

# North Yorkshire Council

## Scrutiny of Health Committee

Minutes of the meeting held on Monday, 9 March 2026 commencing at 10.00 am.

Councillor Andrew Lee in the Chair plus Councillors Alyson Baker, Nick Brown, Caroline Dickinson, Peter Lacey, David Noland, Andy Paraskos, Clive Pearson, Andy Solloway and Andrew Murday.

Officers present: Edward Maxwell (Senior Democratic Services Officer), and Louise Wallace (Director of Public Health).

Other Attendees: Emma Edgar (Clinical Director, Harrogate District Foundation Trust), Lisa Pope (Deputy Place Director, North Yorkshire), and Matt Spencer (West Yorkshire & Humber Integrated Stroke Delivery Network Manager)

Apologies: Councillors Liz Colling, John Mann, Heather Moorhouse and Rich Maw.

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

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### **642 Apologies for Absence**

Apologies were noted from Councillors Liz Colling, John Mann, Rich Maw, and Heather Moorhouse, with Councillor Liz Colling in attendance virtually.

### **643 Minutes of the Meeting held on 8 December 2025**

That the minutes of the meeting held on 8 December 2026, having been printed and circulated, be taken as read and be confirmed and signed by the Chair as a correct record.

### **644 Declarations of Interest**

Councillor Nick Brown declared a non-registerable interest in relation to Item 9, as a Stakeholder Governor to the Harrogate and District NHS Foundation Trust.

### **645 Progress on Issues Raised**

The Committee considered the report of the Senior Democratic Services Officer, updating on progress on issues and actions raised at the last committee meeting.

**Resolved:** That the report be noted.

### **646 Public Participation**

No public questions or statements had been received.

### **647 Director of Public Health's Annual Report 2024/25**

The Director of Public Health presented the 2024 – 2025 Annual Report, an independent statutory document outlining the health of the North Yorkshire population and the contribution of partnership working to improving public health outcomes. The report highlighted the benefits of collaboration across council functions, wider system partners, and community groups, supported by practice examples and reflections from staff. It also

provided an overview of the recent public health peer review and set out recommendations aimed at strengthening the Council's approach to reducing health inequalities and embedding public health principles across services.

Members discussed the scale and efficiency of partnership arrangements across the health system, and whether multiple forums risked duplication and unnecessary cost. Officers responded that locally based partnership conversations remained essential for applying high-level principles to the needs of communities. The Committee then explored the definitions used within the report, particularly in relation to "poor health", with clarification provided that national survey data and life expectancy measures underpin these assessments. Questions were also raised about the outcomes of community-funded defibrillators, with officers confirming that data is not currently held but could be examined.

The Committee went on to consider the implications of ongoing ICB reorganisation, with officers emphasising the need to maintain strong public health functions, particularly health protection, and ensure effective engagement across the three ICB footprints covering North Yorkshire. Members further sought information on the action plan arising from the Public Health Peer Review, internal efforts to embed a public health approach across services, and opportunities for more locally focused public health reporting. Additional clarification was provided on recommendations concerning public health, devolution and the combined authority, with officers noting the need to understand emerging governance arrangements while emphasising that statutory responsibilities remain with the local authority.

Members also highlighted concerns around funding inequities, border controls for animal disease prevention, and communication with the public on associated risks. The rationale for the council's recently announced investment in vaping products within stop-smoking services was explored in detail, with officers stressing the evidence-based, time-limited nature of their use and the ring-fenced central government funding that supports the intervention. The Committee discussed rising concerns about autism and ADHD diagnosis waiting times, with reference to the recently published Autism Strategy and ongoing work with NHS partners.

**Resolved:**

That the report be noted.

**648 Harrogate Acute Stroke Pilot**

Emma Edgar (Clinical Director, Harrogate District Foundation Trust) and Matt Spencer (West Yorkshire & Humber Integrated Stroke Delivery Network (ISDN) Manager) an update on the Harrogate Acute Stroke Pilot, introduced in March 2025 to address long-standing inequalities in access to hyper-acute stroke care for Harrogate patients. The pilot followed the 2018 centralisation of hyper-acute services, which had left Harrogate without sufficient patient numbers to sustain a safe 24/7 thrombolysis service, resulting in delays and reduced access to life-saving interventions. The new pathway directs suspected out-of-hospital strokes to the nearest hyper-acute stroke unit in Leeds or York, and ensures that in-hospital strokes at Harrogate are transferred directly to a specialist unit. Early outcomes have shown a substantial improvement in access, including a 34% reduction in patients not receiving hyper-acute care, improved transfer performance, and fewer inappropriate admissions to Harrogate. Challenges were also identified, including a 411% increase in Harrogate-origin admissions to York, creating significant sustainability pressures and highlighting a need for future commissioning solutions and governance beyond the current ISDN programme.

Members explored the modelling assumptions underpinning the pilot, noting that the original 2018 intention of a Leeds-centred pathway had not been realised and that the current 50/50 split in conveyances, combined with near-universal in-hospital transfers to York, was placing strain on services. Officers explained the operational and historic reasons for the

imbalance and outlined ongoing work to re-examine patient distribution and system capacity. Discussion then turned to interpretation of performance figures, particularly the phrasing around the reduction in patients not receiving hyper-acute care. Officers clarified that the pilot had significantly increased the proportion of patients receiving appropriate treatment, though further audit work is underway to understand cases still routed via Harrogate, including stroke mimics and TIA (transient ischemic attack) presentations. The Committee noted broader systemic pressures, including limited hyper-acute stroke bed provision and the impact of national funding formulas on rural areas.

Further contributions touched on the potential consequences of York's capacity constraints, the need to preserve patient safety if pilot arrangements were jeopardised, and the implications of the ending of network support roles. Members also discussed the complexities of pre-hospital stroke diagnosis and emerging research that may support more accurate triage in future. Concerns were raised about the adequacy of commissioned hyper-acute capacity across North Yorkshire, with reference to the wider resource challenges facing the ICB. Members agreed that the Committee would write to the Secretary of State, highlighting the impact of rural funding allocations on stroke care. A member also shared positive personal experience of receiving care under the York pathway, emphasising the value of the improvements achieved through the pilot.

**Resolved:** That the report be noted.

#### **649 Humber and North Yorkshire ICB - Verbal Update**

Lisa Pope (Deputy Place Director, North Yorkshire – Humber and North Yorkshire Integrated Care Board (ICB) update on the reorganisation of the ICB, arising from national requirements to reduce organisational running costs and refocus on strategic commissioning. Following consultation, a final operating model has been agreed, with implementation planned from 1 April 2026, and a phased transition over the first quarter of the 2026/27 financial year. The revised structure includes increased locality-level commissioning capacity for York and North Yorkshire, reflecting representations made by local authorities. The ICB's strategic priorities remain centred on narrowing the gap in healthy life expectancy and supporting people to start, live, change, and die well. The new operating model brings together four directorates – Insight and Commissioning Strategy, Clinical Leadership, People and Organisational Effectiveness, and Purchasing and Contracts – supported by programmes of care and three place-aligned matrix teams led by Directors of Commissioning, Partnerships and Engagement. Emphasis was placed on outcome-focused partnership working, strong local relationships, and collaborative approaches across the system.

Members discussed the implications of national consistency in ICB principles and discussed the impact of multiple ICB structures across the country, and the value they bring. Officers noted that national frameworks are interpreted and delivered locally, and that the NHS remains subject to recurring cycles of organisational change. Concern was also expressed regarding the ending of NHS Foundation Trust Governors and Healthwatch UK, with members emphasising the importance of maintaining meaningful routes for patient involvement. Officers recognised the loss of these roles and encouraged the Committee to continue raise its concerns formally, highlighting the continued importance of locality-based commissioning teams in supporting public engagement.

Further issues were raised relating to service pressures in children's and mental health pathways, including deficiencies in the CAMHS crisis team and long waiting lists for ADHD assessments. Officers acknowledged these as significant challenges for the Trust and confirmed they would relay the concerns to Children's Commissioning. The Committee also discussed issues surrounding shared accommodation, continuing healthcare responsibilities and discharge arrangements. Officers confirmed that these are active areas of joint work, with new models being developed to streamline budgets, improve discharge processes and sustain recent improvements in intermediate care.

**Resolved:**

That the update be noted.

**650 Performance Report for Quarter 3 - 2025/26**

Edward Maxwell (Senior Democratic Services Officer) presented a report summarising key public health indicators and service outcomes. Strong engagement with prevention services were highlighted, including continued positive outcomes in the Healthy You programme and consistently high quit-conversion rates in Stop Smoking Services. The report highlighted exceptional performance in the NHS Health Check programme, which achieved its highest six-year Q3 cardiovascular risk-detection figures, and confirms high delivery levels across the Healthy Child Programme with improved breastfeeding rates. Members were invited to note the data and consider potential lines of enquiry for future activity for Scrutiny of Health.

**Resolved:**

That the report be noted.

**651 Work Programme**

The committee's outline programme of work for 2025 – 26 was considered.

**Resolved:** That the committee approves the proposed programme of work, subject to the following additions raised during consideration of the agenda:

- a) The monitoring of delivery against the Peer Review recommendations, as reported at p. 21 of the Director of Public Health's Annual Report 2024 – 25.
- b) A future item to consider the National Child Measurement Programme, and what work Public Health is doing to support Children and Families, considering the significant rise in obesity rates among 4- and 5-year-olds.
- c) The invitation of Yorkshire Air Ambulance to provide a report summarising their work, acknowledging that Scrutiny of Health had no formal oversight role, but endeavouring to provide further information for the committee.

**652 Date of Next Meeting**

Friday 3 July 2026, at 10:00, in the Grand Meeting Room, County Hall, Northallerton, DL7 8AD.

The meeting concluded at 11.35 am.