



**Notice of a public meeting of
Health and Adult Social Care Policy and Scrutiny Committee**

- To:** Councillors Doughty (Chair), Hook (Vice-Chair), Heaton, K Taylor, Wann, Barnes and Vassie
- Date:** Thursday, 29 July 2021
- Time:** 5.30pm
- Venue:** Remote Meeting

AGENDA

This is not a formal meeting of this Scrutiny Committee. The Council is operating its scrutiny and decision making meetings in accordance with statutory requirements relating to holding 'Covid safe' meetings. As non-decision making bodies, Members of this Council's Scrutiny Committees will continue to hold public informal sessions remotely for the purpose of commenting only on the business set out in the agenda below. Members of the public may register to speak in the usual way set out below.

1. Declarations of Interest

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests,
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes

(Pages 1 - 8)

To approve and sign the minutes of the meeting held on 11 May 2021.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is **5:00pm on Tuesday 27 July 2021.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting, please contact the relevant Democracy Officer, on the details at the foot of the agenda.

Webcasting of Remote Public Meetings

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

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

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

Local health and care services are facing unprecedented challenges including increasing demand across all delivery settings. Additionally, the workforce continues to be reduced in capacity and is fatigued, with many professions continuing to work in settings constrained by the requirements for robust infection control.

This Committee will hear from local NHS leaders about this situation and will offer an opportunity to discuss this and also any specific issues that may have been raised previously and are now changed in the context of the pandemic.

5. Adult Social Care Use of Resources Peer Challenge (Pages 9 - 32)

This report presents 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 includes the high-level action plan developed from the recommendations.

6. Work Plan (Pages 33 - 38)
To review the Committee's work plan for 2021/22.

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

Democracy Officer:

Name – Joseph Kennally

Telephone – 01904 551573

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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 مہیا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

City of York Council

Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	11 May 2021
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Hook, Heaton, Waudby and K Taylor
Apologies	Councillor Perrett

19. 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.

20. Minutes

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, subject to noting that it was Cllr Cullwick (Vice-Chair) who Chaired the meeting in minute number 17 not Cllr Orrell.

The Chair raised ongoing concerns regarding the style of the minutes and following discussion, he agreed to raise this at the next Scrutiny Chair's meeting.

21. Public Participation

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

22. Public Health Update on Covid-19

The Director of Public Health attended the meeting to provide a presentation on the latest Covid-19 data for York.

Some key points raised:

- The provisional rate of new Covid cases was 15.2 per 100,000 of the population, which represented 32 cases.

- The validated rate of new Covid cases per 100,000 was 15.7, which represented 33 cases.
- The rate of new Covid cases for people aged 60+ was 6.1 per 100,000, which represented 3 cases.
- The latest 7 day positivity rate showed York was significantly below the regional averages.
- There had been 100 Covid triages in the last 7 days.
- There were no patients with Covid in general or acute beds at York hospital and there was one patient in intensive care.
- There were no care homes with confirmed Covid-19 infections.
- There were 4 children of primary or secondary school age who had tested positive.
- In the last 7 days, the rate of new cases had been highest in the 20-29 and 30-39 age bands.
- Over 61% of adults had been vaccinated with their first dose and over 31% with their second.
- Stage three of the governments roadmap was forecasted for 17 May 2021 and reviews continued regarding all restrictions ending on 21 June.
- All residents of secondary school aged children and above were encouraged to take asymptomatic tests twice a week.

The next steps were discussed, including a recovery plan and the Director stated that officers would be particularly focused on the impacts relating to NHS waiting lists, mental health and children and young people.

Following questions raised, the Director confirmed:

- The vaccination was voluntary, frontline staff were strongly encouraged to have the vaccine but ultimately it was their decision.
- The Outbreak Management Board were monitoring the uptake of vaccinations by ward and a vaccine inequalities group had also been established to ensure the right information was reaching residents.
- Work with GP practices and community pharmacies, particularly in parts of the city where vaccine uptake was low, was ongoing to enable vaccines to be offered closer to home.

- Members could contact her direct regarding their individual wards.
- Employers would be encouraged to allow their staff paid time off work in order to be vaccinated, the Director added that anyone experiencing difficulties with their employers could confidentially whistleblow to her and she would follow it up without revealing the source.
- It was quite normal to see fluctuations in vaccine supply and she was not aware of any delays with any particular vaccine but would consult with the Clinical Commissioning Group and if necessary, would update Members further.
- The vaccination sites had been focussed on delivering the second doses on time, meaning that some people booking their first vaccine in York may have experienced delays.
- Ongoing conversations were taking place regarding student take up of the vaccine and how this would be facilitated. This information would be relayed to all students.
- York had 4 asymptomatic community testing sites and home test kits could also be ordered and posted. Further information on symptom free Covid tests could be found on the Council's website: <https://www.york.gov.uk/SymptomFreeCOVIDTest> and test kits could be obtained by clicking on either link: [Find where to get rapid lateral flow tests - NHS \(test-and-trace.nhs.uk\)](https://www.nhs.uk/conditions/coronavirus/covid-19/rapid-lateral-flow-tests/), or, [Order coronavirus \(COVID-19\) rapid lateral flow tests - GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/coronavirus/covid-19/rapid-lateral-flow-tests) . Alternatively, 119 could be called between the hours of 7am and 11pm to order testing kits over the telephone.
- The community testing sites were currently only funded until 30 June 2021 but the Outbreak Management Advisory Board would be considering the continuation of at least one community offer in York.
- All partners were collaboratively working to ensure restrictions would be lifted safely in the city and if absolutely necessary, legal action would be taken if there was sufficient evidence that the rules were being broken.

- Officers were working with GP's to contact individuals who had not yet taken up their vaccination offer.
- Anybody who would like a vaccine would be offered one and vaccines should be offered to the under 40 age group very soon.

The Committee thanked the Director for all her continuing efforts and those of her team.

Resolved: That the presentation be noted.

Reason: To ensure that the Committee were aware of the current situation in York relating to Covid-19.

23. Update on the Peer Challenge Commissioned in Adult Services

Members received a presentation on the recent peer challenge commissioned in adult services and how this would inform future planning in the service.

The Corporate Director of People was in attendance to provide the update and answer any questions.

The Corporate Director explained the background and methodology to the peer challenge noting that experienced members and officers from other councils had been invited to visit to assess how the council were working in adult services and to provide feedback on how to improve. These peer challenges were not inspections but a tool for improvement as part of a commitment to improve performance.

The peer challenge team were asked to:

- Examine how York was progressing as a Peoples Directorate, taking advantages of the opportunities this offered to improve support to adults and use resources more effectively.
- Consider management of demand at the adult social care front door and how strength based approaches were used to reduce the need for council support.
- Examine how strength and place based approaches were embedded and the impact of these upon York's approach to supporting people who had

existing complex and high cost support - considering examples of good practice from elsewhere.

- Consider how the Council were using opportunities afforded by the new Peoples Directorate for better commissioning and market management; with particular focus on the strength of collaboration and potential joint brokerage with the Clinical Commissioning Group.

Members were made aware of the following headline findings:

- The self-assessment was accurate.
- There was a clear vision of how the people directorate would deliver.
- Learning culture was in place.
- Staff were motivated and supported.
- There were strong partnerships and new structures developing to build on.
- Committed leadership at all levels, which included elected Members.
- Good work during the pandemic especially with care homes.
- Staff were tired.
- Lot of change – especially senior leadership.
- Vision to be translated into a plan and recognise cannot do it all at once.
- Strengthen performance culture and information.
- Review opportunities to commission and manage the market differently.

The next steps were discussed, including a recovery and development plan that built on strong foundations and good practice, with clear priorities and milestones. This would include:

- Time and support for social workers – embedding reflective practice.
- Incentivize preventative work across the system – and really understand what works and do more of it.
- Stronger link to corporate systems.
- Agreeing how to use technology to complement services.
- Intermediate strategy with support from health colleagues to ensure it's home first and not care homes first.

- Establishing an Improvement Board.

In answer to questions raised, the Corporate Director of People and the Director of Public Health confirmed:

- Frontline staff felt supported and a collection of systems were in place to support Social Workers.
- Staff were encouraged to take annual leave.
- Modelling work was ongoing with partners to consider various recovery options that would develop a single vision for York.
- Staff sickness rates were variable but had been better during the pandemic.
- Partnership working had allowed for creative and innovative solutions to work effectively during the pandemic and this would continue to support recovery.
- The Improvement Board would develop a plan with clear milestones that would be understood by staff.

The Council's Chaplin was thanked for his support to staff during the pandemic and the Corporate Director was commended for undertaking the peer review during this unprecedented time.

Resolved: That the update be noted.

Reason: To ensure that the Committee were aware of the current position.

[An adjournment took place from 19:21 to 19:28]

24. Update on the All Age Learning Disability Strategy

Members considered a report that provided an update on the All Age Learning Disability Strategy.

The Assistant Director of Joint Commissioning was in attendance to provide an update and answer any questions. She noted that the Strategy had been ratified by the Health and Wellbeing Board and would run from 2019 to 2024.

During discussion of the item, as noted within the report, officers highlighted:

- The four key priority areas within the Strategy:
 - i. Education, life-long learning and employment

- ii. Being as healthy as possible
- iii. Independent living
- iv. Participating in society
- The work that had been achieved during the pandemic in relation to learning disabilities.
- That the Learning Disability Partnership had met remotely in March 2021 and the leads from each group were now reconvening their groups to review the priorities within the strategy.
- The Learning Disability Partnership had also highlighted four key areas that they considered a priority:
 - a. Social isolation
 - b. Communication
 - c. Participating in society
 - d. All voices were heard and engaging with families together, make sure consultation happened in a timely way.

In answer to questions raised, it was noted that:

- A small network of people with learning disabilities were very actively engaged in attending or running events in the city. Officers would use these engagements to connect, engage and hear from people and different organisations.
- The Partnership would raise awareness across the city regarding annual health checks for people with learning disabilities and would involve GP practices in this.

The Assistant Director was thanked for her update.

Resolved: That the update be noted.

Reason: To ensure the Committee were kept updated on progress.

25. Work Plan

The Committee considered its draft work plan for the municipal year 2021/22 and the following was suggested:

- 22 June 2021 (Informal Forum)
 - i. Covid-19 update

- 29 July 2021 (Public meeting)
 - i. Receive the full report from the peer challenge commissioned in Adult Services
 - ii. Receive an update from the Clinical Commissioning Group/Hospital Trust regarding recovery, particularly how the backlog/waiting lists across hospital/mental health services would be managed referencing data relating to cancer patients and elective and non-elective surgery.

- 2 November 2021 (Public meeting)
 - i. Receive an update from Tees, Esk and Wear Valleys NHS Foundation Trust (TWEV) on the recent Care Quality Commission (CQC) Inspections and Fossbank.

The Director of Public Health and the Corporate Director of People were asked to consider agenda items that could be brought forward to future meetings.

The Committee passed on their best wishes to the incoming Lord Mayor who was standing down from this Committee for the municipal year 21/22.

Resolved: That the work plan be approved, subject to the above amendments/additions.

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

Cllr Doughty, Chair

[The meeting started at 5:30pm and finished at 8:08pm].



Health and Adult Social Care Policy and Scrutiny Committee**29 July 2021****Report of the Director of Safeguarding People****Adult Social Care Use of Resources Peer Challenge****Summary**

1. This report presents 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 includes the high-level action plan developed from the recommendations.
 - The report finds that York has many positives upon which to build an approach that meets the need for long-term recovery planning in Adult Social Care.
 - These Positives include: An engaged, stable and committed workforce at the front line. A new People Directorate, which is structured to plan support from childhood to adulthood. A vibrant and engaged voluntary sector that want to shape services and deliver them, and many strengthened relationships with health and other partners and streamlined processes upon which to build long term solutions.
 - However, York faces considerable challenges in managing its resources effectively. New structures in place have already provided the basis to support a 3-year transformation journey but further improvement will need further change to team structures, practice and culture and the department will need the support of colleagues in the council and wider partners to achieve this.

Background

2. The Peer Challenge is part of the sector led improvement approach adopted by the LGA and ADASS. It uses a tried and tested methodology designed to help the authority and partners assess current achievements and strengths alongside areas for development. It is based on a self-assessment ratified by partners followed by 3 days of

interviews and focus groups carried out by a team of 6 peers who are experts in adult social care in the region.

- The Challenge Framework focussed on the following areas, Leadership, Strategy and Vision, Business Process, Long Term Support and Recovery. It highlights strength and areas for improvement in each of these areas intended to inform council's actions over the coming years. These form the basis of the action plan.

Consultation

3. As part of the preparation of the self-assessment, evidence and views were collated from a wide range of statutory and non-statutory partners. Focus groups and interviews included people with lived experience of using adult social care

Options

4. Members are asked to consider receiving further updates of the action plan developed in response to the peer challenge.

Council Plan

5. The report supports the council's priority of good health and wellbeing for all residents.

Implications

6. The response to the peer challenge and the development of a 3 year plan will involve support and challenge across all CYC corporate services

Risk Management

7. The effective use of resources in adult social care is essential both to mitigate against risk to council finance and to ensure that the council meets its statutory obligations to its residents.

Recommendations

8. Members are asked to consider
 - i) Receiving updates on the systematic plan to ensure effective use of resources. This is to enable effective scrutiny of the progress being made in this area.

Contact Details

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Chief Officer Responsible for the report:

Amanda Hatton
Corporate Director People Services

**Report
Approved**



Date 21/7/2021

Wards Affected:

All

For further information please contact the author of the report

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Use of Resources Peer Challenge

Yorkshire and Humber Regional Peer Challenge Programme

April 2021

Peer Challenge Methodology & Design

- A supportive approach undertaken by ‘critical friends’.
- Undertaken by a team of 6 peers who are experts in ASC within the region
- Submission of a self assessment (ratified by partners) followed by 3 days (24th March 2021 until 26^h March 2021) of focus groups and 1:1s with stakeholders from within and without of ASC
- Designed to help the authority and our partners assess current achievements and strengths of the system, along with areas for development in order to continuously improve
- The Challenge used the LGA/ADASS framework around making the best use of reducing resources, and focussed on Leadership, strategy and vision; Business Processes; Long-Term Support & Recovery

Leadership Strategy and Vision

“We know ourselves”

Leadership

- We know ourselves (the self-assessment was insightful and matched the team's findings)
- Leadership at all levels are committed to the vision and to delivering excellent services
- We have an engaged, briefed and experienced Portfolio Holder
- Significant challenge lies ahead to achieve the ambitions set by the leadership team. The timescale for change could take up to 3 years.
- Time is needed to embed new roles within the Corporate Management Team, to provide stability and clarity and drive cultural change

Strategy

- The People Directorate is driving the agenda & there is already evidence of sharing learning
- The New Alliance with key partners is incubating collaboration & innovation
- There is a perception that the development-based economic growth agenda is the Council's priority due to consistently high local media profile. There is an opportunity in the Ten-Year Plan to embed shared priorities between People and Place.
- A climate should be created to support systematic change for joint working with internal and external partners. If the system were to pull resources together for ASC, the approach would deliver the agenda and make it everyone's responsibility. ASC would benefit from increased internal corporate support.
- ASC will require help and support to strengthen the service and address demand. Partners and specifically Health CCG and PCNs should also accept and adopt this approach. This is most relevant to York as historical problems with health finances have resulted in challenges for the Council. In addressing this, the benefits can be reaped by all parties.

Vision

- It is clear that York's leadership at all levels, is committed to a vision which aims to help people to have 'better, healthier, happier, more independent lives', and to delivering services to support this happening.
- ASC can only achieve our ambitions to use resources well if all partners share and agree the long-term vision with ASC.
- We need to interpret our vision to make it useable and accountable - better, healthier, happier more independent lives

Business Processes

“CYC can be proud of their front line staff”

Our workforce

- CYC can be proud of their front line staff.
- They are committed to ASC.
- Service managers, partners, volunteers, carers & people using services spoke very highly of front line staff and of their commitment, focus and support to customers (having strength-based conversations with their customers, and working across organisations in people centred ways).
- There are a number of acting up posts and vacancies; and a real need for stability to deliver on the vision and rebuild the teams. Staff are exhausted, recruitment delays are unhelpful.
- The amount of finance devolved to staff is small compared to the large spend on delivering care. Streamlining or reducing staffing capacity further will, in the opinion of the peer team, seem like the council will have gone too far in the reduction of capacity to be able to deliver effective services and consequently, the vision for ASC.
- If ASC don't have sufficient numbers of staff to deliver appropriately planned services, then more people will be provided with services. This will be counter intuitive and should be avoided.
- A small investment in return for the delivery of the plan will pay dividends in the long term.

Developing the workforce further

- Effort to manage demand through primary, secondary and tertiary prevention is predicated on staff having time to use their skills to provide the right support at the right time. This way, the best outcomes can be achieved while at the same time meeting savings targets.
- Staff are appreciative of the training and process changes implemented so far which have improved their day to day practice and the support from managers, who they feel valued by.
- There is positivity around the development of the People Directorate and evidence that opportunities are being used to build on workforce development training and succession planning
- Staff would benefit from refresher training following the strength based practice launch a few years ago

Business support and infrastructure

- There are currently high expectations on social workers and managers due to lack of specialist business support
- Consider how we might develop a sense of collective corporate ownership
- Social workers and service managers do not have the corporate business support or infrastructure that they require to enable them to focus on delivering social work.
- The peer team picked up a sense that the front line are fire fighting to keep up with their workload, which risks minimising opportunities for demand management via strengths based approaches.

Information architecture

- The data currently in place will not evidence delivery of the vision. Better triangulated information which accurately reflects the current situation, maps performance and budgets, and is appropriately aligned to team structures will enable better monitoring and ability to respond to financial challenges.
- This will also assist in developing the collective corporate ownership required to support ASC, and thus enabling barriers to meeting targets to be addressed effectively.
- A new Quality Assurance Framework is being developed, but the business intelligence offer is at present driven only by the ASCOF framework, and there is little or no intelligence offered at team level.
- Having business intelligence provided to ASC in a timely way, to the right people, will aid the delivery of services.
- Data collection should be built by working with service managers
- Recognise that teams and budgets need alignment to avoid a cycle of mistrust (between finance, members and service managers).

Long Term Support

“Good joint working across all systems partners”

Working with partners

- Positive and innovative commitment to Early Intervention and Prevention with good joint working across all systems partners (small charities, social prescribing model and Local Area Co-ordination, CVS, Carers etc). Support should continue to community groups and volunteers not just during crisis but in the long-term
- Use the market position statement to demonstrate all partners intent to early help and prevention and to reduce, avoid or delay the need for long term care wherever possible. Ensure this is jointly owned but also radical and clear regarding the changes it expects to see in its provisions.
- We have engaged internal partners within Housing and Communities who wish to support the ASC agenda, and should be encouraged to do so (e.g, providing appropriate accommodation options for people with learning disabilities).
- Room to build on current work with PCNs around our intermediate care model
- Need to deliver the work plan for the development of a s75 agreement to meet the needs of people with CHC, complex needs and s117 through jointly agreed resource and processes. This work could be overseen by the developing Integrated Care Alliance.
- The peer team were unanimous in advocating a neighbourhood focused approach, and locality working for social workers, working in community settings.

Reviewing existing support

- Consider the refresh of long-term contracts which are expensive & rigid & which need to respond to the collaborative approach to delivering services to avoid duplication & overlap; & to make sure they are best placed for recovery & maintaining people's independence for as long as possible
- Review packages to meet need, avoid over provision and use local community provision - Packages of care should be reviewed using a strengths-based approach to make sure that care provision has not exceeded need. Social workers need sufficient time allocated to them to do this. They also need a wide range of support options available to them to provide appropriate provision.
- Planning a model of support for independence beyond the home will result in better outcomes for people.

What next

- A systematic plan to achieve aims & objectives linked to a financial recovery plan.
- This needs to be appropriately resourced to ensure operational staff are supported to achieve the transformation of services.
- Suggested milestones:
 - Move to Neighbourhood teams
 - Time and support for social workers
 - Incentivize preventative work across the system
 - Increased Corporate Support from Finance, Business intelligence, Business Support, , HR & ICT, to allow ASC to focus resources on their priorities.
 - Agree how to use technology to complement services
 - Enhancing Intermediate Care strategy with support from health colleagues to ensure it is home first and not care homes first
- Ensure Inequalities are addressed in the strategy
- Consider a supplementary Member Challenge Panel focused on the business

Concluding remarks of the report

- *The new structure has already provided the basis for the transformation...this is a three year journey. As well as changing structures and processes it is equally important to allow time and give attention to the culture and practice of the directorate. It is also evident that the department needs the help and support of colleagues in the council and partners for example health.*
- *York has many positives upon which to build an approach that meets the long-term planning for recovery in ASC. An engaged, stable and committed workforce at the front line. A new People Directorate which is structured to plan support from childhood to adulthood. A vibrant and engaged voluntary sector that want to shape services and deliver them with you, and many strengthened relationships with health and other partners and streamlined processes upon which to build long term solutions.*
- *ASC should further strengthen the close alliances it has across the council such as the Housing Service and Community Services to build relevant and appropriate provision; and to further develop the corporate infrastructure which is evident in children's services across the whole People Directorate.*

Ambition Statements

Domain		Ambition	Year 1	Year 2	Year 3	Lead Person	Primary subgroup
Leadership, Strategy and Vision	1.1	A successful People Directorate	We will restructure ASC within the People Directorate using this as an opportunity to create structures that improve our ability to manage finances.	We will experience the benefits of being in a Directorate with CSC and Education.	We will have configured ourselves to, and have evidence of, taking all opportunities to improve use of resources and learning across the Directorate, and the people we work with will have felt a positive impact of this.	Amanda Hatton	Restructure
	1.2	Utilising the Care Alliance	We have an established Care Alliance that incubates and builds collaboration and innovation, enabling more efficient use of finances.	We have a shared and agreed vision for Health & Social Care across the alliance and key areas of work to jointly manage spend are underway.	Key services within Place are unified, work together and are seamless (para 6).	Michael Melvin	Restructure
	1.3	Achieving stability and permanence	We recruit and retain sufficient numbers of staff and managers, at all levels, in permanent posts to manage demand and cost on a day to day basis and deliver savings and improvement plans.	Senior leaders are well embedded, with clear responsibilities and accountability where there are interdependencies across place, to ensure the vision is delivered (paras 7-8). we have clear demand management	-	Amanda Hatton	Restructure
	1.4	Managing demand (suggested priority, para 41)	We incentivise preventative work across the system, and explore developments such as small budgets (para 40).	strategies through primary, secondary and tertiary prevention, with staff having time to use their skills to provide the right support at the right time (para 9).	The VCSE are involved in planning and development of future resources to ensure robust prevention strategies (para 27).	Belinda Jones	Practice development
	1.5	Corporate/system support (suggested priority, para 41)	The ASC agenda is of interest to the whole council and health (particularly the CCG and PCNs), and all take responsibility to support our improvement, including Business Intelligence, Human Resources and Business Support (para 10).	We have the right business intelligence to monitor and improve our performance; corporate systems such as HR and business support alleviate pressure on the frontline (e.g., itrent, recruitment; para18).	The Council Plan and those of key partners, reflect the importance of valuing people and of working together to support people with our combined resources.	Amanda Hatton	Ambition Board
Issues	2.1	A happy, motivated & sufficient workforce (suggested priority, para 41)	We build upon the existing motivation from staff, and ensure they are supported to deliver a quality service, within the available resource, following the sustained strain upon the service (para 14).	We ensure that we have sufficient staff, who have sufficient time to deliver our agreed model of practice to make best use of reducing resources (paras 22 & 40).	Our ASC offer is evidenced to prevent, reduce and delay the need for formal support, and people and their communities are integral to the solutions found.	Michael Melvin	Workforce
	2.2	Engaged leaders	Elected members are involved in forums dedicated to service improvement (para 19).	Elected members are involved in improvement forums and in delivery of quality assurance and performance activities.	Elected members have the right tools to monitor the performance of ASC, and are engaged with the agenda and can support to identify where improvements may be made in use of resource.	Amanda Hatton	Ambition Board
	2.3	Coproduced, joint commissioning strategy & market position statement	We contribute to the stabilisation of the market post-pandemic, and facilitate the reopening of the community where we can.	From the foundation of a joint strategy we invest in community services which move us away from traditional forms of 'care' , as a mechanism to reduce spend (para 35).	We have a commissioning strategy based on collaboration with all stakeholders; and a radical MPS which is clear in its new expectations on providers (para 33).	Director of Commissioning	Commissioning

Business Process	2.4	Neighbourhood configuration (suggested priority, para 41)	We will configure ourselves around neighbourhoods, with workers based in community settings to ensure closer proximity to the assets of place.	Social workers are part of communities, understand what is available within them, and can enable and inform early help and prevention to reduce spend on formal care (para 21).		Belinda Jones	Restructure
	2.5	Support with Direct Payments	We will scope the potential of a user led or voluntary group to support people who are interested to receive direct payments, freeing up social work time to focus on demand management and strength based approaches.	We will utilise direct payments with people to give them more control over their support and allow them to think creatively about the assets around them rather than commissioning traditional support.		Christian Walsh	Practice development
	2.6	Quality Assurance & Performance Framework	We will implement a new QA&PF for practice, including regular provision of timely team level data, to assure ourselves both of the quality of professional support offered and the right use of public resource.	We have an embedded set of quality assurance activities and enter a cycle of continual improvement which drives up practice and ensures best value for the public purse.	All workers associated with ASC are actively involved in quality assurance activities, and contribute to the feedback loop for improvement.	Abby Hands	Business Processes
	2.7	Team/budget alignment	Budgets are aligned to teams, engendering trust between managers, finance and members.	Information is triangulated to accurately reflect current circumstances, map performance and budget, and monitor and respond to financial challenges.	The business has easy access to the right finance and performance information to allow us to monitor and amend practice, improve quality and operate within budget.	Michael Melvin	Business Processes
In Support	3.1	Use of technology	We will learn from pilots and build on our assistive technology strategy (including having an AT offer aligned with reablement, para 41) to prevent, reduce and delay the need for more costly and intrusive support alternatives.	Our AT strategy complements services and is embedded in our offer and model as a key prevention strategy (para 40).	Assistive technology is an established part of our offer, available to people early and assisting to reduce and delay the need for formal support.	Richard Douglas	Practice development
	3.2	Strength based practice	SBP will be our routine way of working, supporting the agenda to prevent, reduce and delay the requirement for formal care and support (para 14).	We have used opportunities to involve and roll out this approach with partners, to make most efficient use of our shared resources.	Strength based practice is embedded across place, and the public have a clear perception of what York as 'place' can offer.	Abby Hands	Practice development
	3.3.	Building on housing relations	We work in a strength based way with housing colleagues to deliver demand management.	People with learning disabilities have housing opportunities between living in their familial home and living in a specialist supported living scheme, which offer independence and choice, and use resource more appropriately.	We have appropriate specialist provision for people who need it, and a shared model of practice for demand management.	Director of Commissioning	Commissioning
	3.4	Fostering a Preparing for adulthood approach	We have an understanding of how a PfA approach will work in York, coproducing a service that learns from the impact of the pandemic on young peoples lives (para 31).	Our PfA approach incorporates supported employment (including availability of internships) and sees efficiencies from a shared model of practice and potential shared resource across the system.	We have a PfA approach which starts at 14yrs which ensures planning and preparation with individuals and their supporters, creativity and sound decision making.	Christian Walsh	Restructure

Long Term	3.5	Intermediate care strategy (suggested priority, para 41)	We work with the PCNs to have sufficient step up provision and early discharge provision through the D2A model; and a reablement offer available to all, regardless of age or disability, assisting people beyond reablement within their home (with an associated assistive technology offer, paras 39-41). Supporting people to avoid crises,	We will build on this collaboration to ensure early identification of frailty and the right community-based services to support people early and prevent escalation (delaying the input of more costly services).	We have a joint and embedded intermediate care strategy and services developing around urgent community response and anticipatory care; all of which should delay the input of more costly services.	Sam Watts	Restructure
	3.6	s75 agreement	For those people who require complex support through CHC or s117 funding, we will have jointly agreed processes and resources to provide a seamless service.	We will scope the potential for closer collaboration through the York Alliance, and for initiatives such as pooled budgets to maximise financial efficiency.		Christian Walsh	Restructure
	3.7	Refresh of contracts	We move away from expensive and rigid contracts, and commission more community providers to promote choice and competition in the market (para 35-36).	We have competitive options within the market, and clear expectations of those who provide support around the model and principles we will commission.		Director of Commissioning	Commissioning
	3.8	LD Improvement Framework	We work with the system to identify the priority areas for development within our learning disability service (appendix), to ensure best use of resources to meet the support requirements for this population.	We work to incrementally address those areas highlighted as a priority through the ADASS improvement framework, both for quality and resource implications.	We have improved services for customers with learning disabilities and they feel a direct and positive impact of this. We have increased assurance around financial activity in this area.	Michael Melvin	Practice development
Recovery	4.1	Post pandemic growth	We build on the relationships already strengthened by the pandemic, and create a sustainable system with continued investment in community groups and volunteers.	We have support, resilience and capacity within communities to support one another and prevent, reduce and delay the requirement for costly services.	We have a whole place approach to supporting and safeguarding people.	Michael Melvin	Workforce
	4.2	Equalities placed at the centre	We highlight the inequalities brought about by covid-19 and ensure we have a strategic response which promotes the wellbeing of all communities.	We see the inequalities highlighted by the pandemic being addressed through whole system responses.	We have embedded equalities impact assessment processes which consider our role in addressing inequality in the City.	Amanda Hatton	Ambition Board

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Health and Adult Social Care Policy and Scrutiny Committee

Work Plan 2021/22

22 June 2021, 5:30pm (Informal Forum)	1. Work Plan 2021-22 Municipal year
29 July 2021, 5:30pm NB: Chair has given apologies. Cllr Hook (Vice Chair) will Chair	1. Update from the CCG/ York Teaching Hospital NHS Foundation Trust – Phil Mettam, Accountable Officer, NHS Vale of York Clinical Commissioning Group and Simon Morritt, Chief Executive, York Teaching Hospital NHS Foundation Trust. 2. Adult Social Care Use of Resources Peer Challenge 3. Work Plan
22 September 2021, 5:30pm (Informal Forum)	1. The NHS led provider collaborative - will be in place from April 2020. It would be beneficial to invite relevant colleagues to a future meeting to gain an understanding of what these changes mean/t and perhaps an update on what has happened (positive or not so good) now it will have been established. To include update York Health and Care Alliance update reports. 2. Blue Badge Guidance for implementation - TBC 3. Covid 19 Update (ongoing, Sharon Stoltz) 4. Work Plan

<p>2 November 2021, 5:30pm</p>	<ol style="list-style-type: none"> 1. Update on the recent CQC Inspections and Foss Park – Naomi Lonergan, Director of Operations, North Yorkshire & York, Tees, Esk and Wear Valleys NHS Foundation Trust 2. Health & ASC Finance & Monitoring reports 3. Childhood Obesity - for consideration on what other Authorities do to address this concern. It had been noted that Leeds had success in this area. Identifying funding streams to support work on this aspect. (Date TBC) 4. Work Plan
<p>15 December 2021, 5:30pm (Informal Forum)</p>	<ol style="list-style-type: none"> 1. Adult Social Care provision, including Older Persons Accommodation programme commissioning strategy and plan in this area and including an update on the strategy behind releasing and selling the Oakhaven site & Commissioning strategy and plan in the Committee's remit. (update report with attendance of new Director Jamalia Hussein) 2. Covid 19 Update (ongoing, Sharon Stoltz) 3. Work Plan
<p>24 January 2022, 5:30pm</p>	<ol style="list-style-type: none"> 1. Childhood Obesity - for consideration on what other Authorities do to address this concern. It had been noted that Leeds had success in this area. Identifying funding streams to support work on this aspect. (Date TBC) 2. Whole population dental Health in York – Sharon Stoltz to seek advice from Janie Berry re inviting representative from NHS England. Chair of Local Dental Committee

	<p>to be invited.</p> <p>3. Work Plan</p>
<p>30 March 2022, 5:30pm (Informal Forum)</p>	<p>1. Public Health in York Update (Sharon Stoltz)</p> <p>2. Covid 19 Update (ongoing, Sharon Stoltz)</p> <p>3. Work Plan</p>
<p>27 April 2022, 5:30pm</p>	<p>1. City Response to Covid 19 Update (Sharon Stoltz)</p> <p>2. Work Plan</p>

Agenda items for consideration

1. Youth Mental Health - A scoping report by Children, Education & Communities Policy and Scrutiny Committee (CEC) was done last year before the pandemic and has been re-started afresh. This would be a joint scrutiny with CEC. CEC have requested a commissioned scrutiny on this in Nov/Dec time and they would like to meet before then to allow HASCSC to contribute to this review from a health perspective – agreed that Cllrs Heaton and Vassie would join the Task Group.
2. Mental Health (Adults and Young People), several aspects potentially. Place based community approach update and also well-being post Covid for both. This item be put on hold until post Covid.
3. Update on smoking cessation and tobacco control in York – this was discussed at the January Forum meeting. The Director of Public Health advised that referrals and the success rate for smoking cessation was up and offered to bring an update report to a future meeting.

4. 'Dying Well' – Under this broad heading would include consideration of hospices. They are only partly supported financially by the Health Service and raise most of their own funding. This item be put on hold until post Covid.
5. Adult Safeguarding

Council Plan Priorities relating to Health and Adult Social Care
Good Health and Wellbeing
<ul style="list-style-type: none"> • Contribute to mental Health, Learning Disabilities and Health and Wellbeing strategies
<ul style="list-style-type: none"> • Improve mental health support and People Helping People scheme
<ul style="list-style-type: none"> • Support individual's independence in their own homes
<ul style="list-style-type: none"> • Continue the older persons' accommodation programme
<ul style="list-style-type: none"> • Support substance misuse services
<ul style="list-style-type: none"> • Invest in social prescribing, Local Area Coordinators and Talking Points
<ul style="list-style-type: none"> • Open spaces available to all sports and physical activity
<ul style="list-style-type: none"> • Make York an Autism friendly city
<ul style="list-style-type: none"> • Embed Good help principles into services
<ul style="list-style-type: none"> • Safeguarding a priority in all services
Creating Homes and World-class infrastructure
<ul style="list-style-type: none"> • Deliver housing to meet the needs of older residents
A Better Start for Children and Young People
<ul style="list-style-type: none"> • Tackle rise in Mental Health issues

Safe Communities and Culture for All

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| <ul style="list-style-type: none">• Explore social prescribing at local level to tackle loneliness |
| <ul style="list-style-type: none">• Expand People Helping People scheme |

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