Meeting	Health and Wellbeing Board
Date	13 May 2026
Present	Councillors Steels-Walshaw (Chair), Runciman and Webb; Anja Hazebroek – Executive Director of Communications, Marketing and Media Relations, Humber and North Yorkshire ICB (Substitute for Sara Coltman-Lovell) Siân Balsom – Manager, Healthwatch York Peter Roderick – Director of Public Health, City of York [arrived 4:33pm] Sara Storey – Corporate Director of Adult's and Integration, City of York Council Danielle Johnson – Director of Children's Safeguarding, City of York Council (Substitute for Martin Kelly) Brian Cranna – Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute for Naomi Lonergan) Lucy Brown – Director of Communications, York and Scarborough Teaching Hospitals NHS Foundation Trust (Substitute for Clare Smith) Toni Tranter - Head of Early Intervention and Prevention, North Yorkshire Fire and Rescue Service (Substitute for Tom Hirst)
Apologies	Sarah Coltman-Lovell – York Place Director, Humber and North Yorkshire ICB (Substituted by Anja Hazebroek) Martin Kelly – Corporate Director, Children's and Education, City of York Council (Substituted by Danielle Johnson) Clare Smith – Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust (Substituted by Lucy Brown) Naomi Lonergan Interim Managing Director, North Yorkshire & York, Tees, Esk and Wear Valleys NHS Foundation Trust (Substituted by Brian Cranna)

	Tom Hirst – Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service (Substituted by Toni Tranter) Pauline Stuchfield – Director of Housing and Communities, City of York Council Fiona Willey – Chief Superintendent, North Yorkshire Police Alison Semmence – Chief Executive, York CVS
Absent	Cllr Cullwick Dr Emma Broughton – Joint Chair, York Health and Care Collaborative Mike Padgham – Chair, Independent Care Group
Officers in Attendance	Amy Collier – Healthwatch Student Volunteer Debi Saunders – Chair, GeneraTe

---

41. Apologies for Absence (4:31pm)

The board received apologies from the York Place Director, Humber and North Yorkshire Health Care Partnership, who was substituted by the Executive Director of Communications, Marketing and Media Relations.

The board received apologies from the Corporate Director of Children's and Education, City of York Council, who was substituted by the Director of Children's Safeguarding.

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 Interim Managing Director, North Yorkshire and York, Tees, Esk and Wear Valleys NHS Foundation Trust, who was substituted by the Director of Operations and Transformation.

The board received apologies from the Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust, who was substituted by the Director of Communications

The board received apologies from the Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service, who was substituted by the Head of Early Intervention and Prevention.

The board received apologies from the Chief Superintendent, North Yorkshire Police; there was no substitute.

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

The Director of Public Health advised that he was running late and arrived at 4:33pm.

42. Declarations of Interest (4:32pm)

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.

43. Public Participation (4:32pm)

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

44. Minutes (4:32pm)

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday, 21 January 2026.

45. Feedback from March Workshop and Future of the Health and Wellbeing Board (4:46pm)

The report was presented by the Director of Public Health who advised that this item had deliberately been allocated a significant amount of time on the agenda because it was intended to set out how the board would function in future years. He noted that the report built upon a private developmental

workshop attended by board members and that this was the first time they had been able to discuss this in public.

He stated that in consultation for the workshop, the Local Government Association (LGA) had advised the board not to lose sight of key objectives, and he therefore intended to break down where the city was against these:

- Healthy life expectancy had been declining, particularly over the past 5 years (males by 4.4 years, females by 4.9). England as a whole was experiencing a similar trend, but York's trend was sharper.
- There was a 10-year life expectancy gap between the wards of Westfield (76.1 males/80.6 females) and Copmanthorpe (87.1 males/91.8 females).
- Adolescent mental health had also been declining, benchmarking lower than the national average for happiness and with 4,225 children and young people accessing community mental health services, half of whom were required to wait over 12 weeks.

He drew the board's attention to the wording of its 10-year Joint Health and Wellbeing Strategy (JHWS); that "York will be healthier and this health will be fairer in 2032 than it was in 2022".

He outlined that the LGA had interviewed Health and Wellbeing Board members in February, and the following conclusions had been reached:

- Reducing health inequalities remains the perceived central purpose of the York HWBB.
- York benefits from strong partnership relationships and good will across organisations.
- The HWBB has the potential to play a stronger strategic leadership role in the system.
- Lived experience and community voices are vital to shaping effective policy.
- There is support for reviewing how the board works to maximise its impact.
- There is an opportunity to consider evolving the HWBB so it becomes a more focused, influential and community connected forum.

He discussed the changes to the model of an effective Health and Wellbeing Board proposed by the LGA, with increased focus on neighbourhoods, partnership, impact and collaboration. He also highlighted areas identified by the workshop as needing to be “stopped”, “started” and “sharpened”.

The resulting proposal was that meetings one and three of the year had been set out as Health and Wellbeing Board Ambition and Engagement Workshops. These would:

- Be 2.5 hour daytime workshop sessions, not held in public.
- Not be restricted to members of the board – while board members would be mandatory attendees, other subject matter experts would be invited.
- Held in other, less formal venues in the community and involve active engagement with residents.
- Focus on strategic discussion around two or three strategic priorities aligned to the JHWS, which would continue to be the focus of the board until members request a change. These become “obsessions” of the board.
- End each session with a list of specific actions and commitments for partners to ensure this is not just talk.

By contrast the proposal for meetings two and four of the year was to maintain the statutorily required formal public meetings. These would be:

- Twice yearly formal board-style meetings which would be live-streamed, lasting 2 hours.
- Include formal, pre-submitted reports published via the council’s democratic services team.
- Continue to include an opportunity for public participation, in as “soft” a style as possible, with clear accountability around follow-up for comments.
- Receive papers for assurance and decisions, for instance:
    - An update on the key statutory duties of the board.
    - A summary by the chair of any recent workshops held.
    - Any other key reports, to note and bring into the public domain.

To lead discussion, he suggested that board members decide whether or not they approved these proposed changes, and

asked them to consider what the “obsessions”/key priorities of the board should be.

Board members agreed that the workshop had prompted a helpful discussion, and that the proposed changes – particularly taking workshops to the community – were very sensible. Members generally agreed that the new structure (workshops and formal meetings) struck the right balance.

Board members suggested that in terms of narrowing down the board’s focus, improvement of health or health inequalities was an overarching mission statement, but within that there should be more tightly focused action.

They noted that the data presented showed that the JHWS statement outlined by the Director of Public Health was not on track and that the board could not just move the goalposts due to a failure to date to make healthcare fairer.

Members suggested that the obsession/focus should be on an area that supported the Health and Wellbeing of Children and Young People specifically. Members also suggested that a focus on preventing falls, as a well understood area that could benefit many people.

It was suggested that these points could be selected for a period of 12 months/6 months/3 months and then the board might move on to a different focus. Members agreed that a review period should be built in when the focus was decided. A limit should be set, then the board should acknowledge success or failure with a review.

Members suggested neighbourhood health and communities as a focus, and that members of the public be made aware of the ways in which they could make themselves heard by the members of the board.

Given the agreed emphasis on neighbourhood health, Members suggested the approach of neighbourhoods to the areas of focus should specifically be considered alongside the overarching approach of the board.

Members suggested that prevention of poor physical and mental health in children was a preventative focus would make the board more forward-looking.

Members expressed concern that workshops scheduled during the day could potentially exclude participation of working people/young people in education. It was also considered that others, such as people with young children or care responsibilities, could similarly not come in during the evening.

Members suggested that health at home was a good area of focus that could cover all areas; allowing early intervention with children, adults who may need help at home, older adults (which would include falls).

The Executive Director of Communications, Marketing and Media Relations noted that York and Humber life expectancy trends were similar, so the sharper decline than the national one was a regional rather than a city issue. She felt that the board's focus should be on the factors leading to this deterioration.

The Director of Public Health said that he would explore the subjects of Depression and Anxiety as contributing factors to mental health and Obesity as a contributing factor to physical health as a large-scale focus. He resolved to follow up with more detailed thoughts on this to members via email. Consequently, the board

Resolved:

i. To agree the proposed new format, approach and meeting rhythm for the Health and Wellbeing Board for the municipal year 2026/27.

ii. To further discuss and identify two or three 'obsessions' the HWB will choose to focus its partnership and engagement sessions on initially.

Reason: This report aligns with the Health and Wellbeing Strategy and will enable the Board to deliver this strategy in a more impactful manner

46. Healthwatch York Reports: "Getting to Healthcare" (4:33pm) and "What TNBI People Told Us About Health Services in York" (5:20pm)

Report 1:

The first Healthwatch report was presented by the manager of Healthwatch York, who noted that the work had been completed in partnership with Healthwatch North Yorkshire to better explore the impact of national changes to eligibility for non-emergency patient transport after these changes were implemented locally.

She explained that in addition to members of the public, Healthwatch had heard from local voluntary and community sector partner organisations who had not found out about these changes until implementation, and there was concern why some people previously eligible for transport no longer were.

Healthwatch had shared a survey with residents and with partners, and while they had heard from some people who reported that they consistently would not have been eligible for transport both before and after the changes, and also from people trying to access services for which transport had never been provided, they still believed this information to be useful, since it illustrated both that transport services and criteria were not well understood, and that transport needed to be a key consideration in any future health and care estate planning.

Key themes emerging from the work were:

- Cost - a significant financial burden in paying for transport meant some people were choosing not to attend appointments were not taking the opportunity to receive health care
- Time – including the time spent arranging transport, which could be difficult, particularly where specific mobility issues existed. There was also increased time spent traveling when direct transport wasn’t available, and time waiting when appointment times did not align with the timing of available transport.
- A lack of alternatives – with too few community transport options within the city.
- An impact on mental and physical well-being – whether through stress, anxiety or the physical demands of managing transport and transport options independently.
- Inconsistencies in non-emergency patient transport provision – with variations in service availability and understanding of the eligibility from within services and outside.

- Specific accessibility issues – barriers experienced by people that made travel particularly difficult or unsafe.
- Eligibility – where in the early days of the scheme, some people were incorrectly advised that they were no longer eligible.

She highlighted several specific case studies from the report to illustrate the challenges, stressing that these issues required joined-up thinking to ensure full access to healthcare for all.

Members highlighted the point regarding people stopping treatment because they can't get to appointments; suggesting that it was important to focus on the point about transport alternatives when older people were expected to cover a great distance for appointments shortly after their bus passes became valid in the morning, since they would otherwise be obliged to pay a fare in these circumstances.

The Manager, Healthwatch York responded that residents could use their hospital letter concerning an appointment to get on the bus before 9:30am without paying a fare, though she had recently received feedback that a driver had refused to acknowledge a Patient Knows Best letter on their phone for this purpose, so there was still work required here on promotion and consistency.

Members noted that from a prevention perspective – and on the cost point – stopping treatment could lead to even more costly interventions down the line if people did not pursue their treatment to its conclusion.

Members asserted that accessibility and transport must be considered a fundamental aspect when planning developments such as neighbourhood health centres, or revising city infrastructure in the future, in the interest of all residents accessing healthcare, prevention and support as soon as possible.

The Executive Director of Communications, Marketing and Media Relations, NHS Humber and North Yorkshire Health and Care Partnership confirmed that ensuring neighbourhood hubs and health centres were accessible tied into the wider agenda, and that an estate mapping tool was being used, which actively considered this as a key driver. She also emphasised that there was a focus on putting as much care as close to home as

possible, with a home-first approach and a reduction in unnecessary appointments and procedures. Some appointments could potentially be undertaken a different way, such as moving to a digital format where appropriate (acknowledging that some residents face challenges accessing digital services of any kind).

Members agreed that these findings highlighted unintended consequences of the changes to patient transport, and that thoughts should now turn to how to capture and surface this following on from the report.

Report 2:

The second Healthwatch report was presented by the Manager of Healthwatch York, the Student Volunteer from Healthwatch York and the Chair of GeneraTe. This report summarised the lived experience of Trans, Non-binary and Intersex (TNBI) people in York and their interactions with healthcare service providers.

The Manager of Healthwatch York explained that in late 2024, a York Voices meeting convened to explore gender health. This meeting had identified some serious challenges, where access to basic health care was being sought in the city. Around the same time, York Health and Care Partnership had also been exploring data around health inequalities, which highlighted significant concerns about higher levels of poor mental health amongst the trans community as well as significant discrepancies across healthcare settings about how gender identity was being recorded and asked for.

Consequently, a partnership had been developed to further explore these issues; this partnership encompassed GeneraTe, York LGBT Forum, York Disability Rights Forum, York Hospital, York Health and Care Partnership, York Medical Group, Priory Medical Group as well as volunteers and people with lived experience.

She explained that users of health services not so much facing ignorance about TNBI people from professionals, but a lack of understanding, and sometimes significant challenges around dignity and respect within healthcare settings, including refusal

to use preferred pronouns and publicly dead-naming trans individuals in healthcare settings.

The report noted that few health care professionals had effective training in TNBI healthcare, and many contributors reported feeling responsible for educating professionals in their appointments with them. There was little to no support locally while on the long waiting list for gender identity clinics across England, and there was no consistent approach to shared care within York or the wider Humber and North Yorkshire ICB.

They had also noted incredibly long waiting lists for support from Gender Identity Clinics (GICs), with reports of waits from two years to two decades depending on which clinic. They highlighted instances where a GIC had needed to intervene when GPs had not wished to treat certain patients, which they noted was concerning from both a health safety and from a logistical perspective. The current model for NHS primary care was seen as problematic, with primary care being asked to take on shared care agreements without an appropriate funding source, especially concerning gender care given the lengthy first appointment waiting lists for NHS GICs.

No GPs in York offered shared care with private providers and this pushed people out of the care system in the direction of unmonitored do-it-yourself hormone replacement therapy with no specialist input. The Chair of GeneraTe advised that the service received, and the experiences in care were hugely variable by area and by healthcare provider, and depended greatly on the “pushiness” of the person seeking care.

Gender affirming care was happening locally but was not widely supported; it was led by committed and concerned health professionals. The report acknowledged many health care professionals were keen and willing to undergo training and proceed with carrying out gender-affirming health care and some healthcare professionals had been extremely understanding and made people feel comfortable talking about their health care needs.

Based on the points raised in the report, the presenters recommended that:

- All agencies should reinforce the need to treat all people with dignity and respect.
- There was a need for improved training and take up of training around gender identity and gender affirming care
- Improved support must be developed for those waiting to be seen at gender identity clinics so that that waiting time was not just a holding space while people put their life on hold for potentially years.
- Organisations should promote their support and inclusion of TNBI identities and where possible offer holistic care (for example where there is an overlap of people who are both TNBI and Neurodivergent).
- Social prescribers should work with TNBI people to further support non-healthcare issues and lead the way across Humber and North Yorkshire and beyond. People should be encouraged to tell the NHS that they are TNBI so that they can be signposted to charities and organisations who can support them, and to get onto GIC waiting lists.

Members noted the emphasis on the need for training in the report, asking the Chair of GeneraTe if she was the only one presently undertaking this training. The Chair of GeneraTe advised that for 41 years it had been only her training people, but that she was developing a training package that she hoped to have adopted by the NHS and Local Authority, which could be used for others to undertake wider training in the future.

The Director of Public Health asked how they felt the shared care issue could best be addressed, and what feedback could be addressed for services commissioned under Public Health.

The Chair GeneraTe responded that a common concern when speaking with service providers or going through gatekeepers was repeated misgendering was a microaggression and by the time you reach the person you want you are in no state to speak to them. The Manager Healthwatch York added that there had been particularly positive feedback around the Sexual Health services in York, where screenings could be undertaken and no undue questions were asked of patients. There had been no specific feedback around Drug and Alcohol Services but they would monitor this.

The Director, Care Group Director of Operations and Transformation at TEWV asked for advice about more effective training methods.

The Chair, GeneraTe responded that the most-effective training on TNBI was from a person who had both lived experience and who was resilient. Currently there were not enough such people to do this in the area due to the negative way society treats trans people and she would very much welcome allies to assist with this training.

Members expressed concern and empathy about the link between gender identity and mental health. As with other negative influences, this could start with repressive comments as early as school, which could impact people for life. They fully supported cascading training to social prescribers or Local Area Coordinators.

Members highlighted the need to collectively share positive stories where training is having a positive effect, and celebrating instances of success and positive impact.

The Manager, Healthwatch York noted that several people had suggested looking at this from a social prescribing angle, and that Healthwatch felt this was a topic that the board, and the ICB, should return to in the future.

The Chair, GeneraTe advised that as chair of an LGBT group in the city, she would be very keen to maintain a relationship with the board, especially since this helped TNBI issues be better represented in the city.

The Chair of HWBB asked the authors of the report to remain in contact with the board in order to provide future updates.

The board then

Resolved: To receive Healthwatch York's reports, "Getting to Healthcare – The impact of non-emergency patient transport eligibility changes on people in York and North Yorkshire" and "What Trans, Non-binary and Intersex People Told Us About Health Services in York".

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

47. Update from the York Health and Care Partnership (5:56pm)

The report was presented by the Executive Director of Communications, Marketing and Media Relations, NHS Humber and North Yorkshire Health and Care Partnership. It sought to confirm the board was content both to lead and provide a Neighbourhood Health Plan, building on the National Neighbourhood Health Framework published in March 2026, which had indicated a shift to more integrated, community-based care and prevention, and Health and Wellbeing Boards becoming the statutory lead and system steward for delivery.

She noted that York had a particularly strong foundation for neighbourhood working, with integrated neighbourhood teams in place across geographies, early progress and nationally recognised frailty and complex care pathways and population health management. There was strong partnership working across the local authority and York was recognised as a leading Place within the ICB for neighbourhood development.

She outlined that key delivery priorities were scaling and embedding the neighbourhood model and further development of the statutory neighbourhood health plan, strengthening joint commissioning and pooled approaches and particularly progress on systemwide mental health offer including the 24/7 mental health hub model and commissioning road map in the coming year.

Outlining risks and challenges she cited the ongoing situation concerning the NHS and the ICB but also system capacity constraints particularly in relation to commissioning and contracting capacity and workforce pressures across partners.She also noted that the whole system experienced significant financial pressure.

Regarding commissioning and governance she noted that joint commissioning continued to progress, supported by the extension of the Section 75 into 26/27 and the joint commissioning plan to be developed in quarter 1. The Better Care Fund had been submitted and she was expecting finalisation of that imminently and the ICB was in the midst of organisational change and was now in the midst of implementing its new structure, having this week conducted interviews for senior roles within the commissioning uh and

insight function and programs of care including um you'll remember we're moving to a model of the three I'll call them the the the place delivery um leads um and that the interviews for those roles have taken place this week. There was still a little way to go in terms of implementation of the structure but 60% of the roles had been populated.

The chair thanked the Executive Director of Communications, Marketing and Media Relations and reiterated that a decision from the board was required as to whether it was content to provide the proposed Neighbourhood Health Plan.

Members acknowledged they had little choice in this; since signing off the plan was effectively a responsibility of the board, but felt HWBB was the appropriate place for this. It was noted that several board members were also members of the York Place Board, in the interest of reducing duplication. Ultimately the members agreed support for the proposition, stating that it was important to involve people in neighbourhoods, and active system stewardship in implementation.

Members acknowledged the importance of having primary care around the table and involved in the Neighbourhood Health Plan. They also proposed that the draft of the plan be brought to the next meeting of the board to hold the plan to account.

Resolved:

i. That the Board note the update from the YHCP.

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

ii. That the Board is content to provide the Neighbourhood Health Plan.

Reason: The Board is required to ensure this plan aligns with the Joint Strategic Needs Assessment (JSNA) and integrates with wider local public services.

Cllr Steels-Walshaw, Chair
[The meeting started at 4.31 pm and finished at 6.11 pm].