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

Election of Vice Chair

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

1. Declarations of Interest

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

2. Minutes

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

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

3. Public Participation

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

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

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

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

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

On elective activity levels, it was reported that:

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

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

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

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

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

On issues around mental health, it was reported that:

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

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

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

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

Break between 18:49 and 18:58.

5. Adult Social Care Use of Resources Peer Challenge

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

Key points raised during the presentation of the report included:

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

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

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

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

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

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

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

6. Work Plan

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

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

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

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

Cllr Hook, Chair

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