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**Health and Wellbeing Board**  
Report of the Director of Public Health

13 May 2026

## **Future Direction of the York Health and Wellbeing Board**

### **Summary**

1. York is facing a set of overlapping health challenges – from declining life expectancy to children and young people’s mental health to an aging population to demand pressures within NHS services and beyond – which require a clear strategic direction and ambition if we are to match our Strategy’s aspiration that York will be healthier and this health will be fairer in 2023 than it was in 2022.
2. The Health and Wellbeing Board should be our key city leadership for this ambition. This report summarises discussions at a recently held workshop for the Health and Wellbeing Board, facilitated by the Local Government Association (LGA), the purpose of which was to develop the work of the Board and enable it to become more effective in this leadership.
3. The report also proposes a series of changes to the way the board operates, emerging from those discussions, to be agreed by members at today’s meeting.

### **Background**

4. Health and Wellbeing Boards are statutory committees of local authorities in England, established under the Health and Social Care Act 2012. Their primary function is to provide strategic leadership and a forum for collaboration across the local health and social care system. By bringing together elected members, NHS representatives, directors of public health, adult social care and children’s services, and the voluntary sector, Boards are intended to promote integrated approaches to improving population health and reducing health inequalities.

5. The core purpose of a Health and Wellbeing Board is to improve the health and wellbeing of the local population through coordinated planning and partnership working. Boards are responsible for developing a shared understanding of local needs and priorities, and for aligning the strategic intentions of commissioners and providers across health, social care and public health. In doing so, they seek to ensure that services are more responsive, preventative and focused on long-term outcomes for individuals and communities.
6. Statutorily, Health and Wellbeing Boards have specific duties to produce a Joint Strategic Needs Assessment (JSNA) and a Joint Health and Wellbeing Strategy (JHWS). The JSNA assesses current and future health and care needs, while the JHWS sets out agreed priorities and actions to address those needs. Boards must also be involved in promoting joint commissioning and encouraging partnership arrangements that support integrated care.
7. In York, the HWB has operated for 13 years. Initially supported by an extensive subgroup infrastructure, the Board now offers a more supportive and informal structure for local health and care partners to feed into, as a public and democratic forum meeting six times a year to receive updates on key work around its strategy and receive reports from other boards and organisation.
8. A number of policy changes over the years have changed the nature and context for Health and Wellbeing Boards, without any corresponding shift in the legislative / guidance base on which the Boards operate. These include:
  - a. The development of the Better Care Fund in 2015
  - b. The Five Year Forward View (2014), the NHS plan (2019) and the 10 year Health plan for England (2025)
  - c. The creation of Integrated Care Systems in 2022, and local Place Partnerships in Humber and North Yorkshire (for us, the York Health and Care Partnership)
  - d. The development of Neighbourhood Health, including the recently released framework which asks HWBs to lead the development of Neighbourhood Health Plans.

## **Main/Key Issues to be Considered**

9. Nationally, the LGA report variance in performance, focus and impact, with some Health and Wellbeing Boards continuing to lead their local systems in a healthy and collaborative way, and others losing focus and purpose within the national policy changes referred to above.
10. Using a model developed working across a large number of HWBs, the LGA suggest that there are 7 components of an effective Board:



11. Arising from a recommendation in the 2025 LGA/ADPH York Public Health Peer Review, York HWB members agreed a developmental workshop facilitated by the LGA should take place, recognising a desire from members to optimise the work of the board to make the maximum difference to the health of residents in York.
12. In February 2026, the LGA interviewed a number of board members, with some consistent themes emerging from the conversations:
  - Reducing health inequalities remains the perceived central purpose of the York HWB.
  - York benefits from strong partnership relationships and good will across organisations.
  - The HWB 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 HWB so it becomes a more focused, influential and community connected forum

13. On the 18<sup>th</sup> March, Board members attended a workshop in which this feedback and best practice models were considered. The key outputs of the workshop were a series of ‘stop’, ‘start’ and ‘sharpen’ statements around the work of the board:

<u>Stop</u>	<u>Start</u>	<u>Sharpen</u>
<ul style="list-style-type: none"> <li>• Focusing simply on where we are today – develop a future vision / story for York’s health and wellbeing</li> <li>• Duplicating of work / discussions / papers with the York Health and Care Partnerships</li> <li>• Having all meetings in public/livestreamed (only some)</li> <li>• Meetings being so formal they could seem intimidating</li> <li>• Board agendas having so many papers it leaves little time for discussion</li> <li>• Receiving reports that have been discussed elsewhere, ‘to note’</li> <li>• Having so many priorities</li> <li>• Having partners ‘in name only’ i.e. not regularly attending</li> </ul>	<ul style="list-style-type: none"> <li>• Regular development workshops</li> <li>• Better and more productive work in between meetings</li> <li>• Thinking about where we want York to be in 5 years</li> <li>• Asking the VCSE what they want to be discussed</li> <li>• More community engagement / co production</li> <li>• Including people with lived experience</li> <li>• Engagement forums with appropriate support for people to engage</li> <li>• A sponsorship approach, with board members appointed as ‘sponsor’ for themes</li> <li>• Publishing public interactions and</li> </ul>	<ul style="list-style-type: none"> <li>• How we differentiate the HWB from a council meeting</li> <li>• Our approach to engagement with the public and the VCSE</li> <li>• The number of partnerships: maybe fewer, more clear delineation and eliminate duplication</li> <li>• The link between the role of the HWB and the vision for neighbourhood health and wellbeing?</li> <li>• Focus on outcome / impact not just holding a partnership meeting</li> <li>• Few priorities/focus in on them</li> <li>• How we share information – more conversational? Key takeaways?</li> <li>• 2/3 formal meetings a year</li> </ul>

	actions following meetings • Hosting a space to strengthen partnerships	• Choose 2 to 3 priorities
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14. Building on this consensus, a new approach to Health and Wellbeing Board meetings in York is proposed, involving a number of ‘shifts’:

- From *Compliance* → *Strategic Neighbourhood Leadership*
- From *Committee Mode* → *Strategic Partnership*
- From *Structure-Focused* → *Impact-Focused*
- From *Individual Authority* → *Collaborative System Leadership*

15. This will involve a new approach to the rhythm, format and ‘feel’ of our meetings. Two types of meeting are proposed for municipal year 2026/27:

*Health and Wellbeing Board Ambition and Engagement Workshops*

These would:

- Be twice yearly workshop-style meetings, not held in public, lasting 2 1/2 hours, during the day
- Not be restricted to members of the board – board members or their substitutes would be mandatory attendees, but other subject matter experts would be invited to attend
- Be held in other, less formal, venues in the community
- Focus on strategic discussion around two or three strategic priorities aligned to the Joint Health and Wellbeing Strategy, which would continue to be the focus of the board until members request a change. These become ‘obsessions’ of the board. This is best practice from other high-performing HWBs. Examples are given below of topics other areas have chosen to focus, but board members are asked to consider what works for York rather than seeing these as a list of options:
  - Health Inequalities

- Healthy Life Expectancy
  - Housing and health
  - Health in an aging society
  - Health and poverty
  - The best start in life
- Include a significant element of engagement and co-production, this includes:
    - Internal, involving individual board members taking ownership of the sessions, facilitating the conversation, and working on actions in between meetings
    - External, involving inviting people with lived experience and from community or VCSE organisations to join and inform the conversation

### *Health and Wellbeing Board 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 on mod.gov
- 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:
  - A summary of the key statutory duties to produce a Joint Strategic Needs Assessment, and progress against the Joint Health and Wellbeing Strategy
  - Any decisions and progress on duties placed on the Board to 'sign off': this would include the Better Care Fund, the Pharmaceutical Needs Assessment (PNA), any supplementary PNA documents, and the Neighbourhood Health Plan (subject to further guidance). It is likely decisions needing to be made in a timely manner will have to be taken by the chair in conjunction with the lead officer, in between meetings, so this will be to note.

- A summary by the chair of any recent workshops held, in order to update the public on what discussions have happened in a non-public setting of the Board.
  - Other key reports to note: annual Health Protection Report, update reports on the York Health and Care Partnership, annual reports of the Safeguarding Adults Board, The City of York Safeguarding Children’s Partnership, Aging Well Partnership, and a summary of recently published Healthwatch reports
16. In summary, this will mean the board will meet every quarter, with half the meetings in public and half in private as strategic partnership sessions.
17. For both of these formats, we must create opportunities for Board members to engage with residents and listen to their priorities and voice within our strategic conversations. York already has rich assets when it comes to co production and voice work, across children and young people’s health as well as with adults, and this will be harnessed through creative ways of hosting the board (e.g. HWB ‘on tour’, children and young people’s take-over etc, visiting our neighbourhoods) rather than setting up any new structures around co production.
18. From a governance perspective, it is proposed to consider 2026/27 a transitional year while these proposed arrangements are tested and developed. None of the proposals above entail significant changes to the purpose of the Board, and it is suggested that for now, the Board’s Terms of Reference remain as they are.

### **Strategic/Operational Plans**

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

### **Recommendations**

*The Health and Wellbeing Board are asked to:*

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

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

## Contact Details

**Author:**

*Peter Roderick*

**Chief Officer Responsible for the report:**

*Peter Roderick  
Director of Public Health*

**Report Approved**

**Date** 9/1/26

**Specialist Implications Officer(s)** *List information for all i.e*

*Financial Officer's name*

*Job Title*

*Dept Name*

*Organisation name*

*Tel No.*

**Wards Affected:** *List wards affected or tick box to indicate all [most reports presented to the Health and Wellbeing Board will affect all wards in the city – however there may be times that only a specific area is affected and this should be made clear]*

**All**

*tick*

## Annexes

None