



Agenda

Meeting Care and Independence Overview and Scrutiny Committee

To: Councillors Karin Sedgwick (Chair), Eric Broadbent (Vice-Chair), Joy Andrews, Andy Brown, Caroline Dickinson, Robert Heseltine, David Jeffels, Mike Jordan, Nigel Knapton, Peter Lacey, Heather Moorhouse, Andy Paraskos, Jack Proud, Monika Slater, Roberta Swiers, Robert Windass, Mike Padgham and Jillian Quinn.

Date: Tuesday, 27 January 2026

Time: 10.00 am

Venue: The Grand - County Hall

Business

1. **Apologies for Absence**

2. **Minutes of the Meeting held on 20 October 2025** (Pages 3 - 6)

3. **Declarations of Interest**

All Members are invited to declare at this point any interests they have in items appearing on this agenda, including the nature of those interests.

4. **Public Participation**

Members of the public may ask questions or make statements at this meeting if they have given notice to Melanie Carr of Democratic and Scrutiny Services and supplied the text (see contact details below) by midday on Thursday 22 January 2026, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chairman who will instruct anyone who may be taking a recording to cease while you speak.

5. **Update on Financial Management of Adult Social Care Cost Pressures** (Pages 7 - 28)

6. **Public Health Annual Report 2024/25** (Pages 29 - 82)

7. **Health & Adult Social Care Local Account 2024/25** (Pages 83 - 124)
8. **CQC Inspection - Outcomes & Action Plan** (Pages 125 - 136)
9. **Work Programme 2025-26** (Pages 137 - 138)
10. **Any Other Items**
Any other items which the Leader agrees should be considered as a matter of urgency because of special circumstances
11. **Date of Next Meeting - 20 April 2026**

Members are reminded that in order to expedite business at the meeting and enable Officers to adapt their presentations to address areas causing difficulty, they are encouraged to contact Officers prior to the meeting with questions on technical issues in reports.

Contact Details:

Enquiries relating to this agenda please contact Melanie Carr, Senior Scrutiny Officer
Tel: 01609 553849 or e-mail: Melanie.carr1@northyorks.gov.uk
Website: www.northyorks.gov.uk

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. You may be interested in [subscribing to updates](#) about this or any other North Yorkshire Council committee.

Recording is allowed at Council, committee and sub-committee meetings which are open to the public. Please give due regard to the Council's protocol on audio/visual recording and photography at public meetings. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive.

Anyone wishing to record is asked to contact the Democratic Services Officer (details above) prior to the start of the meeting.

Barry Khan
Assistant Chief Executive
Legal and Democratic Services
County Hall
Northallerton

Monday, 19 January 2026

North Yorkshire Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on Monday, 20 October 2025 commencing at 10.00 am.

Councillor Karin Sedgwick in the Chair. Plus Councillors Eric Broadbent, Karl Arthur, Andy Brown, Caroline Dickinson, Robert Heseltine, Peter Lacey, Heather Moorhouse, Andy Paraskos, Jack Proud, Roberta Swiers, Peter Wilkinson and Robert Windass.

Officers present: Richard Webb, Karen Gullon, Michael Rudd, Josh Lumb and Melanie Carr.

Apologies: Councillor Nigel Knapton and Co-optee Jillian Quinn.

Copies of all documents considered are in the Minute Book

48 Apologies for Absence

Apologies for absence were received from Councillor Nigel Knapton. Councillor Peter Wilkinson attended the meeting as his substitute.

Councillor Heather Moorhouse arrived late to the meeting, arriving at 10:28am

49 Minutes of the Meeting held on 18 July 2025

Resolved – That the draft Minutes of the meeting held on 18 July 2025 be taken as read and signed by the Chair as a correct record.

50 Declarations of Interest

There were no declarations of interest.

51 Public Participation

No public questions or statements were received.

52 CQC Inspection Update

Richard Webb, Corporate Director for Health & Adult Services provided a verbal update on the expected timeline for receiving feedback on the CQC inspection. He confirmed:

- Approximately half of council inspection reports have been published nationally.
- North Yorkshire's report expected to be published on 30-31 October 2025.
- Feedback from CQC suggested the council's self-assessment was accurate.
- It was anticipated the report would be positive with no major surprises.
- A confidentiality agreement had been signed with CQC, allowing only limited information to be shared in the embargoed period.
- The communications plan included internal briefings for key officers and members on 29 October 2025, with formal publication by CQC just after midnight on 30 October 2025.
- There would be staff roadshows in November and December, with a joint informal session with Scrutiny of Health Committee on 8 December 2025.
- There would be an in-depth session on a draft action plan at the committee's meeting on 27 January 2026.

Richard Webb went on to provide an overview of the scoring system explaining that 87+ = Outstanding, 63+ = Good, 40+ = Requires Improvement, <40 = Inadequate. He also confirmed that North Yorkshire was not expected to be rated “Outstanding”, and that the majority of Councils were being scored around 55-75.

Karen Gullon - Assistant Direct for Adult Social Care, provided insight from North Lincolnshire’s pilot follow up inspection, including CQC’s focus on case records and front door services.

The Chair thanked officers for the update, and it was

Resolved – That the timeline for the CQC Inspection findings and the communications plan be noted.

53 Update on Adult Social Care Key Improvement Areas

Considered – A presentation on the seven key improvement areas provided by Karen Gullon, Assistant Director for Adult Social Care.

Karen Gullon provided an overview of the positive progress made with carers as a result of the introduction of Living Well. It was noted that the areas of remaining focus included carers support, the Waiting Well initiative, and hospital discharge pathways.

Officers also confirmed:

- A sustained increase in direct payments uptake
- The planned introduction of Practice Leads to further drive forward uptake across all teams
- The team outliers for Waiting Well
- The planned staffing restructure to strengthen the front door offer
- Plans for a new team to support individuals with complex needs.
- The restructuring of the pathways to reduce long-term care dependency and focus on short stay beds and timely moves back home
- The continuing challenge of equity in accessing some services e.g. in reablement provision
- Mental health and substance use were areas needing further attention.

Members were pleased to note that it was no longer necessary to include Complex Care as an improvement priority, and rather that it was to be considered a Transformation project, with a number of areas of ongoing work involved.

A brief update was provided on the remaining six key improvement areas, and in response to members questions, Karen Gullon provided clarification on referral processes and carers assessments, and reasons behind fluctuations in waiting lists.

Members requested some comparative data in future updates on the six key improvement areas.

The Chair thanked officers for the update, and it was

Resolved – That the update on the key improvement areas be noted.

54 Extra Care / Supported Housing Update

Considered – A presentation on supported housing programme of procurements delivered by Michael Rudd, Head of Supported Housing.

Michael Rudd provided an overview of extra care development over the last 20 years and of North Yorkshire's future delivery model which included Extra Care Plus, Extra Care Mini, Supported Living, Village Models, Retrofit and Refurbishment, and Co-location with community assets.

The presentation also provided an overview of the delivery ambitions for the North Yorkshire's model for supported housing, and an update on demand, finance, procurement strategy and governance.

Members noted:

- Needs assessments had been commissioned for both Extra Care and LD/Autism Supported Housing, showing significant increases in demand and capacity requirements between 2025-40.
- The comparison data on extra care and supported living units required per district
- The benchmarking data on costs per unit nationally
- The potential capital budget required for delivering 16 schemes (985 units)
- The potential benefits generated through Extra Care
- The proposed changes to the procurement structure and associated benefits
- The geographic challenges e.g., Harrogate, Selby.
- The use of priority lists instead of waiting lists.
- Build costs had increased significantly.

In response to Members' questions, Michael Rudd confirmed:

- Extra care placements yielded long-term savings.
- The funding opportunities that may arise as a result of the Social and Affordable Homes Programme (Homes England).
- An analysis of demand had been undertaken by the Learning Improvement Network.

The Chair thanked officers for the update, and it was

Resolved: That the presentation on Supported Housing's programme of procurements be noted

55 Update on Hospital Discharges

Considered – A presentation on Hospital Discharges delivered by Josh Lumb, Head of Intermediate Care

The presentation provided an overview of:

- The pressures on reablement from hospital discharges
- The different discharge pathways
- Discharge hubs activity and hospital alignment, and the associated pressures and mitigating actions
- The new Intermediate Care workforce model from 5 January 2026 and its business case
- The new Intermediate Care governance structure aimed at improving outcomes

Members were pleased to note the move towards an outcome-driven approach, and the delivery of integrated learning opportunities and improved performance management.

In response to Members' questions, Josh Lumb confirmed:

- The plan was to increase intermediate care beds by April 2026, as they delivered better outcomes and lower costs
- The pushback on inappropriate discharges.

- The shift from discharge-focused to preventative care.
- There would be a period of transition, moving away from the spot-purchasing of beds.
- The operational changes would provide more oversight and enable improved forecasting

The Chair thanked officers for the update, and it was

Resolved – That

- The presentation on hospital discharges be noted.
- An update on implementation of the new model be added to the Committee's work future programme

56 Work Programme 2025-26

Considered – The work programme for the remainder of the 2025-26 municipal year presented by the Senior Scrutiny Officer.

Members took account of the discussions on previous agenda items and other developments taking place across the county and agreed a number of amendments to their work programme

For their meeting on 27 January 2026 Members agreed to receive an update on the financial management of HAS cost pressures.

Noting the number of items already on the agenda for the January 2026 meeting, Members also agreed to defer their bi-annual performance update to their April 2026 meeting, and the Scrutiny Officer was asked to liaise with HAS officers to discuss the possibility of also deferring one or both of the planned updates on the Living Well Review and Complex Care to their April 2026 meeting.

For the meeting on 20 April 2026, Members agreed to add:

- An update on Substance Use
- A further update on Hospital Discharges

Finally, Members discussed the growing reliance on presentations at their scrutiny meetings and the move away from the provision of written reports. They noted the time it took to go through presentation slides and the amount of additional information being provided verbally by officers at the meeting. They agreed it was often difficult to absorb all of that additional information quickly and that written reports would provide them with sufficient time ahead of the meeting to identify appropriate questions.

Resolved – That:

- The work programme document be updated as above.
- The Scrutiny Officer liaise with officers to ensure the provision of written reports for future meetings.

57 Date of Next Meeting - 27 January 2026

The meeting concluded at 12.10 pm.

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Care and Independence Overview and Scrutiny Committee

Adult Social Care Financial Pressures

27 January 2026

Today

- Key cost pressures and actions to address
- Looking to the future: prevention

Key cost pressures and actions to address

HAS Budget

- Adult Social Care
- Public Health

| | 2025/26 |
|--------------------------|-------------------|
| | £m |
| Net Directorate Budget | 265 |
| Public Health | 26 |
| Other income and grants | <u>129</u> |
| Directorate Gross Budget | <u><u>420</u></u> |

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- The Q2 forecast showed that the Directorate is expected to overspend by £2.5m, although there is a significant risk that the impact of winter flu could increase this. Some of the key pressures behind the figures are set out in more detail in the following slides, including:

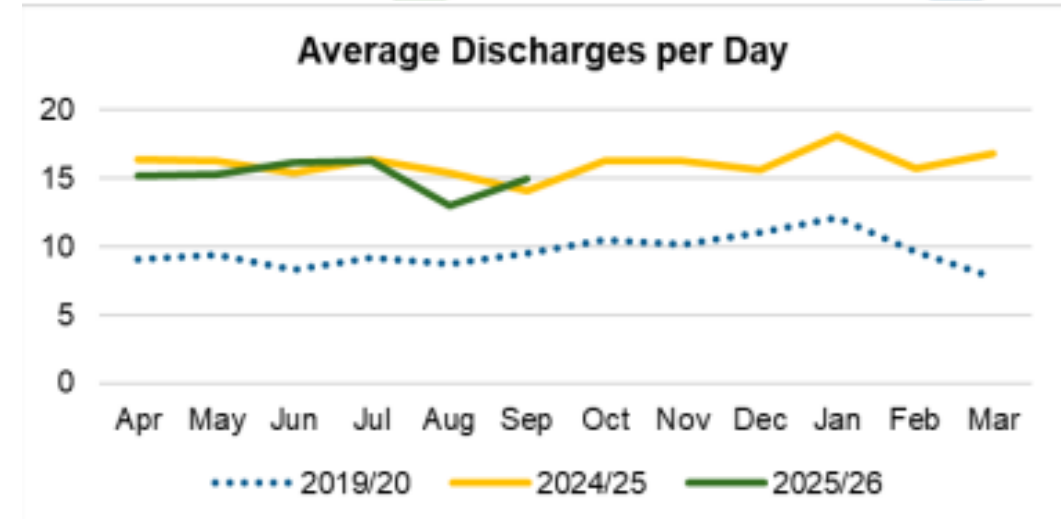
Hospital Discharge

Average Costs

Demand

Hospital Discharge

- One of the legacies of the Pandemic is the continued pressure in social care as a result of increased hospital discharges. These are much higher than pre-pandemic levels.
- Hospital discharge activity averaged 16.3 discharges per day in Q2 compared with 15.4 last year and 14.1 the year before.
- During the Quarter there were 38 days where discharges exceeded 20 per day, compared with 35 days for the same period in 2024/25



Short Stay Residential Care

- The increase in hospital discharges has contributed to an increased use and associated spending on the provision of short-stay beds. In addition, there has been an increase in the use of short-stay beds to support step-up care from the community.
- We have been using a mixture of in-house NYC Care Provider Services beds and both block and spot purchased beds in the wider care market.

Alongside the increasing spend, we have identified that lengths of stay and outcomes for people are better in our in-house provision and blocked booked beds due to the additional therapy arrangements.

- The use of step-up beds from community is often linked to housing issues, we are working with housing colleagues on developing a more co-ordinated approach
- Spend on these beds was increasing in the first half of 2025/26 - Gross spend in 2023/34 was £17.5m, 2024/25 it was £15.1m and at Q2 the forecast 2025/26 was £17.1m.

Short Stay – Actions

A comprehensive three-year action plan to reduce use of short-term beds and average length of stay is in place. This will enable us to meet MTFS savings.

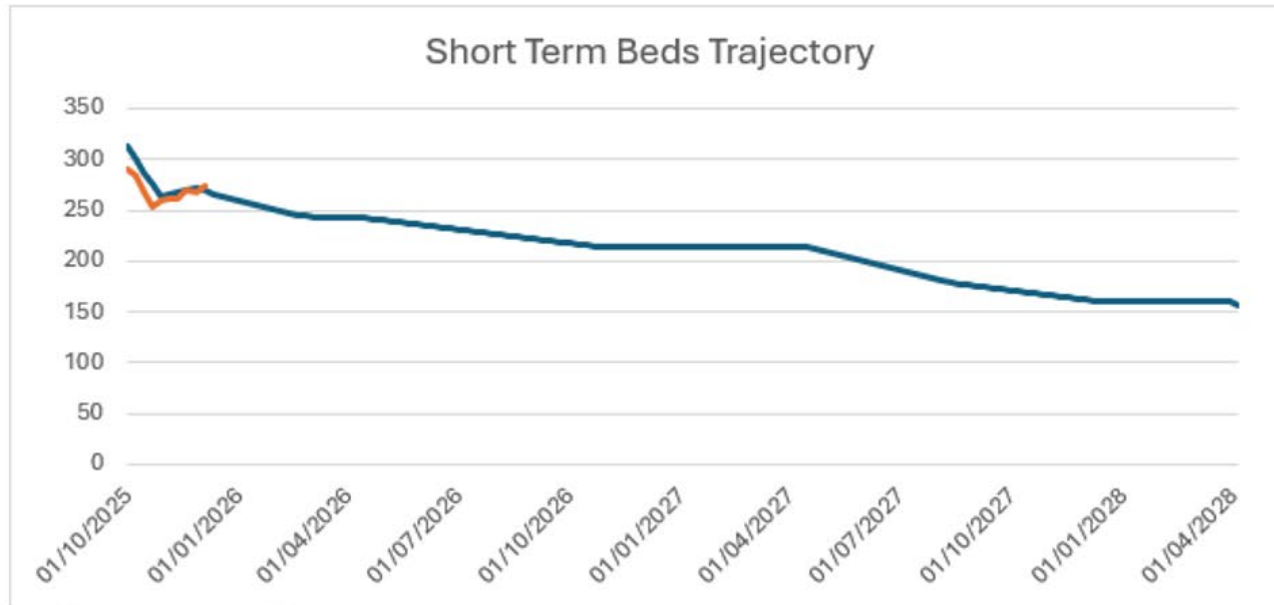
This plan includes:-

- A review of all current short stay beds
- The implementation of a standardised choice on discharge policy
- An audit of the use of beds in across localities
- The implementation of a winter 20205/26 plan to limit the use of short-term beds – historically the use of beds has increased over the winter months due to increased demand for hospital discharges.
- The joint funding (with the ICB) of additional beds (predominantly in house for winter 2025/26)

Short Stay - progress

The table and chart shows the plan we have agreed to enable us to meet our MFTS savings along with a trajectory of number of beds and the progress to date (red line).

| Metric | Baseline 1 st October 2025 | By 1 st April 2026 (winter plan) | By 1 st April 2027 | By 1 st April 2028 (MTFS achieved) |
|------------------------|---------------------------------------|---|-------------------------------|---|
| Average LOS | 18.6 weeks | 14 weeks | 10 weeks | 6 weeks |
| Number of beds | 328 | 243 | 215 | 157 |
| Revised Savings target | | £1m | £2.5m | £1.5m |



Residential and Nursing – Average Costs

- The average cost of a care home placement for someone aged 65+ increased to £1,169 per week at the end of Q2, up by £46 per week compared with 2024/25 (+4%).
- There are 4 countywide (Actual Cost of Care) approved rates:
 - Residential: £945
 - Residential with Dementia: £994
 - Nursing: £1,050
 - Nursing with Dementia: £1,057

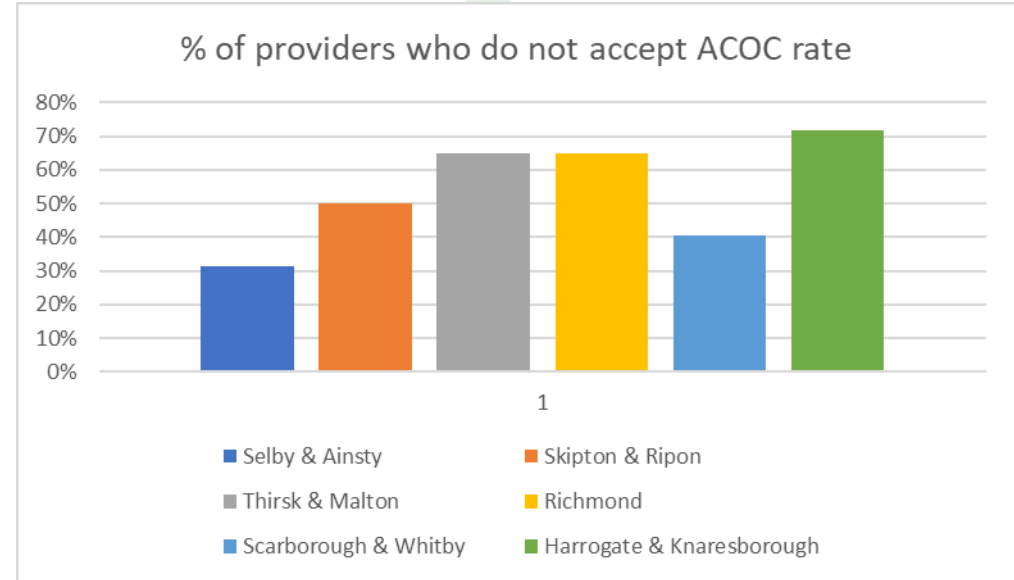
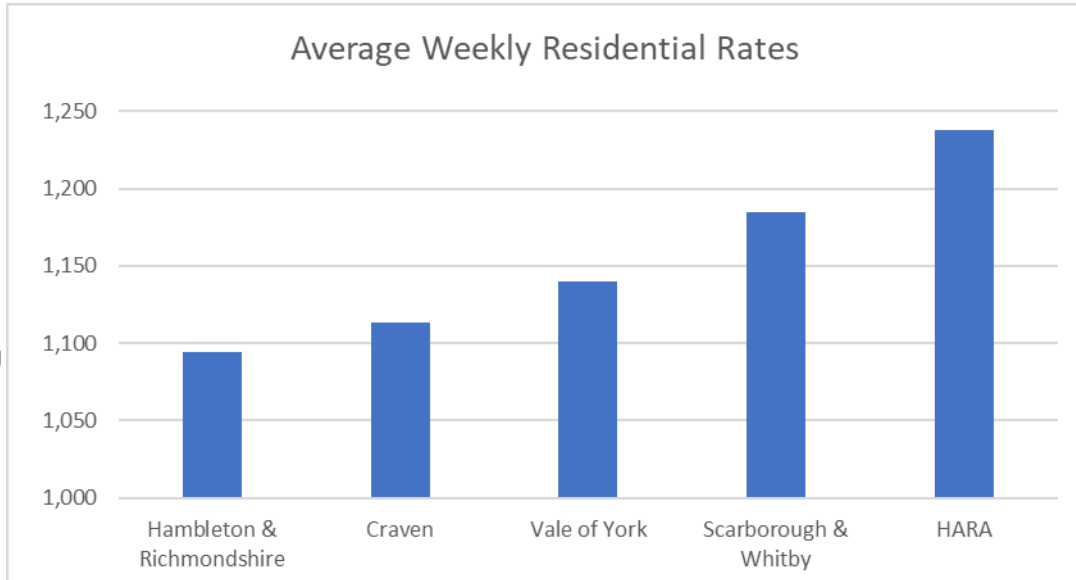
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Actual rates we pay vary from an average in Hambleton and Richmondshire of £1,094 to £1,238 in Harrogate*

- Proposals for Care and Support hubs are progressing well, and these will help to address market sufficiency risks around specialist dementia and intermediate care

** From 5 January 2026, the 5 locality management areas will become 4 (Towns, Coast, Dales and Moors), but figures in this report are based on those previous areas and/or on Area Constituency boundaries*

Residential and Nursing – Average Costs



Actions: Cost of Care

- Negotiation discussions between brokerage and care providers when sourcing residential and nursing care, balancing the persons need with quality and value for money
- Implementation of e-brokerage is underway
- Commenced planning for the procurement of the Approved Provider Lists, considering the cost of care

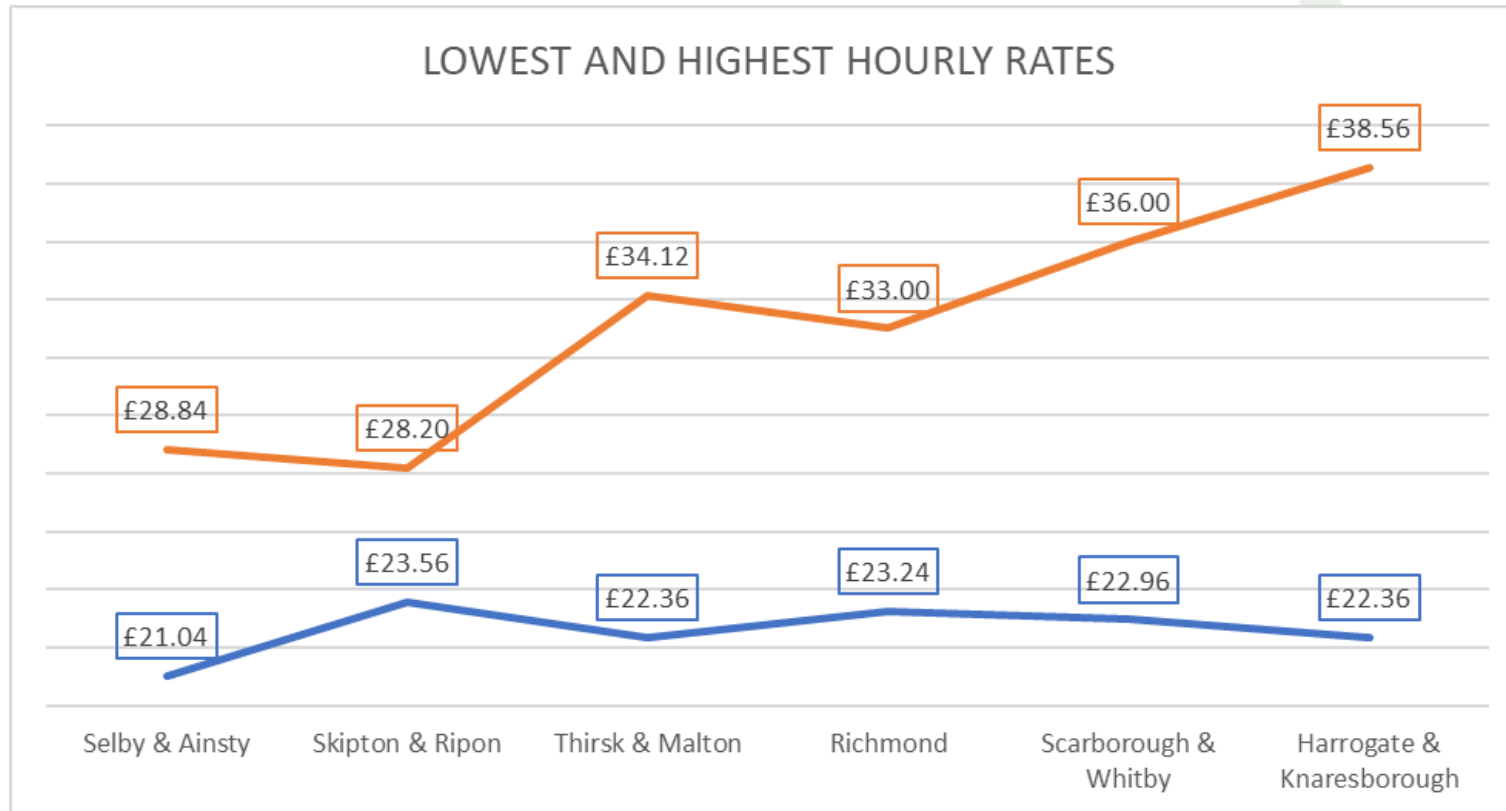
Residential and nursing care – demand management actions

- Reducing Short Stay residential care – also note this is an MTFs saving
- Further expansion of Extra Care, with developments in progress for Whitby, Malton, Harrogate, Gargrave and Bedale
- Enhancing the prevention offer - Prevention Plus model in its development to build on the success of Living Well and developing Community Anchor organisations
- Continue to drive improvements in the long waiting times for referrals and assessments
- Embed the impact of increased resource, following the Adult Social Care restructure, to the Prevention and Access Team at the front door and Intermediate Care, to strengthen the short-term intervention offer and create more capacity in the long-term care and support teams

Home Care: Costs

- In 2023, according to DHSC figures, on average we paid 22% above the average rate for England
- In 2025 that figure has dropped to 4%.
- Partly this is due to better prices obtained from providers who are using more of an overseas workforce, although this is risky
- The extra cost in North Yorkshire is in part due to a rural premium that we have to pay. We have calculated that key ASC workers in the county spend 45 minutes on average as “downtime” – for each visit in rural areas. This compares with 20 minutes in urban areas. This is reflected in the rates we charge where costs in super-rural areas can add £5 to the hourly rate (more than £8m overall)
- Home-Based Care demand remains at similar levels to those in April 2024. The average rate in England is £25.05 compared with £26.00 in North Yorkshire

Home Care: Costs



Actions: Cost of Care

- E-brokerage implementation complete
- Pilot in Whitby testing new model of commissioning home care with an alliance of care providers
- Expanding the use of direct payments and introducing Individual Service Funds

Home care – demand management actions

- Expanding the use of direct payments and introducing Individual Service Funds
 - Pilot in Whitby testing new model of commissioning home care with an alliance of care providers
- E-brokerage implementation complete
- Enhancing the prevention offer - Prevention Plus model
- Embed the impact of increased resource, following the Adult Social Care restructure, to the Prevention and Access Team at the front door and Intermediate Care
 - Introduction of OT Assistants which has seen a reduction in the number of people waiting for OT assessments at home

Managing Demand – supporting people under the age of 75

- Dedicated team established to conduct reviews of people in supported living to ensure their levels of care are sufficient and strength based
- 140 new supported living units in the pipeline, reducing the demand for more restrictive and expensive residential care

Preparation for Adulthood team established as part of the restructure to allow for more joined up working with Children's Services, introducing an enabling and preventative approach to young people with earlier identification of potential specialist housing or service requirements, there will be a key focus on the use of Direct Payments and Individual Service Funds in the first instance.

Financial Action Plans

- Continuing Healthcare income plan – ensuring that NHS pays appropriately
- Hospital discharge review with ICB
- Managing Demand Plan
- Social Care Practice Plan
- Market Development and Market Sufficiency (e.g. Care and Support Hubs, Extra Care, Supported Housing) and managing contracts. What we pay for care is still too high but there has been some progress (e.g. on home care hourly rate which is now 4% above average national rates compared with 20% two years ago)

Potential future cost pressures

- “Premium” of delivering services in rural area versus Fair Funding allocations
- Immigration policy changes – impact on wider care sector workforce
- Fair Pay Agreements
- Employment Rights Act
- NHS change: pace, impact, cost
- Longer-term trends around home ownership
- Waiting for the outcome of the Casey Commission



Looking to the future: prevention

Prevention

- Prevention Plus
- Next generation of extra care
- Housing for younger adults
- Enablement for younger adults
- Self-funder support
- Community Equipment and Technologh-Enabled Care re-design
- Working with the NHS: *Brazil meets Selby and beyond*

Prevention Plus - proposed model

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- The **next stage of our prevention work** across NYC (sits alongside other prevention work with working age adults, young people moving into adulthood, etc)
- **Builds on the strengths** in Community Anchors, Localities and HAS
- **Community caseworker model** with access to embedded statutory staff
- Proposals to be brought to Executive for consideration: **Community Anchor pilots**, with options for NHS funding
- Will be **co-produced** with Community Anchors

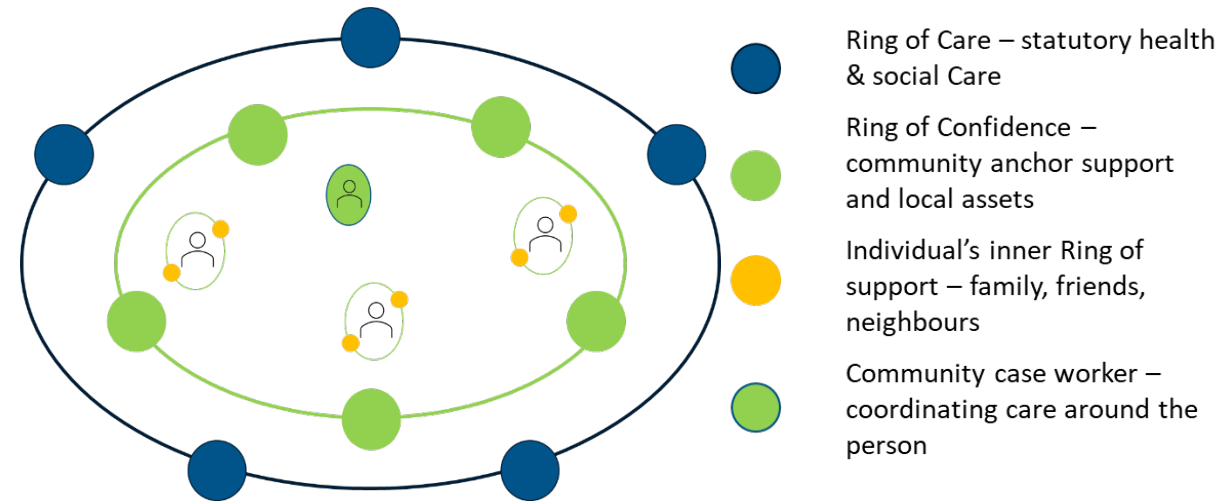


Diagram based on Healthy Villages , Complete Care Model

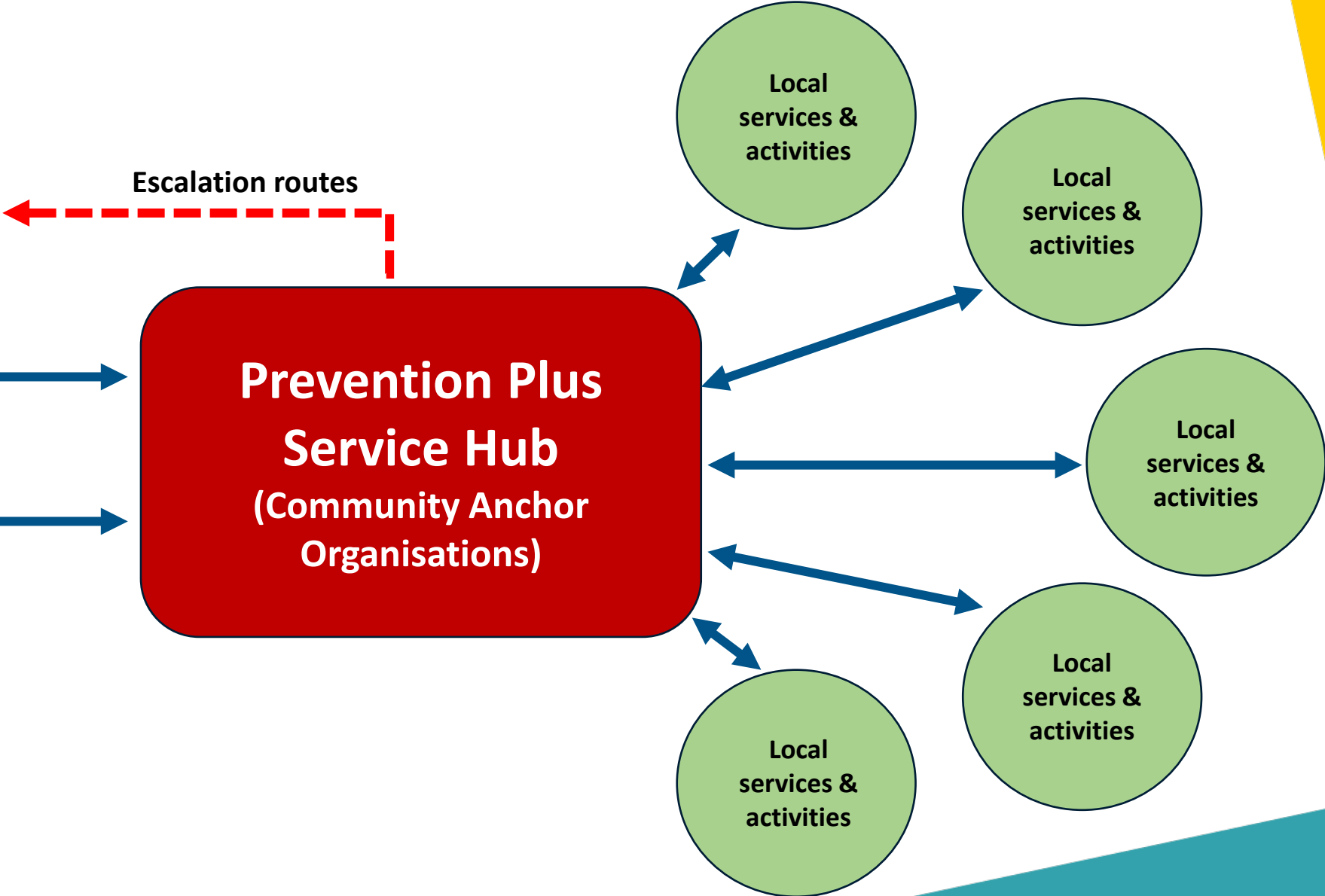
Prevention Plus – proposed 3 Year Pilot

Statutory Partners

- ASC teams / Living Well
- Mental Health
- GP/Social Prescribers
- Community Diagnostics/Pharmacists
- Housing Teams/RSLs
- Active NY – Leisure
- Childrens Early Help

Community Prevention

- CAOs local intelligence/ services provided by CAO
- Enhanced prevention services
- Specialist services – Carers+, Dementia Forward, Age UK, CAB, North Yorkshire Sport etc



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North Yorkshire Council

Care and Independence Overview and Scrutiny Committee

27 January 2026

Director of Public Health Annual Report 2024-2025

Report of the Director of Public Health

1.0 PURPOSE OF REPORT

- 1.1 The purpose of this report is to introduce the Director of Public Health Annual Report 2024-2025: 'Working together for North Yorkshire'.

2.0 BACKGROUND

- 2.1 The Director of Public Health Annual Report is an independent report on the health of the local population. The Director of Public Health has a duty to write an annual report, whereas the local authority's duty is to publish it¹.

3.0 ISSUES

- 3.1 The Director of Public Health Annual Report for 2024-2025 shown at Appendix A, focuses on the power of partnership working to improve the health of the population of North Yorkshire and reduce health inequalities.
- 3.2 The report explores the benefits of Local Government Reorganisation to simplify cross-functional working, the role of wider partnership working, and the synergy achieved through collaboration and shared objectives.
- 3.3 The report begins with an overview of North Yorkshire and the role of Public Health, including the peer review undertaken earlier this year, and then focuses on partnership working and the difference it makes in four main chapters:
1. Working with other council teams and functions
 2. Working with wider system partnerships
 3. Working with community partnerships and people
 4. Working through the innovative use of public health funding
- 3.4 Each chapter is shaped around examples of collaboration from Public Health colleagues and other teams, with personal reflections and practice examples to help tell the story.
- 3.5 The report provides recommendations for Public Health and the wider system, and an update on the recommendations from the Director of Public Health Annual Report 2023-2024: 'Live, Age, Engage: healthy ageing in North Yorkshire'.

¹ Section 73B(5) & (6) of the National Health Services Act 2006, inserted by section 31 of the Health and Social Care Act 2012

4.0 FINANCIAL IMPLICATIONS

4.1 There are no financial implications.

5.0 LEGAL IMPLICATIONS

5.1 The local authority has a legal duty to publish the Director of Public Health Annual Report, as outlined in paragraph 2.1, 'Purpose of report'.

6.0 CLIMATE CHANGE IMPLICATIONS

6.1 There are no climate change implications.

7.0 EQUALITIES IMPLICATIONS

7.1 There are no equalities implications.

8.0 REASONS FOR RECOMMENDATIONS

8.1 The following recommendations are made on the basis that the report provides a valuable overview of the benefits of partnership working to reduce health inequalities for the population of North Yorkshire.

10.0 RECOMMENDATIONS

10.1 The Committee is asked to:

- i) Note the content of the Director of Public Health Annual Report 2024-2025.
- ii) Consider the recommendations made within the report and how they relate to the whole local authority.

Louise Wallace
Director of Public Health

County Hall
NORTHALLERTON
13 January 2026

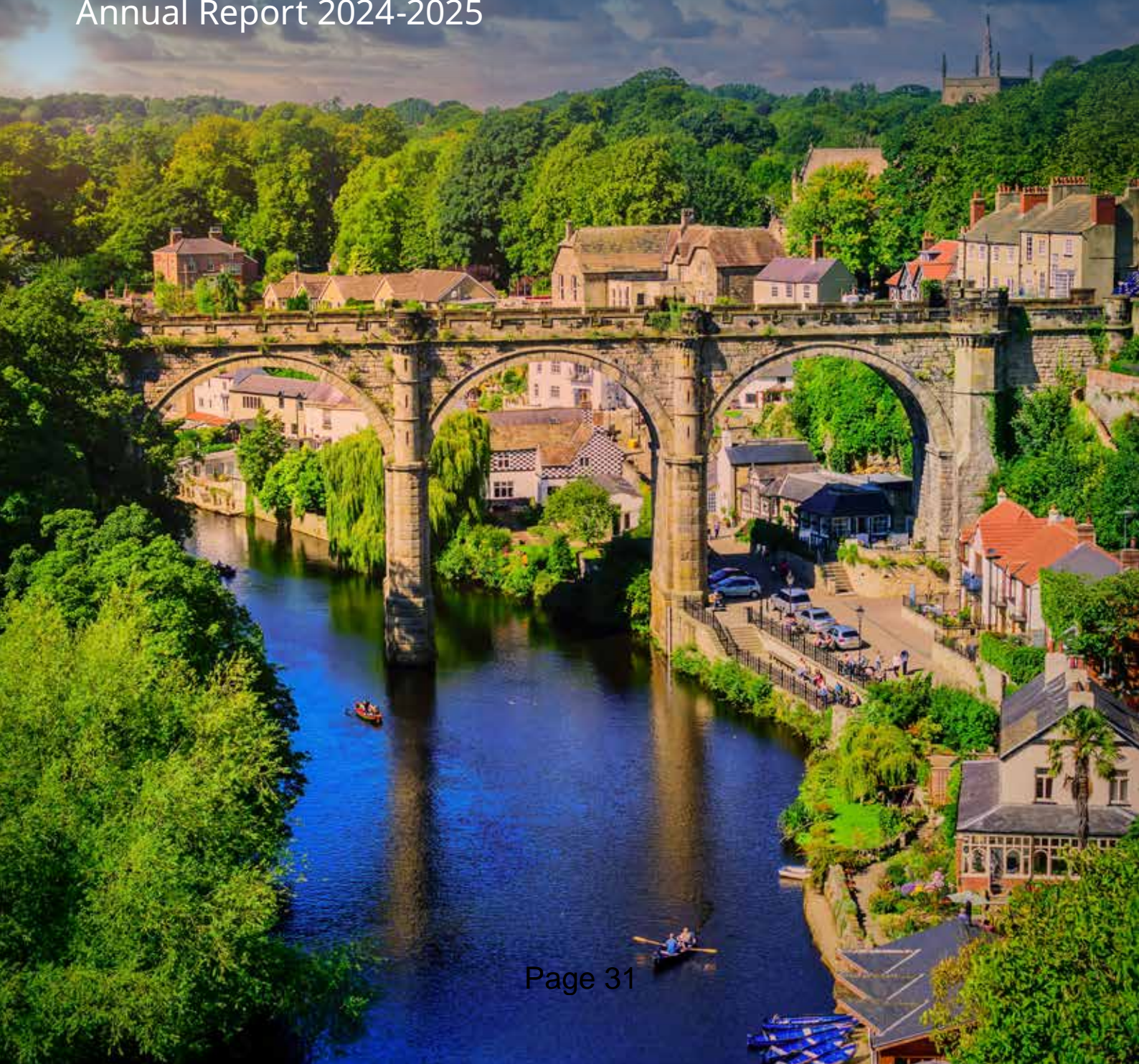
BACKGROUND PAPERS: None

APPENDICES:

Appendix A – Director of Public Health Annual Report 2024-2025: 'Working together for North Yorkshire'

Working together for North Yorkshire

North Yorkshire Director of Public Health
Annual Report 2024-2025



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Foreword: Louise Wallace, Director of Public Health

I am delighted to introduce my fifth Annual Report as Director of Public Health for North Yorkshire. The theme of my report for 2024-2025 is 'working together for North Yorkshire'.

Back in 2000 when I started my career in the NHS, the 1999 Health Act had just been passed. Informed by discussion documents *'Partnership in Action'* and *'Partnership for Improvement'*, the changes in 1999 set out a range of flexibilities to enable the NHS and local authorities to work together. Partnerships have been a key feature in all of my work over the past twenty-five years, not only because of the requirements in statute but because partnerships reap benefits. Partnership working requires investing time, energy, resources and a willingness to negotiate and listen to other people's perspectives. When partnerships work well the outcomes that can be achieved are remarkable. This report illustrates the power of partnership and working together to improve and protect the health of the people of North Yorkshire.

The power of partnership was particularly evident during the acute phase of the COVID-19 pandemic when all agencies and communities worked together to support each other during a very difficult time. The phrase 'Team North Yorkshire' was often used to sum up the collective effort to mitigate against the worst consequences of the pandemic.

The 'Team North Yorkshire' spirit has continued into the unitary authority, and in this report, we share examples of how we've brought this spirit to our work with other council teams to protect and improve the health of our population.

In February 2025, the Public Health team took part in a Public Health Peer Review. The review aimed to explore how well the function is working across the newly formed unitary council, assessing the breadth and impact of its work, and evaluating whether the Public Health team is focused on the right priorities, particularly in addressing health inequalities. The findings and recommendations, shared in this report, provide a good foundation for Public Health to further enhance its impact and positive contribution to the work of the authority.

And 'Team North Yorkshire' encompasses our wider system partnerships as well, working together to protect and improve the health of the public. An obvious partner working with Public Health is the NHS, which also has a duty to improve health and address health inequalities. The recently published ['10 Year Health Plan for England: fit for the future'](#) sets out a commitment by Government to make a shift from "sickness to prevention: power to make the healthy choice"¹. Partnerships are an essential ingredient to making this happen, and alongside the NHS, Public Health is working with many other partners to address health inequalities and 'add years to life and life to years'. This includes a wide range of voluntary and community sector partners, NY Police, the Probation Service and NY Fire and Rescue Service to name but a few. We share some examples of this work in chapter 2.

Working with community partnerships and people is essential to making sure the services and interventions that are developed across

North Yorkshire are the right ones and will make a difference. People are experts in their own lives, and we want their voices to be at the heart of Public Health. Chapter 3 sets out how important partnership working with local people is and that the most impactful work is achieved through equal partnerships built on listening, trust, and respect.

Another approach to collaborative working is through the innovative use of public health funding. In 2024/25 North Yorkshire received a public health grant of £25,714,561. As Director of Public Health, it is my responsibility, supported by the Public Health team, to invest the grant in line with the grant terms, ensure value for money and be able to demonstrate return on investment and outcomes. In chapter 4 we share some examples of how we achieve this through investment in council services that focus on prevention and work together with a range of organisations to deliver demonstrable outcomes.

This report does not describe all the great partnership working that is happening across North Yorkshire, as it would be impossible to include everything. All the examples in the report reflect on the importance of collaboration and partnership working and show that public health is everyone's business.

I hope that you enjoy reading my report and I would like to thank everyone who is part of Team North Yorkshire, committed to trying to ensure every child gets the best start in life and that North Yorkshire is a great place to live well, age well and, ultimately, die well.



Louise Wallace, Director of Public Health

¹ [Fit for the future: 10 Year Health Plan for England - executive summary](#) p5

Foreword: Councillor Michael Harrison, Executive Member for Health and Adult Services

I am pleased to welcome this report, which highlights what can be achieved when we work together across services, sectors, and communities. It is a testament to the power of collaboration and shared purpose.

Public Health is a vital part of my portfolio, and I continue to be struck by its depth and breadth. It plays a key role in recognising the impact of social determinants and seeks to prevent and mitigate health inequalities. This is reflected in our Council Plan 2025-2029, which sets out our vision, ambitions, and priorities for the next four years. Public health principles are embedded throughout the plan, guiding our work and shaping our approach.

The recent peer review held up a mirror to our work, and I am pleased to have received validation that we are on the right track. Merging eight councils into one unitary authority in 2023 has already brought clear benefits to the services within my portfolio, creating opportunities to align and strengthen our efforts.

Health protection remains a key priority, and I am reassured by the strong partnerships that underpin our work in this area. Reducing health inequalities is a shared responsibility: we are all working for the same population, the same North Yorkshire communities.

I am also mindful that everything we do is funded by taxpayers, and collectively we must ensure that every pound is spent wisely. When we work in partnership, with

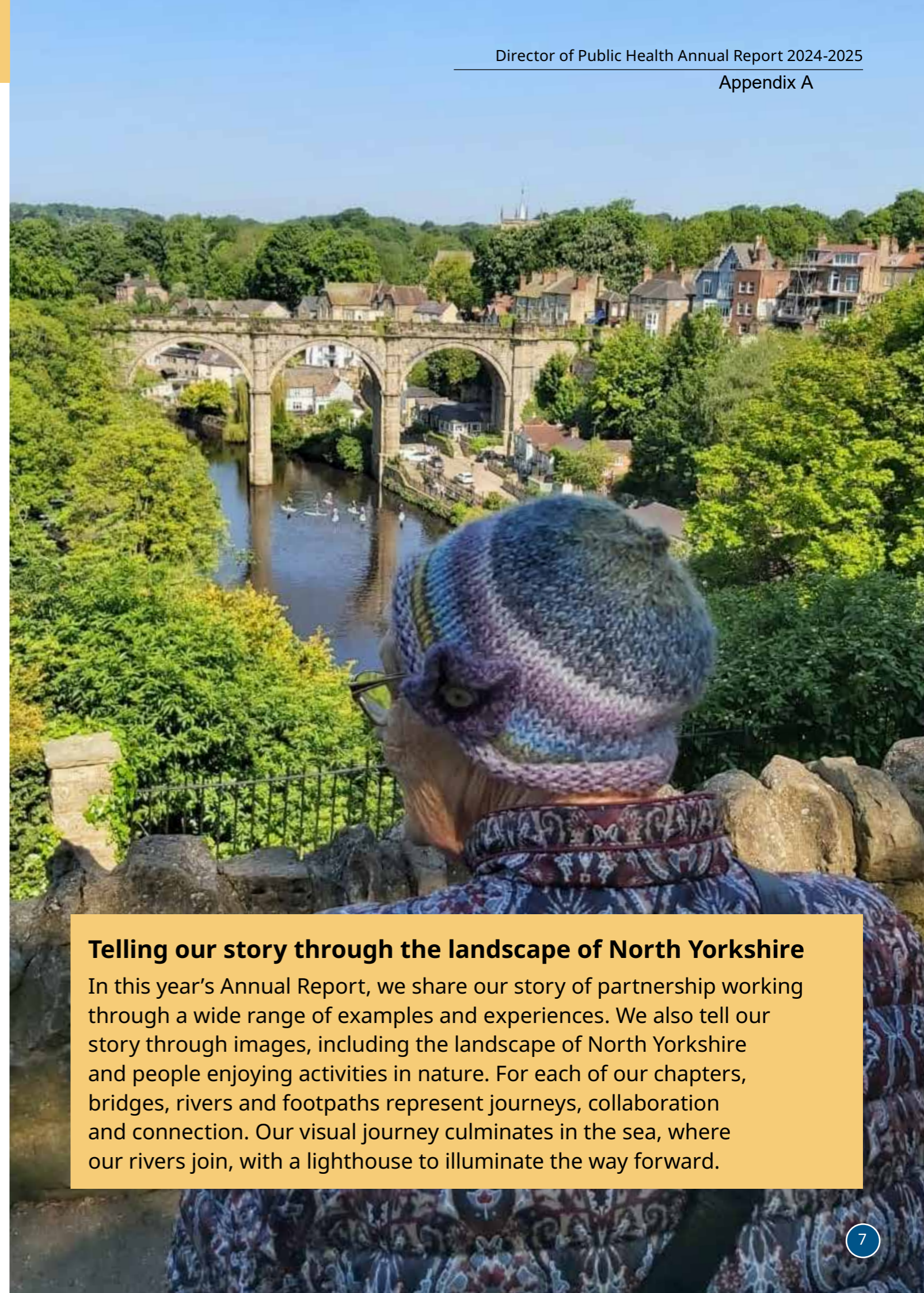
shared priorities and clear objectives, the whole really does become greater than the sum of its parts. This approach not only makes sense for the public purse, it delivers better outcomes for our residents and this, of course, is our core purpose.



Councillor Michael Harrison, Executive Member for Health and Adult Services

Report authors:

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- Design: North Yorkshire Council Design Team and Laura Watson, HAS



Telling our story through the landscape of North Yorkshire
 In this year's Annual Report, we share our story of partnership working through a wide range of examples and experiences. We also tell our story through images, including the landscape of North Yorkshire and people enjoying activities in nature. For each of our chapters, bridges, rivers and footpaths represent journeys, collaboration and connection. Our visual journey culminates in the sea, where our rivers join, with a lighthouse to illuminate the way forward.

Introduction: Working Together for North Yorkshire

Public health is everyone’s business. It is shaped not only by the services delivered but by the relationships we build, the systems we influence, and the communities we serve.

In a county as diverse and geographically expansive as North Yorkshire, no single organisation can tackle the public health challenges we face, such as ageing populations, health inequalities, rurality and the wider determinants of health. These challenges demand a collaborative response, and this year’s Director of Public Health Annual Report is a celebration of that collaboration.

The theme of this year’s report, ‘**Working Together for North Yorkshire**’ reflects the central role that partnership plays in improving health and wellbeing across our county.

From the integration of eight councils into one in 2023 to create North Yorkshire Council, to the development of new structures like the Health Determinants Research Collaboration (HDRC) and the York and North Yorkshire Combined Authority, we are entering a new era of opportunity - one where working together is not just beneficial, but essential.

In public health, partnerships are collaborative arrangements between organisations, sectors, and communities that come together to improve population health and wellbeing. These partnerships can take many forms - formal or informal, strategic or operational. This report is structured around four interconnected forms of partnership:



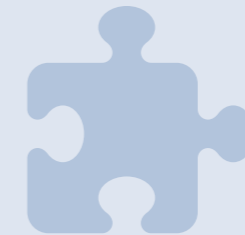
Internal partnerships - highlighting how Local Government Reorganisation (LGR) has enabled more joined-up working across council services, from housing and planning to education and environmental health.



Community partnerships - demonstrating the power of working with and alongside communities, listening to lived experience, and co-producing solutions that reflect local needs and strengths.



Whole-system partnerships - showcasing how we collaborate with NHS partners, Integrated Care Boards, other statutory authorities including North Yorkshire Police and North Yorkshire Fire and Rescue Service, academic institutions, the voluntary sector and other partners to tackle complex issues like mental health, tobacco control, and cardiovascular disease.



Innovative public health funding partnerships - illustrating how we leverage public health funding to drive innovation and address key health challenges effectively.



This report highlights how partnership working is not just a principle but a practice, woven into the fabric of how we deliver services, support communities, and respond to emerging needs. Whether through integrated care systems, voluntary sector alliances or community-led initiatives, from auto-enrolling children for free school meals to supporting young people’s mental health and embedding health into planning and regeneration, the examples shared in this report demonstrate the power of working together to achieve better outcomes and deliver real impact.

We also share examples of working collaboratively and creating synergies through jointly funded posts.

We reflect on the findings of our 2025 Public Health Peer Review, which recognised the strength of our leadership, the passion of our workforce, and the depth of our partnerships.

Importantly, we acknowledge that partnerships are not always neat or linear. They are dynamic, evolving, and often span multiple sectors and systems.

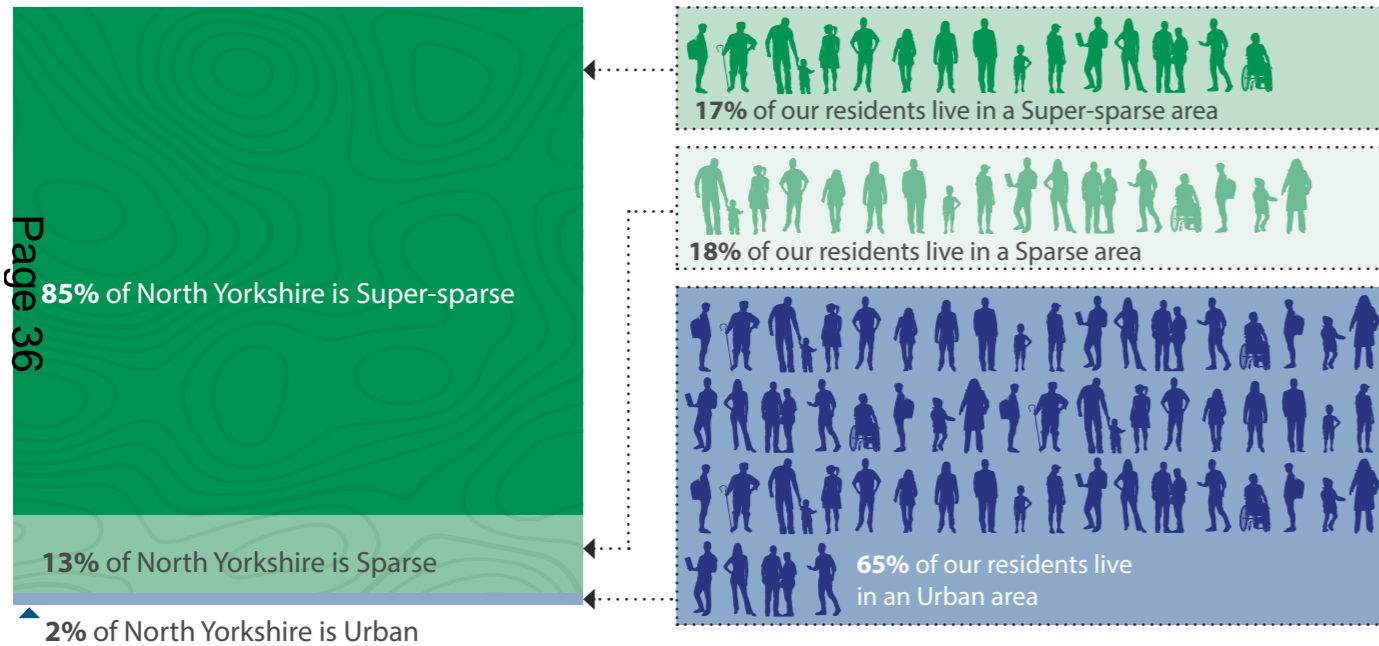
This report is both a reflection and a call to action. It invites all of us - across sectors, services, and communities - to continue building the relationships that make North Yorkshire a healthier, fairer place to live because when we work together, we can achieve more than any one organisation could alone.

Context: a demographic overview of North Yorkshire

North Yorkshire is England's largest county by land area, covering over 3,300 square miles. As of the mid-2023 population estimates, the county is home to approximately 620,000 people.

The population is spread across a mix of rural, coastal, and market town communities, each with distinct characteristics and needs. 35% of residents live in rural areas classified as 'sparse' or 'super-sparse', and this rurality presents challenges such as access to services, digital connectivity and transport.

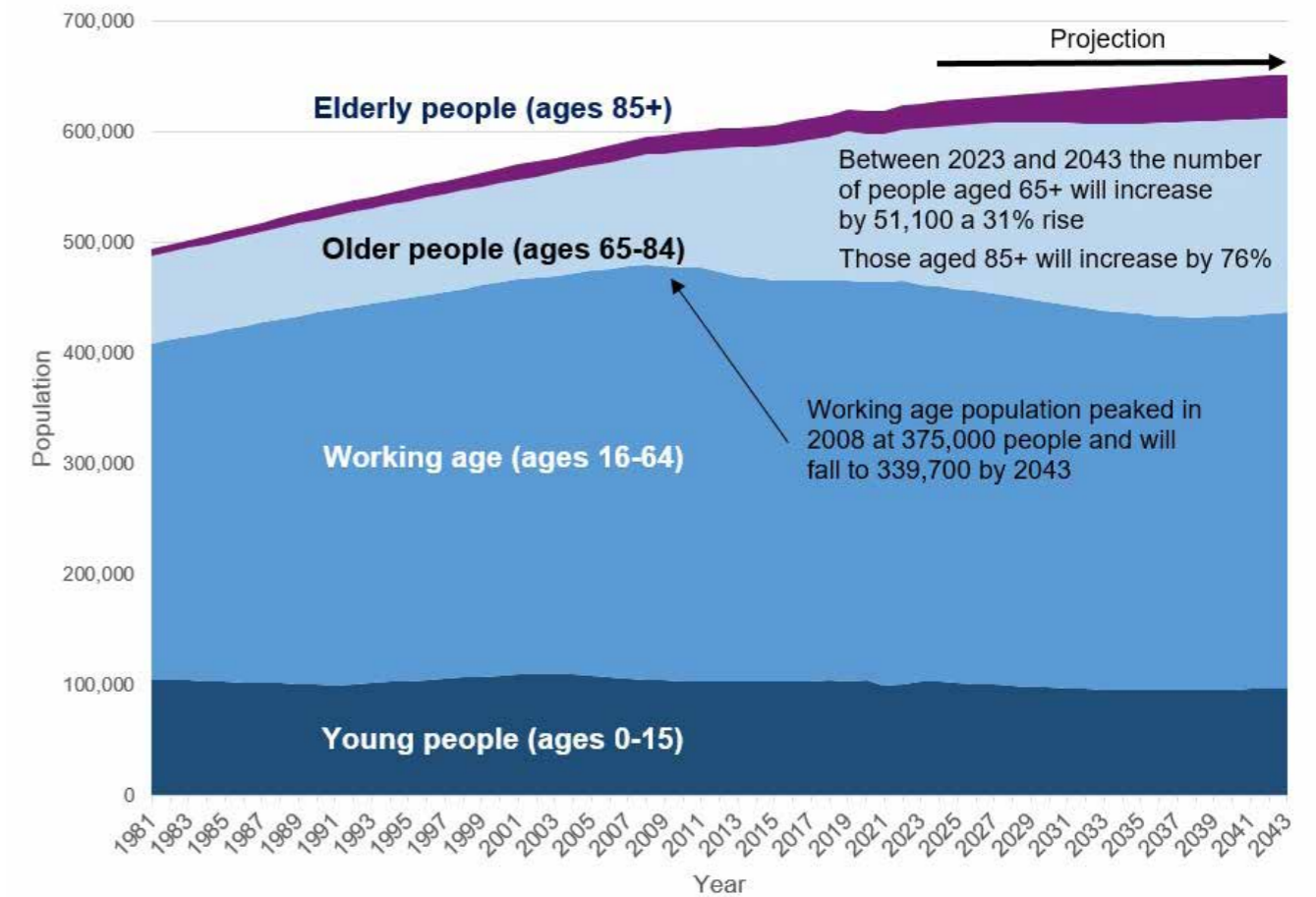
North Yorkshire population dispersal²



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North Yorkshire has a significantly older demographic than the national average. Around 26.4% of residents are aged 65 and over, compared to 19.3% in England. This proportion is projected to rise to 33% by 2043, reflecting the county's popularity as a place to retire and the national trend of an ageing population.

North Yorkshire change in broad age groups 1981 to 2043³



Approximately 17.5% of the population is under 18, with lower birth rates and out-migration of younger adults contributing to a gradually ageing profile.

The population is predominantly White British (93.27%), with small but growing communities of Eastern European, South Asian, and mixed ethnic backgrounds. The largest minority ethnic groups are White Other (2.85%), Asian/Asian British (1.4%), and Mixed/Multiple ethnic groups (1.1%).

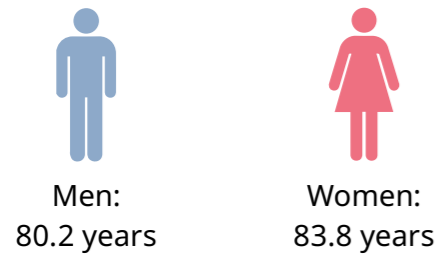
² Rural commission report final-compressed.pdf

³ Director of Public Health annual report 2023-2024

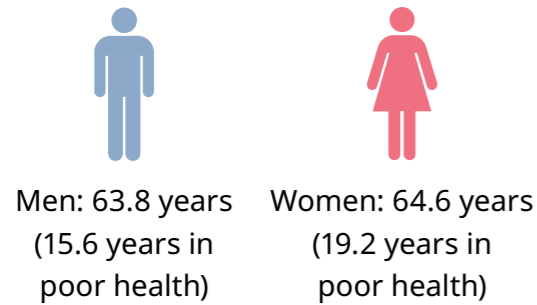
Health Outcomes

North Yorkshire is often perceived as a healthy and affluent county but this masks significant variation in health outcomes and deprivation across its communities.

Life expectancy in North Yorkshire is higher than the national average:



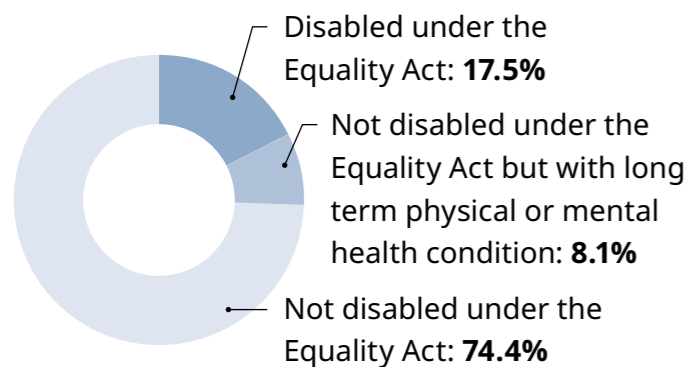
However, healthy life expectancy - the number of years lived in good health - remains notably lower than total life expectancy in North Yorkshire:



This means many residents spend over 16 years in poor health, particularly in later life.

From the Census 2021, around 25.6% of people in North Yorkshire (including children) are classified as having a disability or long-term physical or mental health condition.

Reference: www.censusdata.uk/e10000023-north-yorkshire/ts038-disability



Deprivation and Inequality

North Yorkshire contains pockets of significant deprivation. The Index of Multiple Deprivation (IMD) 2025 states that 23 Lower Super Output Areas (LSOAs) in North Yorkshire fall within the 20% most deprived in England, and 10 of those within the 10% most deprived.



While Scarborough remains the most deprived area overall, other areas also experience high levels of deprivation:

- Scarborough: parts of Castle, Eastfield, Falsgrave & Stepney, Northstead, Weaponess & Ramshill and Woodlands wards.
- Whitby: parts of Whitby Streonshalh and Whitby West wards
- Selby: around Charles Street, Flaxley Road, Scott Road and Gowthorpe
- Harrogate: parts of the Woodfield Road area
- Catterick Garrison: the area around Forest Drive in Colburn

These communities face challenges such as:

- Lower income and employment levels
- Poorer housing conditions
- Higher rates of smoking and obesity
- Reduced access to services and transport
- Increased social isolation, particularly in rural and coastal areas

Reference: www.ons.gov.uk/explore-local-statistics/areas/E06000065-north-yorkshire

The role of public health in local government

Since the implementation of the Health and Social Care Act 2012⁴, local authorities in England have had a statutory duty to improve the health of their populations. This responsibility is delivered through a combination of mandated services, strategic leadership, and partnership working across the wider system.

Local authorities are required to:

- Take appropriate steps to improve the health of their residents.
- Deliver specific mandated functions, including health protection, sexual health services, NHS Health Checks, and the National Child Measurement Programme.
- Use tools such as the Public Health Outcomes Framework, Joint Strategic Needs Assessments (JSNAs), and Joint Health and Wellbeing Strategies to guide their work.
- Act as system leaders, working across departments and with external partners to embed health into all policies and decisions. They are also responsible for ensuring that public health services are evidence-based, equitable, and cost-effective.

Who Public Health are and what we do

The three pillars (or domains) of public health practice⁵ are defined as:

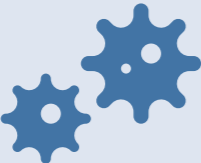



1. Health Protection
2. Health Improvement
3. Healthcare Public Health (also called Health Services Public Health)

⁴ [Health and Social Care Act 2012](#)

⁵ [Good Public Health Practice - Faculty of Public Health](#)

Health Protection

This aspect of public health focuses on safeguarding populations from threats to health. It includes:

| | |
|--|---|
| <p>Infectious disease control (e.g. outbreak management, immunisation programmes)</p>  | <p>Emergency preparedness and response (e.g. pandemics, natural disasters)</p>  |
| <p>Environmental health (e.g. air and water quality, food safety)</p>  | <p>Regulatory enforcement (e.g. health and safety laws, trading standards)</p>  |





The aim is to prevent harm and reduce risks to health through surveillance, regulation, and rapid response through significant multi-agency collaboration.

Partners:

- National:
 - UK Health Security Agency (UKHSA) - leads on infectious disease control and emergency response
 - Department of Health and Social Care (DHSC) - policy and strategic oversight
 - Environment Agency - environmental hazards
 - Food Standards Agency (FSA) - food safety
 - Defra - animal health and zoonotic disease control
- Local:
 - Local authority environmental health teams
 - NHS organisations (e.g. Integrated Care Boards (ICBs), hospitals, GPs for outbreak response)
 - Emergency services (e.g. fire, police, ambulance)
 - Local Resilience Forums (LRFs) - multi-agency emergency planning
 - VCSE partner organisations

Health Improvement

This function aims to enhance the health and wellbeing of individuals and communities. It includes:

| | |
|--|--|
| <p>Health promotion (e.g. campaigns on smoking cessation, physical activity)</p>  | <p>Reducing health inequalities (e.g. targeted interventions for most at risk groups)</p>  |
| <p>Addressing social determinants of health (e.g. housing, education, employment)</p>  | <p>Community engagement (e.g. co-producing solutions with local populations)</p>  |

This pillar is seen as essential to tackling inequalities and building healthier communities, with a strong emphasis on partnership and prevention.

Partners:

- National:
 - Office for Health Improvement and Disparities (OHID) - national strategy and campaigns
 - NHS England - prevention programmes (e.g. smoking cessation, weight management)
 - Department for Education and Ministry for of Housing, Communities and Local Government - tackling wider determinants
- Local:
 - York and North Yorkshire Combined Authority - transport, planning, growth
 - Local authority teams (e.g. adult social care, housing, education, transport, economic regeneration)
 - Voluntary and community sector - outreach and support
 - Schools and colleges - health education
 - Faith and cultural groups - community engagement
 - Local businesses and employers - workplace health initiatives

Health Care Public Health

This area of public health practice ensures that health services are effective, equitable, and efficient. It involves:

Service planning and evaluation

(e.g. assessing population needs, commissioning services)



Quality improvement

(e.g. clinical audits, patient safety initiatives)



Health intelligence (e.g. using data to inform decisions)



Equity and access (e.g. reducing health inequalities in service provision)



It connects public health and clinical care, ensuring that services are value based, equitable, meet population needs and improve outcomes.

Partners:

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- National:
 - NHS England - commissioning and service delivery
 - National Institute for Health and Care Excellence (NICE) - evidence-based guidelines
 - Office for Health Improvement and Disparities (OHID) - policy and data support
 - Care Quality Commission (CQC) - regulation and quality assurance

- Local:
 - Integrated Care Boards (ICBs) - local commissioning and planning
 - Health and Wellbeing Boards - strategic oversight
 - North Yorkshire Health Collaborative - joint health and care planning
 - Voluntary and community sector - service delivery and advocacy
 - Local Care Partnerships
 - Primary care networks (PCNs) - frontline service coordination

Priorities for North Yorkshire Public Health

North Yorkshire's Public Health team has three 'big ticket' priorities:

1. Having the best start in life - for babies, children and young people
2. Getting people moving more - improving health and wellbeing
3. Healthy ageing - ensuring that older people are able to age well

There are examples of our work on each of these priorities in this report, and you can read about our progress in the annual Health and Adult Services Local Account: [Health and Adult Services Local Account | North Yorkshire Council](#)

Our work is also guided by the priorities and actions outlined in the [North Yorkshire Joint Local Health and Wellbeing Strategy 2023-2030](#) and its vision:

“For all residents of North Yorkshire to have a fair chance of living a fulfilling life, free from preventable ill health, 'adding years to life and life to years'.”

To achieve this ambition, it relies on everyone working together across North Yorkshire, in particular the wider health and care system to:

Think Prevention

In North Yorkshire, we will improve the health and wellbeing of all our residents by concentrating on the big actions that will make the most difference to our population

Think Place

In North Yorkshire, where you live should help you stay well and happy. We want to make sure that where you live does not unfairly reduce the quality of your health or length of your life

Think People

In North Yorkshire, we will work with our communities who experience the poorest health outcomes to make sure that they can access and benefit from the services and opportunities they need



North Yorkshire Public Health Peer Review

In February 2025, a team of public health professionals from across Yorkshire and the Humber conducted a peer review of North Yorkshire Council's Public Health service. This review was part of a sector-led improvement initiative, designed to support learning and development by offering constructive feedback from peers. Over three days, the team engaged with more than 150 individuals across 37 meetings, reviewed extensive documentation, and spent over 190 hours collectively assessing the service.

Key Strengths

The review team found North Yorkshire's Public Health team to be highly effective, well-regarded, and deeply embedded across the council. Key strengths included:

- **Strong internal and external partnerships**

Public Health is well embedded across the council and has built strong, respectful relationships with a wide range of partners. These include planning, licensing, housing, children's services, and emergency planning, as well as external organisations like ICBS and the voluntary sector. The team is seen as a trusted collaborator that brings people together and supports others to succeed, rather than trying to do everything themselves.

- **Strong and visible leadership**

The leadership of Public Health was consistently praised throughout the review. The leadership team as a whole is visible, engaged, and trusted by both internal colleagues and external partners, and has shaped a well-run, values-driven service that is clearly aligned with the council's direction.



- **A skilled, passionate and collaborative workforce**

The Public Health team is described as practical, proactive, and easy to work with. Staff are seen as enthusiastic, knowledgeable, and generous with their time, offering support through initiatives like "lunch and learn" sessions and workforce development. The team includes a mix of registered and non-registered professionals, all of whom are valued for their contributions, and is also viewed as a popular placement for registrars, reflecting its reputation as a supportive and developmental environment.



- **Effective community engagement**

The team's work with communities is a standout strength. They have developed clear and inclusive routes to engagement, including surveys, focus groups, and targeted outreach to marginalised groups such as Gypsy, Roma, and Eastern European communities. Their work is grounded in listening and responding to local needs, and they are seen as genuinely committed to co-production and community voice.



- **Demonstrable impact across the council**

Public Health is making a real difference in areas such as teenage pregnancy, smoking cessation, sexual health, and mental health. Their influence is particularly strong in children's services, where they have helped shape priorities and improve joint working. Initiatives like the "Healthy Start" vitamin programme and contributions to the Local Transport Plan and Housing Strategy show how Public Health is contributing to wider council goals.



- **Use of data and behavioural science**

The team is using data and behavioural insights to inform their work and target interventions effectively. Partners expressed confidence in the team's evidence-based approach, and there is enthusiasm for the potential of behavioural science to support communications and service design. The Craven Needs Assessment was highlighted as a particularly valuable piece of work, and there is appetite to build on this further.



The review aimed to explore how well Public Health is working across the newly formed unitary council, assess the breadth and impact of its work, and evaluate whether the team is focused on the right priorities, particularly in addressing health inequalities.



Areas for consideration

1. Partnerships - internal and external

Public Health is well-connected, but there's room to strengthen and clarify roles and responsibilities across council departments and external partners. Some partners expressed a desire for clearer pathways into Public Health and more structured collaboration. There is also potential to deepen relationships with hospital settings and the Integrated Care Boards (ICBs), particularly around substance misuse and shared intelligence.

2. Community engagement boards

While there is strong outreach into communities, the consistency of delivery across different areas varies. Community anchor organisations are doing valuable work, but some are stronger than others. There is an opportunity to share best practice and ensure a more even offer across the county. Additionally, North Yorkshire's large veteran population could benefit from more targeted engagement and support.

3. Communications

Public Health's work is widely respected, but not always well-publicised. There's a need for a more joined-up approach with the council's communications team to better showcase achievements and ensure messages are heard.

Misalignment between corporate and public health communications can reduce impact, and partners noted a lack of shared understanding in this area.

Team structure and council reorganisation

The changes across team, council and system provide a valuable opportunity for Public Health to connect with more areas of the workforce. This includes colleagues from former district councils who bring significant experience and insight. Strengthening these connections can help embed Public Health principles more widely and foster collaboration.

5. Evidence and intelligence

Partners value evidence-based decision-making, but access to timely, relevant, and granular data remains a challenge. The Joint Strategic Needs Assessment (JSNA) and other intelligence products are sometimes outdated or disconnected. Public Health Intelligence (PHI) could play a more proactive role in shaping strategy and delivery, but concerns about capacity and visibility were raised.

6. Capacity and prioritisation

The expanded scope of the unitary council has increased demands on the Public Health team. There's a risk of being spread too thin, which could dilute impact. Empowering the team to focus on core priorities - and to say no when necessary - will help maintain effectiveness and avoid burnout.

Peer review recommendations

• Strengthen partnerships with the ICBs

Move beyond individual relationships by establishing clear, structured routes for engagement with the ICBs. This will support more consistent collaboration and reduce duplication of effort.

• Celebrate the journey and impact

Public Health in North Yorkshire has undergone a significant transformation and is making a real difference. This journey should be acknowledged and celebrated, both internally and externally.

• Strengthen data and intelligence capabilities

Explore ways to enhance the collection and use of data at local and population levels. Consider developing a population health hub and improving integration with the ICBs to support strategic decision-making.

• Evaluate key initiatives

Select two or three transformational activities and evaluate them thoroughly to demonstrate impact. This could include producing an annual report to share outcomes and lessons learned.

• Clarify focus on health inequalities

Define which health inequalities are most pressing in North Yorkshire and articulate the role of the North Yorkshire Health Collaborative in addressing them. This will help sharpen strategic focus and align efforts across the system.

• Maximise the potential of HDRC

The Health Determinants Research Collaboration (HDRC) offers exciting opportunities for innovation. Public Health should clarify its role, communicate its value through storytelling, and explore links with the York and North Yorkshire Combined Authority.

• Develop a communications strategy

A dedicated communications plan would help Public Health share its successes, raise its profile, and ensure consistent messaging across the council and with external partners.

• Define Public Health's role in devolution

As the Combined Authority develops, it is important to build a shared understanding of Public Health's leadership role within it, both now and in the future.

• Refine and co-produce priorities

Work with partners to refine the current set of priorities, ensuring they are focused, actionable, and widely understood. This will help align efforts and improve delivery.

• Extend reach through joint appointments and stakeholder mapping

Continue to explore joint roles that embed public health across the system. Mapping stakeholders against the refined priorities will help target engagement and influence more effectively.

Final Peer Review thoughts.

The peer review team concluded that North Yorkshire's Public Health service is in a strong position, with a committed team, effective leadership, and a clear sense of purpose. By building on these strengths and addressing the areas identified, the service can continue to grow its impact and ensure that public health remains a central thread running through all aspects of council life.



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“Public Health is everyone’s responsibility”

“Every conversation should be a health conversation”

“Whenever we need them [PH team] they are always there, ready to step up”

“Public Health have positioned themselves well at this point in time - we know who they are, what they’re about and we will invite them”

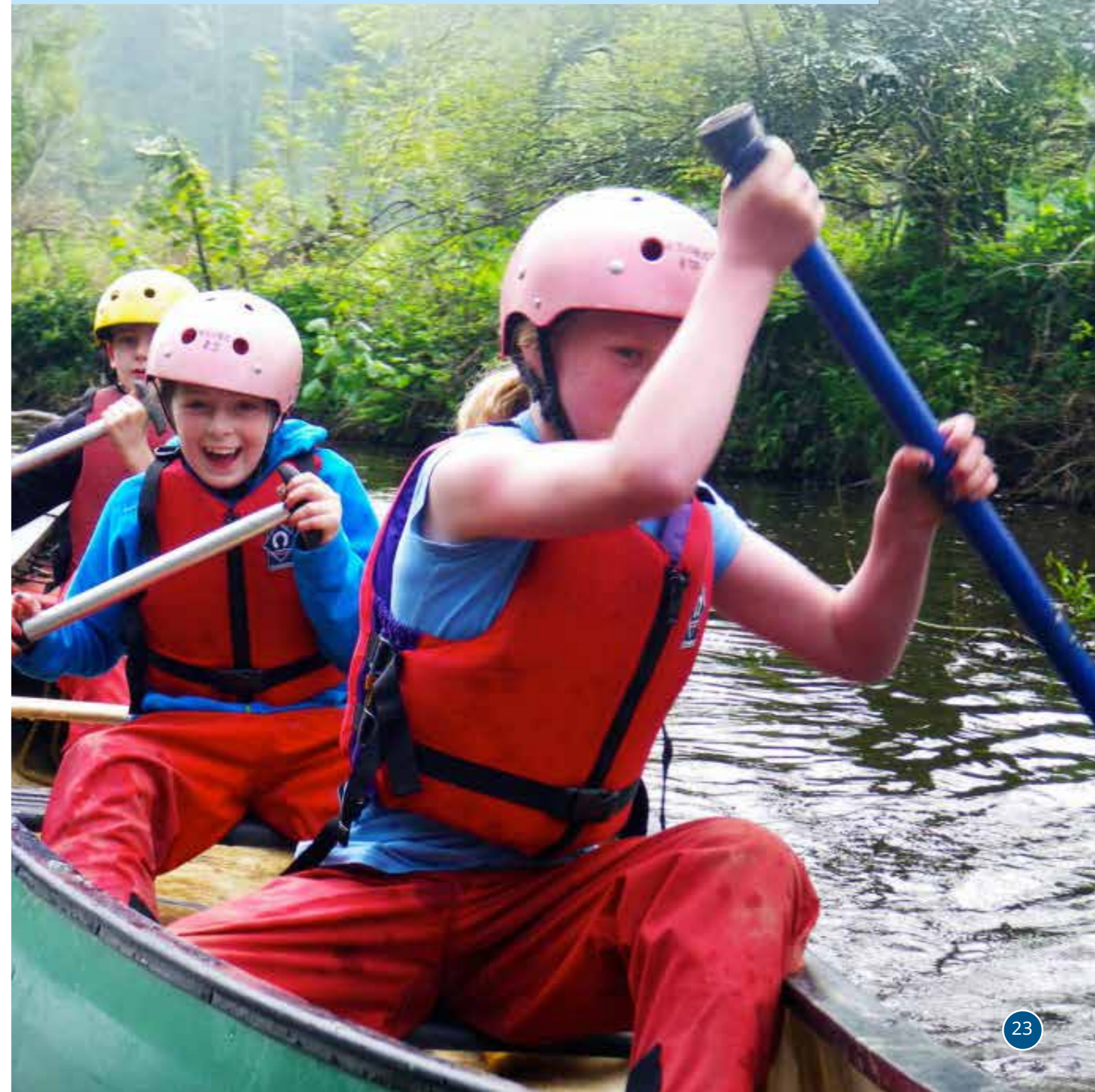
“Personalities in the Public Health team are so good; they are so easy to work with”

“Public Health pulls us together and their presence gives us the edge”

“Public Health do a great job at upskilling our workforce and enabling us to take on this responsibility”

“There is an opportunity with local government reorganisation that Public Health can be the golden thread that runs through this organisation”

Chapter 1. Working with other council teams and functions



Working with other council teams and functions

Introduction

Local Government Reorganisation (LGR) in North Yorkshire, with eight councils becoming one new unitary authority from April 2023, provided a unique opportunity to build in 'public health thinking' and simplify cross-functional working from the beginning.

Although still responding to and recovering from the COVID-19 pandemic, the Public Health team were enthusiastic and proactive about connecting with new teams, for example housing, planning and leisure services. The demonstrable benefits of this collaborative approach continue to grow as internal connections develop and mature, and as the bridges we collectively build become increasingly stronger and more solid.

The examples in this chapter illustrate some of our joint working across the council (but also highlight that this work doesn't fit neatly into 'internal' and 'external' partnership boxes).

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Health protection

What we're working on

North Yorkshire Council is working across a range of health protection priorities to keep communities safe and well. This includes responding to infectious disease outbreaks, supporting vaccination and screening uptake, improving sexual health outcomes, and preparing for future emergencies. These efforts are grounded in prevention, early intervention, and strong partnership working.

- **Animal infectious diseases:** In response to multiple avian influenza outbreaks, Animal Health and Public Health teams have worked together to manage risks to both animals and people. Joint exercises, such as a foot and mouth disease tabletop simulation, have strengthened preparedness. [Guidance for petting farms](#) has also been developed to reduce infection risks.

Practice example

The annual animal disease tabletop exercise took place on 25th March 2025 and brought together both internal colleagues (Animal Health, Environmental Health, Public Health and Resilience and Emergencies) and external partners (City of York, Animal and Plant Health Agency) to discuss a theoretical outbreak of foot and mouth disease. By learning about a disease and by sharing experiences and examples of best practice, we can prepare the best possible response for any animal disease outbreak.

- **Emergency preparedness, resilience and response:** The council has responded to a range of incidents, from flu and norovirus outbreaks to extreme weather and chemical hazards. Public Health plays a key role in the North Yorkshire and York Local Resilience Forum (LRF) and has contributed to the national COVID-19 Inquiry. The LRF has adopted a new [five-year strategy](#) to guide future emergency planning.



- **Air quality:** Public Health and Environmental Health teams have formed an Air Quality Steering Group to develop a county-wide strategy. This builds on the existing Air Quality Action Plan and supports national campaigns like [World Ventil8 Day](#) to raise awareness of the health benefits of good ventilation.
- **Climate and environmental health:** Public Health is supporting the development of the NYC Adaptation Strategy and contributes to the council's climate governance body, [Beyond Carbon](#). This work focuses on reducing emissions and building resilience to climate-related health risks.
- **Seasonal health:** The Seasonal Health Partnership brings together teams from across the council to [reduce fuel poverty and improve winter wellbeing](#). In 2024, grants were awarded to VCSE organisations to support winter resilience, and a Public Health Practitioner was appointed to coordinate this work. Summer health messaging is also being developed to support year-round community resilience.
- **Screening and immunisations:** Targeted work in Scarborough is helping reduce inequalities in access to screening and vaccinations. Through the Scarborough Screening & Immunisations Group, partners have supported community events, engaged local businesses, and backed projects like the [Wellness Bridge](#) to support people with mental illness in accessing cancer screening.
- **Sexual health:** The new North Yorkshire and York Sexual and Reproductive Health and HIV Strategic Framework and Sexual Health Network have been established to improve sexual and reproductive health and reduce inequalities. The specialist service [YorSexualHealth](#) has worked hard to reduce gonorrhoea rates and partnered with NYC and military communities in Catterick to tackle sexually transmitted infections.

These examples reflect a broad commitment to protecting health through collaboration, prevention, and system-wide action.

Who we're working with

North Yorkshire Council's health protection work is built on strong, system-wide partnerships. Internally, the formation of a single council has brought together Public Health and Environmental Health teams, enabling closer collaboration on shared priorities like air quality, water quality, and workforce health. Public Health now works more strategically with teams such as Regulatory Services, Adult Social Care, Planning, Parks and Grounds, and Resilience and Emergencies.

Externally, we continue to work with partners including the NHS, the UK Health Security Agency, City of York Council and community organisations. Multi-agency groups like the Scarborough Screening & Immunisations Group, and the North Yorkshire Local Resilience Forum bring together expertise from across sectors to tackle health inequalities, prepare for emergencies, and improve access to services.

What's changed since becoming one council

The new council structure has strengthened relationships and opened up new opportunities for collaboration. Public Health now contributes earlier to planning and environmental work, and has a stronger voice in strategic forums like the Regulatory Services Leadership Team and the Local Resilience Forum.

Key impacts include:

- Improved coordination on infectious disease outbreaks, including avian influenza and norovirus.
- Joint development of guidance for petting farms and indoor air quality pilots in care homes.
- Increased access to screening and immunisations in Scarborough through targeted community engagement.
- Progress on sexual health priorities, including reduced gonorrhoea rates and improved outreach in military communities.
- Enhanced emergency preparedness, including contributions to the national COVID-19 Inquiry and the development of a new five-year resilience strategy.

What's next

North Yorkshire Council will continue to strengthen its health protection work through prevention, data-driven planning, and inclusive partnerships. Priorities include:

- Developing the NYC Air Quality Strategy and exploring environmental health issues such as contaminated land and water quality.
- Launching a pilot project on indoor air quality in care homes, using real-time CO₂ monitoring to protect residents.
- Participating in Exercise Pegasus in autumn 2025, a national pandemic preparedness exercise involving multiple council teams.



- Finalising health protection indicators aligned with the NYC Climate Delivery Pathway.
- Improving testing and detection of HIV and chlamydia, with targeted action plans in place.

We will also use the ['What Good Looks Like' framework for high quality local health protection systems](#) to assess our local arrangements and identify areas for improvement. Continued collaboration, shared communications and a focus on populations facing the greatest health inequalities, such as coastal, military and migrant communities, will remain central to our approach.

Free school meals auto-enrolment

What we're working on

In summer 2024, North Yorkshire Council (NYC) automatically enrolled children eligible for free school meals (FSM) who had not yet been registered, unless their families chose to opt out. This proactive approach aimed to ensure that all eligible children could benefit from nutritious school meals, improved learning outcomes, and access to additional support such as the FEAST: ['Food, Entertainment, Arts and Sport - Together'](#) holiday activities programme.

School meals are widely recognised as healthier than packed lunches (fewer than 2% of packed lunches meet nutritional standards) and are linked to better concentration, behaviour and attendance. For families, FSM represents a saving of around £450 per year, while schools receive additional funding through the Pupil Premium (approximately £1,500 per primary and £1,000 per secondary pupil annually).

Despite previous marketing campaigns, it was clear by 2022 that further increases in uptake would require a more systematic approach. Auto-enrolment was identified as the most effective way to reach remaining eligible families.



Who we're working with

The success of the project relied on collaboration across more than 15 departments within the council. From October 2023 to August 2024, the Children's Public Health team led the development of a complex network of relationships across the council to design and implement the auto-enrolment process.

This included working with schools, education services, data and IT teams, legal and governance, and customer services. For schools not using the council's FSM checking service, the team worked directly with them to ensure they were aware of eligible families and encouraged applications through their own systems.

The project also led to national collaboration, with NYC now advising other local authorities across the country on how to replicate the model, showing how a unified council structure and strong interdepartmental relationships can deliver meaningful change, ensuring that no eligible child misses out on the support they deserve.

What's changed since becoming one council

LGR played a pivotal role in enabling this project. The move to a single unitary authority created a shared identity and simplified coordination across departments. This made it easier to align systems, streamline communication, and build the relationships necessary for a project of this scale.

The project has strengthened cross-directorate collaboration and demonstrated the value of Public Health leadership in delivering system-wide benefits for children and families.

The initial rollout identified around 800 eligible children not previously claiming FSM:

- 662 children were enrolled by NYC in time for the Autumn 2024 census.
- 100 children attended schools outside the council's FSM system; these schools were supported to encourage applications.
- 32 cases required further investigation due to complexity, with many later successfully enrolled.

What's next

The relationships built through this project continue to support wider public health goals and have laid the groundwork for future collaborative initiatives. NYC is now well positioned to:

- Maintain and refine the auto-enrolment process.
- Support other councils in adopting similar models.
- Expand access to related support programmes like FEAST.



Working together for children and families

- a reflection from Gill Kelly, Public Health Consultant, Children and Young People



We know that every aspect of life has an impact on the health of our youngest populations: families, schools, youth clubs, community, hobbies and so on, as highlighted in the partnership strategy '[Being Young in North Yorkshire 2025-2028](#)'.

It therefore makes sense that our children's Public Health consultant is a member of both the Public Health Leadership Team and the Children and Young People's Services Leadership Team, acting as a strong link between the two directorates:

"By stretching across 2 directorates, I have become the conduit - the importance of health is injected into education and children's social care, and the importance of schools and holistic family support is highlighted for public health. And medical jargon translation services are provided for free!

Coming from a health-focussed background, the world of schools, with a "behind the scenes" view, has been an education in itself! As parents, we don't see the vast amount of organisation and toil that underlies every aspect of school life and how our children's lives are richer for it.

Double the leadership team means double the meetings, but in terms of learning and influence, worth every minute."

Healthy Places

What we're working on

Healthy place shaping goes beyond healthcare - it's about creating environments that support wellbeing through good housing, transport, education, green spaces, and social connection. By embedding health into planning, regeneration, and local decision making, we aim to reduce health inequalities and make healthy living easier for all.

This work involves using public health data and evidence to influence how places are designed and developed. The Public Health healthy places team collaborates across council departments and with external partners to ensure health is considered from the outset, through planning consultations, regeneration schemes and local strategies.



Who we're working with

Healthy places work is built on strong partnerships across the council and beyond. A Creating Healthy Places partnership group has been established, and topic-specific groups on planning, housing, and transport bring together teams from planning policy, development management, regeneration, housing, economic development, environmental health, and more.

Externally, we are working with organisations like the Town and Country Planning Association, who have supported workshops and training, and with communities to ensure lived experience informs local priorities. These partnerships help us take a whole-system approach to shaping healthier environments.

What's changed since becoming one council

Collaborative working has already led to tangible impacts. Public Health now contributes earlier to planning processes, including the development of the new [North Yorkshire Local Plan](#). This has enabled a planning health impact assessment and sustainability appraisal, helping to make that health is a 'golden thread' throughout the plan.

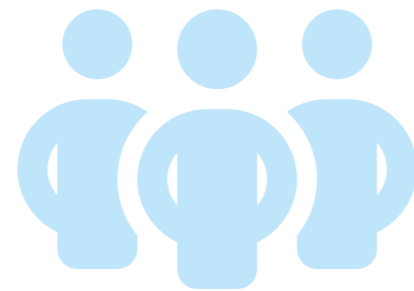
Our input into [regeneration projects](#), such as the Selby Park and Castlegate Norton schemes, has helped shape designs that support wellbeing and reduce inequalities. These partnerships have also raised awareness of how Public Health can add value to place-based work and created stronger connections across departments.

What's next

Looking ahead, we will continue to support the ambition for the North Yorkshire Local Plan to be the healthiest in England. We will continue working with planning, regeneration, transport and other teams to ensure local projects reflect community needs and contribute to reducing health inequalities.

To maximise impact, we will focus on long-term, preventative action while addressing immediate health challenges. Key priorities include:

- Understand place: strengthen neighbourhood-level insight through JSNAs and embed meaningful community engagement.
- Create health: embed a 'health in all policies' approach across council strategies and operations.
- Address ill health and its causes: use regulatory powers and the council's health improvement duty to reduce inequalities.
- Collaborate: strengthen internal and external partnerships, especially through the [York and North Yorkshire Combined Authority](#) and the [North Yorkshire Health and Wellbeing Board](#).
- Build skills and capacity: provide training across the workforce to increase understanding of how everyday decisions impact health.
- Advocate for health-centred planning: champion planning and regeneration that supports health, climate, and nature, including integrating health impact assessments into major planning decisions.



The Strategic Leisure Review and Active North Yorkshire

What we're working on

Following the creation of the new unitary authority in April 2023, North Yorkshire Council now manages one of the largest leisure portfolios in the country, including 25 facilities (16 with pools), and a range of outdoor pitches and facilities. There are also hundreds of community-based sports clubs, with facilities and volunteers across the county that provide opportunities for people of all ages to play sport, be active and be connected. The county also benefits from an extensive active travel infrastructure, including 9,250km of roads and 6,000km of [Public Rights of Way](#).

The bringing together of eight councils into one created both opportunities and considerable challenges for sport and leisure, and in response the council rapidly embarked on a strategic review. This led to the creation of a new, inclusive service: [Active North Yorkshire](#) - a significant piece of work with a phased and strong partnership approach to sport and active well-being.



Who we're working with

The Strategic Leisure Review has been jointly led by Community Development and Public Health, with input from other key partners:

- Health and Adult Services, North Yorkshire Sport, and former district/borough teams
- Community groups, sports clubs, and residents through surveys, focus groups, and workshops
- Cross party Member Working Group
- SLC Consultancy providing technical input, critical friend, insight and expertise around the delivery and management models.
- Key partners like Sport England and the North Yorkshire Health and Wellbeing Board



Key features of Active North Yorkshire

- Focus on physical and mental health, reducing inequalities
- Stronger links between leisure facilities and community delivery
- Local and digital services tailored to rural, coastal, and urban needs
- A skilled, community-focused workforce
- A key partner in prevention with the NHS

Together, the partners developed a vision for Active North Yorkshire that focuses on helping people live healthier, happier lives, both physically and mentally, while tackling inequalities across the region. By bringing leisure facilities and community services closer together, it will be easier for everyone to get involved, with services designed to meet local and digital needs whether people are in a rural village, a coastal town, or a busy urban area. At its heart is a skilled, community-focused workforce, and the programme plays a vital role in prevention efforts alongside the NHS, making it a key partner in building a healthier future for all.



What's changed since becoming one council

This review has been a truly collaborative effort. Public Health co-sponsored the work, embedding health outcomes from the start. The new council structure has enabled a 'one team' culture, with shared ambition and clear direction. A shared Public Health Officer post between Public Health and North Yorkshire Sport is helping to drive a place-based approach.

In 2024/25, we collectively achieved:

- A clear vision and delivery model for the next 5-10 years
- Agreement to bring services in-house for greater flexibility
- Launch of the new Healthy You service, designed to support individuals or families to help meet lifestyle goals, which might be to be more active, eat better, or manage weight.
- Pilot projects like family weight management and musculoskeletal health support already underway

What's next

We are working on a full transition to Active North Yorkshire by 2027 with an investment strategy to improve facilities and access, and continued evaluation to scale what works and reduce health inequalities.

Working together for an active North Yorkshire

- a reflection from Laura Young, Public Health Officer NYC and North Yorkshire Sport



Created following a review of sport and active well-being services in the new Council, this joint funded secondment opportunity based with North Yorkshire Sport was established in April 2023, initially for two years, to bring public health expertise and evidence-based practice design into the partnership approach for movement and physical activity.

“The role has allowed me to improve my understanding of wider public health work including the links to wider portfolios and becoming more comfortable with working with health and wider data. This learning has in turn supported the wider North Yorkshire Sport team who are becoming more confident with finding, utilising and embedding data into their work.

I feel the role has built stronger connections not just between the Public Health team and North Yorkshire Sport teams but wider NYC teams as well. It has nurtured a deeper understanding of each organisation’s work, priorities, and challenges, helping to align efforts and discover new opportunities.

Acting as a bridge, the post links people and teams, making it easier to share ideas, and work towards common goals. With shared intelligence and skills at the heart of this approach, both organisations benefit from fresh perspectives, creativity, and a stronger, more connected network.”

The post is now firmly recognised and deeply embedded within each organisation. The role plays a crucial part in the development of the Moving North Yorkshire framework, a transformational system approach to movement and physical activity across the county.

Working together for healthy ageing in North Yorkshire

What we’re working on

North Yorkshire has one of the oldest populations in the country, and by 2043, one in three people will be over 65. As people live longer, we expect to see more age-related health issues like dementia, falls, and long-term conditions.

To prepare for this, we have been working with other council teams to make sure services are ready to support people as they age.

We have used the Director of Public Health’s Annual Report [‘Live, Age and Engage 2024/25: Healthy Ageing in North Yorkshire’](#) and the Chief Medical Officer’s national report [‘Chief Medical Officer’s annual report: health in an ageing society, 2023’](#) as a catalyst to start conversations across the council. These reports help us highlight the importance of planning for an ageing population.

Our work is focused around four Healthy Ageing priorities, co-developed with members of the North Yorkshire Age-Friendly Network and other older people along with system partners:

1. Health and reducing inequalities
2. Housing
3. Financial security and employment
4. Making North Yorkshire an age-friendly place



Who we're working with

- **Housing:** We met with the housing team to talk about how homes can better meet the needs of older people. They are now working on a "Good Home Hub" to support safe and suitable housing.
- **Leisure:** We joined planning sessions to help shape leisure services for older adults. Together, we are developing a vision for 'Active Ageing' to encourage older people to stay active and connected.
- **Revenues and Benefits:** We started work to improve pension credit uptake by creating data and communication packs. This work is now part of the day-to-day work of the Revenues and Benefits team, with help from local teams.
- **Local Area Teams:** Healthy ageing is now a regular topic at local team meetings. These discussions have led to new partnerships and future opportunities with town and parish councils, adult learning, and parks teams.

What's changed since becoming one council

Prior to LGR, we had to work with eight different councils to coordinate activity. Now, as one council, we can have these conversations once and reach everyone. This saves time and helps us work more efficiently. We have been able to meet with leadership teams across departments to share what older people have told us they need, and to influence how services are planned.

What's next

As well as continuing the work outlined above, we are planning a county-wide 'Active Ageing' programme, especially in areas with more older residents. This will bring together housing, transport, leisure, and community services to help people stay healthy and independent as they age.



Spotlight on North Yorkshire Libraries: supporting health and wellbeing

North Yorkshire Libraries works creatively and collaboratively to support the health and wellbeing of communities across the county, in partnership with the Public Health team and a wide range of local organisations.

Libraries offer much more than books. They are places for social connection, creative wellbeing, digital support and volunteering opportunities, and help people feel less isolated and more empowered.

In an age of misinformation, libraries are playing a vital role in helping people navigate online health content. Staff and volunteers support users with digital tasks, and help residents access trustworthy health information online - an essential service, especially for those facing digital exclusion. The library service's digital offer can be accessed 24/7.

In 2024/25, libraries hosted 8,884 health and wellbeing events, with Self-Care Week providing a focus for this activity and over 700 people attending activities during this week alone. As well as Public Health, partners include NHS Talking Therapies, North Yorkshire Sport, NY Fire and Rescue and local charities.

Through the Reading Well initiative, libraries offer curated book collections, with recommendations from health professionals and people with lived experience, to support mental health, dementia care, parental wellbeing, and more. Libraries also offer Wellbeing Bags, Self-Care Toolkits for teens, and Memory Bags to support mental health, self-care, and conversations around memory loss.

In partnership with North Yorkshire Sport, libraries have hosted 24 Slipper Socials to help prevent falls in older adults. Attendees receive free, safe slippers and access to advice from local agencies, and the feedback has been really positive: "I feel privileged. I just came to the library for a walk and then this. Wonderful!"

Libraries are proud to be breastfeeding-friendly venues, with 30 branches signed up and many hosting support groups. Some also provide Healthy Start vitamins, blood pressure monitors, and host smoking cessation appointments - all in collaboration with Public Health colleagues.



Tobacco control and Living Well Smokefree

What we're working on

Smoking remains the leading cause of preventable death in the UK, responsible for around 78,000 deaths annually in England. Although smoking rates have declined to 11.6% nationally and 9.8% locally, it remains disproportionately high among people with lower incomes, poorer mental health, and those in more deprived areas - contributing significantly to health inequalities.

North Yorkshire Council takes a comprehensive approach through its [North Yorkshire Tobacco Control Strategy and Implementation Plan](#), focusing on:

- Tobacco control - working with retailers to ensure that they are meeting their social and legal responsibilities
- Smoking cessation - supporting individuals to quit, with targeted support for high-prevalence communities

Smoking cessation

The government has committed to making England smokefree by 2030, aiming for smoking rates below 5%. In 2024/25, £70 million in new funding was allocated to local councils to enhance stop smoking services, with a focus on reaching the most affected groups.

The council's local stop smoking service, [Living Well Smokefree](#) (LWSF) has evolved to better support people to quit smoking. With a mission to help "everyone, everywhere," the service targets high-prevalence communities and delivers support directly to those groups, including recruiting specialist staff to tailor support, expanding face-to-face clinics held in council-run venues already accessed by priority populations and offering a workplace wellbeing programme for Council staff.

For 2024/25, the number of people setting a quit date rose by 16.2% and successful quits by 17.7% compared to the previous year. In the first half of 2025/26, increases were 30% and 29% over the same period in 2024/25.

Tobacco control

The council's Trading Standards teams works with the Public Health team to manage tobacco use across North Yorkshire by:

- preventing under-age sales of restricted products
- preventing the sale of illicit and counterfeit alcohol and tobacco
- helping businesses comply with their legislative and social obligations regarding the sale of alcohol and tobacco
- reducing anti-social behaviour caused by the misuse of alcohol and tobacco



Trading Standards leads this work by investigating complaints and intelligence and conducting test purchases to ensure retailers in North Yorkshire comply with laws restricting tobacco and nicotine sales to under-18s. In 2024/25, 27% of test purchases resulted in illegal sales. Investigations resulted in two cautions and four prosecutions.

Who we're working with

Trading Standards works closely with retailers and the public to ensure compliance with legal requirements. Complaints and shared intelligence guide priorities, with each complaint addressed proportionately, ranging from warning letters to a visit or test purchase to make sure the retailer is meeting both legal and social responsibilities.

Test purchases are undertaken by trained young volunteers with support and under full supervision by Trading Standards Officers.

LWSF has built strong partnerships internally and with local organisations, for example:

- North Yorkshire Council's communications team: transitioning from campaign-based messaging to a year-round strategy.
- The council's Occupational Health service and cardiovascular disease (CVD) screening checks to embed stop smoking support into staff wellbeing initiatives.
- Harrogate Homeless Project and Selby Sleepsafe, providing in-person support

Regional collaboration has been enhanced through the Centre for Excellence in Tobacco Control, funded by the Humber and North Yorkshire Integrated Care Board (HNY ICB). This brings together Public Health, Communications, and Trading Standards teams to tackle tobacco harm at scale, including through regional TV and radio campaigns: [About Yes - Yes To Quit](#).



What's changed since becoming one council

LGR has been a catalyst for change for LWSF, enabling:

- A significant expansion of LWSF's reach, with more clinics in accessible, council-run locations.
- Stronger integration with housing, community safety, and revenues and benefits.
- Development of lead roles in LWSF to improve access to stop smoking support for priority groups, with clear pathways and coordinated services.
- Enhanced internal collaboration, particularly with the communications team, resulting in a 25% increase in referrals during Stoptober 2024.
- A more accessible and engaging online presence, with a 33% increase in webpage visits and a 500% rise in contact page hits.

LGR has also opened doors to key NYC workforce groups, especially routine and manual workers, embedding smoking cessation into everyday health and wellbeing support.

What's next

North Yorkshire Trading Standards has secured regional funding from the Department of Health and Social Care (DHSC) to appoint a Trading Standards Profession Apprentice, specialising in Tobacco and Vapes. The service also hosts the recently appointed Regional Illegal Tobacco Officer for the Yorkshire and Humber Region. This additional resource will help the team to build on its compliance work.

Living Well Smokefree is focused on increasing access and demand to help meet the national target of 5% smoking prevalence by 2030, and in particular to:

- Use the opportunities created by council reorganisation to reach more priority groups, particularly council staff in routine and manual roles.
- Expand support options, maintaining a wide range of quit aids and introducing new approaches like Allen Carr Easyway.
- Enhance community involvement, with new roles including a Peer Mentor lead and a Behavioural Science lead to improve engagement and co-design services with people with lived experience.

Heart Health Checks (CVD checks in workplaces pilot)

What we're working on

North Yorkshire Council secured funding from the DHSC to pilot workplace-based cardiovascular disease (CVD) checks, branded locally as Heart Health Checks. These checks assess an individual's 10-year risk of heart attack or stroke, provide tailored advice, and signpost to GPs or other relevant services. They also support prevention by encouraging healthier lifestyles and support for wider wellbeing through [Making Every Contact Count](#) (MECC) principles.

To improve accessibility and equity, the pilot expanded the eligibility age range from the national 40-74 to 25-84, aligning with the recommendations of the [Government review published in 2021](#) to include younger populations.

This helps to identify risks earlier and prevent future health issues linked to smoking, high blood pressure, cholesterol, and obesity.

The programme prioritised routine and manual staff, who are least likely to access NHS Health Checks via general practice. It also focused on coastal areas, which are among the most deprived in North Yorkshire and nationally. CVD is a major contributor to the life expectancy gap between the least and most deprived areas, making this a direct intervention to reduce health inequalities.



Who we're working with

Two new services were quickly mobilised:

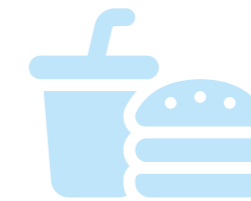
- NYC Occupational Health delivered checks to NYC staff across council sites including depots, offices, and care homes.
- YOURhealth (Humber Teaching NHS Foundation Trust) delivered checks to non-NYC workplaces, focusing on Scarborough and Ryedale due to the high levels of deprivation.

To reach non-NYC workforces, NYC partnered with the [York & North Yorkshire Combined Authority Growth Hub](#), which helped engage local businesses. YOURhealth collaborated with the Scarborough Business Ambassadors, representing local manufacturers, leading to successful clinic delivery to priority groups, and built links with [SeeCHANGE](#), a Scarborough-based voluntary sector partnership working with employers to improve workforce wellbeing.

This inclusive delivery model engaged staff from a wide range of industries:



Care & support



Hospitality



Manufacturing



Highways



Transportation



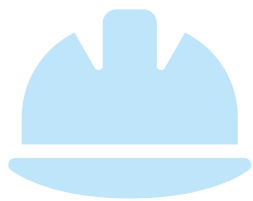
Household waste & recycling



Parks & grounds



Environmental services



Building services

What's changed since becoming one council

The formation of a single unitary council has significantly enhanced the reach and impact of the programme:

- NYC is now the largest employer in the county, enabling greater access to target groups through streamlined governance and communication.
- Occupational Health integrated Heart Health Checks into 'business-as-usual' health surveillance clinics, increasing opportunistic uptake.
- Clinics were delivered in council offices in Scarborough and Harrogate.
- Staff were allowed paid time off to attend checks, with line manager approval, removing a key barrier to participation.
- Communications broadened from targeted outreach to wider promotion via staff emails, HR updates and reception teams, resulting in high demand and strong engagement.

This new structure has enabled more unified coordination and delivery of workplace health initiatives, particularly for routine and manual staff who are often underrepresented in traditional health services.

Impact so far:

Of 904 checks delivered (664 to the NYC workforce), 123 people, or 13.8 %, had a CVD risk score⁶ of 10% or higher. This means a 1 in 10 chance of developing CVD in the next 10 years, and a score of 10% or higher is considered significant enough to warrant preventive action (lifestyle changes and/or medication).

Early feedback from participants is promising. For example, one non-NYC workplace reported that staff referred to their GP for high blood pressure are now receiving treatment - interventions that may not have occurred without the check.

"I wanted to say thank you very much for the heart health check you gave me [...]. I wanted to say, you were thorough, empathetic, re-assuring, informative in the information that you provided and it was painless!

It has had an effect on me straight away. I have been out to purchase nuts and dried fruit to replace the sweets/chocolates I usually eat, I am cutting down on my use of dairy products, still making cakes but not ones with loads of icing on, & I have been in touch with the GP about my increased blood sugar and cholesterol levels. Going forward I am walking at least 30 mins/day. "

Feedback provided to an NYC Occupational Health Technician

⁶ The CVD risk score is based on QRISK3, a clinical measure which estimates your 10-year risk of developing cardiovascular disease (CVD), such as heart attack, stroke, or angina. QRISK3 uses a range of personal and clinical data to calculate risk as a percentage.

"I just wanted to say thank you to you both and [anon] for today's Heart Health sessions. It's been a comprehensive success in my opinion. There's clearly the value and impact of identifying any personal concerns, but it has also instigated conversations in the office around health and wellbeing, getting people talking and motivated to do more. I can't thank you enough for putting on the sessions and now my attention will turn to Harrogate next week to get as good a turn out as we did today."

Feedback provided by an NYC Head of Service

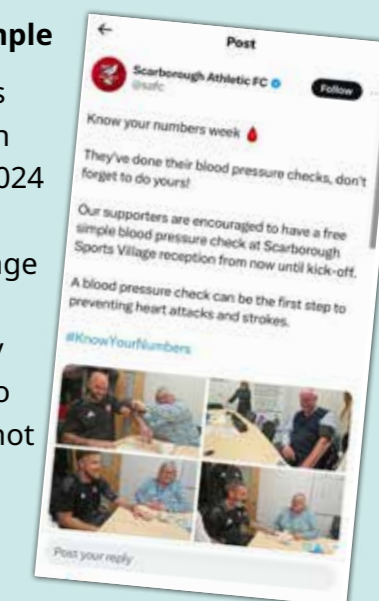
What's next

The pilot has demonstrated that workplace-based health checks are a viable and effective way to address CVD risk, particularly in areas of higher deprivation and amongst priority workforce groups. Our next steps are to:

- Evaluate and build on success: use pilot data and feedback to inform future delivery models.
- Sustain and expand partnerships: continue working with local businesses, voluntary sector organisations, and regional bodies to reach underserved groups.
- Embed health checks into routine practice: maintain integration with Occupational Health and explore further opportunities to deliver checks across council and community settings.
- Strengthen focus on equity: continue prioritising deprived areas and workforce groups least likely to access traditional health services.

Know your numbers: reaching our communities - practice example

As part of an HNY ICB funded project to address health inequalities associated with cardiovascular disease in the coastal areas of North Yorkshire, activities took place during Know Your Numbers Week 2024 to raise awareness of blood pressure and increase the number of people having theirs checked. An event at Scarborough Sports Village at a home fixture with Scarborough Athletic FC provided a great opportunity to engage with local people. Promoted in the press, by SAFC's social media and colleagues talking with fans on their way to the game, 31 people had their blood pressure checked. Many had not had their blood pressure checked for a number of years, and 13 of the 31 (42%) had high readings, so they were advised to go to their local community pharmacy for a follow up check within the next 7 days. 13 of the 31 (42%) had high readings, so they were advised to go to their local community pharmacy for a follow up check within the next 7 days.



HDRC North Yorkshire: reducing health inequalities and improving health through research



What we're working on

In January 2024 North Yorkshire Council in partnership with Hull University and University of York (Centre for Health Economics) secured a £5million five year grant from the National Institute for Health Research (NIHR), to set up a Health Determinants Research Collaboration for North Yorkshire (HDRC NY).

The HDRC NY is supporting North Yorkshire Council to strengthen academic partnerships and build the council's research capacity, capability and infrastructure. By fostering an evidence informed culture, the council can better understand health and health inequalities across the county and staff are equipped to make more informed policy decisions in areas such as transport, planning, and housing.

A key focus has been to develop a research training offer for staff. Following a training needs analysis across the council to understand and assess research culture and activity, we launched a free three tier training offer ranging from bite-size e-learning modules to full postgraduate modules. Staff also benefit from access to an Information Specialist who supports evidence-based decision-making through literature searches.

Who we're working with

To develop strong partnerships across the council, we have recruited Research Leads in every directorate. Their role is to raise the profile of research, embed evidence informed practice, and identify research activities aligned to service priorities. Areas being scoped for research include enhanced prevention, financial inclusion, and the impact of Community Anchor Organisation funding.

"Although we are still at the start of this journey, our confidence in what would benefit from research, and how we might potentially deliver it, is starting to grow."

Research Lead, Localities Team



HDRC NY continues to develop partnerships with the wider research ecosystem, which is important for sharing good practice and opportunities for research collaborations with academic partners. For example, we facilitated an event on Artificial Intelligence exploring how the University of Hull's Centre of Excellence for Data Science, Artificial Intelligence and Modelling (DAIM) could support NYC's ambitions to use AI to improve health outcomes of our communities.

We have established a Public Advisory Group made up of North Yorkshire residents with experiences of health inequalities. This group provides a resident's perspective on research priorities that can improve health and wellbeing services for our communities.

We are connecting with VCSE organisations as part of our research partnership forum, to help us understand their own research activity and expertise. These organisations are shaping how we support them, for example for funding proposals, fostering collaborations across directorates within the council and aiding academic connections.

What's changed since becoming one council

LGR provided a unique opportunity to embed a strong research culture from the beginning across the new council. With all council functions now together, the HDRC approach to evidence informed practice can be integrated more easily, including effective council-wide communication on the HDRC NY 'offer'.

Our impact includes:

- Stronger regional research partnerships: The HDRC Director is a member of the Catterick Integrated Care Campus Clinical Senate, Scarborough Coastal Health and Research Collaborative (SHARC) Steering Group and York St John Institute for Health and Care Improvement Steering Group.
- Evidence-informed service design: Working with Public Health staff to gather behavioural insights to develop a more inclusive adult weight management service.
- Staff engagement in research:
 - Complex Decision Making in Adult Social Care: a collaborative project with Kings College London and the University of Surrey, to inform local and national policy.
 - Apart Not Alone: £300,000 funding bid to the Armed Forces Covenant Fund Trust for a three-year research programme to support military families experiencing service-related separation
 - Digital exclusion and frontline public service delivery: a funding application to understand the impact of digitalisation on access to Council services.

What's next

Feedback from the Public Health Peer Review highlighted the importance of fully embracing the opportunities offered by the HDRC, and of embedding a strong research culture into everyday practice. To support this, the HDRC will focus on:

1. Mobilising training: promote and tailor research training to meet staff needs, ensuring it is relevant, accessible, and impactful.
2. Supporting council priorities: support teams as they develop service and savings plans to generate evidence of 'what works', and evaluate impact of service changes and investments.
3. Strengthening research governance: implement a council-wide framework to ensure research is carried out safely, ethically and inclusively.
4. Recruiting Research Champions: establish a network to promote the use of research evidence and encourage everyday conversations with colleagues, highlighting how research can lead to positive changes in practice.
5. Developing research proposals: we will bring council staff, VCSEs and university researchers together to develop research proposals that expand our understanding, tackle key challenges, and support evidence-informed decision-making.

Public Health Workforce Development

What we're working on

North Yorkshire Council's Public Health team is focused on building a resilient, skilled, and inclusive workforce that can meet the county's public health challenges. This work supports the [Council Plan](#)'s priorities to help communities thrive and ensure residents are safe, healthy, and living well.

We have expanded our efforts beyond the specialist Public Health team to embed public health principles across the wider council workforce. A refreshed 'Making Every Contact Count' (MECC) training offer is now available to all staff, helping them to support residents' health and wellbeing through everyday conversations, and to inspire and connect staff, we hosted an online conference showcasing how teams across the council contribute to improving health and reducing inequalities.

Who we're working with

Our partnerships are playing a key role in expanding the reach and impact of our workforce development work.

We work closely with Teesside University to enhance the experience of students on the integrated Master of Public Health programme. Interns join us for 12-week placements, gaining hands-on experience and contributing to real-world public health initiatives.

We have also collaborated with NHS colleagues to explore how hospital volunteers can use MECC approaches with patients, and with Economic Development and the York & North Yorkshire Combined Authority Growth Hub to promote health in local businesses. These relationships are helping us grow the non-specialist public health workforce and extend our influence beyond traditional settings.

What's changed since becoming one council

The move to a unitary council has created new opportunities to embed public health across all services. New relationships have been formed with teams that previously sat in separate councils, such as Licensing, Leisure Services and the new Active North Yorkshire service, allowing us to broaden the reach of MECC training and increase participation across the workforce.

We have established a single point of contact for public health career enquiries, making it easier for individuals to access work experience and internships. The conference and training initiatives have helped raise the profile of public health and demonstrated how every role in the council can contribute to improving health outcomes.

Our ambition is to continue growing the wider public health workforce by embedding MECC principles into everyday practice and encouraging more staff to take part in training. We plan to:

- Host another council-wide online conference to share learning and celebrate impact.
- Expand collaboration with Economic Development and the Growth Hub to support health promotion in local businesses.
- Encourage more staff to pursue public health practitioner registration and specialist training.
- Continue offering inclusive internships, apprenticeships, and placements to develop future talent.

By investing in our people and building strong partnerships, we are creating a culture where public health is everyone's business and where every role has the potential to improve lives.

"As a master's student in Public Health, this internship has been a transformative experience. I've honed skills in programme development, stakeholder engagement, and strategic thinking - all of which are vital for a career in public health. This growth has reinforced my passion for preventing illness, promoting health and driving community-level change"

Feedback following a Public Health Internship



**“It has definitely encouraged me to pursue a role in public health I really enjoyed meeting members of the public health team ...
Everyone I met was so passionate about their job and it really encouraged me to pursue a public health related career...
I also learnt about the breadth of public health and how important it is to all areas of society.”**

Feedback following a one week work experience placement with the Public Health Team

Reflection on career development in public health

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**Emma Davis, Public Health Principal,
North Yorkshire Council -**



I began my public health career in 2003 at Selby and York Primary Care Trust as a Health Improvement Specialist after completing my degree at Leeds Metropolitan University. During this time, I undertook a funded Diploma of Higher Education in Addiction Studies via distance learning with Leeds University. In 2005, I moved into a joint role as Physical Activity Coordinator across Hambleton and Richmondshire District Councils and the local PCT. Two years later, I joined NHS North Yorkshire and York as a Health Improvement Specialist, completing a part-time, funded Masters in Public Health while working.

Following the 2013 transition of public health to local authorities, I became a Public Health Manager at North Yorkshire County Council, now North Yorkshire Council, where I spent 12 years developing broad expertise across public health and contributing to regional and national work on sexual health.

In May, I was excited to be appointed Public Health Principal, supporting my progression to join the UK Public Health Register as a Consultant via the retrospective portfolio route. One of the most rewarding aspects of my career has been mentoring others: investing time to listen, understand, build confidence, and help identify opportunities to bridge gaps in knowledge and practice. I am also an assessor for the UKPHR Practitioner Programme and recently completed ADPH and LGA Yorkshire and Humber Peer Review Training.

Reflection on career development in public health

**Dr Islam Mostafa, Public Health
Medicine specialty registrar -**



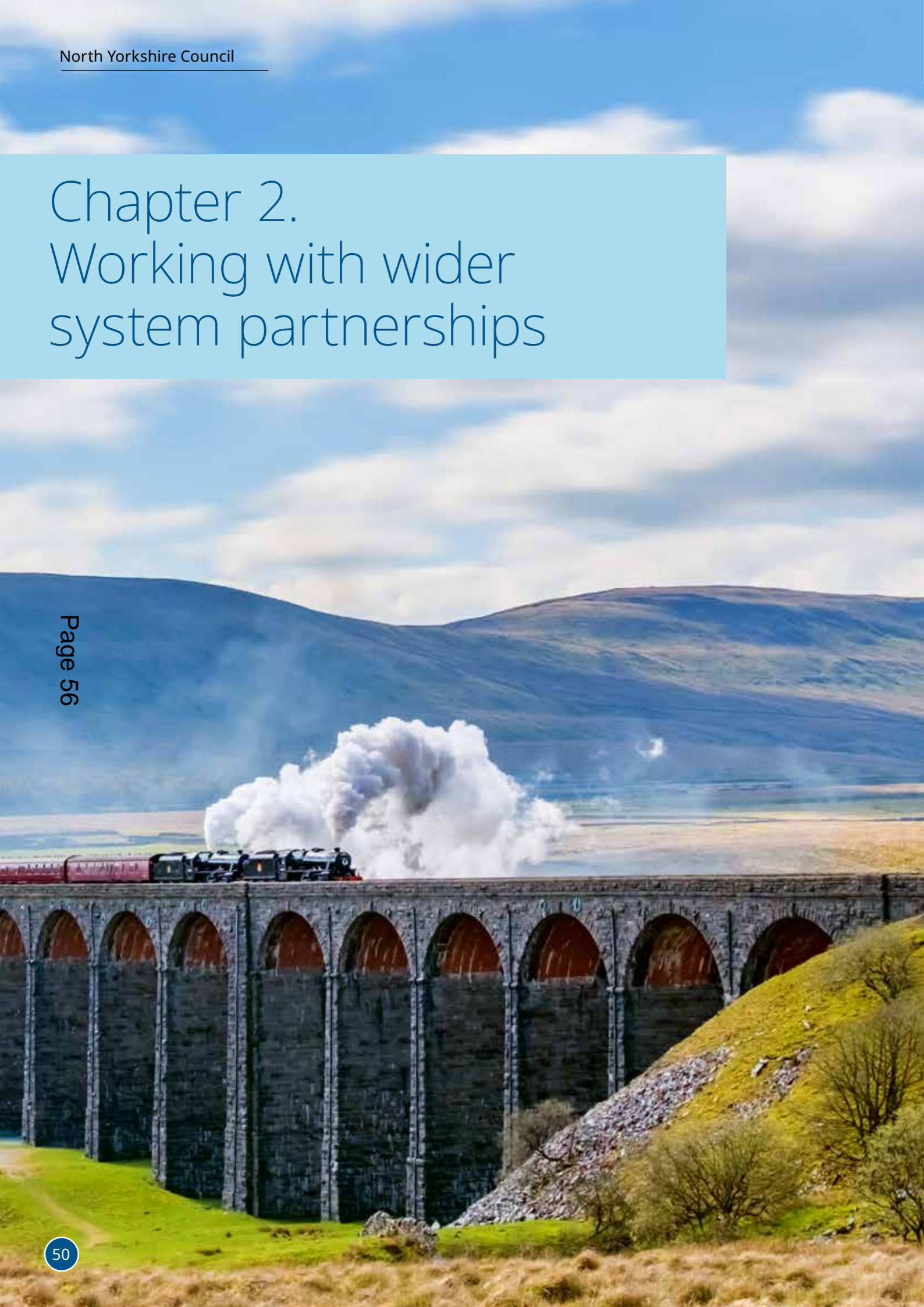
I am a third year Public Health Medicine specialty registrar with the Yorkshire and Humber deanery, currently placed with North Yorkshire Council’s Public Health team. I joined in April 2025 and was warmly welcomed by a supportive team.

This is my second placement within a local authority, and it has helped me understand how a consultant role can vary even within the same region. North Yorkshire’s sheer size requires strategic planning and a team able to work across a wide area. Its rural nature brings unique health protection challenges, for example the need for close working with farmers and petting farms. The rural and coastal geography also makes responding to environmental incidents more complex and creates challenges for information-sharing. While the region generally scores well on deprivation indices, coastal and southern areas still face deprivation-related health issues. Like everywhere else, shifts in national funding mean resources have to be carefully managed.

During my time here, I have been involved in health protection assurance auditing, infectious disease planning, health protection investigation, and improving migrant health resources. I’ve also improved my understanding of medication governance and joined visits with Trading Standards and Health & Safety colleagues. In leadership meetings, I have seen a strong commitment to fairness and the ethical principle of doing no harm.

I look forward to further developing my skills in service commissioning, preparedness exercises, and mentoring.

Chapter 2. Working with wider system partnerships



Introduction

Moving from the focus on our internal collaboration, we now look at our wider system partnerships. If we had to choose one word to describe the system in North Yorkshire, it would be complex.

The health and care system across North Yorkshire's area is made up of three ICBs, six acute and/or community NHS trusts, two mental health NHS trusts, 19 primary care networks, 643 social care providers, and an active and diverse voluntary and community sector. Add on to that all the teams, functions, organisations and so on that focus on wider social determinants such as housing, education, transport and planning, and very quickly the network could become a tangled web.

We can't - and nor should we - do everything ourselves. Collaborative working is key to identifying and reducing health inequalities across our very large county; we are all working for the same population. Collectively, we need to understand our different statutory/organisational responsibilities but embrace opportunities to connect and collaborate.

For Public Health, the key formal partnerships include the [North Yorkshire Health and Wellbeing Board](#) (HWB), chaired by the Executive Member for Health and Adult Services; the North Yorkshire Place Board, chaired by NYC's Chief Executive; the [Thriving Communities Partnership](#), co-chaired by the VCSE infrastructure organisation, Community First Yorkshire and the council; and the multi-agency [North Yorkshire Safeguarding Adults Board](#) and [North Yorkshire Safeguarding Children Partnership](#).

In this chapter, we look beyond the statutory partnerships to illustrate how shared strategic priorities are delivered through creative collaborative working across the system, focusing on specific health inequalities and opportunities for innovative approaches.



Harrogate Making Every Adult Matter (MEAM)

“The system is confusing. It’s hard sleeping rough but it’s the least of my problems. I don’t think I can survive much longer. I overdosed twice last week. I don’t feel good about myself. I just need putting down. This is not how I saw my life panning out. I can’t stay in No Second Night Out because I can’t share with other people”

J, Harrogate, 2023

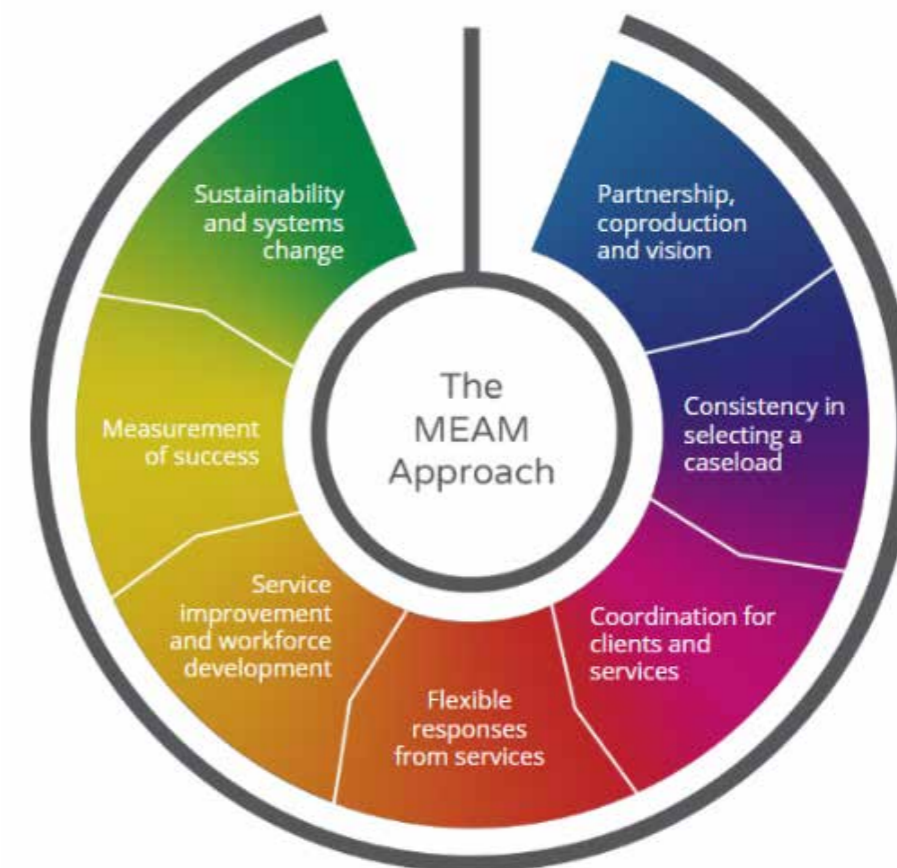
What we’re working on

Harrogate, North Yorkshire Council is working to improve support for people facing multiple disadvantage, a term that describes individuals experiencing three or more overlapping challenges such as homelessness, substance use, mental or physical ill health, domestic abuse, and contact with the criminal justice system. These challenges are often rooted in long-term trauma, abuse and neglect, and are compounded by systems that focus on single issues rather than the whole person.

[Making Every Adult Matter \(MEAM\)](#) is a unique coalition of the national charities - Clinks, Collective Voice, Homeless Link and Mind - representing over 1,300 frontline organisations across England. MEAM offers an evidence-based learning approach and supports practitioners, policymakers and people with lived experience to transform services and systems for people facing multiple disadvantage. North Yorkshire successfully applied and became a MEAM Network Partner 2024-2026.

We are focussing on Harrogate, in response to need and to build on and strengthen long standing operational partnership arrangements. The learning will inform a system-wide approach to multiple disadvantage across North Yorkshire.

This work is driven by the recognition that multiple disadvantage is a systemic issue, not an individual failing. It requires a whole-system response that is person-centred, trauma-informed, and built on long-term relationships.

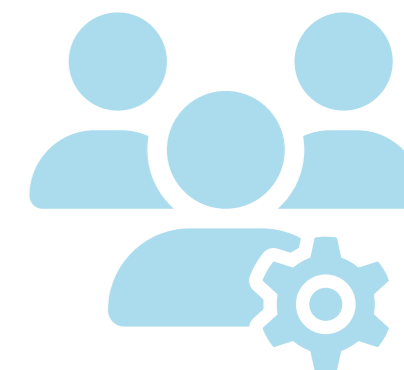


Who we’re working with

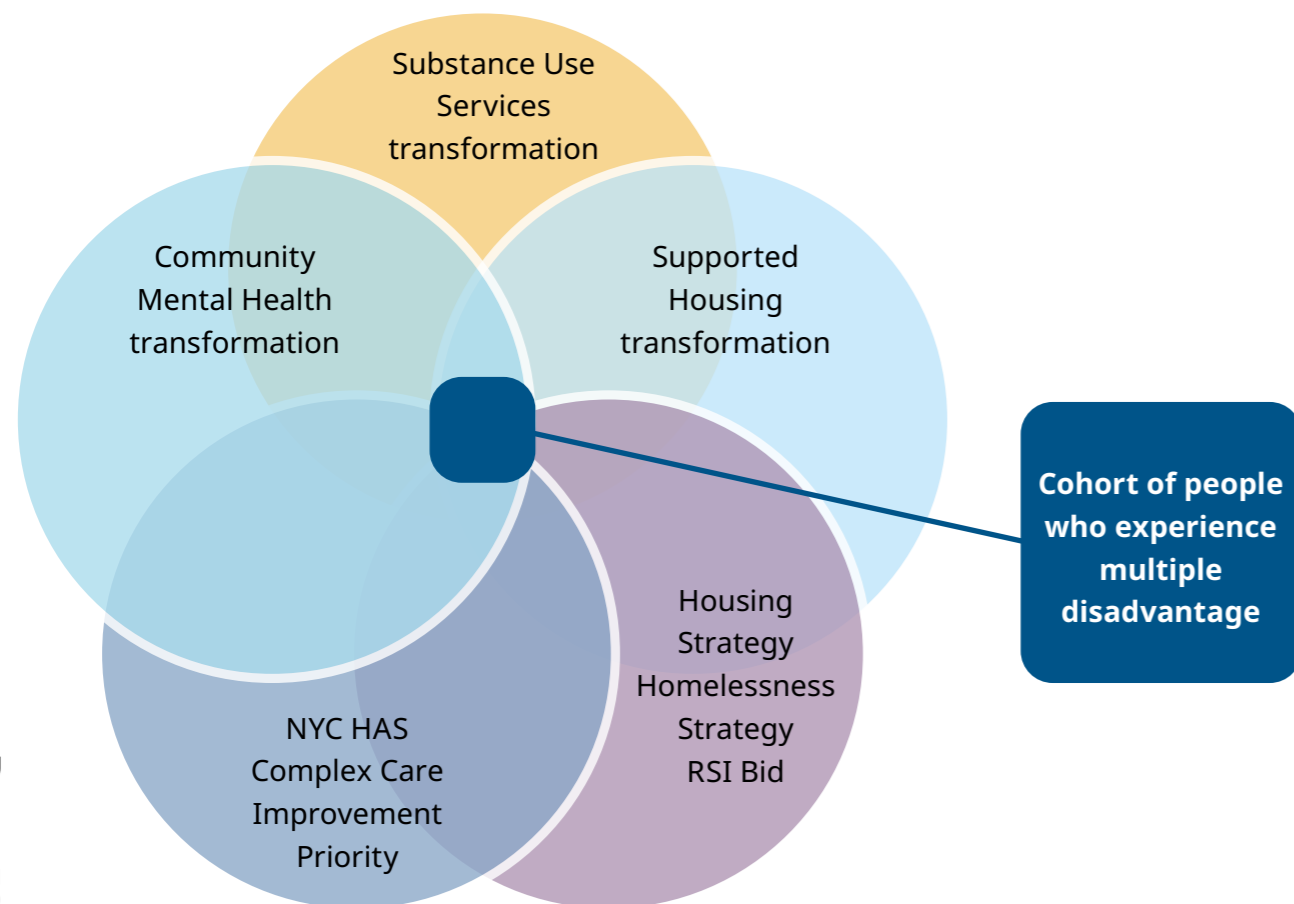
The initiative brings together a wide range of partners across the council and the wider system, including:

- North Yorkshire Council teams: Public Health, Housing Needs, Adult Social Care, Supported Housing, and Community Safety.
- North Yorkshire Horizons: Commissioned substance use service delivering assertive outreach.
- North Yorkshire Connected Spaces: Lived Experience and Recovery Organisation.
- North Yorkshire Police and Probation Delivery Unit
- IDAS: Domestic abuse support service.
- Tees, Esk and Wear Valleys NHS Trust
- Voluntary and community sector organisations

These partnerships are helping to shape a shared vision and operational model that reflects national MEAM principles, including co-production with people who have lived and living experience.



The bigger picture



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Harrogate’s history of operational collaboration, through initiatives like SAFE ([Services for Adults Facing Exclusion](#)) and the Multiple Disadvantage Outreach Model (MDOM), has laid a strong foundation for this work. These teams have delivered intensive, flexible support to small cohorts of people with complex needs, demonstrating both the demand and the potential for impact.

What we’re achieving

The MEAM partnership is enabling:

- A more coordinated system of support, with a single plan built around each person’s strengths, needs and goals.
- Improved access to housing and harm reduction, helping to prevent acute health events and reduce the risk of death.
- Stronger relationships with people with lived experience, who are central to shaping services and advocating for change.
- Cross-sector learning, with insights feeding back into standard services and informing wider system transformation.

The approach is already influencing strategic thinking across North Yorkshire, complementing work in Scarborough through the REACH initiative (Reducing Exclusion for Adults with Complex Housing Needs⁷), and aligning with national priorities in the proposed [Local Government Outcomes Framework](#).

What’s next

Council teams - Public Health, Housing Needs, Adult Social Care, Supported Housing and Community Safety - are working together to scope and realise the combined contribution of the council to a dedicated multiple disadvantage support offer.

The Harrogate MEAM partnership is working towards a fully developed dedicated support offer for people experiencing multiple disadvantage, based on learning from other more established MEAM network partners. This will include:

- Embedding co-production with people with lived and living experience.
- Creating governance structures that support a learning system approach, with insights shared across services and into wider policy.
- Ensuring long term strategic commitment.

The Harrogate MEAM partnership presents an opportunity, alongside evaluation of REACH in Scarborough, to embed a learning system approach to multiple disadvantage across North Yorkshire.

Women’s and girls’ health in North Yorkshire

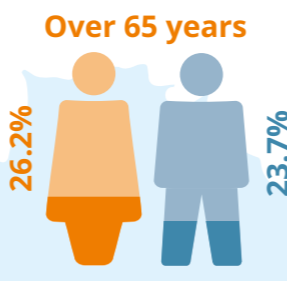
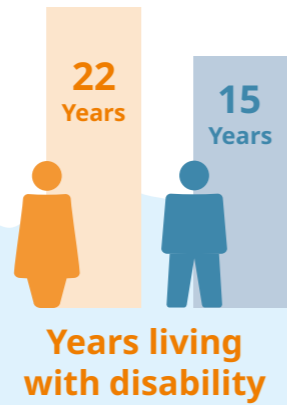
What we’re working on

Women’s health is defined as the overall physical, mental, and social well-being of women and girls. The significance of focusing on women’s health lies in addressing gender-specific health disparities that exist across North Yorkshire.

Although women in the UK on average live longer than men, women spend a significantly greater proportion of their lives in ill health and disability when compared with men. The North Yorkshire Public Health team began work in 2023 following the publication of the first [Women’s Health Strategy for England](#). A review of available data resulted in the creation of the visual infographic overleaf.

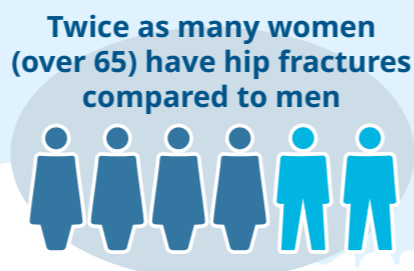
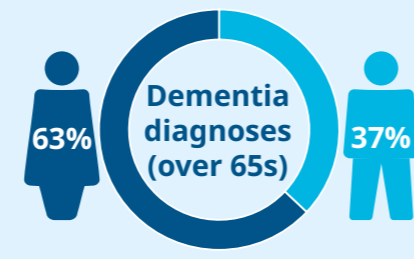
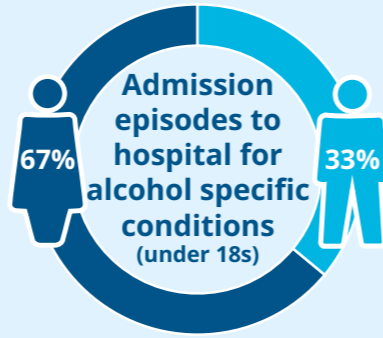
⁷ [REACH poster presentation 2021](#) - Yorkshire and Humber Public Health Network

Summary of women's health data in North Yorkshire



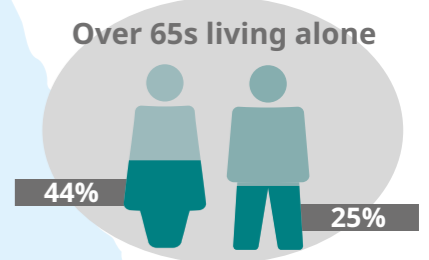
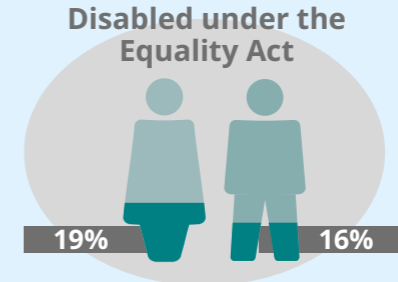
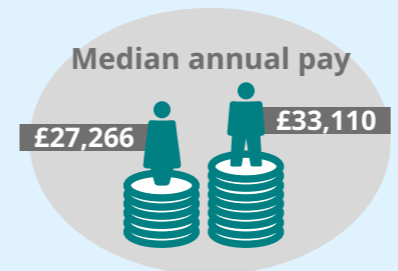
Healthcare

- Cancer is the main cause of death in females (24%)
- Double the number of women aged over 65 have an emergency hospital admission due to a fall compared to men (1860 females compared to 975 men)
- The rate of hospital admissions for mental health conditions in females (under the age of 18) is almost double the rate of males
- The rate of abortions has seen an increase with 16.3 per 1000 in 2021, up from 12.6 in 2018. An increase in rate of abortions for those aged over 25 has also been seen - up to 14.2 from 10.6
- Referrals for perinatal mental health support in North Yorkshire ICB are up 59% over the last 3 years



Wider determinants of health

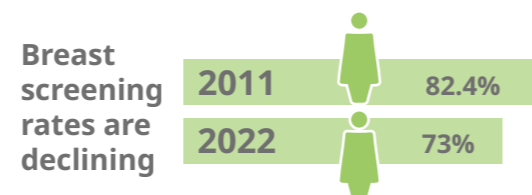
- 11% of women provide unpaid care in North Yorkshire compared to 7.6% of men, 3% provide more than 50 hours of unpaid care per week in England
- 45.3% of females are economically inactive compared to 36.6% of males
- 15% of veterans (4477) in North Yorkshire are female compared to 13.5% in England



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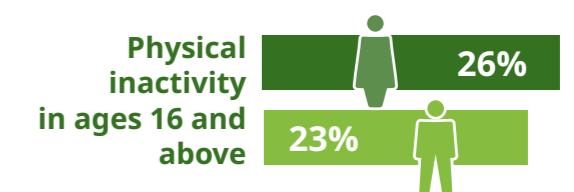
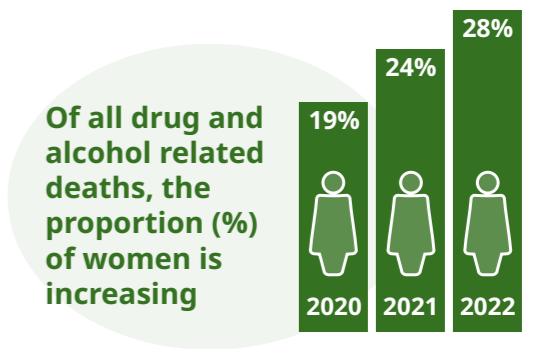
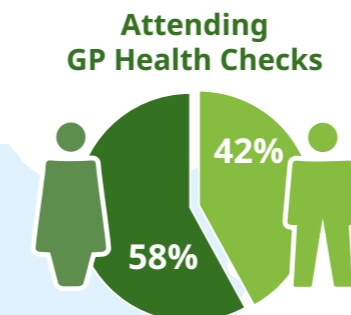
Health protection

- Human papillomavirus (HPV) 1st dose vaccine coverage in females (age 12 - 13), shows a decreasing trend from 97.9% in 16/17 to 81.8% in 22/23. This lower figure is however an improvement on 21/22 coverage, which reached a low of 70.5%
- Cervical cancer screening coverage is showing a concerning trend, with a decrease from 79% in 2010 to 75.5% in 2023 (in women aged 25 to 49) and a decrease from 82.3% in 2010 to 78.6% in 2023 (for women aged 50 to 64)



Health improvement

- Of those completing the Adult Weight Management programme in 2022, 75% were female
- The rate of prescribed long acting reversible contraception is 71.8 per 1000, which is significantly above the England average of 41.8
- Breastfeeding prevalence at 6-8 weeks after birth is 52.4%, higher than 49.2% in England and it is showing an increasing trend
- 27% of suicides in North Yorkshire were females in 2023, with an average age of 45



What we're achieving

The activities in 2024/25 brought together partners and gathered local insight and evidence to begin scoping the North Yorkshire women's health plan, understand the health inequalities that women and girls face across North Yorkshire (as shown in the summary infographic above), and identify priorities for all partners.

The top 10 priorities for women and girls in North Yorkshire:



Healthy Ageing



Screening and immunisations



Healthy weight



Mental health



Peri and menopause



Cost of living



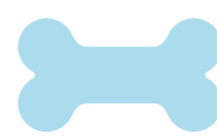
Physical activity



Violence against women and girls



Menstrual health



Bone, joint and muscle health

What's next

The long-term aim of this work is to reduce inequalities experienced by women and girls in North Yorkshire. We will create a plan based on the identified priorities, and as a collective, we aim to ensure that:

- Momentum is maintained on the women and girl's agenda across North Yorkshire via all system partners via the North Yorkshire Women and Girls Network;
- Learning and good practice is shared, connections across work areas strengthens impact and ultimately improves health outcomes; and we
- Complete and start to implement the North Yorkshire Women and Girl's Health Plan with clear actions.

Teenage Pregnancy

What we're working on

Despite the overall rate of teenage pregnancy in North Yorkshire being below the national average, the equivalent rate in Scarborough is above the national average. In 2021, the under-18 conception rate per 1000 in Scarborough was 19.7, compared to 10.9 in North Yorkshire, 13.1 in England, and 17.1 in Yorkshire and Humber. Teenage pregnancy is associated with various health risks, including complications during pregnancy and childbirth, and often leads to social and economic challenges such as school dropout and limited employment opportunities.

The multi-agency Scarborough teenage pregnancy taskforce was created to collaborate on initiatives to reduce teenage pregnancy rates and ensure that pregnant teenagers and young parents are well supported.

Who we're working with

The Scarborough teenage pregnancy taskforce is chaired by the Public Health team, and includes a range of teams across NYC, NHS, housing providers, North Yorkshire Youth, youth groups and the voluntary sector. The group has two main aims:

To reduce teenage pregnancy rates in Scarborough and to reduce the gap between Scarborough, national rates and the rest of North Yorkshire; and

To ensure that pregnant teenagers and teenage parents are empowered and supported to achieve good health and wellbeing, reduce their risk of long-term social exclusion and provide the best start in life for their child.

What we're achieving

To support this agenda, the following actions were taken in 2024/25:

- Secured funding from Humber North Yorkshire's ICB Health Inequalities Fund to recruit a Public Health Practitioner who joined on a secondment from CYPS in May 2024. This has helped accelerate progress and brought deeper insights into how to embed prevention across frontline CYPS services.
- Developed a young parent advisory board, where 12 young parents from Scarborough meet monthly to help shape this work.
- Developed a champions scheme, where professionals from across frontline NYC and NHS teams work with the Public Health Practitioner and young parent advisory board to shape their services, and help to consider how their services can better support young parents.

These actions have helped to raise the profile of this work and secure another year of funding to continue a Public Health Practitioner role focusing on teenage pregnancy in Scarborough.

North Yorkshire Food for the Future Framework for Action

What we're working on

Since 2022, North Yorkshire Council's Public Health team has been leading a collaborative effort to transform the local food system. The goal is simple but ambitious: to ensure everyone in North Yorkshire can access affordable, nutritious, and sustainable food. This work goes beyond diet - it's about improving health, reducing preventable illness, supporting local food businesses, and protecting the environment.

Food insecurity is real in North Yorkshire. An estimated 5% of North Yorkshire households experience hunger, around 13,692 households. 10% of North Yorkshire households experience struggles with food security, approximately 28,681 households. And an estimated 8% of North Yorkshire Households are worried about their food security, around 22,240 households.

"As a social prescriber, I found my time on the board to be incredibly enriching. It significantly enhanced my understanding of the complex journeys that young patients navigate when accessing services. Being part of these discussions offered me a more holistic view of the challenges and opportunities within our support systems, which I believe will ultimately allow me to better serve the individuals and communities I work with.

Additionally, the experience provided a wonderful platform for networking. I had the privilege of connecting and collaborating with individuals whom I may not have otherwise had the opportunity to meet and work together in partnership."

From a member of the young parent advisory board

The work is underpinned by PHE's [teenage pregnancy prevention framework](#), and [University of York's research on the experiences of young parents in Scarborough](#). Actions taken cover the 10 key factors within PHE's framework, and the recommendations from University of York's research.

What's next

- Influence NHS organisations to consider how to better support young parents within services, with a particular focus on maternity, early pregnancy assessment unit and emergency departments in Scarborough.
- Contribute to the teenage pregnancy safeguarding maternity pathway.
- Understand the support available for young dads in Scarborough, identify gaps and explore good practice from across the country to implement locally.
- Development and implementation of a young parents' charter.
- Map local community provision for teenagers with support from the Parents Advisory Board and work with local groups to enhance affordable activities for teenagers.
- Continue to train services who encounter young people to ensure they are confident to discuss sexual health, contraception and pregnancy.



"Affordability has to trump all other values we place on food"

Community Food Project representative

"There needs to be a balance of good quality and affordable foods"

Community Food Project representative

"I need to feel safe [in my neighbourhood] before I can think about food"

Young person, Scarborough

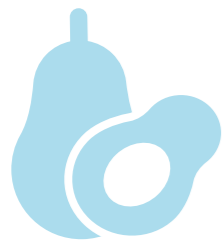
...But we also have exceptional opportunities to tackle these challenges in North Yorkshire:

- A strong food heritage and thriving innovation
- Our expansive farmland, rugged coastlines, historic market towns and flourishing cities produce some of the highest-quality food in the world
- A strong community and self-help ethos - local groups are already creating thriving food spaces for communities across the county and people are benefiting from food banks, social supermarkets, community fridges and community food-growing projects
- Farmers are being supported to adapt more environmentally friendly practices into their farming, and connecting nature-friendly farmers to explore more sustainable farming practices.

With support from the University of York, and through workshops, community conversations, and national best practice reviews, we have co-developed a *Framework for Action*. It identifies seven priority areas, from tackling food insecurity and supporting local producers to promoting sustainable farming and reducing food waste. These priorities were shaped by community voices and expert input and will guide local action from 2025 onwards.



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Securing nutritious and affordable food for all
Connecting providers in Scarborough & Harrogate
Widening Network



Raising Yorkshire pride in food business and welcoming innovation in food industry
Public procurement - national procurement platform pilot in Yorkshire
School food procurement



Shaping local spaces for healthy food communities
Reviewing action domains leads
Community grow policy



Producing food with nature
Grow Yorkshire
Conferences and webinars
Environmental Farmers Group



Creating and eat well culture through valued nutritional education
Whole school food - pilot school identified; resource identified
Links with Healthy School Award
Rolling out Rethink Food into Scarborough schools



Facilitating circular food economies
York and North Yorkshire Combined Authority support

Who we're working with

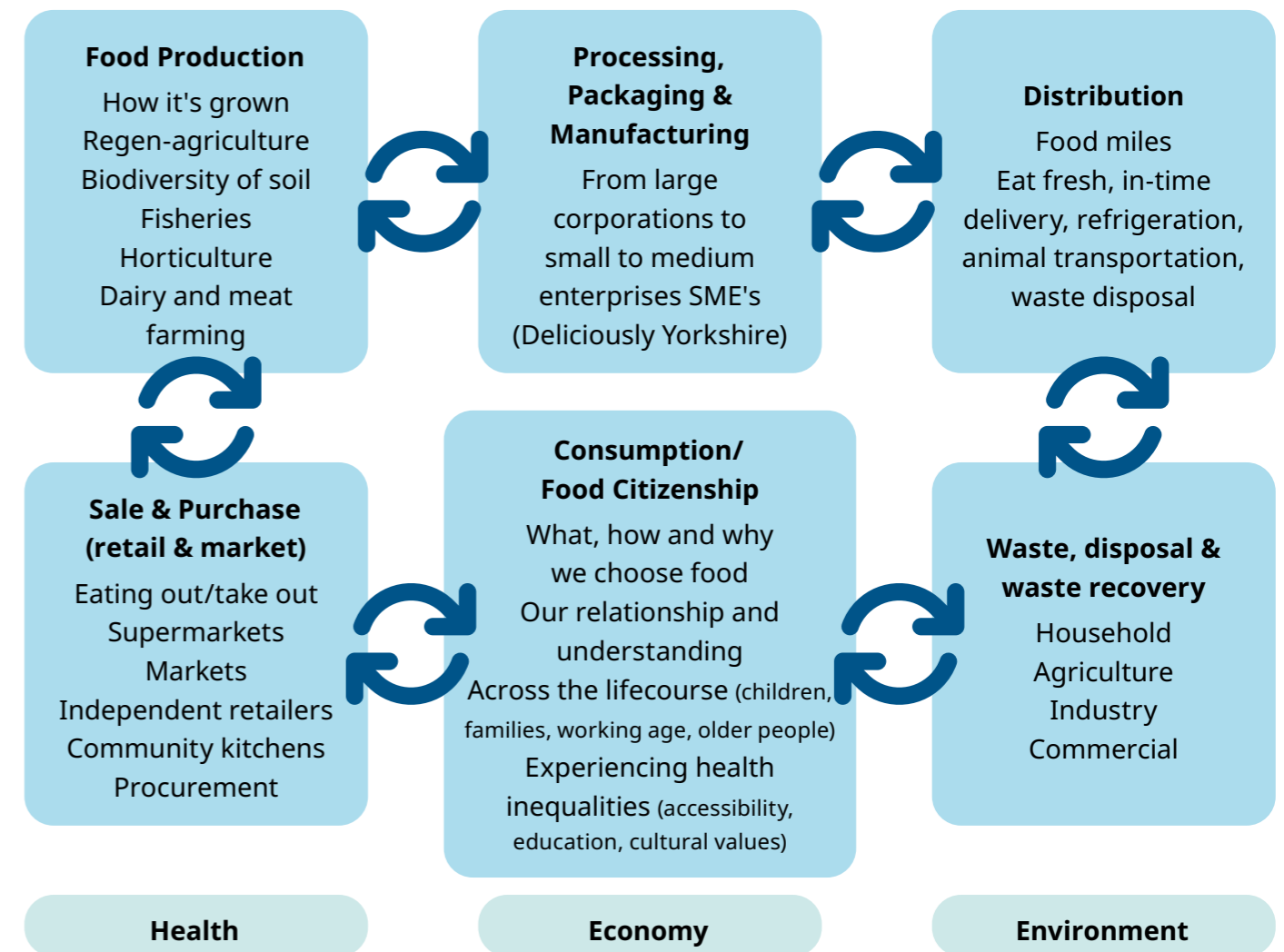
The Framework is being developed through a whole-system approach. While Public Health facilitates the process, the vision and actions are shaped by a wide network of partners. Internally, this includes teams across planning, procurement, education, economic development, sustainability, and environmental health. Externally, we're working with organisations such as the University of York, NHS community dietetics, Community First Yorkshire, Deliciously Yorkshire, the National Parks, and the York and North Yorkshire Combined Authority.



This diverse partnership brings together expertise from across the food system - health, agriculture, environment, business, and community - to co-create a shared vision for a healthier, fairer, and more resilient food future.

'Food for the Future North Yorkshire' - a whole system approach

Making sure everyone has affordable nutritious and sustainable food in North Yorkshire, for North Yorkshire



What we're achieving

This collaborative approach has strengthened relationships, aligned strategies, and created shared ownership of food system transformation. LGR has helped by enabling clearer countywide leadership and stronger cross-departmental working. Partners have already aligned food priorities with the council's Climate Change and Economic Growth strategies, and co-designed inclusive governance to support long-term change.

The Food for the Future initiative is already having an impact. At the November 2024 Partnership in Action event, partners shared how the Framework has provided a strategic home for existing work and sparked new ideas. For example, the council's Localities team now feel better equipped to move beyond emergency food provision and build long-term food resilience. A pilot whole-school food approach is also underway, building on the Healthy Schools programme.

What's next

Looking ahead, priority actions for 2025 and beyond include:

- Securing nutritious and affordable food for all
- Supporting local food businesses
- Creating healthy food communities
- Promoting sustainable food production
- Building an eat well culture
- Facilitating circular food economies

Some actions, such as planning policies to promote healthy food environments, are already in motion and will be strengthened through integration with the Local Plan and emergency planning.



Spotlight on inclusive wellbeing economies: a Public Health imperative

An inclusive wellbeing economy is one that prioritises human and planetary health alongside economic growth. It recognises that economic success should be measured not just by GDP, but by improvements in quality of life, equity and sustainability. In this model, the economy serves people, not the other way around.

Public health plays a vital role in supporting this shift. By focusing on the social determinants of health, such as income, housing, education and community resilience, public health helps to create the conditions where everyone can thrive. This approach ensures that economic development is inclusive, reduces inequalities and improves outcomes for those most at risk of poor health.

As we continue to recover from the pandemic and respond to cost of living pressures, embedding health and wellbeing into economic planning is essential. A healthier population is more resilient, and better able to contribute to a fair and sustainable future for North Yorkshire.

We are committed to working with York and North Yorkshire Combined Authority on the development and delivery of the regional [Growth Plan](#), to help ensure that our communities' health and wellbeing are integral to our economic growth.

A key focus for 2025/26 will be the new [economic inactivity Trailblazer](#), a £10 million 12-month programme building on work already taking place in the region and testing new ideas to help people with health conditions return to work.

Working with Humber and North Yorkshire (HNY) ICB to reduce health inequalities

Over the last four years HNY ICB has received a portion of national funding to spend on health inequalities, in support of its [statutory duty to reduce health inequalities](#). The North Yorkshire Place Partnership (HNY ICB, NYC, VCSE and NHS Trusts) are using the allocated portion of funding to focus on shared strategic priorities of prevention and health inequalities, committing to narrow the gap between our most and least deprived communities. To work towards these priorities, we are investing in our communities at the local level.

Some examples of how the NY Place Partnership is investing the funding:

- **My Happy Mind in Scarborough and Harrogate**, a whole primary school curriculum delivered via an innovative technology platform making learning easy and fun. It teaches children preventative habits that support positive mental health, resilience and self-esteem. Their aim is to prepare today's children for tomorrow's world, and they do that by building resilient, balanced and happy minds. Since the launch of the programme, positive feedback is being received from parents, children and their teachers.
- **Parents and Babies Forum in Scarborough**, supporting new and existing parents with their babies and young children, aiming to reduce social isolation, improve mental health and wellbeing and giving babies and young children the best start in life. Delivered via collaboration between a VCSE partner and Primary Care Network, groups are established in Eastfield, Barrowcliff and Castle wards - the CORE20⁸ areas of Scarborough.
- **Community Health and Wellbeing Workers (CHWWs) in Selby**, supporting families with multiple needs through a community outreach worker model, employed across a lead VCSE partner and Primary Care Network. This data-led project focuses on wards in CORE20 areas of Selby and works with people in their own homes. The CHWWs deliver a holistic and personalised approach across the wider determinants of health, with a strong focus on self-help and empowerment. Building trust over time, they improve prevention, early and planned care, whilst reducing emergency contact. So far, 155 households are receiving regular visits. During a 3-month period, 355 interactions took place with a community health worker.

'..finding SPARKS for me has been a lifeline! I genuinely believe I would be in a much more negative mindset without it. Being a new mum has been tough and SPARKS has been incredible. I leave the house because of them'
Sparks attendee

⁸ The CORE20 is the most deprived 20% of the national population as identified by the Index of Multiple Deprivation (IMD): [NHS England Core20PLUS5](#) - An approach to reducing health inequalities for children and young people

Working together with the NHS

Jenny Loggie, Strategic Lead Population Health and Inequalities, NYC Public Health & HNY ICB

In my current role, I am privileged to work across both the local authority and the NHS, as part of the North Yorkshire Place team within HNY ICB and Public Health within NYC.



As someone who has worked independently for both sectors previously, this role allows me to combine two aspects of my career that are important to me, health care and public health, and work on agendas that I am truly passionate about:

- equitable health care provision,
- prevention that supports local people to live years in good health, and
- reducing health inequalities that are still prominent across our communities.

Operating as part of the Senior Leadership team for each of the organisations, I have fostered meaningful partnerships that drive shared outcomes. I work collaboratively across North Yorkshire to facilitate and influence the delivery of population health approaches, all considered through a health inequalities lens underpinned by the CORE20PLUS5 framework.

This cross-organisational approach adds value to the way we work as a system, by encouraging connections between teams, and wider system partners. I believe working in this way, we are stronger, more aligned and responsive to the needs of our communities.

This role has its challenges, and it's not always easy, but the outcomes are so worth the effort.

Spotlight on North Yorkshire Health Collaborative: Ambitious for Health

The North Yorkshire Place Board, chaired by NYC's Chief Executive, brings together local health and care commissioners and providers to work jointly to meet the health and care needs of local people and communities. In December 2024, the council's Executive and the HNY ICB agreed a landmark proposal to devolve up to £850m of NHS and council aligned expenditure to a new Joint Committee, the North Yorkshire Health Collaborative. Established in 2025 and building on the membership and remit of the NY Place Board, the North Yorkshire Health Collaborative will lead the 'Ambitious for Health' programme, focusing on prevention, integrated community care, neighbourhood health, and reducing inequalities.

Spotlight on partnership working for adults with mental health conditions, learning disability and neurodiversity

The North Yorkshire Mental Health, Learning Disabilities and Neurodiversity Partnership (NYMHLDN) Partnership Board aims to forge stronger collaboration across organisations and communities to ensure that adults with mental ill health and/or conditions, learning disabilities and neurodiversity can live as full and healthy a life as possible within North Yorkshire, as well as access the support and care they need.

Sitting under the North Yorkshire Health Collaborative, and in turn the North Yorkshire Health and Wellbeing Board, this Partnership Board brings together the local authority, clinical mental health provider, the local NHS systems, VCS providers and other stakeholders working in the wider system to create shared governance and accountability in better understanding need, and how to meet it, across the county.

Page 66 Starting from early 2025, the ambition is to run 12 months of workshops on different themes under the broad umbrella of the Partnership Board. This thematic approach will look to ensure that members of the Board have a stronger understanding of work already in place, in addition to any gaps that may currently exist. During this development phase, there will also be a focus on ensuring the right representation on the board. Following this initial 12 months, the Board will begin to refine its scope to tighten its remit and shape the strategic direction for mental health, learning disabilities and neurodiversity within North Yorkshire.

Chapter 3. Working with community partnerships and people



Introduction

Earlier in this report, we shared examples of partnership working within the council and with external partners. You will have noticed that the involvement of the voluntary sector, community organisations and people with lived experience is threaded through as well. In this chapter, we highlight examples of working with the voluntary and community sector, and collaboration and coproduction with the people who live in North Yorkshire.

In North Yorkshire, we have a vibrant and extensive voluntary and community sector (VCSE) with over 4,000 organisations, including many that directly contribute to improved health, economic and social outcomes for local residents - although it has to be acknowledged that the sector has many challenges, including funding, demand for volunteers, and the same challenges of rurality and sparsity with which the statutory sector struggles. Since 2014, a key component of the investment strategy for NYC has been to protect the overall level of VCSE spend, whilst taking steps to re-distribute funding more equitably to meet identified need. The council has also moved to longer-term contractual arrangements with VCSE partners to support sustainability.

Our residents (in which we can include many of the people who work for us and our partners) are an essential element of our partnerships and collaboration - after all, they are why we are all here, working together for a healthier North Yorkshire. People are experts in their own lives, and we want their voices to be at the heart of public health.

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Working together with the VCSE

Dena Dalton, Head of Health Collaboration, Community First Yorkshire

Partnership working between the VCSE and the Public Health team at North Yorkshire Council brings significant value in helping to address health inequalities and improve health and wellbeing. The purpose of public health in the protection and improvement of health mirrors the ambition of much of the VCSE sector across North Yorkshire.

A focus on prevention and integration has brought new opportunities. A recent example of this was the VCSE being funded through the Humber and North Yorkshire Health and Care Partnership to support vaccination uptake in inclusion health groups. In North Yorkshire, through our strong relationships and trust, we worked closely together to develop clear messaging around vaccinations. Whilst the initial focus was on Covid vaccinations, we expanded this to include vaccinations such as flu and MMR. Appropriate messages could be delivered in a timely way in the right communities. Furthermore, insights around vaccine hesitancy could be gathered and fed back to help in the design of future public health campaigns.

By working together, we can ensure a far more accessible, responsive and person-centred approach to health promotion and prevention. We are excited about what the future brings in continuing to build on our collaborative culture, a culture which embeds the VCSE in the co-design of public health initiatives, so that 'we are one' when it comes to addressing the social determinants of health and improve the health of individuals and the communities in which they live.



Spotlight on citizen voice: working with people with lived experience

Throughout the last year, we worked closely with people and communities to shape our services and develop lived experience collective voice.

We also contributed to the ongoing work to enable a broader range of people to speak up and be heard, with the directorate's Involvement Team and guided by our [Involvement Framework and Charter](#).



Katie and Christopher, North Yorkshire Learning Disability Partnership, at launch event for the Involvement Framework In September 2024

We work closely with a number of citizen voice groups supported by the council, such as [North Yorkshire Disability Forum](#), [North Yorkshire Learning Disability Partnership Board](#) and [North Yorkshire Age-Friendly Network](#). We also work in partnership with Healthwatch North Yorkshire, the ICBs, the voluntary and community sector and local engagement collaboratives such as Craven Communities Together to hear from people.

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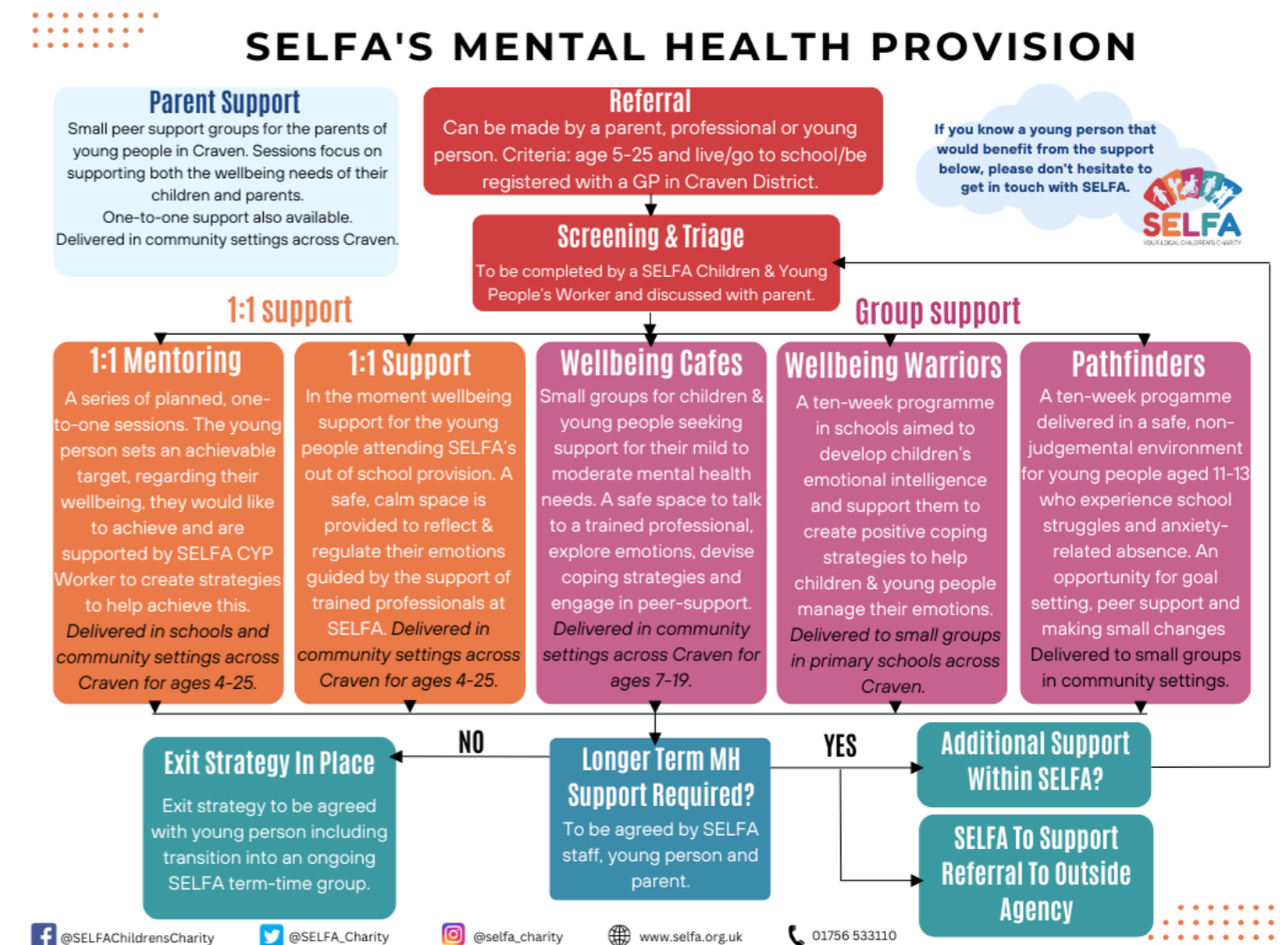
Children and young people's mental health and wellbeing

What we're doing

The most significant and potentially impactful children's partnership in North Yorkshire brings together NYC Children and Young People's Service, HNY ICB and Tees, Esk and Wear Valleys NHS Foundation Trust, with Community First Yorkshire as the VCSE representative, to form a dedicated Children and Young People's Mental Health Transformation Team, led by Public Health.

This unique partnership is examining every aspect of the mental health system in North Yorkshire and creating no fewer than 30 separate proposals to completely transform the way in which young people are served by the social, emotional and mental health system.

An outstanding example encompassing several parts of that system is a VCSE organisation working for children and young people's mental health and wellbeing. In Craven, the Children's Public Health team works closely with [SELFA](#), a children's charity which offers advice and support to children, young people and their families. Following the [iThrive](#) model of mental health and wellbeing support, SELFA provides a variety of one-to-one and group support for children in iThrive's Getting Help quadrant. It also provides support within the Getting Advice quadrant, and, in all-encompassing holistic style, it provides holiday activities and youth activities, including paddleboarding, trips to gardens and local attractions, and family trips for children with Special Educational Needs.



Who we're working with

The partnerships that SELFA have created with local schools, community settings and other professionals dealing with children and young people's mental health and wellbeing, not to mention public health, are invaluable to supporting young people across Craven.

What we're achieving

In 2024/25, SELFA supported 614 children and young people in the Craven area, as well as 112 parents and 10 young adult (aged 18-25) volunteers.

When young people attend the programmes and activities, they tend to come back. Across 12 programmes for children, young adults and parents, 1,403 individuals attended a total of 10,751 times (a rough average of 7.6 attendances per person).

Additionally, the young people who attend the mental health and wellbeing support are evaluated for evidence of improvements and effectiveness of the interventions accessed:

| Improvement in: | Sense of belonging | Resilience | Aspirations | Wellbeing | Independence | Positive relationships | Self-esteem |
|---------------------------------------|--------------------|------------|-------------|-----------|--------------|------------------------|-------------|
| Slight change over 12 months (%) | 12.7 | 9.4 | 18.4 | 0 | 6.9 | 9.4 | 16.3 |
| Significant change over 12 months (%) | 83.3 | 76.7 | 66.9 | 100 | 92.2 | 84.1 | 77.1 |

Of note, 100% of young people experienced a significant improvement in their wellbeing over a 12 month period. This aligns with data from our community mental health service Compass Phoenix, showing Craven has the lowest referral rates for mental health support in North Yorkshire. While this is influenced by various factors, such as feelings of safety and perceptions of school and home environments, SELFA's close collaboration with schools, the NHS, and the council will have had a positive impact.

What's next

As noted at the beginning of this example, the CYP Public Health team, working collaboratively with a wide range of partners, have worked hard to make our mental health support system as accessible as possible. We will continue to focus on developing and embedding the approach, with more work to be done around inclusion groups and those with Special Educational Needs, and creating a common language and culture across all organisations.

Behavioural Science in Public Health: Youth Vaping

What we're working on

Behavioural science explores why people behave the way they do, what influences those behaviours, and how they can be changed or maintained. It uses a range of theories and evidence-based approaches to identify key behaviours, the people affected, and the factors that shape those behaviours. This helps design effective interventions that are more likely to lead to positive change.

In North Yorkshire, vaping among young people remains a persistent issue. The Growing Up in North Yorkshire (GUNY) survey 2024 showed that, of the 6,821 responding 12-15-year-olds, 33% had tried vaping while 7% reported regularly vaping (defined as weekly).

The Behavioural Science Unit was asked to enhance pre-existing youth vaping resources developed for young people in the UK. The aim was to increase the resources' effectiveness in the prevention and cessation of vaping among young people. Schools need effective resources, but evidence on what works remains limited.

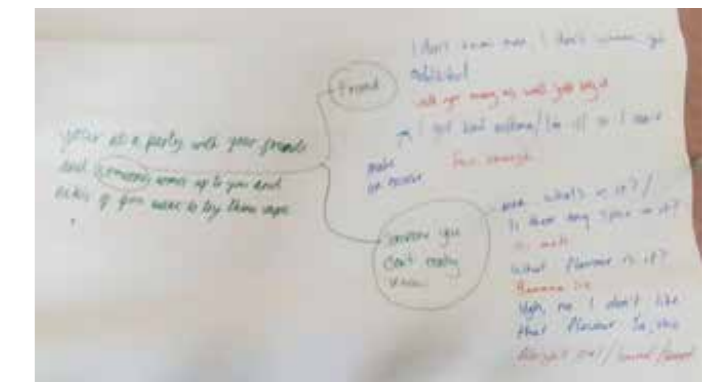
Young people in North Yorkshire have emphasised the importance of the PSHE curriculum, specifically the value of co-produced resources around vaping and nicotine for secondary schools.

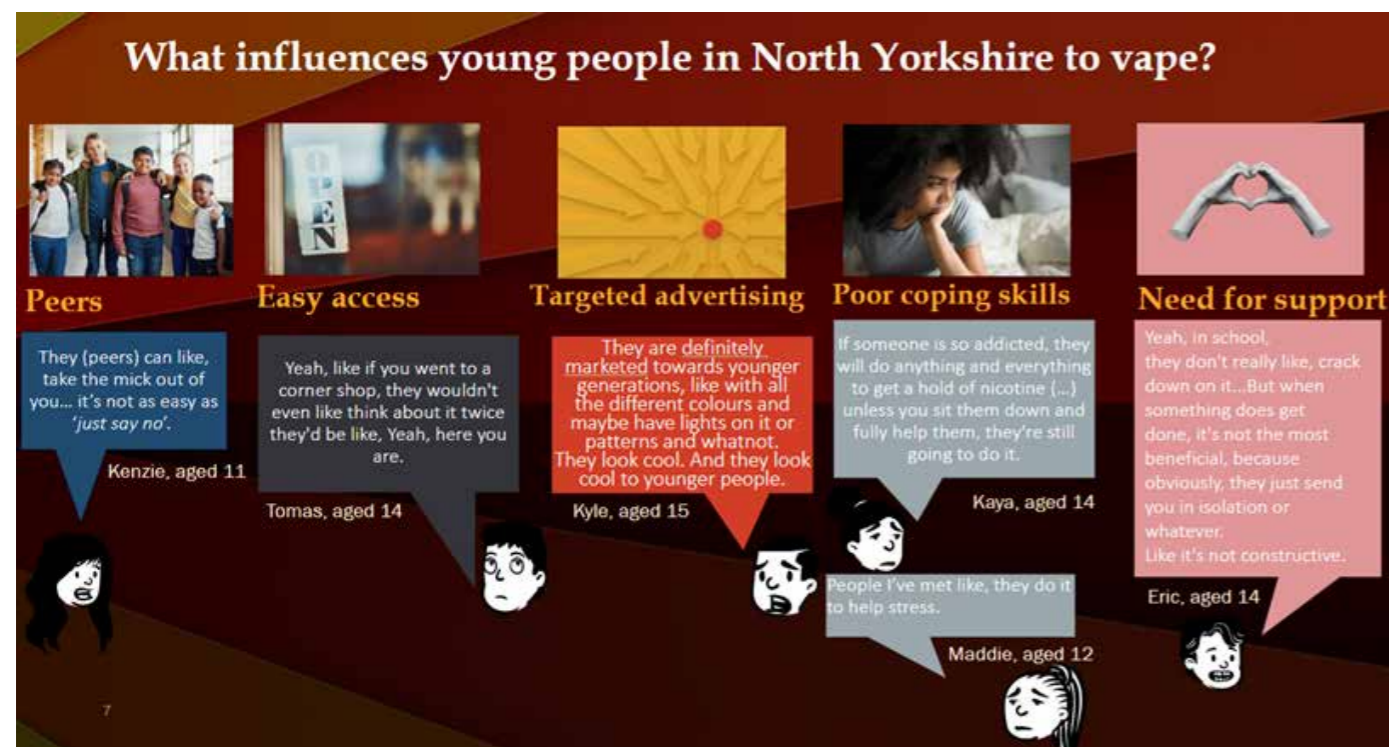
Who we're working with

To help us understand what influences vaping and vaping abstinence among young people in North Yorkshire, we worked directly with young people. We held group discussions with 64 young people aged 11-15 in Scarborough, Selby, Whitby, and Harrogate. We talked about the knowledge, beliefs, motivations, and circumstances that influence young people to vape or not to vape.



We worked with [Youth Council](#) and Youth Club members to co-produce realistic scenarios of young people being offered vapes and ways to refuse in their own words.





We also held a competition for young people to submit posters/scenarios for the resource.

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To complement the work with young people, we:

- Consulted with Personal, Social, Health, and Economic (PSHE) Leads from secondary schools on their experiences of delivering vaping education and what a 'good' educational resource should include.
- Interviewed Trading Standards colleagues about what supports and prevents compliance with age verification practices in local businesses that sell vapes.
- Worked with the Senior Education Advisor in the Children & Young People (CYP) directorate to inform the development, delivery, and evaluation of a toolkit for secondary schools.

What we're achieving

Collectively, we created a toolkit which includes a PSHE lesson on vaping, posters that reinforce key messages of the lesson, and a resource for supportive conversations to help school staff discuss vaping and offer support.

Each participating school received a tailored report with recommendations, and a comprehensive final report across all four schools has also been produced.

The work has generated strong interest, with findings shared at local and national conferences and with Skipton Youth Council.

We continue to build and strengthen connections, with continued collaboration between young people, Public Health, Children and Young People's Service, secondary school PSHE leads, North Yorkshire Horizons and Trading Standards to address youth vaping. We have also improved links with other councils.



What's next

We will begin a phased rollout of the toolkit in secondary schools and provide recommendations for enhancing the Trading Standards support offer for retailers. We aim to achieve the following impacts:

Young people

- Increased motivation to abstain from vaping or quit.
- Improvements in young people's knowledge about the health risks of vaping, specifically nicotine addiction and respiratory consequences, their confidence in being able to refuse offers of vapes, critical thinking around the advertisement and marketing of vapes and ways of coping with life stress.
- Reduction in regular use of vapes.
- Reduction in experimental vaping.

Secondary schools

- Successful adoption of NYC educational resource across all NY secondary schools.
- Successful implementation of compassionate/supportive vaping policy across all NY secondary schools.

Wider community

- Successful adoption of enhanced age verification practices by targeted shops.
- Reduction in vape sales to under 18s.
- Reduction in attempted vape purchases by under 18s.
- Increased parental satisfaction with school's vaping policy.
- Inclusion of North Yorkshire young people's voices in national vaping resources.
- Sustained partnership working with stakeholders around the youth vaping agenda.
- Development of a nicotine dependency service/offer to support young people to quit.



North Yorkshire Connected Spaces

What we're doing

We will work alongside people who use substances, people who experience harmful substance use, our communities, our assets and our services to “reduce harms associated with substance use across North Yorkshire - putting people, health and communities at the centre”.

This is the commitment that the Drug and Alcohol Partnership Board, working closely with North Yorkshire Connected Spaces, has made to people in North Yorkshire through the [North Yorkshire Substance Use Strategy 2024-2028](#).

Who we're working with



[North Yorkshire Connected Spaces](#) is our (substance use) [Lived Experience and Recovery Organisation \(LERO\)](#).

North Yorkshire Connected Spaces emerged in 2023 and currently has a presence in Harrogate and Northallerton, with a vision to expand into other localities over the next few years. They currently connect with around 20 regular attendees and others on a more ad-hoc basis, all of whom have experience of substance use harms (whether personal or someone else's),

via their monthly forums, boxing club, allotment, community clean ups and social media presence. Emma and Jim, Community Engagers, lead local co-ordination alongside teams of volunteers.

LEROs are independent organisations led by people with lived experience of recovery from substance use, for the benefit of the recovery community and wider community. They are built on local assets and developed in response to community needs, by the community.

LEROs use their extensive networks to get a deep understanding of the problems associated with alcohol and drug use and people's experiences of treatment and recovery. Peer volunteers and staff bring expertise from their own lived experience, building on this to connect with, speak and advocate for people who use substance and recovery communities and offer support within systems by connecting and strengthening resources. They also help to reduce stigma by showing that recovery from substance use is possible.



North Yorkshire Connected Spaces has become a respected voice and advocate across North Yorkshire, working alongside people and various council departments and teams, North Yorkshire Police, the Probation Service, York and North Yorkshire Combined Authority and other organisations and services.

What we're achieving

Some examples of how people with lived experience influence and inform:

- People with lived and living experience shaped the priorities, content and tone of the Substance Use Strategy, fed into the Housing Strategy, and supported the design of the new substance use services operating model that will be in place from 2026, including the dedicated multiple disadvantage offer.
- Emma and Leanne (forum member) shared the North Yorkshire Connected Spaces journey as part of our visit from the cross government Joint Combatting Drugs Unit.
- Emma shared her story as part of the Women's Health Event.
- Emma and Chris (forum member) supported Safeguarding Week.
- Volunteers have also supported delivery of training for new police recruits.
- North Yorkshire Connected Spaces representatives are members of all strategic and operational governance arrangements - including the Drug and Alcohol Partnership Board and Drug and Alcohol Action Team.



In their own words: “North Yorkshire Connected Spaces take immense pride in having a voice in the design and delivery of the North Yorkshire Substance Use Strategy. As a lived experience recovery organisation, we understand first-hand the challenges and triumphs associated with substance use and recovery. Our involvement ensures that the strategy is rooted in real-world experiences, making it more effective and compassionate. By contributing our insights and perspectives, we help shape policies and programs that truly address the needs of those affected by substance use. This collaborative approach not only empowers our community but also fosters a more inclusive and responsive framework for tackling substance use in North Yorkshire”.

What's next

North Yorkshire Connected Spaces aim to continue to grow in Harrogate and Northallerton and begin organic expansion into other areas of North Yorkshire in the coming years. They will continue to advocate for people with lived experience, and further strengthen working relationships with key local partners, including the local specialist substance use treatment service. They will grow and adapt their offer of recovery activities in line with community assets and need, as well as increasing visibility of NYCS and recovery, to engage with more people with lived experience and reduce stigma faced by the recovery community.

Chapter 4.
Working through
the innovative use of
public health funding



Introduction

As well as our partnership and collaborative working with other council services, external agencies, community organisations and people, we expand our reach in other ways. The public health grant is invested in wider community-based and preventative services to help build community resilience, which, in turn, will reduce health inequalities. However, resources are finite, so working in partnership with the people of North Yorkshire to find ways to reduce, prevent and delay need is crucial, and will benefit both our population and the public purse.

In the 2024 to 2025 financial year, the total public health grant was £25,714,561. The public health grant is ring-fenced with conditions regarding what it can be spent on, and any underspend can be carried forward in a ring-fenced reserve. Formal accountability rests with the Chief Executive of the local authority, but day-to-day responsibility for the grant is delegated to the Director of Public Health.

There has been a real term reduction in public health grant: 20%+ on a real-terms basis since 2015/16. The funding settlement in 2025/26 means North Yorkshire will receive £41.33 per head of population. Kensington and Chelsea receive £159.60, and Westminster £135.06. If North Yorkshire Council had the same proportionate amount of funding as those two London boroughs, we would be receiving up to £100m (rather than £26m). Compared with CIPFA statistical neighbours, we receive on average 14% lower than these - equivalent to an extra £3.7m. The core condition of the public health grant is that it should be used only for the purposes of the public health functions of the authority.

Considering the context described above, it is essential that we invest the public health grant wisely and in line with the grant conditions. The grant has been used to fund innovative and high-quality services and some of these services are spotlighted in this chapter.

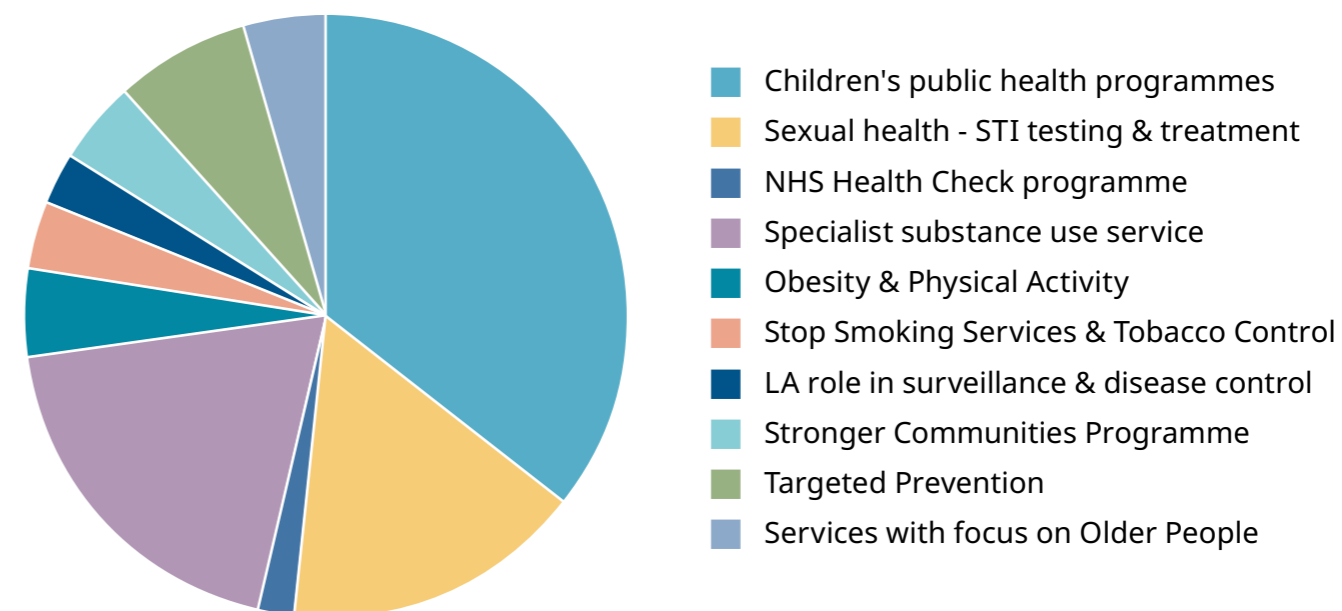


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The public health grant in 2024/25 was spent on the following public health services and interventions:

Public Health Spend 2024/25



The three main council services that benefit from Public Health investment are described below, and we share a practice example from each.

1) Living Well service

The Living Well service is part of Adult Social Care and helps adults improve their health, wellbeing and independence over a set time, working alongside public health services and VCSE organisations.

The service works with those over the age of 18 who are currently not eligible for ongoing social care support and who are lonely and / or socially isolated; have had a recent loss of a support network; a loss of confidence due to a recent change /event; require support with employment or require face-to-face information, advice and guidance.

This includes older people, or people with physical or learning difficulties, sensory impairment or mental health needs.

The team also supports the Homes for Ukrainians scheme, social prescribing activity for GP practices in two areas of the county, and assessments for unpaid carers.

2) Communities team

The council's Communities team is part of the Localities team (previously known as Stronger Communities), which also includes a Parish Liaison & Local Devolution Team and a Migrant Programmes Team.

The Communities team works collaboratively with other services, communities, public sector, and voluntary and community sector partners to deliver the following aims:

- Prevention: supporting communities to contribute to the council and public health prevention priority to reduce, prevent or delay the point at which people need to access statutory health and social care services.
- Supporting people to live longer, healthier and independent lives within their community and contributing to broader public health priorities to reduce health inequalities.
- Supporting communities to become more resilient to respond to local challenges.
- Social Regeneration: ensuring that the places where people live, now and in the future, create new opportunities, promote well-being and reduce inequalities so that people have better lives, in stronger communities and achieve their potential.

3) Community Safety and CCTV service

- North Yorkshire Council's Community Safety and CCTV service, launched in May 2024, brings together eight former district and county approaches into one unified service. At its core is a strong commitment to partnership working - locally, regionally, and nationally - to keep communities safe and reduce crime and disorder.
- The service leads the North Yorkshire Community Safety Partnership (statutory multi-agency partnership with specific duties), which focuses on delivery of the [North Yorkshire Community Safety Partnership Strategy 2024-2028](#) and its four priority areas:
 1. Further development of the community safety hubs
 2. Serious violence (early identification and prevention)
 3. Domestic abuse
 4. Standing together to tackle hate crime, radicalisation and extremism.
- On a local level, council staff and police officers are co-located in seven Community Safety Hubs to support multi-agency problem-solving. These hubs are central to delivering on shared priorities such as tackling serious violence, domestic abuse and hate crime.

Living Well outreach to the farming community - practice example

In response to the Healthwatch North Yorkshire report exploring the barriers that prevent the farming community from accessing health and wellbeing services, '[Ploughing through the barriers](#)', NYC's Living Well Team and members of Selby Town Primary Care Network (PCN) ran an outreach wellbeing event at Selby Auction Mart in June 2025.

The people attending the auction were very receptive to us being there with a keen interest in having their blood pressures checked. In total, 29 people came to see us to have their blood pressure checked. We collected information on where people lived, what issues we had discussed, and any follow up action advised. For each person checking their blood pressure, we made a note of the readings for them to take away and highlighted relevant advice.

Fifteen people had readings which would recommend further investigation. In these cases, people were signposted to check their blood pressure at home for those who had a blood pressure monitor, and/or visit their GP or pharmacist for follow up care. We had conversations around difficulties at home with family issues, general wellbeing and what people may like to see in terms of support.

Looking ahead, there is so much which could be done using this approach, including the opportunity for further agency involvement such as Citizens' Advice for financial support. We want to build on the partnership between social care and health, and give further thought to the pathways through which we can signpost people for support after the event.



The Communities Team and responding to a '500-Year' flooding event - practice example

In May and December 2024, unexpected flooding in Knaresborough and Kirkbymoorside highlighted the importance of community resilience. The Communities Team played a key role in setting up Local Assistance Centres and supporting response and recovery efforts alongside the NYC Resilience and Emergencies Team.

On 6 May, Knaresborough was hit by a severe flood, classified as a 500-year flood event. The flood struck without warning, and the Town Council, North Yorkshire Fire and Rescue, North Yorkshire Council, Chain Lane Community Hub (the local Community Anchor Organisation, or CAO), and other partners had to rapidly mobilise. Key actions included:

- **Immediate Response:** Town Councillors carried out welfare checks and assessed property damage.
- **Coordination:** NYC's emergency team relocated to Chain Lane Hub on 7 May to lead multi-agency efforts.
- **Community Support:** volunteers assisted with welfare checks and welcomed residents to the centre.
- **Essential Services:** emergency accommodation, cleaning, waste removal, and access to relief funding were provided.



The new unitary authority structure improved collaboration between services, enabling faster decision-making and better support for residents. For example, urgent household case reviews were held outside formal command meetings to ensure timely help.

The flood affected 54 homes, damaged businesses and infrastructure, and had lasting emotional, health, and financial impacts. Recovery has varied widely - some households resolved insurance claims quickly, while others continue to face challenges. A trusted local presence, supported by the CAO, has been vital in maintaining recovery efforts and connecting residents to services.

Lessons from Knaresborough shaped the response in Kirkbymoorside in December, including:

- Early involvement of Housing services throughout response and recovery.
- Rapid access to emergency funds.
- On-site mental health support from the Living Well and Major Incident Response Teams.
- Coordinated volunteer efforts to reach all affected households, especially those with complex or previously unknown needs.
- Improved communication with residents, especially critical during widespread power outages.

Recovery also revealed the long-term mental health impacts, with some families unable to return home for extended periods. Quick access to statutory services - Health, Housing, Children and Adult Services - is essential, especially when CAOs are delivering ongoing support.

Looking ahead, boosting preparedness within the authority and communities is key. This includes better information sharing about vulnerable residents and building local capacity so that communities know what to do if another event occurs.



Community Safety and CCTV Service - practice example

The council and partners are committed to tackling domestic abuse, and the [North Yorkshire and City of York Domestic Abuse Strategy 2024-2028](#) outlines our priorities and strategic direction.

As part of their work to raise awareness, the Community Safety Partnership Team organised a series of seven community engagement events across North Yorkshire in support of the international [16 Days of Action](#) campaign.

These events were held in high-footfall locations such as supermarkets and market stalls to maximise public interaction. Community Safety Officers were joined by representatives from partner agencies, including:

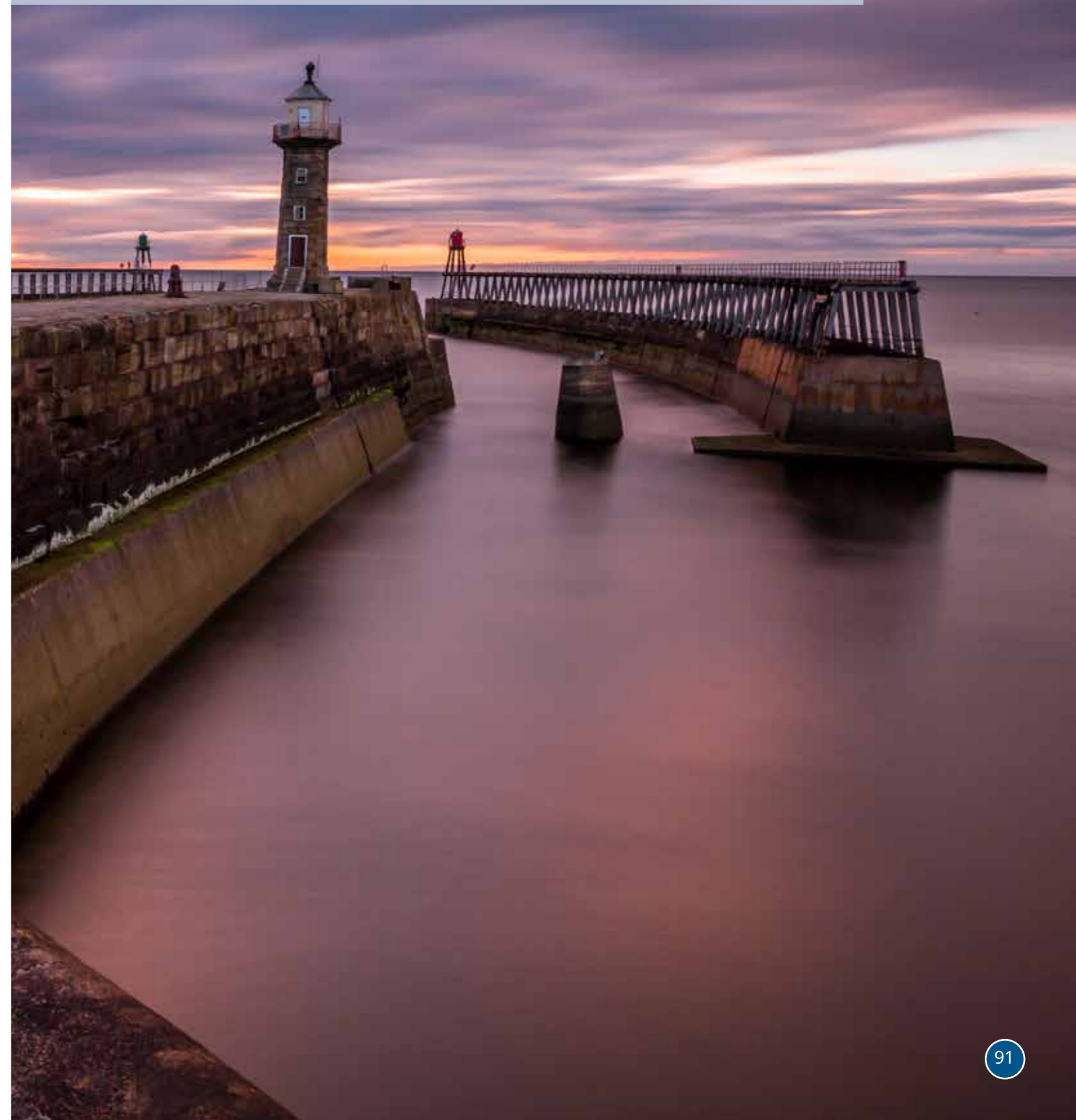
- IDAS (Independent Domestic Abuse Services)
- Foundation
- North Yorkshire Police
- North Yorkshire Council Health & Adult Services
- St. Giles Trust

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To promote the events, communications were shared via social media and internal NYC platforms, including Viva Engage and the staff intranet. A wide range of informational leaflets were distributed at each event, covering topics related to domestic abuse awareness, support services, and safeguarding. Public engagement was strong across all locations, and notably, four individuals disclosed experiences of domestic abuse directly to officers. In each case, appropriate support was provided, including advice and signposting to relevant services.

Looking ahead, the service is developing a performance framework to measure impact, using data and mapping tools to target resources where they are needed most. The aim is to ensure that partnership efforts continue to evolve and deliver real, measurable benefits for communities across North Yorkshire.



Conclusions



Conclusion: Louise Wallace, Director of Public Health

The Faculty of Public Health describes public health as ‘the science and art of preventing disease, prolonging life, and promoting health through the organised efforts of society’ and ‘a shared responsibility requiring collective action’⁹.

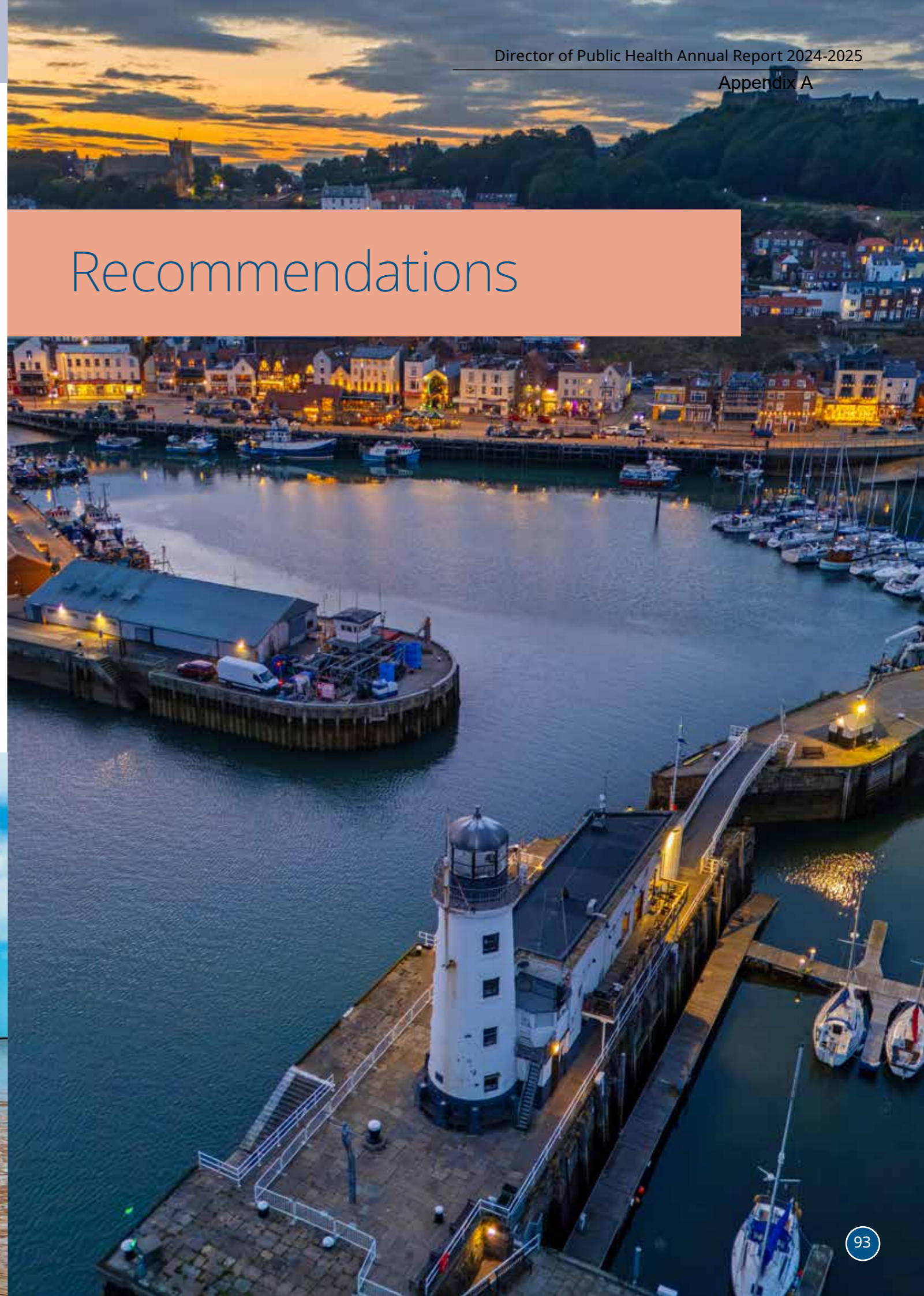
In this report there are many examples of this in action across North Yorkshire.

I hope this report has illustrated and provided tangible examples of the impact and outcomes that can be achieved when people ‘work together for North Yorkshire’. Public Health is a key partner in a range of partnerships both within the Council and with wider system partners, local communities and with people who live and work across the county.

Whilst the health of the people across North Yorkshire is generally good when compared to other parts of the country, the data does show that some people in North Yorkshire experience health inequalities. Partnership working is key to addressing this, as we collectively work to ‘add life to years and years to life’.

In an ever-changing world, when I reflect back over the past twenty-five years of my work in public health, I am convinced that ‘the whole is greater than the sum of its parts’; people, relationships, commitment and partnerships do make a difference, and ‘Team North Yorkshire’ is thriving - long may that continue.

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Recommendations

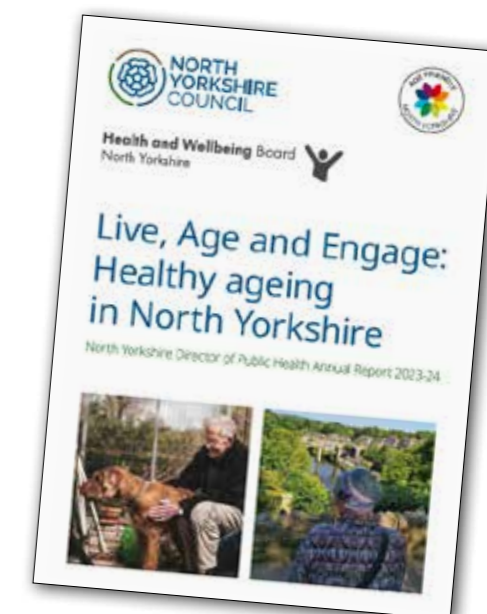
Recommendations

1. Implement the recommendations of the Public Health Peer Review. The Public Health Leadership Team has agreed an action plan for the recommendations and the team is working on delivery.
 2. Public Health should continue to maximise opportunities to improve and protect the health and wellbeing of the population by working across the whole of North Yorkshire Council.
 3. In light of the busy national policy landscape, the council should take all opportunities to embed the Public Health evidence-based approach into local implementation, using data and intelligence to understand need.
 4. Ensure the voice of people with lived experience is an integral part of the work of the Public Health Team in line with the Involvement Framework. In addition, system partners are encouraged to collaborate so that the way in which people with lived experience are involved reduces multiple demands on the same communities and groups.
 5. Public Health should be an active partner in delivering the North Yorkshire Ambitious for Health Programme to ensure that we collectively focus on reducing health inequalities in our communities, employing a robust evidence base to identify our priorities.
 6. Work with local communities, the Voluntary and Community Sector, NHS and other public sector organisations to ensure there is a shift of resources and a focus on prevention. Maximise the opportunity of the Health Determinants Research Collaboration to understand and address health inequalities.
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8. The Mayor of York and North Yorkshire's Moving Forward programme, with its ambition to help communities become healthier and thrive, provides an ideal opportunity for Public Health to work together with the Combined Authority to realise their shared goals to improve the health of the people of North Yorkshire.



Update on recommendations from the Director of Public Health Annual Report 2023-24, 'Live, Age, and Engage - Healthy Ageing in North Yorkshire'

The Public Health colleagues working on healthy ageing have used this annual report as a focus and catalyst for their work, taking it to a wide range of internal and external partners. The report shares collectively agreed priorities based on evidence and voice, and a set of clear recommendations, making it simple for partners to focus their work in this area and progress together towards age-friendly communities.



| Recommendation | Actions taken (summarised) |
|---|---|
| Consider the projected increase in older people across all services | The report has been widely shared across strategic forums and events, including a Councillor seminar on healthy ageing. |
| Ensure accountability for multi-agency approaches to healthy ageing | Healthy ageing is embedded in the new North Yorkshire Health Collaborative. Ongoing work with transformation teams is exploring service implications. |
| Maximise opportunities to increase physical activity among older people | An Active Ageing leisure offer is in development. Local initiatives to deliver strength and balance programmes are underway. |
| Ensure falls prevention is a joint working priority | A falls action plan is being developed and integrated into the Ambitious for Health programme. Updated NICE guidance is being embedded. |

| Recommendation | Actions taken (summarised) |
|--|--|
| Improve dementia diagnosis rates | A new diagnostic model is being piloted in York, Scarborough, and Harrogate. Early improvements include better referrals and collaboration. |
| Involve the voice of older people in service design | Work with Community First Yorkshire is strengthening the age-friendly network. Community reporters and connectors are being recruited. |
| Implement the Joint Local Health and Wellbeing Strategy 2023-2030 | The Health and Wellbeing Board approved the delivery plan, including actions from the DPHAR. A mid-year progress update is scheduled. |
| Explore opportunities with the York and North Yorkshire Combined Authority | Discussions with the Mayor have taken place. Contributions made to the economic growth plan and trailblazer programme prioritising 50-64-year-olds. |
| Local Plan for housing needs of older people | Ongoing discussions with housing teams and contributions to the Local Plan consultation. A Good Homes Hub is in development. |
| Embed older people's needs into planning decisions | Consultation on the Local Plan included feedback on the needs of older people. Further engagement is planned to support the ambition for a "healthiest Local Plan." |
| Ensure older people's voices are heard in planning and housing | Work is ongoing to strengthen the Age Friendly network as a mechanism for co-production. |
| Promote age-friendly workplace practices | More employers are signing the age-friendly pledge. Discussions are ongoing to improve retirement planning and workplace inclusivity. |
| Support businesses to recruit and retain older workers | The York and North Yorkshire Combined Authority is developing an employer support programme targeting recruitment and retention challenges, with a focus on 50-64-year-olds. |

| Recommendation | Actions taken (summarised) |
|---|--|
| Support over 50s to remain in or return to work | North Yorkshire is part of a national trailblazer to support 50-64-year-olds back into work. Insight gathering and collaboration with DWP are ongoing. |
| Increase uptake of pension credits and benefits | A cross-council approach is in place, with strong collaboration with Independent Age to target eligible individuals. |
| Attract older shoppers to services | Accessible North Yorkshire is being developed to improve business accessibility and inclusivity, supported by multiple partners. |
| Apply to WHO's age-friendly communities network | Local meetings and partnerships are supporting age-friendly community development. Mapping tools are being used to identify service gaps. |
| Celebrate older people's contributions and challenge ageism | A photo competition and exhibitions were held to challenge stereotypes. Over 120 entries are being used in ongoing publicity. |
| Ensure non-digital communication options are available | Digital inclusion work is ongoing, with support for non-digital formats like paper copies and face-to-face communication. |
| Engage with the Age Friendly Network in service development | The network is growing, with plans for its second meeting and use of community connectors/reporters. |
| Develop multi-generation programmes | Mapping of intergenerational projects is underway, with plans to share good practice and expand programmes. |

Acknowledgements

True to our commitment to collaborative and partnership working, this report was a collective effort. Our grateful thanks to the colleagues who kindly shared examples of their collaborative and partnership working, and who helped us to shape the report:

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 - Jenny Loggie, Strategic Lead Population Health and Inequalities
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- Odette Robson, Head of Community Safety and CCTV and Bridget Skaife, Partnerships Manager - Local Engagement
- Dena Dalton, Head of Health Collaboration, Community First Yorkshire



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North Yorkshire Council

Care and Independence Overview and Scrutiny Committee

27 January 2026

Health and Adult Services Local Account 2024/25

1.0 Purpose of report

- 1.1 The purpose of this report is to introduce the Health and Adult Services Local Account 2024/25.

2.0 Background

- 2.1 The Local Account is an annual statement of HAS performance in delivering adult social care. The period covered for this Local Account is 1st April 2024 - 31st March 2025.
- 2.2 Whilst the main focus of the report is adult social care, it also references public health activities, more detail on which can be found in the Director of Public Health's annual reports, available here: [Director of Public Health annual report 2024 to 2025 | North Yorkshire Council](#)

3.0 Issues

- 3.1 The Local Account is intended to effectively communicate the Directorate's priorities and progress in a user-friendly and accessible way. To strengthen the accessibility of the report, we held conversations with involvement groups and made changes in response to their feedback. This includes simplifying the report and the language used, and creating a summary version in a range of formats including large print, audio and easy read.
- 3.2 The report is structured around the Directorate's improvement priorities for 2024/25, and includes examples of involvement work, achievements, and customer feedback. The CQC inspection result is also briefly referenced, with a fuller account to be included in next year's report.
- 3.3 The Local Account includes Adult Social Care Outcomes Framework (ASCOF) measures: these measures provide comparative performance information, giving context to individual local authority performance. However, the ASCOF outturn was not released until 18th December 2025; analysis of the results is underway.
- 3.4 In order not to delay sharing the Local Account with the Committee, a placeholder has been included in the document, to be updated with the 2024/25 measures prior to publication. The ASCOF data will also be shared with the Committee when available.

4.0 Milestones

- 4.1 Following Care and Independence Overview and Scrutiny Committee on 27th January, the report will be updated with the ASCOF data when available and final approval for publication sought via the Executive Member for Health and Adult Services, Cllr. Harrison.

4.2 This approach will allow the Directorate to publish the report as early as possible (aiming for early February 2026).

5.0 Financial implications

5.1 There are no financial implications.

6.0 Legal implications

6.1 There are no legal implications.

7.0 Climate change implications

7.1 There are no climate change implications.

8.0 Equalities implications

8.1 The Local Account provides an opportunity to share the work of the Directorate to reduce inequalities and meet the needs of our diverse communities, including through our involvement activities.

9.0 Reasons for recommendations

9.1 The recommendation is made on the basis that the Local Account provides a useful overview of the activity and performance of the Health and Adult Services Directorate.

10.0 Recommendation

10.1 That the Care and Independence Overview and Scrutiny Committee notes the content of the Local Account 2024/25.

Richard Webb
Corporate Director Health and Adult Services

County Hall
NORTHALLERTON

13 January 2026

BACKGROUND PAPERS: None

APPENDICES:

Appendix A: Health and Adult Services Local Account 2024/25



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Section 1 - Introduction

This is the Local Account for North Yorkshire Council Health and Adult Services for 2024/25.

It is an account of what we have done to support people across the county during the last year, how we have invested public money, and what we aim to do in 2025/26.

The main focus of this report is adult social care; however, the council's Health and Adult Services (HAS) directorate includes public health and this report should be read in conjunction with the Director of Public Health's Annual Report, available [here](#).

Looking back at 2024/25, key areas of focus include responding to ongoing challenges for the social care sector, and preparing for our first Care Quality Commission (CQC) assessment.

On 1 April 2023, the new duty on the CQC to assess local authorities' delivery of their adult social care duties under Part 1 of the Care Act 2014 came into effect. In 2024/25 we continued to work hard to prepare for CQC assessment, seeing it as an opportunity for an independent in-depth review of our strengths and areas for development. The assessment took place over 3 days in early June 2025, and we received our [assessment report](#) and rating on 30th October 2025. We were very pleased to be awarded a 'Good' rating with an overall

score of 81, which at the time of the publication of the CQC report placed us as one of the best-rated in the country. We will share more information on this in our next Local Account.

Turning to the challenges we face, the social care sector, both nationally and in North Yorkshire, continues to face unprecedented challenges. These include a changing and competitive labour market, ongoing workforce challenges across different sectors, high numbers of hospital discharges, rising demand for services and the increasing cost of living - all of which are impacting adversely on the sector's sustainability. In North Yorkshire, these challenges are compounded by the size and rurality of the county, which bring additional costs and service delivery issues.

These issues have shaped the development of our 3 Public Health and 7 Adult Social Care improvement priorities. We first introduced these in our last Local Account and have continued to make progress during 2024/25, details of which are later in this report.

These changes are all taking place alongside national and local change. A new UK Government was elected in July 2024. In May 2024 York and North Yorkshire got an elected mayor and combined authority as

part of regional devolution, focusing mainly on the economy, transport and skills. And between December 2024 and July 2025, the council, NHS, voluntary sector and care sector partners established a new North Yorkshire Health Collaborative Joint Committee to oversee and co-ordinate nearly £600m worth of NHS and local government spending on prevention and community services, including Public Health and Adult Social Care.

In this report we not only reflect on our key areas of focus in 2024/25, our plans for 2025/26 and looking ahead to 2026/27, but also celebrate our successes and highlight feedback from people about our services and how they have been involved. We hope you find this report informative and useful.



Cllr Michael Harrison
Executive Member, Health and Adult Services



Richard Webb
Corporate Director, Health and Adult Services

Section 2 - Who we are and what we do

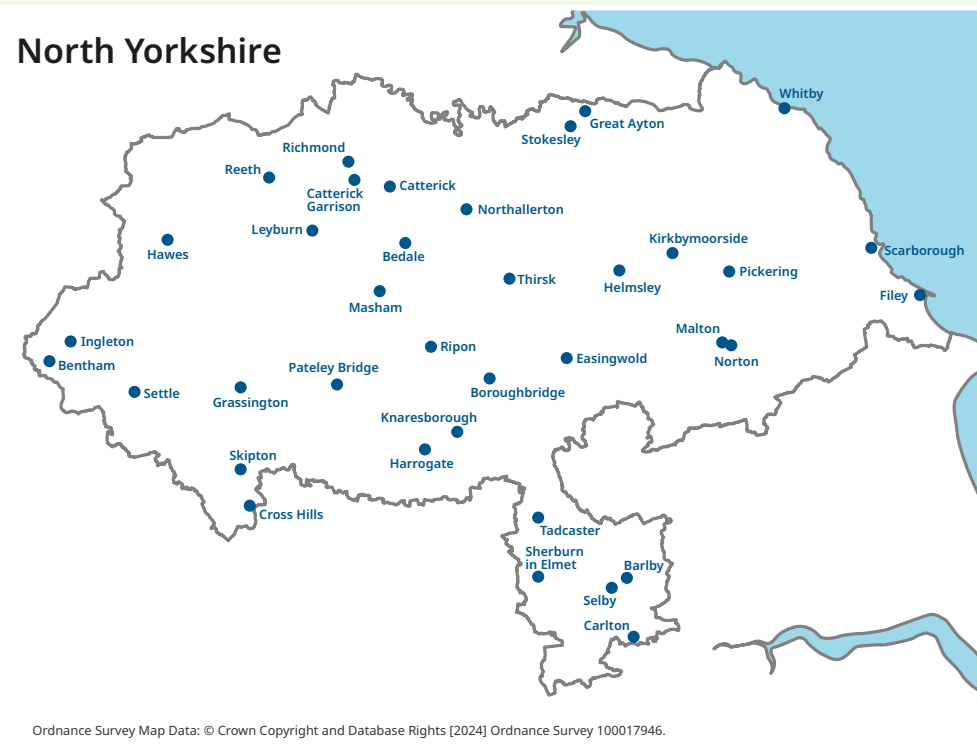
Total **population** of **615,500**

A mix of **urban, rural** and **coastal** areas

Highly rural - **65%** of the residents live in **2%** of the county's geographical area.

A small but growing **ethnic minority** population - **6.7%** compared to England average of 26.5%

England's **largest county**, covering a geographical area of over **8,000** square kilometres



80.7% of North Yorkshire's working age population are **economically active** compared to 77.4% for the Yorkshire & Humber region and 78.4% for the UK

Average house price: **£278,447** (England average: £308,781)
 Average household income: **£51,217** (England average: £52,216)

25% of **residents** are **over 65**¹; with projected trends and inward migration of older people to the area, this figure is expected to increase to almost a third by 2035

Home to Catterick Garrison, the **largest** British Army **garrison in the world** with a population of over 13,000

Between 2025 and 2035, the population aged 0-17 will **decrease** from around 112,100 in 2025 to around 104,500 in 2035, a decrease of **7.7%**.

Examples of where North Yorkshire performs well for indicators of health

Ranked 127th most deprived out of 151 upper tier local authorities – so **amongst the least deprived** local authorities in England.



Large parts of North Yorkshire have **better than average life expectancy** when compared with England as a whole.



North Yorkshire **performs well** in indicators for **wellbeing and education**, and for some economic indicators.



Examples of North Yorkshire's challenges for indicators of health

Pockets of deprivation and inequality, with significant variation across the county - **11 neighbourhoods** that are amongst the **most deprived 10%** areas in England (most in east of county).



Health inequalities - the gap in life expectancy varies across the county between our most and least deprived wards, with a **gap** of up to **15.5 years** between highest and lowest wards.



Inequalities across North Yorkshire include rural access to **services, fuel** poverty, affordable **housing** and **digital** exclusion.



Health and Adult Services (HAS) – our role is to:

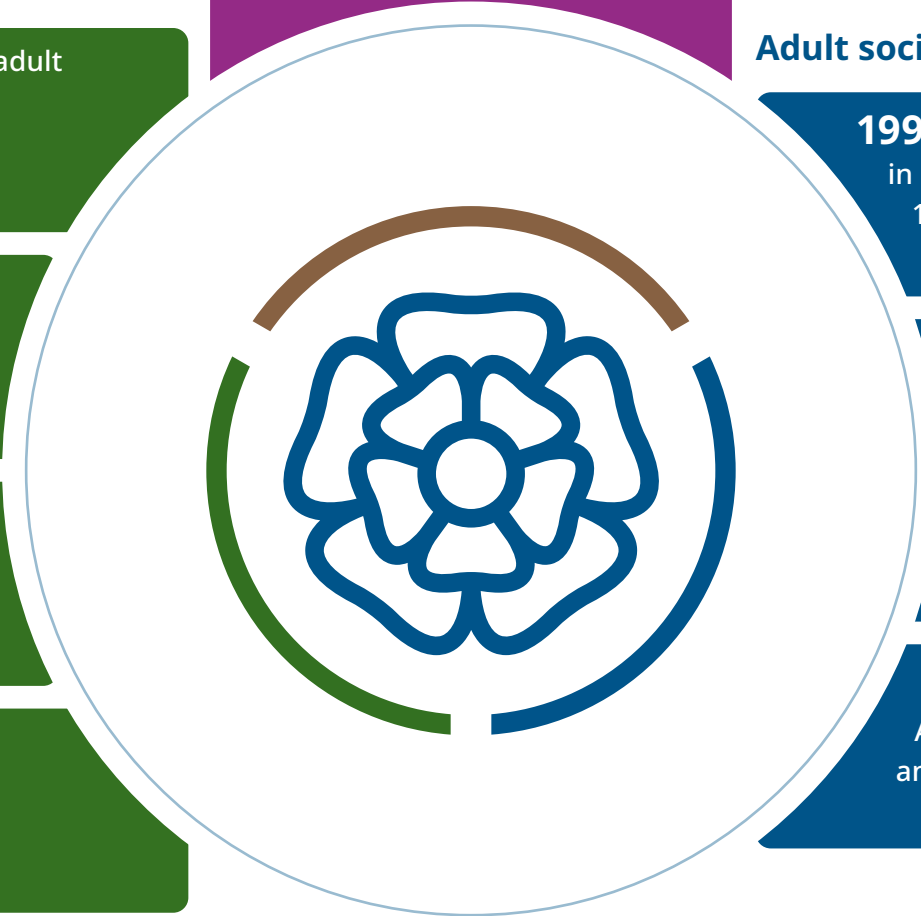
- lead the council’s work on adult social care, public health, supported housing and partnership with the NHS

- plan, invest and deliver services to support individuals and communities to be healthier and to live the lives they want to live

- work with partners to build ‘health’ into the economy, education, planning, regulation, community safety and care

- develop service providers and ensure service quality

The council
 North Yorkshire Council (NYC)'s Council Plan: [Council plan | North Yorkshire Council](#)



Adult social care providers

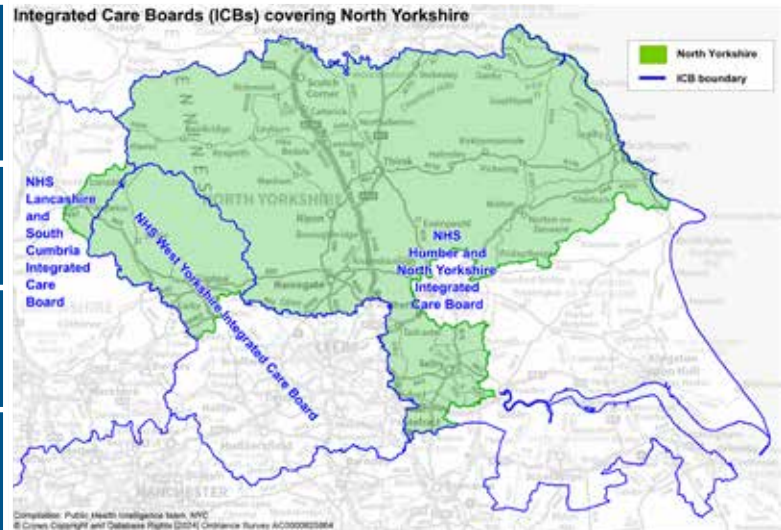
199 CQC-registered **care homes** in North Yorkshire, including 11 NYC care homes, and 270¹ outside North Yorkshire

Over **174** CQC-registered domiciliary **care agencies** and supported living services, including 25 NYC services run by NYC, and 51 outside North Yorkshire

A **vibrant voluntary and community sector**

1 The number of CQC-registered care homes outside North Yorkshire on NYC’s residential and nursing approved provider list (the list of providers NYC commission to offer residential and nursing placements) was 143 in 2023/24. Providers can apply to join the approved provider list at any time, which is the reason for the large increase in numbers in 2024/25. This however does not mean that the council will make placements with each provider on the list.

NHS partners

| | | |
|---|--|--|
| <p>Four main acute and community NHS trusts</p> |  | <p>Two main Integrated Care Boards (ICBs): Humber and North Yorkshire ICB and West Yorkshire ICB - responsible for planning the commissioning of NHS services in North Yorkshire</p> |
| <p>One community NHS trust</p> | | <p>Bentham and Ingleton areas - Lancashire and South Cumbria ICB</p> |
| <p>Two mental health NHS trusts</p> | | |
| <p>Over 70 GP practices</p> | | |

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Our information, advice and guidance offer

Good information and advice are the starting point of supporting adults and carers to live healthier lives and have choice and control over the way they live their life.

Information and advice can be found on our website at [Adult care | North Yorkshire Council](#) or by contacting our Customer Services Centre on 0300 131 2131.

Our website explains what Adult Social Care does. This information meets current accessibility standards and is available in different formats and languages. You can also use online forms to request care and support, complete a carers assessment and to find out how much you may need to contribute to care and support services.

Our Customer Services Team offers one-to-one advice and guidance. They can direct people to local services or refer them to our social work teams for an assessment.

We can also provide interpretation by phone, video or in-person, including British Sign Language.

Number of contacts for Adult Social Care in 2024/25: 19,198

Percentage of people subsequently referred on for an assessment, given advice or signposted to other services: 86%

Section 3 - What we did in 2024/25, our plans for 2025/26 and onwards into 2026/27

Our plan for Health and Adult Services and our improvement priorities

Our vision for North Yorkshire is for people to live longer, healthier independent lives. We created a plan to achieve this in 2021/22 and shared updates each year in our annual Local Accounts. We reviewed and updated the plan during 2024/25, which was approved in April 2025.

Our plan, [HAS 2030](#), builds on feedback received from people who use our services and their carers and sets out how North Yorkshire's Health and Adult Services (HAS) will change by 2030, including developing new services and improving existing services. It will also contribute significantly to the directorate's current Medium Term Financial Strategy (MTFS) savings target of £13 million by 2028.

HAS 2030 will evolve over the next five years, guiding future joint strategies with the NHS and other community partners.

We also reviewed our improvement priorities for Public Health and Adult Social Care in autumn 2024 and agreed to continue them for the rest of 2024/25 and for 2025/26.

In this year's Local Account, we will continue to share our progress against these priorities and our plans for 2025/26. You'll also see examples of feedback on our services, and how people have been working with us and sharing their lived experience.



The 10 improvement priorities for 2024/25 have been:

| 3 Public Health improvement priorities | |
|--|---|
| 1 | Having the best start in life |
| 2 | Getting people moving more |
| 3 | Healthy ageing |
| 7 Adult Social Care Improvement Priorities | |
| 4 | Waiting Well - actively managing people's waiting time throughout their care journey |
| 5 | Reviews - making sure people get a review of their support at the right times |
| 6 | Direct payments - supporting more people to choose direct payments, and sourcing more personal assistants |
| 7 | Carers - a clear and consistent support offer everywhere to help unpaid carers to continue to care for their family members and friends |
| 8 | Reablement - continuing to support the recovery of the reablement offer post-pandemic |
| 9 | Home First - helping people return home after a stay in hospital |
| 10 | People with Complex Life Circumstances - a clear and consistent support offer with excellent services available everywhere across the county |

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3 Public Health improvement priorities

Having the best start in life

What we're working on

Promoting healthy lifestyles in the youngest children: We are helping young children develop healthy habits like brushing their teeth, eating well, staying active, and getting good sleep. Over 140 nurseries and childminders in North Yorkshire have joined our Healthy Early Years Award, with 35 already receiving awards. We are also starting a new project in Scarborough to support healthy lifestyles in early childhood, funded by Humber & North Yorkshire ICB.

Continuing the focus on online safety from the earliest years: Online safety and screen time are key concerns from the Growing Up in North Yorkshire survey. Many young children have online friends they don't know in real life, and some aren't supervised online. Schools are getting support through training and resources, and new flyers with advice for parents have been shared:

[Resources for Schools - Growing up in North Yorkshire Survey > Healthy Schools North Yorkshire](#)

Whole family wellbeing: We are supporting whole family wellbeing through programmes like the Solihull Parenting Programme, which has helped over 1,500 parents in North Yorkshire. We have also introduced auto-enrolment of free school meals, helping around 800 more children get meals. A new toolkit has been shared with schools to help reduce the impact of poverty in the classroom.



Younger Primary School Children

Every two years since 2006 North Yorkshire Council has done the Growing Up in North Yorkshire survey with children and young people in schools across North Yorkshire to find out what they think about various aspects of health, wellbeing and learning/education.
This flyer aims to share the main findings from our last survey and to direct families to information, support and services that may be helpful.

The below facts are about 6-7-year-olds

| | |
|---|---|
| Online Safety 4 in 5 said they know how to keep themselves safe online. 1 in 4 said that they have friends online that they don't know in real life. | Talking about internet use and safety helps to protect children from risks. |
| Lifestyle 4 in 5 said that they cleaned their teeth at least twice on the day before the survey. | Good oral health can keep children free from toothache, infection and cavities. |
| Sleep 2 in 5 said they have a TV in their bedroom, and most of them are allowed to watch it after they go to bed. | Managing screen use and technology-free bedrooms and bedtimes can help your child get a good night's sleep. |
| Emotional Health and Wellbeing 1 in 3 said they worry about their family and 1 in 5 worry about how they look. But this is much less than in 2022! | Helping children to understand their feelings and ways that they can manage them can be helpful for the future. |
| Lifestyle 1 in 5 children said they have never had swimming lessons. More boys than girls found physical activity and sports easy. | Staying active has been shown to improve physical and mental health. Help your child to find ways to stay active that they enjoy! |

Joining up initiatives to support the health of children and parents into services:

We are working to join up services so families can get help more easily. This includes the 0-19 Healthy Child Service, parenting courses, and vaccinations during pregnancy. A new mental health programme for children and young people launched in December 2024 to improve early support and make services more accessible. We are also helping schools become Asthma Friendly to better support pupils with asthma.

OUR OVERALL VISION

Every child and family deserves to feel safe, loved, and supported. We're here to listen and provide the right support at the right time so everyone can live their best lives

OUR SHARED PRINCIPLES

01. Would this be good enough for my own child, family member or loved one?
02. If not you or us, who? If not now, when?
03. Are we truly working together as one collaborative system?
04. Are we considering the strengths and needs of the whole family?
05. Have we got the right people around this child and family? Who is missing?

Our plans for 2025/26, and onwards into 2026/27

We are working with our local oral health providers to make sure that Government funding for supervised toothbrushing enhances our current offer and reaches children aged 3-5 living in our most deprived communities. We are continuing the early years healthy lifestyles project in Scarborough, and to monitor child obesity rates across North Yorkshire. We will be supporting schools to implement the poverty guide for schools and will evaluate its impact. We are also expanding the myHappyMind wellbeing programme in primary schools.



Getting people moving more

What we are working on

We have been working closely with the council’s Active North Yorkshire leisure service to redesign how leisure services are delivered. As a result, several leisure services that were previously run by external providers are now directly managed by North Yorkshire Council (NYC).

We have also launched a new all-age weight management service called ‘Healthy You’, offering online, group, and one-to-one support to help people explore the wider benefits of being more active and living a healthier lifestyle.

To support this work, we have created a new role focused on movement and physical activity. This officer works across Public Health and North Yorkshire Sport, helping both organisations work more closely together and share resources to promote physical activity across the county.



Our plans for 2025/26, and onwards into 2026/27

We are working with partners and local communities to shape a joined-up approach to improving movement and physical activity across North Yorkshire. Together, we are setting shared priorities and actions to help people stay stronger for longer - both physically and mentally - through movement, play, and sport. We are calling this work ‘Moving North Yorkshire’.

We will continue supporting our Active North Yorkshire colleagues to review the current leisure centre services and make sure they provide good opportunities for people to be active. This includes testing a new service for people with musculoskeletal health issues, especially those struggling to stay in work, or already off work due to health reasons.

The Public Health team is also working with other council teams to build successful school street pilots, helping more children and young people travel to and from school in a safe and active way.

Healthy ageing

What we are working on

[The Director of Public Health \(DPH\) annual report 2023-24](#) focused on healthy ageing. It sets out our priorities, developed with older people, showcases the progress achieved so far and includes key recommendations for the future. The report has been widely shared to help partners plan for an ageing population.

We also ran a photo competition celebrating older people in North Yorkshire, with 125 entries. The winners are featured here: [North Yorkshire photo competition winners embrace their age - BBC News](#). Other initiatives included a campaign to boost pension credit uptake, events marking the International Day of Older Persons, and a seminar for council members.



Our plans for 2025/26, and onwards into 2026/27

We will continue our work to implement the recommendations of the DPH annual report, including focusing more on falls prevention; creating a focused offer for leisure services for older people through Active North Yorkshire; and a plan to share information and raise awareness about healthy ageing and how we are making North Yorkshire a great place to grow older.

7 Adult Social Care improvement priorities

Waiting Well – actively managing people’s waiting time throughout their care journey

What we are working on

Like most councils, some people in North Yorkshire may need to wait for an assessment or a service. We are working hard to reduce these waits and have introduced a Waiting Well process to make sure people get consistent support while they wait. We contact people within 1-5 days after their referral, have an initial discussion to assess what support may be needed and how urgent it is, and then either allocate a worker immediately, or write to the person with useful information and check in again with them in 2 to 4 weeks to see how they are managing and if their situation has changed.

We have introduced new posts of Occupational Therapy (OT) Assistants, which has cut the number of people waiting for OT assessments by 40%, with average waiting times nearly halved, from 182 to 95 days.

For Deprivation of Liberty Safeguards (DoLS), North Yorkshire faces unique challenges due to its large rural geography and high number of care homes. In 2024/25, monthly referrals rose by 14% (from 438 to 495), above the national average of 11%. To meet this demand, we have trained more staff, streamlined processes, and improved how assessments are carried out.

Our plans for 2025/26, and onwards into 2026/27

We will continue checking progress each week and adjust our approach to make sure people feel well supported while they

wait. This includes ongoing investment to increase DoLS capacity and encourage innovation, as well as making sure the Waiting Well process is used consistently across all services.



Reviews – making sure people get a review of their support at the right times

What we are working on

In last year's Local Account, we talked about the new Countywide Reviewing team. This team carries out reviews for people in long-term residential and nursing care, helping to ease the pressure on community social care teams.

Alongside the new team, our community teams have set aside specific days for annual reviews to help reduce waiting times and make sure people get support when they need it.

This approach has worked well: 4501 reviews were completed in 2024/25, an increase of 10% on the previous year.

Our plans for 2025/26, and onwards into 2026/27

We will expand the Countywide Reviewing team's role to include reviews for people living in the community. We will also explore using trusted reviewers (people working in other health and social care organisations who are trained to carry out reviews on behalf of Adult Social Care), and develop guidance for carrying out reviews for people who live in care settings or with family outside of North Yorkshire.

Direct payments – supporting more people to choose direct payments, and sourcing more personal assistants

What we are working on

We have simplified processes for Direct Payment Advisors (DPAs), making it easier to deliver consistent and effective support. Colleagues in community teams now complete new Direct Payment (DP) training, and DPAs offer drop-in sessions for teams to help make sure that DPs are more routinely considered during assessments.

This has led to more people being offered and accepting DPs. We are also recording why some people choose not to take up the option of a DP so we can understand and remove the barriers.

Our plans for 2025/26, and onwards into 2026/27

We will review assessments where a DP was not offered to understand and remove any remaining barriers. To support this approach, the DP team will run a 12-month support planning pilot in Whitby and Craven areas starting in summer 2025. This will give people more flexibility in how they reach their goals, and improve quality of life and their independence. It will also reduce service delays and increase the number of people choosing a DP. We will also test different approaches to attracting and retaining more personal assistants in Ryedale and Harrogate.

We will also launch a project to promote Individual Service Funds², which offer more choice and flexibility for people who may feel less confident managing a DP themselves.

² Direct Payments are personal budgets which get paid directly to the individual to manage and purchase their own care and support. Individual Service Funds (ISFs) are similar, but allow individuals to choose a provider to manage their personal budget.

Carers – a clear and consistent support offer everywhere to help unpaid carers to continue to care for their loved ones

What we are working on

There are 53,723 unpaid carers living in North Yorkshire, including adult carers aged over 25, young adult carers aged 18-25, young carers under 18 years old and parent carers. Our community teams carried out 1,735 carer assessments in 2024/25. To help us reach more carers, the Living Well team also offer carer assessments, completing an average of 28 carer assessments a month in 2024/25, an increase from 18 a month in 2023/24.

We developed our online carer self-assessment with carers and our local carer support organisations, to make it easier for carers to complete the assessment at a time that suits them. It will go live in summer 2025 and carer support organisations will be able to support people to complete the online assessment, meaning carers only tell their story once.

We worked with the carer and dementia support organisations we commission through regular Carers Round Table meetings to shape our improvement plans for carers.



Our plans for 2025/26, and onwards into 2026/27

We will continue work with carer support organisations and carers to produce our Carers Strategy. We will gather views through an online survey and engagement workshops and share a draft for public consultation. The final strategy will be published in early 2026.

We are reviewing the carers break service to see how well it is working. We will listen to carers' experiences to help us improve the service in the future.

Reablement - continuing to support the recovery of the reablement offer post-pandemic

What we are working on

Our reablement service helps people regain their confidence and skills to live as independently as possible, especially after an illness or deterioration in health. It is a short-term service, usually lasting 3 to 4 weeks, after which people are referred for ongoing care and support if that is still needed.

The reablement service is performing well, above the target set for it. The number of people supported through reablement has returned to pre-pandemic levels with reablement delivery up 33% in 2024/25 compared to 2023/24 and 476 additional people having received a reablement service.

Reablement is once again offered as a first option to people as part of the council's work with health partners to join up reablement and rehabilitation support. Reablement teams are also working with the technology-enabled care (TEC) team to help to expand the TEC offer.



Our plans for 2025/26, and onwards into 2026/27

We want reablement to be offered to anyone at any point in their adult social care journey, not only after a hospital stay. Subject to funding, we will look at expanding these services for people who live in the community, including people with a learning disability who may need a longer period of reablement support to become more independent. The work to join up reablement and rehabilitation support will continue, and there is more information about this in the next section on 'Home First'.

Home First – helping people return home after a stay in hospital

What we are working on

We want to help more people to stay living at home for as long as possible. We are providing more live-in care services where people's needs are assessed at home with a live-in carer. This also means more people can return home following a hospital stay.

We have started designing and testing innovative new Home First services with the voluntary and independent sectors in the Nidderdale and Washburn Valley area.

We have recommissioned a bridging service to enable people to come home following a hospital admission with support from a home care provider. This temporary service is for up to two weeks until the reablement service can offer further support, or until the person no longer needs support.



The HAS Supported Housing Team and the Community Development Housing Team continue to work closely together to develop shared ways of working; this helps ensure people receive a joined-up service from NYC.

We have strengthened our in-house [home improvement service](#), which supports older and disabled people to make their homes safer and more accessible. This includes help with adaptations, repairs and maintenance.

As part of this, we have introduced a single Disabled Facilities Grant (DFG) policy for North Yorkshire. DFGs fund essential changes like stairlifts or level-access bathrooms, making everyday life easier.

Before local government reorganisation, each of the seven district councils had their own policy. Having one county-wide policy means we can make fairer, more consistent decisions for residents.

Our plans for 2025/26, and onwards into 2026/27

We will provide more support to people in their own homes by increasing our community offer, reducing the need for people to be admitted to hospital or a care home. We will also create new ways to reach people in hospital emergency departments and offer prevention services so that more people can get the help they need at home.

We are rolling out our Home First pilot to more parts of the county so that everyone has fair and equal access to the same support.

North Yorkshire Council and the NHS are continuing to work more closely together on intermediate care – this is short-term NHS and social care support that helps people avoid unnecessary admission to hospital, be as independent as possible after a hospital stay or illness, or remain living at home if they are having increasing difficulties with daily activities. By 2027, we expect to approve a plan that will fully join up reablement and rehabilitation services to create a reliable, effective system that helps people recover at home whenever possible. We will provide more detail on this in our next Local Account.

One of the ways we also help people achieve good outcomes is through our short stay offer, where someone stays in a care home for a short time before returning home when they are well enough.

A short stay of 3 to 4 weeks is the ideal amount of time for helping a person regain strength and mobility, but people are currently staying longer than this. We have put a plan in place and created a new job role to help people move on from short stay beds more quickly and smoothly, making sure everyone has the best possible experience.

People with Complex Life Circumstances – a clear and consistent support offer with excellent services available everywhere across the county

What we are working on

We are developing specialist care and a 'team around the person' approach. This means professionals and community support work together with the person and their family to create a shared care plan based on what matters most to them. This is especially for people with complex needs, for example a combination of mental health issues and disabilities or neurodiversity and, sometimes, substance use. We are also working with Housing to become more trauma-informed³, starting with leadership training, awareness e-learning, workforce support, and a self-assessment toolkit.

Our plans for 2025/26, and onwards into 2026/27

By November 2025, most leaders and managers will be trained in trauma-informed practice. We will also begin general and champion training. We will also finish the first phase of our self-assessment, and involve people with lived experience in shaping services.

In 2026, we will expand our social care mental health and specialist services, including a multi-agency team working with people who face multiple disadvantages caused by disability, mental health issues and substance use.



³ ['Trauma-informed'](#) means being sensitive to the trauma that people may have experienced and actively seeking to prevent re-traumatisation.

How we involve people in shaping our work and improving what we do – some examples

People are experts in their own lives, and we want their voices to be at the heart of Health and Adult Services. Over the last year, we worked closely with people and communities to shape our services and continued our work to enable a broader range of people to speak up and be listened to, guided by our Involvement Framework and Charter. We are very grateful to all the people who contribute their time and experience to help us develop and improve what we do.

You can find out more about the voice groups that we work with here (see menu on left of web page): [Adults | North Yorkshire Partnerships \(nypartnerships.org.uk\)](#) or by contacting: HASengagement@northyorks.gov.uk

Feedback on the Local Account

We asked people involved in our voice groups and Healthwatch North Yorkshire volunteers to tell us what they thought about the Local Account, what was good and what could be better. Some of their suggestions have been included in this year's Local Account and we will build more of it into next year's report. For example, we heard that the report could be easier to understand, so we have made some changes to the language and layout in this year's report. We have also created a short summary in several different formats to improve accessibility.

“When we work on a project or plan in a way that is co-produced, it's like weaving a tapestry of our diverse views and perspectives. Working in this way to include others, strengthens the fabric of what we hope to achieve.”

“There's a big difference from being done to. You can make changes, improvements and change direction.”

“I thought I had a good understanding of the issue. Hearing from people with lived experience challenged my view and made me a better worker.”

Self-advocacy re-procurement project

We are strengthening self-advocacy support across North Yorkshire. We have invested lots of time into conversations with self-advocates, the public and partners, and now we are putting their feedback into action for long-term change. We are launching a small grants scheme, new ways for people to share their experiences, and co-creating resources that show what great involvement looks like.



Gloriously Ordinary Language

This national project explores how the complicated language often used in health and social care can make it harder for people to get the support they need. We are working with self-advocates to create information and materials everyone can understand.

Relationships and social lives working group

This group was set up after a question at one of the regular Q&A sessions with Richard Webb, our Corporate Director for Health and Adult Services. They wanted to know how people, especially those with disabilities or learning disabilities, can enjoy social lives, relationships, and intimacy like anyone else. We are now working with people with lived experience, Humber and North Yorkshire ICB and other partners to improve support and services that help people build healthy, meaningful connections.

North Yorkshire Disability Forum (NYDF) development

In 2024, we commissioned a report to look at the future of NYDF and its local forums across North Yorkshire. It recommended that NYDF become an independent organisation, with stronger governance, broader representation, and a more diverse membership. Since then, we have been working closely with local forums, the Chair, Disability Action Yorkshire, and Community First Yorkshire to help shape and support this transition.

North Yorkshire Health Determinants Research Collaborative (NY HDRC)



Established in 2024, NY HDRC is supporting North Yorkshire Council to strengthen partnerships with academic institutions and to become more active in research, to help inform the council's decisions. As well as collaborations with universities and other partners, the HDRC includes a Public Advisory Group made up of residents living across North Yorkshire with experiences of health inequalities. Their role is to provide a resident's perspective on where research needs to focus to improve health and wellbeing services for our communities. Find out more: [Health Determinants Research Collaboration North Yorkshire \(HDRC NY\) | North Yorkshire Council.](#)

Safeguarding Week

We marked Safeguarding Week in June 2024 with our annual online campaign, featuring a programme delivered by inspirational and motivational speakers who are experts in their fields.

Partners from Safeguarding Adults Boards, Children's Safeguarding Partnerships, Community Safety Partnerships across North Yorkshire, the City of York, East Riding and Hull worked together to plan and deliver 44 sessions, attended by over 3700 people.



Some feedback from sessions organised by North Yorkshire Safeguarding Adults Board:

A really powerful session – thank you to everyone who shared their experiences, all to help and support others. Very brave and commendable
Suicide Prevention session

Really informative thank you. Great session, what a fantastic resource Drink Drug Hub is.
Drink Drug Hub session

Huge thank you for organising the Safeguarding Week events last week. Everything was so well organised and ran so smoothly, and the speakers were really interesting and engaging.

Feedback from people about our services

During 2024/25, 745 compliments were recorded for Health and Adult Services. This is an increase of 146 compliments from last year. Here's a small selection (some have been edited for length).

“

“Thanks for everything...”

...that you and your staff have done to care for my mum whilst she was at Silver Birches. I think I speak on behalf of all family members who came to visit when I say the place is an absolute credit to you & your team. The staff were always exceptionally helpful and friendly which made my mum feel completely at ease - which is exactly what was needed for her recovery. [...]” (NYC Care Provider Services)



“

“Just a note to thank you both...”

...for your prompt, professional help during the grant process. Any home alteration can be stressful but your knowledge, clarity and understanding were really valued. You both worked collaboratively with each other and me, actively listening to address my needs and my husband's visual and spatial needs (due to Alzheimer's). The result has been transformative for us. [...]” (Occupational Therapy)



“

“Each and every carer...”

...that attended to me be it only once or several times were absolutely fantastic, caring, kind, encouraging and complimenting in how well I'm doing on my own even when they have to stand with their hands behind their backs watching me. [...] Thank you all.” (Reablement)





“I would just like it noted...

... that after dreading the process of application for financial assistance I have been amazed at how simple and straightforward it has been. Your team has been incredible and made the whole experience an actual pleasant one. You and xxxx have been fantastic to deal with, explained so much to me and represented NYC as a caring, efficient and an on the ball council. Hats off to you and a huge thank you for listening and providing an excellent service.” (Benefits, Assessments and Charging)



“I’d like to thank the Living Well Service,...

...especially xxxx for all the help and support that was given at the time when I really needed it. The support I was given was very caring and I didn’t feel judged in anyway. I was trapped in myself and lacked motivation, and I didn’t know where to start but xxxx has given me the freedom in my mind I was looking for. I am thankful for xxxx’s help because I am now looking forward to a happier, healthier life. I understand there will still be ups and down days but thanks to xxxx and Living Well I’ve got more focused mind to deal with the situations when they arise.” (Living Well)



“I would like to send my thanks and appreciation for the support...

...you have given me over the past six weeks. This is one of the most difficult things I have ever had to deal with in my life. I do not have any direct family so having a support team is incredibly important. Your attention to detail and practical help have been invaluable. [...] You have kept in regular touch and been compassionate and professional throughout. [...]” (Prevention)



Information about complaints and learning from complaints received in 2024/25 is available in Section 4.

What we're celebrating

Healthy Schools Awards

In June, pupils from across North Yorkshire and York gathered at RHS Garden Harlow Carr to celebrate the Healthy Schools Award Programme. They took part in fun hands-on activities promoting healthy eating, physical activity and well-being. So far, over 280 schools have joined the scheme, with 129 earning awards. The event celebrated their achievements and encouraged continued focus on health in schools.



Festival of Care: celebrating together across North Yorkshire

In July, the Festival of Care brought energy and enjoyment to care settings across North Yorkshire, with people in our care provider services joining in a month of creative, music-filled events. Residents and staff came together for tea parties, performances, and a county-wide dance competition, celebrating connection, creativity and community spirit.



Launching our Involvement Charter

In September, we launched our new Involvement Charter, giving communities a stronger voice in shaping public health and social care services. Co-produced with local groups, the charter commits to involving people in planning and delivering support. It highlights the value of lived experience and encourages more residents to get involved through events, feedback, and creative activities. The initiative aims to ensure services reflect what truly matters to the people who use them.



Celebrating ageing well through photography

To mark International Day of Older Persons on 1 October 2024, we celebrated the vibrant lives of older people in North Yorkshire through our 'Ageing Well' photo competition. With more than 125 joyful and inspiring entries, the competition challenged stereotypes and showcased the many ways older people stay active, connected, and involved in their communities. We shared the images in a touring exhibition across the county, reminding us that growing older is something to be celebrated.



Living Well Smokefree: life-changing support to quit smoking

We marked the 13th annual Stoptober campaign by sharing inspiring success stories from our Living Well Smokefree service. We heard from people how personalised support and practical tools helped them to quit smoking, saving them money, boosting their health and transforming their lives. An example of those success stories can be found here: [Support and motivation help relatives stop their smoking habits | North Yorkshire Council](#). Information and contact details are available here: [Stopping Smoking | North Yorkshire Council](#).

Supporting social care leaders: a mentoring first

Also in October, we celebrated the successful conclusion of the UK's first mentoring programme for registered social care managers, designed to tackle burnout and build resilience in the sector. The North Yorkshire scheme supported 22 professionals in a 12-month programme, helping them feel valued, confident, and better equipped to lead. Led by experienced mentor Jayne Richardson, the programme has left a legacy of stronger leadership, improved wellbeing, and a more connected care sector.



Celebrating outstanding contribution to care

In November, we celebrated Sarah Fiori, our principal nurse, who received an honorary Doctor of Science from York St John University for her outstanding contribution to health and social care. With over 30 years' experience, Sarah has led innovative projects to improve care and reduce harm. A Queen's Nurse and Gold Award recipient, she continues to inspire through her leadership and compassion.



Stepping safely to support healthy ageing

Slip prevention is a key part of making North Yorkshire age friendly. At a 'slipper social' in Pickering Library in December, older residents received free anti-slip slippers and connected with local support. Over 750 pairs have been given out so far at libraries across the county, helping people stay steady, independent, and connected.



Health and Adult Services Awards

In December, we held our annual Health and Adult Services Awards celebratory event to celebrate the hard work and dedication of our Public Health and Adult Social Care teams working above and beyond in our communities. Judging panels shortlisted 130 nominations for 10 different award categories. At the event 14 winners and 22 highly commended were recognised. The Care Provider Services Choir performed two songs, inviting everyone to sing and sign along using Makaton.



Transforming care with new specialist hubs

In January 2025, we celebrated the approval of a major step forward in adult social care, as the council's Executive approved plans to build up to five new specialist care hubs across North Yorkshire. These purpose-built centres will transform support for older and disabled people, offering high quality dementia care and rehabilitation services to help people recover after hospital stays and stay well at home. This multi-million-pound investment is part of our commitment to healthy ageing and becoming an Age Friendly county, ensuring care is modern, compassionate, and ready for the future.

Remembering the COVID-19 pandemic

In March, we marked five years since the start of the COVID-19 pandemic with a special ceremony at County Hall in Northallerton to honour the dedication of care workers and NHS staff. A tree was planted as a lasting tribute to those affected, with moving reflections from frontline workers who shared their personal experiences. The event also featured music and prayers, offering a moment of remembrance and gratitude.



NYC 'Delivering for North Yorkshire' staff awards

Also in March, the council celebrated the achievements of extraordinary teams and colleagues at the first 'Delivering for North Yorkshire' staff awards. Our Care Provider Services leadership team won the Creative category for building music and movement into the lives of the people they support, and our Public Health Team were awarded runners-up in the Inclusive category for their Healthy Ageing work and in the Together category for the Women's Health work. We are very proud of all the teams who won awards, and of everyone who entered.



Our workforce

Workforce recruitment and retention is still a challenge across the adult social care sector, nationally and locally. In North Yorkshire, vacancy rates are lower than average (6.3% overall, just over 5% in NYC) and this is due in part to international recruitment within the wider care sector (although, much less so within the council) and to targeted efforts. These include steps we have taken to improve recruitment and retention for our Approved Mental Health Professionals, reviewing how the role works, updating shift patterns, and refreshing our recruitment materials. We have also successfully introduced a new Occupational Therapy Assistant role and are creating clearer career pathways into Occupational Therapy. Finally, we have also strengthened our partnerships with universities, colleges and schools to promote careers and offer placements across HAS.

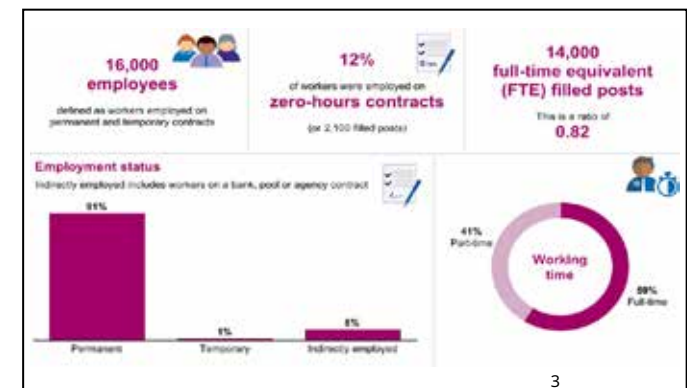
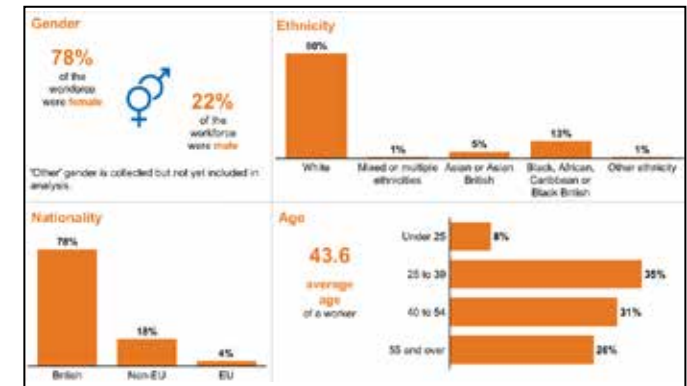
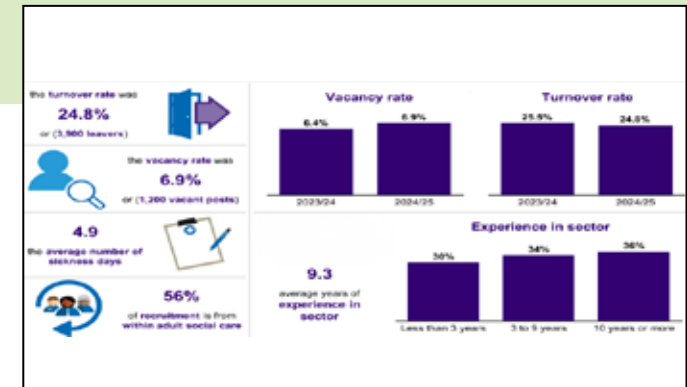
From July 2025, the Government is changing immigration rules, meaning that the Health and Care Worker visa will close to new overseas applicants. Those already sponsored in care roles will be eligible to extend their visa until 22 July 2028, but no new workers can come through this route.

There is an increased focus on supporting care workers already in the UK whose employers lost their licence to sponsor visas. North Yorkshire is leading this work, with the Make Care Matter Recruitment Team acting as a regional hub. The council is also helping tackle worker exploitation, sharing learning nationally.

To keep the workforce strong, North Yorkshire Council is:

- creating and coproducing a workforce strategy, linked to national plans;
- supporting recruitment through Make Care Matter, a free service for care providers; and
- working with health partners on joint workforce projects.

One key challenge is that pay and conditions in the care sector do not match other sectors. In October 2024, the Government published the Employment Rights Bill, which includes plans for a Fair Pay Agreement in adult social care. If fully funded, this proposal could help attract and keep more UK-based workers when it becomes law, which is expected to be in Autumn 2026.



Section 4 – How did we do?

Care Quality Commission local authority assurance

As mentioned in our introduction, the Care Quality Commission (CQC) has a new duty to check [how well local authorities deliver adult social care under the Care Act 2014](#). In our last Local Account, we shared how we were preparing for this. Throughout 2024/25, we kept working on our priorities and improvements, and our CQC assessment took place over three days in early June 2025. The [assessment report](#) was published in October 2025 and we were awarded a 'Good' rating. Our overall score of 81 out of a potential maximum of 100 was made up of nine quality statements, 7 of which were rated as 'Good' and two as 'Outstanding' – 'Equity of outcome and experience', and 'Learning, improvement and innovation'. We will share more about what we learned and how we plan to build on this to continually improve in our next Local Account.

Public Health Peer Review

In February, our Public Health team undertook a Public Health Peer Review. This is a voluntary activity and is part of the Sector Led Improvement work of the Yorkshire & Humber Association of Directors of Public Health. You can read more about this in the Director of Public Health Annual Report 2024-25.

A team of trained peers from local government and health carried out the review, giving us a valuable opportunity to reflect, take stock and inform future planning. The review team highlighted a wide range of strengths, including leadership, impact, engagement and partnership working. Recommendations for improvement included strengthening how we use data and intelligence to support strategic decision making, clarifying focus on health inequalities and defining Public Health's role in devolution.



Performance

In this section, we are sharing some performance information to complement the information about our 3 Public Health and 7 Adult Social Care improvement priorities in section 3.

In Adult Social Care, during **2023/24** we provided:

9,654 people with long term support services, made up of:

6,177 with
community-based packages

3,477 with
residential packages

1,538 Extra Care places

3,669 contacts to Living Well Service

1,979 Direct Payments

During **2024/25** we provided:

9,808 people with long term support services, made up of:

6,242 with
community-based packages

3,566 with
residential packages

1,538 Extra Care places

2,880 contacts to Living Well Service

2,141 Direct Payments

Living Well service performance

The Living Well service helps people who are not eligible for ongoing social care support, but who need a bit of support to make small changes to their lifestyle to improve their quality of life and become more independent. The service now includes a broader offer, including support for the Homes for Ukrainians scheme, social prescribing activity for GP practices in two areas of the county, and assessments for unpaid carers.

There were 2,880 referrals to the Living Well service during 2024/25. This is a decrease of 21.5% (789 referrals) from the previous year.

However, as part of their broader offer, the Living Well Team also carried out 157 Homes for Ukraine visits, 331 carers assessments and, on average, 380 social prescribing appointments per month in the Harrogate area and 200 per month in the Selby area.

From feedback from people supported by Living Well, 91.9%⁴ 'would definitely recommend the service' (compared to 93.1% the previous year). Wellbeing levels continued to increase following a Living Well intervention, with people who said that they 'never felt good about themselves' reducing from 27.6% to 10.9% at the end of their Living Well involvement (compared to 34% reducing to 13% the previous year).

4 Feedback for quarter 4, January – March 2025 compared to quarter 4 January – March 2024.

Residential care and domiciliary care services performance

Looking at CQC ratings, 85% of residential care settings and 91% of domiciliary care services were rated as “Good” or better. This is a slight increase for both from last year (83.7% and 90% respectively). It is also above both the regional average of 80.6% for residential and 86.5% for domiciliary care services and the national average of 82.2% for residential and 87% for domiciliary care services.

Our public health improvement programmes

Adult Weight Management Service:

The new Healthy You Service was launched on 1st January 2025. In its first 3 months, there were 604 referrals across the county.

- **Smoking Cessation Service:** 765 smokers quit at 4 weeks over the 2024/25 financial year, an increase of 8% on the 2023/24 figures⁵.
- **NHS Health Checks:** 16,517 people in North Yorkshire received a health check in 2024/25, covering 8.6% of the eligible population. This is a slight increase from the previous year and just below the England rate of 9.0%.
- **Substance Use:** The total number of adults in treatment increased in 2024/25 from 2,584 to 2,840, slightly below the target of 2,856⁶.

The [Adult Social Care Outcomes Framework \(ASCOF\)](#) and the [Local Authority Health Profiles](#) provide information that helps us to see how we are doing in certain areas compared to other local authorities in England. The table below shows our assessment of our performance in 2024/25 against this benchmarking information: **PLACEHOLDER SHOWING 2023/24 DATA – TO BE UPDATED**

| Our strengths are: | | Our areas for further development are: | |
|--------------------|---|--|--|
| 1 | The proportion of people who use services who said they have control over their daily life (83.0%, ranked 12/150); | 1 | A high level of permanent admissions to care homes for residential and nursing care; |
| 2 | The proportion of carers who report that they have been included or consulted in discussion about the person they care for (74.6%, ranked 13/150); | 2 | Low proportions of people using social care, and of unpaid carers, who receive direct payments; |
| 3 | Overall satisfaction of people who use services with their care and support (69.0%, ranked 22/150); | 3 | Decline in smokers accessing Stop Smoking Services - new clinics have been opened to address this, in line with the national “Smokefree 2030” ambition; |
| 4 | Procuring NHS Health Checks for adults aged 40-74: the proportion of the eligible population receiving NHS Health Checks is below the national average in 3 out of 4 quarters for 2023/24. However, in the first two quarters of 2024/25, the proportion of eligible adults receiving a health check has been similar to or above the national average and is now close to the pre-COVID average; | 4 | A high proportion of children, particularly reception aged children, are classified as overweight or obese, as measured by the National Child Measurement Programme. |
| 5 | Healthy Child Programme: for the year 2023/24, North Yorkshire achieved completion rates above the England average and above the average for 14 similar rural counties (“statistical neighbours”). | | |

⁵ Comparison to England rate not available as national benchmarking data for 2024/25 not yet published.

⁶ Comparison to England rate not available as no recent benchmarking data available (last published for 2021/22)

Complaints, compliments, LGSCO and MP enquiries

Complaints

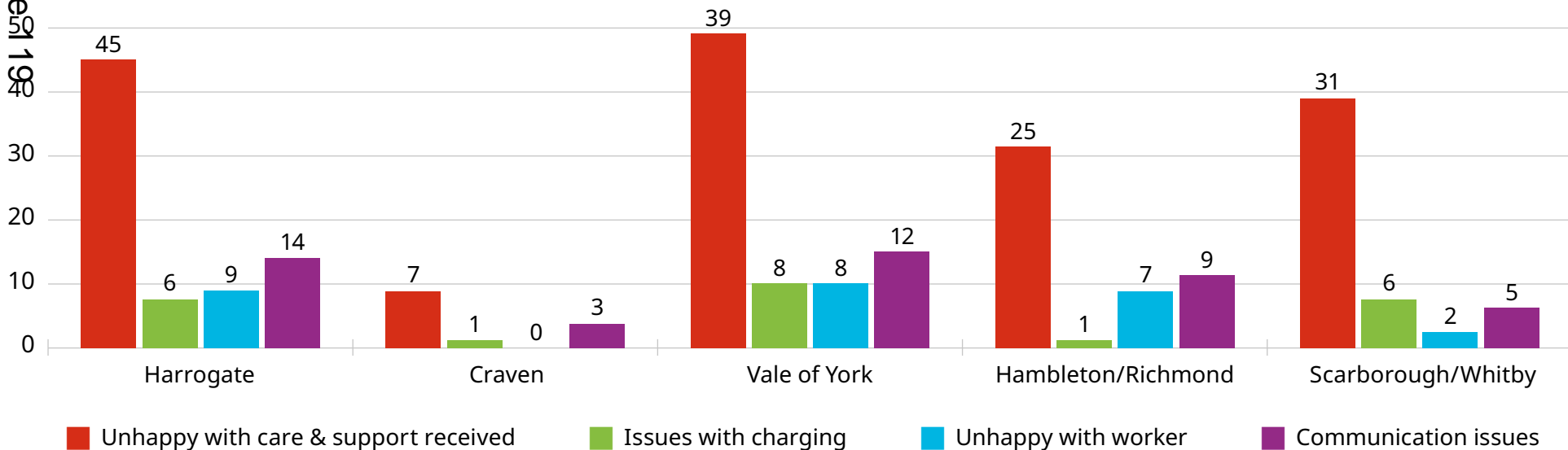


For **2024/25** we received **486 complaints** which is **168** more than last year.

It is difficult to establish a definitive reason for this increase. It could be because we are more confident about signposting individuals to the complaints process if they are unhappy as we continue to develop a culture of learning from customer feedback. The number of complaints which are upheld decreased to 23% in 2024/25 compared to 39% in 2023/2024. We received a total number of 89 complaint reviews for 2024/25, 5 fewer than last year.

This chart provides a breakdown of the root cause of complaints by locality :

Page 19
Top 4 Root Causes for Locality Areas 2024/2025



The most common reason people complain is because they are 'Unhappy with care and support received'. The main sources of discontent for people are around:

- feeling they need more care than they are receiving;
- feeling the quality of the care they are receiving is poor;
- care being withdrawn despite the person feeling they still need it;
- unsuitable and/or varying visit times; and
- delays in equipment and housing adaptations being received.

We listen to what people tell us through complaints so we can learn and keep improving our services. We have looked closely at how we communicate, to understand what is not working and how we can make things better. Sometimes small changes, like making sure a new social worker meets the previous one, can really help.

2025/26, we will set up an Adult Social Care Learning and Improvement Group. This group will look at all types of feedback, including from Safeguarding Adult Reviews, serious incidents and complaints, to identify key themes and trends and implement any necessary changes or improvements to practice.

MP Enquiries

During 2024/25, **99 MP enquiries**, which is 6 more than the previous year. We have seen more people asking their MP to intervene at the same time as the council is looking into their complaint.

Local Government & Social Care Ombudsman (LGSCO)

The Local Government and Social Care Ombudsman investigates complaints about local authorities and some other organisations. Their role is to investigate complaints in a fair and independent way. The complainant has the right to refer their complaint to the Ombudsman at any point, although the Ombudsman would usually expect the complainant to have exhausted the local authority's complaints procedure before they would consider the complaint.

During 2024/25, we received **15 new cases** from the Ombudsman, which is 7 more than the previous year. 10 cases were closed in 2024/25:

- 3 of those cases found fault with maladministration and injustice, i.e. the Ombudsman found that the complainants were disadvantaged by the administrative fault.
- 1 case found no fault.
- 6 cases were not investigated, as the Ombudsman felt it would not add or make a difference to the council's findings and response to the complainants.

Compliments and commendations

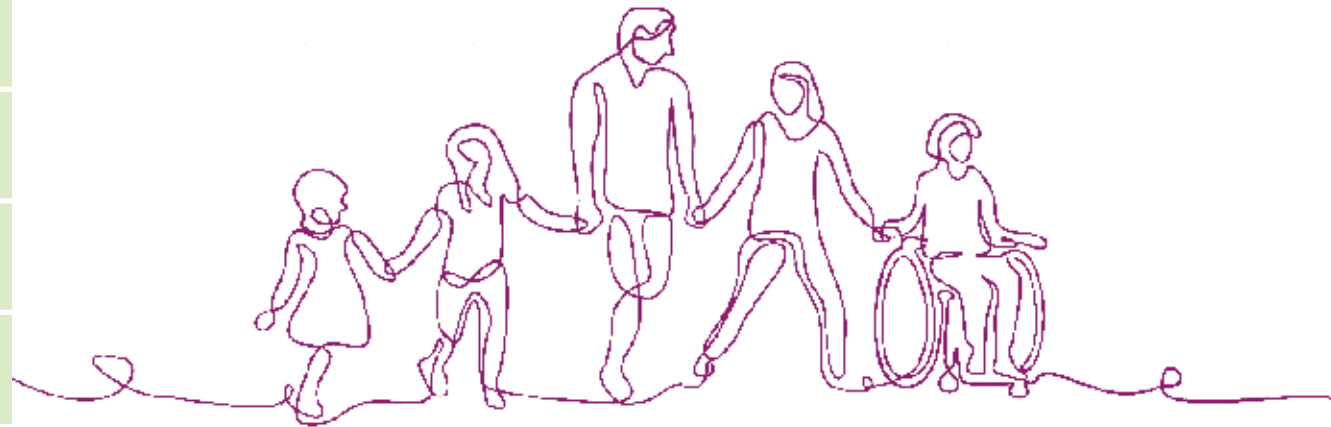
During 2024/25, we received **745 compliments** for Health and Adult Services - 146 more than the previous year. You can see some examples in section 3 of this report.

Safeguarding adults

| The safeguarding year in numbers | |
|----------------------------------|--|
| 8,198 | safeguarding concerns received in 2024/25, an 18% increase compared to 2023/24 |
| 2,075 | safeguarding enquiries in 2024/25, up from 1,849 in 2023/24, an increase of 12.2% |
| 92.4% | of enquiries had risk reduced or removed, down from 93.6% in 2023/24 |
| 42% | of reported abuse occurred in the adult at risk's own home, the same as in 2023/24 |
| 44% | of reported abuse occurred in care homes, slightly down from 45% in 2023/24 |
| 80% | of adults at risk felt their outcomes were fully met, down from 83% in 2023/24 |
| 6,200 | Deprivation of Liberty applications were received, up 14% year on year |

Making Safeguarding Personal means putting the person at the centre of everything we do during a safeguarding enquiry from start to finish. It's not about putting a person through a process; it's about having a conversation with them (or their representative) to understand what happened and what outcomes they want. Of the 74% of people that did say what outcomes they wanted:

- 80% of these people's outcomes were fully achieved – 3% lower than last year but above the national average of 70% in 2023/24;
- 18% of people (275) said their outcomes were partially achieved; and
- 1.6% of people (25) said their outcomes were not achieved.

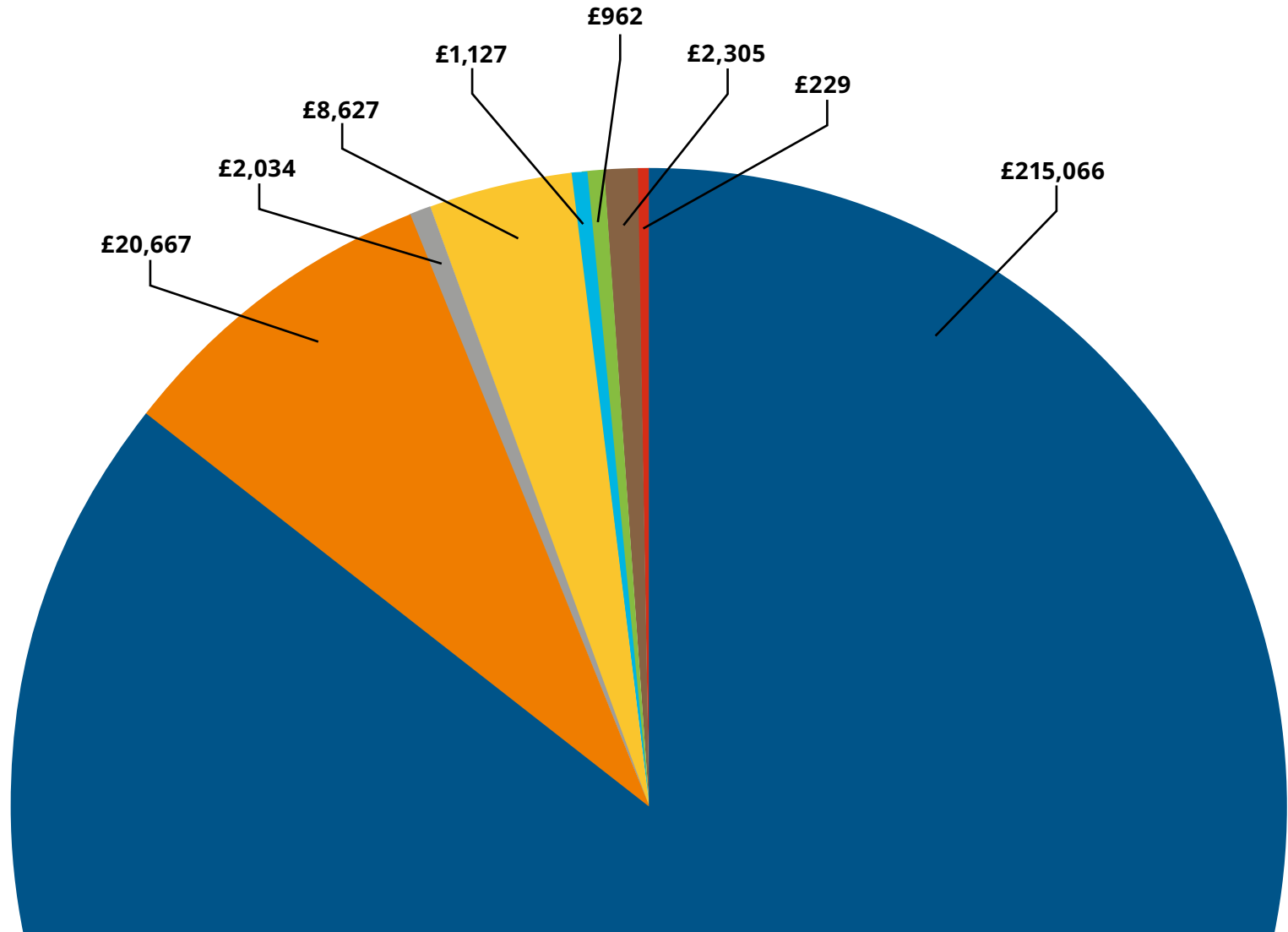


Section 5 - How much did we spend?

The adult social care (ASC) net spend for 2024/25 was £251,017,000. It was invested in a range of services as illustrated below:

ASC Net Spend 2024/25

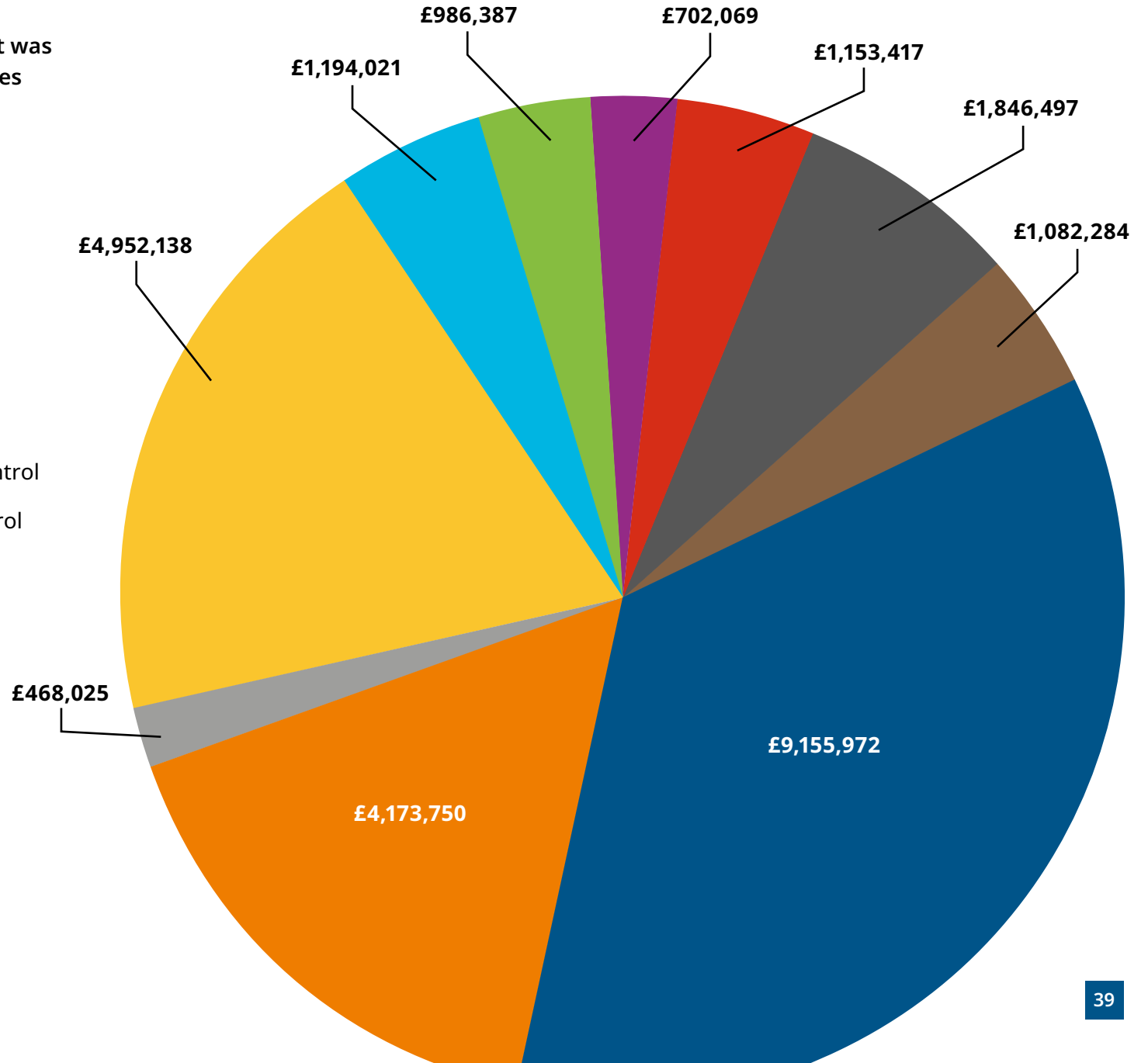
- Care & Support
- Provider Services and EC/PCAH
- Prevention and Service Development
- Mental Health Services
- Quality
- Involvement and Governance
- Resources Unit
- Director & Cross-Directorate



The Public Health spend against the Public Health Grant in 2024/25 was £25,714,561. It was spent on the following public health services and interventions as illustrated below:

Public Health Spend 2024/25

- Children’s public health programmes
- Sexual health - STI testing & treatment
- NHS Health Check programme
- Specialist substance use service
- Obesity and Physical Activity
- Stop Smoking Services and Tobacco Control
- LA role in surveillance and disease control
- Stronger Communities Programme
- Targeted Prevention
- Services with focus on Older People



We hope you enjoyed our Local Account for Health and Adult Services 2024/25. If you have any feedback on our Local Account, it would be great to hear from you.

Please send feedback to: has-governance@northyorks.gov.uk

Contact us

Online: northyorks.gov.uk/contactus

By telephone: **0300 131 2 131**

North Yorkshire Council, County Hall, Northallerton, North Yorkshire, DL7 8AD

You can request this information in another language or format at

northyorks.gov.uk/accessibility

North Yorkshire Council

Care and Independence Overview and Scrutiny Committee

27th January 2026

Outcome of CQC Assessment

Report of the Corporate Director Health and Adult Services

1.0 PURPOSE OF REPORT

- 1.1 This report informs Members of the outcome of the Care Quality Commission (CQC) Assurance process carried out in 2025 and the actions being taken to address the feedback.

2.0 SUMMARY

- 2.1 This report sets out the result of the CQC Assessment of how North Yorkshire Council delivers its duties around Adult Social Care under the Care Act. The Council received its final report in October 2025 and got a score of 81 out of a possible 100.
- 2.2 Under the CQC ratings system this gives an outcome of “Good” and, at the time of writing this report, 93 reports have been published and the North Yorkshire Council score is the fourth equal highest in the country, the highest score for a large authority, and for the North of England. Only Camden, Kensington and Chelsea, and Barking and Dagenham authorities scored more highly, each of which got 89.
- 2.3 The report, which is published on the CQC website [North Yorkshire Council: local authority assessment - Care Quality Commission](#), identifies a number of areas of strength as well as areas for development. The areas for development had previously been identified by the Council and are being addressed through ongoing transformational projects and improvements through business as usual, including through the Improvement Priorities previously reported to this Committee.

3.0 BACKGROUND

- 3.1 The CQC Assurance Framework for Local Authorities in England, is a structured approach to evaluating the performance of local authorities in delivering Adult Social Care services under The Care Act. It aligns with the goals of the Health and Care Act 2022, which aims to ensure high-quality, equitable, and sustainable care for individuals in need.
- 3.2 The CQC assesses and rates councils’ performance across four themes:
- **Working with people:** Involves engagement with service users, families, and carers.
 - **Providing support:** Focuses on commissioning and direct service provision.
 - **Ensuring safety:** Covers safeguarding and risk management.
 - **Leadership:** Examines strategic direction, governance, and staff wellbeing.

Within each theme are 2 or 3 Quality Statements, each of which are scored individually with a score of 1-4, leading to an overall single word rating of: Inadequate; Requires Improvement; Good; or Outstanding. Evaluation is based on the following:

- Data and Evidence: Review of qualitative and quantitative data from local authorities and service providers.
- Inspection Visits: On-site evaluations to observe practices and gather insights from stakeholders.
- Stakeholder Feedback: Input from people using services, their carers, and partner organisations.

3.3 The CQC began its assessment of North Yorkshire Council’s Adult Social Care services in December 2024, requesting information on performance, partnerships, and processes over the previous 12 months. In January 2025 we submitted our evidence and self-assessment, and in May 2025 we presented an overview of local services to the CQC inspection team. This was followed by a 3-day on-site inspection in June 2025, during which the CQC team engaged with over 170 people including council staff, senior leaders, care providers, and people with lived experience and carers.

3.4 The areas covered included:

- Challenges of delivering social care in a large rural county, particularly around people’s equity of access.
- Partnership working with Health, Providers and the VCSE
- The £60m investment into the new Care and Support hubs
- Continuing investment by the Council in preventative support to help prevent, reduce and delay people needing social care.

3.5 The Inspection team described conversations as “incredibly inspirational” and that they could see “passion in abundance”.

4.0 CQC FINDINGS IN NORTH YORKSHIRE

4.1 The outcome of the CQC assessment by quality statement is set out below. All areas had at least “good”, with two statements – Equity in Experiences and outcomes, and Learning, Improvement and Innovation, achieving the maximum score of 4 – “Outstanding”.

| Quality Statement | Score (1-4) |
|--|--------------------|
| Assessing Needs | 3 |
| Supporting Healthier Lives | 3 |
| Equity in Experience and Outcomes | 4 |
| Care Provision, Integration and Continuity | 3 |
| Partnerships and Communities | 3 |
| Safe Pathways, Systems and Transitions | 3 |
| Safeguarding | 3 |
| Governance, Management and Sustainability | 3 |
| Learning, Improvement and Innovation | 4 |

4.2 Within each quality statement CQC identified areas of strength and for development:

Strengths

- Person-centred, strength-based approach
- Extra-care housing and intermediate care models well embedded
- Effective governance and risk management
- Safeguarding systems are robust and responsive
- Strong learning culture and staff development
- Strong partnership working with VCSE and Health Services
- Visible and supportive leadership

Areas for development

- Timeliness of assessments and reviews
- Advocacy delays, especially in hospital settings
- Mental health bed access and rural home care gaps
- Direct payment uptake below national average
- Digital exclusion and rural transport challenges
- Workforce shortages, especially in rural and specialist areas.

4.3 People's Experiences

A key element of evidence used by CQC to help inform their conclusions is feedback from people on their experience of adult social care in North Yorkshire:

- High satisfaction with care and support
- 73.69% of people who use services and 85.06% of carers felt safe
- Strong involvement in care planning and decision-making
- Support helped maintain independence and safety.

5.0 NATIONAL POSITION ON ASSESSMENT REPORTS PUBLISHED SO FAR

5.1 At the time of writing this report, CQC have published reports for 93 of the 153 authorities, with the remainder due to be published before the end of the financial year. The table below shows the split of ratings across Councils and for the different quality statements. This demonstrates how well North Yorkshire has performed in comparison to other authorities, particularly in the statements around Assessing Need, (none achieved outstanding and 24% achieved good), Equity in Experience and outcomes (4% achieved outstanding) and Learning, improvement and innovation (4% achieved outstanding).

| Rating | | | Overall Score | | |
|----------------------|-----|-------|---------------|------|------|
| | LAs | LAs % | Min. | Max. | Ave. |
| Outstanding | 3 | 3% | 89 | 89 | 89 |
| Good | 57 | 61% | 64 | 81 | 69 |
| Requires improvement | 31 | 33% | 39 | 62 | 56 |
| Inadequate | 2 | 2% | 28 | 34 | 31 |
| Total | 93 | 100% | 28 | 89 | 64 |

| Domain | Quality Statement | Exceptional standard | Good standard | Some shortfalls | Significant shortfalls | % "Good" or better |
|---------------------|--|----------------------|---------------|-----------------|------------------------|--------------------|
| Working with People | Assessing needs | - | 24% | 71% | 5% | 24% |
| Working with People | Supporting people to lead healthier lives | 2% | 56% | 39% | 3% | 58% |
| Working with People | Equity in experience and outcomes | 4% | 39% | 55% | 2% | 43% |
| Providing Support | Care provision, integration and continuity | - | 44% | 54% | 2% | 44% |
| Providing Support | Partnerships and communities | 6% | 73% | 20% | - | 80% |
| Ensuring Safety | Safe pathways, systems and transitions | 2% | 47% | 48% | 2% | 49% |
| Ensuring Safety | Safeguarding | 1% | 58% | 35% | 5% | 59% |
| Leadership | Governance, management and sustainability | 3% | 60% | 33% | 3% | 63% |
| Leadership | Learning, improvement and innovation | 4% | 76% | 17% | 2% | 81% |

5.2 Common strengths across Reports

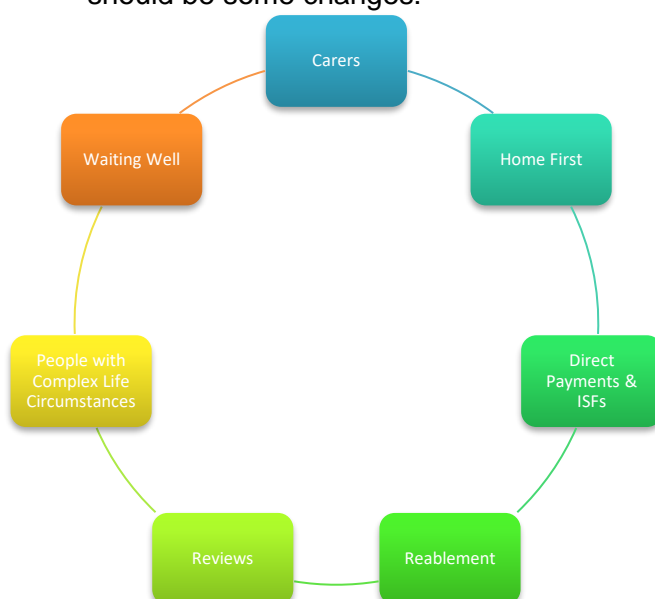
There is no obvious correlation with the scale of the council's operation, with a third of county councils so far requiring improvement and most London and metropolitan boroughs and unitary councils, of all sizes, rated highly.

5.3 There are effective partnerships and community engagement and a commitment to co-production. Despite the evident national resource pressures, these councils have kept a focus on early intervention and prevention, keeping services accessible and timely, and are committed to addressing inequalities.

- 5.4 Assessors found evidence of well-supported frontline staff whose practice was person-centred, and strengths based. They also found robust and trusted safeguarding arrangements.
- 5.5 **Common Areas for Improvement across Reports**
Common areas for councils requiring improvement are inconsistent and delayed assessments or reviews, difficulties in recruiting and retaining staff, and variation in practice standards, processes and decision making. Access to early help and prevention may be limited and occasional weaknesses in safeguarding arrangements found.
- 5.6 Reports describe inconsistent joint working with the NHS, housing, voluntary and community sector partners, market management concerns, and weaknesses in how users and carers are involved.
- 5.7 The process has highlighted the importance of a council's self-awareness in understanding and conveying their ambition for their adult social care responsibilities and how they are performing. CQC reports express confidence when these are aligned and areas for development match.

6.0 ACTION PLANNING IN NORTH YORKSHIRE AROUND AREAS OF DEVELOPMENT

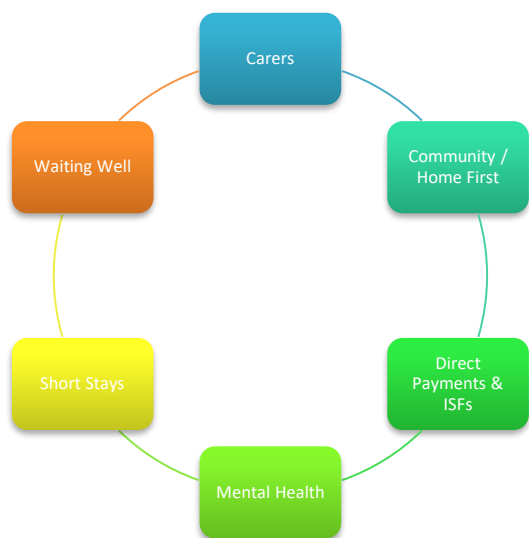
- 6.1 Following receipt of the report, headline priorities and actions are being identified to address the areas of development identified by CQC in paragraph 4.2. A draft action plan sets these out in Appendix A. Monitoring of progress will be carried out through existing HAS governance arrangements, as the majority of the areas for development had been previously identified and so are already included as part of existing projects or business as usual. For example, CQC identified areas of development around Carers and Direct Payments, both of which are existing Improvement Priorities and reported on a monthly basis to HAS Leadership Team, and to this Committee. Further discussion around timescales for the actions will take place at the Improvement and Inspection Leadership Board at its meeting on 21st January and be reported verbally to this Committee at its meeting.
- 6.2 As part of the ongoing monitoring of performance against the 7 Adult Social Care Improvement Areas previously reported to this Committee, it has been agreed that there should be some changes:



Progress

- People with Complex Life Circumstances – now a transformation project
- Reablement – back to pre-pandemic delivery levels and moved to BAU
- Reviews – target reached and moved to BAU

6.3 Going forward, it has been agreed that the Adult Social Care service will focus on 6 improvement priorities from April 2026:



- **Waiting Well** remains a priority and will also monitor reviews and DoLS
- **Carers and Direct Payment** needs to see the next step change to continue in improvements
- **Community/Home First** will always be approach we take
- **Short Stays** linking with the above to ensure no one stays in a short stay bed longer than necessary
- **Mental Health** to ensure parity of service in terms of Waiting Well, Direct Payments and Carers

7.0 FINANCIAL IMPLICATIONS

7.1 No additional funding is required at this stage. Improvements will be delivered within existing budgets and transformation programmes.

8.0 LEGAL IMPLICATIONS

8.1 The CQC assessment is undertaken under the Health and Care Act framework. Actions will align with Care Act duties and corporate governance.

9.0 EQUALITIES IMPLICATIONS

9.1 Some of the actions identified include targeted work to improve equity of access and outcomes, especially for under-served communities and carers.

10.0 CLIMATE CHANGE IMPLICATIONS

10.1 No direct impacts identified. Opportunities will be explored to reduce travel and improve digital access while addressing digital exclusion risks.

11.0 PERFORMANCE IMPLICATIONS

11.1 Monitoring of actions to address the areas for development identified by CQC will take place through Directorate governance mechanisms and reported to this Committee.

12.0 CONCLUSIONS

12.1 The rating of “good” and a score of 81 identifies North Yorkshire Council as a strongly performing authority in its delivery of adult social care and reflects strong partnership working across the health and social care system. Actions to address the areas for development identified by CQC are underway and will be monitored and reported to this Committee at future meetings.

13.0 RECOMMENDATIONS

It is recommended that the Committee:

- i) Note the CQC assessment outcomes and the Directorate's action plan;
- ii) Support the proposed priorities in Appendix A and request progress updates at future meetings; and
- iii) Endorse continued engagement with people with lived experience and partners to co-produce improvements.

Richard Webb
Corporate Director Health and Adult Services
County Hall
Northallerton
13th January 2026

Report Author – Sheila Hall, Head of Involvement and Governance
Presenter of Report – Richard Webb, Corporate Director Health and Adult Services

BACKGROUND DOCUMENTS:

CQC assessment report for North Yorkshire: [North Yorkshire Council: local authority assessment - Care Quality Commission](#)

APPENDICES:

Appendix A: Headline priorities to address areas identified for development by CQC

Note: Members are invited to contact the author in advance of the meeting with any detailed queries

DRAFT CQC ACTION PLAN – HEADLINE PRIORITIES

| Theme | Area of Development | Proposed Action | Lead Manager | Governance | Timescales |
|---------------------|--|---|--|------------|------------|
| Working with People | Reduce assessment timescales as part of the drive to improve waiting experiences | Reduce waiting times and improve people's experience of care assessment and planning processes. | Karen Gullon, Assistant Director and Principal Social Worker | | |
| | Carer wellbeing and support | Develop a clearer focus on the support offer and strengthen contingency planning. | Kate Allanson, Head of Prevention and Principal Occupational Therapist | | |
| | Advocacy Support | Strengthen the advocacy offer in response to increased demand. | Jo Waldmeyer, Head of Market Development | | |
| | Increasing the impact of the Occupational Therapy offer | Developing the Occupational Therapy Assistant role to release OT capacity, reviewing equipment services, and embedding service innovations such as the new Home Improvement Agency. | Kate Allanson, Head of Prevention and Principal Occupational Therapist | | |
| | Making Direct Payments/Individual Service Funds the first option for more people | Building on the improvement over the last year to embed a culture of Direct Payment/ISFs as the first option for meeting needs for more people. | Jonny Prince Head of Operational Support | | |
| | Improving the range, quality and accessibility of information available | To help people make informed choices about their health and care, and to improve people's waiting experience, including learning | Sally Lichfield, Head of Involvement and Governance | | |

| Theme | Area of Development | Proposed Action | Lead Manager | Governance | Timescales |
|-------------------|---|---|---|------------|------------|
| | | from a two-stage Healthwatch review. | | | |
| | Ensuring equity of access to reablement across the whole adult population | To ensure access to the reablement service beyond people being discharged from hospital. | Josh Lumb, Head of Intermediate Care | | |
| | Improving access and developing more appropriate provision for under-served communities | Working with partners to create access to services which builds relationships of trust with under-served and dispersed communities in places, and with the people they understand and trust the most. | Jo Waldmeyer, Head of Market Development Angela Crossland, Head of Head of Healthier Lives Community and Economy Shanna Carrell, Involvement and Governance Manager | | |
| | Ensuring the way we shape our future services includes the voice of under-served groups | Work with under-served communities to help them develop their voice and capacity to contribute to coproduction activity to shape services which better meet their need | Sally Lichfield, Head of Involvement and Governance | | |
| Providing Support | Further market development around specialist care | Improve the availability of supported accommodation and care and support for people with complex and specialist needs, including dementia, this includes the development of a £60m | Jo Waldmeyer, Head of Market Development | | |

| Theme | Area of Development | Proposed Action | Lead Manager | Governance | Timescales |
|-------|--|--|--|------------|------------|
| | | investment case to replace the current council-run care homes. | | | |
| | Developing and maintaining an understanding of emerging/changing needs for working age adults | Developing a broad range of options to ensure people have the right care, support and accommodation to be able to live independently. | Gavin Swankie, Head of Adults Natalie Smith, Head of HAS Planning Elaine Hewitt, Head of Mental Health and Specialist Services | | |
| | Creating innovative services to increase Home First opportunities | Increase the number of people supported to remain living at home for as long as possible through increased provision in Live-in care. | Jo Waldmeyer, Head of Market Development | | |
| | Improving market capacity | With a focus on developing provider capacity to deliver care and support for people with complex and specialist needs. | Jo Waldmeyer, Head of Market Development | | |
| | Increased engagement with Care Providers and people with lived experience in developing the care market. | Building on successes with involvement in co-design work to further develop co-production, with a particular emphasis on better engagement with unpaid carers and people who fund their own care | Sally Lichfield, Head of Involvement and Governance Jo Waldmeyer, Head of Market Development | | |

| Theme | Area of Development | Proposed Action | Lead Manager | Governance | Timescales |
|-----------------|---|--|--|------------|------------|
| Ensuring Safety | Embedding Preparing for Adulthood | Ensuring a clear and consistent approach to support all young people transitioning into adult services. | Gavin Swankie, Head of Adults | | |
| | Developing a trauma informed approach | Developing a person-centred, multi-agency, trauma-informed approach to practice and risk management for people with complex life circumstances. | Elaine Hewitt, Head of Mental Health and Specialist Services | | |
| | A consistent pathway for CHC and s117 funding | Driving a consistent approach to practice, decision making and equity in outcomes for people needing support. | Elaine Hewitt, Head of Mental Health and Specialist Services | | |
| | Strengthen quality assurance | To better understand and make use of qualitative feedback from people following a safeguarding intervention to support further learning and improvement. | Gavin Swankie, Head of Adults | | |
| | Developing confidence in risk management | To prevent the use of safeguarding when complex case management or multi-agency working is more appropriate, enabling people to manage risk themselves. | Gavin Swankie, Head of Adults | | |
| | Embedding a coordinated approach to organisational safeguarding | To ensure people who use care and support services can | Gavin Swankie, Head of Adults | | |

| Theme | Area of Development | Proposed Action | Lead Manager | Governance | Timescales |
|------------|--|---|--|------------|------------|
| | | expect to receive a safe, quality service. | | | |
| Leadership | Embedding consistency across social care practice | Using the restructure of adult social care to embed responsibility and accountability for consistent practice and performance improvement in new management roles. | Karen Gullon, Assistant Director and Principal Social Worker | | |
| | Extending the involvement of people with lived experience across all areas of activity | Building on existing engagement successes to develop a comprehensive programme of engagement activity for people with lived experience across all areas of the directorate's work. | Sally Lichfield, Head of Involvement and Governance | | |
| | Continue to work with Community Teams to address the workload pressures they are reporting | Whilst vacancy levels are significantly reduced (currently at 3%) and caseloads are averaging around 25, staff teams are reporting significant pressures, which Back to Basics/practice development, the restructure and other programmes will seek to address. | Karen Gullon, Assistant Director and Principal Social Worker | | |
| | Development of a workforce strategy for HAS | Co-produced with staff through the directorate's People Strategy Group, the strategy will have a key focus on | Hannah Morley, Head of HR | | |

| Theme | Area of Development | Proposed Action | Lead Manager | Governance | Timescales |
|-------|---|---|---|------------|------------|
| | | performance and accountability and will be aligned with national and regional drivers. | | | |
| | Systematically embed and evidence the impact of continuous learning and improvement | From complaints, serious incidents and drug and alcohol related deaths. | Sally Lichfield, Head of Involvement and Governance | | |
| | Address improvement priorities emerging from the staff survey | Targeted action plans have been developed at directorate and service levels to address key improvement themes around engagement and senior management feedback. | Hannah Morley, Head of HR | | |

NORTH YORKSHIRE COUNCIL
Care and Independence Overview and Scrutiny Committee
Work Programme 2025/26

Remit: To scrutinise the needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector. Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.

NB: The work programme is under continuous review and items may be rescheduled several times during the year.

Mid Cycle Briefing – Friday 20 May 2025 at 10am

Committee Meeting – Friday 18 July 2025 at 12:30pm

| Subject | Description |
|---|---|
| State of the Nation Annual Update | To include information on key performance indicators and improvement priorities to help identify areas for the committee’s focus over the 2025/26 municipal year – Richard Webb - Director of Health & Adult Services & Michael Harrison - Executive Member for Health & Adult Services |
| Adult Social Care Market Transformation | Update on Care Market development, commissioning and labour market etc – Abi Barron, Jo Waldmeyer and Jo Holland |
| Waiting Well | Overview of Action Plan and Implementation – Karen Gullon & Kate Allanson (and David David) |
| Work Programme | Future work planning for the 2025-26 municipal year |

Mid Cycle Briefing - Monday 15 September 2025 at 2pm

Committee Meeting - Monday 20 October 2025 at 10am

| Subject | Description |
|------------------------------|---|
| CQC Inspection Update | Brief update on next steps following CQC Inspection of the ASC improvement priorities –Richard Webb |
| Adult Social Care Priorities | Update on progress with current 7 ASC priorities and next steps for 2026/27 – Karen Gullon, AD Adult Social Care |
| Extra Care/Supported Housing | Overview of major new procurement framework for Extra Care/Supported Housing – Mike Rudd, Head of Supported Housing |
| Hospital Discharges | Detailed overview on hospital discharges - Josh Lumb, Head of Intermediate Care |
| Work Programme | Future work planning for the remainder of the 2025-26 municipal year |

Mid Cycle Briefing/ Committee Private Workshop – Monday 8 December 2025 (1:30 – 4:30pm)

Joint briefing session with Scrutiny of Health & Executive Member for HAS on 10yr NHS Plan, followed by 1 hour private briefing on CQC Findings

Committee Meeting – Tuesday 27 January 2026 at 10am

| Subject | Description |
|----------------------------------|--|
| ASC Cost Pressures | Update on financial management of ASC cost pressures – Richard Webb, Director for HAS |
| Public Health Annual Report 2024 | Louise Wallace, Director of Public Health |
| HAS Local Account 2024-25 | Richard Webb, Director for HAS & Louise Wallace, Director of Public Health |
| CQC Inspection Outcomes | Update on CQC assessment findings & draft Action Plan – Richard Webb, Director for HAS |
| Work Programme | Future work planning for the remainder of the 2025-26 municipal year |

Mid Cycle Briefing – Monday 2 March 2026 at 2pm

Committee Meeting - Monday 20 April 2026 at 10am

| Subject | Description |
|---|--|
| North Yorkshire Safeguarding Adults Board | NYSAB Annual Report presented by Adrian Green (Independent Chair) |
| Attendance of the Older People’s Champion | 2025-26 Annual Report from the Older People’s Champion – Cllr Caroline Dickinson |
| Living Well Review | Update on outcomes and future plans – Chris Watson |
| Complex Care | Update on the delivery of the ‘Team around the person’ model and multiple disadvantage offer – Elaine Hewitt, Head Mental Health and Specialist Services (Plus Louise Wallace, Karen Gullon & Natalie Smith) |
| Substance Use | Update on Substance Use - Louise Wallace, Director for Public Health with Natalie Smith (Head of Service, HAS Planning) and Angela Hall (Public Health Manager) |
| Hospital Discharges Update | Josh Lumb, Head of Intermediate Care |
| Bi-annual Performance Update | Richard Webb, David David & Leo Beacroft |
| Work Programme | Draft Work Programme for 2026-27 municipal year. |

Possible Future Items:

- Budget/issues associated with high-cost complex care, prep for adulthood etc. – AH/AB/KS
- Extra Care (as part of new procurement and looking at current programme and how dementia village is now part of this),
- Feedback on the ‘Get Britain Working’ Trailblazer
- Update on the expansion of the Council’s Stop Smoking Services
- Feedback on the Council’s ‘Home Care’ trial
- Care Provider Services - quality/performance and developments – MR/KA/RB/AA
- Dementia Diagnosis levels lower than national average – NS/LW/KS/AB/RB/MR/AA