

York Health and Care Partnership Children and Young People's Priorities and Workplan 2025-2028

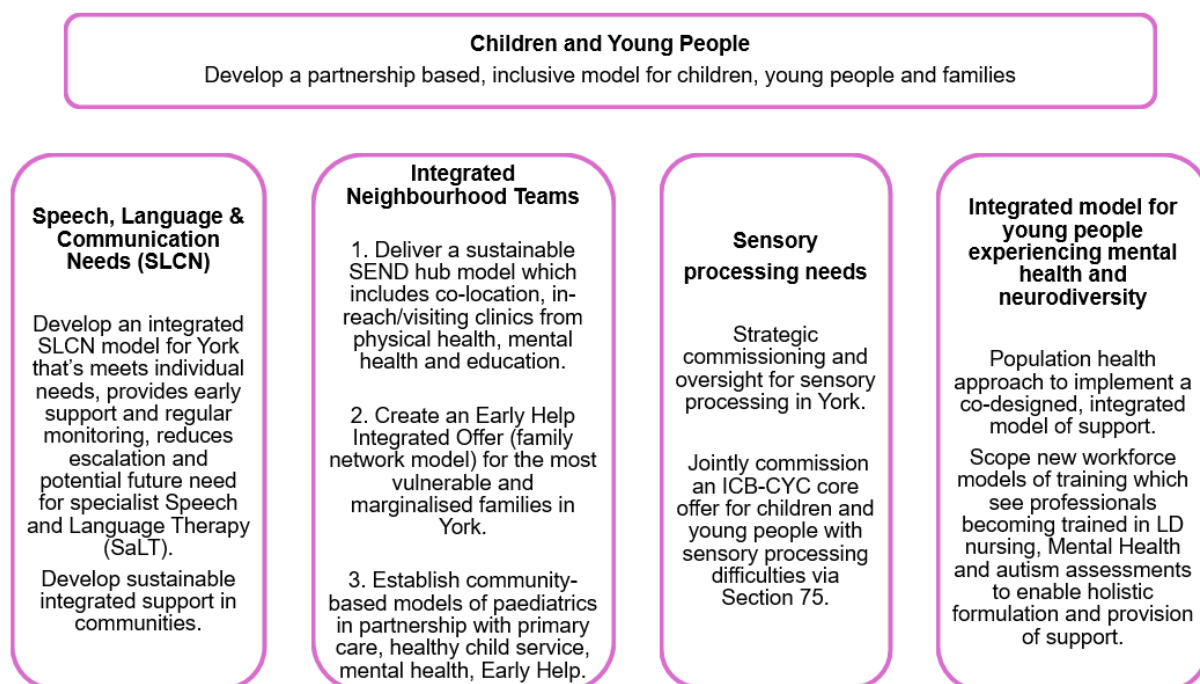
1. INTRODUCTION

- 1.1 The purpose of the York Health & Care Partnership (YHCP) Children and Young People's (CYP) Priorities and Workplan 2025-2028 is to explain: "how will health, council and schools work together to improve outcomes and experience for children?" This plan sits within the context of local, regional and national policy, strategy and plans. It will align with several related CYP areas which are the foundations to this plan. The plan is about addressing the things we can only do in partnership, at place. i.e. it doesn't replace or duplicate statutory or operational responsibilities of each partnership organisation.
- 1.2 City of York Safeguarding Partnership and City of York Council (CYC) together with the ICB, aims for York to 'be the best place for children and young people to live and grow up'. The [Children and Young People's Plan](#) sets out our ambitions and provides the city-wide strategic framework for all partners. The aim of the partnership priorities and workplan is to build upon the priorities and commitments made in our Children and Young People's Plan and to set out how we will deliver improvements in health, care and education for the children and young people living in our most challenging communities and who arguably, need it the most.
- 1.3 YHCP CYP Workplan seeks to align with the latest national guidance including the Children's Wellbeing and Schools bill (currently at committee stage) and the 10 Year Health Plan, (expected in June 2025), which is anticipated to focus on the three major shifts: from hospital to community, from analogue to digital and from sickness to prevention.
- 1.4 The YHCP CYP Workplan also aligns with regional NHS plans such as the recently published Humber and North Yorkshire (HNY) Integrated Care Partnership (ICP) integrated strategy to radically improve the health and wellbeing of children and young people and HNY's Children and Young People's (CYP) Mental Health Strategic Transformation Plan 2025 – 2030.
- 1.5 The process for developing the YHCP CYP Workplan was led by a Planning Manager in the York Place ICB team. Individual meetings were held with over 120 key partners across our local York system including health, care, mental health, education and in the community. Some colleagues work solely with children, young people and families in York whilst others work at regional levels across our ICB Humber and North Yorkshire footprint and some work in all age services. This has been an important consideration as areas of focus such as Integrated Neighbourhood Teams (INTs) require an all-age approach. Partners that have been involved in co-developing the plan work for a range of organisations in a range of teams including:
 - Primary Care Networks (PCNs)
 - Population Health
 - City of York Council (Early Help, Family Hubs, SEND hub, Public Health, Education, Children and Education Directorate, Children's Homes, Safeguarding, Short Breaks, Disabled Children's Services)
 - York Schools and Academies including Ebor Academy Trust
 - Early Years Leaders & Managers
 - Maintained Head Teachers Network
 - Humber and North Yorkshire Integrated Care Board (Local Maternity Neonatal System, Place Teams, Mental Health Inequalities/Population Health, Mental Health, Learning Disabilities and Autism Collaborative Programme, SEND, Neurodevelopment, Mental Health, Learning Disabilities and Autism Collaborative Programme (MHLDA), CYP Alliance, Nursing & Quality)

- York and Scarborough Teaching Hospital Foundation Trust (YSTHFT) – Family Health, Speech and Language Therapy, CYP Nursing Teams, Occupational Therapy,
- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) - Child and Adolescent Mental Health (CAMHS): Wellbeing in Mind, Neurodevelopmental Team and Mental Health Team
- HealthWatch York
- York Centre for Voluntary Services (CVS)
- York Mind
- Refugee Action York
- York Disability Rights Forum
- The Land
- York Carers Centre
- University of York - Psychology and Education.

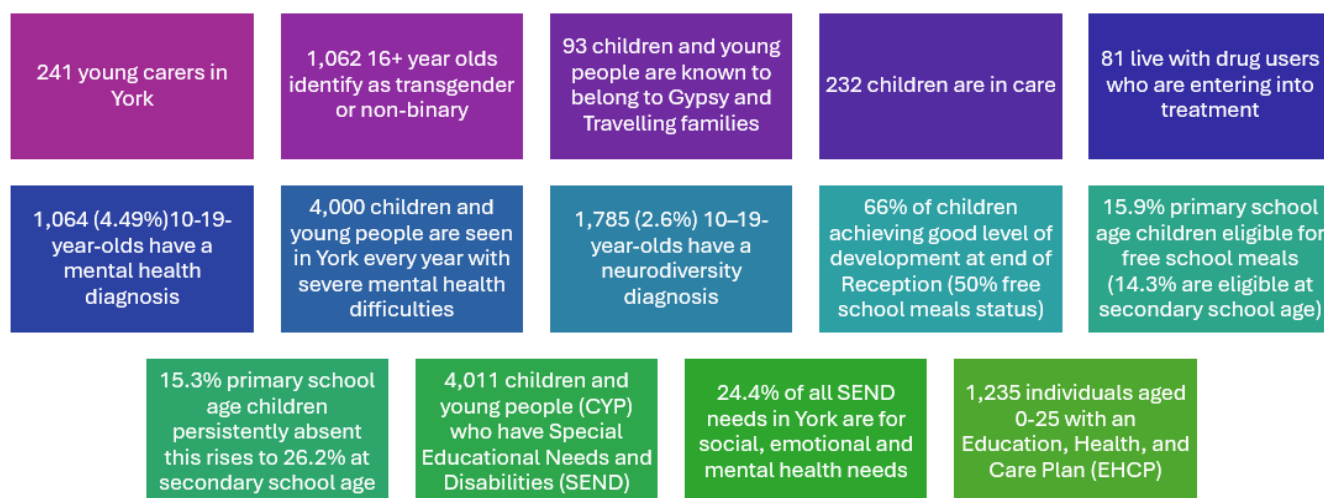
1.6 From these conversations gaps in current service provision were established together with exploration of issues and challenges, opportunities and strengths. Feedback was analysed and themes emerged. These have been distilled to create a drafted set of key priorities as well as helping to set out the principles and enablers for embedding new ways of integrated working via the plan.

1.7 The four priorities that have been identified are outlined in the diagram below along with a summary of actions we are proposing to commit to delivering over the next three years from 2025-28.



1.8 Alongside the 1:1 conversations, data and intelligence was gathered on the health, care, and education needs of our population of children, young people and families living in York to establish where the greatest levels of needs lie, where we are performing poorly against our peers and where children and young people experience a range of complex challenges which cross cut traditional organisational boundaries across health, care, education, social, emotional and mental health services.

1.9 Key statistics about our child and young people:



1.10 A draft plan has been developed, and we are now seeking feedback from the following forums before taking to the York Health and Care Partnership Executive Committee on 10th July for approval:

- Discussions with people with lived experience and community groups
- York Health & Care Collaborative
- Joint commissioning forum
- YHCP cross-partnership round table event
- York Schools and Academies Board (CEOs)
- Early Years Leaders & Managers Forum
- Maintained Head Teachers Network
- Schools Forum
- Children and Education Directorate Management Team (DMT)
- Safeguarding Children's Executive
- SEND Partnership Board
- York Health and Care Partnership Executive Committee.

1.11 Out of scope – the YHCP CYP Plan sits within the context of statutory responsibilities of each of our organisations. The partnership will focus on the things we cannot do alone, where a coordinated, integrated approach is required to operate differently. This plan will not attempt to prioritise the following areas, and statutory responsibilities will continue to sit with the relevant organisation(s):

- SEND inspection
- Safeguarding
- Maternity and neonatal care
- CYP alliance – NHS CYP transformation programme
- Youth Justice Service.

2. ASSESSMENT

2.1. The group is asked to consider the draft YHCP CYP Workplan and provide feedback on the recommendations which include:

1. Discuss the priorities and delivery plan
2. Discuss the governance and strategic oversight of delivery

2.2. Delivery Plan 2025-2028

The following section sets out our rational for prioritising each of the four areas outlined above, and the actions we propose to take in support of these priorities.

Speech, Language & Communication Needs (SLCN)
<ul style="list-style-type: none">• Develop an integrated SLCN model for York that's meets individual needs, provides early support and regular monitoring, reduces escalation and potential future need for specialist Speech and Language Therapy (SaLT).• Develop sustainable integrated support in communities.
Why are we prioritising this?
<p>Approximately 10% of all children in England have long-term speech, language, and communication needs (SLCN). In some areas of deprivation, over 50% of children may start school with SLCN. About 20% of primary and secondary school-aged children are estimated to be struggling with speech and language. The number of pupils with an Education, Health and Care (EHC) plan has increased significantly, with 1 in 4 pupils with special educational needs having an EHC plan.ⁱ</p> <p>In York, 78.7% of children in 2023/24 were achieving at least the expected level in communication and language skills at the end of Receptionⁱⁱ.</p> <p>Evidence consistently finds that around 70% of those with a language need at age two 'self-resolve' by the age of 4. A shift to early identification and prevention in escalation of speech, language and communication needs is needed. This will require a whole system response.</p> <p>Whilst there are currently long waiting times for Speech and Language Therapy (SaLT) at York & Scarborough Teaching Hospital Foundation Trust (YSTHFT) – and we have plans in place to reduce the current waits - this cannot be the only focus of our efforts. We need to come together as a partnership to remodel our SLCN pathway so that we can meet the growing and changing needs of our children and young people living in York over the coming years. If we do not do this, we will fail to reduce foreseeable and future harm in terms of education (attendance and attainment), emotional wellbeing and behaviour, employability, social inequity, and the cycle of communication deprivationⁱⁱⁱ.</p> <p>The starting point should be to identify speech, language and communication needs early and put measures in place to address them in whatever is the most appropriate setting, including working in partnership with parents/carers at home, in early years settings, with childminders, within Family Hubs and Explore libraries etc.</p> <p>We need to address the growing demand in children with complex autism which can impact upon language development. We need to work collaboratively across health, care and schools, to align with existing plans i.e. Child Development Centre, taking learning from evidence and best practice including Montessori approaches.</p> <p>In terms of specialist paediatric Speech and Language Therapy (SaLT), at YSTHFT, in November 2024, there were 867 York children and young people awaiting assessment. This is three times higher than pre-covid waits despite few changes to staffing, resources and caseloads. The longest wait was 181 weeks compared with 35 weeks pre-covid. The risk of not addressing these waits will undoubtedly result in delayed identification of need, support and in some cases a diagnosis for many children and young people living in York.</p>
What will we do?
In 2025-26 we will –
Develop an integrated, fit-for-purpose SLCN model for York that will identify individual needs, provide early support and regular monitoring, reduce escalation and potential

future need for specialist Speech and Language Therapy (SaLT). The model should use a targeted/cluster approach.

Continue to increase partnership working across health, care and education across York & North Yorkshire via the newly established Joint Oversight Group and Working Groups.

Create a seamless system that effectively supports families through the local offer ('signposting' alone is often insufficient). For example, consider the 'circles of proximity' approach to embed a cultural change ensuring that there is an understanding of the graduated approach to support. Also consider a 'team around the school' approach which joins the system up.

Work towards implementation of a data sharing agreement to review current waiting lists and deliver an appropriate system response.

We will develop plans to –

- Review current pathways and support provided by Healthy Child Programme in York and North Yorkshire and consider additional measures needed to identify SLCN needs earlier in the pathway e.g. Early Language Identification Measure (ELIM) Plus.
- Explore options to develop a school and setting data set that outlines the school/setting locality, age and needs of children and young people.
- Leap into Language - short term YSTHFT initiative to further reduce waiting times building on Summer of Speech and Christmas of Communication.
- Upskilling non-specialist partners across the health, care, education system to deliver group sessions on SLCN to teachers, parents, CYP.

Council Lead	ICB Lead	Education Lead	Contributors
Maxine Squire	Zoe Delaney Sophie Gray	Gail Brown	Jenna Tucker, YSTHFT Rob Newton, CYC

Suggested forums for delivery -

- NY&Y SLCN Oversight & Working Groups to hold responsibility for delivery.
- SEND Partnership Board
- Assurance and Ambition Board, Social Care

Integrated Neighbourhood Teams (INTs)

1. Deliver a sustainable SEND hub model which includes co-location, in-reach/visiting clinics from physical health, mental health and education.
2. Create an Early Help Integrated Offer (family network model) for the most vulnerable and marginalised families in York.
3. Establish community-based models of paediatrics in partnership with primary care, healthy child service, mental health, Early Help.

Why are we prioritising this?

There is an opportunity to align models of care for children and young people with the design principles of a 'Neighbourhood Model' for York. This aims to deliver a system

focused on person-centred, strength-based community development and effective Early Intervention and Prevention (EI&P) throughout York's communities.

We will be led by population health intelligence around INT developments, and we will target neighbourhoods and families experiencing the greatest health inequalities i.e. the East INT boundary has the highest proportion of 16–25-year-olds (44.5%) and the highest proportion of Core20Plus groups, but we might want to focus on the West INT for Core20 groups.

City of York Council (CYC) is proposing to reestablish school clusters, calling the model 'school inclusion clusters.' This will see resources shifted into neighbourhoods in alignment with health models and integration will be wrapped around these clusters.

The emphasis should be on doing what is needed and bringing in who is needed (in support of a shared purpose, specialists consult into the team rather than the team referring out).

Potential gains include reduced onward referrals/reduced waits, support closer to home, in the right setting, by the right person, at the right time. Providing professionals with the freedom to do what is required beyond traditional organisational boundaries.

SEND - In York, there are 4,011 children and young people (CYP) who have Special Educational Needs and Disabilities (SEND). This number has increased by 29% in the past eight years. In January 2020, 13% of pupils in York had identified SEND, with 9.6% receiving SEN support and 2.8% having an EHCP. Additionally, there are 1235 individuals aged 0-25 with an EHCP (Education, Health, and Care Plan) in York^{iv}.

Early Help - Improving our partnership response to early help would ensure that children are school ready by the age of five. In 2023/24, 66% of children were achieving a good level of development at the end of Reception (50% for children with free school status). Both figures are below the national average^v.

Community Paediatrics – this includes (SLT, OT, physio, dietetics). Currently YSHFT is supporting approximately 15 CYP daily across York & North Yorkshire and work is underway, led by the ICBs Community Collaborative to inform plans for more integrated neighbourhood working in the future.

What will we do?

In 2025-26 we will –Deliver a sustainable SEND hub model (Autumn 2025) which will include co-location, in-reach/visiting clinics from physical health, mental health (CAMHS) and education. Detailed implementation is already underway including development of a Shared Practice Framework, effective data sharing arrangements, culture and practice events, and CYC-ICB finance arrangements. Health input will include advice sessions, training and support from Therapy teams, links to primary care and strengthening of health input into Education & Health Care Plans. Ensure that children and young people are at the centre of our integrated neighbourhood plans and that education is included as a key partner in the development of INTs in accordance with the national guidance.

Develop a data dashboard with metrics across schools and communities and resources within neighbourhoods will be mapped out.

Ensure that neighbourhood population profiles take an all-age approach and include data relating to children, young people and families.

We will develop plans to -

- Create an Early Help Integrated Offer (family network model) for the most vulnerable and marginalised families living in York. This will require a needs assessment to understand the gaps in current provision. The partnership will use this intelligence to explore new ways of delivering time-limited early help offers to support those children

and young people, together with their families who are currently not able to access targeted, meaningful, whole system support. This will require a health commitment to shift resources to early identification and prevention. This will ensure a good start in life and will enable children to be school ready at age five. Take learning from HealthWatch School Readiness in Drifffield report.

- Establish community-based models of paediatrics delivery in partnership with primary care, healthy child teams and other colleagues including mental health, Early Help, social prescribers and ARRS roles in Primary Care. We will align plans with the Community Collaborative which is currently baselining services across providers and identifying gaps.

For all these plans, we will align with local developments including all schools and education settings, the Child Development Centre, Family Hubs, explore use of community buildings such as Explore Libraries, align with neighbourhood team developments and school inclusion clusters.

Council Lead	ICB Lead	Education Lead	Contributors
Maxine Squire Niall McVicar	Shaun Macey Becky Brown, CYP Lead for Primary Care Sophie Gray	Gail Brown	Gail Brown (Ebor Academy) Gemma Ellison (YSTHFT)

Suggested forum for delivery -

- SEND Hub Committee & SEND Partnership Board

Sensory processing needs

- Strategic commissioning and oversight for sensory processing in York.
- Jointly commission an ICB-CYC core offer for children and young people with sensory processing difficulties via inclusion in the Section 75 agreement.

Why are we prioritising this?

A wide range of research suggests that between 93% and 96% of individuals with autism spectrum disorder (ASD) have sensory processing difficulties that affect their daily functioning^{vi}.

There are growing concerns being highlighted to CYC and the ICB around appropriate provision of occupational therapy offers for children, young people and families with sensory processing difficulties in York. Sensory processing needs were raised in the last SEND inspection.

The ICB commissions specialist YSTHFT team 'Let's Make Sense Together' and CYC commission the OT4ME service. There are concerns around providers potentially practicing outside scope of commissioned levels of service and a lack of awareness of the full occupational therapy offer for sensory processing across York e.g. private providers are operational in York and requests for alternative treatment options have been made by families, despite these not being NICE recommended interventions.

There is no consistent approach to the commissioning of Ayres Sensory Integration (ASI) - a therapeutic approach – across the Humber and North Yorkshire (HNY) ICB region.

There is no provision in York or NE Lincolnshire, however Hull and East Riding do commission the therapy.

CYC occupational therapists working in home adjustments and moving and handling are currently being trained up in Ayres Sensory Integration (ASI) therapy to better enable supporting children at home.

There is an opportunity to reduce the administrative burden and duplication of CYC and ICB commissioning separate services and create more capacity for therapy teams to deliver a preventative core offer whilst freeing up specialist resource to deliver more assessments and interventions for children and young people with more complex, high level needs.

Work has taken place to provide a clear offer to support children and young people with sensory processing differences in North Yorkshire and York. This was published in May 2025.

What will we do?

In 2025-26 we will –

- Develop an understanding of the strategic commissioning and oversight for sensory processing in York (potentially aligning with regional plans).
- Map the existing pathway and establish understanding of currently commissioned services across the partnership.
- Review population needs of children and young people with sensory processing difficulties in York using referral data from LMNS service.
- Review the market landscape and understand Occupational Therapy sensory processing provision in York.
- Explore the need for an Early Help telephone line (high needs offer supported by psychology).
- Recruitment – commit to jointly funded posts where appropriate, encouraging greater integration.
- Explore development of parent mentor roles and train the trainer models.

We will develop plans to -

- Have greater awareness and understanding about sensory processing difficulties across all settings i.e. this is a universal need. Training and support can be provided by specialist Occupational Therapists.
- Understand sensory processing needs in York and explore best practice solutions including development of a consistent approach to the commissioning of Ayres Sensory Integration (ASI) - a therapeutic approach – across the Humber and North Yorkshire (HNY) ICB region via the Clinical Effectiveness Group and Start Well Board.
- Jointly commission an ICB-CYC core offer for children, young people and families with sensory processing difficulties living in York, via Section 75 agreement to commence in 2026/27.

NB: Vision & Hearing is out of scope (Lynne Johns holds this area).

Council Lead	ICB Lead	Education Lead	Contributors
Maxine Squire Louise Newton, & CYC (OT4ME)	Natalie Caphane Sophie Gray	Gail Brown	Jenna Tucker, YSTHFT Jane Young, YSTHFT Lead AHP, ICB Becky Brown, CYP Lead for Primary Care

			Rob Newton, Evidence Lead, CYC
Suggested forum for delivery -			
<ul style="list-style-type: none"> NY&Y Sensory Processing Working Group 			
Integrated health, social care and education offer for young people living in York with mental health and neurodiversity (in schools and at home)			
Why are we prioritising this?			
<p>In 2023, roughly 1 in 5 children and young people aged 8 to 25 in England were estimated to have a probable mental disorder^{vii}. Research indicates that around 70% of autistic children and young people have at least one mental health condition, with 40% experiencing two or more.^{viii}</p> <p>1,064 patients (4.49%) of patients aged 10-19 years have a Mental Health Diagnosis in York. 433 (41%) live in the East INT. 1,785 children and young people aged 10–19-year-olds in York have a neurodiversity code from their GP practice. In 24/25, there were 68,776 CYP registered with a GP in York, which indicates only 2.6% of children and young people currently have a neurodiversity diagnosis. Nationally, it is predicted that closer to 15-20%^{ix} of children and young people are neurodiverse, meaning there is a huge gap in diagnosis and need for more support whilst people are waiting for a formal diagnosis. This is also what young people have said they want and need in order to feel safe, to be healthy and to thrive.</p> <p><i>'Improved access to mental health support in comfortable, community-based settings, particularly for young people with SEND and neurodiversity.'</i></p> <p><i>'Provide support for children and young people whilst on waiting lists for diagnostics'.</i></p> <p><i>'Let those on the waiting list be able to access what part of the waiting list they are at'.</i></p>			
1. In schools			
<p>There is a lack of clarity around the Mental Health in Schools offer across the city for all young people, but particularly for those with SEND and/or Neurodiversity including autism; this is hampering our ability to identify gaps in the offer and measure success across shared outcomes. There is some misunderstanding in the CAMHS/Single Point of Access (SPA) team about role of School Wellbeing Service (SWBS) and how this works alongside the offer from the Wellbeing in Mind (WiMT).</p> <p>The School Wellbeing Service has been operational in York for 10 years and the current contractual arrangement expires at the end March 2026. Financial contributions include £160k from health, £100 education schools and CYC. There is an opportunity to review this as part of a strategic partnership offer for wellbeing and mental health both in and out of school settings.</p> <p>The WiMT is funded by Department for Education and Department for Health, and we are currently awaiting a third wave of funding to be released. Currently supporting 1,600 children and young people in York across 19 schools which equates to a third of the schools in York. A further 14 schools have reached out for support. National coverage is at 35% and there is cross-government agreement that the target should be 100%. WiMT has three main objectives which include:</p>			
<ol style="list-style-type: none"> Delivering interventions (using evidence-based therapy) 			

2. Advice giving and consultation - for staff and CYP.
3. Whole school approach – responding to identified systemic needs, create cultural changes, deliver group work and staff training.

In addition, health inequalities funding was used to pilot a reintegration support worker. A full time permanent has now been appointed, with an additional one year fixed term post specialising in reintegration of children and young people with autism.

We know from York's Autism and ADHD strategy (in development) that families want more opportunities to meet other families before, during, and after diagnosis to get practical advice on things like diet, sleep, and behaviour. This will take a holistic and whole family approach. There are also ambitions to develop neurodiversity champions in the 0-19 service to provide support and practical advice to families, to review unhelpful behaviour policies and to provide more support on wellbeing on school refusal and masking in schools.

2. Out of school

When Children and Young People are not in school, accessing mental health services and completing Neurodevelopmental (ND) Assessments can be significantly more challenging. This is due to a lack of a readily available and familiar point of contact within the educational setting and potential barriers to accessing community-based services^x.

Schools can access all outreach support offers via single referral to the Learning Support Hub (a panel review requests every half term with CAMHS input). The identified gap is for CYP who cannot access support if they are at home and not in school as the current Autism outreach and school wellbeing services don't visit homes.

In April 2025, CYC reviewed the 370 cohort of severely absent secondary age young people to understand primary needs to put in place support to reintegrate into schools where appropriate. Themes from the reviews included information sharing with CAMHS (need to refresh the information sharing agreement), Early Help, free school meals, parental work patterns and parental mental and physical health, transitions and neurodiversity; this cohort are an increasing demographic in the requests for statutory assessment (especially in years 8 – 10); 60 are receiving Section 19 medical needs tuition (majority where mental health and/or neurodiversity impacts on access to the curriculum – often on a waiting list with CAMHS or where support has finished); 35 in EOTAS cohort with bespoke package of support. There was also a theme around how we make school more attendable and the young person's voice is not always heard.

What will we do?

In 2025-26 we will –

- In schools - scope the existing offer, understand needs of our York population, and implement a co-designed, integrated model of support. (Scoping and mapping work is currently underway at TEWV and within the Mental Health and Learning Disability (MHL) Collaborative).
- Add the integrated model of support in schools into the section 75 agreement between the ICB and CYC for 2026-27 onwards, formalising the alignment or pooling of resource.
- Scope new workforce models of training which see professionals becoming trained in Learning Disabilities, Mental Health and Neurodiversity assessments to support holistic formulation and provision of integrated support.

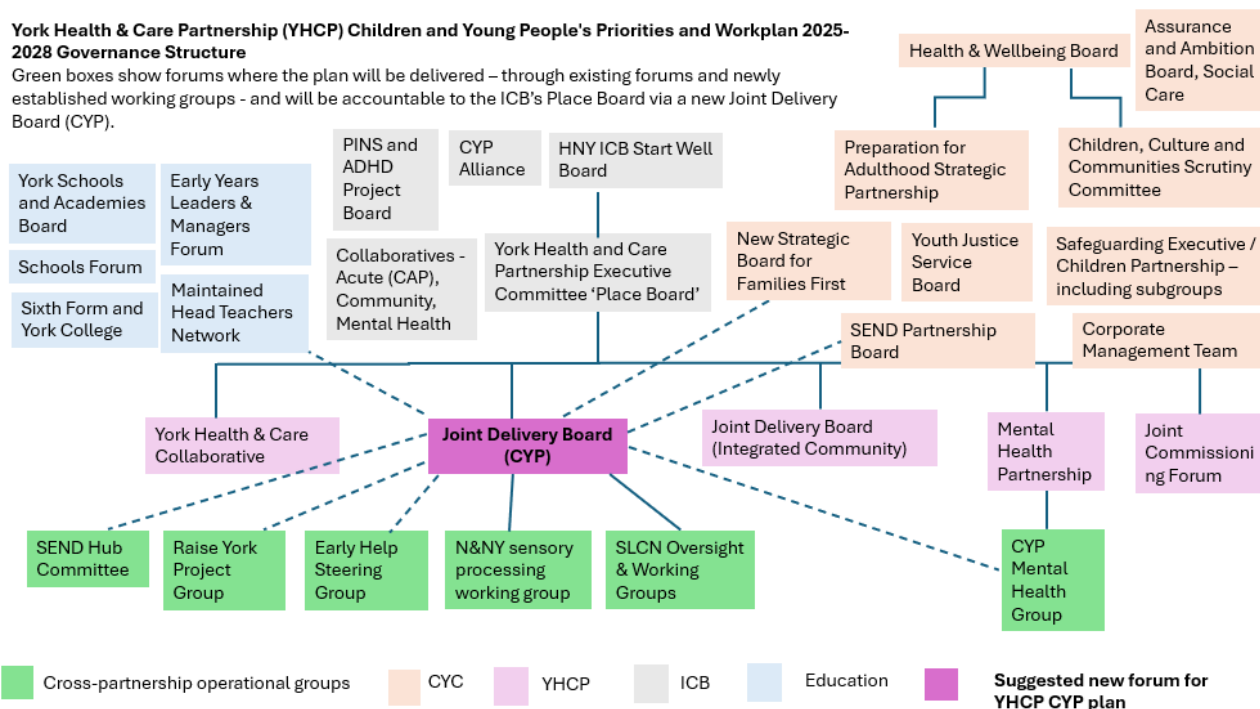
We will develop plans to -

<ul style="list-style-type: none"> • Enable more neurodivergent young people and those with identified mental health needs to reintegrate into schools with support (including those waiting for a diagnosis) or receive more support outside of education settings. • Out of school - Provide a suitable non-school offer where reintegration isn't appropriate. 			
Council Lead	ICB Lead	Education Lead	Contributors
Maxine Squire	Gail Teasdale Zoe Delaney Sophie Gray	Gail Brown	Mel Woodcock, CAMHS Shelly Abberton and Karl Jackson, Wellbeing in Mind Team (WiMT) Angie Walker, ICB Michal Janik, Population Health Alex Renny, Single Point of Access (SPA) Sian Balsom, HealthWatch Chris Davies, TEWV (mapping MH offer in schools – deep dive) Gemma Willingham-Storr, MHL D Collaborative, ICB Jacob Gilson, PINS Lynne Johns, CYC Dan Bodey, CYC Cat Middleton, Children's Social Care Julia Pope, Early Help Sophia Lenton-Brook, Safeguarding Senior MH Leads in schools
Suggested forum for delivery - <ul style="list-style-type: none"> • Oversight by YHCP Executive Committee. 			

3.3 Governance

- 3.3.1 York Health and Care Partnership Executive Committee operates both as a joint committee between the ICB and CYC, and as a partnership board. The executive committee oversees the work of several sub-groups that take forward the priorities and work plans agreed by the partnership.

- 3.3.2 A Joint Delivery Board for Integrated Community has already been established and a similar Joint Delivery Board for CYP could become the forum for strategic oversight of this plan. The existing cross-partnership organisational groups could then be accountable to the Joint Delivery Board for CYP as a place which holds strategic oversight of the interconnecting priorities and delivery of the YHCP CYP plan.
- 3.3.3 If agreed, the committee would be attended by young people representatives, it would meet bi-monthly, potentially with a rolling chair across the senior responsible officers for the partnership's CYP delivery plan. Suggested SRO's are Martin Kelly, Michelle Carrington and Gail Brown.
- 3.3.4 Stakeholders working across the CYP landscape in York fed back that whilst there are many forums already established, we often lack strategic oversight and 'if you're not in the room, you don't get the update.'
- 3.3.5 However, there are already several groups, committees and boards concerned with Children and Young People in York as illustrated by the diagram below. If a joint delivery board was to be set up, it should be with a clear terms of reference, ensuring that the group's remit will simplify governance rather than further complicate.



3. CONCLUSION

- 3.1. Robust planning, research and engagement has been undertaken with a wide range of stakeholder across the York Health & Care Partnership to develop the plan for Children and Young People which focusses on those CYP and families with the highest levels of unmet need and where our efforts as a partnership are required in order to achieve significant improvements.
- 3.2. It is clear that progress must be made in the areas set out within the YHCP CYP Priorities, to ensure that outcomes for children, young people and families improve now and for future generations.

- 3.3. There are high levels of skill, knowledge and expertise amongst our professional staffing groups and there are ample opportunities and willingness to integrate our services to provide more efficient care that is joined up, delivered close to home and most of all, is co-developed by children, young people and families.

4. RECOMMENDATIONS

4.1. Members are asked to:

- i) Discuss the priorities and workplan
- ii) Discuss the governance and strategic oversight of delivery

ⁱ https://assets.publishing.service.gov.uk/media/5f9be9bbe90e0704157fb12f/BSSLC_Guidance.pdf

ⁱⁱ <https://fingertips.phe.org.uk/search/school%20readiness#page/1/gid/1/ati/6/iid/90631/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

ⁱⁱⁱ [rcslt-social-disadvantage-factsheet.pdf](#)

^{iv} <https://democracy.york.gov.uk/documents/s178054/Annex%20A%20-%20Special%20Educational%20Needs%20Assessment%202024.pdf>

^v <https://fingertips.phe.org.uk/search/school%20readiness#page/1/gid/1/ati/6/iid/90631/age/34/sex/4/cat/-1/ctp/-1/yr/1/cid/4/tbm/1>

^{vi} Ben-Sasson et al., 2008; Tomchek et al., 2014.

^{vii} <https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-of-children-and-young-people-in-england/2023-wave-4-follow-up#:~:text=Key%20Facts,20%20to%2025%20year%20olds>

^{viii} <https://www.beyondautism.org.uk/about-autism/understanding-autism/mental-health/>

^{ix} <https://www.childrenssociety.org.uk/what-we-do/blogs/celebrating-neurodiversity-young-people>

^x https://www.centreformentalhealth.org.uk/wp-content/uploads/2024/04/CentreforMH_NotInSchool.pdf