Notice of a public meeting of
Health and Wellbeing Board

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

Date: Wednesday, 21 January 2026

Time: 4.30 pm

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

A G E N D A

1. Apologies for Absence

To receive and note apologies for absence.

2. Declarations of Interest (Pages 7 - 8)

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

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

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

3. Minutes (Pages 9 - 20)

To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on **Wednesday, 19 November 2025**.

4. Public Participation

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

Please note that our registration deadlines have changed to 2 working days before the meeting. The deadline for registering at this meeting is at **5.00pm** on **Monday, 17 January 2026**.

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

Webcasting of Public Meetings

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers

who have given their permission. The public meeting can be viewed on demand at www.york.gov.uk/webcasts.

5. Presentation: Direction and Purpose of York's Neighbourhoods - to inform Health and Wellbeing Board Planning for Neighbourhood Health Reform (Pages 21 - 36)

This presentation by members of the York Health and Care Collaborative (a sub group of the York Health and Care Partnership) outlines the working approach and delivery mechanism for neighbourhood working in York and the all age approach to neighbourhood health, care and other local service integration, prevention and early intervention.

The Health and Wellbeing Board is likely to have a clear leadership role in developing Neighbourhood Health Plans going forward, as has already been announced in the *Fit for the Future – 10 Year Health Plan for England, July 2025* and the work already undertaken by YHCC will help inform interim strategic planning that is expected of HWBB going forward.

HWBB members will be asked to note the progress made by YHCC in partnership and consider the board's future responsibilities in light of available guidance expected imminently from Government.

6. Verbal Update from the York Health and Care Partnership

This report is a verbal update from the York Health and Care Partnership, delivered to the board by the York Place Director, Humber and North Yorkshire ICB. The Board is asked to note the update.

7. Water Fluoridation (Pages 37 - 46)

This report brings together key reference sources and summarises relevant evidence on water fluoridation. The aim is to provide a well-informed evidence base to support the development of consultation responses and strategic decision-making.

Health and Wellbeing Board members are asked to support the principle of fluoridating the water supply in York, in support of the improvement of oral health within the city. The ultimate decision and

costs of doing so rest with the Secretary of State, not with the Board.

8. A Compassionate Approach to Healthy Weight (Pages 47 - 58)

This report sets out a new approach to supporting people achieving and maintaining a healthy weight in York, led by the public health team at city of York Council but with implications for the whole system of health and beyond in the city. It gives an overview of services to support children, families, and adults, with a particular focus on the shift to a compassionate approach to weight.

The focus of this report is on the framing of, and approach to, healthy weight support in the city, rather than on the wider issues behind weight, diet and exercise – for instance poverty, housing, the 'obesogenic environment', our food systems. These things are the focus of Goal 5 in the Joint Health and Wellbeing Strategy 2022-32, and are reported on regularly to the board.

The board are asked to note and endorse the approach set out within this report and are encouraged to promote the ethos of a compassionate approach to healthy weight, and the services available within their own departments/organisations.

9. City of York Safeguarding Adults Board Update (Pages 59 - 132)

This report includes an Annual Report discussing the work of members of the City of York Safeguarding Adults Board to carry out and deliver the objectives of the strategic plan during 2024/25.

It also includes the City of York Safeguarding Adults Board strategic plan for 2025-28.

10. Healthwatch York Reports: "Mental Health in York: A Progress Review" and "Mental Health: What good should look like" (Pages 133 - 214)

This report is for the attention and action of Board members, sharing two reports from Healthwatch York.

These share feedback received about mental health services, and people's thoughts on future delivery of mental health support in the city.

11. Health and Wellbeing Board Chair's Report (Pages 215 - 226)

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.

12. Urgent Business

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

Democratic Services Officer

Ben Jewitt
Telephone – (01904) 553073
Email – benjamin.jewitt@york.gov.uk

Alternative formats

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

Email us at: cycaccessteam@york.gov.uk

Call us: **01904 551550** and customer services will pass your request onto the Access Team.

Use our BSL Video Relay Service:
www.york.gov.uk/BSLInterpretingService
Select 'Switchboard' from the menu.

We can also translate into the following languages:

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

This page is intentionally left blank

Agenda Item 1

Declarations of Interest – guidance for Members

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

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

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

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

This page is intentionally left blank

City of York Council	Committee Minutes
Meeting	Health and Wellbeing Board
Date	19 November 2025
Present	Councillors Steels-Walshaw (Chair), Runciman, Webb and Cullwick Michael Ash McMahon - Interim York Place Director, Humber and North Yorkshire ICB (Vice Chair) Peter Roderick – Director of Public Health, City of York Pauline Stuchfield – Director of Housing and Communities, City of York Council Siân Balsom – Manager, Healthwatch York Fiona Willey – Chief Superintendent, North Yorkshire Police Brian Cranna – Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute for Naomi Lonergan)
Apologies	Sara Storey – Corporate Director of Adult's and Integration, City of York Council Martin Kelly – Corporate Director, Children's and Education, City of York Council Alison Semmence – Chief Executive, York CVS Tom Hirst – Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service Naomi Lonergan– Managing Director, North Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust Andrew Bertram– Interim Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust
Absent	Dr Emma Broughton – Joint Chair, York Health and Care Collaborative Mike Padgham – Chair, Independent Care Group

21. Apologies for Absence (4:33pm)

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

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

The board received apologies from the Chief Executive, York CVS; there was no substitute.

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

The board received apologies from the Managing Director, North Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust, who was substituted by the Director of Operations and Transformation.

The board received apologies from the Interim Chief Executive of York and Scarborough Teaching Hospitals NHS Foundation Trust; he was substituted by the Director of Communications, but she sent apologies due to being delayed and was ultimately unable to attend.

The board received apologies from Cllr Webb, who was running late and arrived at 5:01pm.

22. Declarations of Interest (4:34pm)

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

23. Minutes (4:34pm)

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

24. Public Participation (4:34pm)

It was reported that there were no registered speakers under the Council's Public Participation Scheme.

25. Healthwatch York Report: Update on Recommendations in Previous Healthwatch York Reports (4:35pm)

The report was presented by the Manager of Healthwatch York.

She explained that last year the board had agreed that there would be an annual review of Healthwatch reports and recommendations, to pull together partner responses and to see what had changed. Additionally, she had included items where ongoing work related to the themes and trends of the reports. For example, the ICB's delivery plan for work around children and young people's mental health was a response to their Core Connectors work and listening to neurodivergent young people; this was not a direct response to reports and recommendations but gave an indication of the work going on.

She noted that she had spoken with the Chair regarding responses to the GP report, having felt that it would be useful to share this information directly with the GP practices themselves, to better enable them to respond. She was aware of some work that had been undertaken by GP practices in response to the report, that had had not formally been fed back as a response to the Healthwatch recommendations. Better communication here would ensure better visibility where recommendations had been acted upon.

Board members expressed concern that the report highlighted a continuing lack of progress with the transition of young people to adult services. It was pointed out that this was a particularly sensitive period where things could go drastically wrong. It was hoped that this could be pursued by Healthwatch again in the future. The Manager, Healthwatch York responded that this was an area where Healthwatch had an awareness that action was being taken (such as with Parent Carer Forum York) but this needed to be fully documented. She agreed that Healthwatch would reach out again and would bring the results to the board.

The board discussed the process by which this feedback was currently requested and received and how this could be refined.

Board members suggested that it could sometimes be unclear which organisation was intended to take ownership of the recommendations made by Healthwatch and asked if this could perhaps be more clearly stated in reports. The Manager, Healthwatch York said some of these things are a partnership responsibility and if partners have any concerns, we should agree this before chasing for responses.

She said Healthwatch had aimed to make clearer which partner was intended to lead on recommended actions, but this was not always possible as some items required work across several organisations.

She suggested that if partners had concerns about how recommendations would be taken forward and by whom in the future, these could be raised when the report was presented. In the interest of partners being on the same page, she suggested this could be incorporated as part of the board's general conversation about the report.

The board noted the response to "creating affordable social and community spaces" within the report, which discussed the Castle Gateway/Eye of York project, and members suggested that this response was somewhat lacking, asking if there was any further update or detail on this from a health generating perspective.

The Director of Public Health advised that in March 2026 there would be a HWBB development workshop headed by the Local Government Association in place of the usual board meeting. He stressed that Health and Wellbeing Boards typically did focus on the wider determinants of health, and perhaps as part of this workshop the board may wish to consider discussing broader items focusing on such matters as housing or green spaces, in as far as they relate to health. In answer to the boards concerns, he said the council had published a list of intended Supplementary Planning Documents relating to this project, including an upcoming one on healthy spaces.

The board thereby

Resolved: To review the responses to recommendations and confirmed that they were satisfied with these.

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

26. Health Protection Assurance Report (4:49pm)

This report was presented by the Director of Public Health who noted that this item came before the board every year, as one of the key statutory functions for the council was protecting the health of the public.

He explained that the reason this came to HWBB and not a council committee route was that though it was a statutory duty of the Director of Public Health (a council officer) to protect the health of the population from hazards that are harmful to health, many of the partners who assist in this task sit within the NHS and other agencies and a comprehensive approach was taken to deal with infectious disease.

He advised that the Public Health team were able to mount a response within 24 hours regarding antibiotics and vaccines. Screening programmes were working well – cervical screening, abdominal and aortic aneurisms had improved. Vaccine uptake could get better – York tended to do middling to better, but no programmes went above the 95% threshold nationally.

He explained that there had been a slightly more virulent strain of influenza this year – which happened two weeks earlier. The Friday prior to the meeting indicated the flu rate had not risen, so he expressed hope that this was beginning to tail off.

He discussed the spread of blood-borne resistant bacteria, which was on the verge of rendering a lot of common antibiotics redundant, emphasising that doctors should focus on good prescribing.

He highlighted that in January, the board would be discussing water fluoridation which he regarded as beneficial, and he also wanted to mention success with air quality – no area in York this year that had risen above legal levels of Nitrous Oxide. Buses,

traffic management and indoor air quality had all contributed to this success.

The board asked whether antimicrobial resistance was the same as antibiotic resistance. The Director of Public Health confirmed that this was the case.

[Cllr Webb joined the meeting at 17:01]

Board members asked what the reasons were for people not getting vaccinated to the optimum 95% level. The Director of Public Health answered that the vast majority of people were not getting vaccinated due to busy lives and medical appointments being inconvenient as the primary factor. There were also people who opposed vaccination, but these were a relative minority, and he advised sticking to the science and making vaccination convenient here.

The board asked for an update on Health Exercise and Nutrition in the Really Young, which at the previous meeting it had been advised was planned for expansion to cover secondary age children. The Director of Public Health answered that there would be a paper on HENRY coming in January. It was being run in the 0-5s and without wishing to prejudge the paper, he believed the intention was still to progress to 6-12.

Board members raised the point about dentistry and oral care – despite the fact York is seen as relatively affluent city, the statistics have shown there are many children under five having extractions in hospital and people giving up hope of ever getting an NHS dentist. The Director of Public Health agreed with the points raised.

The board asked about cervical screening and improving engagement in this area. The Director of Public Health responded that home testing would be starting. The generation of women who have had HPV vaccine will be growing up and he hoped to be tackling inequality through this. The Manager, Healthwatch York
added that Healthwatch had studied screenings, noting that home screenings were very popular and increased participation.

The board asked whether public toilets, mentioned in another report, came within purview of Public Health. The Director of Public Health said that public toilets would be a wider health

issue; Legionella could cross over into public toilets in that water is provided to members of the public and this would be a public liability.

With regard to cleaner air, board members asked whether CYC has any ability to influence the combined authority to spread York's electric bus standard to our neighbouring authority to ensure parity of standards. The Director of Public Health said that he would put forward this suggestion, discussing both the electric buses themselves and York's air quality alert system which enables the council to contact people with asthma and COPD.

The board then

Resolved: To receive the report.

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

27. Delivery of the Joint Health and Wellbeing Strategy and Performance Monitoring (Goal 6) (5:15pm)

This report was presented by Director of Public Health who explained that this report concerned goal 6 of the health and wellbeing strategy; addressing the reduction of health inequalities within specific groups. These groups had been defined as people with a severe mental illness, people who have a learning disability, gender health inequalities and what are known as "inclusion health groups". This latter category included people who are homeless, people with addictions, people from gypsy Romany or traveller communities. These groups as a whole typically experienced the worst health outcomes in terms of life expectancy throughout the city.

He stated that the goal of the report was to try and reach those who suffer health inequalities to give them rounded and holistic support. It was deliberately vague in its wording because the intention was to flesh this out in time, the scheme was at the co-production stage alongside York CVS, who were putting out an expression of interest for that particular project, with the intention that a lead Voluntary, Community and Social Enterprise (VCSE) delivery partner would be appointed by the

end of November 2025. He thanked York CVS for their substantial contribution to this report.

He discussed Action 18, which was implementation of a community-based intervention to reduce health inequalities focused on children and young people. Working together with York CVS and the ICB this was the main project the action was focused on.

He discussed Action 19, which covered chronic disease prevention in the CORE20PLUS5 groups; this was an NHS initiative committing more resources to the “Core 20”, people living in the 20% most deprived areas, people in plus groups, inclusion health groups and in five key clinical areas which are essentially the five big things which kill, such as cardiovascular disease where there had been very good progress, particularly in the way primary care was able to identify people living in inclusion health groups. He noted that this was only the first step, because knowing someone for instance is from a gypsy/traveller background, a care lever, a veteran, or has experienced homelessness was only a first step; no action was actually being taken at this stage.

He discussed Action 20, around the Poverty Truth Commission, where the council had adopted and implemented a really simple set of standards for delivering kind, compassionate, responsive care and service to York residents and other partners had also considered these. The neighbourhood model was being brought forward in York, and standards were being put at the heart of the practice through this model. He noted that there had been really good work under this action in adopting these standards and assured the board that this would continue.

He discussed Action 21, which concerned taking Poverty Truth Commission further and establishing it for children. Again, working with York CVS, it was hoped that that work would progress in the next few months. There would be differences in the service presented for children as opposed to adults, but the board would be updated on progress going forward.

The board asked about data in the report annexes – this data specifically focused on one aspect (mental health and learning disabilities) and the board wondered whether these measures were the only ones available; these areas covered a huge range of people, and members wanted to know whether it was

possible to further break down the data. The Director of Public Health answered that the report had utilised all the data which was available, and admitted that the aim of reducing inequalities was a broadly defined goal. He defended the inclusion of this broad goal in the strategy by saying the outcomes were so much worse for these identified groups, and work did need to be done. The problem was that there is no nationally validated data on groups like homeless people, gypsy travellers etc. In future reports, Public Health in York could go further with this, even if only qualitative data was available. When it came employment statistics for the stated groups, Public Health were pulling from national data sets on disability and employment data. Internally within the social care teams York probably had much more data on support needs, but not on population-level sets. This should not necessarily be taken as an indicator of how York was doing on a national level; some of the data was inadequate but the Public Health team had to work with what was available.

Board members acknowledged that this would allow the team to measure York against other places, and that this task should not fall exclusively to the Public Health team. Again, the valuable role played by Healthwatch in obtaining local data was raised. It was suggested that in future, other partners could bring data in and Public Health could use their expertise to look at this.

Board members asked about the Excess Under 75 mortality rates for adults with Severe Mental Illness, cited in the report. The Director of Public Health explained that if a regular person has mortality of 10/100 person with mental illness may have 47/100. This represents a huge inequality, which was very high nationally and even more so in York. He suggested inequalities like this may be due to a combination of structural factors, cultural factors within medicine and factors within lifestyle. The board suggested that this represented a good opportunity for Voluntary, Community and Social Enterprise partners to take a role as many people would be more willing to discuss things with them that they would not with medical professionals. The Director of Operations and Transformation, TEWV stated that a key strategy for the trust was to address these health inequalities and ensure people's access to appropriate primary care was supported. He stated that there were now far more physical health practitioners working alongside people with severe mental illness, both during their inpatient stay and also to ensure they were addressing and accessing appropriate support on discharge.

Resolved: To note and comment on the updates provided within the 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.

28. Update from the York Health and Care Partnership (5:35pm)

The update was presented by the Interim York Place Director, discussing recent partnership activity.

He flagged that despite the national changes around Integrated Care Boards, there was continued progress around neighbourhood health work, with a bid to become part of the national neighbourhood health implementation programme. He said that York was well placed to maintain this and follow through. He stated that between the ICB and CYC, in spite of the financial challenges, a small pot of non-recurrent development funding had been secured, and this would be made available to this group to oversee, in line with Place-based partnership priorities and objectives, and they would come back with a series of proposals.

He also noted that the partnership were working with a consultancy called Akeso who were advising the Combined Authority on a project called “Health on the High Street” that the Mayor was keen to prioritise, using collective assets, buildings and spaces across the city and the combined authority area. Akeso were undertaking a strategic assessment of what those assets might be, where the opportunities exist for healthcare provision. He suggested it was useful for the partnership to work closely alongside this strategic analysis, in the interests of collaboration and avoidance of duplicating work. This would also give access to combined authority funding.

He gave an update on the mental health partnership and the fact that the second community mental health hub was now up and running within the city. This was linked to the 24/7 national funding that had been secured and opened in mid-October with a base over at Acomb Garth. He noted that it was not yet fully operational in terms of the the 24/7 aspect, which had been challenging, but it was open fir core hours and the struggles

they faced were reflected nationally. They were also still trying to secure recurrent funding for this hub, as they had done with the hubs 1 and 3. The Chair agreed that it was important to ensure funding was kept available for hub.

Board members asked whether coverage would be established for the northeast part of the city once the Acomb hub was fully ready. The Interim York Place Director said that the overarching aim was certainly to ensure that whole city covered. The Director of Operations and Transformation, TEWV confirmed that hub 3 would cover this area of the city and an appropriate location was currently being identified. He also confirmed that the Acomb Garth hub was currently struggling to find people to work through the night and the search was on for more people to cover the 24/7 remit of the hubs. The board asked whether this issue of low coverage for nights was a national issue and the Interim York Place Director confirmed that the 24/7 model that had been a problem throughout the pilots.

It was thereby

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

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

29. Health and Wellbeing Board Chair's Report (5:45pm)

The report was presented by the Chair of the Health and Wellbeing Board, who took the report as read by board members but wished to discuss two points in greater detail.

Firstly, she highlighted the “For Your Convenience” report, published by the Aging Well partnership, which outlined premises in York where toilets can be used without the need to purchase anything; she said that the website also provided a table which outlined various accessibility needs. Additionally, the Chair noted that there was also an “Accessible Housing checklist” on the Live Well website which was useful for establishing whether a house was a “home for life”.

Secondly, the Chair noted that the recently closed Green Lane pharmacy was relocating to Cornlands Road meaning a loss of 40 pharmacy hours to the area since there would no longer be a

late night or Sunday service. She advised that a supplementary statement was being prepared by the board and this would lead to an official update of the Pharmaceutical Needs Assessment. The board could not force a pharmacy to open, but if there were applications in the area this would go some way towards progressing these.

Board members asked about York's bid for Unicef UK Baby Friendly Initiative accreditation, asking what was required for this and what work was the council undertaking currently?

The Director of Public Health answered that he and the Chair of the Health and Wellbeing Board shared the role of Feeding Guardian for the city. The council endeavoured to support people wherever they could, since most people who didn't breast feed cited a lack of support as the reason. He explained that the system being followed had been defined by Unicef and was very robust. He noted that qualification required several processes to be put in place, across three levels. The council were ensuring that mothers felt welcome to feed babies and support was provided for them as well as wider families. The board asked where the hospital was in this process, and the Director of Public Health stated that the tongue tie pathway had achieved a good resolution where there had previously been a gap, though this was a much wider issue requiring consideration of the whole family around the baby, midwifery and health visitors. Board members added that further to the Women's Health report from July, the support provided needed to be timely, and from the right person at the right time.

It was then

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

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

Cllr L Steels-Walshaw, Chair
[The meeting started at 4.32 pm and finished at 6.01 pm].

Direction and Purpose of York's Neighbourhoods – to inform Health & Wellbeing Board Planning for Neighbourhood Health Reform

Health & Wellbeing Board
21st January 2026

Peter Roderick, Director of Public Health, City of York Council
Dr Victoria Blake, General Practitioner
Director of Urgent Care, Nimbuscare
York Place Coach for Neighbourhoods
Pauline Stuchfield, Director, Housing & Communities, City of York Council/ Co Chair of the York Health & Care Collaborative

Agenda Item 5

Health and Wellbeing Board role:

‘In the future, a neighbourhood health plan will be drawn up by local government, the NHS and its partners at single or upper tier authority level **under the leadership of the Health and Wellbeing Board**, incorporating public health, social care, and the Better Care Fund. The ICB will bring together these local neighbourhood health plans into a population health improvement plan for their footprint and use it to inform commissioning decisions.’

*Fit for the future – **10 Year Health Plan for England**, July 2025*

To support moving at pace, we will produce a **national neighbourhood health planning framework**, co-produced with the Local Government Association and local authority colleagues, setting out how the NHS, working in active partnership with local authorities and others, can plan for the delivery of the broader set of neighbourhood goals

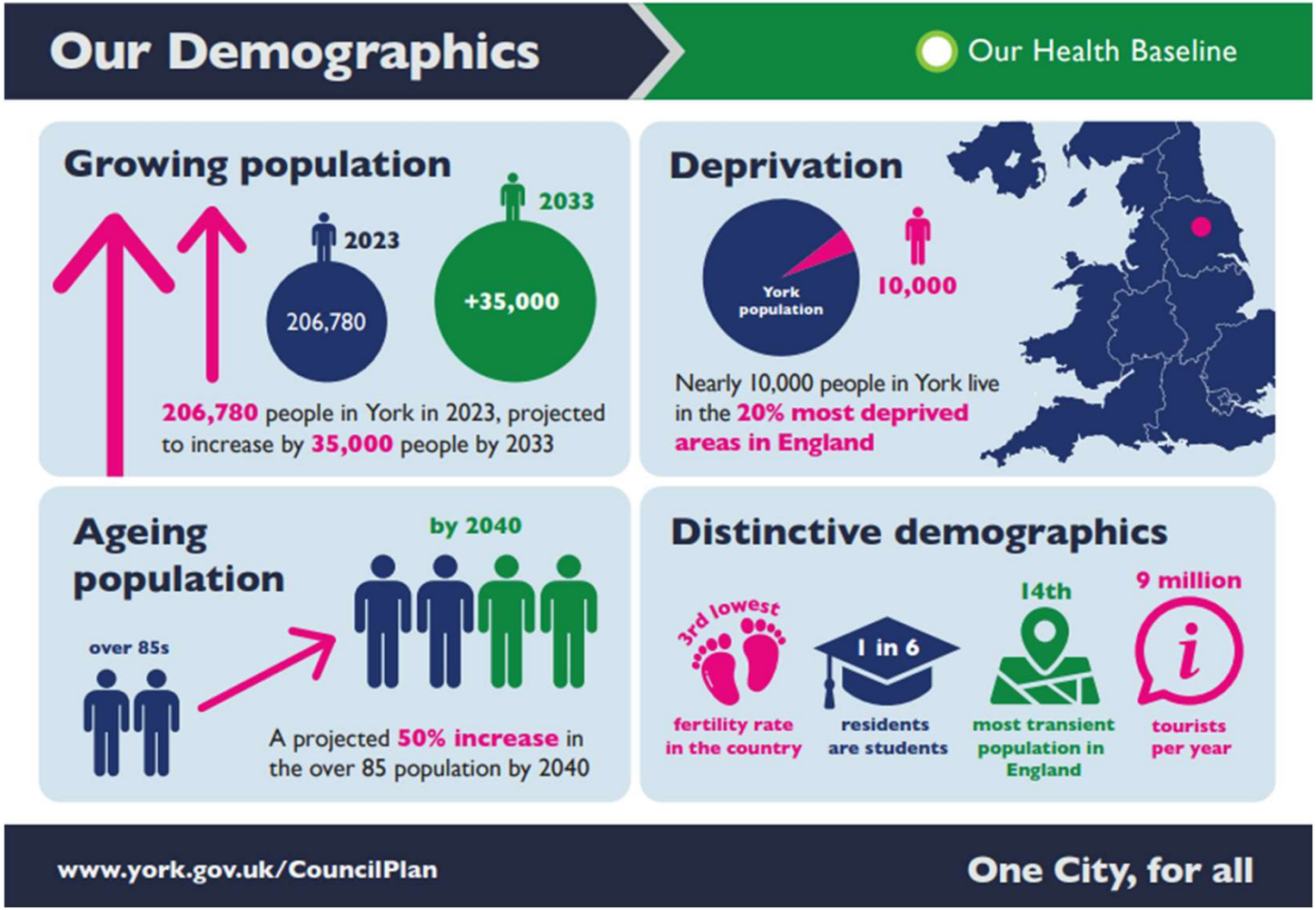
***NHS England Medium Term Planning Framework**, October 2025 (planning framework expected to be published January 2026)*

The building blocks of good health – health is more than healthcare

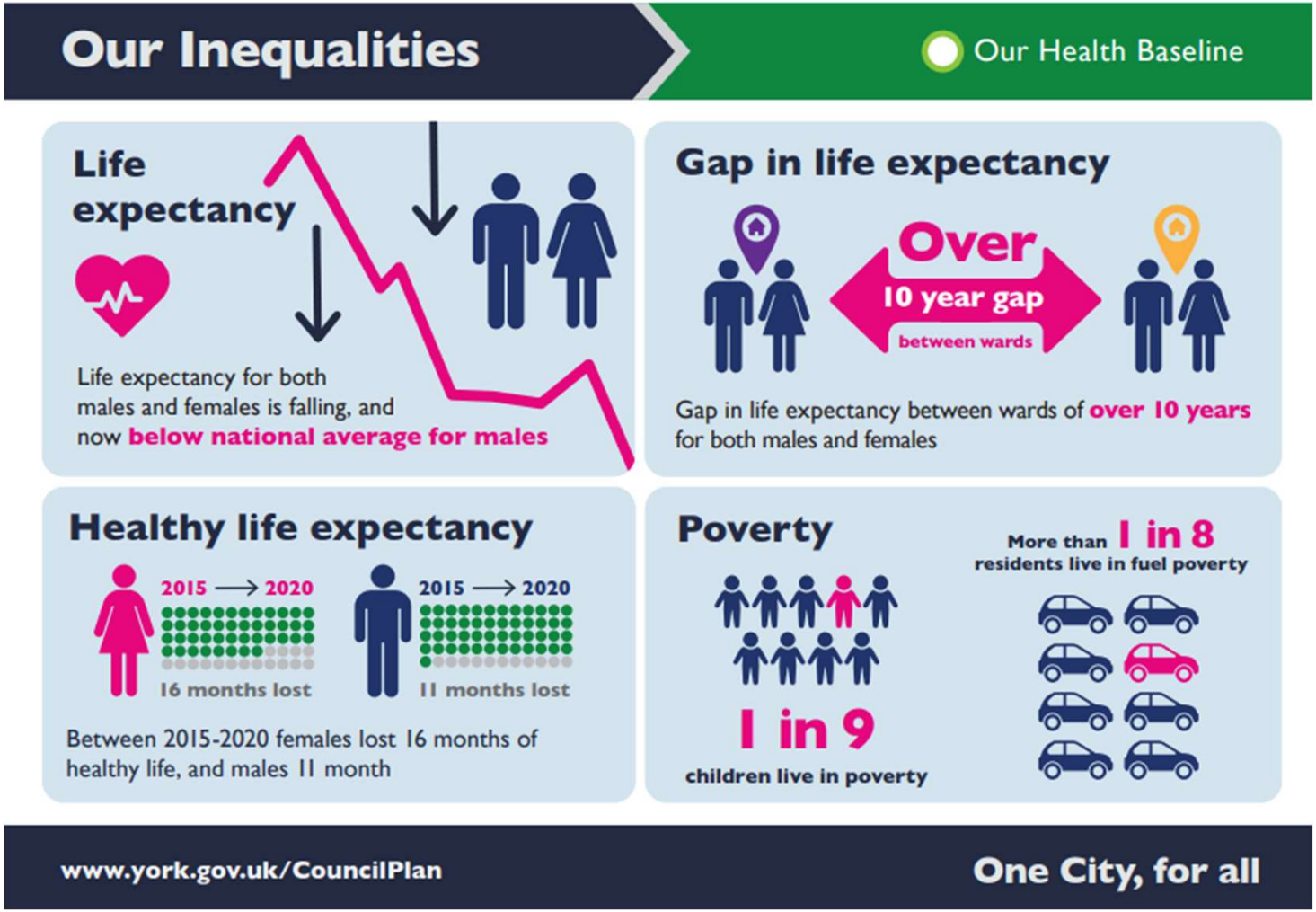
- Health is shaped far more by social and economic conditions than by healthcare alone.
- Eight key “building blocks” - including housing, money, work, education, food, transport, surroundings, and community - determine our health.
- The building blocks influence each other, so improving one (like housing or income) can strengthen many others.
- Unequal access to these building blocks drives avoidable health inequalities.
- **Improving health requires coordinated action across sectors, not just from the health system.**

What builds good health? | The Health Foundation

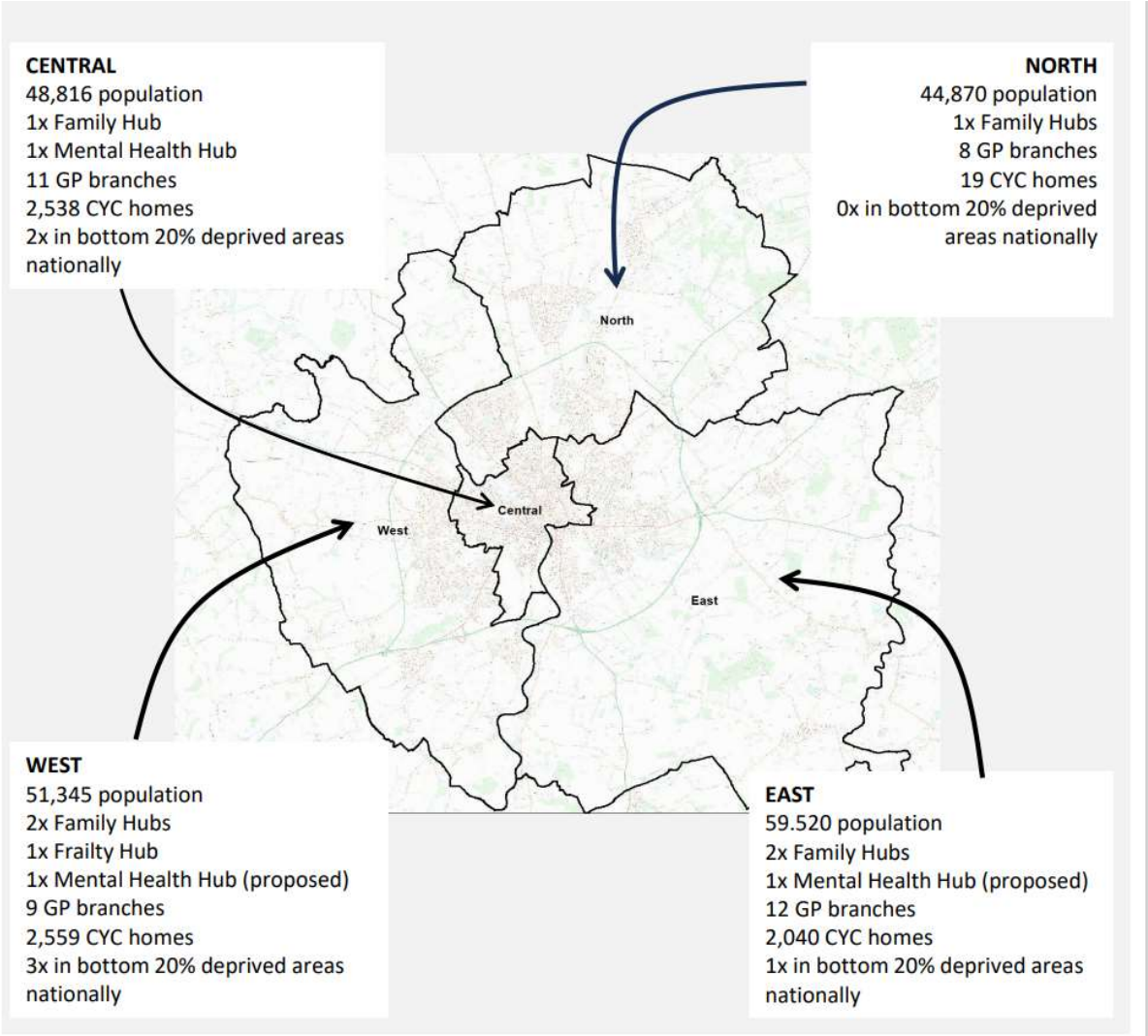
Addressing the wider determinants of health



Addressing the wider determinants of health



York's Neighbourhood Model



Building on our successes and strengths

We have successful local models to learn from and build on.

We are Building Integrated Neighbourhood Teams with insight, not just intent.

→ **Shared Themes:**
- ✅ Wraparound support
- ✅ Early intervention
- ✅ Single access points
- ✅ Community-based delivery

Model	Key Features to Adapt
Family Hubs	Co-location of services for early years, parenting support, and safeguarding
Mental Health Hub	Cross-sector collaboration (NHS, VCSE, council), single front door for access to help
Frailty Hub	MDT working between health, social care & community services for proactive early support

Our York Model is all-age within localities - connects with children and families, Mental health, family hubs, SEND hubs, frailty.

Exploring roles and functions

Neighbourhood Partnership Board (North, East, West and Central) – *sets the strategy*

A group in each Neighbourhood with representation from each part of the local System (health, local authority, VCSE - and ideally including citizen/resident representation) which:

- has a core understanding of the wider determinants of health impacting their population
- agrees and owns the strategic focus and priorities for their Neighbourhood
- takes responsibility for planning the programme of work for their Neighbourhood, including lived experience at every possible opportunity
- is responsible for the development of their Neighbourhood operating model, and reporting progress/challenges and sharing learning via York Health & Care Collaborative and York Health & Care Partnership

Integrated Neighbourhood Team – *supports the population*

A multi-agency team in each Neighbourhood that collectively case-finds (using a Population Health Management approach) and proactively case-manages and coordinates care for a defined caseload of people with complex health, care and social needs who require multi-agency input to address the wider determinants of health. The INT should:

- develop a personalised and holistic care plan for each person on their caseload, with input from the person (what matters to me)
- work together to coordinate care for each person with a view to maximising role generosity, reducing any duplication of effort, and focusing on early intervention and prevention to improve outcomes and efficiencies
- focus on addressing the wider determinants of health for people with complex conditions and needs

Agreeing a consistent approach

- York Health and Care Collaborative have agreed a consistent approach to INT development to help neighbourhoods to get their work off the ground, based on a set of criteria for neighbourhoods to focus on.
- This criteria builds on national guidance, the NHS Medium Term Planning Framework, and where we think the gaps in the York health and wellbeing system are.

Principles for neighbourhood working:

- INTs should use a Population Health Management approach to identify the cohort of individuals they want to work with. This should address the wider determinants of health, as well as specific health issues.
- Using data and intelligence, risk stratification should be undertaken to determine which individuals would benefit from a multi-agency approach to support their health and care needs.
- Think – what matters to you in your neighbourhood, what is the data telling you? What does your community need? Who would benefit from more joined-up, holistic support?
- Neighbourhoods should think about how they will evidence outcomes from the start – early clarity on outcomes gives everyone a shared direction in a complex, multi-agency environment.

Funding and the left shift

Cost saving may not be the thing that brings us to this work – but…
it is a key enabler for growing sustainable neighbourhood models

Supporting people who have high use of health and care resource, due to medical and social complexity, is key in the left shift of resource from acute to community.

We need to get ahead of the growth curve. As our population grows and ages, more preventative, proactive, integrated and holistic responses are a more efficient way to use our limited resource – rather than allowing failure demand to grow and consume higher levels of resource.

This is challenging –

- Large scale left shift is very difficult
- Taking costs out of reactive / urgent capacity is very challenging – released capacity is always absorbed by unmet demand
- We don't have investment for double running

We can approach this with –

- An iterative approach – start small, see the impact, redirect resource
- Focusing developments where there is evidence and impact
- Redirecting growth – using PHM to help us

We are all responsible for getting the most from our York pound for the benefit of our residents

NHS Medium Term Planning Framework says…

From April 2026 ICBs and Providers should -

- ensure an understanding of current and projected total service utilisation and costs for high priority cohorts
- create an overall plan to more effectively manage the needs of these high priority cohorts and significantly reduce avoidable unplanned admissions.

An example…
average cost of a non elective hospital admission for York's population, by multi morbidity segment

Multi Morbidity Segment	£
None	1,504
Low	1,890
Moderate	2,585
Complex	3,287
Severe	3,828

What is Population Health Management?

"A data-driven tool or methodology that refers to ways of bringing together health-related data to identify a specific population that health and care systems may then prioritise for particular services." Kings Fund

NHS England's Population Health Management "three pillars" are: **Know**, **Connect**, **Prevent**:

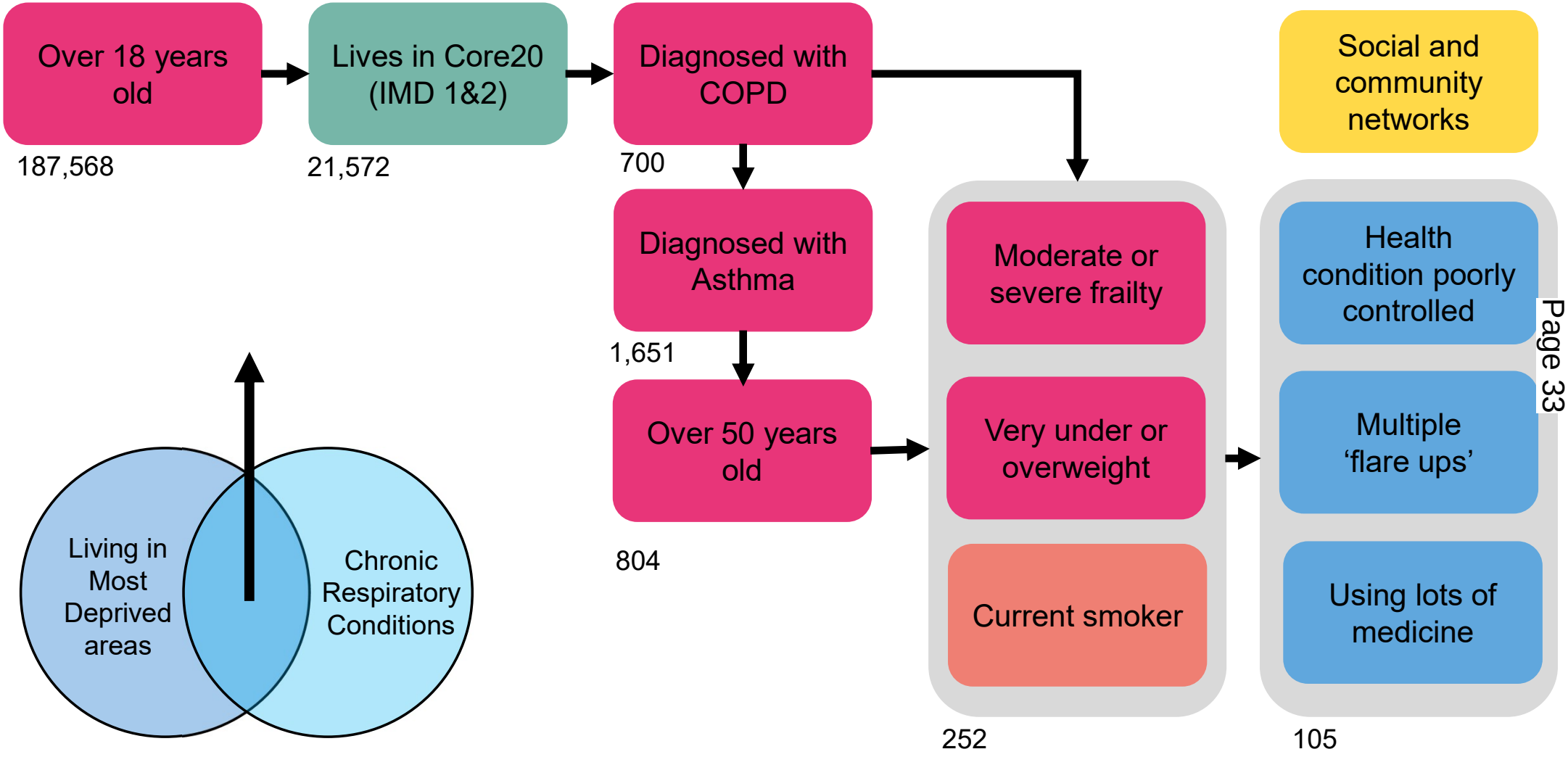
- ***Know*** — use data & evidence to understand the health needs of different population groups, including the wider determinants of health.
- ***Connect*** — build collaborative working across system partners (NHS, local authorities, community organisations) to coordinate care. – **INT development**
- ***Prevent*** — design and deliver preventative, personalised care to reduce future risk.

Population Health Management Criteria for York Neighbourhoods

Working together to better support the people who our current System is failing through an all-age approach

Criteria	Rationale	Guidance
Health inequalities and wider determinants of health – *addressing holistic needs*	• Essential to consider because they directly shape the health of individuals and how effectively they can access care. PHM works best when it proactively identifies risk and targets interventions—and that is only possible if inequities are understood and addressed.	The type of health inequalities data and intelligence you focus on will be determined by the demographic of your neighbourhood. You may want to consider deprivation, ethnicity, housing, social isolation, geographical disparities, age and disability.
Individuals with multiple Long-Term Conditions - *managing complexity*	• Effective Long Term Condition management can often unlock the door to managing other complexities, including social turbulence, individuals are dealing with. • Multiple LTCs compound clinical and social risk factors • Proactive LTC management enables earlier, preventative intervention, meaning we can tackle rising risk.	The number and type of Long-Term Conditions that individuals have that you choose to focus on should be determined by the demographic of your neighbourhood and what the data is telling you.
Individuals who would benefit from multi-agency support and care planning – *rooting care in neighbourhoods and addressing the wider determinants of health*	• **Integrated neighbourhood team development sits at the intersection of health, social care, community services, and the voluntary sector**. • Ensuring ensuring the right people are benefitting from multi-agency care planning should be at the heart of neighbourhood work.	Using intelligence from partners, neighbourhood teams should meet to look at cohort lists and decide which individuals would benefit the most from multi-agency support and care planning.

What is Risk Stratification?



Caroline's story

"I haven't left my house for over a year"

Caroline has been out of work for many years due to multiple complex needs. Caroline lives with COPD and Osteoarthritis. She was housebound and struggled with social isolation.

Caroline's granddaughter looked after Caroline before she left for university, so there was a drop off in care.

Caroline was unable to leave bedroom due to respiratory difficulties and mobility issues, so has been unable to go downstairs or leave the house in over a year.

Mobility issues meant Caroline was struggling with personal hygiene.

Caroline had no hot meals for years and was living off sandwiches which meant her nutritional health was poor.

The drop off in care and social isolation meant that Caroline was suffering with her mental health.

Caroline once had a thriving social life, but now due to her physical and mental health worsening, has found herself trapped in her own home.

Caroline was identified as someone who would benefit from multi-agency support to address her multiple-complex needs. A proactive social prescriber, rooted in personalised care, has been able to transform Caroline's life.

A Social Prescriber visited Caroline in her home and continued to visit for the next four weeks to establish the relationship and build trust. A personalised care plan focussed on Carolines priorities was formulated:

Social prescriber worked with Caroline's surgery to offer COPD review closer to home. Correct medication prescribed and inhaler techniques practiced – Caroline now feels more able to leave the house.

Adult social care referral generated and care package put in place with a carer to support with personal hygiene and home cooked meals.

Home adaptations: now has a stair lift and OT has made adaptations around the home to make it safer for Caroline.

No eye test for years, Specsavers conducted home visit – new prescription, fewer risk of falls

Support with mental health through MH practitioner at surgery

Connections into community groups for peer support

Applied for bus pass and blue badge to support Caroline getting out and about.

4 weeks to establish relationship – time has allowed the Social Prescriber to build trust – important to consider as we move to neighbourhood prevention work – moving away from transactional interactions and focussing on personalised care.

Neighbourhood Partnerships – Progress to date

- Place Board and CYC Executive Agreement to adopt CYC Neighbourhood Model Principles & Frameworks
- Agenda for Executive on Tuesday, 4 November 2025, 4.30 pm (item 171)
- Partnerships under way!! Involving CYC leads, primary care, ICB leads and other partners
- Project management resources & workstream leads
- Core part of the council's transformation programme
- Establishing Governance Structures including co-production and VCSE
  - Task & finish groups:
    - Governance
    - Communication/Engagement/Co-production
    - Workforce
    - Digital
    - Data
    - Evaluation/Research

- Continuing to build relationships and share learning at York Health & Care Collaborative
- Review our combined data with neighbourhood insight packs

Next steps and York HWBB consideration

Guidance sets out the expectation that **HWBs provide the key forums for joint planning** with each of the upper tier local authorities, complemented at system level by working in partnership with strategic authorities discharging their new health duties.

Further detailed guidance is expected to clarify the role of HWBs in relation to developing neighbourhood health plans.

It is anticipated that clarification will be provided on:

- Leadership of the HWB to develop neighbourhood health plans
- The role of the HWB in agreeing the neighbourhood footprints
- The role of HWBs as the lead place-based decision making body
- The relationship between neighbourhood health plans as a part of existing joint commissioning arrangements and with BCF plans
- The proposed distinction between strategic neighbourhood health plans prepared by the HWB and operation plans developed by the place-based partnership or equivalent.

York Health and Wellbeing Board

Health and Wellbeing Board *21 Jan 2026*
Report of the Director of Public Health

Supporting Water Fluoridisation in York

Summary

1. The addition of fluoride to the water supply in a local area brings with it universal improvement to oral health in a population, with the largest effects seen in children and those from more deprived backgrounds.

2. Currently, the water supply in York does not contain more than a trace amount of fluoride. In England, drinking water in around 6m households contains an amount of fluoride which has a meaningful effect on oral health, either through naturally occurring sources of fluoride (i.e. rocks) or through the addition of fluoride during water processing and supply in some areas, which dates back to the 1960s.

3. This report brings together key reference sources and summarises relevant evidence on water fluoridation. The aim is to provide a well-informed evidence base to support the development of consultation responses and strategic decision-making.

4. Health and Wellbeing Board members are asked to support the principle of fluoridating the water supply in York, in support of the improvement of oral health within the city. The ultimate decision and costs of doing so rest with the Secretary of State, not with the Board. However, the 10 year Health Plan for England has set out an intention from government to roll out pilots and implementation of water fluoridation (starting with the North East region) and leaders of Yorkshire and the Humber councils have been asked to state their support or otherwise to the Department of Health and Social Care; thus a positive endorsement of the Health and Wellbeing Board to this proposal would ensure a clear system wide recommendation of York partners to be heard in central government.

Background

5. Dental health continues to be a major public health concern, with 21,162 children aged 5 to 9 admitted to hospital in 2024/2025 due to tooth decay. These treatments cost the NHS around £40.7 million annually, much of which is attributed to preventable dental issues. Dental caries are the leading cause of hospital admissions in the 5-9 age group.

6. Maintaining good oral health is vital. This is for not just for basic functions like eating, speaking, and sleeping, but also for social wellbeing, confidence, and active participation in everyday life. Poor dental health can lead to pain, infection, disrupted sleep, and lost time at school or work, with ripple effects felt by families and wider communities.

7. Tooth decay is the most common oral health issue affecting children in England. It can develop early in life and lead to long-term health consequences.

8. Despite general improvements in dental health across England over recent decades, significant disparities in outcomes persist among different population groups.

9. Water fluoridation is one component of a broader approach to improving oral health, especially for children. It complements (rather than replaces) other key interventions such as supervised toothbrushing, fluoride varnish applications, and sugar reduction efforts.

10. In March, the government announced a national supervised toothbrushing scheme targeting 3–5-year-olds in the most deprived communities. Funding allocations are based on the number of children aged 3–5 living in the most deprived 20% of Lower Super Output Areas (LSOAs), as defined by the Indices of Multiple Deprivation. York received just over £20,000 and a supply of free toothbrushes and toothpaste from Colgate-Palmolive, which has committed to providing these products for five years.

11. The programme was rolled out over summer 2025, initially targeting vulnerable groups including the traveller community, women’s refuge, homeless hostel, and refugee hotel in York. Further expansion is planned, in deprived areas, the women’s open prison, food banks, and local parenting programmes.

12. For the past three years, the Public Health Team at CYC has commissioned a local supervised toothbrushing programme targeting early years settings in deprived areas and the city's two special schools. Currently, nine early years settings are enrolled.

13. Launched in 2023, the Humber and North Yorkshire ICB's Prevention, Access and Treatment (PAT) programme targets primary school-aged children. Initially rolled out in Hull, North Lincolnshire, and Northeast Lincolnshire, it expanded to York in late 2024.The PAT programme complements the CYC initiative by focusing on older children (ages 5–11). A key feature is dental access: children without an NHS dentist are offered one if treatment is needed. Additionally, fluoride varnish is applied twice a year with parental consent.

The evidence base for water fluoridation

Water Fluoridation is Safe and Effective

14. Robust scientific evidence supports water fluoridation as a safe and effective approach to improving dental health. Fluoridating water helps to strengthen dental enamel, which prevents dental decay (caries).[1]

15. Numerous expert organisations support water fluoridation as a public health intervention to improve oral health and reduce inequalities, including:

- The four Chief Medical Officers of the UK[2]
- The Chief Dental Officer NHS England [3]
- The British Dental Association[4]
- Royal College of Paediatrics and Child Health [5]
- The British Society of Paediatric Dentistry[6]

16. Fluoride occurs natural at very low levels in most drinking water in England. However, fluoride is also added to water in some areas and

[1] https://researchbriefings.files.parliament.uk/documents/POST-PB-0063/POST-PB-0063.pdf
[2] Water fluoridation: statement from the UK Chief Medical Officers - GOV.UK (www.gov.uk)
[3] The Chief Dental Officer NHS England » Statement of support for water fluoridation by the Chief Dental Officer for England
[4] The British Dental Association Dentist say seize the moment as CMOs back water fluoridation (bda.org)
[5] Royal College of Paediatrics and Child Health The case for fluoridation to protect children's oral health | RCPCH
[6] The British Society of Paediatric Dentistry Position Statement in support of fluoridation Microsoft Word - Fluoridation position statement August 2016.docx (bspd.co.uk)

there are some areas in which water has naturally high levels of fluoride.

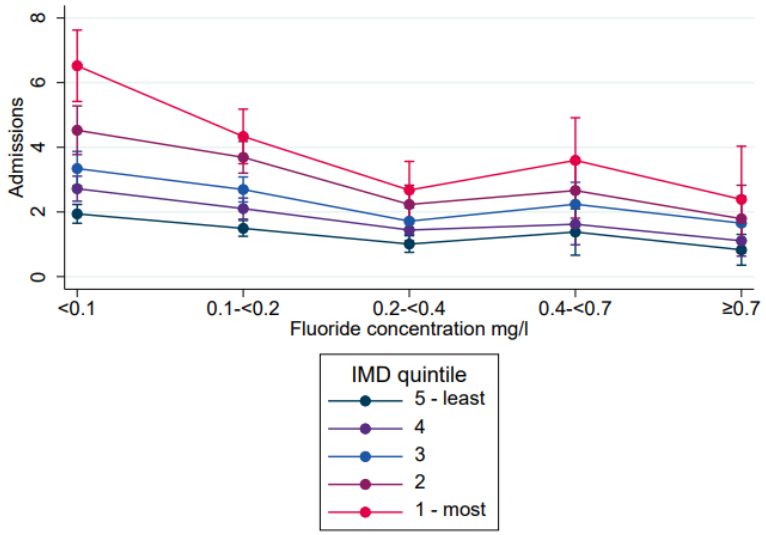
17. Around 10% of England's population (6 million people) currently benefit from fluoridated water. Regions such as the West Midlands and Northeast show consistent improvements in oral health due to long-standing fluoridation. It is supported by decades of international evidence showing that:

    - It reduces caries prevalence and increases the number of caries-free individuals.
    - Discontinuing fluoridation leads to higher rates of decay.

18. Such is the success of water fluoridation in England that the 10 Year Health Plan aims to expand fluoridation in the Northeast by 1.6 million people by 2030, and refurbish existing schemes in the Northeast, West Midlands, and East of England, benefiting 6 million additional people.

19. The graph below, taken from the 2022 OHID review, shows that at a small area level, increased fluoride concentration in the local water supply is correlated both with a lower rate of hospital admissions for tooth extraction and a narrowing of the inequalities gap in tooth extraction between most and least deprived areas.

Figure 7 - Number of admissions for carious tooth extraction per MSOA by fluoride concentration, stratified by IMD quintile, adjusted for age and sex, standard errors adjusted for 316 local authority clusters



20. In addition, where water fluoridation has been reversed – for instance in parts of Canada, there is good evidence of a negative impact on young people's oral health. The city of Calgary, which ceased water fluoridation in 2011, saw a rate of caries-related dental treatment under general anaesthetic which rose between the 4th and the 8th year following cessation from 22 to 45 per 10,000 children, whereas in neighbouring Edmonton, which continued fluoridation, a much lower rise was observed in the same period, from 18 to 24 per 10,000 children.[7]

Fluoridation is a Cost-Effective Public Health Investment

21. Water fluoridation is a cost-effective public health intervention. The largest and most robust recent studies – LOTUS[8] and CATFISH[9] – found water fluoridation to be both effective and cost effective.

22. Analysis done in the North East of England in 2024, suggests that if they are to expand their water fluoridation programme to an additional 1.6 million residents they will deliver a net financial benefit of £315 million over 40 years. This results from £610 million in monetised benefits and £294 million in total costs to deliver fluoridation.[10] Examples of how fluoridation will lead to savings include: reduced demands on dental services; fewer anaesthetics for teeth extractions; and improved productivity from fewer missed workdays.

Fluoridation Reduces Health Inequalities

23. Fluoridation's key strength is its equity: it benefits the entire population, particularly those least likely to access dental care. Children and vulnerable populations gain the most, especially those in the most deprived areas.

24. The 2022 OHID water fluoridation monitoring report for England[11] reported that children living in the 20% most deprived areas saw a 25% lower chance of dental caries when living in areas with a fluoridation scheme compared to areas without.

---

[7] Community water fluoride cessation and rate of caries-related pediatric dental treatments under general anesthesia in Alberta, Canada - PMC
[8] The LOTUS Study: Fluoridation for Adults | The University of Manchester
[9] The CATFISH study: An evaluation of a water fluoridation program in Cumbria, UK - Goodwin - 2024 - Community Dentistry and Oral Epidemiology - Wiley Online Library
[10] https://assets.publishing.service.gov.uk/media/66014cd665ca2f67417da764/impact-assessment-community-water-fluoridation-expansion-in-the-north-east-of-england.pdf
[11] Water fluoridation: health monitoring report for England 2022 - GOV.UK

Health effects of water fluoridation.

25. The findings of the 2022 health monitoring report (OHID 2022) are consistent with the view that water fluoridation at levels within the UK regulatory limit (<1.5mg/l) is an effective, safe, and equitable public health intervention to reduce the prevalence, severity, and consequences of dental caries, without any convincing evidence of adverse health outcomes.

26. This report finds the same as many international studies and reviews with regards to adverse health outcomes.

27. The 2028 OHID review notes that “Taken alongside the existing wider research, our results do not provide convincing evidence of higher rates of hip fracture, Down’s syndrome, kidney stones, bladder cancer, or osteosarcoma (a cancer of the bone) due to fluoridation schemes”.[12]

28. There are extensive dental health benefits to fluoridation as described throughout this report. However, dental fluorosis (cosmetic changes to the teeth) can sometimes occur if children’s teeth are over-exposed to fluoride when they are developing. Evidence does not suggest this is harmful.

29. In the UK, fluoride levels are strictly regulated (the World Health Organization recommends a maximum level of 1.5 milligrams of fluoride per litre of water (mg/L)), so fluorosis is generally mild and primarily a cosmetic issue. Fluorosis typically appears as white flecks on teeth in mild cases. A 2024 Cochrane review concluded that, in areas with fluoride in water in line with safe limits of 0.7 mg/L of fluoride up to 40% of people may have fluorosis and 12% of people could be dissatisfied by how their teeth looked due to fluorosis.

30. Dental fluorosis can be treated according to its severity. Treatments include tooth whitening, coating the tooth with a hard resin (bonding), and crowns and veneers.

31. The risks of fluorosis need to be balanced against the health risks of severe dental decay: pain causing loss of sleep in young children, acute infections sometimes needing antibiotics, and increased rates for general anaesthetic use.

[12] PHE publishes water fluoridation health monitoring report - GOV.UK

Public Opinion

32. In England, a recent study published in June 2021 assessed public attitudes in five areas in the North East of England, and found that 60% of respondents were in favour of adding fluoride to the water supply to prevent dental decay, while only 16% were opposed.[13]

Additional considerations and legislation

33. The implementation of water fluoridation involves a range of additional factors and requires national legislation. Since the 2022 Health and Care Act, the decision to add fluoride to local water supply rests with the Secretary of State for Health and Social Care.

34. The successful pilot and subsequent rollout of fluoridation in the North East indicates that the government would like to continue towards universal coverage in England, as supported by the 10 year health plan.

35. We await further guidance from government around the precise mechanisms for this to occur. Key considerations around implementation include:

- Which organisation(s) will be responsible for covering various costs associated with fluoridation, including the construction and maintenance of the necessary infrastructure, procurement of fluoride compounds, and ongoing regulation, monitoring, and adjustment of fluoride levels in line with safety standards.

- How water is distributed across regions - given that water supplies often cross local authority boundaries, it is important to understand which geographical areas will be affected by fluoridation

- Whether residents in those areas have been appropriately informed and consulted, and what the potential impacts might be on neighbouring populations.

36. We are aware that several areas are being considered to ‘go next’ in terms of regional roll out of fluoridation, and a consistent positive voice on the issues from all local authority areas across Yorkshire and the Humber (covered by one single water company, Yorkshire Water) would stand us in the best stead for likely announcements in 2026 on the next step areas.

[13] https://www.nature.com/articles/s41415-021-3074-0

Consultation

37. This paper seeks to gain the Health and Wellbeing Board's support in principle for the public health benefits of the addition of fluoride to drinking water in York. This will enable our council leadership to indicate York's support to the Secretary of State. If and when national government decides to recommend implementation, this may be further reinforced by nationally-led public consultation.

Conclusions

38. Tooth decay remains a major, but preventable health challenge, especially for children living in the most deprived areas in York. Water fluoridation offers a proven, safe, equitable, and cost-effective solution that works quietly and continuously to protect teeth and reduce inequalities.

39. There is public support for water fluoridation. In combination with other oral health strategies, fluoridation has the power to significantly improve outcomes across York, especially for the most disadvantaged.

40. Whilst the powers do not rest with Health and Wellbeing Boards to introduce fluoridation, support in principle from local health partners will aid decision-making in central government. This issue has on occasion been controversial in the past, but with the strengthened evidence-base over the last decade now is a good time for system partners in the city to state with a clear voice their support for this measure.

Strategic/Operational Plans

41. Our Health and Wellbeing Strategy 2022-2032 includes a commitment to 'Start Good Health and Wellbeing Young', with oral health as a key aspect of universal health improvement identified in other partnership strategies, for instance our RAISE York family hub core priorities.

Recommendations

The Health and Wellbeing Board are asked to consider:

i. Supporting the principle of the addition of fluoride to the water supply covering York residents.

Reason: to improve the oral health of residents in York, and reduce inequalities in oral health outcomes

Contact Details

Author:	**Chief Officer Responsible for the report:**
Author's name *Title* *Dept Name* *Organisation name* *Tel No.*	*Chief Officer's name* *Job Title* *Organisation name* *Tel No*
Co-Author's Name *Title* *Dept Name* *Organisation name* *Tel No.*	**Report Approved** *tick* **Date** *Insert Date* *Chief Officer's name* *Title* **Report Approved** *tick* **Date** *Insert Date*

Specialist Implications Officer(s) *List information for all i.e*
Financial Officer's name
Job Title
Dept Name
Organisation name
Tel No.

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** *tick*

For further information please contact the author of the report
Background Papers:

All relevant background papers must be listed here*. A 'background paper' is any document which, in the Chief Officer's opinion, discloses any facts on which the report is based and which has been relied on to a material extent in preparing the report*

Either the actual background paper or a link to the background paper should be provided.

Annexes

***All annexes to the report must be listed here**. Any paper which is supplementary to the main report, and intended to be read with it, should be referred to in the report as an 'annex'. Each annex should be a separate document to the report and given a number or a letter, e.g. 'Annex A' and be marked accordingly on the first page. Also state which if any are 'exempt' with a clear reason why.*

Glossary

***A separate document must be attached to each report** which clearly lists in alphabetical order any abbreviations used within the report and its associated annexes.*

To note

42. This document contains a small amount of content generated by Artificial Intelligence (AI). AI-generated content has been reviewed by the author for accuracy and edited/revised where necessary. The author takes responsibility for this content.

York Health and Wellbeing Board

Health and Wellbeing Board *21 Jan 2026*
Report of the Director of Public Health

A compassionate approach to healthy weight in York

Summary

1. This report sets out a new approach to supporting people achieving and maintaining a healthy weight in York, led by the public health team at city of York Council but with implications for the whole system of health and beyond in the city. It gives an overview of services to support children, families, and adults, with a particular focus on the shift to a compassionate approach to weight.

2. The focus of this report is on the framing of, and approach to, healthy weight support in the city, rather than on the wider issues behind weight, diet and exercise – for instance poverty, housing, the 'obesogenic environment', our food systems. These things are the focus of Goal 5 in the Joint Health and Wellbeing Strategy 2022-32, and are reported on regularly to the board.

3. The board are asked to note and endorse the approach set out within this report and are encouraged to promote the ethos of a compassionate approach to healthy weight, and the services available within their own departments/organisations.

Background

4. Up until now, the approach to healthy weight in York, which was set out in the Healthy Weight Healthy Lives strategy, has been somewhat fragmented, with a range of different services, some in-house local authority, some commissioned externally, some provided by the NHS - each often following a traditional 'tiered' or stepped care approach.

5. The most recent Cochrane reviews of behavioural weight management services for children and young people conclude such services only demonstrate small, short-term weight loss in some participants. Weight management interventions are not effective for all, and reliance on

them as a ‘fix’ particularly for childhood obesity may be doing a disservice to our children and their families.

6. For adults, recent NICE guidance on Obesity and Weight Management moves away from a tiered approach and emphasises a more personalised and holistic set of behavioural and specialist interventions. Adult behavioural weight management interventions have a solid evidence base of moderate impact on weight reduction and associated health improvements e.g. cardiometabolic markers such as blood pressure, however maintenance of weight loss is often not achieved in the longer term.[1]

7. Obesity is a complex issue determined by interactions between multiple genetic, social, and environmental factors, including significant changes to modern life including transport methods, urban environments, road safety, access to green space, the way we work, and food production.

8. Obesity is a *chronic, relapsing medical condition* and we need our systems to treat it as such. We also need to recognise that obesity and mental health are closely connected, often feeding into one another. That’s why compassion must be at the heart of how we respond.

9. The recent ‘More Than Weight’ report published jointly by Humber and North Yorkshire & West Yorkshire ICBs showcases the voices of people living with obesity in our region. In this extensive piece of lived-experience research, people described obesity not as a cause, but also as a consequence of trauma, bereavement, poverty, neurodivergence, and emotional distress.

10. Given the above, whilst there is still a place for individual support around weight, this should increasingly take a compassionate, empowering and trauma-informed approach.

Main/Key Issues to be Considered

11. Using Body Mass Index (BMI) as a measure, 60.1% of York’s adult population is overweight or obese. Among York’s young people, 23.2% of reception age children were overweight or obese, raising to 34.7% of year six children. BMI/weight centiles are by no means a perfect way to detect weight status; for example, they do not differentiate between muscle and fat, do not appreciate the phases / spurts of growth children go through or those who are very tall/very small for

[1] Overweight and obesity management: summary of updated NICE guidance

their age. However they are a standardised measure that has been consistently followed for many years and is useful for understanding trends in the population's weight. Across all age groups, there has been an upward trend in obesity levels since the 1950s.

Shift to a compassionate approach

12. At its heart, a 'compassionate approach' to healthy weight – an approach first piloted in Doncaster – will require the reframing of messages around healthy weight, particularly those promoted through, for example, the Health Trainer and Healthy Child services.

13. The approach is defined below:

Key facets of a Compassionate Approach to Healthy Weight

- Challenging weight stigma - end weight stigma and create an environment where people can pursue their health goals without judgment.
- Focusing on health gains - focus on health improvement rather than weight loss.
- Respecting diversity - respect diversity in body shapes and sizes.
- Supporting physical activity - support physical activities that are enjoyable and allow people of all sizes to participate.
- Addressing social and environmental barriers – address social and environmental barriers that make it difficult for people to participate in physical activity and eat the foods they want to eat.
- Being trauma-informed - taking into account the impact of trauma and understanding what people have more or less influence over.
- Recognising complexity – realising that human systems are complex and sustainable change takes time.
- Building relationships - focus on building relationships and supporting connections between people.
- Recognising unintended consequences – for example the rise in the number of people (especially young people) with eating disorders, and the impact that weight-oriented messages may have for people with these conditions

14. This approach is trauma-formed, and also has a strong thread around social justice, given that there is strong correlation between areas of deprivation and higher instances of overweight/obesity. As previously discussed, the multifaceted nature of obesity means that those who are closer to the poverty line, have less opportunity to eat fresh fruit or vegetables, less able to access physical activity opportunities, living in with past/current trauma are more likely to be over a healthy weight.

Reshaped public health support services: the Healthy Family offer

15. Building on the ethos and approach outlines above, the public health team have been developing:

16. As will be seen, the emphasis within this set of redesigned services is on prevention, starting at pre-conception and focussing most of our

resource and effort on supporting children and young people within the family setting. This is because they are most likely to be harmed over the life course by excess weight, are most amendable to changes to diet and activity levels, and have the most to gain from developing a lifelong set of habits and environments which support healthy eating.

The wider weight management system in York

17. Alongside the redesigned public health services to support people to achieve and maintain a healthy weight, there are other formal offers of weight management support available to adult York residents within the NHS. These include

    - Tier 2 digital weight management scheme
    - The NHS Diabetes Prevention Programme
    - The NHS Low Calorie Diet (focussed on diagnosed Type 2 diabetics)
    - Tier 3 (psychological support)
    - Tier 4 (Bariatric pathways)

18. The above interventions from public health services, and the broader strategic approach to a compassionate weight, aim to sit alongside formal clinical services, and will reach a far greater proportion of the population than they are able to do.

19. The effectiveness of drugs in the GLP1 receptor-agonist class (e.g. Tirzepatide (Mounjaro) or Semaglutide (Wegovy)) is increasingly recognised for weight loss. Some of the pathways described above will incorporate these medications through specialist services and now through prescriptions obtained in primary care, in a phased approach which starts with those with a BMI of 40 or over and long-term conditions. These medications are currently injectable, but oral versions have recently been approved in the US.

20. The evidence these drugs lead to rapid weight loss at the individual level has now been shown through multiple international trials, and beyond weight as an endpoint they are increasingly being found to positively affect outcomes such as cardiovascular events, bone health and dementia incidence.[2] Less positively, they come with a number of side effects around nutrition, gallstones, dehydration as well as worries around the increasing availability of counterfeit medications.

[2] GLP-1 drugs effective for weight loss, but more independent studies needed | Cochrane

21. It seems clear now that for long term benefit, these medications would need to be taken for life, and recent research has shown that once their use is stopped, weight is regained rapidly (within 18 months), up to four times as fast as after behavioural weight management interventions.[3]

22. In addition, it is important to recognise that a pharmacological approach to weight loss through these jabs does nothing to improve people's diet and nutrition or physical activity levels, both of which have a huge benefit for health independent of weight. In fact, there is evidence [4]

23. At the population level, with 25.2% of the York adult population having a BMI of over 30, a large number of residents (an estimated 42,357) would need to be treated to have a meaningful effect on population obesity levels. For instance, the NHS is currently paying £122 per patient per month for the maximum dose of Mounjaro, so the pharmacological costs alone (without associated clinical costs or wraparound behavioural support) of treating this group in York would be around £62m.

24. In comparison, if everyone who is overweight reduced their calorie intake by just 216 calories a day, equivalent to a single bottle of fizzy drink, obesity would be halved.[5]

System level interventions

25. Whilst this paper has focussed on support services, there are myriad other things which support healthy weight in York at a structural level, particularly for children and young people.

26. Interventions around healthy and affordable food shape much of dietary environment which determines our weight. Locally, examples of this would be through the Holiday Activity Fund, through provision of fresh fruit and veg to 4-6 yr olds, through community provision of healthy food at for instance Tang Hall Coop, The Place in Westfield, and Planet Food in Southbank, and through the rollout of free school meals and breakfast clubs through York Hungry Minds project.

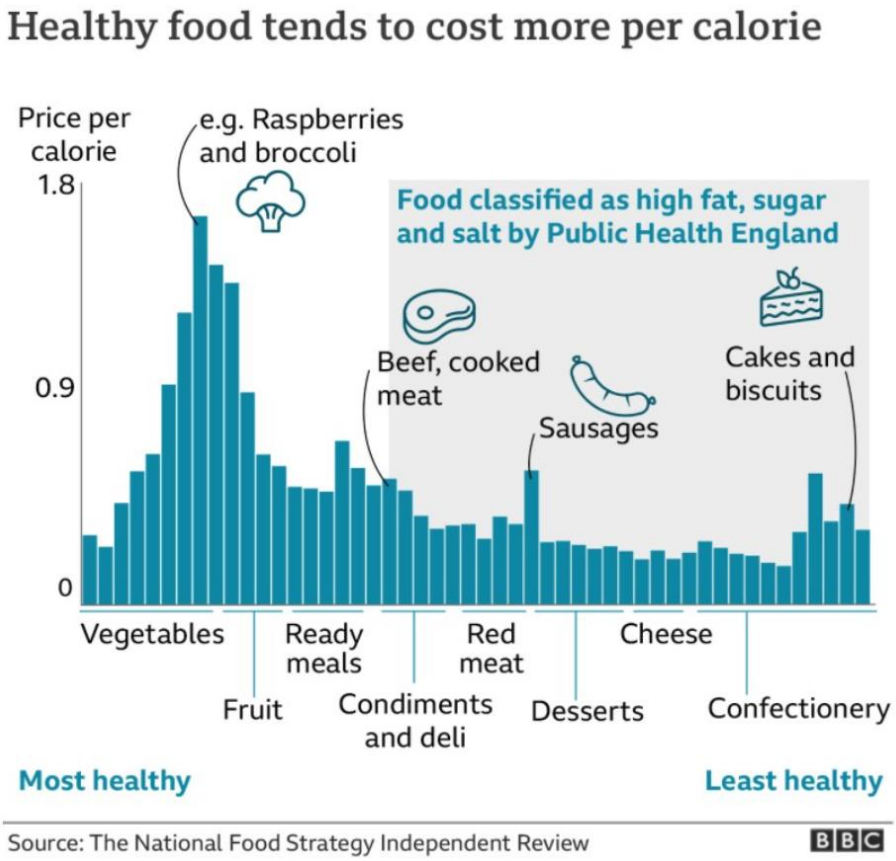
---

[3] Weight regain after cessation of medication for weight management: systematic review and meta-analysis | The BMJ

[4] Lack of support for people on weight loss drugs leaves them vulnerable to nutritional deficiencies, say experts | University of Cambridge

[5] Healthy food revolution to tackle obesity epidemic - GOV.UK

27. Locally, we have implemented restrictions on advertising of High Fat, Salt and Sugar (HFSS) products across council owned advertising space, though the Council's advertising and sponsorship policy. As previously mentioned, there is a need to move away from the individualised framing of obesity, towards a shift to the harms that industry are causing. Ultra-Processed Foods are, gram for gram, often cheaper than fresh, healthy foods. When this is combined with significant industry lobbying and massive advertising spend, the influence of industry on our health becomes a significant concern.



28. Through the development of a Health Supplementary Planning Document, we are looking to clearly articulate how health needs including healthy weight issues are taken into consideration by housing developers. This will include ways in which people move through spaces (footpaths, cycle paths, lighting), the minimum requirements of open and green spaces, play, recreation and physical activity provision, and opportunities for communities to come together in a cohesive way.

29. Within national policy, the 10-year Health Plan for England will:

- Ban the sale of energy drinks for under 16s

- Strengthen local councils' power to block new fast-food outlets near schools
- Update school food standards legislation
- Increase the value of Healthy Start
- Expand eligibility of Free school meals
- Uplift the rate at which the Soft Drinks Industry Levy (SDIL) is paid, and consult on wider changes
- Apply the updated Nutrient Profile Model
- Introduce mandatory health food sales reporting for all large companies in the food sector
- Set mandatory targets on the healthiness of sales for the largest companies in the food sector

Next Steps

30. As has been demonstrated throughout this report, addressing the underlying causes of obesity are far ranging and multi-faceted. It will require a whole system approach to embedding and enabling change, providing support to families and creating the environments that foster good health outcomes.

31. The Health and Wellbeing Board individuals and organisations can support the system changes in the following ways:

- Trauma-informed practice in obesity care

  Embedding trauma-informed and trauma responsive approaches in relation to obesity and weight, including outcomes on engagement, retention, and mental health.

- Stigma reduction

  Look for ways of reducing weight stigma in services, including training, reflective practice, and policy change. Create an environment where people can pursue their health goals without judgment.

  Focus on health gains, rather than weight loss, weight status etc. A shift towards person centred, goal-oriented outcomes.

- Consider the Commercial Determinants of Health

  Look at how industry impacts upon the choices architecture we are all presented with around food, movement, transport. Carefully consider the implications of advertising, sponsorship, partnership

etc. of big industry – the message that this sends and the motives behind this.

Strategic/Operational Plans

32. This report aligns with the 5th Goal in the Joint Health and Wellbeing Strategy 2023-2032 to 'Reverse the rise in the number of people living with an unhealthy weight'

Recommendations

The Health and Wellbeing Board are asked to:

i. Approve and endorse the ethos and service changes lying behind the proposed 'compassionate approach' to healthy weight

   Reason: to provide effective, supportive and non-stigmatising services and support around weight in the city

ii. Consider the implications of this 'compassionate approach' for each individual organisation

   Reason: to embed and disseminate our agreed approach across city organisations.

Contact Details

Author:	**Chief Officer Responsible for the report:**

Phil Truby
Head of Public Health
(Adults and Families)

Public Health
City of York Council

Chief Officer's name
Job Title
Organisation name
Tel No

Report Approved [x] **Date** *9/1/26*

Chief Officer's name
Title

Report Approved [tick] **Date** *Insert Date*

Specialist Implications Officer(s) *List information for all i.e*
Financial Officer's name
Job Title
Dept Name
Organisation name
Tel No.

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** [tick]

For further information please contact the author of the report
Background Papers:

***All relevant background papers must be listed here**. A 'background paper' is any document which, in the Chief Officer's opinion, discloses any facts on which the report is based and which has been relied on to a material extent in preparing the report*

Either the actual background paper or a link to the background paper should be provided.

Annexes

***All annexes to the report must be listed here**. Any paper which is supplementary to the main report, and intended to be read with it, should be referred to in the report as an 'annex'. Each annex should be a separate document to the report and given a number or a letter, e.g.*

'Annex A' and be marked accordingly on the first page. Also state which if any are 'exempt' with a clear reason why.

Glossary

A separate document must be attached to each report *which clearly lists in alphabetical order any abbreviations used within the report and its associated annexes.*

This page is intentionally left blank

Health and Wellbeing Board January 21, 2026

Report of Jane Timson, Independent Chair of City of York Safeguarding Adults Board

City Of York Safeguarding Adults Safeguarding Board Annual Report 2024/25 and Strategy for 2025 - 28

Summary

1. The Annual Report is at **Annex A** to this cover report and discusses the work of the members of the City of York Safeguarding Adults Board to carry out and deliver the objectives of the strategic plan during 2024/25.

2. **Annex B** to this cover report is the City of York Safeguarding Adults Board strategic plan for 2025 -28.

Background

3. The City of York Safeguarding Adults Board (CYSAB) is a statutory and multi-agency partnership that leads the strategic development of safeguarding adults work across York. As specified in the Care Act, the CYSAB includes three core statutory members, that is, the City of York Council, NHS Humber and North Yorkshire Integrated Care Board, and North Yorkshire Police Authority. Our membership is also made up of nominated lead representatives from a wide range of non-core partner agencies, who actively contribute to the work of the Board.

   The CYSAB has three core duties, in accordance with the Care Act 2014:

   - Develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute

   - Publish an annual report detailing how effective our work has been

- Commission Safeguarding Adults Reviews (SARs) for any cases which meet the SAR criteria.

Main/Key Issues to be Considered

4. A detailed report is at **Annex A** to this report and contains a number of themed sections including information about the City of York Safeguarding Adults Board; what the CYSAB has recently achieved, strategic priorities for 2024-25; **Annex B** looks ahead to the strategic plan for the next year and looks at three areas of focus for 2025-2028.

Consultation

5. This report was developed in conjunction with all partners represented on the City of York Safeguarding Adults Board.

Options

6. Whilst there are no specific options for the Board to consider Health and Wellbeing Board members are asked to:

- note the contents of the annual report 2024/25

- consider how they can contribute to the joint work of the Board and note strategic plans for 2025 – 2028 and how they can be supported. Areas of focus for the CYSAB Strategic plan 2025-28 include:

  - Prevention, Awareness and engagement
  - Learning, reflection and practice improvement
  - Strengthening multi-agency safeguarding responses to:
    a. Adults at risk of exploitation
    b. Adults at risk of self-neglect and hoarding
    c. Adults at risk of rough sleeping and homelessness

Analysis

7. Not applicable.

Strategic/Operational Plans

8. Safeguarding adults at risk of harm or abuse is a fundamentally important issue throughout the York Joint Local Health and Wellbeing Strategy 2022-2032

Implications

- **Financial***:* There are no direct financial implications arising from this report. Funding for the Safeguarding Adults Board is provided by the three core statutory members, that is, the City of York Council, NHS Humber and North Yorkshire Integrated Care Board, and North Yorkshire Police Authority*.*
- **Human Resources (HR)** No Human resources implications
- **Equalities** In compliance with existing policies
- **Legal:** The report highlights the strategic direction of the Safeguarding Board and its partners. It is in line with the duties and responsibilities set out in the Care Act 2014. There is a statutory duty for the Safeguarding Board to produce a strategic plan and annual report setting out the work of the Board to improve the outcomes for adults at risk of abuse.
- **Crime and Disorder:**
- **Information Technology (IT**): City of York web services support the hosting of the CYSAB website and the communications team have provided the design work for the annual report and will also be doing the design work for the new strategy.
- **Property:** no property implications

Risk Management

The Safeguarding Board is required to produce an annual report and strategic plan and would be in breach of the legislative requirement if it failed to do so.

Recommendations

Health and Wellbeing Board members are asked to:

- note the contents of the annual report 2024/25

- consider how they can contribute to the joint work of the Board and note strategic plans for 2025 - 2028 and how they can be supported in particular to the areas of focus below:

  - Prevention, Awareness and engagement
  - Learning, reflection and practice improvement
  - Strengthening multi-agency safeguarding responses to:
    a. Adults at risk of exploitation
    b. Adults at risk of self-neglect and hoarding
    c. Adults at risk of rough sleeping and homelessness

Reason: to keep the Health and Wellbeing Board informed of the work of the CYSAB

Contact Details

Catherine Law
Safeguarding Adults Board Business Manager
City of York Safeguarding Adults Board
07394844345

Chief Officer Responsible for the report:
Michael Melvin, Assistant Director of Adults Safeguarding
City of York, Adult Social Care, Assessment and Safeguarding
077836380774

Jane Timson
Independent Chair of the City of York Safeguarding Adults Board

Wards Affected: **All** X

For further information please contact the author of the report

Background Papers:

Annexes

Annex A: Annual Report of the City of York Safeguarding Adults Board https://www.safeguardingadultsyork.org.uk/downloads/file/40/annual-report-2024-to-2025

Annex B: City of York Safeguarding Adults Board Strategy 2025-28 https://www.safeguardingadultsyork.org.uk/downloads/file/38/strategic-plan-for-2025-to-2028

Annex C: Plan on a page https://www.safeguardingadultsyork.org.uk/downloads/file/41/plan-on-a-page-2025-to-2028

Not applicable

Glossary All abbreviations used within the Annual Report and Strategic Plan are explained within the document

This page is intentionally left blank

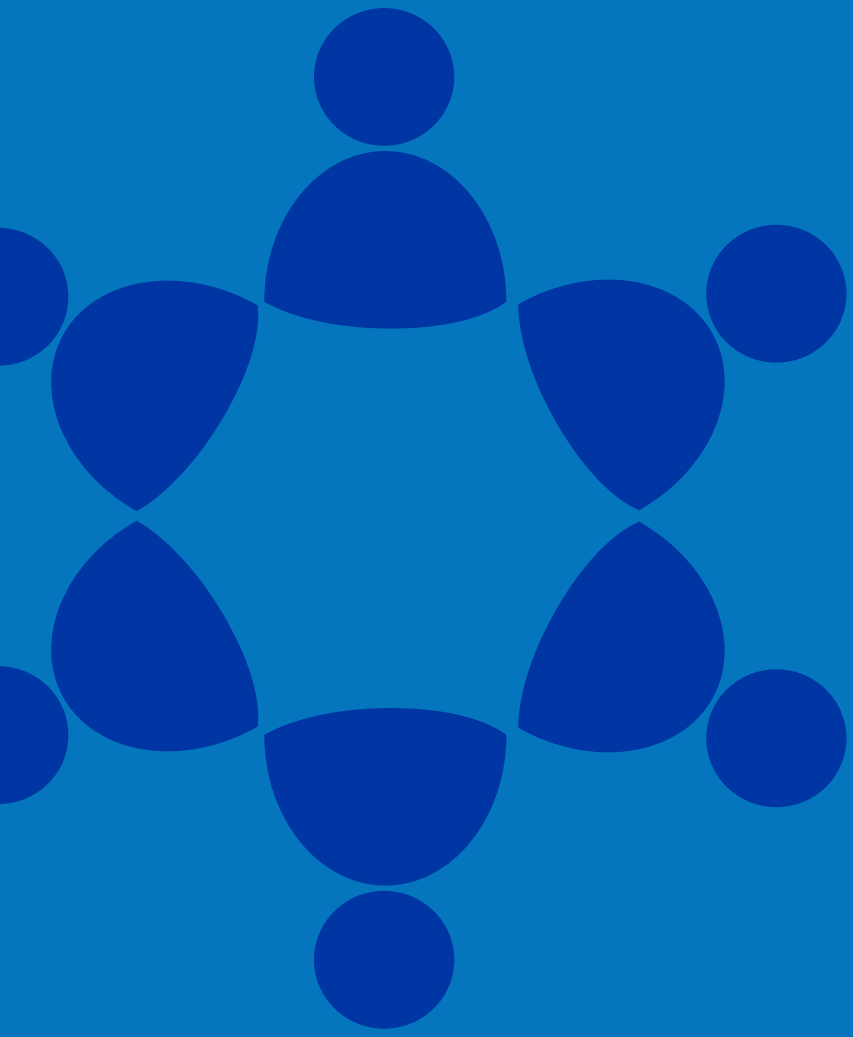
CITY OF YORK
Safeguarding Adults Board

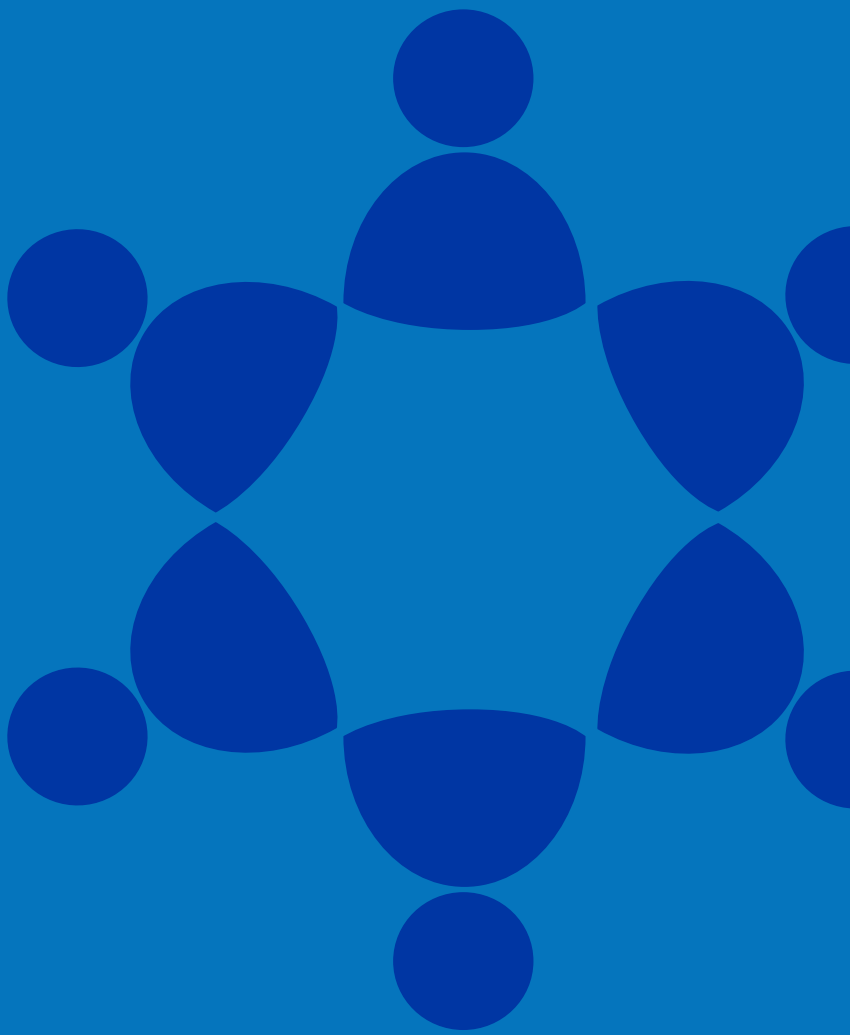
Annual Report 2023-24

OUR VISION

For individuals, communities and organisations to work together to ensure that the people of York can live fulfilling lives free from abuse and neglect and to ensure that safeguarding is everybody's business.

For more information visit: safeguardingadultsyork.org.uk





Contents

Foreword

I have been the Independent Chair of the City of York Safeguarding Adults Board since 2018 and this is my last year as I retired in May 2024. Pressure on safeguarding services still remains across the city as a result covid recovery and the cost-of-living crisis. The resilience of safeguarding services has remained consistent throughout 2023-24 and the individuals and teams across the partnership have continued to work incredibly hard to deliver effective outcomes for adults with care and support needs, their families and carers.

Mental health and self-neglect are still significant areas of need including pressure from adults who are vulnerably housed or facing homelessness. We have continued to work as a partnership to meet the needs of these areas and I would like to pay tribute to colleagues across all services in adult safeguarding, who have continued to play a vital role in improving the outcomes for those adults facing these risks, helping to prevent abuse and neglect.

I would like to thank colleagues working to ensure the Board not just fulfils its statutory duties but also play key roles in improving the quality of life for some of the most vulnerable in our communities.

The Board has been fortunate enough to increase the support for running of the board and has successfully appointed a new Business Manager who starts in May 2024. This will add a much-needed resource to allow the Board to meet its ever-increasing workload and support the increase in referrals for safeguarding adults reviews. The pressure on colleagues has been significant over the last few years, and so it is vital for the future of safeguarding services that both within the partnership and in individual organisations, we find a range of ways to support colleagues well into the future.

I am pleased and proud to have got the Board into the position it is now and wish to thank all my colleagues and partners who have come along with me on this journey. With the capability of the new Board Business Manager and a new Independent Chair I can see the Board going from strength to strength as I step down to make way for positive changes.

Tim Madgwick

Independent Chair, City of York Safeguarding Adults Board (CYSAB)

1. About the Board

Who we are:

The City of York Safeguarding Adults Board (CYSAB) is a statutory and multi-agency partnership that leads the strategic development of safeguarding adults work across York. As specified in the Care Act, the CYSAB includes three core statutory members, that is, the City of York Council, NHS Humber and North Yorkshire Integrated Care Board, and North Yorkshire Police Authority. Our membership is also made up of nominated lead representatives from a wide range of non-core partner agencies, who actively contribute to the work of the Board.

What we do:

The work of Safeguarding Adults Board is directed by legislation – the Care Act 2014. The Act sets out the core purpose of the Board is to ensure that local safeguarding arrangements are effective and take account of the views of the local community. The Board also seeks assurance that safeguarding practice is person-centred and outcome focused. The purpose of the CYSAB is to help safeguard people who have care and support needs. Its main objective is to improve local safeguarding arrangements to ensure partners act to help and protect adults experiencing, or at risk of, neglect and abuse.

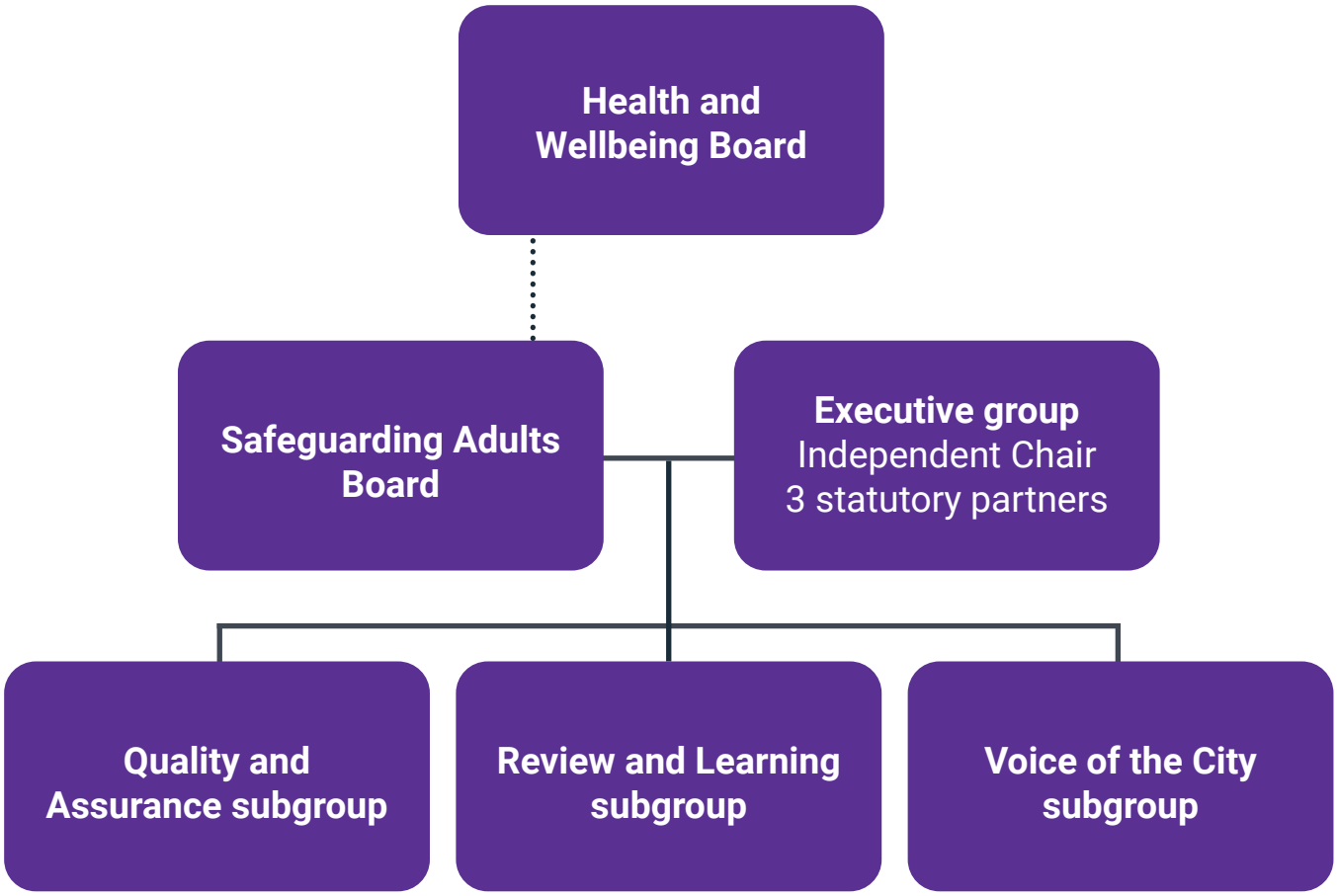
Our statutory duties:

The SAB has three core duties, in accordance with the Care Act 2014:

1. Develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute
2. Publish an annual report detailing how effective our work has been
3. Commission Safeguarding Adults Reviews (SARs) for any cases which meet the SAR criteria.

How we function:

As a Board we meet four times a year and have four sub-groups. These are the Executive Group, Quality and Assurance, Review and Learning and the Voice of the City.



2. The Voice of the Adult

J is a young adult who has several complex mental health issues, and experienced childhood trauma and abuse. J is estranged from their family and has a limited support network. J has been well known to Adult Safeguarding and other services; they have difficulties with attachment and abandonment issues and struggle to build positive relationships with professionals due to feeling let down by services previously.

Getting safeguarding and support

J was referred to safeguarding due to concerns regarding contact with their previous abuser, and they were also experiencing harassment. J felt unsafe in their home, and this led to them sleeping in vulnerable accommodation and placing them at further risk of harm and exploitation.

What did the adult want to happen

J expressed that the outcomes they wanted to achieve from the safeguarding process were to be rehoused away from their current neighbourhood, and to receive trauma informed therapy from mental health professionals, who have often discharged them from services. A key outcome they also described was to be listened to without feeling judged.

What was achieved for the adult

A number of partners were involved in the safeguarding enquiry in addition to the City of York Safeguarding team, including Independent Domestic Abuse Service (IDAS), Primary Care (GP), City of York Local Area Communities Team and Housing Team, in addition to City of York mental health services. A series of safeguarding and multi-disciplinary meetings were held.

The safeguarding worker advocated on J's behalf and was able to challenge the assumptions of others, with an emphasis on trauma informed practice. The worker met with J on various occasions including face to face and telephone contact, and this led to a positive and trusting relationship being established.

J is now receiving input from mental health services and has been rehoused. As part of the safeguarding process J was provided with a range of support including practical support with budgeting and managing their accommodation. J is also no longer in contact with their previous abuser.

Voice of the person

J gave some brief feedback during face-to-face meetings but, they struggled to articulate their thoughts when speaking in person, so they chose to provide further feedback in a letter, about what the safeguarding

support has helped them achieve. J was invited to attend the safeguarding meetings but they were happier for their safeguarding workers to advocate their wishes and views on their behalf. J described how things have changed for the better for them and that they are now safe.

J feels their voice has been heard and is now hopeful that they can trust professionals, and that they want to help.

J emphasised that they were spoken to like a 'normal person'.

'You've genuinely made me feel so heard and understood and like I can tell you anything without judgement. You've helped me do things that I never thought I would be able to do.'

'Because unlike other professionals you genuinely do help and care. Others deserve that too, especially since you make people feel safe and I am safe now.;

'Thank you for all your help over the last year, I am so lucky to have been able to meet you, you have changed things for the better for me. To have someone I can trust and rely on to understand me, listen to me and be there for me. You've proven to me that good people do exist, and that despite my frequent doubts, you have made me feel worthy of kindness. You've always made me feel no matter what I tell you, I will always be heard and empathised with.'

'You have made a difference to my life, not just being safe and managing things better, you've proven that I am able to be cared about, liked. Which as you know, is something I believed wasn't possible for me. The fact that you have managed to change my way of thinking, my ability to trust people, to open up and not feel judged or ignored, is something I cannot be more grateful for.'

- J

3. What the Board has achieved at a glance

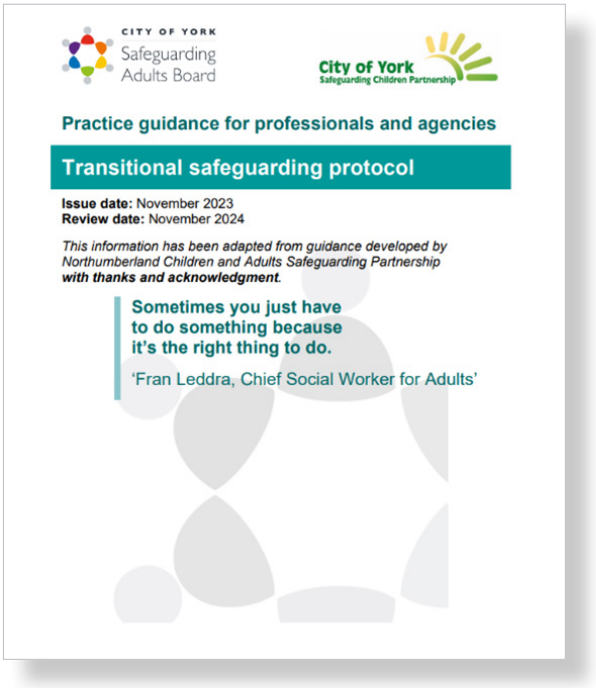
Transitional safeguarding protocol:

Developing an all-age approach to safeguarding is a key priority for the Board, who recognise that abuse and neglect is likely to continue post 18 years old, and that adults at risk are targeted due to their vulnerability irrespective of age.

Learning from reviews has found that transitioning from childhood to adulthood can be extremely challenging and complex, particularly from a safeguarding perspective. It is recognised that to respond to these complex risks and harms there is a need to safeguard young adults more effectively, to avoid them falling between the thresholds and legal frameworks.

During 2023-24 the SAB developed and published a Transitional Safeguarding Protocol, which was endorsed by both the CYSAB and the Safeguarding Childrens Partnership (CYSCP).

This framework provides early opportunities to identify the most appropriate pathway for a young person, facilitating joint working, and ensures appropriate referrals and signposting take place in a timely manner to reduce safeguarding risks. Planning has been underway for a joint Board development session to take place and partnership in June 2024, focusing upon embedding and operationalising this protocol across the partnership, and to drive forward this work at a strategic and practice level.



There is also ongoing work to set up multi-agency operational and strategic arrangements to align transitional safeguarding and Preparation for Adult hood approaches. There is a CYSAB commitment to monitor and oversee progress on this work moving forward, and ensure outcomes and impact are measured.

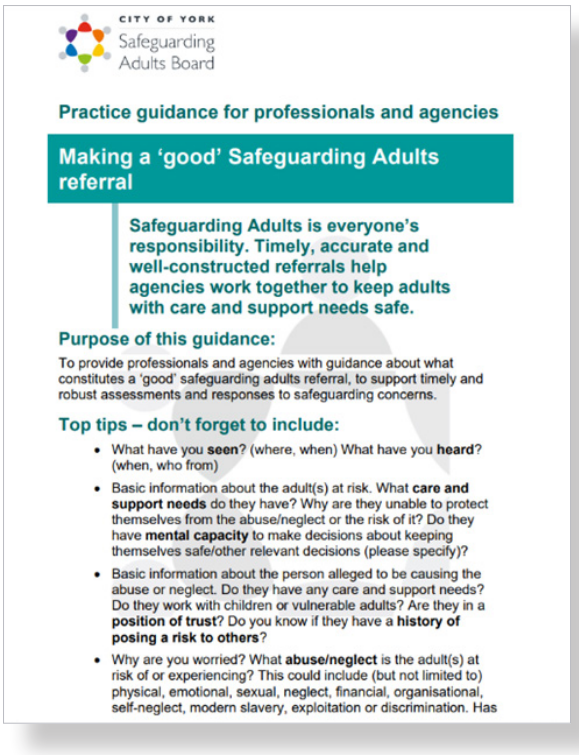
Joint multi-agency safeguarding adults policy and procedures

We have built on the work undertaken in 2022-23 when the CYSAB launched their multi-agency online Safeguarding Adults Policy and Procedures across all agencies. These procedures were produced as part of a regional consortium, and this year we have developed our local contacts and resources section which contains a range of CYSAB referral, process and guidance resources. A local 'People in Positions of Trust' (PiPoT) process has also been launched, and an online PiPoT referral form.

These multi-agency policies and procedures are a valuable safeguarding resource, which are reviewed and updated bi-annually based on national policy, publications and best practice. Moving forward we want to continue to promote these resources, to raise awareness and use of these procedures across all partner agencies. The policies and procedures can be found at the following website: wynyy-cityofyork.trixonline.co.uk

Safeguarding adults guidance and practice resources

During 2023-24 the SAB has developed and published a range of guidance and practice resources. This includes some key guidance for practitioners and organisations about 'How to make a good safeguarding referral', a 'Safeguarding adults and falls protocol', and a range of 7 minute briefings. A number of easy read leaflets and posters have been produced, and a series of public animations, created with other national safeguarding boards, including 'Tricky Friends', 'What to do about Self-neglect' and 'Hidden Harms'. These resources are available on both the Resources section of the CYSAB website and online procedures.


CITY OF YORK Safeguarding Adults Board

Practice guidance for professionals and agencies

Making a 'good' Safeguarding Adults referral

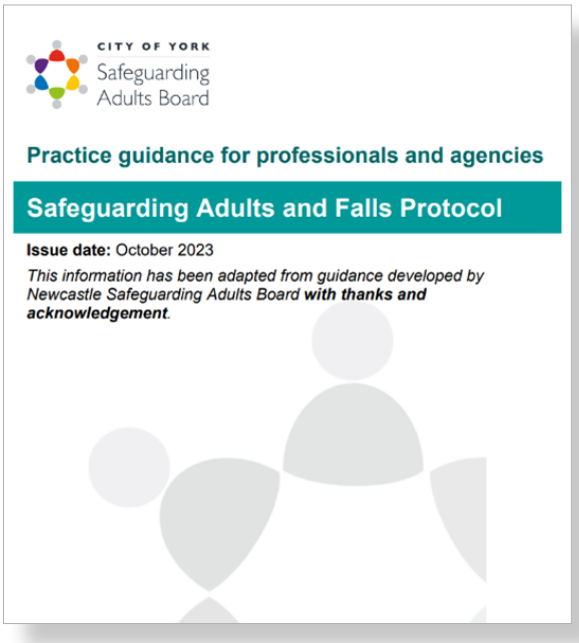
Safeguarding Adults is everyone's responsibility. Timely, accurate and well-constructed referrals help agencies work together to keep adults with care and support needs safe.

Purpose of this guidance:

To provide professionals and agencies with guidance about what constitutes a 'good' safeguarding adults referral, to support timely and robust assessments and responses to safeguarding concerns.

Top tips – don't forget to include:

- What have you **seen**? (where, when) What have you **heard**? (when, who from)
- Basic information about the adult(s) at risk. What **care and support needs** do they have? Why are they unable to protect themselves from the abuse/neglect or the risk of it? Do they have **mental capacity** to make decisions about keeping themselves safe/other relevant decisions (please specify)?
- Basic information about the person alleged to be causing the abuse or neglect. Do they have any care and support needs? Do they work with children or vulnerable adults? Are they in a **position of trust**? Do you know if they have a **history of posing a risk to others**?
- Why are you worried? What **abuse/neglect** is the adult(s) at risk of or experiencing? This could include (but not limited to) physical, emotional, sexual, neglect, financial, organisational, self-neglect, modern slavery, exploitation or discrimination. Has


CITY OF YORK Safeguarding Adults Board

Practice guidance for professionals and agencies

Safeguarding Adults and Falls Protocol

Issue date: October 2023

This information has been adapted from guidance developed by Newcastle Safeguarding Adults Board ***with thanks and acknowledgement****.*

Developing multi-agency data and information

During this year, initial discussions have taken place with partner agencies to map what safeguarding data is available across the safeguarding sector, and how this can be reported into the Board.

Work has taken place to update the online safeguarding referral to ensure we are capturing appropriate referral sources and information from partners, to inform the development of a multi-agency dashboard.

This work is a key priority and area of development for the Board in 2024-25 to ensure key safeguarding trends and themes can be identified and responded to.

Continued partnership working

The SAB structures and subgroups have worked well to provide multi agency forums in which safeguarding can be discussed.

Partners have reported benefiting significantly from these groups in identifying ways to address gaps or multi-agency shared risk, in particular through the Learning and Review subgroup and Rapid Review group.

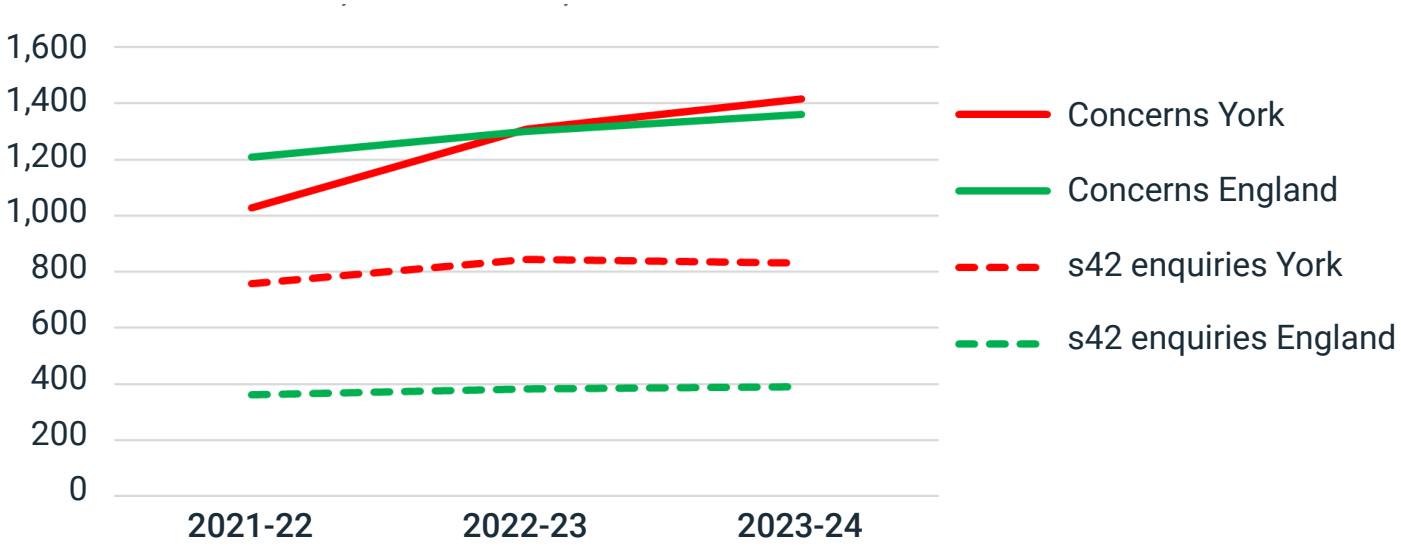
4. What does our data tell us?

This section outlines our key safeguarding activity data relating to our safeguarding arrangements, and any arising themes and observations.

The full data set is published on the NHS Digital website: digital.nhs.uk/data.

Safeguarding activity over the last three years			
	2021-2022	**2022-2023**	**2023-2024**
Safeguarding concerns reported	1,715	2,219	2,438
Section 42 (s42) enquiries completed	1,266	1,431	1,428
Other enquiries completed	9	12	18
Section 42 enquiries as % of safeguarding concerns - York	73.8	64.5	58.6
Section 42 enquiries as % of safeguarding concerns - England	29.9	29.5	28.7

Safeguarding concerns / Section 42 enquiries per 100,000 adults, 2021-22 to 2023-24



Overview:

- There has been a continued increase (10%) in the volume of safeguarding concerns received, compared with the previous year. There has been a 42% increase in safeguarding concerns reported in York since 2021-22.
- During 2023-24 58.7% of safeguarding concerns resulted in a section 42 enquiry, which is lower than previous years, but is significantly higher than the England average of 28.7%. During this year we have undertaken some further work with partners about what constitutes a 'good safeguarding referral' and have published some guidance around this.
- Whilst the number of individuals involved in safeguarding enquiries has remained stable, there has been a positive increase in 'other' enquiries. In accordance with the Care Act 'other' enquiries are those where there is no duty to undertake enquiry, but the local authority deems it to be the most appropriate and proportionate response to the circumstances
- The CYSAB will continue to work with Adult Social Care to identify and analyse any key trends or anomalies in the next year.
- There were no Safeguarding Adults Reviews completed during 2023-24, however the Review and Learning subgroup have led and overseen two ongoing Safeguarding Adults Reviews.

Safeguarding demographics by age				
Age band	**2021-2022**	**2022-2023**	**2023-2024**	**% change 2021-22 to 2023-24**
18-64	487	576	570	**17**
65-74	106	147	171	**61**
75-84	223	305	319	**43**
85-94	316	354	366	**16**
95+	68	77	106	**56**
Not Known	0	3	5	**N/A**

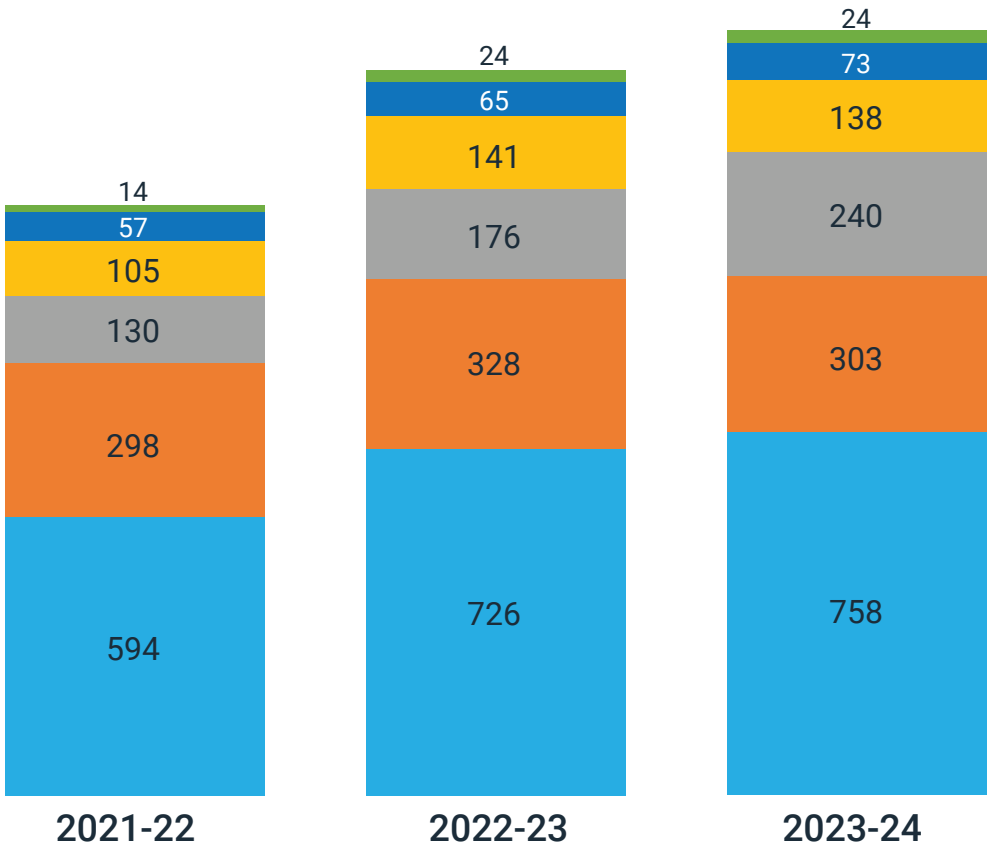
Safeguarding demographics by sex				
Sex	**2021-2022**	**2022-2023**	**2023-2024**	**% change 2021-22 to 2023-24**
Female	716	900	906	**27**
Male	476	548	568	**19**
Not known	8	14	63	**688**

Safeguarding demographics by ethnic origin				
Ethnic Origin	**2021-2022**	**2022-2023**	**2023-2024**	**% change 2021-22 to 2023-24**
White	1,100	1,323	1,354	**23**
Other	15	22	39	**160**
Refused/Unknown	85	117	144	**69**

The increase in concerns in recent years has mainly been driven by those aged 65-84 and 95 or over, and by females. Although the number of concerns reported by ethnic minorities has increased, they still make up a relatively small proportion of all concerns, in line with the proportion of adults in the York population that have ethnic minority backgrounds.

Primary support reason (PSR)

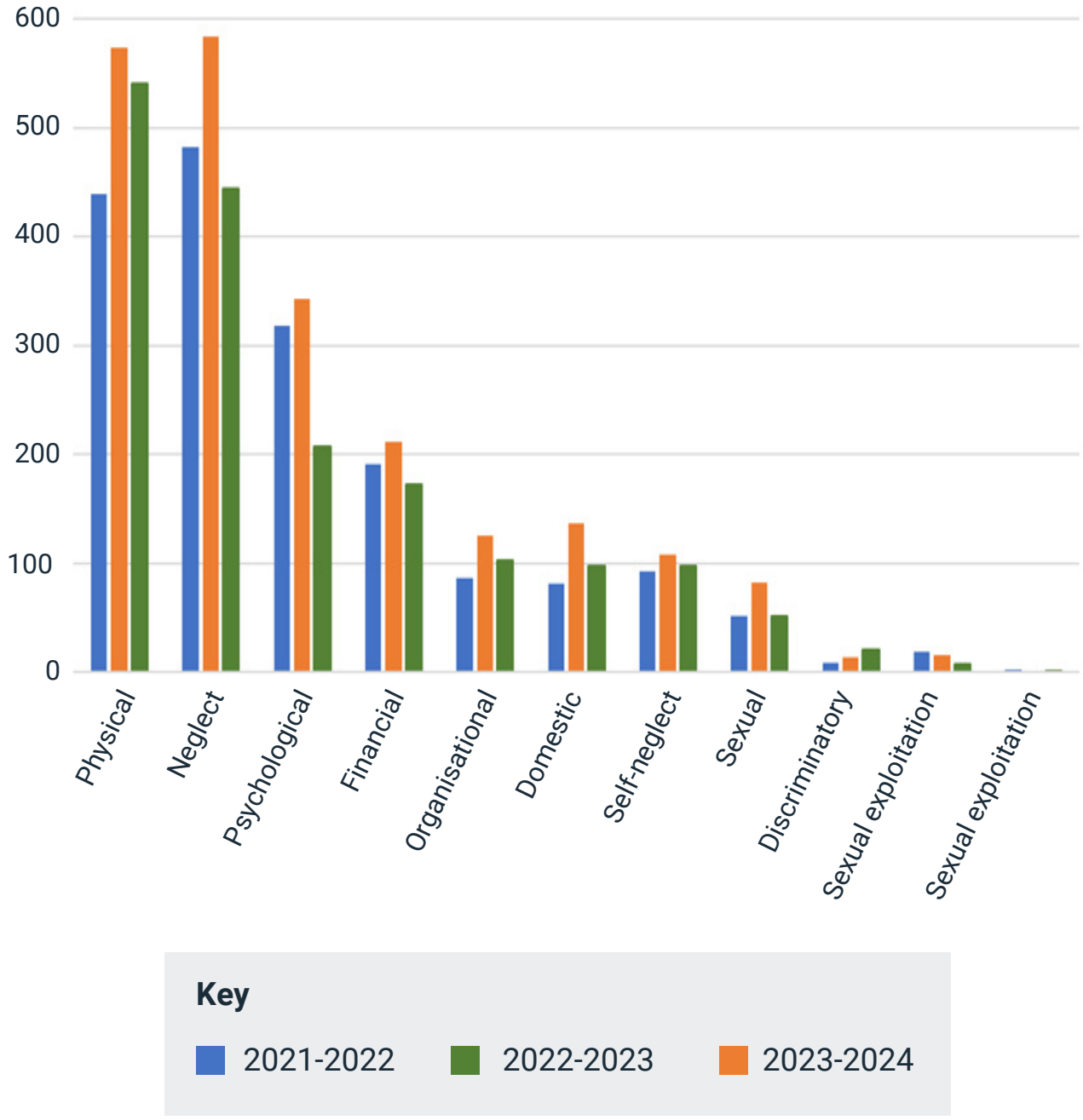
Individuals involved in safegaurding concerns by PSR, 2021-22 to 2023-24



Approximately 50% of safeguarding concerns each year have been reported by people with physical support issues, although there has been a notable increase during recent years in the number recorded with social support issues.

Type of abuse investigated by Section 42 enquiries

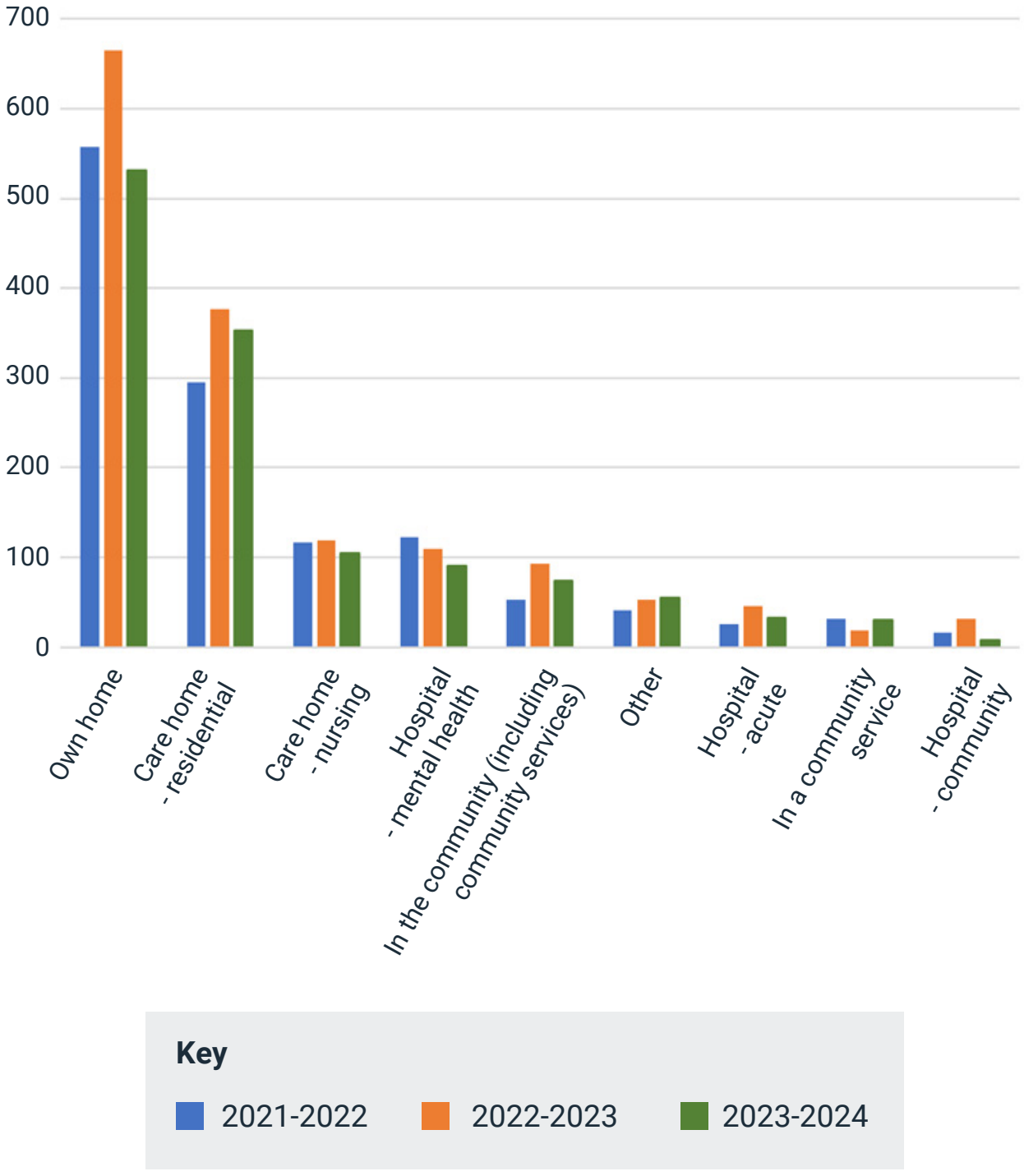
Section 42 enquiries by type of abuse investigated, 2021-22 to 2023-24



Neglect and physical abuse was the most common type of abuse recorded in 2023-24, and similarly in 2021-22 and 2022-23 this was neglect. Almost all forms of abuse have lower counts in 2023-24 than in 2022-23, and there is work being undertaken to ensure multiple abuse types are being captured appropriately.

Location of abuse in Section 42 enquiries

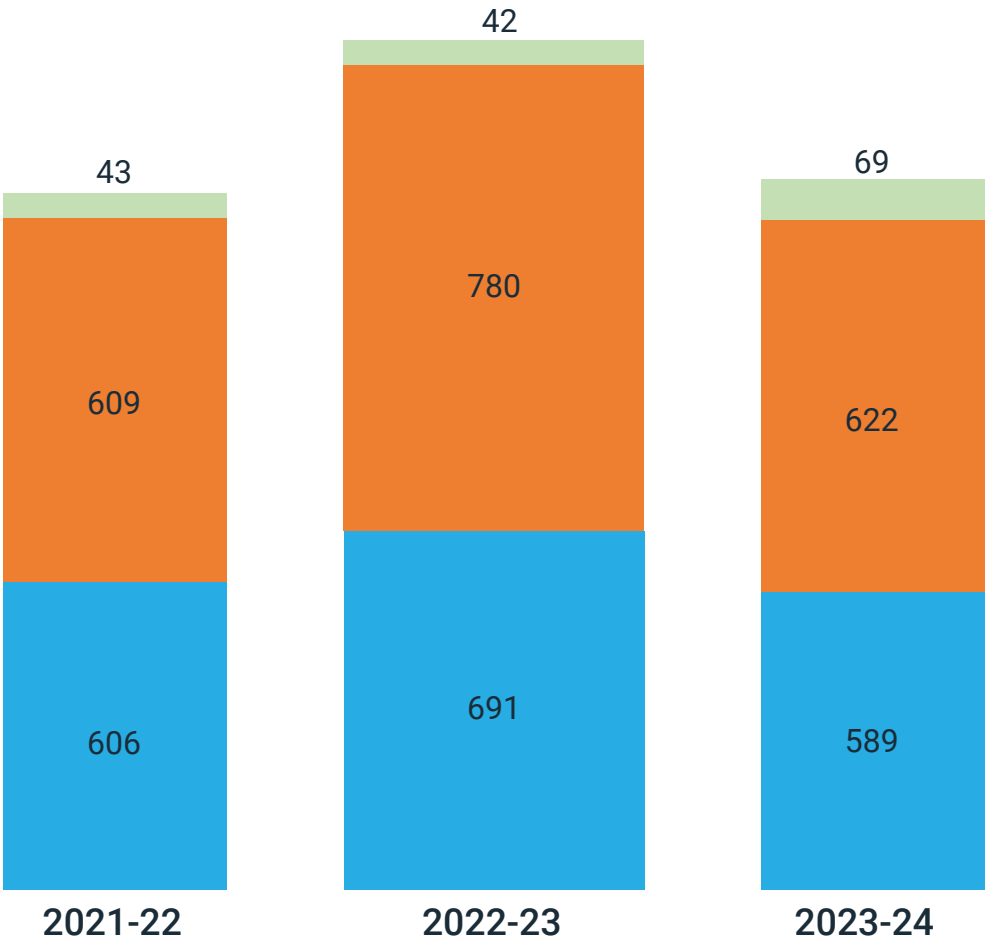
Section 42 enquiries by location of abuse investigated, 2021-22 to 2023-24



An individual's "own home" continues to be the most common location of abuse, followed by a care home or a mental health hospital.

Source of risk

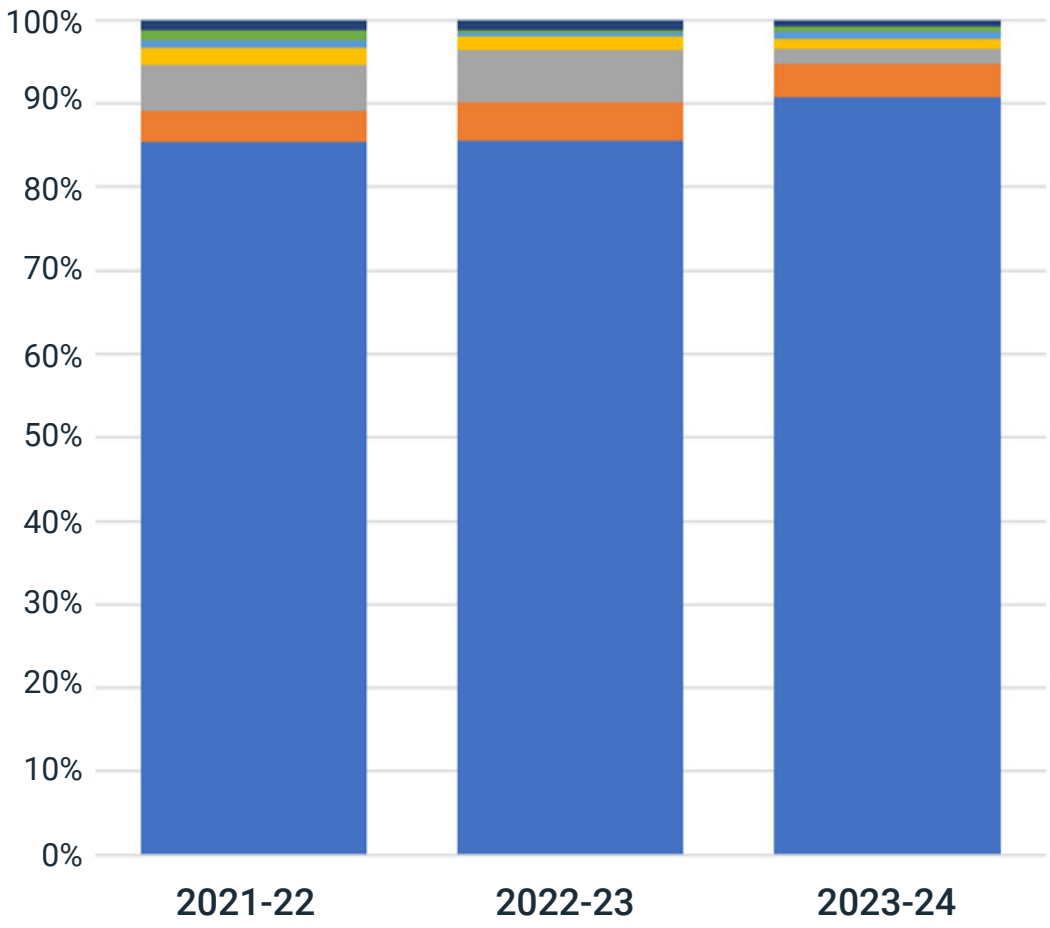
Section 42 enquiries by source of risk, 2021-22 to 2023-24



The most likely source of risk to an individual continues to be someone known to an individual.

Risk outcomes

Outcomes from Section 42 assessments, 2021-22 to 2023-24

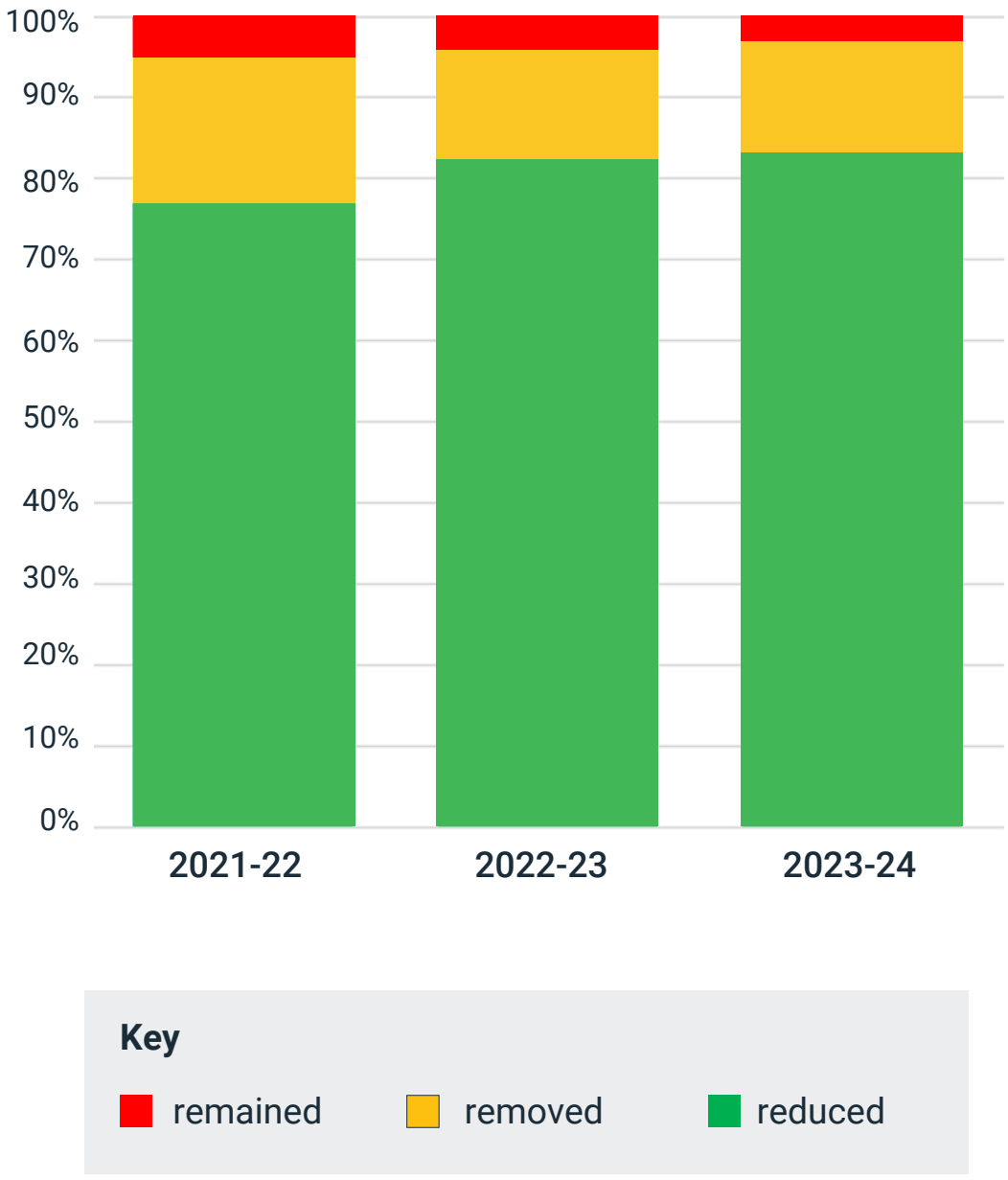


Key

- no risk identified, no action taken
- risk identified, no action taken
- risk assessment inconclusive, no action taken
- risk assessment inconclusive, action taken
- enquiry ceased at individual's request, no action taken
- risk identified, action taken

A risk was identified, and action taken in 86% of enquiries during 2023-24, which represents an increase compared to the previous two years.

Change in risk where identified by Section 42 enquiry, 2021-22 to 2023-24



Where a risk was identified this was reduced in 83% of cases and removed in a further 14% of cases; in only 3% of cases did the risk remain during 2023-24.

Making safeguarding personal

94% of individuals involved in section 42 enquiries were asked to express an outcome.

77% of individuals expressed their outcomes when asked.

46% lacked capacity to be involved in Section 42 enquiries.

5. Our strategic priorities for 2023-24

We have embedded the SIX PRINCIPLES as set out in the Care Act:	
Empowerment	Promoting person-led decisions and informed consent.
Protection	Support and protection for those in greatest need.
Prevention	It's better to act before harm occurs.
Proportionality	Proportionate and least restrictive/intrusive.
Partnership	Working together.
Accountability	There is a multi-agency approach for people who need safeguarding support.

Strategic priorities

1. To develop an all-age approach to safeguarding which maximises the potential and skills of teams and reduces the risks to young people transferring between services

2. Preventing abuse and neglect by adopting best practice, locally, regionally, and nationally. Ensuring that all the learning from SARs are implemented in a timely manner.

3. To ensure that commissioners and service providers ensure a consistent high quality of care.

4. To ensure the adult is clearly heard and create opportunities for an approach where co production is at the heart of future safeguarding policy.

5. To ensure a robust governance and challenge ethos ensures effective quality assurance and performance management processes.

6. Work together with the City of York Community Safety Partnership, to support work to raise awareness of, and reduce the harm caused by 'Hidden Harms', and abuse associated with County Lines activity, domestic abuse and modern slavery; reducing duplication of effort and maximising effectiveness.

6. Meeting our objectives for the year – partner highlights

1 2 3 4 5 6

1 To develop an all-age approach to safeguarding which maximises the potential and skills of teams and reduces the risks to young people transferring between services.

City of York City Council Adult Social Care (CYC ASC)

CYC ASC have led on the development and agreement of a joint transitional protocol with the Children's Safeguarding Partnership. Operationally they have worked with children's services and other partners to implement these arrangements.

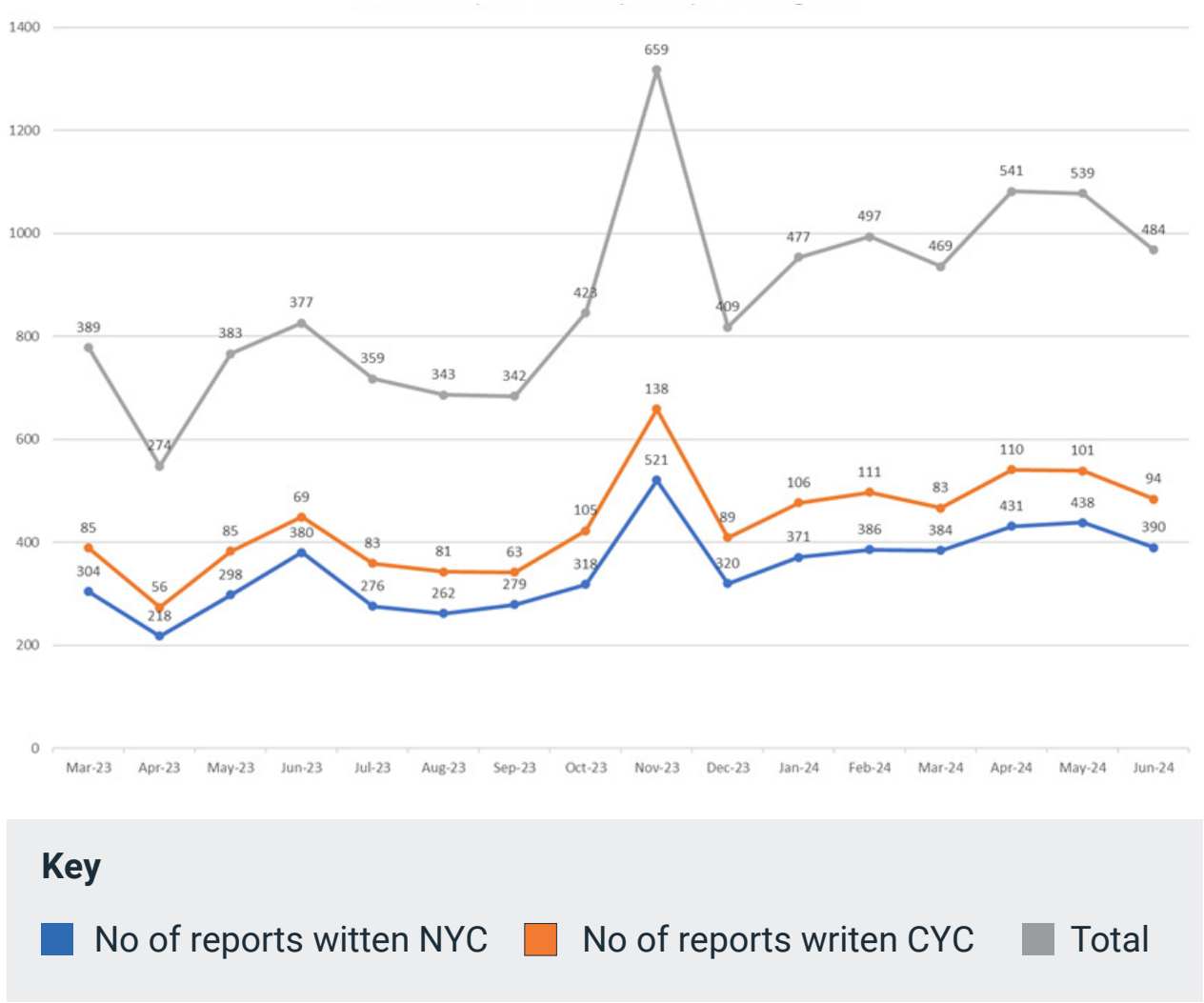
This has involved setting up and leading a strategic and operational group to oversee this work, reporting to the CYSAB on a regular basis. This approach has involved aligning with the Preparation for Adulthood protocol work, to ensure there is a consistent, safe and all age approach to young people transitioning into adult services and support.

North Yorkshire Police (NYP)

The NYP Vulnerability Assessment Team (VAT) acts as the conduit through which all child and adult safeguarding concerns are referred, thus providing a consistent, joined up approach for adults, children and young people transferring between Social Care Services. Referrals are received from a range of partners as well as from front line officers and staff. All referrals are jointly triaged with statutory partners, assessed, and actioned as required.

Co-location and partnership working enhances information sharing to better serve young people transferring between services. The VAT is omnicompetent, providing resilience across all its teams, across York and North Yorkshire, across adult and children, to maximise all opportunities to safeguard the vulnerable whatever their age. The graph below demonstrates the number of reports produced by the team for both adult and child safeguarding concerns. Due to the way this data is collated, it is not possible to separate adult reports from the overall total.

Number of reports written by the report writing team



NHS Humber and North Yorkshire Integrated Care Board (HYNICB)

The safeguarding training delivered to Primary Care in York and North Yorkshire follows an 'all age' approach and in 2023-24 included a focus on review processes in safeguarding children (Arthur and Star National Panel Review); engaging with fathers; child sexual abuse; and domestic abuse experienced by people with disabilities. Almost 1000 staff working in primary care settings have accessed the training delivered by the Humber and North Yorkshire Integrated Care Board (HNY ICB) safeguarding team in York and North Yorkshire, which is a lower number than last year but remains consistent with previous years.

North Yorkshire Fire and Rescue Service (NYFRS)

'Transitional safeguarding' has been had added to the consideration within our review of existing, and development of new, youth engagement activities and interventions. A new Youth and Schools Engagement Manager, who is a skilled youth engagement practitioner has been recruited and is supporting the service to improve our understanding and approaches in this area.

Tees Esk and Wear Valley NHS Foundation Trust (TEWV)

The Trust safeguarding team follow the Think Family principles in many areas of its work. Although we have professionals in the team who are aligned to children's or adults much of our work covers both.

This supports us as an organisation when providing support to our services in embracing the Think Family approach. One of the strategic Trusts priorities is to 'improve consideration of the impact of parent / carer mental health needs on children'.

The Key driver is for improvements in clinicians considering the potential impact of parental / carer mental health on children and / or consistently documenting that this has been considered with the appropriate level of detail and regular review. This work started in 2023-24 and will continue into 2024-25. The Trust delivers joint safeguarding adult and children mandatory training at all levels, aligned to the Intercollegiate documents for adults and children's.

The Trust also supports the promotion of the Think Family agenda. Over 2023-24 the training packages have been reviewed and have evaluated very positively with an average score of 4.5/5 consistently.

York and Scarborough NHS Foundation Trust

The Trust Safeguarding Adult and Children teams integrated in August 2022. The integrated team works collaboratively to deliver a Think Family approach to all patients. Adult patients attending our hospital (whether admission or attendance at emergency department) are reviewed for any child affected by an adult in our care.

The team works closely with the trust Transition Nurse and Mental Health Transition Nurse to ensure seamless safeguarding into adult services.

The Safeguarding Liaison Nurse's role continues to support 16 -17-year-old young persons on adult wards to ensure any safeguarding risks are managed and staff on the ward have a holistic awareness of their patient.

2 Preventing abuse and neglect by adopting best practice, locally, regionally, and nationally. Ensuring that all the learning from Safeguarding Adults Reviews (SARs) are implemented in a timely manner.

City of York City Council Adult Social Care (CYC ASC)

CYC ASC highlights for 2023-24 include the review and pilot of two new CYC safeguarding adults training courses. The online referral has been reviewed to ensure it captures the correct information to inform timely and robust decision making in relation to our section 42 duties. To further support, this guidance has been developed for all agencies around safeguarding and falls and how to make good safeguarding referrals. Development of the online referral and case recording system to capture referring information has been undertaken, to support the identification of any multi-agency themes.

CYC ASC have also:

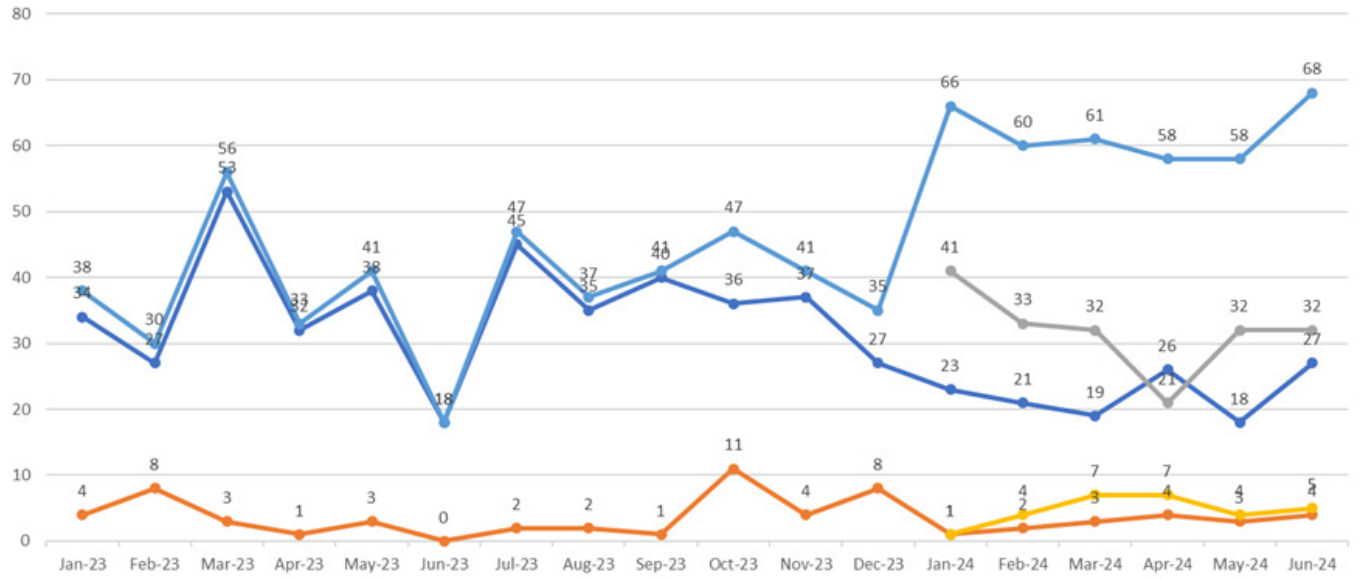
- delivered briefings to elected members in relation to safeguarding adults, safeguarding children and domestic abuse duties, which continues to be available to elected members as a recording.
- rolled out the Oliver McGowan e-learning training, and are now developing our Tier 2 training offer, to provide the CYC ASC workforce with the right skills and knowledge to provide safe, compassionate, and informed care to autistic people and people with a learning disability.

- developed a new quality assurance framework and audit tools and schedule to assure the quality of practice across the service. This includes a safeguarding adults audit tool.
- developed, consulted on, and rolled out a new practice framework for adult social care practitioners. Safeguarding is the golden thread running through the practice model and Making Safeguarding Personal is key to this approach and ensuring practitioners have the tools and resources to support adults at risk, to promote their safety and achieve their outcomes.
- revised their local safeguarding adults process and timescales and have updated our case management system to reflect this
- added local content and safeguarding resources to the online multi-agency safeguarding adults procedures and work has continued to embed these across the service.
- circulated a range of Safeguarding Adults Review (SAR) learning information from national and regional networks, and these have also been shared with practitioners via the Principal Social Worker teams channel.

North Yorkshire Police (NYP)

In the past year the Adult Mash (Multi-Agency Safeguarding Hub); a dedicated Adult Safeguarding Hub, has been developed within NYP (one Detective Sergeant and two Police Constables), who continue to jointly screen adult safeguarding referrals with Health, Adult and Mental Health Services. The team deal with all adult safeguarding referrals, thus ensuring continuity and consistency. The aim is to work with partners to develop an Adult MASH and work is ongoing to see how this can be achieved.

Adult planning meetings in the last 12 months



Key

- Adult planning meeting NYC
- Adult planning meeting total
- Outcome Review meetings CYC
- Outcome review meeting NYC
- Adult planning meeting CYC

This graph demonstrates the range of adult planning meetings across both North Yorkshire and York. **Please note:** Data regarding Outcome Review Meetings has only been recorded since the introduction of the Adult Safeguarding Hub in Jan 2024.

- Safeguarding Adults Reviews (SARs): NYP's Adult Safeguarding Manager reviews all cases known to the police where an adult with care and support needs has suffered a serious incident or who may have died following a serious incident or had care and support needs. During 2023-24 the Police made 24 referrals for review at the Section 44 Panel meeting where agencies discuss and identify if any of the cases meet the threshold for a SAR or Learning.
- CYSAB are fully committed and supportive of the SAR process and the associated Review and learning subgroup.

NHS Humber and North Yorkshire Integrated Care Board (HNYICB)

- The Director of Nursing for the York area of the ICB continues to support the work of the CYSAB and attend strategic meetings. The ICB safeguarding team at place continue to represent the ICB and actively support the health contribution to safeguarding partnership meetings across the city. The Designated Nurse Safeguarding Adults chairs the Review and Learning subgroup for CYSAB.

- In York and North Yorkshire, the ICB safeguarding team at place have a well-established Health Partnership Group meeting which is held quarterly and a communication network of NHS and independent health providers. It is through these established systems that learning from reviews and best practice is shared.

- In August 2023 the ICB safeguarding team at place were requested to offer support following a major incident at a GP Practice in North Yorkshire. The incident, an arson attack and assault caused significant damage and resulted in the temporary relocation of staff and services. The Designated Professionals responded in a timely way to provide support to affected staff and worked with colleagues in the ICB Primary Care team and the Local Medical Committee (LMC) to start the process of gathering information and learning from the incident. This was one of a number of incidents which posed risk to those working in and those accessing primary care. This has led to a review of how people with vulnerabilities themselves but who also pose a risk to others are managed safely in their access to healthcare.

- Over the last year the NHS has launched a new framework for investigating incidents related to patient safety. The Patient Safety Incident Response Framework (PSIRF) replaced the NHS Serious Incident Framework (2015). The PSIRF sets out the approach to developing and maintaining effective systems and processes for responding to patient safety incidents for the purpose of learning and improving patient safety within the NHS england.nhs.uk/patient-safety/incident-response-framework. The Designated Professionals for Safeguarding have been involved in training and supporting the cross-over with statutory frameworks in safeguarding. As implementation of PSIRF progresses and where a concern is raised into both frameworks it is hoped that a joint approach taken by CYSAB and NHS providers working together may help avoid duplication and unnecessary distress to the individuals involved and/or their families.

North Yorkshire Fire and Rescue Service (NYFRS)

Key roles with the Fire and Rescue service, including the Head of Prevention, Senior Director, and Safeguarding Manager are connected with Safeguarding Adults Board and can contribute to SARs as requested. The Fire and Rescue Service, has further developed approaches review and have expanded the Fire Fatality Review process to a Serious Incident Review process, enabling learning from a broader spectrum of events. A key change in this process has been to embed the Safeguarding Manager and safeguarding as a key reflective issue. The Safeguarding Manager is also full embedded in regional and national working groups/forums, enabling continuous learning and improvement into the heart of those reviews.

Tees Esk and Wear Valley NHS Foundation Trust (TEWV)

- Following the Whorlton Hall Safeguarding Adult Review, and a response for assurance nationally, one example of changes to practice was the cultural assessment work that took place across the Trust. A tool was developed to assess the risk of closed cultures within our inpatient services. This has since progressed and questions around closed cultures have been incorporated into our peer review tool alongside the Care Quality Commission (CQC) quality statement.
- The Trust held an internal Safeguarding Adults week in June 2023 dedicated to self-neglect after recognising this was a particular area that featured in Safeguarding Adults Reviews. As part of this briefings were developed on Learning from SARs, Mental Capacity Act and Executive Functioning, resources, toolkits and training which comprised of resources from other Safeguarding Adult Boards/ Partnerships. Additionally, a self-neglect training session was devised and delivered and continues to be available to Trust staff as a recording.
- Monthly safeguarding bulletins are sent out across the Trust.
- Partnership bulletins sent out to Trust via Safeguarding Link Professionals.
- Learning from reviews are shared routinely through the trust safeguarding and public protection committee and the 2 care groups for dissemination across the trust. The trust also has a learning library whereby reviews that have involved TEWV are saved and accessible to all trust staff.

- The Trust has a newly developed organisational learning meeting held monthly to share relevant learning from reviews (including safeguarding, complaints, internal reviews, CQC etc) and review relevant action being taken to address key themes.
- North Yorkshire, York and Selby Fundamental Standards Group and the Care Group Governance and Assurance Support Program (GASP) work that contributes to Key focus areas reflected in TEWV safety priorities including workforce, length of stay, restrictive interventions, formulation safety planning, environmental safety, report out, ward routine future ways or working, workforce development and leadership oversight. Examples of positive impact of this work has included significant reduction in restrictive interventions and a consistent increase in patient's reporting feeling safe within the inpatient care. The ongoing program of work will continue the collective learning and quality improvement to continually improve patient care, carer experience, staff experience and optimise ward to board communication and information flow.

York Community Voluntary Sector

- Staff members at York CVS continue to undertake safeguarding training to a level that is appropriate for their role (between levels 1-3)
- Training sessions for members and continues to offer voluntary, community and social enterprise (VCSE) organisations with advice on safeguarding.
- Healthwatch York (as part of CVS) have escalated issues through the CYSAB, including flagging concerns around the system.

York and Scarborough NHS Foundation Trust

- The Trust are currently involved in 13 statutory SARs and 2 Domestic Homicide Reviews (DHRs) with our local authorities, all at various stages within the review process. Each SAR will generate a final report with recommendations and action plans which will be overseen by the SABs and monitored at the Trust Learning from Deaths Group.
- There is representation at the Board's Rapid Review Group and Learning and Review Group – an escalation of a community occurrence was identified through this route, and this enables sharing amongst agencies including our Emergency Department. For example, including in training "Professional Curiosity" and "Robust documentation".

3 To ensure that commissioners and service providers ensure a consistent high quality of care.

City of York City Council Adult Social Care (CYC ASC)

CYC ASC have developed a provider failure policy and also a lessons learned process. This is aligned with a new organisational abuse enquiry process. This has provided an opportunity to review working relationships and undertake a safeguarding briefing with service providers. The ongoing early alerter process and meetings, and the newly developed 'person approach to professional visits in care homes' support a preventative approach to identifying low level concerns. Good working relationships have been established between the Safeguarding and Contracts team and other stakeholders to assess priorities and help inform Quality Assurance visits and schedules.

North Yorkshire Police (NYP)

Domestic abuse victims: NYP's Domestic Abuse (DA) team engage with vulnerable victims of DA. Domestic Abuse Officers assess every referral submitted by our front-line officers, engage directly with victims and signpost to specialist services such as IDAS. Victims of sexual offences are referred to Independent Sexual Violence Advisers (ISVAs). Whilst reports of Independent Domestic Abuse Service (IDAS) incidents have reduced in recent years, those graded as high risk have increased.

Domestic abuse victims			
	2021-2022	**2022-2023**	**2023-2024**
Incidents	11386	11756	11195
High Risk grading	1994 (17.5%)	2136 (18%)	2337 (20.8%)

The data shown above relates to both York and North Yorkshire. Given that victims and perpetrators may live across York and North Yorkshire, it is important to present the data across the entire force area.

NHS Humber and North Yorkshire Integrated Care Board (HNYICB)

The ICB has continued to develop as a new organisation in 2023-24 and guide its workplan and workforce through transformation humberandnorthyorkshire.org.uk/nhs-humber-and-north-yorkshire-integrated-care-board-marks-one-year-of-transforming-healthcare.

In the areas of domestic abuse and the health offer to Care Leavers targeted work has been completed to scope what is currently in place to provide assurance, deliver consistency, identify gaps and learn from good practice.

As part of an ongoing programme of work a HNY ICB wide Domestic Abuse and Sexual Violence forum has been established to bring together health providers, share good practice and provide peer support in these challenging areas of safeguarding. As part of the work the ICB signed up to the NHS England Sexual Safety Charter launched in September 2023 england.nhs.uk/long-read/sexual-safety-in-healthcare-organisational-charter and encouraged health providers to do the same.

York and Scarborough NHS Foundation Trust

The governance of the Trust Safeguarding Team is via the Trust Integrated Safeguarding Group quarterly meeting. This is attended by the Designated Nurse for Safeguarding Adults from the ICB. This affords external challenge and scrutiny.

Internally the Integrated Safeguarding Group reports to the Patient Safety and Clinical Effectiveness Group and then onto the Trust Quality Committee. Within the meeting progression of the work of the Trust Safeguarding Team is presented and where necessary challenged where there are risks to the organisation.

Safeguarding is also a standing item at the Trust weekly Quality and Safety meeting where care groups escalate any safeguarding matters, and the team can raise ongoing concerns that are a risk to patient safety.

City of York City Public Health

All Public Health commissioned service providers submit their Safeguarding policies as part of procurement process. These are reviewed annually through contract monitoring arrangements.

4 To ensure the person is clearly heard and create opportunities for an approach where co production is at the heart of future safeguarding policy.

City of York City Council Adult Social Care (CYC ASC)

- CYC ASC have embedded a survey developed by Healthwatch into our safeguarding practice and case recording system. This provides individuals and their representatives with an opportunity to provide feedback regarding their experience of the safeguarding adults process at the point procedures end.
- Safeguarding and Adult Social Care teams continue to ask individuals for their views and desired outcomes (94% 2023-24).
- CYC ASC also undertook a mystery shopper exercise and as a result made improvements to the website so that safeguarding information was more accessible.
- CYC ASC Communications team also produced a range of easy read material (leaflets/posters) during safeguarding week, which were circulated and published with a series of animations (safeguardingadultsyork.org.uk/resources-2/leaflets-and-posters).
- Moving forward CYC ASC are developing their approach to co-production and research, supported by people with lived experience and the Curiosity Partnership.

North Yorkshire Police (NYP)

- **Policy and procedure:** NYP support a wide range of safeguarding policies internally, as well as supporting multi-agency partnership service level agreements and policies such as the Safeguarding Adult Procedure. Policies and procedures have a victim focus and are subject to equality impact assessments. NYP's Operational Pledge has been in place since 2023, to provide assurance to any members of our workforce experiencing domestic abuse that their case will be dealt with in confidence. Equally, where members of our workforce are identified as perpetrators, they will be investigated thoroughly as would any other individual.
- **Community engagement:** The NYP DA team worked with partners to engage innovatively with communities to raise awareness of abuse. NYP collaborated with IDAS to deliver a Christmas campaign this year, delivering a Christmas themed postcard to public spaces frequented by women, such as hair salons. The

postcard identified behaviours that amount to domestic abuse, including controlling and coercive behaviour, and signposted the help available from IDAS.

NHS Humber and North Yorkshire Integrated Care Board (HNYICB)

- Through delivery of healthcare to our population HNY ICB has identified key priorities for safeguarding in the Joint Forward Plan with a focus on addressing the needs of victims of abuse. These include Domestic Abuse, Serious Violence Duty, and the health offer to Care Leavers - humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2023/07/Joint-Forward-Plan-How-we-will-deliver-our-strategy-from-2023-to-2028.pdf
- The safeguarding conference being planned for June 2024 opens with a session from a victim/survivor of domestic abuse, who will share his family's story of coercive control and domestic homicide.

Tees Esk and Wear Valley NHS Foundation Trust (TEWV)

- The Trusts 'Journey to Change' sets our commitment to co-create a great experience for our patients, carer and families; to co-create a great experience for our colleagues and to be a great partner.
- The Trust has invested in appointing Lived Experience Directors and further enhancing the lived experience roles within the organisation to enhance the voice of patients including children and young people.
- The Co-Creation leads are employed to increase the voice of patients.
- TEWV safeguarding team are working with the Co-creation leads to consider how the safeguarding team can use lived experience in the work we do.

North Yorkshire Fire and Rescue Service (NYFRS)

NYFRS must comply with a series of national Fire Standards, one of which is Safeguarding. This standard includes are working in accordance with a Person-Centred Approach, and working to a national Person-Centred Framework. To ensure support and governance around this compliance, the Service has a quarterly Safeguarding Compliance Group, which is chaired by a Director.

York and Scarborough NHS Foundation Trust

The Trust Safeguarding Adults Policy and Procedures and the safeguarding adult training is underpinned by Making Safeguarding Personal to ensure Safeguarding is done with not to a person. Staff raising concerns on behalf of the patient are supported to discuss with the patient where possible, using the legal framework of Mental Capacity Act (MCA) to underpin and apply in practice, if required.

York Community Voluntary Sector

York CVS's activities incorporating Healthwatch continue to engage with the CYSAB at a strategic level which ensures that the voice and needs of safeguarding adults in the community is heard. During 2023-24 the Healthwatch Lead for Safeguarding chaired the CYSAB Voice of the City Subgroup.

5 Agencies (like and health and social care providers) must prove they provide good quality services and be asked to prove this.

City of York City Council Adult Social Care (CYC ASC)

- A provider failure policy and a lessons learned process has been aligned with a new organisational abuse process.
- CYC ASC have contributed to a multi agency self assessment under Working Together 2023 (Section 11) and Governance audit undertaken by the City of York Safeguarding Children's Partnership (CYSCP), and regionally with North Yorkshire SAB and Community Safety Partnership (CSP). This has provided us with an opportunity to benchmark our arrangements and identify any gaps.
- The CYC Contracts and Quality Improvement Managers continue to apply the Provider Assessment and Market Management Solution (PAMMS) Quality Assurance tool to assess levels of quality services are being delivered across York.
- The CYC All Age Commissioners, Contract and Quality Improvement Managers and Brokerage teams continue to review and assess our internal processes and procedures and include these in any new services commissioned. We also monitor key performance indicator's (KPIs) with providers and additional support where improvements are required.

North Yorkshire Police (NYP)

- Multi Agency Risk Assessment Conference (MARAC) and Multi agency Tasking and Coordination (MATAC) report into a joint MARAC/MATAC Steering Group, which is held quarterly and provides partnership scrutiny.
- Domestic Abuse (DA) data is shared via the DA Local Partnership Board, where themes and trends can be considered in a multi-agency setting.
- Learning and good practice from the DA Scrutiny Panel is shared with front line officers within North Yorkshire Police and work is underway to share this information more widely, via the Community Safety Partnership (CSP).
- NYP has recently been subject to a His Majesty's Inspectorate of Constabulary and Fire and Rescue HMICFRS Point, Evidence, Explanation, Link (PEEL) Inspection (2023-2025), where its gradings demonstrated a marked improvement from the last inspection in October 2022. The force was graded as good for "Protecting Vulnerable People" in October 2023, compared to being graded as "Requires Improvement" in 2022. In relation to "Preventing Crime and anti-social behaviour and reducing vulnerability" it was graded as good in October 2023, compared to "adequate" in 2022.

NHS Humber and North Yorkshire Integrated Care Board (HNYICB)

- All policies relating to safeguarding procedures and practice are in place and reflect the large-scale system change of HNY ICB.
- In the areas of domestic abuse and the health offer to Care leavers, targeted work has been completed to scope what is currently in place to provide assurance, deliver consistency, identify gaps and learn from good practice.
- As part of an ongoing programme of work a HNY ICB wide Domestic Abuse and Sexual Violence forum has been established to bring together health providers, share good practice and provide peer support in these challenging areas of safeguarding. As part of the work the ICB has signed up to the NHS England Sexual Safety Charter launched in September 2023 england.nhs.uk/long-read/sexual-safety-in-healthcare-organisational-charter and encouraged health providers to do the same.

- The Learning from lives and deaths – 'people with a learning disability and autistic people' (LeDeR) programme delivered by the ICB has published its annual report.
  - » humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2024/06/ICB-Annual-LeDeR-Report-2023-2024.pdf.
  - » humberandnorthyorkshire.icb.nhs.uk/wp-content/uploads/2024/06/Annual-LeDeR-Report-2023-2024-Easy-Read.pdf.
- The report robustly evidences quality improvements for people with a learning disability living in York and North Yorkshire, a key outcome of focussed work has been the increase in annual health checks completed in primary care, which exceeds the target set nationally by NHS England. The ICB safeguarding team advise on LeDeR reviews where safeguarding is a feature in order that lessons can be learnt across the multi-disciplinary partnership.

NHS
Tees, Esk and Wear Valleys
NHS Foundation Trust

Tees Esk and Wear Valley NHS Foundation Trust (TEWV)

- TEWV have presented at the Board outcomes from CQC inspections and recent Nurses Improving Care for Healthsystems Elders (NICHE) review alongside update on work carried out following this and any improvement plans moving forward.
- TEWV recently submitted an annual Quality assurance framework (QAF) tool to all safeguarding partnerships which gives assurance to the partnership on the Trusts safeguarding work and highlights any areas which are of particular focus for the coming year and any areas of improvements identified in the QAF. Historically the trust has submitted the QAF at different times to different partnerships/Boards and in many different forms. We have recently reviewed this and created a generic version of the QAF tool and populated this and taken this through internal governance structure before asking the partnerships/Boards to accept this document. To date we have received very positive feedback in relation to this submission and the openness and transparency of it and how comprehensive it was. We plan to update this on a yearly cycle and submit.
- TEWV safeguarding annual report 2023-24 been completed and approved through internal governance structure.

North Yorkshire Fire and Rescue Service (NYFRS)

NYFRS comply with the Section 11 and Governance Audit. We are also required to report to a quarterly governance forum. NYFRS also has an assurance function, and is inspected by His Majesty's Inspectorate of Constabularies and Fire and Rescue Services.

York and Scarborough NHS Foundation Trust

2023 2024 saw the planning and recruitment to launch a Complex Needs Service to start co-production work in the areas of Learning Disability (LD), autism and dementia to evidence where we are engaging people with lived experience - the challenge will be about how we prove the services are of good quality.

More widely the launch of the Nursing Quality Assurance Framework, which uses a range of methodologies including the use of a quality dashboard, weekly ward manager safety check and monthly peer review audit to triangulate outcomes with workforce data, identify areas for improvement and celebrate progress. The weekly back to the floor visits serve to seek further assurance on key topics from the framework, with a focus on fundamentals of care as part of our Year of Quality. The next step is to formally build an accreditation programme which will be tested out in September 2024.

City of York City Public Health

Public Health service providers are monitored through robust contract monitoring arrangements and are held to account by commissioners.

6	Work together with the City of York Council Community Safety Partnership, to support work to raise awareness of, and reduce the harm caused by 'Hidden Harms,' and abuse associated with County Lines activity, domestic abuse, and modern slavery.

City of York City Council Adult Social Care (CYC ASC)

- **Domestic abuse:** CYC ASC have reviewed and improved their contributions to both MARAC and MATAC processes. The Adult Safeguarding team have also been provided with some bespoke training, to ensure we are recognising domestic abuse and making MARAC referrals appropriately. Further work is underway with Public Health to analyse further training needs across Adult Social Care.
- **Modern slavery:** CYC ASC have worked successfully with commissioning, health, police and home office partners to respond to modern slavery concerns within provider services.
- A series of animations (tricky friends, self-neglect and hidden harms) have been created, shared with practitioners and published on the CYSAB website.

North Yorkshire Police (NYP)

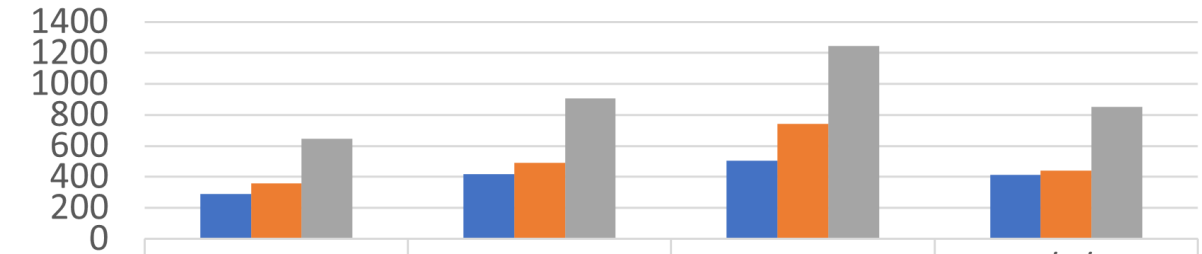
- **Domestic Homicide and Suicide Prevention:** NYP share any incidents of DA related homicide and/or suicide victims with the national Domestic Homicide Project. The aim of the project is to identify emerging trends and share any key learning. There has been 1 potential instance of a DA-related suicide and 1 potential DA-related homicide. Any potential DA-related homicide is referred to the Domestic Homicide Review (DHR) Panel for consideration.
- **Multi Agency Risk Assessment Conference (MARAC):** is the multi-agency process for keeping our high-risk domestic abuse victims within North Yorkshire safe. MARACs are convened weekly being held remotely, and whilst attendance for some agencies has improved in the last 12 months, further improving multi-agency attendance and engagement remains a key focus this year. Information sharing is critically important, and it is crucial that relevant agencies attend those cases open to them. Equally, MARAC provides a valuable opportunity for agencies not directly involved to share their wider knowledge and experience, which can enhance the safety planning for victims and their families. Only together can we ensure that every opportunity to minimise harm is seized, with absolute accountability and confidence.

- As can be seen from the below figures, MARAC cases have risen by over 50% in the last 5 years. MARAC is essential in ensuring that all agencies contribute to safeguarding victims that are not always known to the Police.

Multi Agency Risk Assessment Conference (MARAC) cases					
Year	**2019**	**2020**	**2021**	**2022**	**2023**
York	303	444	515	525	474
Whole Force Area	1038	1420	1745	1916	1998

- Whilst the total number of cases across the Force have continued to rise, the number of cases in York reduced by 10% from 2022 to 2023. However, the first 6 months of 2024 has seen an increase again in York, with 307 cases already discussed so far.
- **Multi Agency Tasking and Coordination procedure (MATAC):** the MATAC procedure works to identify serial perpetrators of domestic abuse, aiming to prevent and/or disrupt their offending behaviour to break the cycle of domestic abuse. A key focus this year has been to improve our internal processes, ensuring our front-line officers are aware of our highest harm perpetrators living in our communities. They are tasked to engage with perpetrators to encourage them to seek help for harmful behaviours, and where appropriate, disrupt their activity and thus safeguard their victims from further abuse. Since its introduction, MATAC has adopted over 350 perpetrators, with 82% showing a lower Recency, Frequency, Gravity, Victims (RFGV) score 12 months after adoption. Since the introduction of the MATAC process, 47% of adopted perpetrators have been archived, indicating no new offences have come to light within 12 months of being archived.
- **Domestic Violence Disclosure Scheme (DVDS)**, is an excellent preventative tool with which to engage victims/potential victims of domestic abuse, providing disclosures to assist them in making informed choices. There has been a rise in both Right to Know and Right to Ask applications in the past 12 months. The multi-agency DVDS Panel was successfully launched in 2024. The panel considers the most complex applications, maximising information sharing and increased scrutiny of police disclosure decisions.

Domestic Violence Disclosure Scheme applications throughout North Yorkshire and York



	2021	2022	2023	to 30/7/2024
RTA	288	418	503	413
RTK	359	489	740	440
Total	647	907	1243	853

Key

Right to ask Right to know Total

The above table indicates the total number of DVDS applications throughout North Yorkshire and York. The figure is given as a total because a victim may live in North Yorkshire and the perpetrator live in York and vice versa.

NHS Humber and North Yorkshire Integrated Care Board (ICB)

NHS Humber and North Yorkshire Integrated Care Board (HYNICB)

- The Serious Violence Duty commenced in January 2023 with a key role for the ICB as one of the specified authorities. The ICB Director of Nursing-Governance and Designated Professionals have worked with other key agencies to support the completion of the York and North Yorkshire Serious Violence Strategic Needs Assessment and the Serious Violence Response Strategy.
- Following the recommendations made in the Statutory Guidance issued under the Domestic Abuse Act 2021, the national charity Standing Together Against Domestic Abuse (STADA) has been awarded a three-year contract by the Home Office to identify and understand domestic abuse interventions across healthcare settings. In North Yorkshire and York as part of the Standing Together Crossing Pathways project our local domestic abuse specialist charity IDAS (Independent Domestic Abuse Services) have been commissioned to work with Primary Care and local

health providers. The project aims to raise awareness of domestic abuse and support services available for people in isolated rural communities. The GPs in York have also benefited as IDAS delivered workshop sessions on Domestic Abuse at a Protected Learning Time event attended overall by 160 GPs and primary care practitioners.

- The Designated Professionals have been supporting the project with their knowledge of the health network. The project is set to run until autumn 2024.
- Following cases of suspected modern slavery across North Yorkshire and York, the ICB hosted three lunch and learn sessions to raise the awareness of labour exploitation in the care sector. Over 170 people attended the sessions from a range of organisations including health, local authorities and the Fire Service.

NORTH YORKSHIRE FIRE & RESCUE SERVICE

North Yorkshire Fire and Rescue Service (NYFRS)

As a Service NYFRS regularly engage in forums and meetings held by relevant partners such as North Yorkshire Police. As the Regional Chair of the Serious Violence Working Group. The Director is responsible for driving and leading a range of activity to reduce serious violence. Many service staff are trained to identify a range of hidden harms including domestic abuse, and the new two year rolling training programme for specialist prevention officers within the service, includes a broad variety of training in key areas such as domestic abuse, prevent, modern slavery and trauma. The Head of Function has been grateful for the opportunity to attend training such as Alarm Receiving Centre (ARC) training, to ensure that strategy and policy in relation to prevention, which is inclusive of hidden harms where adult abuse is potentially undetected or unreported.

NHS Tees, Esk and Wear Valleys NHS Foundation Trust

Tees Esk and Wear Valley NHS Foundation Trust (TEWV)

- The Trust is represented in all Safeguarding Board/Partnership arrangements including subgroups/task and finish groups (Trust attendance at Safeguarding Boards/executive mtgs is 100%).
- The Trust delivers joint safeguarding adult and children mandatory training at all levels, and this includes raise awareness of, and reduce the harm caused by ‘Hidden Harms’, and abuse associated with County Lines activity, domestic abuse and modern slavery.

York and Scarborough NHS Foundation Trust

Managing risks relating to our patients experiencing, disclosing, or suspected to have suffered domestic abuse, county lines activity and modern slavery is the day-to-day work of the Safeguarding Team. In acknowledging the increase scope of support an application has been made to increase the team's establishment to meet the expanding scope and legislative requirements for domestic abuse which will include non-fatal strangulation and incidence of honour-based harm risk. There is currently a gap in compliance with the Safeguarding Assurance and Accountability Framework for a Named Nurse for Safeguarding Adults. This has been subject to escalation and investment requests since 2019. The establishment required to manage the Trust duty under the Domestic Abuse Act (legislation.gov.uk/ukpga/2021/17/introduction) and the work for non-fatal strangulation (NFS) will re-enforce this bid.

City of York City Public Health

Public Health are a core member of the Community Safety Partnership Board and actively update board members on Domestic Abuse (DA) strategy, recommendations, and action plans. Public Health work closely with North Yorkshire Council and the Office for Policing, Fire, Crime and Commissioning to look at any duplication or overlap between DA and other Violence Against Women and Girls (VAWG) related crimes such as stalking and sexual exploitation, crimes recognised under Serious Violence Duty and county lines activity.

7. Safeguarding Adults Reviews (SARs)

The CYSAB Review and Learning subgroup (RLG) has continued to consider cases which may fit the criteria for a Safeguarding Adults Review under section 44 of the Care Act i.e."SABs must arrange a SAR when an adult in its area dies as a result of abuse or neglect, whether known or suspected, and there is concern that partner agencies could have worked more effectively to protect the adult." Care and support statutory guidance - GOV.UK (gov.uk) and make a recommendation to the Independent Chair of CYSAB.

- Two SARs, which began in 2023-24 are currently being conducted involving neglect in care settings both involving older adults. The findings of these will be known in 2024-25 but early lessons have been acted upon to prevent abuse and neglect in the future.
- The learning from completed SARs continues to be embedded to improve practice across the Adult Care sector workforce. The completed SAR reports and 7-minute briefings are available on the cysab website safeguardingadultsyork.org.uk/sar
- The CYSAB three Statutory partners met monthly during 2023-24 for a Section 44 panel which looked at 50 cases during the year to assess whether these should be referred for a SAR. Of these 50 cases several went to a CYSAB Rapid Review group which allowed all partner agencies, including non-statutory organisations to provide more detail regarding each case. This provided a robust mechanism for identifying and checking cases allowing discussion between all partners to ensure learning opportunities were not missed.
- From these two subgroups, three cases were referred to the Learning and Review Subgroup for SAR consideration. One case was agreed to meet the criteria for a SAR which will be concluded in 2024-25 and two cases will be considered by the Review and Learning group in 2024-25 to see if they meet the criteria for a SAR.
- Any learning from all the cases considered by the CYSAB groups that did not meet the criteria for a SAR, was cascaded and actioned upon by CYSAB partners and individual organisations.
- A review of the SAR policy and procedure took place, which is available on the CYSAB website in the SAR section.
- The CYSAB partners took part in regional SAR learning events related to self-neglect and suicide as well as attending the Teeside thematic review of Whorlton Hall.

8. Looking ahead to next year

With increased capacity created by the appointment of the CYSAB Business Manager in 2024/25 and the new Independent Chair for CYSAB, the Board will have increased resources to deliver its new safeguarding strategy. Our partners were asked their priorities in the coming year both as individual agencies and for the Board.

Below are some of the suggested priorities for the Board to focus on:

- To develop a multi-agency safeguarding adults training offer, and quality assure partner agency training. Develop collaborative training opportunities for all levels of safeguarding practitioners with the partner agencies to improve everyone's knowledge and understanding.
- Review of governance structure and develop the engagement and accountability of partner agencies in the work of the SAB.
- To develop a multi-agency safeguarding adults performance framework/dashboard.
- To develop a robust and multi-agency Quality Assurance Framework.
- Undertake self-assessment as a Board to provide a benchmark position, to provide assurance for improvement and enable challenge where the base line is not showing improvement in compliance with the Care Act.
- To align with and develop relationships and with other partnerships e.g., Children's Safeguarding, Community Safety, Domestic Abuse Partnerships.
- To seek assurance on the embedding of the Transitional Safeguarding Protocol and multi-agency operational arrangements
- Establish a framework to revisit and track learning from SARs at regular intervals to ensure learning from SARs is embedded across agencies and to ensure that actions that support recommendations are completed with agency accountability.
- Continue to work with partners around what constitutes a safeguarding concern and ensuring clear pathways are in place.
- Develop opportunities for community engagement so that the voices of adults with lived experience are heard and help inform our future practice.
- Establish ways of responding to preventing the rise in homelessness and self-neglect.
- Establish a CYSAB multiagency escalation process to ensure all organisations are able to report issues to achieve professional resolution.

9. Safeguarding priorities for partner agencies for 2024-25

Below are some of the areas of focus for individual partners next year:

North Yorkshire Police (NYP)

Continuing to:

- Prevent and reduce crime and anti-social behaviour.
- Effectively respond to investigate and solve crimes.
- Manage offenders.
- Safeguard the vulnerable and service victims of crime.

Tees Esk and Wear Valley NHS Foundation Trust (TEWV)

- Parental/Carer Mental Health and the impact on children – increasing awareness across the organisation and seeking assurance that we are considering this and evidencing this in records.
- Strengthening of safeguarding linking the professional role across our clinical services to support clinicians.
- Safeguarding supervision across the organisation – to review existing processes and consider a revision to provide greater assurance that all relevant staff are accessing some form of safeguarding supervision.
- Multi-agency public protection arrangements (MAPPA) – further embedding the Trusts duty to cooperate responsibilities in line with MAPPA guidance.
- Quality of referrals to the Local Authority – to develop guidance and support for staff to improve the quality of safeguarding referrals made to the local authority and audit quality on a regular basis.
- Safeguarding reporting internal and external by working with the Trusts performance and CITO (patient recording system to be able to identify and analyse how what and where we report safeguard measures across the trust and partners).
- Embedding learning from safeguarding into Trust wide organisational learning.

City of York City Council Adult Social Care (CYC ASC)

- Embedding the new safeguarding adults' processes internally and raising awareness.
- Continuing to work with and support partners on what constitutes a good safeguarding referral.
- Develop domestic abuse training offer across the service to ensure practitioners can recognise domestic abuse and report appropriately.
- Develop the safeguarding adults training offer to include a wider range of training, and a multi-agency offer.
- Develop approaches to self-neglect, and to work with North Yorkshire colleagues to develop a range of practitioner resources.
- Develop understanding of safeguarding data and Intelligence.
- To improve safeguarding response based on the outcomes of safeguarding audits, through a quality assurance framework.
- To continue to embed the transitional safeguarding protocol to ensure clear pathways are in place for young people.

North Yorkshire Fire and Rescue Service (NYFRS)

- Organisational training with a focus on more enhanced training for key staff and job roles.
- Further develop approaches around learning from serious incidents.
- Further refine our approaches to managing allegations against staff.

NHS Humber and North Yorkshire Integrated Care Board (HNYICB)

- A programme of communicating the health responsibilities under the Serious Violence Duty will be ongoing during 2024/25, alongside establishing a data dashboard around hospital admissions for knife crime injuries and alcohol/substance misuse.
- Continue work on key priority areas of domestic abuse and the health offer to care leavers.

- A safeguarding conference is in the planning stages to be held in June 2024 at University of York which will contribute to level 4 development and competencies for safeguarding specialist practitioners. The conference will focus on Domestic Abuse, Domestic Homicide and the Serious Violence Duty. We are fortunate to have secured the services of Professor Jane Monkton-Smith who is internationally renowned for her pioneering research into coercive control, stalking and domestic homicide. The findings of Professor Monckton-Smith's 2018 ground-breaking study – the Homicide Timeline: the eight stages – is a model used by police forces and agencies across the UK and Europe.
- A virtual safeguarding conference will be held in October 2024 with a focus on exploitation, online safety and transitional safeguarding.
- The HNY ICB will be working with our health providers to develop assurance against the revised Safeguarding Accountability and Assurance Framework (published June 2024) - england.nhs.uk/long-read/safeguarding-children-young-people-and-adults-at-risk-in-the-nhs.

NHS
York Teaching Hospital
NHS Foundation Trust

York and Scarborough NHS Foundation Trust

The Safeguarding Forward Strategy actioned through the Integrated Safeguarding Group will form a monitoring mechanism for assurance and a work plan underpinning service development.

Next steps are outlined in brief below:

- Domestic abuse service planning for patients and staff
- Expand workforce to meet needs of the expanding Domestic Abuse scope (which will include pathways for Non-fatal strangulation (NFS))
- Policy development

10. Our four core themes for 2024-25

1. The adults voice

1. Promote person-centred support for adults at risk of harm.
2. Hear the voice of the adult and ensure adults feel empowered.
3. Promote dignity and respect across all aspects of safeguarding.

2. Creating assurance

4. Develop a range of measures to help identify and prevent abuse.
5. Promote strong partnership working and collaboration.

3. Developing the workforce

6. Embed a culture of continuous learning and improvement to enhance safeguarding practice.

4. Learning lessons

7. Be responsive and proactive in addressing safeguarding.
8. Ensure transparent reporting in safeguarding.

11. Contacts

If you are concerned about an adult in York, please report concerns via the City of York Safeguarding Adults board website: safeguardingadultsyork.org.uk/home-page/6/raise-a-concern

The preferred method of reporting a concern is via an online form.

If you are a professional, please complete the 'raise a concern professionals form': safeguardingadultsyork.org.uk/raise-concern/raise-concern-professionals-form

If you are a member of the public, please complete the 'raise a concern residents form': safeguardingadultsyork.org.uk/raise-concern/raise-concern-residents-form

If you are a member of the public and would prefer to speak to someone or report information anonymously you can contact the City of York Adult Social Care:

Call: 01904 555111, Monday to Friday, 8.30am to 5.00pm

If you have a hearing impairment text: 07534 437804

Out of hours help: 0300 131 2131

CITY OF YORK
Safeguarding Adults Board

If you would like this document in an alternative format, please contact:

(01904) 551550
ycc@york.gov.uk
@CityofYork
@cityofyork

It is available in the following languages:

我們也用您們的語言提供這個信息 **(Cantonese)**

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

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

Publication date: December 2024

For further information: West Offices, Station Rise, York YO1 6GA

CITY OF YORK
Safeguarding Adults Board

Safeguarding Adults Board Strategy

2025-2028

For more information visit: safeguardingadultsyork.org.uk

Contents

1. Foreword

I am pleased to present the City of York Safeguarding Adults Board 2025 - 2028 Strategy. Since starting as the Independent Chair in July 2024, taking over from the previous Chair Tim Madgwick, I have inherited a partnership that has a real appetite for change and is committed to the challenge of safeguarding adults with care and support needs. With an increased membership and improved governance arrangements the Board is prepared to tackle the priorities for the next three years as we respond to emerging themes both nationally and locally. To ensure that we respond, listen and engage with individuals, their families and communities to design and deliver multi-agency services which are fit for purpose, the City of York Safeguarding Adults Board has set out a strategy for the next three years.

As a board we are very aware of the heightened levels of risk of adults presenting with complex needs face, including exploitation, mental ill health and self-neglect being significant areas of need as well as pressure from adults who are vulnerably housed or facing homelessness. This strategy will help us to meet those challenges head on, building on what we have learnt and the work that has been completed during the previous two-year strategy period. We will continue to work as a partnership to meet the needs of these areas, to ensure best use of resources, improving the outcomes for those adults facing these risks, helping to prevent abuse and neglect.

I would like to thank colleagues working to ensure the Board not just fulfils its statutory duties but also play key roles in improving the quality of life for some of the most vulnerable in our communities.

Jane Timson

Independent Chair, City of York Safeguarding Adults Board (CYSAB)

2. How we developed this plan

We examined evidence arising from the Board's work over the last two years including outcomes from our partner challenge events, trends and themes emerging from our recommendations from safeguarding adults reviews (SARs). We looked at trends in data including types of abuse, victims, locations and source of referrals. We continued to reflect on legislation, guidance and best practice in adult safeguarding, including recent research and good practice developments taken from published material, regional and national networks. We listened to our partners who work alongside the public and professionals to understand their views about what our priorities should be.

Our Vision:

For individuals, communities and organisations to work together to ensure that the people of York can live fulfilling lives free from abuse and neglect and to ensure that safeguarding is everybody's business.

3. Who is the City of York Safeguarding Adults Board and what we do

Who we are:

The City of York Safeguarding Adults Board (CYSAB) is a statutory and multi-agency partnership that leads the strategic development of safeguarding adults work across York. As specified in the Care Act, the CYSAB includes three core statutory members, that is, the City of York Council, NHS Humber and North Yorkshire Integrated Care Board, and North Yorkshire Police Authority. Our membership is also made up of nominated lead representatives from a wide range of non-core partner agencies, who actively contribute to the work of the Board. A full list of members is available on the CYSAB website.

What we do:

The work of Safeguarding Adults Board is directed by legislation – the Care Act 2014. The Act sets out the core purpose of the Board which is to ensure that local safeguarding arrangements are effective and take account of the views of the local community. The Board also seeks assurance from its partners that safeguarding practice is person-centred and outcome focused. The purpose of the CYSAB is to help safeguard people who have care and support needs. Its main objective is to improve local safeguarding arrangements to ensure partners act to help and protect adults experiencing, or at risk of, neglect and abuse.

Our statutory duties:

The SAB has three core duties, in accordance with the Care Act 2014:

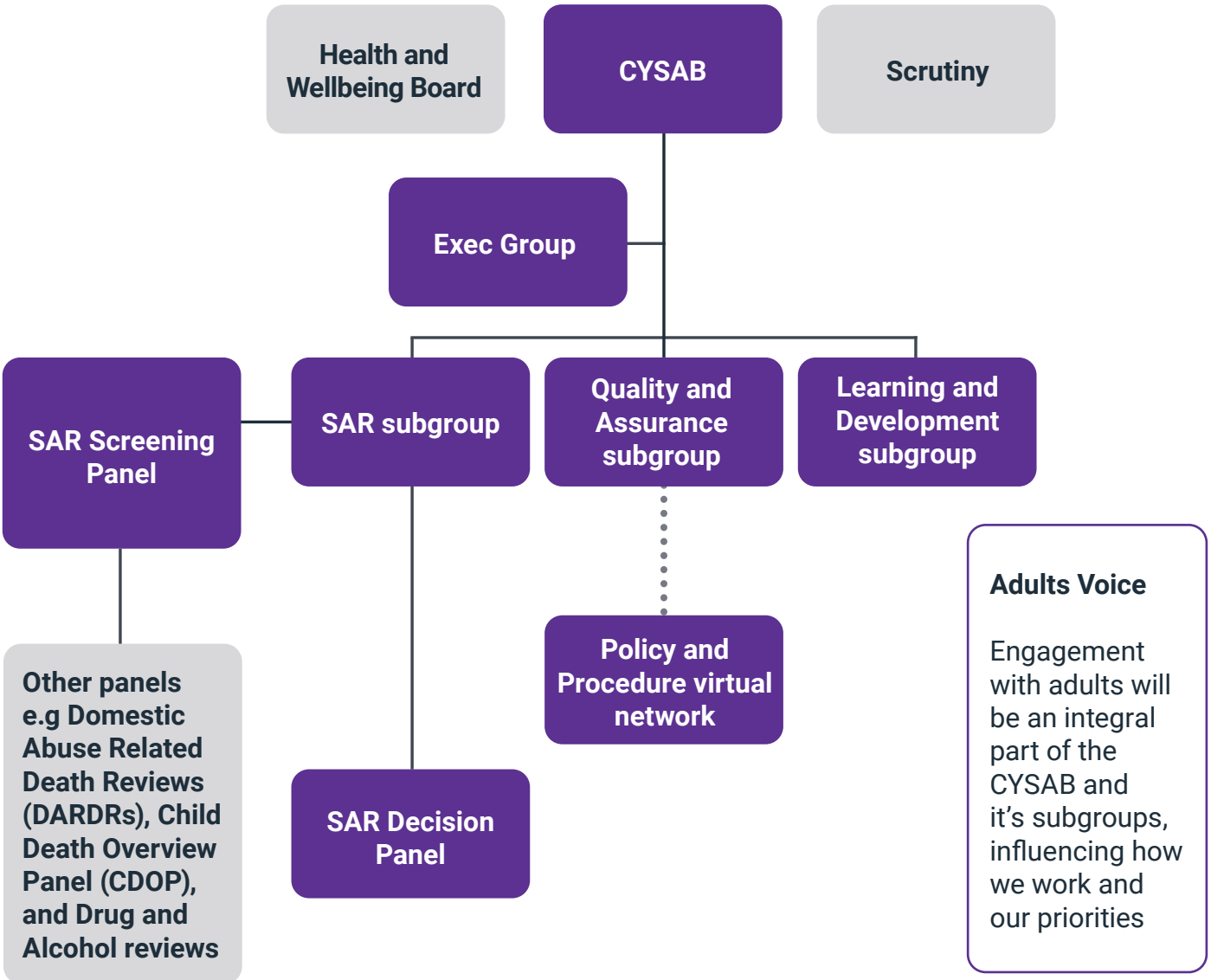
1. Develop and publish a strategic plan setting out how we will meet our objectives and how our member and partner agencies will contribute
2. Publish an annual report detailing how effective our work has been
3. Commission safeguarding adults reviews (SARs) for any cases which meet the SAR criteria.

How we function:

Throughout 2024 the board made considerable changes to its governance and the structure below (figure 1) is an emerging one with the process for safeguarding adults reviews (SARs) changing to include a new SAR decision panel, allowing the SAR subgroup to focus on embedding recommendations from SARs.
In addition, the learning and development group and the policy and procedure network are still in there infancy.

As a Board we meet four times a year and have several sub-groups. These are the Executive group, Quality and Assurance group, Safeguarding Adults Review (SAR) group and Learning and Development group. We also have a Pre-SAR Screening group and a SAR Decision panel as and when required. The use of task and finish groups also helps to consider short term projects when needed. Engagement with adults and their voice is considered throughout all our work and is no longer a stand-alone subgroup.

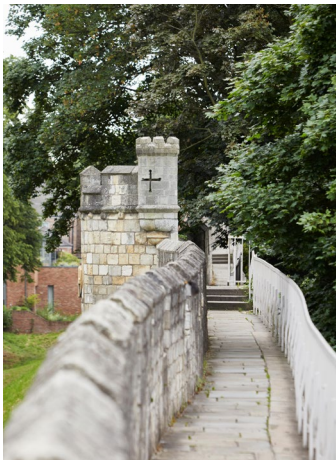
Figure 1:



4. Our Plan 2025-2028

In order to meet the needs of adults in the City of York we have developed three areas of focus for our strategic plan which will guide the way we work together as a Board over the next three years to safeguard our communities and the safeguarding areas we want to strengthen:

1. **Prevention, awareness and engagement**
2. **Learning, reflection and practice improvement**
3. **Strengthening multi-agency safeguarding responses to:**
    - adults at risk of exploitation
    - rough sleeping, homelessness
    - self-neglect and hoarding



1. Prevention, awareness and engagement

What we will do:

- Collaborate with community groups and other organisations to promote awareness of safeguarding issues and develop tailored approaches to prevention.
- Develop and deliver public messages and promote safeguarding awareness campaigns aimed at the general public, using a variety of media channels, including social media, leaflets and events.
- Maximise national and regional safeguarding adults week engagement, promotion with multi agency contributions.
- Encourage the reporting of concerns by the public and provide clear guidance and support for those who report concerns.
- Develop and implement targeted engagement activity with vulnerable groups, including awareness-raising sessions and training to promote knowledge and understanding of safeguarding issues.
- Continue to raise awareness among people, communities, charities and volunteers of how to identify situations of abuse and neglect, including self-neglect.
- Continue to develop the CYSAB website.

Why we are doing this:

➤ To enable safer communities who can recognise abuse and neglect, take action to protect themselves as well as giving confidence to others to respond in a way that prevents, reduces or removes the risk of harm.

➤ To share knowledge, and expertise, around prevention and awareness-raising.

How we will assess what impact we are making:

☑ By Seeking assurance that staff across the CYSAB partnership are trained in identifying signs of abuse, neglect, and exploitation, and in reporting any concerns promptly and appropriately.

☑ By using compliments and complaints feedback from Healthwatch York and other sources, to understand what residents are saying about safeguarding.

☑ By using partnership data to monitor and review the numbers of safeguarding concerns and enquiries in relation to volume, types, key themes and consistency.

2. Learning, reflection and practice improvement

What we will do:

- Create a CYSAB Learning and Development subgroup.
- Consider the development of a multi-agency training offer, developed and delivered by partners with named individuals from the partnership supporting delivery of a multi-agency learning and development programme.
- Promote multi-disciplinary working, establish networks and collaboration across the CYSAB partnership to encourage the sharing of knowledge and expertise.
- Regularly review and update policies and procedures on the CYSAB website and Tri-x including local practice guidance to ensure that they reflect best practice and current knowledge.
- Disseminate good practice SAR learning and 7-minute briefings with partners and find ways to review the impact on practice.
- Find ways to capture lived experience of safeguarding and engage with families and front-line staff so they can inform practice improvements, e.g. SAR practitioner and learning events.
- Find ways to embed professional curiosity across the partnership.
- Seek assurance across the partnership of the effective application of the Mental Capacity Act.

Why we are doing this:

➤ To encourage a culture of continuous learning and improvement across the safeguarding partnership.

➤ To inform and improve practice, including the effectiveness and outcomes from safeguarding interventions.

How we will assess what impact we are making:

☑ By understanding what training has worked well and what lessons have been learnt through safeguarding data and reoccurrence of types of abuse.

☑ By seeking assurance from partners on what the impact of any new guidance in response to learning has been within partner organisations.

☑ By developing ways to capture how learning from SARs is being implemented, for example, audits and challenge events.

3. Strengthening multi-agency safeguarding responses

What we will do:

We will develop a clear work plan to improve and strengthen our partnership working to ensure there are robust multi agency safeguarding responses to the following three areas of need within the City of York

1. Improve responses to adults with care and support needs who are at risk of exploitation.
2. Ensure all partners are working together to prevent or minimise barriers faced by adults with care and support needs who are at risk of experiencing rough sleeping and homelessness.
3. Improve response to adults with care and support needs who are at risk of or experiencing self-neglect.

We will do this by:

- Using local and regional expertise, shared knowledge and data to understand current trends and areas of need.
- Linking into existing good practice and adapt/enhance where necessary, seeking assurance on an effective joined-up approach.
- Identifying pathways, guidance and protocols needed for the multi-agency partnership to identify and respond to adults with care and support needs who are experiencing exploitation, homelessness (with an emphasis on those that are rough sleeping) or self-neglect.
- Developing and implementing pathways, guidance and protocols identified by the three task and finish groups.
- Develop and implement a multi- agency risk management protocol to support individuals who experience multiple disadvantage.
- Ensuring the Person in a Position of Trust (PIPOT) procedure is embedded in practice.
- Receiving assurance about the quality of services both public and private, that provide care and support services to adults at risk of abuse, including regular audits, inspections, and feedback from adults and their families.
- Seeking assurance on safe working and recruitment expectations from partner agencies for all staff and volunteers working with adults at risk of abuse or neglect.

Why we are doing this:

- To strengthen support for partners to deliver effective and preventative services across the City of York, to reduce risk of abuse and harm for the most at risk in our communities.
- To promote a culture of openness and transparency where concerns can be raised without fear of reprisal.
- To support people in the community experiencing abuse and neglect who may not be known to services or may choose not to engage with or have limited engagement with agencies.

How will assess what impact we are making:

- ☑ Multi-agency assurance checks, annual self-assessment and challenge panel.
- ☑ Development of a multi-agency dashboard to help SAB identify themes and trends across the partnership.

5. Delivering our plan

This strategy is a commitment to creating a caring and safe environment for adults at risk of harm and abuse. Through focusing on the needs of the individual, being proactive, and collaborative, we aim to uphold the dignity and well-being of adults who may be at risk of abuse or neglect.

We will work with our partners on our three areas of focus to hear the adult's voice; seek assurance; develop our workforce and learn lessons to safeguard those who may be at risk of harm or abuse.

We will measure our progress and achievements through a business plan which will identify how we will achieve our eight objectives including key goals and timescales. Progress will be updated and reported to the CYSAB quarterly and through our annual report.

Contacts

If you are worried about an adult in York, please report any concerns via the City of York Safeguarding Adults board website safeguardingadultsyork.org.uk

If you would prefer to speak to someone or report information anonymously you can:

Contact the City of York Adult Social Care:

- **telephone:** 01904 555111, Monday to Friday, 8.30am to 5.00pm
- **text telephone:** 07534 437804 if you're hearing impaired.
- **telephone:** 0300 131 2131 for out of hours help.

This document can be made available in other languages or formats if required.

To request another format, please contact us via our email: sab@york.gov.uk

safeguardingadultsyork.org.uk

CITY OF YORK
Safeguarding Adults Board

If you would like this document in an alternative format, please contact:

(01904) 551550 ycc@york.gov.uk

It is available in the following languages:

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almaniz mümkündür. (Turkish)

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

Publication date: July 2025

For further information: West Offices, Station Rise, York YO1 6GA

For more information visit: safeguardingadultsyork.org.uk

Annex C:

CITY OF YORK Safeguarding Adults Board

Plan on a page

Safeguarding Adults Board

The City of York Safeguarding Adults Board (CYSAB) plan on a page

CYSAB Strategic Plan 2025 to 2028 provides a citywide strategic framework for all partners on how ensuring the safety and well-being of adults at risk of harm and engaging with their families and carers. This summary of the Business Plan sets out the strategic priorities that the board has identified for 2025-26.

Prevention, Awareness and engagement

- We will collaborate with community groups to promote safeguarding awareness and to develop tailored approaches to prevention to increase safeguarding knowledge and awareness within targeted groups.
- We will develop and deliver public messages and promote safeguarding awareness campaigns aimed at the public providing clear guidance and support for those that raise concerns.
- We will maximise safeguarding week engagement, promoting it with multi agency contributions to present a variety of online sessions to support our priority

Learning, reflection and practice improvement

- We will establish a learning and development subgroup to implement a learning and development training strategy to disseminate learning and help further develop confident practice for all those who have a safeguarding role.
- We will find ways to capture lived experience of safeguarding and engage with families and front-line staff so they can inform practice improvements

Strengthening multi-agency safeguarding responses

Part 1: Adults at risk of exploitation

- We will create an exploitation task and finish group to explore multi- agency safeguarding responses to adults at risk of exploitation, including developing and implementing pathways,

CITY OF YORK Safeguarding Adults Board

Plan on a page

Safeguarding Adults Board

guidance and protocols to support individuals who experience multiple disadvantage to help mitigate risk faced by individuals.

- We will further embed the need to report concerns about any person in a position of trust (PIPOT) and ensure that pathways to address concerns are embedded in practice.
- We will seek assurance about the quality of services and practice by the development of a multi-agency dashboard to help SAB identify themes and trends across the partnership

Part 2: Adults at risk of self-neglect and hoarding

We will create a task and finish group to explore multi-agency safeguarding responses to adults at risk of self-neglect to help create a clear accessible pathway for identifying concerns and to assess and respond to self-neglect, which will include a multi-agency risk management protocol.

Part 3: Adults at risk of rough sleeping and homelessness

We will create a task and finish group to explore multi-agency safeguarding responses, by engaging with specialists to explore what good looks like to develop and implement pathways, guidance and protocols to provide a more joined up response to those that are rough sleeping or homeless.

You can download the Strategic Plan for 2025 to 2028 in PDF format on the CYSAB website.

Health and Wellbeing Board 21 January 2026
Report of the Manager, Healthwatch York

Healthwatch York Reports: "Mental Health in York: A Progress Review" and "Mental Health: What good should look like".

Summary

- This report is for the attention and action of Board members, sharing two reports from Healthwatch York. These share feedback received about mental health services, and people's thoughts on future delivery of mental health support in the city.

Background

- Healthwatch York provides information and advice about health and care services, signposts people to support, and listens to their experiences when accessing health and care services. Through our information and signposting service we have continued to gather people's experiences of mental health services in the city.

- We have pulled these together into a report, reflecting on the recommendations of our Breaking Point report two years ago. We have also gathered people's views on how future service delivery could be improved. These reports do not contain recommendations but can be seen together as discussion documents alongside existing plans for community mental health transformation in the city.

Main/Key Issues to be considered

- The key findings across the two reports are:

    a. There are still too many people in York who feel they are unable to access the mental health help and support they need.

b. The recommendations outlined in the 2023 Breaking Point report remain relevant regarding what people want to see in terms of mental health service delivery.

c. There are positive opportunities to continue transforming mental health services in partnership with primary care and the voluntary and community sector.

Consultation

- In producing these reports, we recorded the experiences and concerns of those who contacted our information and advice service, and we ran discussion events and surveys including a public meeting alongside Rachael Maskell MP.

Options

- There are no recommendations within these reports.

Implications

- There are no specialist implications from this report.

- **Financial**

There are no financial implications in this report.

- **Human Resources (HR)**

There are no HR implications in this report.

- **Equalities**

There are no equalities implications in this report.

- **Legal**

There are no legal implications in this report.

- **Crime and Disorder**

There are no crime and disorder implications in this report.

- **Information Technology (IT)**

There are no IT implications in this report.

- **Property**

There are no property implications in this report.

- **Other**

There are no other implications in this report.

Risk Management

- There are no risks associated with this report.

Recommendations

- The Health and Wellbeing Board are asked to:

i. Receive Healthwatch York's reports, Mental Health in York: A Progress Review, and Mental Health: What good should look like.

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

Contact Details

Author:

Siân Balsom
Manager
Healthwatch York
01904 621133

Chief Officer Responsible for the report:

Report Approved | **Date** *Insert Date*

Wards Affected: All **All** ✓

For further information please contact the author of the report

Background Papers:

Annex A – Mental Health in York: A Progress Review
https://www.healthwatchyork.co.uk/seecmsfile/?id=118

Annex B – Mental Health in York: What good should look like
https://www.healthwatchyork.co.uk/seecmsfile/?id=119

This page is intentionally left blank

healthwatch York

Mental Health in York: A Progress Review

January 2026

Contents

Content warning: This report contains information that may be distressing to some. This includes but is not limited to: repeated examples of mental health problems, trauma, suicide, self-harm and self-injury.

Although these topics are discussed to highlight the challenges some people are experiencing in our city, please continue with caution and consider your own mental wellbeing whilst reading.

For further information on advice and support available in York, please refer to our Mental Health and Wellbeing Guide:

https://www.healthwatchyork.co.uk/seecmsfile/?id=37

Cover photo by Priscilla du Preez CA via unsplash

Executive Summary

Since our Breaking Point report[1] was published in 2023, we have continued to receive feedback about people's experiences of local mental health services. This report outlines some of that feedback and reflects on whether anything has changed since the Breaking Point report was published.

This report covers the areas raised by the Breaking Point report, but also other areas of mental health support that people have raised with us.

As with all of our work the comments included are the views of people we spoke to, not the views of the Healthwatch York team.

It reflects all the feedback we have received in the past 18 months to the 24 September 2025.

[1] https://www.healthwatchyork.co.uk/resource-hub/publications/reports-2023/

Background

Our Breaking Point report (June 2023) took a qualitative approach to research. Staff carried out 29 in-depth, semi-structured, interviews with people supporting those with lived experience; held five workshops with the TEWV crisis team, acute hospital mental health liaison team, York Carers Centre, a drop-in session and York volCeS meeting to review the data gathered. In total the team spoke to 67 people including 43 staff members, 15 carers and nine people with lived experience.

The key findings were:

- Mental health services are under severe pressure throughout England, and have been for a long time.
- Tees Esk and Wear Valleys NHS Trust (TEWV) (specifically) has faced major problems with some of its services, particularly in Middlesbrough.
- The people we talked to for this research told us it is hard, sometimes impossible, to access help when it is most needed.
- Some of the problems stem from under-funding, but others appear to be cultural - poor training, poor communications, poor attitudes.
- Despite their own negative experiences, many participants recognised that there is a system issue rather than an issue with individual staff members. It is important to recognise that staff members are under significant pressure and require more support and training to provide the best possible care for those in crisis.
- There is no doubt that our current system is letting people down, to the point where people have died.
- Without urgent action, we will continue to fail some of our most vulnerable people.

- The people we talked to made recommendations for improvement, specifically an increase in lower-level support and preventative care, follow up care to keep people well following a crisis, and clarity on what a crisis is (see page 104 in the Breaking Point report for the full recommendations).

What we've heard

Between January 2024 and 24 September 2025 we heard from 146 people about their experiences of mental health care and support. We have analysed the feedback and compared it to what we heard in the Breaking Point report below to see what has changed since 2023.

Crisis Care

Breaking point outlined a number of things including:

- Many people in crisis experience long waiting times and inadequate responses when calling crisis lines. People have to ring many times and sometimes wait for hours before the crisis team answers. …
- It is extremely concerning to hear that people who are feeling suicidal are being told that they have 'capacity' and can choose to proceed with their plans 'if they choose to'. …
- Our research found many concerns about crisis lines including: unhelpful advice, long wait times, and a lack of warmth or empathy from the crisis line staff. …
- Some individuals report feeling unsupported and abandoned after reaching out to the crisis line multiple times without getting the help they need. …
- Some people have had positive experiences, where they received quick and appropriate support, leading to successful outcomes. However, others have had negative experiences where they feel invalidated and rejected, and some have even ended up feeling worse after contacting the crisis team.
- … there have been concerns about the crisis team's ability to deal with complex diagnoses. …

Some things have changed since 2023. NHS 111 option 2 is now the way for anyone to access mental health crisis support. The call is triaged by NHS 111 staff and then passed on to the appropriate crisis team for support. Since this was introduced, we have had far fewer people saying that they are having to wait long times for their calls to be answered or that their calls are never answered.

However, despite this change and some positive feedback about NHS 111 staff, we have heard many comments which are very similar to those we heard for the Breaking Point report.

Below are some of the experiences we have received between January 2024 and July 2025 about crisis mental health care:

- Person phoned crisis line after taking quite a lot of tablets. When they explained, the crisis line staff member replied 'why haven't you taken more then?' They later made a complaint and received an apology, but it was really upsetting at a difficult time.
- Person had a breakdown in early January 2024 linked to a number of traumas she had experienced in the past 10 years. She contacted the mental health crisis line who told her she should 'just get on with it' and after she considered suicide that she 'needed to think positive'.
- Person's friend was attacked. This triggered childhood trauma and resulted in bruising and the person losing the use of their legs. They went to A&E ...When the friend started screaming the staff suggested that they go home and phone the crisis team. They did. It took ages to get through and they kept getting transferred to other people. On each occasion the friend was told they had to go through the attack and the trauma it triggered. No one was willing to read the previous notes. Repeating the trauma increased the person's anxiety. At one point when the friend was struggling the crisis team put the phone down saying the person was in too much crisis. One person on the

crisis line said 'if your friends think you are so ill, why don't they take care of you.' After the experience at A&E the friend phoned the crisis line every day but no help was ever offered."

- "Yesterday I was in a bad crisis all day, I called the crisis team but because it was before 5pm they told me I needed to contact my Community Mental Health Team (CMHT) worker, so the crisis team asked the duty worker in the CMHT to call me. I waited all day I heard nothing. So at about 6pm last night I called the crisis team back and the lady I called on 111 said "I can tell you need help so I'll put you through to the crisis team" a few minutes later the lady in the crisis team answered when she first answered she said "hello you're through to the crisis team how can I help?" So, I started telling her how I was feeling and half way through that conversation she said to me "well have you tried contacting the crisis team?" I was literally speaking to the crisis team and told her I felt suicidal so why ask me to call the crisis team when I was already speaking to her. … My mum called back on 111 and spoke to the same lady again and she was shocked by what the person in the crisis team had said. She put me through again to the crisis team and we spoke to a man this time. His response was "we can't help you because we can't take away your feelings" and then followed it up by saying "you need to take accountability for your actions"
- "My brother took his own life ten days ago. He was screaming for help from everyone, including the crisis team, but no one helped him."
- "… I really struggle with the crisis team. I called a few weeks ago and they were dismissive. They told me to have a hot chocolate or cup of tea and go to bed and I would feel better. They also said that because I was under the CMHT they couldn't really help. I am really hoping that the new Acomb mental health hub will help. They said it will open in March and I would love to know when. The Haven is good, but no help when you have a crisis in the middle of the night. I need somewhere that is always open."

- “I had to call the crisis team last night because I was self-harming again. I really didn't want to call them but I had no choice. So I spoke to 111 and 111 was lovely and put me through to the crisis line. A few minutes later a lady in the crisis team answered and when I told her I was struggling and had been self-harming etc her response was "well you've been like this a while haven't you, so I don't know what your problem is". She then said she would go away and read my notes so she put me on hold. I waited over half an hour on hold so in the end I hung up because I didn't even know if she was going to come back to the phone. An hour later she called me back and then said "sorry I can't remember what we was talking about so can you repeat it again" so then when I said to her that she was the one who said she was going to go away and read my notes she said "yes I've read your notes and it looks like you have been offered a lot of stuff so again I don't know what your problem is." She also said I had been offered the "managing your emotions" work which I told her I have agreed to do but that isn't gonna help me right now when the CMHT will not even tell me when I can start this. She then started getting really nasty so I hung up.”
- “My brother has a number of mental health issues and has had for most of his life. He used to have a community psychiatric nurse, but the services have dwindled. Now when he contacts the crisis line he is told to meditate and given an appointment in six months. Thankfully he is doing OK at the moment.”
- “My daughter had suicidal thoughts and rang the crisis line. Four weeks later she got a message saying 'don't suffer in silence'!”
- “I have rung the crisis line but they say they can't help you if you are drinking. The only time I got support from the mental health team was after I was in a coma in hospital and they were told to help me as I'd been on oxygen and people always get support if that happens. They have never helped when it comes to my mental health linked to substance misuse.”

- “I rang the crisis line yesterday at 8pm and waited until 9pm for triage. The triage person told me to remove the negative thoughts from my mind and replace them with positive ones. I actually laughed at the advice, given after I said I was feeling suicidal. They put me through to the crisis team and the first thing the person said was: 'how many units of alcohol have you consumed today?' I have substance misuse issues, so they must have read my notes. But they didn't ask anything about how I was feeling, just about my drinking, saying that I sounded drunk. After five minutes of questions about my drinking I cut her off, acknowledged I was dependent on alcohol and said I had rung the crisis line as I was feeling suicidal. They said that drink was a big part of my problems and carried on talking to me about alcohol. I ended the call as it was causing more harm than offering help. The Community Mental Health Team had said to call the crisis line if I needed help as they can no longer help me. But the staff on the crisis line are making it impossible for me to call as it makes things worse.”
- “The crisis team are a waste of time and never offer any help with anything.”

We have also heard from voluntary sector organisations who are being left to support people in crisis as the crisis line is referring people to local organisations who are not trained to support people in crisis. We also heard from people seeking help who are referred to voluntary sector organisations:

- “Women are going to the women's centre after contacting the crisis line and saying that the crisis line has referred them to the women's centre for support. The women's centre keeps telling TEWV that that is not appropriate and they can't support people in crisis, that is the role of the crisis team. The referrals stop for a few weeks and then start again. The centre has supported women who have tried to take their

own lives on more than one occasion and who say that the crisis team has said they can't help. The women's centre team often has to take women to A&E because there is no other option and no support available from the crisis team."

- "I called to ask IAPT York for help as I'm having suicidal thoughts. They told me I needed to go to IDAS instead. I haven't found the energy to do it yet."
- "I had an assessment with IAPT and talked through what I was experiencing. They said I needed counselling, but they didn't provide it and gave me a list of links for places I could try - no NHS referral, just a list of organisations. It is not good enough. Surely the local mental health provider should be able to refer you for counselling."

In general, the feedback we have had has not changed in the two years since the Breaking Point report. However, in June 2025 we did hear a more positive experience from one person:

- "Over the past six to seven months I have noticed that the crisis team seem to be better at responding to me when I call. In that time, they haven't told me that I was being childish, that I just need to go to sleep and they haven't hung up the phone on me. They seem more receptive and will listen more."

We are aware that the new mental health hubs are being developed, with the first one opening later in 2025. We are hopeful that these will be able to provide appropriate support for some of those people we have heard from and particularly those with complex mental ill health.

Addiction

The Breaking Point report heard from 11 people about experiences of addiction and mental health issues. It reflected: 'We found evidence

of a lack of understanding and support for individuals who have both addiction and mental health issues (dual diagnosis). The system is difficult to navigate and there are disparities in treatment options for addiction. …'

In December 2023, TEWV published a new policy: Management of coexisting mental illness and substance misuse (Dual Diagnosis)[2]. This policy's objectives state:

'By adhering to this policy, the Trust will ensure that service users are managed in line with national standards of good practice and that service users are not discriminated against due to their mental health needs being perceived as drug or alcohol induced. This Policy supports this by setting out the expectation that service users:

- receive care based upon their needs, provided by the service (or services) best placed to meet those needs,
- have an appropriate care co-ordinator or lead professional allocated,
- receive care delivered in a collaborative manner from a care plan if multiple providers are involved; and
- are cared for by staff in mainstream substance misuse and mental health services who are competent and capable of responding to dual diagnosis needs.'

While we have only heard from one person linked to this issue since January 2024, their experience is not in line with this new strategy:

"I was previously under the central CMHT team, but after a period of homelessness, I have moved into a flat and have transferred to the west CMHT team. Under the central team I didn't get any therapy

[2] https://www.tewv.nhs.uk/wp-content/uploads/2021/11/Management-of-coexisting-mental-illness-and-substance-misuse-Dual-Diagnosis-Policy.pdf

which they said they can't provide as I am alcohol dependent. However, I had a CPN who helped to coordinate my care and support from other agencies including IDAS. It was very helpful and meant I was more stable. I attended all my appointments and regularly met with my CPN - even when he fell asleep in my first three appointments. When I was transferring between CMHT teams, my CPN said that the west team might not support me because of my alcohol use. They told me on Friday that there is a meeting today (Tuesday) that I need to attend with my previous CPN, their manager and the manager of the West team. Due to the late notice, none of the people who support me from other agencies were able to attend. At the meeting they said that the west team can't support me in any way. They have previously said that they can help if my alcohol intake is at an acceptable level, but they have never told me what that is. I don't know why they can't support me. Only three months ago I was an inpatient at Foss Park."

Foss Park Hospital

The Breaking Point Report found: '... Foss Park Hospital has been the site of several disturbing incidents involving patients with mental health issues. The hospital appears to have long waiting times for patients and discharges that may have been premature.'

Since the report we heard:

- "...'Nurses' were little more than paid witnesses and guards and there were allegations of sexual abuse, sexual safeguarding issues and dehumanising names: 'pet, treasure'."
- "Some staff were nice however they seemed to not have the time for you. They never sat down and spoke with you. I was in crisis for hours leading me to have a nasty head injury. They just seem to care for the beds to be free as I was rushed to resus and they discharged me

two days later without a safety plan. Food wasn't good. I was a high risk for self-harm. However I was allowed razors in my rooms as well as long chargers (even though I was having persistent incidents) and meds. Staff would leave me in distress for long periods of time rather than help me and on one occasion a head nurse came into my room when I was in distress (crying) and engaging in self-harm and they said 'be quiet there's other people on the ward trying to sleep. This is a hospital'. On many occasions when I was unwell I brought harmful objects onto the ward with no questions from staff which poses a high risk to staff myself and other patients."

- "… They were sectioned early in the year and went to Foss Park and had a bad experience. They were voluntarily admitted to Cross Lane Hospital in Scarborough where the staff were brilliant and they had a much better experience."
- "In February 2024 I had a breakdown and was taken to the emergency 136 unit at Foss Park. I was then transferred to Scarborough as there were no beds at Foss Park. Before I went to Scarborough, the crisis team tried to get my son to look after me, but he said no. I was really angry that they tried to do that. I was in Scarborough for two and half days and that was fine. Then I was transferred back to Foss Park. I was scared as I didn't know what was happening. The day after I arrived at Foss Park I didn't feel safe. I have diabetes and I told them, but they didn't seem to know what they were doing. I explained my normal routine - that I get up early, check my bloods and usually have breakfast by 6am. They just said that they couldn't test my blood sugar until after breakfast and breakfast is at 9am and couldn't be changed. When they did my prick test to check my blood sugar, they never did it properly. They also couldn't provide me with a diet for diabetics and weren't worried that there were lots of biscuits and sweets around that I could have eaten. They never checked me at night and I could have been in a sugar coma. They didn't seem to care at all. After my section ended, I felt so

scared that I walked home (to Poppleton). They didn't seem bothered when I left and I didn't have a phone with me. They just asked how long I'd be gone. While I was there I didn't see a doctor and usually the nurses were having a chat in the office. They were hardly ever on the ward. Often there were men on the women's ward, which wasn't good. Two of the night nurses were lovely, but they were the only ones. I had a meeting at Foss Park about my care. It was me and eight people from TEWV in a room. It was really intimidating."

- "I am writing to formally complain about the decision to discharge my daughter from a Section 2 detention in a psychiatric hospital when she is clearly not ready. She has received no assessment, treatment or therapy during her admission and continues to suffer from severe delusions and agitation. It is deeply concerning that she has been released without any meaningful intervention, despite her ongoing mental health struggles. Her condition has not improved, and I fear that discharging her prematurely puts her and the family at serious risk. As her parent, I strongly believe she still requires inpatient care and appropriate treatment before she can be safely discharged. I would like to understand how this decision was made and why her need for further care was overlooked. I urge you to review this case as a matter of urgency, as I am deeply worried about her and the family's well-being and safety."
- "This place needs to be investigated and major changes need to be implemented or it needs to be shut down. Another one of those 'hospitals' literally paying people to care who do not care and are abusing their position of 'power' to shout at patients, bully and belittle, unable to manage their own emotions and instead of recognising patients struggling and helping to de-escalate with compassion entering into intimidating screaming matches. … Patients are left milling around all day with no engagement or activities or any therapeutic input so have to support each other whilst staff hide in the office. Night staff scream at patients and make

already vulnerable people feel more unsafe. … Also last time I was here they discharged me after a week and put me in a taxi to the cliff side I had jumped off of to find my car - I was still very suicidal. How does that make any sense to anyone with an ounce of common sense? There are a few staff who genuinely care but, unfortunately, they cannot make up for the fact that some staff members are getting away with at best bullying and at worse psychological, emotional, and physical abuse."

Again, we also received some positive feedback about Foss Park. This was particularly about support for an older person.

- "Staff at Foss Park Hospital are always there to support my dad. As daughters, we cannot fault their care."
- "My friend's husband had very difficult dementia and was in Foss Park. She said they were wonderful and praised them highly for the care they gave to someone who could be difficult."

Waiting times

The Breaking Point report recorded 11 responses around waiting times for care and support. (This was separate to the issues of waiting to talk to someone via the crisis line). It summarised that 'The length of waiting lists for mental health services continues to be a major concern for many service users. Long waits for care discourage people from seeking help and put them at risk of reaching a point of crisis. Some service users have experienced waiting times of more than 18 weeks, and this delay in accessing care can put additional pressure on an already over-stretched system, including crisis teams, contribute to and increase mental health crises.'

We are still receiving similar feedback with similar difficult outcomes for people:

- “I went to my GP about my mental health. They said they'd refer me to mental health services, but I am still waiting eight years later.”
- Person has a number of mental health issues and is on a waiting list for support from TEWV. In the meantime they feel they need some counselling and support and asked for advice on where to turn.
- Person is a high functioning manic depressive and is autistic. They were in touch with TEWV pre lockdown and had an autism assessment in summer 2019. Since then, they have heard nothing. They were told that they would be seen in six to eight months after the assessment. After the lockdown they chased this up and were told it would be two years, but no one has been in touch.
- Person has been waiting since April for Eye Movement Desensitisation and Reprocessing therapy (EMDR) and was told they would receive it in October. But they still hadn't heard anything on 24 October and feared they would still be waiting for an appointment in 2025.
- Person's son-in-law (who works at the hospital) is struggling with their mental health. They have sought help via the NHS but been told it is an 18 month wait. Instead, they have gone private and are paying £300 for a psychiatrist/therapist appointment. This has left the family struggling financially, but the person’s son-in-law needs help.

Broader mental health services

The Breaking Point report noted 19 statements about broader mental health services. It said:

‘The current mental health system is struggling to cope with the demand for services, and there is a lack of preventative services and referral options for professionals. This often leads to people seeking help in A&E or relying on voluntary organisations …. People are calling for a mental health service that is more holistic, similar to the Trieste model. There are also concerns about the services for children, autistic people and older people.’

Since January 2025 we have received a number of experiences that echo this reflection about a range of community services, including the Community Mental Health Teams (CMHT), Children and Adolescent Mental Health Service (CAMHS), assessment services and diagnosis services for people who are neurodivergent and older people’s services including dementia diagnosis.

One general piece of feedback which spans a number of services was:

- “The mental health support in York from the NHS is in my opinion awful. I myself work in support services (homelessness) and experience mental health services not only personally, but professionally. NHS services are so cold, unapproachable, judgemental, and often just look at you as a suicide risk rather than actually caring about you - asking the obligatory "do you have any plans to kill yourself" and if it’s a no, they'll just fob you off, telling you to self-refer to somewhere else… If it’s a yes, they will probably forward you to the crisis team that is often just passing the buck back to the GP. Appointments are short, rushed, and often you are sat with a doctor who has little empathy, and often gives little if any advice on anything, or prescribes medication with absolutely no explanation of side effects, and no proper follow up other than a text "medication review" where you reply "Continue" if you're feeling OK. It’s so ridiculous. It feels like you're driving your own treatment.”

CMHT

Our feedback indicates that there are still issues with community services struggling to meet demand:

- Person has care from CMHT, and they are concerned that the care is inappropriate. They have previously been accompanied when going out in the evening, but won't do that now, and overall care is being reduced. They feel unable to complain as they are told they are making things up, and believe that they will stop receiving care if they make any further comments. They have accessed local support, but no more is available.
- “Suffering from post-natal depression, the GP had referred me to the CMHT, and expected them to make contact within two weeks. Eight months later the GP called me to see how I was getting on with CMHT but I hadn't heard from them. I later had a telephone consultation and they said I needed to be referred to IAPT. I then didn't hear from IAPT and assumed I had just got lost in the system, but 14 months later out of the blue I received a call from them asking if I had received any care.”
- Person had been referred to a mental health care coordinator by her GP as a result of a shutdown in the GP practice waiting room. The person wasn't confident that the care coordinator would provide any help. The care coordinator's approach was to say that life is not always easy and there are ups and downs. This despite knowing the person had struggled with mental health issues including an eating disorder as well as an autism diagnosis. When they were discussing the person's eating disorder and she talked about the limited calories she was eating the care coordinator didn't really comment or offer any support to try and address the issue to have a healthier diet. They just said the person can solve their own problems and knows what they are doing. The person is on a waiting list for support but it has a two year wait. They have

previously asked to be referred to a dietitian, but this has not happened.

- “I was referred to the Community Mental Health Team last year after I left Foss Park. During that time I also got referred to an occupational therapist who I saw for three or four months. But while my mental health issues didn't go away, the CMHT discharged me. Now I only have my GP to help me and it is always a different GP so really difficult.”
- “I was in the homeless hostel in Fulford having just come out of Foss Park. I was at my worst time for my mental health and contacted the CMHT saying that I had been harming myself and was thinking of taking my life. They suggested I should have a bath. It was awful and no help at all. You have to be at death's door to get any help.”
- “Re TEWV community mental health team, I have been under them for a few years and keep getting messed around by them. The doctor at Huntington House has taken me off all my medications. The only help they will offer me is the "managing your emotions" even though the CMHT know everything I have been through. When I am in crisis and I call the crisis team they don't ever answer my calls, and I always get told someone will be in touch but they never bother contacting me back. In the past the paramedics have called the crisis team and I always get told somebody from the crisis team will be in touch but nobody ever contacts me back regarding this. When I am feeling like doing something to myself I get told "well that's on you if you want to do that". When I was discharged from the hospital, they refused loads of times to refer me to the home treatment team even after the doctor had referred me and I was referred by the nurses from the hospital ward when I got discharged. The home treatment team rejected those referrals as well. I have been referred loads in the last two years by different people and I have not seen anyone within that

time. A while ago the ambulance came out to me and I was told I would get referred to the West team but that did not happen even when I was told I would get referred there."

- "I have mental health issues and mobility issues. I am a patient of TEWV and the Community Mental Health Team. I have been talking to them about support they can offer me and have explained that they will need to come to my home as I am struggling to get out. They have told me that they don't want to do anything that could mean I associate trauma with my home and that somewhere else would be better. I understand that and have explained that I am happy for them to come to my home. However, they are saying that they can't do that which means I can't get the support I need."
- "I have had contact with the mental health services for a while. They have never been helpful. I have asked for support and treatment, which they said they would give me but either they don't or three weeks before they were going to discharge me, they tried to fit everything in, which obviously did not work. I have an eating disorder and they discharge you when you get to a certain weight, but that is the time I really need help to keep me at that weight or improve things. So, you end up having to go straight back as there is no support to help and you spiral into the problems again. Currently I am paying £80 every other week for private counselling as I get no help from the NHS."
- "I have just started therapy around trauma. I had one session, the person was very good and said they thought I need to process my trauma. I was really pleased as this was the first of 18 planned sessions. But then the person told me she was going on holiday for three weeks, so the next session would have to wait. I feel so frustrated. I had just started something that I really need and now it has to go on hold. It might have been better to start after she had been on holiday."

- “My son is 27 and he is getting no support for his mental health. He has tried his GP and talking therapies, and was booked on for talking therapy, but then it was cancelled and he has heard nothing else. He has been put on a waiting list for the Community Mental Health Team but the waiting list is nine months and he needs help now.”
- “I went to Huntington House for talking therapy. The man who ran it was very good and I found it helpful. However, I was told they thought I needed counselling as a result of some of the things I have experienced in my life. But they then said that they don't do it here and that was it. They gave me a piece of paper with some organisations on, but they are from the voluntary sector. They never said they could refer me, just left it that they couldn't do it. It is frustrating when they provide the local mental health services, which surely includes counselling.”
- “I paid for therapy from The Retreat as I couldn't get any help from local mental health services. I had to wait 7 - 8 months and was referred to Huntington House. I wanted trauma therapy but they said they couldn't help and said they didn't do that. I saw a psychiatrist who was good but they then passed me on to a younger person who said that I should eat well and walk and that was it. It was no help at all. I asked about EMDR and the person I spoke to said they were reading a manual and hoped to be offering the therapy soon. I was not at all reassured by that!”

We also heard from someone about communications and care issues. They had a suggestion about how to contact people, as well as sharing the impact of waiting times for treatment:

- “In April 2024 I went to the GP as I was having mental health issues. They referred me to trauma therapy (EMDR). I had an assessment from a mental health team who agreed that would

be the best treatment but there was a waiting list of six months. In October I hadn't heard anything and my trauma issues had increased, so I contacted my GP again. They said they'd chase up the referral. … I got a phone call from a withheld number. Because of my history I find withheld numbers triggering (my abusive partner used to use a withheld number to call me). I did some breathing exercises and did answer the phone. I explained to the person on the phone but they just said 'at least you answered, most people don't answer the call'. They then went on to tell me that there was a long waiting list but that other people also needed help and made me feel quite worthless. So, I was still on the waiting list and they offered online support. I said I didn't want that … as I was struggling. … I do feel that the staff need much better training about dealing with people who need mental health support. Also, if they are going to call on a withheld number, they should put that in a letter or text message to explain and say when they will ring. Then people can prepare. Or if that isn't possible, they need to find a way to let us know who is calling or have a code, so call with three rings and then ring back so people know who it is. It should not be the case that their contact triggers people who already have issues."

We have also heard from people who are getting the support (or some of the support) they need:

- "I have been really struggling with my mental health. I went to my GP who referred me to a community nurse. They have been OK, but in my recent appointment they said I could have talking therapy. This is what I have been asking for all along. So, it is great they are offering talking therapy as I know it will help. I just wish they had done this first."

- Members of the person's family have been to the Hub in York for support for mental health and found it very helpful. They were seen immediately and given appropriate support.
- “Huntington House was brilliant for me via one-to-one support. However, when I asked if there were any groups I could go to, they said no. I really like groups where they are led well and you can see that you are not alone and shouldn't be isolated. But they just said there were no groups full stop, which was disappointing.”

CAMHS

The Breaking Point report did not refer to mental health services for children and young people. We continue to get feedback, often from the parents of children and young people trying to access support and particularly about waiting times to access support:

- “My daughter has still not been seen after six months despite self-harm and writing a suicide note.”
- “My child has been waiting for CAMHS assessment since 2021. In April 2023 we were told his file had been lost. Three weeks later I was told it had been found, but we are still waiting to be seen as my child's mental health spirals and no one will confirm we're at the appropriate place in the queue (i.e. joined 2021, not when the file was rediscovered) or how much longer we will have to wait.”
- “My child (13) has had EBSA (Emotionally Based School Avoidance) for five+ years now. We eventually got them autism and ADHD diagnoses at ages nine and 11 (I had been trying to get these since kindergarten). They were prescribed ADHD meds but couldn't take them as they can't take pills. They began showing trauma symptoms after a toxic friendship, but we were unable to get help from CAMHS and paid for private therapy, without a diagnosis because we could not afford both. They have been displaying

escalating anxiety symptoms for six+ years, in the last two years including panic attacks and dissociation. They are further damaged by the evidence that nobody outside the family cares. We finally got some support last year, but the Face Your Fears intervention did not give them any tools that I had not already taught them. Now they are displaying symptoms of depression as well. They have desperately low self-esteem and despite a move to a specialist school which does not pressure them, and which they cope with if we can get them in, we are still failing to get them there three days out of four. This isn't surprising as they struggle to get to their hobbies too, often failing or arriving for the last five minutes. Their sleep has been severely disrupted for five years. We feel very alone. My spouse and I are struggling to care for them and work. We feel they desperately need to see a child psychiatrist, but this is not on offer and I don't even know how to find one. Does Right to Choose exist for CAMHS? Are there even any private ones? We can't find out. I am extremely worried about the things they are saying about themself, their self-esteem is nothing. But they are not - that we know of - self harming, so there's no support. I can't bear to see how bad they are and it's not enough?! The GP is currently monitoring their weight but wouldn't refer them back to CAMHS "because nothing would happen".”

- Person's daughter is 15 and has complex issues including mental health issues and they are autistic. The problems have been building for a long time and they are in touch with CAMHS. It was clear the young person was going to need a hospital admission for the past four months, but nothing was put in place. Now the young person has been sectioned and is in York Hospital on a children's ward with young children as there is no appropriate mental health bed available. All the healthcare professionals say there is nothing they can do to help as my daughter is not in the right place and she isn't. Mother said: 'I am astonished that TEWV only started

looking for a bed for her when she was sectioned even they knew this was going to happen for months'.

- Person's child is waiting for a CAMHS referral and has been waiting for months. They have also tried The Island but found they are no longer accepting referrals as they are so busy as so many children and young people are waiting for CAMHS.
- Mother shared her experiences supporting her child. They are female leaning non-binary, born male. They came out aged 12 in the middle of distressing autistic burnout. There were no signs of gender questioning in early childhood, so this came out of the blue for the family, but they are doing everything they can to support their child and reduce their distress. The path to autistic burnout began in year 6 as a reaction to a lack of flexibility in the teaching process. There were further incidents at school including another parent making inappropriate contact with the child. Parents were led to believe this was dealt with, but with benefit of hindsight wish they had taken the matter to the police. This led to autistic burnout at end of year 6, and a complete breakdown in year 7. Then lockdown happened. Their child told their mother in March of their new name and new gender. Two to three months later, they communicated by What'sApp as they were in burnout and non-verbal that they did not understand why their parents had not got them hormone blockers. Mother confirmed she wouldn't know how, and their child sent them a link to Gender GP. Mother informed CAMHS of what was happening - CAMHS were visiting monthly at this point. Staff visiting were really unsupportive and disapproving of Gender GP. Mother understands this, but feels there were no other choices made available to them. Every day their child said "if you don't do this I will kill myself." One of the staff members responded with "I guess they will just have to learn to sit with it." There seemed to be no compassion or understanding about what hearing this would feel like for a parent. A referral was made to the

Tavistock clinic but there was a four-year waiting list. In August there was an MDT meeting where it was agreed to take a watch and wait approach. In November, without the parents' knowledge, CAMHS made a referral to the Safeguarding team. In December the family received a call as an urgent safeguarding referral following the November meeting. Other people at the MDT meeting do not remember a discussion about referring to safeguarding. A doctor at the gender clinic in Leeds provided very supportive feedback regarding the actions the family had taken. As well as concluding there was no safeguarding issue, the Safeguarding lead asked to share this advice with the rest of the team anonymously as it would be helpful for such referrals in future. … TEWV have said they will put training in place, but in three years the family have seen no evidence of a change in their behaviour which has been judgemental, stigmatising and unsupportive. At the very least health services need to do no harm, but the family feels that by invoking safeguarding at such a time, they increased the potential for harm to occur. They are also concerned about the quality of advice around autism - if they had followed the advice provided by TEWV they believe that this would have damaged their child's wellbeing further. They feel there is an absolute failure to understand their child and what good support would look like for them. Workers need to patiently build trusting relationships.

- Person seeking information about what they can do to expedite autism assessment for 17-year-old son before he turns 18 and moves to adult services. They previously had contact with the CAMHS crisis team last year, but this was not helpful. Later referred to community CAMHS and had one good care coordinator who has now left York. They were told that they would be allocated a new care coordinator but have heard nothing since. Son's health is deteriorating, and they are concerned about his manic episodes

and panic attacks, and the delay for his autism assessment is having a further impact on his mental health.

- Person concerned about the treatment their child is receiving at Huntington House from the mental health team. They were agreed to provide psychotherapy but it never happened. Parent has made a complaint, but they don't think they are doing anything and they haven't heard back from them. Tried to escalate and spoke to social services, who tried to do an assessment, but child was abusive towards social worker so she stepped away. Concerned about continued deterioration in their child's health and lack of support, which has impacted their own mental health and they are also now under the mental health team.
- “My son and daughter have ADHD. My son was diagnosed which was quite straightforward, but he had an EHCP. My daughter is on the CAMHS waiting list, but it is taking a long, long time. She is 14 and needs support but can't get that at the moment without a diagnosis. We are trying to get her an EHCP to see if that helps. But I want to know if there is a Right to Choose option for young people.”
- “The only thing Orca House does well is breaking promises. They don't care what happens to the families in their care just as long as they don't actually have to follow anything up or God forbid do some paperwork. After nagging daily for four months, I finally got a letter I'd requested and it wasn't even basic English. It was clearly just a bunch of copy/pasted phrases and half weren't even relevant to the child. I sent it back and asked them to proofread it and they changed one sentence. One! I need to submit this with legal documents and my five-year-old would have done a better job. Absolutely disgusted with the whole system. It's a joke and the kids that desperately need the care it supposedly offers are absolutely screwed.”

- “My daughter is 11 and really struggled in lockdown. She managed to go back to school for most of year 5 but only managed a few days in year 6 when she wouldn't go to school and then wouldn't leave the house. She has been diagnosed as autistic (privately) and was referred to CAMHS. They assessed and discharged her. They said that all the could offer was talking therapies and as she didn't speak in the assessment, they couldn't help. They thought the school could help, but they couldn't and she won't go to school. One of the significant problems is that any intervention is far too late. So I did manage to get an EHCP and she was referred to Huntington but at best she will engage for between five and 45 minutes. If this had been available before, maybe she would have been able to continue going to school, but by the time she went she had been out of school for at least a year when she wasn't interacting. The help needs to come when the struggles start, not years later. I have had to give up work and it is all taking its toll on me. I am on a waiting list for counselling.”
- “Before Christmas my mum filled in a form for me to see a GP about the fact I am really not sleeping. I have been referred to CAMHS. There is such a long waiting time. I am waiting for an autism assessment as well. It is so difficult to be on so many waiting lists and nothing is happening to help me.”
- “My son (9) is probably neurodivergent but hasn't got a diagnosis. He has had traumatic experiences at school and has increased eating issues from July 2024 to the point now where he will only drink, not eat. I have been trying to get help since July. I asked my GP first and they referred him to a psychiatrist, but they said he was too complex for them to support. We saw CAMHS last September but they said they can only help with the eating issues if he completely stopped eating. … I know there is something wrong, but my son can't verbalise it and I have run out of who to turn to.”

- “My daughter is doing her GCSEs. When we were last in touch with CAMHS, they said they were discharging her because she was doing exams. I asked what would happen when my daughter goes to college and they said we'd have to start again via the college.”
- “I tried to get mental health support for my daughter but I got nowhere with the NHS, so I paid for support from the Tuke Centre.”
- “My daughter says that CAMHS is a waste of space. They have not been helpful for her son who is autistic and has suspected ADHD. CAMHS didn't listen to her and what she said about her son, but just what the school said. The school have been good in terms of their support but the son is now moving to secondary school and there is no support from CAMHS.”
- “My son is neurodiverse and has mental health issues. We went to the GP about this and asked for a referral to CAMHS about his mental health. However, they only referred him for his autism, so he has never been seen. He only got his referral to CAMHS last week. And in the waiting time, he has had a lot of issues at school which have led to trauma that I think he will never recover from.”
- “They referred our child to the Specialist Teaching Team, which was just what we thought was needed. Initially, they did not understand our child’s needs when in autism burnout. I would say 80% of their advice would have caused harm. They were the opposite of helpful when our child came out as trans and had no idea how to support us or our child. We lost all trust in the team as they caused harm.”

In 2024-25 our Core Connectors, young volunteers aged 18 – 25, talked to their peers about their experiences of healthcare in York. They received a number of comments about mental health. The

report, 'Young people's experiences of health and social care'[3] included:

- CAMHS was mentioned repeatedly as not effectively supporting those who need it: "Found the CAMHS worker very rude and dismissive." Feedback was also received that just general advice was given.
- Upon turning 18 many people told us they had been 'dropped' from CAMHS, with little or no planning for how they can move or be referred into appropriate adult services. Some were told to reapply which created more barriers. A lack of continuity of care was a major concern.
- When it came to mental health crises, young people said access was a major problem. They said waiting times were long, the support available was difficult to navigate, and there was a lack of support.
- It was mentioned that there was a need for more mental health support within schools.

We also had feedback about transition from CAMHS to adult mental health services:

- "So many young people slip through the net when they are moving from CAMHS to adult mental health services, including my daughter. The whole mental health system isn't working. … They need to make contact with mental health professionals easier, review the waiting lists, provide more specialist care, particularly for neurodivergent people, and understand the connections between different parts of people's lives and different conditions."

[3] https://www.healthwatchyork.co.uk/wp-content/uploads/2025/03/Core-Connector-report-March-2025.pdf

- Person's son (18) has a diagnosis of ADHD. He has just transferred from CAMHS to the adult service and has received no support or any contact. He was on melatonin before the transfer, but that isn't prescribed to people over 18. He was offered one week's sleeping tablets and no more.
- Person felt her son was abandoned by services in York particularly when he turned 18. He did get some support from Lime Trees, but after 18 he felt abandoned and that the psychiatrist he saw did not care. The only people who helped him were the ambulance staff, who took him to hospital after suicide attempts, and the police. The crisis team did visit him in hospital the day after a suicide attempt, but they said that he was OK to be discharged and didn't need support. Three days later he was back in hospital after another suicide attempt. The son's father kept a diary of the issues for his son, but when he shared it with TEWV staff he was told that as his son was over 18 it was 'none of his business'. The family found the mental health staff very arrogant and heard 'in my x years of experience' a number of times. However, none of the staff could help despite their experience. Two of the son's contemporaries also took their own lives having not got any help from York's mental health services.

Complex conditions

The Breaking Point report touched on the experiences of people with complex mental health issues through its case studies and comments from people. However, it did not focus on these experiences. Since the report was published in 2023, Healthwatch York has heard from a number of people with complex mental health issues who feel they have been let down or not supported by mental health or other services. We have raised concerns with organisations across the health and care sectors in York. We have called for a

strategy to better support these people who are known by services, but don't seem to be getting the help they need. Feedback we have received includes:

- Person (C) is aged 30, non-binary and has dissociative personality disorder, complex PTSD and suicidality. They have a care plan in place that should provide 24/7 care. C keeps escaping from home and attempting suicide. Each time this has happened (up to nine occasions), they are reported to the police and then taken to Foss Park Hospital. They are then discharged on the day following admission with no treatment or support in place. A support worker from Generate accompanied C to a meeting about their care at Foss Park. It was attended by a number of TEWV staff and others virtually including a social worker and advocate. C was asked what they needed and begged for help. The TEWV staff were very rude and dismissive. The meeting chair asked C 'what is your problem'. The Generate contact asked if C had received any medical intervention and was told that was something for the care team. They also asked why C was being discharged and no answer was given. C again begged for help and was told that was down to the psychiatrist and care team. Nothing was given before C was discharged the same day.
- Person has had much contact with TEWV and the community care team. But they now feel they are being ignored. They have been in hospital eight times in the last 10 days due to suicide attempts. They are under safeguarding, but TEWV is not helping. They rang the crisis line but they wouldn't help. TEWV has already told them what they would say to the coroner if they died and that it isn't TEWV's responsibility. They have tried other voluntary sector services but are told they are too high risk for support. They made a complaint about TEWV in June (where a

staff member said to them: 'I don't work for people like you. We don't want people like you in our service ...') The complaint hasn't been resolved ... TEWV has now told the person to go to the First Contact mental health practitioner at their GP practice, but the first appointment is in March and they need help now. They don't know what to do.

- Person is 38 (with a developmental age of 15), has been diagnosed with schizophrenia, is autistic and has ADHD. He has been under the care of TEWV including three recent placements, a DOLs and time at a centre in Bradford. The person has had issues with some placements where he experienced violence or poor care and has run away. He will sometimes refuse to take his medication and refuse to eat or drink. At one point he lost three stone as a result of this. He has been an inpatient at Foss Park and recently his behaviour escalated as he was struggling. A TEWV doctor determined that the person didn't have schizophrenia, despite having had that diagnosis for 22 years and receiving medication which helped his behaviour. This meant his medication was stopped as he was seen as an informal patient. But his behaviour got a lot worse ... The staff at Foss Park couldn't cope and on one occasion sent him out of the hospital at 3am. He ended up at A&E at 6am... TEWV has now discharged him but didn't tell him or his parents. He has a section 117 for care, but no care was arranged and he was left homeless. On one occasion when he was waiting at Foss Park at 8am to go back in, TEWV staff called the police to take him to the Council to arrange accommodation. He didn't know what was happening as no-one had explained and he still thought he lived at Foss Park, so went back there. TEWV have said he has capacity, but he doesn't. They also say that the issue is his behaviour not a mental health condition. On one occasion while at TEWV he was so frustrated that he threw a chair as he didn't

know what was happening. TEWV are now prosecuting him, although he doesn't understand. He went to court, said his name and then burst into tears, calling for his mum. The judge has sent him to Hull prison hospital waiting for a trial as they didn't know where else he could go. His mum feels that TEWV has washed its hands of him as they don't have the skills to be able to support him. When he was in Bradford (Action for Care) he did have some distress, but the two workers who supported him took him out and felt he was a lovely lad. His mum feels that TEWV should not have changed his diagnosis, should have kept him on his medication and kept him on a section 3. They should have sourced counselling and support for him and treated him as a person. They need better training to support people who are autistic and have challenging behaviour. The staff aren't able to cope, so instead left him to wander the streets and then left him homeless. There has been no duty of care and his mum doesn't feel she can ever forgive them for the awful treatment and support.

- "I've been in mental ill health on and off since age 15 with depression, OCD, overdoses etc but found York's mental health team the worst I've ever dealt with. TEWV is not interested, does not help if you don't score them a gold star. That has been bad enough for me, then my 32-year-old son saw them on Thursday and was dead less than 42 hours later. They and others were negligent in my opinion. But hey, he's only a national insurance number to them. …. After six overdoses, cutting up since my son's death, they then got rid of me saying they couldn't help me."
- Person has complex mental health issues and has been trying to get support from TEWV for 18 months. They have previously been in touch with the Community Mental Health Team. They have PTSD, trauma and other issues. Initially they were referred to a number of charities each of whom dealt with separate issues.

But the person wants to talk to someone who understands everything they are experiencing and how the different issues interact. They were referred to IAPT who rejected them as their needs were too complex. They then filled in a self-referral form for IAPT making sure the form didn't suggest they had complex needs. This did lead to them being added to the waiting list for support. However, while waiting the person felt a need to call the crisis line. The person who answered said they could help and this led to the person being removed from the IAPT waiting list as you can't be in touch with two different mental health services at the same time. Then the crisis team got back in touch to say they recommended counselling. But the person had tried that before. So, they were taken off the IAPT waiting list and just told to try and access counselling, and left with nothing concrete. The person experienced mental health services in York before TEWV became the provider and said that while there were issues with the previous provider, they were open, people spoke to you and tried to help and were referred for 12 weeks of therapy. Now it feels like there is nothing at all.

- “My son is 26 and has a number of mental health issues. We also think he is autistic, but he hasn't got a diagnosis. He has had contact with TEWV and the crisis team, but they have discharged him and said he is too difficult for them to help. They said they think he is autistic but haven't done anything about it. … Every time he is sectioned we have a meeting and they see that he is struggling and I am struggling and say we need support but nothing ever happens and there is nothing. I know he can be hard work, but there is no-one to help us. He often talks about taking his own life. Once he rang the crisis team and spoke for an hour to a woman who was good and talked about everything he needed, but then nothing happened or he was offered something online, but he can't do things online. He needs

one-to-one help and someone who will take the time to understand him and help him get the support he needs, but there isn't anyone willing to do this. Our GP has been very helpful, but there is a limit to what they can do."

- A professional from the voluntary sector said: "The lack of long term support for those with complex mental health issues and a history of trauma is a real issue. Practitioners like GPs and Local Area Coordinators who are accessible and open access often feel left holding people and risk in the community with very little support and collaboration from TEWV teams who too easily close and discharge people."
- Another professional said: "The crisis services and hospital provision are not fit for purpose as they lack compassion and CMHTs avoid any complexity. There is a lack of support or unwillingness to support people with personality disorder diagnosis and psychosis – the EIP (Early Intervention in Psychosis) Team offers good support but only for people experiencing psychosis for the first time and eligibility criteria is high."

Eating disorders

The Breaking Point Report did not include the experiences of people with eating disorders. Healthwatch York does not get a lot of feedback about this topic, but those we have heard from are not getting the support they need:

- "I wanted support for eating disorders, I felt disregarded as I was binging rather than anorexic. I feel the service is too clinical. The mental health team said I'm a healthy weight. If I'm not going to kill myself there's no help."

- A young adult with anorexia has experienced very long waits for help. Now they have a BMI of 14 amongst other very concerning health issues, but are still waiting to be seen.
- “My son (9) is probably neurodivergent but hasn't got a diagnosis. He has had traumatic experiences at school and has increased eating issues from July 2024 to the point now where he will only drink, not eat. I have been trying to get help since July. I asked my GP first and they referred him to a psychiatrist, but they said he was too complex for them to support. We saw CAMHS last September but they said they can only help with the eating issues if he completely stopped eating…”

Treatment

We have heard from a number of people about their experiences of treatment including group therapy, therapy and medication:

- “I've been treated with CBT twice for moderate anxiety. Yes, I agree I have anxiety but the mental health team does not treat the cause. I have had a private psychologist tell me I have PTSD, but I never get past the CBT stage with the NHS. I need my past trauma dealing with!”
- “I got a referral fairly quickly, which I was very grateful for. However, I took part in a group CBT session! It was dreadful; this should not be allowed. People need treating as people! It was a lecture, no opportunity to explain my problems just generic crap that you would get from a leaflet. As a senior healthcare professional I found it incredibly patronising to ALL, not just me. The moment a picture of a lion came on the slides for fight or flight I switched off. Pointless exercise, I needed more help. I can’t see this exercise working going forward for anyone.”
- Person has had mental health issues since they were in their 20s. They were eventually diagnosed with complex PTSD and borderline

personality disorder. They feel they have had to fight for every treatment they have ever had and nothing was offered without a battle.

- “Foss Park is good. It is state of the art, but it doesn't always have beds. I have been treated by TEWV for a number of years, including going as an inpatient to Middlesbrough. It is awful. They think they know best, but they don't. The care and treatment is appalling. It was so much better when it was under York and Leeds Trust. I hope it goes back to them. TEWV is awful.”
- “My son has an acquired brain injury and as a result developed depression in his mid-20s. He has been on anti-depression and anti-psychotic medication since, even though he has never been psychotic. We want to make sure the medication is reviewed but are struggling to do that. The GP is helpful, they listened and referred my son to TEWV, but then he just gets discharged again with the same medication. It just feels you are on a treadmill and no one is listening. We really want him to have a thorough medication review, but it never happens. The system doesn't work.”
- “The psychiatrist at Acomb Garth has put me onto 20mg Fluoxetine. When he agreed to put me onto that, I had presumed he would agree to lower the dose of the Mirtazapine we had discussed. I've also been saying for ages to both the CMHT and GP that I wanted to come of the Mirtazapine because it does not work anymore and just take the Fluoxetine. But he told me to stay on both together. He also warned me of the side effects of taking both things together, and how serious that can be. They're not even offering any other therapy to help with the complex PTSD apart from medication even though they admitted therapy could help alongside this. The psychiatrist said he would get my care coordinator to keep an eye on me for the next two weeks, but … she refused to have any contact with me in between sessions. … I had to email my care coordinator about something on Monday and the response was "xx will discuss this with

you at your next session". So, they put me on medication that can cause serious reactions and then my care coordinator refuses contact with me in between sessions, and when I contact the GP they say they don't know much about it because it is supposed to be Acomb Garth dealing with everything at the moment in relation to this. … I was told yesterday by the CMHT that a letter had gone to the GP yesterday about them reducing my Mirtazapine and we have spoken to the GP today and he said no letter has come through yet and for me to continue taking both the Fluoxetine, Mirtazapine and Lamotrigne on a night time together until the GP gets this letter through even though they are aware of the risks of this serotonin syndrome."

- "My daughter is 19. She is autistic and has an Education Health and Care (EHC) plan. She is studying at Bishop Burton and had been doing well, but her mental health has deteriorated as it has taken a long time for her to get any adult mental health support. There was a large struggle to get any support when she transitioned to adult services. Basically, there was no support. She did have a social care assessment, but it took six months for me to get a copy and they said they can't get involved until the mental health team has done its work. I would really like to see a case coordinator involved for young people transitioning to adult services. There should be a case conference when a young person is 15 with everyone involved to look at what needs to happen over the next five years. That doesn't happen. There are annual reviews but we, as parents, have to push for people to be there and things to happen. When I asked about case coordination, I was told that lots of people are involved, but that is the problem, there needs to be someone with an overview who looks at someone's needs holistically. That isn't happening."

- "I struggle with them about medication for my mental health. I feel I need to have a conversation as sometimes things work and sometimes they don't and I don't know what to do, but I

don't feel I can have an open conversation. I often feel I am being dismissed and I either have to take the medication or not, there is nothing in between and no option to talk about it."

- "I had an appointment with [the psychiatrist] from TEWV, we discussed my PTSD and he admitted it's that what's causing most of my problems. In the appointment we discussed a possible medication called Buspirone that comes in liquid (as I can't swallow tablets) he told me he would need to go away and speak to their pharmacy. I've just received a letter from them telling me they can't prescribe me Buspirone now as apparently the only place they would be able to source that from is too expensive for the NHS. So, it's fine for me to have flashbacks nightmares and everything else. He stopped me from getting Diazepam as he wrote to the GP and told them not to prescribe me anymore for my anxiety due to my suicide risks and now he has said no to Buspirone which helps anxiety due to costs. He mentioned Pregabalin which I've tried and it's not helped me and it's not been proven to help PTSD like Buspirone has and then the is another one he mentioned that can affect your heart (I already have POTS which is a heart condition) and my cardiologist has said we need to be careful with what I'm taking. The doctor even admitted Buspirone does not affect your heart and you can take it every day and it works exactly the same way Diazepam does but it has fewer risks with it. …They have refused point blank to address my CPTSD, and have not offered any form of therapy or anything."

- "I have been accessing talking therapies to help with a range of issues. They told me it would be 20 sessions when I got to 15 sessions. However, this increased my anxiety as I really need the support. The therapist has been good and gave me two more sessions, but that is it and they can't refer me for more sessions, even though I need more. My GP has referred me, but it can take up to a year to get back into the system by which time all the

good things from the past sessions will have been lost. I have broken down twice about this, including with my therapist. It is not good enough. Mental health issues aren't like a broken leg. They don't heal quickly and I need more support."

- "A 12 week online mindfulness course provided by NHS (which I did find supportive). Occupational therapist who was offering graded exposure support (which I did not find useful or relevant)."
- "I got offered 6 weeks and then discharged then got referred again and the same cycle happens all over again. I referred myself to IAPT and they refused to help me, they never even called me back."
- "Was referred for talking therapy had the assessment was told because I wasn't suicidal I wasn't eligible, received nothing further."
- "The mindfulness support course was good but not the in depth psychological treatment I feel I required. I was very let down with the way system is run - you can only be under one mental health team in York at a time so you can access what they offer i.e. I couldn't access talking therapies' employment support because they were under different teams - this was confusing, unhelpful and infuriating."

First contact mental health practitioners

First contact mental health practitioners were introduced as part of the Community Mental Health Transformation programme and have been in GP surgeries since 2021. They aim to reduce the number of people trying to get initial support from secondary care services and provide quick assessments and one-to-one support. They also help people to access local services that can help their wellbeing. While the roles are based in GP practices, the posts are funded by TEWV.

We didn't get feedback about the roles in our Breaking Point report, but have received feedback since then:

- "I saw the mental health practitioner after a two week wait. I was really struggling. They were helpful and recommended support. They also talked to me about possibly being autistic and suggested I think about using Right to Choose to get an assessment via Psychiatry UK so I could get help from Access to Work as I was struggling at work and they felt there is help I could access with a diagnosis. I have asked for a referral and am now waiting."

Neurodivergence

Since the Breaking Point report and our work on the local autism and ADHD assessment process, we are increasingly hearing from people who are neurodivergent and are struggling to get an assessment or the support they need. This includes getting mental health support.

Currently the assessment process for adults for autism or ADHD is via The Retreat and for children and young people is via CAMHS.

We have heard:

- Person's 48-year-old son is struggling to find appropriate support for his mental health and is still waiting to get an autism assessment. The son was diagnosed as schizophrenic at 17, but his autism hasn't been recognised which has made things very difficult. He has had good support from staff at Huntington House but is struggling for social contact now and is often at home on his own, only going out to the shops.
- "Since Covid my daughter has been struggling. She presented as OCD and germophobic. She has been avoiding school as a

result of bullying due to her OCD. She has been back and forth between school and CAMHS and still hasn't got a diagnosis - she is in her GCSE year. I am now doing a Level 3 counselling course so I can support her, especially when she moves to adult care."

- "My son is autistic, has a learning disability and mental health issues. He currently isn't getting any help, where can he go?"
- "I am currently having ND therapy and have five sessions left. So far it has been helpful and the person delivering the therapy is very good. However, we have mostly looked at compassion focused therapy looking at putting in place a safety plan for me. That is good, but it is psychological and I know I also need some practical help. I have asked if they can refer me to an OT. I have asked for support, but not heard yet. (person's funding request for OT support submitted by her GP and therapist was turned down by the ICB)."
- Person has been diagnosed with autism and ADHD. They sought private diagnosis due to NHS waiting times, but found the company ADHD360 not great, as they kept messing up the medication. Eventually they went back to their GP, who recognised their diagnosis, but explained that they needed to refer them for medication. Person later phoned TEWV to ask about medication and was told there was a two year wait minimum until they could have an appointment. Person had no further meds so went 'cold turkey' which they found very difficult, and now will need to wait two years to get medication sorted.
- Person under the care of Community Mental Health Team was advised by them to seek autism and ADHD assessments. They were sent the pre-assessment forms four times, filled them in

and returned them each time, was told they were being referred and were on the waiting list, but two years later their GP told them they had never been added to the waiting list. At that stage, their only option was the Do-It profiler, but nothing came of it because at that stage they were not in one of the at risk groups. A week later, they would have been in a risk group, but they couldn't go back and revisit it, so lost their chance. They became very unwell and were admitted as an in-patient to a mental health hospital out of area. Whilst they were an in-patient they eventually got to see their medical records and were shocked by how much wrong information they contained.

- Person was diagnosed with autism two years ago. They found the process of getting a diagnosis difficult. They had gone through an assessment previously, but they weren't even in the room, just their parents. They felt that they really needed the support of their family throughout the process to help with all the forms and meetings, very difficult for a person with autism to manage on their own. Now that they have their diagnosis it has given them clarity and a greater understanding, which is really important.
- “The Retreat was fantastic at diagnosing me with ADHD and autism. The aftercare was good too. I have six grandchildren who are neurodivergent. They live in different places and we are having to pay privately to get them diagnosed. I wish they could get the service I got from the Retreat.”

Dementia

The majority of feedback we get about dementia is asking about what community support is available. We then signpost our dementia

guide[4]. However, we have heard from some people about the assessment and diagnosis process:

- My wife waited for 11 months for an appointment at the memory clinic. Once she got there, we got top notch care, but the wait was not good. We have had good support from Dementia Forward and OCAY, but it was a shame about the wait and no information provided while waiting."
- "My wife was referred to the memory team in November about possible dementia. They booked a CT scan for her and said we would hear by Christmas. In January we hadn't heard, so I followed up and was told there was a 19 week wait. Due to a fall she went to A&E and they arranged a CT scan. I asked if they could share the results with the memory team at Huntington House. A meeting with the memory team then said that they need my wife to have an MRI before they can confirm the diagnosis. When I asked about the CT results, I was told they are still waiting for the full CT scan results so they can compare them with a scan from 2018. At the moment, they have just got the acute findings so there is still no formal diagnosis. My wife was really struggling so I rang the crisis team. They were fabulous. They told me to contact my GP practice to put pressure on radiology to get the CT results to the memory team. After the diagnosis we have been told she will be discharged to the community team."

[4] www.healthwatchyork.co.uk/wp-content/uploads/2025/06/DR_Final-low-res-HWY-DemGuide25-1.pdf

Initial response from Tees Esk and Wear Valleys NHS Foundation Trust

Our commitment to compassionate, high-quality mental health care in York

We recognise that every person in York deserves safe, compassionate and high-quality mental health care - every time they reach out to us. We deeply regret that there have been times when we have not met this standard for our patients, their families, or our colleagues. To anyone who has experienced disappointment or distress as a result, we are truly sorry. Listening to the voices and experiences of our community is at the heart of how we move forward. We are grateful to Healthwatch York and all our partners for sharing their insights and for working alongside us.
Thank you to those people who have bravely recounted their experience, your stories matter, and they guide our efforts to make meaningful changes.

We view the findings of this report as an opportunity to reflect, learn, and grow. We know that real improvement is only possible when we work together - with our partners and with the people we serve. Through this collaborative approach, we are already seeing positive changes, and we are determined to build on this momentum:

- Bringing support closer to home: we have strengthened support in local communities, including the health hub on Clarence Street. This hub brings together York Mind, York Carers Centre, City of York Council, and our Trust colleagues to provide mental health and wider support where it's needed most.

- Innovative crisis support: as part of the York Mental Health Partnership and Connecting our City, we have helped secure funding for a new 24/7 community mental health hub in the west of the city. This will be the first of its kind in our area and is one of NHS England's six pilot projects for crisis avoidance centres.
- Faster access in crisis: anyone needing urgent mental health support can now access help through NHS 111 (option 2 for mental health). This change has led to significant improvements, with calls now answered within two minutes on average.

This report is clear that there is more we can and must do, and we are determined to deliver safe and kind care to the thousands of people in York who are referred into our care each year.

We are committed to being a trusted partner in our community - supporting people to get the help they need, when they need it. We will continue to listen, learn, and work together with patients, families, and partner organisations to deliver safe, compassionate, and effective care for everyone in York.

Interim response from the Chairs of York Mental Health Partnership

The York Mental Health Partnership (YMHP) notes the Healthwatch York Report: Mental Health in York - A Progress Review.

As part of our mental health system oversight and facilitative work, we will support partner providers to address the issues expressed in the report. We understand and acknowledge the degree of distress that the report represents and will continue to foster and leverage collaborative, co-produced and accessible mental health provision. Going forward, our expectation is that the York neighbourhood based mental health hubs will play a pivotal role in addressing concerns expressed in the report. YMHP will discuss the report at its meeting in February 2026 and will identify key contributions and ways to support partner providers to address the concerns.

Conclusion

While some things have changed since our Breaking Point Report was published in 2023, too often people are sharing the same experiences and the same issues with us. From crisis care to community support, many people in York do not feel they are getting the right support to enable them to live their best lives.

The recommendations from the Breaking Point Report have not been demonstrably acted upon. That report said that York's mental health services were failing vulnerable people and that people had died as a result of poor support. What we have heard since 2023 has not changed our view.

We continue to hear from vulnerable people who don't feel they are getting the support they need. We are also aware of people who have taken their lives despite trying to get support for mental ill-health. We recognise that the move to NHS 111 option 2 for people to seek crisis help with mental health has meant people can talk to someone more quickly. Unfortunately, we continue to hear that the support they receive once they speak to someone on the crisis line, not NHS 111, is not always appropriate.

We welcome the development of the new mental health hubs. We are hopeful that these will fill a current gap and provide much better support for local people. We also welcome TEWV's commitment to early help through First Contact Mental Health workers. These specialists in mental health working within GP practices are providing easier access to low level mental health support. Together, these give us reasons to be optimistic about the potential to transform both delivery and experience of local services.

However, this report outlines the challenges that people trying to access effective mental health support face all too often. Urgent action is needed to identify gaps in current services and to find a creative and effective solution that brings together the strengths of the NHS and voluntary sector.

People in York deserve a comprehensive and holistic approach to mental health services. This must cover everything from lower level support and preventative care to care for people with the most complex needs. We believe this is possible, but it needs a different approach and integrated services across sectors. We anticipate the work to develop Neighbourhood Health Centres will provide fresh opportunities to transform support together.

Healthwatch York
Priory Street Centre
York
YO1 6ET

www.healthwatchyork.co.uk
t: 01904 621133
e: healthwatch@yorkcvs.org.uk
@healthwatchyork.bsky.social
Facebook.com/HealthwatchYork

Annex B:

healthwatch York

Mental health in York: what good should look like

January 2026

Contents

Content warning: This report contains information that may be distressing to some.

For further information on advice and support available in York, please refer to our Mental Health and Wellbeing Guide: **https://www.healthwatchyork.co.uk/seecmsfile/?id=37**

Cover photo by Marcel Strauβ via unsplash

Executive summary

This report is a partner to our report: Mental health in York: a progress review. As part of our ongoing project on mental health support in York we ran discussion events and surveys. The aim was to find out what local people and organisations think a good local mental health service should look like. Whilst our progress review looks back at people's experiences in the city, this report looks to the future.

This work was done as the second mental health hub (in Acomb) was preparing to open. Some of the feedback relates to the hubs as well as more general ideas about what good support and services would look like.

As with all of our work all the comments included are the views of people we spoke to, not the views of the Healthwatch York team.

The feedback we received is included in this report and led to the proposed approach outlined below.

Proposed approach

This approach has been developed based on the feedback and ideas we received face-to-face and through surveys run for individuals and for organisations. See 'What we heard' for more detailed feedback.

- There should be multiple ways for people to access mental health support.
- This should include statutory (primary and secondary care) and voluntary sector organisations as equal partners.
- There should be greater care co-ordination for those people being supported by several organisations. Those taking on a care coordination role should be and continue to be that person's main contact for support, questions and information until no longer needed or if they choose to access this support elsewhere. This could be the first voluntary organisation the person is in touch with / a chosen voluntary organisation if this is not an appropriate role for primary care or statutory mental health services. It would need to be an agreed/authorised organisation within the system who are funded for this role.
- The role of the care coordinator organisation should be recognised by all other statutory and voluntary organisations and be centrally involved in the person's care if they want that to happen. All agencies should recognise the central role of that organisation and work with them as an equal partner at all times.
- The care coordinator organisation should record information from the person (and family and friends as appropriate), including what would help them in future contact and appointments and share this with all other organisations the person is referred to.

- The care coordinator organisation should work with the person (and family and friends as appropriate) to identify other things they need and be authorised to refer them to appropriate statutory and voluntary sector services, supporting them to access these services as needed and being able to speak on behalf of the person as needed and agreed.
- The person can change care coordinator organisation at any time.
- Care coordinator organisations should be fully funded to play this role as part of a new mental health model where they are an integral and equal part of the system.
- Statutory organisations should continue to provide the services, therapy and interventions that only they can provide. Voluntary sector organisations should provide their services and support in partnership with statutory services and other voluntary sector groups, complement statutory services and work together to fill identified gaps. What each sector delivers can develop over time.

This approach is more compassionate and person-centred. It allows the person to build trust with one organisation funded to continue support for as long as they need it. It should reduce the demand for statutory services from people who need additional support as they will feel supported and be clear where to turn for timely help. It should also reduce costs for the system as people engage effectively with appropriate support at the right time in a way that works for them. We envisage that fewer people will need to contact the Crisis Team in this model. The approach builds on the hub model and continues to develop more effective partnership working between statutory and voluntary sector organisations to the benefit of people experiencing mental ill health, the organisations and the community.

What we've heard

The feedback below comes from our VoICeS meeting held in partnership with Rachael Maskell MP on 2 October, the conversation café on 17 September at the Clarence Street hub, face to face conversations with organisations and individuals and the responses to our survey for individuals (38) and for organisations (3). All the individual survey respondents had experienced mental ill health, were still experiencing mental ill health (77%) or family members had and all sought help.

While this engagement included people sharing their experiences of local statutory and voluntary sector mental health services, that feedback was not the purpose of this report. Throughout this work we encouraged people to focus on their ideas for what good should look like.

Many of the ideas for good services reflect the good practice in existing voluntary sector organisations which needs to be part of a coordinated mental health service. In other conversations, good was talked about in contrast to some of the approaches people had recently experienced.

There was a clear willingness from many of the voluntary organisations involved in our engagement work to play a greater role in supporting people. However, most groups also confirmed they have no capacity to do this unless this support was recognised and funded.

A number of themes emerged. We have grouped people's feedback under these themes:

The voluntary sector is a critical part of the mental health service and should be recognised and funded as such. Trust is vital and currently many people don't trust statutory mental health services.

- "[Carers Centre] – … we also know that carers are in crisis. We are now getting two or three calls a week from carers worried about their own mental health and at risk of suicide. In the past it was calls from people who were worried about those they cared for. We have trained our staff in suicide awareness training, but they should not be dealing with people in crisis."
- "The voluntary sector is critical but there is only so much it can take on."
- "The voluntary sector needs a formal role and funding."
- "Trust is key and there is not always trust when someone is discharged from a service."
- "The hubs are a part of the culture shift, but more is needed."
- "Second people to voluntary sector organisations. People have trust in the voluntary sector, so put services where people are comfortable."
- Need to have more conversation cafes in other parts of the system, e.g. re neighbourhood models."
- "I have complete lack of faith in NHS services so am reluctant even to speak to them about my health, as they often act as if it is new information every time I engage with them."
- "Because of traumatic experience I find it difficult to trust services and would need to know that it was a supportive place, with caring, professional staff."
- "More help that is not run by TEWV as they never offer help."
- "We need to get VCSE services that are providing crucial offers and that are clearly addressing gaps on stable ground with long term contracts that cover full costs or we will lose them.
  For VCSE sector wider, a variety of investment at different levels is good - to continue work, stimulate innovation, seed fund

grassroots activity and/or empower communities to act when they see a gap/want to trial a solution. We need to support communities to be communities so we can all better support one another. In kind space is much valued and appreciated too. …"

- "There needs to be a culture shift, so NHS services see the voluntary sector as an equal partner and integral. Voluntary sector organisations need appropriate funding to support their role in supporting people. This should fund staff not just skill volunteers."
- "Mental health services could learn a lot from charity sector. We are leaders in creating safe spaces, building trust, validating experiences. That is, we are trauma informed."
- "I have really struggled to find somewhere to help me. The only place I have found is the women's centre. I can talk here. There needs to be a safe place where people can talk about the bad things they have done – people don't understand. You need to be allowed to have a meltdown, to have challenging behaviour but there is no flexibility. You are told you are not engaging, rather than them trying to find ways that you will engage and to give you time and respect. It feels that no-one is listening."

Building and developing relationships is crucial.

- "The relationship with a clinician is absolutely key – it matters more than anything else. I see that the system is cracking and they are using online to take some of the load, but it is dubious how this can help people and lead to wellbeing."
- "People need to have regular contact with a CPN and have the confidence in that person to talk."
- "If someone is referred on or signposted, the receiving organisation should work to meet the person before they attend

or help them to attend. This model is done by some organisations already, including Generate."

- "Need staff to have compassion, kindness and a sense of humanity."
- "The mental health team approach me like I am hard work, but I'm not. There is a lot of eye rolling etc. But relationship building is key. Being a mental health worker is an alliance with the person. But often the professionals are not self-aware and don't realise how they are coming across. They can be patronising even if they are well meaning. … They make you feel wrong; they are not reassuring and don't make you feel safe (which is what you need). You need to know people understand how hard it is for you to get to the appointment, that it is good you got here and that someone cares. That isn't my experience of any mental health professional."
- "I have been let down too many times. There is an 'us and them'. I now expect it and look for it. I feel like I am going to war when I am going to get help. They need to acknowledge if they don't understand or are out of their depth. It is OK not to know but do tell us as that helps build a relationship and it is OK. … It is OK to say to someone that you find them challenging so long as you have a relationship with them. As a professional it is good to ask the person how they are finding you – but you have to be OK to hear the answer. In reality things will be hard, but much better if the professional is kind."

There must be a range of options for support which include face-to-face and individual support provided delivered via a partnership / multi-disciplinary team (MDT) approach including mental health teams working together.

- "Everyone should have a care plan before they leave hospital or are discharged from a service. Most people have significant

anxiety when they leave services and need clear information provided in a way they can engage with. … without help you will often end up back with the service. Information should be visual – a road with signposts about who can help and how to get that help."

- "There should be more mentoring and peer support systems. A discharge buddy or similar for people where this would help (it won't work for everyone)."
- "Workers in different organisations should be able to access your notes and information."
- "Need hybrid courses so everyone can access them."
- "Need to go out and see people – peer support workers do this already."
- "After being discharged from neurology department was referred to IAPT. After initial consultation - was told they couldn't help me."
- "Was referred for talking therapy. Had the assessment was told because I wasn't suicidal, I wasn't eligible. Received nothing further."
- "The mindfulness support course was good but not the in-depth psychological treatment I feel I required. I was very let down with the way system is run - you can only be under one mental health team in York at a time so you can access what they offer i.e. I couldn't access talking therapies employment support because they were under different teams - this was confusing, unhelpful and infuriating."
- "Increasingly it feels there is a one size fits all through IAPT. As a counsellor myself I am aware of the need of a larger remit."
- "Improving joined up care for people who are struggling with their mental health would vastly improve things. There are too many hand offs in the current system."

Understanding what people need, what works and what could make things worse. This must include being truly trauma informed and understanding the needs of neurodivergent people.

- "There are also issues about people who are neurodivergent. Services, including the police, need a better understanding of how to support [neurodivergent] people."
- "Healthcare professionals and others need training about neurodivergence so they can better support people and people aren't expected to explain their diagnosis before they get any support."
- "Involve people's family and friends if that works for the person. They can support the person. Although recognise that family and friends are not always supportive."
- "Offer longer term support in quieter spaces and have somebody that is trained in trauma that can support people with the trauma they've been through etc such as when that person is having bad flashbacks or bad memories and not tell them to just stop thinking about things which is what's happened with me in the past."
- "Survivor-led trauma informed groups and survivor-led power threat meaning framework groups that encourage people to reclaim authorship of their narratives and identities."
- "My experience with York services has been very much complicated by the breathtaking lack of understanding or knowledge of autism, both at an organisational and individual level. … My concern is that if there is not significant co-design of other services with autistic people, then they will remain equally inaccessible to me. This goes for disabled people as well. … An understanding and acceptance of difference needs to be basic in service provision."
- "I have been re-traumatised by interactions with mental health professionals. On one occasion someone came to my home (as

planned) but was wet (it was raining) and visibly stressed. He banged on the door, didn't introduce himself and started talking about how the bus was late and things were going against him. What I needed was connection and trust. But I got none of that and spent the time he was in my home just wishing him gone. It was awful and made things worse."

Providing timely support and easy ways to get it, including a clear and effective referral process for other healthcare professionals.

- "I went to see the primary care mental health worker and they were fantastic. I felt safe, heard and validated… The GP mental health worker knew about other services and did what they said they would do. I didn't need crisis care or a medication review. They were exceptional."
- "The GP mental health workers need to be invested in. The current wait is six weeks."
- "Real people come to us and they know what they want. We are filling the gaps where the statutory services aren't delivering… GPs or the Crisis Team are sending men to us [Menfulness] and we feel a duty of care to support them. They need clinical support that they can access quickly… We know we can't fix people but we do respond quickly to someone in crisis and we don't ask questions… We know that counselling can work and have made sure it is available and available quickly. Often men are seen in a week… When they need us, we are there. There needs to be a universal entitlement to counselling and therapy. When the men talk together about counselling it normalises it. The key things are to respond quickly, kindly and appropriately."
- "A lot of social prescribers hold people who need mental health input and yet we aren't trained to provide that support… There is a three-month waiting list for statutory support. We can't just leave people for that long… There is a huge impact on people as

a result of such long waiting lists. Lots of people are supported via the voluntary sector and social prescribers."

- "…There is no criticism of people who work in mental health services. The system is overloaded but still there is a practical problem of people accessing treatment."
- "There is a flaw in the current system – failed triage. If triage fails you are referred back but have to start at the bottom, not the level you were referred to. So, you have to start again with talking therapies and that can be clinically inappropriate. It is for the person I care for. They need trauma stabilisation before any therapy, but they are referred to talking therapies when it is contra indicated."
- "It is brilliant when a referral into the system works. But a lot of people don't have that experience. It doesn't matter who makes the referral, it doesn't get through. An experienced GP referred someone twice to CMHT but both times it was refused. A GP with 13 years' experience said they had never succeeded to have a person with a mental health referral seen by a clinician."
- "There are many different needs and support for people experiencing mental ill health, I would like to see a 'tidying up' of the ways people can get the correct support they need and not have to go around trying different avenues."

Providing support while people are waiting for services.

- "There should be a directory of the help available."
- "Social prescribing is a real solution / support in these cases – secondary care social prescribers might be an idea."
- "Need more social prescribers and more peer support."
- "Need a central place for information which is updated."
- "Groups being offered online again e.g. like those offered by York Mind at the start of the pandemic for anxiety, obsessive thoughts, nutrition, peer support etc. If a good quality

programme was offered online with lots of choice of different topics, I'm sure people would be interested."

- "I've had some really good experiences these past few years when online support has been offered which has really helped with social isolation especially."

Quicker referrals to the right service/support and support for as long as people need it

- "Counselling initially then discharged, it wasn't enough to even scratch the surface. Then after being referred by the NHS resilience hub, I waited over a year but am currently having intensive therapy including EMDR and it is being extremely helpful."
- "I have seen two therapists so far but as they cut off care before I felt in control. They have wasted that time and I find myself just in the same situation now as I was in 2018."
- "I need to see a trained therapist who will see it through to the end."
- "It is night and day between talking with a "mental health worker" or even a "counsellor", and a trained psychologist or psychotherapist. I have had many sessions with "care co-ordinators" or "mental health workers", and while some of them have been lovely people who are doing their best, all of those sessions together did not shift the dial on my mental ill-health the way even a single session with a psychologist did. We need many, many more trained professionals within the NHS …"
- "The intensive therapy/CBT/EMDR has been amazing and continues to help me, the clinician is fantastic but the waiting lists are too long I needed help three years ago when I first contacted the service. The system is obviously under huge pressure but that is not the clinicians' fault, people have complex problems, I am coming to the end of therapy but would

love to have further sessions but I know they need to discharge me to see people who are waiting. They need more funding and more clinicians."
- "No limit on appointment numbers (it would cut out repeat referrals)."

Better support for people with complex needs

- "People with complex needs need a clear pathway as they currently get lost in the system. They should not be seen as a problem and there should be funding and services to support them."
- "Didn't get help - was told that my condition was too severe/complex to get the help I needed and therefore I'd get nothing suitable!"
- "I got offered six weeks and then discharged then got referred again and the same cycle happens all over again. I referred myself to IAPT and they refused to help me, they never even called me back and the crisis team are a waste of time and never offer any help with anything."
- "The CMHT offers six weeks of "managing your emotions" then when you're suicidal and self-harming you get discharged again!"
- "I was asked to identify potential triggers for a worsening of my mental health but when these triggers happened, the CMHT said they were unable to provide any extra support, even for that one week."
- "I would like a mental health service that would be able to support me with health anxiety and understands that physical and mental health are entwined."
- "We need to talk about prevention and treatment, so that people don't end up so often in crisis. For serious mental illness this needs significant amounts of contact time with real

medical professionals - psychiatrists, psychologists, psychotherapists. This needs to be given on the basis of need, without re-traumatising patients with deflecting, waiting, promises that are never kept, and requiring us to fight tooth and nail for the most basic scraps of treatment."

- "There is a lack of support or unwillingness to support people with personality disorder diagnosis and psychosis. Early Intervention in Psychosis Team offers good support but only for people experiencing psychosis for the first time and eligibility criteria is high."
- "They don't recognise the panic that you have when going to an appointment and what it takes. The complex trauma is there 24/7 and is hyped for appointments – I am often petrified. And then if you are met with negativity from the professional, things can quickly turn into an argument. The professionals don't know how to de-escalate or help people by listening."

Services must learn from things that have gone wrong (and what is working).

- "It is good to look forward to what you can do, but you need to know what has gone wrong. … Nothing will change until you know what is wrong. I am sick of hearing that 'lessons have been learned'. That is nonsense."
- "Need a change of culture so support is there, and people don't have to ask or find it for themselves."
- "Need to provide services people need, not just refer them to what is available."
- "We need safe and effective mental health crisis care as a priority. The current TEWV Crisis Line and A&E liaison teams are unsafe services for patients to access, with deep-rooted toxic cultures among the professionals, and patients continue to be harmed because of this."

- “The mental health support in York from the NHS is in my opinion awful. I myself work in support services (homelessness) and experience mental health services not only personally, but professionally. NHS services are so cold, unapproachable, judgemental, and often just look at you as a suicide risk rather than actually caring about you - asking the obligatory "do you have any plans to kill yourself?" and if it is a no, they'll just fob you off, telling you to self-refer to somewhere else. If it is a yes, they will probably forward you to the crisis team that is often just passing the buck back to the GP. Appointments are short, rushed, and often you are sat with a doctor who has little empathy, and often gives little if any advice on anything, or prescribes medication with absolutely no explanation of side effects, and no proper follow up other than a text "medication review" where you reply "Continue" if you're feeling OK. It is so ridiculous. It feels like you're driving your own treatment.”

Conclusion

Currently, mental health services are not working for everyone in York (Mental health in York: a progress review[1]; Breaking Point[2]). York is not unique in this respect; people are experiencing significant challenges in accessing mental health support across England.

We regularly hear from people who are struggling. They report that they are not getting the support they need or when they reach out to statutory mental health services, support is not available; they are discharged from services or the contact they get is detrimental to their mental health. We do hear positive feedback about mental health services but this is limited in comparison with complaints or concerns.

People in York deserve a comprehensive and holistic approach to mental health services. This must cover everything from lower-level support and preventative care to care for people with the most complex needs. We believe this is possible, but it needs a different approach and integrated services working across sectors. We anticipate the work to develop Neighbourhood Health Centres will provide fresh opportunities to transform support together.

This report aims to contribute to the conversation that has already started about new approaches to mental health support. In it, individuals and services have shared what they believe would improve support. Their hope is that this could easily be implemented with a shift of focus and resources. A true partnership between primary and secondary health services and the voluntary sector

[1] https://www.healthwatchyork.co.uk/resource-hub/publications/
[2] https://www.healthwatchyork.co.uk/resource-hub/publications/reports-2023/

could address many of the issues that people have shared with us with each organisation delivering the services and support it is best placed to provide.

It is widely accepted that significant changes are needed to shift our model of care towards prevention and early intervention. The challenges in doing this also remain – namely that it is hard to invest in earlier support whilst continuing the services already available. The commissioning of services must change, with investment in early intervention and prevention support needed to shift the dial, alongside the statutory mental health services our communities need.

We believe a new approach is not only possible but can be realised in York building on and developing the current hub model and the role of primary care mental health link workers in GP practices. We look forward to discussions about how this can be implemented.

Appendix

Feedback, learning and ideas about the hubs (Yor Community Wellbeing Hub)

The current hubs

As part of this engagement, people provided feedback about the Clarence Street Hub and the planned Acomb Hub. We recognise that some of this feedback may have been superseded by actions taken, particularly about the Acomb hub.

The feedback included:

- "It has such a welcoming, caring atmosphere. Everyone is helpful and makes me feel welcome."
- "Good, sympathetic staff - a really useful thing to have in York... and, in a crisis, the only place that was actually any help."
- "I went to the opening of the [Acomb] hub and I wasn't impressed. There was no signage. The area round the building was disgusting and there was no easy access for someone who is disabled. The acoustics are not good which would be awful for some neurodivergent people. At the opening everyone was shouting because of the poor acoustics. I met a representative and said that the landscaping needs softening. There is a nice space, but you have to climb over a fence to get there. There could be herb gardens. It could be a lot better. In the local area there is a great community and a lot of organisations doing things to wrap round people who are lonely. They need to link to the local community."
- "What are the objectives of the hub? I am a social prescriber and don't know anything about what they are planning to do. I haven't seen a vision. Nothing is clear and we need to know what is available."

- “Autism and learning disability services in York are struggling. Will the hub staff have any training in supporting autistic people?”
- “The hubs sound good but there is no trust for services. People have lost family members in the worst ways possible when it was completely preventable.”
- “We need to build on the hubs and what we have got there.”
- “Need better transport to get to the hubs and information about the bus routes the hubs are on.”
- “Need phone lines as well as physical hubs.”
- “… I feel I would definitely benefit from their support but cannot access in person.”
- “The Hub is a good resource - but there is honestly so little available apart from that. Converge and Ecotherapy at St Nicks are great - but they do not offer the direct mental health support that is so desperately needed in York.”
- “They couldn't help me as they said they can't offer any trauma therapy/treatment which is what I'm needing, and they can't offer me long term support which is what I'm needing. All they could do for me is a short six-week course and a group thing which I struggled with.”
- “My experience was of the nighttime service and it was awful. I was made to feel daytime services were not for people like me.”
- “I am 20 years old and have autism. Although I am high functioning with no learning disabilities, I would feel vulnerable going into the hub. Even with my mum. I have seen the building and I can’t be dropped off near it. I would need my mum to park outside if there was a carpark so we could walk in together. So, I would be less panicking to be able to get out and go in.”

Future hubs

We asked what else the hubs could offer. Responses included:

- “Short courses on a particular coping strategy e.g. managing anxiety.”
- “Information - what is a "hub"? What is it there to do? Which services exactly are involved? What numbers are planned for? Are they drop-in, or yet another service with a years-long waiting list to sit on? Why are they being provided?”
- “Free parking and in a well-lit area would be safer.”
- “I would want to be reassured it was ok inside and safe with well trained staff including NHS staff.”
- “A way of accessing it discreetly and with confidential space available.”
- “Employment support, holistic therapies, pain management/the mind and body connection support. Access to counselling/psychological support and assessments.”
- “Support for people that have experienced severe and complex trauma.”
- “A 24/7 place to go and feel safe. To be listened to and receive advice on how to stay safe and where to turn to get help. Wellbeing self-help groups. Professionals and charities working together. "A tell it once" system of sharing your personal backstory and current situation.”
- “Someone to talk to. Regular staff so they get to know you. People you can learn to trust. Somewhere to escape, somewhere that feels safe.”
- “Counselling, EMDR, CBT, post-natal support.”
- “Quickly accessible counselling and other access to a variety of treatments as well as experts who can refer to others.”
- “Young person’s support; older person’s isolation support; suicide ideation support; relationship breakdown support; homelessness support; county lines safety advice.”
- “Provision for survivors of child sexual abuse. These individuals deserve access to specialist support to heal, rebuild and thrive.

They are not mentally ill … they are traumatised. And trauma can be worked on very effectively."

- "Offering a safety net and encouraging joint work across all services, rather than creating another competitive silo."
- "Three different entrances, one for women only that leads to rooms that can only be accessed by women. One for men only, that again leads to a space for men only. One for anyone."
- "A welcoming entrance. Have a way of quickly dealing with things if it gets messy outside."
- "Somewhere that looks nothing like a doctors' surgery or NHS building."
- "Artwork from groups at the hub on the walls."
- "Something for kids to do if they have to come with their parent."
- "Always have all staff available – psychologist, psychiatrist, prescriber (nurse or doctor), nurses, mental health workers, counsellor – this should be the alternative to A&E for someone in a mental health crisis at any time with staff there to support someone at anytime. Have people available to section someone if needed and to get them to a safe place."
- "Have someone there from the police (not in uniform) or someone who can talk about police issues; how to get help if you are being followed, your rights, issues with your children getting into trouble etc."
- "Food and drink available – sandwiches, toasties, hot and cold drinks."
- "A room for someone in crisis to be able to be supported by a professional / person trained to de-escalate the situation."
- "A room for someone who is intoxicated to be supported by a professional or just to be in time of crisis. There should not be a no-entry policy for people who have used substances and come for help."

- “A peer support group of people with lived experience to talk to.”
- “A very good GP who understands the issues people might be facing including mental health and substance misuse.”
- “Have people there regularly from York in Recovery, IDAS, Change Grow Live and other local organisations.”
- “Group sessions with trained facilitators.”
- “Things to distract people – arts, crafts etc, but not television.”
- “Places to go for people to make phone calls, so they don’t do it in the same room as other people.”
- “In Lancashire you ring a number and get to the closest Asda and someone will meet you there within a set time. Can we do that in York?”
- “An introductory video that people can see and share online about what to expect when you get there and who you might meet. Make it friendly and walk people through what they might expect. Put it out on TikTok and Facebook. Make sure the people are really friendly and not just pretending!”
- “If you can’t get there yourself, there should be a helpline you can call and they will arrange for a taxi to come and get you and bring you to the hub.”
- “Need information about where they are, where is the closest bus stop, who will be at the hub and whether it is safe/how it is safe.”
- “Have people with lived experience on any recruitment panels.”
- “There should be people whose only job is to make people feel welcome, to break down barriers.”
- “Staff should be willing to meet people at the bus stop and text them to provide reassurance before they get there and ease people’s anxiety.”
- “A clothes washing and drying facility.”
- “Have showers that anyone can use.”

- “Everyone should be welcome – no-one can be too difficult or challenging. Staff must be trained to support everyone.”

Another person had a different idea:
“Emergency type accommodation like student studios with self-contained bathrooms where people can de compress from their own environment when everything is too overwhelming such as when in the family home but they need some time to calm and have space for a few days or a week.

“… a block allocated for young 20 years old onwards with autism and some linked mental health problems to be able to live independently and move forward in life whilst having the York mental health service to be fit for purpose and be there during their navigation into the adult world.

“… I am 20 not a child but I cannot afford to rent fully. But I need to feel better and get my mental health team to keep me well. And have a safe place to live and learn to cope with normal life experiences and learn skills.

“… Respite is also needed. For me, I don’t get a break from my family home. Then my mum doesn't get a break at all. There needs to be some system to help us all with mental health. … I would maybe be in a better place mentally if had regular breaks from the family home. They need their time to recharge to be able to care for me. My experience is that I reach burnout but my Mum my carer also gets exhausted and is in burnout too.”

Healthwatch York
Priory Street Centre
York
YO1 6ET

www.healthwatchyork.co.uk
t: 01904 621133
e: healthwatch@yorkcvs.org.uk
@healthwatchyork.bsky.social
Facebook.com/HealthwatchYork

21 January 2026

Health and Wellbeing Board

Report of the Chair of the York Health and Wellbeing Board

Chair's report and updates

Summary

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

Key Updates for the Board

Partnership Updates

2. **Ageing Well Partnership**: The new chair has been confirmed as Anne Howgate (Assistant Director – Access, Prevention and Improvement in Adult Social Care) which means that Adult Social Care will now be the lead directorate for the Ageing Well Partnership. The Partnership intend to review their Terms of Reference, including frequency of meeting and will also seek to gain updates on social frailty, the screening tool project, Dementia Strategy, Age Friendly York - Getting Out and About progress.

Healthwatch York Updates

3. After their women's health report, Healthwatch York have put together another survey for women with experience of living with long term conditions. They would appreciate any support in sharing this across York:

   If you are a woman and have experience of one or more long term health conditions, we want to hear from you. Please fill in our short, anonymous survey to share what happened/is happening to you: **www.smartsurvey.co.uk/s/77KRR3/**

4. Healthwatch York's trained volunteers continue to visit care homes across the city as part of our assessors' programme. The aim is to get a snapshot of the care or nursing home based on their observations,

conversations with residents and feedback from staff and residents' family and friends.

5. Following each visit, Healthwatch York prepare a report summarising what they found and including people's feedback. You can find these reports online here: **Healthwatch York - Reports from our care home visits**

6. Working in partnership with GeneraTe, York LGBT Forum, York Disability Rights Forum and others, Healthwatch York are finalising a report on the healthcare experiences of people who are trans, non-binary and intersex, which they hope to bring to the next Health and Wellbeing Board.

7. Also, in partnership with Healthwatch North Yorkshire, they have gathered people's experiences following the national changes to non-emergency patient transport. This report will be published in early February, and Healthwatch York would welcome the opportunity to bring this to the Health and Wellbeing Board.

Adult Social Care and Housing Updates

8. **The Care Quality Commission** have completed the assessment of City of York Council in relation to delivery of its responsibilities under the Care Act 2014. York has received an overall rating of 'Requires Improvement'. The CQC have notified the DHSC that under four domains York is rated as 'Inadequate'. An informal Improvement Advisor, Graeme Betts, has been appointed by the Minister for Care to support York in its improvement journey. An improvement plan is in place, and progress has been made over the last 12-18 months which was acknowledged by CQC – however there is still more work to do to ensure that people in York can benefit from effective, efficient and outcome focused services to meet eligible care and support needs under the Care Act. A letter from the Minister of State for Care is at **Annex A** to this report.

9. **Homelessness & Roughsleeper Strategy**: Since November work has continued at pace on the Strategy, with key outputs including:

    - Development of multi-disciplinary project group with representation from organisations and departments spanning the breadth of homelessness and rough sleeping work
    - Safeguarding Adults Board held a workshop with representatives of a range of different teams across housing, health and care who work with homeless people, exploring new assurances required by Safeguarding Adults Board in this field and strengthening cross-sector working to support Housing First as a focus for the future, with a second workshop planned for early Feb to look at practical

improvements such data sharing requirements and review and improvement/integration of system touchpoints.
Dedicated funding from MCHLG is in the process of being distributed to the VCSE, bolstering of existing floating support and focussing on prevention and recovery, as well as establishing some co-located roles with Probation and our resettlement agency to ensure onward provision of accommodation in high risk often complex situations.

- Creation of 16/17 year old resettlement pathway project group to move forward work in this area, looking at opportunities to expand and improve provision for this cohort of young people who are homes/at risk of homelessness.
- Work with the Combined Authority on their changing role in this area, supporting with the specification for a piece of research which will drive best practice in the area and beyond around undiagnosed learning disabilities and prevalence of personality disorder in the homeless community
- The Government released the *National Plan to End Homelessness* in December, so now work has begun to assess the main opportunities and implications for CYC in the area, cross referencing with our own Homelessness and Roughsleeper Strategy.
- Joint work is ongoing supported by our Transformation Programme to deliver a Supported Housing Strategy – much work has been done to understand our current base line provision, our challenges and future provision need. Work is ongoing to identify future options and opportunities (including market shaping) and consultation will take place this spring/summer to inform the final strategy.

10. **In terms of expansion of Social Housing** (Homelessness & Rough Sleeping Strategy 2024-29 Key Theme 3):

- Since April 2024 an additional 65 Social Rent homes have been delivered, both directly by the council and enabled through section 106 planning negotiations.
- Further high quality social rent homes are being developed and acquired, levering central government funding to support the strategy programme. Social rent homes are being provided at the Duncombe Square and Burnholme Green developments, alongside an acquisition programme of flats offered with specialist support including for Housing First.
- It is intended to further supplement this with a bid for additional homes through the government's Local Authority Housing Fund Round 4 which is currently open for expressions of interest.

11. **Improving joint working between Adult Social Care and Housing**: Senior officers have developed a plan to secure improved

understanding across services and multi-disciplinary approaches with regard to people with multiple and complex needs

Including**:**

- Delivery of **training** to each other's teams in relation to the Mental Health Capacity Act and Housing Registration and Allocations by March
- **Resource Guides** Following the training sessions, these will be created as part of developing the training content and rolled out to colleagues after the training.
- A **complex case review panel** has been proposed with key members of the Housing and ASC teams identified to form this panel. A first meeting will take place in January to discuss and agree the process for reviewing complex cases. It has been proven that in-depth discussion and understanding of individual complex cases by ASC and Housing can deliver the appropriate housing solutions for people.
- Reviewing opportunities to **use Housing and Independent Living stock** to support independence at home with care as an option

HWBB Statutory Functions

12. The York Joint Strategic Needs Assessment (JSNA) is available at https://www.healthyork.org/ . The website is continually being reviewed and updated, as and when requests and comments come in and when CYC Public Health capacity allows. The review of the JSNA website was identified through the CYC Public Health Peer Review and it is a priority in the Public Health Team Improvement Plan for 2026/27.

13. The following updates highlight recent activity:

- Pharmaceutical Needs Assessment (PNA) - Following the announcement of a community pharmacy closure and change in ownership and hours, after the PNA 2025-28 had been published in October, a Supplementary Statement was added **(Annex B refers)**. It concluded that these changes constitute an unmet need for pharmacy services in the Acomb area. It recommended that the ICB consider positively any application for the provision of additional pharmacy hours in the west of the city.
- No Health Needs Assessments have been added to the website since September 2025.

- Population Health Hub webpage - Two key documents have been added to the page since October:
    - Neighbourhood-level data, including preliminary population health intelligence data in York Central neighbourhood. The pack also contains a wealth of data for all four Neighbourhoods such as long-term conditions.
    - Population Projections data, an updated version that forecasts the York resident population, taking housing growth into consideration, as well as registered patient population and associated health and care demand.
- The Population Health Hub section will undergo a review next year due to the ICB restructure and the likely loss of capacity at York Place level for Population Health.
- Index of Multiple Deprivation (IMD) 2019 data have been replaced with the IMD 2025 data that were released in October.

National and Local Updates

14. **Developing a 'Best Start in Life' Plan for York**: **Annex C** provides details on a developing and ambitious opportunity to significantly enhance how partners in the city give children the Best Start in Life.

Author:	**Responsible for the report:**
Compiled by Tracy Wallis Health and Wellbeing Partnerships Co-ordinator	Cllr Lucy Steels-Walshaw Executive Member for Health, Wellbeing and Adult Social Care

Report Approved √ **Date** 07.01.2026

Wards Affected: **All** √

For further information please contact the author of the report

This page is intentionally left blank

Annex A:

Department of Health & Social Care

From Stephen Kinnock MP
Minister of State for Care

39 Victoria Street
London
SW1H 0EU

Ian Floyd, Sara Storey, Cllr Lucy Steels-Walshaw
York City Council
[By email]

8th December 2025

Dear Ian, Sara and Lucy,

York City Council – s.50 Notification

As you will be aware, I have been notified by the Care Quality Commission (CQC) of their conclusion that York City Council has failed in the delivery of a number of their Care Act duties; and of CQC's conclusion that overall delivery is "Requires Improvement".

I understand my officials have spoken to the CQC and your officials in the council to understand the issues outlined by CQC in more detail. I have noted that no concerns about the safety of individuals or communities in York were raised by CQC and that no-one in York with Care Act eligible needs has been found to be at risk of harm. Thank you for helping to confirm that.

I also welcome your team's willingness to have open and transparent conversations about the need for improvement. I am also encouraged to hear that you are working with our funded improvement partners 'Partners in Care and Health' to make impactful change and address the concerns in the CQC report.

I have carefully considered the findings and recommendations of the independent assessment provided by the CQC and information provided to me by my officials following their discussions with you and colleagues at the council. I do not consider it appropriate to make use of the intervention powers afforded to me by the Health and Care Act 2022 at this stage.

However, I note that CQC's report places York only slightly above the lower threshold for "Requires Improvement", and describes serious and widespread failings, I therefore consider it necessary that I have additional line of sight and assurance of the improvement work connected to the s.50 notification.

To that end, it is my intention to appoint an Improvement Advisor to support the council to develop a robust, accountable and sustainable improvement plan with timely and effective measures of success. I understand my officials have discussed with your team in some

detail how this can work most effectively. As such I trust that you will accept my offer of support and work collaboratively with the Improvement Advisor.

I encourage you to use every opportunity to be as transparent as you can at a local level in your improvement planning, using local Scrutiny Boards and Full Council appropriately, including publishing the improvement plans, CQC report and this letter as part of publicly available papers.

It is my intention to ask the Improvement Advisor for formal advice after six months as to whether he considers the actions taken in York by that point are sufficiently robust and are on track to deliver the necessary improvements. If at that point I do not consider that progress is sufficient, I will explore other means of escalation, and I may reconsider the use of the statutory intervention powers.

Finally, I would like to take this opportunity to recognise the hard work of many of the staff at your Authority, including yourself, as the Council is taking the necessary steps to improve the discharge of its adult social care duties. I look forward to hearing positive news on your progress in the forthcoming months.

Yours sincerely,

STEPHEN KINNOCK

MINISTER OF STATE FOR CARE

Annex B:

York Health and Wellbeing Board

Supplementary Statement to the York Pharmaceutical Needs Assessment 2025-2028

Supplementary statement issued January 2026

The following change in pharmacy provision came into effect on 1 November 2025:

- Closure of and Transfer of Pharmacy+Health – Green Lane to The Priory Pharmacy with a change of hours.

The following change in pharmacy provision came into effect on 1 January 2026:

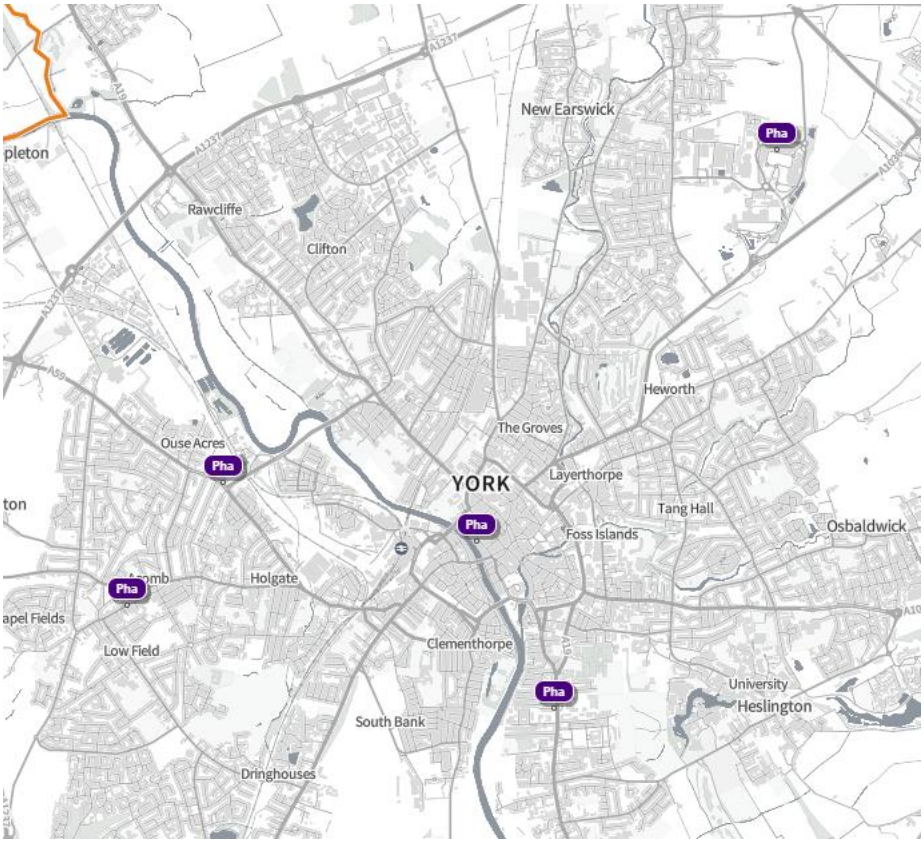
- Change of Ownership of The Priory Pharmacy (100-hour service) with a change of hours.

Former Hours	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Total
The Priory Pharmacy, Priory Medical Centre, Cornlands Rd, Acomb, York, YO24 3WX	08:00-13:00; 14:00-21:00	08:00-13:00; 14:00-21:00	08:00-13:00; 14:00-21:00	08:00-13:00; 14:00-21:00	08:00-13:00; 14:00-21:00	10:00-21:00	09:00-19:00	**81 hours**
Green Lane-Pharmacy+Health, 101-103 Green Lane, Acomb, York, YO24 4PS	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	08:00-20:00	10:00-16:00	**78 hours**

Revised Hours	Mon	Tues	Weds	Thurs	Fri	Sat	Sun	Total
The Priory Pharmacy, Priory Medical Centre, Cornlands Rd, Acomb, York, YO24 3WX	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	08:30-13:00; 14:00-18:00	09:00-13:00	Closed	**46.5 hours**

Pharmacy+Health at Green Lane offered a needle exchange programme which has not been transferred to the new premises at Cornlands Road, in addition to prescription and pharmacy first services.

The former Priory Pharmacy operated on a 100-hour pharmacy and provided extended opening hours Monday-Sunday at a weekly total of 79 hours. This included a five 12-hour shifts in the week and 21 hours at the weekend. The revised hours have seen weekday opening hours reducing by 29%, and an 81% reduction in weekend hours - operational hours being on Saturday only 09:00-13:00. There is no other pharmacy provision in the area that covers Saturday afternoons and Sundays.



It is our view that the above changes to service provision constitute an unmet need for pharmacy services in this part of the city, in line with section 8.2 point 6 of the current York PNA 2025-2028. We recommend that the ICB considers positively any application for the provision of additional pharmacy hours in the west neighbourhood of the City of York.

Annex C:

Developing a 'Best Start in Life' Plan for York

Health and Wellbeing Board Briefing 21st Jan 2026

Kate HORNE (Public Health Principal) and Rob NEWTON (Local Evidence Lead, Children's and education).

This briefing paper is to give Health and wellbeing Board members early sight on a developing and ambitious opportunity to significantly enhance how partners in the city give children the **Best Start in Life**.

Background- why is this important?

"Giving every child the Best Start in Life" is the first of the Marmot policy objectives[1], which emphasizes the lifelong impact of early childhood development. Giving every child the best start in life, through good quality interventions from the antenatal period until age 5, is a crucial effective evidenced-based strategy to reduce health inequalities and improve well-being across the entire life course.

The Strategic Context

Giving Children the "Best Start in Life" features as one of the Four big Communities, "Making Health more Equal" and "Start Good Health and wellbeing Young" are two of the six ambitions in the Health and Wellbeing Strategy 2022-2032. Giving Every Child the Best Start in Life, has long been a political priority in York across multiple administrations, is a key priority in York's Children and Young People Plan 2024-2027. One City for All, the City of York Council's plan (2023 to 2027), sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives. We have committed York to be the best place for children and young people to live and grow up, to work together to make sure children and young people have the building blocks needed to be happy, healthy, safe, and ready for the future.

The National Strategy

In July 2025 the Department for Education published Giving Every Child the Best Start in Life.[2] Mission centred government sets a clear ambition with this strategy, which aligns with Marmot's policy objective. The National Strategy outlines several key changes and reforms. Progress will be measured using a target of 75% of children reaching a good level of development by 2028, with an additional target focused on addressing the disadvantage gap. The plan has a focus on three key areas: -

i- better support for families drawing on the Family Hubs model (locally given the name of 'Raise York') to join up support, including public health and strengthening health services with a particular emphasis on parenting support and the Home Learning Environment.
ii- increasing access to affordable good quality early years childcare and
iii- education for all children and their families, targeted at those that can benefit the most.

Our local ambition

Whilst the national strategy gives a helpful indication of the government's intention, locally the focus is about developing an ambitious and innovative partnership response. Our Best Start Local Plan will focus on influencing the factors that we know has greatest impact on children's

---

[1] Marmot Review, (2010). *Fair Society, Healthy Lives: The Marmot Review*. London: The Marmot Review. Available at: https://www.instituteofhealthequity.org/resources-reports/fair-society-healthy-lives-the-marmot-review [Accessed 27 October 2025].

[2] Department for Education (2025) Giving every child the best start in life. Available at: https://www.gov.uk/government/publications/giving-every-child-the-best-start-in-life (Accessed: 20 October 2025)

development. Improved outcomes can only be realised through a full collaborative approach and will require commitment across the system, from all partners that support children and families. In York the commitment to our ambition is to use this national driver to activate York as a leading area in this space. We have a unique opportunity to work with Ebor Multi-academy Trust and partners to create a centre of excellence that connects the system in a way that is currently quite fragmented across the country. This ambition will secure better outcomes for children, by enabling York to go further by attracting new resource into the city.

Who is responsible for delivering this?

Within the Local Authority, the development, delivery and evaluation of the Best Start in Life plan will be a joint accountability of Children's Services and Education and Public Health. However, the ambitions around this agenda will only be fully realised through a full and proactive collaborative approach of all partners. As an important forum for strengthening joined-up working locally to improve the health and wellbeing of residents in York, the Health and Wellbeing Board can play a valuable role in leading action to ensure the ambition is realised in York to "Give Every Child has the Best Start in Life."

Next Steps – How will this be delivered?

Work is currently underway to develop a plan in partnership. Recognising an important step is how we engage parents, carers and providers as well as partners to ensure the strategy is coproduced, providing insight and local understanding. Proposals for the Best Start Local Plan will go to the City of York's Council Executive meeting in February/ March ahead of a high level plan being published. The high level plan can be presented to the Health and Wellbeing Board, providing more detail on York's commitment and ambition to "Giving Every Children the Best Start in life."