



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, Lisa Pope, Matt Sandford, Ashley Green, Dena Dalton, Naomi Lonergan, Jonathan Coulter, Sally Tyrer, Garry Mackay and John Pattinson.
- Date:** Friday, 5 June 2026
- Time:** 9.30 am
- Venue:** Resolution House, Market Lane, Scarborough YO11 3YU

Business

1. **Welcome by the Chair**
2. **Apologies for absence**
3. **Minutes of the meeting held on 20 March 2026** (Pages 3 - 8)
4. **Declarations of interest**
5. **Public questions and 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, 2 June 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. **Health Protection Assurance Group annual report** (Pages 9 - 38)
7. **Approval of delegation of the approval of the Better Care Fund monitoring return for 2026/27** (Pages 39 - 40)
8. **North Yorkshire Health Collaborative - Update for the Health and Wellbeing Board** (Pages 41 - 52)
9. **Work programme** (Pages 53 - 56)
10. **Any other items**
Any other items which the Chair agrees should be considered as a matter of urgency

because of special circumstances.

11. Date of next meeting

Friday, 18 September 2026 at 2.00pm – 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, 28 May 2026

North Yorkshire Council

North Yorkshire Health and Wellbeing Board

Minutes of the remote meeting held on Friday, 20 March 2026 commencing at 10.30 am.

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
Abigail Barron	Corporate Director of Health and Adult Services, North Yorkshire Council
Louise Wallace	Director of Public Health, North Yorkshire Council
El Mayhew	Corporate Director of Children and Young People Services, North Yorkshire Council
Mark Bradley	North Yorkshire Place Director, Humber & North Yorkshire Health & 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
Dena Dalton	Deputy Chief Executive, Community First Yorkshire

In attendance

Clare Smart, Associate Director, Bradford District and Craven Health and Care Partnership
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

74 Welcome by the Chair

The Chair welcomed attendees to the meeting.

The Chair acknowledged that Richard Webb, Jill Quinn, Jonathan Dyson, Amanda Bloor and Mike Padgham had recently left the Board and thanked them for their contributions.

The Chair also noted that Abigail Barron, Dena Dalton, Garry Mackay and John Pattinson had recently joined the Board, subject to approval by Full Council.

As there were new attendees, members of the Board introduced themselves.

75 Apologies for absence

Apologies for absence were received from John Pattinson and Matt Sandford (Clare Smart as substitute).

76 Minutes of the meeting held on 14 January 2026

Resolved

- a) That the minutes of the meeting held on 14 January 2026 are approved as a correct record.

77 Declarations of interest

No declarations of interest were made.

78 Public questions/statements

No public questions or statements were received.

79 Future Role of the Health and Wellbeing Board

Louise Wallace, Director of Public Health, introduced the report which set out the outcome of the November 2025 workshop on the future role of the Health and Wellbeing Board. The report proposed next steps relating to the Board's role and membership and invited members to consider these.

In introducing the report, Louise highlighted that, following a period of significant system change, the Board had taken the opportunity to reflect on whether its current arrangements were enabling it to add maximum value. Members were reminded that, while the Board's statutory responsibilities were fixed, there was flexibility in how it operated beyond those requirements.

She highlighted the relationship between the Health and Wellbeing Board and the North Yorkshire Health Collaborative as a key area for consideration, including ensuring that the two bodies complemented one another, avoided duplication and worked together effectively, including through an annual review of respective work programmes.

Reference was also made to the Board's way of working, including meeting four times per year, with two in-person meetings focused on development activity and deeper exploration of priority areas arising from the Joint Health and Wellbeing Strategy. Louise drew attention to the proposed membership arrangements and the flexibility to invite additional attendees to support discussion of specific themes.

It was noted that national guidance on neighbourhood health had been published after the report had been finalised and that this would need to be reflected in the Board's future work programme.

During the discussion, the following points were raised:

- The Chair emphasised that the workshop had been undertaken to understand what members wanted from the Board and how it could operate most effectively, highlighting the importance of maintaining flexibility in approach while ensuring that statutory responsibilities were met.
- It was highlighted that NHS Foundation Trusts supported a focused core membership for statutory business, alongside flexibility to involve a wider range of partners in workshops.
- Members discussed new expectations around neighbourhood health, including closer working with Integrated Care Boards and links to Better Care Fund requirements. It was emphasised that neighbourhood health was not solely an NHS policy and required the involvement of all partners, with Health and Wellbeing Boards seen as playing a leading

role across the local system. It was highlighted that Health and Wellbeing Boards would be expected to co-produce and agree neighbourhood health plans, ensuring that they delivered agreed outcomes and aligned with the Joint Health and Wellbeing Strategy. The importance of contributions from the VCSE sector and embedding people's voices was emphasised.

- The Board's role as the governance route for the local area SEND partnership was highlighted, including oversight of the forthcoming SEND Reform Plan and alignment with the Best Start in Life programme. Members emphasised the importance of coherence between SEND reforms, neighbourhood health planning and Best Start in Life activity.
- Concerns were raised about the pace and scale of system change, particularly in relation to Integrated Care Board arrangements, and members welcomed the clearer role for the Board in providing leadership and stability during a period of significant change.
- In response to a query on meeting arrangements, it was clarified that while the intention was to hold two online and two in-person meetings each year, this would remain agenda-led, with flexibility to extend in-person meetings where this would add value.
- Members welcomed the proposals and supported the overall direction of travel.

Resolved

- a) That the Board approves the recommended approach and next steps outlined in the report.
- b) That the Board recommends to Full Council that the membership of the North Yorkshire Health and Wellbeing Board, as outlined in Appendix B of the report, is approved.

80 North Yorkshire Health Collaborative Verbal Update

Abigail Barron (Corporate Director of Health and Adult Services at NYC), Louise Wallace (Director of Public Health at NYC), Mark Bradley (North Yorkshire Place Director at Humber & North Yorkshire Health & Care Partnership) and Clare Smart (Associate Director, Bradford District and Craven Health and Care Partnership) provided verbal updates on work since the last meeting. The following points were raised.

- The Ambitious for Health work programme was structured around three key workstreams: healthy people, integrated neighbourhood working and healthy places.
- Under the healthy people workstream, Members were updated on progress with Prevention Plus, which is supported by external funding and focuses on community based support, prevention and unpaid carers. Members were also advised of targeted investment in initiatives addressing health inequalities through neighbourhood based approaches, with funding delegated through joint arrangements and aligned closely with Prevention Plus to avoid fragmented delivery. An update was also provided on delivery of the Trailblazer programme, including engagement with participants and employers, community grant funding and plans for Year 2 delivery.
- Members were updated on progress with integrated neighbourhood working, which remained a significant area of focus. This included development of intermediate care hubs, improved integration of rehabilitation and reablement services, proposals to improve the consistency and accessibility of intermediate care beds across a large rural geography, redesign of the community equipment service ahead of a future procurement, collaborative work to improve consistency and efficiency across community nursing services, and the role of the VCSE sector in supporting admission avoidance and hospital discharge.
- Reference was also made to work under the healthy places workstream, including the need to ensure greater coherence in the use of neighbourhood "hubs" across

programmes and partners, in order to avoid duplication and confusion for local communities.

- Members were advised of progress on the development of a frailty model across North Yorkshire, agreed through the Integrated Care Board, including work to establish a single, countywide frailty crisis response service intended to provide a consistent and proactive approach to frailty and act as a foundation for wider neighbourhood health arrangements.
- The governance arrangements supporting the Health Collaborative were outlined, including the roles of the Joint Committee, directors' group and provider led collaboration, alongside links to local care partnerships. It was noted that, as the Integrated Care Board moved towards a more strategic commissioning role, delivery of neighbourhood health would increasingly be driven through providers working collaboratively across the system.
- Members received an update on Integrated Care Board arrangements following the conclusion of the recent consultation, including progress with implementation of the new structure and the move towards a more strategic commissioning model. It was noted that, while the ICB was undergoing organisational change, delivery of key programmes, including neighbourhood health, frailty and health inequalities, would continue.
- Members also received an update on West Yorkshire and Bradford and Craven, including recent and forthcoming leadership changes across the Integrated Care Board and partner organisations, confirmation that a place committee would continue during the transition to new provider partnership arrangements, and publication of a listening programme report bringing together insights from engagement with local communities.

During discussion, the Board raised the following points.

- The importance of ensuring clarity for local communities, particularly in relation to neighbourhood hub models, and making effective use of existing community assets across a large and rural county. Members noted that confusion around the increasing number of "hubs" could be exacerbated by geography, rurality and transport challenges, and emphasised the need to involve local populations in shaping future neighbourhood health arrangements.
- The need to involve local communities and the VCSE sector in the design and delivery of neighbourhood health approaches was emphasised, including recognising their role in supporting admission avoidance and hospital discharge.
- Members sought clarity on how West Yorkshire fitted within the Health Collaborative arrangements. It was clarified that West Yorkshire providers were represented within the Joint Committee and Directors' Group, and that the model operated on a North Yorkshire Council footprint, rather than an NHS geographical footprint, enabling partnership working across Integrated Care Board boundaries.
- Reassurance was sought and provided that children and families would remain a priority across all programmes of care, including mental health and urgent and emergency care, and would not be limited to those programmes explicitly labelled as family focused. Officers acknowledged the point and agreed that further discussions would take place to ensure that Children and Young People were embedded within the programme.
- Members also highlighted the importance of understanding how statutory partnership boards, including safeguarding children and adults and SEND arrangements, aligned with the wider Health Collaborative governance framework. Officers acknowledged that further work was required to map these relationships clearly and agreed to undertake follow up work to ensure appropriate alignment and representation.
- Members raised concerns about reductions in GP practices and pharmacies across North Yorkshire and noted that this increased the importance of getting neighbourhood health and hub models right as services continued to evolve.
- Members discussed the ongoing Integrated Care Board reorganisation, noting that the

consultation had concluded and that partner feedback, including from local authorities and providers, had resulted in positive changes to the proposed structure. It was noted that implementation was underway, with a significant proportion of posts already filled, and that delivery of key programmes would continue during the transition.

- Members welcomed confirmation that pre planning consultation had commenced on intermediate care hubs in Scarborough and Harrogate, noting this as a positive example of progress from strategic planning to delivery on the ground.
- Members recognised the increasing role of the Mayoral Combined Authority as a route for funding and emphasised the importance of joint working across the system to deliver funded programmes efficiently, avoid duplication and make effective use of existing organisational capacity.
- The importance of maintaining strong links with West Yorkshire and Bradford and Craven was emphasised, with Members noting the value of ongoing collaboration and future place focused updates.

Resolved

That the update is noted.

Councillor Simon Myers joined the meeting at 11:30am.

81 Work programme

The Chair introduced the item and highlighted that the work programme remained flexible, with Members invited to suggest additional items as required. It was noted that agenda planning would continue to reflect whether meetings were held in person or remotely.

Members raised the following points.

- It was agreed that the SEND Reform Plan should be added to the work programme for consideration at the June 2026 meeting.
- Members also proposed that the Best Start in Life Plan be included on the forward work programme, noting its close links to the SEND Reform Plan.
- Members suggested that the Board consider a future agenda item exploring parenting as part of its wider prevention and public health role. It was noted that this could be considered at a later meeting.

The Chair welcomed the suggestions and reiterated that the work programme would continue to be kept under review and updated to reflect priorities.

82 Any other items

There were no other items to be considered.

83 Date of next meeting

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

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North Yorkshire Council

North Yorkshire Health and Wellbeing Board

5th June 2026

Health Protection Assurance Group Annual Report

Report of the Director of Public Health

1.0 PURPOSE OF REPORT

- 1.1 To provide the Health and Wellbeing Board with an update on the work undertaken during 2025-6 across the North Yorkshire system, as highlighted in the Health Protection Assurance Group annual report.

2.0 BACKGROUND

- 2.1 The Director of Public Health (DPH) has a statutory role to maintain assurance on health protection issues across North Yorkshire. The DPH chairs the North Yorkshire Health Protection Assurance Group (HPAG), a multi-agency forum providing strategic oversight across the individual parts of the health protection system in North Yorkshire.
- 2.2 The purpose of the HPAG annual report is to provide evidence to support the DPH in fulfilling their statutory assurance function on health protection for North Yorkshire, whilst summarising the work of the wider assurance group over the last year (25/26). In doing so the report also highlights the key risks, challenges and gaps across the system, which in turn help determine the priorities for the assurance group for the next year (26/27) as set out at the end of the report.

3.0 HEALTH PROTECTION ANNUAL REPORT

- 3.1 This year many partners across the health protection system have continued to experience the impacts of ongoing organisational change, including ICBs, UKHSA and NHS England. This has included loss of staff as well as changing responsibilities and boundaries.
- 3.2 Despite this, partners have come together to respond to a range of incidents, including infectious diseases and environmental issues such as the Fylingdales wildfire, as well as engaging in exercises including the national Exercise Pegasus.
- 3.3 Responses have been underpinned by close working relationships, with many formal arrangements also progressing such as the regional MOU and the completion of the NYC Infectious Diseases Plan.

- 3.4 Auditing the health protection system against the ADPH What Good Looks Like Framework has suggested good performance generally, although there is scope to improve information sharing pathways, which will be particularly important to maintain through ongoing organisational changes.
- 3.5 There are several areas of work that have been started during 25/26 that are due for completion in 26/27, including the Air Quality and Seasonal Health strategies. In addition, a number of national reports, and plans have been published during 25/26 (including on HIV and TB) which will be responded to as part of the 26/27 workplan.
- 3.6 The report identified the following system priorities for 2026/7:
- Refresh the Seasonal Health Strategy
 - Complete the NYC Air Quality Strategy
 - Embed the national HIV Action Plan locally
 - Implement new IPC contractual arrangements
 - Implement local actions based on the tuberculosis “Getting it Right First Time” (GIRFT) Report
 - Support the completion of regional health protection agreements including MOU
 - Strengthening information sharing pathways between organisations to support assurance and response

4.0 CONTRIBUTION TO THE JOINT LOCAL HEALTH AND WELLBEING STRATEGY PRIORITIES

- 4.1 Health Protection is one of the 3 core areas of public health. In the JHWBS 2023-30, health protection is part of the ‘Think Prevention’ priority; key areas of the report align with actions in the strategy including:
- Improve uptake of screening and immunisation programmes
 - Improve our approach to Community Infection Prevention & Control to support health protection in frontline services across the system
- 4.2 The report also contributes to the ambition on ‘Think People’ to focus on those who experience the poorest health outcomes, and also from a ‘Think Place’ approach on e.g. coastal communities through targeted Scarborough work.

5.0 ALTERNATIVE OPTIONS CONSIDERED

- 5.1 Not applicable

6.0 IMPLICATIONS

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

7.0 RECOMMENDATION

- i) That the Board receives the Health Protection Assurance Group annual report, as part of maintaining assurance on health protection issues across the broader North Yorkshire system.

APPENDICES

Appendix A – Health Protection Assurance Group Annual Report

Louise Wallace
Director of Public Health
County Hall
Northallerton
13/05/26

Report Author – Victoria Turner, Public Health Consultant
Presenter of Report – Victoria Turner, Public Health Consultant

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

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NORTH YORKSHIRE HEALTH PROTECTION ASSURANCE GROUP ANNUAL REPORT 2025-6

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Environment

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Climate change

Air quality

Regulatory services

Emergency Preparedness, Resilience and Response

Resilience & Emergencies / Local Resilience Forum

Exercise Pegasus

Incidents and outbreaks

Communications

Summary

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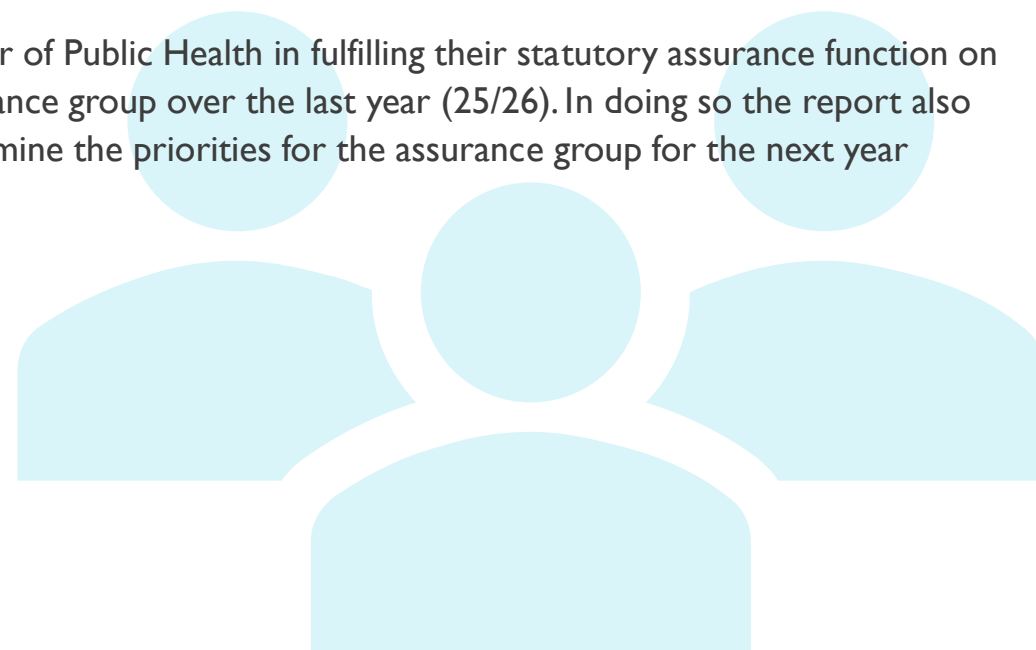
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INTRODUCTION

The North Yorkshire Health Protection Assurance Group (HPAG) is a multi-agency forum providing strategic oversight across the individual parts of the health protection system in North Yorkshire. The group is chaired by the Director of Public Health, who has a statutory role to maintain assurance on health protection issues across the County.

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Other members of HPAG include the UK Health Security Agency (UKHSA) who provide the regional and national capacity to respond to threats to health; the local authority public health, environmental health and resilience and emergencies teams; and NHS partners including NHS England, Humber North Yorkshire Integrated Care Board (HNY ICB), and the Community Infection Control Team (CICT).

The purpose of the HPAG annual report is to provide evidence to support the Director of Public Health in fulfilling their statutory assurance function on health protection for North Yorkshire, whilst summarising the work of the wider assurance group over the last year (25/26). In doing so the report also highlights the key risks, challenges and gaps across the system, which in turn help determine the priorities for the assurance group for the next year (26/27) as set out at the end of the report.



UPDATE ON 24/25 PRIORITIES

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Priority	Update
Continue ongoing work from 24/5, including IPC service implementation, Air Quality strategy development, seasonal health communications, and military health liaison group	Discussions are ongoing between HNY ICB and HDFT about the IPC service. NYC Air Quality Strategy development is progressing through the AQ Steering Group, with a target completion date of March 2027. Seasonal health communications packages were developed for summer and winter health, with a comms steering group being established as part of the Seasonal Health Partnership. A further military health session was held, although a more formal meeting schedule needs to be established.
Assess local health protection work against the ADPH What Good Looks Like for Health Protection framework	An assessment of the local health protection system against the ADPH Framework took place, which identified that NY is generally performing well in terms of health protection assurance measures in place.
Prepare for, and participate in, Exercise Pegasus (national pandemic exercise, autumn 2025)	NY Local Resilience Forum (LRF) led the local engagement with Exercise Pegasus, which involved colleagues from across health protection organisations. NYLRF participated in all 3 phases of Exercise Pegasus, including as one of 6 national 'focus areas' for phase 2 looking at Containment.

UPDATE ON 24/25 PRIORITIES

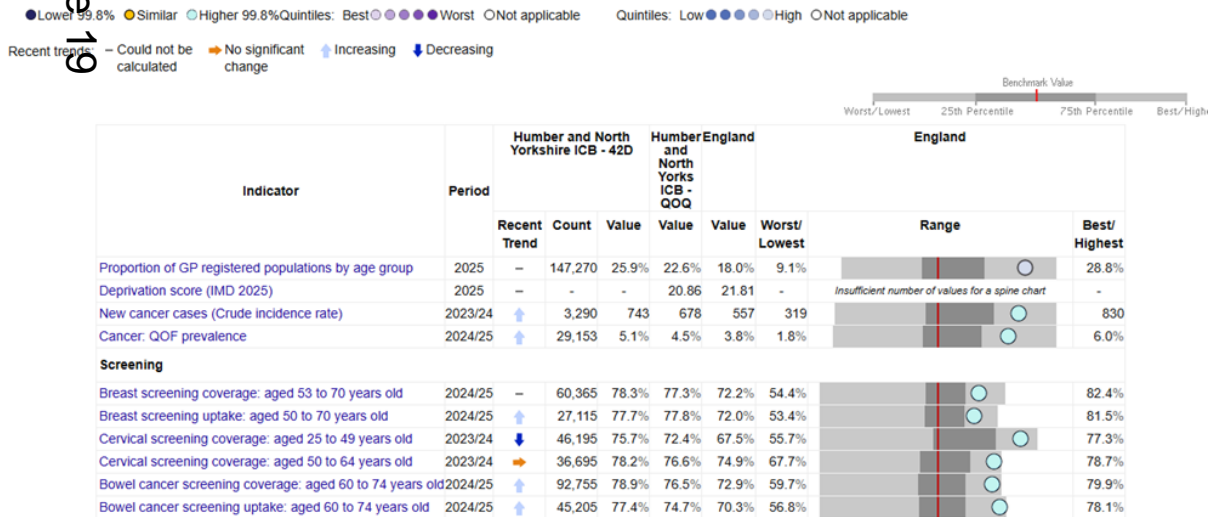
Priority	Update
Specialist Sexual Health Service Section 75 Partnership extension	A 4-year extension has been signed between NYC and York & Scarborough Teaching Hospitals Foundation Trust (YSTHFT), coming into force 1 st April 2026. This will allow us to build on the strong existing partnership between NYC and YSTHFT and further develop the high-performing service in North Yorkshire.
Support the ongoing development of regional health protection arrangements, in the context of wider system challenges	Partners have continued to provide input into the HNY ICB outbreak task & finish group, which is developing operational guidance on health protection, a specific commissioned service for additional health protection clinical requirements, and a MOU on how agencies will work together to support health protection incidents.
Support implementation of the revised national immunisations schedule	Several changes have been made to the routine childhood immunisations schedule this year, including the addition of chickenpox (varicella) vaccination to the MMR, and a change in MMR vaccination timings. This work has been led by the NHSE Screening and Immunisation Team and supported by other partners, including communications following a national increase in measles cases in the first part of 2026.

INFECTIOUS DISEASES

SCREENING AND IMMUNISATIONS

SCREENING

Cancer screening indicators for North Yorkshire are higher (better) than the England average. The uptake of non-cancer screening, such as newborn hearing screening, is also better, or similar, to the England average.



An area to watch however is around cervical screening, especially in the younger age cohort. Trends since 2010 show a decrease in cervical cancer screening in 25 to 49 year olds; 73,256 (79%) to 68,362 (75.8). There has also been a slight decrease in the % uptake for 50 – 64 year olds in the same period (82.3% to 78.5%), although actual numbers of individuals attending screening has increased in this group from 44,134 to 53,977.

Alongside partners, information about cancer screening and awareness of signs and symptoms has been shared throughout the year. Cancer Alliance’s Cancer Champions Awareness training sessions have been promoted across the network - training highlights key facts, statistics, symptoms and NHS screening programmes, equipping participants with the knowledge to engage in conversations to reduce risk and promote early diagnosis.

GP practices across North Yorkshire have taken part in a joint funded initiative by NHSE and HNY cancer alliance to contact and support all those who have not attended cervical screening, this has enhanced awareness and attendance for screening. HNY cancer alliance and partners have also engaged with beauty salons and nail bars during cervical cancer awareness week and many owners of these shops have also engaged in cancer champion training.

SEASONAL IMMUNISATIONS

Vaccination UK (commissioned by NHS England) provides the school aged immunisation service (SAIS), including influenza vaccinations, to pupils across North Yorkshire. Since taking on the contract in 2023, Vaccination UK have seen a steady increase in response rates for vaccinations against flu. Vaccination UK have worked hard to achieve these improved uptake figures – providing pop-up clinic services within community settings, running catch-up clinics in schools and webinar/Q&A sessions for parents, as well as taking a proactive approach to contacting non-responding parents/guardians by text or phone call.



NYC Staff Flu Vaccinations

North Yorkshire Council Staff Flu Vaccination Programme (2025) aimed to reduce flu transmission and protect vulnerable residents by offering free onsite flu vaccinations to frontline staff who were not eligible for NHS vaccination. NYC has provided workplace flu vaccinations for over 11 years, using varying approaches (clinics, vouchers, pharmacy reimbursement). Uptake has historically fluctuated (46–605 vaccinated per year).

2025 delivery model:

- Pharmacist led pop up clinics across 8 locations (with 2 days in Northallerton)
- Clinics scheduled for 16–23 October, timed to align with early flu season
- Online booking system used but walk-ins accepted
- Option to receive vaccination at community pharmacies and reclaim costs

Eligible cohort: Frontline health and social care staff directly involved in patient/client care, aligned with JCVI guidance along with the North Yorkshire Seasonal Health Strategy and Implementation Plan (maintaining health and winter preparedness) and the Target Operating Model (specifically connected to continuity & delivery of essential services by ensuring staff wellbeing).

Uptake:

- 269 staff vaccinated (260 in clinics, 9 via community pharmacy)
- Average clinic capacity booked: 84.7%; actual attendance: 81.3%
- Highest attendance: Malton & Harrogate; lowest: Richmond & Skipton
- Slightly lower uptake than 2024 (290 vaccinations)

HEALTH INEQUALITIES

Scarborough Screening and Immunisation Group:

This multi-agency group was first established by NYC's Health Protection team in 2022 in response to lower uptake of the routine NHS screening and immunisation offer across Scarborough District; a contributing factor to the poorer health outcomes and greater inequalities experienced by the population here, when compared to the rest of North Yorkshire.

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The group convenes every two months, and the meetings provide an opportunity for partners from commissioning, community development and the voluntary sector to share information and discuss new approaches that support early cancer diagnosis and promote vaccination where uptake is low.

The meetings have shown clear impact at a local level: at a recent bingo event, a Cancer Alliance awareness talk prompted an attendee to attend an overdue breast screening, leading to timely diagnosis and treatment. Others have similarly acted on brief conversations and finally attended long-delayed screenings.



INFECTION PREVENTION AND CONTROL



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- The IPC team have continued to provide both proactive and reactive support to care settings and primary care on a range of infection prevention and control issues.
- The IPC team have continued to release bulletins to providers on topics including scabies, Preparing for Winter, spring cleaning etc.

All [Care Home resources](#) have also been updated in 2025, with free to download IPC Policies, IPC audit tools, Annual IPC Statement, IPC Risk Assessment Template, General IPC and IPC Lead Job Description
- Training sessions have been held for care settings, including Half Day Housekeeping IPC Training and the popular Light Box Tour 2025-6 in line with World Hand Hygiene Days. A Care Home and Domiciliary Care IPC Study Event was held on 13th January, which received positive feedback.
- The IPC team has continued to participate in system training events, including the York and NY IPC Antimicrobial Resistance (AMR) Collaborative Meeting. AMR and sustainability are now standard items on team meetings, with presentations on both topics delivered at study events and with electronic resources now available.

Healthy Homes

The Community IPC team was nominated for HSJ and Nursing Times awards for their Healthy Homes work.

Healthy Homes is a nurse led, proactive model aligned to the NHS England IPC educational framework with a strong focus on culture change around IPC in care homes, not just compliance. The programme is built around 6 key areas: awareness of IPC support, education & training, IPC champions, IPC audits, policies & procedures, and meeting CQC requirements.

The programme has had clear benefits, including evidence of improved communication, routine audits, staff confidence and visibility of IPC processes. 100% of pilot care homes now have a designated IPC lead, and feedback shows increased confidence and preparedness around IPC.

Next steps include offering all care homes in NY&Y a 'Healthy Homes' evaluation, growing the IPC peer champions network, and sharing tools, templates and educational resources.

TUBERCULOSIS

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- The community TB team at Harrogate District Foundation Trust continues to support individuals with active and latent TB, including both adults and children.

A catch-up programme has been undertaken providing BCG vaccinations for eligible children. BCG vaccinations across NY are now up to date, with further clinics scheduled as required when further eligible children are identified.
- Proactive work continues with organisations working with underserved groups including primary care, social workers, refugee services, and children in care services. The team also has a close working relationships with military health providers and provides screening to eligible new recruits.
- The community TB team, HNY ICB, UKHSA and wider partners were involved in a multi-agency response to a TB incident during summer 2025 that involved the follow up of a large number of potential contacts.

Tuberculosis National Report

In March 2025, the Getting It Right First Time Projects Team at the Royal National Orthopaedic Hospital (RNOH/GIRFT) published the [Tuberculosis National Report](#).

NHS England developed an Implementation Framework Programme to support delivery of the recommendations from this review, and visited ICBs across the country as part of the embedding process.

There are a number of recommendations in the Report for organisations to implement, including providers, ICBs, local authorities and regional NHS teams.

Work is already underway at a local level to address these recommendations, and a helpful Virtual Summit was held in February 2026 to discuss some of the issues and responses further.

Work to respond to the GIRFT report will continue into 2026/7.

ANTIMICROBIAL RESISTANCE

Work continues to support the reduction in duration of antibiotic treatment courses where clinically appropriate, as this reduces side effects from antimicrobials and also reduces the risk of antimicrobial resistance (AMR) developing.

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 steady performance is noted and current performance in North Yorkshire is approaching the target for the use of antibiotics in line with UK Access, Watch and Reserve classification for antibiotic prescribing in primary care which focuses on choice of antimicrobial agent.

The NHS Oversight Framework for 2025/2026 provides an updated oversight framework with metrics on which Integrated Care Board (ICB) performance will be assessed. The framework includes a new Patient Safety metric supporting delivery of both the second UK five-year national action plan and the NHS delivery of high-quality safe care: Percentage of children prescribed antibiotics in primary care. North Yorkshire has one of the lowest rates for prescribing in this cohort.



UK Access, Watch and Reserve classification for antibiotic prescribing in primary care

Select Organisation Grouping
 NORTH EAST AND YORKSHIRE COM..

Show Old Boundaries
 No - current locations only

Location
 NHS HUMBER AND NORTH YORKSH..

PCN/Cluster
 All

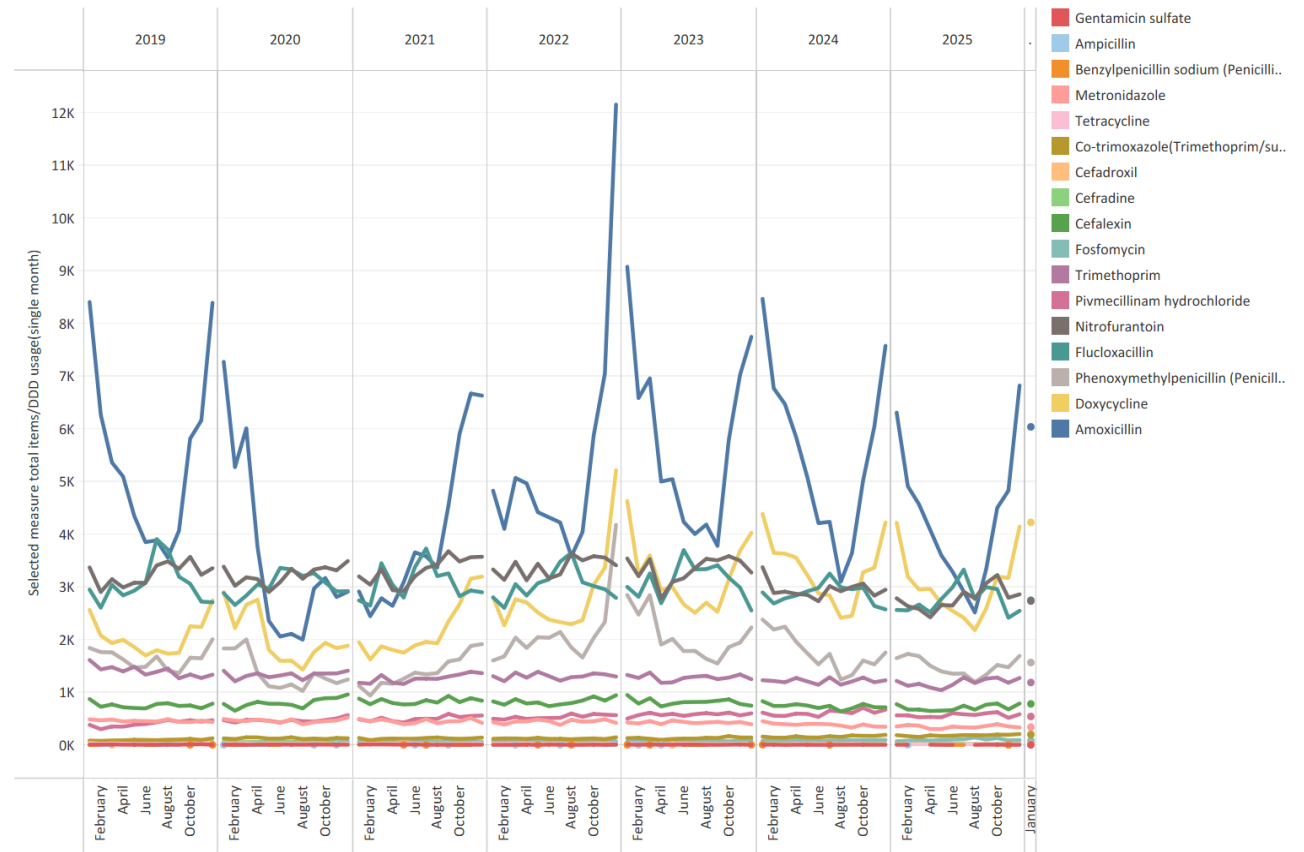
Practice
 All

Select Monthly Prescribing Type
 single month

Select Measure Items/DDDs
 items

Age Band Years
 All

Total number of ACCESS items prescribed by Antibiotic over time (single month)



SEXUAL HEALTH

North Yorkshire has good sexual health outcomes compared to England, the Yorkshire and Humber Region and Chartered Institute of Public Finance and Accountancy (CIPFA) neighbours. Although sexual health spans all domains of public health, from a health protection perspective, the main changes the most recent publicly available data is as follows:

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Gonorrhoea diagnoses increased to **35.9 per 100,000** (trend: *increasing and getting worse*) but remain **substantially below England's 124.5 per 100,000**.

- **New STI diagnoses (excluding chlamydia)** rose to **199.2 per 100,000** (trend: *increasing and getting worse*) and remain **well below England's 482.3 per 100,000**.
- **Syphilis diagnostic rate** remains stable at **5.74 per 100,000** (*no significant change*) and **much lower than England's 16.53 per 100,000**.
- **Chlamydia detection (females 15–24)** is **1,263.6 per 100,000**, below England's **1,589.4**, with **no significant change** locally.
- **Chlamydia screening coverage (females 15–24)** is **15.72%**, below England's **17.98%**.

Cervical Screening at YorSexual Health – Nursing Times Award Nominee (Public Health, 2025)

In 2023, YorSexual Health received NHS England funding to train five experienced LARC-fitting nurses in cervical screening. The aims were to increase screening uptake among people who do not access GP services, expand the number of trained screeners, improve access for vulnerable groups, and introduce flexible delivery models such as walk-in clinics and outreach sessions.

A new cervical screening pathway was created for patients without a GP or recall status, and targeted clinics were developed for people living with HIV, trans and non-binary communities, NHS staff, and outreach settings. Walk-in and wait clinics were rolled out across multiple sites, supported by targeted social media messages.

The programme delivered a major rise in screening activity—from three tests in February 2022 to 113 by February 2025. Staffing capacity nearly doubled, enabling consistent availability across all sites. GP practices also promoted the service as an alternative for patients struggling to book appointments. Feedback from service users was highly positive, highlighting convenience and reduced stress.

Key learning included the effectiveness of walk-in models for people with unpredictable schedules or appointment anxiety, the value of clinical leadership in maintaining quality, and the importance of social media for flexible, real-time communication.

Future plans include expanding the offer further, supporting primary care with recall and non-attender follow-up, and sharing learning and pathways regionally and nationally, particularly around screening for NHS staff.

ENVIRONMENT

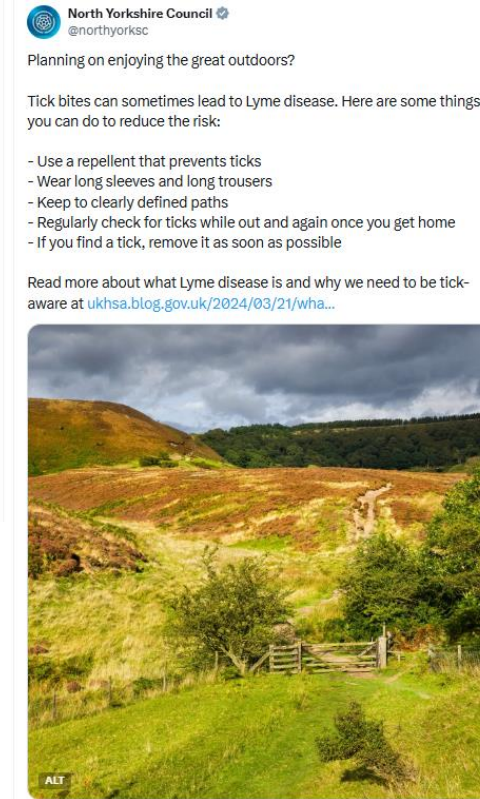
SEASONAL HEALTH

The Seasonal Health Partnership, chaired by North Yorkshire Fire and Rescue and supported by the NYC public health team, continued to meet and collaborate. Communications remained an area of focus for the partnership and a Task and Finish group was recently established to work on streamlining communications across all partners.

A range of seasonal health communications campaigns was shared during 25/26, including:

- Ticks & Lyme Disease Awareness: seasonal reminders were delivered on how to spot, prevent, and safely remove ticks, and raise awareness of Lyme disease risk
- Petting Farm Safety: public messaging was shared to promote good hygiene and safe practices when visiting petting farms, particularly during peak spring and summer visit periods.
- We have local websites sharing key resources, such as [Avoiding infection on farm visits | North Yorkshire Council](#)

A seasonal health event was held jointly across North Yorkshire and York in October 2025, supported by both Directors of Public Health, focused on preparing partners for the winter season.



The Seasonal Health Strategy (2021-26) will be reviewed in 2026 to ensure it is up to date, maintains alignment with key seasonal health issues and sustains engagement across partners.

CLIMATE CHANGE

NYC colleagues continue to support work in line with the [NYC Climate Strategy](#). This includes participation in the corporate Beyond Carbon Board, providing updates on Directorate climate action plans.

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The public health team also continues to progress work against the Public Health action plan, with the Director of Public Health chairing the Health & Adult Services (HAS) Directorate Sustainable Futures Board.

Climate work has continued beyond NYC, with colleagues providing input into work done by the Mayoral Combined Authority on climate (including adaptation and retrofit strategies), and also producing a regional resource that provides a 'menu of actions' for local public health teams to support their role in tackling the climate emergency.

Training has also been delivered at a HAS Leadership Forum to senior managers.

Climate Change support for North Yorkshire schools and Early Years providers

NYC's Healthy Schools team in partnership with the Climate Change team are providing ongoing support to school and early years staff to develop Climate Action Plans and take action to adapt and respond to climate change. Following the DfE's [sustainability and climate change strategy for education](#), Climate Action has been added as a new topic on the Healthy Schools website. Schools and nurseries can upload their Climate Action Plans for review and to gain a Climate Action logo and certificate to show their plan is in place.

- 8 Schools and 5 Early Years providers have uploaded Climate Action Plans to the Healthy Schools website and achieved a logo and certificate in the first round of applications.
- Two in-person and two online teacher training events were held in 2025 on developing Climate Action Plans. 183 school staff signed up to these events.
- Support for Early Years providers around developing their Climate Action Plans was delivered at online Leadership forum meetings.

Future plans

- Continue to develop resources on Healthy School website
- Run a primary schools Climate event at Allerton Waste Recovery Centre (Autumn 26)
- Send out termly climate change e-news
- Establish a database of schemes and support that schools are involved in (sustainable travel, community energy, waste, rethink food etc)
- Continue to highlight free opportunities to schools from external providers

AIR QUALITY

NYC Environmental Health and Public Health teams, along with internal partners, have established an Air Quality Steering Group that continues to meet regularly. The group provides an opportunity for a number of colleagues from different service areas across the Council to come together and talk about projects which aim to improve air quality across the county.

Page 29 It also provides an opportunity to get updates on the Air Quality Action Plan, which outlines specific actions in Air Quality Management Areas across North Yorkshire.

We continue to support national air quality campaigns, such as [World Ventil8 Day](#) in November, which raises awareness about the importance of ventilation for health and wellbeing.

Priority for 2026/2027: Deliver the Air Quality Strategy

Work is currently underway to draft North Yorkshire Council's Air Quality Strategy. In collaboration with colleagues in Environmental Health, we have started gathering information and bringing relevant partners together to work on the development of the strategy. This will be a strategic document which will highlight air quality work undertaken by the Council and how this work will develop going forward to deliver on our ambitions.

There are many service areas in the Council working on air quality, both indoor and outdoor including housing, NYC properties, environmental health, active travel and EV infrastructure. The strategy will provide the overarching vision for improved air quality in the county through a set of goals/ambitions. It is hoped that the strategy will be adopted by the Council in 2027.



REGULATORY SERVICES

SCIENTIFIC TEAM

Air Quality

NYC published its Annual Status Report, which summarises all monitoring within NY and current compliance status against statutory air quality objectives and summarises major developments and traffic measures. This year the number of Air Quality Management Areas (AQMAs) in North Yorkshire is being reduced from 4 to 3 (down from 8 in 2024). Revocations take place after 5 years of continuous compliance with UK statutory air quality objectives – further improvements may allow us to decrease AQMAs down to 2 later in 2026. The NYC Air Quality Action Plan is being reviewed following these additional AQMA revocations.

The Scientific Team have worked closely with public health on a number of air quality initiatives, including:

- Providing real-time monitoring data to inform the public health and wider LRF response to the Langdale/Fylingdales moorland wildfire.
- Assisting public health with the production of an Air Quality Strategy for NYC with input from members of the Air Quality Steering Group and other partners.
- Working with public health colleagues to support campaigns including Clean Air Day and Clean Air Night, the latter focusing on the health risks associated with wood burning stoves.

Planning and permitting

- The team have worked with Planning colleagues to produce guidance to reduce the impact of cumulative development upon air quality.
- The team continues to respond to environmental permitting requests. All required industrial and business permitting applications, variations and inspections processed and undertaken as required under the Pollution Prevention and Control Act. UK Pollutant Release and Transfer Register (PRTR) data sets from NY determined and reported to DEFRA.

Contaminated land

- A standardised risk assessment tool and mapping system is being explored to enable the production of the first NYC Contaminated Land Strategy.
- There is ongoing provision of consultation responses to Planning to ensure land to be developed is suitable for its intended use and does not pose an unacceptable risk to human health or the environment.

REGULATORY SERVICES

FOOD, FARMING AND HEALTH

- In March / April 2025 the team undertook site visits to prominent petting zoos in the county to assess their management of zoonotic illness plans and to issue best practice guidance.
- The team continue to monitor local outbreaks of infectious disease. One such example occurred over Christmas 2025 after the press reported several clusters of norovirus at a Harrogate hotel. Officers engaged the hotel management to assess response plans, linking in with public health and UKHSA to share best practice and to mitigate any further spread.
- Environmental Health and Trading Standards officers maintain close links with the Food Standards Agency and respond to 'Food alerts for action' when there is potential risk and harm to consumers. Examples include facilitating a recall of chilled and frozen desserts from North Yorkshire hospitals and health care settings due to the presence of listeria; a recall of chocolate imported from Belgium due to the presence of salmonella; and the recall of other chocolates sold locally with undeclared allergens present.
- The team are prepared to respond to any local outbreaks of zoonotic and non zoonotic notifiable disease and in February 2026 exercised the NYC Zoonotic Disease plans in conjunction with the NYC Public Health and the Resilience and Emergencies teams and the Animal and Plant Health Agency (APHA).
- Since October 2025, North Yorkshire has seen six outbreaks of avian influenza amid 95 outbreaks across the UK, and the local authority has worked with APHA to undertake disease surveillance and monitoring in the government control zones around each of the infected premises to minimise spread. This work is in parallel with enforcing the national avian influenza prevention zone which brings additional bio-security requirements and the national mandatory housing requirement for keepers of more than 50 birds.

EMERGENCY PREPAREDNESS, RESILIENCE AND RESPONSE

RESILIENCE AND EMERGENCIES

- North Yorkshire Local Resilience Forum continues to deliver against its [strategy](#), which provides the strategic direction for partners over the next five years.
- The [Forum’s Community Risk Register](#) continues to shape how partners warn and inform members of the public about the risks affecting York and North Yorkshire.

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The wildfire at Fylingdales was the largest major incident in the county in the last ten years. Recovery is still ongoing, and the debrief process continues.

- The emergency planning cycle for 2025/26 was successfully delivered, with priorities focused on Exercise Pegasus and the National Power Outage programme.

A quarterly NYLRF newsletter is produced, which provides further details

Priorities for 26/7 include:

- Embedding the learning from the Fylingdales incident
- Undertaking the annual review and exercise of multi-agency emergency plans
- Further developing the compliance and assurance process,
- Working with the UK Resilience Academy to support the ongoing development of skills.

Incident	Locality	Date
Storm Bert	County-wide	22/11/2025
Storm Darragh (amber)	Kirkby Mills & Keldhome areas of Kirkbymoorside	08/12/2025
Amber snow warning	County wide	03/01/2025
Avian Influenza outbreak	Sutton on the Forest	22/01/2025
Airwaves radio outage	County wide	10/03/2025
Vessel collision in North Sea	East coast	11/03/2025
Unexploded munition – River Ure	South of Ripon	25/03/2025
Unexploded munition	Malton	16/04/2025
Unexploded munition	Flaxton	13/05/2025
Potential chemical incident	Scarborough	03/06/2025
Drought escalation	County wide	19/06/2025
Langdale fire	Langdale	26/06/2025
Road traffic collision	Harrogate	18/07/2025
Langdale fire (Fylingdales)	Langdale (Fylingdales)	12/08/2025
Missing child	Richmond	16/08/2025
Residential fire	Spofforth – Harrogate	19/08/2025
Hydrochloric acid spill	Masham	10/09/2025
Amber snow warning	East side of the County	19/11/2025
Fire in industrial unit	Northallerton	25/11/2025
Road traffic collision	Tadcaster	01/12/2025
Residential Fire	Danby Whitby	19/01/2026

EXERCISE PEGASUS

Exercise PEGASUS was a Tier 1 exercise (defined as a national-level exercise involving ministerial participation and Cabinet Office Briefing Rooms (COBR) activation) led by the Department of Health and Social Care (DHSC) with UKHSA support, aimed at rigorously assessing the UK's preparedness, capabilities, and response strategies in the context of a pandemic arising from a novel infectious disease.

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The exercise played across the UK (4 nations) throughout Autumn 2025.

The exercise involved a data-driven simulation focusing on 3 pivotal time points, with various levels of play required as set out below:

- 1. Emergence phase:** Operational + Tactical (22-23 September)
- 2. Containment phase:** Operational + Tactical + Strategic (13-14 October)
 - Phase 2 involved a "focused" level of play based on a bespoke scenario specific to North Yorkshire. Activity included a simulated Tactical Coordination Group (TCG) and Strategic Coordination Group (SCG) as well as accompanying cells.
- 3. Mitigation phase:** Operational + Tactical (3-4 November)

During each of the three phases, **North Yorkshire Local Resilience Forum (NYLRF)** received a 'workbook' containing questions and challenges to work through with 48 hours to complete.

NYLRF established an **Exercise Pegasus Working Group** made up of a range of representatives from core agencies (NYC, CYC, UKHSA, ICB, YAS, NYFRS and NYP) with the expertise to deal with most questions. In addition, representatives were identified for **specialist cells**, taking on more detailed questions.

Exercise PEGASUS was based on a novel enterovirus originating from a fictional island. Enteroviruses are a group of viruses that usually cause mild illnesses but can lead to serious conditions such as meningitis or acute flaccid paralysis.

NYLRF participated in all three phases and captured learning in debrief reports to highlight what worked well, what could be improved and recommendations that the local tier can progress.

It should be noted that the national debriefing activity is ongoing and will be considered once available.

A fourth phase (recovery) is planned to be exercised in 2026.

INCIDENTS AND OUTBREAKS

There have been a number of national outbreaks of infectious disease in 25/6 that have also required a local response, for example sharing communications messages in light of increased measles cases in London and the invasive meningococcal disease situation in Kent. Notwithstanding the national situation, North Yorkshire has seen occasional cases of these and other diseases across the year, which have required a local response.

The 25/6 flu season began earlier than usual, with cases rising initially through October and November before peaking in December, with cases particularly seen in children and young people in the early phase. Partners have also responded to outbreaks of flu and other respiratory diseases in care settings, as well as norovirus and scabies. Environmental health colleagues have supported hospitality settings with norovirus, and public health teams have supported education settings with a range of childhood infections.

The most significant of the environmental incidents to occur this year was the Langdale/Fylingdales moorland wildfire, which required a protracted response through the LRF and included public health, environmental health, HNY ICB and UKHSA colleagues. Key aspects of the response from a health perspective included monitoring air quality and providing public health advice, supporting the ongoing delivery of health services in the area, participating in humanitarian response planning for potential evacuations, and continuing to provide support into the recovery phase of the response.

In addition to standing up LRF tactical and strategic meetings for the wildfire, HNY ICB also stood up a Health Coordination Group (HCG) to co-ordinate health input and feedback. The HCG mechanism has been valuable in a number of incidents this year, including the wildfire, TB and others across the ICB area. Lessons learned/debriefs have also been co-ordinated through both the LRF and the ICB EPPR team for significant incidents to help improve local processes.

This year saw the completion of the **NYC Infectious Diseases Plan**, which provides operational guidance for NYC staff on managing responses to incidents and outbreaks of infectious diseases. The plan compliments the strategic NYLRF Infectious Diseases Plan (also reviewed and updated this year), and links with wider guidance such as the UKHSA Communicable Disease Outbreak Management Guidance and forthcoming NHS operational response plans from HNY ICB/Local Health Resilience Partnership.

COMMUNICATIONS

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A range of communication campaigns and messages were shared in 25/26, including:

- Clean Air Day: campaign messages were shared with schools to help raise awareness of air pollution and encourage small changes that support cleaner, healthier environments.
- Clean Air Night was promoted through our Beyond Carbon newsletter, highlighting the health impacts of woodburning and ways to reduce exposure.
- Key winter health messages were shared with schools, including a practical winter ventilation poster to help keep classrooms healthy through the colder months.
- There are also local websites sharing key resources, including [Keep well and warm this winter | North Yorkshire Council](#)
- Reactive messaging for awareness-raising on particular diseases, including measles
- UKHSA communications were shared via NYC with schools following on from the Kent meningitis outbreak



SUMMARY

This year many partners across the health protection system have continued to experience the impacts of ongoing organisational change, including ICBs, UKHSA and NHS England. This has included loss of staff as well as changing responsibilities and boundaries.

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Despite this, partners have come together to respond to a range of incidents, including infectious diseases and environmental issues such as the Fylingdales wildfire, as well as engaging in exercises including the national Exercise Pegasus.

Responses have been underpinned by close working relationships, with many formal arrangements also progressing such as the regional MOU and the completion of the NYC Infectious Diseases Plan.

Auditing the health protection system against the ADPH What Good Looks Like Framework has suggested good performance generally, although there is scope to improve information sharing pathways, which will be particularly important to maintain through ongoing organisational changes.

There are several areas of work that have been started during 25/26 that are due for completion in 26/27, including the Air Quality and Seasonal Health strategies. In addition, a number of national reports

and plans have been published during 25/26 (including on HIV and TB) which will be responded to as part of the 26/27 workplan.

Priorities for 26/27

- Refresh the Seasonal Health Strategy
- Complete the NYC Air Quality Strategy
- Embed the national HIV Action Plan locally
- Implement new IPC contractual arrangements
- Implement local actions based on the tuberculosis “Getting it Right First Time” (GIRFT) Report
- Support the completion of regional health protection agreements including MOU
- Strengthening information sharing pathways between organisations to support assurance and response

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North Yorkshire Council

Health and Wellbeing Board

5 June 2026

Approval of delegation of the approval of the Better Care Fund monitoring return for 2026/27 to Corporate Director for Health and Adult Services, Abigail Barron

Report of the Director of Public Health

1 PURPOSE OF REPORT

1.1 To seek approval to:-

Delegate the approval of the Better Care Fund quarterly monitoring return for 2026/27 to the Corporate Director for Health and Adult Services, Abigail Barron.

2 BACKGROUND

The Better Care Fund 2026/27 Quarterly Monitoring returns

2.1 During the Better Care fund planning process, the quarterly monitoring returns in 2026/27 states that there is a requirement for the Health and Wellbeing Board to sign off and approve these before submission. Subsequently, confirmation has been received from the national Better Care Fund team to clarify that the quarterly monitoring returns can be signed off on a delegated authority basis. This will allow the utilisation of the full length of the submission timeline, which should provide more accurate forecasting of the information provided.

2.2 If approval is given, the Better Care Fund quarterly returns will therefore be reported after the delegated approval and submission has occurred at the next available Health and Wellbeing Board.

3 LEGAL IMPLICATIONS

3.1 In terms of monitoring, it is also a requirement that the Quarterly Returns are approved by the Health and Wellbeing Board (HWB) which can be delegated.

4 FINANCIAL IMPLICATIONS

4.1 The following minimum funding must be pooled into the Better Care Fund in 2026/27:-

BCF Schemes – 2026/27

- 2026/27 total BCF funding is £86.8m (LY £85.1m).
- The ICBs' BCF NHS Minimum Contribution in 2026/27 is £59.0m (LY £57.3m) of which £20.9m is transferred to NYC for Adult Social Care (LY £20.0m);
- LA Better Care Grant £21.4m (LY 21.4m)
- DFG, (Disabled Facility Grant) for NYC is £6.4m (LY £6.4m)

5 EQUALITIES IMPLICATIONS

5.1 There are no direct equalities implications but attainment of the priorities in the Plan will, for example, enable more people to live safely and independently.

6 CLIMATE CHANGE IMPLICATIONS

6.1 An initial climate change assessment form has been completed and that indicates that there are no direct climate change implications.

7 CONCLUSIONS

7.1 Monitoring of the Fund helps ensure the priorities are being achieved

8 REASONS FOR RECOMMENDATION

8.1 The content of the request has been agreed with partners.

9 RECOMMENDATIONS

9.1 a) approve the delegation of the Better Care Fund quarterly monitoring return for 2026/27 to Corporate Director for Health and Adult Services, Abigail Barron.

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Presenter

Abigail Barron, Director of Health and Adult Social Care
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BACKGROUND DOCUMENTS relied upon in the preparation of this report – Better Care Fund Policy Framework and Planning Requirement 2026/27

NOTE: Members are invited to contact the author(s) in advance of the meeting with any detailed queries or questions.

North Yorkshire Health Collaborative Update for Health and Wellbeing Board

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5th June 2026

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

Lisa Pope, Director of Commissioning: Partnerships and Engagement (Locality) – York and North Yorkshire (Humber & North Yorkshire Health & Care Partnership)

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

- Health Inequalities: £559k for 2025/26 and c£565k for 2026/27 provided by the ICB. Funding to be invested in schemes with known impacts and ability to be scaled across North Yorkshire, for example, Community Health and Wellbeing Worker schemes in Selby and Scarborough. Some level of investment is also identified to complement existing prevention initiatives across the rest of North Yorkshire.
- Capital budget approved for procurement and the development of the first two new Council-run Care and Support hubs in Harrogate and Scarborough. The developments remain subject to both planning approval and procurement.
- North Yorkshire Frailty Model. Specification and business case agreed, procurement process beginning shortly. Providers aiming to work collaboratively together during the process with the aim of mobilising a new service during the autumn.
- “Getting York and North Yorkshire Working” Economically Inactive Trailblazer Programme through the York and North Yorkshire Mayoral Combined Authority has been awarded year 2 funding across 8 projects, working with a further 1500 individuals and 70 employers.
- Children and Young People’s Mental Health Multi-Agency Transformation programme with 30 proposals including development of an intensive support service and piloting of digital front door, plus expansion of the “Go To” website to incorporate an Artificial Intelligence language model to improve search capabilities and expansion of content to cover Neurodiversity.
- Greater alignment of the 0-19 Healthy Child Service with national Best Start, Families First, and Neighbourhood Health agendas alongside SEND reforms.

- Neighbourhood health assets - Working with York and North Yorkshire Combined Authority to identify opportunities for joint use of estates.
- Aim to strengthen delivery and the impact on neighbourhood health, that may unlock additional investment, technical support, and delivery coordination. Assets review. Neighbourhood health centres submission.
- Public health evidence base has been provided for the 32 Town Investment Plans across North Yorkshire to ensure plans align with population needs across all the wider determinants of health.
An Inclusive Wellbeing Economies (IWE) approach to the York and North Yorkshire Growth Plan has been adopted following advocacy and advice from the Public Health team.
- A Healthy Places Needs Assessment is in development to inform future action around health place-shaping.
- Catterick Integrated Care Centre :
 - The programme continues to demonstrate strong partnership working and will deliver improved access to integrated services for both military and civilian populations.
 - Mobilisation remains on track - aiming for completion in Autumn 2026 with all services moving in shortly afterwards.
 - Key focus areas currently include workforce alignment, digital readiness, and dental commissioning.

- Community services and neighbourhood working has been a key focus of the Joint Committee and the Directors Group.
- Independent support and challenge has helped drive the programme forward.
- Neighbourhood Health identified as the primary transformation vehicle.
- System partners agreed that integration offers the most credible route to transformation, rather than structural reconfiguration.

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Clear progress, with stronger collective ownership emerging over time.

- System focus is now on: Frailty and dementia (integrated cohort models), long-term conditions (prevention and management) and Community nursing (standardisation and workforce development – immediate priority).
- Organisation development (OD) and commitment of capacity across partners recognised as critical enablers to maintain momentum.

- National direction: care organised around neighbourhoods, not institutions.
- Initial goals and metrics are quite NHS focused.
- Refers to new contracting models - single (SNPs) and multi-neighbourhood providers (MNPs); and integrated health organisation (IHOs).
- Aligns with Ambitious for Health, health inequalities priorities, and children and families' strategies as well as North Yorkshire's Joint Local Health and Wellbeing Strategy.
- Clear asks for defined neighbourhoods and neighbourhood plans signed-off by the Health and Wellbeing Board by the end of 2026/27. (For NYC geographic footprint this may mean plans from the three related ICBs: HNY, WY and L&SC ICBs).
- Requires clear place-level ownership, especially as ICB place structures evolve.
- King's Speech May 2026: new Health Bill

- NHCs defined by what they enable not by being a building
- However, four estates ‘archetypes’ to consider locally
 - a) Upgrading or extending existing NHS estate (hub and spoke models)
 - b) Repurposing civic or community buildings (eg. libraries, leisure centres)
 - c) Integrating existing community/cohort hubs (eg. women’s health, family hubs)
 - d) Purpose built new centres

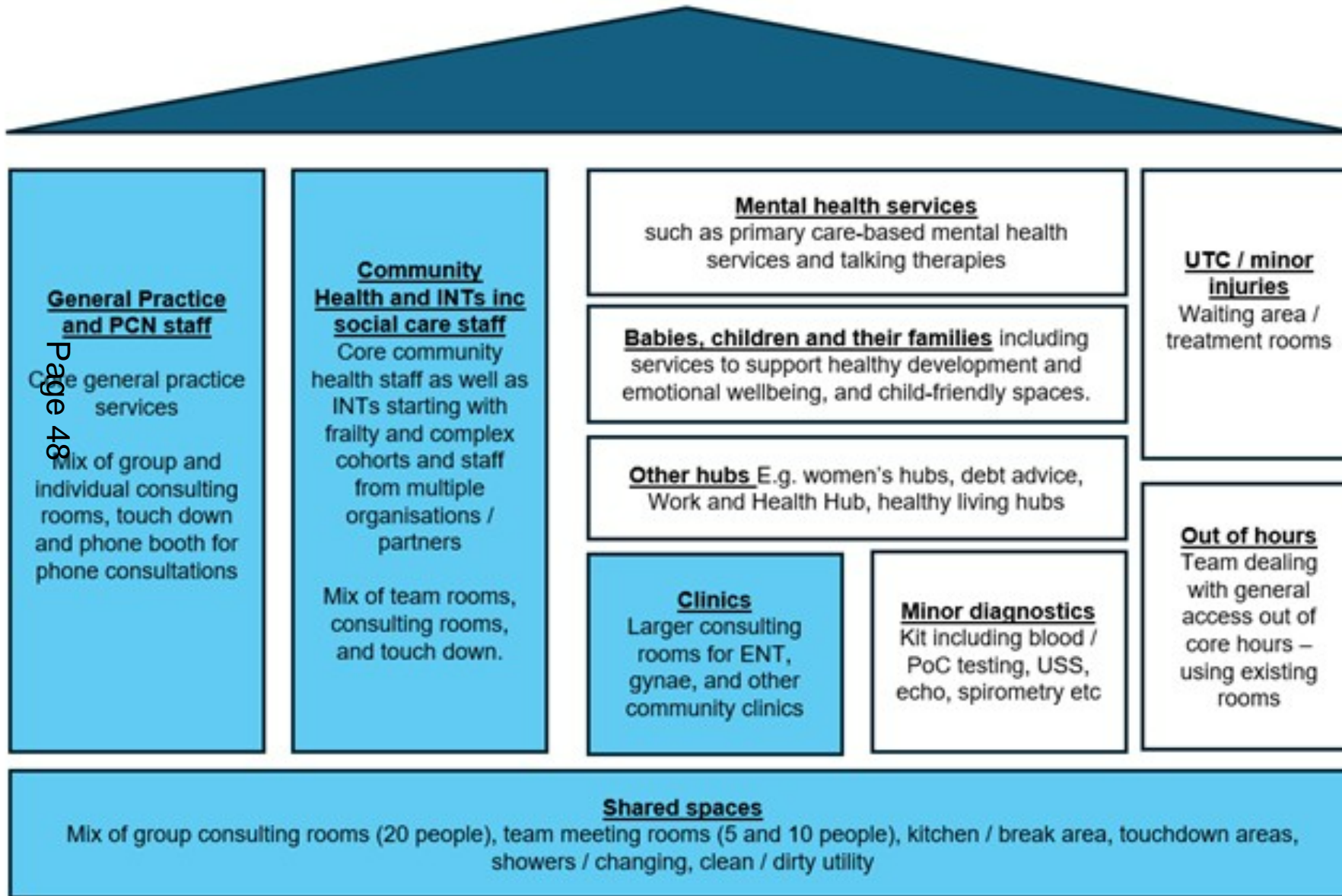
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Services anchored around general practice, with on-site GP provision as a core element of the model

- Serve a defined neighbourhood population footprint aligned to neighbourhood delivery models
- System ask is to develop a credible, prioritised NHC pipeline aligned to neighbourhood strategies and system estates plans during the current planning period

Source: [NHS England » Neighbourhood health centres](#)

Neighbourhood Health Centres (NHCs)



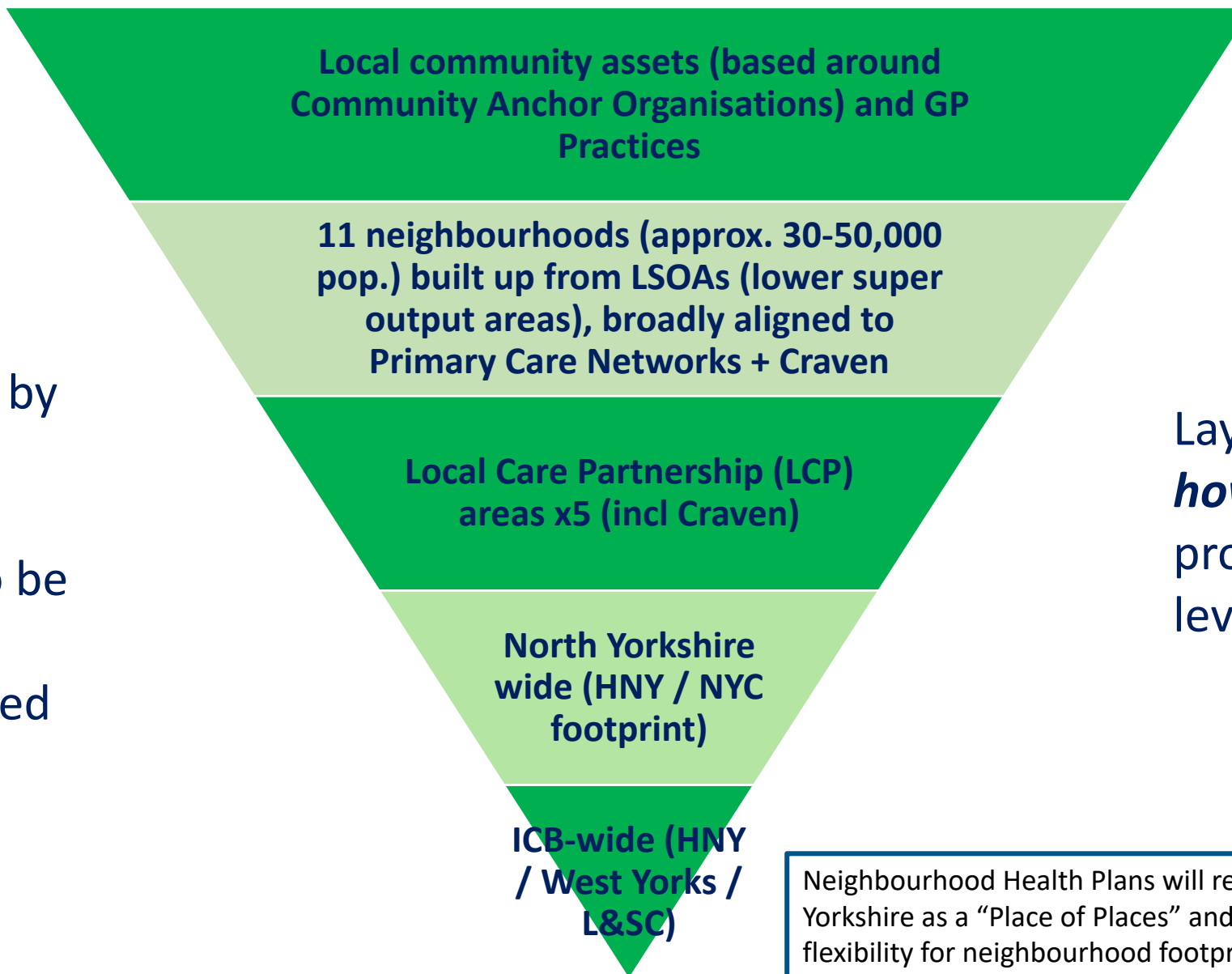
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- Aim is nationally 250 neighbourhood health centres by 2035, with 120 expected by 2030.
- NHCs should operate for a minimum of 12 hours a day, six days a week.
- Core offer as per the blue boxes to the left.
- Core+, locally determined, largely as per white boxes.
- Core++, might include enhanced diagnostics, other acute hospital services. Locally determined.

'Layers of neighbourhood'

WHAT

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Layers shaped by **what** types of services are appropriate to be commissioned and/or delivered each level?



HOW

Layers shaped by **how** are services provided at each level?

Neighbourhood Health Plans will reflect the uniqueness of North Yorkshire as a "Place of Places" and describe the rationale and flexibility for neighbourhood footprints to ensure that planning and delivery of services is at the most appropriate level in each case

Neighbourhood Planning Timeline

	Milestones	Who	When
1	<i>Review framework and strategic direction</i>	<i>Joint Committee</i>	<i>April 2026</i>
2	<i>Submit neighbourhood centres pipeline</i>	<i>ICB</i>	<i>May 2026</i>
3	Shape draft neighbourhood footprints and plans for North Yorkshire	Health and Wellbeing Board; Directors' Group; Joint Committee; LCPs	June 2026
4	Develop draft neighbourhood plans and footprints	Directors' Group; LCPs	August 2026
5	System planning workshop 1 (18 th Sept, 2.00pm)	Health and Wellbeing Board, Joint Committee; Directors' Group	September 2026
6	Refine plans and footprints	Joint Committee; Directors' Group; LCPs	Autumn 2026
7	Sign-off of Neighbourhood Plan	Health and Wellbeing Board, Joint Committee	Jan/Feb/Mar 2027 - TBC

- ICB restructure to continue and changes implemented.
- Mobilise system resources across partners to ensure continued delivery of Ambitious for Health Programme.
- Shape neighbourhood footprints and plans with Health and Wellbeing Board, Joint Committee, Directors Group and Local Care Partnerships in anticipation of key planning workshop with Health and Wellbeing Board and Joint Committee members in September 2026

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Health and Wellbeing Board

North Yorkshire



WORK PROGRAMME

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

FRIDAY, 18 September 2026

ITEM	LEAD	COMMENTS
Joint Committee Annual Discussion	Richard Flinton.	
Joint Local Health and Wellbeing Strategy Annual Review and Forthcoming Annual Delivery Plan	Naomi Smith.	
Better Care Fund Planning Requirement 2026/27	Louise Wallace and Saskia Calton	
Neighbourhood Health Framework		

FRIDAY, 18 December 2026

ITEM	LEAD	COMMENTS
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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, Louise Wallace, Lisa Pope, and Matt Sandford.	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	
North Yorkshire Health Collaborative Verbal Update <ul style="list-style-type: none"> • Joint Committee and sub-groups • HNY ICB update • WY ICB update 	Abigail Barron, Louise Wallace, Lisa Pope, and Matt Sandford.	Updates to be noted.

• NYC update		
Director of Public Health Annual Report	Louise Wallace	

REGULAR REPORTS

- Health Protection Assurance Group Annual Report – June.
- Joint Health and Wellbeing Strategy annual report – June.
- Adults Safeguarding Board annual report – December.
- Safeguarding Board for Children annual report – December.
- Joint Health and Wellbeing Strategy mid-year report – December.
- North Yorkshire Health and Wellbeing Board Terms of Reference and Membership – March.
- Director of Public Health Annual Report – March.

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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