulmonary disease and cardiovascular disease), pregnant women and their unborn babies, pre-school children and older people. People who live in poor quality housing or who live in poverty can also be particularly vulnerable to poor indoor air quality.
45. Most of York has good air quality and meets the health-based air quality objectives. There has been a general downward trend in nitrogen dioxide (NO<sub>2</sub>) concentrations monitored across the city over the last 10+ years. These reductions are related to improvements in traffic emission generally, changes in background

air quality and local initiatives introduced through CYC's [Air Quality Action Plan](#), Local Transport Plan and wider sustainable travel programmes. Despite these improvements, there remain a few locations around the inner ring road, such as Gillygate, where exceedances of the annual average objective for NO<sub>2</sub> are still monitored. This is the basis for CYC's current [Air Quality Management Area](#) (AQMA) declaration.

46. Concentrations of particulates (PM<sub>10</sub> and PM<sub>2.5</sub>) remain within the current (and recently strengthened) health-based UK air quality objectives for these pollutants, although CYC will aim to work to reduce man-made particulate emissions as far as practically possible in line with new Environment Act (2021) commitments, to improve health outcomes.
47. In addition to outdoor air quality, CYC will strive to ensure members of the public and relevant professionals are aware of the causes of poor indoor air quality, the health impacts and what they can do to mitigate the risks of poor air quality in their homes.

### **Key achievements 2022/23**

- We secured additional funding to deliver further electric buses and associated charging infrastructure. This will allow the First York bus fleet to become fully electric by 2024, significantly reducing carbon, NO<sub>x</sub> and particulate emissions across the city.
- We continued to work with partners and develop measures to deter stationary vehicle idling, including wider promotion of the '[Kick the Habit](#)' anti-idling awareness-raising campaign
- We continued to support taxi drivers via CYC's [Low Emission Taxi Grant](#) scheme. Over a third of York's taxis are now either low emission hybrid vehicles or zero emission electric vehicles.
- We continued the upgrade of our fast, rapid and ultra-rapid public electric vehicle recharging network in line with CYC's [Public EV charging strategy](#)
- We progressed significant infrastructure upgrades at CYC's Hazel Court Eco Depot site to facilitate the introduction of EV charging for fleet vehicles. This paves the way for CYC's transition to an all-electric fleet for all council vehicles under 3.5 tonnes.

- We continued to ensure that emissions and air quality impacts from new developments were appropriately assessed and mitigated, exposure to poor air quality was reduced via good design practices and that new private trips were minimised via the provision of sustainable transport solutions.
- We continued to engage with businesses, including delivery companies, on options for a DEFRA funded pilot scheme aimed at reducing emissions associated with freight deliveries.
- We obtained further DEFRA Air Quality Grant funding to improve public awareness of domestic solid fuel burning practices, particulate emissions and associated health impacts. Grant funding was also awarded to develop an air pollution forecasting and notification platform to ensure residents have access to information that allows them to minimise exposure when pollution levels are high.

**Priorities for 2024/25**

- Progress consultation with stakeholders and residents on a draft Local Transport Strategy. We will also consult on a revised Air Quality Action Plan (AQAP4) that will outline the action we will take to further improve air quality in York over the next 5 years to meet health-based National Air Quality Objectives in all areas and to work towards meeting stricter World Health Organisation (WHO) Air Quality Guidelines in the longer term, to improve public health outcomes. AQAP4 is fully aligned to the Council Plan and reflects ambitions contained within our 10-Year Strategies covering climate, health and wellbeing and the economy.
- Continue feasibility work to address first/last mile delivery of light goods in York and will work with partners to evaluate low emission delivery modes.
- Progress further upgrades to bus services (including further electrification of the urban fleet)
- Consider the feasibility of extending the Clean Air Zone (CAZ) to other areas and vehicle types
- Continue to address idling emissions and raise awareness of the links between idling emissions and health in line with CYC's existing 'Kick the Habit' anti-idling campaign.
- Progress upgrades to CYC's fleet vehicles as part of an EV upgrade programme
- Continue to reduce emissions from taxis and undertake further consultation with the trade in relation to updates to our Taxi Licensing Policy
- Continue to work with developers to ensure development related emissions are appropriately mitigated and exposure to poor air quality is reduced. We will also continue to facilitate and encourage walking, cycling and low emission public transport use, which have co-benefits for health and wellbeing.
- Progress a DEFRA funded project to improve public awareness of the links between domestic solid fuel burning, particulate emissions and health impacts. This project will highlight the links between solid fuel burning at home and links to both indoor and outdoor air pollution.

## Environmental Health

### Infectious Disease Control

48. We continue to investigate cases and outbreaks of foodborne illness. We are notified of cases that require investigation by UKHSA and return information to them as required for the purpose of outbreak management. With pathogenic bacterium it is important to identify the possible source and vector so as to prevent further cases and identify any commonality that may indicate an issue within a food business that requires further intervention.
49. Whilst dealing with the case we provide advice and guidance on controlling the spread of illness in the household and, in the case of those persons in risk groups, arrange faecal clearance samples to enable their return to work.
50. Within the 2022/2023 financial year we undertook 35 investigations that included cases of *E.coli* 0157 STEC, a serious illness that has the potential to cause renal failure. A national outbreak of Shiga toxin-producing *E.coli* O183:H18 is ongoing and staff remain vigilant when undertaking investigations.

### Legionella

51. We regulate the control of Legionella, a bacterium that can be found in water systems that causes legionnaires' disease, at premises within the city of York. We attempt to prevent issues arising by ensuring that businesses comply with the requirement to identify locations within their premises that are vulnerable to the risk of Legionella before implementing appropriate controls.
52. We investigate notified cases of legionnaires disease as may be required by UKHSA.

### Smokefree England

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

## **Control of Asbestos**

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

## **Health & Safety**

55. Aside from safety hazards presented within the workplace, we investigate all health complaints and notified cases of occupational exposure to chemicals, smoke and dust etc. that causes associated illness. These matters include, but are not limited to:
1. Occupational Asthma associated with flour dust in bakeries,
  2. Occupational dermatitis following exposure to chemicals and water in the workplace,
  3. Musculoskeletal problems caused by work practices,
  4. Display screen assessments and ergonomics associated with office work.

## **Food Hygiene and Standards**

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

## **Bird (Avian) Flu**

57. Through the implementation of animal health legislation, we ensure that outbreaks of bird flu are appropriately controlled. Although outbreaks may be unavoidable; response measures implemented ensure that viral spread is kept to a minimum. To keep up-to-date, officers have recently attended Notifiable Disease Control and Animal Health training.

## Environmental Permits

58. The environmental permitting regime is set out in the Pollution Prevention and Control Act 1999 and the subsequent Environmental Permitting (England and Wales) Regulations 2016 (as amended). This legislation specifies the types of activities which must be subject to regulation to ensure that environmental consequences are either prevented or mitigated as far as possible using the best available techniques. Regulation of such activities is either carried out by the Environment Agency or the Local Authority. The Local Authority is required to regulate activities which primarily emit substances to atmosphere, these are referred to as Part B installations. Local Authorities also regulate Part A2 installations which are those sites which emit to other media but primarily to air.
59. In the City of York Council area, there are 37 premises which hold environmental permits, the table below shows the type of activity and number.

Activity	Number of sites
Petrol stations	17
Timber processing >1000 cubic metres in any 12-month period	1
Coating metal >5 tonnes of solvent in any 12-month period	2
Isocyanate >5 tonnes of di-isocyanate in any 12-month period	1
Crushing of bricks, tiles and concrete	1
Batching of readymade concrete	4
Dry cleaning	5
Vehicles refinishing > 1 tonne of solvent in any 12-month period	3
Drying of vegetable matter	1
Cremation of human remains	1
A2 printing activity using >200 tonnes of solvent in any 12-month period	1

60. Each site is subject to an annual risk assessment following statutory guidance to ensure consistency across England and Wales. This risk assessment consists of two components, the first scores the premises according to the activity and the proximity to sensitive receptors, the second scores the performance of the site management. The resulting score categorises each site as low, medium or high, this categorisation determines the frequency of site inspections which ranges from once every six months to once every three years.
61. The environmental permits are based on statutory guidance specific for the activity and are written to ensure that the site adheres to the best available techniques. Some activities require the monitoring of emissions, others rely on control measures to capture emissions. The legislation allows for enforcement should sites be found to be not complying with the permit requirements. Enforcement ranges from service of notice to prosecution and suspension of the permit.

### **Key achievements 2022/23**

- Each premises was risk assessed and inspected in accordance with the required frequency. Enforcement was not necessary to secure compliance with the permit requirements.
- We have worked with one of the metal coating sites to secure amendments to their permit to allow them to produce a new product whilst maintaining environmental standards.
- Some of the sites operate below the threshold which requires a permit, but the businesses see the benefits of having the permit: to ensure compliance and environmental protection, so they continue to operate under their permit.

### **Priorities for 2024/25**

- To continue working with the metal coating sites to reduce the volatile organic compound usage using water-based products or alternative coating methods. To consider the potential use of abatement to further reduce emission to the environment.
- To support one of the readymade concrete batching sites to expand whilst maintaining compliance with the environmental permit.
- To update the permit held by the vegetable dryer to cover the new processing plant installed following major investment in the site.
- The A2 site requires a full review of the permit to take account of the new guidance documents, the compliance deadline for this is 9<sup>th</sup> December 2024. We have been working with the new operators at this site and progress towards meeting this deadline is going well.

## Land Contamination

62. Land contamination poses a potential risk to people, property and the environment. It is usually caused by past industrial activities or waste disposal practices releasing harmful substances into the ground. These substances can include heavy metals, oils and tars, chemicals, gases, asbestos and radioactive substances which can cause serious harm to health (including life threatening diseases, serious injury, birth defects, and impairment of reproductive functions).
63. The industrial history of an area provides a useful insight into the land which might contain and be affected by contamination. Former major industries in York include railway carriage works, confectionary, flour milling, sugar production, printing and the manufacture of optical instruments. Numerous former petrol stations, landfill sites and factories are also present.
64. City of York Council is responsible for implementing and enforcing Part 2A of the Environmental Protection Act 1990 in the city. Our [Contaminated Land Strategy](#) outlines how we will inspect the city for contamination and how we will deal with any land that is found to be contaminated.
65. Land contamination is a material planning consideration and most land contamination issues in the city are dealt with through the planning process. Where a development is proposed, it is the responsibility of the developer to ensure that land contamination is appropriately investigated, and that remediation (clean-up work) takes place where necessary. We assess all investigation, risk assessment and remediation work undertaken by developers to ensure that it is completed to a satisfactory standard and that land is safe and suitable for its proposed use.

### Key achievements 2022/23

- We assessed all land contamination investigation, risk assessment and remediation work undertaken through the planning process in 2022/23. This work helped to ensure that new developments were safe and did not pose unacceptable risks to people, property or the environment.

- We intervened on several sites where the remediation measures proposed by developers did not provide sufficient protection against the land contamination risks. We provided advice and guidance to ensure that appropriate additional measures were incorporated into the developments.
- We provided training for local authority officers and environmental consultants to promote good practice and to encourage the sustainable development of brownfield sites.
- We worked with other local authorities to produce [updated guidance on development on land affected by contamination](#).
- We continued to attend regular meetings and work in collaboration with the Environment Agency, other local authorities and the UK Health Security Agency on land contamination issues.

#### **Priorities for 2024/25**

- Update the council's Contaminated Land Strategy to incorporate recent changes in legalisation/guidance and provide an update on progress made to date. This includes consultation with various stakeholders and residents.
- Continue to assess all land contamination investigation, risk assessment and remediation work undertaken through the planning regime to ensure that new developments are safe and do not pose unacceptable risks to people, property or the environment.
- Continue to inspect any site as a matter of urgency if we suspect that there is a serious risk to human health or the environment.

## **Migrant Health**

66. Not all migrants are 'vulnerable', this section specifically considers people coming to York as a result of conflict or persecution in their home countries, and who are being supported by the UK government.

67. In 2022 and into 2023 York welcomed vulnerable migrants, particularly migrant families, into the city. These migrant families arrive in York as part of one of the central government funded migration schemes; for example the Homes for Ukraine scheme, the ACRS (Afghan citizens resettlement scheme) or the UK resettlement scheme. This means that City of York Council and NHS is given money from the government which it can only spend on support for the migrant population, for example on things like accommodation, childcare, school places, or GP appointments.
68. Presently many of our migrant families are in apart-hotel accommodation whilst they wait to hear the outcome of their asylum claim. There is a smaller number of families who are living in housed accommodation across the city. In particular, Ukrainian migrant families who were previously living with host families are now in private rental accommodation.
69. August 2023, there are approx. 280 Ukrainian families living in York, and there are approx. 250 families living in the apart-hotels, these families come from various places most commonly Iran, Albania, Afghanistan, and Iraq.

**Key achievements in 2022/23:**

- All school age children are in school and funded nurse place use is good.
- Everyone is registered with a GP, spread across three practices.
- Good access to other essential services including midwifery and healthy child service, and prescription medications.
- RAY is providing social and practical support to families including health information sessions through summer/autumn 23.
- Regular meetings between Mears (the Home Office commissioned accommodation provider), Migrant Help, Refugee Action York (who provide social and information sessions for migrant families), City of York Council, and the ICB (NHS).

**Communicable disease activity:**

70. Overall levels of vaccination among our vulnerable migrant population will vary from country to country but is believed to be much lower than the general York population. Some migrants arrive from countries with different vaccination schedules, and in many cases vaccinations were disrupted through conflict, persecution, or displacement.
71. There is a risk of outbreak anytime there is a large number of unvaccinated people living in a single location.
72. Everyone is registered with a GP and as such receives the usual invitations to the full UK vaccination schedule. For example, all children will be called in for vaccinations four times in their first year of life. In addition, one practice group has run a mop-up clinic on site at the apart-hotel in August 2023. This was specifically for their registered patients who were behind on vaccination. This event was successful, but only addressed a small number of the total patient population.
73. In addition, NIMBUS Care have been commissioned by Public Health in 2023 to provide two further invitations to any child under 15 in York who is not currently fully vaccinated. This includes both migrant and permanent resident children. This is important work because it targets vulnerable migrant families who have missed out on the standard 'call and recall' offer from their GP as they arrived in York at an older age than the normal age of vaccination here.

**Priorities for 2023/24**

1. To continue the focused work to achieve full vaccination for children and adults in the apart-hotel. In particular on older children and adults.
2. To improve the information sharing between partners to ensure that progress against this priority is jointly monitored.

**Emergency Preparedness, Resilience and Response**

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

75. The CCA is the driver for how agencies prepares and plan for emergencies, working nationally, locally and co-operatively to ensure civil protection in the UK.
76. The Act places a statutory duty on the City of York Council (CYC) to:
- Assess the risk of emergencies occurring and use this to inform contingency planning.
  - Put in place emergency plans.
  - Put in place Business Continuity Management arrangements.
  - Put in place arrangements to make information available to the public about civil protection matters and maintain arrangements to warn, inform and advise the public in the event of an emergency.
  - Share information with other local responders to enhance co-ordination.
  - Co-operate with other local responders to enhance co-ordination and efficiency; and
77. Provide advice and assistance to businesses and voluntary organisations about business continuity management (Local Authorities only).
78. The Integrated Emergency Planning Cycle is co-ordinated for the Council by the CYC Resilience and Contingencies Manager assisted through a Collaboration Agreement with North Yorkshire Council Resilience and Emergencies Team (RET).

<b>Integrated Emergency Management</b>	<b>Monitored Activity</b>
Anticipate	<ul style="list-style-type: none"> <li>• Governance               <ul style="list-style-type: none"> <li>○ RET work programme</li> <li>○ RET board reports</li> <li>○ RET resource</li> <li>○ Expenditure in an emergency</li> <li>○ Continuous improvement process</li> </ul> </li> </ul>
Assess	<ul style="list-style-type: none"> <li>• Risk Assessment</li> </ul>

Prevent	<ul style="list-style-type: none"> <li>• Emergency Planning role in cooperation and Information Sharing <ul style="list-style-type: none"> <li>○ LRF attendance</li> <li>○ LHRP attendance</li> <li>○ Mutual aid arrangements</li> <li>○ Arrangements for multi-region response</li> <li>○ Protect and Prepare Groups (PAGs)</li> <li>○ Safety advisory groups (SAGs)</li> <li>○ Community Networks</li> <li>○ Integrated Emergency Management Groups</li> </ul> </li> <li>• Regulatory requirements outside of the CCA co-ordinated by RET <ul style="list-style-type: none"> <li>○ COMAH Regulations (Control of Major Accident Hazards)</li> <li>○ Pipeline Regulations</li> <li>○ REPIR Regulations (Radiation Emergency Preparedness and Public Information)</li> </ul> </li> </ul>
Prepare	<ul style="list-style-type: none"> <li>• Maintaining emergency plans <ul style="list-style-type: none"> <li>○ Command, Control and Co-ordination roles</li> <li>○ On-call mechanism</li> </ul> </li> <li>• Training and Exercising</li> <li>• Warning and Informing <ul style="list-style-type: none"> <li>○ Communication with partners and stakeholders</li> </ul> </li> </ul>
BCP	<ul style="list-style-type: none"> <li>• Provide assistance and guidance to ensure Business Continuity plans are completed.</li> <li>• Assist/encourage training and exercising of business continuity plans.</li> </ul>

79. To ensure we fulfil our statutory CCA responsibilities we need to understand our own organisational strategic priorities, working alongside all North Yorkshire Local Resilience Forum (LRF) partners to achieve our own and LRF strategic aims and objectives for 2023 to 2025.

### **Control of Major Accident Hazard. (COMAH)**

80. The York area has a new business which will need to comply with the Regulations by the end of the year with an off-site plan for communities being overseen by the resilience and emergencies

team. Once completed the plan will need to be exercised and will involve all emergency responders.

### Challenges

81. The challenge for York is to ensure the foundations are in place for delivery of the Integrated Emergency Management process.
82. This has resulted in the development of the 'NYLRF – How we respond to incidents' E-learning training package to develop awareness of:
  - UK Emergency Management & Command, Control & Co-ordination
  - Emergency Response Partners Roles & Responsibilities
  - North Yorkshire Local Resilience Forum Systems
83. This alongside the Joint Emergency Services Interoperability Principles [JESIP](#) package will assist Commanders and Responders with the requirements during incident response and is available to all CYC staff.
84. Training and Exercising forms a major part of the Integrated Emergency Management process, activity over the last year has been:
  - Feb 9<sup>th</sup> Exercise Lilac at North Yorkshire Police HQ tested the mass fatality plan with a mass casualty awareness. Attendance and involvement from public health and wider health practitioners was well received with several subject matter experts' contribution.
  - Protect groups in York now well established and maximise every opportunity to deliver counter terrorism training using Protect UK tools to minimise the terrorism risk for York.
  - A National Counter Terrorism live exercise took place at York racecourse in March 2023 with all emergency responders and organisations involved.
85. The live exercise was followed by:
  - A Counter Terrorism 'consequences' day tabletop exercise in May at York Mansion House examining the economic, humanitarian, health and environmental impacts for our city.

- In July we were involved in a counter terrorism contaminated water exercise at North Yorkshire Police HQ to exercise plans and develop multi agency response and examine the wider impacts on health.
86. Another major challenge is **Warning and Informing**. Providing the support for individuals, households, businesses, and communities. Raising awareness of local risks, providing access to relevant information links, such as warnings issued by the met office or environment agency, could help you to prepare for an emergency and minimise the impact of any involvement in an incident.
87. The LRF Community Resilience Group project team have been busy reviewing how we engage with communities to provide awareness on the local risks, empower individuals and communities to develop their own household or community plans to ensure 'whole society resilience' several workshop sessions have already been held and the project team will advise on how we communicate risk and develop community plans.
88. More information and advice can be found using the links below:

[Local Resilience Forum](#)

[Staying Informed](#)

[Community Prepared](#)

[Household Prepared](#)

[Risk](#)

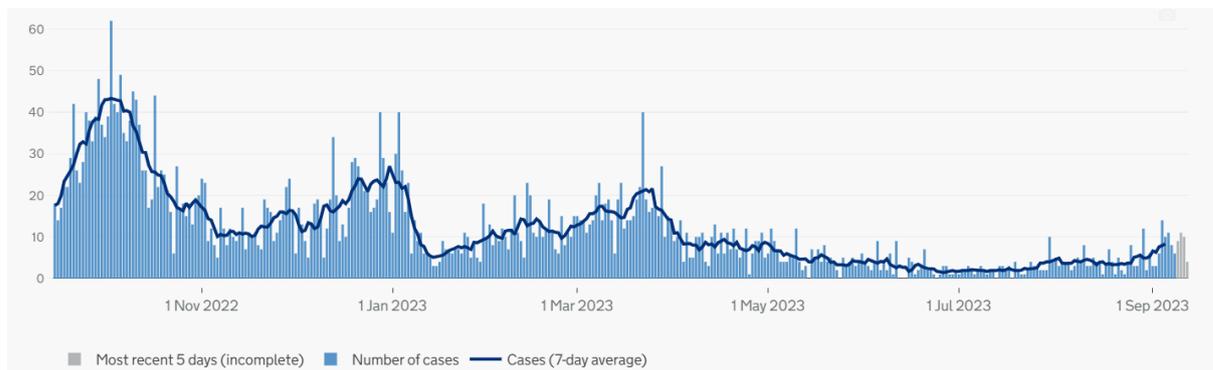
### **Incidents and Outbreaks**

89. Over the past year the Local Authority Public Health team and the Health Protection Team in UKHSA have worked closely to manage a number of outbreaks and incidents within the York locality. As we moved away from pandemic response, there has been several health protection threats that required both national and local input.

## Covid-19

90. Living with Covid-19 guidance was introduced in April 2022 and as a result the availability of testing has decreased in the months since. The data in the below table should therefore be treated with caution as the majority of cases are identified in secondary care. However, it is likely to broadly reflect a fall in the community transmission of Covid-19 in York.

Figure 1- Number of Covid-19 cases by Specimen date in York LA

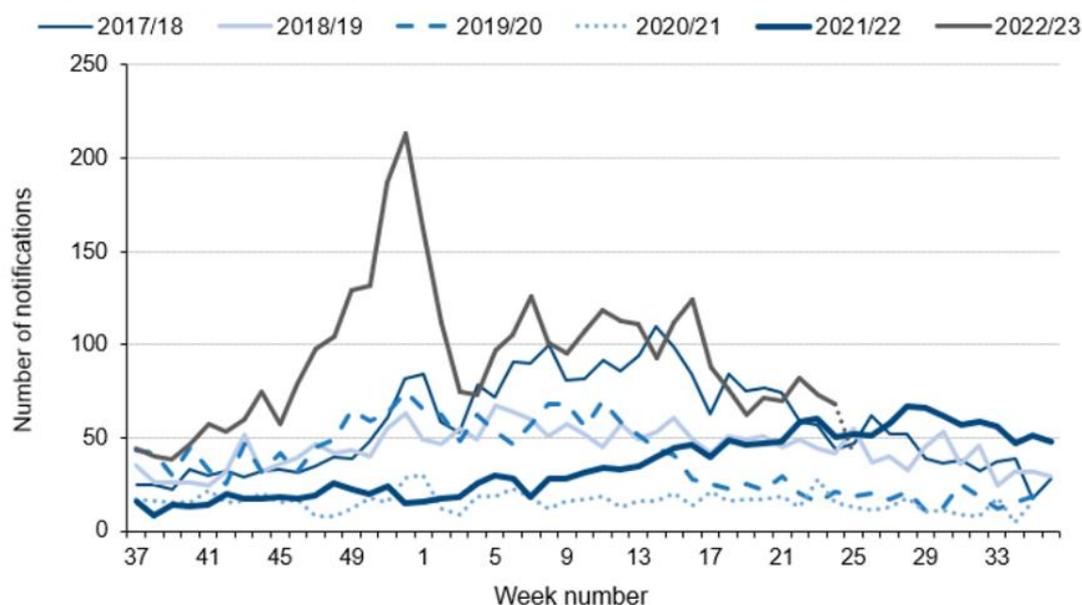


91. The recently identified variant labelled BA.2.86 is currently undergoing further investigation to determine its level of clinical severity and vaccine escape. This will be closely monitored as we head into winter 2023.

## Group A Streptococcal infections

92. Group A Streptococcal Infections encompasses a range of diseases including, impetigo, scarlet fever, a Group A strep infection of the throat and most seriously, invasive group A strep. At the end of 2022 and beginning of 2023 we had a larger than average surge of Group A Strep cases in the England and this was mirrored in York. Fig 2 shows the large spike in January compared to previous years.

Figure 2 Invasive Group A Strep infections by week for England 2017-2023



93. The HPT in conjunction with the local authority provided advice on a number of settings of outbreak

### TB

94. TB continues to be a major cause of disease and death worldwide, being the second leading infectious killer after COVID-19 globally. Between 2011 and 2021, there was an overall downward trend in TB notification rates in England. However, the rate of reduction has slowed in the last 4 years. In York, the HPT, the LA and the TB team and NHS trusts have worked closely on a number of incidents some complicated requiring quite a lot of resources. In conjunction to active screening of TB in symptomatic individuals and subsequent treatment and contact tracing, new entrant screening for those eligible was being conducted but this is currently paused due to capacity.

### Challenges

95. Migrants are a particularly vulnerable cohort; over the past 2 years, there have been several incidents which have required both an acute and strategic response, including Afghan resettlement programme and the crisis in Ukraine. [Home Office data](#) for the UK and Yorkshire & Humber shows that the number of asylum seekers being supported under Section 95 (in dispersed accommodation) who would otherwise be destitute has been increasing for the past 4 years. This is in the context of a system already stretched

managing the COVID-19 pandemic. York opened a large hotel in the centre of the city in the past year that has capacity for approximately 450 asylum seekers. This has put significant pressure on the system. We are currently working on looking at what immunisations those who have arrived have already had and what further work on outbreak management and risk of communicable disease transmission needs to be done but we anticipate this to remain a significant challenge in the year ahead.

96. Avian Influenza has posed a significant problem both national and locally since the 2021/2022 season. Although York has significantly fewer poultry farms than other areas, we have over the past year investigated several wild bird incidents, provided chemoprophylaxis where indicated and actively monitored individuals considered exposed people. Although working well together we seem as a system to be relying on good will. If we do not have a plan for chemoprophylaxis and swabbing the 23/24 season will be more challenging.

#### **Priorities for 2024/25**

1. As we progress through 23/24 we aim to move away from the proportion of work spent on reactive pieces and look more to proactive strategic work. We have undertaken quite a lot of work over the past year in York. We have worked together looking at migrant health plans and measles plans and had a collective meeting discuss ways of working between UKHSA and City of York Council Public Health Team.
2. Going forward a priority of the coming year will be to confirm the infection prevention control contract that is up for renewal. They are partners we work with very closely especially in terms of care home outbreaks and supporting infection control in care homes.
3. They are an invaluable resource and it would be useful to think about how we could expand this and use their expertise in other areas too.
4. Despite the challenges that were faced in 2022/23 there were many positives. We worked well in partnership with different agencies across York. In particular the HPT and LA PH team have developed a strong relationship and this partnership has enabled good work to be done over the past year and we anticipate this to continue into 23/24.
5. The UKHSA Health protection team has appointed a new regional deputy director - Dr. Andrew Lee. He has now taken up his post.

## Support for Care Homes

97. During COVID the public health teams from NYC and CYC, together with CCG and care providers met regularly to support care homes. At the height of the pandemic this was daily – sometimes twice daily if a large number of homes were experiencing outbreaks. As the pandemic numbers eased these meetings reduced to weekly and then in April 2023 the decision was taken to stop these as a joint meeting and return to business as usual within individual local authorities.
98. Public health continues to support care homes by:
- Contributing to the weekly newsletter “Partners in Care” as appropriate
  - Taking part in “Care Connected” – a fortnightly forum for care providers facilitated jointly by City of York Council, North Yorkshire Council and NHS Humber and North Yorkshire ICB. This enables the care providers across the ICB footprint to access updates relevant to the sector in one place.

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## Glossary

## Annex A

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

HPV	Human papillomavirus	HPV is the name of a very common group of viruses. They do not cause any problems in most people, but some types can cause genital warts or cancer. In England, girls and boys aged 12 to 13 years are routinely offered the 1st HPV vaccination when they're in school Year 8. The 2nd dose is offered 6 to 24 months after the 1st dose.
ICB/ICS	Integrated Care System and Integrated Care Board.	Each Integrated Care System (ICS) will have an Integrated Care Board (ICB), a statutory organisation bringing the NHS together locally to improve population health and establish shared strategic priorities within the NHS.
IPC	Infection Prevention and Control	IPC prevents or stops the spread of infections in healthcare settings. IPC practices are based on a risk assessment and make use of personal protective equipment that protect healthcare providers from infection and prevent the spread of infection from patient to patient.
JCVI	Joint Committee on Vaccination and Immunisation	The Joint Committee on Vaccination and Immunisation (JCVI) advises UK health departments on immunisation.
MMR	MMR (measles, mumps and rubella) vaccine	<p>The MMR vaccine is a safe and effective combined vaccine. It protects against 3 serious illnesses: Measles, Mumps and Rubella (German measles). These highly infectious conditions can easily spread between unvaccinated people.</p> <p>Getting vaccinated is important, as these conditions can also lead to serious problems including meningitis, hearing loss and problems during pregnancy. 2 doses of the MMR vaccine provide the best protection against measles, mumps and rubella.</p>
Mpox	Previously known as Monkey Pox	Mpox is a rare infection commonly found in west or central Africa. There has recently been an increase in cases in the UK, but the risk of catching it is low.
MRSA	Methicillin-resistant Staphylococcus aureus	MRSA is a type of bacteria that's resistant to several widely used antibiotics. This means infections with MRSA can be harder to treat than other bacterial infections. MRSA infections mainly

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

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

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## York Health Protection Committee Terms of Reference

### 1. Purpose

The Committee, through the Director of Public Health, will provide assurance to the Health and Wellbeing Board, and its partner organisations via the York Health and Care Partnership Board, that there are safe and effective plans in place to protect the health of the population of York to include:

- Communicable disease management and control, including outbreak management.
- Infection prevention and control including healthcare associated infections, Tuberculosis (TB) and Blood-borne virus (excluding HIV)
- Environmental health impacts e.g. contamination, poisoning, radiation
- Public protection e.g. food control, tattoo parlours, sunbeds, product safety, e.g. Botox
- Emergency Preparedness Resilience and Response related to health
- NHS national screening programmes including:
  - Abdominal Aortic Aneurysm (AAA)
  - Antenatal and Newborn
  - Breast
  - Bowel
  - Cervical
  - Diabetic Eye
- Immunisation and vaccination
- Adverse weather impacts on health
- Migrant health

The Committee will provide a setting for the exchange of information, scrutiny of plans and analysis of data will all partners with a role in the delivery of health protection in York, ensuring they are acting jointly and effectively to protect the population's health.

### 2. Specific Responsibilities

- a) Provide strategic oversight for health protection and provide assurance to the Health and Wellbeing Board and partner agencies that there are safe and effective health protection arrangements in place for the City of York area
- b) Develop, implement and oversee performance against an agreed health protection plan
- c) Ensure there is a process in place to assure there are effective arrangements for health protection incidents and outbreaks with key risks identified and appropriate mitigation measures undertaken
- d) Review learning from health protection incidents and outbreaks to identify and share lessons learnt and make recommendations to commissioners/providers/partners regarding necessary changes

- e) Contribute to the Joint Strategic Needs Assessment on health protection issues
- f) Review and assess the health protection risks to the local population and ensure these are captured in a Risk Register for reporting to the Health and Wellbeing Board, the Council and the NHS Humber and North Yorkshire Local Health Resilience Partnership as appropriate
- g) Act in an advisory capacity to support a local response to, and recovery from, any incident that directly and/or indirectly affects the health and wellbeing of the York population
- h) Support the Director of Public Health in exercising the Local Authority function in planning for and responding to those emergencies that present a risk to health as set out in section 30 of the Health and Social Care Act 2012 and Health Emergency Preparedness, Resilience and Response (April 2013)
- i) Interpret strategic guidance or policy formulated by the Humber and North Yorkshire Local Health Resilience Partnership and/or North Yorkshire Local Health Resilience Forum which impacts on local emergency and contingency plans ensuring that organisations act on it.
- j) Ensure that the Council emergency planning arrangements have embedded key actions needed to respond to a health-related incident, including the process for accessing clinical resources from the NHS, hand over procedures and contain clearly defined roles and responsibilities for health.
- k) Ensure there are escalation processes in place with neighbouring areas in respect of mutual aid and cross border issues
- l) Ensure that appropriate plans, training and testing arrangements are in place, with other organisations as required.
- m) To have strategic oversight of all NHS delivered screening and immunisation services and services commissioned to tackle infectious diseases in York
- n) Receive reports from members for discussion at Committee meetings to include:
  - Current situation
  - Progress against health protection outcomes (activity, quality, plans, epidemiological summaries)
  - Incidents managed and actions taken
  - Recommendations for process improvement

### **3. Principles**

The Health Protection Committee expects all members to:

- Support the aims and objectives of the Committee
- Inform the Committee of organisational changes and changes in personnel that may impact on partnership working
- Proactively manage risk and acknowledge the principle of shared risk within the context of partnership working for health protection
- Share relevant information and promote collaborative and innovative work both within York and across borders as appropriate.

### 3. Membership

The Committee will be made up of key professional partner members with health protection responsibilities to include:

Director of Public Health (Chair)	City of York Council
Nurse Consultant in Public Health (Deputy Chair)	City of York Council
Public Health Specialist Practitioner Advanced (health protection portfolio)	City of York Council
Head of Public Protection & Chair of Safety Advisory Group	City of York Council
Adult Social Care representative	City of York Council
Assistant Director Children and Education	City of York Council
Housing Representative	City of York Council
Emergency Planning Officer	City of York Council
Director of Nursing	HNY ICB (York Place)
Chief Nurse	York & Scarborough Hospital NHS Foundation Trust
Consultant Microbiologist	York & Scarborough Hospital NHS Foundation Trust
Service Manager infection prevention & control (community)	Harrogate & District NHS Foundation Trust
Director of IPC, Nursing & Governance	Tees, Esk & Wear Valley NHS Foundation Trust
Clinical Director	Primary Care Network representative
Independent Care Group representative	To be confirmed
Consultant in Communicable Disease Control	NHSE
Screening and Immunisation Place Lead	NHSE
If a member is unable to attend a meeting a suitable substitute should attend	
Other individuals may be requested to attend when matters concerning their responsibilities are to be discussed or they are presenting a paper	

Members should be in a position to provide assurance on behalf of the organisation or partnership that they represent. Each member will be responsible for reporting back to their organisation or partnership on the work of the Committee.

### 4. Frequency of meetings

The Health Protection Committee will meet on a quarterly basis unless otherwise required to meet at short notice at the discretion of the Chair. The meetings will be held on Microsoft Teams unless the Committee decide that an in-person event is preferred.

## **5. Quorum**

There is an expectation that Committee members will prioritise attendance. The Committee will be quorate with a minimum of three members to include at least one representative from:

Public Health, City of York Council  
NHS  
One other organisation

## **6. Administration of Meetings**

The administration support will be provided by the Council's Public Health Directorate. The agenda and papers will be circulated at least five working days prior to the meeting

All decisions will be recorded in the notes of meetings and circulated with an action log within 20 days after the date of the meeting

## **7. Dealing with sensitive matters and possible conflicts of interest**

The Committee may, at times, have to consider confidential information on matters related to individuals, organisations or performance. These issues will remain confidential and any conflict of interest must be declared.

The meeting minutes will be confidential and must not be published on any public facing website or attached as an appendix to a report in the public domain

## **8. Communication**

All members will be responsible for communicating actions to appropriate colleagues within their own organisation following each meeting.

Terms of Reference agreed: October 2023

The Terms of Reference will be reviewed annually.



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## Health and Wellbeing Board

22 November 2023

Report of the Director of Public Health

### Implementation, Delivery & Performance Monitoring of the Joint Health and Wellbeing Strategy 2022-2032

#### Summary

1. This paper provides the Health and Wellbeing Board (HWBB) with an update on the implementation and delivery of three of the ten big goals within the Local Joint Health and Wellbeing Strategy 2022-2023. It also includes information on performance monitoring.
2. The Board are asked to note the report.

#### Background

3. At the January 2023 meeting of the Health and Wellbeing Board (HWBB) members of the Board agreed a framework for an action plan and a Population Health Outcomes Monitor for the new Joint Health and Wellbeing Strategy 2022-2023. This was followed by agreement at the March 2023 meeting of a populated action plan and a Population Health Outcomes Monitor.
4. At the last meeting of the HWBB updates were given on **Goal 1** in the strategy, namely *'reduce the gap in healthy life expectancy between the richest and poorest communities'*
5. This report sets out updates on the eight actions associated with **Goals 2, 3 and 4**, including updates on the agreed key performance indicators associated with each of the goals. **Annexes A & B** to this report provide a detailed score card and trend data.
6. The agreed actions cover the first 18 to 24 months of the strategy's 10-year life span and HWBB will be asked to update these, if they feel it is required, during the course of 2024.

## Progress Updates

7. **Goal 2:** Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores by 5%
8. Updates on the 3 actions associated with this goal have been provided by the co-chairs of the York Mental Health Partnership, who are leading these actions on behalf of HWBB
9. **Action A1:** continue to develop the community mental health hub and its role in improving the mental health of users
  - Following completion of the Community Mental Health Hub prototype phase, a report is being produced detailing the learning. Current focus is on preparing for the upscaling of York's Hub model. Additionally, key activity has been focussed upon developing the York Joint Delivery Board (YJDB), which now oversees the Hub concept and delivery. The Board involves service leads with staff or teams involved in provision of Hub services. Leads include York Council for Voluntary Services, York Mind, co-production lead, TEWV and CYC representation, and co-chairs of the York Mental Health Partnership.
  - The work of the Hub is also supported by an operational managers group. The YJDB has been developing policies, protocols, and procedures for the Hub, including articulation of clinical responsibility, review of key findings from the prototype, and recruitment of a new Hub manager. The Board meet monthly and have scheduled an extended meeting in December to identify and finalise a timeline for relocation of the original prototype Hub to a more permanent context and the upscaling through additional Hubs in one or two other areas of York. Hub services are currently suspended to enable focus on relocation of the initial Hub, plus upscaling of the model.
10. **Action A2:** further embed a trauma-informed approach into systems in York to recognise people's experiences as individuals, each with gifts, talents and skills
  - The Hub team and colleagues involved in the delivery of community mental health in York have been supported to develop their understanding of trauma-informed practice delivered by TEWV. The Hub team were supported through development

activities aimed at enabling them to work in a trauma informed way. An event, scheduled for November 2023, will open the conversation around North Yorkshire becoming a Trauma Informed and Responsive County and seeks to demonstrate established learning in this arena to date. It is important to note that training on trauma-informed working practices must be a regular and permanent offer.

11. **Action A3:** continue to support the VCS to capitalise on the community assets and community connections we have in York
  - The VCSE are important contributors to community mental health provision in York. York CVS, York Carers, and York Mind are all key members of the York Joint Delivery Board (YJDB). York CVS administrated the community mental health transformation grants (funded through the NHS transformation funding) that were made available through competitive bidding and were allocated to several VCSE and community facing groups in York.
12. **Goal 3: bring smoking rates down below 5% for all population groups**
13. Updates on these actions have been provided by the Public Health Team who are leading these 3 actions on behalf of the HWBB.
14. **Action A4:** continue joint working between Public Health and Public Protection to increase the amount of intelligence around illicit tobacco and utilise this intelligence to direct enforcement activity
  - A programme of work has commenced through the CYC Public Protection function which concentrates on illicit tobacco and enforcement of age-of-sale legislation. This includes the response to intel on illicit sale through raids on premises, and the use of test-purchasing.
  - In addition, a responsible retailer scheme has commenced with vaping shops in York, aimed at reducing the sale of vapes to under 18 through responsible marketing, age checks and the promotion of vapes as quit devices, not as recreational devices aimed at young people.

- So far, the outcomes of this activity have included engagement with numerous vape retailers across the area, which has resulted in intelligence gathering and targeted test purchasing.
  - This work will be augmented by recent announcements around an illicit tobacco 'flying squad' from HMRC, and £30 million around enforcement activity, details of which are still to be clarified.
15. **Action A5:** implement Tobacco Dependency Treatment service in York Hospital in both acute and maternity pathways
- The acute pathways for Tobacco Dependency Treatment service in York Hospital have commenced, with a team of Tobacco Treatment advisors recruited, hundreds of smokers identified on wards and at admission, and a 30% quit rate so far.
  - A successful Staff Reward Pilot has seen some quits, some drop-outs, some still on a quit journey. A Smoke Free Environments policy has been approved by the Trust board and is now in the process of being implemented, with significant signage changes around the hospital site now in place.
  - Maternity pathways are proving harder to implement due to extreme pressures within maternity services at the Trust, however it is anticipated this will be up and running by April 24.
16. **Action A6:** increase the number of successful smoking quits through the health trainer service to 200 in 23/24
- The Health Trainer service continues to deliver its five key objectives of supporting people to quit smoking, improve diets, increase physical activity, reduce drinking levels and reduce isolation.
  - In 2022/23, the target of 200 smoking quits set to achieve by 2023/24 was exceeded (221 quits achieved) and a more ambitious target for this year has been set of 250 quits.
  - Significant government policy announcements on smoking recently have included:
    - Funded incentives for quitting smoking in pregnancy
    - 1 million vape started kits available for local authorities
    - £70m nationally per year for 5 years into local stop smoking services (York will get £180k)

- The raising of the age of sale one year per year so that no-one born after 1<sup>st</sup> Jan 2009 will be able to legally purchase tobacco
  - A consultation on vaping regulation
17. **Goal 4:** Reduce from over 20% to 15% the proportion of York residents drinking above the Chief Medical Officer's alcohol guidelines
  18. Updates on these actions have been provided by the Public Health Team who are leading these 2 actions on behalf of the HWBB.
  19. **Action A7:** roll out of alcohol harm reduction online tool and supporting app (Lower My Drinking) to residents over the age of 18 in York embedding into services and pathways across the city, with a target of 15,000 AUDIT questionnaire completions on the website by July 2024
    - Lower My Drinking was launched in August 2022, and so far, has seen 7434 York residents complete the online quiz, with 106 downloading the associated app. A large communications campaign around reducing drinking levels has also been implemented, led by CYC.
    - A significant proportion (38%) of people completing the quiz are drinking at above low risk but not possibly dependent levels, and 10% at possible dependence levels, which is in line with the intended audience for the digital tool as a population-level intervention designed to reduce mean ethanol consumption in York, but also a tool that increases self-referrals into specialist treatment where relevant.
  20. **Action A8:** make Alcohol Identification and Brief Advice training available to organisations working with York residents to support conversations with individuals and enable signposting to appropriate services.
    - Alcohol IBA training is offered by CYC public health team to any professional or volunteer in the city who regularly comes into contact with residents and is designed to help people raise the issue of alcohol consumption in a routine, non-judgemental way, use a simple screening tool (AUDIT either on paper or via the

Lower My Drinking website), offer immediate advice and guidance, and signpost people on to the next appropriate step.

- Since 2022, 33 full IBA training sessions have been delivered to around 320 local professionals / volunteers. A further 18 briefing sessions attended by approximately another 290 staff have also been delivered to equip local professionals with awareness of relevant support services. Training participants have come from a wide range of teams and organisations across CYC, primary care, York Emergency Department and community services and the voluntary sector.
21. **Population Health Outcomes Monitor**: this is linked to the ten big goals and is designed to provide board members with a holistic view of whether the strategy is making a difference to the health and wellbeing of York's population, using outcome data rather than data on what health and care services are 'doing'. Today's updates at **Annexes A & B** to this report provide information on the **three goals** that are set out in this report.

## **Consultation and Engagement**

22. As a high-level document setting out the strategic vision for health and wellbeing in the city, the new Local Joint Health and Wellbeing Strategy capitalised on existing consultation and engagement work undertaken on deeper and more specific projects in the city. Co-production is a principle that has been endorsed by the HWBB and will form a key part of the delivery, implementation, and evaluation of the strategy
23. The actions in the action plan have been identified in consultation with HWBB member organisations and those leading on specific workstreams that impact the ten big goals.
24. The performance management framework has been developed by public health experts in conjunction with the Business Intelligence Team within the City of York Council.

## **Options**

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

## Implications

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

## Recommendations

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

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

## Contact Details

**Author:**  
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Health and Wellbeing  
Partnerships Co-ordinator

**Chief Officer Responsible for the report:**  
Sharon Stoltz  
Director of Public Health

**Report  
Approved**



**Date** 14 November 2023

## Specialist Implications Officer(s)

None

**Wards Affected:**

**All**



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

## Annexes:

**Annex A:** HWBB Scorecard (for Goals 2, 3 & 4)

**Annex B:** HWBB Trends (for Goals 2, 3 & 4)

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

# ANNEX A

No of Indicators = 33 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub November 2023

			Previous Years								2022/2023			
		Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Target	Polarity	DOT	
Goal 02: Support good mental health	PHOF18	% of people with a self-reported high anxiety score	Annual	23.66%	22.00%	24.20%	20.90%	25.60%	27.10%	25.30%	-	20.30%	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	19.37%	19.90%	20.00%	19.70%	21.90%	24.20%	22.60%	-	-		
		Benchmark - Regional Data	Annual	21.52%	21.20%	21.20%	20.60%	22.10%	24.90%	22.30%	-	-		
		Regional Rank (Rank out of 15)	Annual	12	12	14	7	15	11	14	-	-		
	PHOF19	% of people with a self-reported low happiness score	Annual	6.74%	8.30%	9.50%	11.30%	9.00%	8.80%	10.80%	-	5.8%	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	8.75%	8.50%	8.20%	7.80%	8.70%	9.20%	8.40%	-	-		
		Benchmark - Regional Data	Annual	9.92%	9.50%	9.10%	9.40%	9.80%	10.30%	7.90%	-	-		
		Regional Rank (Rank out of 15)	Annual	1	5	9	12	4	7	14	-	-		

			Previous Years								2022/2023			
		Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Target	Polarity	DOT	
Goal 03: Reduce smoking rates	PHOF188	Smoking Prevalence in adults (18+) - current smokers (APS) (2020 definition)	Annual	14.60%	12.60%	9.00%	11.50%	11.90%	11.70%	9.20%	8.70%	5%	Up is Bad	▼ Green
		Benchmark - National Data	Annual	16.90%	15.50%	14.90%	14.40%	13.90%	13.80%	13.00%	12.70%	-		
		Benchmark - Regional Data	Annual	18.60%	17.70%	17.00%	16.70%	15.70%	14.70%	14.10%	13.10%	-		
		Regional Rank (Rank out of 15)	Annual	2	2	1	1	2	3	1	1	-		
	PHOF187	Smoking prevalence among adults aged 18-64 in routine and manual occupations (APS) (2020 definition)	Annual	28.10%	26.40%	24.60%	18.60%	26.90%	22.30%	20.90%	15.20%	5%	Up is Bad	▼ Green
		Benchmark - National Data	Annual	28.10%	26.50%	25.70%	25.40%	24.50%	24.50%	23.60%	22.50%	-		
		Benchmark - Regional Data	Annual	30.00%	28.90%	28.20%	27.40%	27.60%	25.50%	24.20%	21.70%	-		
		Regional Rank (Rank out of 15)	Annual	4	4	3	1	6	5	4	1	-		
	PHOF10	% of women who smoke at the time of delivery - (CYC)	Quarterly	12.30%	11.10%	10.40%	11.60%	10.40%	10.30%	8.00%	8.10%	5%	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Quarterly	11.00%	10.70%	10.80%	10.60%	10.40%	9.60%	9.10%	8.80%	-		
		Benchmark - Regional Data	Quarterly	14.60%	14.40%	14.20%	14.40%	14.00%	13.10%	12.00%	11.60%	-		
		Regional Rank (Rank out of 15)	Annual	4	2	1	2	1	3	1	1	-		
	PHOF195	Smoking prevalence in adults with a long term mental health condition (18+) - current smokers (GPPS)	Annual	29.80%	28.50%	21.30%	30.30%	19.30%	26.30%	23.10%	-	5%	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	33.00%	30.30%	27.80%	26.80%	25.80%	26.30%	25.20%	-	-		
		Benchmark - Regional Data	Annual	34.80%	31.60%	29.80%	28.20%	27.60%	27.50%	27.50%	-	-		
		Regional Rank (Rank out of 15)	Annual	3	5	2	10	1	4	4	-	-		

			Previous Years								2022/2023			
			2015/2016	2016/2017	2017/2018	2018/2019	2019/2020	2020/2021	2021/2022	2022/2023	Target	Polarity	DOT	
Goal 04: Reduce proportion of residents drinking over 14 units of alcohol a week	LAPE12	Admitted to hospital with alcohol-related conditions (Broad): Males, all ages (per 100,000 population) - (New methodology)	Annual	-	2,742	2,911	3,099	3,051	2,455	2,913	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	-	2,525	2,574	2,737	2,809	2,290	2,683	-	-		
		Benchmark - Regional Data	Annual	-	2,716	2,728	2,808	2,796	2,292	2,678	-	-		
		Regional Rank (Rank out of 15)	Annual	-	7	10	11	11	9	10	-	-		
	LAPE13	Admitted to hospital with alcohol-related conditions (Broad): Females, all ages (per 100,000 population) - (New methodology)	Annual	-	978	970	1,085	1,121	943	1,076	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	-	840	858	915	943	805	906	-	-		
		Benchmark - Regional Data	Annual	-	933	942	986	992	831	955	-	-		
		Regional Rank (Rank out of 15)	Annual	-	10	9	10	12	11	12	-	-		
	PHOF191	Percentage of adults drinking over 14 units of alcohol a week - (4 year Aggregated)	Annual	29.40% (2014/15)	29.40% (2014/15)	29.40% (2014/15)	21.40%	21.40% (2018/19)	21.40% (2018/19)	21.40% (2018/19)	21.40% (2018/19)	15%	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	25.30% (2014/15)	25.30% (2014/15)	25.30% (2014/15)	22.80%	22.80% (2018/19)	22.80% (2018/19)	22.80% (2018/19)	22.80% (2018/19)	-		
		Benchmark - Regional Data	Annual	25.80% (2014/15)	25.80% (2014/15)	25.80% (2014/15)	21.20%	21.20% (2018/19)	21.20% (2018/19)	21.20% (2018/19)	21.20% (2018/19)	-		
		Regional Rank (Rank out of 15)	Annual	12 (2014/15)	12 (2014/15)	12 (2014/15)	9	9 (2018/19)	9 (2018/19)	9 (2018/19)	9 (2018/19)	-		

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# Business Intelligence Hub

## Joint Health and Wellbeing Strategy 2022-2032:

### Performance Monitoring for November 2023 Board.

#### Indicator Trends

Author: CYC Business Intelligence Hub

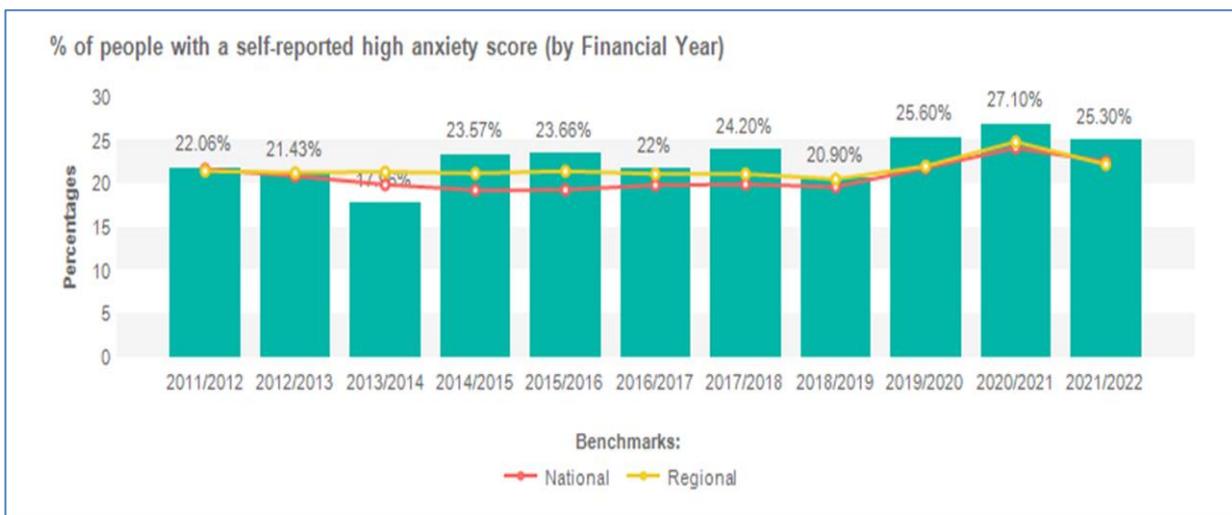
Date: November 2023

#### Contents

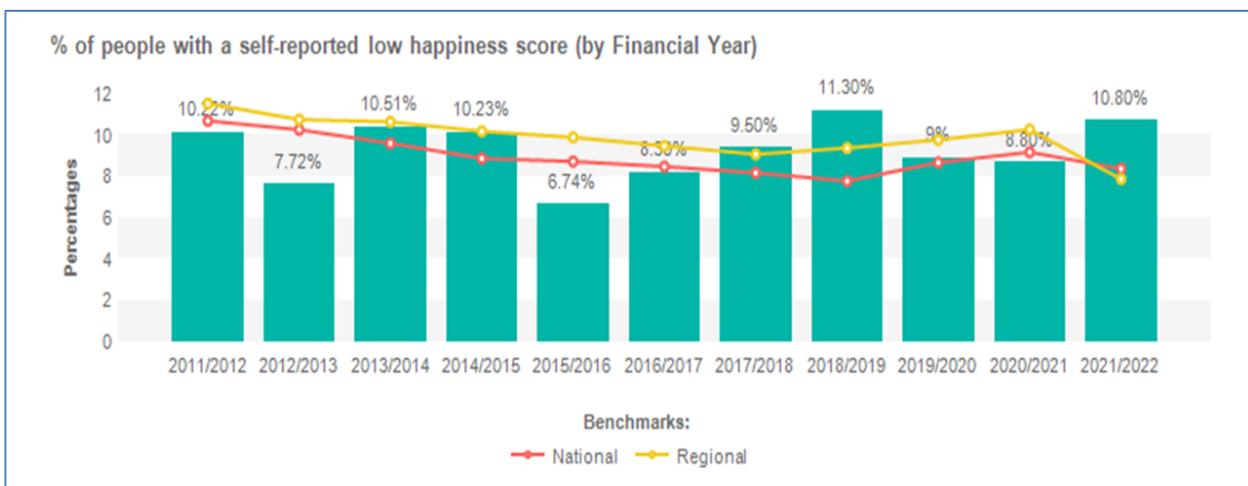
Goal 2: Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores by 5%.....	2
Goal 3: Bring smoking rates down below 5% for all population groups .....	4
Goal 4: Reduce from over 20% to 15% the proportion of York residents drinking above the Chief Medical Officer’s alcohol guideline (no more than 14 units a week) .....	5

**Goal 2: Support more people to live with good mental health, reducing anxiety scores and increasing happiness scores by 5%**

- The Office for National Statistics Annual Population Survey asks respondents about their anxiety levels. In the most recent period (2021/22) **25.3%** of York residents taking part in the survey said they had a high anxiety score (defined as scoring between 6 and 10 to the question "Overall, how anxious did you feel yesterday?"). 11 years of trend data is available for this indicator. There has been a recent rise in the indicator value which has been above 25% for the last three years, reaching a peak of 27.1% in 2020/21.



- The Office for National Statistics Annual Population Survey also asks respondents about levels of happiness. In the most recent period (2021/22) **10.8%** of York residents taking part in the survey said they had a low happiness level (defined as scoring between 0 and 4 to the question "Overall, how happy did you feel yesterday?"). 11 years of trend data is available for this indicator. There has been no clear trend over this period. Current levels of low happiness are similar to those in 2011/12. The peak value was 11.3% in 2018/19.



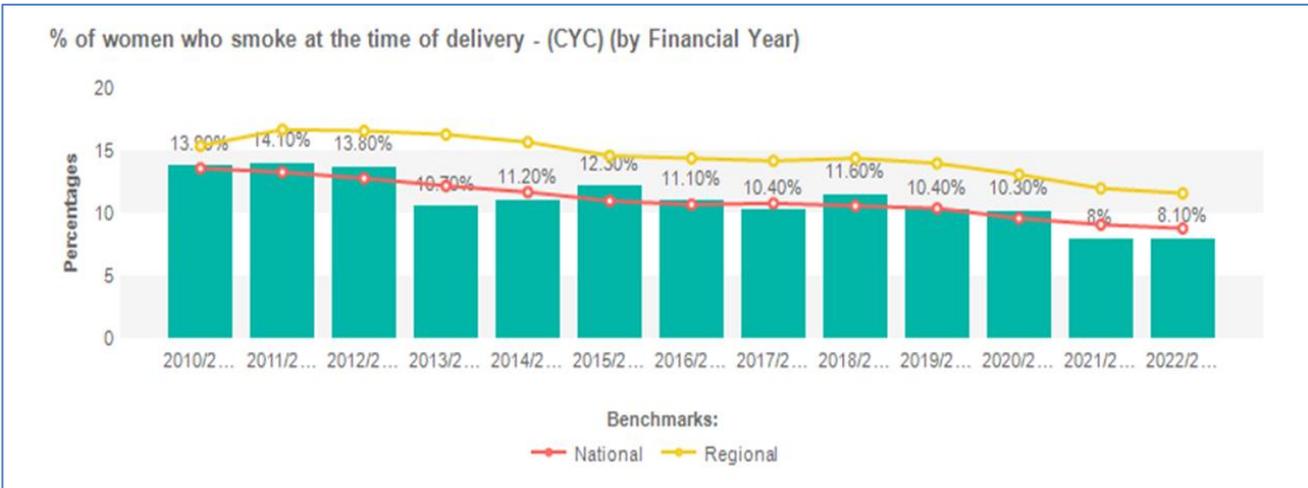
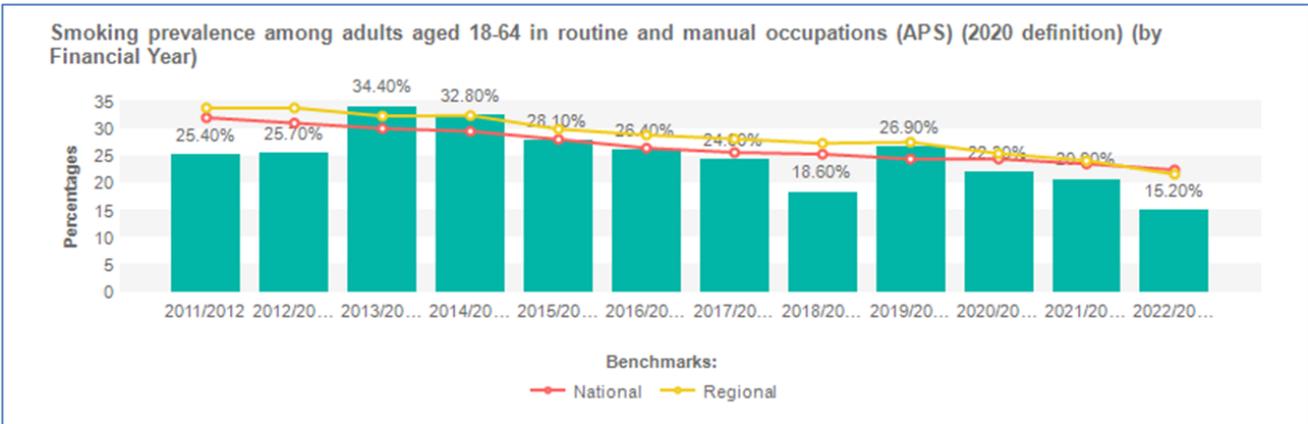
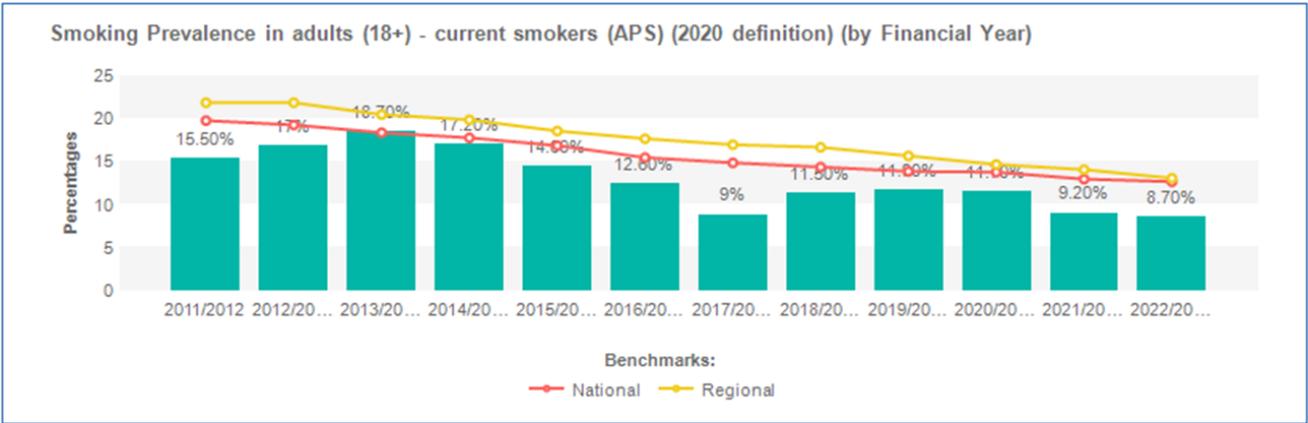




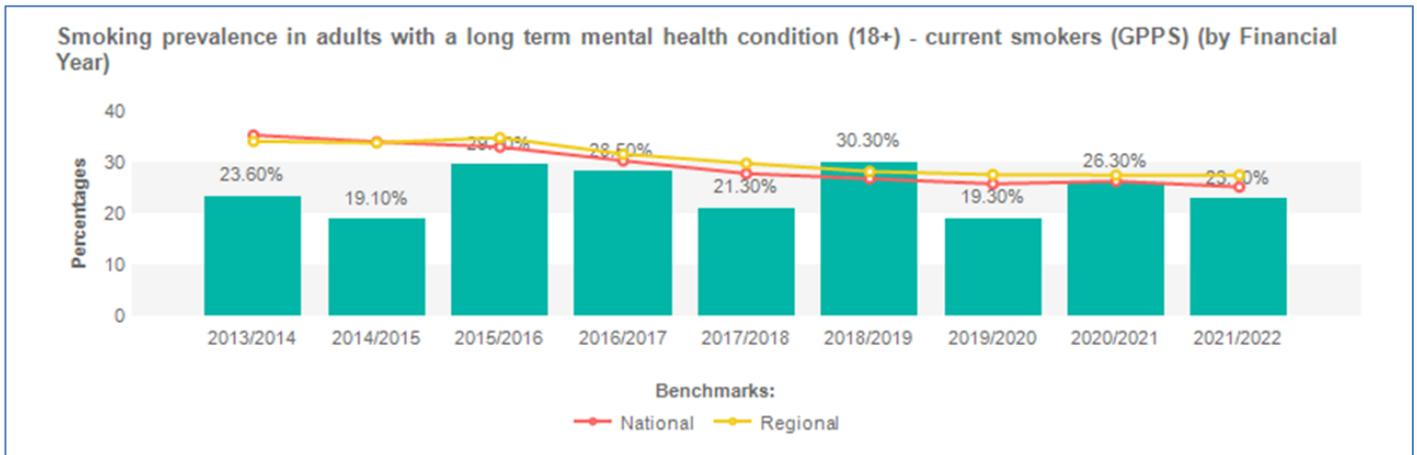
**Goal 3: Bring smoking rates down below 5% for all population groups**

There has been a clear downward trend in smoking rates in York over the last 12 years in most key groups.

- Smoking prevalence in adults (18+) in York has fallen from 15.5% in 2011/12 to **8.7%** in 2022/23
- Smoking prevalence in adults aged 18-64 working in routine and manual occupations in York has fallen from 25.4% in 2011/12 to **15.2%** in 2022/23
- Smoking prevalence in mothers at the time of delivery in York has fallen from 13.9% in 2010-11 to **8.1%** in 2022/23.

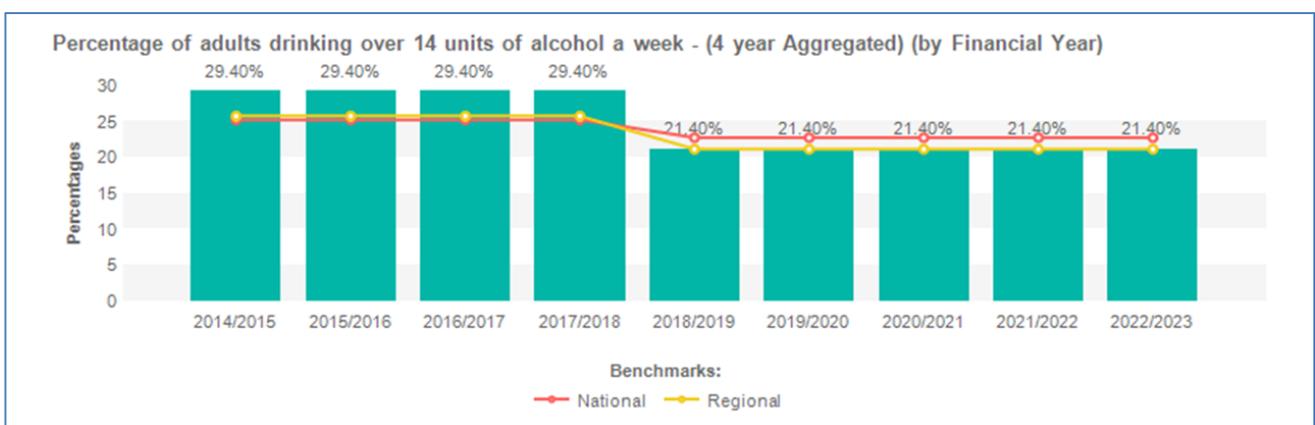


Smoking rates in adults with a long-term mental health condition in York have not shown a clear downward trend over the last 9 years. The rate was 23.6% in 2013/14 and was 23.1% in 2021/22



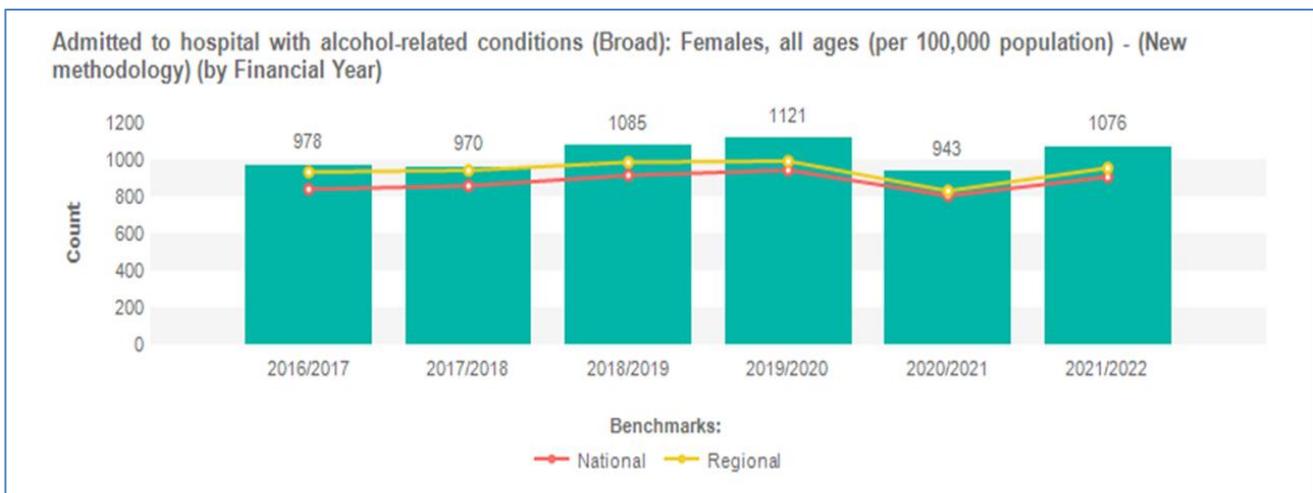
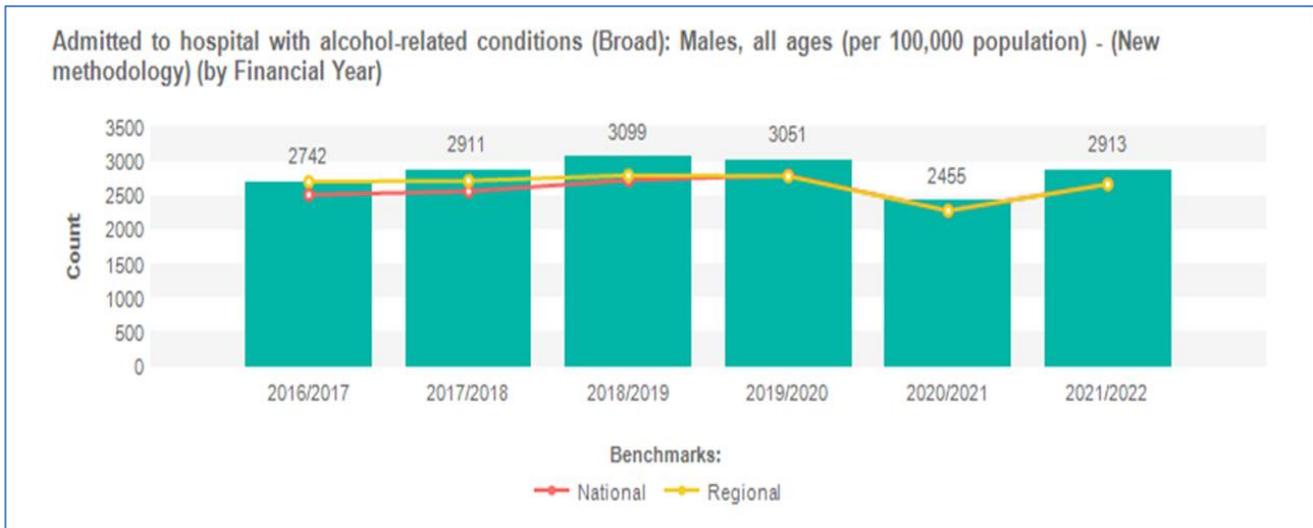
**Goal 4: Reduce from over 20% to 15% the proportion of York residents drinking above the Chief Medical Officer’s alcohol guideline (no more than 14 units a week)**

Data on the percentage of people aged 18+ who reported that they usually drink more than 14 units of alcohol a week is available from the Health Survey for England (HSE). In order to provide a robust sample data is aggregated from 4 years of HSE data. The most recent figure is 21.4% for York which is an improvement on the previous value of 29.4%.



Six years of trend data are available, showing admission rates to hospital for alcohol related conditions for males and females. Admission rates are higher for males than for females (2,913 per 100,000 v 1,076 per 100,000).

For males and females there was an increasing trend in admissions between 2016/17 and 2019/20. Admissions fell in 2020/21, presumably due to the national Covid-19 lockdowns. In 2021/22 rates went back up but did not quite return to the pre-Covid-19 rates.





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**Health and Wellbeing Board****22 November 2023**

Report of the Director of Public Health

**Director of Public Health Annual Report 2023: Domestic Abuse****Summary**

1. The production of a Director of Public Health Annual Report is a statutory duty set out in the Health and Social Care Act 2012. Every upper tier and unitary local authority Director of Public Health has a statutory duty to produce an independent report in their role as the chief advocate for the health of the local population and the local authority has a duty to publish it. The Executive Member for Health, Wellbeing and Adult Social Care approved the publication of the report at their decision session on 15 November 2023.
2. Directors of Public Health (previously Medical Officers of Health) have been producing annual reports on the state of the health of the population of York for over a century and these can be found in the city archives.
3. For 2023, the report is focused on the important issue of domestic abuse. A copy of the report is attached as an Annex.

**Background**

4. The World Health Organisation has identified domestic abuse as a major public health issue which has a profound impact on victims, survivors, and wider society. The prevalence of domestic abuse was vividly highlighted during the COVID-19 pandemic with an increase in the number of cases being reported across the country and here in York.
5. The Domestic Abuse Act 2021, for the first time, created a legal definition of domestic abuse and also set out a requirement for the establishment of Local Domestic Abuse Partnership Boards

(LDAPB). In response to the Act, the Director of Public Health has established a York LDAPB as a multi-agency group to co-ordinate a city-wide approach to tackling domestic abuse. The report covers some of the key areas the Board has been working on together and where people can access help.

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

6. The Director of Public Health Annual Report 2023 is structured in such a way that it provides the reader with a national and local context for domestic abuse, including definitions of the types of domestic abuse and the impacts on victims of abuse over the short and longer term. An overview of local commissioned services for domestic abuse is provided together with an explanation of the governance arrangements for work on domestic abuse in York.
7. The report makes four recommendations:
  - a) Develop a new domestic abuse strategy which is evidence based and informed by the work of the Local Domestic Abuse Partnership Boards for York and North Yorkshire.
  - b) Increase awareness of domestic abuse and introduce targeted learning to young people about abusive behaviours.
  - c) As domestic abuse support services are re-commissioned ensure that their work reflects the Domestic Abuse Act 2021 and that they are inclusive and accessible to all victims.
  - d) Work to capture the voice of domestic abuse victims and survivors to help inform service provision and local partnership working.
8. The implementation of these recommendations will be overseen by the Safer York Partnership.

### **York: The Pandemic Years, Director of Public Health Annual Report 2020-2022**

9. The 2023 annual report has a section in chapter 8 which summarises the work being undertaken to address the recommendations in the 2020-2022 Director of Public Health Annual Report. These recommendations are listed below:

- a. Public Health must build on the city-wide partnership working relationships developed during the response to the COVID-19 pandemic and lead the development of a York strategy for 'Living with Covid' to be adopted by all city partners.
  - b. The Director of Public Health to establish a York Health Protection Committee with responsibility for ensuring that the city has the necessary plans in place to respond to large scale events such as future pandemics, disease outbreaks and the health impacts of adverse weather events, learning from the experience of the COVID-19 pandemic. The York Health Protection Committee to present an annual report to the Health and Wellbeing Board on progress together with recommendations for action.
  - c. Children and young people in York, and across the country, have been particularly badly affected by the lockdowns and other restrictions over the past two years. The 2022 School Survey into the Health and Wellbeing of Children and Young People in York has identified a number of needs that will have to be addressed if we are to succeed as a city in giving every child and young person the best start in life. The Children and Young People's Health and Wellbeing Board should use the findings in the 2022 school survey to inform the development of a new children's plan for York that is adopted by all key partners.
  - d. We know that that the COVID-19 pandemic has had wider impacts on the health behaviours of some residents. Alcohol consumption has increased, the numbers of people reaching recommended levels of physical activity have gone down and many people are struggling with their mental health and extra weight gained during lockdowns. It is recommended that the council's Public Health team continue to lead an evidence-based approach to tackling these issues across the city working with individuals, families, communities, and our partners in focusing our collective efforts on those who need the help most.
10. A brief summary on progress made over the last year against each of these objectives is included in the report and I encourage Board members to read this section of the 2023 annual report for further information.

11. Given the city is still experiencing some of the negative impacts of the COVID-19 pandemic, however, the Board may wish to commission the Director of Public Health to produce further more detailed reports on progress against any of these recommendations.

### **Options**

12. There are no options to consider. The production of an independent Director of Public Health Annual Report is a statutory requirement.

### **Strategic/Operational Plans**

13. The report is linked to the York Community Safety Strategy 2023-2026 which has identified domestic abuse as one of its priorities. There is a general link across to the York Joint Health and Wellbeing Strategy 2022-2032 and the City of York Council Plan 2023-2027 because of the health inequalities impacts experienced by victims of domestic abuse and the need to tackle these as part of the new Domestic Abuse Strategy and implementation plan currently in development.

### **Implications**

14. There are no specialist implications in this report.

### **Risk Management**

15. There are no risks associated with this report.

### **Recommendations**

16. The Health and Wellbeing Board are asked to:
  - i. Receive the report.
  - ii. Agree to support the recommendations.
  - iii. Note the progress being made on the recommendations of the 2020-2022 Director of Public Health Annual Report.

Reason: It is a statutory requirement for the Director of Public Health to produce an annual report and the Health and Wellbeing Board need to be aware of the recommendations within it.

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**Report** ✓ **Date** 14 November 2023  
**Approved**

**Wards Affected:** All

**Annexes:**

Annex A – Director of Public Health Annual Report 2023

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# Director of Public Health Annual Report

— Domestic abuse in York

# 20 23

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“ I didn't have to suffer alone, I got support and became confident enough to report him to the Police.”

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# Introduction from Director of Public Health

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## Ending domestic abuse is everyone's business

This year my Director of Public Health Annual Report focuses on the important subject of domestic abuse.

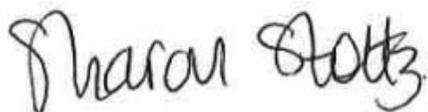
It is estimated that the national annual cost of domestic abuse is upwards of £66 billion in costs associated with the long-lasting emotional and mental impacts, physical health care, policing, criminal justice and lost productivity.

Domestic abuse is a crime often hidden from view since takes place in people's homes, usually behind closed doors. It often goes unreported as victims, including children who may witness the violence, may not report the abuse for many different reasons including the fear of reprisals from the perpetrator.

Domestic abuse has a profound and lasting impact on victims and survivors and wider society. The impacts on children in a home where domestic abuse is happening are especially severe with impacts on their mental and physical health, safety and educational attainment. Domestic abuse also makes a significant contribution to family breakdown and is one of the main causes of family homelessness. It increases the risk of poverty for victims and their children.

The prevalence of domestic abuse was vividly highlighted during the COVID-19 pandemic with a much greater increase in cases being reported across the country and here in York.

Ending domestic abuse is everyone's business and requires a co-ordinated response from all agencies and greater awareness across society of its impacts. York has a Local Domestic Abuse Partnership Board which brings key partners together to provide such a co-ordinated response. The report covers some of the key areas the Board has been working on together and where to get help.



Sharon Stoltz

Director of Public Health

# Chapter 1: Defining domestic abuse & national context

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## Domestic Abuse Act

The Domestic Abuse Act 2021, for the first time, created a legal definition of domestic abuse. According to the act behaviour is classed as “domestic abuse” if:

- ➔ Both individuals are over 16 years of age.
- ➔ Both individuals are personally connected to each other and the behaviour is abusive, whereby personally connected refers to individuals who are married, are civil partners, have agreed to marry or be in a civil partnership, they are or have been in an intimate relationship, they are or have been in a parental relationship to the same child or they are related.

Children are also classed as victims of domestic abuse if they:

- ➔ See or hear, or experience the effects of, the abuse
- ➔ Are related to the victim or perpetrator.

Domestic abuse can be any of the following behaviours:

- ➔ Physical or sexual abuse
- ➔ Violent or threatening behaviour
- ➔ Controlling or coercive behaviour
- ➔ Economic abuse
- ➔ Psychological, emotional, or other abuse

It should be mentioned that domestic abuse can happen to anyone—regardless of age, background, gender identity, ethnicity, religion, sexual orientation, or sex. Some people, particularly women, are more likely to be victims and are more likely to be seriously hurt or killed as a result of domestic abuse.

## Why this Act was passed

One in three women worldwide have experienced domestic abuse in their lifetime<sup>1</sup>. This reality is also common in England and Wales, where it is estimated that 1 in 5 adults experience domestic abuse in their lifetime<sup>2</sup> and, up to 130,000 children are living in homes where they are at high risk of serious harm from domestic abuse.

 **One in three women worldwide have experienced domestic abuse in their lifetime.**

Domestic abuse can have a negative impact on victims' physical health and emotional wellbeing. For example, victims of physical abuse may suffer a variety of injuries, ranging from bruising to broken bones, all of which have a long-term impact on the victim. Subsequently, victims of domestic abuse are also likely to suffer long-term mental health issues and are more susceptible to alcohol or substance misuse.

Although domestic abuse can affect anyone, most cases involve women and children. Previously, there were many scenarios whereby a non-abusive parent within a household was the only recognised victim of domestic abuse.

However, following the introduction of the Domestic Abuse Act (2021), children witnessing domestic abuse or living within homes where domestic abuse is present are now also classed as victims in their own right. Evidence suggests

1 [One in three women are subjected to violence - WHO - BBC News](#)

2 [About domestic abuse - Refuge](#)

that children who experience domestic abuse are more likely to become perpetrators of domestic abuse in their future relationships, highlighting the need to ensure appropriate support and education for these children relating to healthy behaviours and relationships<sup>3</sup>.

Most domestic abuse incidents will require involvement from organisations such as the police, hospitals, courts, doctors, and other public services. This means that domestic abuse incidents impact on the capacity of public services, as services are required to respond efficiently and prioritise the limited resources available. Furthermore, as victims of domestic abuse tend to suffer from long term physical and mental health problems<sup>4</sup> this has a subsequent impact on the economic cost of domestic abuse through lost productivity due to people being off sick from work.

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3 [The Consequences of Witnessing Family Violence on Children and Implications for Family Counselors - Christopher M. Adams, 2006 \(sagepub.com\)](#)

4 [How widespread is domestic abuse and what is the impact? | Safelives](#)

At present, it is costing the UK government **230 million pounds** to tackle domestic abuse. This includes:

- ➔ **£3 million** of funding is given to the police for training its staffs to help support victims and survivors.
- ➔ **£75 million** to Home Office to tackle perpetrators of domestic abuse.
- ➔ **£48 million** given to organisation to pay for support services in local areas.

Like most countries, the UK experienced an increased number of domestic abuse incidents during the COVID-19 pandemic. Several studies found that lockdown restrictions increased the severity of abuse and made it difficult for victims to leave or seek help<sup>5</sup>. The other factor which increased victims'

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5 [Shadow\\_Pandemic\\_Report\\_FINAL.pdf \(womensaid.org.uk\)](#)

vulnerability is the cost-of-living crisis, which caused financial strain for more households. The national domestic abuse charity Safelives published a report which highlighted that victims of domestic abuse are being faced with a choice of remaining in an unsafe home or face financial destitution or homelessness<sup>6</sup>. These circumstances alongside other long standing efforts such as the publication of the Domestic Homicide Review report and, the European Union Gender Equality Strategy 2020, have collectively brought the need for a national response to tackle domestic abuse.

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“My partner sets up new direct debits on my account without me knowing.” – [Recognising financial & economic abuse](#)

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6 [Domestic abuse and the cost of living crisis | Safelives](#)

## Why is the DA Act important?

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“He uses child arrangements as an excuse to harass me with messages.” – [Recognising psychological & economic abuse](#)

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The creation of the act emphasises that domestic abuse is not just physical violence, but it can also be violent and threatening behaviour, emotional abuse, controlling or coercive behaviour or economic abuse. The provision of a legal definition of domestic abuse has also removed uncertainty as to what we mean by domestic abuse. The Domestic Abuse Act (2021) also aims to further support victims of abuse, encouraging victims to come forward by holding perpetrators to account by providing the police more legislative powers. The act places a duty on local authorities to provide accommodation-based support to domestic abuse victims and their children. Furthermore, the Domestic Abuse

 Up to 130,000 children are living in homes where they are at high risk of serious harm from domestic abuse.

Act established the domestic abuse commissioners (DAC) office and appoints a commissioner with specific powers to ensure, victims voices are amplified, public knowledge about domestic abuse is increased, and the power to hold agencies and government to account in tackling domestic abuse.

## Recognising the signs of domestic abuse in victims

Each experience of domestic abuse is unique. In some instances, the victim themselves does not recognise they are in an unhealthy relationship. Though widely unreported, feelings of shame, financial dependence, fear of retaliation, and embarrassment can all contribute.

Nonetheless, there are common factors that may indicate an individual is experiencing abuse. These can include:

- Social withdrawal
- Isolation from friends and family
- Changes in behaviour – anger, anxiety, aggression
- Lack of confidence and self-esteem
- Bruising or other visible signs of injury
- Monitoring of social media use
- Masking – attempts to hide signs such as bruising by wearing long sleeved clothing

## Chapter 2: The impact of domestic abuse on public health

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Public Health is the science of protecting and improving the health of the population and local communities. In this chapter, the focus is on the health consequences of domestic abuse at a population level. Individual experiences may differ.

The many different forms of domestic abuse were discussed earlier in this report, but the World Health Organization (WHO) has warranted domestic abuse to be a “major public health problem.” The prevalence of domestic abuse in all forms, both nationally and locally, is extremely concerning and can have devastating short and long-term impacts that can be

deep-rooted and persist long after the event. Evidence<sup>7</sup> suggests that the more severe the abuse, the greater the risk of long-term impacts, and whilst support is available to promote recovery, the impacts can be seen in all aspects of physical, mental and sexual health and wellbeing. In the worst cases, domestic abuse can lead to mental illness so severe that it leads to suicide.

 **World Health Organization (WHO) has warranted domestic abuse to be a “major public health problem.”**

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<sup>7</sup> [Bo, Liu., Yating, Peng., \(2023\), Long-Term Impact of Domestic Violence on Individuals., MDPI Behavioural Sciences 13\(2\): 137](#)

## The short-term health impacts of domestic abuse

Short-term health consequences may result directly from the abuse itself. This is particularly noted in physical and sexual abuse, though mental ill health arising from emotional and financial abuse is also seen. The following provides some examples of the health impacts of domestic abuse, all of which may differ in severity depending on factors such as the severity of abuse, the period of time abuse has taken place, the type of abuse, and the age of the victim.

Victims of domestic abuse may experience the following:

- ➔ Injuries such as broken bones and bruising
- ➔ More serious injury including compound fractures, internal organ damage or shock
- ➔ Shortness of breath
- ➔ Confusion

- ➔ Poor mental health – 50% of domestic abuse victims had already been diagnosed with a mental illness, such as depression and anxiety<sup>8</sup>
- ➔ Anxiety
- ➔ Depression
- ➔ Low self-esteem
- ➔ Post-traumatic stress disorder
- ➔ Poor mental resilience
- ➔ Eating and sleep disorders
- ➔ Emotional detachment
- ➔ An inability to trust others

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<sup>8</sup> [University of Birmingham: Women who are Experiencing Domestic Abuse are Nearly Three Times as Likely to Develop Mental Illness, 2019](#)

The impact domestic abuse has on a victim’s behaviour has also been observed and domestic abuse may result in victims being more likely to display the following behaviours:

- ➔ Substance misuse, including drugs and alcohol
- ➔ Multiple sexual partners, and choosing abusive partners later in life
- ➔ Lower rates of contraception and condom use
- ➔ Increased risk of engaging in criminal behaviour
- ➔ Disassociation – a detachment from reality, often described as an “out of body” experience

“ I haven’t seen my friends in a long time, my partner makes planning things difficult.”

– Recognising coercive & controlling behaviour

Sexual abuse occurs within a relationship it is a form of domestic abuse and victims of sexual abuse may experience:

- ➔ Sexually transmitted infections (STIs)
- ➔ HIV
- ➔ Unintended pregnancy which may result in termination
- ➔ Complications with pregnancy including miscarriage
- ➔ Unspecified vaginal bleeding
- ➔ Urinary tract infections
- ➔ Painful sexual intercourse
- ➔ Injury to genitals
- ➔ Increased risk of cervical and uterine cancers
- ➔ Sexual dysfunction

“ Even when I am not up for sex, he will force himself onto me.”

– Recognising physical & sexual violence

## Long-term impacts on health

Experiences of traumatic events, including domestic abuse, have been known to lead to long-term conditions and adverse health outcomes. In some cases, these can occur many years after the event. Studies<sup>9</sup> have also suggests other cumulative disadvantage like early exposure can lead to increased risk of poor health outcomes in later life.. people who have reported a history of abuse have generally also experienced broad range of chronic health and psychological problems. These have included functional digestive disorders such as irritable bowel syndrome (IBS) and abdominal pain, headaches, non-specific low back pain, chronic pelvic pain. Memory loss, mobility problems and the feeling of being unable to carry out daily activities have also been reported health issues displayed by victims of domestic abuse.

9 [Mock, Steven. E., Arai, Susan. M., \(2011\) \*Childhood Trauma and Chronic Illness in Adulthood: Mental Health and Socioeconomic Status as Explanatory Factors and Buffers\*, Frontiers in Psychology, 1: 246](#)

## Wider determinants of health

The wider determinants of health are a diverse range of social, economic and environmental impacts on people's health. Influences can be local or extend internationally and have the power to shape the conditions of daily life. Differences in factors such as access to education, employment, affordable housing, healthy food results in avoidable health inequalities, meaning where a lack of these factors exist this typically results in poorer health outcomes.

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“ I wear clothing that covers my arms because of what happens behind closed doors.” – [Recognising physical & sexual violence](#)

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Domestic abuse is prevalent in all societies and cultures. Nonetheless, social factors such as age, marriage, low education attainment, unemployment or insecure employment may adversely increase the risk of experiencing abuse. People with higher incomes, for example, will generally enjoy better health

and have longer life expectancies than people on lower incomes. Lower incomes can then extend to challenges in securing safe accommodation in areas of higher deprivation or where crime rates may be higher. Consequently, the issue of feeling safe can impact on social support networks. Feeling connected with friends, family, and the community at large are important factors in helping people weather the harder periods in life. Confiding in someone in a non-judgemental and practical scenario has been shown to be beneficial to health; the amount of positive social contact and emotional support being attributed to lower premature death rates and long-term medical conditions like cardiovascular disease.

Both men and women can be victims of domestic abuse, however:

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“ In England, intimate partner violence (IPV) was more prevalent and severe in women than in men. In general, there was a social gradient for physical IPV in women only, and not for emotional-only IPV in either gender. This suggests that interventions across the social spectrum are appropriate for emotional IPV prevention, but that policies for physical IPV prevention should particularly address the needs of women from deprived backgrounds.”<sup>10</sup>

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<sup>10</sup> Khalifeh, H., (2013), *Intimate Partner Violence and Socioeconomic Deprivation in England: Findings From a National Cross-Sectional Survey*, *Am J Public Health* 103(3): 462-472

# The effects of domestic abuse on children

The Domestic Abuse Act 2021 recognises that children who are exposed to abuse in the home are also now classed as victims of domestic abuse. Being witness to, or directly experiencing abuse can increase the risk of long-term physical and mental health problems. There is some evidence<sup>11</sup> that suggests children that are exposed to violence, are at risk of becoming violent in future relationships.

<sup>11</sup> Moylan, C.A., (2010)., *The Effects of Child Abuse and Exposure to Domestic Violence on Adolescent Internalizing and Externalizing Behavior Problems*, J Fam Violence. 2010 Jan; 25(1): 53–63

## Short-term effects

### Pre-school children

- ➔ Signs of regression including bed-wetting, thumb-sucking, whining.
- ➔ May show signs of anxiety such as hiding or display severe separation anxiety.

### School-aged children

- ➔ Feelings of guilt- can blame themselves
- ➔ Low self-esteem and may have poor academic attainment, have fewer friends and not engage in activities and classes.
- ➔ Somatic physical symptoms can be present including stomach pain and headaches.

### Teenagers

- ➔ Truancy, engagement in risky behaviours such as alcohol and drug use, unprotected sex
- ➔ Low self-esteem and trouble making friends
- ➔ May be bullies and can be in trouble with the law.
- ➔ Girls are more likely to be withdrawn and experience depression/anxiety.

## Long-term effects

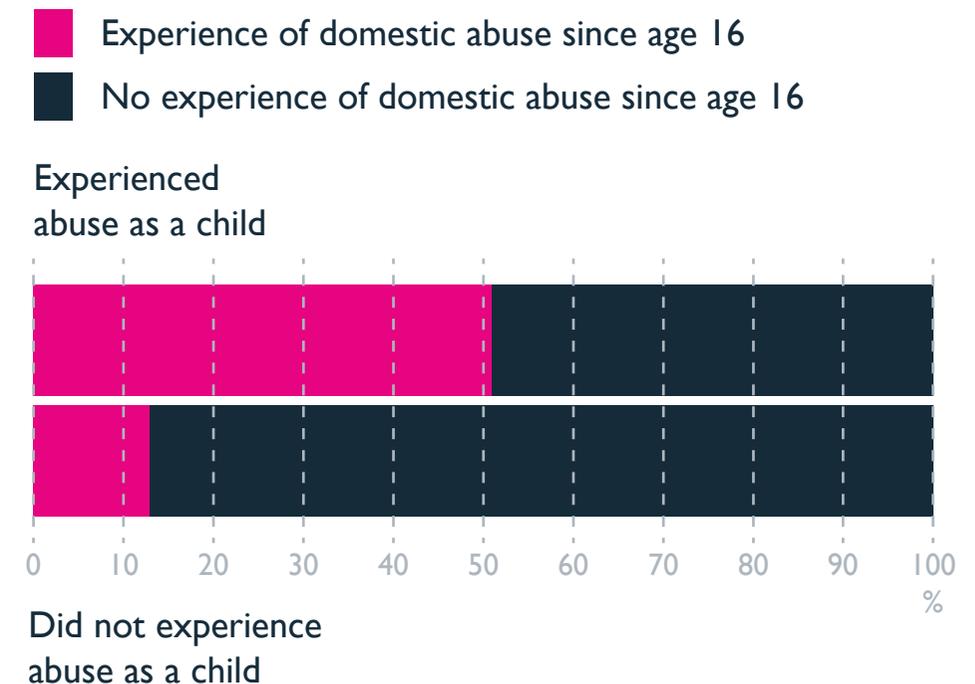
Children who have been exposed to domestic abuse in the home can suffer long-term effects. Experiencing elevated stress levels for long term periods of time can negatively impair cognitive function and impede brain development.<sup>12</sup>

Early behavioural changes can include irritability and emotional distress, problems with sleep, immaturity, and problems with language development. In later life, adults who were exposed to abuse as children were observed as being at greater risk of substance use disorders, criminal behaviour, mental illness and suicidal tendencies, and teenage pregnancy, than those who had no such exposure.

Recent analysis from the Office of National Statistics (ONS) suggests that over half (51%) of adults who experienced domestic

abuse as a child will experience abuse as an adult. Women who were survivors of child abuse were more likely than men to experience abuse as an adult (57% compared with 41% of men).

## Survivors of child abuse or not and whether they experienced domestic abuse as an adult, CSEW year ending March 2016



Source: Crime Survey for England and Wales, Office for National Statistics

<sup>12</sup> [Harrison, O., \(2021\), \*The Long-Term Effects of Domestic Violence on Children\*, Children's Legal Rights Journal, Vol 41, Issue 1](#)



**51%**  
of adults

who experienced domestic abuse as a child will experience abuse as an adult.



**57%** / **41%**  
of women / of men

who were survivors of child abuse were more likely than men to experience abuse as an adult.

Source: Crime Survey for England and Wales, ONS

## The financial impact of domestic abuse on the NHS

Domestic abuse places a heavy burden on health across the life course. The economic impacts are equally burdensome and can be associated with loss of working hours as well as medical costs. The costs of domestic abuse to the NHS in England and Wales have previously been estimated to be **£2.3 billion** (Oliver et al., 2019). The Domestic Abuse Bill 2021 recognises that an integrated healthcare response to domestic abuse will:

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“Reduce costs within the NHS... To implement a hospital based Independent Domestic Violence Advisor (IDVA) in each hospital would cost £15.7 million and to commission Identification and Referral to Improve Safety (IRIS) in general practices nationally would cost £25 million. Both hospital-based IDVAs and the IRIS programme are highly cost-effective and cost-saving for the NHS.”

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# Chapter 3: Domestic abuse in York

## The local picture

York has a population of 202,821 residents, which represents a 2.4% rise between 2011 and 2023 based on the latest census data, with a further forecast increase of another 13,000 individuals.

The city of York is classed as predominantly urban and has an aging population, with the over 65 population growing year on year and has risen 12.7% since 2011. Similarly, there are currently 9,854 people over the age of 80 living in York. York also has 48,779 students living in the city, which is due to having two universities, the University of York and York St John University.



7.3% of residents in York are from black or minority ethnic groups, 5.5% are from white but non-British background and 10.8% were born outside the UK. York has a higher than average LGBTQIA population compared to the regional and national statistics (5.5% York, 3.0% region, 3.1% England & Wales). Over 17.1% of residents are disabled and 7.7% have carer responsibilities.

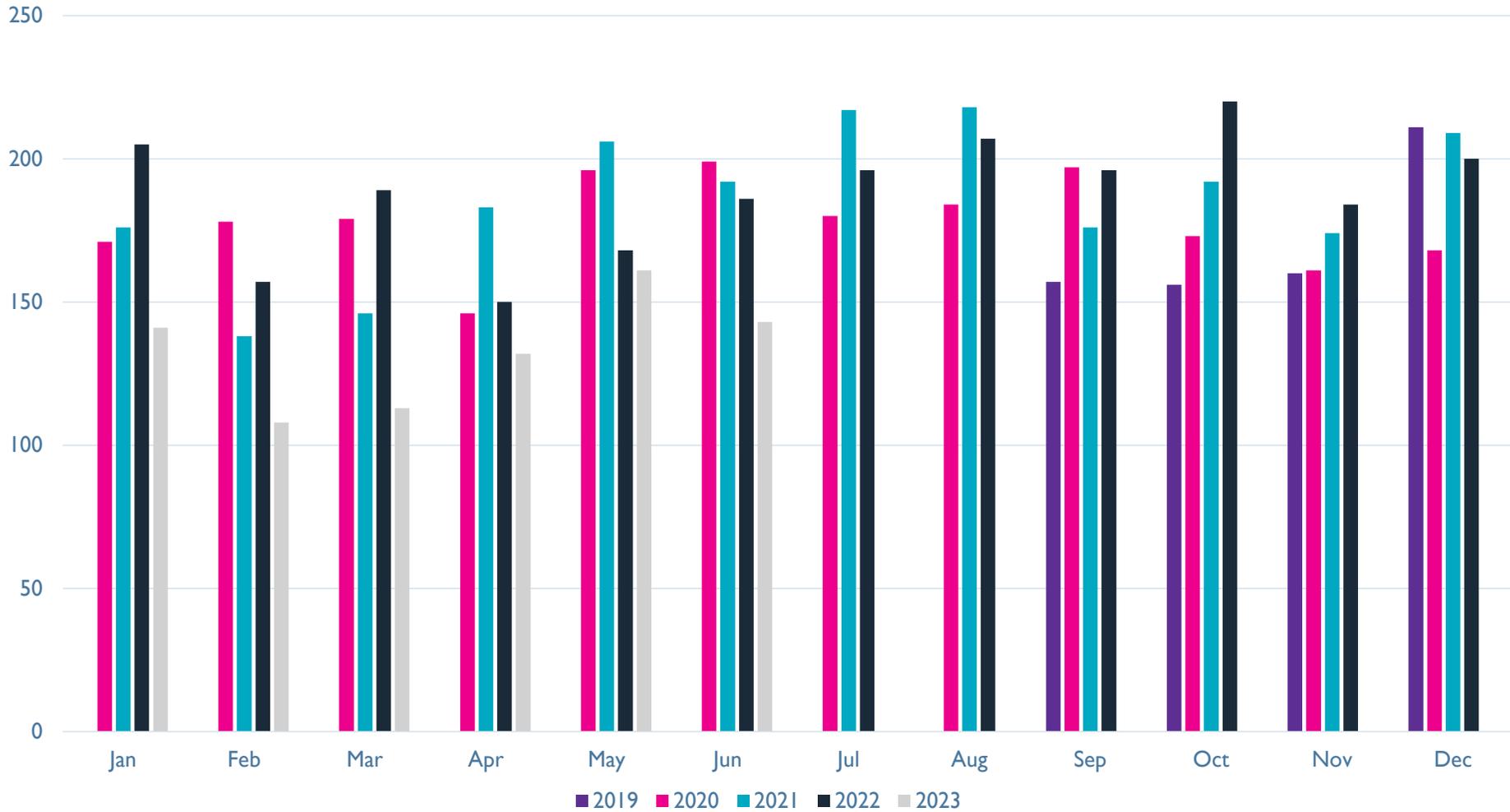
According to the 2019 Indices of Multiple Deprivation (IMD) York has risen 5 places since 2015 and is currently ranked 140<sup>th</sup> out of 151 upper tier local authorities.

With regards to domestic abuse, in the 2022/2023 financial year there were 2,069 domestic abuse related crimes recorded by North Yorkshire Police that had occurred in York. The greatest number of domestic abuse related crimes were reported in Guildhall (263), Westfield (249), Micklegate (200) and Heworth (190) during the same period. Of the 2,069 reported crimes, 72% of victims were female, typically aged between 20-39 years, whilst 73% of suspects were male of the same age range.

North Yorkshire Police domestic abuse related crimes (York)			
	20/21	21/22	22/23
Q1 (Apr-Jun)	541	581	504
Q2 (Jul-Sep)	561	611	599
Q3 (Oct-Dec)	502	575	604
Q4 (Jan-Mar)	460	551	362
Total	2,064	2,318	2,069

Domestic abuse crimes – York

*NYP Crimes Record*



## Local governance and achievements

### Domestic Abuse Local Partnership Board

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As part of the statutory requirements within the Domestic Abuse Act (2021) all tier 1 local authorities were required to establish a domestic abuse local partnership board (DALPB), bringing together organisations to have a coordinated response to addressing domestic abuse. In York, the DALPB has a key strategic role in ensuring services in York that may engage with victims and survivors of domestic abuse meet their needs and provide the necessary support. This involves ensuring there is a system and a culture in York that enables victims of domestic abuse to have the confidence to come forward to access support services, whilst also empowering victims and survivors to report the abuse they have received where they wish to do so.

The COVID-19 pandemic resulted in an increase in both the number of domestic abuse incidents reported to North Yorkshire Police and the number of individuals accessing local specialist services. Consequently, the York DALPB has increased capacity within local specialist services to ensure victims of domestic abuse are able to access the support they require promptly and via a method that is easily accessible for them. In addition to this, a package of training has been developed to upskill local frontline professionals who may encounter victims of domestic abuse, enabling them with the knowledge and tools to be able to identify and respond to instances of domestic abuse.

As part of our work on providing safe accommodation we have commissioned an external needs assessment to ensure that we have the appropriate number of available units of accommodation for the number of domestic abuse incidents happening locally. In addition to this, we have also commissioned a wider system review of the local domestic abuse partnership

arrangements, ensuring that we have effective governance in place. Both the safe accommodation needs assessment and the wider system review have been undertaken by the national domestic abuse charity SafeLives. These have provided recommendations which will inform our future work and the development of our new domestic abuse strategy that will be published in 2024.

### Domestic abuse strategy

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Our existing domestic abuse strategy was published in 2018, prior to the COVID-19 pandemic and the Domestic Abuse Act (2021), both have which significantly impacted the local need and response to domestic abuse. Our new strategy will provide an emphasis on how we aim to adopt a public health approach to addressing domestic abuse, focussing on prevention and creating a culture whereby the different forms of domestic abuse are clearly understood, enabling people to feel empowered to challenge abusive behaviours.

This will strengthen the existing work of our specialist services to ensure that the authentic voice of victims and survivors is integral to our future partnership working, whilst also holding perpetrators to account.

Consequently, our new strategy will be themed around 4 priorities which are:



**Drive change together**



**Accountability**



**Authentic & inclusive support for all**



**Prevention and early identification**

## MARAC & MATAAC

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There are multi-agency processes in place for managing high risk cases of domestic abuse for both victims and perpetrators, which are led locally by North Yorkshire Police. Multi-agency risk assessment conferences (MARAC) enable the sharing of information on the highest risk domestic abuse cases between key stakeholders including local police, health, child protection, housing, Independent Domestic Violence Advisors (IDVAs), probation and other specialists from the statutory and voluntary sectors. Partners discuss options for increasing the safety of the victim, which includes developing a joint coordinated action plan that will be implemented across all services engaging with the victim. We've undertaken a piece of work with all partner agencies to ensure their ongoing commitment to

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“She felt lonely and isolated, which had got worse since becoming pregnant as a result of being raped.” – [Recognising violent & threatening behaviour](#)

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contributing to the MARAC, ensuring the most accurate and up-to-date information can be shared between agencies. Our MARACs take place twice per week in York to ensure a timely response to referrals, with our primary focus being to safeguard victims as effectively and efficiently as possible.

The multi-agency tasking and coordination (MATAAC) process works in a similar way to MARAC but instead aims to assess and plan a bespoke set of interventions which target and disrupt serial perpetrators. The planning involved in managing perpetrators identified via MATAAC includes working to support individuals to address their behaviour, one method of which is via the +Choice programme that we jointly commission with Office of the Police, Fire and Crime Commissioner (OPFCC) for North Yorkshire and North Yorkshire Council.

## Multi-agency training

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Following the inception of the Domestic Abuse Local Partnership Board it was deemed that a comprehensive training framework was required to ensure that frontline practitioners, across all local stakeholders, had a suitable awareness and understanding of the new definition of domestic abuse.

Consequently, City of York Council Public Health commissioned local domestic abuse specialists IDAS to deliver a multi-agency training package.



This training is free to all professionals, to help services recognise and respond to incidents of domestic abuse, whilst providing them with an awareness of local referral pathways for support.



Commissioned in September 2022, the training engaged **281 individuals** from **67 agencies** in quarter 3 from October 2022 until December 2022, whilst subsequently providing training for **321 professionals** across **48 organisations** in Q4 from January 2023 until March 2023. The training has remained in place for the 23/24 financial year, providing a further **66 sessions** for up to **1,650 local professionals**.

## Chapter 4: Local commissioned services

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### Joint commissioning arrangements

Within public health we lead on the City of York Council's commissioning of local specialist domestic abuse services. All of our specialist domestic abuse services are currently jointly commissioned between City of York Council, the Office of the Police, Fire and Crime Commissioner (OPFCC) for North Yorkshire and North Yorkshire Council. Due to the geography of North Yorkshire and the jurisdiction covered by North Yorkshire Police it is more appropriate to work collaboratively on our approach to prevent a postcode lottery in the services available to victims of domestic

abuse, something which Nicole Jacobs, Domestic Abuse Commissioner for England and Wales, was keen to address in the [patchwork of provision report](#).

### Service provision for victims

Our current services for victims of domestic abuse are provided locally by IDAS. IDAS operate a hub and spoke model, whereby a central point receives all referrals and can then undertake appropriate triage and assessment to ensure victims get the most appropriate support. The offer consists of:

- ➔ IDAS Hub & Helpline - a single point of contact for referrers and people calling the helpline.

- ➔ Community-based victim support - community teams situated across various sites in North Yorkshire & City of York, which are fully embedded in each local area. This local knowledge is vital in helping to support the people who require longer-term support to prevent mental illness or social isolation.
- ➔ Refuge and accommodation support – a mixture of refuge and dispersed units of emergency temporary accommodation for victims escaping abuse.
- ➔ Domestic abuse whole family approach (DAWFA) service - this programme supports adult and child victims of domestic abuse, and where it is safe to do so, works collaboratively with specialist agencies to challenge and help change the behaviours of those who’ve caused harm in the family.
- ➔ Respect service - an early intervention for families where a child or young person is displaying abusive behaviours towards their parent or carer.

### Service feedback

#### Community-based support

“No-one else stuck by me or tried to help me and you never gave up on me.”

“What you are doing on the front line is literally saving lives and most importantly saving children’s futures”

#### Safe accommodation

“just wanted to let you all know we get the keys today for our new home, thanks again so much for getting us here and all the help and support you’ve continued to give our family”

 **Respect**

“Respect has done my son a lot of good and he has enjoyed the programme. It was good to have support for those moments when you are really struggling”

## Service provision for perpetrators

Whilst it is essential that we have support services in place for victims of domestic abuse it is important that we work to address perpetrator behaviour, tackling domestic abuse to prevent it happening in the first place and ensuring perpetrators take accountability for their actions. Consequently, we also jointly commission a behaviour change programme for perpetrators, known as +Choices, which is provided by Foundation. The programme is delivered as part of a whole system where partners, ex-partners and/or other family members are also offered access

to the integrated support service. A dedicated victim liaison officer (VLO) will be the first point of contact when a perpetrator is engages with the programme, who will work with IDAS and other agencies to ensure a coordinated safe and victim focussed approach.

As part of their work in addressing perpetrator behaviour Foundation delivered awareness raising sessions to over 70 agencies and over 1000 professionals during the 2022-2023 financial year.

**+Choices data:**

- ➔ 122 supported clients
- ➔ 100% of clients had an agreed exit strategy
- ➔ 75% of clients evidencing reduced risk based on conversations with victims

**+Choices feedback:**

- ➔ “I learnt what kids can pick up on and how an adult’s behaviour can influence a child’s behaviour”
- ➔ “I will behave differently in my relationship and treat my partner differently, better”



**17,012**

helpline calls received by the IDAS Hub (average of 1,418 per month)



**9,739**

referrals to the IDAS Hub



**8,389**

completed safety plans

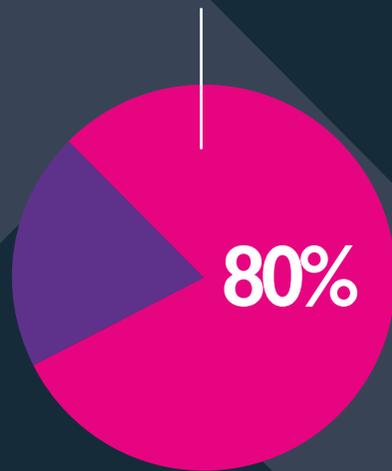


**1,784**

referred to community-based victims service for longer term support



**210 adults**  
**132 children**  
supported by the DAWFA service



of which had needs met by the IDAS Hub



**264 parents**  
**76 children**  
were supported via the Respect service



**164 adults**  
**97 children**  
were provided with safe accommodation

## Chapter 5: Prevention & future priorities

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In order to adopt a public health approach to domestic abuse, we must focus on preventing domestic abuse in the first instance in order to protect and improve the health of a population. As domestic abuse is still often understood as solely physical and sexual violence, without the recognition of the wider forms of abuse, there is the need to increase awareness and understanding across all ages following the publication of the Domestic Abuse Act (2021). Consequently, within public health we are working with partners to raise public awareness of the different forms of abuse by providing practical examples of what domestic abuse look like. We aim to create a culture where individuals can feel empowered to become active bystanders and safely intervene when observing unacceptable behaviour, and support victims.

### Healthy relationships in schools

The Relationships Education Curriculum and the Relationships and Sex Education (RSE) curriculum provide the necessary platform to ensure that all children are aware of healthy relationship behaviours. The statutory guidance around relationships education for primary school aged children mean that we are able to ensure children understand healthy behaviours between friends and subsequently further developing this into understanding healthy and unhealthy behaviours in intimate partner relationships during the RSE curriculum provided in secondary schools. Whilst this statutory requirement for schools is a step in the right direction, it is important

to recognise the challenges that schools and teachers face in delivering this difficult subject matter without adequate training or support. In Wales, the Welsh Government has commissioned the Spectrum Project to deliver sessions on Healthy Relationships and violence against women, domestic abuse and sexual violence topics in all primary and secondary schools. This ensures that every child receives the same standard of education on healthy relationships and is supporting schools to deliver these curriculums to children.

In York, we are in the process of undertaking a mapping of what is delivered at part of the relationship's education and RSE curriculums in York schools. This will enable us to identify any gaps in provision, whilst ensuring we are able to support schools with the future delivery of this topic area. Furthermore, Public Health has commissioned the Healthy Schools programme, as part of which schools will receive resources to support

 ...the majority of victims of domestic abuse were females aged between 20-29 years...

their delivery of lessons relating to healthy relationships and domestic abuse.

## All About Respect in colleges and universities

North Yorkshire Police crime data showed that between April 2022 and March 2023 the majority of victims of domestic abuse were females aged between 20-29 years, highlighting the need to undertake work with the University of York (UoY) and York St John University (YSJ), given our large student population in York. The All About Respect project was launched in 2016 at YSJ. Over the past seven years, the project has undertaken a range of activities, including awareness-raising and intervention work to create safe environments to discuss healthy relationships. The All About Respect programme has since been well embedded across both YSJ and the UoY.

Following the introduction of the Domestic Abuse Act (2021) public health have been working with the All About Respect team to further increase understanding of domestic abuse, particularly focussing on coercive control, amongst our university students. Over the next 2 years the All About Respect programme will be delivering a number of campaign events, delivering focus groups and undertaking surveys with students to determine young people's understanding of domestic abuse, providing active bystander intervention training courses to students. These will be provided not only to those students at UoY and YSJ but also to the further education establishments York College and Askham Bryan College.

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“ My partner makes me feel like I'm not good enough, I'm always walking on eggshells.” – [Recognising psychological & emotional abuse](#)

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## Community campaign

To build upon the work being undertaken with schools, colleges and universities, the public health team has also worked with our specialist domestic abuse provider IDAS to develop a communications campaign aimed at raising awareness of domestic abuse amongst all York residents. The resources provide information relating to the different forms of domestic abuse as per the Domestic Abuse Act (2021), providing practical examples of the horrific and sometimes hidden behaviours that victims experience at the hands of perpetrators. The aim of this campaign is to raise public awareness that domestic abuse is not solely physical and sexual violence, but also encompasses violent and threatening behaviour, psychological abuse, coercive control and financial abuse. This will help victims to recognise that they are in an abusive relationship, whilst also developing a culture which challenges perpetrator behaviour and reduces the prevalence of domestic abuse.

This communications campaign will be delivered via our partners within the Domestic Abuse Local Partnership Board, as well as having dedicated resource to engage with communities with regards to domestic abuse. This resource will also be pivotal in working with victims of domestic abuse to gather the voice of victims to inform our future strategic plans and commissioned services, ensuring that local residents feel more able to access the support they need and feel confident to report incidents of domestic abuse to North Yorkshire Police.

## Domestic Abuse Housing Alliance Accreditation

The domestic abuse housing alliance (DAHA) accreditation is an established set of standards, overseen by the national domestic abuse charity Standing Together Against Domestic Abuse, which aims to improve the housing sector's response to domestic abuse. The accreditation aims to improve the approach of housing teams, ensuring appropriate policies and procedures are

in place, ensuring safety led case management and promoting perpetrator accountability, which has subsequently been endorsed by the Domestic Abuse Commissioner for England and Wales, Nicole Jacobs.

Following the SafeLives Needs Assessment of local safe accommodation provision as part of our statutory duty under the Domestic Abuse Act (2021), City of York Council have agreed to undertake the DAHA accreditation to ensure a whole housing approach to domestic abuse. Public health has committed to providing the resource within our housing directorate to enable the two-year accreditation period, ensuring that we have a housing approach that works effectively with our local specialist provider of refuge and safe accommodation, IDAS.

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“ I got support and managed to get him removed from the tenancy agreement.” – [Recognising financial & economic abuse](#)

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## Chapter 6: Recommendations from this report

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01

Develop a new domestic abuse strategy which is informed by the work of the Local Partnership Board across York and North Yorkshire.

02

Increase awareness of domestic abuse and introduce targeted learning to young people about abusive behaviours.

### 03

Accountability: We will focus on challenging and addressing perpetrator behaviour, holding individuals to account and providing support that facilitates the development of healthy relationship behaviours. We must recognise the impact of perpetrator behaviours on families as a whole and it is vital that we understand more about perpetrators if we are to understand how to prevent abuse and change their behaviour.

### 04

Work to capture the voice of domestic abuse victims to help inform service provision and local partnership working. This will be developed over the course of 2024.

# Chapter 7: Recommendations from the previous report

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**01** Public Health must build on the city-wide partnership working relationships developed during the response to the COVID-19 pandemic and lead the development of a York strategy for 'Living with Covid' to be adopted by all city partners.

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COVID-19 is a respiratory disease. It is primarily spread via droplets landing on surfaces, through the air and direct contact. For most people COVID-19 is a relatively mild disease with those affected making a full recovery. However for those who maybe vulnerable because of underlying health conditions or pregnancy, it can become a serious illness with the risk of poor health outcomes. There is also the risk of people developing

Long-Covid. Living with covid is the government strategy for dealing with the disease. It includes a preventative response, focusing on vaccination to reduce the burden of illness and limit transmission together with ongoing research and better management of the condition.

Through the work of the York Health and Care Partnership Executive our approach to living with COVID-19 has evolved over the year and now forms part of our York system wide plan to improve our resilience to outbreaks such as flu and other respiratory diseases including COVID.

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**02** The Director of Public Health to establish a York Health Protection Committee with responsibility for ensuring that the city has the necessary plans in place to respond to large scale events such as future pandemics, disease outbreaks and the health impacts of adverse weather events, learning from the experience of the COVID-19 pandemic. The York Health Protection Committee to present an annual report to the Health and Wellbeing Board on progress together with recommendations for action.

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City of York council has established a Health Protection Committee chaired by the Director of Public Health. The committee is made up of health and social care partners who will oversee the plans we have in place to respond outbreaks and events affecting the population, ensuring a system wide response and a response which can be actioned at speed if required.

The annual health protection report is scheduled to be presented to the Health and Wellbeing Board in November 2023. The report will cover all aspects of health protection including COVID-19.

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**03** Children and young people in York, and across the country, have been particularly badly affected by the lockdowns and other restrictions over the past two years. The 2022 School Survey into the Health and Wellbeing of Children and Young People in York has identified a number of needs that will have to be addressed if we are to succeed as a city in giving every child and young person the best start in life. The Children and Young People's Health and Wellbeing Board should use the findings in the 2022 School Survey to inform the development of a new children's plan for York that is adopted by all key partners.

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One of the ways in which we have responded to the school survey findings is by commissioning a 'Healthy Schools Programme'. This is an awards-based programme that enables schools to focus on the health and wellbeing of their school community, through recognising good practice in the following key areas: active lives, emotional health and wellbeing, food in schools, PHSE (including RSHE) and staff wellbeing. It also provides training and resources to schools around these themes.

Sleep was identified as an area of concern in the findings of the survey and so we commissioned training and resources to support schools in responding to this.

We have commissioned another school survey to take place this year. We have made changes to the questions we are asking pupils so that we can enquire further into areas of concern that we raised last time and we have also used standardised measures, where appropriate, so that we can compare our survey findings with other results across the country to

understand whether issues are unique to our children and young people, or whether this is a national problem.

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**04** We know that the COVID-19 pandemic has had wider impacts on the health behaviours of some residents. Alcohol consumption has increased, the numbers of people reaching recommended levels of physical activity have gone down and many people are finding they are struggling with their mental health and extra weight gained during lockdowns. It is recommended that the council's Public Health team continue to lead an evidence-based approach to tackling these issues across the city working with individuals, families, communities and our partners in focusing our collective efforts on those who need the help most.

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The City of York Council Health Trainer service sits as part of the Public Health team. It offers free support and advice to residents on a wide range of health behaviours including support

to stop smoking, reducing alcohol consumption, being a healthy weight/eating healthily, being more physically active and getting involved in groups or activities. The service utilises an evidence based, person centred approach to behaviour change to help resident achieve their goals. The Health Trainers link with a wide range of council and partner agencies to get the residents the right help and support they need to meet their goals. The Healthy Child service also sits as part of the Public Health team, support families from before a child is born, through their first weeks and months, through starting school and into adulthood. The service works closely with healthcare and voluntary organisations to help families make healthy and informed choices. Across these services and the wider Public Health team, resources are targeted to those who need the help the most. This is done by focussing on specific conditions, population groups or areas of the city where it is known there are greater risks of poorer health.

# Chapter 8: Acknowledgements

Project lead	Heather Baker	Public Health Improvement Officer
Main collaborators	Anita Dobson	Nurse Consultant of Public Health
	Matt Orme	Public Health Specialist Practitioner (Advanced)
	Aminata Sheriff	Public Health Improvement Officer
With grateful thanks to:	All members of the Safer York Partnership and North Yorkshire Community Safety Partnership	

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# Chapter 10: Glossary & definitions

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DA	Domestic Abuse
Domestic Abuse Act 2021	An Act of Parliament of the United Kingdom. It is intended to help tackle domestic violence in the United Kingdom and includes provisions necessary to address violence against women and girls.
DAC	Domestic Abuse Commissioners
DAHA	Domestic Abuse Housing Alliance
DAWFA	Domestic Abuse Whole Family Approach
DPH	Director of Public Health

Gender Equality Strategy 2020	Presents policy objectives and actions to make significant progress by 2025 toward a gender-equal Europe
IDAS	Independent Domestic Abuse Services. A specialist charity that supports people affected by domestic abuse and sexual violence
IDVA	Independent Domestic Abuse Advisor
IPV	Intimate Partner Violence
MARAC	Multi-Agency Risk Assessment Conference. A meeting where information is shared on the highest risk domestic abuse cases between specialist representatives including local police, probation, health, IDVAs (see above)
MATAC	Multi-Agency Tasking and Coordination- the process of identifying and tackling serial perpetrators of domestic abuse perpetrators
NPV	Non-Intimate Partner Violence
RSE	Relationships and Sex Education

STIs	Sexual Transmitted Infections
UoY	The University of York
WHO	World Health Organisation
YSJ	York St. John University

# Appendices

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23

# Appendix A: List of local & national domestic abuse organisations

	Name	Description	Link
Locally commissioned service	IDAS	IDAS is the largest specialist charity in the North supporting people affected by domestic abuse and sexual violence.	<a href="http://www.idas.org.uk">www.idas.org.uk</a>
	Foundation (Positive Choices)	+Choices (Positive Choices) is a service of Foundation for perpetrators of domestic abuse, providing an opportunity to recognise, acknowledge and change abuse behaviour.	<a href="http://www.foundationuk.org">www.foundationuk.org</a>

	Name	Description	Link
Organisations for women	National Domestic Abuse helpline	This is a freephone 24 hour helpline which provides advice and support to women and can refer them to emergency accommodation. It is run by Refuge.	<a href="http://www.nationaldahelpline.org.uk">www.nationaldahelpline.org.uk</a>
	Refuge	<p>Their helpline offers advice and support to women experiencing domestic violence.</p> <p>Refuge also provides safe, emergency accommodation through a network of refuges throughout the UK, including culturally-specific services for women from minority ethnic communities and cultures.</p> <p>There is also some information for men who are either being abused or who are abusers.</p>	<a href="http://www.refuge.org.uk">www.refuge.org.uk</a>
	Women's Aid	Women's Aid provides a wide range of resources to help women and young people.	<a href="http://www.womensaid.org.uk">www.womensaid.org.uk</a>
	Rights of Women	Offers confidential legal advice on domestic and sexual violence.	<a href="http://www.rightsofwomen.org.uk">www.rightsofwomen.org.uk</a>

	Name	Description	Link
Organisations for women	Finding Legal Options for Women Survivors (FLOWS)	Gives legal advice to women who are affected by domestic abuse - they also give advice to front line workers.	<a href="http://www.rcjadvice.org.uk">www.rcjadvice.org.uk</a>
	Southall Black Sisters	Provides advice for Black (Asian and African-Caribbean) women with issues including domestic abuse, forced marriage, immigration and homelessness.	<a href="http://www.southallblacksisters.org.uk">www.southallblacksisters.org.uk</a>
Organisations for men	Respect - Men's Advice Line	Provides confidential helpline for all men experiencing domestic violence by a current or ex-partner. They provide emotional support and practical advice and can give details of specialist services that can provide advice on legal, housing, child contact, mental health and other issues.	<a href="http://www.mensadvice.org.uk">www.mensadvice.org.uk</a>

	Name	Description	Link
Organisations for men	SurvivorsUK	A helpline for men who have been victims of rape or sexual abuse.  They may be able to provide details of appropriate counselling or support groups in the local area.	<a href="http://www.survivorsuk.org">www.survivorsuk.org</a>
	ManKind Initiative	A charity offering information and support to men who are victims of domestic abuse or violence. Information includes support reporting incidents, police procedures, housing, benefits and injunctions. They can refer you to a refuge, local authority or other another support service if you need it.	<a href="http://new.mankind.org.uk">new.mankind.org.uk</a>
Organisations for men and women	RCJ Advice Family Service	Gives legal advice to people who are affected by domestic abuse or need family law help.	<a href="http://www.rcjadvise.org.uk">www.rcjadvise.org.uk</a>
	Rape Crisis	Provides contact details for centres and gives basic information about rape and sexual violence for survivors, friends, family, students and professionals. Also runs a freephone helpline.	<a href="http://www.rapecrisis.org.uk">www.rapecrisis.org.uk</a>

	Name	Description	Link
Organisations for men and women	Honour Network Helpline	A national helpline run by Karma Nirvana, a national charity which advises victims and survivors of forced marriage and honour-based abuse.	<a href="http://www.karmanirvana.org.uk">www.karmanirvana.org.uk</a>
	Hourglass	Gives confidential advice and information to older people who are victims of violence or abuse. A relative or friend of the person being abused can also contact the helpline on behalf of the older person. The helpline can be used in the case of older people who live at home, in a care home or who are in hospital.	<a href="http://www.wearehourglass.org">www.wearehourglass.org</a>
	National Stalking Helpline	Provides advice on how to deal with any type of stalking behaviour. This includes advice on how to report the behaviour to the police, and what you can expect if you report something.	<a href="http://www.stalkinghelpline.org">www.stalkinghelpline.org</a>
	Respect Phonenumber	Offers information and advice to partners, friends and family who want to stop someone's violent behaviour.	<a href="http://www.respectphonenumber.org.uk">www.respectphonenumber.org.uk</a>

	Name	Description	Link
Organisations for lesbian, gay, bisexual and transgender people	National LGBT+ Domestic Abuse Helpline	Provides support for lesbian, gay, bisexual and transgender people experiencing domestic violence.	<a href="http://www.galop.org.uk">www.galop.org.uk</a>
Organisations for people with disabilities	SignHealth - Domestic Abuse Service	Provides a specialist domestic abuse service to help Deaf people find safety and security.	<a href="http://www.signhealth.org.uk">www.signhealth.org.uk</a>
	Respond	Works with children and adults with learning disabilities who've either experienced abuse or abused other people.	<a href="http://www.respond.org.uk">www.respond.org.uk</a>

## Appendix B: Victims' voices

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### Financial & economic abuse

“My partner sets up new direct debits on my account without me knowing.”

“I got support and managed to get him removed from the tenancy agreement.”

“I’m not able to do the things that I want as my child has control of all my money.”

### Psychological & emotional abuse

“My partner makes me feel like I’m not good enough, I’m always walking on eggshells.”

“I didn’t have to suffer alone, I got support and became confident enough to report him to the Police.”

“He uses child arrangements as an excuse to harass me with messages.”

### Physical & sexual violence

“Even when I am not up for sex, he will force himself onto me.”

“The physical abuse has gone on for so long I can’t feel the pain anymore.”

“I wear clothing that covers my arms because of what happens behind closed doors.”

### Coercive & controlling behaviour

“I haven’t seen my friends in a long time, my partner makes planning things difficult.”

“I didn’t know what gaslighting was, my partner said I was the issue and it was in my head.”

### Violent & threatening behaviour

“I feel scared when my partner will throw objects around the house.”

“My partner says if I’m not back on time then they will hurt me.”

“I can’t wear what I want, he cut up my clothes.”

“She felt lonely and isolated, which had got worse since becoming pregnant as a result of being raped.”

(IDAS Domestic Abuse Community Services, City of York and North Yorkshire March 2019-March 2023)

Access and download the 2020-2022 report here:

<https://www.york.gov.uk/downloads/file/1158/director-of-public-health-s-annual-report-2020-to-2022>

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