
Meeting	Health and Wellbeing Board
Date	24 September 2025
Present	Michael Ash McMahon - Interim York Place Director, Humber and North Yorkshire ICB (Vice Chair) Councillors Runciman, Webb and Cuthbertson (Substitute for Cllr Cullwick); Siân Balsom – Manager, Healthwatch York Peter Roderick – Director of Public Health, City of York Martin Kelly – Corporate Director, Children’s and Education, City of York Council Peter Otter – Deputy Chief Executive, York CVS (Substitute for Alison Semmence) David Kerr – Community Mental Health Transformation Programme and Delivery Lead – Tees, Esk and Wear Valleys Foundation Trust (Substitute for Zoe Campbell) Fiona Willey – Chief Superintendent, North Yorkshire Police
Apologies	Councillors Steels-Walshaw and Cullwick Sara Storey – Corporate Director of Adult’s and Integration, City of York Council Pauline Stuchfield – Director of Housing and Communities, City of York Council Alison Semmence – Chief Executive, York CVS Simon Morritt – Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust Zoe Campbell – Managing Director, North Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust Tom Hirst – Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service
Absent	Dr Emma Broughton – Joint Chair, York Health and Care Collaborative

Mike Padgham – Chair, Independent Care Group

Officers in Attendance Mel John-Ross – City of York Safeguarding Children Partnership Independent Scrutineer
Sophia Lenton-Brook – Safeguarding Children Partnership Business Manager
Heather Baker – Public Health Improvement Officer

12. Apologies for Absence (4:36pm)

The board received apologies from Cllr Steels-Walshaw (there was no group substitute, the Interim Director of Place Chaired the meeting) and Cllr Cullwick (who was substituted by Cllr Cuthbertson).

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

The board received apologies from the Director of Housing and Communities, City of York Council; there was no substitute.

The board received apologies from the Chief Executive, York CVS, who was substituted by the Deputy Chief Executive.

The board received apologies from the CEO of York and Scarborough Teaching Hospitals NHS Foundation Trust; 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 Community Mental Health Transformation Programme and Delivery Lead.

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

13. Declarations of Interest (4:37pm)

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.

14. Minutes (4:37pm)

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday, 16 July 2025.

15. Public Participation (4:39pm)

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

Flick Williams spoke on item 9, discussing comments in section five of the report, which alluded to patient employment goals.

She proposed that getting people to work was being treated as a "health outcome", and that this was deeply dangerous. Consequently, with medical practitioners already complaining of heavy caseloads and insufficient consulting time, expecting them to be "work coaches" as well would be damaging to patient-doctor relationships and trust, would reduce quality of service and would make people think twice about seeing a doctor.

She suggested that this system evoked the mindset that only healthy working people were worthwhile to society, and implored the board oppose this.

16. Report of the City of York Safeguarding Children Partnership Annual Report 2024/2025 and the Independent Scrutineer Report (4:43pm)

The Independent Chair and Scrutineer of the City of York Safer Children's Partnership (CYSCP) presented and gave an overview of the CYSCP Annual Report 2024-2025.

She explained that this had been published in line with a statutory requirement for safeguarding children's partnerships. She also noted that the report had been analysed by What Works Network, who provide evidence for decision-making in public services, on behalf of the Department for Education; this analysis was publicly available. In her capacity as an experienced independent scrutineer, she endorsed this as a really strong report; setting out difference, impact, case studies and aspirations.

The Independent Chair and Scrutineer, CYSCP also presented the CYSCP: Independent Scrutiny Annual Report 2024-2025, stating that this evidence-based report adhered to national statutory expectations and involved the wider partnership.

The Business Unit Manager, York CYSCP joined at 16:49 to assist in answering questions from the board.

Members noted the report's case study on the role of primary care within safeguarding and asked how the board might better facilitate picking issues and risks up early and making sure that partners were pulling their weight within the safeguarding system.

The Business Unit Manager, York CYSCP responded that in autumn last year under priority one (Prevention, Early Support and Early Help) they had relaunched the Early Help strategy, with a group of partners around the table including primary care. This focused on a strong partnership response for which everyone can take responsibility, from universal services to the top end of safeguarding. Within the partnership of CYSCP are representatives of York Hospital, CAMHS/TEWV, the ICB and GPs all of whom play a part across the early help landscape in York.

Members noted with pleasure the inclusion for the voluntary and community sector in the report, though it was pointed out that some of the voluntary organisation names cited in the report were outdated or incorrect:

In a couple of places "York Carer's Centre" was renamed as "York Carer's Forum" (which is actually a different charity); the "Young Carer's Centre" should actually be the "Young Carer's Project at the York Carer's Centre" and also "Parent Carer Forum York" was named such because "York Parent Carer

Forum” was a different organisation that didn't exist anymore. The Manager, Healthwatch York offered to check through reports to avoid such errors going forward and also requested a link to the cited Healthwatch York report would be both appreciated and useful for readers.

The Business Unit Manager, York CYSCP accepted responsibility for the group names in the document but by way of explanation she clarified that the names given were derived from partner submissions. She accepted the offer of Healthwatch York’s assistance in the future.

Members asked about the language used as a partnership; about working with fathers and about working in partnership with schools, and what this would look like in York.

The Independent Chair and Scrutineer, CYSCP said that the use of language arose from a challenge by young people about the language used – particularly acronyms and terminology used to refer to young people; the partnership immediately pledged to change its language to ensure it was communicating in a way that was respectful, accessible and culturally sensitive.

Regarding work with schools, she stated that the education sector was not yet a statutory partner. She suggested that the publication of “Working Together 2023” highlighted the valuable role of schools, education providers and the early years sector, and it was clear that a representative of this sector should be invited onto the partnership.

The Business Unit Manager, York CYSCP emphasised the importance of communications between education and safeguarding and discussed the new education safeguarding lead Sophie Coles, with whose team the partnership have strong links. The CYSCP and education teams would be working together for the upcoming Section 1572 audit (in which the safeguarding partnership is responsible for undertaking a schools safeguarding audit).

The Business Unit Manager, York CYSCP addressed the issue of engaging with fathers, explaining that the national panel had found there to be a lot of emphasis on mothers, where both parents actually have a role to play, particularly with the practice model being implemented in Children's Services, where the focus was around the family network. Consequently the

partnership ran a campaign around both parents and asked specific questions about how partners had engaged with the fathers, this had allowed data to be produced through audits. The Independent Chair and Scrutineer, CYSCP reiterated that this was something that was tested at every level in terms of the partnership's quality assurance processes.

Members praised the voice of children coming across in the report but asked about how non-verbal children's safeguarding was ensured.

The Independent Chair and Scrutineer, CYSCP noted that some such cases involved pre-verbal children, and others involved those that were selectively non-verbal. In such cases tools were used, based around what was important to the child, including advocates, and careful consideration of the best person to talk to the child (not necessarily a social worker or teacher). Since there had been a drastic reduction in agency workers, children were able to benefit from more consistent and trustworthy relationships.

Members asked about children not in school – both due to refusal and just not being there.

The Independent Chair and Scrutineer, CYSCP responded that children missing from education were a key priority for the partnership – be they absent, excluded or electively home educated. There was a recognised potential to be vulnerable, and therefore these children should be on the radar for Early Help, Child in Need and Child Protection teams. Regarding elective home educated children, limited powers to intervene and must work within the law. Additional powers will be coming in to give oversight to this group.

Members noted the importance of careful language when discussing “electively home-educated” children – such cases were not necessarily elective and many parents would consider this to be something they have to do rather than a choice.

The board publicly thanked The Independent Chair and Scrutineer for her skill and experience in preparing the report.

Resolved: That the Board note the City of York Safeguarding Children Partnership Annual Report 2024-2025 and the Independent Scrutineer Report.

Reason: So that the Board were kept up to date on the work of the CYSCP and Independent Scrutineer.

17. Pharmaceutical Needs Assessment (PNA) 2025-2028 (5:17pm)

The Vice Chair noted that the production of the Pharmaceutical Needs Assessment (PNA) was a statutory duty for the Health and Wellbeing Board, and that the board were being asked to approve this report for publication on City of York Council's website as well as the Joint Strategic Needs Assessment (JSNA) website.

The report was presented by the Director of Public Health and the Public Health Improvement Officer.

The Director of Public Health noted that the board's approval to publish this assessment formed part of the process of pharmacy provision and helped to shape its direction. He explained that pharmacy provision was a local issue, concerning the main point of contact most people have with the health service on a day-to-day basis, and getting this right was important for the board, in terms of assessing need and understanding what the sector looks like.

The Public Health Improvement Officer explained that PNA's exist to provide a comprehensive data driven understanding of unmet need, and opportunities for reducing this. She stated that work on this PNA had begun during the summer of 2024, and in January 2025 residents and stakeholders had been invited to participate in a survey; in August 2025 there had been a 60-day consultation period on the draft document.

The key findings of this consultation were that while York generally had satisfactory pharmacy provision, there were areas of unmet need, particularly in rural and suburban areas of the city, and specifically in Clifton ward - where the nearest pharmacy was some distance away, and Westfield ward – where closure and limiting of hours had reduced provision.

The Manager, Healthwatch York said that this was a very good PNA – particularly praising the excellent survey response – and

that community pharmacy was essential and with the current plans, people would come to rely on them even more.

She suggested there should be representation from the community pharmacy in meetings regarding neighbourhood health plans and the move to reorganise health services, and more detailed involvement from them at an earlier stage.

She suggested the importance of the 100 hour pharmacy changes may have been underestimated, but this fundamentally alters the number of hours that services are available to people.

The Vice Chair responded that neighbourhood and community pharmacies were being included by organisations such as the ICB and work was being done to ensure they were brought into neighbourhood discussions and more fully recognised as an integrated part of the process.

Cllr Webb asked what happens next regarding the identified areas of unmet need, once the PNA was approved; what was the process to address this unmet need?

The Public Health Improvement Officer responded that there was a plan, which would be published to the JSNA website, and there would be follow-up conversations with members within the ICB who commission pharmacy services.

The Director of Public Health added that pharmacies close due to being independent contractors, therefore needing to make a profit. He emphasised that they do not close because they no longer wish to provide a service they close because their operations have ceased to be profitable, and staff cannot be paid. To counter this the local ICB has as a Primary Care Committee within it which receives applications for new pharmacies and applications for closures and changes of hours. The Primary Care Committee uses this document in guiding their decisions. The PNA is therefore a key piece of evidence for the ICB to convince pharmacies; it can't make a pharmacy open, but if a need has been identified and there are any applications, these will be approved.

Cllr Webb asked whether there had been any applications. The Director of Public Health noted that it was not possible to give specific details as applications were subject to a six-month review process, but one of the areas highlighted in the report

had drawn a number of applications and it was expected this need would ultimately be met.

The Vice Chair said that this was about local determination based around needs.

The Director of Public Health said as independent contractors, pharmacies always welcome people commissioning things in their local areas beyond core contract, they were a great route to reach communities.

Cllr Runciman praised Pharmacy First as a service and wondered whether this could be expanded.

The Director of Public Health answered that this was often about areas where pharmacies can best be used.

Resolved: To approve the Pharmaceutical Needs Assessment for publication.

Reason: To meet the Board's statutory duty to update and publish an up-to-date PNA by 1 October 2025.

18. Delivery of the Joint Health and Wellbeing Strategy & Performance Monitoring (Goal 5) (5:39pm)

The report was presented by the Director of Public Health. He advised that this item addressed goal 5 of the Health and Wellbeing Strategy, which was to reverse the rise in children and adults living with an unhealthy weight. He noted that this had been a sustained and long-term rise, meaning that 1 in 4 reception age children, 1 in 3 year 6 children and 2 in 3 adults were currently living with an unhealthy weight.

He stated that a number of actions had been established by the Public Health team in order to achieve this goal:

13. Support adult residents to achieve improved health behaviours in relation to eating, moving and mental wellbeing, as part of a wider shift to a compassionate approach to weight.
14. Continue to deliver the National Child Measurement Programme and offer targeted support to families with children and young people in bigger bodies.

15. Deliver the Breastfeeding and Infant Feeding Strategy across the city, to support parents to make informed feeding choices and practise age-appropriate introduction of solids; and ensure that families are supported to achieve their feeding goals by professionals with evidence-based training.
16. Deliver the Health, Exercise, and Nutrition in the Really Young (HENRY) approach in our 0–5-year population.
17. Support the implementation of HENRY awareness for professionals.

Board members expressed praise that HENRY was going well – having worked hard to establish this alongside the previous Director of Public Health.

Members noted that the published statistics did not split results on gender lines but asked if there was a difference between boys and girls in this area.

The Director of Public Health advised that it was possible to make this distinction within the statistics and in fact this information was published elsewhere; the intention of this report had been not to overwhelm with too much detail, but he would be happy to include a gendered breakdown in future.

He stated that it was clear that gender differences, and the way in which bodies change at different stages of development, was something that affected genders differently here. He didn't want to suggest this was more of an issue for one gender or another because it was not, and as much as one might focus on a discussion of underweight teenage girls, one might also discuss the under-reporting of boys' eating difficulties. While gender differences in this area were a complex issue, they were observable in the data, reflected on and targeted by the Public Health team.

Members asked about what happens regarding HENRY when children reached Year 6.

The Director of Public Health responded that by extending HENRY up to Year 6 this took them to 10-11 years, and health trainers can work and support individuals aged 13 and above. There would be a small gap between these points and the Public Health team were looking for possible ways in which this might be filled. He noted that it was now a much smaller gap

than in the past and they were gradually moving toward a point where support should be available throughout.

He noted that primary school goes up to Year 6, and they did not wish to overly weight manage at this stage as the most effective interventions at a population level were to provide really good universal information, as well as the food provided in schools, the extent to which people can afford that food, the availability of free school meals and the nutritional value of school meals.

Members asked what the demand was for HENRY courses?

The Director of Public Health said that there had been smaller than expected numbers signing up, but he acknowledged that doing so was a big commitment for families. They had responded to this by involving Child Development workers to assist with childcare where other children need support while one child attends a HENRY session with their parents. He acknowledged that they could only offer to people who had been referred and that there were limited places on the courses (6-8 families at a time). There was still low capacity on the course and referrals did need to increase, but they were steadily increasing. He anticipated the numbers going up into 2026.

Members commented about recent feedback from secondary school children, who suggested that fast food was the most affordable option for eating out in town and reiterated the importance of the Commercial Determinants of Health work discussed at the previous meeting.

The Director of Public Health highlighted the York Hungry Minds scheme and the work it had done providing children with nutritious free school meals, both breakfasts and lunches, which had been a great success. He noted that it was giving children an opportunity to see different healthier food choices because the meal provided was much healthier than the equivalent packed lunch. He stated that there had been a tangible positive outcome from this scheme, and he hoped it would be progressed further.

Members discussed the issue of Breast Feeding, commending York's application for status as a "Feeding Friendly" city but alongside this, asking whether the tongue tie clinic at York Hospital would be available.

The Director of Public Health responded that having spoken to the Chief Executive and the Director of Midwifery, the gap in the pathway had been closed and this issue regarding the tongue tie clinic would now be resolved.

On the subject of becoming a Feeding Friendly City, he confirmed that his team were developing the UNICEF Baby Friendly Initiative submission stage by stage; the specialist lactation clinic was now up and running and staff were sorting out schemes like the aforementioned tongue tie pathway. Progress had been made both within the council and with local businesses. He assured the board that he would update them on their progress in a couple of years, by which time he hoped to have some real success stories in terms of the number of businesses who have signed up.

Members asked whether there was any way of understanding whether or not particular groups were engaging with the approach outlined in the strategy, or more particularly whether there were groups that this approach struggled to reach?

The Director of Public Health stated that in terms of the population, there were axes of inequality and it was not as simple as saying there were “deprived areas and less deprived areas”, although that was a very important factor.

He advised that the issue of gender, as previously raised, was a significant axis, as were ethnicity and an individual’s weight; genetically for example, when combined with high weight there was high predisposition to diabetes in South Asian communities.

He noted that another axis was neurodiversity and the way in which data suggested that food types and texture often provided barriers. Regarding schools and the food environment, he said the canteen was often the noisiest place in a school, in terms of sensory stimulation, and therefore flexibility would be needed to the school meal strategy in such cases.

He did not feel that this was a job for Public Health alone and invited partners and the wider community to all get involved in ensuring more people were living to a healthy weight, since the alternative was early death and disability.

Members praised the change of approach to communication to a less confrontational/accusatory tone where parents in the past had felt persecuted for having “fat children”.

The Director of Public Health advised that he had a statutory duty to send that letter and he agreed that the obligation needed to be undertaken in the most sensitive and caring way possible.

Members asked if there was an understanding of the impact of the COVID pandemic, such restrictions on being out of your house or the drop off in participation in after school activities such as sport and dance, and ultimately was there a plan for active engagement?

The Director of Public Health said there was a separate upcoming goal on the Health and Wellbeing Strategy which would more directly address the issue of physical activity. He explained that the reason these had been divided into separate goals was that while physical exercise was incredibly good for mental health, bone health, cardiovascular health; it was not particularly good at helping to lose weight, although evidence showed it had a modest effect. He advised that for weight loss, diet and more specifically calories were the place to start, because that that is the driver of weight.

He explained that the recent active travel fund from the Combined Authority amounted to £4 million. This would undoubtedly result in more cycle paths and infrastructure. He suggested that he would respond more fully, and make sure items raised were well reported when addressing goal 9 of the strategy at a future meeting.

Members asked about the language used and the idea of a “compassionate approach”. They asked if this had been attempted elsewhere and if so how much of an impact had it made.

The Director of Public Health explained that this approach was based upon a well known intervention in Doncaster called the “Compassionate Approach to Healthy Weight” where the authority took a decision to decommission their weight management services and go for this supportive early prevention instead. This had achieved a good result and had been deemed a success.

He explained that Mounjaro and other weight loss drugs were coming onto the market, and these gave support to this approach because increasingly people would be able to manage their weight down at a particular BMI category and would have the option of those drugs. He emphasised that the more that could be done at this level to help people earlier on, and to help them with things that lead to long-term maintenance around eating and exercise and being active, the better.

Resolved: That the board would 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.

19. Verbal Update from the York Health and Care Partnership (6:09pm)

The verbal update was delivered by the Vice Chair; who noted that York's second Mental Health Hub was to open the following day, initially operating within core hours with the aim of expanding to 24/7 opening in the coming months.

He noted that a large part of the York Health and Care Partnership's agenda concerned the National Neighbourhood Health Improvement Programme, in which 43 sites had been identified to become early implementers. York Place had put in a bid, along with all five other Places within the regional Integrated Care Board (ICB). While York had been unsuccessful in its bid, North Lincolnshire had succeeded, so there would be representation here for the ICB.

He acknowledged that the Partnership had understood deprivation was going to be a focus for this, and therefore York and North Yorkshire would struggle to be identified as early implementers on a Place level. It had however, been decided that the lead put forward from within primary care would continue to do that regardless of the outcome of the bid, and that programmes of work within neighbourhoods such as community pharmacies would definitely continue. He stated that this aligned with the priorities and strategy of the Health and Care Partnership.

He acknowledged that this programme had led to recognition of a need for alignment across different sectors and within health itself. He said that, together with the momentum that had been built, this put the YHCP in a great place to respond to the 10-year health plan in defining what these neighbourhoods look like.

There were no questions.

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.

20. Health and Wellbeing Board Chair's Report (6:15pm)

The Vice Chair presented the report, which was written by the Chair of the Health and Wellbeing Board.

The report included an update on the 10-year health plan for the future, for which a member briefing would take place on Thursday 2 October, presented by the Director of Public Health and the Interim Director of Place.

He reminded board members and residents of the importance of receiving vaccinations at this time of year.

There were no questions, and it was

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.

Michael Ash-McMahon, Vice Chair
[The meeting started at 4.36 pm and finished at 6.16 pm].

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