
Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	20 April 2022
Present	Councillors Doughty (Chair), Hook (Vice-Chair), Heaton, K Taylor, Vassie, Wann and Wells (substitute for Cllr Barnes)
Apologies	Councillor Barnes

20. Declarations of Interest

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

21. Minutes

Resolved: That the minutes of the previous meeting held on 24 January 2022 be approved as a correct record and be signed by the Chair.

It was reported that the letter to the Secretary of State regarding dentistry in York had been sent in February. The Democracy Officer agreed to circulate the letter to Members.

22. Public Participation

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

23. 2021-22 Finance and Performance Third Quarter Report - Health and Adult Social Care

Members considered a report that analysed the latest performance for 2021-22 and forecasted the financial outturn position by reference to the service plans and budgets for all relevant Adult Social Care (ASC) and Public Health services falling under the responsibility of the Directors of Adult Social Care and Public Health.

The Finance Manager, the Assistant Director of Public Health and the Corporate Director of Adult Services and Integration were in attendance to provide an update.

Members were informed that:

- There was a projected overspend of £3m in the outturn position for Adult Social Care.
- There were large overspends in older people's residential and nursing care and also within the older people physical and sensory impairment budgets.
- Placements in residential and nursing step up and step down (SUSD) beds had increased over the last three months and this budget was expected to overspend by £604k.
- Adult Social Care had developed a plan to look at several areas where they felt there was scope to bring overspends down by the year end.
- Public Health was expected to underspend by £224k. This would be transferred to earmarked Public Health reserves to fund further budget commitments.

Officers responded to a variety of questions from Members regarding temporary agency staff, cost inflations, long term residential and nursing care, waiting lists, overspends, safeguarding referrals, the control outbreak management funding and mental health provision. Members noted the following:

- There was a national shortage of staff in social work and safeguarding.
- To recruit and retain staff, the council had used a proportion of the workforce recruitment and retention fund. Officers would continue to support recruitment drives and discussions would also continue around working conditions for long term agency staff. The Finance Manager agreed to circulate further information on the recruitment initiatives to Members.
- A new staff structure in the Public Health team had been approved and there was currently only one vacancy left to be filled.
- The cost of residential care had risen significantly and although the council had provided a 3% increase to providers, they were expecting further challenges. Providers had been offered to undertake an overbook

accountancy exercise, to allow them to fully understand and recognise the pressures.

- The council's ambition was to support people to live independently in their own homes for as long as possible and Members requested that further context on the numbers of customers in long-term residential and nursing care be included in future reports.
- Referrals into Adult Social Care had risen recently and more robust data on waiting lists could be shared in six months.
- In future reports, the finance summary table would be more reader friendly and officers agreed to provide Members with an overview and breakdown of the Adult Social Care income figure total, as highlighted in table 1 of the report.
- Following the easing of Covid restrictions, reports of adult safeguarding concerns had risen slightly around neglect and care. All safeguarding referrals were investigated and specific work was being undertaken with care homes that had been awarded 'requires improvements'.
- Several initiatives in mental health services were taking place to support adults who were in paid employment and those living independently, with or without support. Officers agreed to provide further details on these initiatives to Members.
- The unspent 2020/21 Control Outbreak Management Funding (£2.4M), alongside further funding (£1.1m) would be used to offset the general overspends and cost pressures across the council.
- Lateral flow test kits were no longer distributed by Public Health.
- The residential and nursing budget was being influenced by the current discharge requirements. People were being discharged sooner and had a higher level of care and support needed than previously.
- There had not been excessive delays in stepping people down into nursing and residential care and Social Workers had visited wards to ensure the right pathway for people were in place. A review would take place on the step up and step down placements.
- Analysis was currently underway regarding the length of time that 24 hour care was needed and if people were prevented from returning home, due to higher care needs or lack of home care capacity in the city. Discussions were taking place to understand if any resource across

the system could be redirected to address this growing pressure.

- A suicide audit was last undertaken by Public Health in 2017 and real time data was received from Coroners. Men were a higher risk group and multifaceted work was ongoing to address the risk factors. Officers agreed to provide further information to Members, including age ranges and the impact of Covid.
- The projections in ASC assumed that a further £812k of savings would be made between now and the year end. Officers agreed to provide Members with a cost breakdown of these savings.

Officers were thanked for their report.

Resolved: That the report be noted.

Reason: To update the Committee on the latest financial and performance position for 2021-22.

24. Update on the Integrated Care System

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

The Consultant in Public Health for City of York Council/Vale of York CCG and the Corporate Director of Adult Services and Integration provided an update to Members, stating that:

- The NHS White Paper, Integration and Innovation, was published in February 2021 followed by the Health and Care Bill, in July 2021. Subsequent legislation would come into force following the Health and Care Bill's approval. This included Integrated Care Systems (ICSs) being established on a statutory footing and taking on the statutory and allocative duties of Clinical Commissioning Groups (CCGs) in July 2022.
- From 1 July 2022, York would form part of the Humber and North Yorkshire Health and Care Partnership. Decisions would be made at local authority level, which York had not achieved in the past.

- The York Health and Care Alliance was established in April 2021 and had been meeting in shadow form. The Alliance would also become a place-based partnership and the committee would receive a defined set of NHS functions.
- The functions and role of the Health and Wellbeing Board would be broadened to support the place-based ICS partnership and Overview and Scrutiny Committees would also develop a strong role in scrutinising both the local place-based partnership and the Integrated Care Board, as a regional body, in a similar fashion to previous work with Clinical Commissioning Groups.

Officers responded to a variety of questions from Members and they noted the following:

- Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) had representation on the York Health and Care Alliance, providing place based input from mental health partners.
- At place level, each area would be encouraged to establish a place-based partnership. This partnership would meet as a 'joint committee' established between partner organisations, such as the Integrated Care Board (ICB), Local Authorities, statutory NHS partners or NHS England and NHS Improvement.
- The ICB would be directly accountable for NHS spend and performance within the system.
- The Integrated Care Partnership (ICP) was the part of the ICS tasked with setting strategic direction and including a wide range of partners.
- The work of scrutiny and the Health and Wellbeing Board (HWBB) would help identify any gaps in provision.
- This reform would see the NHS moving into a less competitive model and a more collaborative environment. Collaboration was a strength of the new model but it remained a complex structure, as it had the ICS and its sub committees; six Place Committees, five Provider Collaboratives, one Integrated Care Board and an Integrated Partnership.
- Membership of the Integrated Care Partnership would also include the Chair of the Health and Wellbeing Board (HWBB).
- A HWBB Strategy was being drafted, which would set the outcomes and priorities for York from two perspectives, services and the health of York's population. The HWBB

Strategy was due to be published in October 2022 and the full ICS Strategy was due to be published in 2023.

- New commissioning policies within the Humber and North Yorkshire ICB should be harmonized to reduce inequalities in assessing individual funding requests.
- Healthwatch York, as a local authority commissioned service, would continue to input into the system and have representation on the ICP.

Officers agreed to provide Members with further information on non-executive memberships on the ICS and officers were thanked for their report.

Resolved: That the update on the Integrated Care System be noted.

Reason: To keep the Committee updated.

25. The City's response to Covid

Members considered a report that set out some of the key responses to the pandemic over the last two years and the local responses going forward.

The Assistant Director of Public Health provided an update and confirmed:

- From 1 April 2022, the next stage of 'living with Covid' was implemented. This signalled the end of the outbreak management response at a local government level, and saw Covid being managed like any other infectious disease.
- Care home settings would continue to take part in regular asymptomatic testing programmes for staff and residents.
- A change in national direction and a standing up of a local response would occur if there was:
 - An increase in patients in Intensive Therapy Unit (ITU), as a result of Covid.
 - An increase in the population in hospital being treated for Covid.
 - A new variant of concern driving an increase in the points mentioned above.
 - All-cause mortality increasing.

Officers responded to a variety of questions from Members regarding data, vaccinations and lessons learnt. The Assistant Director confirmed:

- The prevalence of Covid would now be monitored through the Office of National Statistics (ONS) Covid-19 infection survey and the effectiveness of the booster vaccine would also be monitored through ONS data.
- Monitoring of the Covid vaccination programme would continue and the booster take up had slowed due to the last outbreak of Covid, meaning those who had tested positive had to wait three months before receiving the vaccine.
- Anyone that had not received the full schedule of recommended vaccines could come forward at any time, including those eligible for the fourth booster, who should also be notified by the NHS around 6 months after their last vaccine.
- Although Public Health had pandemic plans in place, various contingency plans were used throughout the pandemic and the local approach model had proved to work extremely well.
- At the start of April 2022, the 5-11 year old vaccination programme commenced. There was currently no data available on the take up, although it was expected to not be particularly high.

Officers were commended for the work they had achieved throughout the pandemic.

Resolved: That the update be noted.

Reason: To keep the Committee updated.

26. Work Plan

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

The Chair stated that he had received a request from officers to defer the Autism Strategy from 17 May 2022 to 27 September 2022.

During discussion, Members also considered their role within the Integrated Care System (ICS). It was suggested that a

meeting could take place with representatives from the six local authorities to discuss the role of scrutiny in the ICS.

Resolved:

- (i) That the work plan be noted.
- (ii) That the Autism Strategy be considered at a Commissioned Slot with Children, Education and Communities Policy and Scrutiny Committee on 27 September 2022.
- (iii) That the Dementia Strategy be considered at a Commissioned Slot on 5 July 2022.
- (iv) That an ICS overview be received later in the year and that the Democracy Officer liaise with the Consultant in Public Health regarding scrutiny's role within the ICS.

Reason: To keep the work plan updated.

Cllr Doughty, Chair

[The meeting started at 5.30pm and finished at 7.28pm].