



Agenda

- Meeting:** North Yorkshire Health and Wellbeing Board
- To:** Councillor Michael Harrison (Chair), Councillor Simon Myers, Councillor Janet Sanderson, Abigail Barron, El Mayhew, Louise Wallace, Nic Harne, Mark Bradley, Matt Sandford, Ashley Green, Dena Dalton, Naomi Lonergan, Jonathan Coulter, John Pattinson, Garry Mackay and Sally Tyrer.
- Date:** Friday, 20 March 2026
- Time:** 10.30 am
- Venue:** Microsoft Teams

Business

1. **Welcome by the Chair**
2. **Apologies for absence**
3. **Minutes of the meeting held on 14 January 2026** (Pages 3 - 8)
4. **Declarations of interest**
5. **Public questions/statements**
Members of the public may ask questions or make statements at this meeting if they have given notice and provided the text to Democratic Services (DemocraticServices.Central@northyorks.gov.uk) no later than midday on Tuesday, 17 March 2026, three working days before the meeting takes place. Each speaker should limit themselves to three minutes on any item.

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 those taking a recording to cease whilst you speak.
6. **Future Role of the Health and Wellbeing Board** (Pages 9 - 16)
7. **North Yorkshire Health Collaborative Verbal Update** (Pages 17 - 26)
 - Joint Committee and sub-groups
 - HNY ICB update
 - WY ICB update
 - NYC update
8. **Work programme** (Pages 27 - 32)
9. **Any other items**

10. Date of next meeting

Friday, 5 June 2026 at 10:30am – venue TBC.

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.

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

Contact Details

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Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton

Thursday, 12 March 2026

North Yorkshire Council

North Yorkshire Health and Wellbeing Board

Minutes of the remote meeting held on Wednesday, 14 January 2026 commencing at 10.30am.

Board Member	Organisation
Councillor Michael Harrison (Chair)	Executive Member for Health and Adult Services, North Yorkshire Council
Councillor Simon Myers	Executive Member for Culture, Arts and Housing
Councillor Janet Sanderson	Executive Member for Children and Families, North Yorkshire Council
Richard Webb	Corporate Director of Health and Adult Services, North Yorkshire Council
Louise Wallace	Director of Public Health, North Yorkshire Council
Nic Harne	Corporate Director of Community Development, North Yorkshire Council
Mark Bradley	North Yorkshire Place Director, Humber & North Yorkshire Health & Care Partnership
Matt Sandford	Director of Partnership and Place – Bradford District and Craven Health and Care Partnership
Jonathan Coulter	Chief Executive, Harrogate District NHS Foundation Trust
Ashley Green	Chief Executive Officer, Healthwatch, North Yorkshire
Naomi Lonergan	Interim Managing Director (North Yorkshire, York and Selby), Tees, Esk and Wear Valleys NHS Foundation Trust
Dr Sally Tyrer	Chair of the North Yorkshire Branch, YORLMC (Primary Care Representative)
Foluke Ajayi	Chief Executive of Airedale NHS Foundation Trust

In attendance

Damian Henderson, North Yorkshire Fire and Rescue
Councillor Carl Les OBE, Leader of North Yorkshire Council
Naomi Smith, Head of Health Improvement, North Yorkshire Council
David Smith, Senior Democratic Services Officer, North Yorkshire Council

Copies of all documents considered are in the Minute Book

61 Welcome by the Chair

The Chair wished attendees a Happy New Year and welcomed them to the meeting.

62 Apologies for absence

The Chair reported that Pete Thorpe would no longer be attending meetings of the Board. It was noted that El Mayhew, the newly appointed Corporate Director for Children and Young People's Service, would join the Board going forward. The Board was advised that El Mayhew had submitted her apologies for this meeting.

The Board were informed that Damian Henderson was attending the meeting, representing North Yorkshire Fire and Rescue.

The Board were also informed that Matt Sandford may be late to the meeting due to other commitments.

Apologies were received from Amanda Bloor.

63 Minutes of the meeting held on 19 November 2025

Resolved

- a) That the minutes of the meeting held on 19 November 2025 are approved as a correct record.

64 Declarations of interest

No declarations of interest were made.

65 Public questions and statements

No public questions or statements were received.

66 Adults Safeguarding Board Annual Report

Adrian Green, Independent Chair of the North Yorkshire Safeguarding Adults Board (SAB), introduced the report, outlining that, in accordance with the requirements of the Care Act 2014, the SAB must publish an annual report and present it to the Health and Wellbeing Board (HWB). The HWB were reminded that the SAB's legal remit only covered adults who have care and support needs.

Adrian outlined that the priorities for 2024–25 had focused on reconnecting with communities, ensuring best practice, strengthening partnership working, and adapting to change. He advised that the new priorities are to enhance engagement with practitioners, communities and the public, to establish prevention as a distinct focus area, and to support professional competence and learning. The Board received an update on the work of the three existing subgroups. It was noted that for the forthcoming year, new subgroups will cover the following areas: Connect, Prevent, Confident Practice, Quality Assurance, and Safeguarding Adult Reviews.

Several figures and comments from the report were highlighted ahead of the subsequent discussions.

- It was queried whether the emerging themes on page 17 of the papers were new or recurring. Adrian said they were emerging from recent SARs, with some being long-standing issues. The rising number of self-neglect cases were noted.
- Concerns were raised about the resources available to address hoarding and it was queried how housing partners could support prevention. Adrian explained that hoarding is a lifelong condition that is challenging to manage but easy to recognise. He highlighted the importance of maintaining contact with affected individuals and the need for compassionate, safety-focused intervention. The key role of the fire service was emphasised, and it was noted that legal action may be necessary where the safety of the individual or neighbours is at risk. Adrian noted that individuals declining access to their homes out of embarrassment may indicate hoarding and emphasised the need for professional curiosity in such cases. The need for a senior escalation route was also

highlighted and it was suggested that local plans could play a greater role in safeguarding.

- Regarding hoarding, it was also queried how neighbourhood health work might assist. The importance of improved information sharing between housing, social care and the police and the value of wider stakeholder discussions was emphasised. The need to strengthen awareness so that safeguarding is understood as a shared responsibility was stressed.

Resolved

- a) That the North Yorkshire Safeguarding Adults Board 2024-25 Annual Report is noted.

67 North Yorkshire Joint Local Health and Wellbeing Strategy 2023-2030: Delivery Plan Mid-Year Report

Louise Wallace, Director of Public Health, introduced the report and highlighted the key actions taken in the last six months. She said that she hoped it gave the Board assurance that work is being done to deliver priorities laid out by the Joint Local Health and Wellbeing Strategy.

The Board raised the following points during the discussion.

- It was queried whether there were any priorities that the Board should be concerned about. Louise advised that nothing specific stood out but noted that Members should raise any concerns. The Chair noted the forthcoming changes to ICBs and the need for a continuing focus on the 'place' of North Yorkshire in order to deliver the Strategy.
- The size and varied nature of North Yorkshire was highlighted, and it was noted that this would make delivering 'place' outcomes more challenging. The importance of engaging with and understanding community issues was emphasised.
- It was noted that the health system often focuses on secondary care and performance targets, which can overlook wider health and wellbeing and create longer-term pressures. However, it was felt that the Strategy successfully avoided doing this.
- Satisfaction was expressed with the Ambitious for Health programme, which is helping to drive the strategy through its focus on neighbourhood health, healthy people and healthy places. The Board recognised the importance of shared understanding of neighbourhood health, supported by the realignment of resources to enable delivery.
- The Board stressed the importance of continuing to view this work as wider than just the NHS.
- From a Healthwatch perspective, the emphasis on people and communities was welcomed, as it aligned with feedback previously provided and demonstrated that the system was listening to residents and the voluntary sector.
- It was suggested that any specific areas where a small amount of resource could have a significant impact should be identified and brought forward for discussion.
- The value of the mid-year report was noted, as it prompted reflection on progress and ensured alignment with the strategy during a period of major change.

The recommendations within the report were noted and endorsed.

Resolved

- a) Members agreed to promote the Strategy and share updates within their organisations and sectors to promote collaboration and alignment.
- b) That Members propose topics for spotlight sessions, supporting a sharper focus on a few key priority areas within the Strategy.
- c) That the measures of impact are to be reviewed as part of the annual update on the Strategy at the 5 June 2026 meeting.
- d) That the Strategy more explicitly informs the Board's work programme, with report authors identifying how matters considered contribute to the Strategy.
- e) That the mid-year report is noted.

68 Director of Public Health Annual Report

Louise Wallace, Director of Public Health, introduced the report and noted that it had previously been considered by the Executive at its meeting on 16 December 2025. She outlined the links between the Annual Report and the priorities set out in the Joint Local Health and Wellbeing Strategy and reported that she had selected the overarching theme of 'working together for North Yorkshire.' The report reflects on the work of the wider partnership, highlighting the importance of partners like Healthwatch and the voluntary and community sector working alongside statutory agencies despite financial and organisation challenges. It was highlighted that the annual report intentionally focuses on opportunities to promote health and wellbeing. Attention was drawn to the review of the previous year and the recommendations for the year ahead, before Louise gave thanks to her team.

The Chair reminded the Board that the Annual Report is an independent report rather than an action plan, but noted that it was helpful to see reflections on previous recommendations alongside the recommendations for the coming year.

Resolved

- a) That the Director of Public Health Annual Report for 2024/25 is noted.

69 North Yorkshire Health Collaborative Verbal Update

A verbal update was provided by Mark Bradley, North Yorkshire Place Director for the Humber and North Yorkshire Health and Care Partnership; Richard Webb, Corporate Director of Health and Adult Services (NYC); and Nic Harne, Corporate Director of Community Development (NYC).

It was reported that a Joint Committee meeting had taken place on 18 December 2025, with strong attendance from members representing a range of stakeholders. The meeting was positive, with agenda items being led by all partners. Items covered included the following topics.

- The vision for community services, alignment with neighbourhood health, the core offer, best practice, and transformation.
- Embedding the right culture to support neighbourhood health.
- Health on the high street, specifically exploring how best to support the Mayor in identifying opportunities.

- A discussion regarding healthy people, where existing work programmes and health inequalities funding was reviewed. Lessons from the first two years of investment were discussed and a further report would be brought back.
- Feedback on the ongoing Role of the Health and Wellbeing Board review.

The following below updates were also provided.

- It was reported that neighbourhood plans were expected to be available between March and May and would be brought to the Health and Wellbeing Board.
- It was noted that the Directors' Group was now fully operational and working effectively alongside the Health and Care Management Team.
- From a commissioning intentions perspective, it was reported that ICB and provider plans were expected to be submitted in February, although several key documents were still outstanding and national guidance had not been issued.
- An update was provided on the H&NY ICB restructure. The consultation had closed, and it was confirmed that the ICB remained committed to the importance of 'place' and to continued representation on key bodies. The final structure was expected in the first week of February. The Joint Committee had discussed the potential impact of the changes and the need to maintain momentum.
- It was reported that the Council was progressing through its budget-setting process, with consideration by the Executive on 20 January and Full Council on 13 February. The provisional finance settlement had been received, with no major changes expected. It was viewed as unfavourable for North Yorkshire, York and similar authorities, with reductions across most funding streams, a small increase for adult social care, and limited recognition of higher rural costs.
- Advanced planning is underway for the care and support hubs in Harrogate and Scarborough, with planning applications expected in June and the project currently at RIBA Stage 3 or 4. Appreciation was expressed to NHS Trusts and Dementia Forward for their contributions.
- It was noted that a new structure within Adult Social Care, involving approximately 800 staff, had recently been implemented and was progressing well, despite ongoing pressures.
- The recruitment process for the new NYC Corporate Director of Health and Adult Services was continuing, with final interviews scheduled for the week commencing 2 February.
- A further consultation on planning reforms had been announced, including new regulations intended to accelerate the development of local plans. It was reported that the Government had set a target of 30 months for the preparation of local plans, which would have implications on planning for new health facilities.
- An update was provided on the Town Investment Plans, with emphasis on the need to embed health within their development. Colleagues were encouraged to engage, and concerns were raised about how best to integrate the health agenda into wider town investment activity.
- Progress continued on the proposed new Airedale Hospital. It was noted that Richard Webb and Foluke Ajayi would meet in mid-February to discuss the neighbourhood model and governance within a more streamlined West Yorkshire ICB.
- Thanks were recorded for Rob Webster, Chief Executive of West Yorkshire ICB, who is stepping down at the start of the year.
- It was reported that the staff consultation on the West Yorkshire ICB changes had launched on 14 January and would run until mid-March. The launch had been delayed to allow for refinement of proposals, and it was felt that the organisation was well prepared. Some risks relating to business continuity were acknowledged, and work was ongoing to address these.

Resolved

- a) That the updates be noted.

70 Role of the Health and Wellbeing Board Workshop Verbal Update

The Chair highlighted that the Board had held a workshop on the role of the Health and Wellbeing Board and explained that there would be an information discussion on the report which has been produced. He thanked those that attended the workshop.

71 Work programme

The Chair reminded Board Members that they may wish to suggest future items for the work programme.

Resolved

- a) That the work programme is noted.

72 Any other items

The Chair thanked Richard Webb, Corporate Director of Health and Adult Services, for his work on the Board over the last 12 years, noting that he was moving to a new position outside of North Yorkshire Council.

73 Date of next meeting

Friday, 20 March 2026 at 10:30am on Microsoft Teams.

The meeting concluded at 11.45 am.



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

1.0 PURPOSE OF REPORT

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

2.0 BACKGROUND

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

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

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

2.3 The required Membership of the Board is:

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

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

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

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

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

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

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

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

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

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

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

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

3.9 The conclusions of the review were as follows:

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

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

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

5.0 NEXT STEPS IN RESPONSE TO REVIEW

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

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

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

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

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

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

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

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

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

6.0 IMPLICATIONS

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

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

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

7.0 REASONS FOR RECOMMENDATIONS

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

8.0 RECOMMENDATION

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

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

APPENDICES

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

Appendix B: Health and Wellbeing Board Membership

BACKGROUND DOCUMENTS

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

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

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

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

Presenter of Report – Louise Wallace, Director of Public Health

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

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

Appendix B: Health and Wellbeing Board Membership

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

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

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North Yorkshire Health Collaborative Update for Health and Wellbeing Board

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20th March 2026

Abi Barron, Corporate Director: Health and Adult Services (North Yorkshire Council)

Mark Bradley, Place Director, North Yorkshire Place (Humber & North Yorkshire Health & Care Partnership)

Agenda Item 7

Healthy People

CW1: Prevention

CW2: Understanding health inequalities/health barriers to work

CW5: People with complex mental health and physical health issues

CW6: Unpaid Carers

CW9: Children and Young People

Integrated Neighbourhood Working

CW3: Single, strong community health service and neighbourhood health

CW4: Intermediate care, reablement and rehabilitation, including community equipment

Healthy Places

CW11: Shared approach to the interface between health and social care and regeneration (use of buildings and assets across North Yorkshire)

NEW FRAILTY MODEL: Key objective to develop a universal proactive frailty offer across North Yorkshire to prepare for the projected rise in older people and associated healthcare activity. The model is built on four service groups – 1. Primary care and community services; 2. Intermediate care; 3. VSCE and community; 4. Frailty crisis response – and cuts across several of the *Ambitious for Health* workstreams

Prevention:

- Prevention Plus (P+) - £3.6m of funding approved for investment over 3 years to test and learn from the P+ pilot model.
- Focusing on keeping people independent and well at home.
- Target cohorts will be; older people, disabled people, people living with mental health issues and unpaid carers.
- Participating organisations will be well-established in their local communities

Health Inequalities Funding:

- HNY ICB allocated North Yorkshire Health and Care Partnership £559k of Health Inequalities funding for 2025/26,
- Commitment to invest in schemes to support development of neighbourhood health models.
- Investment in areas that have already shown benefits of supporting people and families in their communities and neighbourhoods. Working towards funding schemes in priority neighbourhood areas (Scarborough and Selby), together with some level of investment to complement existing prevention initiatives across the rest of North Yorkshire.

Trailblazer:

- Get York North Yorkshire Working Economically Inactive Trailblazer Programme
 - NYC supporting 17 projects within the programme, to date engaged with 1800 participants and 140 employers, examples include:
 - Community Grants scheme, supported 28 community organisations, totalling £634,000 that test local approaches to supporting individuals back into work
 - Musculo-Skeletal Hubs, delivered by Active North Yorkshire, personalised assessments to strengthen and increase individuals' flexibility, outcomes include improved mobility, pain reduction, reduced sickness absence and reduced risk of loss of employment.
- A year 2 programme is being finalised for 2026/27 to reach a further 1,500

Intermediate Care:

- Four projects being developed to take forward business case recommendations: Intermediate Care Hubs, Integrated rehabilitation and reablement, Intermediate care bed procurement, and VSCE / community development.

Community Equipment:

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£7.7m per year value contract, with over 3000 individual prescribers across our system.

New service set to be procured by NYC by September (pending decision on delivery model) with mobilisation from April 2027.

- Co-design of new service specification, with strong focus on improving prescriber and persons experience as a golden thread throughout .

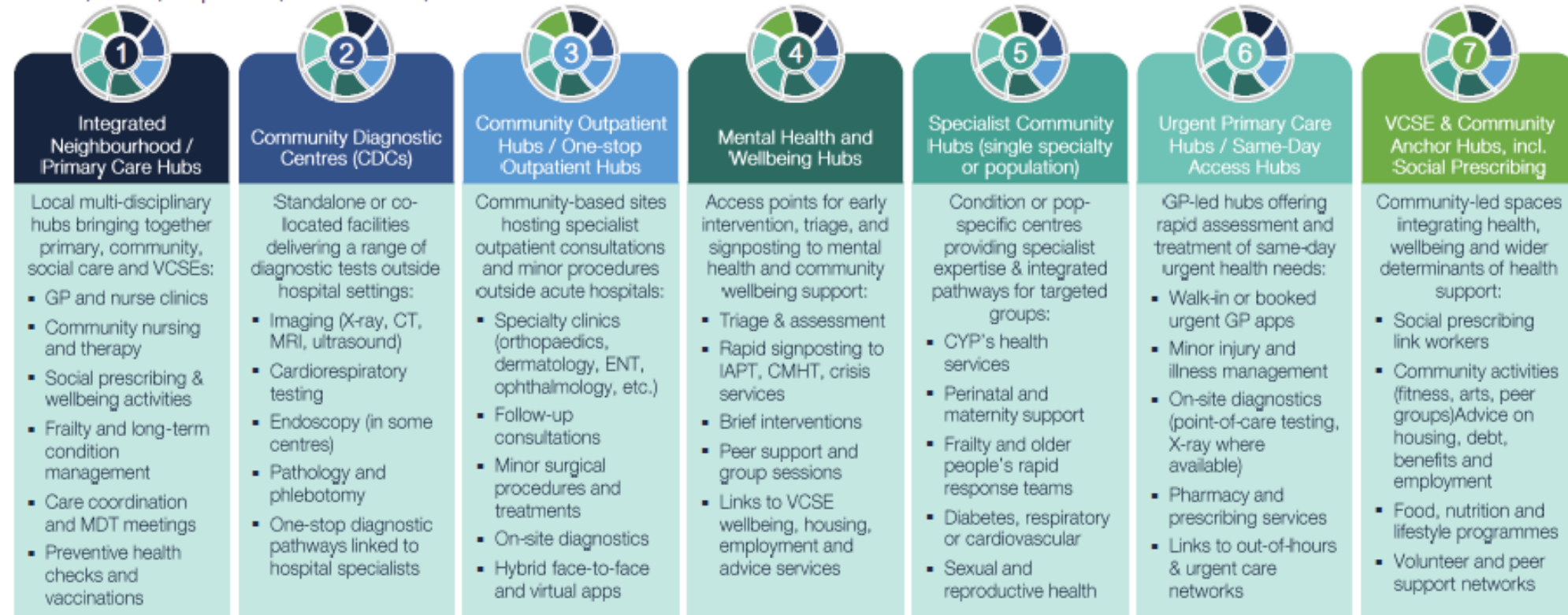
Community Nursing Services:

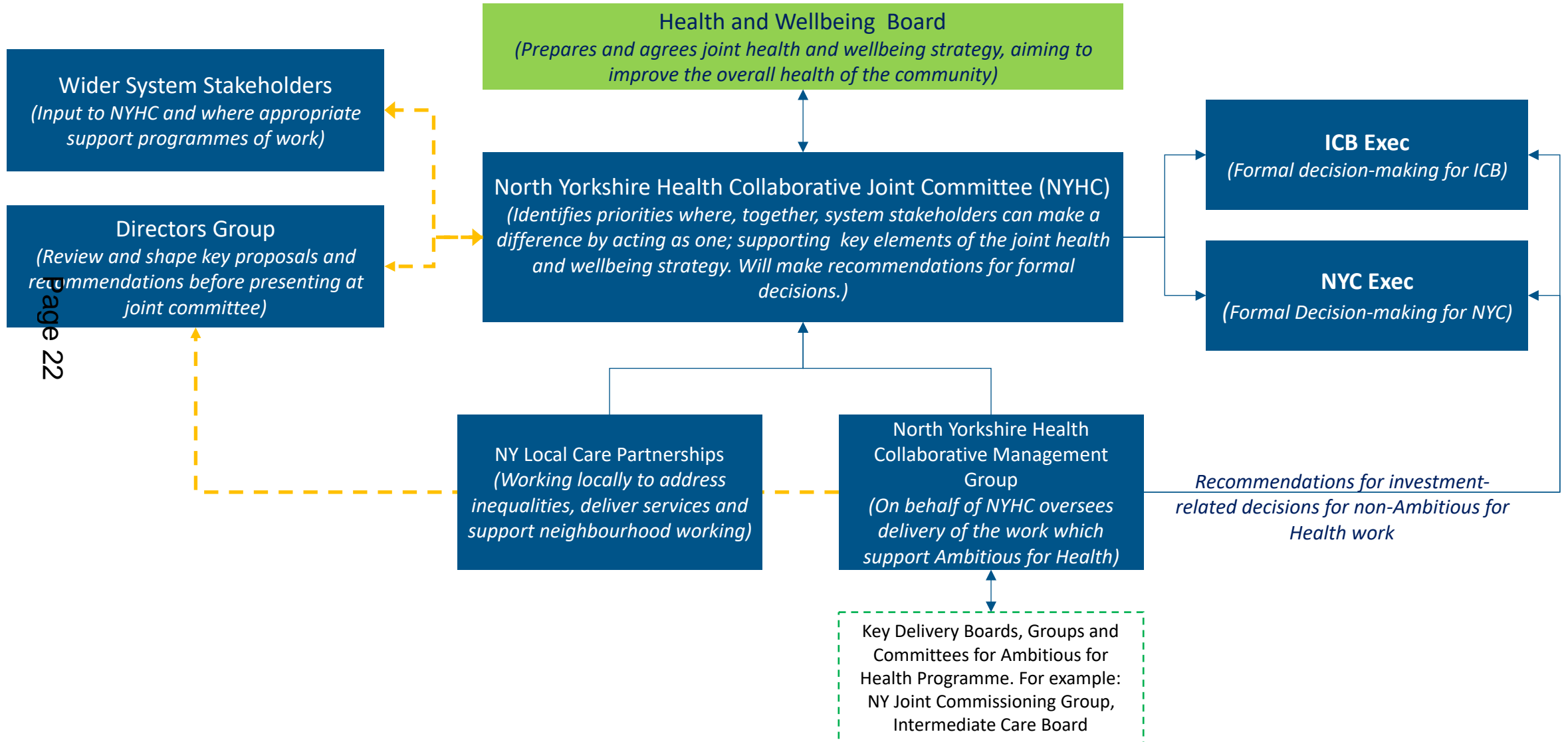
- Five providers across North Yorkshire collaborating to identify and progress improvements as a system.
- Services based on shared learning and people's experiences.
- Building opportunities for consistency and efficiency.

Neighbourhood health assets

- Working with York and North Yorkshire Combined Authority to identify opportunities for joint working – strategic outline case due in Q1.
- Aim to strengthen delivery and the impact on neighbourhood health, that may unlock additional investment, technical support, and delivery coordination.

In line with policy, care is being pushed out of traditional hospital settings into neighbourhood models via community-based health and wellbeing hubs. Whilst these hubs can take many different forms and should respond to local needs, there are a number of different archetypes, including Integrated neighbourhood models, CDCs, outpatients, mental health, and others





ICB will have **four** business units which will work together to design, commission, procure, evaluate and pay for impactful healthcare services delivered through **two** pillars across **five** commissioned programmes of care.

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What are our Programmes of Care?

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Organisational cogs working intraoperatively, our Programmes of Care will evolve continuously to meet the needs of our population.



ICB Sub Geography Place-aligned Matrix Teams

- Work responding to local needs by working through three matrix teams each aligned to a pair of local authorities, led by **Directors of Commissioning: Partnerships and Engagement**
- Each matrix team comprising aligned **Neighbourhood Planning capacity** from the Neighbourhood Health Programme of Care, and an aligned Senior Commissioning Manager focused on children and young people.
- Working through dotted line arrangements, these matrix teams will ensure that local priorities and nuances influence key aspects of the Programmes of Care.

Director of Commissioning: Partnerships & Engagement
- each aligned to a pair of local authorities:
York and North Yorkshire
North Lincolnshire and North East Lincolnshire
Hull and East Riding

Aligned commissioning
capacity for Children
and Young People

Aligned Neighbourhood
Health Planning
capacity

- ICB restructure to continue and changes implemented.
- Discussions within North Yorkshire system partners to consider options for ongoing support of Ambitious for Health Programme.
- Review Community Services developments with Joint Committee and Directors' Group.
- Frailty strategy move to implementation (in line with ICB Commissioning Intentions).
- Health Inequalities funded schemes to continue and/or move to implementation.



WORK PROGRAMME

NOTE: Items subject to change. All meetings to be held remotely via Microsoft Teams, unless stated otherwise

FRIDAY, 20 March 2026

ITEM	LEAD	COMMENTS
Future Role of the Health and Wellbeing Board	Louise Wallace.	To approve the recommended approach outlined within the report.
North Yorkshire Health Collaborative Verbal Update <ul style="list-style-type: none"> • Joint Committee and sub-groups • HNY ICB update • WY ICB update • NYC update 	Abigail Barron, Louise Wallace, Mark Bradley and Matt Sandford.	Updates to be noted.

FRIDAY, 5 June 2026

ITEM	LEAD	COMMENTS
Health Protection Assurance Group Annual Report	Louise Wallace and Vic Turner	

Better Care Fund monitoring return for 2025/26	Louise Wallace and Saskia Calton	
Better Care Fund Planning Requirement 2026/27	Louise Wallace and Saskia Calton	
Joint Local Health and Wellbeing Strategy Annual Review and Forthcoming Annual Delivery Plan	Naomi Smith	
North Yorkshire Health Collaborative Verbal Update <ul style="list-style-type: none"> • Joint Committee and sub-groups • HNY ICB update • WY ICB update • NYC update 	Abigail Barron, Louise Wallace, Mark Bradley, and Matt Sandford.	Updates to be noted.
Informal Children and Young People Workshop	Louise Wallace, Gill Kelly and Emma Lonsdale.	

FRIDAY, 18 September 2026

ITEM	LEAD	COMMENTS
North Yorkshire Health Collaborative Verbal Update <ul style="list-style-type: none"> • Joint Committee and sub-groups • HNY ICB update • WY ICB update • NYC update 	Abigail Barron, Corporate Director of Health and Adult Services, NYC; Louise Wallace, Director of Public Health, NYC; Mark Bradley, Acting North Yorkshire Place Director – Humber & North Yorkshire Health & Care Partnership; and Matt Sandford, Director of Partnership and Place – Bradford District and Craven Health and Care Partnership.	Updates to be noted.

FRIDAY, 18 December 2026

ITEM	LEAD	COMMENTS
Adults Safeguarding Board annual report	Adrian Green	
Safeguarding Board for Children annual report	Heather Pearson	
Joint Health and Wellbeing Strategy mid-year report	Naomi Smith	
North Yorkshire Health Collaborative Verbal Update <ul style="list-style-type: none"> • Joint Committee and sub-groups • HNY ICB update • WY ICB update • NYC update 	Abigail Barron, Corporate Director of Health and Adult Services, NYC; Louise Wallace, Director of Public Health, NYC; Mark Bradley, Acting North Yorkshire Place Director – Humber & North Yorkshire Health & Care Partnership; and Matt Sandford, Director of Partnership and Place – Bradford District and Craven Health and Care Partnership.	Updates to be noted.
Informal Oral Health Workshop	Gill Kelly	

FRIDAY, 5 March 2027

ITEM	LEAD	COMMENTS
North Yorkshire Health and Wellbeing Board Terms of Reference	David Smith	

<p>North Yorkshire Health Collaborative Verbal Update</p> <ul style="list-style-type: none"> • Joint Committee and sub-groups • HNY ICB update • WY ICB update • NYC update 	<p>Abigail Barron, Corporate Director of Health and Adult Services, NYC; Louise Wallace, Director of Public Health, NYC; Mark Bradley, Acting North Yorkshire Place Director – Humber & North Yorkshire Health & Care Partnership; and Matt Sandford, Director of Partnership and Place – Bradford District and Craven Health and Care Partnership.</p>	<p>Updates to be noted.</p>
<p>Director of Public Health Annual Report</p>	<p>Louise Wallace</p>	

REGULAR REPORTS

- Health Protection Assurance Group Annual Report – May.
- Joint Health and Wellbeing Strategy annual report – July.
- Adults Safeguarding Board annual report – January.
- Safeguarding Board for Children annual report – November.
- Director of Public Health Annual Report – November/January.
- Joint Health and Wellbeing Strategy mid-year report – November.
- North Yorkshire Health and Wellbeing Board Terms of Reference and Membership.

REQUIREMENTS OF THE HEALTH AND WELLBEING BOARD

- To endorse the JSNA (including the Pharmaceutical Needs Assessment) and to undertake an annual review.
- To endorse the JHWS and undertake an annual review.
- To endorse the Integrated Better Care Fund submission annually.
- To receive annual reports through arrangements agreed by the UK Health Security Agency/Office for Health Improvement and Disparities and the Director of Public Health on health protection arrangements, including the local agreement of health protection priorities.
- To receive such other reports as are necessary for the reporting of serious incidents or areas of concern with a view to ensuring acute and longer term health protection responses and strategies delivered by the Office for Health Improvement and Disparities/the UK Health Security Agency are delivered to properly meet the health needs of the local population.
- To report annually to NHS England, as part of their annual assessment of the Integrated Care Systems, as to how the ICSs have helped to deliver the JHWS.

- To receive the Annual Report of the Director of Public Health and to consider its recommendations in reviewing the priorities for improving population health and reducing health inequalities
- To comment on the draft Five Year Forward Plan produced by each ICB in North Yorkshire.
- To liaise with key statutory and non-statutory national and local organisations which have a remit to improve health and wellbeing in North Yorkshire. These will include the Integrated Care Systems; North Yorkshire Safeguarding Adults Board and North Yorkshire Safeguarding Children's Partnership.

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