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: Wednesday, 20 April 2022

Time: 5.30pm

Venue: The Snow Room - Ground Floor, West Offices (G035)

AGENDA

1. Declarations of Interest
At this point in the meeting, Members are asked to declare any disclosable pecuniary interests or other registerable interests they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests.

2. Minutes (Pages 1 - 10)
To approve and sign the minutes of the meeting held on 24 January 2022.

3. 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 **Thursday 14 April 2022.**

To register to speak please visit 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 Remote Public Meetings

Please note that, subject to available resources, this remote 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.

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

4. 2021-22 Finance and Performance Third Quarter Report - Health and Adult Social Care (Pages 11 - 28)

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.

5. Update on the Integrated Care System (Pages 29 - 36)

This report updates Members on the national reforms to the NHS, health and care, and developments locally to plan for the changes which are due to come into force in July 2022. It also updates on the progress of establishing a place-based partnership as a joint committee of the Humber and North Yorkshire Integrated Care Board ('The York Health and Care Alliance').

6. The City's response to Covid (Pages 37 - 44)

This report sets out some of the key responses to the pandemic over the last two years and the local response going forward as it currently stands.

7. Work Plan (Pages 45 - 50)

Members are asked to consider the Committee's work plan for the 2021/22 municipal year.

8. Urgent Business

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

Democracy Officer:

Name – Louise Cook
Telephone – 01904 551031
E-mail – louise.cook@york.gov.uk

For more information about any of the following please contact the Democracy 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 مہیا کی جاسکتی ہیں۔ **(Urdu)**

☎ **(01904) 551550**

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City of York Council Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	24 January 2022
Present	Councillors Doughty (Chair), Hook (Vice-Chair), S Barnes, Heaton, K Taylor (left at 7:23pm), Vassie and Wann

In light of the changing circumstances around the Covid-19 pandemic, this meeting was held remotely. Scrutiny Committees are not decision making meetings. Therefore the outcomes recorded in these minutes are not subject to approval by the Chief Operating Officer under his emergency delegated powers.

14. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interest not included on the Register of Interests, or any prejudicial or discloseable pecuniary interests they may have in respect of the business on the agenda. No interests were declared.

15. Minutes

Resolved: That the minutes of the previous meeting held on 2 November 2021 be approved as a correct record and be signed by the Chair at a later date.

At this point in the meeting, the Chair requested an update on plans that had been put in place to structure how savings would be delivered, implemented and monitored to enable the budget setting process to be more robust. The Assistant Director of Public Health agreed to retrieve this information from relevant officers and email the information to Committee Members.

16. Public Participation

It was reported that there had been one registration to speak at the meeting under the Council's Public Participation Scheme.

Ms Wu spoke on agenda item 4, Oral Health Promotion. She highlighted to the Committee her own personal experiences after moving to York 18 months ago. She explained how she had found it difficult to access information and found the system confusing, particularly when trying to locate and join an NHS dentist practice. She made reference to the many dental surgeries who did not accept new NHS clients. This meant that patients were left to use private services. She noted that the lack of an emergency NHS dental service in York, had resulted in residents having to travel to Harrogate for an emergency appointment.

17. Oral Health Promotion

Members considered a report that enabled a discussion on identifying improvements on the measures and services in place for the population of York on the prevention, treatment and maintenance of good oral health.

The Committee were joined by the following professionals:

- Nurse Consultant in Public Health
- Assistant Director of Public Health
- Specialist Practitioner Advanced in Public Health
- Dental Commissioning Lead, NHS England
- Dental Consultant, Public Health England
- Manager of Healthwatch York
- Chief Executive of the Ebor Multi-Academy Trust
- An Associate Dentist in York
- A member of the North Yorkshire Local Dental Committee and the British Dental Association General Dental Practice Committee

The Nurse Consultant gave a brief introduction. She highlighted how good oral health was achieved, in that it required a system wide partnership approach from a number of organisations. Through understanding the needs of the local population, and by working collectively with partners, work could be undertaken to focus on recovery and identification of where policies, strategies and initiatives were required to improve oral health, early intervention, access to dental provision and reduce inequalities. It was also noted that the Covid pandemic had exacerbated and heightened pressures on the system.

Each representative provided an update within their service areas.

The Specialist Practitioner Advanced in Public Health addressed the 5 key elements the Local Authority had responsibility for, as noted within the report:

1. Oral health promotion.
2. A biennial epidemiology survey.
3. Provision of leadership via an Oral Health Advisory Group (OHAG).
4. The production of a children and young people Oral Health Strategy – written with partners.
5. Supporting Flexible Commissioning in local dentists to reduce oral health inequalities.

The Dental Commissioning Lead addressed NHS England's response to the challenges, noting that:

- NHS England was responsible for the commissioning and contracting of all NHS dental services and that all primary and secondary care dentistry had been impacted by the pandemic.
- Throughout the pandemic practices were required to meet a set of limited conditions, which had been increasing per quarter. The requirement was currently set at a minimum of 85% of normal pre-Covid activity, feedback received showed that some practices were struggling to deliver that level of appointments due to staff absences.
- Given the challenges with access and providers working through their backlog, practices had been asked to prioritise seeing patients with the greatest clinical need, which would likely mean a delay for patients seeking non-urgent and more routine dental care, such as check-ups. A return to full capacity would be dependent on the further easing of Covid-19 control measures.
- All of the funding NHS England received for dentistry was committed to existing national contracts that were agreed in 2006, with no end date. To address the significant delivery concerns and to improve access and reduce inequalities, NHS England introduced a Flexible Commissioning model across Yorkshire and the Humber in 2019. A number of other work streams were also going to be a focus throughout Yorkshire and the Humber, including the development of, subject to procurement, both a new out of hours urgent care service and a community oral surgery service in York.

The Chief Executive of the Ebor Multi-Academy Trust spoke on behalf of all primary schools across York. She informed the Committee that staff had reported children up to the age of 8 having dental decay or teeth extracted and there were concerns about the use of dummies, particularly in the schools which served the most disadvantaged areas in York. Parents had reported their struggles to obtain an emergency appointment and despite their primary focus on education, this was a real area of concern for teachers.

A member of the North Yorkshire Local Dental Committee and the British Dental Association General Dental Practice Committee raised his concerns with the current dental contract. He informed the Committee that dental contract reform started in January 2009 and still no new dental contract had been negotiated. He explained how Government funding was allocated and used, noting that the current overall dental budget was £3.2billion. Members, were also informed that the overall dental budget had not increased since 2006. He clarified how the current system made it not financially viable for some NHS practices, and subsequently led to recruitment difficulties of attracting Dentists to work in the NHS sector. He stated that this was a national issue and that the contract needed to be reformed.

An Associate NHS Dentist based in York also raised his concerns and frustrations with the current dental contract. He informed Members that he had written a blog during the pandemic that addressed why practices were converting from the NHS and what action was required to improve access to NHS services. It was agreed that a link to the blog would be emailed to Members.

Further discussions took place regarding the difficulties and challenges some residents had faced, with examples being provided by some Members. The national contract, funding, Flexible Commissioning and poor oral health in children was also discussed and in answer to questions raised it was confirmed that:

- It was hard to influence the dental contract reform due to the national set model.
- If funding was sourced, the supervised tooth brushing service could be reinstated.

- Poor oral health in a child would not be a standalone safeguarding issue, it would form part of a collective safeguarding approach that impacted that child.
- The number one cause for children, aged 5 to 9, to be admitted to hospital was for extractions of teeth under general anaesthetic.
- A biennial epidemiology survey would take place in 2024 with colleagues from across Yorkshire and the Humber.
- Flexible Commissioning allowed Dental Nurses and Hygienists to deliver some non-complex treatments, other supplementary work and offer preventative advice, which provided Dentists with more time to focus on the clinically advanced treatments.
- Should an NHS dentist practice close, that contract funding would be distributed in the constituency from which it had been returned.
- A Dentist had to complete a Dental Foundation Training Programme to gain an NHS dentistry practice number. This usually took a year and there was an equivalent scheme for overseas Dentists.
- There had been no terminations or handback of contracts in York in the last 5 years. Dental practices determined their own patient list but most practices had a regular patient list that they used to recall people.
- If a patient was listed with an NHS dentist practice they had a right to ask for their dental records through a General Data Protection Regulation (GDPR) request.
- The North Yorkshire and Humber Dental Network supported commissioning conversations, serviced pathway reviews and encouraged communication between different providers across the dental pathway. The new Integrated Care System would be responsible for this from 2023.
- The number of children admitted to hospital for tooth extractions during the pandemic had risen nationally due to the backlog.

Members were disappointed by the statistics highlighted within the Healthwatch York report. They noted the report recommended a rapid and radical reform to the way dentistry was commissioned and provided. All present agreed that the 2006 dental contract was failing the public and patients and given the seriousness of the issue, it was agreed that an appropriate letter be sent to the Secretary of State to share residents' experiences in York, to highlight the concerns raised

by professionals and to give support to serious work on reforms and contracting. Attendees were asked to forward any comments for submission into the letter to the Democracy Officer and it was suggested that signatories of support could also be sought from other professionals including the Oral Health Partnership Group.

Members thanked everyone for attending the meeting and for their contributions.

Resolved:

i. That the content of the reports be noted.
ii. That the implementation of the Oral Health Strategy be supported.
iii. That the further development of 'Flexible Commissioning' opportunities across the city to reduce inequalities be supported.
iv. That the oral health campaign be noted.
v. That a letter be sent to the Secretary of State.

Reason: To ensure a system wide approach to local need for a robust oral health pathway which was accessible and equitable and timely manner for the population of York.

[An adjournment took place between 7:14pm and 7:25pm and Cllr K Taylor left the meeting during this time]

18. Childhood Obesity in York

Members considered a report that provided an overview of the situation regarding healthy weight in York, with a particular focus on children. It provided information on the national resources produced to tackle childhood obesity and highlighted experience from other countries.

The Assistant Director of Public Health and the Public Health Specialist Practitioner Advanced attended the meeting to provide an update and answer questions raised.

Members were informed that:

- Body mass index (BMI) was a widely used method to check for a healthy weight but was not used to diagnose

obesity. It was useful as a population measure to give an indication of prevalence of obesity.

- Following the 2019/20 survey, around 60% of the adult population in York were currently classified as overweight or obese and around 1 in 5 reception aged children (225 children) and around 1 in 3 Year 6 children (245 children) were classified as overweight.
- A recent analysis of childhood obesity found that prevalence of obesity was generally highest in the most deprived wards of Westfield, Clifton and Guildhall. Children from Black ethnic minority groups and boys in York were also found to have higher rates of obesity.
- Mothers who were overweight or obese had increased risk of complications during pregnancy and birth.
- It was a reasonable assumption to expect that rates of obesity would rise due to the pandemic and that this would be seen when the data was available.
- Excess weight gain occurs when energy intake (food eaten) regularly exceeds energy burnt although the inequalities seen in obesity were more complex. The environment people lived in had a huge impact on their ability to be able to make healthy food choices and the resources showed that those unhealthy food environments were more prevalent in the more deprived areas.
- Approximately only half of UK households had a food budget that could meet the costs of the government's healthy eating guidelines.
- No area in the UK had seen a sustained reduction in obesity rates in adults or children and people in more deprived areas reported lower levels of physical activity than average.
- Amsterdam was recognised as having had success of tackling childhood obesity. Studies looking into why Amsterdam were successful highlighted three key aspects of their programme, leadership, doing things differently and taking a multifaceted approach.
- A Healthy Weight, Healthy Lives Strategy was produced in 2018 and a Healthy Weight Steering Group was established. The Healthy Weight Steering Group oversaw the implementation of the strategy which also included; mental health, a tiered pathway for treatment of obesity and the implementation of a new programme called HENRY (health, exercise, nutrition for the really young).

The HENRY programme would support families with children aged five and below.

- The Council was developing their own Food Strategy, which would have strong links to the Financial Inclusion and had also signed up to the Healthy Weight Declaration in 2020.

Members noted that this was a complex issue that required a multi-agency collaborative approach and in answer to their questions, the Assistant Director confirmed that:

- Officers had not engaged with national supermarkets regarding healthy eating campaigns but had engaged with local food banks through the Food Strategy Network. They would also support schools to promote healthy eating and physical activity as part of the curriculum.
- There would be various pathways in place to support healthy eating in York and although the Healthy Weight Declaration had been impacted by Covid, it had been agreed that advertising space would not be used for products that were high in fat, salt and sugar. Regionally, with the support of Public Health England, officers would work with the charity Sustain to also promote this work.
- Through the Healthy Weight Declaration, there was a commitment to support responsible retailing and it was an aspiration to develop a Healthy Food Award Scheme for York.
- Greenwich Leisure Limited (GLL) were part of the Healthy Weight Steering Group and discussions would take place regarding the Physical Activity Strategy which would focus on sport opportunities in York.
- The HENRY programme was being tested and would initially be referred through professional referral routes to begin with.

Members thanked officers for their report.

Resolved:

(i) That the report be noted.
(ii) That a report be provided, later in the year, on the progress and impact of the HENRY programme.

Resolved: To keep Members updated on Public Health's responsibilities regarding obesity.

19. Work Plan

Members considered the Committee's draft work plan for the 2021/22 municipal year.

Following discussion it was noted that Healthwatch York were undertaking research on young people's mental health and were keen to liaise with the Council on this subject.

Resolved: That the work plan be noted and the Democracy Officer liaise with Healthwatch York regarding the joint commissioned meeting with Children, Education and Communities Policy and Scrutiny Committee on 28 February 2022.

Reason: To keep the work plan updated.

Cllr Doughty, Chair
[The meeting started at 5.32 pm and finished at 8.09 pm].

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Agenda Item 4

Health and Adult Social Care Policy & Scrutiny Committee **20 April 2022**

Report of the Directors of Adult Social Care and Public Health

2021-22 Finance and Performance Third 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 Qtr 3

2020/21 Outturn £000		2021/22 Latest Approved Budget			2021/22 Forecast Outturn	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-3,189	ASC Centrally held directorate budgets	4,271	-2,891	1,380	-82	-5.9%
+830	ASC Older People and Physical & Sensory Impairment	37,668	-20,208	17,460	+2,747	+15.7%
+1,551	ASC Learning Disabilities and Mental Health	36,770	-8,987	27,783	+788	+2.8%
+68	ASC In house services	6,770	-2,123	4,647	+379	+8.2%
-97	ASC Commissioning and Early Intervention & Prevention	7,486	-8,875	-1,389	-13	-0.9%
	ASC Mitigations				-780	
-837	**Adult Social Care Total**	**92,965**	**-43,084**	**49.881**	**+3,039**	**+6.1%**

0	**Public Health**	**9,065**	**-9,181**	**-116**	**0**	**0%**
-837	**Health and Adult Social Care Total**	**102,030**	**-52,265**	**49,945**	**+3,039**	**+6.1%**

+ 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 £3,039k. This assumes that £812k 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 position has worsened from Q2 by £739k. There are more explanations in the details below but the table below describes the major movements since Q2(figs in £k)

Forecast overspend at Q2	+3,080
Increase in Step Up Step Down placements	+305
Increase in Mental Health Residential placements	+227
Increase in Older People Nursing placements	+164
Other minor movements	+43
Initial Forecast Overspend	+3,819
Mitigation (see para 28 to 32)	-780
Overspend after Mitigation	3,039

4. The residential and nursing budget is being influenced by the current discharge requirements. People are being discharged sooner and with a higher level of care and support needs than previously.

5. There is funding available to support the first 4 weeks following discharge but after that time people are still requiring 24 hour care for a period of time or are prevented from returning home due to higher care needs or lack of home care capacity in the city. Discussions are taking place with Health to see if there's any resource across the system that could be redirected to address this growing pressure.

6. Commissioners are also exploring alternative options of access to other regional care provider frameworks.

7. The projections in ASC also assume that a further £812k of savings will be made between now and the year end: non delivery of these savings will exacerbate the overspend.

8. External Care budgets are projected forward based on current customer numbers. There is a small contingency set aside in the Better Care Fund for additional costs over Winter should the total number of individuals increase beyond current levels. System wide discussions have considered what needs to be in place to be ready for the anticipated difficult Winter ahead and the Council has access to £273k of the Humber Coast & Vale Integrated Care System funding which will be used to secure additional discharge beds and home care.

9. It is clear that the impact of the pandemic is still being felt in the health and social care sector. Several factors are causing considerable pressures on the workforce and budget including but not limited to:

    - The individuals approaching ASC have more complex needs giving the paucity of available services over the last 18 months
    - A significant increase in the volume of referrals compared to pre-pandemic
    - A lack of social workers resulting in high use of agency and attendant high costs
    - A lack of care workers resulting in reduced market capacity at higher prices, particularly in the home care sector
    - A rise in provider failure and packages being passed back to the council

ASC Centrally held directorate budgets (-£82k / -5.9% of net budget)

10. No material variances. The majority of these budgets are on line. The Director has a contingency budget of £100k which has been put towards the overspend so any unexpected costs (such as expensive legal cases) will need to be funded from elsewhere or add to the position.

ASC Older People (OP) and Physical & Sensory Impairment (P&SI) budgets (+£2,747k / +15.7% of net budget)

11. OP permanent residential and nursing is projected to overspend by £645k, a movement of £133k since Q2. This is largely due to an increase in the average cost per customer of an OP residential placement (currently around £8k more than assumed in the budget).

12. Placements in residential and nursing step up step down (SUSD) beds have increased over the last three months and this budget is now expected to overspend by £604k (compared to £249k at Q2). Customers are being discharged from hospital into discharge to assess beds more quickly than was previously the case, and are also staying in SUSD beds for longer. The lack of capacity in the home care market has made it harder to source the necessary care to meet the needs of these customers.

13. P&SI residential placements are expected to overspend by £205k due to having three more customers than in the budget, and in addition the average cost per customer is higher than budgeted for.

14. P&SI Supported Living schemes are projected to overspend by £616k in 2021/22. This is in line with previous years and is largely due to the cost per customer being around £7.5k p.a. higher than when the budget was last rebased. In addition there are currently three more customers than budgeted for. The main provider has built a new facility to replace / expand existing smaller facilities and the service is actively working with them to ensure the care provided is appropriate and proportionate to the customers' needs. The new facility comes on line in April 2022.

15. OP and P&SI Community Support budgets are expected to overspend by £372k in 2021/22. This is largely due to the average hourly rate for homecare being higher than in the budget and there are also 16 more customers on exception contracts.

16. OP and P&SI Direct Payments budgets are projected to overspend by £295k. This is due to having 4 more customers utilising P&SI DPs and the average direct payment per OP customer is £4k higher than assumed in the budget.

ASC Learning Disabilities (LD) and Mental Health (MH) budgets (+£788k / +2.8% of net budget)

17. Learning disability residential budgets are projected to overspend by £178k (an increase of £305k since Q2). There are currently three more customers in working age residential placements than in the budget, and there has been a backdated increase of costs amounting to £80k for another customer.

18. LD Supported Living schemes are projected to underspend by £310k due to having 8 fewer customers in placement than was assumed in the budget. The underspend has reduced by £155k since Q2, largely due to the average cost per customer having increased in the third quarter.

19. LD CSB budgets are projected to overspend by £270k. This is largely due to the average cost of a homecare placement being higher than in the budget.

20. There is a projected overspend of £240k on the LD Social Work team. This is due to the use of temporary WWY posts which have now been extended to the end of the financial year.

21. The Safeguarding and Mental Health budgets are projected to overspend by £501k in total, broken down as follows:

• Residential Care	£250k
• Nursing Care	-£101k
• Community Support (incl Supported Living)	£36k
• Direct Payments	-£48k
• Safeguarding	£140k
• Social Work Team	£204k

- Other minor variations £20k

22. The main overspends are on the MH Social Work and Safeguarding staffing budgets due to being over establishment on the Safeguarding Service Manager post, the use of agency staff to cover vacancies and additional unfunded WWY staff which have now been extended to the end of the financial year (£344k).
23. MH residential placements are projected to overspend by £250k largely due to an increase in working age customers being placed, including one backdated to the start of the year.
24. The MH budget pressures were more significant in 2020/21. 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.

ASC commissioning and contracting budgets (-£13k / -0.9% of net budget)

25. There are no major variances to report in this area.

ASC In house services Budgets (+£379k / +8.1% of net budget)

26. Be Independent is projected to overspend by £295k. 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 (£46k), and other overspends across the budget. We are investigating whether some of these costs can be capitalised against existing capital budgets.
27. Yorkcraft is projected to overspend by £95k. This is largely due to a budget saving of £62k agreed in 2020/21, which has not been achieved. In addition based on actuals to date it is expected that there will be a shortfall of income in 2021/22. 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.
28. Small Day Services are projected to underspend by £223k. This is largely due to vacancies at Pine Trees, Community Base and the Community Support Assistants as some of the services have not been operating at full capacity due to Covid restrictions.
29. There is currently projected to be an overspend of £230k on the Community Care team arising from Riccall Carers going into administration and the subsequent transfer of staff to the Council**.**

Budget Overspend mitigations

30. Adult Social Care have developed a plan to look at several areas where we feel there is scope to bring the overspend down by the year end. The four key areas that will be focussed on are:
    - Review short term discharge arrangements to reduce numbers
    - Continuing Health Care income
    - Focus on reviewing customers more quickly and frequently
    - Ensure delivery of 21/22 savings to be achieved by year end

31. The above actions are likely to yield approx. £100k in a reduction to the overspend by the year end.

32. There is also likely to be some slippage on the Better Care Fund schemes of approx. £250k which can be redirected to support care packages in the Council.

33. There is likely to be £350k slippage on the budget set aside to fund the staffing needed at Marjorie Waite Court due to difficulties recruiting currently.

34. There are some instances where we have been paying for customers when the responsibility for which public body should fund the placement is in dispute. There is one MH customer where there is potential to recover £80k if that individual is deemed as another authority's responsibility. We are reviewing our process to ensure that responsibility is clarified at the outset to stop this from happening in the future.

35. The total of these mitigations is £780k.

Performance Analysis

ADULT SOCIAL CARE

36. 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.

37. Many of the comparisons made below look at the difference between the end of the 2020-21 Q3 and 2021-22 Q3 periods, in order to avoid seasonal variations. A summary of the information discussed in paragraphs 38 to 50 can be found in the table on the next page.

KPI No	Measure	2018-19	2019-20	2020-21 Q3	2021-22 Q3	Change from a year ago
ASC01	Number of contacts to ASC Community Team	10,250	10,957	5,080	4,144	Improving
ASC01a	Percentage of initial contacts to ASC Community Team that are resolved with information/advice or guidance (IAG)	27	26	35	27	Deteriorating
PVP18	Number of customers in long-term residential and nursing care	621	609	550	570	Deteriorating
PVP02	Number of permanent admissions to residential and nursing care for older people (aged 65 and over)	252	201	53	45	Improving
ASC03b	Number of customers receiving home care services	675	676	743	585	Improving
PVP31	Number of clients receiving paid services for first time	530	583	183	125	Improving
PVP32	Number of clients returning to ASC to receive a paid service	376	404	134	93	Improving
ASCOF1F	Percentage of adults in contact with secondary mental health services in paid employment	22	23	20	19	Deteriorating
ASCOF1H	Percentage of adults in contact with secondary mental health services living independently, with or without support	84	80	74	65	Deteriorating
ASCOF3A	Percentage of service users 'extremely or very satisfied' with care and support*	64	68	72	N/A	Improving
ASCOF4A	Percentage of service users reporting that they feel "as safe as they want"*	67	71	76	N/A	Improving
SGAD02	Number of Adult Safeguarding pieces of work completed	1,206	1,458	307	428	Neutral
SGAD01	Number of Adult Safeguarding concerns reported	1,172	1,404	316	416	Deteriorating
PVP11	Percentage of completed safeguarding s42 enquiries where people reported that they felt safe	90	94	100	99	Deteriorating
STF100 - People	Average sickness days per FTE - People directorate (rolling 12 month average)	N/A	N/A	12.3	12.5	Deteriorating

* 2020-21 overall figures

N/A - Not yet available for 2021-22

Demand for, and numbers receiving, adult social care services

38. There has been a decreasing number of initial contacts to adult social care (ASC) during the past year, as demand for services caused by the COVID-19 pandemic has eased. Our Customer Contact Workers record the number of contacts received to ASC, whether made by email, telephone or other methods. During 2021-22 Q3, they received 4,144 contacts, which is 18% lower than the number received during 2020-21 Q3 (5,080). Around 27% of the contacts during 2021-22 Q3 were resolved using Information, Advice and Guidance (IAG), which is lower than the percentage that were resolved using IAG during 2020-21 Q3 (35%); 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.

39. The number of individuals in residential/nursing care placements fell rapidly during 2020-21, mainly due to the Covid-19 pandemic, rose again during the early part of 2021-22, and then fell again during the winter. At the end of 2021-22 Q3, this number was 570, compared to 550 at the end of 2020-21

Q3. CYC have reduced the number of new admissions to residential/nursing care in recent years, partly because of the policy that people should no longer be placed in residential/nursing care directly following hospital discharge, but this number is beginning to increase because of issues with the home care market. During 2021-22 Q3 the number of new admissions of older people to residential/nursing care was 45, a decrease of 15% on the 2020-21 Q3 figure of 53.

40. There has been a rapid fall over the last year in the number of people placed with home care providers. At the end of 2021-22 Q3 there were 585 people in receipt of a home care service; this is 21% lower than the corresponding figure at the end of 2020-21 Q3 (743).

41. In 2021-22 Q3, there were 125 clients that received a service ASC paid for the first time ("new starters"). This is a significant reduction from the number in the corresponding three months of 2020-21 (183). There has also been a decrease in the number during 2021-22 Q3 (93) that have returned to ASC for a paid service compared with the number during 2020-21 Q3 (134). This suggests that we are doing well in keeping the number of first-time entrants low, and that we are also doing well in preventing those returning to the ASC system after they have left, but making sure that as few people enter the system as possible remains an ongoing challenge.

Mental Health

42. 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 Q3 show that 65% of them were doing so, compared with 74% a year earlier. The 2020-21 ASCOF results showed that York is a "top quartile performer" in the country with a performance of 73% on this measure, compared with 58% in England and 65% in the Yorkshire and the Humber region. However, it should be noted that "in-year" performance is often lower than the final outturn for the financial year, as many assessments of whether people are living independently are conducted towards the end of the financial year.

43. During 2021-22 Q3, 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 2020-21 ASCOF results, York is the 3rd best performing LA in England on this measure, with 22% of all those in contact with secondary mental health services in employment, compared with 9% in England and 11% in the Yorkshire and the Humber region. Again, "in-year" performance on this measure can be lower than the final financial year outcome due to people only being assessed to see whether they are in employment towards the end of the period.

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

44. 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 18 LA areas, including York, participated, as doing so was voluntary due to the Covid-19 pandemic.

45. The results for 2020-21 showed that 72% 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), and was the highest of the 18 LA areas that participated.

46. The 2021-22 Adult Social Care User Survey has taken place and provisional results for York will be available during 2022-23 Q1, although the actual figures cannot be reported until the results for all LAs in England later in the year.

Safety of ASC service users and residents

47. 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.

48. Results from the 2020-21 ASC Survey showed that 76% of York's ASC users responded that they were "feeling as safe as they want", and is an increase from the 2019-20 level (71%).

49. During 2021-22 Q3 there were 428 completed safeguarding pieces of work, which is a 39% increase on the number completed during the 2020-21 Q3 period (307) – this is a partial reflection in the increase in the number of safeguarding concerns reported during this time (416 in 2021-22 Q3 compared with 316 in 2020-21 Q3). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry continues to be high - 99% during 2021-22 Q3, 100% during 2021-22 Q3 - and remains consistent with what has been reported historically in York.

Sickness rates of Adult Social Care staff

50. In the People directorate, which includes Adult Social Care, the number of sickness days taken per full-time employee rose from 12.3 in the year to 31 December 2020 to 12.5 in the year to 31 December 2021.

PUBLIC HEALTH

51. Public Health is expected to underspend by £224k but this can be transferred the earmarked Public Health reserves to fund future budget commitments.

52. 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.

53. 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	-104	Delayed recruitment to the new staff structure & use of COMF funding to cover additional staff costs. £25k saving due to delay in Children's Weight Management initiative
Sexual Health	1,778	-10	Anticipated £10k reduction in GUM recharges
Substance Misuse	1,772	+0	
Wellness Service	346	-17	Underspend arising from staff vacancies
Healthy Child Service	2,530	-93	Underspend arising from staff vacancies
Domestic Abuse	173	0	
Public Health grant	-8,143	0	
Total Public Health	**-116**	**-224**	
Transfer to Reserves		+224	Total reserves (£1m)
Reported Position		**0**	

54. 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.

55. Despite lower activity due to Covid in 2020/21 and again in Quarter 1 of 2021/22 it is anticipated that LARC contraception costs will return to normal over the rest of the year. However, Genitourinary Medicine (GUM) recharges from out of area treatment are expected to be lower due to reduced tariffs and activity resulting in £10k underspend.

56. Due to a number of vacancies, the Health Trainer Service is expected to underspend by £17k.

57. Healthy Child Service is still recruiting to the new structure and with further staff turnover it is expected to underspend by £93k.

58. 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.

59. Responsibility for Domestic Abuse has transferred to Public Health following the award of £334k New Burdens funding for 2021/22 to provide support in safe accommodation. The budget for existing support from NYCC and the police also transferred from Adult Social Care

60. There was £776k in the Public Health Reserve at 31st 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)

61. 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.

62. The Health Check programme was halted for safety reasons during the COVID-19 pandemic period. Nimbuscare started to deliver health checks towards the end of 2021 and a total of 334 health checks were carried out for CYC residents during 2021-22 Q3.

63. 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.

64. 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.

65. In the most recent quarter (2021-22 Q3) the Health Trainer Service's stop smoking team had received 103 referrals from those wishing to quit smoking. Of these, 64 (62%) went on to engage with an advisor. Subsequently, 44 went on to set a quit date and 33 (75%) had quit smoking after four weeks. There were 20 pregnant smokers who were in the group of 103 referrals. Of these, 17 (85%) went on to engage with an advisor. Subsequently, 10 went on to set a quit date and all of them had quit smoking after four weeks.

Substance Misuse

66. 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.

67. In the latest 18 month monitoring period, to the end of 2021-22 Q3, 295 alcohol users were in treatment in York and 84 (29%) left treatment successfully and did not represent within six months. The equivalent figures for opiate and non-opiate users were 4% (17 out of 473) and 29% (52 out of 181) respectively. The York rates are currently lower than the national averages (37% for alcohol users, 5% for opiate users and 35% for non-opiate users).

Healthy Child Service

68. The full National Child Measurement Programme (NCMP) is in progress in York for 2021-22 after a partial programme in the previous two measurement years due to the Covid-19 pandemic. To date 58% of reception aged children and 28% of Year 6 children have been measured. In 2020-21 only five schools in York were measured as part of a limited programme to provide data at regional and national level. No local authority level obesity prevalence data was published for 2020-21. The 2019-20 programme was discontinued in March 2020 due to the COVID-19 pandemic. The data submitted for children measured prior to lockdown was 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 (annual coverage rates are usually in excess of 95%). As a result of this, the York values were flagged as 'fit for publication but interpret with caution'. The 2019-20 NCMP found that 8% of reception children in York were obese, which is significantly lower than the England

average (10%). The York figure has fallen from the 2018-19 level (10%). Of Year 6 children in York, 22% were found to be obese in 2019-20, which is not significantly different from the England average (21%). The York figure has increased from the 2018-19 level (15%). There is a wide variation in obesity rates at ward level, and there is a strong correlation between obesity and deprivation at ward level.

69. The key performance indicators for the Healthy Child Service in York for 2021-22 Q3 are presented below. The national benchmark figures for this quarter are not yet available, however the national figures for 2021-22 Q2 are presented to provide some context for local performance. 84% of new-born children in York received a new birth visit within 14 days (compared with the average in England as a whole of 83%). 87% of new-born children in York received a 6-8 week review within 56 days (compared with the average in England as a whole of 86%). 93% of children in York had a one-year review before 12 months (compared with the England average of 87%). 83% of children in York had a two-year review before 30 months (compared with the England average of 76%).

70. At the 2.5 year review, each child's level of development on five domains (communication, problem solving, personal and social development, gross motor and fine motor function) is measured using the ages and stages questionnaire. In 2021-22 Q3, 90% of children in York reached the expected level of development on all five domains, compared with the average for England of 83%.

71. In 2021-22 Q3, 59% of children in York (with a feeding status recorded) were totally or partially breastfed at 6-8 weeks, compared with the average for England as a whole of 55%.

Sexual and Reproductive health

72. 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.

73. In the period October 2019 to September 2020, the rate of conceptions per 1,000 females aged 15-17 in York (12.8) was lower than the regional (16.9) and national (13.6) averages. There has been a gradual fall in this rate in York over recent measuring periods (for example, the rate in York during October 2018 to September 2019 was 16.8).

Other Public Health Issues

Adult Obesity / Physical Activity

74. 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.

75. The latest data from the Adult Active Lives Survey for the period from mid-May 2020 to mid-May 2021 was published in October 2021. The period covered by the survey includes three months of full national lockdowns, six months of significant restrictions and three months of limited restrictions. In York, 435 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 and regional averages. Positively: 63% 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. In addition 26% of people in York did fewer than 30 minutes per week compared with 28% nationally and 29% regionally. There has been no significant change in the York value from that 12 months earlier.

Smoking: pregnant mothers

76. 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.

77. For the latest 12 month period for which figures are available (October 2020 to September 2021), 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 (12%) for the previous 12 month period (October 2019 to September 2020). 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

78. 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.

79. Information on smoking prevalence amongst the general population comes from the Annual Population Survey (APS). The data for 2020 shows that 10% of the 18+ population in York were reported as smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (13%) and in England as a whole (12%). The survey methodology changed in 2020 and therefore comparisons with data published in previous

years are not valid. Amongst those who work in “routine and manual occupations”, 18% of people aged 18-64 in York were reported as smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (22%) and in England as a whole (21.4%).

Alcohol-related issues

80. 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.

81. In 2020, there were 69 deaths from alcohol-related conditions in York (53 males and 16 females); a rate of 35 per 100,000 population. This rate is lower than regional and national averages (41 and 38 per 100,000 population respectively).

82. The newly commissioned Changing Habits service is for people who have started to develop unhealthy drinking habits or whose alcohol consumption may be causing health or relationship problems. The service offers help to change unhelpful drinking patterns and build new ways of coping with life's challenges. It is anticipated that later in 2022 the Public Health team in York will be able to resume delivery of the 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

83. 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.

84. The latest published data on deaths by suicide in York shows that in the three year period from 2018-20 there were 70 deaths by suicide for York residents, which represents an increase of nine deaths by suicide from the previous three year period (2017-2019). The rate per 100,000 of population in York (13) is above, but not significantly different from, the national average (10) and is in line with the regional average (13). Published data for the three year period 2018-20 shows that there were 55 deaths by suicide for male York residents which represents an increase of nine deaths by suicide from the previous three year period (2017-2019). The rate per 100,000 of population in York (21) is significantly above the national average (16). Published data for the three

year period 2018-20 shows that there were 15 deaths by suicide for female York residents which represents no change compared with the previous three year period (2017-2019). The rate per 100,000 of population in York (6) is above, but not significantly different from, the national average (5). A more up-to-date indication of the number of suicides in York is available from the Primary Care Mortality Database (PCMD). This dataset shows that in the most recent rolling three year period (2019-2021) there were 70 deaths (56 male and 14 female) i.e. no change from the published total number of deaths in the previous three year period (2018-2020).

Life Expectancy and Mortality

85. Average Life Expectancy and Healthy Life Expectancy for males in York (79.9 years and 65.8 years) is above the England average (79.4 years and 63.2 years). Average Life Expectancy and Healthy Life Expectancy for females in York (83.6 years and 66.4 years) is also above the England average (83.1 years and 63.5 years). The inequality in life expectancy for men in York for the measurement period 2018-20 is 8.4 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 has been fairly stable in recent periods (8.4 years in 2016-18 and 8.3 years in 2017-19). The inequality in life expectancy for women in York for the measurement period 2018-20 is 5.7 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 has fallen (improved) compared with the figure of 6.2 years in the period 2017-19. The inequality in York is below the national average for men (9.7 years) and for women (7.9 years).

Recommendations

86. 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 2021-22.

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Report Approved √ **Date** 7 April 2022

Specialist Implications Officer(s) None

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

For further information please contact the authors of the report

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Health and Adult Social Care Policy & Scrutiny Committee **20 April 2022**

Report of the Consultant in Public Health, Vale of York CCG and City of York Council

Update on the Integrated Care System

Summary

1. This report updates Scrutiny members on the national reforms to the NHS, health and care, and developments locally to plan for the changes which are due to come into force in July 2022.

2. It also updates on the progress of establishing a place-based partnership as a joint committee of the Humber and North Yorkshire Integrated Care Board ('The York Health and Care Alliance').

Background

Update on current plans and governance of Integrated Care Systems

3. The NHS White Paper 'Integration and Innovation' was published in February 2021; this led to the Health and Care Bill, published July 2021 which set out key legislative proposals for the NHS reforms. In summary, if the Bill is approved and subsequent legislation comes into force, this will lead to Integrated Care Systems (ICSs) being established on a statutory footing and taking on the statutory and allocative duties of Clinical Commissioning Groups (CCGs) in July 2022; from this point NHS Vale of York Clinical Commissioning Group will cease to exist.

4. Humber Coast and Vale Partnership has operated as a non-statutory organisation for several years now, and in 2020 was designated an Integrated Care System (ICS).

5. In April 2022 it was renamed as 'Humber and North Yorkshire Health and Care Partnership'. In July 2022, a formal body will be created alongside the partnership which will be accountable to parliament and take on the

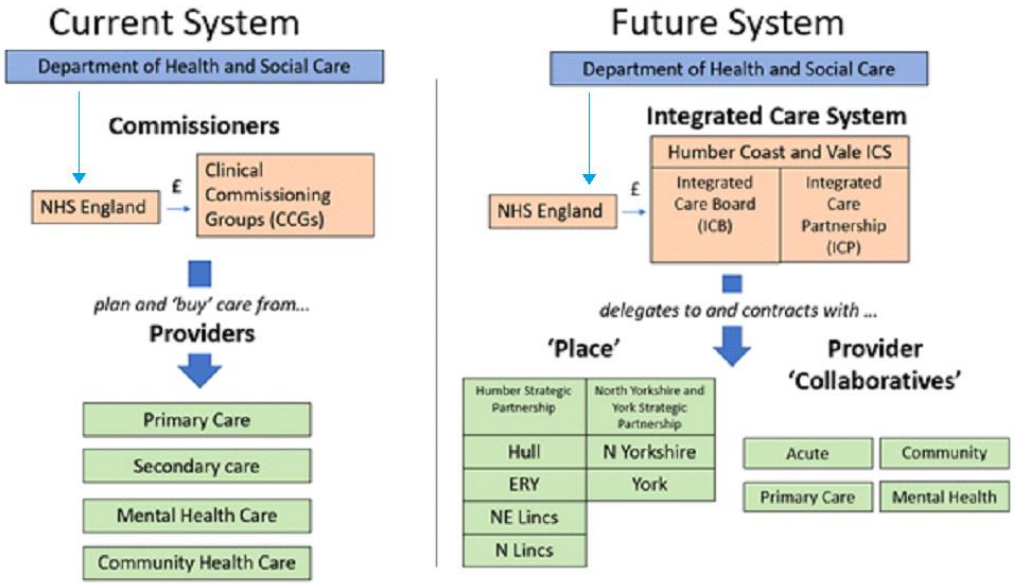
current roles of six local CCGs, to be known as ‘NHS Humber and North Yorkshire Integrated Care Board’.

6. Plans for the Humber Coast and Vale Integrated Care System have been emerging over the last nine months, and in October the existing Humber, Coast and Vale Health and Care Partnership consulted on a draft constitution of the ICS.

7. This sets out the proposed arrangements for the commissioning and planning of health and social care in our region based on:

- Six places - East Riding of Yorkshire, Hull, North East Lincolnshire, North Lincolnshire, North Yorkshire and City of York;
- Fiver sector-based provider collaboratives - Mental Health, Learning Disabilities and Autism; Acute; Community Health & Care; Primary Care; and Voluntary, Community Sector.
- a Humber, Coast and Vale wide Integrated Care Board - operating through 2 strategic partnerships of the Humber and North Yorkshire & York and a number of committees and forums
- a Humber, Coast and Vale-wide Integrated Care Partnership

8. An overview of the changes showing the current structures of the NHS locally and a simplified version of the new structures is shown below:



9. The Integrated Care Board (ICB) will be directly accountable for NHS spend and performance within the system. The proposed outline membership for the ICB for the HCV region is:

- Independent lay members (Chair and 2 non-executive directors)
- Place representative (local authority)
- Provider representative (one member each from acute trust, mental health trust and primary medical services (general practice)
- System executive, including the chief executive, chief operating officer, director of finance, director of nursing, director of clinical and professional services, both strategic partnership directors, the people director, the director of transformation,)
- Subject matter experts (Voluntary Sector, Public health, communities representative)

10. The Integrated Care Partnership (ICP) is the part of the ICS tasked with setting strategic direction and including a wide range of partners. The proposal is that HCV ICP membership should be the six Health and Wellbeing Board chairs or other local government members, six NHS Place Directors, the ICB chair and chief executive, and other members of the ICS Executive in attendance as required.

11. Sue Symington has been appointed as designate Chair of the Humber and North Yorkshire Health and Care Partnership, and Professor Stephen Eames has been appointed as its designate Chief Executive. Final appointment to the role of Chair and Chief Executive of the ICB and ICP is dependent on the passage of the Health and Care Bill through Parliament, and any potential amendments made to the Bill and the subsequent legislation.

<u>Place-based partnership: implications for York</u>

12. A key part of the reforms aims to reflect that planning of health and care service best works at three geographic levels:

- Neighbourhood (population between 30,000 and 50,000 people)
- Place (population between 200,000 and 500,000 people)
- System (population between 1m and 2m people)

13. The national guidance and legislation makes clear that ‘place’ in the new structure should be coterminous with a local authority area, and that the development of place-based arrangements between local authorities, the

NHS and providers of health and care will be left to local areas to arrange.

14. At place level, each area will be encourage to established a place-based partnership, which will be a 'joint committee' established between partner organisations, such as the ICB, local authorities, statutory NHS partners or NHS England and NHS Improvement. The relevant statutory bodies can agree to delegate defined decision-making functions to the joint committee in accordance with their respective schemes of delegation.

15. The place-based partnership will be responsible for a defined set of NHS functions and resources which it will divest on behalf of the ICB. These are still to be fully determined and agreed. Additionally, as a 'joint committee' under s65 of the Health and Care Bill, resources or statutory functions may be delegated to the place-based partnership joint committee by other local partners in order to promote integration of care within the NHS and between the NHS and local government.

16. The governance of the place-based partnership in York is currently being developed. Partners have agreed to:

    - Use existing mechanisms (e.g. the York Health and Care Alliance) to embed collaboration, including joint commissioning and joint working (subject to each organisation's decision making framework and legislative/statutory framework).

    - Support the NHS to determine the most appropriate governance arrangements for the Integrated Care System by facilitating the emerging environment in York

    - Provide assurance back into the York system of the development of the Humber and North Yorkshire Health and Care Partnership through officer and member engagement

    - Broaden the functions and role of HWBB to support the place-based ICS partnership, providing opportunity for the Health and Wellbeing Board to play its full part within the Integrated Care System

17. The York Health and Care Alliance was established in April 2021 as York's response to these national health and care changes, and to start the work which will be needed if York is to have a place-based partnership able to take on significant responsibility.

18. The Alliance Board was established as a sub-group of the Health and Wellbeing Board through consultation with the Health and Wellbeing

Board. Papers relating to the establishment of the Alliance board, including a description of its purpose and its terms of reference, can be found in Council Executive papers from their meeting on 18th March 2021 (see background papers).

19. As the Alliance Board transitions into a fully-fledged place-based partnership, its governance will need further refinement, and currently discussions are being held between York partners and the ICB on how best to establish the partnership formally.

20. Each place-based partnership will be expected to nominate a Place Lead who is expected to be a Chief Officer of a statutory organisation, and in addition the ICB will appoint an NHS Place Director, both of whom will be key members of the partnership. At the time of writing neither of these roles have been confirmed in York.

<u>Roles of Health and Wellbeing Boards and Scrutiny Committees in the future system</u>

21. The new legislation includes several references to the role of Health and Wellbeing Boards.

22. Before the start of each financial year, an integrated care board (ICB) and its partner NHS trusts and NHS foundation trusts must prepare a plan setting out how they propose to exercise their functions in the next five years. The integrated care board and its partner NHS trusts and NHS foundation trusts must, in particular:

    - give each relevant Health and Wellbeing Board a draft of the plan or (as the case may be) the plan as revised, and

    - consult each relevant Health and Wellbeing Board on whether the draft takes proper account of each joint local health and wellbeing strategy published by it which relates to the period (or any part of the period) to which the plan relates

23. In addition, HWBBs are asked to give an opinion on ICB / Trust forward plans, Joint capital resource use plans, Annual reports (which must reflect local Joint Health and Wellbeing Strategies), and performance assessment of integrated care boards carried out by NHS England.

24. A relevant ICB must appoint a person to represent it on each local HWBB. Functions of a local authority under sections 116 and 116A of the Local Government and Public Involvement in Health Act 2007 are to be

exercised by the Health and Wellbeing Board and the Integrated Care Board jointly.

25. Given this, it is imperative that we develop a strong role for the HWBB in the new system, both through the voice the Chair will have as a member of the HCV ICP, and as the body which sets the strategic direction for health and wellbeing which the York Alliance will work to.

26. Overview and Scrutiny committees will also need to develop a strong role in scrutinising both the local place-based partnership and the ICB as a regional body, in a similar fashion to previous work with Clinical Commissioning Groups

Consultation

27. This paper sets out an update on the progress of national and local reforms, and summarises a policy position taken by partners in York. Therefore most consultation has taken place within health partners in York, including with elected members. Currently, a broad public and third sector consultation is taking place led by the Alliance as part of their Prospectus work, around the type of things which characterise good health and wellbeing in the city, under the banner ‘York’s Health and Care Big Question’. As the development of a York place-based partnership proceeds, it is anticipated that much more public involvement, consultation and indeed co-production where possible is incorporated into this work.

Recommendations

28. The purpose of this report is to provide the Health and Adult Social Care Policy and Scrutiny Committee with an update regarding the Integrated Care System. Scrutiny are asked to note the content of this report.

    Reason: To keep the Committee updated.

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City of York Council / Vale of York CCG

Report Approved √ 8/04/22

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

For further information please contact the author of the report

Background Papers:

Health and Care Bill 2021
https://bills.parliament.uk/bills/3022

Executive report March 2021
https://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MId=12509&Ver=4

Abbreviations:

ICS – Integrated Care System
CCG – Clinical Commissioning Group
HWBB – Health and Wellbeing Board
ICB – Integrated Care Board

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Health and Adult Social Care Policy & Scrutiny Committee **20 April 2022**

Report of the Directors of Public Health

The City's response to Covid

Summary

1. The first case of covid-19 was confirmed in York on 31 January 2020. Not only was this the first case in York, but the first case in the UK. From the point of the first case being identified, much of the response has been led nationally by the Government, with expert advice provided from a range of experts through the Chief Medical and Chief Scientific Officers.

2. As a country we have been through periods of national lockdowns, whereby non-essential businesses and schools have been closed, and our social movements have been restricted. We have had tiered approaches, where the restrictions have been tailored depending on infection rates and impact on health services in a geographic area. From 1 April 2022, over two years on from the first case, we have now moved onto the next stage of 'living with covid'. This signals the end of the outbreak response at a local government level, and sees covid being managed like any other infectious disease. This does not mean that the pandemic is over, and certainly at the point when this report was written, covid is having a significant impact on our local NHS services, care services, as well as the wider community in York.

3. This report sets out some of the key responses to the pandemic over the last two years and the local response going forward as it currently stands. However, it should be noted that at any point things could change and the outbreak response could be stood up again. The things that would be likely to lead to a change in national direction and a standing up of a local response are:

    - An increase in patients in ITU for Covid.
    - An increase in the population in hospital being treated for Covid.

- A new variant of concern that drives an increase in the above.
- All-cause mortality increasing.

York's response to Covid-19

4. York's outbreak response revolved around the Outbreak Management Plan, which had 7 themes;

    - Care homes and educational settings, including schools, colleges and universities
    - High risk places, locations and communities
    - Local testing capacity
    - Contact tracing in complex settings
    - Data integration
    - Supporting vulnerable people to get help to self-isolate
    - Local Boards and governance structures

Care Homes

5. Up until 18 March 2022, since the start of the pandemic, out of 473 covid deaths in York, 144 occurred in care homes. Our most vulnerable population was that of care home residents, and Adult Social Care, the CCG and Public Health worked together to ensure that care homes were supported to take preventative measures to prevent outbreaks, as well as support to curtail them when they did emerge. Whilst most of the national guidance was around care homes for older people, our approach in York was also to be more inclusive and support other residential settings where residents could be at risk, such as residential settings for people with learning disabilities. The response centred on daily contact between adult social care and care settings to get a clear picture of the situation in the home. In-person visits when required from infection prevention and control in the CCG to observe practice and identify any areas requiring a change in practice. We used the 'eyes on the ground' mantra to have assurance that we were seeing things from a resident perspective. As the pandemic progressed, care settings took part in regular asymptomatic testing programmes for staff and residents. Under the new guidelines from 1 April 2022, this testing will still continue and partners will continue to support these settings.

Schools

6. During the pandemic schools had periods where they were closed to all but key worker children and education was delivered remotely. This

presented huge challenges to schools as they adapted to providing education to children in school and those at home. Every school was required to have a covid protocol and take on new ways of operating in the school environment. When schools did open fully, secondary school staff and pupils were required to undertake regular asymptomatic testing. In primary schools this was just for staff. City of York Council worked in partnership with secondary schools to offer mass testing at our test sites prior to the reopening of schools at various stages in the pandemic. When schools had a high number of cases in their setting public health supported with advice around infection prevention and control. Advice was also offered around advice in particular cases in terms of length of isolation and identifying relevant contacts. Public health will continue to be the local public health experts and a resource for schools on covid, or any infectious disease.

High risk places locations and communities

7. The Public Health Team worked with colleagues across the Council to support a number of groups that came under this category. This included colleagues in the local authority in Housing, Communities, and Public Protection as well as external colleagues in the universities and colleges and the business sector. Partners were able to receive general advice through the public health enquiries inbox. This service was available to partners as well as members of the public 7 days a week. Answers to queries were generally provided within a matter of hours and became a great resource for the City. A number of Incident Management Teams were convened through the course of the pandemic to manage outbreaks in particular settings. Settings were supported with contact tracing and access to testing.

Local testing capacity

8. In the early stages of the pandemic testing was only for those with symptoms. The first symptomatic testing site opened in York at the Poppleton Bar Park and Ride at the end of April 2020, and was initially for NHS and key workers only. As symptomatic testing became available to the general public, through the Outbreak Management Board, we lobbied for another testing facility to be opened on the other side of the City, and the Wentworth Way site was opened on 1 October 2020. Throughout the period of the pandemic, through regular monitoring of case rates, a number of temporary mobile testing units were set up across the City.

9. In late 2020, lateral flow devices were becoming available as a means of identifying cases of Covid in people not displaying symptoms. The government established a programme of targeted community testing, and York submitted a bid to be part of this programme of work and our first asymptomatic test site opened at York St John University in December 2020. This followed soon after in January with a second site at the University of York. These sites were run in partnership with the two Universities and provided a means of testing students and residents of the City. Throughout the pandemic sites were opened at the Community Stadium, Rawcliffe Recreation Centre, Foxwood Community Centre, and St William's College. Over 72,500 tests were carried out at one of our test sites during the course of the pandemic.

10. As national guidance changed, lateral flow tests were licensed for use by individuals at home. Our testing programme developed to offer test kits for people to collect to use at home. We also undertook a programme of outreach work, delivering by hand test kits into many of our communities in order to encourage regular asymptomatic testing.

11. From 1 April 2022, the general public will not be able to access free LFD or PCR testing. Symptomatic testing in the general population will only be for people with specific health conditions. These groups will have been notified via NHS England or their clinician and will have been sent PCR tests to keep at home. Asymptomatic testing will continue during periods of high transmission for health and social care staff providing proving direct patient care, or working in certain settings such as care homes. Other settings such as refuges, homeless hostels and prisons are also included in this guidance. We are currently in a period of high transmission.

Contact tracing in complex settings

12. At the start of the pandemic contact tracing was undertaken by the Health Protection Team in Public Health England (now UKHSA). Local public health teams provided support to these efforts where required. As covid cases escalated in 2020 national contact tracing stopped in most cases. The national contact tracing system was launched on 28 May 2020. The success rate was not sufficient to have an impact on the transmission of covid and local areas were asked to express an interest in working in partnership with the national contact tracing team. York expressed an interest in doing this, and our local contact tracing service went live at the end of October 2020. The initial process was that our service would contact those that the national team could not contact after 48 hours of them attempting contact. This soon changed to us following

up after 24 hours, and then changed again in March 2021 to our local team contacting all covid positive cases as soon as the positive case was entered onto the database, thus by passing the national team. From 10 March 2021 to 11 February 2022 our local team dealt with 17,674 cases of covid, 83% of who were successfully contact traced. Where our team were unable to contact the case, a home visit was conducted and if there was no answer advice materials were left at the address.

13. Local and national contact tracing was stood down in February 2022. Any contact tracing required going forward will be led by the regional health protection team in UKHSA with support offered from local public health teams as required, as was the case for any infectious disease prior to covid.

Data integration

14. The Business Intelligence Hub has led on ensuring that officers in the local authority had access to regular data relating to covid, as well as the public through York Open Data. Data that they have provided has related to covid case numbers and rates, nationally, regionally, by local authority and ward level. This has also been provided by 5 year age band, in the over 60s as well as in particular settings such as school, university, and care homes. They have also provided data on positivity rates by different testing pillar, the reproduction rates, and data on variants of concern. Regular data on admission to hospital for covid, as well as number of covid patients in ICU, data of covid deaths as well as excess deaths.

15. As well as providing this data, the team have supported many of the background processes and data requirements needed to operate testing and contact tracing services. They have also supported the public health team in outbreak management through data such as common exposure reports and cases in workplace settings.

16. Much of this data will continue to be reported by Business Intelligence but on a less frequent basis. The main change will be in case data that is reported, as testing changes. In order to monitor the prevalence of covid, this will be taken from the ONS covid-19 infection survey.

Supporting vulnerable people to get help and to self-isolate

17. During the pandemic, when there was a legal duty to self-isolate if you had covid, or were identified as a contact of someone with covid, the government provided a support payment of £500 for lost income relating

to having to isolate. This was key in ensuring that people were enabled to follow the direction to isolate and reduce the transmission of covid. These payments were administered through the local authority. In York, 3,079 support payments were processed, totalling £1,539,500.

18. In periods of lockdown when businesses were closed, the government also provided business grants. This was done again during the surge in cases due to the omicron variant. In York, the local authority administered 5,218 Additional Restrictions Grants amounting to £6,446,473, and 809 Omicron Hospitality and Leisure Grants amounting to £2,751,507.

Local Boards and governance structures

19. The Outbreak Management Advisory Board was established to ensure public engagement with, multi-agency involvement in, and democratic oversight of, City of York's outbreak management planning as part of the national Test and Trace programme. The key role of the board was to support the effective communication of the test, trace and contain plan for the city and to ensure that the public and local businesses are effectively communicated with. The Board first met on 20 June 2020, and continued meeting until 28 March 2022, when it was stood down. Internally, the Public Health had weekly Outbreak Management Group meetings with colleagues across the Council to oversee the operationalisation of the Outbreak Management Plan. The local authority also took part in Local Resilience Forum structures and meetings, as well as local, regional and national meetings and reporting structures.

20. As we move into living with covid, the York and North Yorkshire Health Protection Board will be the main forum for providing an oversight of covid, where it will be dealt with as a business as usual health protection issue.

Vaccinations

21. The covid vaccination programme has enabled us to move to the next phase of the pandemic. At the start of the pandemic, the pattern was an increase in cases, approximately two weeks later an increase in hospital admissions, and then a further two-three weeks after that an increase in deaths. The vaccination programme has broken the relationship between cases and hospitalisation and death. The NHS has led on delivering the vaccination programme in York with a mass vaccination site at Askham Bar, vaccinations at pharmacies, pop up clinics in

community venues, as well as more targeted programmes such as in care homes, for house bound patients, and with the homeless population. It has been the biggest population level vaccination programme for many years. At the end of March 2021, almost 160,000 first doses of the vaccine had been delivered to those over 16 years old, representing 89% of the eligible population. 85% of the eligible population has now received the second dose, and 72% has received the booster dose. 71% of the 12-15 year old population has had one dose of the vaccine, and 41% two doses. This rate of vaccination coverage, along with some immune response in people that have now had covid, means that there is good protection within our population.

22. The covid vaccination programme is what is known as an evergreen programme, meaning that anyone that has not had the full schedule recommended for them can come forward at any time to receive the vaccination. At the end of March 2022 the fourth booster dose was being offered to those in clinical risk groups and the over 75s. At the start of April the 5-11 year old programme was just commencing. The vaccination programme will likely evolve into a regular vaccination programme like the flu vaccination programme. Further details of this and the eligible populations will be advised by the Joint Committee on Vaccinations and Immunisations later this year.

Consultation

23. Not applicable.

Implications

24. There are no specific or immediate implications.

- **Financial**
- **Human Resources (HR)**
- **Equalities**
- **Legal**
- **Crime and Disorder**
- **Information Technology (IT)**
- **Property**

- **Other**

Recommendations

25. The purpose of this report is to provide the Health and Adult Social Care Policy and Scrutiny Committee with an update regarding the Public Health response to Covid.

    Scrutiny are asked to note the content of this report.

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

For further information please contact the author of the report

Abbreviations
CCG – Clinical Commissioning Group
ICU – Intensive Care Unit
ITU – Intensive Therapy Unit
ONS – Office for National Statistics
UKHSA – UK Health Security Agency

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	1. Update on the peer challenge commissioned in Adult Services – Amanda Hatton, Corporate Director of People 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. 3. Work Plan
22 September 2021, 5:30pm (Informal Forum)	1. York Health and Care Collaborative Update 2. York Health and Care Alliance update 3. Covid 19 Update (ongoing, Sharon Stoltz) 4. Work Plan
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	1. Update on the recent CQC Inspections and Foss Park – Naomi Lonergan, Director of Operations, North Yorkshire & York, Tees, Esk and Wear Valleys NHS Foundation Trust 2. Health and Wellbeing Board Update (Cllr Runciman, Sharon Stoltz) 3. Health & ASC Finance & Monitoring reports (Steve Tait) 4. Work Plan
15 December 2021, 5:30pm (Informal Forum)	1. Adult Social Care Provision - Market Position Statement ([presentation, Jamaila Hussein) 2. Update on smoking cessation and tobacco control in York (Sharon Stoltz and Phil Truby) 3. Covid 19 Update (presentation, Sharon Stoltz) 4. Work Plan
24 January 2022, 5:30pm	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 streams to support work on this aspect.

	2. Whole population dental Health in York – Representative's from the Local Dental Committee, NHS England, Public Health and Healthwatch York and various other professionals/organisations/service users will be invited to attend. 3. Work Plan
28 February 2022, 5:30pm Joint Commission Slot with Children, Education and Communities Policy and Scrutiny Cmt	1. Children and Young People's Mental Health Scrutiny Review - 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.
30 March 2022, 5:30pm (Informal Forum)	1. Public Health in York Update (Sharon Stoltz) 2. Covid 19 Update (ongoing, Sharon Stoltz) 3. Receive the final draft of the Market Position Statement (Jamaila Hussain and Craig Waugh) 4. Work Plan
20 April 2022, 5:30pm	1. City Response to Covid 19 Update (Sharon Stoltz) 2. Integrated Care Service (ICS) Governance Update

	3. Health & ASC Finance & Monitoring reports (Steve Tait) 4. Work Plan
17 May 2022, 5:30pm Joint Commission Slot with Children, Education and Communities Policy and Scrutiny Cmt	1. Autism Strategy

<u>Agenda items for consideration</u>

1. To receive the draft Dementia Strategy
2. To receive the draft Market Position Statement
3. An update report on the evaluation undertaken on Local Area Co-ordinators (Pauline Stuchfield)
4. Health & ASC Finance & Monitoring reports (Steve Tait) – Biannual
5. HENRY Programme - That a report be provided, later in the year, on the progress and impact of the initiative (July informal update, February full overview to be received) (Sharon Stoltz/Fiona Philips)
6. 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.

7. ‘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.
8. Adult Safeguarding Update
9. Draft Dementia Strategy
10. York Health and Care Collaborative Update
11. A further update on Foss Park
12. 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 & Commissioning strategy and plan in the Committee’s remit. (Should be ready spring time)

Council Plan Priorities relating to Health and Adult Social Care
Good Health and Wellbeing
• Contribute to mental Health, Learning Disabilities and Health and Wellbeing strategies
• Improve mental health support and People Helping People scheme
• Support individual’s independence in their own homes
• Continue the older persons’ accommodation programme
• Support substance misuse services
• Invest in social prescribing, Local Area Coordinators and Talking Points
• Open spaces available to all sports and physical activity
• Make York an Autism friendly city

• Embed Good help principles into services
• Safeguarding a priority in all services
Creating Homes and World-class infrastructure
• Deliver housing to meet the needs of older residents
A Better Start for Children and Young People
• Tackle rise in Mental Health issues
Safe Communities and Culture for All
• Explore social prescribing at local level to tackle loneliness
• Expand People Helping People scheme