



## Notice of a public meeting of Scrutiny of Health Committee

- To:** Councillors Andrew Lee (Chairman), Liz Colling (Vice-Chair), Nick Brown, Caroline Dickinson, Michelle Donohue-Moncrieff, Richard Foster, Sam Gibbs, Peter Lacey, John Mann, Rich Maw, Heather Moorhouse, David Noland, Andy Paraskos, Clive Pearson, Andy Solloway and Andrew Timothy.
- Date:** Friday, 7 March 2025
- Time:** 10.00 am
- Venue:** The Grand, County Hall, Northallerton, DL7 8AD

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. Please contact the Democratic Services Officer whose details are at the foot of the first page of the Agenda if you would like to find out more. This meeting is being held as an in-person meeting.

You may also be interested in [subscribing to updates](#) about this or any other North Yorkshire Council committee.

Recording is allowed at Council, committee and sub-committee meetings which are open to the public, please give due regard to the Council's protocol on audio/visual recording and photography at public meetings. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Democratic Services Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive.

## AGENDA

- 1. Apologies for Absence**
- 2. Minutes of the Meeting held on 18 December 2024** (Pages 3 - 6)  
To approve the minutes of the meeting held on 18 December 2024 as an accurate record, and for the Chair to sign them.
- 3. Declarations of Interest**  
All Members are invited to declare at this point any interests they have in items appearing on this agenda, including the nature of those interests.
- 4. Chair's Announcements**  
Any correspondence, communication or other business brought forward by the direction of the Chair of the committee.

**5. Progress on issues Raised by the Committee** (Pages 7 - 14)  
Report of the Senior Democratic Services Officer, updating the committee on progress made against matters arising at the previous meeting.

**6. Public Participation**  
Members of the public may ask questions or make statements at this meeting if they have given notice to Edward Maxwell of Democratic Services ([edward.maxwell@northyorks.gov.uk](mailto:edward.maxwell@northyorks.gov.uk)) by midday on Tuesday 4 March 2024, three working days before the day of the meeting. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:

- at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
- when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chair who will instruct anyone who may be taking a recording to cease while you speak.

**7. Public Health Grant** (Pages 15 - 28)  
Report presented by Louise Wallace, Director of Public Health.

**8. North Yorkshire Neighbourhood Health** (Pages 29 - 44)  
Report presented by Lisa Pope, Humber and North Yorkshire ICB.

**9. Hospice and End of Life Care** (Pages 45 - 46)  
Briefing from Tony Collins of North Yorkshire Hospice Care.

**10. Any Other Items**  
Any other items which the Leader agrees should be considered as a matter of urgency because of special circumstances.

**11. Work Programme** (Pages 47 - 52)

**12. Date of Next Meeting**  
Friday 4th July 2025 at 10:00, in the Grand Meeting Room at County Hall, Northallerton.

**Members are reminded that in order to expedite business at the meeting and enable Officers to adapt their presentations to address areas causing difficulty, they are encouraged to contact Officers prior to the meeting with questions on technical issues in reports.**

Barry Khan  
Assistant Chief Executive  
(Legal and Democratic Services)

County Hall  
Northallerton

Thursday, 27 February 2025

## North Yorkshire Council

### Scrutiny of Health Committee

Minutes of the meeting held on Wednesday, 18 December 2024 commencing at 10.00 am.

Councillor Andrew Lee in the Chair, plus Councillors Liz Colling, Nick Brown, Caroline Dickinson, Michelle Donohue-Moncrieff, Richard Foster, Sam Gibbs, Peter Lacey, Rich Maw, Heather Moorhouse, David Noland, Andy Paraskos, Andy Solloway, Andrew Timothy, Alyson Baker and George Jabbour (as substitute for Councillor Clive Pearson).

Officers present: Jon Clubb (Head of Parks and Grounds), Richard Marr (Highways Area Manager), Edward Maxwell (Senior Democratic Services Officer), Victoria Turner (Public Health Consultant), and Louise Wallace (Director of Public Health).

Apologies: Councillors John Mann and Clive Pearson.

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

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#### **587 Apologies for Absence**

Apologies were noted from Councillor John Mann, with Councillor Alyson Baker attending as substitute; and Councillor Clive Pearson, with Councillor George Jabbour substituting.

#### **588 Minutes of the Meeting held on 13th September 2024**

That the minutes of the meeting held on 13 September 2024, having been printed and circulated, be taken as read and be confirmed and signed by the Chair as a correct record.

#### **589 Declarations of Interest**

Councillor Colling declared a non-registerable interest in relation to Minute 594 (Director of Public Health Annual Report 2023-24) as a member of the York and Scarborough NHS Foundation Trust Council of Governors, appointed through North Yorkshire Council.

Councillor Alyson Baker declared a non-registerable interest in relation to Minute 594 as a volunteer at a local vaccination clinic.

#### **590 Chair's Announcements**

The Chair welcomed attendees to the meeting and gave a brief update on matters of interest outside of committee business.

A meeting had recently taken place with Mark Bradley (Acting Place Director, Humber and North Yorkshire ICB), following Wendy Balmain's retirement earlier in December. The Chair thanked Wendy Balmain for her support to the Scrutiny of Health Committee over the past several years and wished her the best. The meeting with the Acting Place Director had been positive, and the Chair looked forward to a productive working relationship.

The Chair sought volunteers for a Working Group, which would meet in late January to consider a response to the NHS Change Consultation. This would be arranged by Democratic Services and further details sent out in due course.

The Chair also met with the Deputy Mayor for Police Fire and Crime to discuss the Crisis Care Response matter raised by Councillor Haslam. A letter following up on that meeting was expected shortly and the Chair agreed to pass details of the response on to members.

#### **591 Public Participation**

No public questions or statements had been received.

#### **592 Progress on issues Raised by the Committee**

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

**Resolved:** That the committee note the report, and that no further action is required.

#### **593 Review of Issue Referred from full Council on 21 February 2024 regarding the Council's use of Glyphosate and Neonicotinoids**

The Committee considered a report from Jon Clubb (Head of Parks and Grounds), Richard Marr (Area Manager, Highways), and Victoria Turner (Public Health Consultant), outlining the Council's use of glyphosate and providing an overview of wider implications for public health. Councillor Brown, as the mover of the original motion, was also invited to speak after the discussion to reiterate his original points.

Currently glyphosate was used by Parks and Grounds for weed control in open spaces, and Highways on kerbs, footways, and paved areas. The information on the potential threat to human health was summarised, there being no consensus on its impact. Glyphosate was categorised as probable carcinogen by the World Health Organization in 2015, but other large-scale evidence reviews since that time had not confirmed this. The Bayer glyphosate case in the United States was referenced, and it was highlighted that in many of the lawsuits the issue was the failure to adequately warn users about health risks, rather than the health risks themselves.

Alternatives such as water and hot foam, vinegar, or manual treatment were discussed, but these had limited effectiveness because of their failure to attack the root systems, necessitating repeated treatments. Limited tests had been carried out by NYC, but service research concluded that overall, a move away from glyphosate-based treatment would cost between four and ten times as much.

Members discussed operational details of the council's use of glyphosate, and officers confirmed that use by Parks and Grounds was almost exclusively on areas of hard standing and important high-traffic areas, such as around gates and access points, rather than on green spaces and flower beds. For Highways use, the consequences of failure to control weeds were discussed, including potential for increased trip hazards on pathways, and eventual damage to structures as weeds became more developed.

Some members felt that even an inconclusive link to carcinogenesis represented an unacceptable risk, but others argued that the risk was in line with other known risk factors common in everyday life. It was felt that a rejection of glyphosate by NYC, at a time when it was not banned nationally and was still available commercially for use by the public, would be incongruous. The risk of weeds developing if alternative methods such as manual removal were adopted, and then being proactively sprayed by members of the public, was also considered. It was also felt that it would not be possible to meet the aims of the original motion in reducing the spend by £100,000 by ceasing purchase of glyphosate, since the alternatives to glyphosate were less efficient and more expensive and might lead to an increased cost. However, members remained concerned about any potential health risk and asked officers to keep the committee updated on regulatory developments if future research disclosed health risks.

The committee thanked Councillor Brown for his original motion, which had prompted a useful debate and highlighted important issues. Officers were also thanked for their time in researching and presenting this complex issue to the committee.

**Resolved:** It is recommended to Full Council that,

- a) having considered the reports, and having examined and debated the competing evidence on the safety and usage of glyphosate, the motion **not be upheld**.
- b) the Highways and Parks and Grounds teams' efforts to minimise usage of glyphosate, and explore alternatives, be supported.
- c) the efforts to reduce risk to operatives using glyphosate are minimised by the use of appropriate PPE, adequate and up-to-date training, and the use of Continuous Droplet Application where possible, be supported.
- d) it be noted that the reduction of the current total budget by £100,000, from its current level of £144,000 by ceasing purchase of glyphosate, cannot be supported as there are no appropriate alternatives which would maintain highways and parks at their current standards.

#### **594 Director of Public Health's Annual Report 2023/24**

The Director of Public Health (DPH) introduced the Annual Report for 2023-24, "Live, Age, Engage: healthy ageing in North Yorkshire". The report focussed on the voice of older people, and highlighted the four healthy ageing priorities for North Yorkshire:

- Health & reducing inequalities
- Housing
- Financial security & employment
- Making North Yorkshire an age-friendly place

The DPH thanked all members of the community who had submitted photographs which were used in the report, as these had helped give a real and relatable picture of healthy ageing around North Yorkshire. While the report contained all the data necessary to provide an accurate picture, efforts had been made to include qualitative information such as individual stories alongside photographs.

Members asked questions on diagnosis rates for dementia, which were 58.4% in North Yorkshire against a national average of 64.8%, and a national target of 66.7%, and the benefits of sport an activity in promoting wellbeing were discussed. It was agreed that an item could be added to the Committee's work program to consider dementia diagnosis rates, as a joint item alongside Adult Social Care. Further information was sought on budget savings arising from care reassessments, and the DPH agreed to provide further detail in a supplementary written answer.

Members thanked the DPH for the report, in particular praising its accessibility and relevance to everyday lived experiences of ageing in North Yorkshire.

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

#### **595 Independent Public Inquiry into the Government Handling of the COVID-19 Pandemic: Review of Module 1 Outcomes**

Victoria Turner (Public Health Consultant) delivered a presentation to the Committee which outlined the response to, and local implications of, the publication of *Resilience and*

*Preparedness (Module 1)* by the UK COVID-19 Inquiry in July 2024. The main themes of the national report were highlighted, including the focus on an influenza-type disease, the complexity of emergency planning structures, and a failure to fully learn from previous outbreaks such as SARS and MERS. The Council's response to the first module was highlighted, which was gathered in the form of surveys from the Local Government Association and used to compile the report. The effect on staff was also discussed, particularly the stress imposed by reliving difficult experiences of the COVID period, and additional staff support had been made available to support those involved in providing evidence to the inquiry who were affected.

Members discussed the difficulties of acting as a councillor during the COVID period. Any future pandemic affecting North Yorkshire would be different since following Local Government Reorganisation there were no longer District or Borough Councils. The importance of training for councillors in such an event was also acknowledged, as well as the need for support to voluntary and community organisations at the local level. Members also considered the need for clear and open communication with residents, to build up trust with communities in the event of a future pandemic. Areas of risk for such an event were discussed, including a lack of shared health protection systems data and the role of digitisation in improving information sharing between organisations. The remaining uncertainty around the implications of Long COVID were also noted.

Officers highlighted the response to the COVID pandemic, with the local response following national guidance but also including additional work where it was felt local circumstances required an enhanced response, such as additional testing in care homes in North Yorkshire. It was emphasised that in any future event, the application of best public health practice would be at the heart of any response.

**Resolved:** That the presentation be noted, and that colleagues from Public Health be invited to give updates after the publication of future modules of the inquiry where there were significant local implications.

#### **596 Work Programme**

The committee's outline programme of work for 2024/25 was considered.

The recent report on the proposed Joint Place Committee with HNY NHS ICB which had been considered by the Executive on 17 December was highlighted, and it was agreed that a copy would be circulated to members following the meeting.

It was agreed that any future updates on Airedale Hospital would be circulated to members of the Skipton and Ripon Area Committee for information.

**Resolved:** That the committee approves the proposed programme of work and incorporation of suggestions for future items.

#### **597 Date of Next Meeting**

Friday 7 March 2025, at 10:00, in the Grand Meeting Room, County Hall, Northallerton, DL7 8AD.

The meeting concluded at 12:50.

## North Yorkshire Council

### Scrutiny of Health Committee

7 March 2025

#### Progress on Issues Raised by the Committee

#### 1.0 PURPOSE OF REPORT

1.1 To advise Members of progress on issues which the committee has raised at previous meetings.

#### 2.0 BACKGROUND

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

2.2 The committee is asked to consider whether any further follow-up is required.

	Date	Minute number and subject (if applicable)	Committee resolution or issue raised	Comment or date required	Complete?
1	18 December 2024	590 – Chair's Announcements	Request for volunteers to participate in a Working Group to prepare a joint response between Scrutiny of Health, Children and Families O&S, and Care and Independence O&S to the NHS Change Consultation.	No later than consultation closure date on 13 February 2025.	Working Group met on 24 January 2025. Response at Appendix A.
2	18 December 2024	590 – Chair's Announcements	Chair agreed to pass a follow up memorandum from the Deputy Mayor on to the Committee, following on from a meeting in December 2024.	Next meeting on 7 March 2025.	Response received from Asst Chief Constable Catherine Clarke, North Yorkshire Police at Appendix B.
3	17 January 2025	Mid Cycle Briefing	Autism Strategy Update. Request for members to participate in a joint scrutiny workshop to review the Year 1 action plan.	No later than its scheduled consideration by Management Board in March 2025.	Joint Scrutiny Autism Strategy Workshop met on 11 February 2025.

4	24 February 2025	Mid Cycle Briefing	Additional information requested on Pharmacy First following on from Community Pharmacy Visit in 2024.	Next meeting on 7 March 2025.	Sent to members on 24 February 2025.
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### 3.0 FINANCIAL IMPLICATIONS

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

### 4.0 LEGAL IMPLICATIONS

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

### 5.0 EQUALITIES IMPLICATIONS

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

### 6.0 CLIMATE CHANGE IMPLICATIONS

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

### 7.0 RECOMMENDATIONS

7.1 It is recommended that the committee:

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

### APPENDICES:

Appendix A: Response to NHS Change Consultation  
Appendix B: Response from NYP ACC Clarke

### BACKGROUND DOCUMENTS:

None.

Barry Khan  
Assistant Chief Executive, Legal and Democratic Services  
County Hall  
Northallerton  
27 February 2025

Report Author: Edward Maxwell, Senior Democratic Services Officer.



## North Yorkshire Council

### Scrutiny of Health Committee: NHS Change Consultation Working Group

24 January 2025

### NHS Change Consultation Response

#### **Making better use of technology**

*When you think about how we could use technology in the NHS, what are your hopes?*

Members expressed a hope for reliability and integrity – technology offers efficiencies, but also vulnerabilities. These systems must be properly resourced with a long-term plan to ensure they do not create an unsustainable skills gap. Rollout of new technologies must include dedicated engagement to ensure the role of “scary” technologies like AI are properly communicated to the public, with clear boundaries and efforts made to highlight the benefits. The public need to see a tangible benefit to have confidence in the system.

*When you think about how we could use technology in the NHS, what are your fears?*

There are fears that an increased reliance on technology might lead to siloing of different systems that do not communicate with each other, in turn eating up the potential efficiencies. The increased training and retention burden will be considerable, as well as the demands on existing staff to adapt to new processes while already under pressure.

*What technologies do you think the NHS should prioritise? Share why these were chosen in your workshop.*

Everyday technologies, not necessarily for frontline use, need to not be left behind – administrative systems, screen, and data sharing between sites, need to be efficient and reliable.

*What technologies are you worried about? Share why this was a concern in your workshop.*

Some uncertainty persists around the use of AI – there is an awareness of some very successful AI-driven technologies, such as the AI-led physiotherapy pathway which has CQC approval, but these need to be better publicised and communicated, especially to an ageing population who might be more likely to come into contact with it, but less willing to accept it.

#### **Moving more care from hospitals to communities**

*What difference – good or bad – would this make to you?*

Members felt that steps to reduce the burden on hospitals were necessary and welcome. Implementing community care posed additional challenges for North Yorkshire because of the rurality – there is an opportunity for people living in remote communities to access care closer to where they live rather than having to make lengthy hospital journeys, but even comparatively short journeys can be challenging for residents. North Yorkshire has a higher average age than nationally, and the rural transport links can be adversely affected by weather conditions. The need to link in with public transport networks cannot be overemphasised.

*Thinking about virtual wards, what sounds good?*

The possibility of relieving pressure on hospitals is welcome, and the provision of intermediate care beds has not kept pace with rising demand. The ambition is positive.

*Thinking about virtual wards, what concerns do you have?*

Any move to virtual wards needs to have social care at its heart, to ensure joined-up working between the sectors and ensure that those that need dedicated hospital care don't miss out, in a future system where there is potentially less face-to-face contact to identify and pre-empt issues. Data handling needs to be seamless to ensure efficiency of patient care, and integrity of sensitive information.

*Thinking about community diagnostic centres, what sounds good?*

Members are supportive of the ambition to provide community diagnostics – in particular, standardising the ability of non-GP HCPs to directly refer to specialists is urgently needed, particularly since some areas of the country already have this in a limited way as a part of various trials, leading to inequalities.

*Thinking about community diagnostic centres, what concerns do you have?*

There were significant concerns that the proposed reforms to the NHS would focus on capital investment, without the necessary revenue increases associated with recruiting and retaining staff. There is an NHS Long Term Workforce plan, but none for social care staff, and there is a general concern that social care will not receive the same attention as the NHS.

Lord Darzi's report specifically made the point that it was difficult to quantify what services were being provided in the community. We need to better understand where and how people are employed, supporting patients at all stages of their treatment and recovery.

*Thinking about ambulance triage, what concerns do you have?*

Potentially, if ambulance statistics are being treated as a key metric of success for this NHS Change, a reduction in numbers might be seen as a positive but not actually reflective of an improvement in patient care – statistics need to be holistic and reflect the totality of patient experience, rather than being reduced to "waiting times".

## **Preventing sickness not just treating it**

*What difference – good or bad – would this make to you?*

The role of public health commissioning is a good example – health is a multifaceted issue with many opportunities to address wider determinants in health, such as improvements in housing, employment, transport, financial health, access to outdoor space etc, might yield significant savings through prevention. North Yorkshire has a great opportunity in the area of social prescription with high-quality outdoor spaces that should be employed to the full. Strongly feel that the restoration of the Public Health Grant would have a very positive effect, programmes like smoking cessation and weight management are vital.

*What forms of prevention do you think the NHS should prioritise? Share why these were chosen in your workshop.*

The role of AI in preventative medicine, tying in with genomics and allowing preventative interventions and advice to be delivered at an earlier stage of life. Public Health has a vital role to play in improving the general health of the population, obviating the need for costly health interventions.

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# MEMORANDUM



<b>TO</b>	ACC Catherine Clarke
<b>FROM</b>	Superintendent Vicky Taylor
<b>DATE</b>	28/01/2025
<b>SUBJECT</b>	Right Care, Right Person Briefing for Councillor Lee

## **Right Care, Right Person.**

RCRP ensures that people receive the right care from the right people. When someone is suffering with their mental health the police are not always the appropriate agency to attend. Having police attend can be stigmatising for the individual concerned. A more appropriate response involves mental health services or ambulance who can access the correct support and care.

North Yorkshire Police only apply RCRP to calls from our health care partners. We are only one of 5 forces across the country who do not apply RCRP to children and members of the public. The police will always continue to attend incidents in which there is a risk or threat to life, or a crime has been committed.

## **NYP roll out**

RCRP commenced in January 2023. An extensive consultation process was conducted including partners, other key organisations and individuals including partnership working groups. Numerous briefings took place including to the ICB, individual Mental Health agencies, Acute Hospitals, YAS, AMHP's and others.

## **Peer Review**

Obtaining an independent review to assist with the development of RCRP, NYP have previously commissioned the College of Policing to undertake two Peer Reviews. This led to a Strategic Governance Board being established.

## **Strategic Governance Board**

Our Strategic Governance Board has met three times. It is jointly chaired by the Chief Executive of Tees, Esk and Wear Valley NHS Foundation Trust - Brent Kilmurray and Assistant Chief Constable - Catherine Clarke.

The Board is moving towards the application of RCRP to Children and members of the public. NYP have met with neighbouring forces and partners to explore their processes and mitigate any risks.

NYP have a draft members of public policy written and ready for sign off at the next Strategic Governance Board meeting.

Regarding application to children, once this is in place, NYP will have a weekly operational meeting with partners to review and scrutinise incidents and feed these findings back to the Strategic Governance Board. This would mirror another monthly meeting NYP currently run where RCRP incidents are reviewed.

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NORTH YORKSHIRE COUNCIL

Page 15



Agenda Item 7



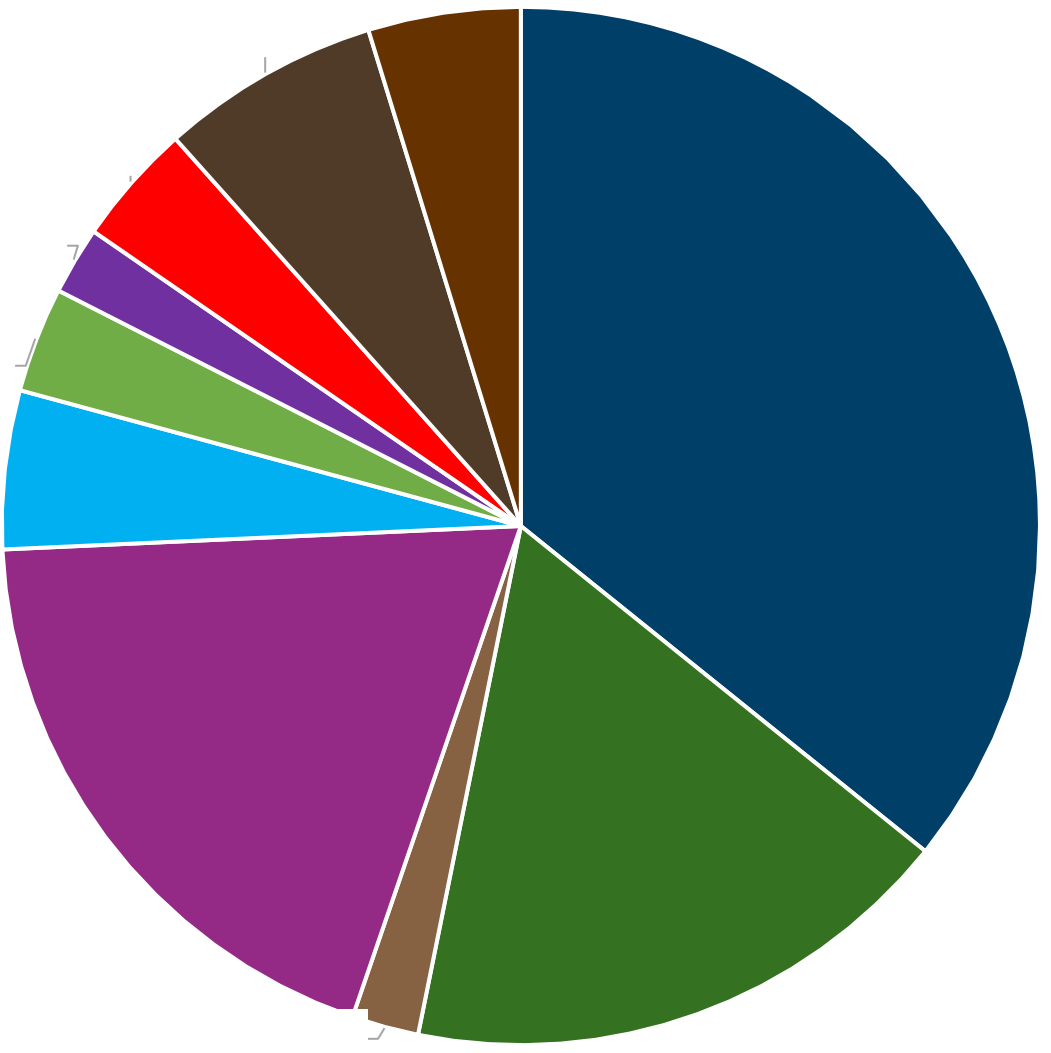












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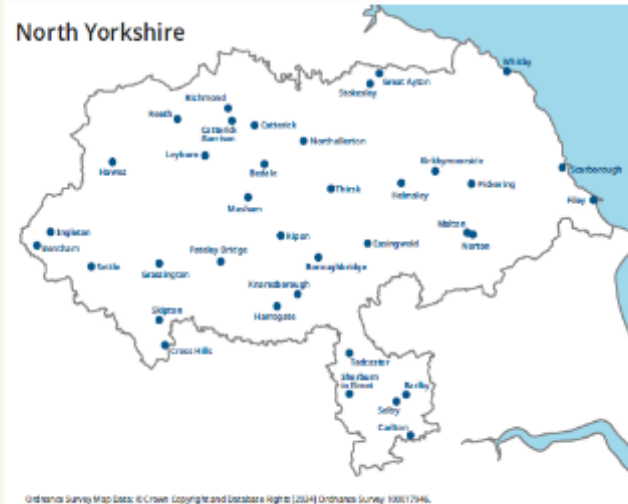
England's **largest county**, covering a geographical area of over **8,000** square kilometres

Total **population** of **615,500**

A mix of **urban, rural** and **coastal** areas

Highly rural - up to **85%** of the county classified as '**super sparse**' with a population density of just 77 people per square kilometre, compared with an England average of 432

**153,800** (25%) of **residents** are **over 65**; with projected trends and inward migration of older people to the area, this figure is expected to increase to almost a third by 2035

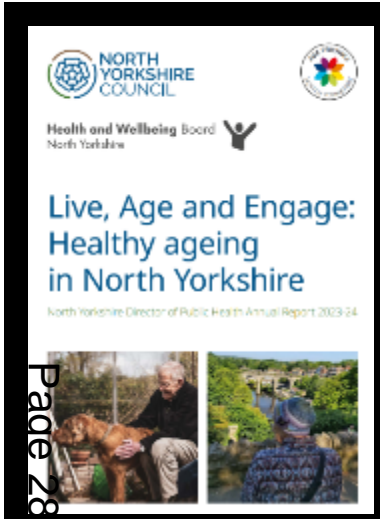


A small but growing **ethnic minority** population - **6.7%** compared to England average of 26.5%

Home to Catterick Garrison, the **largest** British Army **garrison in the world** with a population of over 13,000

**80.7%** of North Yorkshire's working age population are **economically active** compared to 77.4% for the Yorkshire & Humber region and 78.4% for the UK





Page 28

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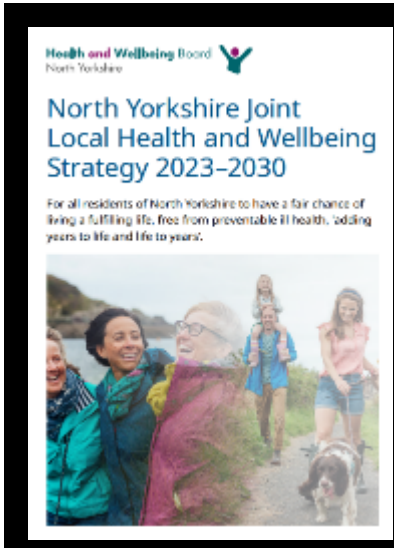
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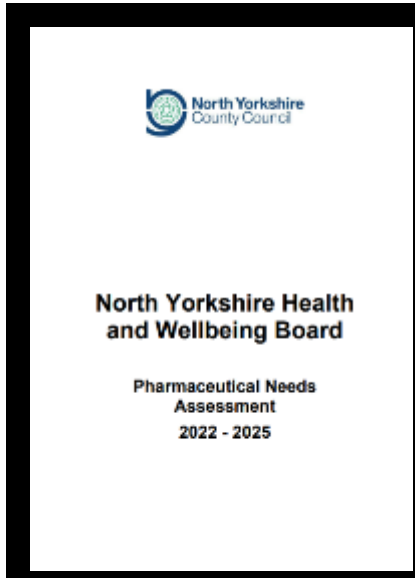
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## North Yorkshire Council

### Health Overview and Scrutiny Committee

March 6<sup>th</sup> 2025

### Neighbourhood Health in North Yorkshire

#### 1.0 PURPOSE OF REPORT

As requested by the Committee, this is an update on the latest NHS policy and planning relating to the development of Neighbourhood Health in North Yorkshire.

#### 2.0 BACKGROUND

Neighbourhood working has been a key component of NHS strategy since its introduction in The NHS Five Year Forward View (2014) and was further reinforced in the NHS Long Term Plan (2019). These strategic documents recognise the importance of delivering personalised, integrated care within communities. The approach has been refined over time, with a greater emphasis on the role of Integrated Neighbourhood Teams (INTs) in supporting proactive care, prevention, and stronger local partnerships to address health inequalities in smaller sub-populations experiencing the greatest need. Subsequent reports, including the Darzi Review released in 2024, have highlighted the need for more community-based care, integration, and innovation. Further direction is expected with the publication of the forthcoming NHS 10-Year Plan, which will provide greater clarity on the future of neighbourhood health.

#### 3.0 NEIGHBOURHOOD HEALTH POLICY

On January 30 2025, NHS England published the 2025/26 Priorities and Operational Planning Guidance, setting out key priorities for the coming year. The guidance focuses on neighbourhood working, emphasising the need to reduce silos and duplication between teams and organisations, and increase collaboration and connectivity in service of improving population health outcomes, reducing hospital and care home admissions, and supporting independence.

To drive transformation, NHS England has outlined three key shifts that are sought nationally;

1. Moving care from hospital to community
2. Shifting focus from treatment to prevention
3. Advancing from analogue to digital

To deliver these shifts, the guidance identifies seven core components essential for strengthening local services. It asks that system partners consider each component within the context of the needs of their local population and the current configuration of services. Integrated Care Boards (ICBs) and local authorities are also asked to work together to evaluate how effectively individual interventions link together to improve the way services are delivered for their local population. The seven components of neighbourhood health are;

- **Population Health Management** to target preventative interventions.
- **Modern General Practice** ensuring access to primary care.

- **Standardising Community Health Services** for consistency and equity.
- **Urgent Neighbourhood Services** to reduce unnecessary hospital admissions.
- **Integrated Intermediate Care** (Home First Approach) for timely discharge and recovery, and to reduce avoidable care home admissions.
- **Neighbourhood Multidisciplinary Teams** (otherwise called Integrated Neighbourhood Teams (INTS)) to provide focused, coordinated support for people facing complex health and socioeconomic issues.
- **Secondary Care Contribution** to neighbourhoods to ensure specialist services are effectively integrated within local care models.

The cumulative impact of work on these components seek to deliver three key national impacts, which will act as the measures of success:

- **Access** – Improving timely access to general practice and urgent and emergency care (UEC) services to ensure people receive the right care, in the right place, at the right time.
- **Prevention** – Reducing avoidable hospital admissions and minimising the long-term costs of care by promoting early intervention and proactive management of health conditions.
- **Personalised Care** – Supporting individuals to remain independent and avoid unnecessary long-term admissions to residential and nursing homes by delivering tailored, community-based care.

#### 4.0 LOCAL APPROACH TO NEIGHBOURHOOD HEALTH

The national neighbourhood working guidelines and ambitions closely align with local priorities identified across the Integrated Care Board (ICB) and multi-partner North Yorkshire Place Board. The neighbourhood agenda, and its component parts, will be wrapped into the emerging Ambitious for Health programme which North Yorkshire Place and North Yorkshire Council (NYC) are co-producing as a joint approach to health and social care transformation. Ambitious for Health sits under the auspices of the North Yorkshire Health Collaborative (NYHC) which will hold its inaugural meeting in April 2025. The NYHC, which will be chaired by NYC's Chief Executive and supported by the Chief Executives of local health and care partners, will be a multi-year joint programme which aims to improve the outcomes of local people through collaboration, prevention and a strong focus on community health and wellbeing.

The North Yorkshire approach to neighbourhood working will continue to emerge as a core component of the wider Ambitious for Health programme, building on the significant progress already made by health, social care and voluntary sector organisations (particularly community anchor organisations) within communities. The roadmap for change will include the following elements.

- Advancing the development of multi-partner Local Care Partnerships, community anchor organisations and integrated neighbourhood teams
- Development and application of a population health management approach
- Further optimising and integrating the core components of neighbourhood health

#### 4.1 Advancing the development of multi-partner Local Care Partnerships, neighbourhoods and integrated neighbourhood teams

Strategically, Local Care Partnerships (LCPs) will play a crucial role in enabling and embedding neighbourhood working across North Yorkshire, ensuring decision-making, resource allocation, and

efforts to reduce inequalities are aligned with local population needs. There are four LCPs in North Yorkshire covering the East Coast, Vale and Selby, Hambleton and Richmondshire, and Harrogate and Rural. These partnerships act as a bridge between locality-level service provision and the wider system, ensuring that the sum of services and the connectivity between them addresses local need and inequalities. These partnerships are leading efforts to utilise population health data to segment and risk-stratify communities, enabling more targeted and proactive interventions, and identification of where the development of INTs will have most impact on population health. Layered under the LCPs are 11 proposed neighbourhoods, broadly aligned to primary care networks, which will act as the foundation for hyper-local service planning and delivery.

The development of delivery-focused INTs will catalyse existing areas of excellent practice, with their scale dependent on the target population. A proactive frailty INT may operate at an LCP scale to provide economies of scale, whereas an INT focused on young families may be geographical, focusing on a few roads or around one school to address a specific identified need or inequality.

#### **4.2 Development and application of a population health management approach**

Population Health Management (PHM) is a data-driven approach that enables partners to identify, segment, and develop support for communities based on health risks and needs. By analysing health and care data, and triangulating this data with partner experience and insight, partners can proactively target resources where they are needed most. Locally, this will allow tailored interventions ensuring that care is delivered at the right scale for each community.

#### **4.3 Further optimising and integrating the seven core components of neighbourhood health**

Neighbourhood health encompasses a range of integrated services, including urgent care, intermediate care and general practice. The national guidance asks that ICBs and NYC jointly plan to connect the components of neighbourhood care at scale, with the structures and processes to enable this in North Yorkshire already in place. Through the planning rounds currently underway, change and delivery plans will be drafted for each component to contribute to the national goals of reducing hospital admissions, improving access to primary and urgent care, and reducing avoidable admissions to care homes.

### **5.0 FINANCIAL IMPLICATIONS**

Nationally, there is no additional funding allocated specifically to neighbourhood working. Progress locally will continue to be driven through the development of trusted relationships, changes to working practices and resource reallocation.

#### **6.0 RECOMMENDATION(S)**

The committee is asked to note the content of this report.

Report Author and Presenter – *Gemma O’Neil, Deputy Director, North Yorkshire Place (Humber and North Yorkshire Integrated Care Board)*  
Sponsoring Director – *Lisa Pope, Deputy Place Director, North Yorkshire Place (Humber and North Yorkshire Integrated Care Board)*

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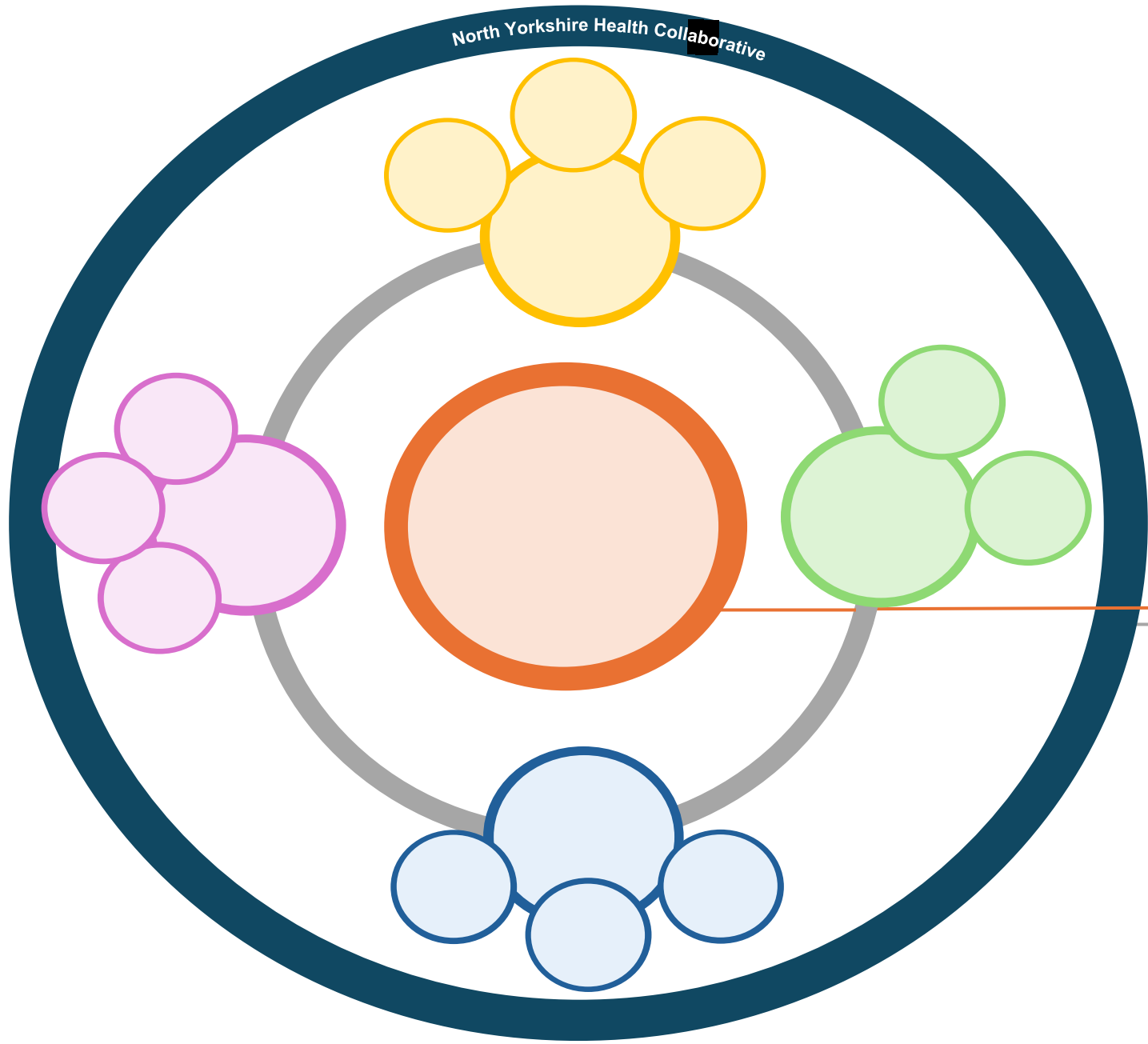








North Yorkshire Health Collaborative



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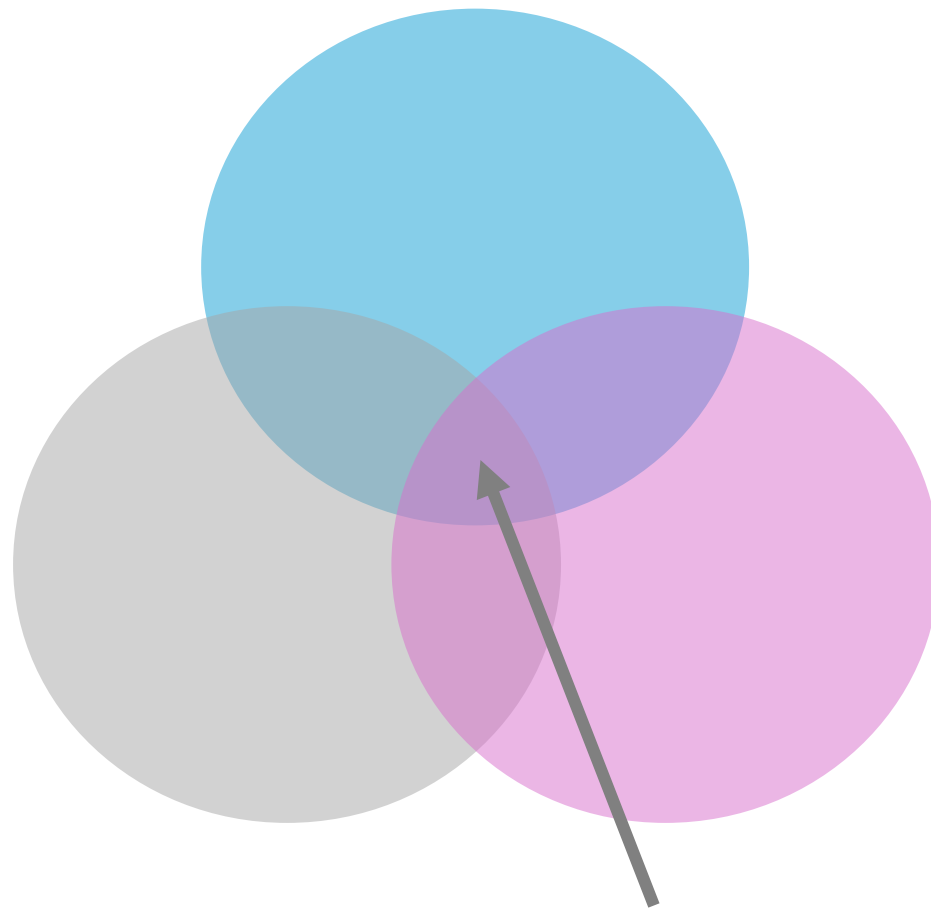
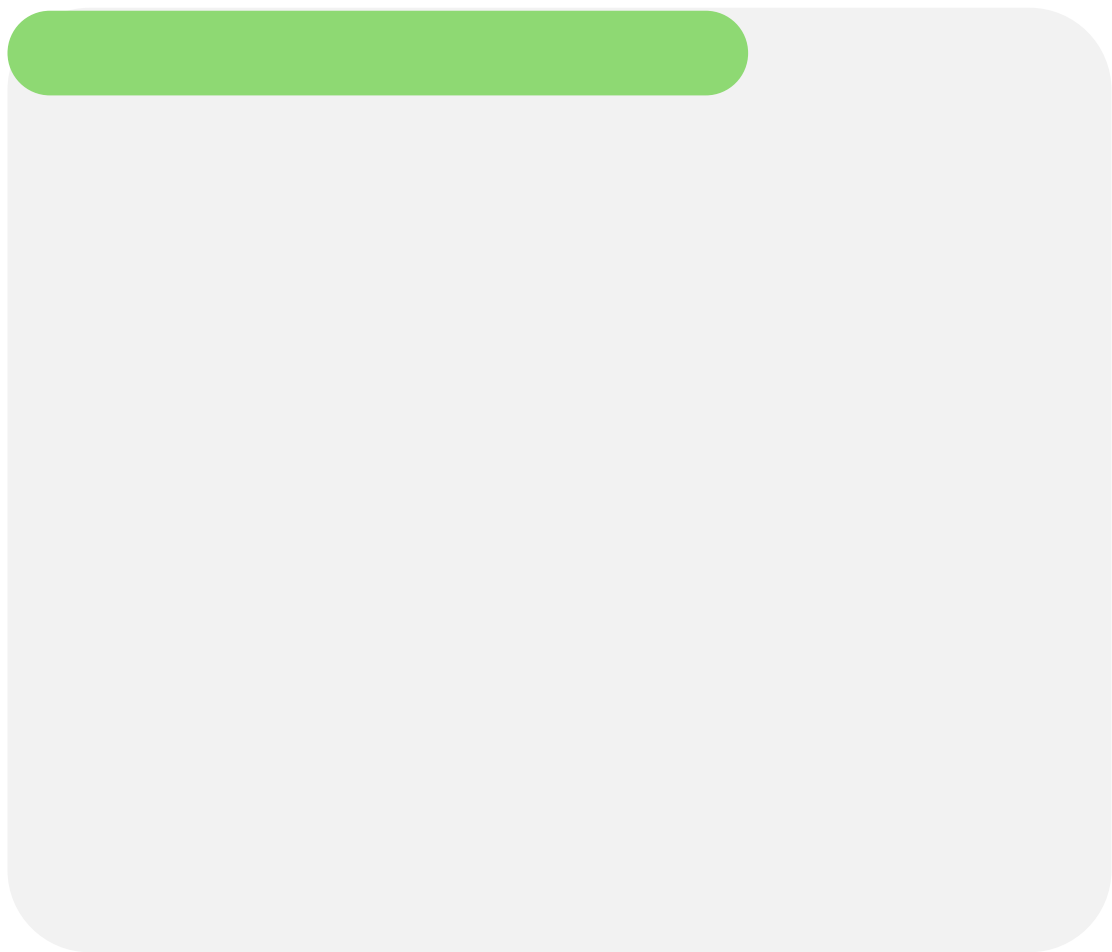
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## Health and Social Care Scrutiny Committee Paper March 2025

**Tony Collins – Chief Executive of Saint Michael's Hospice and Herriot Hospice**  
**Emma Johnson – Chief Executive of St. Leonard's Hospice**  
**Ray Baird – Chief Executive of St. Catherine's Hospice**

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Three hospices serving North Yorkshire and York; St Catherine's based in Scarborough, St. Leonard's based in York and Saint Michael's and Herriot Hospices (merged) based in Harrogate and Thirsk. Providing a range of end of life and palliative services including specialist inpatient beds, community based end of life care, outpatient clinics, lymphoedema services and bereavement counselling and support.

When we first reported on the funding, the total cost of providing these services across the three hospices was circa £20m and we received NHS funding of £5.6m as a contribution to this, which is 28% leaving us with £14.8m to raise through fundraising.

Four to five years ago the NHS funding was between 35-40% of total service costs. The funding gap is widening rapidly with no extra funding to follow the nurse salary increases and at the time only 1.8% inflationary increase was being offered against our costs rising in excess of 7.5%. As three hospices we asked for an increase in funding and had been told no. That was and still is now moving us quickly towards the possibility of needing to close or reduce some of our services. We also asked for some meaningful dialogue regarding moving to a firer sustainable funding model for the three Hospices, which we were promised.

Since reporting last the inflationary increase of 1.8% was increased to 2.9% adding a further £61,600 to the NHS funding across the three hospices with further cost increases coming in this had zero effect on the 28% NHS contribution to the Hospice Care costs across the county.

The Autumn budget provided £25.5 billion to the NHS across England whilst also increasing National Minimum Wage and Employer National Insurance contributions.

With no indication of any of the £25.5 billion making its way to Hospice Care the only impact of the budget was a significant cost increase. Across the three Hospices the unavoidable impact of the National Minimum Wage will be an additional £140,000 and the unavoidable impact of the NI employer contribution will be an additional £650,000. This total, together with inflation



will mean that for the next financial year, starting in less than three months, the three Hospices will be facing total additional costs of £800,000, increasing the costs of providing our Hospices services to £22 million. With no discussion regarding any inflationary increase from the NHS, assuming this is zero which has been suggested in wider meetings, this will decrease the NHS funding percentage from 27% to 25 %

This means that all three hospices, in order to maintain current provision, would need to present substantial deficit budgets, currently collectively at a £1.5m deficit. This is not sustainable or possible. This means that, with non-salary costs already at baseline redundancies will need to occur and are in many cases are already being planned for. This in turn is highly likely to mean service reduction and even some closure. All of this is set within the context of unprecedented demand through increasing deaths, an aging population and greater levels of dependency from the NHS on our capacity to support their own.

On a national basis Hospices campaigned for some emergency funding to support the sector, which is in crisis across the country. This was finally met with the pre-Christmas announcement of £100 million coming to the Hospice sector with some before the end of this financial year and the remainder in the next year. Whilst welcome and a positive sign of the Government commitment to Hospice care, this does little to help the ongoing funding situation that I have just outlined. The £100 million has some detail to be determined but we do know that it is a one off and has to be spent on capital projects. This would serve to complete some minor capital projects that had already been shelved from our budgets due to the revenue funding situation. The NHS contribution to existing Hospice Care Services will remain at £5.6 million, which is 25 % of total costs.

Nationally we are continuing to campaign for a fairer funding model for Hospices. We received a flat no to the request to exempt Hospices from the NI Employer contribution increases.

In summary since our last report the financial crisis has deepened alongside minimal dialogue with the ICB with changing staffing and structures also resulting in inconsistent commission decisions with wide variations across the hospices.

**NORTH YORKSHIRE COUNCIL**  
**Scrutiny of Health Committee**  
**Committee Work Programme 2024 – 2025**  
**Dated: 14 February 2025**

**Meeting dates**

- Scheduled Committee Meetings: 7 March 2025, 4 July, 3 October, 8 December in person.
- Scheduled Mid Cycle Briefings: 17 January 2025, and 11 April, 18 July, 24 October, 9 January 2026 via Teams.

Meeting	Subject	Aims/Terms of Reference	Report
<b>7 March 2024</b>	Director of Public Health's Annual Report		Louise Wallace <i>(Director of Public Health, NYC)</i>
	Better Care Fund	Update to Committee following sign off at Health and Wellbeing Board	Louise Wallace <i>(Director of Public Health, NYC)</i>
	Update on progress so far with the Autism Strategy	Report to Committee on current situation and the Autism Strategy	Stacey Annandale Naomi Smith
	Proposed re-build of the Airedale Hospital on the existing site	Follow up from November 2022 meeting	Francesca Hewitt
	Neonatal Services at Airedale	Update to Committee	Gill Galt
<b>14 June 2024</b>	Director of Public Health's Annual Report		Louise Wallace <i>(Director of Public Health, NYC)</i>
	Better Care Fund	Update to Committee following sign off at Health and Wellbeing Board	Louise Wallace <i>(Director of Public Health, NYC)</i>
	YAS	Update following the briefing at Scarborough and Whitby ACC in relation to the new ambulance station in Scarborough; investment plans and staffing model.	Helen Edwards (YAS) Jeevan Gill (YAS) Paul Mudd (YAS)
	Consultation on community water fluoridation expansion in the northeast of England.	Update on DHSC consultation regarding Northumbrian Water and views sought from the committee to feed into the NYC response.	Louise Wallace <i>(Director of Public Health, NYC)</i>
	Humber and North Yorks ICB Performance and Progression	HNY ICB update report looking back at 2023/24 FY and forward position for 2024/25.	Lisa Pope <i>(HNY ICB)</i>

<b>13 September 2024</b>	Maternity Services	An update from the CQC inspections on maternity services across the county.	Lisa Brown <i>(Y&amp;S NHS Foundation Trust)</i>
	Healthwatch	Annual update/presentation to the committee.	Ashley Green <i>(Healthwatch)</i>
	Airedale Hospital Update	Update on developments and forthcoming consultations.	Eleanor Nossiter <i>(CSL ICB)</i>
<b>18 December 2024</b>	Referral of motion from Cllr Andy Brown from Full Council on 21 Feb 24 – Glyphosates and Neonicotinoids	Update report and recommendation for consideration by the committee.	Jonathan Clubb <i>(Head of Parks and Grounds, NYC)</i>
	Independent public inquiry into the Government handling of the COVID-19 pandemic	Review of module outcomes.	Louise Wallace, Victoria Turner <i>(Public Health)</i>
	Director of Public Health's Annual Report 2023 – 2024		Louise Wallace <i>(DPH)</i>
<b>7 March 2025</b> (MCB 17 January 2025)	Public Health Grant	Overview of the Public Health Grant, provision, and budget planning (when required) – to include reviewing the wider structural issues around commissioning which contribute to health inequalities.	Louise Wallace <i>(DPH)</i>
	North Yorkshire Neighborhood Health	Update on new integrated neighbourhood teams. Also, to include an update on We Need to Talk (local NHS consultation).	Lisa Pope <i>(HNY ICB)</i>
	Hospice and End of Life Care	Update from the CEOs of North Yorkshire Hospices.	Tony Collins <i>(North Yorkshire Hospice Care)</i>
<b>4 July 2025</b> (MCB 11 April 2025)	Renal Services	Update report on impact on patients making long journeys to access services and home dialysis.	
	Draft Pharmacy Needs Assessment	Timing to be confirmed – the PNA exercise is running from autumn 2024 into spring 2025, with a final version to be formally approved at the Health and Wellbeing Board.	
	Better Care Fund	Update report (tbc)	
	Electronic Records	Post Review of the Implementation of Electronic Records – confirmed.	David Mills <i>(HNY ICB)</i>



<b>3 October 2025</b> (MCB 18 July 2025)	HNY ICB performance and progression	Annual update report.	Lisa Pope ( <i>HNY ICB</i> )
<b>8 December 2025</b> (MCB 24 October 2025)	Public Health Grant	Overview of the Public Health Grant, provision, and budget planning (when required) – to include reviewing the wider structural issues around commissioning which contribute to health inequalities.	
<b>9 March 2026</b> (MCB 9 January 2026)			

To Be Confirmed or Completed (possibly to return in the future)		
	NHS Dentistry – access to and availability of places – submission to Health and Social Care Committee	Ongoing scrutiny
	Tele medicine – long distance medication	
	TEWV CQC inspections and action plans – for scheduling in during 2025.	<b>Brian Cranna</b> , (TEWV) <b>Zoe Campbell</b> (Managing Director, North Yorkshire, York and Selby, TEWV)
	Independent public inquiry into the Government handling of the COVID-19 pandemic. Review of Module outcomes and the council’s statutory duties around protecting the public.	<b>Victoria Turner</b> (HAS)
	Pandemic preparedness – to follow on from any learning from the COVID -19 inquiry	<b>Louise Wallace</b> (DPH)
	Access to mental health care (following ICB Annual Report in September 2024) and update from the mental health collaborative between HNY ICB and TEWV.	HNY ICB/TEWV
	Performance on emergency and urgent care.	
	Health visiting – <i>following CQC maternity inspection discussion at September 2024 committee.</i>	
	Changes to haematology services on the coast. Update from York and Scarborough Trust – <i>following update to MCB in Jan 2025, it was agreed that a watching brief will be maintained.</i>	

## ITEMS FOR MID CYCLE BRIEFINGS

DATE	POTENTIAL ITEM
Friday 11 April 2025 (in respect of the committee meeting on 4 July 2025)	Renal services. Crisis care (TEWV) Pharmacy Needs Assessment
Friday 18 July 2025 (in respect of the committee meeting on 3 October 2025)	HNY ICB performance and progression – annual report.
Friday 24 October 2025 (in respect of the committee meeting on 8 December 2025)	
Friday 9 <sup>th</sup> January 2026 (in respect of the committee meeting on 9 March 2026)	

Page 51

*Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.*

Please note that the work programme is under continuous review and items may be rescheduled several times during the year.

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