



Notice of a public meeting of

Health and Adult Social Care Policy and Scrutiny Committee

- To:** Councillors Doughty (Chair), Hook (Vice-Chair), Barnes, Heaton, Vassie, Cullwick and Wells
- Date:** Tuesday, 21 February 2023
- Time:** 6.00 pm
- Venue:** The George Hudson Board Room - 1st Floor, West Offices (F045)

AGENDA

1. Declarations of Interest

At this point in the meeting, Members are asked to declare any disclosable pecuniary interests or other registerable interests they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests.

- 2. Minutes** (Pages 1 - 6)
To approve and sign the minutes of the meeting held on 14 December 2022.

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 **5:00 pm on Friday 17 February 2023.**

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 <http://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 (<http://www.york.gov.uk/COVIDDemocracy>) for more information on meetings and decisions.

- 4. Local Plan of Action for Drugs and Alcohol in York** (Pages 7 - 12)
The Health and Adult Social Care Policy and Scrutiny Committee is asked to comment on the York Local Plan of Action for Drugs and Alcohol in York.
- 5. 2022-23 Finance and Performance Q3 Monitor Report - Health and Adult Social Care** (Pages 13 - 32)
The report provides a detailed view of the outturn position for Public Health (PH) and Adult Social Care (ASC) for 2022/23.
- 6. Adult Social Care Reform: Cap on Care** (Pages 33 - 36)
The report provides an update to Health and Adult Social Care Scrutiny Committee regarding Social Care Reform particularly around cap on care costs.
- 7. Work Plan** (Pages 37 - 40)
Members are asked to consider the Committee's work plan for the 2022/23 municipal year.

8. Urgent Business

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

Democracy Officer:

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For more information about any of the following please contact the Democracy 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)

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City of York Council

Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	14 December 2022
Present	Councillors Doughty (Chair), Hook (Vice-Chair), Heaton, Vassie, Wells and Waudby (Substitute for Councillor Cullwick)
Apologies	Councillors Barnes and Cullwick
In Attendance	Councillor Daubeney, Chair of Children, Education and Communities Policy and Scrutiny Committee, City of York Council Stephanie Porter, Interim Executive Director Primary Care and Population Health Prof Mike Holmes, GP, Haxby Group
In Attendance Remotely	Simon Bell, Interim Place Director, York Health and Care Partnership Jamaila Hussain Corporate Director of Adult Services and Integration, City of York Council Sharon Stoltz, Director of Public Health, City of York Council Councillors Bayram and Jefferson, East Riding of Yorkshire Council Christine Phillipson, Principal Democratic Services and Scrutiny Officer, North Yorkshire County Council

25. Declarations of Interest (5:33pm)

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 (5:33pm)

Resolved: That the minutes of the previous meeting held on 22 November 2022 be approved as a correct record and be signed by the Chair.

27. Public Participation (5:33pm)

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

28. NHS Humber and North Yorkshire Integrated Care Board Update (5:34pm)

Members considered a presentation that highlighted how the Health and Care Act 2022 put Integrated Care Systems (ICSs) on a statutory footing that empowered partners to work closer together to better join up health and care services, improve population health, reduce health inequalities, enhance productivity and value for money, and help support broader social and economic development.

The presentation provided assurance of the governance being implemented to enable a different way of working that ensured that the cultural change required to adopt a population health approach could flourish. It also included the role of scrutiny and the links with the Integrated Care Board (ICB). Further information was provided on the specific topics of elective care recovery, waiting lists, urgent care, the demand and pressures on services, access to primary care, technology, and collaborative working. Members noted that:

- York NHS Foundation Trust was now within Tier 1 Elective Recovery status, and were receiving national support to improve the elective recovery position.
- In General Practice, the Operational Pressures Escalation Level 1 - 4 (OPEL) Framework, the system for tracking and reporting pressure within practices, was highlighting consistently more practices at level 3 and 4. The impact of more same day and urgent demand in General Practice was the rescheduling and delay to routine care and as a result, waiting times for routine appointments in GP practices became longer. Recent issues such as, the rise in Group Strep A and continued and sustained staff absences made it the highest reported level of pressure since January 2021.
- York Health and Care Partnership were working with Nimbuscare on a 'waiting well' programme.
- The level of urgent care forced practices to clinically assess every appointment request to safely delay non-urgent routine appointments and prioritise urgent (on the day) access.
- General Practice Access Data (GPAD) showed that Vale of York practices delivered 182,220 appointments of which 117,393 were face to face in October 2022, which was thought to be an under estimate of overall activity delivered as some of

the telephone triage and consultation work was not being captured in activity systems as yet.

- A bespoke service had been developed to support York's Asylum Seekers.
- Practices worked collaboratively to prepare a winter plan and respond to unplanned pressures. This had resulted in both additional capacity and the creation of community hubs which in particular supported Acquired Respiratory Infections and should help lower demand from these issues presenting at the hospital.
- The OPEL 2.5 model allowed Nimbuscare to support and provide staff to GP practices that were under extreme pressure and at risk of rising to OPEL 3 or 4.

During a detailed discussion and in answer to a number of questions raised, it was confirmed that:

- System change allowed for local transformation and the NHS Humber and North Yorkshire Integrated Care Board would be addressing inequalities within its six Place Boards, and funding had been ringfenced to develop this.
- The York Health and Care Partnership Board was Chaired by the Chief Operating Officer of City of York Council allowing closer working relationships between the NHS and the local authority.
- Nimbuscare were proactively contacting patients who were waiting for their hospital appointment and GP practices were consistently monitoring their routine waiting lists to reduce the routine waiting times. Patients who were on a waiting list could contact their GP if they felt their symptoms were deteriorating.
- The ICB would be developing its offer further and working with patients to address digital exclusion and had provided training on the online systems.
- The pressure of the role and the abuse received had led some reception/administrative staff to leave the profession. Work was being undertaken to address recruitment and employee retention issues.
- Technology had evolved in health care, creating efficiencies to support the demand. This was particularly noticeable with sick notes, prescriptions, repeat dispensing, consultations and appointments.
- A pilot scheme was being considered to measure GPAD more accurately and the ICB would continue to build open and transparent relationships with all GP practices to improve services.

- The ICB would continue to collaborate with Healthwatch York and City of York Council to improve communications.
- OPEL 2.5 had expanded into the Vale of York area and Nimbuscare were also developing a similar model in Hull and Scarborough.
- The branch site of Elvington Medical Practice, which had closed during the pandemic due to infection and prevention control measures, was considering a permanent closure. A consultation and impact assessment would have to be undertaken in line with the contracting requirements.

During discussion, the Interim Executive Director of Primary Care and Population Health agreed to provide further information to Members on:

- York and Scarborough Hospital Foundation Trust (Y&SHFT) current staff absence rates and reasons for.
- Elective waiting lists and how Y&SHFT compared nationally.

The Director of Public Health noted that the council's financial and procurement rules, particularly the requirement for competitive tendering, could at times be a barrier to integrated working. She felt that the Executive should be made aware of this challenge, particularly when commissioning complex cross-system services, for example sexual health. Following discussion, the Director of Public Health and the Corporate Director of Adult Services and Integration undertook to include this in relevant Executive reports together with the alternative options available to deliver better quality and more cost effective services.

Members noted the pressures across all sectors and they expressed their appreciation to all in attendance. It was

Resolved:

- (i) That the update be noted.
- (ii) That City of York Council and the York Health and Wellbeing Board encourage all general practice providers across York to engage in the non-prejudicial sharing of data with the aim of better managing care in General Practice.

Reason: To provided assurance of the governance being implemented across the Integrated Care System and the links with the Integrated Care Board.

29. Work Plan (8:10pm)

Members considered the 2022/23 draft work plan for the Committee.

Resolved: That the work plan be noted.

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

Cllr Doughty, Chair

[The meeting started at 5.30pm and finished at 8.12pm].

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Health and Adult Social Care Policy and Scrutiny Committee**21 February 2023**

Report of the Director of Public Health

Portfolio of the Executive Member for Adult Social Care and Public Health

Local Plan of Action for Drugs and Alcohol in York**Summary**

1. The government's 10-year strategy 'From Harm to Hope' (2021) lays out several aspirations which aim to reduce the harm caused by drug and alcohol use nationally.
2. Local delivery of this strategy has been in progress since its publication, including:
 - the establishment of the York Drug and Alcohol Partnership in 2022, chaired by the Director of Public Health.
 - the development of a Health Needs Assessment for drugs and alcohol.
 - additional resourcing of the prevention and treatment system through the Supplemental Substance Misuse Treatment and Recovery Grant.
3. Additionally, partners have been working on a Local Plan of Action, which will be presented as a live and evolving plan to scrutiny committee for consultation and comment in this meeting.

Recommendations

4. Health and Adult Social Care Policy and Scrutiny Committee is asked to comment on the York Local Plan of Action for Drugs and Alcohol in York.

Reason: Scrutiny members' comments will help shape this emerging action plan and strengthen the actions and work on reducing the harm caused by drugs and alcohol in the city.

Background

5. The 10 year From Harm to Hope drug plan aims to deliver:
 - Strong local drugs partnerships with accountability to central government.
 - A drugs needs assessment for each area, which will inform a local drug and alcohol strategy and action plan.
 - A focus on reducing drug and alcohol related deaths.
 - For 2% of all people in treatment to access residential rehabilitation services (minimum target).
 - National treatment capacity to increase by 20%, and an agreed 3 year trajectory locally that will contribute to national ambition.
 - Expectation that the grant will be invested in improving quality – including by reducing caseloads and increasing the professional staff mix across many agencies.

6. We know that drugs and alcohol continue to present an issue for health and wellbeing in York, as well as significant issues around housing, criminal justice, community cohesion, employment and safety. The Drugs and Alcohol Health Needs Assessment 2023 shows that:
 - there are an estimated 810 opiate or crack users in York, with around 41% not in treatment.

- York has a higher proportion of people citing alcohol and benzodiazepines use than the England averages.
 - It is estimated that 2,458 people were dependent on alcohol in 2018/2019, which is the latest published estimate. Using this estimate, a projected unmet need figure has been calculated for 2020/2021. It is estimated that 84% of people who are alcohol dependent are not in treatment.
 - 21.4% of the population are drinking at above low risk levels (England 22.8%).
 - Alcohol specific admissions (those admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-specific condition), are significantly higher in York (683 per 100,000) than in England (587 per 100,000) and the Yorkshire and Humber region (592 per 100,000).
 - The most recent data on children in York affected by a parent with a drug or alcohol addiction is from 2019/2020, taken from NDTMS. In that period, York had a total of 446 new presentations to treatment.
 - Based on an estimate of 506 adults having alcohol dependence who are living with children, the ONS estimate that this impacts between 766-842 children.
 - Older data (2014-15) estimates that there are 294 opiate dependent adults living with children in York.
 - 11.7% (234) of children in needs assessments identified alcohol misuse by a parent or other adult living with the child as an issue. Drug misuse was a factor in 8.6% (172) of assessments.
7. Through engagement with the York Drug and Alcohol service, police, probation, education and other partners, a Local Plan of

Action is in development, which will be presented to Scrutiny committee members at this meeting. This plan is a *live* document which will be continually updated as the work progresses and is presented at a point in time for consultation and comment.

8. The plan aligns to the national strategy, and has three key pillars:

Break drug supply chains
<ul style="list-style-type: none"> ➤ targeting the ‘middle market’ ➤ going after the money ➤ rolling up county lines ➤ tackling the retail ➤ restricting the supply of drugs into prisons
Deliver a world-class treatment and recovery system
<ul style="list-style-type: none"> ➤ delivering world-class treatment and recovery ➤ strengthening the professional workforce ➤ ensuring better integration of services ➤ improving access to accommodation alongside ➤ improving employment ➤ increasing referrals into treatment in the criminal justice system ➤ keeping people engaged in treatment after release from prison
Achieve a generational shift in the demand for drugs
<ul style="list-style-type: none"> ➤ applying tougher and more meaningful consequences ➤ delivering school-based prevention and early intervention ➤ supporting young people and families most at risk of substance misuse or criminal exploitation

Consultation

9. Partners from a large number of agencies are involved in this work through the Drugs and Alcohol Partnership. This partnership includes a strong element of ‘voice’, and the membership includes

those with lived experience of drug and alcohol use and is linked in to the work of the recovery community that exists in York.

Options

10. There are no options to consider in this report.

Analysis

11. This is a report for information only.

Council Plan

12. The proposal directly relates to the Council Plan priority for Good Health and Wellbeing.

Specialist Implications

Financial

13. For the treatment and prevention element of this work, York was allocated £325,566 in the first year, rising to £450,444 in year three, to support achieving these outcomes. Additional funding has come into the criminal justice system through other routes.

Human Resources (HR)

14. There are no Human Resources implications from this report.

Equalities

15. An Equality Impact Assessment has been published on the use of the Supplemental Substance Misuse Treatment and Recovery Grant.

Legal

16. There are no legal implications of this report.

Crime and Disorder

17. There are significant crime and disorder implication of this partnership working, reflecting the fact that substances are

implicated in a large range of acquisitive crime, violence and anti-social behaviour. Through compassionate and evidence-based work to reduce the harm caused by drugs and alcohol in the city, the Local Plan should contribute to reducing crime and disorder.

Information Technology (IT)

18. There are no IT implications.

Property

19. There are no property implications.

Risk Management

20. Significant national attention has been put upon reducing drugs harm and drug-related death, including through the creation of a cross-ministerial Combatting Drugs Unit and the grant funding received by local systems. Without a strong local plan of action, there is a risk that York will not deliver its contribution to national aspirations around drugs and alcohol, and substances will continue to harm our local population.

Contact Details

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**Report
Approved**

Date 10 February
2023

Specialist Implications Officer(s)

Wards Affected: List wards or tick box to indicate all

All

For further information please contact the authors of the report



Health and Adult Social Care Policy and Scrutiny Committee

21 February 2023

Report of the Directors of Adult Social Care and Public Health

2022-23 Finance and Performance Q3 Monitor Report – Health and Adult Social Care

Summary

1. This report provides a detailed view of outturn position for Public Health (PH) and Adult Social Care (ASC) for 2022/23. Discussions were held with budget managers to explain over and under spends against budget. Table 1 below provides a high-level summary.

Table 1: Q3 Monitor 2022-23

Q2 Monitor		2022/23 Latest Approved Budget			2022/23 Q3 Variance	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
Corporate Director of Adult Services & Integration						
-599	ASC Centrally Held Budgets	4,513	2,893	1,620	-833	-51.4%
-188	ASC Commissioning and Early Intervention & Prevention	6,896	11,011	-4,115	-186	-4.5%
+478	ASC In-House Services	7,300	2,282	5,018	560	11.2%
+2,908	ASC Older People and Physical & Sensory Impairment	39,258	20,971	18,287	3,724	20.3%

+2,283	ASC Learning Disabilities and Mental Health	37,624	8,999	28,625	2,607	9.1%
-1,940	Further mitigations				-2,550	
2,942	Adult Social Care Total	95,591	46,156	49,435	3,322	6.7%

2. The projected outturn position for Adult Social Care is an overspend of £3,233k. This projection is based on customer numbers and costs in the first five months of the year. The projection assumes that £1,553k of previously agreed savings and mitigations will be made by the end of the year. In addition to this £2,550k of further mitigations have also been agreed in order to bring the projected overspend down. These further mitigations are as follows:

- Use of Better Care Fund Reserve (£1,500k)
- Transfer the direct payment contingency from customer accounts to a central budget to be allocated when necessary (£290k)
- Review of home care packages to remove the provision of non-statutory services (£150k)
- City of York Council (CYC) is expected to receive £610k funding for winter pressures this year.

3. The major pressures on the ASC budget include:

- Providers are asking for increased beyond 3% - an open book accounting exercise has been developed to assess these requests
- Market prices for beds are currently higher than CYC standard rates
- Ability to recruit to vacancies and use of agency staff
- Continued increases in referrals as well as higher care needs for individuals requiring care. We are seeing a higher level of need as people are being discharged earlier from hospital as well as deterioration whilst people are waiting for procedures.

4. The following sections give more detail on the variations.

ASC Centrally Held Budgets (£-833k / -51.4% of net budget)

5. £357k of the Older People's Accommodation Programme is being held back against the overspend this year. In addition, it is expected that the budget for Preparing for Adulthood customers will not be fully spent (£150k).

6. There is slippage in the ASC reform budget largely due to a delay in recruitment to some of the posts funded by this growth (£300k).

ASC Commissioning and Early Intervention & Prevention (EIP) budgets (-£186k /-4.5% of net budget)

7. There is a projected underspend on staffing in the Commissioning Team due to vacancies (£98k), and the Carers Commissioned Services budget is also expected to underspend (£54k).

ASC In house services Budgets (£560k / 11.2% of net budget)

8. The Community Care budget is projected to overspend by around £178k. This is due to the corporate decision to bring the service and staff of Riccall Carers in-house following the company going into administration and is largely due to spend on agency staff.
9. The Personal Support Service team budget is expected to overspend by £232k as difficulty in recruiting new care staff has meant an increased use of more expensive agency staff reported against this budget. The Night Care budget is projected to underspend by £56k due to vacancies in the team.
10. Yorkcraft is projected to overspend by £92k due to an underachievement of income (£134k) and failure to achieve a previous year's saving (£93k), offset by an underspend on staffing vacancies (£105k), and other minor overspends across the service.
11. Small Day Services are projected to underspend by £127k. This is largely due to vacancies as the service has been running at reduced capacity following Covid, and in addition the Service Manager post is currently vacant. This service is currently being remodelled.
12. Be Independent is currently projected to overspend by £270k. There is still a budget gap of £130k which needs to be addressed and a £50k overspend on recharges arising from when the service was originally outsourced. In addition, staffing is expected to overspend by £128k due to an unfunded regrade of some of the posts in the team and to having a review manager post over establishment. There is also expected to be an underachievement on the sales income budget as no further equipment sales are expected to be made (£49k). This is offset by additional income arising from Mediquip moving into the site at James Street.

ASC Older People (OP) and Physical & Sensory Impairment (P&SI) budgets (£3,724k / 20.3% of net budget)

13. OP permanent residential care is projected to overspend by £832k. This is largely due to the average weekly cost per customer being £69 per week higher than in the budget and there are also nine additional customers by the end of Q3.
14. Permanent Nursing Care is projected to overspend by £766k. There are six more s117 customers than assumed in the budget (£486k), the average weekly cost per customer is £40 more than in the budget (£282k) and there

are 10 fewer customers receiving health funding towards the cost of their care (£248k). This is partially offset by having fewer non s117 customer in placement than when the budget was set.

15. The OP Community Support Budget is projected to overspend by £425k. This is due to the average number of weekly hours of homecare delivered by framework providers increasing by 216 hours per week since the budget was set and not achieving other budget savings such as increased use of technology which impact on this budget line.
16. The Older People Direct Payments budget is projected to overspend by £211k, largely due to the average weekly cost per customer being £69 a week higher than in the budget (£148k) and there are also two additional customers since the budget was set.
17. The P&SI Direct Payment budget is projected to overspend by £376k largely due to the average weekly cost per customer being £63 more than in the budget.
18. P&SI Residential Care – Working Age is projected to overspend by £252k largely due to four additional customers compared to budget (£267k) which is slightly offset by an increase in the average rate of health income received for section 117 customers.
19. P&SI Community Support is projected to overspend by £123k due to the average weekly cost of an exception cost increasing by £98 compared to the budget. In addition, there are three more exception customers than in budget.
20. P&SI Supported Living schemes are currently projected to overspend by £452k due to the average cost per customer being £80 a week more than in the budget (£230k) and there being two more customers in placement than was assumed when the budget was set (£113k). In addition, the number of customers receiving health funding has fallen and the average rate of health funding per customer is also below budget.
21. There is a projected overspend on staffing across the Hospital Discharge Team, ASC Community Team and ISS Team budgets of £178k largely due to the use of agency staff to cover vacancies, sickness and maternity leave.

ASC Learning Disabilities (LD) and Mental Health (MH) budgets (£2,607k / 9.1% of net budget)

22. The Safeguarding Team is projected to overspend by £208k largely due to the use of agency staff. The team is currently over establishment.
23. Direct Payments Mental Health is currently projected to overspend by £81k; this is due to having four more customers than when the budget was set and the average cost per placement is £31 per week higher than budget.
24. The Mental Health nursing care budgets are expected to overspend by £187k, largely due to there being three more customers in placement than

was assumed when the budget was set, one of whom has costs backdated to September 2021.

25. There is expected to be an overspend of £323k on the LD CSB budget due to the to the average cost per homecare customer being around £196 a week more than in the budget (£122k) and the average cost of a day support customer being £15 per week more than set in the budget (£116k), together with having two more homecare customers and three fewer customers receiving health funding than when the budget was set.
26. LD direct payments are projected to overspend by £635k. This is due to the average cost per customer being around £124 a week more than in the budget (£818k) and the weekly cost of a transport customer also being higher than budget (£181k), together with having two fewer customers receiving health funding than when the budget was set (£55k). This is offset by a projected increase in the value of direct payment reclaims based on recoveries made to date (£330k) and also there are six fewer customers than budgeted for.
27. The LD nursing care budgets are expected to overspend by £170k. This is due to the average cost per customer in working age placements being £505 per week more than budget (£131k), and in addition, there are two more customers in OP placements.
28. The budget for LD permanent residential placements is expected to overspend by £708k. The average weekly cost of a working age placement is £204 more than in the budget (£724k) and the average rate of health funding received per customer is less (£80k). This is slightly offset by having one less customer compared to budget (£96k).

Performance Analysis

ADULT SOCIAL CARE

29. Much of the information in the following paragraphs can also be found on CYC's "Open Data" website, which is available at

<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2022-2023>

and by clicking on the "Explore" then "Go to" in the "Health and Adult Social Care" section of the web page.

30. Many of the comparisons made below look at the difference between the third quarter of 2021-22 and the third quarter of 2022-23, to compare periods at similar times of the financial year rather than to compare differences which are likely to be due to seasonal variation. A summary of the information discussed in paragraphs 31 to 44 can be found in the table on the next page.

KPI No	Measure	2019-20 Q3	2020-21 Q3	2021-22 Q3	2022-23 Q3	Change from 2021-22 Q3 to 2022-23 Q3
ASC01	Number of contacts to ASC Community Team	1,991	5,080	4,144	3,623	Improving
ASC01a	Percentage of initial contacts to ASC Community Team that are resolved with information/advice or guidance (IAG)	30	35	27	15	Deteriorating
ASC14	Number of customers in receipt of a "paid-for" package of care (snapshot)	2,169	2,222	2,084	2,070	Stable
PVP18	Number of customers in long-term residential and nursing care (snapshot)	631	563	572	561	Improving
PVP02	Number of permanent admissions to residential and nursing care for older people (aged 65 and over)	40	53	47	26	Improving
ASC03b	Number of customers receiving home care services (snapshot)	705	743	635	641	Stable
PVP31	Number of clients receiving paid services for first time	123	208	125	153	Deteriorating
PVP32	Number of clients returning to ASC to receive a paid service	90	91	93	82	Improving
ASCOF1F	Percentage of adults in contact with secondary mental health services in paid employment	23	19	17	15	Deteriorating
ASCOF1H	Percentage of adults in contact with secondary mental health services living independently, with or without support	82	75	47	37	Deteriorating
ASCOF3A	Percentage of service users 'extremely or very satisfied' with care and support	68	72	65	N/A	Deteriorating
ASCOF3B	Percentage of carers 'extremely or very satisfied' with care and support	N/C	N/C	40	N/C	Deteriorating
ASCOF4A	Percentage of service users reporting that they feel "as safe as they want"	71	76	69	N/A	Deteriorating
SGAD02	Number of Adult Safeguarding pieces of work completed	340	307	428	641	Neutral
SGAD01	Number of Adult Safeguarding concerns reported	337	316	416	528	Neutral
PVP11	Percentage of completed safeguarding s42 enquiries where people reported that they felt safe	94	100	99	98	Deteriorating
STF100 - People	Average sickness days per FTE - Adult Social Care and Integration (rolling 12 month average)	N/A	N/A	N/A	19	Deteriorating
Whole year figures						
N/A - Not available						
N/C - Survey not conducted in this year						
Q2 figures						
October 2022 figure						

Demand for, and numbers receiving, adult social care services

31. There have been a decreasing recorded number of initial contacts to adult social care (ASC) during 2022-23, as demand for services caused by the initial stage of the COVID-19 pandemic has eased slightly. Our Customer Contact Workers record the number of contacts received to ASC, whether made by email, telephone or other methods. During the third quarter of 2022-23, they recorded 3,623 contacts, which is 20% lower than the number recorded during 2021-22 Q3 (4,542), but the team have experienced some recording issues due to staff capacity constraints, so the true number of contacts is significantly higher. Around 15% of the recorded contacts during 2022-23 Q3 were resolved

using Information, Advice and Guidance (IAG), which is lower than the percentage that were resolved using IAG during 2021-22 Q3 (27%); this reflects the increasing complexity of issues that are dealt with by them, and a change in recording practice which has meant that this percentage is lower than in previous years.

32. There has also been a slight decrease in the number of people that receive “paid-for” packages of care (i.e., CYC commissions it and pays an organisation to provide a service) over the last year. At 31 December 2022, this figure was 2,070, which represents a 1% decrease from the 31 December 2021 figure (2,084). However, as the Finance section of the report outlines, the cost of care, particularly in residential/nursing care, continues to increase, reflecting the increasingly complex care issues our customers have.
33. The number of individuals in residential/nursing care placements fell rapidly at the start of the Covid-19 pandemic and has remained relatively stable since that time. There has been a slight decrease in this number as noted in the table above (from 572 at the end of 2021-22 Q3 to 561 at the end of 2022-23 Q3). CYC have reduced the number of new admissions to residential/nursing care in recent months, after the introduction of a new “high cost” panel, which has enabled more people to receive care at home. During 2022-23 Q3 the number of new admissions of older people to residential/nursing care was 26, a substantial fall from the 2021-22 Q3 figure of 47.
34. After the rapid fall in the number of people placed with home care providers between 2020-21 and 2021-22, because of issues with home care providers during that time, the number receiving home care services has now stabilised. At the end of 2022-23 Q3 there were 641 people in receipt of a home care service; this is 1% higher than the corresponding figure at the end of 2021-22 Q3 (635).
35. In 2022-23 Q3, there were 153 clients that received a service, for the first time, which incurred ASC expenditure (“new starters”). This is 22% higher than the number of new starters in 2021-22 Q3 (125). There has also been a decrease (12%) in the number during 2022-23 Q3 (82) that have returned to ASC for a paid service compared with the number during 2021-22 Q3 (93). The increase in new starters partly reflects an increase in the amount of reablement being provided, but also continuing demands on the ASC system. The decrease in re-entrants shows that we are doing well in preventing those returning to the ASC system after they have left, but making sure that as few people enter the system as possible remains an ongoing challenge.

Mental Health

36. The percentage of adults in contact with secondary mental health services living independently, with or without support, has fallen over the last year. At

the end of 2022-23 Q2, the latest quarterly figures available, 37% of them were doing so, compared with 47% at the end of 2021-22 Q2. (The definition changed after the end of 2020-21, which explains the rapid decrease between 2020-21 and 2021-22). The 2021-22 ASCOF results showed that York is a “top quartile performer” in England as a whole, with 46% of York’s adults in contact with secondary mental health services living independently, compared with 26% nationally and 32% in the Yorkshire and the Humber region. However, it should be noted that “in-year” performance is often lower than the final outturn for the financial year (the ASCOF outcome), as many assessments of whether people are living independently are conducted towards the end of the financial year.

37. At the end of 2022-23 Q2, 15% of all clients in contact with secondary mental health services were in employment – a figure that has consistently been above the regional and national averages, although slightly lower than the percentage a year earlier (17% at the end of 2021-22 Q2). Based on the 2021-22 ASCOF results, York is the 6th best performing LA in England on this measure, with 17% of all those in contact with secondary mental health services in employment, compared with 6% in England and 8% in the Yorkshire and the Humber region. “In-year” performance on this measure can be lower than the final financial year (ASCOF) outcome due to people only being assessed to see whether they are in employment towards the end of the period.

Overall satisfaction of people who use services with their care and support

38. The 2021-22 Adult Social Care User Survey was a national survey of adult social care users that sought their opinions on aspects of their life and the care provided to them, whether from LAs, the voluntary sector or other providers. Of England’s 152 local authority (LA) areas, nearly all of them, including York, participated in 2021-22, compared with only 18 LA areas (which included York) that took part in it during 2020-21; participation in 2020-21 was voluntary due to the Covid-19 pandemic.
39. The 2021-22 results show that 65% of York’s ASC users were “extremely or very satisfied” with the care and support services they received – 72% of them in 2020-21 gave this response, so this represents a deterioration in satisfaction, but the profile of York’s respondents in 2021-22 was very different than from 2020-21 in that mainly those in “good health” responded in 2020-21. Satisfaction levels in York this year were still broadly in line with those reported in the Yorkshire and the Humber region (65%) and in England as a whole (64%).
40. The 2021-22 Survey of Adult Carers in England (SACE) results were published by NHS Digital in the summer of 2022. They showed that 40% of York’s carers were “extremely or very satisfied” with the care and support services they

received, which is in the upper quartile of performance amongst England's LAs, although it represents a slight deterioration from the last time the SACE was carried out in 2018-19 (43% gave this response); however, most LAs in England experienced similar deteriorations in satisfaction from their carers, and only 38% of carers in the Y & H region, and 36% of carers in England as a whole, said they were "extremely or very satisfied".

Safety of ASC service users and residents

41. The safety of residents, whether known or not to Adult Social Care, is a key priority for CYC. The ability of CYC to ensure that their service users remain safe is monitored in the annual Adult Social Care User Survey, and for all residents with care and support needs by the number of safeguarding concerns and enquiries that are reported to the Safeguarding Adults Board.
42. The 2021-22 ASC Survey found that 69% of York's respondents said that they felt "as safe as I wanted"; this represents a decline from the 2020-21 position, where 76% of York's respondents felt "as safe as I wanted". Although concerning, York's respondents were as likely to give this positive response as in other areas – 69% in the Yorkshire and the Humber region said they "felt as safe as I wanted" and 69% in England as a whole answered in this way.
43. During 2022-23 Q3 there were 641 completed safeguarding pieces of work, which is a 50% increase on the number completed during 2021-22 Q3 (428) – this is a partial reflection in the increase in the number of safeguarding concerns reported during the same period (528 in 2022-23 Q3 compared with 416 in 2021-22 Q3). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry continues to be high - 98% in 2022-23 Q3, 99% in 2021-22 Q3 and remains consistent with what has been reported historically in York.

Sickness rates of Adult Social Care staff

44. In the Adult Social Care and Integration directorate, which has only existed since April this year, the number of sickness days taken per full-time employee in the previous 12 months rose from 16.4 at the end of April to 19.4 at the end of October. Part of the issue has been due to a significant number of ASC staff being required to take sickness leave after contracting Covid-19.

PUBLIC HEALTH

Public Health (£0k / or 0% of gross expenditure budget)

45. Public Health is expected to underspend by £34k which will be transferred to the earmarked Public Health reserve to fund future commitments.

46. The table below provides a more detailed breakdown for the services within Public Health:

Service Area	Net Budget £'000's	Outturn Variance £'000's	Comments
Public Health General	1,565	72	Funding for communication support and introduction of the CYC staff pay award
Substance Misuse	1,708	-1	
Sexual Health	1,824	0	
Health Protection	57	0	
Health Trainer Service	403	-5	Staffing vacancies
Healthy Child Service	2,524	-125	Staffing vacancies
Public Health grant	-8,371	0	
Total Public Health	-290	-34	
Transfer to Reserve		+34	Predicted reserve balance at year end is £628k
Reported Position		0	

47. The new staff structure is in operation and the posts filled. The small overspend relates to PH's contribution to a post in Communications to ensure that a number of behaviour change campaigns can be delivered throughout the year.
48. Healthy Child Service has been restructured. There are currently several vacancies which if not filled by year end will result in a £125k underspend.
49. There was £1,259k in the Public Health Reserve at 31 March 2022. Based on current estimates the reserve will decrease by £664k to £628k. This has increased from last quarter due to the CYC pay award that has now been added to the forecast. This reflects additional growth and restructuring in Public Health services which will prudently reduce the reserve balance over the next four years in a planned manner. Public Health is expected to underspend by £117k which will be transferred to the earmarked Public Health reserve to fund future commitments.

Directly Commissioned Public Health services

Health Trainer Service (NHS Health Checks and Smoking Cessation)

50. The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health, and lead to opportunities for early interventions.
51. The Health Check programme was halted for safety reasons during the COVID-19 pandemic period. Nimbuscare restarted the delivery of health checks towards the end of 2021 with a contracted target of 2,000 health checks per year. In 2022-23 to date (Q1 to Q3) a total of 1,782 health checks have been offered and 1,366 have been carried out.
52. Closer work with Primary Care Networks is being undertaken, with health checks being delivered in a number of community and primary care settings, leading to a more joined up service for the patient. Health Checks are delivered from various locations across the City. The service is targeted at those who have underlying risk factors and, in order to reduce health inequalities, at those in the city living in more deprived postcodes.
53. Our approach is more than just identifying risk, and through our Health Trainer Service, we provide individuals with treatment and support to tackle the things that increase their risk, such as excess weight, high blood pressure, lack of exercise and poor diet. The Health Trainers put the individual at the centre and work with them to help achieve the health goals that matter to them. To date in 2022-23 there have been 373 referrals to the Health Trainer Service (there were 393 referrals in the whole of 2021-22). Provisional data shows that client engagement rates with the service are above 75%. Currently, 62% of clients are seeing a health trainer for weight issues; 49% for physical activity, 8% for alcohol issues and 2% in relation to social isolation. Clients can engage with the service for multiple reasons and can set specific health goals. Provisional data suggests that over 90% of clients who set specific health goals have achieved at least one of the goals and over 70% of all the health goals set have been achieved.
54. The Health Trainer service is also York's community Stop Smoking Service. This includes one-to-one behavioural interventions, as well as access to nicotine replacement medications such as NRt or e-cigarettes that make the journey to being smoke free easier. The Tobacco Alliance, chaired by a Consultant in Public Health, ensures that we tackle some of the wider issues that lead to people taking up smoking, such as ease of access to cheap illicit tobacco products.

55. To date in 2022-23 the Health Trainer Service's stop smoking team have received 439 referrals from those wishing to quit smoking. Of these, 272 (62%) have gone on to engage with an advisor. Subsequently, 191 have gone on to set a quit date and 132 (69%) have quit smoking after four weeks (this rate is higher than the England average "four week quit" rate of 55%). There were 76 pregnant smokers who were in the group of 439 referrals. Of these, 32 (42%) have gone on to engage with an advisor. Subsequently, 21 have gone on to set a quit date and 11 of them (52%) had quit smoking after four weeks.

Substance Misuse

56. Individuals successfully completing drug / alcohol treatment programmes demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

57. In the latest 18-month monitoring period, to the end of 2022-23 Q2, 323 alcohol users were in treatment in York and 77 (24%) left treatment successfully and did not represent within six months. The equivalent figures in York for opiate and non-opiate users were 5.5% (26 out of 470) and 21% (52 out of 243) respectively. The York rates are currently lower than the national averages for alcohol users and for non-opiate users (37% and 34% respectively) but slightly higher than the national average for opiate users (5%).

58. Through the Supplemental Substance Misuses treatment and recovery grant, we are investing £340k this year in drug and alcohol treatment services and prevention schemes, which will increase the number of treatment places available, expand the pathways into treatment, and reduce caseloads in order to improve quality and outcomes for York citizens.

Healthy Child Service

59. The full National Child Measurement Programme (NCMP) was completed in York for 2021-22 after a partial programme in the previous two measurement years due to the Covid-19 pandemic. The participation rates for the NCMP in York for 2021-22 were 97.5% for reception aged children and 94.9% for year 6 pupils.

60. The 2021-22 NCMP found that 8.9% of reception aged children in York were obese, compared with 10.1% in England and 11% in the Yorkshire and the Humber region. York has the second lowest obesity rate for reception aged children in the Yorkshire and Humber region.

61. Of Year 6 children in York, 18.9% were found to be obese in 2021-22 compared with 23.5% in England and 24.9% in Yorkshire and the Humber.

York has the lowest obesity rate for Year 6 children in the Yorkshire and Humber region.

62. The key performance indicators for the Healthy Child Service in York for 2022-23 Q2 are presented below (please note that the most recently available national comparator data, which is 2021-22 Q4, has been used). 85% of new-born children in York received a new birth visit within 14 days (compared with the England average of 79%). 87% of new-born children in York received a 6-8 week review within 56 days (compared with the England average of 79%). 93% of children in York had a one-year review before 12 months (compared with the England average of 69%). 87% of children in York had a two-year review before 30 months (compared with the England average of 72%).
63. At the 2.5 year review, each child's level of development on five domains (communication, problem solving, personal and social development, gross motor and fine motor function) is measured using the ages and stages questionnaire. In 2021-22 Q4, 88% of children in York reached the expected level of development on all five domains, compared with the England average of 79%.
64. In 2022-23 Q2, 62% of children in York (with a feeding status recorded) were totally or partially breastfed at 6-8 weeks, compared with the England average of 55%.
65. Breastfeeding data was aggregated for a 4 year period (April 2018 to March 2022) to provide robust data at ward level. The percentage of children who were totally or partially breastfed at 6-8 weeks at ward level varied from 41.6% to 78.3% with York average of 59.0%. Higher rates of ward deprivation are associated with lower breastfeeding rates at the 6–8-week review.

Sexual and Reproductive health

66. Being sexually healthy enables people to avoid sexually transmitted infections and illnesses, and means that they are taking responsibility for ensuring that they protect themselves and others, emotionally and physically. It also ensures that unwanted pregnancies are less likely to occur.
67. In the period October 2020 to September 2021, the rate of conceptions per 1,000 females aged 15-17 in York (10.9) was lower than the regional (16.7) and national (12.8) averages. There has been a gradual fall in this rate in York over recent measuring periods (for example, the rate in York during April 2019 to March 2020 was 15.9).

Other Public Health Issues

Adult Obesity / Physical Activity

68. Obesity amongst the adult population is a major issue as it puts pressure on statutory health and social care services, and leads to increased risk of disease, with obese people being more likely to develop certain cancers, over twice as likely to develop high blood pressure and five times more likely to develop type 2 diabetes. It is estimated that obesity costs wider society £27 billion and is responsible for over 30,000 deaths each year in England. 63.6% of adults in York are estimated to be overweight or obese compared with 63.5% in England and 66.5% in the Yorkshire and Humber Region. (based on the Active Lives Adult Survey, Sport England for 2020/21).
69. The latest data from the Adult Active Lives Survey for the period from mid-November 2020 to mid-November 2021 was published in April 2022. The period covered by the survey includes five months of notable restrictions (two-and-a-half months of full national lockdowns and two-and-a-half months of significant restrictions) and seven months of limited restrictions (three months of easing restrictions and four months with no legal restrictions). In York, 523 people aged 16 and over, took part in the survey and they reported higher levels of physical activity, and lower levels of physical inactivity, compared with the national and regional averages.
70. The Survey showed that 67% of the people questioned in York did more than 150 minutes of physical activity per week compared with 61% nationally and 60% regionally. There has been no significant change in the York value from that of 12 months earlier. In addition, 24% of people questioned in York did fewer than 30 minutes per week compared with 27% nationally and 28% regionally. There has been no significant change in the York value from that of 12 months earlier.

Smoking: pregnant mothers

71. Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6%, or less, by the end of 2022.
72. For the latest 12 month period for which figures are available (Jan 2022 to Dec 2022), 9.2% of mothers that gave birth in York were recorded as being smokers at the time of delivery. This represents an increase on the figure (8.3%) for the previous 12 month period (January 2021 to December 2022). However, there is considerable variation within the wards in York on this figure, ranging from 0% to 16% of mothers being recorded as smoking at the time of delivery in the latest 12 month period.

Smoking: general population

73. Smoking, amongst the general population, has a number of well-known detrimental effects, such as increased likelihood of certain cancers, increased likelihood of heart disease, diabetes and weaker muscles and bones. It is estimated that smoking-related illnesses contribute towards 79,000 premature deaths each year in England, and that the cost to the NHS is approximately £2.5bn each year, with almost 500,000 NHS hospital admissions attributable to smoking.
74. Information on smoking prevalence amongst the general population comes from the Annual Population Survey (APS). The data for 2021 shows that 9.2% of the 18+ population in York were reported as current smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (14.1%) and in England as a whole (13.0%). The figure in 2020 was 11.7% so there has been a reduction in smoking prevalence amongst adults. Amongst those who work in “routine and manual occupations”, 22.3% of people aged 18-64 in York were reported as current smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (25.5%) and in England as a whole (24.5%).

Alcohol-related issues

75. The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21 billion, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
76. In 2020, there were 69 deaths from alcohol-related conditions in York (53 males and 16 females); a rate of 35 per 100,000 population. This rate is lower than regional and national averages (41 and 38 per 100,000 population respectively).
77. Other relevant statistics demonstrate alcohol harms continues to be an issue for the city:
- In the off-trade (e.g. supermarkets), the amount of alcohol sold per adult per year in York is 6.4 litres, compared with 5.5 litres in England.
 - The proportion of adults who abstain from drinking alcohol in York is 11.2%, compared with 16.2% in England.
 - The proportion of adults drinking over 14 units per week is 21.4%, compared with 22.8% in England.

- In 2020/21, the admission rate of York residents to hospital for alcohol specific conditions was 683 per 100,000, compared with 587 per 100,000 in England. The admission rate of York residents to hospital for alcohol related conditions (broad definition) was 1,629 per 100,000, compared with 1,500 per 100,000 in England.

78. The newly commissioned Changing Habits service is for people who have started to develop unhealthy drinking habits or whose alcohol consumption may be causing health or relationship problems. The service offers help to change unhelpful drinking patterns and build new ways of coping with life's challenges. It is anticipated that later in 2022 the Public Health team in York will be able to resume delivery of the Alcohol IBA (Identification and Brief Advice) training to health professionals and frontline staff across the city. The training is aimed at staff who have regular contact with residents, to equip them with the skills to measure drinking levels and offer simple advice on how to reduce alcohol consumption.

Mental health

79. It is crucial to the overall well-being of a population that mental health is taken as seriously as (more visible) physical health. Common mental health problems include depression, panic attacks, anxiety and stress. In more serious cases, this can lead to thoughts of suicide and self-harm, particularly amongst older men and younger women. Dementia, particularly amongst the elderly population, is another major mental health issue.

80. The latest published data on deaths by suicide in York shows that in the three year period from 2019-21 there were 72 deaths by suicide for York residents, which represents an increase of two deaths by suicide from the previous three year period (2018-2020). The rate per 100,000 of population in York (13.3) is above, but not significantly different from, the national and regional averages (10.4 and 12.5 respectively).

81. Published data for the three year period 2019-21 shows that there were 54 deaths by suicide for male York residents which represents a decrease of one death by suicide from the previous three year period (2018-2020). The rate per 100,000 of population in York (20.2) is above but is not significantly different from the national and regional averages (15.9 and 18.8 respectively).

82. Published data for the three year period 2019-21 shows that there were 18 deaths by suicide for female York residents which represents an increase of three deaths by suicide compared with the previous three year period (2018-2020). The rate per 100,000 of population in York (6.3) is above, but not significantly different from, the national average (5.2).

83. A more up-to-date indication of the number of suicides in York is available from the Primary Care Mortality Database (PCMD). This dataset shows that in the most recent rolling three year period (October 2019 to September 2022) there were 66 deaths (53 male and 13 female). This represents a decrease of six deaths by suicide from the published total number of deaths in the previous three year period (2019-2021).
84. The proportion of people in York aged 65+ with a recorded diagnosis of dementia is 3.48% compared with a national average of 3.97% and a regional average of 3.96%. The estimated diagnosis rate (the number of people diagnosed with dementia as a proportion of the expected / modelled number of people with dementia) for people aged 65 and over in York is 55%, compared with a national average of 62% and a regional average of 63%.

Life Expectancy and Mortality

85. Average Life Expectancy and Healthy Life Expectancy for men in York (79.9 years and 65.3 years) is above the England average (79.4 years and 63.1 years). Average Life Expectancy and Healthy Life Expectancy for women in York (83.6 years and 64.6 years) is also above the England average (83.1 years and 63.9 years).
86. The slope index of inequality shows how much life expectancy at birth varies with deprivation. A higher figure shows a greater disparity between the more deprived and the less deprived areas. Alternative measures are the difference in life expectancy between the most and least deprived deciles in an area and the difference in life expectancy between the deprivation deciles with the highest and lowest values.
87. Deprivation deciles are drawn up using data from the 2019 Indices of Multiple Deprivation (IMD). The Lower Super Output Areas (LSOAs) in York are ranked from 1 to 120 on the overall IMD measure and then divided into local deprivation deciles with 12 LSOAs in each.
88. The slope index of inequality in life expectancy for women in York for 2018-20 is 5.7 years. The England average is 7.9 years with a range of 1.2 to 13.9 years. In York there is a 7 year difference in life expectancy between the most and least deprived deciles and a 7.9 year difference between the deprivation deciles with the highest and lowest life expectancy.
89. The slope index of inequality in life expectancy for men in York for 2018-20 is 8.4 years. The England average is 9.7 years with a range of 2.6 to 17.0 years. In York there is a 10.3 year difference in life expectancy between the most and least deprived deciles and a 10.3 year difference between the deprivation deciles with the highest and lowest life expectancy.

90. The slope index of inequality in life expectancy for women in York for 2018-20 (5.7 years) has fallen (improved) compared with the figure of 6.2 years in the previous period 2017-19 and is similar to the first published value of 5.8 years for 2008-10.
91. The slope index of inequality in life expectancy for men in York for 2018-20 (8.4 years) has been fairly stable in recent periods. It was 8.4 years in 2016-18, however it has increased (worsened) compared with the first published value of 6.4 years for 2008-10.

Recommendations

92. As this report is for information only there are no specific recommendations.

Reason: To update the Committee on the third quarter financial and performance position for 2022-23.

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**Report
Approved**



Date 8 February 2023

Specialist Implications Officer(s) None

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

Abbreviations:

APS - Annual Population Survey
ASC - Adult Social Care
ASCOF – Adult Social Care Outcomes Framework

CSB – Community Support Budget
CYC – City of York Council
IAG - Information, Advice and Guidance
IMD - Indices of Multiple Deprivation
ISS – Intensive Support Service
LD - Learning Disabilities
LA – Local Authority
LSOAs - Lower Super Output Areas
MH - Mental Health
NCMP - National Child Measurement Programme
OP - Older People
PCMD - Primary Care Mortality Database
P&SI - Physical & Sensory Impairment
PH - Public Health
Q3 – Quarter 3
SACE - Survey of Adult Carers in England
Y & H – Yorkshire and the Humber

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Health and Adult Social Care Policy and Scrutiny Committee**21 February 2023**

Report of: Jamaila Hussain Corporate Director of Adults and Integration

Adult Social Care Reform: Cap on Care**Summary**

1. This report is to provide an update to Health and Adult Social Care Scrutiny Committee regarding Social Care Reform particularly around cap on care costs, following the government's announcement in September 2021 to implement the cap on care cost by October 2023.
2. The implementation date has since changed, and the cap of care implementation has been delayed until 2025. This will allow local authorities to put the right process in place to support citizens.

Background

3. The Care Act 2014 ('the Act') sets out the core legal duties and powers that underpin the care and support system. The Act also paved the way for the proposed charging reforms, with Section 15 of the Act containing provisions to create a cap on the costs of care. Alongside this sits the white paper People at the Heart of Care (www.gov.uk).
4. Part of the system reform is a cap on the amount that anyone in England will need to spend towards their personal care over their lifetime. The cap will be set at £86,000. This will provide financial protection from unlimited care costs and, as a result, give people peace of mind from knowing that they will keep more of their assets when paying for their care.
5. In addition, the reforms propose a point at which a person is eligible for local authority means-tested support. The upper capital limit (UCL) will rise to £100,000 from the current level of £23,250 and the lower capital limit (LCL) will increase to £20,000 from £14,250. This

more generous means-testing limit means that more people will be eligible for some state support towards the cost of care earlier and reduces the amount that people will have to pay for their care each week. Anyone with assets under £20,000 will not have to pay anything for their care from their assets.

6. Although the plans have been delayed, the Council is working towards having systems in place to support the cap on care when implementation is required.

Implementing the New Rules

7. A self-funder who arranges their own care will receive an independent personal budget (IPB), which will specify the amount the local authority would pay to their needs. In determining this, the guidance proposes that local authorities should follow the same principles as for direct payments that are already in operation. IPBs should be based, as far as possible, on the local authority's best available real cost of care data and the appropriate purchasing process be in place. All individuals will receive a care account that will be monitored every six months and individuals updated on spend levels.
8. Payments, known as 'top ups', will not count towards the cap. Local authorities should not be at risk of having to pay top ups in cases where the person becomes unable to pay.
9. Therefore, while it is for the Local Authority to determine whether a person is able to pay if there is, for instance, a reasonable expectation that the top-up will not be affordable for the duration of the person's expected care journey.
10. Furthermore, the cap on care reform when in place will provide people the option to benefit from their local authority's expertise and support. Self-funders in domiciliary care are already able to request their local authority to arrange their care to meet their eligible needs. This right will be further extended to self-funders in residential care once the cap on care is implemented.

Preparing for Implementation

11. The expectation is that all local authorities understand the likely changes in demand that will result from the reforms through self-funder populations, targeting where appropriate; and conducting

early needs and financial assessments of self-funders under the current system.

12. The introduction of the cap on care reform will result in system and workforce capacity requirements. The Council is required to understand and model the impacts for them and implement the required system upgrades and increase their workforce and operational capacity as required. This will result in more assessment, commissioning, and financial resource.

Consultation

13. There are no consultation requirements at this stage.

Council Plan

14. Adult Social Care Reform is part of the City of York's Council Plan.

Implications

15. As the Cap on Care has been delayed until 2025 this will enable all Local Authorities to complete planning and work with the wider populations in terms of the Adult Social Care Reforms. The additional time will also enable robust modelling and a clearer understanding of the required resource to support the reforms on an ongoing basis.

Risk Management

16. Further work is ongoing to ascertain the total cost of implementation. The Cap on care has now been delayed until 2025.

Recommendations

17. Members of the Health and Adult Social Care Policy and Scrutiny Committee are asked to note the report. A future report will come to scrutiny committee following the publication of the white paper: People at the Heart of Care.

Reason: To keep the Committee updated on Social Care Reform, particularly around cap on care costs.

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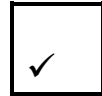
Report Approved:

Jamaila Hussain
Corporate Director of Adults and
Integration

Date: 8 February 2023 Approved: ✓

Wards Affected:

All



For further information please contact the author of the report

DRAFT - Health and Adult Social Care Policy and Scrutiny Committee

Work Plan 2022/23

27 June 2022, 5:30pm (Informal Forum)	1. Annual outline of aims and objectives for the coming Municipal year by Leader and/or relevant Portfolio Holders, including any significant issues likely to be in the Forward Plan.
5 July 2022, 5:30pm Commissioned Slot	1. Dementia Strategy
13 July 2022, 1:00pm Joint CSMC / HASC Commissioned Slot - Cancelled	1. 10 Year Strategy - Health & Wellbeing
27 July 2022, 5:30pm	1. An Integrated Care System (ICS) update (Jamaila Hussain) 2. Health and ASC Finance and Monitoring Report (Q4) (Steve Tait) 3. Work Plan

<p>28 September 2022, 5:30pm</p>	<ol style="list-style-type: none"> 1. Local Area Coordination/Social Prescribing – Update on the various provisions (Joe Micheli/Jennie Cox/Christine Marmion) 2. Health and ASC Finance and Monitoring Report (Q1) (Steve Tait/Terry Rudden) 3. York Health Trainer Update and NHS Healthchecks (Peter Roderick) 4. Work Plan
<p>Informal Meeting, 1 November 2022, 5:30pm</p>	<ol style="list-style-type: none"> 1. Children’s healthy weight update (Fiona Philips/Leigh Bell) 2. Health and Social Care, Reablement Pathway update (Michael Melvin) 3. Work Plan
<p>9 November 2022, 5:30pm (postponed from 27 September 2022) Commissioned Joint Committee with Children, Education and Communities Policy & Scrutiny Committee</p>	<ol style="list-style-type: none"> 1. Draft Autism Strategy (Jamaila Hussain/Abby Hands) 2. Healthy child service update (Fiona Phillips/Jodie Farquharson)

<p>22 November 2022, 4:30pm</p>	<ol style="list-style-type: none"> 1. Recommissioning of Sexual Health and Contraception Services (Sharon Stoltz/Anita Dobson) 2. CQC Inspection Update – York and Scarborough Teaching Hopsitals NHS Foundation Trust. (Simon Morrith, Chief Executive and Caroline Johnson, Deputy Director of Quality Governance) 3. An update regarding Foss Park Hospital Care Quality Commission (CQC) Inspection (Zoe Campbell, Managing Director, North Yorkshire, York, Selby Care Group, Tees Esk and Wear Valleys Trust) 4. Work Plan
<p>14 December 2022, 5:30pm – Commissioned Slot</p>	<ol style="list-style-type: none"> 1. Integrated Care System Overview -- Including Elective Care Post Pandemic, Access to GP practices and engagement with Scrutiny (Chief Executive of Humber and North Yorkshire Health and Care Partnership) 2. Work Plan
<p>21 February 2023, 6:00pm</p>	<ol style="list-style-type: none"> 1. Local Plan of Action for Drugs and Alcohol in York – (Peter Roderick/Ruth Hine) 2. 2022-23 Finance and Performance Q3 Monitor Report - Health and Adult Social Care (Steve Tait/Terry Rudden) 3. Adult Social Care Reform: Cap on Care (Jamaila Hussain) 4. Work Plan

Proposed items for consideration in the municipal year 2023/24:

- Update on children's healthy weight (Fiona Philips/Leigh Bell)
- Update on the Dementia Strategy (Jamaila Hussain)
- Children and Young People Plan / CAMHS Provision in York
- To receive the draft Market Position Statement (Jamaila Hussain)
- Update on oral health in schools, toothbrushing programme (Anita Dobson/Philippa Press)
- Update on CQC Inspections, to include the CAMHS provision in York - Foss Park Hospital (Zoe Campbell, Managing Director, North Yorkshire, York, Selby Care Group, Tees Esk and Wear Valleys Trust)
- Update on CQC Inspections – York and Scarborough Teaching Hospital NHS Foundation Trust. (Simon Morrill, Chief Executive and Caroline Johnson, Deputy Director of Quality Governance)
- Health and ASC Finance and Monitoring Reports