North Yorkshire Council

North Yorkshire Health and Wellbeing Board

Minutes of the remote meeting held on Friday, 19 September 2025, commencing at 10.30am.

Board Members	Constituent 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
Richard Webb	Corporate Director of Health and Adult Services, North Yorkshire Council
Louise Wallace	Director of Public Health, North Yorkshire Council
Nic Harne	Corporate Director of Community Development, North Yorkshire Council
Ashley Green	Chief Executive Officer, Healthwatch, North Yorkshire
Jonathan Coulter	Chief Executive, Harrogate District NHS Foundation Trust
Dr Sally Tyrer	Chair of the North Yorkshire Branch, YORLMC (Primary Care Representative)
Jonathan Dyson	Chief Fire Officer, North Yorkshire Fire and Rescue Service
Zoe Campbell	Managing Director (North Yorkshire, York and Selby), Tees, Esk and Wear Valleys NHS Foundation Trust

In attendance:

Councillor Carl Les OBE, Leader of North Yorkshire Council.
Clare Smart, Associate Director, Bradford District and Craven Health and Care Partnership.
Lisa Pope, Deputy Place Director, Humber and North Yorkshire Integrated Care Board.
Freya Sledding, Clinical Director, Airedale NHS Foundation Trust.
Alastair Stewart, Programme Director, Airedale NHS Foundation Trust.
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

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38 Welcome by the Chair

The Chair welcomed all attendees to the meeting.

39 Apologies for absence

Apologies for absence were received from Mark Bradley (substituted by Lisa Pope), John Pattinson, Jill Quinn, and Matt Sandford (substituted by Clare Smart).

40 Minutes of the meeting held on 18 July 2025

Resolved

a) That the Minutes of the meeting held on 18 July 2025 are approved as a correct record.

41 Declarations of interest

There were none.

42 Public questions/statements

No public questions or statements were received.

43 Pharmaceutical Needs Assessment

Louise Wallace reminded the Board that approving the Pharmaceutical Needs Assessment (PNA) is a statutory responsibility of the Health and Wellbeing Board. She explained that the PNA serves to inform partners about pharmaceutical needs across North Yorkshire and considers the needs of residents and perspectives of partners.

The Board noted that the PNA identifies gaps in provision and queried how this information would be used – a specific gap in provision was noted in Catterick following the closure of the Tesco pharmacy. Louise confirmed that the PNA informs NHS decisions on pharmacy service provision and can also be used by partners to advocate for improved services. It was highlighted that the PNA is publicly available, allowing stakeholders and the public to identify gaps and consider ways to address them.

Concerns were raised about the recent reduction in pharmacy provision, and the varied customer experiences reported across the County. It was highlighted that there may be confusion around what pharmacy services can provide as well as a feeling that some pharmacy visits can feel rushed. A distinction was made between independent pharmacies and large chains, with concerns about workforce challenges, including reliance on locum pharmacists. This was suggested to affect continuity of care, medication ordering, and the delivery of services such as Pharmacy First.

The Board acknowledged that the community pharmacy sector is currently volatile, with capacity pressures, closures, and ownership changes regularly affecting services. While the PNA reflects the current position, it was recognised that significant fluctuations are likely over the three-year period. It was noted that supplementary statements can be issued during the lifespan of the PNA if service provision changes.

It was noted that while the Board has limited direct influence over pharmacy provision, it can play a role in raising awareness and supporting system-wide improvements. The importance of improving public understanding of where to seek help, the role of pharmacies in the wider primary care offer and Pharmacy first was highlighted.

Resolved

a) That the Pharmaceutical Needs Assessment for 2025–2028 is approved for publication on 1 October 2025.

44 North Yorkshire Health Collaborative

Richard Webb and Lisa Pope presented the item, outlining the structure, governance, and workstreams of the North Yorkshire Health Collaborative and Joint Committee.

Richard emphasised the importance of maintaining a relationship between the Collaborative and the Health and Wellbeing Board. He noted that nearly £600 million of funding had been aligned, and that the Collaborative's work programme was a key priority. The membership and decision-making processes were outlined, including the role of the Director's Group as

the engine room of the system and the Health Collaborative Management Group as a planning forum. The importance of a strong work programme was highlighted amidst increasing pressures within the NHS.

Lisa provided an overview of neighbourhood health, explaining that although North Yorkshire's bid to the National Neighbourhood Health Implementation Programme (NNHIP) was unsuccessful, partners had agreed to continue progressing the work. She described the principles guiding the approach, including a focus on rural, urban, military, coastal, and hidden areas of deprivation. Examples of local initiatives include the development of a neighbourhood hub at the Richmond Garrison site, a door-to-door outreach model trialled in Selby, and plans to better utilise Whitby Hospital as a neighbourhood hub. Lisa highlighted the importance of tailoring models to local needs and emphasised the hub approach being adopted across North Yorkshire. It was noted that there are currently five different hub programmes and efforts are underway to align these to avoid duplication and maximise the use of existing assets.

It was emphasised that neighbourhood health initiatives should be community-led and reflect the public's desire for locally tailored services. The Board also advocated for co-location of services and creative use of estates, noting the challenges posed by limited space in some areas. Lisa confirmed that a joint estates review had been commissioned to explore opportunities for better use of assets.

Clare Smart shared reflections on the success of West Yorkshire's three NNHIP bids, attributing this to the diversity of the area and strong population health data. She noted that the programme is intended to be adopted across other localities and that a launch event is scheduled for October. It was noted that no funding is attached to the programme. Clare also reflected on Barnsley's approach to repurposing retail space for outpatient services, noting the potential for increased footfall and town centre regeneration.

Richard provided further detail on the Lancashire and South Cumbria bid, which includes Bentham and Ingleton. Although these areas will not host dedicated neighbourhood health centres, they will be linked to developments in Lancaster and benefit from shared learning.

Nic Harne gave updates on North Yorkshire Council's investment in leisure and wellbeing services, including a proposed £40 million investment across four key hubs (Skipton, Whitby, Pickering, and Selby), alongside enhancements to existing centres. He also reported on the Town Investment Plans, which are being developed for 30 major settlements and include a strong wellbeing focus. It was stressed that investment should target those who are less engaged with health services, not just those already active.

Richard responded to a query about the prevention funding line in the budget slide, clarifying that while the line showed zero, prevention funding is embedded within other programmes and not separately itemised to avoid double-counting.

Resolved

a) That the update is noted.

45 Get Britain Working Program: Economic Inactivity Trailblazer and Connect to Work

Richard Webb introduced the item and provided an overview of the national Get Britain Working programme, which aims to support individuals who face barriers to employment due to health or circumstance. He explained that the programme comprises two strands: the Economic Inactivity Trailblazer, focused on health-related barriers to work, and Connect to Work, which supports employment through individual placement schemes and job coaching.

North Yorkshire is one of the designated sites for the programme, working in partnership

with Humber and North Yorkshire ICB, City of York Council, and the North Yorkshire Mayoral Combined Authority. Richard noted that while the programme is not permitted to fund direct health interventions under current DWP rules, partners are actively seeking opportunities to incorporate mental health and primary care support.

The Trailblazer strand is a one-year pilot, with confirmation of year two funding recently received. Connect to Work is a five-year programme. Richard outlined the key focus areas for North Yorkshire, which include the following.

- Supporting people with health conditions, including mental health conditions and learning disabilities.
- Addressing insecure and low-paid work.
- Targeting support for carers, veterans, and young people.
- Tackling hidden rural disadvantage, particularly in areas such as Hambleton and Richmondshire.

The Trailblazer programme includes a £10 million funding pot, with approximately £7 million allocated to North Yorkshire. Of this, £4 million is being directed to a consortium of council, NHS, and voluntary sector partners. Initiatives include the following.

- Volunteering support for 14–16 year olds.
- Carer support programmes to aid re-entry into the workforce.
- Veteran employment support.
- Workplace health checks and vocational health services delivered via leisure centres.
- Employer engagement and workforce development.
- A pilot wage subsidy scheme.
- Navigator roles and behavioural insight work, particularly targeting the 50–64 age group.

Richard emphasised the short timeline for delivery, with six months to implement the Trailblazer strand. He noted that tried-and-tested approaches are being used to maximise impact and that further funding for mental health and primary care interventions is being sought for future years.

Board Members welcomed the update and acknowledged the potential for the programme to deliver life-changing outcomes. The importance of measuring impact and adapting delivery based on what works was highlighted. It was noted that conversations with the Combined Authority are ongoing regarding the role of health services in supporting the programme.

Resolved

a) That the update is noted.

46 Update on Bradford District and Craven Place Strategy

Clare Smart introduced the item and presented the Bradford District and Craven Place Strategy, which sets out plans to reduce health inequalities and improve health and wellbeing across the area. The Strategy has been endorsed by the Health and Care Partnership Board and is informed by population data, engagement insights, and future projections up to 2040.

Clare emphasised that prevention must be at the heart of all decision-making and that services should be shaped to communities. She introduced the use of population health personas, developed through engagement activity, which aim to keep the lived experience of residents central to strategic planning. It was reported that these personas are displayed at the ICB headquarters and used in meetings to reinforce the human impact of policy

decisions.

The Strategy highlights significant demographic differences across the six localities, with Craven facing particular challenges due to its older and further aging population. It was highlighted that current services will not meet future demands, needs and expectations of our population. Key statistics included the below.

- Craven makes up 9% of the population of the area covered by the Strategy and is expected to see large population changes.
- A projected 53% increase in residents aged over 85 by 2040.
- Craven has the highest levels of frailty, dementia, and palliative care needs.
- If current trends continue, the proportion of healthy residents will fall by 2.2%, while those with long-term conditions will rise by 9%.
- High-use cohorts such as those requiring palliative care and dementia support are expected to grow by over 30% by 2040.

Clare noted that the Strategy will form a chapter of Bradford Council's forthcoming Health and Wellbeing District Plan and that major capital investments, including the new hospital programme at Airedale and regeneration initiatives, present a once-in-a-generation opportunity to address health inequalities.

The Board welcomed the Strategy and praised its efforts to reflect the contrasting needs of rural Craven and urban Bradford. The value of learning across systems and the importance of listening to communities was noted. The Board also acknowledged the challenges posed by Craven's aging and dispersed population, particularly in relation to health and social care provision.

It was confirmed that North Yorkshire Council is well engaged with the Bradford and Craven Place Board and the alignment between the Strategy and North Yorkshire's Joint Health and Wellbeing Strategy was highlighted.

Resolved

a) That the Bradford District and Craven Place Strategy is received and noted.

47 Verbal update on the Airedale Hospital redevelopment

Alastair Stewart and Freya Sledding presented an update on the redevelopment of Airedale Hospital.

Alastair explained that over 80% of the current hospital estate is constructed using reinforced autoclaved aerated concrete (RAAC), which requires significant annual expenditure to mitigate the associated risks. As a result, Airedale was selected as one of 16 trusts in Wave 1 of the national New Hospital Programme. There is an indicative construction start date between 2027 and 2028. Alastair confirmed that the Trust has been given a fixed funding envelope and must work within this budget to deliver the new hospital.

It was explained that the redevelopment will take place on the existing hospital site. Key features include the construction of a multi-storey car park and a new access road, which will facilitate the development of the other zones and ensure operational continuity during construction.

Alastair explained that the government is using a new standardised approach called Hospital 2.0 to design and build hospitals. Instead of each trust creating its own plans from scratch, trusts are given pre-designed building blocks – like templates for wards and treatment areas – which they can arrange to suit their needs. This method helps save

money and makes the building process more efficient. A key feature of the new design is that all patient rooms will be single occupancy. It was also noted that the new hospital will be built vertically as a multi-storey facility, replacing the current low-rise layout and making more efficient use of space.

Freya described the development of a new clinical services strategy, aligned with system priorities and informed by extensive engagement with clinicians, patients, and partners. The strategy supports a shift from acute to community-based care, with services such as diagnostics, imaging, and outpatient care being increasingly delivered in local settings. The Trust has already begun this transition through facilities at Skipton General Hospital and Settle Health Centre and the strategy is intended to guide service development through to 2040. It was reported that the strategy aligns with both the Bradford District and Craven Place Strategy and the North Yorkshire Joint Health and Wellbeing Strategy.

Freya also outlined the Target Operating Model (TOM) workshops, which are helping to define how services will be delivered in the future. The first phase involved mapping 25 clinical pathways, and a second phase of workshops is now underway to refine and standardise future models of care. A range of services are being considered for delivery in the community, including imaging, radiography and more. These workshops are engaging stakeholders, with patients expressing a preference for mobile units and one-stop clinics, which offer greater convenience and accessibility.

Board Members welcomed the update and acknowledged the significance of the redevelopment. The importance of progressing quickly to mitigate inflationary pressures was emphasised. The opportunity to strengthen links with community development and Town Investment Plans in Skipton and Selby was highlighted. It was requested that a future update be provided to the Skipton and Ripon Area Constituency Committee.

Resolved

a) That the update is noted.

48 Work programme

The Chair introduced the item and invited Members to suggest any additional topics for inclusion in the Board's work programme.

The Chair highlighted that the next meeting is scheduled for 19 November 2025 and will be held in person at Harrogate Civic Centre. Following the formal agenda a face-to-face workshop will focus on reviewing the role and purpose of the Health and Wellbeing Board. Members were encouraged to prioritise attendance at this meeting. Richard Webb provided a brief update, noting that facilitators will offer optional pre-meeting slots for small group discussions to help prepare for the November session. These will not be mandatory but are intended to support meaningful engagement during the workshop.

Resolved

a) That the work programme is noted.

49 Any other items

There were none.

50 Date of next meeting

Wednesday, 19 November 2025 at 10.30am in Harrogate Civic Centre.

The meeting concluded at 12.10 pm.