

Meeting Scrutiny of Health Committee

Venue: The Grand - County Hall

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 Chair who will instruct anyone who may be taking a recording to cease while you speak.

6. Director of Public Health's Annual Report 2024/25 (Pages 13 - 66)

Report presented by Louise Wallace, Director of Public Health.

7. Harrogate Acute Stroke Pilot (Pages 67 - 74)

Report of the West Yorkshire and Harrogate Integrated Stroke Delivery Network.

8. Humber and North Yorkshire ICB - Verbal Update

Verbal report of Humber and North Yorkshire ICB.

9. Any Other Items

Any other items which the Chair agrees should be considered as a matter of urgency because of special circumstances

10. Performance Report for Quarter 3 - 2025/26 (Pages 75 - 82)

Report of the Senior Democratic Services Officer, updating the Committee on current performance data.

11. Work Programme (Pages 83 - 88)

12. Date of Next Meeting

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

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.

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. You may also 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.

Contact Details

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

Friday, 27 February 2026

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North Yorkshire Council

Scrutiny of Health Committee

Minutes of the meeting held on Monday, 8 December 2025 commencing at 10.00 am.

Councillor Andrew Lee in the Chair plus Councillors Liz Colling, Alyson Baker, Nick Brown, Caroline Dickinson, Kevin Foster (as substitute for David Noland), Sam Gibbs, Mike Jordan, Heather Moorhouse, Rich Maw, Clive Pearson, Andy Solloway and Andrew Murday.

Officers present: Edward Maxwell (Senior Democratic Services Officer)

Other Attendees: Gayle Guthrie and Lisa Pope (Humber and North Yorkshire ICB); James Bromiley, Matt Nelligan, and Paul Williams (University Hospitals Tees); Ashley Green (Healthwatch North Yorkshire); Eleanor Nossiter (Airedale NHS Foundation Trust)

Apologies: Councillors John Mann, David Noland, and Andy Paraskos.

Copies of all documents considered are in the Minute Book

630 Apologies for Absence

Apologies were noted from Councillor David Noland, with Councillor Kevin Foster substituting, and Councillors Peter Lacey, John Mann, and Andy Paraskos, with Councillor Peter Lacey in attendance virtually.

631 Minutes of the Meeting held on 3 October 2025

That the minutes of the meeting held on 3 October 2025, having been printed and circulated, be taken as read and be confirmed and signed by the Chair as a correct record.

632 Declarations of Interest

Councillor Mike Jordan declared a non-registerable interest in relation to Item 6, as a member of Sherburn Group Practice Patient Participation Group.

Councillor Liz Colling declared a non-registerable interest in relation to Items 6 and 8, as a member of the Council of Governors of York and Scarborough Hospital Trust, appointed by North Yorkshire Council.

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

633 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.

634 Public Participation

No public questions or statements had been received.

635 Commissioning Optimisation Programme

Lisa Pope delivered a presentation on the Clinical Optimisation Programme, a Humber and North Yorkshire initiative to make NHS services more consistent, efficient, and patient-focused. Early changes included ending routine gluten-free prescribing except in special cases, encouraging food-based alternatives to nutritional supplements, offering cataract patients community optometrist follow-ups, reimbursing dialysis patients who arrange their own transport, and standardising pathology tests. The measures aimed to improve effectiveness and patient choice, while recognising some may feel disadvantaged, so the programme builds in reviews and patient engagement. Overall, it reflects the NHS's wider shift toward community care, prevention, and digital solutions.

Councillors raised questions about the "Right Test First Time" system, particularly in relation to incorrect test requests. It was clarified that the system is intended to ensure the correct tests are ordered, rather than to address the frequency of mistakes. Assurances were also sought on the planned removal of gluten-free prescribing. It was explained that this policy was a legacy from a time when products were less widely available, and that restrictions had already been implemented in North Yorkshire seven years earlier without significant public difficulty.

Councillor Maw raised detailed questions about pathology services in Scarborough, particularly the risks posed by the demolition of the pathology building and the centralisation of haematology in York. He asked about contingencies to maintain uninterrupted blood test services, prevent reduced local access, and whether alternative sites, extended hours, or mobile services had been considered. It was agreed that a written response would be provided after the meeting.

The Committee expressed general support for efficiency measures but emphasised that patient benefit must remain central.

Resolved: That the report be noted.

636 Digitisation of Patient Records – Implementation Review

Gayle Guthrie presented a review of the digitisation of patient records, highlighting progress in moving towards a single, secure digital record system across Humber and North Yorkshire. This initiative is closely tied to the NHS's wider ten-year plan, emphasising the three strategic shifts: care moving from hospitals into community settings, a stronger focus on prevention, and the transition from analogue to digital services. The NHS App was described as the "digital front door" for patients, providing centralised access to health information and appointments, while projects such as Child Protection Information Sharing (CP-IS) are being expanded to strengthen safeguarding. The presentation stressed that digitisation is not only about efficiency but also about reducing inequalities, ensuring digital inclusion, and enabling better information sharing between services to support integrated care.

The Committee considered the digitisation of patient records and associated developments. Members reported their own positive experiences of using the NHS App, noting its usefulness for prescription ordering and physiotherapy referrals, while also recognising the issue of digital exclusion. Questions were raised regarding the National Record Locator, with clarification provided that it is being developed to link regional shared care records within the UK, with testing underway for rollout, but with no current plans for international access.

Concerns were expressed about the workload impact on GPs, who may increasingly see more complex cases as simpler issues are managed online. This was acknowledged as a

result of skill mix optimisation. Members reiterated concerns about digital exclusion, particularly for older residents and those in rural areas which were of particular concern given North Yorkshire's geography and demography, and highlighted examples of patients being charged for written patient histories. It was confirmed that alternative routes such as face-to-face and telephone contact must remain available, and that digital connectivity is a matter for North Yorkshire Council.

Members sought clarification on social care integration, and it was confirmed that social care data is already part of the local shared care record, though the national single patient record remains in early development. Population health management was noted as being supported through separate data agreements, and EPACS was confirmed as part of the shared care record to support end-of-life wishes. Problems with infrastructure and connectivity issues leading to missed telephone appointments, were noted. Members discussed resilience and cyber security, questioning whether a shift to digital represented increased risk, and it was explained that a unified defence model is being implemented with NHS England involvement.

The committee expressed general support for the digitisation strategy, while emphasising the importance of addressing digital exclusion to ensure equitable access.

Resolved: That the report be noted.

637 University Hospitals Tees Strategy Update

The committee received a presentation on the University Hospitals Tees Strategy, which outlined the case for major service change across Tees Valley and parts of North Yorkshire. The strategy is driven by longstanding staffing challenges, an ageing population, and significant estate issues, particularly at University Hospital North Tees. Proposals include expanding community-based care such as "Hospital at Home," consolidating some specialist services, and developing elective hubs to reduce waiting lists, alongside a phased approach to integration and reform. Estates redevelopment was highlighted as a critical dependency, and extensive engagement and consultation with stakeholders will form a central part of the process.

The Committee considered a range of issues in relation to the strategy presentation. Members raised the importance of Friarage Hospital, noting its history and current role, and expressed concern about reliance on community capacity within the "hospital at home" model. It was reported that this approach has delivered positive outcomes for frail patients and is planned for expansion in partnership with social care, with specific proposals for Friarage to follow. Members also highlighted the need for adequate parking and EV charging in future estate developments, which was acknowledged as a priority with ongoing investment.

The Committee discussed the challenge of integrating staff cultures across previously competitive trusts, with recognition that this is a long-term but essential task. Members asked how patient needs are assessed, and it was explained that methods include public health analysis, collaboration with Healthwatch, and demand data analysis, alongside a strategic focus on unmet need in deprived and rural areas. Concerns were raised about the burden of travel for care and the importance of local provision, with emphasis that travel analysis must consider cost, mode, and timing to avoid disadvantaging those without car access.

Staffing challenges were also discussed, with acknowledgement of historic recruitment difficulties but confidence that group working, university partnerships, and medical school plans will strengthen resilience. Overall, the Committee expressed support for the strategic direction while emphasising the importance of addressing access, staffing, and community capacity. The presentation was welcomed, and future updates were requested.

Resolved: That the report be noted.

638 Healthwatch Update

Ashley Green presented a report from Healthwatch North Yorkshire, which outlined its current role as an independent voice for patients and communities, and the implications of national proposals to abolish local Healthwatch bodies and transfer their functions to integrated care boards and local authorities. The update highlighted ongoing uncertainty about future arrangements, while emphasising the risks of losing independent scrutiny and public advocacy, particularly for excluded groups. Healthwatch North Yorkshire is continuing its core activities and partnership work, and stressed the importance of maintaining an independent organisation to ensure patient voices are heard in service planning and delivery.

The Committee considered the future of Healthwatch and raised concerns about unclear guidance, funding, and how its current role in independent scrutiny, engagement with hard-to-reach communities, and proactive work such as care home visits would be maintained. Members warned that losing Healthwatch's independent voice could reduce accountability and transparency, noting its wide engagement reach across thousands of residents and communities. Suggestions that the NHS App could replace Healthwatch as a feedback mechanism were criticised as excluding those without digital access.

Discussion also covered the current funding model, which is based on allocations via local authorities but remains uncertain, and Healthwatch's independence despite government funding was reaffirmed. Members strongly supported its grassroots approach, arguing that ICBs would struggle to replicate this. Questions were raised about how ICBs and councils could take on Healthwatch's functions without dedicated resources, and the Committee expressed a strong desire to retain independent oversight.

The Committee noted Healthwatch's annual budget of £180,000 supporting five staff, and agreed to write to relevant bodies to express its concerns, reaffirming its support for Healthwatch and its independent role in ensuring local voices are heard, concluding that its loss would be detrimental to accountability, transparency, and care quality. It also agreed separately that a Motion would be brought to Council in March 2026, asking the Council as a whole to express its support.

Resolved: That the committee write to the Secretary of State for Health and Social Care, expressing its strong support for Healthwatch York and North Yorkshire, stressing its vital independent role in amplifying local voices, especially those facing exclusion, and urging the Secretary of State to reject proposals for its abolition.

639 Airedale Hospital Update

The Chair decided that, due to technical problems with the hybrid meeting arrangements, to defer this item and instead pass the presentation to members directly. Officers agreed to pass on any questions and ensure written answers were provided to the Committee.

Resolved: That the item be deferred.

640 Work Programme

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

Resolved: That the committee approves the proposed programme of work

641 Date of Next Meeting

Monday 9 March 2026, at 10:00, in the Grand Meeting Room, County Hall, Northallerton,
DL7 8AD.

The meeting concluded at 12.10 pm.

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North Yorkshire Council

Scrutiny of Health Committee

9 March 2026

Progress on Issues Raised by the Committee

1.0 PURPOSE OF REPORT

- 1.1 To advise Members of progress on issues which the committee has raised at previous meetings, and of other activity and joint working.

2.0 BACKGROUND

- 2.1 This report will be submitted to the committee as required, listing the committee's previous resolutions and/or when it requested further information to be submitted to future meetings. The table below provides a list of issues which were identified at previous committee meetings, and which have not yet been resolved. The table also indicates where the issues are regarded as completed and will therefore not be carried forward to this agenda item at the next committee meeting.
- 2.2 The committee is asked to consider whether any further follow-up is required.

	Date	Minute number and subject (if applicable)	Committee resolution or issue raised	Comment or date required	Complete?
1	8 December 2025	638 – Healthwatch Update	Agreement to submit Motion to meeting of Council on 18 March 2025	Motion submitted	Complete.

3.0 OTHER MEETINGS

- 3.1 [West Yorkshire Joint Health Overview and Scrutiny Committee](#). Two members of Scrutiny of Health sit on the WY JHOSC, which brings together West Yorkshire authorities to provide an overview of the West Yorkshire and Harrogate Health and Care Plan and the work of the various boards that form part of the overall governance arrangements for the West Yorkshire and Harrogate Health and Care Partnership.
- 3.2 The following meetings have taken place since the last Scrutiny of Health meeting, and agendas and papers are available at the links below, along with headline issues which were discussed. Members may wish to consider opportunities for joint working, or cross-ICB issues that require further scrutiny.
- a) [25 February 2026](#)
 - a. Proposed Place Provider Partnerships
 - b) [10 December 2025](#)
 - a. West Yorkshire Integrated Neighbourhood Health Update
 - b. Autism and ADHD assessments

c. Winter Preparedness

4.0 FINANCIAL IMPLICATIONS

4.1 There are no significant financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no significant legal implications arising from this report.

6.0 EQUALITIES IMPLICATIONS

6.1 There are no significant equalities implications arising from this report.

7.0 CLIMATE CHANGE IMPLICATIONS

7.1 There are no significant climate change implications arising from this report.

8.0 RECOMMENDATIONS

8.1 It is recommended that the committee:

- a) notes the report;
- b) considers whether any of the points highlighted in this report require further follow-up.

APPENDICES:

None.

BACKGROUND DOCUMENTS:

None.

Barry Khan
Assistant Chief Executive, Legal and Democratic Services
County Hall
Northallerton
27 February 2027

Report Author: Edward Maxwell, Senior Democratic Services Officer.



North Yorkshire Council

Scrutiny Of Health Committee

9 March 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 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 Service 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 That the Committee notes the content of the Director of Public Health Annual Report 2024-2025.
- 10.2 That the Committee considers the recommendations made within the report and how these relate to the whole local authority.

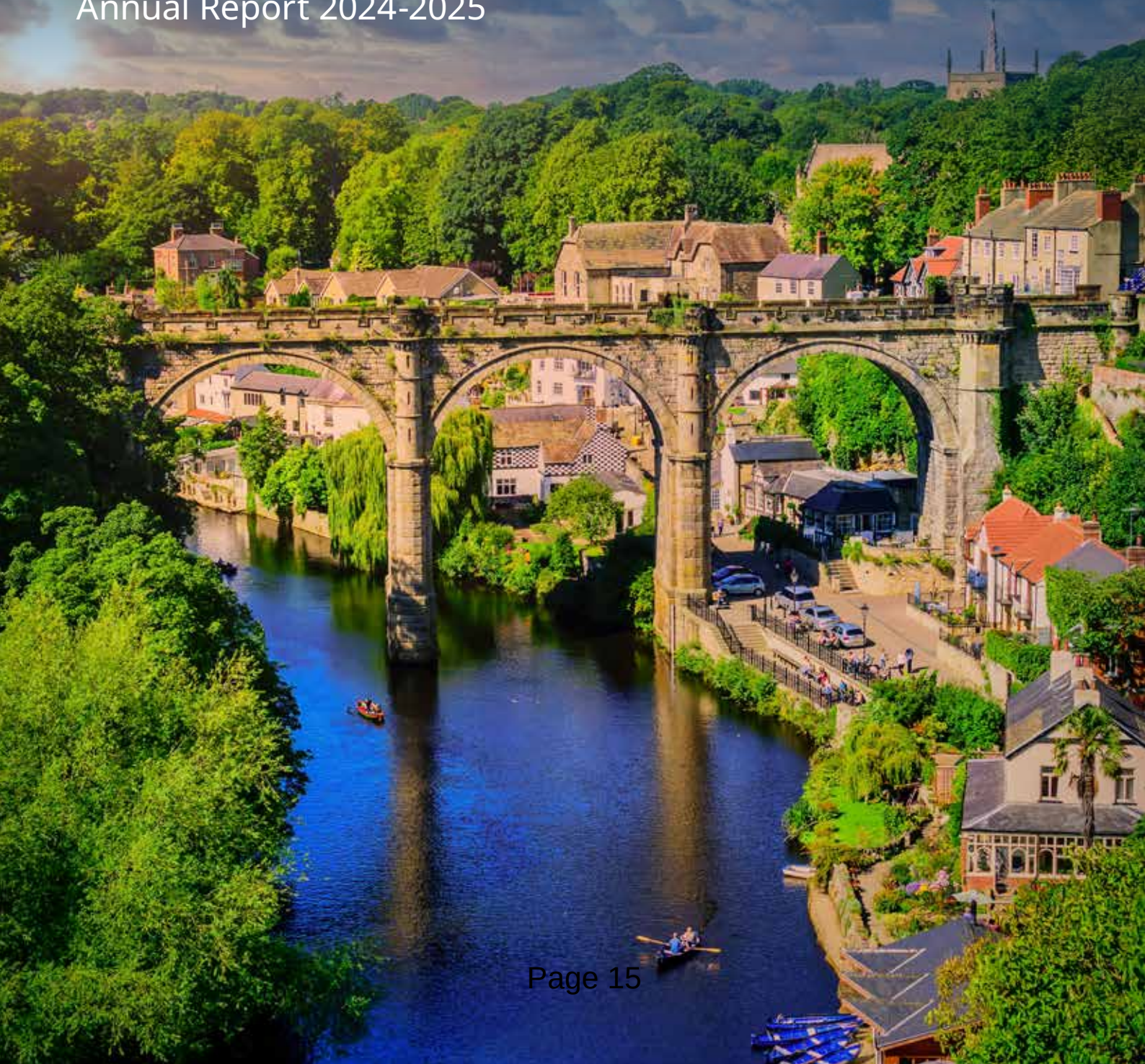
Louise Wallace
Director of Public Health

County Hall
NORTHALLERTON
23 February 2026

APPENDIX: Director of Public Health Annual Report 2024-2025 'Working together for North Yorkshire': [Director of Public Health annual report 2024 to 2025 | North Yorkshire Council](#)

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

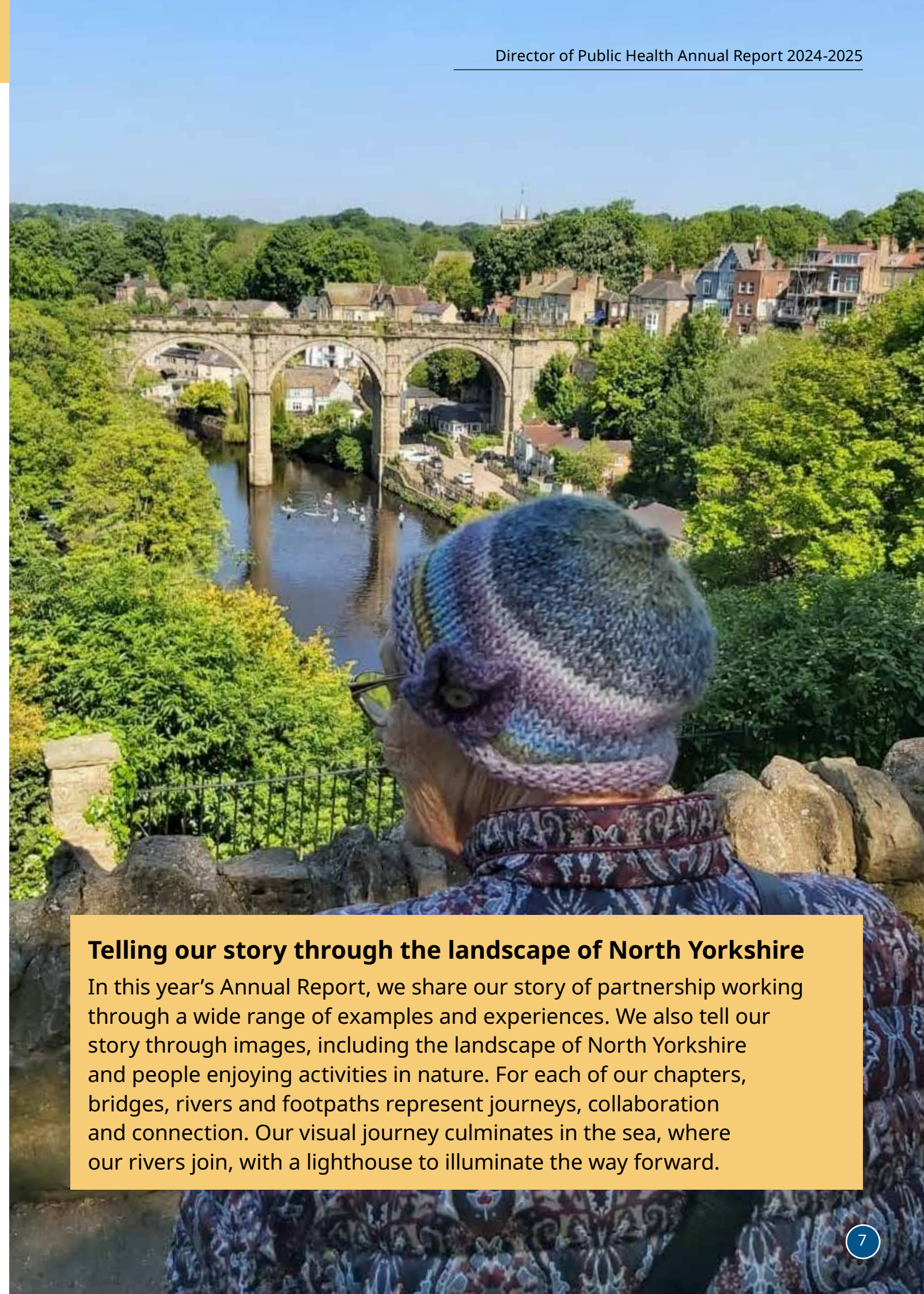
shared priorities and clear objectives, the whole really does become greater than the sum of its parts. This approach not only makes sense for the public purse, it delivers better outcomes for our residents and this, of course, is our core purpose.



Councillor Michael Harrison, Executive Member for Health and Adult Services

Report authors:

- Louise Wallace, Director of Public Health
- Shanna Carrell, Involvement and Governance Manager
- Emma Davis, Public Health Principal
- 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:



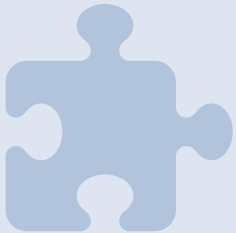
Internal partnerships - highlighting how Local Government Reorganisation (LGR) has enabled more joined-up working across council services, from housing and planning to education and environmental health.



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.

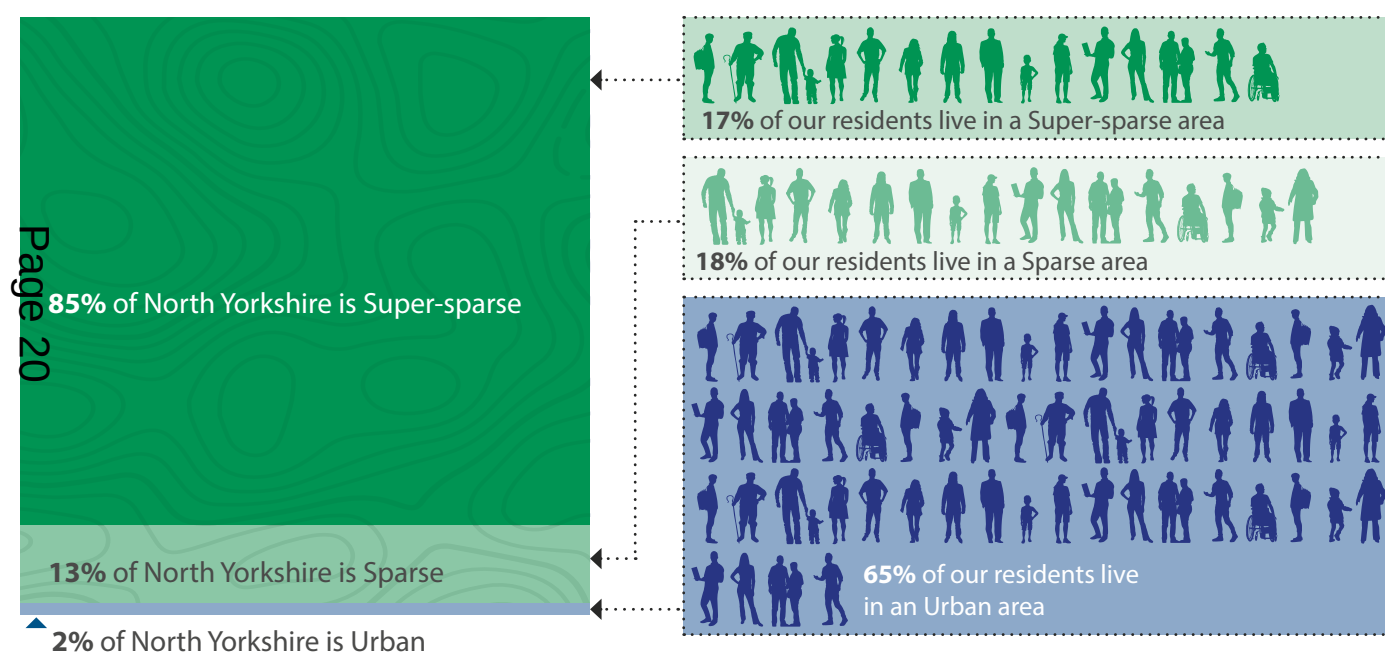
This report is both a reflection and a call to action. It invites all of us - across sectors, services, and communities - to continue building the relationships that make North Yorkshire a healthier, fairer place to live because when we work together, we can achieve more than any one organisation could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

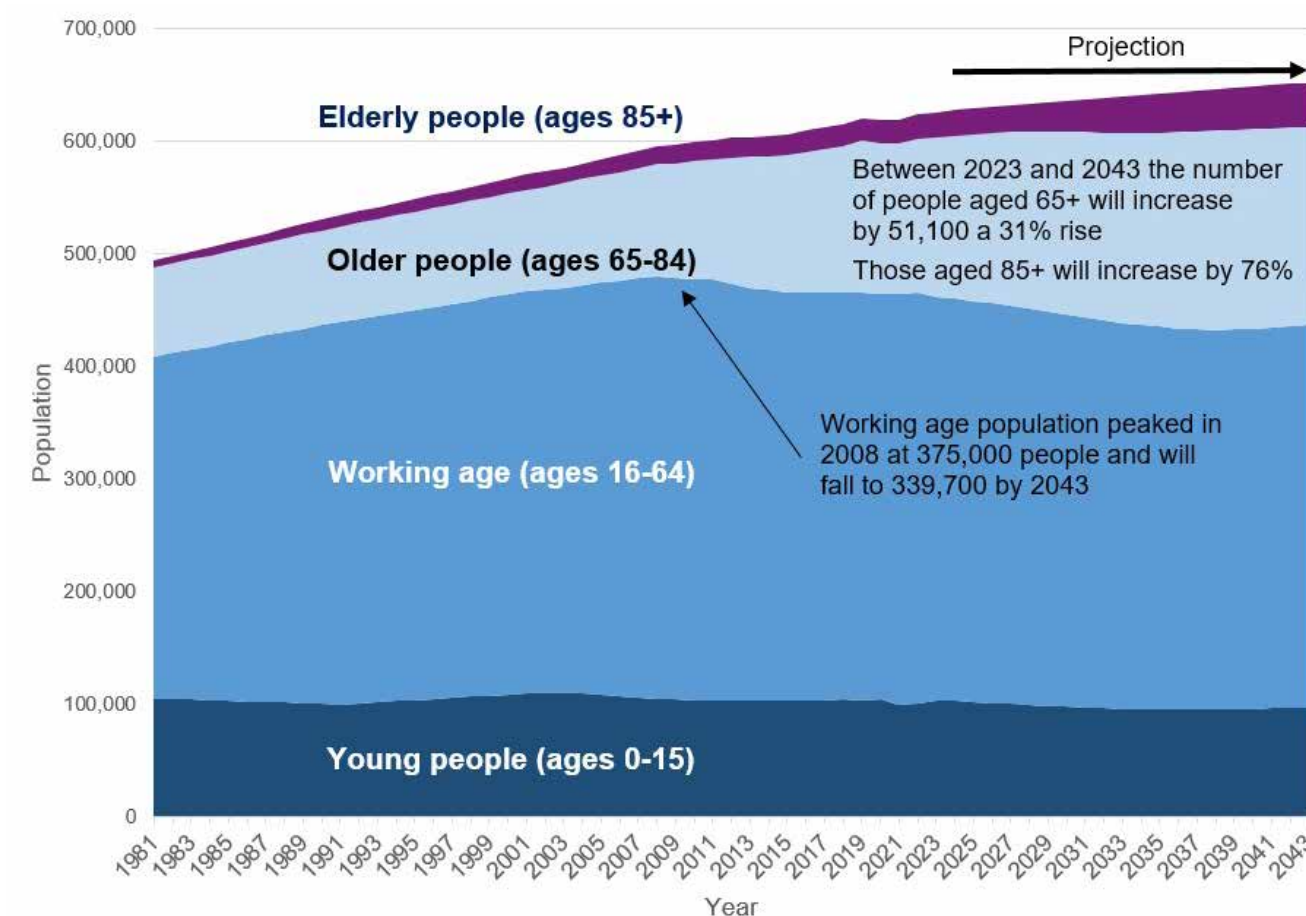
The population is spread across a mix of rural, coastal, and market town communities, each with distinct characteristics and needs. 35% of residents live in rural areas classified as 'sparse' or 'super-sparse', and this rurality presents challenges such as access to services, digital connectivity and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

North Yorkshire population dispersal²



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:



Men:
80.2 years



Women:
83.8 years

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



Men: 63.8 years
(15.6 years in
poor health)

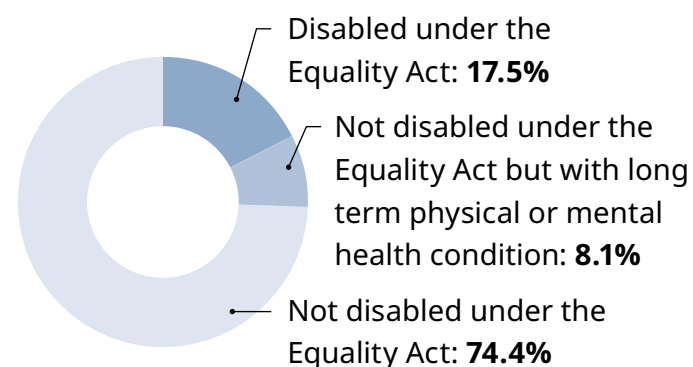


Women: 64.6 years
(19.2 years in
poor health)

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)

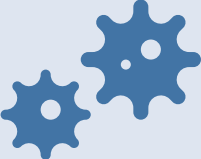
⁴ [Health and Social Care Act 2012](#)

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:

Infectious disease control
(e.g. outbreak management, immunisation programmes)



Emergency preparedness and response (e.g. pandemics, natural disasters)



Environmental health (e.g. air and water quality, food safety)



Regulatory enforcement (e.g. health and safety laws, trading standards)



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

Partners:

- National:

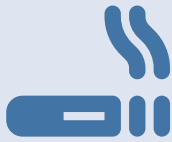
 - UK Health Security Agency (UKHSA) - leads on infectious disease control and emergency response
 - Department of Health and Social Care (DHSC) - policy and strategic oversight
 - Environment Agency - environmental hazards
 - Food Standards Agency (FSA) - food safety
 - Defra - animal health and zoonotic 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:

Health promotion (e.g. campaigns on smoking cessation, physical activity)



Reducing health inequalities (e.g. targeted interventions for most at risk groups)



Addressing social determinants of health (e.g. housing, education, employment)



Community engagement (e.g. co-producing solutions with local populations)



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:

- 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.

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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.



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.



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.

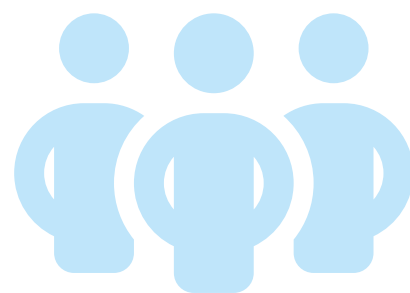
Our input into [regeneration projects](#), such as the Selby Park and Castlegate Norton schemes, has helped shape designs that support wellbeing and reduce inequalities. These partnerships have also raised awareness of how Public Health can add value to place-based work and created stronger connections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

Living Well
Smokefree



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](#).



Yes
to a smokefree future

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:

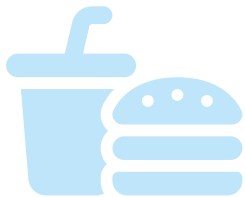
- NYC Occupational Health delivered checks to NYC staff across council sites including depots, offices, and care homes.
- YOURhealth (Humber Teaching NHS Foundation Trust) delivered checks to non-NYC workplaces, focusing on Scarborough and Ryedale due to the high levels of deprivation.

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.

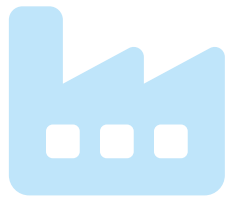
This inclusive delivery model engaged staff from a wide range of industries:



Care & support



Hospitality



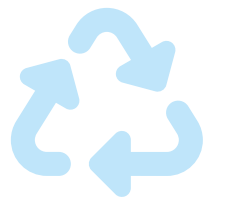
Manufacturing



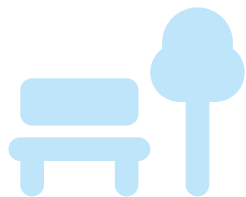
Highways



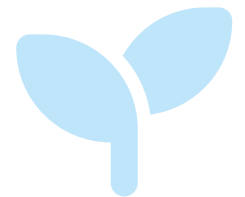
Transportation



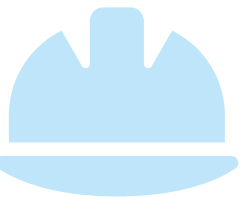
Household waste & recycling



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

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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

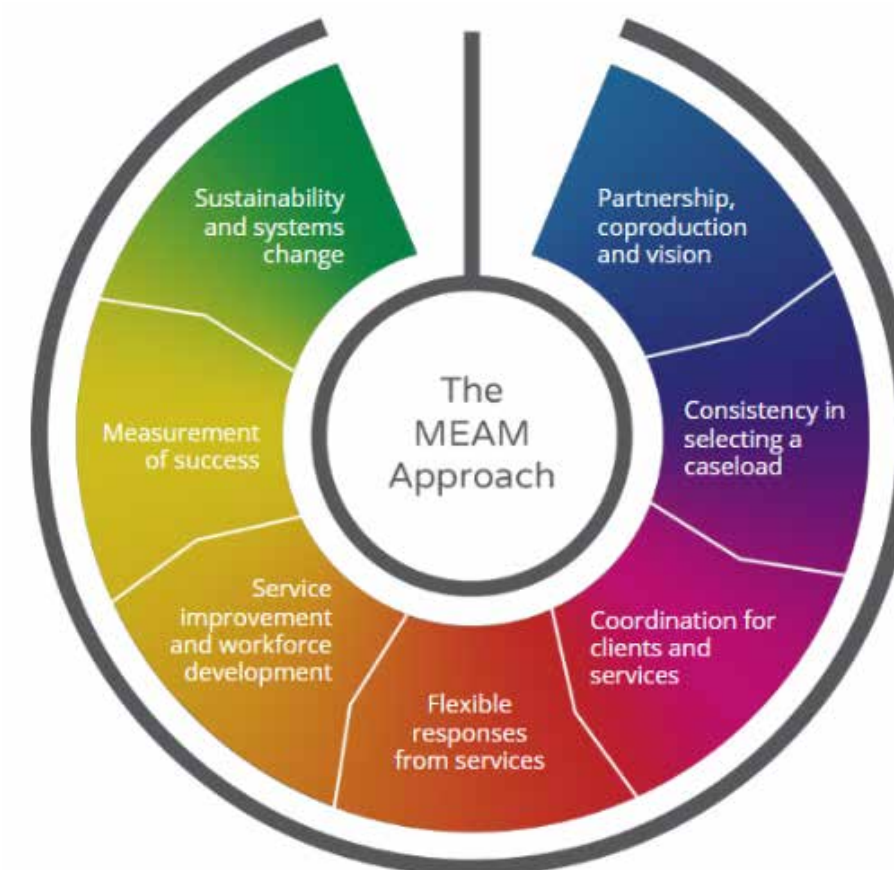
What we’re working on

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.

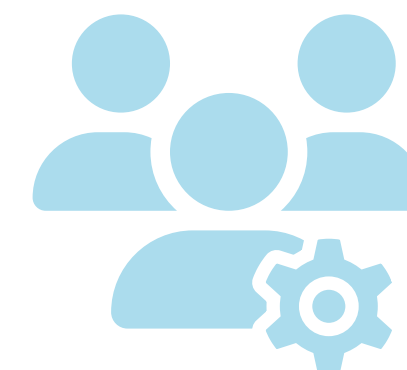


Who we’re working with

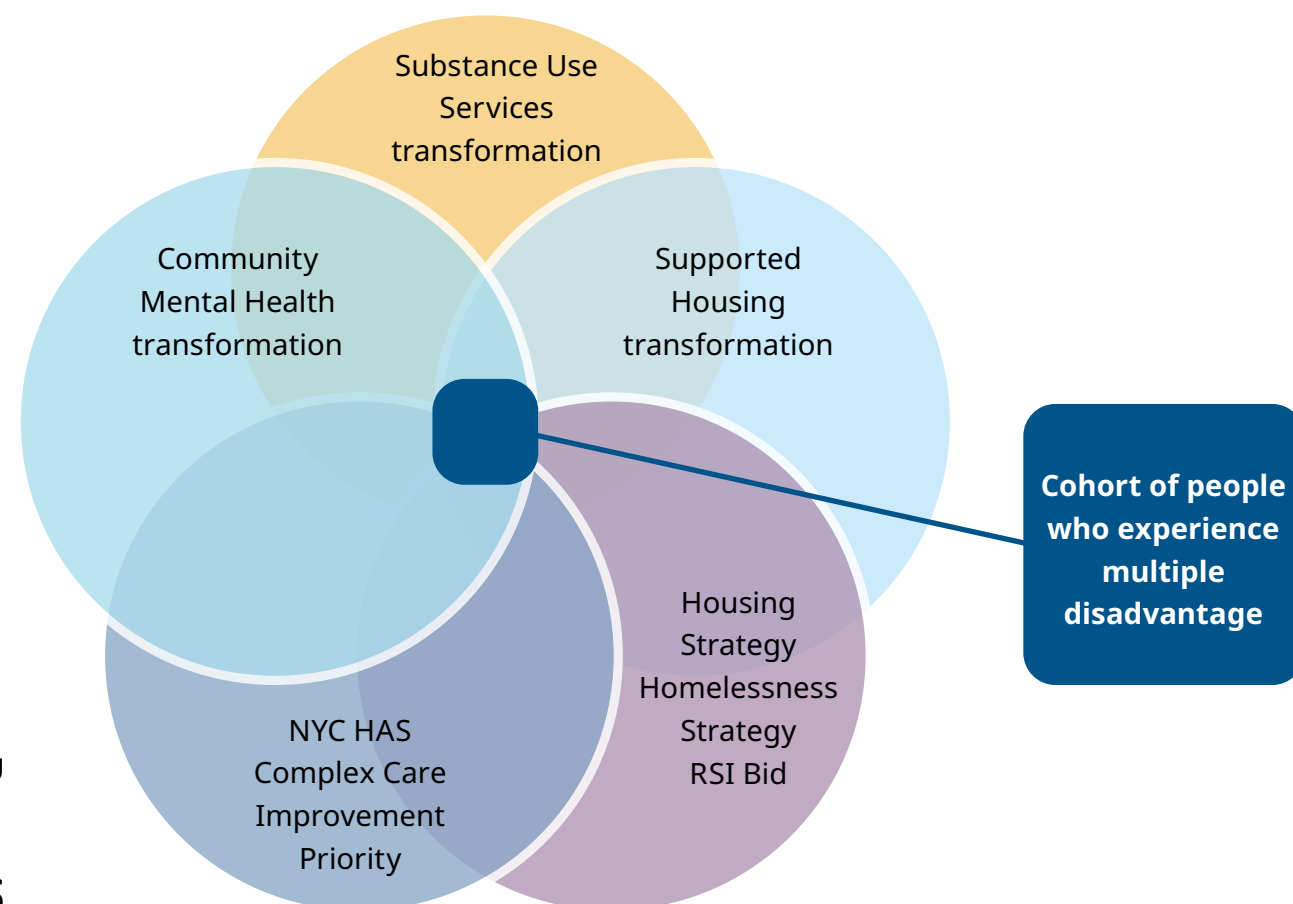
The initiative brings together a wide range of partners across the council and the wider system, including:

- 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



Population

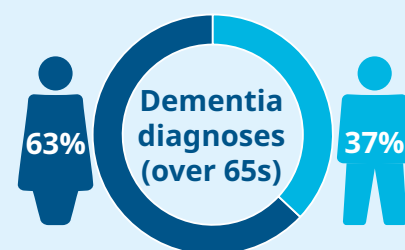
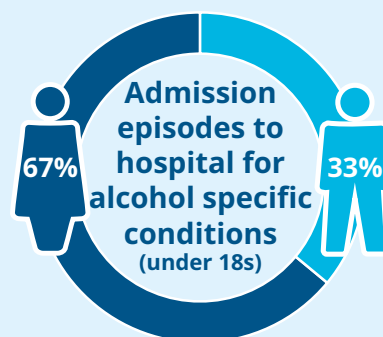
51% (313,815) of the population are female

Life expectancy



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

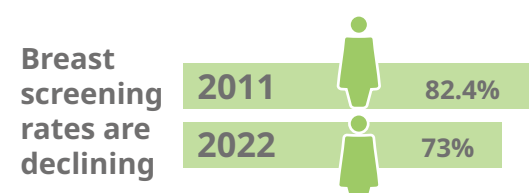


Twice as many women (over 65) have hip fractures compared to men



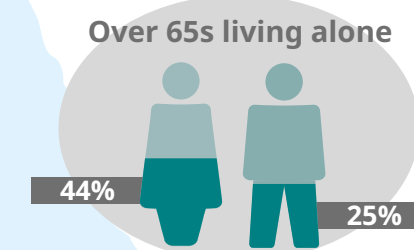
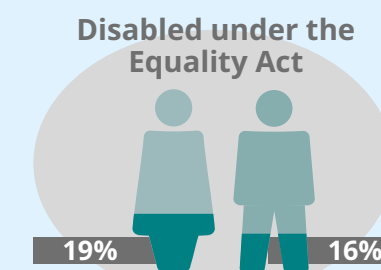
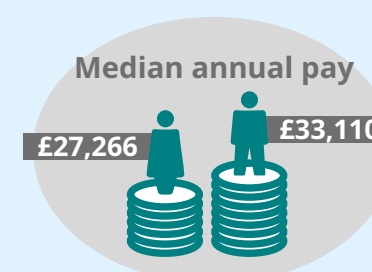
Health protection

- 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)



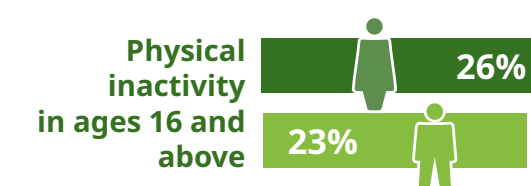
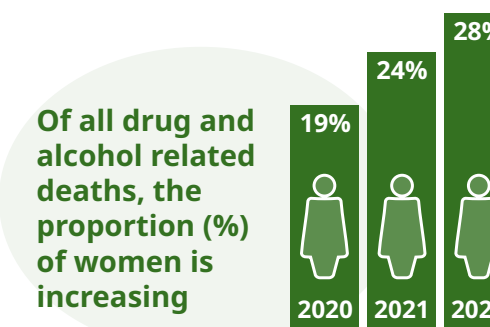
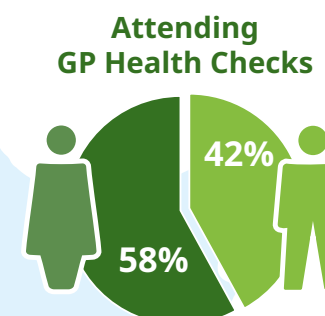
Wider determinants of health

- 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



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



On 15th October 2024, the first North Yorkshire's Women's Health Event took place. This was a significant milestone that brought together partners from across the system to focus on women and girls' health in its broadest sense.

The event saw participation from 138 attendees representing various organisations, including a range of teams and organisations spanning NHS, local authority, independent sector and voluntary and community sector e.g. IDAS, Health Equity North, Screening and Immunisation Team, YorSexualhealth, Community First Yorkshire, Humber and North Yorkshire ICB, St Giles Trust, North Yorkshire Police, Sheffield Hallam University, Foundation Housing, Bradford VCS Alliance, Tees, Esk and Wear Valleys NHS Foundation Trust, Healthwatch North Yorkshire.

The evaluation highlighted the event as a huge success in fostering networking and collaboration, with attendees appreciating the inspirational speakers and the impactful sessions on lived experiences and shocking health disparities, and a desire to take action to make a difference.



Quotes from Attendees:

“The event had a real buzz and the number of conversations continuing after the close suggests it will have lasting impact.”

"The enthusiasm and willingness to work together to tackle these issues is unwavering."

"The data and facts were truly shocking, the disparities between male and female health are really disappointing."

"This was one of the best events I have attended in a long time... What a wonderful opportunity to attend an event FOR women, WITH women."

"I'm going to tell everyone I work with about this event and work out what we can do to help! Fantastic-thanks so much for organising!"

The North Yorkshire's Women and Girls' Health Survey was launched at the North Yorkshire Women's Health Conference. With 1679 survey responses received from across all age groups and communities, the data informed the establishing of 10 priorities, with the next stage focusing on accelerating action across those priorities (see below).

Who we're working with

Following the event, a North Yorkshire women and girl's health network for professionals was established to maintain momentum, encourage collaboration, inform practice and help and provide leadership within the partner organisations. The organisations involved in the network are Humber and North Yorkshire ICB, West Yorkshire ICB, North Yorkshire Council, York and Scarborough Teaching Hospitals NHS Foundation Trust, North Yorkshire Police, The Big Strong Girls Club, pharmacies, General Practice, South Tees NHS Foundation Trust, Health Equity North, Sheffield Hallam University, Community First Yorkshire, Ministry of Justice, North Yorkshire Connected Spaces, Bradford VCS Alliance, Foundation Housing, Healthwatch North Yorkshire, North Yorkshire Horizons, Tees, Esk and Wear Valleys NHS Foundation Trust and many more!

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



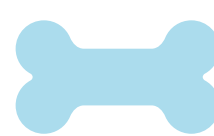
Physical activity



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.

"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.

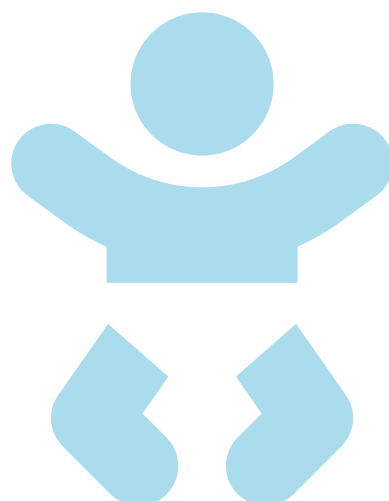
Additionally, the experience provided a wonderful platform for networking. I had the privilege of connecting and collaborating with individuals whom I may not have otherwise had the opportunity to meet and work together in partnership."

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.



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.

"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.





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

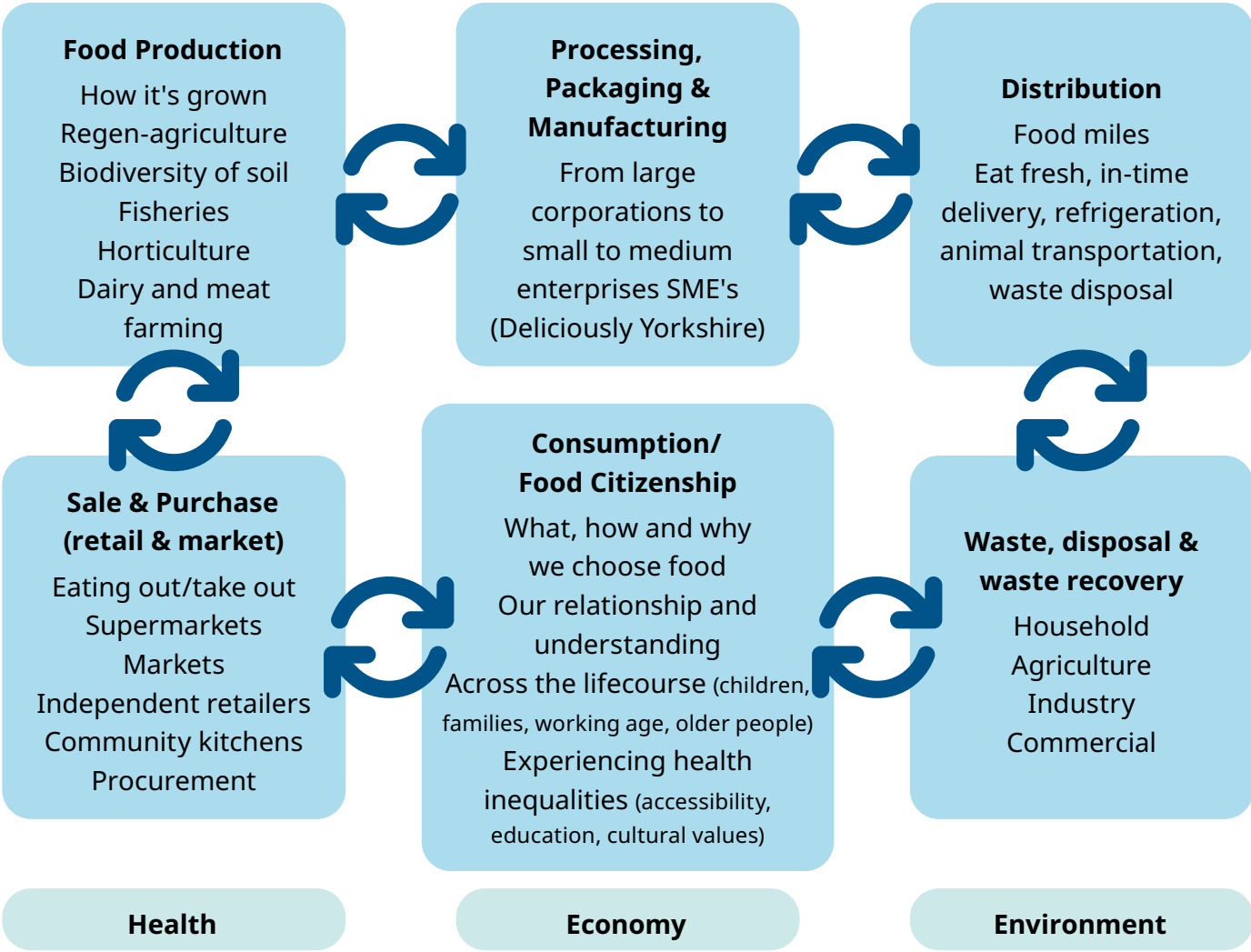
The Framework is being developed through a whole-system approach. While Public Health facilitates the process, the vision and actions are shaped by a wide network of partners. Internally, this includes teams across planning, procurement, education, economic development, sustainability, and environmental 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.

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.

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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.

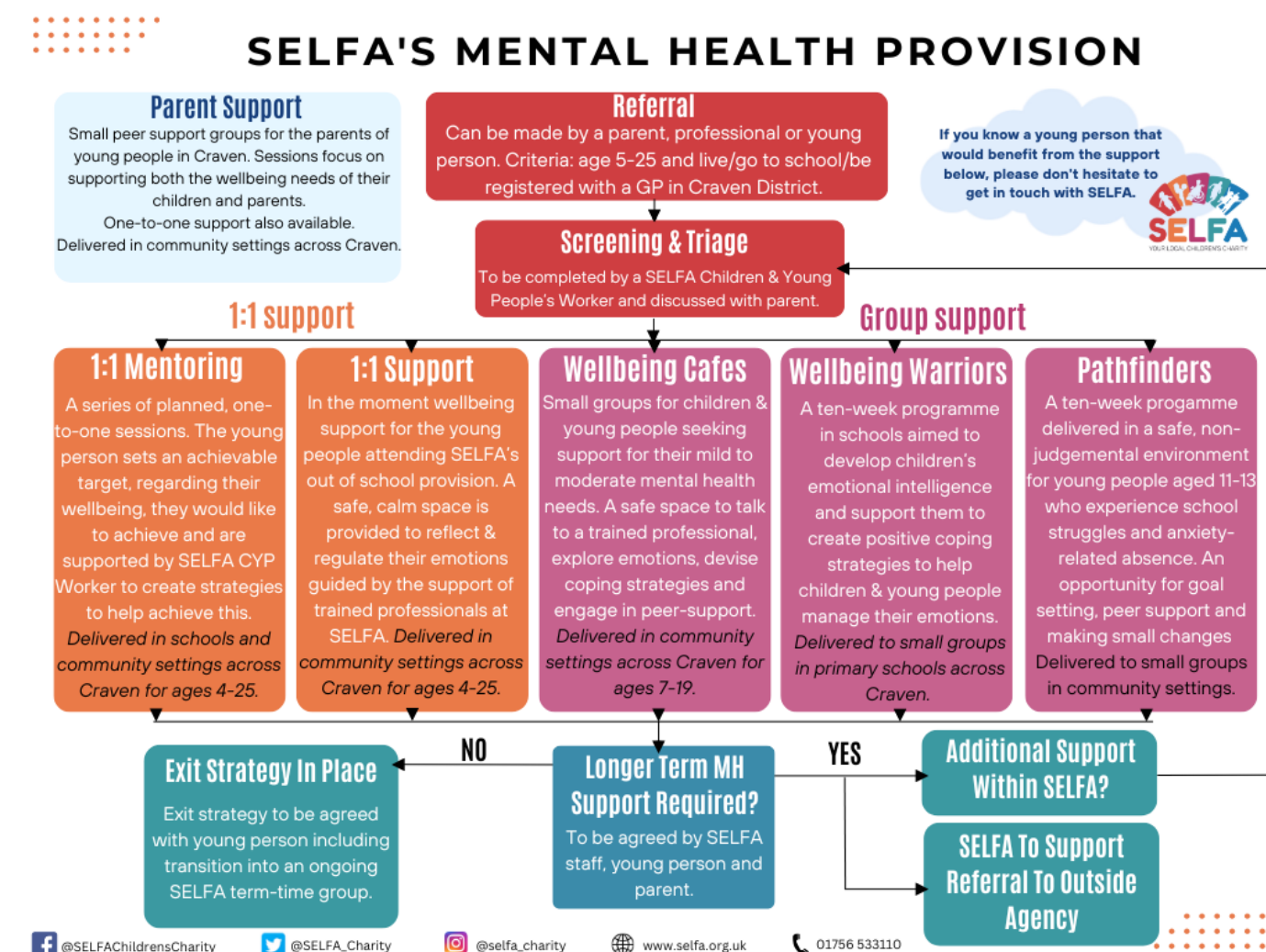
Children and young people's mental health and wellbeing

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.

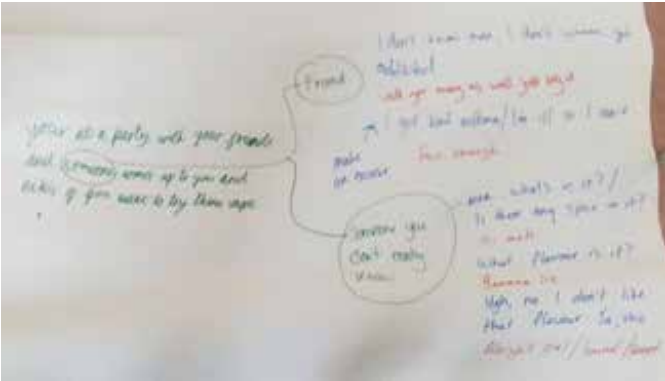
Young people in North Yorkshire have emphasised the importance of the PSHE curriculum, specifically the value of co-produced resources around vaping and nicotine for secondary schools.

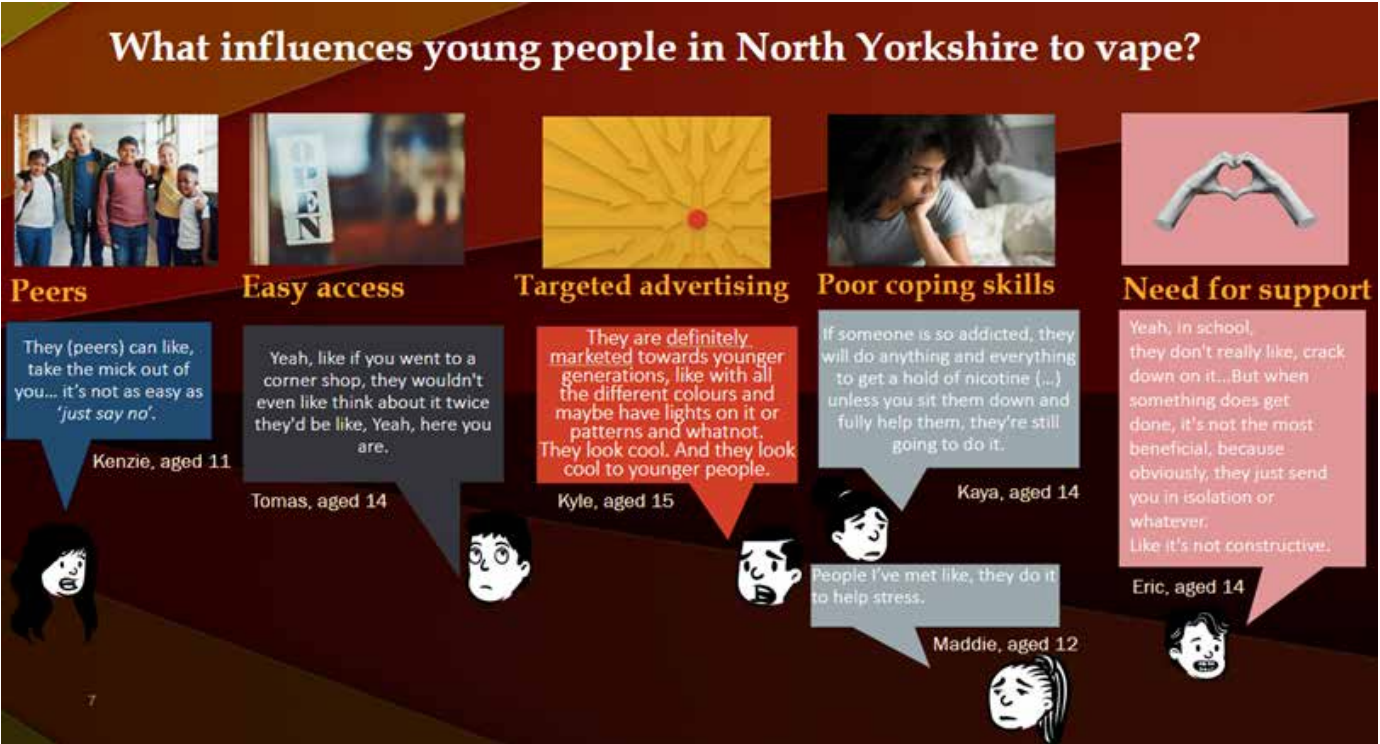
Who we're working with

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.



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.

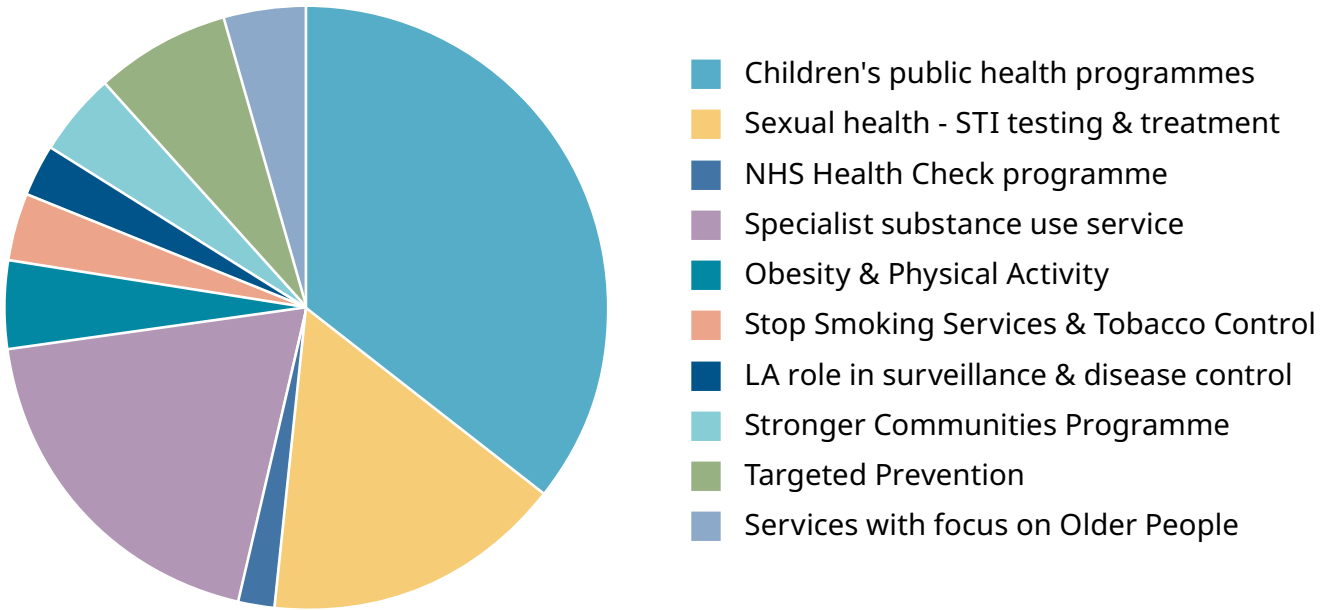
There has been a real term reduction in public health grant: 20%+ on a real-terms basis since 2015/16. The funding settlement in 2025/26 means North Yorkshire will receive £41.33 per head of population. Kensington and Chelsea receive £159.60, and Westminster £135.06. If North Yorkshire Council had the 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.



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:

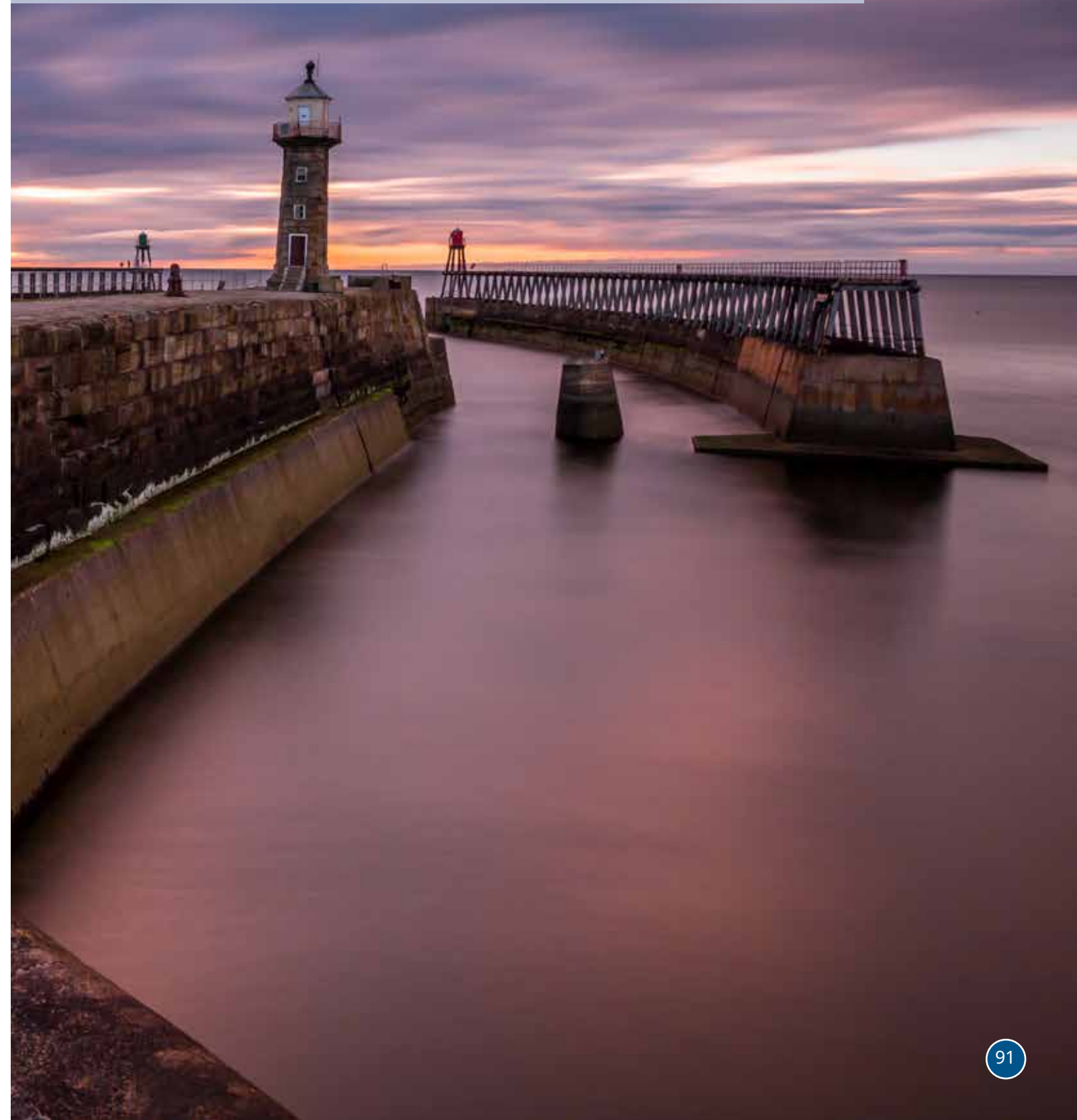
- IDAS (Independent Domestic Abuse Services)
- Foundation
- North Yorkshire Police
- North Yorkshire Council Health & Adult Services
- St. Giles Trust

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.

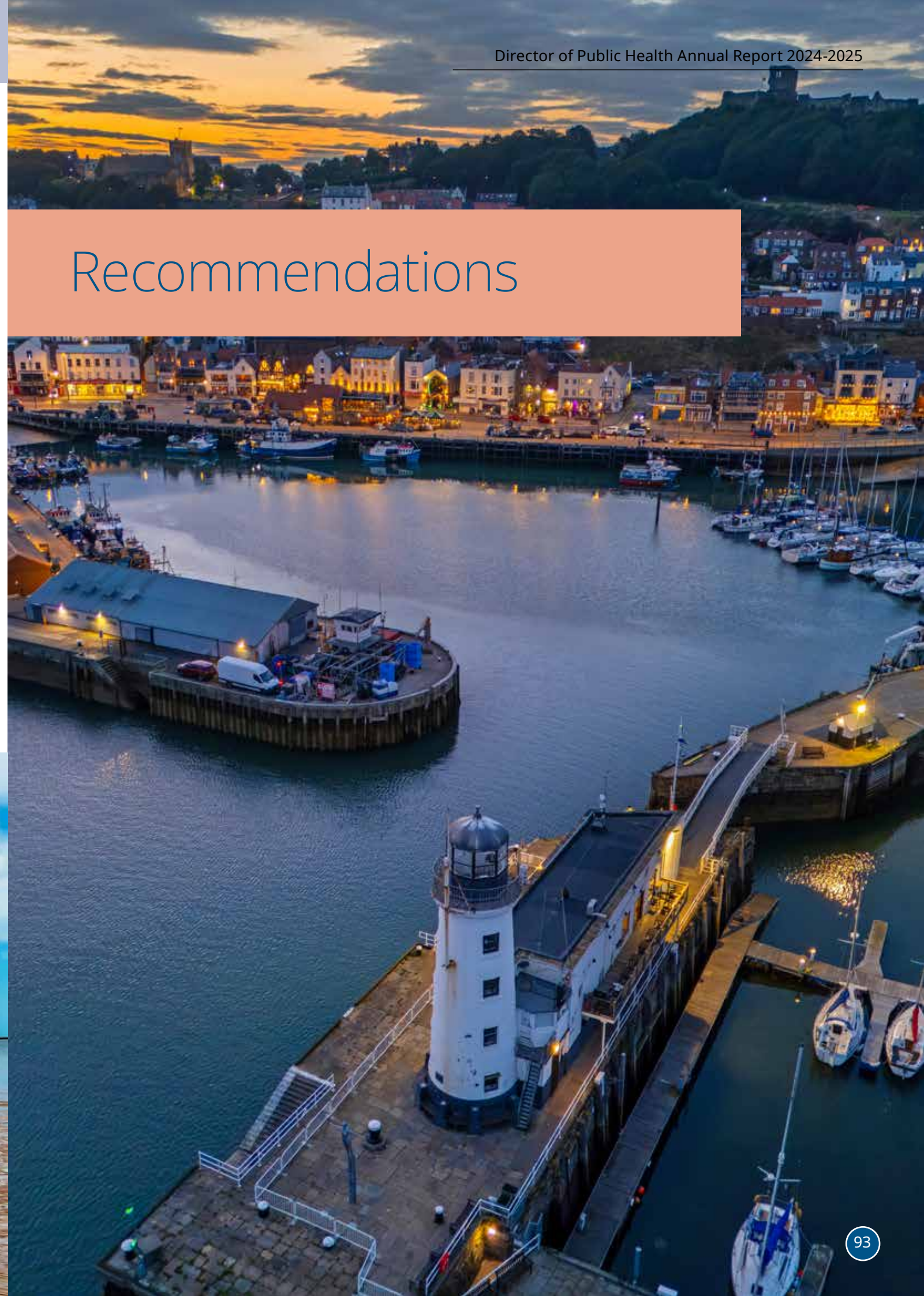
In this report there are many examples of this in action across North Yorkshire.

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.

Recommendations



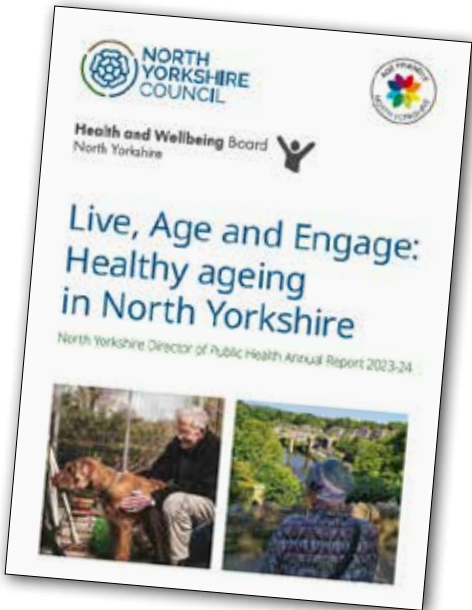
Recommendations

- 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.
- 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.

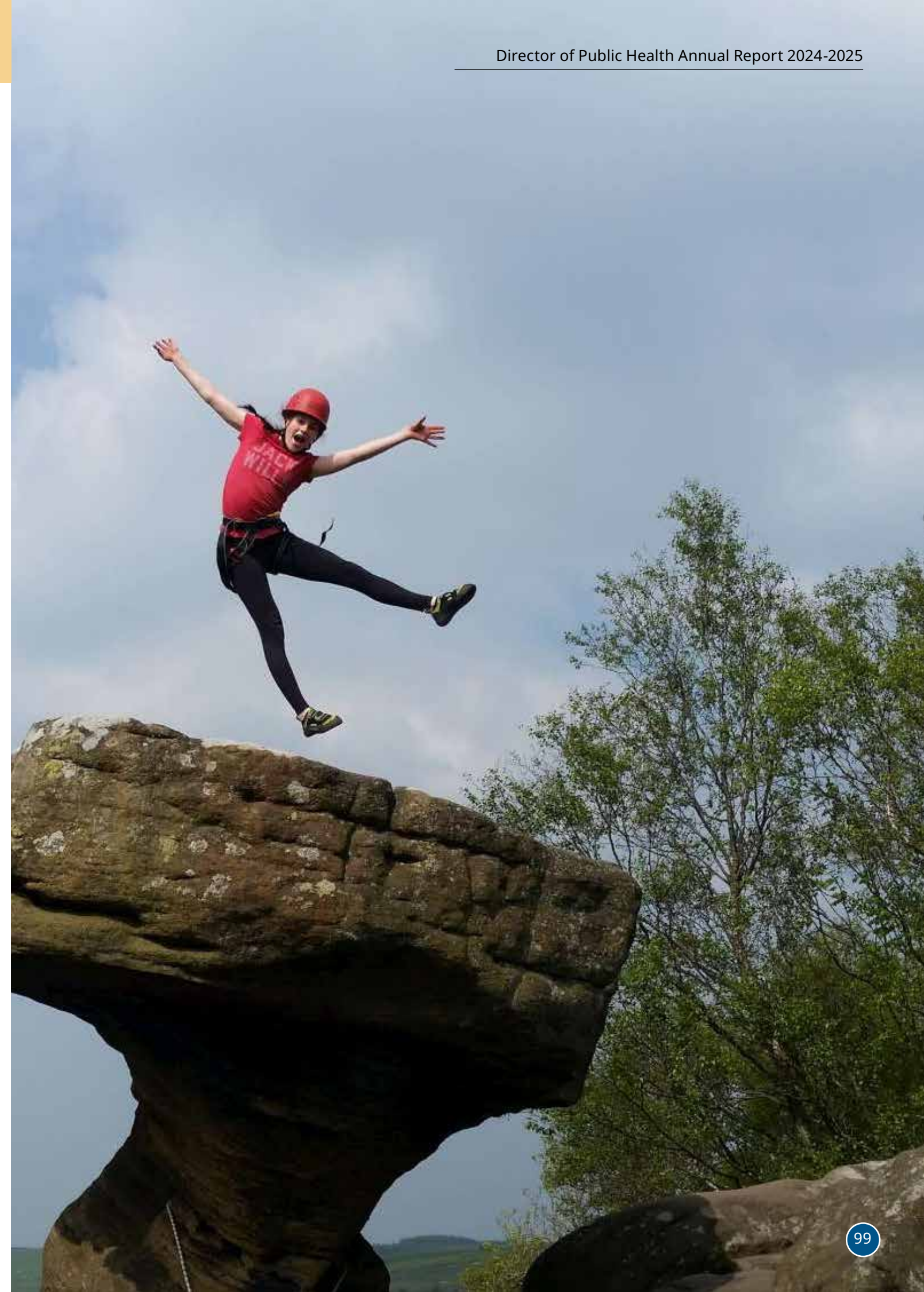
Recommendation	Actions taken (summarised)
Improve dementia diagnosis rates	A new diagnostic model is being piloted in York, Scarborough, and Harrogate. Early improvements include better referrals and collaboration.
Involve the voice of older people in service design	Work with Community First Yorkshire 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:

- The Public Health team, and in particular:
 - Amy Leetham, Public Health Officer
 - Andy Stewart, Service Development Manager
 - Ange Crossland, Head of Service
 - Angela Hall, Public Health Manager
 - Carly Walker, Public Health Manager
 - Dan Atkinson, Public Health Manager
 - Ellie Whittaker, Public Health Manager
 - Emma Davis, Public Health Principal
 - Gill Kelly, Public Health Consultant
 - Islam Mostafa, Public Health Registrar
 - Jenn Cassarly, Behaviour Change Officer
 - Jenny Loggie, Strategic Lead Population Health and Inequalities
 - Joanne Smithson, Senior Manager HDRC
 - Katie Needham, Public Health Consultant
 - Laura Young, Public Health Officer
 - Ruth Everson, Public Health Manager
 - Sarah Dinsdale, Behaviour Science Researcher
 - Sue Symonds, Public Health Manager
 - Victoria Turner, Public Health Consultant
- Sheila Hall, Head of Involvement and Governance - Health and Adult Services
- Adele Wilson-Hope, Communities Area Manager East, Localities team - Local Engagement
- Kate Allanson, Head of Prevention and Principal Occupational Therapist - Health and Adult Services
- 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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Date:	9 th March 2026	Agenda Item:	
Meeting:	North Yorkshire Council Scrutiny of Health Committee		
Title:	Harrogate Acute Stroke Pilot Pathway Update		
Author:	Matt Spencer – WY&H ISDN Manager		
Purpose of the Report			
This report provides an update on the Harrogate acute stroke pilot pathway, implemented in March 2025. The pilot was introduced to improve access to specialist hyperacute stroke care for Harrogate residents following concerns that some patients were not consistently receiving treatment in designated hyperacute stroke units (HASUs). The report outlines the rationale for the pilot, its impact on patient access, ambulance conveyance patterns, and hospital activity, and identifies risks and sustainability challenges. It also provides assurance regarding ambulance response times and patient safety.			
Key Points to Note			
• The pilot has improved access to HASU-level care, with a 34% reduction in Harrogate patients not receiving hyperacute stroke care. • Total HASU admissions remained stable (166 pre-pilot vs 167 post-pilot), despite a 17% reduction in overall recorded Harrogate strokes. • Direct ambulance conveyance to Harrogate District Hospital reduced by 24%, indicating improved pathway adherence. • Conveyance patterns shifted significantly, with the LGI/YDH split moving from 74%/26% pre-pilot to 52%/48% post-pilot, closer to but not fully aligned with the modelled 62%/38%. • Confirmed Harrogate stroke admissions at YDH increased substantially (36 to 152), while admissions at LGI decreased (160 to 15). • Ambulance response and interfacility transfer times improved and remained within national performance targets. • Increased activity at YDH has created capacity pressures and is unlikely to be sustainable without additional commissioning and resource investment. • The pilot pathway has been extended until April 2026 to allow further evaluation and refinement. • Commissioning discussions are ongoing between provider trusts and ICBs to support long-term sustainability.			
Recommendations			
• The Committee is asked to review the findings, note the improvements achieved, and the next steps needed to secure these improvements on a permanent basis.			

Harrogate Acute Stroke Pilot Pathway Update

1. Introduction

In 2018, Harrogate and District Foundation Trust (HDFT) ceased providing hyperacute stroke services as activity levels did not meet NHS England's minimum recommended threshold of 600 stroke admissions per year. Consequently, the hyperacute stroke unit (HASU) at Harrogate District Hospital (HDH) was decommissioned. This change followed a comprehensive review of stroke services across the West Yorkshire and Harrogate (WY&H) area, undertaken by the Stroke Programme as it existed at that time. The recommendations from this review were subsequently approved for implementation by the WY&H Joint Committee of Clinical Commissioning Groups (CCGs).

A revised stroke pathway was then established involving:

- HDFT
- Leeds Teaching Hospitals Trust (LTHT)
- York and Scarborough Teaching Hospitals Foundation Trust (YSTHFT)
- Yorkshire Ambulance Service (YAS)

Under this pathway, suspected stroke patients identified in the community were conveyed directly to the nearest HASU, typically Leeds General Infirmary (LGI) or York District Hospital (YDH), with subsequent repatriation to HDH where appropriate.

Concerns emerged during 2022-2024 that some patients, whose nearest hospital would usually be HDH, were not consistently accessing HASU-level care. This concern was reinforced by Sentinel Stroke National Audit Programme (SSNAP) data (April-June 2024), which classified HDFT as a routinely admitting team, based on direct admissions exceeding national thresholds (20 or more within a quarter).

In response, partner organisations, supported by the Humber and North Yorkshire and WY&H Stroke Delivery Networks (ISDNs), developed a revised pilot pathway.

The pilot introduced two pathways:

1. Pathway A: Direct conveyance by ambulance services to the most appropriate HASU.
2. Pathway B: Transfer arrangements for patients presenting at HDH or experiencing inpatient stroke, ensuring timely access to HASU care at YDH.

The pilot aimed to:

- Improve access to hyperacute stroke care
- Reduce inappropriate admissions to HDH
- Achieve a conveyance distribution aligned with original modelling (62% LGI, 38% YDH)
- Improve pathway clarity and consistency.

2. Pilot Implementation

The pilot commenced on 10 March 2025, following a delay due to winter pressures and operational readiness requirements.

The pilot was initially planned for six weeks but was subsequently extended to allow more robust evaluation:

- Initial pilot period: 6 weeks
- First extension: 12 weeks
- Second extension: until January 2026
- Current extension: until April 2026

Evaluation periods were defined as follows:

- Pre-pilot period: 9 July 2024 to 9 March 2025
- Post-pilot period: 10 March 2025 to 10 November 2025

3. Activity and Performance Analysis

3.1. HASU Access and Admissions

Key outcomes include:

- 17% reduction in total recorded Harrogate area strokes
- Stable HASU admissions overall:
 - Pre-pilot: 166 admissions
 - Post-pilot: 167 admissions
- 34% reduction of patients not receiving HASU-level care.

This indicates improved access to specialist stroke services despite reduced overall stroke activity.

3.2. Ambulance Conveyance Patterns

Significant improvements in pathway adherence were observed:

- 24% reduction in direct conveyances to HDH
- 7% increase in direct conveyances to HASU providers
- Redistribution of activity between receiving centres:

Site	Pre-Pilot	Post-Pilot
LGI	74%	52%
YDH	26%	48%
Totals	100%	100%

This reflects substantial progress towards pathway objectives, although the target distribution has not yet been fully achieved.

3.3. Provider Activity Impact

There has been a significant redistribution of activity:

Site	Pre-Pilot Admissions	Post-Pilot Admissions
LGI	160	15
YDH	36	152
Totals	166	167

When stroke mimics are included in the above figures there is a 411% increase in the number of Harrogate patients admitted to YDH, a 322% increase in confirmed stroke cases.

While this demonstrates improved access to HASU care, it has created operational and capacity pressures at YDH as the redistribution has been greater than originally envisaged.

3.4. Ambulance Response and Transfer Times

Ambulance performance improved during the pilot period and remained within national standards:

Measure (averages)	Pre-Pilot (mins)	Post-Pilot (mins)
Category 2 Response Time	29:07	21:55
Transfer HDH to LGI	23:14	12:46
Transfer HDH to YDH	23:11	17:32

These findings indicate that pathway changes have not adversely impacted ambulance performance and may have improved system efficiency.

4. Risks and Issues

While the pilot has improved access to specialist care, some risks have been identified.

4.1. Capacity and Sustainability Risk

- YDH is experiencing increased demand beyond anticipated levels, creating operational pressures and sustainability concerns exist without additional workforce and commissioned capacity. Long-term pathway sustainability depends on resolving these issues.
- If these issues are not resolved, the pathway will likely reverse to previous arrangements. The resulting impact will be substantial for all organisations.

4.2. Governance and Oversight Risk

- The regional ISDN programmes supporting the pathway will both end in March 2026. After this, responsibility for ongoing management will transfer fully to partner organisations.
- Without a formal governance structure, the pilot faces a loss of strategic direction, accountability, and the necessary oversight to validate the revised pathway.

5. Stakeholder Position

- HDFT supports continuation of the pilot pathway.
- YSTHFT supports continuation but has raised concerns regarding sustainability without additional resources.
- LTHT remains engaged and supporting of pathway optimisation.
- YAS has successfully implemented operational changes.
- Commissioning discussions are ongoing between providers and Integrated Care Boards.

6. Next Steps

Agreed actions include:

- Continue pilot pathway until April 2026
- Monitor activity, conveyance patterns, and capacity impacts
- Review pathway balance and make refinements where required
- Progress commissioning discussions to support sustainable service delivery if pathway becomes permanent
- Establish governance arrangements following ISDNs programme closure, scheduled for the end of March 2026

A further review meeting will be arranged by HDFT for the end of April 2026.

7. Equity and Patient Impact

The pilot has improved equity of access to specialist stroke care for Harrogate residents by ensuring more patients receive treatment in appropriate specialist centres. The Harrogate Patient Voice Group reported that the revised pathway is more streamlined, as patients conveyed to YDH bypass the Emergency Department and are admitted directly to the stroke unit. This enables faster access to specialist care and has resulted in improved experiences for both patients and their relatives. Staff at YDH are described as friendly and knowledgeable, and patients benefit from equitable access to services regardless of the time of day, with smooth transfers back to Harrogate when appropriate. Relatives have also expressed a preference for visiting YDH, as it avoids the need to travel into Leeds city centre.

Improved access to hyperacute stroke care is associated with:

- Improved survival rates
- Reduced disability
- Improved long-term outcomes.

Ensuring equitable access to specialist care remains a key priority for all partner organisations.

8. Conclusion

The pilot pathway has improved access to specialist hyperacute stroke care for Harrogate residents and strengthened adherence to national clinical guidelines.

Ambulance performance has improved, and fewer patients are being conveyed to HDH. However, the pilot has also resulted in increased demand at YDH, which may

require additional investment to sustain in the long-term. Transferring most of the patients from one acute provider to the other was never an intended outcome of the pilot.

The pathway remains under review, and further updates can be provided to the Committee if required as commissioning and service arrangements are finalised.

9. Recommendations

The Committee is asked to review the findings, note the improvements achieved, and the next steps needed to secure these improvements on a permanent basis.

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North Yorkshire Council

Scrutiny of Health Committee

9 March 2026

Performance Report – Q3 2025/26

1.0 PURPOSE OF REPORT

- 1.1 For the Scrutiny of Health Committee to review a summary of the relevant thematic performance data that forms part of the quarterly reports to the Executive, and;
- 1.2 For the Committee to consider whether there are any lines of enquiry arising from the information provided to request further information on, or to add to the Committee's future work programme.

2.0 BACKGROUND

- 2.1 The Scrutiny of Health Committee scrutinises any matter relating to the planning, provision and operation of health services in the County, including Ambulance Trusts and the policies of the Health and Care Partnerships. The aim is to act as a lever to improve the health of local people, ensuring that the needs of the local people are considered as an integral part of the delivery and development of health services.
- 2.2 The Council's Executive considered a Performance and Budget Monitoring Report every quarter, where progress is measured against Key Performance Indicators (KPIs). The report is organised under the five Council Plan themes: Place and Environment, Economy, Health and Wellbeing, People and Organisation, to aid in the monitoring of the overall Council Plan.
- 2.3 As part of the consideration of this report at the quarterly Performance Monitoring Executive meetings, members of the Scrutiny Board, made up of the Chairs of each of the six Overview and Scrutiny committees, are invited to ask questions to hold Executive members to account, based on the data, trends and narrative presented in the report of any performance challenges or opportunities.
- 2.4 At the Performance Monitoring meeting of the Executive held on 17 February 2026, members of the Scrutiny Board sought several responses from Executive Members under the Safe, Healthy, and Living Well theme:
 - a) The Executive Member reported continued progress on the development of extra care housing, noting North Yorkshire's long-standing position as a leader in the field and the significant capital investment already approved for the next phase. Work was underway to design the next generation of extra care and supported living schemes, with requests for information issued to the wider developer market. The evolving model would include increased provision for working-age adults, reflecting a recognised shortage of suitable accommodation.
 - b) Members were advised that the use of short-term care beds had also reduced, largely due to the Council's targeted work to reduce both the number and

duration of placements. Average stays remained around 16 weeks, but closer partnership working, particularly timely therapeutic input from NHS partners, was helping residents transition more quickly to appropriate longer-term accommodation.

- c) In relation to public health, officers clarified that the Healthy You Service was still developing its referral pathways, particularly through “Best Start in Life” and “Healthy Babies”, after a query on an item indicating that no children had yet completed the initial programme. Members also discussed rising childhood obesity among 4-5-year-olds. It was noted that public health funding was increasingly directed toward prevention programmes with measurable outcomes, and that while it remained difficult to attribute specific causes or quantify the impact of national initiatives such as sugar-reduction campaigns, targeted interventions with clear end points provided the most reliable basis for evaluation.
- d) Concerns were raised about high summer temperatures in care homes; the issue was acknowledged and had been referred to the quality team for monitoring and future reporting.

3.0 PERFORMANCE REPORT

- 3.1 As part of ensuring that this Overview and Scrutiny committee plays its role in analysing the performance of the relevant directorate within the Council, a summary of the latest performance information relevant to Public Health is presented at Appendix A.
- 3.2 It is recognised that Scrutiny of Health has a wide remit, which covers external as well as internal partners. Furthermore, a range of issues are cross-cutting across several Scrutiny Committees, in particular Care and Independence. For that reason, the data does not represent an exhaustive view of Scrutiny of Health’s remit, but does present data relevant to Public Health performance.
- 3.3 The appendix sets out a summary of the relevant KPIs and associated narrative, providing committee members an opportunity to comment and ask questions, as well as to identify and interrogate trends in the data presented, and key lines of enquiry. This process of scrutinising performance could lead to follow up actions from the committee, such as requesting formal reports for future meetings, informal briefings on areas of interest, or requests for further information to develop the knowledge and understanding of the Committee.
- 3.4 The Committee will note that public health services continued to perform strongly across most programmes in Q3 2025/26, with Healthy You, the NHS Health Check programme, and the Healthy Child Programme all demonstrating sustained engagement and positive outcomes. Healthy You showed growing referral numbers and meaningful lifestyle improvements among adults completing the 12-week programme, while early results for children were also encouraging. The NHS Health Check programme achieved an exceptionally high uptake rate and its strongest Q3 for cardiovascular risk identification in six years, indicating effective targeting and early-intervention impact. Mandated elements of the Healthy Child Programme maintained high completion rates through a blend of face-to-face and virtual delivery, alongside improvements in breastfeeding rates and stable performance across emotional health support, despite reduced referral volumes.
- 3.5 Other commissioned services showed a mixed but generally positive picture. Stop Smoking Services maintained strong quit conversion rates despite reduced numbers

setting quit dates. Adult drug and alcohol treatment exceeded its revised targets, with online referrals continuing to grow, while the young people's service saw reduced caseloads largely due to successful completions. Sexual health services experienced modest growth in activity, with stable STI diagnoses and increasing reliance on online testing for younger age groups; however, reductions in LARC provision in primary care remain a concern. The National Child Measurement Programme achieved high participation levels, but findings highlighted widening inequalities and rising obesity among reception-age children, with excess weight now exceeding national averages in this younger cohort.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

5.1 There are no significant legal implications arising from this report.

6.0 EQUALITIES IMPLICATIONS

6.1 There are no significant equalities implications arising from this report.

7.0 CLIMATE CHANGE IMPLICATIONS

7.1 There are no significant climate change implications arising from this report.

8.0 RECOMMENDATIONS

8.1 It is recommended that the committee:

- a) notes the performance information detailed in Appendix A.
- b) provide feedback on the performance data and narrative contained within Appendix A, with a view to considering any future lines of enquiry for the committee to explore.

APPENDICES:

Appendix A – Q3 Performance 2025-26

BACKGROUND DOCUMENTS:

None.

Barry Khan
Assistant Chief Executive, Legal and Democratic Services
County Hall
Northallerton
Friday 27 February

Report Author: Edward Maxwell, Senior Democratic Services Officer.

Public Health – Q3 2025/26 summary

Healthy You Service

The Healthy You Service, launched in January 2025, continues to demonstrate strong engagement and positive outcomes. During Q3, there were **489 adult referrals** and **28 child referrals**, bringing cumulative referrals since launch to **1,943 adults** and **73 children**.

Outcome data shows meaningful behaviour change among adults completing the programme. Of the **277 adults** who completed the initial 12-week programme, the majority achieved improvements across key lifestyle indicators, including increased physical activity, healthier diet, improved wellbeing, and achievement of personal goals. While engagement for children and young people remains lower, early outcomes for those completing the programme are positive, particularly in relation to physical activity, wellbeing, and nutrition knowledge.

Stop Smoking Services

Stop Smoking Services showed mixed performance during Q2 2025/26. **239 people set a quit date**, representing a reduction compared with the previous quarter but an improvement on the same period last year. Of those setting a quit date, **162 successfully quit at four weeks**, maintaining a consistently high quit conversion rate of **71.3%**. Despite some quarterly fluctuation, overall service effectiveness remains strong.

NHS Health Check Programme

The NHS Health Check programme continues to perform very well and remains a key prevention success. In Q3, **56 out of 65 providers** delivered health checks. A total of **3,655 people were invited**, and **3,771 checks were completed**, resulting in an uptake rate of **103.2%**. This unusually high rate reflects providers exceeding invitation caps and focusing on previously invited individuals.

Importantly, the programme achieved its highest Q3 cardiovascular disease (CVD) risk detection numbers of the past 6 financial years. **736 individuals** were identified with a CVD risk of 10% or higher, representing **19.5%** of those checked. This demonstrates that the programme is successfully targeting and identifying individuals most at risk, supporting early intervention and prevention of future ill health.

Healthy Child Programme

Performance across the Healthy Child Programme remains consistently strong. In Q2 2025/26, **all mandated health visitor contacts exceeded 90% completion**, with most achieving rates in excess of 95%. Antenatal and new birth visits remain predominantly face-to-face, while later contacts increasingly use virtual delivery, particularly for 6–8 week and 12-month reviews. These blended delivery models appear effective and support sustained high coverage.

Infant Feeding

Breastfeeding at 6–8 weeks has increased by **5.3%** compared with the same quarter last year. This improvement reflects ongoing work across North Yorkshire, supported by targeted breastfeeding groups and collaboration with the Infant Feeding Strategic Group. Local variation remains, and further work is planned to increase engagement in areas with lower uptake.

Emotional Health and Resilience

The Emotional Health and Resilience service received **161 referrals** this quarter, representing a **25% reduction** compared with the previous quarter. Most referrals relate to children under nine years of age, with managing emotions and anxiety accounting for nearly four-fifths of referrals. The reduction in referrals may reflect changing demand patterns or improved early intervention elsewhere in the system.

Drug and Alcohol Services

North Yorkshire Horizons (Adults)

The adult drug and alcohol treatment service exceeded its revised 2025/26 target, with **2,979 adults in treatment** compared with a target of 2,865. Adjustments to cohort targets better reflect local need, with reductions in opiate-related targets offset by increases in non-opiate and alcohol treatment. Online referrals via the service website continue to form a significant and growing route into treatment.

North Yorkshire RISE (Young People)

The young people's service increased its treatment target to **150** for 2025/26. Although the number of young people in treatment reduced to **129** during this period, this is largely attributed to successful completions. Continued outreach, including school drop-ins and the launch of a new website with online referral capability, is expected to support increased engagement in future quarters.

Sexual Health Services

Activity and Testing

Sexual Health Services delivered **4,260 attendances** in Q2 2025/26, a **3% increase** compared with both the previous quarter and the same period last year. STI testing activity increased slightly in clinics and more substantially online, although online testing is now restricted to those aged 16–24, reflecting higher positivity rates in this age group. Overall STI diagnoses remain stable, with chlamydia continuing to be the most common infection locally.

Contraception

Long-Acting Reversible Contraception (LARC) activity remains stable within specialist services, with **416 fittings** completed in Q2. However, LARC activity in primary care has declined, with GP practices delivering fewer fittings compared with last year. Conversely, community pharmacy provision of emergency hormonal contraception increased by **21%**. Work is underway to understand and address reduced LARC provision in primary care.

National Child Measurement Programme (NCMP)

The NCMP measured **10,430 children** across **295 schools**, with participation rates of **90% in reception** and **89% in Year 6**. While slightly lower than previous years, data quality remained very high. Analysis of local data highlights a persistent and widening inequality gradient, with children in the most deprived areas experiencing significantly higher obesity prevalence.

The most concerning finding relates to **4–5 year-olds**, where obesity rates have increased by over **2 percentage points in two years** and excess weight prevalence in this age group now exceeds the national average. While Year 6 obesity rates remain below the national average, excess weight has increased slightly.

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North Yorkshire Council
SCRUTINY OF HEALTH COMMITTEE
2025 – 26 WORK PROGRAMME

Contents

1. **Items for Forthcoming Committee Meetings.** A summary of the proposed agenda items for the next two meetings of the Scrutiny of Health Committee.
2. **Future Items of Work.** List of proposed areas of future work, along with when and how it is proposed to consider them.

Document Author – Edward Maxwell, Senior Democratic Services Officer
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1. Items for Forthcoming Committee Meetings

(*Denotes an annual or regular update)

Monday 9 March 2026, 10:00, County Hall, Northallerton.

Mid Cycle Briefing: 9 January 2026

Item	Contact Officer	Notes
Director of Public Health's Annual Report*	Louise Wallace	Statutory annual report from the Director of Public Health. Postponed from December 2025 meeting.
Public Health Grant	Louise Wallace	Overview of the Public Health Grant, provision, and budget planning (when required) – to include reviewing the wider structural issues around commissioning which contribute to health inequalities.
Stroke Care Pathway Implementation Review	Gemma O'Neill (H&D NHS FT)	Review of new Stroke Care Pathway implemented in Dec 2024. Referred from Harrogate and Knaresborough AC.
ICB Update	Lisa Pope	Update on service provision and ongoing structural reform.
Health Performance Data*	Leo Beacroft	Following on from October 2025 meeting.

2026 – 27 Work Programme (Draft)

Friday 3 July 2026, 10:00, County Hall, Northallerton.

Mid Cycle Briefing: 10 April 2026

Item	Contact Officer	Notes
Yorkshire Ambulance Service Update	Helen Edwards	To scrutinise performance data, hear a regular update, and raise issues of concern.
University Hospitals Tees Engagement	James Bromiley (UHT)	Ongoing engagement with UHT strategy and updates on service/facilities changes.

Tees, Esk, and Wear Valley – Public Enquiry Response	Naomi Lonergan (TEWV)	Response to announcement of public enquiry in December 2025 into care failures.
Alcohol Use Report	Ashley Green (Healthwatch North Yorkshire)	Report into the use of alcohol by women in North Yorkshire.

2. Future Items of Work

(*Denotes an annual or regular update)

Item	Contact Officer	Notes	Proposed Activity	Proposed Date
Director of Public Health's Annual Report*	Louise Wallace	Statutory annual report from the Director of Public Health.	Committee agenda item.	Annually, March meeting.
Covid-19 Public Inquiry*	Victoria Turner	Review of Module outcomes and the council's statutory duties around protecting the public.	Committee agenda item.	Mid-2026.
University Hospitals Tees Engagement	James Bromiley (UHT)	Ongoing engagement with UHT strategy and updates on service/facilities changes.	Committee agenda item.	July 2026
ICB Resilience and Emergency Planning	Lisa Pope (HNY ICB)	To review and comment on the ICB's contingency arrangements in the event of major incidents affecting sites.	Committee agenda item.	Mid-2026.
Covid-19 Public Inquiry*	Victoria Turner	Review of Module outcomes and the council's statutory duties around protecting the public.	Committee agenda item.	Mid-2026.
NHS 10 Year Plan	Lisa Pope (HNY ICB)	Local impacts and response to NHS 10YP.	Ongoing updates – to be considered as part of all ICB items rather than as a single agenda item.	2026/ongoing.
ICB Performance and Progression*	Lisa Pope (HNY ICB)	Annual update report.	Committee agenda item.	Late 2026.
Tees, Esk, and Wear Valley Update Report*	Naomi Lonergan (TEWV NHS FT)	Annual update report.	Committee agenda item.	Late 2026.
Haematology service provision for coastal communities	YS Teaching Hospitals NHS FT	Continued updates on service provision.	Regular updates to committee members.	Update requested November 2025.
Airedale Hospital Development	Eleanor Nossiter (Airedale FT)	Updates as design progresses. Next stage will be hospital concept design in mid-2026.	Regular updates to committee members.	As required (expected mid-2026).
Health Performance Data*	Leo Beacroft	Updates at every other meeting.	Committee agenda item.	3 October 2025 9 March 2026 2 October 2026

				19 March 2027
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Abbreviations:

HNY ICB	Humber and North Yorkshire Integrated Care Board
LSC ICB	Lancashire and South Cumbria ICB
TEWV NHS FT	Tees, Esk and Wear Valleys NHS Foundation Trust
H&D NHS FT	Harrogate and District NHS Foundation Trust
YS Teaching Hospitals NHS FT	York and Scarborough Teaching Hospitals NHS Foundation Trust

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