
Meeting	Health and Wellbeing Board
Date	7 May 2025
Present	<p>Councillors Steels-Walshaw (Chair), Runciman, Webb and Cullwick; Anja Hazebroek – Executive Director of Communications, Marketing and Media Relations, NHS Humber and North Yorkshire Health and Care Partnership 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 Sara Storey – Corporate Director of Adult’s and Integration Alison Semmence – Chief Executive, York CVS David Kerr – Community Mental Health Transformation Programme and Delivery Lead – Tees, Esk and Wear Valleys Foundation Trust (Substitute for Zoe Campbell) Lucy Brown – Director of Communications, York and Scarborough Teaching Hospitals NHS Foundation Trust (Substitute for Simon Morritt)</p>
Apologies	<p>Zoe Campbell – Managing Director, North Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust Simon Morritt – Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust Pauline Stuchfield – Director of Housing and Communities, City of York Council Mathew Walker – Deputy Chief Fire Officer, North Yorkshire Fire and Rescue Service Fiona Willey – Chief Superintendent, North Yorkshire Police</p>

Absent

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

41. Apologies for Absence (4:35pm)

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

The board received apologies from the Deputy Chief Fire Officer, North Yorkshire Fire and Rescue Service; no substitute was available.

The board received apologies from the Chief Constable and the Chief Superintendent, North Yorkshire Police.

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 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.

42. Declarations of Interest (4:35pm)

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. Minutes (4:35pm)

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday, 19 March 2025, having noted and amended an error in item 38.

44. Public Participation (4:36pm)

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

Flick Williams spoke on item 7; she expressed serious concern about the effect of proposed disability benefit cuts on health inequalities.

45. Update on the York Drug and Alcohol Partnership: Strategic Priorities 2025/26 (4:40pm)

The item was introduced by the Director of Public Health and presented by the Public Health Specialist Practitioner (Advanced).

The Director of Public Health explained that this report followed on from a national review of services surrounding drug and alcohol provision in 2021 which gave local authorities license to set up "combating drugs partnerships" which was locally represented by the York Drug and Alcohol Partnership (YDAP), of which he was the Senior Responsible Officer.

He also noted that in the past decade there had been a move from treatment to recovery-based systems when dealing with addiction.

The Public Health Specialist Practitioner (Advanced) presented the report and summarised the strategic priorities agreed at the Drug and Alcohol Partnership Board in March 2025. Each priority has a lead within a relevant organisation. She noted that a fourth outcome (mental health) had been added this year.

The Health and Wellbeing Board were asked to support the priorities but also to consider how individual agencies within the wider health and well-being area could each offer support.

The board asked about the "What's the Score" conversation tool, used by YDAP; what was the purpose of it and how was it used?

The Public Health Specialist Practitioner (Advanced) answered that this toolkit had been developed by their current provider Change Grow Live as part of their young people's service – and

it was a type of scratchcard which helps user's establish their level of substance usage and whether this may be problematic. The intention was to roll this out fully to professionals who work with young people such as teachers and youth workers.

The board asked about the aim to increase the numbers of young people seeking support for substance misuse – the Public Health Specialist Practitioner (Advanced) said the numbers, set out nationally, were quite ambitious but were being delivered. These had started out at around mid-20s but were now approaching nearer 50.

The board asked how the partnership could work out where they need to be to capture any young people that weren't coming forward to seek support?

The Director of Public Health answered that regarding unmet need indicators for drugs and alcohol versus the expected number of people seen in treatment, there was about a 50% gap for substances and 80% for alcohol in the adult population currently, so on this basis he would expect to see four times as many adults seeking help for alcohol treatment and using a similar methodology he would consider 20-30 young people citywide to be a much lower than anticipated number of young people seeking help.

The board asked whether there was capacity to deal with an increase in demand for support with drug and alcohol misuse among young people.

The Public Health Specialist answered that there was capacity to support more children and to provide early intervention, which would also avert further need for these people as adults.

The Director of Public Health added that with the old model Children's Services was more a wing of the service as a whole, and was a smaller element. With the new provider there was a specific gateway offered to children, which he felt put the local authority in a much better place.

The board praised the report's specific acknowledgement of the importance of dual diagnosis. It was noted that on this topic the report did not cover the issue of neurodiversity and self-medicating to "normalise" for individuals.

The presenter acknowledged this point, and said there was a first prevention group later in May where she would bring this up. She would also discuss the prevalence of self-medication without a coexisting mental health condition.

The board raised the issue of gender specific pathways, noting that there was no discussion of domestic violence in the report.

The presenter accepted this and said while this issue had not been a priority for the year, the link between drugs and alcohol and domestic violence was recognised and work was being undertaken by her colleague in Public Health, Hannah Hall, on the Joint Domestic Abuse Strategy.

The board asked whether high risk individuals would trigger an automatic referral from the courts or prison service regarding self-medication linked to domestic violence or would they need to manually request a referral themselves?

The presenter stated that she believed a referral would have to be made in this instance but she would follow up and report back to the board.

The Chair responded that situations concerning very high-risk individuals would automatically trigger a Multi-Agency Risk Assessment Conference (MARAC).

The Director of Public Health suggested the board could confirm that the commissioned drugs and alcohol provider and commissioned domestic abuse provider were collaborating and talking to one another, because these were coexistent issues where two referrals may be helpful but they must be coordinated referrals in which the teams talk to one another.

The Director of Public Health also requested that an action be noted that the board would like to assess some of these priorities and the data behind them to discuss measurable changes at a future meeting.

The board asked what work had been done around attitudes and behaviours surrounding adults buying alcohol for young people to take to gatherings, and the “normalising” effect this has.

The presenter acknowledged this, conceding this was a wider, national issue addressed to some extent in Personal Social Health Education (PSHE) lessons under the national curriculum and would form part of the focus of the Children and Young People's group taking place later that month.

The board asked about nitazenes/synthetic opioids being a problem in York that had contributed to several deaths in York in recent years, and how the process for dealing with this was changing.

The Public Health Specialist said that the North Yorkshire Drug Analysis Program (NYDAP) a harm reduction exercise was currently being undertaken together with the University of York, North Yorkshire Council and North Yorkshire Police. This gave a much faster return on testing any sample of drug paraphernalia (if not needed for evidence) and this could be tested at the university. A turnaround of 12 hours between getting a sample and putting out a drug alert could now be achieved. She would be happy to come back and talk about nitazenes further.

The board asked if this scheme was already taking place elsewhere or was York pioneering this?

The presenter answered that while York had not pioneered this scheme, it was close behind those that did; city size in York had allowed the scheme to be rapidly put in place. She advised that she could also provide the board with national statistics to show the wider outcomes for harm reduction.

The board thereby

Resolved:

- i. To note and support the 2025/26 priorities of the York Drug and Alcohol Partnership.
- ii. To consider how the priorities outlined are in line with wider HWBB priorities and how individual agencies can support this.

Reason: To keep the Board updated on the work of the York Drug and Alcohol Partnership and their Strategies.

46. Better Care Fund (5:09pm)

The Corporate Director of Adults and Integration presented on behalf of the report author (Interim Head of All-Age Commissioning), advising that the final plan, submitted in March and outlined in the report, had been approved in the hour prior to the board meeting.

She explained that the York Better Care Fund (BCF) plan had been developed through a collaborative process, ensuring alignment with national priorities and local partnership objectives. She highlighted a few of its key points, noting that there were no significant changes to the scheme but that there had been some work with partners through the delivering capacity group and key stakeholders to understand the scheme names; it was identified there were a number of existing schemes that were called different things but doing the same thing. The number of schemes had not really reduced, rather they have been amalgamated under some of the BCF plan headings

The board expressed concern about funding for pay award increases being met internally, asking whether this would total to be a significant amount.

The Corporate Director of Adults and Integration was not able to confirm for 2025/26 as she did not have full information for the current year's pay awards approved at this stage.

The board asked about "Move Mates" and the proposed redirection of its resources to other schemes; were these similar in terms of building confidence and promoting exercise outdoors?

The Corporate Director of Adults and Integration clarified that there were no other specific schemes undertaking the same activities as Move Mates, rather there were preventive schemes which the funding was being redirected towards, but given the overall budget had not increased significantly, it had not been possible to commission a significant amount of new services.

The board responded on this point of there being no great uplift in funding, asking whether or not this prompted further concerns.

The Corporate Director of Adults and Integration answered that funding was always a cause for concern and a balancing act, but that a significant amount of work, effort, consultation and engagement had gone into considering/funding each scheme, and continued review and evaluation was required through the year and beyond. It was not possible to source any additional funding for BCF at a national level, and the council had therefore provided significant additional funds over and above this.

The board suggested that there was more potential for Voluntary and Community Sector to get involved in this area.

The board noted that the largest BCF contribution listed on the tables as charity or voluntary sector was that to York Carer Centre Service and associated respite and other services and asked whether this funding all went into voluntary sector or whether these could be entered into two separate lines.

The Chief Executive, York CVS clarified that the Carers Centre receives £400,000 and this was only a fraction of the amount allocated.

The Corporate Director of Adults and Integration said she would clarify this information and follow up with board members after the meeting.

The Health and Wellbeing Board then

Resolved: To review and approve the 2025/26 plan, given its collaborative development and alignment to both BCF and HWBB priorities.

Reason: To keep the Board updated on the Better Care Fund Plan.

47. Goal 1 in the York Joint Local Health and Wellbeing Strategy 2022-2032: 'Reduce the gap in healthy life expectancy between the richest and poorest communities in York' (5:24pm)

The report was presented by the Director of Public Health. He noted the focus on “healthy life expectancy” versus “life expectancy” and the links to poverty and associated factors in

the York Inner parliamentary constituency. He went on to discuss what causes people in poorer areas to become ill and die earlier and what was being done to meet these residents' needs.

There was a discussion with board members about the statistics.

The board noted the inequality of the poverty/health figures across the city and asked if these statistics and correlations could be shared with ward councillors since they have discretion with regard to ward health spending (eg. areas where loneliness, suicidality and food poverty are a serious issue and cause of early death or a reduction of quality of life).

The Director of Public Health agreed with this, acknowledging that ward action plans existed already but that these could be incorporated or taken into account to change focus or refine strategies or best practices. He suggested he would also take this forward with the Director of Communities.

The board asked when a change in this data was likely to reflect whether commissioned public health schemes were effective and things were improving, noting that it was difficult to measure the success of some schemes (like supervised tooth brushing, which may not show the benefits until years into the future).

The Director of Public Health answered that funding for the schemes on this list was drawn from several different sources; but of those funded by public health some such as the Health Mela offered less immediately tangible progress but were excellent large scale health outreach and word of mouth to 3000 attendees, others such as mailings to get at-risk people to proactively sign up for the hypertension register could show hard statistics of a thousand people added and prescribed blood pressure lowering medication, meaning 17 fewer strokes a year and 6 deaths averted.

The board asked about the take up and effectiveness of the Health Inequalities Education Programme.

The Director of Public Health answered that he thought it had been very effective and he had seen really good changes of practice, and data showed that practices were finding more patients from private communities. Presentations from the

Poverty Truth Commissioners and York Travellers Trust had been undertaken earlier today, and workshops and seminars had allowed professionals to facilitate training.

Resolved: That the board would:

- i. Note and comment on the current data on inequalities in life expectancy and healthy life expectancy in York.
- ii. Discuss where and how the inequalities arise, and 'where to look' for solutions.

Reason: To ensure the HWBB is actively and effectively delivering on the vision and ambitions set out within the Joint Local Health and Wellbeing Strategy 2022-2032.

48. Update from the York Health and Care Partnership (5:48pm)

The Executive Director of Communications, Marketing and Media Relations, NHS Humber & North Yorkshire Health and Care Partnership Invited the Interim Director of Place, NHS Humber and North Yorkshire Health and Care Partnership to assist her in presenting the item and answering questions.

The Executive Director of Communications, Marketing and Media Relations, NHS Humber & North Yorkshire Health and Care Partnership summarised the minutes of YHCP meetings noting that the children's plan which was draft at the time of being presented to the committee had now been approved by the partnership.

She also noted the restructure regarding the abolition of NHS England and the reform of the Integrated Care Board, due to delays surrounding the pre-election and bank holiday period this was all very new information but she highlighted that Humber and North Yorkshire ICB needed to make a reduction to costs of 47% with a revised allocation for Humber and North Yorkshire ICB of around £35million. The ICB would go back to being more of a strategic commissioner, setting out the strategy to improve population health outcomes and commissioning services and other activities to support this, rather than being involved in the delivery. She added that they would need to submit a plan by the end of May 2025.

The Interim Director of Place, NHS Humber and North Yorkshire Health and Care Partnership explained that the ICB Executive intended to continue to put existing agreements in place because this anchored its intended plans on a local level, even considering the national changes. He said that the report described the ways the ICB sought to go about doing this, and legal teams from the local authority and health had recently finished those documents for York and they were going through the final stages of ICB Executive approval.

The Corporate Director of Adults and Integration emphasised its support for the ICB, noting that taking an effective 50% cut to running costs must be extremely challenging and stating that they wished to support local citizens, particularly those who may be concerned that their healthcare or jobs could be threatened by these changes. Taking £35m from any system and will not lead to things getting better, and this was about mitigation rather than improvement.

The Chief Executive, York CVS noted the appointment of the new acting chair of the ICB, Jason Stamp who was previously the collaborative chair of Humber and North Yorkshire Voluntary, Community and Social Enterprise (VCSE), stating that this was particularly positive news for the voluntary sector.

The Executive Director of Communications, Marketing and Media Relations, NHS Humber & North Yorkshire Health and Care Partnership emphasised that the focus was on driving better outcomes through partnership working, and this would be a fundamental thread moving forward, with an emphasis on improving population health.

The Director of Public Health noted that the national report focused on a number of medical areas, but omitted areas such as social care, integration, and SEND. It would be important to secure these at a local level due to the high local authority overlap.

The Corporate Director of Childrens and Education noted challenges that national safeguarding practice was not standardised and a strong systems practice needed to be maintained. Multi Agency Child Protection teams were presented by challenges by new legislation in Education.

The Manager, Healthwatch York suggested it was concerning that the public were barely getting to know what the role of the ICB was before it was being defunded.

Cllr Webb suggested that the public were primarily focused on getting their appointment, not being educated about ICBs. How are changes communicated with this board? He emphasised that the focus on children in the report was welcome.

Cllr Runciman agreed that while the focus should always be on delivering people's appointments, public promotion of what the ICB could commission was appropriate.

The Executive Director of Communications, Marketing and Media Relations, NHS Humber & North Yorkshire Health and Care Partnership responded that the YCHP were committed to communicating with the board, and there was ambition to set a foundation for a ten year plan which would necessitate a broader conversation with the public.

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.

49. Health and Wellbeing Board Chair's Report (6:18pm)

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, although the Chair went on to highlight that the roundtable discussion with primary care had meant a gap for pharmacy provision in Clifton had been formally recognised.

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.

50. Healthwatch York Reports: GP Surgeries in York: Accessibility Audit Findings and GP Practice Websites in York: Audit Findings (6:19pm)

The Manager of Healthwatch York presented the board's report, encompassing two Healthwatch reports looking at the results of website and surgery access audits completed by Healthwatch York volunteers.

She stated that this report contained a lot of good news on the accessibility of GP practices and websites. The findings showed that many GP practices have been getting things right; others had responded with enthusiasm and an intention to change based on Healthwatch's findings.

The Director of Public Health asked whether specific recommendations had been fed back to the individual practices that had been audited and the Healthwatch Manager confirmed this was the case, and every single GP practice had received a report specific to their website and to each of their physical sites.

The Chair noted that the feedback concerning the impact of radios on people with hearing impairment was very welcome and drew attention to wider accessibility beyond simply mobility. The Healthwatch Manager responded that attention to this area of accessibility also benefitted neurodiverse individuals, and inexpensive changes such as putting a sign up to prompt those struggling to ask for assistance could also make a difference.

The Corporate Director of Childrens and Education highlighted the recent Ofsted report on the Childrens Social Care service, which was rated outstanding in all areas; he urged board members to seek this out online as it discussed the service's partnership work, including health.

The Health and Wellbeing Board

Resolved: To receive the Healthwatch York's reports, "GP surgeries in York: accessibility audit findings" and "GP practice websites in York: audit findings".

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

Cllr Lucy Steels-Walshaw, Chair
[The meeting started at 4.35 pm and finished at 6.25 pm].