



Notice of a public meeting of

Health, Housing and Adult Social Care Scrutiny Committee

- To:** Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Kelly, Rose, Runciman, Smalley, Steels-Walshaw, Wann and Wilson
- Date:** Wednesday, 27 March 2024
- Time:** 5.30 pm
- Venue:** The Thornton Room - Ground Floor, West Offices (G039)

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** (Pages 3 - 18)
To approve and sign the minutes of the meetings held on 13 December 2023 and 30 January 2024.
- 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 25 March 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. Housing Asset Management and Repairs Update

To consider a report providing an update on Housing Asset Management and Repairs, incorporating Stock Condition Information, Housing Disrepairs, and Damp and Mould.

[Report to follow].

5. Task and Finish Review Proposal - Home Care Commissioning (Pages 19 - 22)

To consider a proposal for Task and Finish Group Review into Home Care Commissioning, to be presented to Members at the meeting as Annex A.

6. Work Plan (Pages 23 - 24)

Members are asked to consider the Committee's work plan for the 2023/24 municipal year.

7. Urgent Business

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

Democracy Officer

James Parker

Contact Details:

- Telephone – (01904) 553659
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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
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 **(01904) 551550**

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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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City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	13 December 2023
Present	Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Rose, Runciman, Wann, Wilson, Steels-Walshaw, K Taylor (Substitute) and Healey (Substitute)
Apologies	Councillors Kelly and Smalley
In Attendance	Councillor Coles, Executive Member for Health, Wellbeing, and Adult Social Care
Officers Present	Peter Roderick, Director of Public Health Philippa Press, Public Health Specialist Practitioner Advanced Jodie Farquharson, Head of Public Health (Healthy Child Service) Michael Melvin, Corporate Director of Adult Social Care and Integration
External Attendees	Debbie Leadbetter, NHS Humber and North Yorkshire Integrated Care Board Primary Care Programme Lead (Dental and Optometry) Jason Atkinson, Chair of the Humber and North Yorkshire Local Dental Network Mark Green, General Dental Practitioner

18. Declarations of Interest (17:33)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests. None were declared.

19. Minutes (17:33)

Members considered the minutes of the meetings of the committee held on 18 October and 13 November 2023.

In respect of the minutes of the meeting held on 13 November 2023, members suggested amendments to incorporate questions raised by Committee under item 15 (Update Report on Homelessness / Resettlement Services 2023) in relation to access to council services for rough sleepers and the impact of council procurement processes, and to the wording of the resolutions under item 17 (Work Plan).

With reference to the resolutions under item 15, the Chair noted that he had written to the Chair of the Audit and Governance Committee to request a review of the process around the Salvation Army contract, and that the Executive Member for Housing, Planning and Safer Communities had invited the Chair and Vice-Chair to meet early in the new year to discuss the rough sleeping policy conference.

Resolved:

- i. That the minutes of the meeting held on 18 October 2023 be approved as a correct record and signed by the Chair.
- ii. That the minutes of the meeting held on 13 November 2023 be amended to incorporate the additional points raised by the Committee and that the amended minutes be brought back to the next meeting for approval.

20. Public Participation (17:39)

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

21. Oral Health (17:40)

The Committee considered a report which provided an update on work being undertaken on oral health in the city, including work in schools and oral health promotion programmes. The Committee were joined for this item by Debbie Leadbetter, Primary Care Programme Lead (Dental and Optometry) for the NHS Humber and North Yorkshire Integrated Care Board (ICB), Jason Atkinson, Chair of the Humber and North Yorkshire Local Dental Network, and Mark Green, General Dental Practitioner.

Officers introduced the report, noting the council's statutory oral health promotion responsibilities and outlining the work being done by the Oral Health Promotion Service in schools, workforce development, and collaborative work with the ICB and local and regional partners. They noted

that dental access in York was below the regional average for adults at 39.7%, and above the regional average for children at 61.3%. Urgent care rates were higher in more deprived wards of the city with rates of routine care higher in less deprived wards. The proportion of the population on waiting lists for dental procedures was above the regional average, and while York had an above average number of dentists per head of population this included a mix of NHS and private provision.

Debbie Leadbetter outlined the Humber and North Yorkshire ICB Commissioning Overview (Annex C to the report), providing a summary of progress since the ICB had assumed responsibility for commissioning dental services from NHS England in April 2023. She noted the ongoing challenges to dental access, including a lack of flexibility in the existing NHS dental contract, and highlighted the importance of flexible commissioning in improving access to urgent care and for vulnerable groups. Jason Atkinson and Mark Green emphasised the impact of these developments from their experience as dental practitioners.

The committee discussed children's oral health, including supervised toothbrushing schemes. These had been run by the Oral Health Promotion Service over the last year in six settings and feedback from schools and parents had been positive. Officers confirmed that a suitable provider had not been secured to undertake the National Dental Epidemiology Survey for five-year-olds locally, but a working group was looking at how this might be addressed on a regional basis for 2026. It was confirmed that there was good uptake across the city for Health Visitor reviews at 9-12 months, with accompanying oral health promotion. The ICB was also looking to commission child-only contracts to address gaps in access for children.

Members enquired about dental access for vulnerable groups. It was confirmed that until the ICB assumed commissioning responsibilities, dental services for care home residents had not been commissioned since 2006. Efforts were being made to encourage dentists to specialise in gerontological care, and the Oral Health Promotion Service was developing an offer aimed at older people, as well as expanding existing pathways for looked-after children. Technology was being used to improve translation services for patients who needed them.

Officers and visitors responded to questions from the committee on urgent care provision and dental health inequalities. It was confirmed that there was not currently a dedicated emergency provider in York, but that flexible commissioning was being used by the ICB to bolster emergency care and to commission services located in areas of high need and higher

deprivation. It was noted that better data was needed for a fuller picture of the extent of urgent need, as well as for tracking provision for shifting populations including students in the city.

The Executive Member for Health, Wellbeing and Adult Social Care was in attendance and welcomed the progress that had been reported. She raised concerns around the impact of inequalities on emergency pathways with patients being sent out of York for support, the oral health of secondary school children, and access to dental provision for pregnant women.

[Cllr Healey left the meeting at 18:20, and Cllr Runciman left the meeting at 18:59. Cllr Coles was in attendance 18:08 – 19:12].

Resolved:

- i. To note the report.
- ii. To welcome the work of the ICB and partners to increase access to dental services.

Reason: To support work to prevent dental decay and improve the oral health of our population.

[The meeting adjourned for a comfort break from 19:12 – 19:18].

22. Breastfeeding and Infant Feeding (19:18)

The Committee considered a report which provided an update on the work being undertaken as part of York's Breastfeeding and Infant Feeding Delivery Plan. Officers presented an overview, noting that the multi-agency Infant Feeding Partnership was aiming to increase rates of breastfeeding. This could play an important role in reducing health inequalities for the most deprived wards in the city, although infant feeding was a topic which needed sensitive handling and it was important to facilitate personal choice.

Members enquired about the provision of formula milk to those in food crisis. It was noted that while formula was part of many families' infant feeding journey, a very profitable industry existed around it. Food insecurity was a concern, and local public health teams were bound by conventions around the advertising of formula. It was confirmed that emergency provision was one element of a citywide community approach being developed to ensure foodbanks, Citizen's Advice, Local Area Coordinators,

community hubs and GP practices were able to direct those in crisis to 24-hour emergency support and other relevant services.

The committee discussed how a citywide breastfeeding-friendly culture could be promoted. Officers confirmed an ambition to use available funding to encourage businesses to better support employees and customers who were breastfeeding, and that similar initiatives had been successful in other cities in the region. Work was being done with local partners including the Treasure Chest Group, and national support helplines were also being promoted.

Members also enquired about workforce training. It was confirmed that this was being prioritised to better target the more deprived wards identified in the report where the drop-off in breastfeeding was stark. Midwives and Health Visitors completed UNICEF Baby Friendly Initiative (BFI) training, and work was being done to achieve BFI accreditation across the service.

Resolved:

- i. To note the work being undertaken in both areas.
- ii. That officers provide the Committee with further detail on the ward-level data contained in the report.
- iii. That the Committee receive a short report at a future meeting to provide examples of best practice in promoting a citywide breastfeeding-friendly culture.

Reason: To support our ambition of protecting, promoting and supporting breastfeeding and safe infant feeding practices.

[Cllr Myers left the meeting at 19:43, and Cllr Vassie took the Chair for the remainder of the meeting].

23. Smoking in Pregnancy (19:43)

The Committee considered a report which provided an overview of the work being undertaken to reduce smoking during pregnancy in York. It was noted that in line with national averages there had been a downward trend in the rate of smoking at the time of delivery to 8.1% in York in 2022-23, although there were significant inequalities in ward-level rates.

Members enquired about the smoking cessation support provided by the Council's Public Health team. It was noted that in line with the nationally

accredited Russell Standard, the service focused on achieving cessation through a 28-day quit rather than on smoking reduction. This was a free Council service which worked closely with local maternity services with incentives offered to those on the pregnancy pathway. 72% of those who engaged with the service and set a quit date went on to a successful quit attempt. Officers confirmed that this was an opt-out pathway, with full implementation across local hospital trusts expected by the next financial year.

The committee discussed public health messaging around smoking in pregnancy. It was noted that hope was an important part of this messaging, and those who had quit and relapsed were no less likely to quit successfully on a subsequent attempt. Although no local data was available for postnatal cessation after three months, it was confirmed that this messaging would be reiterated through the Healthy Child Service once women were discharged from midwifery whether they had successfully quit at three months or not.

Members also discussed vaping and e-cigarettes, which were part of the nicotine replacement therapy offered to pregnant smokers and their significant others on the pathway. It was noted that nuance was required in public health messaging around vaping, which was not as harmful as smoking and needed to remain part of the quit toolbox for smokers. However, the marketing of vaping to young people was unacceptable and these messaging channels needed to be kept as separate as possible.

[Cllr Coles rejoined the meeting at 20:15].

Resolved:

- i. To note the report;
- ii. To endorse the recommendation to support our local Hospital Trusts and health partners in embedding smoking cessation in their pathways.

Reason: To encourage health colleagues to implement the pathways committed to in the NHS Long Term Plan.

24. Work Plan (20:24)

Members considered the Committee's 2023/24 Work Plan, including proposals for items on Building Repairs and the Adult Social Care

Commissioning Strategy to come to the next scheduled meeting of the committee in January. Members noted a desire to receive a report on the recent Tees, Esk and Wear Valleys CQC Inspection as soon as possible.

Resolved:

- i. That the Committee request that a report on the Tees, Esk and Wear Valleys CQC Inspection be brought to the next scheduled meeting.
- ii. That the Committee receive a report on the Adult Social Care Commissioning Strategy at its next scheduled meeting.
- iii. That the proposed item on Building Repairs remain on the Work Plan for the March meeting of the committee.

Reason: To keep the Committee's work plan updated.

Cllr D Myers, Chair

[The meeting started at 5.32 pm and finished at 8.30 pm].

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Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	30 January 2024
Present	Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Kelly, Rose, Runciman, Smalley [until 19:30], Steels-Walshaw, Wann and Wilson [until 19:30].
In Attendance	Councillor Coles, Executive Member for Health, Wellbeing, and Adult Social Care [until 20:15] Councillor Pavlovic, Executive Member for Housing, Planning and Safer Communities [until 19:15]
Officers Present	Patrick Looker, Head of Service Finance Steve Tait, Finance Manager Michael Melvin, Interim Corporate Director of Adult Social Care and Integration Abid Mumtaz, Head of All Age Commissioning Peter Roderick, Director of Public Health
External Attendees	Zoe Campbell, Managing Director, North Yorkshire and York Care Group, Tees, Esk & Wear Valleys NHS Foundation Trust Helen Day, Director of Nursing and Quality, Tees, Esk & Wear Valleys NHS Foundation Trust

25. Declarations of Interest (17:32)

Members were asked to declare at this point in the meeting any disclosable pecuniary interests or other registerable interests they might have in respect of the business on the agenda, if they had not already done so in advance on the Register of Interests. None were declared.

26. Minutes (17:33)

Resolved: That the minutes of the Health, Housing, and Adult Social Care Policy and Scrutiny Committee meeting held on 13 November 2023 be approved as a correct record and signed by the Chair.

27. Public Participation (17:33)

It was reported that there had been no registrations to speak at the meeting under the Council's Public Participation Scheme.

28. Tees, Esk & Wear Valleys NHS Foundation Trust CQC Inspection (17:34)

The committee were joined by Zoe Campbell and Helen Day from Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV), who presented an overview of the findings of TEWV's recent CQC inspection. They drew attention to the improvements that had been made since the previous inspection carried out in 2021 and outlined the progress that had been made in addressing the 'Must Do' and 'Should Do' actions recommended by the CQC following the 2023 inspection.

Members enquired about staffing and training. It was confirmed that while staffing remained a concern, TEWV was in the top 10% of mental health trusts in England for staff retention. TEWV was aiming to increase the use of bank staff rather than agency workers, including an improved hourly rate for bank staff to encourage more registrations. Reducing numbers of agency staff would help financially, but finances would never take priority over safety and quality of care. Agency staff were offered the same individual supervision, reflective practice and training available to internal staff. Work was also underway to record supervision more effectively trust-wide.

The committee discussed diagnosis waiting times. It was noted that patient tracker lists were being constantly monitored, and that there was a direct correlation between the longest waiting lists and teams with the highest number of vacancies. Referrals of children and young people had doubled since the end of 2022 and were increasing monthly. For services in York the average wait was one month, with the longest waits around assessment for ADHD and autism; those with the highest need were given priority. TEWV was investing in community transformation to improve wraparound care and help those who did not need to be in hospital to stay at home.

Members also enquired about the crisis telephone service, and it was confirmed that TEWV was working with voluntary sector colleagues to improve response rates. Procurement for a voluntary sector partner had just taken place, and a pilot scheme with NHS 111 giving the option to speak to a local mental health provider was due to run in April, although there remained a need to increase crisis team capacity.

In response to Members' questions around leadership, data management and monitoring it was noted that the CQC report had raised the issue of the volume of data being looked at regularly, and efforts were being made to focus on fewer and specific measures in response, including waiting lists. A new risk management system was being embedded, and patient voice was informing a new and robust policy on the use of monitoring equipment. It was also noted that as the CQC's inspection regime was changing, future reports might take a different form.

Resolved:

- i. To note the content of the presentation including the progress made since TEWV's previous CQC inspection in 2021;
- ii. To note the 'Must Do' and 'Should Do' actions identified in the 2023 CQC inspection and the progress made on these to date.

Reason: To keep the committee updated on TEWV's response to the CQC inspection.

29. 2023-24 Finance and Performance Monitor 3 (18:30)

Officers introduced a report outlining finance and performance information for quarter 3, covering the Health, Housing and Adult Social Care service areas. It was noted that the Council was facing significant financial pressures, especially across Adult Social Care.

Members enquired about the general budgetary position. It was confirmed that historically overspends had reduced through the financial year but owing to additional costs due to inflation, increased utilities and staffing costs, and narrowing opportunities to offset and save, this had not happened in 2023/24. Identified savings would need to be delivered successfully to balance the budget for the next financial year.

The Executive Member for Housing, Planning and Safer Communities was in attendance and joined the committee's discussion on the Housing finance and performance information. Members discussed the figures for rough sleeping and void properties. With reference to the increased number of rough sleepers, it was noted that the move from annual to quarterly figures likely represented a more accurate reflection of the numbers of rough sleepers. Council Navigators were responsible for trying to get people back into services, and everyone known to them was engaged with, including those who had been excluded from hostels or other premises. It was confirmed that all available beds, including

emergency and severe weather beds, were generally always full. With reference to void premises, it was confirmed that there had been a significant focus on reducing these following abnormal spikes in the numbers of voids in September and January; additional resources were being used to clear these to reduce the housing waiting list and increase revenue.

Members also discussed the finance and performance information relating to Adult Social Care. Officers confirmed that due to non-savings in previous years, budgetary growth had been eaten up by inflationary pressures. Significant reductions were needed in the price paid to providers in the independent sector, in the number of people commissioned services were provided to, and in the amount of service provided. Work on this was underway, including a new practice model, improved assurance processes, and the re-procurement of reablement services. Managers were highly conscientious around the financial position, but savings needed to be balanced against statutory duties and the provision of safe and sustainable care. With reference to residential care, it was confirmed that beds were block-purchased from the independent sector; bed use was closely monitored and vacancies could be recouped. Work was also being done in Home Care to get people onto more reasonably priced provision.

The committee enquired about the public health data in the report. It was confirmed that ward-level data helped address local health inequalities, and benchmark figures would be included in future reports. With reference to other indicators, it was confirmed that only one in ten new births did not receive a face-to-face visit from a health visitor within 14 days, compared to one in three in 2021/22; these figures reflected variables including specific health needs and safeguarding concerns. It was noted that ONS figures on life expectancy were published with a time lag, and that concerns over healthy life expectancy had grown over the last decade, with female life expectancy tending to reverse more quickly than male. Although the indicator for HIV late diagnosis had increased, the numbers of individuals diagnosed were in single figures. Treatments had progressed and levels of transmission for those on new antiviral medication were virtually nil, and while there was concern over this indicator it represented the difficult end of a historic problem.

Resolved: That the committee note the the finance and performance information.

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

[The meeting adjourned for a comfort break from 19:30 – 19:38].

30. Adult Social Care CQC Assurance Update (19:38)

The Corporate Director of Adult Social Care and Integration provided the committee with an update on the progress to date in preparation for the upcoming CQC inspection of City of York Council's Adult Social Care services. It was noted that the timing of the inspection was to be confirmed.

Members enquired about the shape the inspection would take. It was confirmed that a new framework for inspection had been agreed in 2022, and that officers were in contact with colleagues at the five authorities already inspected under this process. The inspection would involve the submission of information to the CQC and an on-site visit focused on front line provision. While there was still work to do, plans were in place to enable a good inspection. This included a CQC lead in post within the ASC team, and the commissioning of a report from Healthwatch York to provide user and carer feedback.

In response to the committee's questions on best practice and integrated care, it was confirmed that work on the lessons learned from recent inspections had been done locally and nationally, and that sector-led improvement was increasingly focusing on best practice in addressing inspection requirements. Residents wanted to see Adult Social Care provision integrated with other services and the new regulatory regime was helpful in this regard. Progress was already being made in the city with joint work on frailty and mental health hubs, and there were opportunities for further integration of services including joint commissioning with the Integrated Care Board, although it was important to avoid duplication given financial pressures.

Resolved: That the committee note the report.

Reason: To support the key priority areas in preparation for upcoming CQC inspections.

31. All-Age Commissioning Strategy 2023-25 (19:58)

The committee considered a report on the Council's All-Age Commissioning Strategy for 2023-25, which was introduced by the Head of All Age Commissioning. It was noted that the new strategy was a live document, entailing a strength-based approach to commissioning services.

Members enquired about the clarity of the commissioning process, and it was confirmed that the clear statement of aims and objectives embodied in

the strategy was necessary to avoid the Council's approach being driven by market forces. A quarterly commissioning plan sat below the strategy, and a market position statement and a workforce strategy summary were available on the Council's website.

The committee discussed the use of assistive technology in social care. It was noted that while maximising technology to provide a better service was a key priority of the strategy, it was essential that solutions were accessible and intelligible to service users and their families. It was confirmed that a separate working group was looking at assistive technology, and that the market position statement would be updated to reflect that technological solutions were not suitable for all service users. It was noted that a discussion on reablement was included on the committee's future work plan.

Members also enquired about the implementation of the strategy and how progress would be measured. It was confirmed that officers would be able to bring an updated version of the commissioning plan which covered these aspects to a future meeting of the committee. Co-production was an important element of the strategy and demonstrated that this work was being done on a system level rather than looking inwards.

Resolved:

- i. That the committee note the strategy.
- ii. That the market position statement and an appropriate version of the commissioning plan be considered at a future meeting of the committee.

Reason: To keep the committee updated on the All Age Commissioning Strategy.

32. Work Plan (20:16)

The committee considered its work plan for the 2023/24 municipal year.

It was confirmed that an expanded report on Building Repairs would be available for consideration in March, although further consultation would be needed before determining the remainder of the agenda for that meeting. It was also confirmed that reports on Pharmacies, Adult Social Care Strategy, Reablement, and a status update on Home Care would be available for consideration at upcoming meetings. The possibility of receiving a report on Autism and Neurodivergence Strategy with input from the ICB was also discussed.

Members suggested possible subjects for discussion at future meetings including any outputs from the upcoming Local Government Association peer review of the council relevant to the committee's remit, the lasting effects of the pandemic, and the possibility of a visit from an external expert to demonstrate current options in assistive technology.

Following references to Home Care earlier in the meeting, the Chair proposed that the committee appoint a Task and Finish group to review Home Care commissioning and invited Members to consider volunteering.

Resolved:

- i. That the committee consider a report on Building Repairs (incorporating repair process for damp and mould, implications of Awaab's Law, no-win no-fee solicitors, the Housing Stock Survey 2024, and relevant asset management aspects), at its next meeting in March, as well as either a progress update on the Housing delivery programme or an update on homelessness strategy, to be determined by the Chair in consultation with officers.
- ii. That the committee receive a report on Pharmacies at its scheduled meeting in April.
- iii. That the committee consider Adult Social Care Strategy, Reablement, and a status report on Home Care at its meeting in May, along with a report on Autism and Neurodivergence Strategy pending liaison with the ICB.
- iv. That any relevant outputs from the upcoming LGA peer review, lasting effects of the pandemic, and a visit from an external expert in assistive technology be added to the committee's work plan with dates to be confirmed.
- v. That next steps for a proposed Task and Finish review into Home Care Commissioning be determined by the Chair in consultation with officers.

Reason: To keep the committee's work plan updated.

Councillor D Myers, Chair

[The meeting started at 5.32 pm and finished at 8.29 pm].

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Health, Housing and Adult Social Care Scrutiny Committee

27 March 2024

Report of the Head of Democratic Governance

Task and Finish Group Review into Home Care Commissioning

Summary

1. This report presents information in support of a proposed Task and Finish scrutiny review into Home Care Commissioning and asks Members to consider and endorse the proposed remit, objectives, and timeframe for the review's completion. Full details of the proposal will be presented to Members at the meeting as **Annex A**.

Recommendations

2. The Committee is asked to:
 - i. Consider and endorse the proposed remit, objectives, and timeframe for a Task and Finish scrutiny review of Home Care Commissioning or suggest appropriate revisions.

Reason: To enable the Task and Finish Group to proceed with work on the review in line with scrutiny procedures.

Background

3. At the 30 January 2024 meeting of the Health, Housing and Adult Social Care Scrutiny Committee, Members discussed Home Care Commissioning during consideration of finance and performance information relating to Adult Social Care as part of the 2023-24 Finance and Performance Monitor 3 report.
4. At the same meeting, during consideration of the Committee's Work Plan, it was confirmed that a status update report on Home Care would be available for consideration at the May meeting of the Committee, and it was resolved to add this item to the Work Plan for that meeting.

5. Following this decision Councillor Danny Myers proposed a Task and Finish Group to review Home Care Commissioning, with a view to ensuring Members had a full understanding of the relevant background in advance of the Committee's consideration of Home Care at the May meeting, and Members were invited to volunteer to join Councillor Myers in carrying out the review.

Aim

6. To review Home Care Commissioning in the City of York and make recommendations as identified in the Proposal Form at Annex A, to be tabled at the meeting.

Objectives

7. Full details of the proposed objectives of the review will be presented to Members in Annex A, to be tabled at the meeting.

Consultation and Methods

8. Full details of the proposed consultation and methods of the review will be presented to Members in Annex A, to be tabled at the meeting.

Timeframe

9. Full details of the proposed timeframe of the review will be presented to Members in Annex A, to be tabled at the meeting.

Options

10. The following options are available to Members:
 - i. Endorse the draft remit, objectives, and timeframe as proposed;
 - ii. Amend the draft remit, aim and/or objectives, or timeframe;
 - iii. Add any further objectives the Committee agrees are relevant.

Analysis

11. There is no analysis at this stage.

Council Plan

12. A review of this topic would support the *One city for all, 2023 to 2027* Council Plan priority of a health generating city for children and adults.

Implications

13. There are no implications to be addressed at this stage in the process. Any relevant implications will be identified by the Task & Finish Group during their review.

Risk Management

12. Any identified risks associated with the findings from this review will be included in the draft final report arising from this review.

Contact Details

Author:

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Tel No. 01904 553659

Chief Officer Responsible for the report:

Bryn Roberts
Director of Governance and Monitoring
Officer

Report Approved Date 19 March 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

Annex A: Task and Finish Group review into Home Care Commissioning: Proposal Form – ***to be presented to Members at the meeting.***

List of Abbreviations Used in this Report: None.

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Health, Housing and Adult Social Care Scrutiny Committee

Work Plan 2023/24

23 April 2024, 5:30pm (Public Health)	1) NHS health checks 2) Weight management pathway and obesity across York 3) Vaping 4) Pharmacies 5) Work Plan
15 May 2024 5:30pm (Adult Social Care)	1) Adult Social Care Strategy 2) Reablement 3) Home Care: status report 4) Autism and Neurodivergence Strategy (TBC) 5) Work Plan

- TBC Learning Disability Provision – The Glen and Lowfields
- TBC Urgent care delivery review in York and the East Coast, to provide an update on the emerging integrated model and next steps
- TBC Output from LGA Peer Review
- TBC Lasting effects of the pandemic and review for winter 2024/25
- TBC External expert on reablement technology (May?)

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