

Meeting	Health and Wellbeing Board
Date	16 July 2025
Present	Councillors Steels-Walshaw (Chair), Runciman, Webb and Cullwick; Michael Ash-McMahon – Interim York Place Director, Humber and North Yorkshire ICB Siân Balsom – Manager, Healthwatch York Peter Roderick – Director of Public Health, City of York Alison Semmence – Chief Executive, York CVS Pauline Stuchfield – Director of Housing and Communities, City of York Council Maxine Squire – Assistant Director, Education and Skills, City of York Council (Substitute for Martin Kelly) Michael Melvin - Director of Adult's Safeguarding, City of York Council (Substitute for Sara Storey) David Kerr – Community Mental Health Transformation Programme and Delivery Lead – Tees, Esk and Wear Valleys Foundation Trust (Substitute for Zoe Campbell) Simon Morritt – Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust
Apologies	Zoe Campbell – Managing Director, North Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust Martin Kelly – Corporate Director, Children's and Education, City of York Council Sara Storey – Corporate Director of Adult's and Integration Tom Hirst – Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service Fiona Willey – Chief Superintendent, North Yorkshire Police

Absent

Dr Emma Broughton – Joint Chair of York
Health and Care Collaborative
Mike Padgham – Chair, Independent Care
Group

1. Apologies for Absence (4:36pm)

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 Corporate Director of Adult's and Integration, City of York Council, who was substituted by the Director of Adult's Safeguarding.

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

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

The board was advised that the Chief Superintendent, North Yorkshire Police was running late due for operational reasons.

2. Declarations of Interest (4:39pm)

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.

3. Minutes (4:39pm)

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday 7 May, 2025.

4. Public Participation (4:39pm)

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

Ben Ffrench spoke on item 8; discussing the work of York Mental Health Partnership and the development of community mental health services.

5. Healthwatch York Report: Women's Health: Stories of Women's Health Experiences in York (4:45pm)

The item was introduced by the Manager of York Healthwatch, discussing the experiences of women in York with health services. She noted that the overwhelming message of the report was that the women who responded just wished to be listened to.

The two Women's Health items (the Healthwatch York Report and the Public Health Team Report) were both discussed together.

The Chair noted that the inaction, lack of change and lack of data highlighted by both reports was disheartening.

The Director of Public Health responded that every effort was made to gather information – it was simply a case of gender being collected separately when identifying an individual and not as part of the health statistics, which were not specifically disaggregated by gender at a national level.

He suggested that wherever possible for internal use, partner organisations might make efforts going forward to disaggregate gender and the broad if not detailed categories of ethnicity outlined by the Office of National Statistics, in order that this not be an issue at a local level.

The Chief Executive, York CVS asked where the actions following these reports would sit, since clearly they were not all for one agency and a lot of issues and recommendations had been highlighted. She asked if there would be an action plan linked to this to track progress.

The Director of Public Health invited the Interim York Place Director to speak about the Women's Health Hub, asking whether the ICB would be tying that into that into a broader women's health strategy (and if not perhaps the board partners may wish to discuss one). The Interim York Place Director stated that while he couldn't answer on this issue specifically there was a focus on this issue across the ICB.

He agreed that there was a statutory obligation here for the ICB but queried how best to bring examples raised in the reports into the broader strategy, suggesting that the York Health and Care Partnership could specifically look at these.

The Director of Public Health assured that many actions were being picked up through other partnerships; he stated that some of the work around violence against women and girls within this strategy would be picked up through the community safety partnership and domestic abuse also had its own dedicated partnership, and before drawing up an action plan partners should consider these partnerships.

The Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust confirmed that with Healthwatch reports, there was a process that partner organisations went through to consider the recommendations, as such this could be dealt with by family health.

He suggested that a Joint Strategic Needs Assessment was needed to properly reflect the Health Needs Assessment and the wider needs of women's health and be the driver for future strategies for the Health and Wellbeing Board, Place and ICB.

The Director of Public Health responded that this was a good challenge since the JSNA website probably did not currently disaggregate its data (as had earlier been encouraged) and this would be one action to take away in terms of the way data was presented there. He said that the ICB and the Council were well placed to utilise local data and intelligence to really know the population, even when national data didn't provide this option.

Councillor Webb noted the first recommendation on page 64 of the report, and discussed one case wherein there was a five-day delay for the team around baby to remove a tongue tie.

The Manager, York Healthwatch confirmed that York has had a difficult history with mother and baby units and this also needs pressing at a national level. It was important for mothers to be catered for in the right place, and the nearest dedicated units to York were in Leeds and Morpeth and York residents relatives had found it difficult to visit them in Morpeth, let alone the next closest units in Nottinghamshire and Derbyshire.

She advised that Healthwatch report did not contain a large number of recommendations, because it was more focused on having a conversation about the content, but they had specifically added these ones because they had heard time and time again about the impact on women, their mental health and well-being, ability to feed a baby, better sleep for everyone in that household and feeling more able to cope with the joys of new parenting.

She also stated that the York Health and Care Collaborative (YHCC) had held discussions about neighbourhood health and women utilising GP access more than the general population around mental health and pain, and although Healthwatch hadn't made many recommendations about these long-term conditions she hoped that through the YHCC this could be further examined.

The board thereby

Resolved: i. To note and discuss the report
ii. To consider the challenges system partners face to address poor health outcomes for women in the city, using the six key priorities outlined in the report as its focus.

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

6. Women's Health Needs Assessment (4:45pm)

The item was presented by the Public Health Specialist Practitioner (Advanced) and was discussed together with the Healthwatch Report (see above)

She noted that the methodology of a Health Needs Assessment would usually involve direct inclusion of the voices of women, but because the authors had been aware of the concurrent Healthwatch report, it was decided that this report would be undertaken as a Rapid Health Needs Assessment and a Desk-based Needs Assessment; interviewing stakeholders and looking at what the health needs of local women were according to those stakeholders, with the intention of identifying areas where influence could be applied through strategy, commissioning, or programme funding.

She said that information had been discerned both from these findings and the findings of the Healthwatch report, in order to identify the key priority areas for women in York.

The key issues identified included:

- Caring responsibilities.
- Maternal health.
- Period poverty.
- Violence against women and girls.
- Isolation and mental health.
- Menopause.
- Accessibility of primary care services.

One of the key unmet needs identified in the report, and echoing other reports, was that there was not very much available data that specifically concerned women. She explained that the Woman of the North report, 2024 (a joint piece of work between the Northern Health Science Alliance's Health Equity North and academics from the Northern National Institute for Health and Care Research) had concluded that “we cannot paint a complete picture of how the social determinants of health impact outcomes for marginalized northern women due to the lack of health data about the lived realities of marginalized northern women.”

She reiterated that the Public Health team's report that needed to be read in conjunction with the Healthwatch report and noted the challenges with data availability when producing the report.

The board thereby

Resolved: i. To note and discuss the report
ii. To consider the challenges system partners face to address poor health outcomes for women in the city, using the six key priorities outlined in the report as its focus.

Reason: To keep the Board updated on the Women's Health Needs Assessment 2025 and the Public Health team's work as part of the Joint Strategic Needs Assessment (JSNA).

7. The Commercial Determinants of Health - Exploring a York approach (5:11pm)

The report was presented by the Director of Public Health, who was joined by the Associate Director, Humber and North Yorkshire Centre for Excellence in Tobacco Control and the Public Health Specialist Practitioner (Advanced). This was accompanied by a presentation on the Commercial Determinants of Health, which showcased recent examples of gambling, junk food and alcohol advertising in public spaces within the city.

He concluded with the recommendation that the board consider how partners think about educational or promotional materials, partnerships, sponsorships and their approach to advertising/marketing. He noted that the council probably had more scope here than other organisations, but there were straightforward ways to monitor websites and social media posts and everyone could consider who they were partnering with.

The board asked what actions were currently being taken by the council in York – would they be tackling licensing as other authorities were and if so how was the private sector being involved in this.

The Director of Public Health responded that the new National Planning Policy Framework had positive provisions within it that would make it easier for the council to include 400-metre buffer zones. This had not been included in the last Local Plan,

meaning a supplementary planning document could not be written on it, but a planning review process was underway.

Regarding licensing, he said that per the advice of the Chief Medical Officer, the focus of the Authority should be off-premises rather than on-premises licencing since the most harmful drinking came from people buying cheap alcohol from supermarkets and corner shops, often drinking alone. He said that the hospitality industry were very much in favour of minimum unit pricing, which would encourage social drinking and drive more people towards pubs and restaurants. Price restrictions could not be set locally, but he said he would strongly advocate for a national minimum unit price being set. The Chair agreed that the people living in poverty were often likely to drink cheap alcohol, which was worse from a health perspective, often leading to dependency.

In addition to tobacco and alcohol, the board noted the inclusion of gambling advertising in the presentation. The Director of Public Health had cited the “No Such thing as a Free Bet” campaign. Board members suggested people with gambling addiction were often “invisible” to health and social care providers, similar to those drinking alone at home, people were also gambling in the home or on a mobile phone app, which could push them further into poverty and impact their mental health. The board queried whether it might be possible to obtain any statistics regarding these people and how partners might best reach them.

The Associate Director, Humber and North Yorkshire Centre for Excellence in Tobacco Control responded that there were two prongs in dealing with these issues; firstly, to treat/support those already affected and secondly to protect the next generation.

He emphasised that York was the first Health and Wellbeing Board to take on this challenge. He advised that the products discussed cause 80% of non-communicable diseases, such as cancer, frailty and mental health. He stated that around inequality, authorities needed to target the communities who buy these products and more than anything else these are poorer communities. He warned that it was crucial to monitor who goes into our schools - there would be outcry if the tobacco industry went into schools these days, yet alcohol and gambling corporations still get in with sponsorship and promotion.

The board discussed that this was a controversial and political issue and a choice between personal freedom for people enjoying “the odd drink or cigarette” versus how much everybody else might end up paying to look after those people due to the way they chosen to live their life. It was recognised that this “nanny state” contention was likely what had prevented other authorities tackling the issue. The aim of this plan was to give people the option to make an informed choice, without an insidious influence permeating people’s consciousness from childhood through advertising and more subtle messaging.

The board suggested that this linked to trauma in the system and the choices people made to deal with awful things that had happened, led them to do something unhealthy. If the thing that they used for support was taken away, this may actually increase the problem and deepen the sense of trauma/disengagement. It was suggested that if brilliant minds within corporations and advertising are persuading people to live in a way that damages them, board members should collectively try to do something about that damage in a way that doesn't do more damage. Dual diagnosis support of mental health was linked to the addiction.

The Director of Public Health said this was a good point – early death and early illness was what he was there to prevent, and these issues were underlying factors to that. He advised that cigarettes were as addictive as heroin and people typically became addicted at an age (as children/teens) where they lack the decision-making skills they would acquire at a later age, and that older age is the point that we ask them to make a choice. He added that a similar issue was faced with regard to ultra-processed food which was also highly addictive. He made an open offer that anyone could come and speak to Public Health or the Centre for Excellence to

The board suggested that partners would benefit from consistent, agreed messaging, since there were currently some mixed messages out there. It was stressed that unified messaging in schools would be beneficial, and was particularly sensitive in York due to the tourist economy driving York and the Racecourse, which had partnered with schools in the past. It was suggested that the nature of the corporate world often made such influence difficult to track and the approach taken must be mindful of this and consistent.

The board also noted the importance of getting messaging out about infant formula and breastfeeding in the UK. The Public Health Specialist Practitioner (Advanced) responded that this was something that was actively being promoted.

The board discussed the current relationships the council has, including how the procurement process might be refined via discussion with the Public Health team.

Board members stated that choice always happens in a context; some people can afford to have more choice, and people on a specific bus route may receive messaging on bus stops, TV shows sponsored by a gambling company mention alcohol or gambling 11 times in an hour. It was suggested that rather than focus efforts exclusively on negative recommendations (stopping or banning things), the board might find positive encouragement such as incentivising of advertising non-ultra processed food would be a good idea.

The board then

Resolved:

- i. To note the Association of Director of Public Health Yorkshire and the Humber Consensus statement on the CDOH.
- ii. To consider avoiding use of educational or promotion materials produced by organisations established or funded by (whether entirely or in part) unhealthy commodity industry bodies in our educational settings or communities.
- iii. To consider ending any partnerships, sponsored or funded work which has links to unhealthy commodity industries, using the Good Governance Toolkit as guidance.
- iv. To consider the approach to advertising and marketing, and adopting a policy which matches the City of York Advertising and Marketing Policy.

Reason: The Health and Wellbeing Strategy 2022-2032 contains an aspiration to become a 'Health Generating City', and this paper supports this goal.

8. Update from the York Health and Care Partnership and Annual Report (5:59pm)

This item was presented by the Interim Place Director. He noted that all partners including the ICB had signed up to an agreement cementing the planned way of working within York Place going forward, and therefore the partners, the providers and the population served would all remain the same, irrespective of what the ICB looked like in the future.

He also spoke about the mental health option, praising the Community Mental Health Hub on Clarence Street, which had been mentioned in public participation. He reiterated that this was a really positive step and a third hub would hopefully be opening later this year.

He discussed the annual report, saying it was gratifying to see the 10-year plan already being put in practice through such items as the frailty hub.

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.

9. Healthwatch York Annual Report (6:03pm)

The report was presented by the Manager, York Healthwatch. She advised that while York Healthwatch had been finalising the report they were advised of abolition of Healthwatch England, as part of national Government restructuring, but that York Healthwatch intended to conduct business as usual until at least October 2026, during which time they would explore all available options.

She explained that the report summarised what each of York Healthwatch's members and volunteers do to fulfil their statutory responsibilities and encouraged the board and interested members of the public to read the report online or attend the open annual meeting on 29 July at the Priory Street Centre.

The Chair commended Healthwatch for the clarity and accessibility of their reports, stating that the Council Leader had been in discussion with the ICB over the future of Healthwatch in York, with the ICB agreeing that the Place Board was a fantastic example of joined-up working. She said the hope was that if the Place Board were able to continue to deliver this function, the ICB would want to retain an independent voice. While this was at an early stage, the Chair asserted that she also hoped to retain York Healthwatch's voice.

The Board thanked York Healthwatch and their volunteers for their hard work and advice not just on reports but also in the community, suggesting the Chair could draft a letter of recognition on behalf of the Board to confirm York Healthwatch would continue its role. The Chair agreed that this would be done if the full Board were in agreement.

There were no objections.

It was then

Resolved: That the board receive Healthwatch York's Annual Report.

Reason: To keep up to date with the work of Healthwatch York.

10. Progress Against Goals #3 and #4 in the Joint Local Health and Wellbeing Strategy 2022-2032 (6:11pm)

The item was presented by the Director of Public Health who explained that the report centred on goals three and four of the ten population health outcomes the board would like to change from the strategy (concerning smoking and alcohol).

Goal three, was to bring smoking rates down below 5% for all population groups and goal four, was to reduce from over 20% to 15% the portion of York's residents drinking above the Chief Medical Officer's alcohol guidance. Three or four actions in each were approved by the board in a recent meeting.

He noted that the vapes bill continued to proceed through parliament and there would be quite a lot of work to do after that regarding enforcement, so the Public Health team had been working closely with trading standards and retailers especially following the recent ban on disposable vapes in June 2025. He explained that there was also ongoing work to try and make that tobacco dependency pathway at the hospital as high quality as it can be.

He noted that there had been a very successful quitting service for the city, with the highest national quit rate for a number of quarters last year in terms of percentages out of all areas and further success with the Gypsy and Traveller communities, those experiencing homelessness, and populations in Index of Multiple Deprivation (IMD) deciles one and two, that had been targeted by the Public Health team.

On Goal four he advised that there had been organisation of Identification and Brief Advice sessions as early help/intervention. The Drug and Alcohol Programme within York Hospital was seen as a key aspect of the work, although there had been some delay in getting this up and running. He said that it was hoped that clear clinical pathways in the hospital would become established; getting people into the hospital and community support now was the part that was not yet properly working.

The board asked if the Drug and Alcohol team in the hospital were going to have some progress on goal four in the near future. The Director of Public Health answered that he hoped so, and it had been commissioned, but this was a hard pathway to get right and the hospital had been allocated limited funding.

The Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust assured the board that something would be in place in a matter of weeks rather than months.

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.

11. Health and Wellbeing Board Chair's Report (6:17pm)

The Chair summarised the report, stating that due to time constraints, unless there were any further points of discussion, she would take the report to have been read by other members of the board.

There were no objections.

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

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

Cllr Lucy Steels-Walshaw, Chair

[The meeting started at 4.36 pm and finished at 6.18 pm].