



**Notice of a public meeting of  
Health and Adult Social Care Policy and Scrutiny Committee**

**To:** Councillors Doughty (Chair), Hook (Vice-Chair),  
S Barnes, Heaton, K Taylor, Vassie and Wann

**Date:** Tuesday, 2 November 2021

**Time:** 5.30 pm

**Venue:** The George Hudson Board Room - 1st Floor West  
Offices (F045)

**A G E N D A**

**1. Declarations of Interest**

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests,
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

**2. Public Participation**

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is **5:00pm on Friday 29 October 2021**.

To register to speak please visit

[www.york.gov.uk/AttendCouncilMeetings](http://www.york.gov.uk/AttendCouncilMeetings) to fill out an online registration form. If you have any questions about the registration form or the meeting, please contact the relevant Democracy Officer, on the details at the foot of the agenda.

### **Webcasting of Public Meetings**

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers who have given their permission. The remote public meeting can be viewed live and on demand at [www.york.gov.uk/webcasts](http://www.york.gov.uk/webcasts).

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates ([www.york.gov.uk/COVIDDemocracy](http://www.york.gov.uk/COVIDDemocracy)) for more information on meetings and decisions.

3. **Minutes** (Pages 3 - 10)  
To approve and sign the minutes of the meeting held on 29 July 2021.
4. **An update regarding Foss Park Hospital, including details of the most recent CQC inspection.** (Pages 11 - 22)  
This paper provides an update regarding the development and completion of Foss Park hospital in York, highlighting progress to date and detailing the recent CQC inspection of inpatient services on site.
5. **Report of the Chair of Health and Wellbeing Board** (Pages 23 - 32)  
This report provides the Health and Adult Social Care Policy and Scrutiny Committee with an update from the Chair of the Health and Wellbeing Board.
6. **2021-22 Finance and Performance First Quarter Report - Health and Adult Social Care** (Pages 33 - 46)  
This report analyses the latest performance for 2021-22 and forecasts the financial outturn position by reference to the service plans and budgets for all relevant Adult Social Care and Public Health services falling under the responsibility of the Directors of Adult Social Care and Public Health.

## 7. Work Plan

(Pages 47 - 52)

To review the Committee's work plan for 2021/22.

## 8. Urgent Business

Any other business which the Chair considers urgent under the Local Government Act 1972.

### **Democracy Officer:**

Name – Louise Cook

Telephone – 01904 551088

E-mail – [democractic.services@york.gov.uk](mailto:democractic.services@york.gov.uk)

For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

**This information can be provided in your own language.**

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی میا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

This page is intentionally left blank

## **Coronavirus protocols for attending Committee Meetings at West Offices**

**If you are attending a meeting in West Offices, you must observe the following protocols.**

**Good ventilation is a key control point, therefore, all windows must remain open within the meeting room.**

If you're displaying possible coronavirus symptoms (or anyone in your household is displaying symptoms), you should follow government guidance. You are advised not to attend your meeting at West Offices.

### **Testing**

The Council encourages regular testing of all Officers and Members and also any members of the public in attendance at a Committee Meeting. Any members of the public attending a meeting are advised to take a test within 24 hours of attending a meeting, the result of the test should be negative, in order to attend. Test kits can be obtained by clicking on either link: [Find where to get rapid lateral flow tests - NHS \(testand-trace.nhs.uk\)](https://testand-trace.nhs.uk), or, [Order coronavirus \(COVID-19\) rapid lateral flow tests - GOV.UK \(www.gov.uk\)](https://www.gov.uk). Alternatively, if you call 119 between the hours of 7am and 11pm, you can order a testing kit over the telephone.

### **Guidelines for attending Meetings at West Offices**

- Please do not arrive more than 10 minutes before the meeting is due to start.
- You may wish to wear a face covering to help protect those also attending.
- You should wear a face covering when entering West Offices.
- Visitors to enter West Offices by the customer entrance and Officers/Councillors to enter using the staff entrance only.
- Ensure your ID / visitors pass is clearly visible at all time.
- Regular handwashing is recommended.
- Use the touchless hand sanitiser units on entry and exit to the building and hand sanitiser within the Meeting room.
- Bring your own drink if required.
- Only use the designated toilets next to the Meeting room.

### **Developing symptoms whilst in West Offices**

If you develop coronavirus symptoms during a Meeting, you should:

- Make your way home immediately
- Avoid the use of public transport where possible
- Follow government guidance in relation to self-isolation.

You should also:

- Advise the Meeting organiser so they can arrange to assess and carry out additional cleaning
- Do not remain in the building any longer than necessary
- Do not visit any other areas of the building before you leave

If you receive a positive test result, or if you develop any symptoms before the meeting is due to take place, **you should not attend the meeting.**

This page is intentionally left blank

## City of York Council

## Committee Minutes

---

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	29 July 2021
Present	Councillors Hook (Vice-Chair in Chair), Heaton, K Taylor, S Barnes, Vassie and Waudby (Substitute)
Apologies	Councillors Doughty (Chair) and Wann

---

**Election of Vice Chair**

Due to the absence of the Chair (Cllr Doughty had sent his apologies for the meeting), Cllr Hook was acting as Chair. It was therefore decided to elect a Vice Chair for the meeting, Cllr K. Taylor nominated Cllr Heaton, who was elected Vice Chair for the meeting.

**1. Declarations of Interest**

Members were asked to declare, at this point in the meeting, any personal interests not included on the Register of Interests or any prejudicial or discloseable pecuniary interests that they might have in respect of the business of the agenda. None were declared.

**2. Minutes**

In response to a query from members around the Chair's ongoing concern around the style of minutes, the Monitoring Officer stated that the issue was not discussed at the last Scrutiny Chairs meeting, but noted that a discussion of minutes would be held as part of larger discussions on the Council's constitution at the Audit and Governance Committee meeting on Wednesday 8 September 2021.

Resolved: That the minutes of the previous meeting held on 13 April 2021 be approved as a correct record and signed by the Chair at a later date.

**3. Public Participation**

It was reported that there were no registrations to speak under the Council's Public Participation Scheme.

#### **4. Verbal update from the Accountable Officer, NHS Vale of York Clinical Commissioning Group and the Chief Executive, York Teaching Hospital NHS Foundation Trust**

The Accountable Officer, NHS Vale of York Clinical Commissioning Group, and the Chief Executive, York Teaching Hospital NHS Foundation Trust gave a verbal update on the current challenges facing health services in York. Alongside them to respond to questions were the Director for Primary Care, NHS Vale of York Clinical Commissioning Group, the Director of Public Health, City of York Council and the Clinical Chair of the Vale of York CCG.

During the presentation of the update, it was noted that:

- Health services will be managing with Covid-19 for the foreseeable future.
- There were currently 37 Covid patients in York hospitals, with the rate of admissions growing, and that there were 5 patients in critical care.
- Resources for the recovery plan were finalised for the first half of the financial year, but funding would be allocated for the second half in late summer/September.
- The national ask for 2021-22 was to prioritise the most clinically urgent (P1/P2) patients for example surgical and cancer treatments, to reduce waiting times and to get to 95% of 2019-20 elective activity levels.
- The total waiting list was increasing in size, but at a lower level than the expected modelled trajectory – there had been a significant increase in demand as Covid-19 levels reduced.
- The numbers of patients waiting 52 weeks and P2 patients waiting over 4 weeks were decreasing, with a peak of 2,500 people waiting 52 weeks down to 1,488 at the end of June. Initial cancer treatment wait times were also reduced.

On elective activity levels, it was reported that:

- In the first half of 2020/21, almost all elective activity ceased, however the expectation for the second half of that year was to continue to try to deliver elective activity wherever possible while managing pandemic response.
- 96% of planned elective inpatient activity was achieved in the second half, and 108% of planned levels was achieved between September 2020 and March 2021.
- In July 2021, two theatres were opened to focus specifically on resuming planned elective orthopaedic activity.
- There were risks in maintaining the current trajectory, in that urgent care demand was higher than pre-Covid levels; that GP referrals



could not be maintained at the current level which would increase backlog; that prioritising P2 patients would cause those waiting the longest for treatment to continue to wait; that there were staffing challenges across all services due to a variety of factors including self-isolation and that there was a risk of the current increased levels cancer fast track referrals continuing (the highest ever number of such referrals had been recorded in 2021).

- There were several actions being taken, such as the Building Better care Programme, the Cancer Delivery Group and the Outpatient Transformation Programme.

On activity in the primary care sector, it was reported that:

- The primary care community were focused on restoration/recovery plans, but had been interrupted by each wave of the pandemic. Staff were fatigued and susceptible of ill health.
- There was an unprecedented demand which was outstripping supply.
- There had been an increase in activity since the pandemic and that total activity was beyond what it was at the beginning of 2020, however methods had changed.
- Currently, roughly 60% of services were provided face to face, and 40% done by telephone triage.
- GPs were maintaining social distancing and the usage of PPE, and were asking for the continued use of facemasks and regular handwashing.
- There were staff shortages due to self-isolation and annual leave – some were catching Covid despite being double vaccinated, but many could continue to work despite isolating due to the investment in telephone triage facilities.
- The average weight gain in the last 18 months was ½ stone, or 7 lbs. Health optimisation options for those whose weight was preventing them from being offered surgery was discussed.

On issues around mental health, it was reported that:

- The normal way of working on mental health was considered to be no longer sustainable. Therefore, a Mental Health Summit was called for leaders in all sectors to attend. This resulted in an action plan in three phases – short-term, preparation for the coming winter and a new model of care from next year.
- As part of these discussions, leaders had met with Members of Parliament and with those communities most affected for talks on the issues faced and were attending the Health and Adult Social Care Policy and Scrutiny Committee for member's support and ideas to aid in creating bespoke offers for individual areas that members represent.

- There was more demand around mental health, especially in the areas of anxiety and depression.

In response to questions from members, it was noted that:

- There were automatic reminders/notifications sent out to those on waiting lists e.g. when their appointments are changed, though it could not be guaranteed that all communications were received by patients. The importance of 'Waiting Well', of preventing deterioration of patient health while on the list, was emphasised with an acknowledgement that more work needed doing around it.
- While it was desired that as many people as possible engage digitally with healthcare services to alleviate telephone waiting times etc., digital services were not the only path open to patients. It was noted that many practices set aside time after peak calling hours to contact digitally excluded patients directly.
- Significant data collection was needed to be collected in order to understand to natural plateau of demand after the current surge.
- New systems for trying to understand unmet need included digital practices such as recording the number of telephone calls terminated while patients were waiting in the queue.
- There had not been a noticeable shift in NHS patients turning to private healthcare due to high levels of demand in NHS services, however it was noted that large amounts of private capacity had been bought up by the NHS during the course of the pandemic.

Break between 18:49 and 18:58.

## **5. Adult Social Care Use of Resources Peer Challenge**

The Committee considered a report which presented the findings of the ADASS/LGA Peer Challenge into the use of resources in Adult Social Care in City of York Council, highlighting both good practice and recommendations intended to help CYC improve its approach. It also included the high-level action plan developed from the recommendations. The Corporate Director of People was in attendance to present the report and respond to questions.

Key points raised during the presentation of the report included:

- That the Use of Resources Peer Challenge, assembled by the Local Government Association, was comprised of people working in adult's social care in multiple local authorities and at multiple levels. The Challenge was always led by an experienced director of adult's services and also contained other managers and elected members.
- That the Challenges main focuses were: Leadership, Strategy and Vision; Business Processes and Long-Term Support and Recovery.

- That the Challenge had found York's adult's services' leadership to be insightful and committed to delivering excellent services, with an engaged, briefed and experienced portfolio holder, but that significant challenges lay ahead to achieve the ambitions of the leadership team, which was expected to take up to 3 years.
- The Challenge had applauded the New Alliance with key partners to deliver effective place based services in York.
- It was recognised that more investment was needed in data quality, business intelligence and finance, and that investment was being put in place.
- That frontline staff had been working well in extremely difficult circumstances, but there was a danger of exhaustion. Therefore, additional resources were being allocated to ensure that differing skills were well distributed and support for staff was available.
- That a Corporate Board for the development of People's Services, including adult's services had been established.
- In children's services, there was a much more well defined data set than in adult's services. Therefore, work was being done to develop team level dashboards for managers in the service to provide them with up to date data.
- That social services had worked well and more closely with partners and the community throughout the pandemic, and that was to continue long-term. There had been a shift away from working in specialisms to working on a community, neighbourhood based approach.
- The Challenge noted that York needed to be more flexible in its commissioning, which was one of the reasons for the creation of the Director of Commissioning post.

In response to questions from members, it was noted that:

- A cross-sector approach to recruitment was needed given the staff shortages across all services, and that work was ongoing to make employment in the care sector in York a career of choice. Exhaustion levels amongst staff were high following the pandemic, but the staff group was also very committed to their work and the city. Therefore, it was important to offer increased support to staff, particularly in the area of trauma recovery in order for York to continue to be an attractive place to work in the care profession.
- The Peer Challenge self-assessment asked for self-ratings on a series of areas, and for accompanying evidence to support them. York's self-assessment found that the usage and availability of data to frontline staff was the most pressing need. The Peer Challenge's assessment of York agreed with these findings.

- The reports of the Peer Challenge were not published because they contained information on service users which would need redacting, as well as specifying other authorities.
- An action plan, with an monthly quality assurance report could be provided to members.
- The Association of Directors of Adults Social Services Yorkshire and Humber Region meet every week to share practice and challenges, as well as holding an annual review. Using this forum, local authorities compared their services to gain insight and ideas on best practice. For example, City of York Council had been looking at regional local authorities' work on demand management to improve its services, and it was reported that other local authorities had been observing York's work on local area co-ordination and social prescribing to improve their services. The Peer Challenge took a more national view.
- Research in Practice for Adults developed research for local authorities that enhances the way they can deliver practice. They had worked with York on transitional and complex safeguarding, looking at young adults being exploited within the family unit.
- Research was being done by local universities under a 5 year grant on a number of key areas of practice development, including on how to improve support to those who self-fund their services.
- City of York Council had worked closely with North Yorkshire County Council throughout the pandemic across all services and continued to do so, including sharing of data-sets and comparative data.
- City of York Council had been active in building partnerships, preceding pending national health reforms, including the York Health and Care Alliance, which included CYC and representatives from across the health economy. The Alliance considered how best to develop place-based approaches to delivery in the wake of reforms.

Resolved: That the Committee will receive updates on the systematic plan to ensure effective use of resources.

Reason: This is to enable effective scrutiny of the progress being made in this area.

## **6. Work Plan**

The Chair noted that there had been a request at a meeting of Scrutiny Chairs on Monday 26 July 2021 to ask whether the Committee would support the Customer and Corporate Services Scrutiny Management Committee endorsing the recommendations of Scrutiny meetings so that they could continue to be held virtually.

The Monitoring Officer explained that there were concerns raised at the Scrutiny Chairs meeting around the frequency of formal scrutiny meetings, which are currently held quarterly, and the capacity issues within Democratic Services due to sickness and leave commitments, and suggested that the Committee sought further clarification with the Chair of CCSMC.

Some members indicated that they were happy for meetings to continue virtually in light of absences in Democratic Services, and others raised concerns that the holding of virtual scrutiny meetings could become entrenched in future, suggesting that the arrangement could be subject to review every six months.

It was also noted by the Chair that a Joint Meeting of the Health and Adult Social Care and Economy and Place Policy and Scrutiny Committees was proposed for Monday 25 October 2021 to discuss Blue Badges.

Cllr Hook, Chair

[The meeting started at 5.30 pm and finished at 7.55 pm].

This page is intentionally left blank



---

## **Health and Adult Social Care Policy Overview and Scrutiny Committee**

**2<sup>nd</sup> November 2021**

**An update regarding Foss park Hospital, including details of the most recent CQC inspection.**

### **Report of**

Naomi Lonergan, Director of Operations, Tees, Esk and Wear Valleys NHS Foundation Trust

Martin Dale, Strategic Project Manager, Tees, Esk and Wear Valleys NHS Foundation Trust

### **Summary**

This paper provides an update regarding the development and completion of Foss Park hospital in York, highlighting progress to date and detailing the recent CQC inspection of inpatient services on site.

### **Background**

A previous report detailing plans for the development of Foss Park Hospital was presented to the Committee in February 2019. Since that time the hospital has been completed and services were successfully transferred to the new site in April and May 2020.

### **Overview**

The new purpose-designed 72 bed hospital provides two adult, single sex wards and two older people's wards - one for people with dementia and one for people with mental health conditions such as psychosis, severe depression or anxiety.

The hospital became operational in April 2020, at the height of the worldwide pandemic, one week ahead of schedule.

All 72 bedrooms are single bedrooms with en-suite facilities. All have views of garden spaces and each bedroom corridor has rooms on one side and garden views on the other so that no 2 rooms face each other. Additionally, window seating has been constructed into the bedroom corridors to encourage service users to spend time away from their bedrooms even if they do not initially feel confident to spend time in the many and varied day spaces.

TEWV has invested approximately £40m (including VAT, fees and land purchase) from internal cash resources to support this development and owns the land and the building. This means we can manage and maintain the building to the standard required – something we have not previously been able to achieve with leased buildings in York.

A photo of the hospital entrance is illustrated below (this is not an artist's impression!).



The photographs below illustrate some of our outdoor therapy space and an example of our ward day spaces, as an example of the high-quality environment.







Service user and carer involvement has been integral to the development of Foss Park and we have facilitated over 60 design workshops in which service users and carers, and clinical staff, have taken an active part. This level of engagement continued beyond the design stages and service users and carers were key members and equal partners on our project steering group, helping us to improve our understanding and to raise awareness of their needs.

## Naming

In October 2018 the hospital name and the names of the individual wards were chosen through a facilitated democratic focus group approach comprising service users, carers, clinical staff and key local stakeholders. From the focus group a paper was provided for the TEWV Executive Management Team to make the final decisions, based on the expressed wishes.

The decision was made for the hospital to be called Foss Park and the individual wards were named as follows:

- Ebor ward – female adult beds
- Minster ward – male adult beds
- *Moor* ward – older person's functional beds
- *Wold* ward – older person's organic (dementia)beds

Following this decision, considerable further feedback was received from service users and carers and from clinical staff regarding the naming of the older person's wards. Feedback consistently highlighted that both names were problematic to pronounce and required a suffix after each name to make them easier to articulate.

Further focussed work was undertaken within older person's inpatient services to seek service users and carers most popular choices of suffix options. As a result of this engagement work it was confirmed that the names for the older person's wards are as follows:

- Moor *Croft* ward –18 older person's functional beds
- Wold *View* ward – 18 older person's organic (dementia)beds

### **Bed management**

Since coming into the York contract we have been proactively managing our inpatient beds. The Committee has previously heard from us that York was a national outlier in its use of mental health inpatient beds and our last report in February 2019 detailed a position just prior to our contract (September 2015) of using 170 inpatient beds despite having only 109 in place locally. This position changed considerably with increased community investment and through improved processes to support high quality appropriate care delivery within the inpatient units, resulting in us using 70 inpatient beds and 17 specialist rehabilitation placement beds in February 2021.

The beds at Foss Park hospital accommodate service users from York and Selby, and from Harrogate. There was a reduction of 2 adult beds from Harrogate and York when Foss Park became operational in April 2020, providing 36 adult beds in total. Previously there were 38 beds available - 14 on Cedar Ward in Harrogate and 24 beds at Peppermill Court in York. In mitigating a shortfall 2 beds are available at Cross Lane Hospital in Scarborough (to ensure sufficient locality availability) although our operational direction remains focussed on reducing a traditional over-reliance on beds and to safely support our service users at home, noting the need for good quality carer support alongside this offer.

In February 2019 we advised the Committee that the number of beds in use had dramatically decreased because agencies were working closely together to avoid unnecessary admissions and to reduce the amount of time people remain within our inpatient environments (delayed transfers of care). We continue to focus our efforts to reduce the use of inpatient beds to that which is clinically indicated. However, the national picture of demand for inpatient beds has consistently and significantly increased. Unsurprisingly we have experienced this at Foss Park too and we continue to utilise best practice clinical processes to ensure that only people who require inpatient treatment are admitted, those who cannot be managed through increased packages of community intervention from our mental health teams.

It is of note that since the beginning of the pandemic pressures on residential and nursing home placements have impacted our ability to discharge service users in a timely manner hence impacting our DTOC positions, but we fully accept and acknowledge that this has been a national picture and not one isolated to York services alone.

## Care Quality Commission (CQC)

### *Registering Foss Park with the CQC – April 2020*

Foss Park Hospital was required to be registered with the CQC prior to operational opening, as with all new inpatient facilities. However, unlike any previous registration procedure this was managed as a remote process due the pandemic position.

The registration visit took the form of an MS Teams meeting on a laptop that was transported around the site to provide a view of every aspect of the building, and to discuss our management of each element – effectively assuring the CQC that we had fully considered how best to design and then utilise the new environment to enable compliance to prescribed standards. The CQC inspectors connected into the virtual meeting and senior clinical staff and the project team were on site to present information and to answer any questions raised.

To say the process was unique would be an understatement. However, we were informed that the inspection team were hugely impressed with our design, our knowledge and understanding of how we would use the new facilities to deliver high quality care, and for our ingenuity in making the inspection work so comprehensively. The CQC were duly assured that we had considered all aspects of care delivery and we achieved the required standards with no issues outstanding.

As a result, we received formal registration on the day of the inspection, and we were able to open ahead of schedule despite the many supply-chain challenges.

### *Trust wide CQC inspection – January 2021*

- In January 2021 the CQC inspected our acute wards for adults of working age and psychiatric intensive care units across the whole Trust.
- In a follow up to the January inspection, in May the CQC re-inspected our acute wards for adults of working age and psychiatric intensive care units.

### *Actions since our January inspection*

We have:

- Introduced new, simpler, safety (risk management) summaries and safety plans for our patients in both inpatient and community settings.
- Reviewed individual safety summaries and safety plans for approximately 56,000 patients who are currently under our care.
- Ongoing assurance schedules and more regular ward safety audits, which are carried out by different groups of staff – both senior management and staff peers – to ensure the new procedures are being fully implemented.
- Introduced masterclasses about the new simpler processes, with over 1,500 frontline staff attending sessions so far
- Developed a new mandatory and statutory training package, which will be delivered via e-learning, including refreshed suicide prevention training.

- Extended the use of Oxehealth Digital Care Assistant, which provides sensory monitoring of patients in their rooms, from three wards to a further 12 wards. This is in place at Foss park. It does not replace good nursing care but prompts staff to any key environmental changes which could signal a physical change in a service users' presentation.
- Committed and extra £5.4 million for extra staffing for our inpatient wards and these posts are currently being advertised.
- Established a practice development team, a new clinical supervision working group and additional leadership development across the whole Trust

*Assurance and oversight embedded*

- We have provided assurance to the Care Quality Commission (CQC) that effective systems are in place to help keep patients safe - and that further improvements are already underway.
- Our improvement programme is overseen and reviewed by an external quality assurance board which includes representatives from NHS England and Improvement, commissioners and the CQC.
- New assurance schedule launched in April includes ongoing supportive audit and programme of improvement.
- Directors visits monthly focussed on learning from incidents.
- Peer review took place in May.

*Re-inspection of our adult acute and psychiatric intensive care units – May 2021*

- On 27 August the CQC published its report following the re-inspection of our acute wards for adults of working age and psychiatric intensive care units, from the re-inspection in May 2021.
- This focused inspection was to see if improvements had been made.
- The CQC has rated our acute wards for adults of working age and psychiatric intensive care units as **requires improvement**.

*Where did the re-inspections take place?*

The re-inspection took place over 9 wards, including Ebor (female) and Minster (male) wards at Foss Park Hospital.

*The CQC findings, detailed in the August report*

- The CQC no longer has significant concerns relating to risk management of service users in our care.
- We have better systems in place to comprehensively assess and mitigate patient risk on our wards.
- Staff have a better understanding regarding the risk assessment process and what is expected of them when updating clinical documentation.
- We have appropriate mechanisms in place to monitor, audit and ensure oversight of the patient risk assessment process.
- We have effective procedure and process in place to review and learn from serious incidents.

However

- Patient risks were still not always fully reflected within the written patient safety summaries in a small number of files reviewed.
- Staff had not always flagged current incidents, so these did not pull through into the written overview section of patient records. Information across other parts of the record usually showed that staff were mitigating these identified risks.
- Staff were not always following the trust's policy and expectations. An example was an unlocked window which presented a ligature risk. The CQC noted that we addressed these very quickly.
- Staff were not always mitigating the risks of operating mixed sex accommodation to fully promote patients' safety, privacy, and dignity.

*What people who use the service say*

- The CQC spoke to 16 patients. However, there was limited feedback from patients about risk assessments and risk management, which was the focus of this inspection.
- Most patients we spoke with found nursing and support work staff to be supportive and caring.
- Patients commented that they sometimes found it difficult to cope on the ward as the wards were very busy and some patients were acutely mentally unwell.
- They reported that staff worked hard to keep patients safe.

*Next steps*

- We are pleased that the CQC has recognised the improvements we have made within our adult acute inpatient and PICU wards.
- Our teams have worked incredibly hard to make positive changes in a short space of time to improve safety and risk management. It's also demonstrates our commitment to providing a better experience for people in our care, their families and carers and for our staff.
- We recognise that there is a lot more work to do and over the coming weeks and months we will be driving a number of changes across our organisation.
- These include continuing to embed improvements across our trust, and the introduction of new technology and digital solutions over the coming months, which will have a positive impact on patient care, and a focus on people and culture to support our workforce.
- We've also made significant investment in key areas such as staffing, which we acknowledge can be extremely challenging.
- We recently invested £5.4m to recruit new roles for adult inpatient services as well as our forensic services, and we are in the process of recruiting to those new roles. This is challenging work as there is a nationally recognised shortage of qualified nurses.

Feedback specifically in relation to Foss Park is summarised below:

### *Wold View Ward (older Persons Organic / Dementia ward)*

A CQC Mental Health Act inspection of Wold View Ward took place on 20<sup>th</sup> August 2021 and the following issues were noted:

- Two clocks on the ward required replacement batteries to show the correct time – these were replaced immediately.
- The washing machine was noted to be broken – this was the washing machine provided for service users personal laundry. The breakdown had been reported to our supplier and related to an internal fault. A repair was booked, and the machine is now working.
- Whilst the washing machine was out of operation permission was given to use the washing machine on a neighbouring ward. During that time an item of service users clothing went missing – action has now been taken for the wards to clearly label service users clothing when they have permission to do so.
- Personal safes, available in every bedroom, are deemed to be unsafe to use as when opened the doors present a potential ligature risk – the safes were instructed to be built in during the construction phase but were later reviewed as a potential risk and hence have been locked off. We are reviewing alternative options via the Trust environmental safety group. The group will consider whether the safes can be accessed following individual risk assessments for our service users or whether identifying alternative location for the safes could reduce the potential risk associated with ligatures.

### *Ebor Ward*

A CQC Mental Health Act inspection of Ebor Ward took place on 17<sup>th</sup> September 2021 and the following detail is a summary of the verbal report from the CQC Inspector to the nursing leadership team (the formal report has not yet been received):

- The ward has nice open environments and there was evidence of multiple activities on each ward.
- The ward has good links with the community, and the Inspector reported it was positive to see that services such as Converge (at York St Johns) and St Nicks (Ecotherapy) are fully involved at Foss Park.
- The new Practice Development Lead role sounds like a good addition to the team and will help in developing the teams and support with learning going forwards.
- Service users spoke positively about staff and about the care they received.
- The CQC Inspector was pleased that we still facilitate Section 17 leave (off the ward) and that family visits were still managed during the pandemic with all necessary safety measures in place.

- The Inspector noted missing 132a and 132b forms (relating to the Section 2 detentions) but these were located in the service user's notes due to a change in the service user's detention and the Inspector was happy with this and no further action was required. We did discuss these being more easily accessible as they also don't appear electronically on PARIS (our electronic patient clinical note system).

Feedback from carers regarding Ebor Ward included:

- Carers were positive about the care their families receive on the wards.
- Some carers felt that communication in between formulation (intervention planning) and discharge meetings could be improved.
- Two family members raised an issue about their family members having items stolen by other service users/lost whilst on the ward. This was investigated and resolved.
- Some carers disagreed with the intervention / treatment plans however said that they felt their family member was being cared for well despite this disagreement.

Feedback from the Advocate during the Ebor inspection:

- The Advocate gave positive feedback about the care of service users on the wards and regarding the wards link and connection with advocacy.
- The Advocate felt there were a number of re-admissions to Ebor – we discussed our process for monitoring repeat admissions and the complex case reviews we have facilitated in relation to those service users who have experienced repeat admissions.
- The Advocate also informed the Inspector that a service user had made a complaint about agency staff using their mobile phones during night shifts and one member of agency staff falling asleep on shift – the Inspector was updated by ward staff on the actions already taken to address this when it was initially raised by the service user, and he was happy with the response and no further action was deemed necessary.

Actions raised as learning points for Ebor Ward were identified as:

- The intervention plan and safety summary regarding falls for a service user who experienced three falls during her stay required updating – this was actioned early when the ward sought further advice from the Foss Park Physiotherapy team to support appropriate clinical intervention.
- Documenting evidence of daily 1:1 time in service users activity notes – this has been discussed with the ward team, followed up in email to instruct all ward staff and has now been added as an agenda item for the ward staff meetings to ensure improved position and understanding. It remains a key task for our Matrons to monitor.
- Generic intervention plans – the new Practice Development Lead is working with ward staff to ensure intervention plans are more personalised and tailored to individual service user's needs, situations and preferences.
- The review of PARIS and feedback regarding some information that was missed during the inspection about the rationale for the level of observation for a service

user with a history of incidents of self-harm, and the management and mitigation of this risk - there was clear evidence in the case notes of a current safety plan and documented clinical rational regarding how to manage risk however the Inspector felt that this could be clearer and this has now been updated.

### *Sharing the learning*

All of the learning from any of the wards at Foss Park is shared across the site so that all of our wards are continuously developing and so that good practice is embedded throughout. We have site mechanisms to support this and our clinical teams regularly meet for this purpose, further supported by close supervision offered by our Modern Matrons.

## **Conclusions**

The development of Foss Park hospital has been a positive step forwards for the delivery of high quality inpatient mental health care in York.

The planning and development of Foss Park was carefully considered with robust involvement from service users, carers, and clinical staff (including senior clinicians and front line workers) and this informed the design from overall layout to the planned therapeutic milieu of the ward environments.

Moving forwards the involvement of the CQC, alongside service user and carer feedback is essential so that we can continue to learn lessons, and to improve our understanding of service users' experiences of receiving care at Foss Park. The CQC feedback has been taken seriously and actioned accordingly but we prefer not to take a stance of complacency, instead continually focussing on developing our services to deliver the best possible care.

Equally we need to ensure that we can move with the times, adopt and embed new evidence based approaches that emerge and develop our services to meet expectations, designing care around individual needs rather than meeting needs in environments which can present significant compromise for care delivery. Foss Park is designed to afford this opportunity long into the future.

## **Recommendations**

The Committee is sked to receive and note this briefing.



## **Contact Details**

### **Authors**

Naomi Lonergan, Director of Operations, Tees Esk & Wear Valleys NHS Foundation Trust

[naomi.lonergan@nhs.net](mailto:naomi.lonergan@nhs.net)

Martin Dale, Strategic Project Manager, Tees Esk & Wear Valleys NHS Foundation Trust

[martindale@nhs.net](mailto:martindale@nhs.net)

This page is intentionally left blank



---

## Health and Adult Social Care Policy & Scrutiny Committee

2 November 2021

Report of the Chair of the Health and Wellbeing Board

### Report of the Chair of Health and Wellbeing Board

#### Summary

1. This report provides the Health and Adult Social Care Policy and Scrutiny Committee with an update from the Chair of the Health and Wellbeing Board (**Annex A refers**). The Chair of the Health and Wellbeing Board will be in attendance at the meeting to present the report.

#### Background

2. It was agreed as part of the working protocol between Health and Adult Social Care Policy and Scrutiny Committee and the Health and Wellbeing Board (HWBB) that the Chair of the HWBB would bring a regular update report to this Committee.

#### Consultation

3. Not applicable to this report.

#### Options

4. This report is for information, there are no specific options associated with the recommendations in this report.

#### Analysis

5. This report is for information only.

## Council Plan

6. This report directly relates to the 'good health and wellbeing' element of the Council Plan 2019-2023. It also relates to the overall ambition of the plan to 'support a good quality of life for everybody'.
7. It also has direct links to the joint health and wellbeing strategy 2017-2022 and the all age mental health strategy 2018-2023.

## Implications

8. There are no known implications associated with the recommendations in this report.

## Risk Management

9. There are no known risks associated with the recommendations in this report.

## Recommendations

10. Members are asked to note the contents of this report.

Reason: To keep Members of Health and Adult Social Care Policy and Scrutiny Committee up to date with the work of the Health and Wellbeing Board.

## Contact Details

### Author:

Tracy Wallis  
Health and Wellbeing  
Partnership Co-ordinator  
Tel: 01904 551714  
[tracy.wallis@york.gov.uk](mailto:tracy.wallis@york.gov.uk)

Sharon Stoltz  
Director of Public Health

Approved:           √  
20/10/21

### Wards Affected:

All ☒

**For further information please contact the author of the report**

### Background Papers:

None

## Annexes

Annex A – Report of the Chair of the Health and Wellbeing Board

### **Report from the Chair of Health and Wellbeing Board (HWBB): Councillor Carol Runciman**

1. This report provides an update on the work of the Health and Wellbeing Board since they last reported to Health and Adult Social Care Policy and Scrutiny Committee in February 2020. The Health and Wellbeing Board have met eight times since then and are due to meet again in mid-November.
2. Many of the discussions the HWBB have are ongoing and feature at more than one of its meetings. We receive many reports and presentations, some of which are for noting and information and some for action and progression. Rather than listing each report we have received this report provides a high level summary of some of the recurring themes we have discussed over the past 18 months.

### **Priorities for the Health and Wellbeing Board**

3. In March 2020 the board agreed a [supplementary document](#) that sits alongside its current Joint Health and Wellbeing Strategy 2017-2022. This refocused our key priorities for the remainder of the strategy's lifetime. However, it would be fair to say that just after this was written and published the pandemic took hold and the immediate need to respond to the Covid-19 situation became the priority within the health and social care system.
4. However the overarching life course approach of starting and growing well, living well, ageing well and mental health that are set out in the original joint health and wellbeing strategy 2017-2022 are still very much at the forefront of the board's work. In April 2021 we held a workshop to again look at whether we need to revise our key priorities, particularly in response to the impact of Covid-19 and from this we took a report to the July 2021 meeting of HWBB. At this meeting the board agreed to take forward the following four priorities:

**Priority 1:** Repositioning the HWBB within the local health and social care system, and to confirm/develop the role we want the board to play in the new Integrated Care Systems (ICS). Within this the board also identified a need to further develop relationships with the Humber, Coast and Vale ICS and to ensure that York is speaking as one within the ICS. The HWBB should drive the strategic direction for the health and social care system at place level

**Priority 2:** Develop a 20 year strategy focused on reducing health inequalities in York. Further discussion is needed as to whether this will also be our next Joint Health and Wellbeing Strategy and what lifespan it should have; however there is a commitment to work across longer time scales than we have for our current strategy.

**Priority 3:** The first 1001 days (or more if there is a focus pre-conception as well) is seen as particularly important by the board. We will be creating a new Children's and Young People's Wellbeing Programme Board that will be led by our public health team. This will report to the HWBB and will replace the current YorOK Board. A workshop is planned for late October/early November and a report with a proposal for the new programme board will be considered by the Health and Wellbeing Board at their January 2022 meeting.

**Priority 4:** Developing co-production and listening on behalf of the HWBB to create a fundamental change in how residents can engage in a meaningful way across both the local and regional health and care system

### **Covid-19**

5. We receive an update on the current situation in relation to Covid-19 at all of our meetings. This takes varying forms but started in March 2020 when the Director of Public Health provided an oral report to the board in relation to the emerging situation. From there the situation escalated rapidly. After a short hiatus, due to the pandemic, HWBB met again in July 2020 where they were made aware of the newly established Outbreak Management Advisory Board and the city's Outbreak Control Plan. I am pleased to say that all partners around the HWBB table committed to working together to implement the plan.
6. Additionally we received a presentation on the impact of Covid-19 in North Yorkshire and York (Rapid Health Needs Assessment) which detailed four emerging priority areas, as of July 2020:
  - Infection minimisation
  - Mental health
  - Healthcare access
  - Prevention

7. We also considered the positives and learning that arose from the pandemic in terms of increased and effective partnership working; schools working together to manage risk and resources; increased community spirit and the remarkably quick and practical response to the pandemic from the voluntary sector which enabled the statutory sector to focus on those most needing support at a very difficult time.
8. In terms of the priority area around mental health, the Board received a presentation from Tees, Esk and Wear Valleys NHS Trust about the impact of Covid-19 on mental health and potential increases in demand for mental health services over the next 5 years. HWBB agreed to consider the potential impact and preparations within their own organisations and ways that they could respond to an increase in need for mental health services and to consider new opportunities for agencies to work together to meet increasing levels of need in mental health over the next 5 years.
9. We also heard from our voluntary sector colleagues who detailed the challenges people experienced during the Covid-19 pandemic from March to June 2020, and how organisations in York had responded.
10. At all of our meetings, the Director of Public Health for York, provides an update on the current situation re: Covid-19 which covers a variety of data including number of cases; hospital deaths; information around contact tracing and more recently an update on the vaccination programme.
11. We have also received a presentation focused on Long Covid to enable the board to understand the impact this is having on York residents and on health inequalities.
12. HWBB is a strategic rather than an operational board and does not get involved in the day to day response to the pandemic; however it is imperative that all board members are informed about what is happening across the whole health and care system to help us understand where the pressures and concerns are.

### **Healthwatch York Reports**

13. We have received a number of reports from Healthwatch York and these are as follows:
  - Changes to repeat prescriptions (March 2020)

- Support for people with experiences across homelessness, mental health, substance misuse, and offending [commissioned by York Multiple Complex Needs Network] (October 2020)
  - Urgent Care Rapid Appraisal Report [commissioned by NHS Vale of York Clinical Commissioning Group] (October 2020)
  - Listening to BAME people about health and social care services in York (January 2021)
  - Healthwatch York Annual Report (July 2021)
  - Healthwatch York Report: NHS Dentistry: A Service in Decay? (September 2021)
14. Members of the HWBB welcomed the reports and agreed to respond to the recommendations within them.
15. In terms of Healthwatch York's report on NHS dentistry. The HWBB were very concerned about the difficulties York residents were having accessing dental treatment. Whilst access to dental services is a concern nationally the HWBB did not feel that we should be complacent about this and we should not presume that it will be addressed by others. A lack of good quality, regular and affordable dental treatment leads to health inequalities for our residents and puts further pressure on an already overloaded health and social care system.
16. I am aware that this scrutiny committee is also concerned about this and would welcome any work they do to improve the situation for our local residents.
17. HWBB agreed to start a process of lobbying for change and reform of the way NHS dental contracts are commissioned with the Director of Public Health agreeing to take the lead on writing to the Chief Dental Officer and/or the Minister for Health in the first instance.

### **York Health and Care Collaborative**

18. In October 2020 we received our first report from the co-chair of the York Health and Care Collaborative (YHCC). The HWBB and the YHCC share have a shared objective of improving the health and wellbeing of the population of York. The YHCC is unique in bringing together providers and commissioners of health and social care



services with the voluntary sector as a means of working on joint priorities. As such it will contribute to the delivery of the Joint Health and Wellbeing Strategy and be instrumental in leading the implementation of the NHS Long Term Plan in York. It was therefore important that we establish an effective working relationship between HWBB and YHCC. To do this HWBB agreed that the co-chair of the YHCC should become a HWBB member and that HWBB should receive quarterly reports from the Collaborative.

19. HWBB received further reports from YHCC at their meetings in March 2021 and July 2021 and these provided updates on their priority areas of:

- Prevention
- Ageing Well/frailty
- Multi morbidity
- Mental health
- Covid 19 preparedness and resilience

### **Health and Wellbeing Board's Mental Health Partnership**

20. In January 2021, the Independent Chair of the HWBB's Mental Health Partnership provided a progress report to the board. This provided us with an update on the work they have been undertaking on the Northern Quarter Project (now known as Connecting Our City) and an application for Community Mental Health Funding which has since been progressed. As chair of the HWBB, I have been invited to attend Mental Health Partnership meetings and I have been doing so when I am able.

21. In May 2021 we received an update on the mental health summit held in March 2021 and the actions arising. At this time it was still fairly early on in terms of implementing these actions. I will ask for a further update on this to be included in the partnership's next report to the board scheduled for our January 2022 meeting.

### **Health and Wellbeing Board's Ageing Well Partnership**

22. In May 2021 we received a report from the HWBB's Ageing Well Partnership; they are focusing on two areas of work:

- Age Friendly York Project

- Developing a Dementia Strategy for the city

23. There have been several changes in chairship for this partnership since last reporting to this committee and it is currently being led from within the Council's Communities Team. We will expect a further update report from them in May 2022 but prior to that we expect to receive the dementia strategy at one of our meetings.

### **The Health and Care System in York**

24. At the board's meeting in March 2021 a presentation was received which focused on the future of the health and care system in York, including consideration of closer working and increased integration. This included the work partners have undertaken locally to prepare the system in York to respond to forthcoming government legislation.

25. In York this has led to the creation of the York Health and Care Alliance which is chaired by the Leader of City of York Council. This will enable York to retain greater decision making powers which would otherwise default to the Integrated Care System (ICS) at regional level.

26. New arrangements will come into force nationally in April 2022 and we need to spend the time between now and then building the partnership; understanding vision and the roadmap for health and care at 'place' level in York; including the role that the HWBB has to play in this.

27. HWBB receive an update report from the Alliance at all of their meetings and this includes minutes of their meetings.

### **Other**

28. In the past 18 months the HWBB has also:

- Endorsed the York Tobacco Control Plan 2020 to 2025
- Endorsed an approach from partners in York to base future changes within the health and care system on linked data and intelligence on population health need.
- Received regular update reports on the Better Care Fund (BCF) as the HWBB is the accountable body for this
- The future direction of York early years partnership's collaboration with Nesta

**Next Steps**

29. Much has happened over the past 18 months and from the meetings we have had it is clear that we need to focus on progressing the following over the next 12 months:

- Continue to progress the four priorities identified at paragraph 4 of this report;
- Consider if there is anything further the HWBB can do to influence a change to NHS dental commissioning so that all residents can access affordable dental treatment when they need it
- Undertake a review of our Terms of Reference that take account of the emerging health and social care landscape; NHS reforms and the newly identified priorities for the board
- Plan for a refresh of the Joint Strategic Needs Assessment and for the preparation of a new Joint Health and Wellbeing Strategy
- Further develop the HWBB relationship with ICS and York Health and Care Alliance
- Progress is being made on the implementation of the Henry Programme and a report will be coming to scrutiny about this in January 2022.

**Cllr Carol Runciman**

**Chair of Health and Wellbeing Board**

**October 2021**

This page is intentionally left blank

**Health and Adult Social Care Policy & Scrutiny Committee      2 November 2021**

Report of the Directors of Adult Social Care and Public Health

**2021-22 Finance and Performance First Quarter Report – Health and Adult Social Care**

**Summary**

- 1 This report analyses the latest performance for 2021-22 and forecasts the financial outturn position by reference to the service plans and budgets for all relevant Adult Social Care and Public Health services falling under the responsibility of the Directors of Adult Social Care and Public Health.

**Financial Analysis**

- 2 A summary of the service plan variations is shown at table 1 below.

**Table 1: Health & Adult Social Care Financial Summary 2021/22 – Quarter 1**

2020/21 Outturn £000		2021/22 Latest Approved Budget			2021/22 Forecast Outturn	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-3,189	Director of HHASC	4,663	-2,871	1,792	-103	-5.7%
+830	ASC Older People and Physical & Sensory Impairment	38,311	-19,656	18,655	+1,957	+10.5%
+1,551	ASC Learning Disabilities and Mental Health	36,572	-8,984	27,588	-282	+1.0%
+68	ASC In house services	5,971	-1,914	4,057	+181	+4.5%
-97	ASC Commissioning and Early Intervention & Prevention	8,398	-9,961	-1,563	-24	+1.5%
<b>-837</b>	<b>Adult Social Care Total</b>	<b>93,915</b>	<b>-43,386</b>	<b>50,529</b>	<b>+1,729</b>	<b>+3.4%</b>
<b>0</b>	<b>Public Health</b>	<b>8,869</b>	<b>-9,158</b>	<b>-289</b>	<b>0</b>	<b>0%</b>
<b>-837</b>	<b>Health and Adult Social Care Total</b>	<b>102,784</b>	<b>-52,544</b>	<b>50,240</b>	<b>+1,729</b>	<b>+3.4%</b>

+ indicates increased expenditure or reduced income / - indicates reduced expenditure or increased income

**Adult Social Care**

- 3 The projected outturn position for Adult Social Care is an overspend of £1,729k. This assumes that £1.3m of savings will be made by the year-end and that £596k of costs relating to unachievable savings and staffing working on the Hospital Discharge Programme will be covered by Covid funding. The projection is based on customer numbers in the first two months of the year and does not build in any expectations around a further surge of coronavirus, nor does it currently have any budget set aside for winter pressures.
- 4 The effect of Riccall Carers going into administration and the subsequent decision to bring the care staff in house is not built into these projections. Initial calculations indicate that the cost to the Council in 2021/22 (net of the payments that would otherwise have been made to Riccall) could be around £180k; further work is ongoing to refine this projection.
- 5 The following sections give more detail on the variations.

**Director of HHASC (-£103k / -5.7% of net budget)**

- 6 No material variances. Forecast underspend is due to the Care Act Implementation budget and mental health funding in the Director's budget being held back to fund overspends elsewhere in the department.

**ASC Older People (OP) and Physical & Sensory Impairment (P&SI) budgets (+£1,957k / +10.5% of net budget)**

- 7 Permanent residential care is projected to underspend by £331k in total in 2021/22. OP residential care is under by £491k, largely due to having around 28 fewer customers than in the budget. This will reduce as customers come off the health funding in place to cover costs after hospital discharge (see para 11). P&SI residential care on the other hand is projected to overspend by £160k due to the current average gross placement cost per customer being £4k more than in the budget.
- 8 Permanent nursing care is projected to overspend by £259k. This is largely due to the average gross cost of an OP nursing placement being more than in the budget.
- 9 P&SI Supported Living schemes are projected to overspend by £550k in 2021/22. This is in line with previous years and is largely due to the cost per customer being around £10k p.a. higher than when the budget was last rebased. Placements are currently being reviewed to ensure that they are still at appropriate levels.
- 10 There is currently projected to be an overspend of £289k on the ASC Community Team. This is due to having unfunded posts, not achieving the historic vacancy factor, vacant posts in the team being covered by WWY staff and repayment of the risk reserve venture fund loan. Referrals to the Social Work teams are increasing significantly as the third wave of COVID beaches on ASC's shores.

- 11 We have added £1m to the forecast to cover the additional costs which will arise in the care budgets once the customers currently being funded by Health under the Covid related Hospital Discharge Programme move to being the Council's responsibility. This funding has reduced from six weeks to four from July 2021 and will cease all together at the end of September.

**ASC Learning Disabilities (LD) and Mental Health (MH) budgets (-£282k / -1% of net budget)**

- 12 Learning disability residential budgets are projected to underspend by £467k. The cost per customer in the working age budget is £1k less than in the budget (£51k), there are three more customers receiving CHC funding than originally assumed (£161k) and the average amount of CHC per customer is £4k more (£103k). In addition, there are two fewer customer in LD OP placements than in the budget (£102k) and the average cost per customer is £5k less than budgeted for (£50k).
- 13 There is projected to be an overspend of £116k on Direct Payments for LD customers. This is due to the average direct payment paid per customer being £5k more than when the budget was last rebased (639k). This is largely offset by having seven fewer customers than when the budget was set (£161k) and in addition, based on recoveries to date, there is likely to be an overachievement of the budget for recoveries this year (£362k).
- 14 The Mental Health budgets are projected to overspend by £68k in total, broken down as follows:

a. Residential Care	-£109k
b. Nursing Care	- £9k
c. Community Support (incl Supported Living)	£152k
d. Direct Payments	-£60k
e. Deprivation of Liberty Safeguarding (DoLS)	-£28k
f. Other minor variations	£122k
- 15 The main overspends are on MH Supported Living placements as there are 4 more customers than assumed in the budget (£152k) and on the Social Work staffing budget due to temporary unfunded WWY posts (£87k).
- 16 The MH budget pressures were more significant in 2020/21. The budget growth given in 2021/22 allowed us to rebase most of the external care budgets so the variances in MH are not as marked as last year. MH spend is, however, an area that is growing faster than the budget we have to support it so we will continue to see if there are better ways of supporting individuals, particularly regarding supported living.

**ASC In house services Budgets (+£181k / +5% of net budget)**

- 17 Be Independent is projected to overspend by £304k. There is still a budget gap of £130k relating to the financial position of the service when brought back into the Council, together with an ongoing historical overspend on recharges (£50k). In addition to this there is a projected underachievement of income on sales (£49k), a projected overspend IT systems (£48k), and other

overspends across the budget. We are investigating whether some of these costs can be capitalised against existing capital budgets.

- 18 Yorkcraft is projected to overspend by £60k. This is due to a budget saving of £62k agreed in 2020/21, which has not been achieved. There is a project team currently looking at future directions for the Yorkcraft service who will also review how this saving can be made by the end of the year.
- 19 Small Day Services are projected to underspend by £138k. This is largely due to vacancies at Pine Trees, Community Base and the Community Support Assistants as some of the services are not currently open due to Covid restrictions.

**ASC Commissioning and Early Intervention & Prevention (EIP) budgets (-£24k / -1.5% of net budget)**

- 20 There are no major variances to report in this area.

## **Performance Analysis**

### **Adult Social Care**

- 21 Much of the information in the following paragraphs can also be found on CYC's "Open Data" website, which is available at

<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2021-2022>

and by clicking on the "Explore" then "Go to" in the "Health and Adult Social Care" section of the web page.

- 22 Many of the comparisons made below look at the difference between the end of the 2020-21 Q1 and 2021-22 Q1 periods, in order to avoid seasonal variations. A summary of the information discussed in paragraphs 23 to 35 can be found in the table on the next page.



KPI No	Measure	2018-19	2019-20	2020-21 Q1	2021-22 Q1	Polarity	DoT
ASC01	Number of contacts to ASC Community Team	10,250	10,957	3,684	4,237	Up is Bad	▲ Red
ASC01a	Percentage of initial contacts to ASC Community Team that are resolved with information/advice or guidance (IAG)	27	26	34	21	Up is Good	▼ Red
PVP18	Number of customers in long-term residential and nursing care	621	609	566	558	Up is Bad	▼ Green
PVP02	Number of permanent admissions to residential and nursing care for older people (aged 65 and over)	252	201	27	44	Up is Bad	▲ Red
ASC03b	Number of customers receiving home care services	675	676	736	693	Up is Bad	▼ Green
PVP31	Number of clients receiving paid services for first time	530	583	201	142	Up is Bad	▼ Green
ASCOF1F	Percentage of adults in contact with secondary mental health services in paid employment	22	23	19	19	Up is Good	◀▶ Stable
ASCOF1H	Percentage of adults in contact with secondary mental health services living independently, with or without	84	80	72	67	Up is Good	▼ Red
ASCOF3A	Percentage of service users 'extremely or very satisfied' with care and support	64	68	N/A		Up is Good	▲ Green
ASCOF4A	Percentage of service users reporting that they feel "as safe as they want"	67	71	N/A		Up is Good	▲ Green
SGAD02	Number of Adult Safeguarding pieces of work completed	1,206	1,458	304	360	Neutral	Neutral
SGAD01	Number of Adult Safeguarding concerns reported	1,172	1,404	297	444	Up is Bad	▲ Red
PVP11	Percentage of completed safeguarding s42 enquiries where people reported that they felt safe	90	94	99	99	Up is Good	◀▶ Stable
STF100 - People	Average sickness days per FTE - People directorate (rolling 12 month average)	N/A	N/A	15.1	12.1	Up is Bad	▼ Green

N/A - Not yet available for 2020-21

## Demand for, and numbers receiving, adult social care services

- 23 There has been an increasing number of initial contacts to adult social care (ASC) during the past year, partly caused by the COVID-19 pandemic. Our Customer Contact Workers record the number of contacts received to ASC, whether made by email, telephone or other methods. During 2021-22 Q1, they received 4,237 contacts, which is 17% higher than the number received during 2020-21 Q1 (3,684). Around 21% of the contacts during 2021-22 Q1 were resolved using Information, Advice and Guidance (IAG), which is lower than the percentage that were resolved using IAG during 2020-21 Q4 (34%); this reflects the increasing complexity of issues that are dealt with by them, and a change in recording practice to record clients who 'only' received IAG; most clients will receive an element of IAG during their contact, regardless of the outcome of it.
- 24 After an initial fall in the early months in the number of individuals in residential/nursing care placements during 2020-21, mainly due to the Covid crisis, this number has remained relatively low. Our policy that the majority of people should no longer be placed in residential/nursing care directly following hospital discharge has proved to be successful. At the end of 2021-22 Q1, this number was 558, compared to 566 at the end of 2020-21 Q1. During 2021-22 Q1

the number of new admissions of older people to residential/nursing care was 44, an increase of 63% on the 2020-21 Q1 figure of 27. This has been because hospitals having been discharging people earlier than previously, with those people having more complex health issues. Some of these people would, in normal circumstances, be given home care provision, but we are unable to expand this service due to workforce issues.

- 25 There has been a fall in recent months in the number using home care services. At the end of 2021-22 Q1 there were 693 people in receipt of a home care service; this is 6% lower than the corresponding figure at the end of 2020-21 Q1 (736).
- 26 In the first three months of 2021-22, there were 142 clients that received a paid ASC service for the first time ("new starters"). This is a significant reduction from the number in the corresponding three months of 2020-21 (201). This suggests that although we are doing well in keeping the number of first-time entrants low, but there are still challenges ahead with regards to ensuring that people do not require adult social care for prolonged periods.

## **Mental Health**

- 27 The percentage of adults in contact with secondary mental health services living independently, with or without support, has fallen over the last year. Provisional results for 2021-22 Q1, 67% of them were doing so, compared with 72% a year earlier. The 2019-20 ASCOF results showed that York is the 18th best performing LA in the country with a performance of 80% in this measure, compared with 58% in England and 63% in its statistical neighbour group.
- 28 During 2021-22 Q1, 19% of all clients in contact with secondary mental health services were in employment – a figure that has consistently been above the regional and national averages, and the same as a year earlier. Based on the 2019-20 ASCOF results, York is the 4th best performing LAs on this measure, with 22% of all those in contact with secondary mental health services in employment, compared with 9% in England and 9% in its statistical neighbour group.

## **Delayed Transfers of Care (DToC)**

- 29 Reporting on DToC has been suspended since February 2020, as the COVID-19 pandemic began in the United Kingdom. The Department of Health and Social Care has not re-introduced this as a target or a key performance indicator. The Hospital Discharge Service Requirements published by DHSC in March 2020, and updated in August 2020, focus on delivering Home First as the accepted pathway. Information on the number of people who return directly home from hospital is not published at LA level.

## **Overall satisfaction of people who use services with their care and support**

- 30 The 2020-21 Adult Social Care User Survey was a national survey of adult social care users that sought their opinions on aspects of their life and the care provided to them, whether from LAs, the voluntary sector or other providers. Only 19 LA areas, including York, participated, as doing so was voluntary due to the Covid-19 pandemic.
- 31 Provisional results for 2020-21 showed that a higher percentage of ASC users in York were “extremely or very satisfied” with the care and support services they received. It is an increase from the 2019-20 level (68% gave this response).

## **Safety of ASC service users and residents**

- 32 The safety of residents, whether known or not to Adult Social Care, is a key priority for CYC. The ability of CYC to ensure that their service users remain safe is monitored in the annual Adult Social Care User Survey, and for all residents with care and support needs by the number of safeguarding concerns and enquiries that are reported to the Safeguarding Adults Board.
- 33 Provisional results from the 2020-21 ASC Survey reported an increase in York’s ASC users “feeling as safe as they want”, and is an increase from the 2019-20 level (71%).
- 34 During 2021-22 Q1 there were 360 completed safeguarding pieces of work, which is a 18% increase on the number completed during the 2020-21 Q1 period (304) – this is a partial reflection in the increase in the number of safeguarding concerns reported during this time (444 in 2021-22 Q1 compared with 297 in 2020-21 Q1). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry continues to be high - 99% during both 2020-21 Q1 and 2021-22 Q1 - and remains consistent with what has been reported historically in York.

## **Sickness rates of Adult Social Care staff**

- 35 In the People directorate, which includes Adult Social Care, the number of sickness days taken per full-time employee fell from 15.1 in the year to June 2020 to 12.1 in the year to June 2021. Work continues to reduce this further.

## **Public Health**

- 36 Public Health is expected to underspend by £224k but this can be transferred the earmarked Public Health reserves to fund future budget commitments.
- 37 The pandemic has had a significant impact on the Public Health Team with resources diverted into supporting the response to the pandemic. The Healthy Child Service, Healthchecks and Sexual Health services have all had impact on demand for services that is leading to savings in year however

these are assumed to return to more usual activity later in the year which will lead to spend closer to budget.

- 38 The table below provides a more detailed breakdown for the services within Public Health

Service Area	Net Budget £'000's	Outturn Variance £'000's	Comments
Public Health General	1,428	-115	Delayed recruitment to the new staff structure & use of COMF funding to cover additional staff costs
Sexual Health	1,778	-7	Anticipated £7k reduction in GUM recharges
Substance Misuse	1,772	+0	
Wellness Service	346	-7	Underspend arising from staff vacancies
Healthy Child Service	2,530	-63	Underspend arising from staff vacancies
Public Health grant	-8,143	0	
<b>Total Public Health</b>	<b>-289</b>	<b>-224</b>	
Transfer to Reserves		+224	Total reserves (£1m)
<b>Reported Position</b>		<b>0</b>	

- 39 A new staff structure has been approved but recruitment to some of the new posts is not expected until later in the summer. In addition, some staff dealing with Covid issues are being funded by Control the Outbreak Management Grant (COMF) grant.
- 40 Despite lower activity due to Covid in 2020/21 it is anticipated that LARC contraception costs will return to normal. However, Genitourinary Medicine (GUM) recharges from out of area treatment are expected to be lower due to reduced tariffs and activity resulting in £7k underspend.
- 41 Due to a number of vacancies the Health Trainer Service is expected to underspend by £7k.
- 42 Healthy Child Service is currently being restructured and following a number of vacancies it is expected to underspend by £63k.

- 43 There is £2.4m unspent 2020/21 Control Outbreak Management Funding with a further £1.1m awarded for 2021/22. This is being used to manage the additional resources and cost pressures resulting from the pandemic across the council and is expected to be spent by the end of the year. In addition, DHSC are providing separate funding so the council can operate a number of Covid testing sites around the city, including LFT test kit collection points and delivery of kits.
- 44 There was £776k in the Public Health Reserve at 31<sup>st</sup> March 2021. Based on current estimates total reserves will increase to £224k to £1m. This is not unexpected and the planned additional growth and restructuring in Public Health services over the next 3 to 4 years will ensure these savings are re-invested.

### **Directly Commissioned Public Health services**

#### **Health Trainer Service (NHS Health Checks and Smoking Cessation)**

- 45 The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health, and lead to opportunities for early interventions.
- 46 The Health Check programme had to be halted for safety reasons during the COVID-19 pandemic period. Nimbuscare will start to deliver health checks during quarter 3 of 2021-22 and data will be available from January 2022 onwards.
- 47 Closer work with Primary Care Networks is being undertaken, which will see health checks being delivered in a primary care setting leading to a more joined up service for the patient. Health Checks are delivered from various locations across the City. We aim to target this service to those most at risk. Our approach is more than just identifying risk, and that is why we now deliver a Health Trainer Service, which aims to provide individuals with advice and support to tackle the things that increase their risk, such as excess weight, high blood pressure, lack of exercise and poor diet. The Health Trainers put the individual at the centre and work with them to help achieve the health goals that matter to them.
- 48 The Health Trainer service is currently mainly dedicated as a support service for people that want to stop smoking. This includes one-to-one advice as well as access to medications that make the journey to being smoke free easier. We have recently formed a Tobacco Alliance in York so that we can ensure that we tackle some of the wider issues that lead to people taking up smoking, such as ease of access to cheap illicit tobacco products.

- 49 In the most recent quarter the Health Trainer Service's stop smoking team had received 88 referrals from those wishing to quit smoking. Of these, 68 (77%) went on to engage with an advisor. Subsequently, 45 went on to set a quit date and 33 had quit by the end of that quarter (73%). There were 20 pregnant smokers who were in the group of 88 referrals. Of these, 10 (50%) went on to engage with an advisor, and subsequent to that, six went on to set a quit date and five (83% of these) had quit by the end of the quarter.

### **Substance Misuse**

- 50 Individuals successfully completing drug / alcohol treatment programmes demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.
- 51 In the latest 18 month monitoring period, 259 alcohol users were in treatment in York and 78 (30%) left treatment successfully and did not re-present within six months. The equivalent figures for opiate and non-opiate users were 4% (19 out of 466) and 26% (41 out of 157) respectively. The York rates are currently lower than the national averages (35% for alcohol users, 5% for opiate users and 33% for non-opiate users).

### **Healthy Child Service**

- 52 Although the NCMP programme for 2019-20 was discontinued in March 2020 due to the COVID-19 pandemic, the data submitted for children measured prior to lockdown has been published with appropriate local data quality flags. The coverage rates for York for 2019-20 were 38% for year 6 pupils and 57% for reception (coverage rates are usually in excess of 95%). As a result of this, the York values have been flagged as 'fit for publication but interpret with caution'. The 2019-20 NCMP found that 7.6% of reception children in York were obese, which is significantly lower than the England average (9.9%). The York figure has fallen from the 2018-19 level (9.5%). Of Year 6 children in York, 22.1% were found to be obese in 2019-20, which is not significantly different from the England average (21.0%). The York figure has increased from the 2018-19 level (15.1%). There is a wide variation in obesity rates at ward level, and there is a strong correlation between obesity and deprivation at ward level. For the 2020-21 measurement year, a minimum 10% representative NCMP sample will be screened, which, in York, equates to five schools.

### **Sexual and Reproductive health**

- 53 Being sexually healthy enables people to avoid sexually transmitted infections and illnesses, and means that they are taking responsibility for ensuring that they protect themselves and others, emotionally and physically. It also ensures that unwanted pregnancies are less likely to occur.

- 54 In the period July 2019 to June 2020, the rate of conceptions per 1,000 females aged 15-17 in York (15.1) was lower than the regional (17.6) but higher than the national (14.0) averages. There has been a gradual fall in this rate in York over the last year.

## **Other Public Health Issues**

### **Adult Obesity / Physical Activity**

- 55 Obesity amongst the adult population is a major issue as it puts pressure on statutory health and social care services, and leads to increased risk of disease, with obese people being more likely to develop certain cancers, over twice as likely to develop high blood pressure and five times more likely to develop type 2 diabetes. It is estimated that obesity costs wider society £27 billion, and is responsible for over 30,000 deaths each year in England.
- 56 The latest data from the Adult Active Lives Survey for the period from November 2019 to November 2020 was published in April 2021. In York, 477 people aged 16 and over took part in the survey, and they reported higher levels of physical activity, and lower levels of physical inactivity, compared with the national average. 67% of people in York did more than 150 minutes of physical activity per week compared with 61% nationally and 60% regionally. There has been no significant change in the York value from that 12 months earlier. 22% of people in York did fewer than 30 minutes per week compared with 27% nationally and 29% regionally. There has been no significant change in the York value from that 12 months earlier.

### **Smoking: pregnant mothers**

- 57 Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6%, or less, by the end of 2022.
- 58 For the latest 12 month period, 9% of mothers that gave birth in York were recorded as being smokers at the time of delivery. This represents an improvement on the figure for the previous 12 month period. However, there is considerable variation within the wards in York on this figure, ranging from 2% to 20% of mothers being recorded as smoking at the time of delivery in the latest 12 month period.

### **Smoking: general population**

- 59 Smoking, amongst the general population, has a number of well-known detrimental effects, such as increased likelihood of certain cancers, increased likelihood of heart disease, diabetes and weaker muscles and bones. It is estimated that smoking-related illnesses contribute towards 79,000 premature deaths each year in England, and that the cost to the NHS is approximately

£2.5bn each year, with almost 500,000 NHS hospital admissions attributable to smoking.

- 60 The latest figures on smoking prevalence amongst the general population in York show that 11.9% of adults in the city were reported as smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (15.7%) and in England as a whole (13.9%). Amongst those who work in “routine and manual occupations”, 26.9% of adults in York were reported as smokers, which is higher than the national average (23.2%) and slightly lower than the Yorkshire and Humber average (27.6%).

### **Alcohol-related issues**

- 61 The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21 billion, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
- 62 In 2019, there were 66 deaths from alcohol-related conditions in York (47 males and 19 females); a rate of 34 per 100,000 population. This rate is lower than regional and national averages (40 and 36 per 100,000 population respectively).
- 63 The Public Health team in York are continuing to deliver Alcohol IBA (Identification and Brief Advice) training to health professionals and frontline staff across the city. The training is aimed at staff who have regular contact with residents, to equip them with the skills to measure drinking levels and offer simple advice on how to reduce alcohol consumption.

### **Mental health and Learning Disabilities.**

- 64 It is crucial to the overall well-being of a population that mental health is taken as seriously as (more visible) physical health. Common mental health problems include depression, panic attacks, anxiety and stress. In more serious cases, this can lead to thoughts of suicide and self-harm, particularly amongst older men and younger women. Dementia, particularly amongst the elderly population, is another major mental health issue.
- 65 The latest available information (2019/20 Q2) data on improving access to psychological therapies (IAPT) in the Vale of York CCG area shows the following: referrals to IAPT (504 per 100,000) are lower than the England average (953 per 100,000). The percentage of the estimated population with anxiety and depression who enter IAPT (18%) is comparable with the England average (18.3%), and the percentage leaving treatment who have achieved reliable improvement (70.4%) is similar to the England average (71.8%).



## Life Expectancy and Mortality

66 Average Life Expectancy and Healthy Life Expectancy for males in York (80.2 years and 65.8 years) is above the England average (79.8 years and 63.2 years). Average Life Expectancy and Healthy Life Expectancy for females in York (83.7 years and 66.4 years) is also above the England average (83.4 years and 63.5 years). The inequality in life expectancy for men in York for the measurement period 2017-19 is 8.3 years. This means there is around an eight-year difference in life expectancy between men living in the most and least deprived areas of the City. This inequality for men has improved (fallen) for two successive periods. The inequality in life expectancy for women in York for the measurement period 2017-19 is 6.2 years. This means there is around a six-year difference in life expectancy between women living in the most and least deprived areas of the City. This figure is the same as in the previous period (2017-19). The inequality in York is below the national average for men (9.4 years) and for women (7.6 years).

## Recommendations

67 As this report is for information only there are no specific recommendations.

Reason: To update the committee on the latest financial and performance position for 2020-21.

## Contact Details

### Authors:

Steve Tait  
Head of Finance: Adult Social  
Care  
*Phone: 01904 554225*  
*Steve.Tait@york.gov.uk*

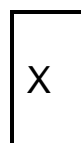
Terry Rudden  
Strategic Support Manager  
(Adults and Public Health)  
*Phone: 01904 551655*  
[terry.rudden@york.gov.uk](mailto:terry.rudden@york.gov.uk)

Mike Wimmer  
Senior Business Intelligence  
Officer, Public Health  
*Phone: 01904 554646*  
*Michael.wimmer@york.gov.uk*

### Chief Officers Responsible for the report:

Michael Melvin  
Director, Adult Social Care  
  
Sharon Stoltz  
Director of Public Health

**Report  
Approved**



**Date** 2 November 2021

**Specialist Implications Officer(s)** None

**Wards Affected:** *List wards or tick box to indicate all* **All** Y

**For further information please contact the author of the report.**



## Health and Adult Social Care Policy and Scrutiny Committee

### Work Plan 2021/22

22 June 2021, 5:30pm (Informal Forum)	1. Work Plan 2021-22 Municipal year
29 July 2021, 5:30pm  NB Chair may give apologies. If so Cllr Hook (Vice Chair) will Chair	<ol style="list-style-type: none"> <li>1. Update on the peer challenge commissioned in Adult Services – Amanda Hatton, Corporate Director of People</li> <li>2. Update from the CCG/Hospital Trust regarding recovery and the backlog/waiting lists across hospital/mental health services – Phil Mettam, Accountable Officer, NHS Vale of York Clinical Commissioning Group and Simon Morritt, Chief Executive, York Teaching Hospital NHS Foundation Trust.</li> <li>3. Work Plan</li> </ol>
22 September 2021, 5:30pm (Informal Forum)	<ol style="list-style-type: none"> <li>1. York Health and Care Collaborative Update</li> <li>2. York Health and Care Alliance update</li> <li>3. Covid 19 Update (ongoing, Sharon Stoltz)</li> <li>4. Work Plan</li> </ol>
25 October 2021, 5:30pm Joint Commissioned	1. One Year Transport Plan and Blue Badge Access

Scrutiny Slot with Economy & Place Policy & Scrutiny Committee	
2 November 2021, 5:30pm	<ol style="list-style-type: none"> <li>1. Update on the recent CQC Inspections and Foss Park – Naomi Lonergan, Director of Operations, North Yorkshire &amp; York, Tees, Esk and Wear Valleys NHS Foundation Trust</li> <li>2. Health and Wellbeing Board Update (Cllr Runciman, Sharon Stoltz)</li> <li>3. Health &amp; ASC Finance &amp; Monitoring reports (Steve Tait)</li> <li>4. Work Plan</li> </ol>
15 December 2021, 5:30pm (Informal Forum)	<ol style="list-style-type: none"> <li>1. Adult Social Care provision, including Older Persons Accommodation programme commissioning strategy and plan in this area and including an update on the strategy behind releasing and selling the Oakhaven site &amp; Commissioning strategy and plan in the Committee's remit. (Update report with attendance of new Director Jamalia Hussein)</li> <li>2. Update on smoking cessation and tobacco control in York (Sharon Stoltz)</li> <li>3. Covid 19 Update (ongoing, Sharon Stoltz)</li> <li>4. Work Plan</li> </ol>
24 January 2022, 5:30pm	<ol style="list-style-type: none"> <li>1. Childhood Obesity - for consideration on what other Authorities do to address this concern. It had been noted that Leeds had success in this area. Identifying funding</li> </ol>

	<p>streams to support work on this aspect.</p> <ol style="list-style-type: none"> <li>2. Whole population dental Health in York – Chair of Local Dental Committee, a representative from NHS England and Healthwatch York to be invited.</li> <li>3. Work Plan</li> </ol>
30 March 2022, 5:30pm (Informal Forum)	<ol style="list-style-type: none"> <li>1. Public Health in York Update (Sharon Stoltz)</li> <li>2. Covid 19 Update (ongoing, Sharon Stoltz)</li> <li>3. Work Plan</li> </ol>
27 April 2022, 5:30pm	<ol style="list-style-type: none"> <li>1. City Response to Covid 19 Update (Sharon Stoltz)</li> <li>2. Work Plan</li> </ol>

#### Agenda items for consideration

1. Youth Mental Health - A scoping report by Children, Education & Communities Policy and Scrutiny Committee (CEC) was done last year before the pandemic and has been re-started afresh. This is a joint scrutiny with CEC, Cllrs Heaton and Vassie have joined the Task Group.
2. Mental Health (Adults and Young People), several aspects potentially. Place based community approach update and also well-being post Covid for both. This item be put on hold until post Covid.

3. 'Dying Well' – Under this broad heading would include consideration of hospices. They are only partly supported financially by the Health Service and raise most of their own funding. This item be put on hold until post Covid.
4. Adult Safeguarding
5. York Health and Care Collaborative Update

<b>Council Plan Priorities relating to Health and Adult Social Care</b>
<b>Good Health and Wellbeing</b>
<ul style="list-style-type: none"> <li>• Contribute to mental Health, Learning Disabilities and Health and Wellbeing strategies</li> <li>• Improve mental health support and People Helping People scheme</li> <li>• Support individual's independence in their own homes</li> <li>• Continue the older persons' accommodation programme</li> <li>• Support substance misuse services</li> <li>• Invest in social prescribing, Local Area Coordinators and Talking Points</li> <li>• Open spaces available to all sports and physical activity</li> <li>• Make York an Autism friendly city</li> <li>• Embed Good help principles into services</li> <li>• Safeguarding a priority in all services</li> </ul>
<b>Creating Homes and World-class infrastructure</b>
<ul style="list-style-type: none"> <li>• Deliver housing to meet the needs of older residents</li> </ul>

<b>A Better Start for Children and Young People</b>
<ul style="list-style-type: none"><li>• Tackle rise in Mental Health issues</li></ul>
<b>Safe Communities and Culture for All</b>
<ul style="list-style-type: none"><li>• Explore social prescribing at local level to tackle loneliness</li></ul>
<ul style="list-style-type: none"><li>• Expand People Helping People scheme</li></ul>

This page is intentionally left blank