



Notice of a public meeting of

Health, Housing and Adult Social Care Scrutiny Committee

- To:** Councillors J Burton (Chair), Vassie (Vice-Chair), Hook, Moroney, D Myers, Rose, Runciman, Smalley, Wann and Wilson
- Date:** Wednesday, 9 October 2024
- Time:** 5.30 pm
- Venue:** West Offices - Station Rise, York YO1 6GA

AGENDA

- 1. Declarations of Interest** (Pages 1 - 2)
At this point in the meeting, Members are asked to declare any disclosable pecuniary interest or other registerable interest they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members]
- 2. Minutes**
To approve and sign the minutes of the meeting held on 11 September 2024. [To follow].
- 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 are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is **5:00pm on Monday 7 October 2024.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

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

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

- 4. 2024/25 Finance and Performance Monitor 1** (Pages 3 - 32)
To consider a report which sets out the projected 2024/25 financial position and the performance position for the period covering 1 April 2024 to 30 June 2024. The report also includes the outturns for 2023/24.
- 5. Draft Homelessness and Rough Sleeping Strategy 2024-29** (Pages 33 - 88)
To consider and comment on the proposed strategy in advance of it being presented to the Executive. The draft strategy builds on existing successes and partnerships, offering pathways to suitable housing that can be sustained with high quality, person-centred support. Informed by consultation with partners across the sector, it will guide work in this area for the following five

years. The plans seek to enlist partners, stakeholders and citizens in a plan to make homelessness rare, brief and non-recurring.

- 6. Adult Social Care Strategy Update** (Pages 89 - 100)
To consider a report providing an update on work towards the co-design of the Adult Social Care Strategy and intended further work, including the development of a 'strategy on a page' document reflecting the vision, commitment, approach and priorities that the Adult Social Care Directorate is working towards.
- 7. Adult Social Care Peer Review** (Pages 101 - 124)
To consider a report providing an update on preparation for CQC (Care Quality Commission) Assessment following the peer review of Adult Social Care led by ADASS (Association of Directors of Adult Social Services).
- 8. Work Plan** (Pages 125 - 126)
To consider the Committee's work plan for the 2024/25 municipal year.
- 9. Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name: James Parker

Contact details:

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

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

Contact details are set out above.

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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)

Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

Type of Interest	You must
Disclosable Pecuniary Interests	Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related)	Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.
Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects)	Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation.

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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**Health, Housing and Adult Social Care
Scrutiny Committee****9 October 2024**

Report of the Director of Finance

2024/25 Finance and Performance Monitor 1**Summary**

1. This report sets out the projected 2024/25 financial position and the performance position for the period covering 1 April 2024 to 30 June 2024, together with an overview of any emerging issues. This is the first report of the financial year and assesses performance against budgets, including progress in delivering the Council's savings programme.
2. This report outlines the Council's challenging financial position with a forecast overspend for 2024/25 of £3.4m. This is a huge improvement on the £11.4m forecast overspend we have previously seen at this stage in the financial year and is a direct result of the significant work undertaken by officers across all parts of the Council to identify savings and mitigations.
3. However, there is still a forecast overspend and therefore, whilst it is incredibly positive that the position is much improved, there remains a great deal of work still to do. It remains clear that the Council cannot afford to keep spending at this level. The general reserve is £6.9m and, whilst we have other earmarked reserves that we could call on if required, continued overspending will quickly see the Council exhaust its reserves.
4. The existing cost control measures remain in place, and further action is needed to bring spending down to an affordable level, both within the current financial year and over the next 3 years, to safeguard the Council's financial resilience and stability. The impact that this work is having can be clearly seen in this latest forecast and the Council's track record of delivering savings, along with robust financial management, provides a sound platform to continue to be able to deal with future challenges.

5. If we continue to take action and make any difficult decisions now, this will ensure the future financial stability of the Council and that we can continue to provide services for our residents. It is vital that mitigations are delivered, and the forecast overspend is reduced.

Background

Financial Summary and Mitigation Strategy

6. The current forecast is that there will be an overspend of £3.4m. This is despite the additional budget allocated through the 2024/25 budget process and ongoing action being taken by managers across the Council to try and reduce expenditure. If the Council continues to spend at the current level, and no action is taken, then we will continue to overspend and will exhaust our reserves and any other available funding. The current level of expenditure is unaffordable and therefore we must continue the work started in the previous financial year to identify and take the necessary actions to reduce expenditure.
7. As outlined in reports to Executive throughout the previous financial year, we have continued to see recurring overspends across both Adult and Children's Social Care. However, the underspends and mitigations that have allowed us to balance the budget at year end have generally been one off. Whilst the use of reserves to fund an overspend is appropriate as a one-off measure, it does not remove the need to identify ongoing savings to ensure the overall position is balanced. The budget report considered by Executive in February 2024 also included an assessment of risks associated with the budget, which included the need to secure further savings and effectively manage cost pressures.
8. Members will be aware that the financial position of local government is a national challenge and that the pressures being seen across both Adult and Children's Social Care are not something that is unique to York. Many Councils are experiencing significant financial pressures and struggling to balance their budgets now, so it is vital that we continue the work started last year to reduce our expenditure down to a sustainable level both within the current financial year and over the medium term.
9. Given the scale of the financial challenge, and the expected impact on budgets in future years, it is vital that every effort is made to balance the overall position. It is recognised that this will require difficult decisions to be made to protect services for vulnerable residents.

10. Corporate control measures are in place, but it is unlikely they will deliver the scale of reduction needed within the year. Other savings proposals, including service reductions, may also be needed. Officers will continue to carefully monitor spend, identify further mitigation, and review reserves and other funding to make every effort to reduce this forecast position. However, it is possible that it will not be reduced to the point that the outturn will be within the approved budget. The Council has £6.9m of general reserves that would need to be called on if this were the case. As outlined in previous reports, any use of the general reserve would require additional savings to be made in the following year to replenish the reserve and ensure it remains at the recommended minimum level.
11. The delivery of savings plans continues to be a clear priority for all officers during the year. Corporate Directors and Directors will keep Executive Members informed of progress on a regular basis.

Financial Analysis

12. The Council's net budget is £149m. Following on from previous years, the challenge of delivering savings continues with c£14m to be achieved to reach a balanced budget. Early forecasts indicate the Council is facing net financial pressures of £3.4m and an overview of this forecast, on a directorate basis, is outlined in Table 1 below.

Service area	Net budget £'000	2024/25 Forecast Variation £'000
Children & Education	28,659	1,359
Adult Social Care & Integration	45,307	2,361
Transport, Environment & Planning	23,464	-547
Housing & Communities	6,614	792
Corporate & Central Services	44,724	-69
Sub Total	148,768	3,896
Contingency	500	-500
Target for further mitigation		
Total including contingency	149,268	3,396

Table 1: Finance overview

Directorate Analysis

Adults

13. The projected outturn position for Adult Social Care is an overspend of £2,361k and the table below summarises the latest forecasts by service area. This projection is based on customer numbers and costs in the first two months of the year. The projection assumes that £2,188k of previously agreed savings will be made by the end of the year.

2023/24 Outturn £'000		2024/25 Budget £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
+1,579	Direct Payments	4,841	1,096	22.6
+1,848	Home and Day Support	1,234	61	4.9
+1,420	Supported Living	15,689	2,123	13.5
+2,333	Residential care	12,664	255	2.0
+838	Nursing care	5,149	220	4.3
-525	Short term placements	1,251	0	0
+64	Staffing (mostly social work staff)	7,313	316	4.3
-123	Contracts and Commissioning	2,214	-98	-4.4
-136	In House Services	4,881	-28	-0.6
+179	Be Independent & Equipment	982	468	47.7
-1,495	Other	-10,850	122	1.1
+71	Recharges	-61	14	23.0
	Savings to be delivered		-2,188	
+6,053	Total Adult Social Care	45,307	2,361	5.2

14. The forecast position for Adult Social Care is an overspend of £2,361k. This is based on customer numbers and costs in the first two months of the year. The projection assumes that agreed savings of £2,188k will be made by the end of the year.
15. ASC has received total growth of £7m in 2024/25. £1.4m of this growth has been allocated to fund inflationary pressures, £800k to reducing growth needed by managing demand and £500k has been allocated to fund savings which are unlikely to be achieved this year. In addition to this £300k has been set aside to fund Preparing for Adulthood (PFA)

customers coming through from Children's Services and £200k to tackle the current review backlog where it is expected that there are savings to be crystallised.

16. The Council has received several requests from providers for higher rates of inflation than have currently been agreed. These requests will be considered on a case by case basis, and if agreed, will put further pressure on the budget. This possibility needs to be balanced by the risk of provider failure / withdrawal from the market which would incur costs on finding new placements for customers, etc.
17. The projected overspend is largely due to the incomplete delivery of prior year savings targets carried through from previous years' budgets.
18. The directorate is taking the following action to improve the financial position;
 - a) The reablement contract has been retendered and is starting to be implemented. This is designed to support more people to go through the reablement service in a shorter time frame, at lower cost, resulting in more people with lower or no care needs. Contract monitoring arrangements are being put in place to make the most of the contractual arrangements that promote good performance and enable the reduction in payment should the provider not deliver. Occupational Therapy expertise has a key role to play in maximising independence and reducing level of need: Therapy led reablement is known to be effective and additional occupational therapy is planned to be deployed to support this.
 - b) The provision of support to people overnight by internal adult social care provision is under review with a view to remodelling support and reducing costs while ensuring we continue to meet our duty to meet eligible needs.
 - c) Further work is being undertaken in relation to continuing health care funding. This includes developing a consistent approach with other local authorities in the ICB, improved engagement in the process by CYC including developing joint training and processes to support resolution of disputes.
 - d) The Adult Social Care practice assurance process continues to be developed with an emphasis on embedding the strength-based approach to practice and supporting decision-making at the earliest opportunity. This process will be linked with our Workforce Development colleagues to assure any learning identified informs

future practice. The Assurance Forum will look to ensure that Community and individual networks and community based resources have been considered. This also gives consideration of a range of issues including: alternatives to high cost provision, the prevention of expensive off- framework provision, ensures full use of in house and block provision, the use of equipment and technology, and where possible, the reduction of proposed paid for care.

- e) A working group has been established to carry out a detailed review of Direct Payments which should lead to a reduction in the overspend on these budgets.

- 19. The following sections describe any significant variations to budgeted costs, customer numbers and income. The variations are generally due to not fully meeting previous years' savings targets plus significant price pressures in the market. Some variations are large due to having small numbers of individuals within those budgets whose individual needs can vary significantly.

Direct Payments (£1,096k overspend)

- 20. The main overspend is on the Learning Disability (LD) direct payments budget, which is expected to overspend by £1,172k. This is due to the average cost of a direct payment being £108 per week more than in the budget (£685k), and the average cost of transport for direct payment being £38 per week more than budget (£214k). In addition the average weekly health income received per customer is less £546 less than in the budget (£256k).
- 21. A working group has been established to carry out a detailed review of Direct Payments which should lead to a reduction in the overspend on these budgets.

Supported Living (£2,123k overspend)

- 22. Supported Living are settings where more than one customer lives, with their own tenancy agreements, where their needs are met by a combination of shared support and one to one support. Supported Living providers received a mid-year inflationary increase in 2023/24 which was covered by the MSIF grant and the pressures shown below are in part due to the full year effect of this increase.
- 23. The Learning Disability Supported Living budget is projected to overspend by £1,402k. The average cost of a placement is £87 per week more than in the budget (£843k), there are four more customers than budgeted for

(£368k) and expenditure on voids is expected to be around £159k this year.

24. The Physical & Sensory Impairment Supported Living schemes budget is projected to overspend by £497k. This is due to the average cost of a placement being around £270 per week higher than in the budget (£689k), partially offset by having 4 fewer customers in placement than assumed in the budget.
25. The Mental Health Supported Living schemes budget is projected to overspend by £224k. This is due to the average cost of a placement being around £215 per week higher than in the budget (£236k).

Residential care (£255k overspend)

26. Mental Health permanent residential care is projected to underspend by £200k. There is one less customer in an OP placement than assumed in the budget (-£72k) and the average cost of an OP placement is £206 per week less than assumed in the budget (-£129k). In addition, the average weekly health income has increased compared to budget (-£89k). This is offset by having one more customer in a working age placement than was assumed in the budget.

Nursing Care (£220k overspend)

27. LD Permanent Nursing Care budgets are expected to overspend by £112k. This is due to having 3 more customers OP nursing placements than was allowed for in the budget.
28. Mental Health Nursing Care budgets are expected to overspend by £320k. This is due to having 4 more customers in placement than was allowed for in the budget (£564k), partially offset by having 3 more customers receiving health income.
29. OP Permanent Nursing Care is projected to underspend by £301k. This is due to the average cost of a placement being £204 a week less than in the budget (-£1,214k). This is offset by having 2 more customers in placement (£70k), a reduction in the average weekly customer contributions received of £87 (£410k), and a reduction in weekly average health income received per customer of around £2k per week compared to the budget (£462k).
30. The P&SI Nursing budget is expected to overspend by £88k. This is largely due to the average weekly cost per customer being higher than assumed in the budget.

In House Services and Staffing

31. The Council employs a variety of staff to advise and assess residents' and customers' social care needs. We also directly provide care and support to individuals and have teams which provide home care both overnight in the community and in our Independent Living Schemes as well as running day support activities for those with a learning difficulty and those experiencing poor Mental Health. We also operate short stay residential care for the same customer groups.

Staffing (£316k overspend)

32. There are staffing overspends in the Hospital Discharge Team, Mental Advocacy Team, and the Social Work Team. Mostly due to these teams being over establishment and using agency staff. This is partially offset by vacancies elsewhere in the service.

Contracts and Commissioning (£98k underspend)

33. Based on activity to date there is likely to be an underspend on the Carers commissioned services budget by the end of the year.

In House Services (£28k underspend)

34. There is projected to be an overspend on Yorkcraft of around £188k, due to savings which are not likely to be achieved this year (£124k), together with an underachievement of income. This is offset by staffing underspends on the PSS service.

Be Independent & Equipment (£468k overspend)

35. Be Independent provide equipment to customers to allow individuals to remain independent and active within their communities. They also provide an alarm response service means tested as to whether a customer pays for it.
36. There is still a budget gap of £180k arising from when the service was originally outsourced which has yet to be fully addressed. Staffing is expected to overspend by £120k largely due to an unfunded regrade of some of the posts in the team and to having a review manager post above establishment. The vehicle hire budget is projected to overspend by £30k and there has been an increase in rental costs for the premises which will be fully absorbed by the service and not recharged to Mediquip this year (£50k). In addition, there is expected to be an underachievement of income based on current customer numbers (£21k) and the decision to end equipment sales (£49k).

Housing Services (General Fund)

37. There is a forecast underspend of £10k across Housing Services General Fund at Monitor 1. The table below summarises the latest forecasts by service area.

2023/24 Outturn £'000	Housing & Communities (Extract)	2024/25 Budget £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-101	Housing Services	-126	+1	0.8
+6	Healthy & Sustainable Homes	352	-11	-3.1
-0	Building Services	-523	0	0.0
-95	TOTAL	-297	-10	-3.4

38. The General Fund services across Housing which covers Homelessness services, provision of Hostels and Travellers Sites, Healthy and Sustainable Homes and Building Services. At monitor 1 it is currently anticipated that the services will be broadly delivered within budget.

Housing Revenue Account

39. The Housing Revenue Account budget for 2024/25 was set as a net surplus of £2,023k prior to debt repayment at February 2024. There were carry forwards of £2,293k agreed as part of the outturn report meaning the revised budget stands at £8,670k deficit (including £8,400k debt repayment).

2023/24 Outturn £'000		2024/25 Budget £'000	Forecast Outturn Variance £'000	Forecast Outturn Variance %
-366	Repairs & Maintenance	10,867	0	0
-1,161	General Management	7,777	-26	-0.3
-118	Special Services	3,912	-232	-5.9
-463	Other Expenditure	19,870	+1,092	5.5
+630	Dwelling rents	-37,877	-78	0.2
-12	Non-Dwelling Rents	-582	-35	6.0
+193	Charges for Services	-2,379	+249	-10.5
-2,409	Other Income	-1,318	-1,026	77.8
-3,706	Total	270	-56	-20.7
1,926	Deferred Rev Contribution	-	-	-
0	Debt Repayment	8,400	0	0
-1,780	Revised Position	8,670	-56	-0.6

40. At the early stage of the year, it is assumed that repairs will be within budget although there have been delays in delivering a number of the projects particularly the painting contract. Any underspends in the area are planned to be diverted to dealing with the backlog in aids and adaptations.
41. There is a forecast underspend across special services primarily due to savings from Glen Lodge as the refurbishment scheme is delivered. This is offset from reduced income in the Charges for Service line.
42. Across other expenditure there is a forecast increase in the depreciation charge (£700k) which provides the Major Repairs reserve. There is also increased interest costs following a loan being taken out in 2023/24 to fund Housing Delivery projects (£293k).
43. General rents are forecast to be slightly better than budget at this stage in the year as are garage rents and shared ownership rents (£-113k).
44. Within other income given the continued level of interest rates remaining at 5% it is estimated that interest earned will be c £1m above budget which will fund the depreciation and interest payment overspends.
45. The high level of working balance is available to start repaying the £121.5m debt that the HRA incurred as part of self-financing in 2012. The first repayment of £1.9m was paid in 2023/24 and a second payment on £8.4m is due to be repaid at 31st March 2025. These are to be funded from general HRA reserves.
46. The HRA working balance position as at 31st March 2024 was £30.0m and are forecast to reduce to which is higher than assumed when the budget was set. The latest forecast balance at 31st March 2025 is estimated to reduce to £21.4m.
47. The government has announced additional flexibility around the uses of right to buy receipts for 2024/25 and 2025/26 and it is anticipated that there will be further announcements made as part of the budget which will be held on 20th October 2024. This may impact HRA opportunities and implications will be reported back to members in due course.

Performance – Service Delivery

48. This performance report is based upon the city outcome and council delivery indicators included in the Performance Framework for the Council Plan (2023-2027) which was launched in September 2023. This report only includes indicators where new data has become available, with a number of indicators that support the Council plan being developed. Wider or historic strategic and operational performance information is published quarterly on the Council's open data platform; www.yorkopendata.org.uk
49. The Executive for the Council Plan (2023-2027) agreed a core set of indicators to help monitor the Council priorities and these provide the structure for performance updates in this report. Some indicators are not measured on a quarterly basis and the DoT (Direction of Travel) is calculated on the latest three results whether they are annual or quarterly.
50. A summary of the city outcome and council delivery indicators by council plan theme are shown in the paragraphs below along with the latest data for the core indicator set.

Health and wellbeing: A health generating city (City)						
	Previous Data	Latest Data	DoT	Frequency	Benchmarks	Data Next Available
Number of children in temporary accommodation - (Snapshot)	63 (2022/23)	45 (2023/24)	↓ Good	Quarterly	Not available	Q1 2024/25 data available in November 2024
Slope index of inequality in life expectancy at birth - Female - (Three year period)	6.2 (2019/20)	5.7 (2020/21)	→	Annual	Regional Rank 2020/21: 3	2021/22 data available TBC
Slope index of inequality in life expectancy at birth - Male - (Three year period)	8.3 (2019/20)	8.4 (2020/21)	→	Annual	Regional Rank 2020/21: 3	2021/22 data available TBC
% of adults (aged 16+) that are physically active (150+ moderate intensity equivalent minutes per week, excl. gardening)	70.4% (2022/23)	69.8% (2023/24)	→	Annual	National Data 2023/24 63.4%	2024/25 data available in April 2025
The DoT (Direction of Travel) is calculated on the latest three data points whether they are annual or quarterly. All historic data is available via the Open Data Platform						

51. **Number of children in temporary accommodation** – at the end of 2023-24, there were 45 children in temporary accommodation in York which, although an increase from 39 children the previous quarter, is a reduction from 63 at the end of 2022-23. The majority of these children are in stable family setups, do not show evidence of achieving worse outcomes, and York continues to report no households with children housed in Bed and Breakfast accommodation.
52. **% of adults (aged 16+) that are physically active** – The latest data from the Adult Active Lives Survey for the period from mid-November 2022 to

mid-November 2023 was published in April 2024. Data for 2024-25 will be available in April 2025. In York, 515 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:

- 69.8% of people in York did more than 150 minutes of physical activity per week compared with 63.4% nationally and 61.7% regionally. There has been no significant change in the York value from that 12 months earlier.
- 18.8% of people in York did fewer than 30 minutes per week compared with 25.7% nationally and 27.7% regionally. There has been no significant change in the York value from that 12 months earlier.

Health and wellbeing: A health generating city (Council)						
	Previous Data	Latest Data	DoT	Frequency	Benchmarks	Data Next Available
Percentage of people who use services who have control over their daily life - Disabled People (ASC User Survey)	79% (2021/22)	78% (2022/23)	→	Annual	Not available	2023/24 data available in December 2024
Percentage of people who use services who have control over their daily life - Older People (ASC User Survey)	71% (2021/22)	77% (2022/23)	↑ Good	Annual	Not available	2023/24 data available in December 2024
Overall satisfaction of people who use services with their care and support	65.10% (2021/22)	66.50% (2022/23)	→	Annual	National Data 2022/23 64.40%	2023/24 data available in December 2024
Health Inequalities in wards	See below	See below	→	Annual	Not available	See below
Absolute gap in mortality ratio for deaths from circulatory disease (under 75) between highest and lowest York ward (5 year aggregated)	153.8 (2019/20)	141.1 (2020/21)	→	Annual	Not available	2021/22 data available in December 2024
Gap in years in Life Expectancy at birth for Males between highest and lowest York ward (5 year aggregated)	10.2 (2019/20)	11.7 (2020/21)	→	Annual	Not available	2021/22 data available in December 2024
Gap in years in Life Expectancy at birth for Females between highest and lowest York ward (5 year aggregated)	8.2 (2019/20)	11.1 (2020/21)	→	Annual	Not available	2021/22 data available in December 2024
Absolute gap in hospital admission ratio for self-harm between highest and lowest York ward (5 year aggregated)	133.2 (2019/20)	119.6 (2020/21)	→	Annual	Not available	2021/22 data available in December 2024
Absolute gap in hospital admission ratio for alcohol-related harm (narrow definition) between highest and lowest York ward (5 year aggregated)	70.7 (2017/18)	88.8 (2020/21)	→	Annual	Not available	2021/22 data available in December 2024
Absolute gap in % of children who reach expected level of development at 2-2.5 years of age between highest and lowest York ward (4 yr aggregated)	13.10% (2021/22)	13.65% (2022/23)	→	Annual	Not available	2023/24 data available in October 2024
Absolute gap in % of Year 6 recorded overweight (incl. obesity) between highest and lowest York ward (3 year aggregated)	24.40% (2021/22)	24.68% (2022/23)	→	Annual	Not available	2023/24 data available in December 2024
Absolute gap in % of children totally or partially breastfeeding at 6-8 weeks between highest and lowest York ward (4 year aggregated ward data)	36.70% (2021/22)	38.98% (2022/23)	→	Annual	Not available	2023/24 data available in October 2024

The DoT (Direction of Travel) is calculated on the latest three data points whether they are annual or quarterly.
All historic data is available via the Open Data Platform

53. **Percentage of people who use services who have control over their daily life – Disabled People** – In 2022-23, 78% of all York’s respondents to the Adult Social Care Survey said that they had “as much control as they wanted” or “adequate” control over their daily life, which was the same as the percentage in the Y&H region as a whole. It is higher than the corresponding percentage who gave one of these responses in England as a whole (77%). It has slightly decreased in York from the 2021-22 figure (79%). Data for 2023-24 will be available in December 2025.

54. **Percentage of people who use services who have control over their daily life – Older People** – In 2022-23, 77% of older people in York that responded to the Adult Social Care Survey said that they had “as much control as they wanted” or “adequate” control over their daily life. This is higher than the corresponding percentages experienced by older people in the Y&H region and in England as a whole (both 74%). It has also increased in York from the 2021-22 figure (71%). Data for 2023-24 will be available in December 2025.
55. **Overall satisfaction of people who use services with their care and support** – Data at LA and national level for 2022-23 was published in December 2023, and the data shows that there has been a slight increase in the percentage of York’s ASC users who said that they were “extremely” or “very” satisfied with the care and support they received from CYC compared with 2021-22 (up from 65% to 67%). The levels of satisfaction experienced by York’s ASC users in 2022-23 were slightly higher than those in the Y&H region (66% said they were “extremely” or “very” satisfied with the care and support from their LA) and in England as a whole (64% gave one of these answers). Data for 2023-24 will be available in December 2025.
56. **Health Inequalities in wards** – The ‘health gap’ indicators show the difference between the wards with the highest and lowest values. A lower value is desirable as it indicates less variation in health outcomes based on where people live within the City. Trend data for these indicators helps to monitor whether the gaps are narrowing or widening over time. New data will be available in December 2024.
- Absolute gap in % of Year 6 recorded overweight (incl. obesity) between the highest and lowest York ward (3 year aggregated) - The value for this indicator for the 3 year period 2020-21 to 2022-23 was 24.7% (the gap between 43.4% in Westfield and 18.8% in Heworth Without). The trend in this gap indicator shows a widening in the difference between the values in the highest and lowest ward over time (12.6% in 2011-12 to 2013-14 to 24.7% in the most recent 3 year period).
 - Absolute gap in % of children who reach expected level of development at 2-2.5 years of age between highest and lowest York ward (4 yr aggregated) - The value for this indicator for the 4 year period 2019-20 to 2022-23 was 13.7% (the difference between 96.6% in Bishopthorpe and 82.9% in Fulford & Heslington). At present there is only one previous value for this indicator (13.1% for

the period 2018-19 to 2021-22) so it is not yet possible to identify a trend.

- Absolute gap in % of children totally or partially breastfeeding at 6-8 weeks between highest and lowest York ward (4 year aggregated ward data) - The value for this indicator for the 4 year period 2019-20 to 2022-23 was 40% (the gap between 79.8% in Heworth Without and 40.8% in Westfield). There is not a long trend history for this indicator but there has been slight widening of the gap from the 4 year period 2017-18 to 2020-21 (36.5%) to the most recent 4 year period (39%).

Housing: Increasing the supply of affordable housing (City)						
	Previous Data	Latest Data	DoT	Frequency	Benchmarks	Data Next Available
Number of new affordable homes delivered in York	109 (2022/23)	122 (2023/24)	➡	Quarterly	Not available	Q1 2024/25 data available in September 2024
% of dwellings with energy rating in A-C band in the EPC Register - Snapshot	44.60% (2023/24)	45.10% (Q1 2024/25)	↑ Good	Monthly	Not available	Q2 2024/25 data available in November 2024
Net Additional Homes Provided - (YTD)	459 (2022/23)	528 (2023/24)	↑ Good	Bi-annual	Not available	2024/25 mid-year data available in December 2024
Net Housing Consents - (YTD)	1,559 (2022/23)	658 (2023/24)	↓ Bad	Bi-annual	Not available	2024/25 mid-year data available in December 2024
Number of homeless households with dependent children in temporary accommodation - (Snapshot)	35 (2022/23)	29 (2023/24)	↓ Good	Quarterly	Not available	Q1 2024/25 data available in October 2024
Number of people sleeping rough - local data - (Snapshot)	23 (2023/24)	22 (Q1 2024/25)	➡	Monthly	Not available	Q2 2024/25 data available in October 2024
HMO's as % of properties in York	NA	NA	➡	Annual	Not available	TBC

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All historic data is available via the Open Data Platform

57. **Number of new affordable homes delivered in York** – During 2023-24, affordable housing completions have been significantly below the identified level of need with 122 homes delivered (109 in 2022-23). National scale challenges are facing many areas with buoyant housing markets such as a shortage of sites for affordable housing and labour and supply chain constraints, and these have affected delivery in York. The council itself is maximising delivery opportunities currently, and has accessed a range of funding opportunities for direct delivery in addition to securing over half of the total completions during 2023-24 through Section 106 planning agreements.
58. There remains a significant future pipeline of affordable homes with planning permission in place across the council's own newbuild development programme and section 106 planning gain negotiated

affordable housing. Inclusive of applications with a resolution to approve from Planning Committee, there are over 1,000 affordable homes identified in approved planning applications. The progress ranges from sites that are being built out currently to others with substantial infrastructure or remediation challenges to resolve prior to development. Over 600 of these have progressed through detailed planning, either as a Full application or Reserved Matters. The remainder are at Outline stage, with more uncertainty on timescales and final delivery levels, including the York Central affordable housing contribution. Data for Q1 2024-25 will be available in September 2024.

59. **% of dwellings with energy rating in A-C band in the EPC register** – An Energy Performance Certificate (EPC) gives a property an energy efficiency rating from A (most efficient) to G (least efficient) and is valid for 10 years. Apart from a few exemptions, a building must have an EPC assessment when constructed, sold or let. Whilst the EPC register does not hold data for every property, it can be viewed as an indication of the general efficiency of homes. The rating is based on how a property uses and loses energy for example through heating, lighting, insulation, windows, water and energy sources. Each area is given a score which is then used to determine the A-G rating. In 2023, the median energy efficiency rating for a dwelling in England was Band D and a rating of A-C is generally considered to be good energy performance.
60. The % of properties on the register for York with an EPC rating of A-C at the end of June was 45.1%. This measure has increased incrementally month on month since CYC began reporting on the information 16 months ago when 42% of properties were rated A-C. The largest changes continue to be in the middle categories with around 3% less properties rated D-E and around 2.5% more rated C. The median grade for York as at June was band D which follows the latest national benchmark. Data is based on the last recorded certificate for 60,218 properties on the register for York, some of which will have been last assessed more than ten years ago.
61. **Net Additional Homes** – Between 1st April 2023 and 31st March 2024, a total of **462 net additional homes** were completed. This total comprises two elements:
- There has been a total of 529 net housing completions. This represents 69 more completed homes compared to the previous twelve-month monitoring period. The main features of the housing completions that were carried out are:

- 480 homes (90.9%) were completed on housing sites (Use Class 3). Of this, 390 were new build homes (81%).
- 8 homes were demolished during the monitoring period.
- Individual sites that saw the construction of five or less dwellings during the monitoring period contributed just 56 (10.6%) homes.
- Significant sites providing housing completions (Use Class C3) over the monitoring period have been Germany Beck (117), The Cocoa Works, Haxby Road (Phase 1 Blocks B and C) (107), Former Civil Service Club, Boroughbridge Road (79) and the Former Vacant Site, Eboracum Way (62).
- A net total of 29 (5.5%) off campus, privately managed student 'cluster flats' were completed at Aubrey House Foss Islands Road.
- 143 (27.1%) net additional homes were a result of changes from other uses to residential homes.

- A loss of 66 net equivalent homes resulted from the closure of three care homes within the authority area during the twelve-month monitoring period.

62. **Net Housing Consents** – Planning applications determined during the full monitoring period of 1st April 2023 to 31st March 2024 resulted in the approval of **658 net additional homes**. This compares to 1,559 net approvals granted the previous year. However, a further 513 homes were approved at Planning Committee during the monitoring period and are still awaiting legal agreement sign off.

63. The main features of the housing approvals are:

- 577 of all net homes consented (87.7%) were granted on housing sites (Use Class C3).
- Significant sites granted approval for housing (Use Class C3) includes Land at New Lane, Huntington (300), Os Field South of & Adjacent to 1 Tadcaster Road, Copmanthorpe (158), Land East of Middlewood Close, Rufforth (21) and Clifton Without County Junior School, Rawcliffe Drive (15).
- 59 homes were approved on sites of 5 or less homes.
- A net total of 33 new homes across three sites were granted 'prior approval', the most significant of which was at Gateway 2, Holgate Park Drive (31).
- 44 net new retirement homes were allowed on appeal at 11 The Village, Wigginton.

- A further 513 homes have been approved through a resolution to grant consent at Planning Committee over the last twelve months and are currently subject to the execution of a section 106 legal agreement. These sites include:
 - Land to the East of Millfield Industrial Estate, Main Street, Wheldrake (139).
 - Enterprise Rent-a-car, 15 Foss Islands Road (133).
 - Paddock lying between Park Lodge and Willow Bank, Haxby Road (117).
 - Land to the South-East of 51 Moor Lane, Copmanthorpe (75).
 - Tramways Club, 1 Mill Street (35).

64. **Number of homeless households with dependent children in temporary accommodation** – The overall number of households in temporary accommodation has reduced during 2023-24, from 73 in Q1 to 63 at the end of Q4. The number of those with dependent children has fluctuated between 26 and 30 households throughout the year and was 29 households at year-end. Although the council would like these to reduce further, some progress has been made from the peaks seen at the end of 2022-23.
65. Of the 29 households with children in temporary accommodation at quarter end, 27 were recorded as accommodated in hostels and two within Local Authority or Housing Association housing stock. York continues to report no households with children housed in Bed and Breakfast accommodation at quarter end.
66. During 2023-24, an upward trend in overall numbers can be seen both nationally and regionally, however York has been moving in the opposite direction. When looking at the total number of households in temporary accommodation per households in area (000s), York continues to perform positively compared to benchmarks (0.71 in York compared to 4.9 Nationally, 1.4 Regionally and 17.8 in London). It should be noted that these figures are snapshot figures and therefore may fluctuate between the snapshot dates.
67. **Number of people sleeping rough** – Every Thursday, Navigators carry out an early morning street walk checking known rough sleeping hot spots and responding to intel or reports of rough sleepers. The monthly figure is based on the number of rough sleepers found bedded down on the last Thursday of each month. The latest figure shows that there were 22 people sleeping rough in York in June 2024, which is a slight decrease from 23 people at the end of 2023-24.

Housing: Increasing the supply of affordable housing (Council)						
	Previous Data	Latest Data	DoT	Frequency	Benchmarks	Data Next Available
% of dwellings failing to meet the decent homes standard	4.88% (2021/22)	1.60% (2022/23)	↓ Good	Annual	Not available	2023/24 data available in September 2024
% of Repairs completed on first visit	80.26% (2023/24)	86.08% (Q1 2024/25)	→	Quarterly	Housemark Median 2022/23 86.02%	Q2 2024/25 data available in October 2024
Number of Void Properties - Standard Voids - (Snapshot)	52 (2023/24)	59 (Q1 2024/25)	→	Monthly	Not available	Q2 2024/25 data available in October 2024
Number of Void Properties - Major Works Voids - (Snapshot)	6 (2023/24)	3 (Q1 2024/25)	↓ Good	Monthly	Not available	Q2 2024/25 data available in October 2024
Number of Void Properties - Capital Projects Voids - (Snapshot)	26 (2023/24)	19 (Q1 2024/25)	→	Monthly	Not available	Q2 2024/25 data available in October 2024
Number of Void Properties - Total Voids (Excludes Not Offerable) - (Snapshot)	84 (2023/24)	81 (Q1 2024/25)	↓ Good	Monthly	Not available	Q2 2024/25 data available in October 2024
Number of Void Properties - Not Offerables - (Snapshot)	77 (2023/24)	77 (Q1 2024/25)	→	Monthly	Not available	Q2 2024/25 data available in October 2024
% of tenants satisfied that their landlord provides a home that is well maintained	NC	63.58% (2023/24)	→	Annual	Not available	2024/25 data available in February 2025

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68. **% of dwellings failing to meet the decent homes standard –** Provisional data submitted through the Local Authority Housing Statistics Return shows that at the end of 2023-24, 140 council properties were considered to be non-decent which is 1.9% of council housing stock. This return is awaiting sign off by the Department for Levelling Up Housing and Communities but is not expected to change. The 2023-24 figure is a slight increase from 1.6% of properties at the end of 2022-23 but is below the regional and national benchmarks for that year (2.4% properties in Yorkshire and the Humber and 8.4% in England). The latest benchmarking is awaited.
69. An increase in the number of non-decent properties for York was anticipated following the commissioning of a Full Stock Condition Survey to be carried out on HRA housing stock during 2024. The extensive survey provides a range of information on the internal, external and communal safety and condition of each property. By the end of 2023-24, 36% of stock had been inspected and whilst strengthening the information held on housing, has surfaced further properties requiring work. Survey information received has highlighted in particular an increase in the number of properties with a category 1 hazard which causes an instant fail against the decent homes criteria, these are being responded to by the service as a matter of priority.

70. **% of repairs completed on first visit** – The percentage of repairs completed on the first visit was 86% in Q1 2024-25, which is 6 percentage points higher than at the end of 2023-24.
71. **Number of void properties** – Numbers of standard void properties reduced throughout 2023-24 from 73 at the start of the year to 52 in March 2024. This has increased slightly to 59 at the end of Q1 2024-25. There were 3 major works voids at the end of June 2024 which is a large decrease on the 18 major works voids in June 2023.
72. **% of tenants satisfied that their landlord provides a home that is well maintained** – In 2023-24 in York, 64% of tenants were satisfied that the landlord provides a well maintained home. There are no national benchmarking figures available, as yet, however Leeds have released their results and they have a 67% satisfaction rate. Data for 2024-25 will be available in February 2025.

Consultation

73. Not applicable.

Options

74. Not applicable.

Analysis

75. Not applicable.

Council Plan

76. Not applicable.

Implications

77. The recommendations in the report potentially have implications across several areas. However, at this stage
- **Financial implications** are contained throughout the main body of the report. The actions and recommendations contained in this report should ensure the continued financial stability and

resilience of the Council both in the current year and in future years.

- **Human Resources (HR)**, there are no direct implications related to the recommendations.
- **Legal** The Council is under a statutory obligation to set a balanced budget on an annual basis. Under the Local Government Act 2003 it is required to monitor its budget during the financial year and take remedial action to address overspending and/or shortfalls of income.
- **Procurement**, there are no specific procurement implications to this report.
- **Health and Wellbeing**, there are no direct implications related to the recommendations.
- **Environment and Climate action**, there are no direct implications related to the recommendations.
- **Affordability**, there are no direct implications related to the recommendations.
- **Equalities and Human Rights**, there are no direct implications related to the recommendations.
- **Data Protection and Privacy**, there are no implications related to the recommendations.
- **Communications**, there are no direct implications related to the recommendations.
- **Economy**, there are no direct implications related to the recommendations.

Risk Management

78. An assessment of risks is completed as part of the annual budget setting exercise. These risks are managed effectively through regular reporting and corrective action being taken where necessary and appropriate.
79. The current financial position represents a significant risk to the Council's financial viability and therefore to ongoing service delivery. It is important to ensure that the mitigations and decisions outlined in this paper are delivered and that the overspend is reduced.

Recommendations

80. The Committee is asked to:
 - a. Note the finance and performance information.
 - b. Note that work will continue on identifying savings needed to fully mitigate the forecast overspend.

Reason: to ensure expenditure is kept within the approved budget.

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Report Approved **Date** 27/09/2024

Debbie Mitchell
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Report Approved **Date** 27/09/2024

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

For further information please contact the author of the report

Background Papers: None.

Annexes: HHASC Q1 24-25 Scrutiny Committee Scorecard



Scrutiny - Health, Housing and Adult Social Care 2024/2025

No of Indicators = 79 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub September 2024

			Previous Years			2024/2025						
		Collection Frequency	2021/2022	2022/2023	2023/2024	Q1	Q2	Q3	Q4	Target	Polarity	DOT
ASC01	Number of contacts to ASC Community Team	Monthly	17,275	16,081	15,477	3,968	-	-	-	-	Neutral	◄► Neutral
ASC01a	Number of contacts to ASC Community Team that are resolved with information/advice/guidance (IAG)	Monthly	4,039	2,804	2,783	456	-	-	-	-	Neutral	◄► Neutral
ASC03b	Number of Customers receiving Home Care services - (Snapshot)	Monthly	624	648	770	777	-	-	-	-	Neutral	◄► Neutral
ASC14	Total number of Adults receiving paid packages of care - (Snapshot)	Monthly	2,037	2,090	2,065	2,089	-	-	-	-	Neutral	◄► Neutral
ASCOF1B	Percentage of people who use services who have control over their daily life - Disabled People (ASC User Survey)	Annual	79.00%	78.00%	-	-	-	-	-	-	Up is Good	◄► Neutral
	Percentage of people who use services who have control over their daily life - Older People (ASC User Survey)	Annual	71.00%	77.00%	-	-	-	-	-	-	Up is Good	▲ Green
ASCOF1E	Proportion of adults with a learning disability in paid employment	Annual	7.50%	7.30%	-	-	-	-	-	-	Up is Good	▼ Red
	Benchmark - National Data	Annual	4.80%	4.80%	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	4.90%	4.80%	-	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	28	29	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	2	2	-	-	-	-	-	-		
ASCOF1G	Proportion of adults with a learning disability who live in their own home or with family	Annual	84.80%	84.40%	-	-	-	-	-	-	Up is Good	◄► Neutral
	Benchmark - National Data	Annual	78.80%	80.50%	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	79.90%	80.30%	-	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	56	62	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	5	5	-	-	-	-	-	-		
ASCOF2A 1	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults)	Annual	22.1	16.4	-	-	-	-	-	-	Up is Bad	◄► Neutral
	Benchmark - National Data	Annual	13.9	14.6	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	17.5	16.8	-	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	131	97	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	12	7	-	-	-	-	-	-		
ASCOF2A 2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people)	Annual	499	479.5	-	-	-	-	-	-	Up is Bad	◄► Neutral
	Benchmark - National Data	Annual	538.5	560.8	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	611.4	643.7	-	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	64	49	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	3	2	-	-	-	-	-	-		

			Previous Years			2024/2025							
		Collection Frequency	2021/2022	2022/2023	2023/2024	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
ASCOF3A	Comparator Rank (Pre 2019-20 rank out of 16) (Current rank out of 21)	Annual	7	6	-	-	-	-	-	-			
	Overall satisfaction of people who use services with their care and support	Annual	65.10%	66.50%	-	-	-	-	-	-	Up is Good	◀▶ Neutral	
	Benchmark - National Data	Annual	63.90%	64.40%	-	-	-	-	-	-			
	Benchmark - Regional Data	Annual	65.10%	65.80%	-	-	-	-	-	-			
	National Rank (Rank out of 152)	Annual	61	49	-	-	-	-	-	-			
ASCOF4A	Regional Rank (Rank out of 15)	Annual	9	7	-	-	-	-	-	-			
	Proportion of people who use services who feel safe	Annual	69.20%	70.40%	-	-	-	-	-	-	Up is Good	◀▶ Neutral	
	Benchmark - National Data	Annual	69.20%	69.70%	-	-	-	-	-	-			
	Benchmark - Regional Data	Annual	69.30%	71.90%	-	-	-	-	-	-			
	National Rank (Rank out of 152)	Annual	78	69	-	-	-	-	-	-			
PVP02	Regional Rank (Rank out of 15)	Annual	12	12	-	-	-	-	-	-			
	Comparator Rank (Pre 2019-20 rank out of 16) (Current rank out of 21)	Annual	12	13	-	-	-	-	-	-			
	Number of permanent admissions to residential & nursing care homes for older people (65+)	Monthly	217	216	205	44	-	-	-	-	Up is Bad	▼ Green	
	Proportion of completed safeguarding S42 enquiries where people report that they feel safe	Quarterly	97.91%	97.34%	97.99%	99.50%	-	-	-	-	Up is Good	◀▶ Neutral	
	Number of customers in long-term residential and nursing care at the period end - (Snapshot)	Monthly	552	584	567	572	-	-	-	-	Neutral	◀▶ Neutral	
	Number of permanent admissions to residential & nursing care homes for younger people (18-64)	Monthly	31	27	11	5	-	-	-	-	Up is Bad	▲ Red	
	Number of NHS Health Checks Completed in York	Quarterly	1,018	2,292	1,956	-	-	-	-	-	Neutral	◀▶ Neutral	
	Number of new clients starting Adult Social Care receiving a paid package of care (PPOC) in period	Monthly	518	665	682	179	-	-	-	-	Neutral	◀▶ Neutral	
	Number of clients starting Adult Social Care in-month receiving a paid package of care (PPOC) that had previously received a PPOC and their service had ended	Monthly	360	322	351	94	-	-	-	-	Neutral	◀▶ Neutral	
	Number of Adult Safeguarding Concerns Received	Monthly	1,715	2,219	2,438	653	-	-	-	-	Neutral	◀▶ Neutral	
	Number of Completed Adult Safeguarding Pieces of Work	Quarterly	1,709	2,290	2,282	592	-	-	-	-	Neutral	◀▶ Neutral	
	EH1	Chlamydia detection rate per 100,000 aged 15 to 24	Annual	1,255	1,829	-	-	-	-	-	-	Up is Good	▲ Green
		Benchmark - National Data	Annual	1,333	1,680	-	-	-	-	-	-		
Benchmark - Regional Data		Annual	1,507	1,917	-	-	-	-	-	-			
Regional Rank (Rank out of 15)		Annual	10	6	-	-	-	-	-	-			
EH2	Proportion of population aged 15 to 24 screened for chlamydia (%)	Annual	19.40%	17.10%	-	-	-	-	-	-	Up is Good	◀▶ Neutral	
	Benchmark - National Data	Annual	14.80%	15.20%	-	-	-	-	-	-			
	Benchmark - Regional Data	Annual	15.80%	16.20%	-	-	-	-	-	-			
	Regional Rank (1 is Good) (Rank out of 15)	Annual	3	5	-	-	-	-	-	-			
HV01	% of births that receive a face to face New Birth Visit (NBV) by a Health Visitor within 14 days	Quarterly	66.75%	86.26%	74.20%	70.96%	-	-	-	-	Up is Good	▼ Red	
	Benchmark - National Data	Quarterly	79.20%	80.00%	83.60%	-	-	-	-	-			
	Benchmark - Regional Data	Quarterly	74.60%	77.80%	80.60%	-	-	-	-	-			

		Previous Years				2024/2025							
		Collection Frequency	2021/2022	2022/2023	2023/2024	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
02. Health and Wellbeing	HV02	% of face-to-face NBVs undertaken by a health visitor after 14 days	Quarterly	32.21%	12.87%	25.22%	27.12%	-	-	-	-	Up is Bad	▲ Red
		Benchmark - National Data	Quarterly	17.50%	17.80%	14.30%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	23.00%	20.30%	16.30%	-	-	-	-	-		
	HV03	% of infants who received a 6-8 week review by the time they were 8 weeks	Quarterly	85.44%	86.00%	82.56%	86.19%	-	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Quarterly	79.20%	79.10%	82.20%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	82.60%	75.20%	74.90%	-	-	-	-	-		
	HV05	% of children who received a 12 month review by the time they turned 12 months	Quarterly	88.38%	88.95%	92.68%	94.46%	-	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Quarterly	69.40%	73.40%	78.40%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	85.20%	88.60%	87.90%	-	-	-	-	-		
	HV06	% of children who received a 12 month review by the time they turned 15 months	Quarterly	93.60%	93.13%	95.49%	92.37%	-	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Quarterly	81.80%	84.30%	88.60%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	92.40%	93.00%	94.40%	-	-	-	-	-		
	HV07	% of children who received a 2-2½ year review	Quarterly	85.04%	87.19%	91.34%	88.92%	-	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Quarterly	72.30%	75.30%	79.90%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	78.50%	85.90%	88.40%	-	-	-	-	-		
	HV10	% of infants totally or partially breastfed at 6-8 weeks (of those with a known feeding status)	Quarterly	59.43%	61.79%	64.52%	64.20%	-	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Quarterly	54.50%	54.90%	58.80%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	54.50%	54.90%	58.80%	-	-	-	-	-		
	LAPE22	% of alcohol users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	26.50%	26.63%	-	-	-	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Quarterly	36.63%	35.44%	-	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	36.63%	35.44%	-	-	-	-	-	-		
PHOF06a	Under 18 conceptions (per 1,000 females aged 15-17) (Rolling 12 Months)	Quarterly	12.2	-	-	-	-	-	-	-	Up is Bad	▲ Red	
	Benchmark - National Data	Quarterly	13.7	-	-	-	-	-	-	-			
	Benchmark - Regional Data	Quarterly	17.7	-	-	-	-	-	-	-			
PHOF17	Slope index of inequality in life expectancy at birth - Female - (Three year period)	Annual	-	-	-	-	-	-	-	-	Up is Bad	◄► Neutral	
	Benchmark - National Data	Annual	-	-	-	-	-	-	-	-			
	Regional Rank (Rank out of 15)	Annual	-	-	-	-	-	-	-	-			
PHOF27	Under 18 conceptions: conceptions in those aged under 16 (per 1,000 females aged 13-15) (Calendar Year)	Annual	1.7	-	-	-	-	-	-	-	Up is Bad	◄► Neutral	
	Benchmark - National Data	Annual	2.1	-	-	-	-	-	-	-			
	Benchmark - Regional Data	Annual	3.2	-	-	-	-	-	-	-			
	Regional Rank (Rank out of 15)	Annual	2	-	-	-	-	-	-	-			
PHOF37	Slope index of inequality in life expectancy at birth - Male - (Three year period)	Annual	-	-	-	-	-	-	-	-	Up is Bad	◄► Neutral	
	Benchmark - National Data	Annual	-	-	-	-	-	-	-	-			
	Regional Rank (Rank out of 15)	Annual	-	-	-	-	-	-	-	-			
PHOF79	HIV late diagnosis	Annual	85.70%	-	-	-	-	-	-	-	Up is Bad	◄► Neutral	
	Benchmark - National Data	Annual	43.40%	-	-	-	-	-	-	-			
	Benchmark - Regional Data	Annual	50.20%	-	-	-	-	-	-	-			
	Regional Rank (Rank out of 15)	Annual	15	-	-	-	-	-	-	-			
PHYS06	% of adults (aged 16+) that are physically active (150+ moderate intensity equivalent minutes per week, excl. gardening)	Annual	66.50%	70.40%	69.80%	-	-	-	-	-	Up is Good	◄► Neutral	
	Benchmark - National Data	Annual	61.40%	63.10%	63.40%	-	-	-	-	-			

			Previous Years			2024/2025							
			2021/2022	2022/2023	2023/2024	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
		Collection Frequency											
STF100	Average Sickness Days per FTE - CYC (Excluding Schools) - (Rolling 12 Month)	Monthly	11.73	11.96	11.2	-	-	-	-	-	Up is Bad	◀▶ Neutral	
	Benchmark - CIPD (All Sectors)	Annual	NA	7.8	-	-	-	-	-	-			
	Benchmark - CIPD (Public Sector)	Annual	NA	10.6	-	-	-	-	-	-			
	Benchmark - Public Sector (LGA Worker Survey Excluding Teachers)	Annual	NA	-	-	-	-	-	-	-			
	Benchmark - Public Sector (Y&H) (LGA Worker Survey Excluding Teachers)	Annual	NA	-	-	-	-	-	-	-	Neutral	◀▶ Neutral	
03. Health Inequalities	HLTHGap	Health Inequalities in wards	Annual	(See below)	(See below)	-	-	-	-	-	Neutral	◀▶ Neutral	
		Absolute gap in mortality ratio for deaths from circulatory disease (under 75) between highest and lowest York ward (5 year aggregated)	Annual	(Due May 2024)	(Due May 2025)	-	-	-	-	-	Up is Bad	◀▶ Neutral	
		Gap in years in Life Expectancy at birth for Males between highest and lowest York ward (5 year aggregated)	Annual	(Due May 2024)	(Due May 2025)	-	-	-	-	-	Up is Bad	◀▶ Neutral	
		Gap in years in Life Expectancy at birth for Females between highest and lowest York ward (5 year aggregated)	Annual	(Due May 2024)	(Due May 2025)	-	-	-	-	-	Up is Bad	◀▶ Neutral	
		Absolute gap in hospital admission ratio for self-harm between highest and lowest York ward (5 year aggregated)	Annual	(Due May 2024)	(Due May 2025)	-	-	-	-	-	Up is Bad	◀▶ Neutral	
		Absolute gap in hospital admission ratio for alcohol-related harm (narrow definition) between highest and lowest York ward (5 year aggregated)	Annual	(Due May 2024)	(Due May 2025)	-	-	-	-	-	Up is Bad	◀▶ Neutral	
		Absolute gap in % of Year 6 recorded overweight (incl. obesity) between highest and lowest York ward (3 year aggregated)	Annual	24.40%	24.68%	-	-	-	-	-	Up is Bad	◀▶ Neutral	
		Absolute gap in % of children totally or partially breastfeeding at 6-8 weeks between highest and lowest York ward (4 year aggregated ward data)	Annual	36.70%	38.98%	-	-	-	-	-	Up is Bad	◀▶ Neutral	
		Absolute gap in % of children who reach expected level of development at 2-2.5 years of age between highest and lowest York ward (4 yr aggregated)	Annual	13.10%	13.65%	-	-	-	-	-	Up is Bad	◀▶ Neutral	
04. NHS Health Checks	PHOF31	% of eligible population aged 40-74 who received an NHS Health Check (quarterly from April 2013)	Quarterly	1.90%	4.20%	3.60%	-	-	-	-	Up is Good	◀▶ Neutral	
		Benchmark - National Data	Quarterly	3.50%	7.20%	8.80%	-	-	-	-			
		Benchmark - Regional Data	Quarterly	2.20%	5.40%	6.40%	-	-	-	-			
	PHOF91	% of eligible population aged 40-74 offered an NHS Health Check (quarterly from April 2013)	Quarterly	1.90%	5.30%	4.40%	-	-	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	8.60%	18.40%	22.10%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	5.50%	12.80%	13.90%	-	-	-	-	-		
	PHOF92	% of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check (quarterly from April 2013)	Quarterly	100.00%	79.80%	81.40%	-	-	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	40.50%	38.90%	39.90%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	41.00%	42.00%	46.50%	-	-	-	-	-		
05. Substance M	PHOF76	% of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	4.38%	5.42%	-	-	-	-	-	Up is Good	◀▶ Neutral	
		Benchmark - National Data	Quarterly	5.04%	4.95%	-	-	-	-	-			
	PHOF77	% of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	26.50%	20.00%	-	-	-	-	-	Up is Good	◀▶ Neutral	
		Benchmark - National Data	Quarterly	34.55%	31.99%	-	-	-	-	-			

				Previous Years			2024/2025						
		Collection Frequency	2021/2022	2022/2023	2023/2024	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Issue and Smoking	PVP33	No. of smokers setting a quit date - (YTD)	Annual	NC	NC	307	-	-	-	-	-	Up is Good	◀▶ Neutral
	PVP34	No. of smokers who had successfully quit at 4 week follow up (self-report) - (YTD)	Annual	NC	NC	224	-	-	-	-	-	Up is Good	◀▶ Neutral
	PVP35	Percentage of smokers who had successfully quit at 4 week follow up (self-report) - (YTD)	Annual	NC	74.30%	73.00%	-	-	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Annual	NC	54.00%	53.80%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	NC	63.10%	64.70%	-	-	-	-	-		
	BW06	% of dwellings failing to meet the decent homes standard	Annual	4.88%	1.60%	1.90% (Prov)	-	-	-	(Due Sep 2025)	-	Up is Bad	◀▶ Neutral
BW11	% of Repairs completed on first visit	Monthly	81.63%	79.65%	80.26%	86.08%	-	-	-	-	Up is Good	◀▶ Neutral	
	Benchmark - Housemark Median (Updated definition 2023-24 LAs <10k Dwellings) Housemark Quartile	Annual	90.80%	86.02%	88.63%	-	-	-	-	-			
CAN061	Number of new affordable homes delivered in York	Quarterly	224	109	122	-	-	-	-	-	Up is Good	◀▶ Neutral	
EPC01ac	% of dwellings with energy rating in A-C band in the EPC Register (where A is the most energy efficient and G is the least energy efficient) - (Snapshot)	Monthly	NC	42.00%	44.60%	45.10%	-	-	-	-	Up is Good	▲ Green	
HM03	Net Additional Homes Provided	Quarterly	402	459	528	-	-	-	-	-	Up is Good	▲ Green	
HM07	Net Housing Consents	Quarterly	327	1,559	658	-	-	-	-	-	Up is Good	▼ Red	
06 - Housing	HOU242	Number of Void Properties - Standard Voids - (Snapshot)	Monthly	88	67	52	59	-	-	-	-	Up is Bad	◀▶ Neutral
		Number of Void Properties - Major Works Voids - (Snapshot)	Monthly	2	17	6	3	-	-	-	-	Up is Bad	▼ Green
		Number of Void Properties - Capital Projects Voids - (Snapshot)	Monthly	40	18	26	19	-	-	-	-	Up is Bad	◀▶ Neutral
		Number of Void Properties - Total Voids- (Excludes Not Offerable) - (Snapshot)	Monthly	130	102	84	81	-	-	-	-	Up is Bad	▼ Green
		Number of Void Properties - Not Offerables - (Snapshot)	Monthly	47	66	77	77	-	-	-	-	Neutral	◀▶ Neutral
	HOU246	Average number of days to re-let empty properties (excluding temporary accommodation) - (YTD)	Monthly	74.55	78.73	52.13	42.03	-	-	-	-	Up is Bad	▼ Green
HOU423	Total number of HMOs in York	Annual	-	-	(Avail Jan 2025)	-	-	-	-	-	Neutral	◀▶ Neutral	
HOU424	HMOs as % of properties in York	Annual	-	-	(Avail Jan 2025)	-	-	-	-	-	Neutral	◀▶ Neutral	
HOM112	Homelessness assessment (initial decision) - Threatened with homelessness - prevention duty owed - (YTD)	Quarterly	555	518	485	-	-	-	-	-	Neutral	◀▶ Neutral	
HOM114	Homelessness assessment (initial decision) - Already homelessness - relief duty owed - (YTD)	Quarterly	247	253	244	-	-	-	-	-	Neutral	◀▶ Neutral	
HOU102	Number of children in temporary accommodation - (Snapshot)	Quarterly	51	63	45	-	-	-	-	-	Up is Bad	▼ Green	
	Number of homeless households with dependent children in temporary accommodation - (Snapshot)	Quarterly	28	35	29	-	-	-	-	-	Up is Bad	▼ Green	
	Of households in TA - number of which in Bed and Breakfast - (Snapshot)	Quarterly	3	0	0	-	-	-	-	-	Up is Bad	▼ Green	

			Previous Years			2024/2025							
		Collection Frequency	2021/2022	2022/2023	2023/2024	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
07. Homelessness	HOU104	Of households in TA - % of which in Bed and Breakfast - (Snapshot)	Quarterly	6.10%	0.00%	0.00%	-	-	-	-	-	Up is Bad Green	▼
		Benchmark - National Data	Quarterly	10.60%	13.00%	15.00%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	28.60%	27.00%	37.00%	-	-	-	-	-		
	HOU104b	Households in B&B - Total with children - (Snapshot)	Quarterly	0	0	0	-	-	-	-	-	Up is Bad Green	▼
	HOU104c	Households in B&B - Total with children and resident more than 6 weeks - (Snapshot)	Quarterly	0	0	0	-	-	-	-	-	Up is Bad Green	▼
	HOU104d	Households in B&B - Total with children and resident more than 6 weeks and pending review / appeal - (Snapshot)	Quarterly	0	0	0	-	-	-	-	-	Up is Bad Green	▼
	HOU104e	Households in B&B - Total with 16/17-year-old main applicant - (Snapshot)	Quarterly	0	0	0	-	-	-	-	-	Up is Bad Green	▼
	HOU214a	Rate of people sleeping rough per 100,000 people	Annual	1.98	4.46	7.3	-	-	-	-	-	Up is Bad Red	▲
	HOU214b	Number of people sleeping rough - local data - (Snapshot)	Monthly	NC	NC	23	22	-	-	-	-	Up is Bad Neutral	◀▶
HOU251	Homelessness main duty (decision) - Total (New definition from 2018/19) - (YTD)	Quarterly	115	96	110	-	-	-	-	-	Neutral Neutral	◀▶	
08. Resident Surveys	TAP01	% of Talkabout panel satisfied with their local area as a place to live	Quarterly	84.38%	82.18%	79.68%	81.00%	-	-	-	-	Up is Good Neutral	◀▶
		% of Talkabout panel dissatisfied with their local area as a place to live	Quarterly	9.74%	10.64%	13.10%	13.18%	-	-	-	-	Up is Bad Neutral	◀▶
	TAP02	% of panel satisfied with the way the council runs things	Quarterly	50.58%	47.30%	43.84%	41.47%	-	-	-	-	Up is Good Red	▼
		% of panel dissatisfied with the way the council runs things	Quarterly	27.80%	30.85%	26.58%	28.08%	-	-	-	-	Up is Bad Neutral	◀▶
	TAP37	% of the panel reporting an 'excellent' experience when they last contacted the council about a service	Quarterly	-	-	8.56%	8.42%	-	-	-	-	Up is Good Neutral	◀▶
		% of the panel reporting a 'good' experience when they last contacted the council about a service	Quarterly	-	-	27.35%	22.11%	-	-	-	-	Up is Good Neutral	◀▶
		% of the panel reporting a 'satisfactory' experience when they last contacted the council about a service	Quarterly	-	-	27.07%	28.16%	-	-	-	-	Up is Good Neutral	◀▶
	TSS48	% of the panel reporting a 'poor' experience when they last contacted the council about a service	Quarterly	-	-	15.47%	17.37%	-	-	-	-	Up is Bad Neutral	◀▶
TSS48	% of tenants satisfied that their landlord provides a home that is well maintained - (RSH Return TP04)	Annual	NC	NC	63.58%	-	-	-	-	-	Up is Good Neutral	◀▶	
09. Crime	CSP01	All Crime	Monthly	14,235	14,759	14,208	3,759	-	-	-	-	Up is Bad Neutral	◀▶
	CSP12	Criminal damage (excl. 59)	Monthly	1,537	1,455	1,337	379	-	-	-	-	Up is Bad Neutral	◀▶
		IQUANTA Family Grouping (1 is good) (Rank out of 15)	Monthly	8	2	13	10	-	-	-	-		
	CSP13	NYP Recorded ASB Calls for Service	Monthly	6,394	4,741	4,644	1,197	-	-	-	-	Up is Bad Neutral	◀▶
	CSP15	Overall Violence (Violence Against Person Def.)	Monthly	5,675	5,746	5,226	1,252	-	-	-	-	Up is Bad Green	▼
		IQUANTA Family Grouping (1 is good) (Rank out of 15)	Monthly	10	7	5	2	-	-	-	-		
CSP23	Hate Crimes as Recorded by NYP	Monthly	233	168	199	55	-	-	-	-	Up is Bad Red	▲	

			Previous Years			2024/2025							
			Collection Frequency	2021/2022	2022/2023	2023/2024	Q1	Q2	Q3	Q4	Target	Polarity	DOT
		IQUANTA Family Grouping (1 is good) (Rank out of 15)	Monthly	15	12	8	5	-	-	-	-		
	CSP28	Number of Incidents of ASB within the city centre ARZ	Monthly	1,276	994	1,149	336	-	-	-	-	Up is Bad	▲ Red
10. Large Projects	CORP10L	Large Project - Council Housing Energy Retrofit Programme	Quarterly	Amber	Amber	Green	Complete	-	-	-	-	Neutral	◀▶ Neutral
		Large Project - Connecting Our City	Discontinued	NA	Green	NC	-	-	-	-	-	Neutral	◀▶ Neutral
		Large Project - Reablement Recommission	Quarterly	NA	Green	Green	Green	-	-	-	-	Neutral	◀▶ Neutral
		Large Project - Specialist Mental Health Housing and Support	Quarterly	NA	-	Amber	Red	-	-	-	-	Neutral	◀▶ Neutral
		Large Project - CQC Readiness	Discontinued	NA	NA	Closed	-	-	-	-	-	Neutral	◀▶ Neutral
		Large Project - Local Energy Advice Demonstrator (LEAD)	Quarterly	-	-	Green	Green	-	-	-	-	Neutral	◀▶ Neutral
11. Finance	BPI110	Forecast Budget Outturn (£000s Overspent / - Underspent) - CYC Subtotal (excluding contingency)	Quarterly	£2,638	£4,887	£3,661	£3,896	-	-	-	-	Up is Bad	◀▶ Neutral

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Health, Housing and Adult Social Care Scrutiny Committee

9 October 2024

Report of the Corporate Director – Adult Social Care and Integration and the Director of Housing and Communities

Draft Homelessness and Rough Sleeping Strategy 2024-29

Summary

1. It is proposed to present to the 12 December Executive Committee Meeting the Homelessness & Rough Sleeping Strategy for 2024-29. The Strategy will guide work in this area for the following five years and will seek to enlist partners, stakeholders and citizens in a plan to make homelessness **rare, brief and non-recurring**.
2. The Strategy builds on existing successes and partnerships, offering pathways to suitable housing that can be sustained with high quality, person-centred support.
3. Under the Homelessness Act 2002, all housing authorities must have in place a Homelessness Strategy based on a review of all forms of homelessness in their district. The strategy must be renewed at least every 5 years. The social services authority must provide reasonable assistance.
4. The Strategy is important because it gives focus and structure to the range of services and initiatives which deal with, and seek to prevent, homelessness and rough sleeping. York faces a particular challenge of homelessness because of the shortage of suitable, affordable housing.

Background

5. York's previous Preventing Homelessness and Rough Sleeping Together Strategy 2018-2023 was adopted in 2018. Since 2023 a review of the this Strategy has been underway, in accordance with Ministry of Housing, Communities and Local Government (MHCLG) expectations.

Advice from DLUHC has indicated that having a review process underway is the priority and a strategy that is approved during 2024 would be acceptable.

6. A summary of the progress made during the 2018-23 strategy period is attached as **Annex A** of this report.
7. The Council Plan highlights that in York the average cost of houses are at least 10 times average earnings and rents rising 10% over the last year (2021-22). There are 4.5 per 100,000 people sleeping rough for the same period compared to 3.1 regionally. By a different measurement 24 people were sleeping rough on the last Thursday in July 2023. The new administration demonstrated its commitment to reducing homelessness by including “number of people sleeping rough” as one of its new key performance indicators.
8. In addition, provision of good quality housing to meet the range of needs across the City’s residents is recognised as central to the Council’s 2023-27 Plan as part of Core Commitments, Affordability and Health and Wellbeing, and to the vision of “One City, for all”.
9. The National Institute for Health and Care Excellence (“NICE”) guidelines published last year highlighted that people experiencing homelessness face significant health inequalities: mortality is around ten times higher than the rest of the population and life expectancy is around 30 years less. Barriers accessing health and social care services is attributed in part to the high numbers of preventable deaths within this population. The Council plan contains a focus on fairness and health inequalities with the ambition to reverse the widening trend of health inequalities in our city. It is recognised in the Health and Wellbeing Strategy that housing access and affordability is fundamental in meeting the aims of the Strategy and tackling wider determinants of health.
10. The current administration has a clear commitment to end rough sleeping.

Consultation

11. The proposed Strategy has been developed in consultation with a range of organisations and individuals, including those with lived experience of rough sleeping and homelessness as well as staff and organisations involved in delivering services to this community, both in York and elsewhere. Those involved in the consultation include:

- Primary Care - representing GPs
- TEWV - Mental Health Services
- Integrated Care Board (ICB)
- Clients of homelessness and rough sleeping services
- Public health including addiction services
- Police
- Probation
- Corporate Parenting Board
- Adult Services Boards bringing Health & Social Care together
- Staff working in hostels and support services and neighbourhood co-ordinators
- Registered Social Landlords
- University / Centre for Housing Policy
- North Yorkshire homelessness & mental health connection group
- Mappa operational group
- York Council for Voluntary Service
- Tang Hall Smart
- Domestic Abuse Housing Alliance
- Tenants Panel
- Changing Lives
- Salvation Army
- Restore
- CareCent including Lived Experience
- Peaseholme Charity
- Community Safety Hub
- North Yorkshire Police City Centre contact
- LIFE – Lived Insights from Experience
- Community Links
- Other organisations working with single homeless people

12. Consultees were engaged via one-to-one conversations, group discussion and consultation (including two multi-disciplinary events held in September 2024), in team meetings and via written submission.

13. The conclusions drawn from consultation are that:

- a) Services should focus on the needs of the individual and will therefore vary from person to person.
- b) Where possible, processes should be simplified, particularly in relation to the steps and actions necessary to secure permanent

housing. However, it was recognised that an evidence base for decision making should always be put in place in order to ensure and demonstrate fair decision making.

- c) Multi-agency working is key to success. Service users may have complex needs (for example, substance misuse support as well as mental health care and physical medical needs) and the delivery of these services in a co-ordinated and timely way is important.
- d) Limited availability of social housing is often a barrier to resolving homelessness, especially in a context where the welfare benefits system limits access to the private rented sector in York. However, for clients with more complex needs a multi-disciplinary support package is needed to successfully sustain a social housing tenancy.
- e) Information sharing and building relationships between teams are important in successful partnership working, alongside formal governance arrangements, data monitoring and system design.

Options

- 14. The council is required to have a Homelessness and Rough Sleeping Strategy.
- 15. When formulating this proposed Strategy we have examined context and evidence, and reviewed good practice from other areas.
- 16. Option 1: Support the Homelessness and Rough Sleeping Strategy 2024-29 as proposed, subject to incorporation of comments from the Committee as appropriate
- 17. Option 2: Formal recommendation by the Committee of amendments to the Homelessness and Rough Sleeping Strategy 2024-29 prior to presentation of the final report to Executive

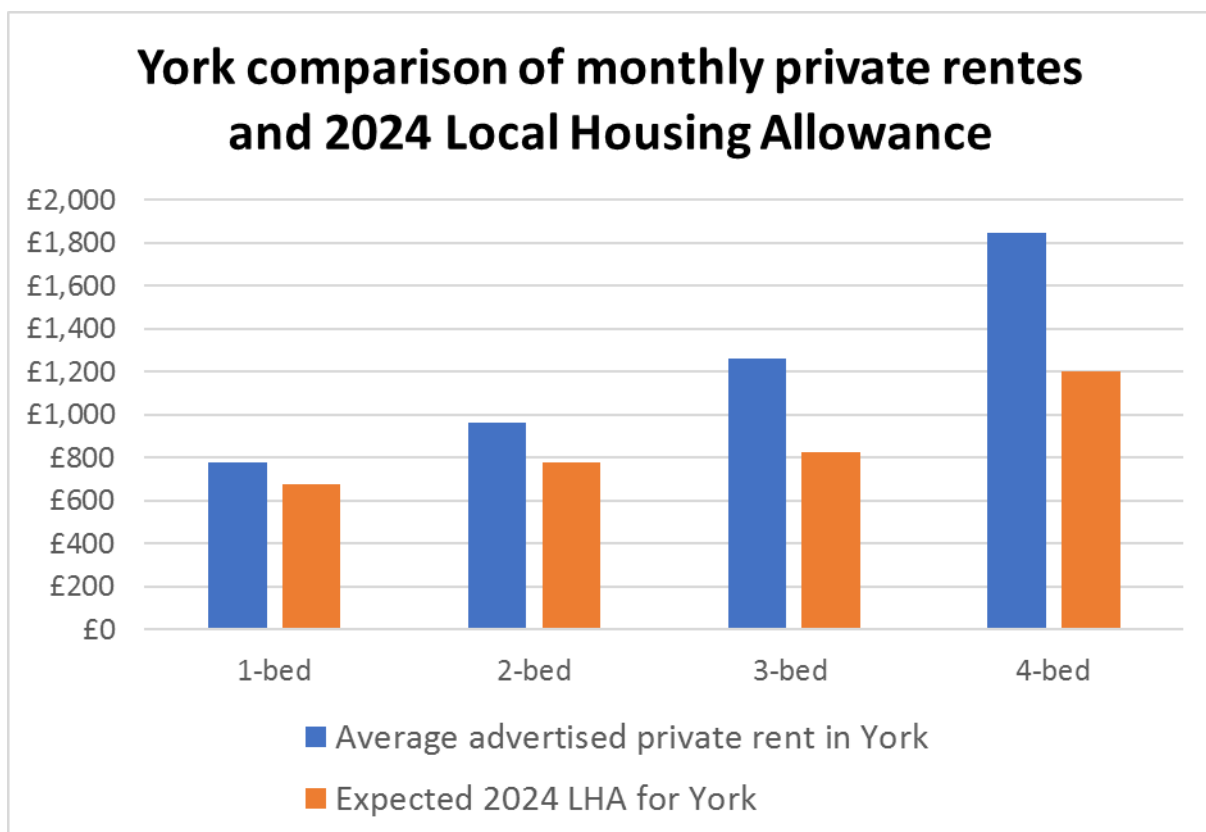
Analysis

Context and evidence base

- 18. A primary driver of homelessness in the City of York is the City's ongoing housing affordability challenge. Using data from the council's statutory

homelessness returns alongside delivery data and the Local Housing Needs Assessment¹, a shortfall is clearly evidenced which is exacerbated by the central government policy of Local Housing Allowance freeze since 2020 despite significant local private rent increases in this time. Local Housing Allowance is expected to be reindexed to the lowest 30% of rents in April 2024 however a review of the government's indicative uplifted figures indicates a significant shortfall is expected to remain².

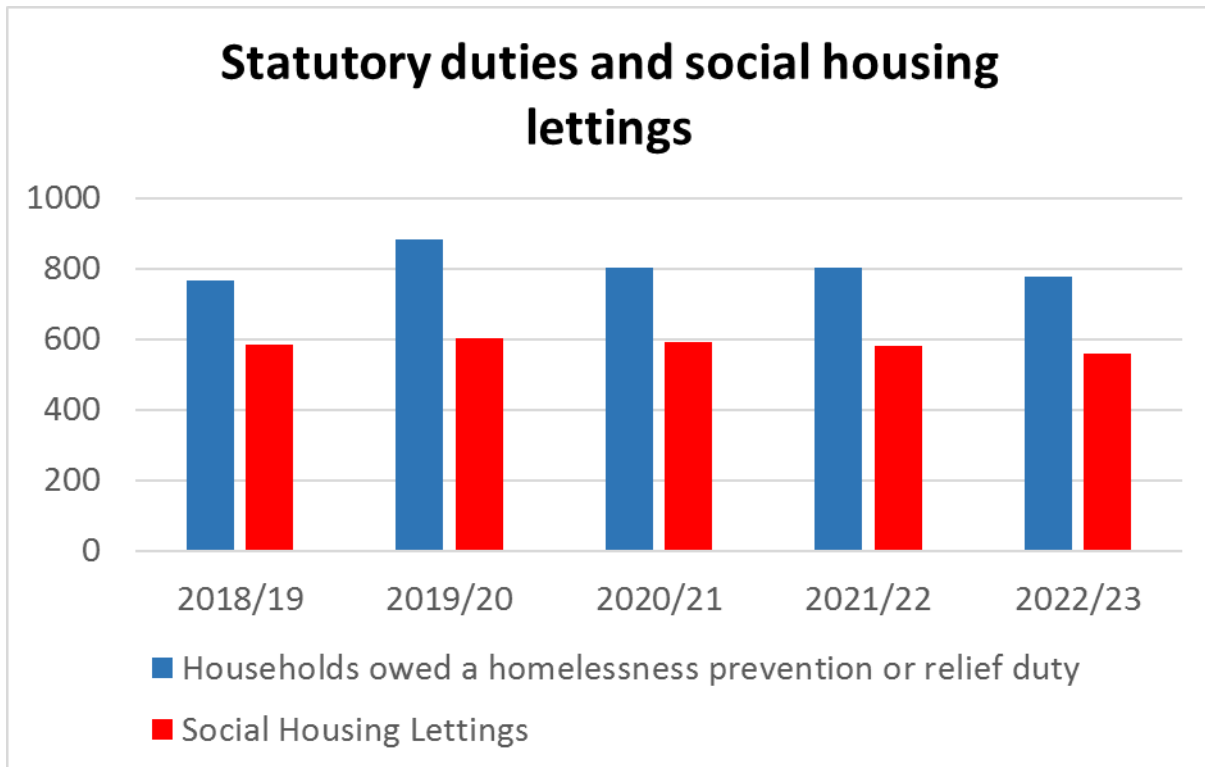
19. This has been exacerbated by the cost of living crisis since 2021 in food and other essentials which has increased housing and homelessness pressures at the same time as longer term rough sleeping has been tackled through initiatives in the last strategy period.
20. From a review of 40 lower market advertised private rental properties in the City of York in December 2023, none of the 1-4 bedroom homes were affordable within the 2024 Local Housing Allowance level. Average shortfalls are significant and act to effectively prevent the lowest income households to access the private rented sector.



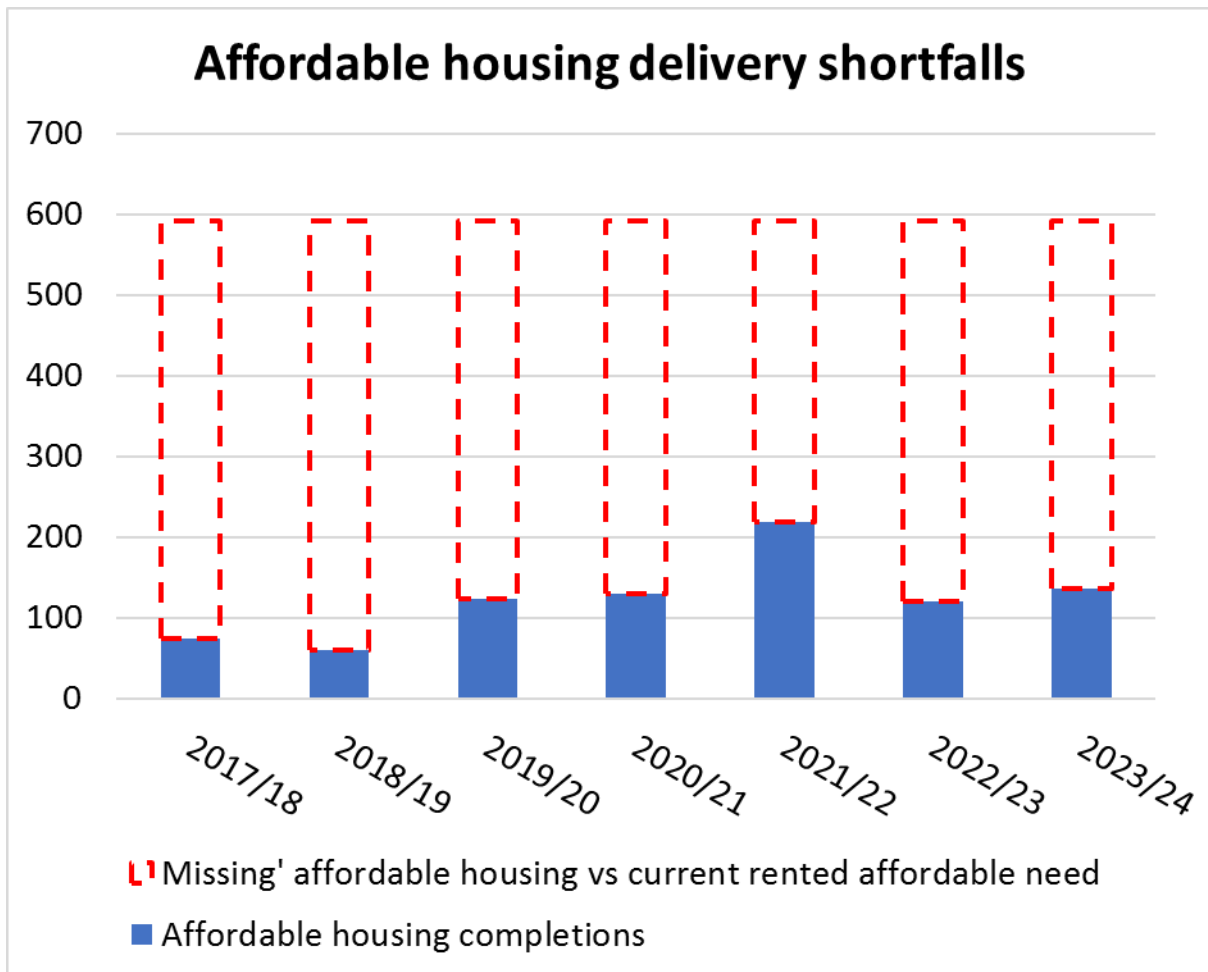
¹ <https://www.york.gov.uk/downloads/file/8270/ex-cyc-92-local-housing-needs-assessment-by-iceni-july-2022>

² <https://www.gov.uk/government/statistics/local-housing-allowance-indicative-rates-for-2024-to-2025/indicative-local-housing-allowance-rates-for-2024-to-2025>

21. Statutory homelessness duties for prevention or relief are high relative to annual social housing lets.

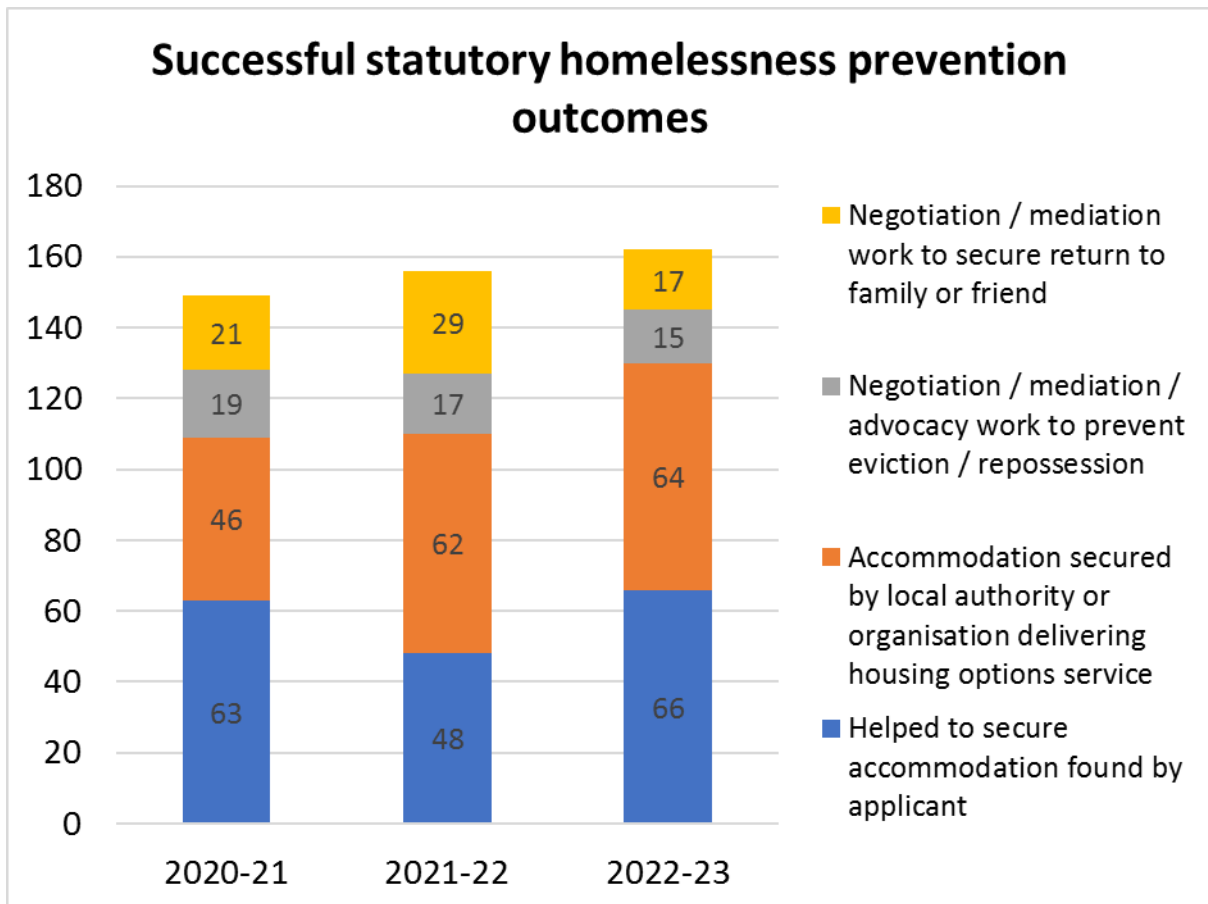


22. Annual housing delivery falls consistently far below the assessed annual need of 592 additional affordable homes (Local Housing Needs Assessment 2022).

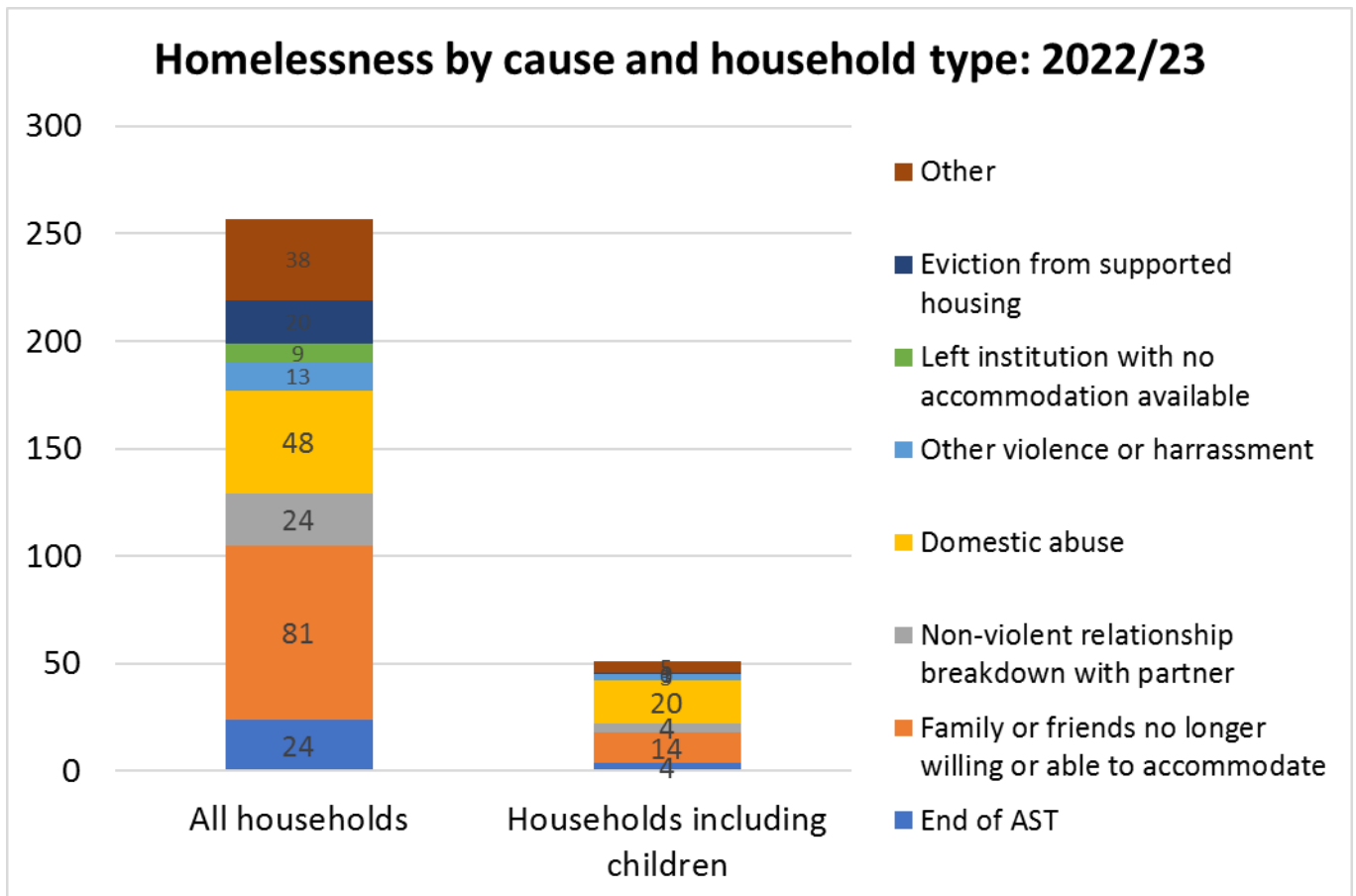


23. In addition key services such as mental health clinical care and social care are undergoing unprecedented pressure, with an estimated increase of 60% in adults with moderate to severe depressive symptoms nationally (p15) and a more than doubling of estimated 17-19 year olds with experiencing a mental health condition (p14).³
24. Around 150 successful homelessness prevention cases are achieved annually through the Housing Options service, significantly reducing the overall homelessness impact in the City. 50-70 of these are typically households including children.

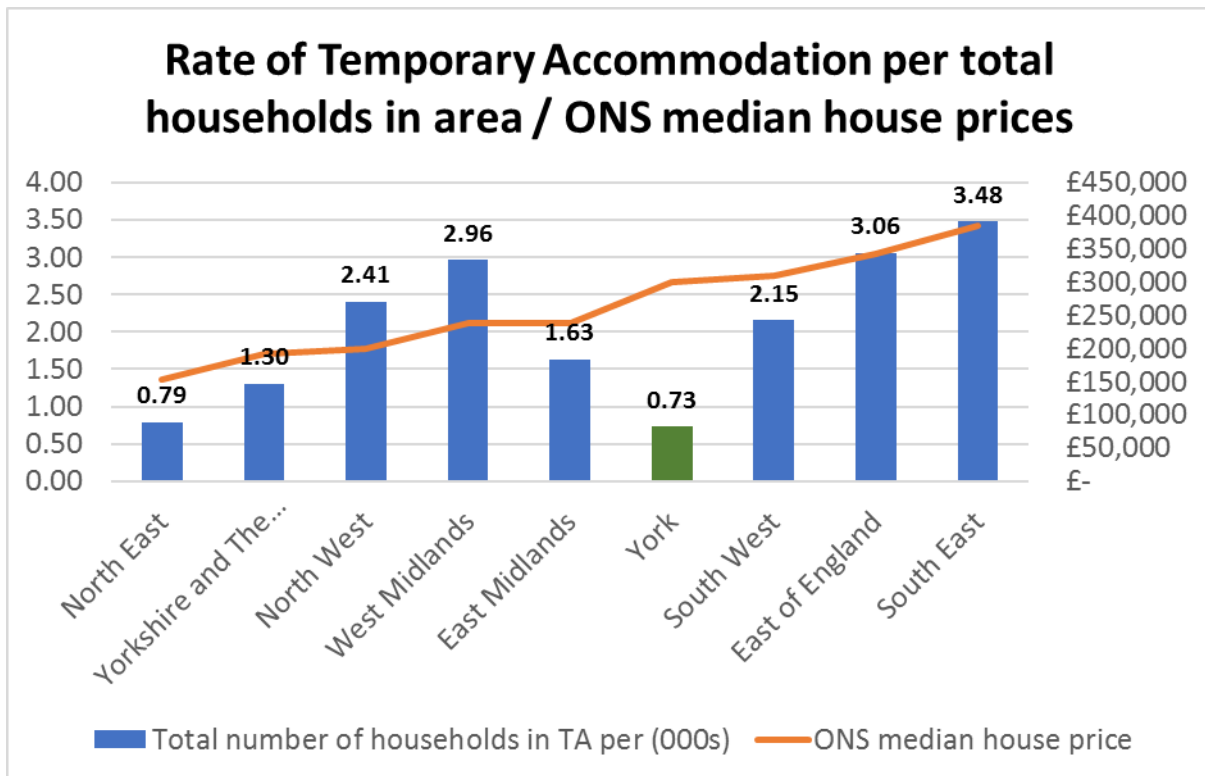
³ <https://commonslibrary.parliament.uk/research-briefings/sn06988/>



25. A leading cause of homelessness for all household types is “Family and friends no longer willing to accommodate”. In many cases this is likely to be related to housing market and benefit cuts pressures as noted above, and/or unmet needs support issues. For households with children, domestic abuse is the single highest cause of homelessness, highlighting the need for priority actions to reduce the occurrence. From 2023/24 onwards, newly accepted refugees accommodated within York have now become a significant homelessness needs group. This has not been the case historically and is a result of Home Office policy changes in respect of the City of York.



26. City of York Council has a relatively low use of Temporary Accommodation, and one of the highest proportions of Temporary Accommodation in Local Authority owned hostels, at 83% (December 2023 snapshot data). This greatly reduces the financial pressures that other councils have seen through use of expensive Private Sector Lease and Bed and Breakfast arrangements.



<https://www.gov.uk/government/statistical-data-sets/live-tables-on-homelessness>

27. An extensive snapshot evidence gathering exercise was undertaken within the Resettlement Pathway in January 2022. Full details are in the link below, summarised in the table below. This highlights the needs of individuals at risk of rough sleeping or with other complex needs and in the process of resettlement following homelessness,.

<https://democracy.york.gov.uk/documents/s171078/Annex%201%20York%20Homelessness%20Pathways%202022.pdf>

Table 1: Resettlement Pathway Needs

Needs type / category	Number of service users	% of total service users	
Total service users in snapshot	323	100%	Less frequent <-----> More frequent service
Experience of trauma	220	68%	
Moderate/High Stress & Anxiety	178	55%	
Current / past TEWV involvement	171	53%	
Mid/High needs complexity	139	43%	
Repeat presentations	136	42%	
Female service users	103	32%	
Contact with criminal justice: Medium / High / Significant	87	27%	

Needs type / category	Number of service users	% of total service users	
10+ years “in the system”	61	19%	
Alcohol & Drug Dependence*	58	18%	
High / significant level MH needs	48	15%	

* Alcohol & Drug Dependence more frequently present in:

- Multiple Presentations: 40%
- High Complexity: 60%
- Older males: 25%

28. The UK Government provides specialist support through the Department for Levelling Up, Housing and Communities and the principles of this strategy are considered consistent with its “Ending rough sleeping for good”⁴ plan and “From harm to hope: A 10-year drugs plan to cut crime and save lives”⁵. However, resources are not currently made available at the scale necessary to deliver on the ambitions of these national strategies⁶.

29. A good practice review of comparable locations around the country has been carried out to inform themes and priorities for the review.

Evidence base: Conclusions

30. The evidence base reinforces the insights gained through consultation undertaken. The key conclusions are that:

- An acceleration of social housing provision is needed to tackle homelessness, but needs to be provided alongside a multi-disciplinary support model that is person-centred and trauma-informed to enable clients with complex needs to sustain a home successfully
- Early intervention and prevention is an essential priority to achieve positive outcomes for individuals and to make the best use of resources across homelessness systems
- There are significant successes to learn from in existing service delivery alongside gaps and barriers to address to achieve the

⁴ <https://www.gov.uk/government/publications/ending-rough-sleeping-for-good>

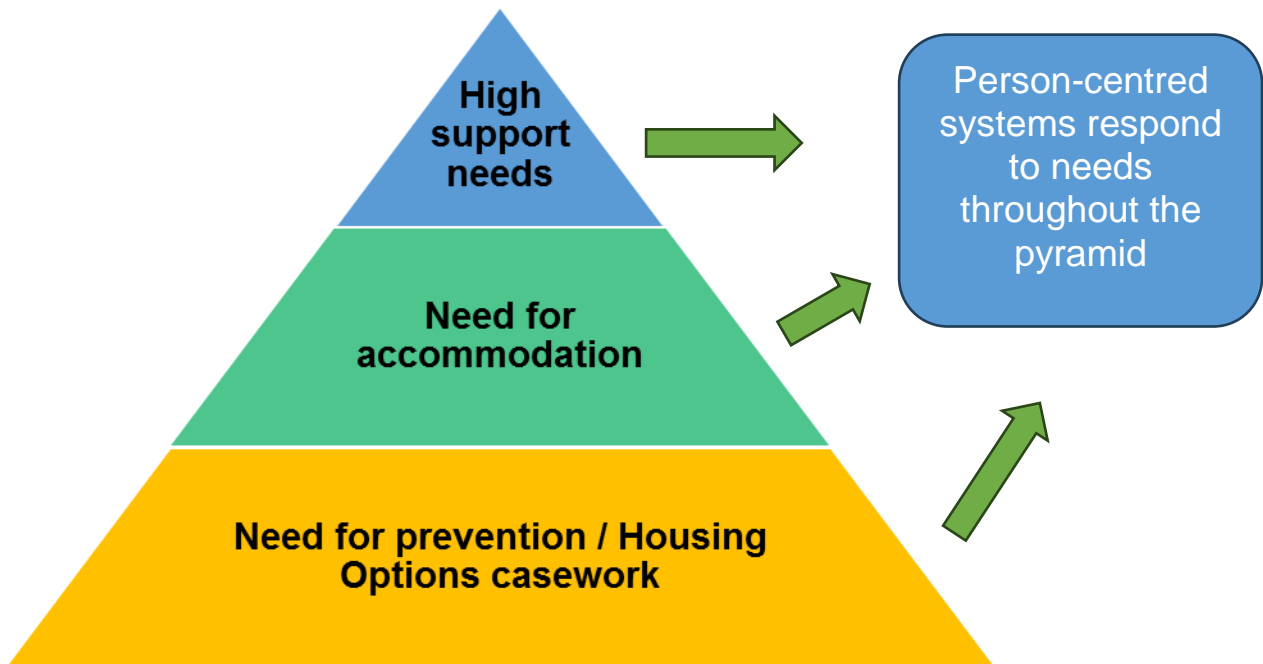
⁵ <https://www.gov.uk/government/publications/from-harm-to-hope-a-10-year-drugs-plan-to-cut-crime-and-save-lives>

⁶ <https://www.housing.org.uk/news-and-blogs/news/were-calling-for-a-renewed-commitment-to-the-delivery-of-the-housing-transformation-fund/>

strategy aims of making homelessness rare, brief and non-recurring

- This informs an understanding of needs and a system that can be designed to meet these effectively, in a person-centred way

Homelessness and Rough Sleeping: Needs Pyramid



Proposed Strategy and its Governance

The Proposed Homelessness & Rough Sleeping Strategy, 2024-29

31. The strategy aims to build on existing successes and partnerships to make homelessness **rare, brief and non-recurring**, offering pathways to suitable housing that can be sustained with high quality, person-centred support.
32. The new Homelessness and Rough Sleeping Strategy takes a **Housing First** approach for single homelessness clients, focusing on the rapid re-housing of those facing homelessness, ideally avoiding time in a hotel or temporary accommodation. Where an individual or family need help to establish and maintain their tenancy, **we will support the delivery of cross-agency support services**. We will give attention to the specific needs of those with disabilities will work to **prevent rough sleeping**

and **tackle domestic abuse**. We will work with partners to develop and sustain services which achieve these goals. **The supply of suitable and affordable homes is key to the success of this strategy**, alongside **prevention of homelessness** and keeping people in their own homes where possible. We will take action, harness resources and work in partnership to make more homes available. Raising the level of ambition is critical to reducing the number of children in unsuitable housing and at risk of homelessness, with **long-term benefits to the City across Education, Skills, Health and Wellbeing**.

33. Provision of good quality housing to meet the range of needs across the City's residents is recognised as central to the Council's 2023-27 Plan as part of Core Commitments, Affordability and Health and Wellbeing, and to the vision of "One City, for all". Important elements of the Health and Wellbeing Strategy and Economic Strategy are also met by support for vulnerable households at a time of crisis to achieve sustainable housing .
34. The proposed Homelessness and Rough Sleeper Strategy 2024-2029 established a number of objectives:
 - The overarching goal of the strategy is to build on existing successful delivery and partnership to make homelessness rare, brief and non-recurring.
 - This will be supported by an action plan focussed on key priorities and investment opportunities, including Housing First led system transformation, more affordable homes for client groups with and without children, and high quality homelessness prevention services.
 - The strategy will provide a basis for partnership work and strategic partnership development.
 - Consider progress during 2018-23 and identify needs to build on.
 - Enhanced performance monitoring, data and governance frameworks.
35. Key themes inform the Strategy delivery:

Table 2: Strategy themes

Ref	Theme	Key elements over 2024-29
1.	Expansion of Housing First with 250 additional 1-bed homes over strategy period	<p>Expansion of Housing First through a formal partnership investment model to increase revenue funding, alongside strategic purchases of suitable flats into the HRA stock and Registered Provider commitment</p> <p>Multidisciplinary Team providing holistic support for service users with complex needs, including e.g. dual diagnosis</p> <p>This takes into account core elements of the Resettlement Review recommendations and builds on existing service strengths including the Mental Health Housing First provision</p>
2.	Resettlement service redesign delivering review recommendations	Incorporate Resettlement Review recommendations into the new services, including a revised model with Mental Health specialism and considerations of other specialist service areas
3.	Expansion of social housing	<p>Maximise delivery through Section 106 planning permissions and the council's Housing Delivery Programme, in addition to work with social housing partners to increase the level of Homes England grant funded investment in the City</p> <p>Priorities informed by the Local Housing Needs Assessment 2022 or successor evidence base document⁷</p>
4.	Expansion of Temporary Accommodation: providing needs evidenced	Analysis of needs with proposals for additional Temporary Accommodation to ensure capacity is sufficient for families faced with homelessness. Options include purchase of additional properties into the Housing Revenue Account for 'dispersed' Temporary Accommodation.
5.	Homelessness Prevention and Tenancy Sustainment	<p>Develop City of York Tenancy Sustainment Strategy for CYC as Landlord and in partnership with other Registered Providers in the City</p> <p>Build on homelessness prevention offer and support high quality delivery of Homelessness Reduction Act statutory duties</p>

⁷ <https://www.york.gov.uk/downloads/file/8270/ex-cyc-92-local-housing-needs-assessment-by-iceni-july-2022>

Ref	Theme	Key elements over 2024-29
6.	Tackling Domestic Abuse	Achieve Domestic Abuse Housing Alliance (DAHA) accreditation. Support survivors, prevent homelessness where possible, including preventative work with perpetrators and individuals at risk of becoming perpetrators.
7.	Revised governance structure and performance framework	A new governance structure and enhanced data reporting to establish clearly “what success looks like” in the new service delivery model as an effective performance framework. Regular performance review integrated into ongoing service improvement to achieve the strategy objectives.

36. Key action areas to inform Strategic Action Plan with performance measures and responsibilities in final strategy document include:

37. **Across both families, and singles/couples:** Targeted increase in provision of affordable housing [**theme 3, 5 and 6**]

- Maximise s106 provision and other additional social housing of the right types of Social and Affordable Rent homes
- Fully accessible homes for single people / couples, and families
- Increase stock of larger accommodation
- Prevention of homelessness
- To consider development of Tenancy Sustainment strategy across all household types and tenures, taking into account context of Local Housing Allowance shortfalls

38. **Singles/couples:** Getting the right support in place, tenancy sustainment, maximising contributions from partners and statutory agencies and addressing distinct client groups’ needs [**themes 1 and 2**]

- Deliver system transformation through Housing First and rapid rehousing utilising additional homes plan noted above, incorporating best practice research from University of York⁸ and national Pilot projects research⁹, with a proposal to prioritise as a York and North Yorkshire Mayoral Combined Authority project

⁸ https://eprints.whiterose.ac.uk/145440/1/The_cost_effectiveness_of_Housing_First_in_England_March_2019.pdf

⁹ <https://www.gov.uk/government/publications/housing-first-pilot-national-evaluation-reports>

- i. 225-250 additional social housing 1-bed flats for Housing First, with further for general needs to 2029/30: through both acquisitions, new build and RP partnerships
 - Multidisciplinary team including “dual diagnosis” to meet both addiction and mental health needs, and peer support / experts by experience, informed by the National Institute for Clinical Excellence guidelines and other best practical.
 - The insourcing of Resettlement systems provides a strong foundation for this ambition¹⁰
39. **Families:** For family households homelessness is driven primarily by a shortage of affordable housing and high private rents relative to mortgage costs, the evidence base indicates that support needs and behaviours are not the primary factor albeit can be a cause in a small minority of cases. In this context, approaches are as follows:
- Increase supply of affordable houses with 2+ bedrooms [**theme 3**]
 - Develop a Family Intervention Tenancy Policy to reduce eviction risks for council tenants with complex needs.
40. **All household types:** Embed and establish strategic partnerships, governance arrangements/structures to deliver cross-cutting solutions informed a clear performance framework [**theme 7**].
41. **All household types:** Embed customer feedback, engagement and consultation including quantitative measures within the service continual improvement approach and performance framework [**theme 7**].
42. **Achieve Domestic Abuse Housing Alliance** accreditation with associated actions to reduce homelessness from this cause [**themes 5 and 6**].

Delivery of Housing First led system transformation for rough sleeping customers

43. Development of a clear model and ambition for Housing First would facilitate additional revenue resourcing of wraparound support through enhanced partnerships with other agencies who work with client groups at risk of homelessness. Further properties would be brought into the scheme through strategic acquisitions and development of suitable properties into council’s asset base, leveraging funding to contribute to long-term sustainability of the Housing Revenue Account, in addition to maximising partner Registered Provider delivery.

¹⁰ <https://democracy.york.gov.uk/%28S%28er5fig3cbkjmjx55ekdxrgfc%29%29/ieDecisionDetails.aspx?Id=6771>

44. This will build on the success of this innovation to date including the work developing a Mental Health Housing First pathway. 56 Housing First tenancies for individuals with highly complex needs and at times, challenging behaviour have been delivered since 2015/16, with 37 tenants remaining. This would be supplemented by development of suitable specialist accommodation schemes, for clients with particular needs for supported housing.
45. The transformation would only be possible with significant resource commitment from other partners such as health services. This could be built on a shared ambition and governance framework to deliver the strategic outcomes tackling single homelessness and sustaining effective support pathways.
46. The approach could be summarised as a person centred, 3-stage pathway for homelessness clients:
 1. **Come in doors** – and let's assess what help and support you need.
 2. **Let's work together to get things sorted** – in your own home and with help and support tailored to your needs.
 3. **Move to normal** – achieving your goals and ambitions.
47. This incorporates both Rapid Rehousing and Housing First. It would also use, for the first step in the journey, a hostel-type building for a short period of time (7 to 10 days) so that those with complex and other needs can be assessed/triaged for the tailored package of support to be put in place. This first step, when necessary, will be on a short-term basis and the focus will be to get the individual into their own home, as quickly as possible.
48. Expansion of Housing First through a formal partnership investment model to increase revenue funding, alongside strategic purchases of suitable flats into the HRA stock and Registered Provider commitment. This incorporates core elements of the Resettlement Review recommendations and builds on existing service strengths including the Mental Health Housing First provision. The approach will be backed up by and evaluated through clear outcomes and performance measures.
49. Housing First has also been approved as a key project proposal for funding bids through the York & North Yorkshire Combined Authority. This could be both for revenue support service funding, potentially on a

demonstrator/learning basis, and to meet affordable homes growth objectives¹¹.

50. Some individuals will avoid the first step altogether and move straight to their own home and a support package, if needed. It is likely that these individuals will be those with the less complex or less challenging needs.
51. Another key feature will be that the approach is simple and easy to move through, without unnecessary hurdles or barriers to allow an individual to progress.
52. Fundamental to this approach will be sorting and tailoring the second step so that, once someone is in their own home, they have a support package which meets their specific needs. The success of the approach would pivot on personalisation. Some individuals at this second step will have low support needs and be of low risk and therefore would be an ideal candidate for floating support. Others will have complex needs, circumstances and/or behaviours that have often been shaped by trauma and whilst they will be in their own home, they will need a strong, trauma-informed and multi-agency support team helping them to settle and progress.
53. The final step of this journey is the 'move to normal'. This would be determined by the individual but could involve having a job, having links and relationships into the community and fulfilling goals and ambitions. Job skills, confidence building, community volunteering may all be part of this stage. It is also recognised that experience of homelessness can have a lifetime impact and support services could be reengaged without an extended referral process, if needed following this final step.
54. The Housing First proposal would be in alignment with and informed by the University of York (UoY) research evidence base presented in their Background Paper, "*Effective Strategies to End Rough Sleeping*". This incorporates the extensive UoY research work on Housing First and evidence-based approaches to tackling rough sleeping.
55. Resourcing and capacity present a challenge to operationalising the strategies presented by UoY research however the lessons are considered in service planning.

¹¹ <https://democracy.york.gov.uk/%28S%28lxyn5wjwdhicqyurbbwdie3m%29%29/ieDecisionDetails.aspx?AllId=68303>
<https://democracy.york.gov.uk/%28S%28lxyn5wjwdhicqyurbbwdie3m%29%29/documents/s177452/Annex%20A%20York%20pipeline%20of%20projects.pdf>

56. This has been informed by University of York research, Housing First pilot research¹², National Institute of Clinical Excellence guidance¹³, and informal consultation within the council. It may also be considered a “Team around the Tenant” and fits in with emerging thinking around Health integrated community teams approach and the Council’s development of a Locality Model, learning also from Family Hubs Pilot work.

Table 3: Housing Support Multidisciplinary Team

Multidisciplinary Team element	Responsible partner
Key Worker: For each tenant	City of York Council
Rough Sleeper Navigators	City of York Council
Housing Options Prevention Workers	City of York Council
Clinical Psychologist / Trauma specialist priority access pathway	TEWV / NHS / ICB
Drug & Alcohol / Addiction workers / prescribing nurses or doctors priority access pathway	Public health Team / ICB
Occupational Therapist priority access pathway	ICB
Employability Support and Skills	Led by City of York Council
Offender rehabilitation	Probation
Peer specialist / experts by experience	To be confirmed
Welfare benefits advisors – when not already covered by Navigators	City of York Council
Learning Disabilities or other social worker, offer care needs assessments	City of York Council
Voluntary sector professionals	Other partners
Potential to access to ‘hub’ location offering GP, dentistry and other services	Wider partnership

Acronyms

TEWV: Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

ICB: Integrated Care Board

Governance

¹² <https://www.gov.uk/guidance/housing-first-pilots-2-year-extensions-funding-allocations-202223-and-202324>

¹³ <https://www.nice.org.uk/guidance/ng214>

57. It is proposed that a multi-agency Governance Board will be established in order to help guide the Strategy implementation and monitor its outcomes.

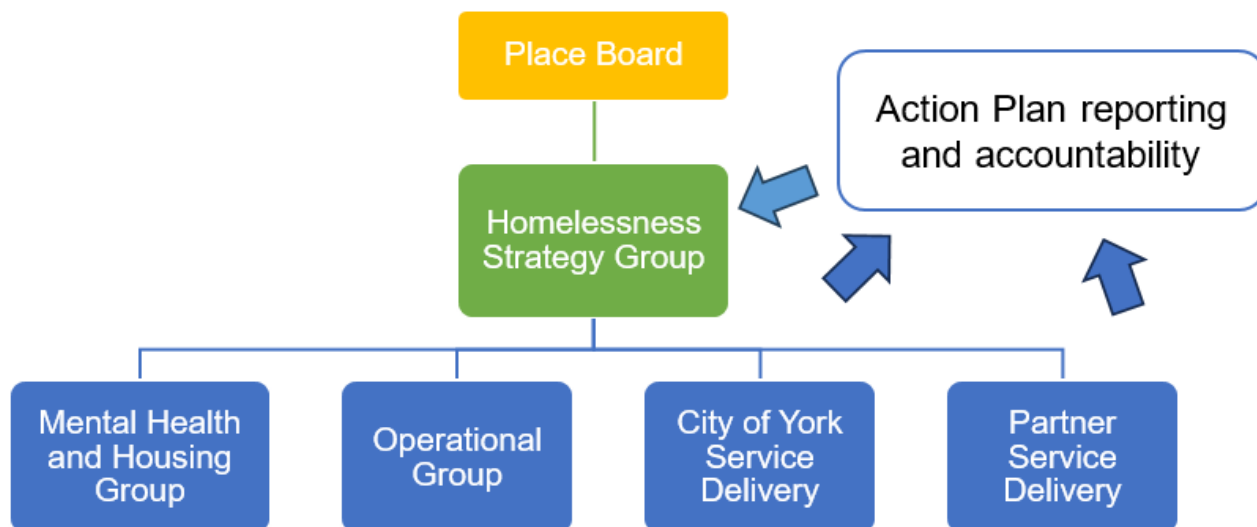
58. The Governance Board will comprise of members drawn from the following disciplines and partner organisations:

- Adult Social Care
- Housing and Communities
- Housing, Homelessness & Housing Options Service
- Childrens Social Care
- Public Health
- Primary Care
- Tees, Esk and Wear Valley (TEWV) NHS Mental Health Services Trust
- Integrated Care Board (ICB)
- The Probation Service
- The Police Service
- York Council for Voluntary Service (CVS)
- University of York Centre for Housing Policy
- York and North Yorkshire Housing Partnership Chair

59. The Terms of Reference for the Governance board are summarised in **Annex B**.

The Purpose of the Homelessness Strategy Group (HSG) is to oversee the delivery of the local Homelessness and Rough Sleeping Strategy and Action Plan, ensuring it achieves its stated aims and outcomes through the delivery of high quality, appropriate and consistent services which meet the needs of people who are homeless or at risk of homelessness across the local housing authority area. In order to achieve this the HSG will support and monitor the implementation of the Homelessness Strategy Action Plan (HSAP)

Proposed governance structure



60. In order to track and measure the impact of the Strategy, the following performance monitoring framework is proposed:

System performance measures

- a) Additional Housing First tenancies created across both additional and existing social housing
- b) Resettlement hostels: flow through the system, immediate and long-term outcomes
- c) Housing waiting list: needs data, waiting times
- d) Single Access Point (SAP) applicants / waiting list for services

Statutory and Housing Options measures

- e) Initial assessments of statutory homelessness duties owed
- f) Number of households assessed and owed a prevention or relief duty [government statistical return reference A1]/
- g) Support needs of households assessed as owed a prevention or relief duty [A3]
- h) Reason for eligibility of main applicants assessed as owed a prevention or relief duty [A11]
- i) Reason for households' prevention duty ending [P1]

- j) Type of accommodation secured for households at end of prevention duty [P2]
- k) Main prevention activity that resulted in accommodation secured for households at end of prevention duty [P3]

Statutory homelessness main duty decisions & outcomes

- l) Outcome of main duty decision for eligible households [MD1]
Households in temporary accommodation
- m) Number of households in temporary accommodation at end of quarter by temporary accommodation type [TA1]
- n) Number of households in temporary accommodation at end of quarter by household type [TA2]
- o) Average stay per person in hostel/temporary accommodation by accommodation location.

Rough Sleeping measures

- p) The number of new people sleeping rough (on a single night and over the course of the month). This is known as P1.
- q) The number of people sleeping rough (on a single night and over the course of the month), known as R1.
- r) The number of people sleeping rough over the month who have been sleeping rough long-term, known as B1
- s) The number of people returning to sleeping rough, known as NR1

Council Plan

61. The Council Plan highlights that in York the average cost of houses are at least 10 times higher than average earnings and rents rose by 10% in 2021-22. The Council Plan demonstrates this administration's commitment to reducing homelessness by including "number of people sleeping rough" as one of its new key performance indicators. In addition, provision of good quality housing to meet the range of needs across the City's residents is recognised as central to the Council's 2023-27 Plan as part of Core Commitments, Affordability and Health and Wellbeing, and to the vision of "One City, for all".

62. The National Institute for Health and Care Excellence (“NICE”) guidelines published last year highlighted that people experiencing homelessness face significant health inequalities: mortality is around ten times higher than the rest of the population and life expectancy is around 30 years less. Barriers to accessing health and social care services are attributed in part to the high numbers of preventable deaths within this population. The Council Plan contains a focus on fairness and health inequalities, with the ambition to reverse the widening trend of health inequalities in our city. It is recognised in the Health and Wellbeing Strategy that housing access and affordability is fundamental in meeting the aims of the Strategy and tackling wider determinants of health.

Implications

63. Implications are being assessed as part of the Executive decision process.

Risk Management

64. In the event that the Strategy ambitious are not achieved, vulnerable residents would face adverse impacts and system pressures could increase cost and other challenges.
65. There is also a dependency of partner buy-in at a time of significant resource constraint, in order to deliver the multi-agency, wraparound support approach that is essential to achieving sustainable outcomes for clients with more complex needs.
66. The governance arrangements and associated performance monitored framework will mitigate these risks, with shared expectations set through the Strategy and associated Action Plan.
67. Other risks that homelessness and rough sleeping response systems are built to provide some resilience against are adverse changes in the housing and labour markets, the cost of living crisis and other economic developments, local emergency events such as flooding or other disasters, and unforeseen major occurrences such as seen in the 2020-21 pandemic and associated emergency measures.

Recommendations

68. Committee Members are asked to consider the proposed Strategy and to provide comments in response to the set of approaches that are outlined, with the 2 response Options set out in paragraphs 16. and 17. above.

Contact Details

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Housing Strategy Officer **Corporate Director – Adult Social Care and Integration**
Housing and Communities

01904 554351

Report Approved **Date** 1st October 2024

Denis Southall

Head of Housing Management and Housing Options

Report Approved **Date** 1st October 2024

Specialist Implications Officer(s)

Not required for this report.

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

For further information please contact the author of the report

Background papers

Future Resettlement Pathway – Building Independence (Item 127), considered by the council Executive on Thursday 9th May.

<https://democracy.york.gov.uk/ieListDocuments.aspx?MIId=14497>

The Preventing Homelessness and Rough Sleeping Together Strategy 2018-2023, adopted in 2018

<https://www.york.gov.uk/HomelessnessStrategy>

Annexes

Annex A: A summary of the progress made during the 2018-23 strategy period.

Annex B: Summary of Homelessness Strategy Group Terms of Reference

Annex C: Equalities Impact Assessment (EIA) – this will be finalised as part of the Executive process. Many of the issues are considered in the EIA for the May 2024 report “Future Resettlement Pathway – Building Independence”

<https://democracy.york.gov.uk/documents/s176338/Annex%20C%20-%20EIA%20Resettlement%20Pathway.pdf>

Abbreviations

The following abbreviations have been used in the report:

EIA - Equalities Impact Assessment

ICB - Integrated Care Board

MHCLG - Ministry of Housing, Communities and Local Government

TEWV - Tees, Esk and Wear Valley NHS Mental Health Services Trust

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Annex A: A summary of the progress made during the 2018-23 strategy period

2018-23 Strategic Priority	Actions and achievements during 2018-23
1. Reduce Rough Sleeping	<p>A significant reduction of the number of people sleeping rough, from 29 in 2017 to 15 in 2023 using street count figure, and 4 using late 2023 estimate</p> <p>Implementation of the Rough Sleepers Initiative and additional resources to support people with complex needs, providing effective outreach</p> <p>Rough Sleeper Housing Navigator Team playing a critical role in identifying needs at an early stage for anyone rough sleeping or faced with from July 2020</p> <p>An increase in Making Every Adult Matter (MEAM) to work with complex / entrenched rough sleepers and people with complex mental health issues</p>
2. Prevent Homelessness	<p>Full implementation of the new homeless legislation the Homeless Reduction Act 2018, which extended LA responsibilities and embedded the prevention approach in service delivery</p> <p>A maintained and sustained core focus on early intervention and the prevention and prevention of homelessness</p> <p>An increase in the number of housing options workers</p> <p>Use of the YorHome social lettings service to offer accommodation for people at risk of homelessness</p>
3. Ensure appropriate accommodation for people who are homeless or at risk of homelessness	<p>The development and opening of James House 57 purpose built and fully furnished units of temporary accommodation</p> <p>An increase in emergency bed spaces available so services can react quickly to rough sleeping through NSNO, NAP Pads, B&B and other forms of temporary accommodation. This</p>

2018-23 Strategic Priority	Actions and achievements during 2018-23
	<p>creates additional spaces to meet short term peaks in demand.</p> <p>Zero homeless 16 or 17 year olds have been placed in B&B and zero families for longer than 6 weeks</p> <p>Rough Sleepers Accommodation Programme attracted capital and revenue funding to provide appropriate accommodation and support for 6 individuals with complex needs</p>
<p>4. Ensure appropriate support for people that are homeless or at risk of homelessness</p>	<p>Joint working with Housing, Mental Health clinical services and Adult Social Care via the mental health and housing meeting</p> <p>Housing First established with 33 tenancies providing both a home and the support needed to resolve homelessness</p> <p>Trauma informed service provision developed</p>
<p>5. Maintain and develop partnership working and strategic direction</p>	<p>Continued delivery of a comprehensive resettlement programme</p> <p>“Everyone in” successful emergency response to pandemic conditions in 2020</p>

Annex B: Summary of Homelessness Strategy Group Terms of Reference

Definition of homelessness

Homelessness is referred to here in its broadest sense to encompass anyone who is roofless or without decent, safe, affordable and settled accommodation, who considers themselves to be homeless.

Purpose of the Steering Group

The Purpose of the Homelessness Strategy Group (HSG) is to oversee the delivery of the local Homelessness and Rough Sleeping Strategy and Action Plan, ensuring it achieves its stated aims and outcomes through the delivery of high quality, appropriate and consistent services which meet the needs of people who are homeless or at risk of homelessness across the local housing authority area. In order to achieve this the HSG will support and monitor the implementation of the Homelessness Strategy Action Plan (HSAP). The overarching aims and objectives within the terms of reference for this steering groups are as follows:

- a) To provide a governance structure to monitor the Homelessness Strategy and Action Plan to ensure they are delivered effectively and within timescale and budget
- b) To improve services through sharing knowledge and best practise
- c) To create better services and efficiencies through joint working wherever possible
- d) Identify gaps in service provision and work to ensure these are addressed
- e) Support bids for funding to provide additional assistance wherever possible
- f) Develop a greater understanding of housing demand, needs and conditions across the City of York and regionally, to understanding of how this impacts wider strategic issues affecting homelessness and homelessness prevention activities.
- g) Responsibility for updating a homelessness strategy action plan, to ensure it remains relevant.

Accountability and decisions

The Steering Group will be chaired by the council's Corporate Director for Adult Social Care and Integration whose responsibilities include homelessness. The Group will report through the Chair to the Executive Member for Housing, Planning and Safer Communities of the City of York and the City's Place Board.

Individual Strategy Group members are responsible for reporting back to their own organisations/ services as required by their own reporting structure and mechanisms.

Key decisions will be taken by the City of York Executive or Full Council as required, following recommendations from the HSG through the Chair or delegated member.

The Strategy Group will normally recommend decisions by unanimous or majority agreement of members present, providing that the meeting is quorate. Quorate is half of members plus one.

Modifications to the strategy or action plan will be made as required due to new research or evidence, new national or local political priorities for tackling homelessness, or the commencement of new legislation that might impact on homelessness levels, causes or activities.

Meetings

Meeting agendas, supporting papers and minutes will be provided through the Chair, unless otherwise agreed. Meetings will be held at a frequency decided by the members, but initially monthly and no less frequently than every three months. Meetings will be hosted at City of York and will be primarily held in person, in York city centre.

The supporting papers will include a written Strategy Delivery Report from the council's appointed lead on the Strategy and Action Plan implementation, in a format to be agreed by the group. The report will include:

- Progress and barriers on a highlight and exception basis
- Key Performance Indicators (KPIs)
- Outcomes

- Partnership recommendations and asks

Agenda

The agenda for each meeting will normally include:

- Minutes of the previous meeting for approval and signing
- Presentation of the Strategy Delivery Report from the council's appointed lead
- Reports seeking a decision from the HSG
- Any item which a member of the HSSG wishes included on the agenda, provided it is relevant to the terms of reference of the HSSG and notice has been given to the Chair at least ten working days before the meeting

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City of York Council
Equalities Impact Assessment

Who is submitting the proposal?

Directorate:	Adult Social care Integrated Directorate		
Service Area:	Adult Social care Integrated Directorate		
Name of the proposal :	Resettlement Pathway		
Lead officer:	Abid Mumtaz		
Date assessment completed:	08/05/2024		
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Uzmha Mir	Contracts and Quality Improvement Manager	City of York Council	Contracts and Quality Manager, Equality and Diversity
Andrew Bebbington	Housing Strategy Officer	City of York Council	Housing Strategy

Step 1 – Aims and intended outcomes

<p>1.1</p>	<p>What is the purpose of the proposal? Please explain your proposal in Plain English avoiding acronyms and jargon.</p>
	<p>City of York Council (CYC) has a statutory duty to prevent homelessness for its residents under the Homelessness Reduction Act 2017 (HRA) and the Care Act 2014.</p> <p>Existing provision is a mixture of internally delivered and externally commissioned services. The external service contracts come to an end in the summer of 2024, and this provides an opportunity to redefine the future service model and implement innovative approaches to resettlement characterised by: -</p> <ul style="list-style-type: none"> a) Provision of a range of accommodation options to meet individual need. b) Clear focus on outcomes and using data to shape future residential provision. c) A collaborative approach to providing the most appropriate support for people to achieve independence. d) Further build on the trauma informed approach to service delivery that has been developed within the resettlement pathway services. e) Strong financial controls to ensure value for money. <p>The Executive Report sets out the results of the review of York’s homelessness & rough sleeping resettlement pathways and makes recommendations to develop the current pathway to improve outcomes and value for money. The pathways provide emergency/temporary accommodation and support using residential placements for everyone who is homeless over the age of 16 who needs it. The pathways support people to develop the skills to live independently and prevent homelessness.</p> <p>The Homeless Reduction Act 2017 places a statutory duty on preventing homelessness ensuring timely and accessible housing advice and information is critical to helping people make planned housing moves and avoid a homelessness.</p> <p>York’s long-term ambition is to have a variety of effective, flexible accommodation and support, with increased levels of homelessness prevention, and a focus upon rapid rehousing. This will be reflected in the</p>

refreshed Homelessness and Rough Sleeping Strategy to be consulted on and published in 2024 and is based on ongoing work with DLUHC (Department for Levelling Up, Housing and Communities) and the advice of internationally renowned Homelessness and Rough Sleeping expert Nicholas Pleace based at the Centre for Housing Studies at the University of York.

The proposal will raise equality opportunity for people who share protected characteristics and focus on many of the most vulnerable young people and groups experiencing disadvantages.

1.2	Are there any external considerations? (Legislation/government directive/codes of practice etc.)
	<p>As a local authority, the City of York Council (CYC) has a duty under the Care Act 2014, to prevent, reduce and delay formal intervention for people with care and support needs.</p> <p>The All-Age Commissioning Strategy, Market Sustainability Plan and the 10-year vision 'People at the Heart of Care: adult social care reform paper' clearly outlines that the Council will work with existing Providers within the market to provide sustainable, quality and value for money services. The Care Act 2014 statutory guidance outlines outcomes for individuals, groups and local populations and makes specific references to people with an impairment.</p> <p>The Council Plan 2023 to 2027, One City, For All, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:</p> <ul style="list-style-type: none"> a) Health-Improve health and wellbeing and reduce health inequalities, taking a Health in All Policies Approach. b) Equalities and Human Rights- Equality of opportunity c) Affordability- Tackling the cost-of-living crisis. <p>Young people who become homeless at 16/17 require a joint housing and social care assessment which may deem them as requiring ongoing support under section 20 of the Children Act 1989 (Looked After), whilst it remains appropriate that they live in independent supported accommodation. These young people will now need to be in registered accommodation. The council has a legal duty to prevent and relieve homelessness as set out in Part 7 of the Housing Act 1996, as subsequently amended, and the Homelessness Reduction Act 2017.</p>

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1.3	Who are the stakeholders and what are their interests?
	<p>Stakeholders: City of York Council Access Team, Community Links, York and Scarborough Teaching Hospitals, NHS Humber and North Yorkshire Integrated Care Board, Tees Esk Wear Valleys NHS FT, Age UK, Healthwatch, York Advocacy, , Carers Groups/Forums, Youth Homeless Support Worker, Registered Providers (Housing Associations), York College, York CVS, North Yorks Police, Probation, Youth Justice Service, IDAS.</p> <p>These stakeholders will value a service which effectively delivers long term resettlement outcomes for service users with complex needs, and which delivers health and wellbeing improvements for some of the City’s most vulnerable residents.</p>

1.4	<p>What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2023- 2027) and other corporate strategies and plans.</p>
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The Council Plan 2023 to 2027, **One City, For All**, which sets a strong ambition to increase opportunities for everyone living in York to live healthy and fulfilling lives, as follows:

- **Health**-Improve health and wellbeing and reduce health inequalities, taking a Health in All Policies Approach.
- **Equalities and Human Rights**- Equality of opportunity

This are related to the following outcomes for the service.

- **Prevent, Reduce and Delay the need for ongoing Support**- This are related to the statutory duty under Section 2(1) of the Care Act 2024 to contribute towards preventing or delaying the development by adults in its area of needs for care and support. This is related to Health and wellbeing and reducing inequalities within the council plan
- **Provide Excellent Experiences of Care and Support**- focus on the provision of consistent / joined-up provision, effective promotion of the service, timeliness and responsiveness of the service. Examples of publicity, awareness raising, marketing and promotional activities undertaken. This is related to Health and wellbeing and reducing inequalities within the council plan
- **Flexible, Choice and Control**- focus on work undertaken to involve customers, families and their carers in the planning of their care and support, evidence of delivering support tailored to the needs of the individual rather than a one size fits all approach, evidence of remaining in ongoing contact with customers, how service provision is internally evaluated and monitored. This is related to Health and wellbeing and reducing inequalities within the council plan
- **Linkages and Connections**; focus on work undertaken to strengthen the connections between homeless provision and other forms of support for customers - health, housing, voluntary sector provision, leisure, community initiatives etc. Evidence of strong and effective partnership working with a range of other agencies and support organisations. This is related to Health and wellbeing and reducing inequalities within the council plan

	<ul style="list-style-type: none"> • Provision of accessible daily equipment. This is related to Health and wellbeing and reducing inequalities within the council plan
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Step 2 – Gathering the information and feedback

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.	
	Source of data/supporting evidence	Reason for using
	All Age Market Position Statement, City of York Council, 2023-2025 all-age-market-position-statement-2023-to-2025 (york.gov.uk)	Includes outcomes for City of York Population and outlines key priorities
	York Local Health and Wellbeing Strategy 2022-2032, York Joint Health & Wellbeing Strategy	Details the health and wellbeing priorities for the city will be and how these will be addressed
	City of York All Age Commissioning Strategy 2023-2025	Includes outcomes for City of York Population as well as detailing key priorities
	The Council Plan 2023 to 2027, One City, For All https://www.york.gov.uk/council-plan-1/one-city-2023-2027	
	Resettlement Services Review exercise undertaken in 2021	Utilise consultation responses and co-production events to inform future service design

Service Performance Data	Understand the existing performance and identify improvement opportunities.
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Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.		
Gaps in data or knowledge		Action to deal with this	
Some impacts are not currently monitored as part of the service data collection.		Development of new performance framework of the service to cover the outstanding areas.	

Step 4 – Analysing the impacts or effects.

4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	Impact identified: Positive impacted of the prevention pathway on individuals: <ul style="list-style-type: none"> • Single people or couples 	Positive (+)	High (H)

	<ul style="list-style-type: none"> • Rough sleepers • Young people with Care Leaver social care status • Families <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led [performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
Disability	<p>Impact identified:</p> <p>Positive impact of the prevention pathway on individuals with disability:</p> <ul style="list-style-type: none"> • Mental Health • Autism • Learning disability • Sensory impairment • EHCP • Mobility related. 	Positive (+)	High (H)

	<p>The person centred, trauma informed service design and support approach provides additional positive impact to meet these long term needs and achieve sustainable outcomes for groups with Mental Health related disabilities and other relevant vulnerabilities.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Gender</p>	<p>Impact identified:</p> <p>Positive impact of the prevention pathway on individuals including victims of domestic violence:</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect</p>	<p>Positive</p>	<p>Low(L)</p>

	<p>better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
<p>Gender Reassignment</p>	<p>Impact identified:</p> <p>The service will continue to provide a person centres approach to take into account individual needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p>	<p>Positive</p>	<p>Low(L)</p>

	<p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p> <p>The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.</p>		
Pregnancy and maternity	<p>Impact identified:</p> <p>The service will continue to provide a person centred approach to take into account individuals needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>	Positive	Low(L)
Race	Impact Identified:	Positive	Medium (M)

	<p>Positive impact of the prevention pathway on individuals including:</p> <ul style="list-style-type: none"> • New refugees • York Gypsy and Travellers group • BAME • People with English as a second language <p>The service will continue to provide a person centres approach to take into account the individual’s needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
<p>Religion and belief</p>	<p>Impact Identified:</p> <p>The service will continue to provide a person centres approach to take into account the individual’s needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect</p>	<p>Positive</p>	<p>Low(L)</p>

	<p>better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
<p>Sexual orientation</p>	<p>Impact Identified:</p> <p>The service will continue to provide a person centres approach to take into account the individual's needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p> <p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information</p>	<p>Positive</p>	<p>Low(L)</p>

	can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/		
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	<p>Impact Identified:</p> <p>Positive impact of the prevention pathway on individuals including:</p> <ul style="list-style-type: none"> • Unpaid Carers • Adult carers • Young Adult Carers • Young Carers • Children in Care <p>The service will continue to provide a person centres approach to take into account the individual's needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p>	Positive	Medium(M)

	<p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
<p>Low income groups</p>	<p>Impact Identified:</p> <p>Positive impact of the prevention pathway on individuals including</p> <ul style="list-style-type: none"> • Loss of employment • Debt and financial crises. • Cost of living crises <p>The service will continue to provide a person centred approach to take into account individual needs.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>The recommendations of the executive report are intended to improve the integration across the resettlement pathway and enable to collect better data to understand the positive impact and address negative impact in service delivery.</p> <p>Mitigation:</p>	<p>Positive</p>	<p>Medium(M)</p>

	<p>CYC will implement a new data led performance framework, that will enable continual improvement of service and identify improvements from the data generated within the framework expectations.</p> <p>All services commissioned and delivered by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>		
<p>Veterans, Armed Forces Community</p>	<p>The City of York has signed the Armed Forces veteran’s covenant. It is an agreement that no one who has ever served in the Armed Forces, or their families, should be disadvantaged because of their service.</p> <p>In practice, this does not mean that Armed Forces personnel receive preferential treatment compared to other people, but that everyone agrees to work together to ensure that the Armed Forces community can access the same level of service as non-serving citizens</p> <p>Mitigation:</p> <p>Senior Officers are actively engaged in the Armed Forces Covenant Executive Steering group to develop data collection and performance monitoring in respect of this group. Effective Information Communication Technology (ICT) systems will be utilised where appropriate to understand outcomes and to inform service development.</p> <p>All services commissioned by CYC are available to residents of York under the individual service criteria. Further information can be found on the Live Well York site that can be accessed https://www.livewellyork.co.uk/</p>	<p>Positive</p>	<p>Low(L)</p>

	The Council will comply with all relevant and forthcoming legislation, Equalities Act 2010, Human Rights Act 1998.		
Other	<p>Employee Wellbeing Support</p> <p>To continue to support the wellbeing of our staff during this demanding and difficult time, the Employee Wellbeing Line and email has been setup. The service is for all staff HR related queries, worries or concerns; relating to working hours, pay, health or wellbeing.</p> <p>Email: employee wellbeing@york.gov.uk</p>		
Impact on human rights:			
List any human rights impacted.	<p>There will be no impact on human rights with the change of provider.</p> <p>Ongoing reflection and feedback from users of the service to learn and improve Human Rights and Equalities Board. The City of York Council and the York Human Rights City Steering Group established the Human Rights and Equalities Board with a remit to:</p> <ul style="list-style-type: none"> • provide strategic direction for the council's human rights and equalities work • tackle the issues raised within the York Human Rights City Indicator Report <p>Any services being developed and put in place to provide person centred care must adhered to these principles.</p>		

Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

<p>High impact (The proposal or process is very equality relevant)</p>	<p>There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.</p>
<p>Medium impact (The proposal or process is somewhat equality relevant)</p>	<p>There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights</p>
<p>Low impact (The proposal or process might be equality relevant)</p>	<p>There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights</p>

Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is been done to optimise opportunities to advance equality or foster good relations?
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There will be no negative impact on the above groups and subsequent customers of the Homeless Services. Any impacts will be managed as part of an assessment of individuals needs and care and support services will be designed in accordance with information provided by the customer.

The council will ensure that information about the Homeless Reduction Act 2017, advice and support is accessible to agencies and partners. In addition the Council will ensure advice and prevention tools are relevant to tackling the main structural causes of homelessness – housing supply and poverty. The council will ensure the prevention tools are relevant to tackling the main causes of homelessness like relationship breakdown and loss of tenancies.

Deploy the most effective early intervention and prevention tools:

- The council will support access to financial advice, skills and employment services.
- The council will build on skills and workforce within the voluntary sector partners to deliver free and independent debt advice and identify those at risk of homelessness at an early stage.

The service will not change in any way that will have detrimental equality impact on individuals, the council will be delivering services in accordance with the robust specification.

Solutions in the above EIA have been provided to provide reassurance that any impacts that we foresee will be minimised by the actions outlined in the EIA.

Step 6 – Recommendations and conclusions of the assessment

6.1	<p>Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:</p>	
	<ul style="list-style-type: none"> - No major change to the proposal – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review. 	
	<ul style="list-style-type: none"> - Adjust the proposal – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations. - Continue with the proposal (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty - Stop and remove the proposal – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed. 	
	<p>Important: If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.</p>	
	Option selected	Conclusions/justification
	No major change to the proposal	The impacts from the proposals are limited, and expected to be positive with mitigations in place to deliver on these aims.

Step 7 – Summary of agreed actions resulting from the assessment

7.1 What action, by whom, will be undertaken as a result of the impact assessment.			
Impact/issue	Action to be taken	Person responsible	Timescale
Equality and Human Rights Act	Quality Assurance	Laura Williams	

Step 8 - Monitor, review and improve

8.1	<p>How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?</p>
	<p>The approach to the market for the Homeless service reflects the journey outlined in our commissioning Strategy as this has been developed to focus on outcomes and principles for commissioning services, in line with the Council’s Strategy and plan. Each contract will have Key Performance Indicators that will measure the outcomes with our providers included in the specifications. Training and outcomes expressed as part of the returned surveys will be incorporated into key documents.</p> <p>The procurement of the new contracts should have no negative impact on the end recipient of services. Any future changes will be assessed at the time they are proposed; however, it is unlikely that any of these will have a negative impact.</p>



**Health, Housing and Adult Social Care
Scrutiny Committee****9 October 2024**

Report of the Corporate Director of Adult Social Care and Integration

Adult Social Care Strategy**Summary**

1. This paper provides an update on the work towards the co-design of the Adult Social Care Strategy and intended further work. This includes the development of a 'strategy on a page' document that reflects the vision, commitment, approach and priorities that the adult social care directorate is working towards. The paper also sets out how we intend to use this as a means to produce and agree a final codesigned strategy.
2. Members of the committee are asked to offer their input to the draft strategy and the co-design process as it develops.

Background

3. In developing the strategy, Adult Social Care are taking the approach that it should be based on an understanding of best practice in the sector; and drafted with opportunities for input from the whole department, the council, wider partnerships, and the care sector and that in its evolution it is developed by a wide range of stakeholders.
4. The strategy sets out our vision, the commitments that come from this and our approach to delivery, recognising that our greatest assets to help achieve this are our workforce, people and communities in York.
5. The Improvement Team within the department has continued to work with the National Development Team for Improvement (NDTi) and from the draft strategy produced the strategy on a page which provides a concise document around which further codesign is taking place (Annex 1).

6. The significant updates contained within the strategy on a page from the previous version of the strategy are the inclusion of a set of priorities that reflect the current ambitions and challenges of the directorate and the strengthening of co-production which is now embedded in the document through the commitments, approach and priorities as the golden thread in the strategy.
7. Building on the work within the department, council and its wider partnerships and the key collaboration of staff across the directorate, a draft of the strategy on the page is now appearing for discussion amongst key stakeholders and partnerships and this informal feedback is being collated.
8. The Adult Social Care Improvement team alongside NDTi have now developed a planned co-design process which, through the involvement of staff, citizens and people with lived experience and partners, will enable the full development and completion of the strategy.
9. The plan at Annex 2 sets out the key activities that are being undertaken over an 8-week period to reach a final agreed strategy, this includes, engagement with people and organisations, the analysis of feedback and contributions, the review and redevelopment of the strategy, the presentation of updates and changes and the agreement and adoption of the final strategy.
10. The process of codesign is intended to get the best possible contributions to the strategy to make sure that those who are responsible for its delivery or relying on the outcomes agree with the priorities and approach. Through the codesign process we our intention is to get the most useful challenge and input into the strategy.
11. This codesign plan has gone live from week commencing 23/09/2024, and due to end week commencing 11 November. However, it is designed to be flexible in order to ensure we capture and consider all necessary views.

Consultation

12. This paper sets above out the process for engaging with citizens, people with lived experience, stakeholders and staff.

Options

13. The committee are asked to support the development of the Adult Social Care Strategy through the following opportunities:
 - a. Option 1: Members of the committee are included in the codesign process and receive an update following the completion of the codesign exercise prior to the final completion of strategy.
 - b. Option 2: Members of the committee are included in the codesign process and receive the Adult Social Care Strategy once this has been completed.

Reason: To keep the Committee updated on the development of the Adult Social Care Strategy.

Analysis

14. Option 1 enables the committee to continue to contribute to the strategy through the process and will enable a further discussion based on the analysis of a wide range of contributing stakeholders prior to the completion of the strategy.
15. Option 2 enables the committee to continue to contribute through the codesign process to the final strategy.

Council Plan

16. The Strategy supports the delivery of the wider Council Plan commitments of a healthier, fairer, more affordable, more sustainable and more accessible city where everyone feels valued. It sets out our ambition that people in York who have care and support needs should have the best possible quality of life, with the opportunity to make choices and engage with those things that are most important to them and make their lives worthwhile.

Implications

17. Relevant implications will be identified for the committee during the ongoing development of the strategy. The recommendation below is

intended to support this process.

- **Financial** Relevant implications will be identified for the committee during the ongoing development of the strategy.
- **Human Resources (HR)** Relevant implications will be identified for the committee during the ongoing development of the strategy.
- **Equalities** Relevant implications will be identified for the committee during the ongoing development of the strategy.
- **Legal** - when adopting the strategy this will be an Executive Function and it needs to be added to the Forward Plan. Any other relevant implications will be identified for the committee during the ongoing development of the strategy.
- **Crime and Disorder** Relevant implications will be identified for the committee during the ongoing development of the strategy.
- **Information Technology (IT)** Relevant implications will be identified for the committee during the ongoing development of the strategy.
- **Property** Relevant implications will be identified for the committee during the ongoing development of the strategy.
- **Other** Relevant implications will be identified for the committee during the ongoing development of the strategy.

Risk Management

18. The development of the Adult Social Strategy better enables the council's approach to securing better outcomes and improving the quality of life for its citizens, managing resources well, meeting its statutory duties and providing assurance to the regulator.

Recommendations

19. Option 1 is recommended:
 - i. That members of the committee are included in the codesign process and receive an update following the completion of the codesign exercise prior to the final completion of strategy.

Reason: To enable the committee to continue to contribute to the strategy through the process and enable a further discussion based on the analysis of a wide range of contributing stakeholders prior to the completion of the strategy.

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Corporate Director of Adult Social Care
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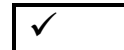
**Report
Approved**



Date 30.09.24

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

All



For further information please contact the author of the report

Annexes

Annex 1: Adult Social Care Strategy on a Page
Annex 2: High Level Codesign Plan

Abbreviations

NDTi – National Development Team for Improvement

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Our Vision

York is a place where we recognise the unique strengths of individuals and communities. We support people to live happier, healthier, longer and more independent lives, reducing inequalities.

We work in partnership to provide support at home that is accessible, affordable, safe, high quality, and promotes fairness and independence.

Our Commitments

<p>Taking a strength-based approach</p> <p>We will enable people to live as independently as possible, drawing on their strengths & helping them do the things that are important to them. We will make best use of local communities and coproduce solutions and offers with people.</p>	<p>Helping People Stay at Home</p> <p>We will look at how we can adapt people's homes and provide equipment or if unable to do so explore alternative accommodation to enable people to live an independent life more easily.</p>	<p>Wellbeing for all</p> <p>We will help people think about the support they need and plan for how they can live the best life possible both now and into older age. We will enable people to find solutions that work best for them and seek to coproduce solutions together.</p>	<p>Keeping People Safe</p> <p>We will help people stay well and safe from harm and abuse, working alongside other organisations when we need to, and supporting people to make their own choices.</p>
<p>We will work closely within the Council and with different organisations to support people to achieve what is important to them. We will work with organisations providing support to ensure safe and quality services.</p> <p>Joined up Care and Support</p>	<p>We will aim to provide the right amount of support to meet people's needs and outcomes. In providing appropriate support, we consider costs and will look at innovative ways to deliver care and support.</p> <p>Making best use of our resources</p>	<p>We recognise, and value the vital role of unpaid carers in our communities and we will support them in their caring role, as well as supporting them if their caring responsibilities change or end.</p> <p>Valuing Carers</p>	<p>We have a valued and respected Adult Social Care workforce and will support and develop our own and those of our partners, equipping them with the skills, knowledge and resources to provide effective care and support.</p> <p>Supporting our workforce</p>

Our Approach

A Focus on Community & Individual Strengths	Delivering High Quality & Flexible Support	Strength Based Practice & coproduction	Ensuring Safe and Equitable Services
Supported Workforce	Data and Intelligence	Effective Partnerships	Managing Resources

Our Priorities

Develop strengths-based review business case.	Reduce demand through prevention, signposting, and self-assessment.	Streamline business processes & improve use of technology	Foster integration and shared resources across local authorities.
Strengthen contract management and quality assurance frameworks.	Integrate health and social care for efficiency and best practice.	Using data to inform smarter commissioning decisions.	Embed coproduction in the design & delivery of care for best outcomes and inclusion.
Provide assurance for best value duty when delivering and commissioning services	Optimise housing to enhance supported living & independence, reducing care admissions.	Embed strength-based approach in hospital discharge processes.	

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ANNEX 2

A Codesign Approach to the Adult Social Care Strategy: High Level Plan.

This document outlines the steps and the timeline for shaping and agreeing the content of new City of York Council Adult Social Care Strategy with key stakeholders and members of the public. We want to make the process one of codesign and get the best possible feedback to refine the strategy, making sure all those who are responsible for its delivery, supporting the goals of the strategy or relying on the outcomes and impacts within, agree about its priorities and intentions.

It is worth saying that the purpose of this exercise is to get the most useful challenge and feedback to ensure engagement and agreement around the strategy. This means that, if necessary and where informed by feedback or engagement with the those who talk to us about the strategy, timings may be altered to make the most of everyone's feedback and views.

Key Activities and Steps

1. Preparation and Planning

- Define Objectives: Clearly articulate the goals of the codesign around the strategy, such as gaining feedback, fostering co-production, and building consensus for the vision, commitments, approaches, and priorities.
- Create and publish accessible forms of the key elements of the strategy online for all audiences. Create online tools for effective feedback and comments.
- Stakeholder Mapping: Identify internal and external stakeholders, including citizens and people who use services, carers, advocacy groups, and public representatives.
- Set Clear Timelines: Establish a timeline for consultation, codesign and coproduction, and finalization.

2. Engagement and Feedback Collection

The following list outlines the main intended ways of reaching people and getting their views. Dependent on the level of engagement or demand at any stage some of the methods may be repeated or deleted to get the most form the approach.

- Surveys and Questionnaires: Capture feedback from a broader audience in structured formats.
- Focus Groups: Target specific cohorts, such as citizens and people who use services or carers, for more in-depth discussions.
- Workshops: Co-production workshops to collaboratively refine the strategy.
- One-on-One Interviews: Conduct interviews with key partners.

3. Analysis of Feedback

ANNEX 2

Based on the content of the feedback, a thematic and quantitative analysis will be completed, organising feedback into themes and analysing any survey data available including themes, issues and responses raised by the different stakeholder groups.

4. Revising the Strategy

Based on the analysis of feedback and balancing priorities to make sure revisions reflect a balance between what can be achieved (operational feasibility) and what people would like to see in the strategy (stakeholder aspirations) a list of revisions will be created.

As part of this, and to ensure transparency, and changes adopted or not adopted will be clearly explained with reasons for this decision.

5. Presenting Findings and Changes

We will provide a summary report of the feedback and any changes made and offer to hold follow-up meetings to present the revised strategy.

6. Final Agreement and adoption of the Strategy.

Getting final agreement to adopt the strategy based on the changes and feedback given.

Share the revised strategy widely so that everyone connected with the delivery, supporting the goals of the strategy or relying on the outcomes and impacts can clearly see the intent and commitments within.

ANNEX 2

High Level Timeline for Key Activities:

ACTION	Status
Week commencing 23-September-2024: Preparation and Planning	
<ul style="list-style-type: none"> Define objectives, identify stakeholders. 	
<ul style="list-style-type: none"> Make changes to document prior to sharing widely. 	
<ul style="list-style-type: none"> Set timelines, develop communication plan and feedback tools for online responses. 	
Week commencing 30-September-2024: Information Sharing and Transparency	
<ul style="list-style-type: none"> Prepare and distribute strategy materials (online). 	
<ul style="list-style-type: none"> Share documents and invitations for participation (Email to key stakeholders) 	
Week commencing 07-October-2024: Engagement and Feedback Collection	
<ul style="list-style-type: none"> Public consultations, surveys, and questionnaires. 	
<ul style="list-style-type: none"> Focus groups, workshops, and targeted interviews. 	
<ul style="list-style-type: none"> One-on-One Interviews and Feedback Closure 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Conduct one-on-one interviews. 	
<ul style="list-style-type: none"> <ul style="list-style-type: none"> Close feedback collection, organise data. 	
Week commencing 28-October-2024: Analysis of Feedback	
<ul style="list-style-type: none"> Analyse qualitative and quantitative feedback. 	
<ul style="list-style-type: none"> Discuss and identify and necessary revisions to the strategy based on feedback. 	
Week commencing 04-November-2024: Revising the Strategy	
<ul style="list-style-type: none"> Revise the strategy as required. 	
Week commencing 11-November-2024: Presenting Findings and Final Agreement	
<ul style="list-style-type: none"> Present revised strategy, hold final consultations, and secure agreement. 	
<ul style="list-style-type: none"> Final agreement of the ASC strategy 	
<ul style="list-style-type: none"> Plan close and all documents returned to CYC for Action 	

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**Health, Housing and Adult Social Care
Scrutiny Committee****9 October 2024**

Report of the Corporate Director Adult Social Care and Integration

Adult Social Care Peer Review**Summary**

1. To present Scrutiny with an update on CQC preparation.

Background

2. The Peer Review led by ADASS (Association of Directors of Adult Social Services) regional branch took place on 17th, 18th, and 19th April 2024, which culminated in a finding's presentation on 19th April.
3. Following this the team have produced a final report which has been agreed with the Adult Social Care management team.
4. The Peer Review and report give us a foundation on which to build our plans in preparation for CQC (Care Quality Commission) Assessment and was reflective of our self-assessment.

Consultation

5. No consultation has taken place in connection with this report.

Options

6. The outcome of the peer report feeds into the service and improvement plans for Adult Social Care going forward.
7. CYC preparation for CQC assessment continues and there has been a revamp of the CQC Readiness meeting with the following changes: -

- a. Sara Storey has taken the role of Chair.
 - b. The frequency has been set to monthly with the proviso that when CQC give us notification the frequency will be increased.
8. The following work streams are set up in preparation for potential assessment by CQC:-
- a. Self-Assessment – lead Sara Storey, DASS
 - b. The Evidence Library, including key performance data and any published information they may view – lead Elaine Taylor, Service Improvement Manager
 - c. Logistics plan and comms plan on initiation of call
 - d. Case File Tracking – Karen Wright, Principal Social Worker
9. The financial implications and costs of any future resource to support improvement workstreams related to CQC assessment should be considered at the appropriate time, dependant on assessment findings, however there are no financial implications as a direct impact of this report.

Analysis

10. There were 5 initial pilot sites assessed and a further 9 have had their assessments published. Out of the 14 sites, 10 local authorities have been assessed as Good and 4 local authorities have been assessed as Requiring Improvement.
11. So far there has only been one local authority assessed in the Humber region which was done as one of the pilot sites.

Council Plan

12. The outcome from the Peer Review and our preparation for CQC assessment contribute to the Council's corporate priorities for Health and Wellbeing.

Implications

13. **Financial** – covered in the main body of the report – Steve Tait, Finance Manager: ASC & Public Health
 - **Human Resources (HR)**– no HR implications – Claire Waind HR

- **Equalities** - There are no implications.
- **Legal** - There are no implications.
- **Crime and Disorder** - There are no implications.
- **Information Technology (IT)** - There are no implications.
- **Property** - There are no implications.
- **Other** - There are no other implications.

Risk Management

14. The risk management plan as an outcome of the Peer Review and our preparation for CQC assessment are:- Implementation of the practice model, a new assurance forum process, staff training to prepare for this, introduction of case file audit and gathering of the voice of the person. All these areas reduce the risks related to quality of practice issues for safeguarding and care act compliance.
15. There is a risk to reputational impact should we receive a low rating from CQC assessment.

Recommendations

16. Members are asked to note the report.

Reason: To keep the committee updated on CQC preparation.

Contact Details

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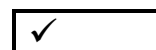
**Report
Approved**



Date 24/09/2024

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

None

Annexes

None

Abbreviations

CQC – Care Quality Commission



City of York Council Adult Social Care Preparation for Assurance **Peer Challenge Report**

April 2024

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Report

Background

1. City of York Council requested ADASS Yorkshire and Humber to carry out a preparation for assurance peer challenge, as part of their preparation for future Care Quality Commission (CQC) assurance of adult social care. CQC assurance will assess quality, effectiveness, and outcomes for local people from adult social care support.
2. A peer challenge is designed to help councils and their partners assess current achievements, areas for development and capacity to change. The peer challenge is not an inspection. Instead, it offers a supportive approach, carried out by 'critical friends' in an open and transparent manner. Information collected from interviews and focus groups is reported back in a way which is not attributable to contributors. In this way, the peer challenge process promotes an open and honest dialogue. Feedback from the peer team ("the team") is given in good faith.
3. Leaders and managers from City of York Council adult social care directorate completed a self-assessment about the work of the service using the CQC assessment criteria as a guide. Two members of the team looked at and audited a small number of adult social care case files using the council's audit toolkit. The council also provided some documents for the peer challenge team to read. Using the information from a series of interviews, focus groups, data, documents and the case file audit, the team fed back its findings to the council and its partners.

The members of the peer challenge team were:

- **Phil Holmes**, Director of Adults, Wellbeing and Culture (DASS). Doncaster Council
 - **Mathilde Fulford**, Principal Social Worker, Hull City Council
 - **Angela Hemingway**, Head of Service Policy, Performance and Commissioning, Wakefield Council
 - **Councillor Jo Newing**, Cabinet Member: Place Health and Adult Social Care, Barnsley Council
 - **Helen Rose**, Head of Adult Safeguarding, North Lincolnshire Council
 - **Ian Spicer**, Strategic Director of Adult Care, Housing, and Public Health, Rotherham MBC
 - **Venita Kanwar** - Peer Challenge Manager, LGA Associate, ADASS Associate
4. Two team members visited the council on 11th April 2024 to carry out a case file audit. The wider team undertook a series of interviews and focus groups online between 17th and 19th April 2024. The timetable included opportunities for the team to engage widely with internal and external stakeholders in relation to the delivery of adult social care in York. These activities included:
 - interviews and discussions with councillors, officers, and partners

- meetings with managers, practitioners, frontline staff and people with lived experience
 - carrying out a case file audit of 8 files
 - reading documents provided by the council, including a self-assessment and a range of other material, consideration of different data and reflecting on the case file audit.
5. The peer team used the four CQC proposed assurance domains to guide their assessment. They are:

CQC assurance domains	
<p>Working with people</p> <ul style="list-style-type: none"> • Assessing needs • Supporting people to live healthier lives • Equity in experience and outcomes 	<p>Providing support</p> <ul style="list-style-type: none"> • Care provision, integration and continuity • Partnerships and communities
<p>Ensuring safety</p> <ul style="list-style-type: none"> • Safe systems, pathways and transitions • Safeguarding 	<p>Leadership</p> <ul style="list-style-type: none"> • Governance • Learning, improvement and innovation

6. The peer review team would like to thank councillors, staff, people with a lived experience and partners who took part in the challenge process for their open and constructive responses. The team was made to feel very welcome. We would like to thank Sara Storey, Corporate Director, Adult Social Care and Integration (DASS), Elaine Taylor, Service Improvement Manager and Anthony Marshall Griffiths - for their help in planning and undertaking this peer challenge.
7. In this report we will reflect on the output from the 8 case files from across the areas of adult social care which were reviewed in detail.
8. The team received seventy-two documents including the council’s self-assessment. Throughout the peer challenge the team had 36 meetings with at least 122 different people from adult social care, health, voluntary and community sector and other partners. The team spent around 205 hours with York and its documentation, the equivalent of 48 working days.
9. Our feedback to the council on the last day of the challenge gave an overview of the key messages. This report builds on these initial findings and gives a more detailed account of the peer challenge.

1. Working with People

This relates to assessing needs (including those of unpaid carers), supporting people to live healthier lives, prevention, well-being, and information and advice.

Strengths

- People described their experiences with frontline staff as - friendly, helpful and kind.
 - Those who had the benefit of a named worker spoke passionately about how this had made a difference.
 - People spoke positively about their local community assets and told us that they were supported to be part of these.
 - There were emerging examples of coproduction with practical benefits for York people. Positive joint approach in the mental health hub – lanyards, job titles etc. – emerging '*You said we did together approach*' .
 - Front line practitioners are committed, caring and proud to work in York, they are supportive of each other and value their colleagues.
 - Practitioners are comfortable articulating a person-centred and strengths-based approach.
 - There was a consistent ethos to keep people in their own homes, families and communities with evidence of partnership work to achieve this.
 - Practitioners are passionate about people's rights, and a strong use of advocacy evidences this.
 - Practitioners take a preventative approach and there is clear evidence of contingency planning.
10. People who have experienced receiving services from adult social care described frontline staff as friendly, helpful and kind. They spoke about the difference it made to them and their families, to be able to have a named worker they could call upon, who knew them well.
11. People using services spoke about the importance of being part of their community and what was available to them locally. There was a fantastic range of services based in the carers centre, for example the advocacy service, and the co-design of the mental health hub – "*you said we did it together*" People told us that they valued having access to their peers in the community to learn about what was available by "word of mouth". This was a view shared by many of the people who attend the Dementia Café. We heard numerous stories of mutual aid between attendees at the café, and how this had made a real difference to their wellbeing. We heard from a Carer who had received invaluable support from the Carers Service, that had clearly enabled them to continue to not only be a carer but to have some 'normality' to their life. Of importance to people who were using the Mental Health Hub, was that people listened to them about the small changes that make big differences, for example the removal of lanyards and job titles was an important consideration and was implemented. Carers too, provided evidence of their voice being heard and represented in the Carers Centre. Coproduction and co-design is

emerging. The Mental Health partnership has funded a co-production lead *"that's putting your money where your mouth is!"*

12. Practitioners, and managers spoke unanimously and consistently about their passion and enthusiasm for delivering person centred services to the citizens of York *"The people are why we come to work"*. They spoke too of their experience of working in an environment where they felt part of a team, valued for their contribution and of the support they had from their colleagues and managers.
13. Practitioners were verbally able to articulate a person centred and strength-based approach. They were clear about keeping people home, and there was evidence of partnership working to achieve this. An example of this was that practitioners felt the work around bringing providers on to the framework had led to positive outcomes for people they worked with, particularly in being able to support provision of care quickly. Practitioners in the Intensive Support Service Team talked positively about arrangements with partners across health – one practitioner shared that this supported quick access to care and support to keep people at home in emergency situations. There was also ability through multi-disciplinary meetings to access information held by health colleagues to inform decision making.
14. Practitioners are passionate about people's rights and the strong use of advocacy in York evidences this. The advocacy service in York described positive relationships with practitioners who work in what they felt was an honest and open way. The advocacy service has knowledgeable and experienced staff who described having an approach that aimed to be accessible with equality diversity and inclusion (EDI) principles at the heart of what they do, and a focus on a relational based approach to working with people, recognising their support networks and how this can empower people.
15. It was evident throughout the audit that practitioners have a good understanding of contingency planning as a means of working in a preventative way. Assessments had good consideration of what may need to happen in event of an emergency to ensure that the person's wellbeing was maintained. Practitioners were able to discuss how they had considered working with local area co-ordinators, social prescribers and other community services to prevent social isolation.

For Consideration

- Co-production could be strengthened further in support planning and service design.
- Information, advice and support could be better coordinated: *"Too much information can be like having no information"*.
- Staff found it hard to describe examples of good outcomes. These examples exist but various things get in the way of staff describing them.
- Embedding reflective audit and assurance mechanisms to improve consistency in practice - particularly around recording.

- The Mosaic system described as “clunky” – streamline processes to better evidence the person’s journey, professional decision making and legal literacy.
 - Further work is needed to ensure equity in experience and outcomes for people – particularly for those who are likely to self-fund their care and for those who may be entitled to Continuing Health Care
 - There are opportunities to work alongside corporate colleagues to develop and strengthen a shared approach to equality, diversity, and inclusion.
16. There are emerging examples of co-production alongside people with lived experience. These include recent changes to sensory services and improvements to dementia services (alongside NHS colleagues) as well as the Carers Hub. Overall, senior leaders understood there was more to do on co-production and said “*we are not there yet*”. For example in York there is a long history of involvement of people across the city to improve mental health provision and we heard a great deal about the development of the mental health hub built around a peer support model. There was huge commitment to this work from people with lived experience and some genuinely impressive progress but what people wanted to see next was genuine parity of esteem between peer support and other more traditional “professional” roles, as well as a clearer “you said we did” approach so that people with lived experience got stronger feedback and reassurance about genuinely shared purpose in a partnership of equals.
 17. The case file audit carried out by the peer team identified some good examples of outcome focused support planning; however this was not consistent and generally, support plans still appeared to be service focused. More co-production on support plans at a practice level would support consistency in ensuring that support plans capture clear outcomes for people in contact with adult social care.
 18. A person providing care for his wife captured succinctly how his experience of information overload can be counter-productive. He said “*too much information can be like having no information*”. Partners also shared views around how working together across the system would help identify who was the best person to give information or intervene to avoid duplication. It was posed that this might not always be adult social care, and that joint working could help meet the challenges in the system.
 19. Embedding reflective audit and assurance mechanisms to improve the consistency of practice, particularly around recording is an area requiring some further work. Within this it was found that the mechanisms in reflective audit, the introduction of reflective supervision, and introduction of reflective case discussions would help staff to better articulate outcomes for people. Whilst staff spoke very positively about working with York and with working with people it became clear that they did not find it easy to articulate good examples about the difference their work made to people. The more opportunities provided for practice reflection taken up will improve practitioners confidence in being able to provide strong examples of their work.
 20. Many people spoke about the Mosaic system as being “clunky”. Some consideration around how processes could be further streamlined could enable practitioners to better evidence a person’s journey, articulate professional

decision making and also to demonstrate their legal literacy in particular, mental capacity and best interests assessments, which the audit, carried out as part of the peer challenge, revealed needed some fine tuning just to be able to evidence this in the recording system.

21. It was felt that further exploration was needed to ensure equity in experience and outcomes for people. Specifically for those who are likely to self-fund their care and for those who may be entitled to Continuing Health Care. Practice around working with those who self-fund seemed to vary across teams but overall, it appeared that there was not always equity in outcomes. This was also evidenced in the feedback given by mystery shoppers arranged by Health Watch. Practitioners expressed discomfort with the inequity that these groups of individuals felt that they ought to be able to do more. The culture in work practice for self-funders in particular was described as one where there was a “firm no” to offering support. One practitioner offered an example where they were told to “*very much close the case down because he's got capacity, he's a self-funder – you need to step back*”. Training and clear systems of support for those who may self-fund their care would likely improve this – and ensure that correct information and advice is being given.

22. Practitioners and managers consistently referred to challenges around obtaining Continuing Health Care funding for individuals who may be entitled to this, and practitioners felt like they and the person in receipt of care and support were left in the “*middle*” of the funding dispute between the Local Authority and the NHS. Some practitioners described the relationship with CHC as “*combative*”. However, it was clear from discussions with senior management that action was being taken to nurture relationships with colleagues in health in recognition of the barriers front line staff and people were experiencing. This was also reflected by Health leaders who stated frustration with the process and York’s commitment to this, questioning a focus on the money over outcomes. They would clearly welcome some investment of time into moving forward with the pathway and relationships.

23. There is good work being delivered around equality and human rights by corporate colleagues. Leaders in adult social care (ASC) have expressed that there is more to be done to improve equality, diversity and inclusion in service provision, and corporate colleagues who have begun a focused journey on equality and human rights could inform, involve and learn from the ASC experience, and the wide range of people that front line practitioners contact. Some of the good work on equality and human rights noted were:
 - York’s anti-racist strategy which includes a section on social care as well as a narrative on hate crime and details about employment statistics in the council.
 - The production of York’s first ethnicity pay gap report which looks at trends and where improvements can be made. Associated with this is an anti-racism plan /produced in collaboration with the Black and Minority Ethnic (BAME) staff group.

2. Providing Support

This relates to markets (including commissioning), workforce equality, integration and partnership working.

Strengths:

- Huge commitment and expertise both from council and independent sector providers
 - Care providers reported a positive relationship with council commissioners.
 - The number of providers in the sector has reportedly increased.
 - Commissioners are developing a good evidence base to support strategic planning
 - Positive, enthusiastic and committed commissioning staff - strong relationships with named colleagues
 - People working hard to solve problems in system and processes around brokering of services
 - Many positive examples of service delivery to be proud of i.e. mental health hub/learning disability respite/carers centre, frailty hub - person-centred approaches
 - Positive approach to hospital discharge including use of home first principles and the independent living centres
 - Clear examples of supported employment opportunities
24. It was evident that there was a huge level of commitment and expertise from commissioners and independent sector providers for the provision of care to the people of York. Providers are working very hard to do a great job for York people. Care providers reported really positive relationships with named council commissioners.
25. There has been an increase overall in market capacity over the last two years, it feels as though the market is resilient. This is positive and is supporting a reduction in waiting lists for some cohorts.
26. Commissioners are starting to use data to develop a stronger evidence base to support strategic planning. For example business intelligence has provided data to better plan the provision of supported accommodation. Better use of data has assisted in informing various needs assessments to develop the Market Position Statement, all-age commissioning strategy and a coproduced self-assessment. This was regarded as an area of promise by corporate colleagues.
27. There are positive, enthusiastic, loyal and committed staff working in both commissioning and the provider sector, who have strong and effective relationships with named colleagues who work well together, and problem solve. The short breaks service provides person-centred care with flexibility to support individual and family needs due to the resources available to them including the building. They work closely as a provider with children's services to

support preparing for adulthood along with York people and families. Significant flexibility and commitment was shown by care staff working in the Independent Living Centres, supporting people for whom it is their permanent home, alongside people living there temporarily on a “step up” or “step down” basis while they build confidence and independence. These settings gave clear examples of offering solutions and positive outcomes for people, often benefitting from close working relationships with colleagues and partners.

28. The workforce is clearly committed to solving issues in systems and commissioning processes around brokerage, care plans and support plans. When issues arise practitioners and commissioners work together. The strong commitment and work to create the blueprint for the Mental Health Hub to meet the Health and Wellbeing vision is testament to everyone involved. York has seized the opportunity to be innovative and do something different to improve the health and wellbeing of people in the city overcoming system challenges.
29. York has many examples of service delivery that they should be proud of, for example the mental health hub, the learning disability respite service, the Carers Centre and the Frailty Hub. All demonstrate provision using a person-centred approach.
30. There is a positive approach to hospital discharge which includes the use of Home First and the independent living centres. This supports flow from hospital and provides a reablement focus on discharge in a community-based setting. The Independent Living Centres provide that additional opportunity to maintain flow but also the commitment and flexibility to meet need.
31. There were clear examples of employment opportunities for people using services. There is evidently a programme of work which is having an impact on people’s lives, for example, employment in the café in York’s Council Offices, Independent Living Cafes and gardening work in the short breaks service.

For consideration

- Opportunities to improve engagement with your provider market around fee uplifts. Particular concerns raised by some providers working with adults with a learning disability.
- Consider how commissioners and social workers can work more collaboratively.
- Impact of untimely support plans.
- Access to support appears to be hampered by over reliance on a duty system leading to continuity challenges.
- Delays in financial assessment - delayed invoices, cessation of services, impact on person and provider.
- Greater clarity around use of Direct Payments.
- Clarity around key areas – 1.early intervention and prevention 2. preparation for adulthood 3. housing pathways – emerging work in these areas need to be progressed.
- Engagement of partners in decisions around savings, priorities and impact.

- There is an opportunity to build stronger working relationships with health commissioners.
32. Care providers stated they still had not been made aware of fee rates for 2024-25 in spite of the financial year having already started. It was not clear why this had not yet happened but clearly it hampers the ability of providers to plan ahead and confidently recruit sufficient workforce to meet demand. Some providers raised particular concerns about fee rates for learning disability and stated they were insufficient to recruit a stable workforce on a reasonable living wage.
 33. There is room for improvement in joined up working between social work and commissioning teams. There was a lot of evidence of committed staff who were highly respected in both workforces, but some gaps in working together effectively to ensure shared ownership and speedy resolution of issues. Work should be done to build understanding, relationships and trust, from understanding each other's roles and responsibilities including any knock on effects to overcome some of the challenges faced, An example of this is untimely support plans which has an impact on delayed start dates for the person with care needs, identified care needs not being met, providers being unable to start packages of care resulting in available care provision not being utilised, no payments to providers and potential instability to the care market.
 34. Access appears to be hampered by over reliance on a duty system leading to continuity challenges for providers (and also York citizens) in trying to contact adult social care. The current system was described as "*frustrating*". Some practitioners bypassed the duty system and offered advice to people who called them directly, but more commonly there was a culture of "*passing along*" to duty. Contacting duty often involved people having to tell their story more than once and then chase a number of times, speaking to a different person each time. As well as being frustrating for the caller, this felt like it made additional work within the service which was in contrast to the prompt problem-solving people experienced when they had access to an allocated worker. It would undoubtedly be unrealistic to give every caller an allocated worker but York should consider whether the current balance is right in relation to managing demand.
 35. Support Plans not being timely was a particular frustration raised by providers. This created situations where providers felt they were managing care "at risk", or there were delays with new care arrangements being set up that wasted available capacity. Chasing late support plans brought providers into contact with the duty system above and could compound delays and frustration.
 36. Delays to financial assessments were also described as having an impact on individuals as people are unaware of their financial contribution towards care and invoices for care are reported to not be clear and concise. The delays can result in services ceasing and debts accruing for people.
 37. There is a need for greater clarity on what a direct payment is and how people can use and access these. Direct Payments were sometimes associated with administrative burden, rather than being employed in a way that improved choice, control and ease of life for people receiving them. Greater clarity of process, training and support for practitioners would be beneficial.

38. There is an opportunity to build and strengthen relationships with health commissioners who are keen to be alongside the council in decision-making for the benefit of York people. Some areas that have been highlighted as requiring attention are:

- Joint commissioning – a need to work at pace
- Relationships – a need to speak with one voice,
- Developing a one place approach

3. Ensuring Safety

This area relates to safeguarding, safe systems and continuity of care.

Strengths

- “*There are a lot of staff busting a gut to do good work around safeguarding*” – examples of people going above and beyond to support complex situations
 - “*There’s a good, committed core*” of staff supporting safeguarding – we saw a lot of expertise and wisdom in the people we met.
 - Staff spoke highly of direct line managers and felt they received good supervision.
 - There are good links between safeguarding and operational teams, with plenty of evidence of information sharing and joint working.
 - This flexibility stems from genuine commitment to Making Safeguarding Personal.
 - The Head of Service / Principal Social Worker appointment has demonstrably increased stability and support for staff.
 - “*There’s a commitment to get to the heart of things*”. The Independent Chair has huge integrity and is challenging for York to be in as strong a position as possible.
 - There are good connections that can be built on, e.g. transitional safeguarding, community safety partnership, mental health partnership, trading standards.
39. There is evidence of staff working hard to “*deliver good work around safeguarding*”. Staff spoke with confidence about safeguarding and it was apparent that they had expertise and grip. The commitment of staff to ensuring safety in York was apparent in every interview, with examples of how professionals worked to ensure that people were not being moved to other parts of the country (in bespoke examples). There were also examples of day-to-day collaboration in ways that put the person first.
40. There is a recurring theme of professionals feeling supported and valued by their colleagues and direct line managers in York. Good supervision was highlighted by practitioners as being welcomed and supportive. This will have a positive impact on people’s practice and confidence levels.
41. There are good links between safeguarding and operational teams. It was evident that information was shared appropriately, and joint working was in place. Practitioners did not feel isolated and described situations where they could contact colleagues for support and advice, this pragmatic and flexible approach was welcomed. Comments from safeguarding practitioners described a “*fluid relationship*” with NHS hospital colleagues, that enabled them to work well in partnership.
42. Practitioners said they were using Making Safeguarding Personal (MSP) principles, and it was evident that they were. Council officers have people’s human rights, their dignity and choice at the heart of their practice delivery.
43. Managers and frontline alike spoke very highly about the Head of Safeguarding/ Principal Social worker. They felt she had brought stability to the organisation and provided much needed support to the workforce.

44. There was similar commitment and appreciation about the Independent Chair for Safeguarding who was seen to provide great integrity, professional challenge and leadership on safeguarding for York. Good relationships were described with community safety, health and trading standards partners. These are really good strengths.

For consideration

- Some processes still feel a bit blurred for staff and potentially contribute to uncertainty.
 - Operational safeguarding data describes the “whats” but not really the “whys”. Focusing more on “why” will enable you to identify underlying causes and focus attention.
 - There needs to be some more focus on information sharing supporting safe transfers and common understanding of risks, e.g. Approved Mental Health Professionals / SystemOne.
 - We didn’t get clear information about arrangements that supported people being safe “out of area”.
 - Statutory partners are represented on the Safeguarding Board but wider attendance is inconsistent and there needs to be more focus on delivery between meetings.
 - It’s great that the Safeguarding Board Manager role has been filled, need to think hard about clear priorities for them so they (like the independent chair) aren’t swamped.
 - How sustainable is it for the Principal Social Worker to provide Head of Service leadership on safeguarding, a number of other operational areas and wider workforce / practice development?
45. Frontline practitioners expressed some lack of clarity about some processes for example it was heard from staff “*A bit of guidance on s42 would be helpful*” It was acknowledged by managers that processes are beginning to be developed and embedded, and this will help staff to better understand their roles. Some processes which aren’t as clear to practitioners are leading to uncertainty and are potentially causing delays, due to uncertainty. York is in a transition period and there may be a period of instability before priorities and actions to deliver them are embedded.
46. Data is being used to describe the “what”, for example to describe what is happening in safeguarding, but it would be more useful to be able to describe why things are happening, to understand the underlying causes and to take action around particular themes. A grip on the whys would result in less pressure in demand and people in York could be served in a more preventative way.
47. Some examples around information sharing across transitions between partners and services were described as needing to be improved, SystemOne was specifically cited. There was a general sense that if your systems had some inter- operability, it would provide a shared understanding of our services

between partners and that could lead to a reduction in the work required and have the benefit of reducing the risk of misunderstandings.

48. The Peer Review team were not exposed to clear information about York's out of area arrangements. It would be sensible to check that line-of-sight is clear to people receiving York-funded adult social care support who live outside the city boundaries.
49. There is good statutory engagement from York's statutory partners in the Safeguarding Adults Board (SAB) but less consistent attendance from wider partners. All partners should be engaged and held accountable for delivering good work on behalf of the SAB for the benefit of York people.
50. There is a newly appointed Safeguarding Board Manager who will be in post in coming weeks, which is a welcome addition to the team in York. It would be a good time to consider the list of work responsibilities that York want to handover to ensure that the postholder is not overwhelmed as they arrive in post. It is also a good opportunity to re-state Board partners responsibilities for the delivery of work arising from the Board and to set out the expectations for the roles of the Independent Chair and SAB Manager
51. A question for York is how sustainable is the Principal Social Worker's (PSW) job? The PSW in York has an operational role, as well as a senior strategic role. The observations of the peer team and those who were interviewed was that this was a "*considerable job list*". The appointment of the current Principal Social Worker has undoubtedly had numerous benefits for practitioners in York and this was a theme throughout all of the staff focus groups. Currently, the role encompasses the head of service for safeguarding alongside the statutory responsibilities of the Principal Social Worker. Given the breadth of the role, consider how sustainable the Principal Social Worker's role is long term. Similarly, comments were made around the sustainability of the Principal Occupational Therapist role and the parity this has with the Principal Social Worker. An opportunity to get both these roles right could be of benefit to the directorate.

4 Leadership

This relates to capable and compassionate leaders, learning, improvement and innovation.

Strengths

- Local people with lived experience are huge assets and strong progress is being made on peer support. The voluntary sector have been instrumental in this.
 - Front-line staff and their immediate managers are providing powerful day-to-day leadership, solving problems and doing their best to make things better for people.
 - “*We are a social care organisation*”: the Leader of the Council, the Cabinet Member for Adult Social Care and the Chief Operating Officer are united and have the same vision: helping York people and York staff to thrive not just survive.
 - There is very strong corporate understanding and support of adult social care, a clear commitment to collaboration and mutual opportunities to progress
 - There was promising joint work between directorates within the council, breaking down barriers to agree a clear way forward in key areas of shared interest. Adult social care can benefit from this positive working environment.
 - “*Straightforward, to-the-point clarity*”: the appointment of the new Corporate Director has been well received and bridges are already being built after only a month!
 - Strong recent appointments at a number of levels.
 - The Assistant Director and Director of Safeguarding have a huge numbers of plates spinning but are still regarded as accessible, compassionate and keen to support staff.
 - There is commitment to partnership working with historical strengths and shared purpose from senior leaders in the Council and the NHS.
52. Local people have a lot of loyalty to York, people say “*We are York*”, this came through very strongly. The Community and Voluntary Sector (CVS) spoke very highly about the “*You said we did it together*” effort and could see the difference people’s voice had made. The community is a huge asset for York
53. Frontline staff and their immediate managers demonstrate day to day leadership. The Peer Review Team heard many examples of collaborative “front-line” problem solving often in difficult circumstances to improve the quality of life for people living in York, to make it the best it can be.
54. The Occupational Therapy service is cutting waiting times, down from 26 weeks to 12 for people awaiting assessment for adaptations. The Homefirst Team were cited as exemplars who worked well with the ISS, Social Prescribers and LAC’s, leading to people being able to return to their own home following discharge from hospital, rather than spending, spending prolonged periods in hospital.
55. York is a “*social care organisation*”, the political leadership and council Chief Operating Officer are united with the same vision and are working together.

There is shared understanding both of the importance of adult social care in its own right and its importance to a shared approach across the council that aims to leave no York person behind.

56. There was a strong sense of support from corporate colleagues to work with ASC and improve the health, wellbeing and support to people. Corporate colleagues spoke with a good understanding of both issues and opportunities in adult social care. There is shared recognition that quality of life is important and prevention and early intervention are key to good outcomes. There is shared commitment to equality, diversity, and inclusion, including joint work to reduce health inequalities benefitting people with learning disabilities, autistic people, those with sensory and physical impairment, and older people. The strong recent track record from the Director of Children's Services in both improving outcomes and reducing costs provides a really helpful template for adults services to follow.
57. Three key areas of strategic development essential for adult social care were getting cross-Council focus: early intervention and prevention, preparing for adulthood (PFA) and housing pathways. The early intervention and prevention work was also being driven by the NHS. Shared clarity of purpose on these important areas reflects well on the wider leadership culture in York and is a great resource for adult social care.
58. The feeling of optimism was widely heard from partners, senior leaders, managers and frontline staff about the appointment of the new Corporate Director for Adult Social Care and Integration. It was felt that bridges were being built and that clarity for ASC was emerging, and this is being felt by the frontline and their immediate managers. Throughout ASC there was an energy about appointments at all levels, for example, the PSW, Heads of Service, people returning to practice, apprentices and newly qualified social workers all really keen to do some good work.
59. The Assistant Director and the Director of Safeguarding are juggling very many (too many) priorities but despite this are regarded by the workforce as accessible, supportive and compassionate.
60. There is a commitment to partnership working and there are historical strengths and shared purpose for senior leaders in the Council and the NHS. There is a solid foundation upon which to further build an excellent service for people living in York.

For consideration

- Community and voluntary infrastructure needs to feel sustainable – a team effort requiring clear commitments both from the council and from the voluntary, community and faith sector to make the best use of local resources.
- Co-production with people needs even greater profile and parity: from niche to mainstream.
- There are too many temporary posts and some key vacancies. Make quick decisions on these to increase stability and confidence. "*In order to look after staff and maintain their wellbeing those structural problems need to be sorted*".

- Systems and pathways are too complicated and there are too many hand-offs. This is frustrating for York people, care providers, partners and staff themselves.
 - There are gaps in some key written policies, procedures and guidance which makes work for managers and teams as well as creating risks in quality and consistency.
 - Two-way communication needs to improve, to and from senior managers and staff, providers, partners. Communication needs to be underpinned by “*you said we did*” .
 - Two-way trust needs to improve because at the moment lengthy authorisation processes are building delay and creating false economy and inefficiency.
 - It’s better right now to reduce the number of “project” plates spinning and focus on getting fundamentals right around relationships and working conditions.
 - It’s possible to be pragmatic (getting some quick wins around outcomes and budget) but also strategic (laying stronger foundations for future success).
61. There is a really good community, voluntary and faith sector in York, however they have indicated that they need to feel that their services are sustainable through a team effort that supports their models of delivery and embraces them, and their ethos. It is important to provide them with a good level of stability and indication of their worth, they plug gaps that the council are not able to fill, and have a wide reach into communities. Sustainable funding is important (including that the sector contributes to its own financial sustainability) but more of the feedback we heard was about parity of esteem around their ethos, approaches and track record of delivery.
62. There are gaps in the adult social care workforce currently filled with temporary arrangements. This feels destabilising for staff, who have posed questions about why posts are not being filled permanently. It is important to ensure that the workforce is feeling stable, and that the structure is confirmed and established. The workforce will then have some certainty in knowing they are secure, and they will know who their direct manager is and where their job is going. This will create an even stronger foundation for staff to operate in and succeed.
63. Systems and pathways are complicated and it was reported that there are too many handoffs. This requires some focus, and an understanding of the experience of people who use services. There is a level of frustration amongst many groups about complicated pathways being expressed by staff, providers and people with lived experience.
64. Team managers are frustrated by the lack of written policies and some managers are writing procedures themselves in the absence of policy guidance. Managers fully understand that this will lead to inconsistency of practice across the department. It would help managers if there was clarity on policies and procedures, allowing them to focus on managing their service, to innovate and to support their staff.
65. Until very recently communication has not been as strong as it could be, staff have not been clear about the reasons they are asked to do certain tasks and feel they need more clarity on purpose and feedback on the results of their

work. Staff also feel that they would like opportunities to feed in their ideas for improvements. This will help them flourish and provide them with a sense of ownership. There are also issues of trust, particularly with authorisations where the waiting time for work to be authorised by senior managers is taking too long. This may have unforeseen consequences on budget and staff capacity. However, there is recognition of change and optimism and of bridges being built with the arrival of the new Corporate Director.

66. There seem to have been many change projects running in adult social care and people have found it difficult to see the wood for the trees. It is essential to focus on the fundamentals like relationships with others and working conditions. This will build a foundation that will add value to change projects as they develop.

67. York, like many councils, has a significant financial challenge and also opportunities to improve outcomes for local people. "Focus on the fundamentals" does not mean delaying impact both on outcomes and on finances. Rather, making things simpler and building on the strengths and motivations of York's staff to build more relational practice with less bureaucracy will make it easier to support good experiences for local people and stronger partnerships with the NHS and care providers. This in turn can very quickly improve effective use of resources.

Immediate next steps

We appreciate the senior political and managerial leadership will want to reflect on these findings and suggestions to determine how the organisation wishes to take things forward.

In the meantime, ADASS Yorkshire and Humber colleagues are keen to continue the relationship we have formed with the council throughout the peer challenge. We will endeavour to provide signposting to examples of practice and further information and guidance about the issues we have raised in this report to help inform ongoing consideration.

Contact details

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Health, Housing and Adult Social Care Scrutiny Committee Work Plan 2024/25

Meeting Date	Item
6 November 2024 Public Health	<ul style="list-style-type: none"> • Review of Urgent Care delivery in York and the East Coast; to provide an update on the emerging integrated model and next steps • Health Needs Assessment for people with Autism and ADHD; to include update on the production of the Autism and Neurodivergence Strategy • Lasting effects of the pandemic and review for winter 2024/25
4 December 2024 Housing	<ul style="list-style-type: none"> • Finance and Performance Monitor 2 • Revised Housing Repairs Policy – final draft • Update on Void Properties
15 January 2025 Adult Social Care	<i>TBC</i>
12 March 2025 Public Health	<ul style="list-style-type: none"> • Finance and Performance Monitor 3
2 April 2025 Housing	<ul style="list-style-type: none"> • Asset Management Investment Plan (including a breakdown of budget forecast spending on contractors, apprenticeships, and an update on training to up-skill and cross-skill existing staff). • Housing Estate Management – review of the pilot

Unallocated items

- Autism and Neurodivergence Strategy (Spring 2025)

- LD Provision – The Glen and Lowfields
- Relevant outputs from LGA Peer Review
- Reablement technology (Practical)
- **Task and Finish Group Review** of Home Care Commissioning
- **Joint Committee with Children, Culture and Communities Scrutiny Committee** on healthy weight/weight management.