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| Meeting | Health and Wellbeing Board |
| Date | 19 November 2025 |
| Present | <p>Councillors Steels-Walshaw (Chair), Runciman, Webb and Cullwick</p> <p>Michael Ash McMahon - Interim York Place Director, Humber and North Yorkshire ICB (Vice Chair)</p> <p>Peter Roderick – Director of Public Health, City of York</p> <p>Pauline Stuchfield – Director of Housing and Communities, City of York Council</p> <p>Siân Balsom – Manager, Healthwatch York</p> <p>Fiona Willey – Chief Superintendent, North Yorkshire Police</p> <p>Brian Cranna – Director of Operations and Transformation, Tees, Esk and Wear Valleys NHS Foundation Trust (Substitute for Naomi Lonergan)</p> |
| Apologies | <p>Sara Storey – Corporate Director of Adult's and Integration, City of York Council</p> <p>Martin Kelly – Corporate Director, Children's and Education, City of York Council</p> <p>Alison Semmence – Chief Executive, York CVS</p> <p>Tom Hirst – Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service</p> <p>Naomi Lonergan – Managing Director, North Yorkshire, York and Selby - Tees, Esk and Wear Valleys NHS Foundation Trust</p> <p>Andrew Bertram – Interim Chief Executive, York and Scarborough Teaching Hospitals NHS Foundation Trust</p> |
| Absent | <p>Dr Emma Broughton – Joint Chair, York Health and Care Collaborative</p> <p>Mike Padgham – Chair, Independent Care Group</p> |

21. Apologies for Absence (4:33pm)

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

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

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

The board received apologies from the Area Manager Director of Community Risk and Resilience, North Yorkshire Fire and Rescue Service; 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 Director of Operations and Transformation.

The board received apologies from the Interim Chief Executive of York and Scarborough Teaching Hospitals NHS Foundation Trust; he was substituted by the Director of Communications, but she sent apologies due to being delayed and was ultimately unable to attend.

The board received apologies from Cllr Webb, who was running late and arrived at 5:01pm.

22. Declarations of Interest (4:34pm)

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.

23. Minutes (4:34pm)

Resolved: To approve and sign the minutes of the last meeting of the Health and Wellbeing Board held on Wednesday, 24 September 2025.

24. Public Participation (4:34pm)

It was reported that there were no registered speakers under the Council's Public Participation Scheme.

25. Healthwatch York Report: Update on Recommendations in Previous Healthwatch York Reports (4:35pm)

The report was presented by the Manager of Healthwatch York.

She explained that last year the board had agreed that there would be an annual review of Healthwatch reports and recommendations, to pull together partner responses and to see what had changed. Additionally, she had included items where ongoing work related to the themes and trends of the reports. For example, the ICB's delivery plan for work around children and young people's mental health was a response to their Core Connectors work and listening to neurodivergent young people; this was not a direct response to reports and recommendations but gave an indication of the work going on.

She noted that she had spoken with the Chair regarding responses to the GP report, having felt that it would be useful to share this information directly with the GP practices themselves, to better enable them to respond. She was aware of some work that had been undertaken by GP practices in response to the report, that had not formally been fed back as a response to the Healthwatch recommendations. Better communication here would ensure better visibility where recommendations had been acted upon.

Board members expressed concern that the report highlighted a continuing lack of progress with the transition of young people to adult services. It was pointed out that this was a particularly sensitive period where things could go drastically wrong. It was hoped that this could be pursued by Healthwatch again in the future. The Manager, Healthwatch York responded that this was an area where Healthwatch had an awareness that action was being taken (such as with Parent Carer Forum York) but this needed to be fully documented. She agreed that Healthwatch would reach out again and would bring the results to the board.

The board discussed the process by which this feedback was currently requested and received and how this could be refined.

Board members suggested that it could sometimes be unclear which organisation was intended to take ownership of the recommendations made by Healthwatch and asked if this could perhaps be more clearly stated in reports. The Manager, Healthwatch York said some of these things are a partnership responsibility and if partners have any concerns, we should agree this before chasing for responses.

She said Healthwatch had aimed to make clearer which partner was intended to lead on recommended actions, but this was not always possible as some items required work across several organisations.

She suggested that if partners had concerns about how recommendations would be taken forward and by whom in the future, these could be raised when the report was presented. In the interest of partners being on the same page, she suggested this could be incorporated as part of the board's general conversation about the report.

The board noted the response to "creating affordable social and community spaces" within the report, which discussed the Castle Gateway/Eye of York project, and members suggested that this response was somewhat lacking, asking if there was any further update or detail on this from a health generating perspective.

The Director of Public Health advised that in March 2026 there would be a HWBB development workshop headed by the Local Government Association in place of the usual board meeting. He stressed that Health and Wellbeing Boards typically did focus on the wider determinants of health, and perhaps as part of this workshop the board may wish to consider discussing broader items focusing on such matters as housing or green spaces, in as far as they relate to health. In answer to the boards concerns, he said the council had published a list of intended Supplementary Planning Documents relating to this project, including an upcoming one on healthy spaces.

The board thereby

Resolved: To review the responses to recommendations and confirmed that they were satisfied with these.

Reason: To keep up to date with the work of Healthwatch York and monitor progress regarding recommendations.

26. Health Protection Assurance Report (4:49pm)

This report was presented by the Director of Public Health who noted that this item came before the board every year, as one of the key statutory functions for the council was protecting the health of the public.

He explained that the reason this came to HWBB and not a council committee route was that though it was a statutory duty of the Director of Public Health (a council officer) to protect the health of the population from hazards that are harmful to health, many of the partners who assist in this task sit within the NHS and other agencies and a comprehensive approach was taken to deal with infectious disease.

He advised that the Public Health team were able to mount a response within 24 hours regarding antibiotics and vaccines. Screening programmes were working well – cervical screening, abdominal and aortic aneurisms had improved. Vaccine uptake could get better – York tended to do middling to better, but no programmes went above the 95% threshold nationally.

He explained that there had been a slightly more virulent strain of influenza this year – which happened two weeks earlier. The Friday prior to the meeting indicated the flu rate had not risen, so he expressed hope that this was beginning to tail off.

He discussed the spread of blood-borne resistant bacteria, which was on the verge of rendering a lot of common antibiotics redundant, emphasising that doctors should focus on good prescribing.

He highlighted that in January, the board would be discussing water fluoridation which he regarded as beneficial, and he also wanted to mention success with air quality – no area in York this year that had risen above legal levels of Nitrous Oxide. Buses,

traffic management and indoor air quality had all contributed to this success.

The board asked whether antimicrobial resistance was the same as antibiotic resistance. The Director of Public Health confirmed that this was the case.

[Cllr Webb joined the meeting at 17:01]

Board members asked what the reasons were for people not getting vaccinated to the optimum 95% level. The Director of Public Health answered that the vast majority of people were not getting vaccinated due to busy lives and medical appointments being inconvenient as the primary factor. There were also people who opposed vaccination, but these were a relative minority, and he advised sticking to the science and making vaccination convenient here.

The board asked for an update on Health Exercise and Nutrition in the Really Young, which at the previous meeting it had been advised was planned for expansion to cover secondary age children. The Director of Public Health answered that there would be a paper on HENRY coming in January. It was being run in the 0-5s and without wishing to prejudge the paper, he believed the intention was still to progress to 6-12.

Board members raised the point about dentistry and oral care – despite the fact York is seen as relatively affluent city, the statistics have shown there are many children under five having extractions in hospital and people giving up hope of ever getting an NHS dentist. The Director of Public Health agreed with the points raised.

The board asked about cervical screening and improving engagement in this area. The Director of Public Health responded that home testing would be starting. The generation of women who have had HPV vaccine will be growing up and he hoped to be tackling inequality through this. The Manager, Healthwatch York added that Healthwatch had studied screenings, noting that home screenings were very popular and increased participation.

The board asked whether public toilets, mentioned in another report, came within purview of Public Health. The Director of Public Health said that public toilets would be a wider health

issue; Legionella could cross over into public toilets in that water is provided to members of the public and this would be a public liability.

With regard to cleaner air, board members asked whether CYC has any ability to influence the combined authority to spread York's electric bus standard to our neighbouring authority to ensure parity of standards. The Director of Public Health said that he would put forward this suggestion, discussing both the electric buses themselves and York's air quality alert system which enables the council to contact people with asthma and COPD.

The board then

Resolved: To receive the report.

Reason: To be assured of the health protection arrangements to protect the local population.

27. Delivery of the Joint Health and Wellbeing Strategy and Performance Monitoring (Goal 6) (5:15pm)

This report was presented by Director of Public Health who explained that this report concerned goal 6 of the health and wellbeing strategy; addressing the reduction of health inequalities within specific groups. These groups had been defined as people with a severe mental illness, people who have a learning disability, gender health inequalities and what are known as "inclusion health groups". This latter category included people who are homeless, people with addictions, people from gypsy Romany or traveller communities. These groups as a whole typically experienced the worst health outcomes in terms of life expectancy throughout the city.

He stated that the goal of the report was to try and reach those who suffer health inequalities to give them rounded and holistic support. It was deliberately vague in its wording because the intention was to flesh this out in time, the scheme was at the co-production stage alongside York CVS, who were putting out an expression of interest for that particular project, with the intention that a lead Voluntary, Community and Social Enterprise (VCSE) delivery partner would be appointed by the

end of November 2025. He thanked York CVS for their substantial contribution to this report.

He discussed Action 18, which was implementation of a community-based intervention to reduce health inequalities focused on children and young people. Working together with York CVS and the ICB this was the main project the action was focused on.

He discussed Action 19, which covered chronic disease prevention in the CORE20PLUS5 groups; this was an NHS initiative committing more resources to the “Core 20”, people living in the 20% most deprived areas, people in plus groups, inclusion health groups and in five key clinical areas which are essentially the five big things which kill, such as cardiovascular disease where there had been very good progress, particularly in the way primary care was able to identify people living in inclusion health groups. He noted that this was only the first step, because knowing someone for instance is from a gypsy/traveller background, a care lever, a veteran, or has experienced homelessness was only a first step; no action was actually being taken at this stage.

He discussed Action 20, around the Poverty Truth Commission, where the council had adopted and implemented a really simple set of standards for delivering kind, compassionate, responsive care and service to York residents and other partners had also considered these. The neighbourhood model was being brought forward in York, and standards were being put at the heart of the practice through this model. He noted that there had been really good work under this action in adopting these standards and assured the board that this would continue.

He discussed Action 21, which concerned taking Poverty Truth Commission further and establishing it for children. Again, working with York CVS, it was hoped that that work would progress in the next few months. There would be differences in the service presented for children as opposed to adults, but the board would be updated on progress going forward.

The board asked about data in the report annexes – this data specifically focused on one aspect (mental health and learning disabilities) and the board wondered whether these measures were the only ones available; these areas covered a huge range of people, and members wanted to know whether it was

possible to further break down the data. The Director of Public Health answered that the report had utilised all the data which was available, and admitted that the aim of reducing inequalities was a broadly defined goal. He defended the inclusion of this broad goal in the strategy by saying the outcomes were so much worse for these identified groups, and work did need to be done. The problem was that there is no nationally validated data on groups like homeless people, gypsy travellers etc. In future reports, Public Health in York could go further with this, even if only qualitative data was available. When it came employment statistics for the stated groups, Public Health were pulling from national data sets on disability and employment data. Internally within the social care teams York probably had much more data on support needs, but not on population-level sets. This should not necessarily be taken as an indicator of how York was doing on a national level; some of the data was inadequate but the Public Health team had to work with what was available.

Board members acknowledged that this would allow the team to measure York against other places, and that this task should not fall exclusively to the Public Health team. Again, the valuable role played by Healthwatch in obtaining local data was raised. It was suggested that in future, other partners could bring data in and Public Health could use their expertise to look at this.

Board members asked about the Excess Under 75 mortality rates for adults with Severe Mental Illness, cited in the report. The Director of Public Health explained that if a regular person has mortality of 10/100 person with mental illness may have 47/100. This represents a huge inequality, which was very high nationally and even more so in York. He suggested inequalities like this may be due to a combination of structural factors, cultural factors within medicine and factors within lifestyle. The board suggested that this represented a good opportunity for Voluntary, Community and Social Enterprise partners to take a role as many people would be more willing to discuss things with them that they would not with medical professionals. The Director of Operations and Transformation, TEWV stated that a key strategy for the trust was to address these health inequalities and ensure people's access to appropriate primary care was supported. He stated that there were now far more physical health practitioners working alongside people with severe mental illness, both during their inpatient stay and also to ensure they were addressing and accessing appropriate support on discharge.

Resolved: To note and comment on the updates provided within the 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.

28. Update from the York Health and Care Partnership (5:35pm)

The update was presented by the Interim York Place Director, discussing recent partnership activity.

He flagged that despite the national changes around Integrated Care Boards, there was continued progress around neighbourhood health work, with a bid to become part of the national neighbourhood health implementation programme. He said that York was well placed to maintain this and follow through. He stated that between the ICB and CYC, in spite of the financial challenges, a small pot of non-recurrent development funding had been secured, and this would be made available to this group to oversee, in line with Place-based partnership priorities and objectives, and they would come back with a series of proposals.

He also noted that the partnership were working with a consultancy called Akeso who were advising the Combined Authority on a project called “Health on the High Street” that the Mayor was keen to prioritise, using collective assets, buildings and spaces across the city and the combined authority area. Akeso were undertaking a strategic assessment of what those assets might be, where the opportunities exist for healthcare provision. He suggested it was useful for the partnership to work closely alongside this strategic analysis, in the interests of collaboration and avoidance of duplicating work. This would also give access to combined authority funding.

He gave an update on the mental health partnership and the fact that the second community mental health hub was now up and running within the city. This was linked to the 24/7 national funding that had been secured and opened in mid-October with a base over at Acomb Garth. He noted that it was not yet fully operational in terms of the the 24/7 aspect, which had been challenging, but it was open for core hours and the struggles

they faced were reflected nationally. They were also still trying to secure recurrent funding for this hub, as they had done with the hubs 1 and 3. The Chair agreed that it was important to ensure funding was kept available for hub.

Board members asked whether coverage would be established for the northeast part of the city once the Acomb hub was fully ready. The Interim York Place Director said that the overarching aim was certainly to ensure that whole city covered. The Director of Operations and Transformation, TEWV confirmed that hub 3 would cover this area of the city and an appropriate location was currently being identified. He also confirmed that the Acomb Garth hub was currently struggling to find people to work through the night and the search was on for more people to cover the 24/7 remit of the hubs. The board asked whether this issue of low coverage for nights was a national issue and the Interim York Place Director confirmed that the 24/7 model that had been a problem throughout the pilots.

It was thereby

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.

29. Health and Wellbeing Board Chair's Report (5:45pm)

The report was presented by the Chair of the Health and Wellbeing Board, who took the report as read by board members but wished to discuss two points in greater detail.

Firstly, she highlighted the “For Your Convenience” report, published by the Aging Well partnership, which outlined premises in York where toilets can be used without the need to purchase anything; she said that the website also provided a table which outlined various accessibility needs. Additionally, the Chair noted that there was also an “Accessible Housing checklist” on the Live Well website which was useful for establishing whether a house was a “home for life”.

Secondly, the Chair noted that the recently closed Green Lane pharmacy was relocating to Cornlands Road meaning a loss of 40 pharmacy hours to the area since there would no longer be a

late night or Sunday service. She advised that a supplementary statement was being prepared by the board and this would lead to an official update of the Pharmaceutical Needs Assessment. The board could not force a pharmacy to open, but if there were applications in the area this would go some way towards progressing these.

Board members asked about York's bid for Unicef UK Baby Friendly Initiative accreditation, asking what was required for this and what work was the council undertaking currently?

The Director of Public Health answered that he and the Chair of the Health and Wellbeing Board shared the role of Feeding Guardian for the city. The council endeavoured to support people wherever they could, since most people who didn't breast feed cited a lack of support as the reason. He explained that the system being followed had been defined by Unicef and was very robust. He noted that qualification required several processes to be put in place, across three levels. The council were ensuring that mothers felt welcome to feed babies and support was provided for them as well as wider families. The board asked where the hospital was in this process, and the Director of Public Health stated that the tongue tie pathway had achieved a good resolution where there had previously been a gap, though this was a much wider issue requiring consideration of the whole family around the baby, midwifery and health visitors. Board members added that further to the Women's Health report from July, the support provided needed to be timely, and from the right person at the right time.

It was then

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 L Steels-Walshaw, Chair
[The meeting started at 4.32 pm and finished at 6.01 pm].