

North Yorkshire Council

Scrutiny of Health Committee

9 March 2026

Performance Report – Q3 2025/26

1.0 PURPOSE OF REPORT

- 1.1 For the Scrutiny of Health Committee to review a summary of the relevant thematic performance data that forms part of the quarterly reports to the Executive, and;
- 1.2 For the Committee to consider whether there are any lines of enquiry arising from the information provided to request further information on, or to add to the Committee's future work programme.

2.0 BACKGROUND

- 2.1 The Scrutiny of Health Committee scrutinises any matter relating to the planning, provision and operation of health services in the County, including Ambulance Trusts and the policies of the Health and Care Partnerships. The aim is to act as a lever to improve the health of local people, ensuring that the needs of the local people are considered as an integral part of the delivery and development of health services.
- 2.2 The Council's Executive considered a Performance and Budget Monitoring Report every quarter, where progress is measured against Key Performance Indicators (KPIs). The report is organised under the five Council Plan themes: Place and Environment, Economy, Health and Wellbeing, People and Organisation, to aid in the monitoring of the overall Council Plan.
- 2.3 As part of the consideration of this report at the quarterly Performance Monitoring Executive meetings, members of the Scrutiny Board, made up of the Chairs of each of the six Overview and Scrutiny committees, are invited to ask questions to hold Executive members to account, based on the data, trends and narrative presented in the report of any performance challenges or opportunities.
- 2.4 At the Performance Monitoring meeting of the Executive held on 17 February 2026, members of the Scrutiny Board sought several responses from Executive Members under the Safe, Healthy, and Living Well theme:
 - a) The Executive Member reported continued progress on the development of extra care housing, noting North Yorkshire's long-standing position as a leader in the field and the significant capital investment already approved for the next phase. Work was underway to design the next generation of extra care and supported living schemes, with requests for information issued to the wider developer market. The evolving model would include increased provision for working-age adults, reflecting a recognised shortage of suitable accommodation.
 - b) Members were advised that the use of short-term care beds had also reduced, largely due to the Council's targeted work to reduce both the number and

duration of placements. Average stays remained around 16 weeks, but closer partnership working, particularly timely therapeutic input from NHS partners, was helping residents transition more quickly to appropriate longer-term accommodation.

- c) In relation to public health, officers clarified that the Healthy You Service was still developing its referral pathways, particularly through “Best Start in Life” and “Healthy Babies”, after a query on an item indicating that no children had yet completed the initial programme. Members also discussed rising childhood obesity among 4-5-year-olds. It was noted that public health funding was increasingly directed toward prevention programmes with measurable outcomes, and that while it remained difficult to attribute specific causes or quantify the impact of national initiatives such as sugar-reduction campaigns, targeted interventions with clear end points provided the most reliable basis for evaluation.
- d) Concerns were raised about high summer temperatures in care homes; the issue was acknowledged and had been referred to the quality team for monitoring and future reporting.

3.0 PERFORMANCE REPORT

- 3.1 As part of ensuring that this Overview and Scrutiny committee plays its role in analysing the performance of the relevant directorate within the Council, a summary of the latest performance information relevant to Public Health is presented at Appendix A.
- 3.2 It is recognised that Scrutiny of Health has a wide remit, which covers external as well as internal partners. Furthermore, a range of issues are cross-cutting across several Scrutiny Committees, in particular Care and Independence. For that reason, the data does not represent an exhaustive view of Scrutiny of Health’s remit, but does present data relevant to Public Health performance.
- 3.3 The appendix sets out a summary of the relevant KPIs and associated narrative, providing committee members an opportunity to comment and ask questions, as well as to identify and interrogate trends in the data presented, and key lines of enquiry. This process of scrutinising performance could lead to follow up actions from the committee, such as requesting formal reports for future meetings, informal briefings on areas of interest, or requests for further information to develop the knowledge and understanding of the Committee.
- 3.4 The Committee will note that public health services continued to perform strongly across most programmes in Q3 2025/26, with Healthy You, the NHS Health Check programme, and the Healthy Child Programme all demonstrating sustained engagement and positive outcomes. Healthy You showed growing referral numbers and meaningful lifestyle improvements among adults completing the 12-week programme, while early results for children were also encouraging. The NHS Health Check programme achieved an exceptionally high uptake rate and its strongest Q3 for cardiovascular risk identification in six years, indicating effective targeting and early-intervention impact. Mandated elements of the Healthy Child Programme maintained high completion rates through a blend of face-to-face and virtual delivery, alongside improvements in breastfeeding rates and stable performance across emotional health support, despite reduced referral volumes.
- 3.5 Other commissioned services showed a mixed but generally positive picture. Stop Smoking Services maintained strong quit conversion rates despite reduced numbers

setting quit dates. Adult drug and alcohol treatment exceeded its revised targets, with online referrals continuing to grow, while the young people's service saw reduced caseloads largely due to successful completions. Sexual health services experienced modest growth in activity, with stable STI diagnoses and increasing reliance on online testing for younger age groups; however, reductions in LARC provision in primary care remain a concern. The National Child Measurement Programme achieved high participation levels, but findings highlighted widening inequalities and rising obesity among reception-age children, with excess weight now exceeding national averages in this younger cohort.

4.0 FINANCIAL IMPLICATIONS

4.1 There are no direct financial implications arising from this report.

5.0 LEGAL IMPLICATIONS

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

6.0 EQUALITIES IMPLICATIONS

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

7.0 CLIMATE CHANGE IMPLICATIONS

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

8.0 RECOMMENDATIONS

8.1 It is recommended that the committee:

- a) notes the performance information detailed in Appendix A.
- b) provide feedback on the performance data and narrative contained within Appendix A, with a view to considering any future lines of enquiry for the committee to explore.

APPENDICES:

Appendix A – Q3 Performance 2025-26

BACKGROUND DOCUMENTS:

None.

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

Report Author: Edward Maxwell, Senior Democratic Services Officer.