
Health and Wellbeing Board

16 July 2025

Report of the Director of Public Health

Progress Against Goals #3 and #4 in the Joint Local Health and Wellbeing Strategy 2022-2032

Summary

1. This paper provides the Health and Wellbeing Board (HWBB) with an update on the implementation and delivery of Goals 3 and 4 in the Joint Local Health and Wellbeing Strategy 2022-2032. It also includes information on performance monitoring.
2. The Board are asked to note the report.

Background

3. At their March 2023 meeting Health and Wellbeing Board members agreed an action plan and population health outcomes monitor to gauge delivery of the goals and priorities in the current Joint Local Health and Wellbeing Strategy. Progress reports on the action plan have been provided at HWBB meetings over the last two years.
4. At their meeting in March 2025 HWBB members agreed a revised action plan for the next two years. Progress reports on the actions within this will be presented to HWBB members over the course of the next 18 to 24 months.
5. The population health outcomes monitor agreed in 2023 remains the same and regular updates will be provided as annexes to these progress reports.
6. At the last meeting of the HWBB updates were given on **Goal 1** in the strategy, namely *'reduce the gap in healthy life expectancy between the richest and poorest communities'*
7. This report sets out updates on the eight actions associated with **Goals 3 and 4** in the current strategy.

8. **Population Health Outcomes Monitor**: this is linked to the ten big goals and is designed to provide board members with a holistic view of whether the strategy is making a difference to the health and wellbeing of York's population, using outcome data rather than data on what health and care services are 'doing'. Today's updates at **Annexes A & B** to this report provide information on the **two goals** that are set out in this report.

Progress Updates

9. **Goal 3: bring smoking rates down below 5% for all population groups**
10. Updates on these actions have been provided by the Public Health Team who are leading these 5 actions on behalf of the HWBB.
11. **Action A4**: continue joint working between Public Health and Public Protection to increase the amount of intelligence around illicit tobacco and utilise new legislation to support enforcement activity ('The Environmental Protection (Single-Use-Vapes) (England) Regulations 2024' and the proposed 'Tobacco and Vapes Bill')
 - Joint working continues between Public Health and Public Protection. A recent example of this is the work that was jointly coordinated between the two services, alongside the communications team. This work was in relation to the disposable vapes ban that came into force on 1 June 2024. The communications team produced a range of resources that the Public Protection team utilised to engage vape retailers in their obligations under the new legislation. There were also resources that were for residents, to ensure that the legislation changes were well communicated and understood by people who may be looking to buy disposable vapes. Additionally, Public Health are working with the ICB Centre for Excellence in Tobacco Control, who have commissioned market research into Illicit Tobacco. The output of the research is expected to be available in Q2 of 25/26.
12. **Action A5**: implement Tobacco Dependency Treatment service in York Hospital in both acute and maternity pathways
 - The Tobacco Dependency service has been implemented within the Acute pathway in York and Scarborough Trust. The service continues to develop and be further embedded into wards. The maternity pathway is not delivered within the trust, but via the local authority stop smoking services. Due to the trust geography this

covers the services provided by City of York Council, North Yorkshire Council and East Riding of Yorkshire Council. The trust has an ambition to bring the service in-house to within the maternity department, subject to a sufficiently funded internal business case.

13. **Action A6:** Implement the National Smoking in Pregnancy Incentive Scheme across York and Scarborough Trust

- The National Smoking in Pregnancy Incentive Scheme (NSPIS) was available to be implemented from the latter half of 24/25, usually by NHS trusts as across England that is the usual place that maternity smoking cessation support is provided. However, as described above, the maternity pathway across York and Scarborough Trust sits with Local Authority stop smoking services. In order to onboard the NSPIS, a complex data sharing agreement needed to be drafted between the 3 local authority cases and the NHS trust. Changes to the national programme delivery from 25/26 have meant that new DSAs are required. In light of the trust's ambition to bring the maternity stop smoking service in-house, it may be that the NSPIS is not on-boarded while the service sits within Local Authority services. This constitutes a risk to achieving our objectives in this area.

14. **Action A7:** Increase the number of successful smoking quits through the York Health Trainer Service to 350 in 25/26

- In 24/25, through the York Health Trainer service, 614 people set a quit date of which 381 were successfully quit at 4-weeks. This is an uplift from 23/24, where 300 people set a quit date and 220 were successfully quit at 4 weeks.

15. **Action A8:** Prioritise working with previously underserved population groups, including Gypsy and Traveller, Homeless, Social Housing and IMD deciles 1 and 2

- The York Health Trainer service, with the aid of Smokefree Generation funding, has adopted a new delivery model from May 2024. This has allowed the service to work directly with previously underserved communities. The service offer has been adapted to better suit the needs of those living and working in areas of deprivation and routine and manual occupations. The service is now available 5 days a week from 8am-7pm, at 14 locations across the city. The service is also adapting the delivery model to

work with specific population groups such as intensive work within the Gypsy and Traveller communities, a targeted offer for those living in Social Housing and a review of how the service can best support people with a Serious Mental Illness (SMI).

16. **Goal 4:** Reduce from over 20% to 15% the proportion of York residents drinking above the Chief Medical Officer's alcohol guidelines
17. Updates on these actions have been provided by the Public Health Team who are leading these 3 actions on behalf of the HWBB.
18. **Action A9:** Continue making Alcohol Identification and Brief Advice (IBA) training available to organisations working with York residents to support conversations with individuals and enable signposting to appropriate services, and increase the number of staff who are trained to deliver IBA
 - IBA training continues to be made available to organisations. There were 15 sessions held over the last year, with 76 individuals from 8 organisations attending.
19. **Action A10:** Establish York Hospital Drug and Alcohol Care Programme for the identification of, and optimal treatment and effective discharge planning for all at risk of alcohol-related harm
 - The York Hospital Drug and Alcohol Care Programme has been commissioned by is taking longer than expected to be developed and implemented at the Hospital. This constitutes a risk to achieving our objectives in this area, and means that as well as a lost opportunity to get people into treatment and free of addiction, there is lost opportunity to prevent delayed transfers of care, reduce length of stay and reduce readmissions, positive impacts which have been seen in Alcohol Care Teams in other areas and in the national evaluation. We are working with York & Scarborough Teaching Hospitals NHS Foundation Trust to ensure delivery of the programme and are monitoring progress.
20. **Action A11:** Through the Drugs and Alcohol Partnership, take action to reduce alcohol harm, including using the levers which are available around the advertising, affordability and availability of alcohol in York, particularly for children and young people
 - It was agreed at the last meeting on 25th June that the board will take a public health approach across organisations through the

York Drugs and Alcohol Partnership Board to make York a place where people can be safe from the harms caused by alcohol; this will be achieved through influencing availability and affordability, shaping how York thinks about alcohol, reducing stigma and improving access to services. More detail can be found in the diagram at **Annex C** to this report.

- Priorities for 2025/26 will be decided at the September meeting of the Drugs and Alcohol Partnership.

Consultation and Engagement

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

Options

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

Implications

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

Recommendations

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

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

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Report
Approved



Date 04.07.2025

Specialist Implications Officer(s)

None

Wards Affected:

All ☒

For further information please contact the author of the report

Annexes:

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

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

Annex C: Reducing Alcohol Related Harm