

# North Yorkshire Council

## Scrutiny of Health Committee

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

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

Officers present: Edward Maxwell (Senior Democratic Services Officer)

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

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

---

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

---

### **630 Apologies for Absence**

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

### **631 Minutes of the Meeting held on 3 October 2025**

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

### **632 Declarations of Interest**

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

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

Councillor Nick Brown declared a non-registerable interest in relation to Item 9, as a Stakeholder Governor to the Harrogate and District NHS Foundation Trust

### **633 Progress on Issues Raised**

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

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

### **634 Public Participation**

No public questions or statements had been received.

### 635 Commissioning Optimisation Programme

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

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

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

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

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

### 636 Digitisation of Patient Records – Implementation Review

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

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

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

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

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

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

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

### **637 University Hospitals Tees Strategy Update**

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

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

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

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

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

### 638 Healthwatch Update

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

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

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

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

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

### 639 Airedale Hospital Update

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

**Resolved:** That the item be deferred.

### 640 Work Programme

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

**Resolved:** That the committee approves the proposed programme of work

### 641 Date of Next Meeting

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

The meeting concluded at 12.10 pm.