

# North Yorkshire Council

## Care and Independence Overview and Scrutiny Committee

Minutes of the in person meeting held on Monday, 20 April 2026 commencing at 10.00 am.

Councillor Barbara Brodigan in the Chair. Plus Councillors Eric Broadbent, Andy Brown, Caroline Dickinson, Robert Heseltine, David Jeffels, Mike Jordan, Nigel Knapton, John Mann, Heather Moorhouse, Jack Proud, Roberta Swiers, Steve Mason, Andrew Murday and Yvonne Peacock.

In attendance: Councillors Kevin Foster, Stuart Parsons and Andrew Lee.

Officers present: Melanie Carr, Abigail Barron, Josh Lumb, Diane Parsons, Natalie Smith, Chris Watson and Kate Allanson.

Other Attendees: Adrian Green, Olivia Rathbone, Gill Fawcett, Canon Caroline Hewlett and Ashley Robinson

Apologies: Councillors Peter Lacey, Karin Sedgwick, Monika Slater and Robert Windass.

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### Copies of all documents considered are in the Minute Book

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#### 68 Apologies for Absence

Apologies for absence were received from

- Councillor Peter Lacey, substituted by Councillor Steve Mason
- Councillor Monika Slater, substituted by Councillor Peter Murday
- Councillor Robert Windass, substituted by Councillor Yvonne Peacock

#### 69 Minutes of the Meeting held on 27 January 2026

**Resolved** – That the draft Minutes of the meeting held on 27 January 2026 be taken as read and confirmed by the Chair as a correct record.

#### 70 Declarations of Interest

There were no declarations of interest.

#### 71 Public Participation

Four public questions / statements were received as follows:

##### Olivia Rathbone - Arkengarthdale resident

The planned closure of Reeth Medical Centre is not simply a service change. It removes our only locally accessible primary care service.

This is not a failing practice. Reeth Medical Centre has been recognised as one of the highest-performing GP practices in the country. The issue here is not quality—it is the withdrawal of provision. The consequences are predictable.

For many, travelling to alternative practices is not a realistic option, particularly in winter.

Access to routine care will become significantly harder—and for some, effectively unachievable. The closure also removes dispensing services, creating an additional barrier to accessing medication.

Many of those affected are older and clinically vulnerable. Some live in sheltered housing in Reeth and rely on the practice being within walking distance. Without it, they face reduced access to care, worsening health, increased hospital admissions—or being forced to leave their community for higher-cost, council supported care elsewhere.

This is not just a healthcare issue—it will increase demand for adult social care, which this council is directly responsible for funding. That is a foreseeable system impact.

So this is not just about access. It is about system design, cost-shifting, and equity. If patients cannot access primary care locally, they do not disappear from the system. They present later, sicker, and more expensively—through urgent care, hospital admissions, and social care.

If the current process were paused, there are alternatives. In Coniston, an interim GP service has been maintained while a long-term solution is developed. In Rotherfield, Sussex, the community bought the surgery building.

Our community is strong and resourceful. Dales communities already run essential services—from a post office to a filling station and more. We can be part of the solution and help sustain local provision, while reducing pressure on the wider system and on council-funded care. You can give us that chance.

So my question is this - What is the evidence that closing this practice will not lead to higher overall system costs and worse patient outcomes—and on what basis is that risk considered acceptable?

Gill Fawcett - Arkengarthdale resident of  
Please help us save Reeth Medical Centre

There are a lot of people like me that are having sleepless nights. Some are devastated, wondering how they will get their medication or see their doctor, especially the old and those suffering with ME, Fibromyalgia and Long Covid. All this worry will aggravate their health.

I am lucky and can still drive, but with advancing years I may not always be able to remain in the family home of 40 years, that I made with my late husband. Without a doctor I may now have to move away for healthcare, but where would I go?

There are a lot of people that can't drive anymore and who don't have family members living near. There is no public transport. We feel left behind. A neighbour said, 'if there are no doctors, people are going to die'.

Not only are we losing a doctor, but a very good nurse as well. My late husband had to go to see her twice a week to get his leg ulcers dressed. It would take half the day to get to Leyburn or Richmond and back, and in wintertime you may not be able to get home in the snow on these narrow country roads with passing places that don't get treated with salt.

Without the doctor more people will have to use A&E departments. The Memorial Hospital at Darlington is overstretched now with very long waits, without 1600 more people needing to use it more often. By past experience, there are times when you travel all the way to A&E but are not always seen but told to go home and see your own doctor. And if you do have to go into hospital for treatments, will we have to stay in longer? How will they be able to let you home when there is no doctor or nurse nearby to keep an eye on you?

I worry that having to travel long distances will put people off seeking medical help. With elderly farmers that do a dirty job they can contract sepsis that needs treating urgently. Without a doctor close by it's things like that which just won't happen. It is going to end up with loss of life.

These are the type of things we are lying in bed worrying about now. It's been an awful few weeks and we are scared about what comes next. We need your help to keep us safe.

Rev Canon Caroline Hewlett - Reeth resident

I come to this committee knowing that we are both concerned about protecting the most vulnerable people in our communities.

Clergy who go to inner city parishes find that part of the deprivation there is that all essential services have left the area, and they are the only professional left. It may be surprising to hear of deprivation in the beautiful dales, but the loss of our GP practice signals just that.

Our community has a large population of older people, many with complex health needs, who are deeply worried that they will not be able to access even basic healthcare easily. I am deeply worried for them and for what the loss of our medical centre – the doctor, the nursing support, the dispensary - and the role they play in not just for regular medical needs but also as palliative care support and as our volunteer emergency cover – filling the gap until an ambulance turns up.

One of my neighbours lives with Spina Bifida, and has relied on the Medical Centre to keep him alive; another moved here with her ill and immobile husband just a year ago, to live safely in sheltered housing with a GP close by; a friend who lives in Reeth with a serious illness says that she would not be alive and would not have been able to have her children without a careful, local GP service. The doctor's surgery is in the middle of an area where homes have been built for older people. They can be taken there in a wheelchair – the warden can sort their prescriptions. They know help is on hand. As a result, they feel safe.

On a personal note, for the last year, I have been unable to drive for medical reasons, and I know that I and others without cars will not easily be able to access healthcare by public transport, which is very limited, run by volunteers and unable to function in bad weather.

The lack of a GP means that those needing extra care and support through age or long term illness will have no choice but to leave the dale. New people will think twice about moving there, weakening our community and making it unsustainable long term. One elderly couple put their house on the market last week because of the announcement, saying "this is no longer a place where you can grow old."

Please help us halt this process while proper assessments can be done and the impact properly understood. Give my neighbours the chance they deserve to explain their side of the story.

Please use your influence today to protect the most vulnerable members of the community in our part of the Dales. Thank you.

Mr Ashley Robinson - Thwaite resident

As a resident of the Upper Dales and someone who has built a career around data analysis, I have a deep professional respect for evidence. But today, the data I am reconciling isn't just a spreadsheet, it is a map of my neighbours, my friends, and the very real risks they face. I am deeply worried, and by the end of this statement, I believe you will be too.

1. The evidence shows that if frontline medical support disappears from Reeth, the most vulnerable people in Swaledale and Arkengarthdale will be in immediate danger.
2. A Community-Led Data Mission - This data wasn't gathered through a simple online link. It was driven by a community on a mission. We attended markets and gathering

places with paper surveys to ensure the non-tech, the elderly, and the isolated were included. In the Dales, we leave no one behind, and our 80% survey coverage, representing 562 households and 1,268 patients, reflects that dedication and concern.

3. The Facts of Compounded Isolation - Our topline report, which I have submitted to the Committee, provides the full empirical picture. Key "Deserts of Care" include:
  - Arkle Town: We have identified 16 elderly residents aged 75 or older. Crucially, 5 have no car access in a village entirely bypassed by the "Little White Bus."
  - Marrick: 100% of respondents here report that winter travel is "Almost Impossible" due to the 1-in-4 gradient of Marrick Bank.
  - Transport Poverty: Across the dales, 31 elderly households have no access to a car. The ICB's assumption that they can "just go to Leyburn" is a physical impossibility for much of the winter.
4. Clinical Fragility & The Pharmacy Desert - Our population is 26% sicker than the national average. With a 99.4% dispensing rate, Reeth is our lifeblood. Removing this service creates an immediate "Pharmacy Desert" for over 1,200 people.
5. The "In Appetite" Fallacy - In the ICB's latest Board Assurance Framework, Risk C4 (Public Engagement) is rated as "In Appetite" with a score of 12. This means the Board is satisfied with their current controls. But how can this risk be "satisfied" when 31 medically stranded elderly households have been offered zero transport solutions?
6. "People Will Die" - When we asked residents to describe this closure in three words, the most haunting response was simply: "People will die." We need your help to make sure that does not happen.

These are facts. If the ICB has data to refute them, we need to see it. If they don't, they have a duty to gather it. Please exercise your power today: ask the ICB to press pause on this closure while proper checks and balances are done to ensure the life-threatening risks we have highlighted are avoided.

The Chair thanked the members of the public for their contributions to the meeting and confirmed she had recently met with a representative of the ICB, alongside the Chair of the Scrutiny of Health Committee, at which the following had been confirmed:

- The GP at Reeth gave notice on handing back his contract in November 2025. His contract ends on 31 May 2026.
- The ICB had received four expressions of interest, but three had subsequently been withdrawn.
- Information regarding the coming closure was originally advertised online by the GP.
- As the GP had chosen to hand back his contract, the ICB was under no obligation to carry out an impact assessment. However, as a result of the level of concern subsequently raised, the ICB were now looking at the associated risks.
- Formal letters were sent to all patients last week.
- A replacement GP had not been found, so a decision had been taken to disperse the practices' patients to other primary care providers.
- Options for prescription delivery were being looked at.
- The potential for another local GP practice to provide a branch surgery, a few mornings a week was currently being explored.

The Committee noted the deep concern of local residents and agreed this created an urgent adult safeguarding issue in the Reeth area. They also expressed their surprise that the ICB had not recognised the potential impact of the closure of the Reeth Medical Centre and the associated issues, which in their view included:

- Online services were not suitable for the elderly, particularly as the rurality of the area affected digital coverage.
- The lack of public transport – not all patients had access to a car.
- Increased travel time for medical staff resulted in fewer patients being seen in a day.
- The impact on those GP practices required to take on the dispersed patients.
- The potential for an increased need for adult social care provision for some elderly residents as a result of not having access to a local GP and therefore not being able to maintain their independence in their own homes.
- Not just the health and wellbeing of local residents but the sustainability of the whole community in that part of the Dales.

Members welcomed the news that discussions were underway with other local GP Practices, involving Local Councillors and the MP to identify an appropriate solution.

Councillor Andrew Lee, Chair of the Scrutiny of Health Committee confirmed he had been aware confidentially in January 2026 of the planned retirement of the GP and acknowledged the unique challenges faced by small GP practices, particularly financial viability. He drew attention to a planned extraordinary meeting of the Scrutiny of Health Committee to be held on 8 May 2026 in Grinton, to consider resilience and continuity in rural primary care, in the light of the planned closure of Reeth Medical Centre.

The Chair confirmed an invitation had been extended to the whole committee to attend that meeting and expressed her hope that by that time a solution would be found, or at the very least an interim solution whilst the work continued to find a permanent way forward.

In light of their discussions, the Committee

Resolved - That the following recommendation be made to the Scrutiny of Health Committee for their consideration at their extraordinary meeting:

‘The Care & Independence OSC would like to express their extreme concern that any closure of primary health care services in Reeth will have a direct impact on not just access to healthcare in the community but also the cost of delivering social care to those who can no longer remain in their own home and access healthcare. The Care & Independence OSC therefore recommends that the Scrutiny of Health Committee considers whether:

- i. The NHS Humber & North Yorkshire Integrated Care Board should be asked to confirm that, if necessary, interim arrangements will be put in place to allow time for a viable and sustainable local solution to be developed
- ii. Urgent input should be sought from the community to ensure the needs of older and more vulnerable residents are reflected in developing that solution.’

## **72 North Yorkshire Safeguarding Adults Board Annual Report**

Considered – The annual report of the North Yorkshire Safeguarding Adults Board (NYSAB) for 2024-2025.

Adrian Green, Chair of the NYSAB introduced the annual report and drew attention to the Board’s strategic vision and priorities. He went to provide an overview of the work undertaken and its delivery outcomes for the 2024-25 year. This included:

- The Board’s partners and use of local safeguarding partnerships.
- The safeguarding data collected throughout 2024-25 in order to review practice and standards.

- The statistics detailed in the report.
- The events and activity undertaken during two Safeguarding Weeks held in June and November 2024.
- The Safeguarding Adult Review policy refresh, and the number of reviews undertaken (8 legacy reviews and 6 new ones) and the themes emerging from them.
- The work underway on a new delivery plan.
- The new strategic priorities for 2025-28

It was noted that 18% of the desired outcomes of Section 42 Enquires were only being partly achieved, and Members queried when the figures for 2025-26 would be available to see if that percentage changed. In response it was confirmed that the next annual report was likely to be published in late September 2026.

Attention was also drawn to the ethnicity data in the report which showed only a minimum of referred concerns were being raised from within other ethnic groups. Members agreed this needed to be addressed.

Members recognised the potential impact of a GP practice closure on identifying issues within communities. Adrian Green acknowledged that the most trusted gateway for people was a physical gateway such as a PG practice or medical centre. However he drew attention to the growing use of social media and the benefits arising from its use and agreed Councillors could be used as a conduit for sharing information.

In regard to domestic abuse, Adrian Green confirmed the focus of the Board was on those abusers and victims with recognised care needs.

The Chair thanked Adrian Green for his attendance at the meeting, and it was

Resolved – That:

- The report be noted
- The next Annual Report be added to the work programme for the committee's meeting in January 2027

### **73 Living Well Service Review - Update on Outcomes & Future Plans**

Considered – A report of the Corporate Director for Health & Adult Services providing an update on the current position, performance and ongoing review of the Living Well Service.

Chris Watson, Ad for Adult Social Care introduced the report outlining the contribution of the Service to the council's prevention agenda. He confirmed the ongoing review would reaffirm the service's purpose and develop a sustainable operating model.

Members notes the reduction in core services and queried whether it was due to a reduction in budget. In response it was confirmed:

- There had been no uplift in budget for some time and therefore the number of staff had decreased as staff costs had risen.
- The drain on resources of some hidden/unexpected activity e.g. emergency support for those on the cusp of care
- The impact on delivery as a result of a major incident

Councillor Steve Mason drew attention to the planned closure of Cauwood Day Service in Malton and the potential for an additional draw on resources it might bring.

Officers went on to confirm:

- The Service was currently working with individuals on average for 10 weeks, but suggested a longer working period would be beneficial.
- The Community Anchor Organisations had limited core funding so were only able to deliver services to address low level less complex needs. Whereas the Living Well Service was best placed to meet the needs of those with higher levels of complexity.
- The benefits arising from social and nature prescribing.

Members noted the objectives for the three phases of the ongoing Review and agreed they would like a further update once work had been completed to create a Target Operating Model for the next 5 years (Phase 2 Objective).

The Chair thanked officers for their update, and it was

Resolved – That

- i. The update on the Living Well Service Review be noted.
- ii. A further update on the progress of the Living Well Service Review be added to the work programme for the Committee's meeting in October 2027.

## **74 Complex Care Update**

Considered – A report of the Corporate Director for Health & Adult Services providing an update on the three major programmes of work within Health & Adult Services.

Natalie Smith, Head of HAS Planning introduced the report and provided a brief overview of the ongoing work on the three key programmes. In particular attention was drawn to:

- The development of a tool to strengthen practitioners' ability to make complex decisions.
- The four progressive stages of the trauma informed phase approach being introduced to reduce the long-term negative impacts of trauma across the life course
- The Trauma Aware Leadership and Management training being delivered across the organisation.
- The introduction of a new intensive Support Team in early 2026 and the ongoing exploration of a 'Multi-Agency Team Around the Person' approach (MATAP).

Members welcomed the update and were pleased to note the progress made across the three programme areas, in particular the expectation that a finalised model for MATAP would be in place by Autumn 2026

Resolved – That a more in-depth update on the finalised model for MATAP be brought to the Committee's October meeting.

## **75 Hospital Discharges Presentation**

The Committee received a presentation from Josh Lumb, Head of intermediate Care on the performance of the Discharge Hub

Attention was drawn to the four discharge pathways and the Pre Covid vs Post Covid Comparison data. Members noted the annual average increase between 19/20 and 25/26 of 19.9%.

It was confirmed that Pathway 0 included those patients who had a package of care in place prior to going into hospital, who would be returning to the same package of care after discharge.

Members discussed the minimal use of step-up step-down beds across the county, and it

was confirmed that plans were underway to dramatically increase their usage. Attention was also drawn to previously identified transport challenges in the twelve weeks leading up to Christmas, and it was confirmed these had now been resolved.

The committee noted they had been receiving fairly regular updates on discharges and agreed it remained an ongoing challenge for the authority. It was therefore

Resolved - That a further update be provided at the committee's meeting in October 2027

## **76 Older People's Champion Annual Report 2025-26**

Councillor Caroline Dickinson, North Yorkshire Council's Older People's Champion introduced her annual report for 2024-25 which detailed her involvement in the many activities, events, and services available across the county, for the benefit of older people.

Members noted the volume of work undertaken by the Older People's Champion and in particular discussed what more could be done to encourage an increase in the uptake of Pension Credit. They also agreed it would be helpful if the annual report was circulated to all Parish Council's as it would help promote the wide range of activities and events available across the County for older people.

The Chair thanked the Older People's Champion for her work throughout the year, and it was

Resolved – That:

- i. The Annual Update for 2025-26 be noted.
- ii. The Annual Report to be circulated to Parish Councils

## **77 Update on CQC Assurance Action Plan and Future Arrangements**

Considered – A report of the Corporate Director Health and Adult Services providing the Committee with an update on progress following the Care Quality Commission (CQC) assessment of Adult Social Care in North Yorkshire in 2025.

Abigail Barron, Corporate Director for Health & Adult Services introduced the report confirming the Action Plan consolidated all activity arising from the CQC assessment into a single, coherent programme of work.

Members welcomed the integration of CQC actions into existing practice, performance monitoring and assurance activity, to enable the required improvements to be delivered through business as usual and allow progress on those actions to be mapped through the directorate's improvement journey.

Overall, Members were pleased to note progress across the board. In particular:

- The strengthening of the Waiting Well Service
- The improvements to Carers support
- The strengthening of Advocacy capacity through a new contract
- The ongoing inclusion work informed by Rural Health Needs Assessments
- The ongoing work to reduce the delays in information sharing

Members also noted the Council's contribution to shaping future CQC Assurance developments and it was confirmed that work would continue to look at regional and national trends.

The Chair thanked the officer for the update, and it was

Resolved – That:

- i. The progress made against the CQC Action Plan be noted.
- ii. The Directorate's approach to preparing for future CQC assurance be endorsed.
- iii. Future progress updates be added to the Committee's work programme for 2026-27

## **78 Draft Work Programme 2026-27**

Considered – The draft work programme for the 2026-27 municipal year presented by the Senior Scrutiny Officer.

Members took account of the discussions on previous agenda items and agreed to add the following progress updates to their work programme for their meeting on 19 October 2026:

- Development of Living Well Targeted Operating Model
- Development of Multi-Agency Team Around the Person approach (MATAP)
- Hospital Discharges
- Progress against CQC Action Plan

Members also agreed to bring forward their NYSAB Annual Report for 2025-26 to their meeting on 18 January 2027.

Resolved – That the work programme document be updated as above.

## **79 Date of Next Meeting - 22 July 2026**

The meeting concluded at 12.40 pm.