



**North Yorkshire Council**  
**North Yorkshire Health and Wellbeing Board**  
**20 March 2026**  
**Future Role of the Health and Wellbeing Board**  
**Report of the Director of Public Health**

**1.0 PURPOSE OF REPORT**

- 1.1 To outline the key points and present recommended actions arising from the review into the role of the Health and Wellbeing Board which took place in November 2025 in light of changes in the health and care system.

**2.0 BACKGROUND**

2.1 In light of significant changes in the health and care system in recent years, an independent review was convened to explore the role and purpose of the Health and Wellbeing Board (the Board). These changes include Local Government Reorganisation (LGR), the formation of the York and North Yorkshire Mayoral Combined Authority, the establishment of the North Yorkshire Health Collaborative and Joint Committee (JC), and the launch of the new NHS Plan, which will bring about structural changes across NHS organisations and will focus on delivering the Neighbourhood Health agenda. Health and Wellbeing Boards will continue to play an important role despite these changes.

2.2 Created under the Health and Social Care Act 2012, Boards must carry out the following statutory duties.

- Produce and publish a Joint Strategic Needs Assessment (JSNA)
- Produce a Pharmaceutical Needs Assessment (PNA)
- Produce and publish a Joint Health and Wellbeing Strategy (JHWS)
- Sign off the Better Care Fund plan

2.3 The required Membership of the Board is:

- At least one elected councillor
- Director of Adult Social Services
- Director of Children's Services
- Director of Public Health
- A representative of each relevant Clinical Commissioning Group (CCG) (now Integrated Care Boards - ICBs)
- A representative of the local Healthwatch organisation
- Any other persons considered appropriate

In addition, the North Yorkshire Board includes 2 other North Yorkshire Councillors (reflecting relevant portfolios across Children and Young People's Services and the wider determinants of health as well as Public Health/Adult Social Care), GP representatives, representatives from the VCSE and care sectors, representatives from the NHS Foundation Trusts and representatives from the emergency services.

2.3 The Board may decide to add value through discussion, consideration, and coordinated action on other key issues. Facilitated by Helen Hirst who had undertaken similar work with other local systems, the review was delivered through a Board workshop on 19 November 2026 (together with the offer of an individual conversation for members who could not attend) to explore how the Board can remain fit for purpose and maximise its impact. The workshop participants are listed in Appendix A. The workshop feedback was considered by members in an informal discussion led by the Board Chair on 14 January 2026, to provide a further opportunity for contributions and to inform the recommendations presented in this report.

### **3.0 ROLE OF THE HEALTH AND WELLBEING BOARD – SUMMARY OF WORKSHOP (19 NOVEMBER 2025)**

3.1 The themes explored through the workshop discussion were wide-ranging and have been summarised as follows:

3.2 **Leadership and governance** – Clear leadership is essential to set shared goals and permit bold action. The Board plays a key role in ensuring a strong place-based focus on North Yorkshire as a whole and acting as a forum for alignment and challenge. Ensuring local leadership from ICBs is important.

3.3 **Joint Health and Wellbeing Strategy (JHWS)** – The JHWS should anchor the Board's work amid a crowded strategy landscape. The current strategy is broad, so the Board should consider narrowing its focus to 3-5 priorities. A clear delivery plan, outcome measures, and better data granularity are essential to making an impact through the strategy.

3.4 **Relationship between the Board and the Joint Committee (JC)** – There is an overlap in membership between the Board and the JC. This could raise accountability concerns and the relationship and roles need to be clarified. The JC should focus on operational delivery, while the Board provides assurance and oversight. There could be a unique role for the Board to add value in addressing those issues which do not necessarily receive focus elsewhere, for example Health interface with the Local Plan, physical activity or alcohol and drug use.

3.5 **Measuring impact** – The Board lacks clarity on how it measures impact and has no external accountability. There is a desire for a balanced scorecard and shared outcomes across partners.

3.6 **Engagement, membership & representation** – The Board is the only forum bringing councillors, officers and partners together. The public voice needs to be considered. Membership either on a regular or occasional basis should be considered in respect of emergency services, NHS Trusts, safeguarding chairs and universities, in line with the Board's role and purpose. The role of the Mayoral Combined Authority should be kept under review, should devolved responsibilities extend further into health.

3.7 **Data, intelligence & identifying need** – There is a need for better neighbourhood-level data, JSNA use, and data-sharing frameworks.

3.8 **Ways of working** – Proposed ideas include holding four formal meetings with development sessions, blending online and in-person formats to balance travel and relationship-building. The Board could act as a consultative forum for expertise with a strong place-based focus, addressing issues such as rurality and inclusion of areas like Craven.

3.9 The conclusions of the review were as follows:

1. The Board should act as the strategic anchor for North Yorkshire and bring health and care alongside wider determinants
2. The Board's relationship with the Joint Committee needs to be clear and avoid unnecessary duplication. An accountability relationship should be explored.
3. The Joint Health and Wellbeing Strategy needs sharper focus on fewer shared priorities and clear metrics of impact. The Strategy should inform the work programme and agenda for the Board and could provide the basis for future, more experiential development.
4. Appetite exists for bold leadership supported by improved data and innovation and the approach to Neighbourhood Health could provide this opportunity
5. Membership and engagement should be refreshed.
6. Meetings could alternate between online and in person to reflect the agenda.

#### **4.0 BOARD RESPONSE TO INDEPENDENT REVIEW (INFORMAL DISCUSSION – 14 JANUARY 2026)**

- 4.1 A summary of the workshop discussion and recommendations was circulated to all Board Members in advance of an informal discussion held on 14 January 2026. At that session, Members agreed that the workshop report provided an accurate reflection of the conversations and themes explored. The informal discussion drew out several key points, summarised below:
- 4.2 **Focus on North Yorkshire as a place** – Members emphasised the importance of maintaining a clear focus on the place of North Yorkshire within a rapidly changing system landscape at local and regional levels. Additionally, North Yorkshire should be viewed as a “place of places”, recognising the diversity of communities across the county. The Board's agenda and the wider work across the system should therefore reflect local variation and ensure that local priorities and concerns are considered.
- 4.3 **Meaningful representation** – The Board considered the membership required to support its work, acknowledging that in order to add value, different representation beyond a core membership may be required on a case-by-case basis to support the variety of topics covered by the work programme.
- 4.4 **Joint Committee Arrangements** – Members stressed the importance of the Health and Wellbeing Board providing clear oversight of the Joint Committee, ensuring it is operating effectively and offering appropriate assurance. Concerns were noted about potential duplication of membership and the possible impact on accountability, however it was agreed that these could be managed. In addition to the North Yorkshire Health Collaborative update which is a standing agenda item at Board meetings, it was suggested that a substantial agenda item be added to the Board work programme annually to review the Joint Committee's progress and priorities, with an open invitation to all Joint Committee members to attend.
- 4.5 **Meeting Structure** – Members supported a schedule of four meetings per year, with two online meetings focused on statutory business and two in-person meetings designed to allow deeper exploration of key themes through workshops or spotlight sessions derived from the Joint Health and Wellbeing Strategy delivery plan. In-person meetings should be held in locations that are both convenient for Members and relevant to the subject matter under consideration.

#### **5.0 NEXT STEPS IN RESPONSE TO REVIEW**

- 5.1 The following next steps are recommended in response to the independent review and subsequent discussion with Board members:
- 5.2 Relationship with Joint Committee
- Continue to deliver a North Yorkshire Health Collaborative update as a standing item at each Board meeting
  - Include a substantial agenda item in the Board's work programme annually to review the Joint Committee's progress and priorities, with an open invitation to all Joint Committee members to attend.
- 5.3 Meeting structure
- Continues to meet four times per year (June, September, December and March).
  - Hold two meetings online, focussing primarily on statutory business.
  - Hold two meetings in-person and, while statutory items may still be required, focus these sessions mainly on deeper exploration of key themes through spotlight sessions aligned to Joint Health and Wellbeing Strategy priorities. These would be held in locations that are both convenient for Members and relevant to the subject matter under consideration.
- 5.4 Board Membership
- Continue with current core membership, noting that there have been some changes to personnel, as outlined in Appendix B.
  - Invite participation from additional attendees on a case-by-case basis for relevant items, in particular for spotlight sessions
  - Extend open invitation to all Joint Committee members to attend annually for North Yorkshire Health Collaborative work programme item (as per 5.2 above)
- 5.5 Work programme
- Use Joint Local Health and Wellbeing Strategy (JLHWS) as the overarching framework for the Board's work programme, Report authors should identify how their report contributes to the delivery of the Joint Local Health and Wellbeing Strategy priorities, in order to maintain a clear line of sight between the Board's work programme and the Strategy.
  - Agree a set of 3–5 priorities from the Strategy on an annual basis for more detailed exploration and focus, for example through Board spotlight sessions. The most appropriate point at which to determine these priorities is the June meeting, when the Annual Report and Delivery Plan on the JLHWS is presented; however, suggestions may be brought forward at any point throughout the year.

An indicative structure for the Board's standing items is set out below. Spotlight sessions and ad hoc items can be seen on the formal work programme.

June	North Yorkshire Health Collaborative Annual Review of Work Programme and Priorities
	Better Care Fund Monitoring Return
	Better Care Fund Planning Requirement
	Joint Local Health and Wellbeing Strategy Annual Review and Forthcoming Annual Delivery Plan
	Health Protection Assurance Group Annual Report
	North Yorkshire Health and Wellbeing Board Terms of Reference
September	North Yorkshire Health Collaborative Verbal Update
December	North Yorkshire Health Collaborative Verbal Update
	Joint Local Health and Wellbeing Strategy Mid-Year Report

	North Yorkshire Safeguarding Adults Board Annual Report (Confirmed by the Chair)
	North Yorkshire Safeguarding Children Partnership Annual Report (Confirmed by the Chair)

March	North Yorkshire Health Collaborative Verbal Update
	Director of Public Health Annual Report

The following items will be required on a less than annual basis.

- Joint Strategic Needs Assessment
- Pharmaceutical Needs Assessment
- Joint Health and Wellbeing Strategy (the current strategy runs until 2030)

5.6 In relation to the final two recommendations from the workshop, no specific actions are identified at this stage, however it should be noted that:

- Neighbourhood Health: Further guidance is anticipated in relation to the role of Health and Wellbeing Boards in the delivery of the Neighbourhood Health ambitions as outlined in the NHS 10-year Plan. In response to this, the Board may need to further adapt its membership, work programme and/or approach.
- Place anchor role: There was consensus around both the importance of the Board being the strategic anchor for North Yorkshire; and also the role the Board plays in recognising the diversity of our 'place of places'. As the changes outlined in the NHS 10-year plan are implemented, Board members will need to continue holding a focus on both North Yorkshire as a whole as well as the individual places within our geography in order to maximise impact on improving the health and wellbeing of local populations, reducing health inequalities, and promoting joined-up working across health, social care, public health, and wider partners

## 6.0 IMPLICATIONS

6.1 There are no financial, equalities or climate change implications arising directly from the recommendations.

6.2 Any proposed changes to the membership of the Board must be considered by Full Council.

6.3 Any proposed changes to the Terms of Reference of the Board must be considered by the Constitution Working Group, followed by the Executive, and subsequently approved by Full Council.

## 7.0 REASONS FOR RECOMMENDATIONS

7.1 The recommendations have arisen directly from Board members through participation in the workshop, considering the statutory requirements of Boards, local context and learning from other areas.

## 8.0 RECOMMENDATION

a) That the Board approves the recommended approach and next steps outlined under Section 5 of the report.

b) To recommend to Full Council that the membership of the North Yorkshire Health and Wellbeing Board, as outlined in Appendix B, is approved.

## APPENDICES

Appendix A: Participants attending the Role of the Health and Wellbeing Board Workshop (19 November 2025)

Appendix B: Health and Wellbeing Board Membership

## BACKGROUND DOCUMENTS

[North Yorkshire Joint Local Health and Wellbeing Strategy 2023-2030](#)

Terms of Reference – pages 143 – 147 of the [NYC Constitution](#).

Louise Wallace  
 Director of Public Health  
 County Hall  
 Northallerton  
 9 March 2026

Report Authors – Naomi Smith, Head of Health Improvement and David Smith, Senior Democratic Services Officer.

Presenter of Report – Louise Wallace, Director of Public Health

## Appendix A: Participants attending the Role of the Health and Wellbeing Board Workshop (19 November 2025)

Cllr Michael Harrison	Executive Member for Health and Adult Services, NYC
Cllr Simon Myers	Executive Member for Culture, Arts and Housing, NYC
Richard Webb	Corporate Director, Health and Adult Services, NYC
Louise Wallace	Director of Public Health, NYC
Pete Thorpe	Corporate Director, Children and Young People's Service, NYC
Mark Bradley	North Yorkshire Place Director, Humber & North Yorkshire Health & Care Partnership
Foluke Ajayi	Chief Executive of Airedale NHS Foundation Trust
Naomi Lonergan	Interim Managing Director (North Yorkshire, York and Selby), Tees, Esk and Wear Valleys NHS Foundation Trust
Matt Graham	Director of Strategy, Harrogate & District NHS Foundation Trust
Dr Sally Tyrer	Chair, North Yorkshire & York LMC
Ashley Green	Chief Executive Officer, Healthwatch, North Yorkshire
Dena Dalton	Head of Health Collaboration, Community First Yorkshire
Naomi Smith	Head of Health Improvement, NYC
David Smith	Senior Democratic Services Officer, NYC
Helen Hirst	Independent Workshop Facilitator

## Appendix B: Health and Wellbeing Board Membership

Councillors		
Councillor Michael Harrison	Executive Member for Health and Adult Services, NYC	No substitute
Councillor Simon Myers	Executive Member for Culture, Arts and Housing, NYC	No substitute
Councillor Janet Sanderson	Executive Member for Children and Families, NYC	No substitute

<b>Local Authority Officers</b>		
Abigail Barron	Corporate Director of Health and Adult Services, NYC	Substitute: NYC representative from Adult Social Care
El Mayhew	Corporate Director of Children and Young People's Service (CYPS), NYC	Substitute: NYC representative from CYPS
Louise Wallace	Director of Public Health, NYC	Substitute: NYC Public Health Consultant
Nic Harne	Corporate Director of Community Development (CD), NYC	Substitute: NYC representative from CD
<b>Integrated Care Boards</b>		
Mark Bradley	North Yorkshire Place Director, Humber & North Yorkshire Health & Care Partnership	Substitute: Representative from Humber & North Yorkshire Health & Care Partnership
Matt Sandford	Director of Partnership and Place – Bradford District and Craven Health and Care Partnership (part of NHS West Yorkshire Integrated Care Board)	Substitute: Representative from Bradford District & Craven Health & Care Partnership
<b>Other Members</b>		
Ashley Green (Healthwatch representative)	Chief Executive Officer, Healthwatch, North Yorkshire	Substitute: Representative from Healthwatch
Dena Dalton (Voluntary Sector Representative)	Deputy Chief Executive, Community First Yorkshire	Substitute: Head of VSCE Support, Community First Yorkshire
Naomi Lonergan (Mental Health Foundation Trust Representative)	Interim Managing Director (North Yorkshire, York and Selby), Tees, Esk and Wear Valleys NHS Foundation Trust	Substitute: Care Group Director of Operations
Jonathan Coulter (Acute/Community Foundation Trust Representative)	Chief Executive, Harrogate District NHS Foundation Trust	Substitute: Representative from another Acute/Community Trust outside of Humber and North Yorkshire ICB.
Dr Sally Tyrer (NY Primary Care Representative)	Chair - North Yorkshire & York LMC	Substitute: A primary care representative from North Yorkshire
Garry Mackay (Emergency Services Representative)	Deputy Chief Fire Officer, North Yorkshire Fire and Rescue	Substitute: A representative from one of the Emergency Services.
John Pattinson (Care Providers Representative)	Chief Executive, Independent Care Group	Substitute: A representative from Independent Care Group.