

Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	15 May 2024
Present	Councillors Vassie (Vice-Chair), Baxter, Rose, Runciman, Smalley, Steels-Walshaw, Wann [until 18:51], Wilson and J Burton (Substitute)
Apologies	Councillors D Myers and Kelly
In Attendance	Councillor Coles (Executive Member for Health, Wellbeing and Adult Social Care) Councillor Pavlovic (Executive Member for Housing, Planning and Safer Communities)
Officers Present	Sara Storey, Corporate Director of Adult Social Care and Integration Michael Melvin, Director of Adult Safeguarding
External Visitors	Michelle Carrington, Director of Nursing, Humber and North Yorkshire Integrated Care Board Shaun Macey, Assistant Director of Primary Care and Pathways for York, Humber and North Yorkshire Integrated Care Board Angie Walker, Senior Contract Manager, Humber and North Yorkshire Integrated Care Board (remotely) Liam Goodwin, Head of Neurodevelopmental Services, The Retreat (remotely)

Chair

Apologies were received from the Chair, Cllr Myers. As Vice-Chair, Cllr Vassie took the chair for the duration of the meeting.

45. Declarations of Interest (17:31)

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.

46. Public Participation (17:32)

It was reported that there had been four registrations to speak at the meeting under the Council's Public Participation Scheme, but that one of the speakers was no longer able to attend.

Johnathon Beatson raised concerns about the funding and staffing of social work and mental health support, drawing on his personal experience. He drew attention to the problems caused by a lack of consistency of contact with a dedicated social worker for those navigating the mental health system and called for a solution to funding issues.

Geoff Beacon stated that over several decades the planning system had encouraged an increase in property values, penalising renters, particularly the poor and the young. He called for revision of the Local Plan, including planning for car-free living to reduce carbon emissions, and for the committee to consider housing inequality and climate change in its work plan.

Flick Williams, speaking remotely and describing a recent hospital experience drew attention to the ongoing challenges of the Covid-19 pandemic for those who were clinically vulnerable. She raised concerns over risk assessments and safeguarding, questioning how far the status quo was sustainable for staff and patients, and if it met the city's goal of reducing health inequalities.

47. Briefing on Adult Autism and ADHD Assessment services (17:45)

Members considered a report from the Humber and North Yorkshire Integrated Care Board (ICB) on assessment services for Adult Autism and ADHD (attention deficit hyperactivity disorder).

The Director of Nursing for York and North Yorkshire at the ICB, the ICB's Assistant Director of Primary Care and Pathways for York, and the Head of Neurodevelopmental Services at The Retreat provided an overview, noting that:

- There had been an exponential national rise in people being referred for assessment for ADHD and Autism. There had been an unprecedented increase in demand for local assessment services, which were commissioned from The Retreat.

- In response to growing waiting list pressures, a pilot project had been introduced to test a new referral process as part of a needs-led service, including clear prioritisation criteria and an online screening and support tool.
- The process had been subject to critical feedback, including from those with lived experience, and Healthwatch York.
- Engagement with professionals and people with lived experience through the pilot phase had informed proposed solutions, including prioritisation being based on clinical professional judgment by GPs and Community Mental Health teams, improvements to the online platform, and work with the local provider to maximise availability of triage and assessment capacity.

In response to questions from the committee, it was confirmed that:

- The service could now be accessed by telephone or email, as well as through the online platform, while there continued to be a direct referral route to The Retreat as the service provider; staff could help with filling in referral forms if needed.
- Proposed changes to the online platform would see it used for purely for registering and confirmation referrals, not screening, and to provide some pre-diagnostic support while people were waiting. Digital platforms would only improve with feedback from service users, and members of the neurodiverse community would be involved in testing these changes over the next few months.
- More work was needed with GPs and Community Mental Health teams to ensure that expectations were managed and that both professionals and people using the service understood the pathway.
- There were challenges around recruitment, particularly for clinical psychologists, and at times sessional or locum staff were needed, although figures were not currently available for comparison with other ICBs or providers.
- Demand was a significant and ongoing challenge. Although autism assessment times had improved through the pilot and capacity had increased, positive diagnoses had also risen, and around half of service capacity was now taken up by ADHD medication follow-ups. Figure 1 in the report referred to direct referrals to The Retreat and did not capture referrals from the platform. When the service was commissioned, 60 referrals per month had been expected; at peak times this had been as high as 400 per month although 80-100 per month was more typical, with a corresponding impact on resources.

- Future work in conjunction with partners would focus on outreach to employers and education providers to develop more consistent pre-diagnostic support. Both of York's universities were using the online platform and helping students with suitable academic adjustments and support plans.
- There was an access gap for some groups including people who were homeless, living in hostels, or in prison. There was an ambition for a community-led service, but much work was needed to improve access for harder-to-reach groups, although the ICB did not commission prison services.
- In making decisions on next steps, all options that could improve the service would be considered, including the possibility of re-procurement of the online platform. Colleagues in the neurodiverse community were valued critical friends in the design of online tools.

Resolved: To request that Members' input in relation to the digitally excluded, managing expectations of the pathway, pre-diagnostic support, assessment times, and support at universities and for harder-to-reach groups be considered.

Reason: To inform the proposed solutions under consideration for the commissioned service and the approach taken to involve patients and their representatives on changes to services.

[The meeting adjourned from 18:30-18:37 for a comfort break].

48. Adult Social Care Strategy (18:37)

Members considered a paper summarising the Council's draft Adult Social Care Strategy for 2024/25.

The Corporate Director of Adult Social Care and Integration and the Director of Adults Safeguarding provided an overview, noting that:

- The strategy was in a formative stage and the Adult Social Care team was looking to engage with service users, their carers and families, frontline staff, and internal and external partners in its development. Adult Social Care was one of the Council's most significant functions and it was important to get the strategy right.
- The draft document built on work that was already underway across the Council and was being developed in partnership with the National

Development Team for Improvement to draw on best practice from across the sector.

- It sought to recognise the unique strengths of individuals and communities and to help people lead better, more independent lives and reduce inequalities, by helping people to stay at home and providing affordable, safe and high-quality services.
- The strategy was built around commitments to eight key themes, each with a set of statements outlining what was being worked towards; action plans around the delivery of the strategy were likely to follow. These commitments were aligned to the expectations of the Care Quality Commission's quality assurance framework.

In response to questions from the committee, it was confirmed that:

- It was an ambition to work with primary care and community services to enhance and encourage early conversations around care needs, as many people would only seek this information in times of crisis. These conversations were part of a solution to enable people to access the support they needed without going through a lengthy assessment process.
- Collecting data and intelligence was critical in understanding workload pressures and financial resources to improve care and support. Although capacity was lean and limited, improving the quality and consistency of data collection was a work in progress, including consideration of utilising automated reports and establishing priorities for data collection.
- It was a legal requirement to offer Direct Payments, but people often needed support to access and use them. Work was underway to improve the process, and officers were looking to engage with people who had experience with, or who might benefit from, Direct Payments; proposals around this would be brought forward.
- Care workers were undervalued, and while there was a national shortage of funding, it was important to support people to build careers in care, and to work with partners to raise parity of esteem for the care workforce. Improving training and opportunities for career development were priorities of the workforce element of the strategy.
- The Council had a statutory duty to consider best value. The ambition of the strategy was likely to outstrip available resources and priorities would need to be considered.
- Support for unpaid carers was a high priority; their work was invaluable in a context where care had become more expensive and more difficult, and they deserved greater support. There were

national challenges around respite care and short breaks, but options around how respite care was commissioned could be considered.

- Work with partners was needed to highlight the challenges faced by people with disabilities, sensory impairments, or mental ill health in navigating processes for national benefits such as Attendance Allowance. It was hoped that a pilot scheme to support people to fill out complex forms from home could be extended across the city.
- Members' suggestions around enhancing the accessibility of the document for a general audience, including the possibility of including case studies to illustrate the process, would be considered.
- Collaboration and co-production were central to the strategy, and it was an ambition to create more opportunities for engagement across the city, including around supporting young carers.

The Executive Member for Health, Wellbeing and Adult Social Care was in attendance and emphasised the importance of celebrating and supporting paid and unpaid carers across York.

Resolved: That the Committee receive regular updates on the development of the strategy with the opportunity to input into its development.

Reason: To keep the Committee updated on the development of the Adult Social Care Strategy.

49. Work Plan (19:42)

The committee considered a draft work plan for the 2024/25.

During the discussion it was noted that:

- The committee had already agreed several items for its scheduled meetings in June and July.
- An update on a York pipeline of proposals for Combined Authority funding opportunities had been suggested by officers for the June meeting; it was anticipated that this pipeline would be considered by all four scrutiny committees.
- A peer review of the Council's Adult Social Care services had recently been carried out by the Association of Directors of Adult Social Services (ADASS) and a final report was expected soon; it was likely that an action plan would be developed in response and could be considered as a future scrutiny item.

- Several members expressed an interest in gaining a more practical understanding of available options in reablement technology.
- That the committee's July meeting would be an appropriate date for a further update on the development of the Adult Social Care Strategy. Suggested Public Health and Adult Social Care items could be split across the scheduled meetings in July and September if required.

In addition, suggestions made for future scrutiny items included:

- An update on Void Properties.
- An update on Dentistry following on from an item at the December 2023 meeting of the committee.
- A review of the Housing Estate Management pilot begun under the previous administration.

Resolved:

- i. That the York pipeline of proposals for Combined Authority be considered at the scheduled meeting in June.
- ii. That a further update on the Adult Social Care Strategy and an item on the ADASS peer review be considered for the scheduled meeting in July, and that the Chair and Vice-Chair liaise with officers to determine a suitable agenda for both that meeting and the following scheduled meeting in September.
- iii. That the Chair and Vice-Chair liaise with officers to organise a practical demonstration of reablement technology options for committee members, with a view to holding this in July.
- iv. That an update on Void Properties be added to the work plan for the October meeting alongside an existing item on Housing Repairs Policy.
- v. That an update on Dentistry and a review of the Housing Estate Management pilot be added to the work plan with dates to be confirmed.

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

Cllr C Vassie, Vice-Chair

[The meeting started at 5.31 pm and finished at 7.49 pm].