

Notice of a public meeting of

Health and Adult Social Care Policy and Scrutiny Committee

- To:** Councillors Doughty (Chair), Hook (Vice-Chair),
S Barnes, Heaton, Vassie, Cullwick and Wells
- Date:** Wednesday, 27 July 2022
- Time:** 5.30 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**
To approve and sign the minutes of the meeting held on 5 July 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 have changed to 2 working days before the meeting, in order to facilitate the management of public participation at meetings. The deadline for registering at this meeting is **5:00pm on Monday 25 July 2022**.

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 Public Meetings

Please note that, subject to available resources, this public meeting will be webcast including any registered public speakers who have given their permission. The 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. York Place Health and Care Partnership Board Update (Pages 1 - 10)

The Committee will receive an update on the progress and future of the York Place Health and Care Partnership Board.

5. 2021-22 Finance And Performance Outturn Report - Health And Adult Social Care (Pages 11 - 30)

This report provides a detailed view of outturn position for Adult Social Care (ASC) and Public Health (PH) for 2021/22.

6. Work Plan (Pages 31 - 34)

Members are asked to consider the Committee's work plan for the 2022/23 municipal year.

7. 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 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)

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City of York Council

Committee Minutes

Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	5 July 2022
Present	Councillors Doughty (Chair), Hook (Vice-Chair), Barnes and Cullwick
Apologies	Councillors Heaton, Vassie and Norman
Officers in attendance	Jamaila Hussain, (Corporate Director of Adult Services and Integration) Abby Hands, (Head of Transformation)

1. Declarations of Interest (5:31)

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 business on the agenda, if they had not already done so in advance on the Register of Interests.

Cllr Doughty and Cllr Cullwick declared a personal non prejudicial interest in that they had personal experience of supporting close relatives who had been diagnosed with dementia.

2. Minutes (5:32)

Resolved: That the minutes of the previous meeting held on 20 April 2022 be approved as a correct record and be signed by the Chair.

Officers agreed to ensure Members received data on suicides and the initiatives taking place in mental health services.

3. Public Participation (5:34)

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

4. Developing a 5 year Dementia Strategy for York (5:34)

Members considered a report that aimed to brief them on work in progress towards the publication of a Dementia Strategy for York.

The Corporate Director of Adult Services and Integration and the Head of Transformation provided an overview to Members, highlighting how the Strategy had been developed through collaboration between City of York Council and various health, voluntary and community partner organisations, including people who had experience of living with dementia in York.

Members noted that the Strategy would be a living document that would make a real difference and positive impact for people with dementia, including their families and carers. Officers highlighted the national and local context. It was noted that:

- Nationally 1 in 20 people over 60 and 1 in 5 people over 80 had a form of dementia, with an estimated 2,812 people over 65 currently living with dementia in York.
- It was estimated that 2/3 people with dementia in York were living in the community, whilst 1/3 were living in care.
- The value of dementia support provided by unpaid carers in York was around £71.3m.
- 3,860 people could be living with dementia in York by 2030, of which 2,483 of people could be living with severe dementia.
- In York 60% of carers reported feeling stressed or anxious.

The dementia pathway for York was addressed and the key actions, challenges and priorities relating to the five recognised pathway stages were discussed. These were:

- Preventing well
- Diagnosing well
- Supporting well
- Living well
- Dying well

Members noted that the delivery plan would be a working document that would consider the tasks required to reach the council's ambitions.

Following questions, it was confirmed that:

- The new strategy would align with the council's Health and Wellbeing Board Strategy. It would enhance the council's dementia services and there would be a greater focus on diagnosis and support.
- The delivery plan would be monitored and measured by officers and various organisations. The Health and Adult Social Care Policy and Scrutiny Committee would also receive a bi-annual update.
- The Dementia Hub would provide information and advice and support prevention, early intervention and early diagnosis. The Hub would also welcome self referrals to discuss any concerns.
- To reduce or to delay the chance of dementia, there would be a campaign to highlight risk factors and what actions could be taken.
- The value of coaching carers and families was beneficial. It was felt that this could be added to the Dementia Strategy/Delivery Plan.
- A working group, made up of representatives from health, social care, voluntary and community sector organisations, met monthly to challenge and support the Strategy and the Strategy was on target for publication in September 2022.
- The diagnosis rates were part of a health assurance framework, and the steering group would establish the trajectory to be put in place to hit the 67% target.
- A fair cost of care analysis was being undertaken and would be concluded in the autumn. Every individual, regardless if self-funding or not, could ask the council to do a needs assessment for them under the Care Act.
- The feedback from the Better Care Fund analysis showed that York had a sufficient quantity of domiciliary, residential and nursing care and officers would work to ensure that the right care packages were provided at the right time.
- There were no significant safeguarding issues around the quality of care provided in York. This was monitored by the Care Quality Commission (CQC) and the council's contracts and quality assurance officers.
- There were ongoing challenges to retain and recruit staff within the health and care workforce. The recommissioning of the council's domiciliary care contract could offer officers the opportunity to work with providers

to consider a better contractual care package for the workforce.

Members noted that the Health and Wellbeing Board would also be considering the 5 year Dementia Strategy for York.

Resolved: That the report and annexes be considered.

Reason: Having a York Dementia Strategy will clearly establish the common goals for health, social care, and community organisations in the City to deliver quality support to people with dementia and their carers. Once we have an agreed Strategy, we can progress with a delivery plan to achieve the goals outlined and improve the experience for the thousands of people living with dementia in our city.

Cllr Doughty, Chair

[The meeting started at 5.31pm and finished at 6.20pm].



Health and Adult Social Care Policy & Scrutiny Committee

27 July 2022

Report of the Corporate Director of Adult Services and Integration,
Interim Director of Children Services

York Place Health and Care Partnership Board Update

Summary

1. This paper provides an update to the Health and Adult Social Care Policy and Scrutiny Committee (HASC) in regards to the achievements of the Health and Care Alliance, the move to the York Place Health and Care Partnership Board, progress to date and next steps.

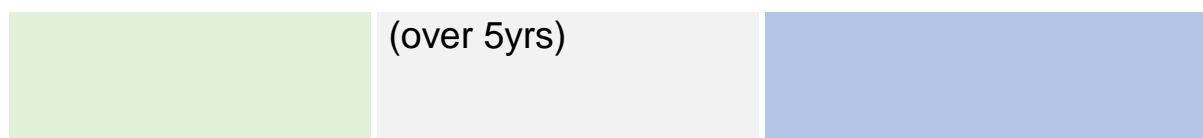
Introduction

2. Partners across York have worked closely together to commission and deliver services for our population. We have an agreed vision and aspire to raise our overall population health outcomes to **become the healthiest city in Northern England**. With a focus in our Health and Wellbeing Strategy being on population health, we are theming our work using a life course approach of **Starting Well, Living Well, Aging and Dying Well**. At present there is a consensus that we must focus on poverty, prevention and early intervention as well as building person-centred care as specific priorities. This is alongside a strong integrated workforce in order for our city to become health **generating** instead of illness-generating. As an alliance partnership we have already started to mobilise change and building on this momentum will ensure that key themes and success are not lost.
3. During 2021 York partners set up the Health and Care Alliance, this was chaired by Cllr Aspden and this has provided a solid platform to build on. The Health and Care Alliance agreed a set of

values and core behaviors that underpin all the work we do. The Alliance set itself three key areas of delivery and transformation: Learning Disabilities and/or Autism, Complex Care and Diabetes. This was the start of our vision to support York to be a healthy city.

4. Alongside the key priorities a population hub has also been developed. This has enabled the collection of a wealth of data, which has provided a clearer picture of the health of the population of York and also the inequalities people face across the borough. This clearly shows that there is still work to do if we are to achieve equality of health across the city.
5. Data collected through the population hub clearly shows that:
 - **Good Health is not evenly distributed.** In York the 2010s were a 'lost decade' in which life expectancy improvement stalled, and in the more deprived deciles of the population life expectancy declined for the first time in generations.
 - **Good Health is not best health.** York's overall health outcomes compared nationally are often average, for example York ranks 89th out of 150 Local Authority's (LA) on female life expectancy at birth and 77th on under 75s mortality from preventable causes.
 - **Good Health hides uneven health.** There are several areas of longstanding concern for the city's health, where we don't do as well as our affluence would indicate:

<p>Preventable ill-health 1 in 10 smoke 2 in 3 adults overweight or obese 1 in 7 live with depression</p>	<p>Widening Gaps Healthy Life Expectancy Health of those with a learning disability School readiness</p>	<p>York's 'red flags' Alcohol consumption/admissions, multiple complex needs, drug related death, student health</p>
<p>Economic Factors Lower than average income 10% of children living in poverty Housing affordability gap</p>	<p>Changing Demographics Aging & growing population 4% ↑ hospital use (annual), 10% social care, 2.5% ↑ in GP</p>	<p>Mental Health u18s admissions for mental health need High prevalence of common MH illness Higher than average suicide and self-harm</p>



6. Therefore, as we move forward to place based delivery we can clearly identify the issues and have a clear baseline to start to improve the health and wellbeing of our population collectively as a partnership.
7. Through the Health and Care Alliance we have moved forward in key aspects of delivery of services in particular through primary care (Nimbus) joint working between primary care / PCNs, community health and the Voluntary and Community Sector (facilitated by the CVS) as well as positive relationships and joint commissioning between acute trusts and the local authority. Recovery following COVID is ongoing with an emphasis on supporting care homes, achievement of elective targets, reducing the length of hospital admissions and supporting more people to stay in their own homes for as long as possible. The work of the alliance is ongoing and will continue to form part of place delivery as we move forward.

National and Local Context

8. The York system continues to make progress in what is a dynamic and challenging environment for all partners. On Friday 24th of December 2021, NHS England and NHS Improvement (NHSE/I) published the 2022/23 operational planning guidance, setting out ten priorities for the next financial year. These are:
 1. Investing in the workforce and strengthening a compassionate and inclusive culture
 2. Delivering the NHS COVID-19 vaccination programme
 3. Tackling the elective backlog
 4. Improving the responsiveness of urgent and emergency care and community care
 5. Improving timely access to primary care
 6. Improving mental health services and services for people with a learning disability and/or autistic people
 7. Developing approach to population health management, prevent ill-health, and address health inequalities
 8. Exploiting the potential of digital technologies

9. Moving back to and beyond pre-pandemic levels of productivity
 10. Establishing ICBs and enabling collaborative system working
9. Similarly, the White Paper on integration outlines clear expectations on reducing inequalities and placed based delivery, this includes the expectation that the NHS and Local Authorities work together to develop strategic plans and deliver services in an integrated way thereby reducing duplication of work and stabilising the workforce to achieve better outcomes for people.
10. The Health and Care Act (H&C) came into law during April 2022. This has enabled the dissolution of CCG's and the implementation of an Integrated Care Board (ICB). The executive team is in place including the Chief Executive, Chair and Chief Operating Officer. The Humber and Yorkshire ICB has been established alongside 6 place boards. The new H&C Act (2022) places a duty and responsibilities on the ICB to perform the following functions:
- Commissioning Hospital and other Health Services
 - Commissioning Primary Care Services
 - Transfer schemes in connection with the transfer of Primary Care Functions
 - Commissioning Arrangements
 - General Functions
 - Expansion of financial duties of integrated care boards and their partners.
11. Integrated Care Systems (ICS) as well as partners will be reviewed for effectiveness and delivery of safe effective services through the care quality commission. Additional inspections have also been announced for adult social care.
12. The new legislation clearly sets out a new pathway for the commissioning of health services, supporting further partnerships, pooling and/or integrating finances including the Better Care Fund (BCF) as a lever for the integration of health and care resources and delivery. The H&C Act (2022) focusses on statutory agencies working closely together supporting the commissioning and delivery of services across populations and place.

Update on the work of the Alliance and Current position.

13. Following the establishment of the ICS partners across the system agreed that a strategic delivery direction was to ensure that each place had a Board that supported population health delivery. The Health and Care Alliance agreed to move towards a place base approach and the first York Place Health and Care Partnership Board meeting took place in May 2022. Ian Floyd, Chief Operating Officer (COO) of the City of York Council has been appointed as Chair.
14. A 10-year Health and Wellbeing Strategy for York is being developed alongside the Humber and North Yorkshire Integrated Care Partnership Strategy (by the end of 2022). These two documents will form the basis of improving the health and wellbeing of the citizens in York, reducing unnecessary hospital admissions for adults and children, improving access to primary care Primary Care, Mental Health and Social Care Services by moving to a more proactive and sustainable model with Enhanced Prevention and Early Intervention Approaches at its heart
15. The York Place Health and Care Partnership Board has a diverse membership covering an all age approach and a richness of discussions to ensure strategic decisions are collective and take in account inequalities citizens of York face both in terms of services as well as access.
16. Through the Health and Care Prospectus Process the York Health and Care Alliance Board engaged with stakeholders, academics and residents and have established the following key principles:
 - We grow our health and care assets
 - We act early and prevent further deterioration
 - We care as one York Team, aligning services and integrating services so citizens experience a seamless care journey
17. During Quarter 1 of 2021 the Health and Care Alliance completed a functional design exercise to understand what could potentially be delivered at place, regional and at a system level. Key areas such as ones below could all be delivered at place with some integration within the wider system.
 - Quality and Safety
 - Sustainable Integrated Workforce

- Performance Management
- Financial Allocation at Place
- Governance Framework
- Primary Care Network support
- Early Intervention and Prevention functions including Community services, child health, public health services,, integration with the Voluntary Sector (e.g. social prescribing)

Next Steps

18. The York partnership has shown that there is enormous potential within the system to find innovative ways of managing and improving care. Strong systems and strong relationships complement and support each other.
19. Financial frameworks have often been cited as a barrier to the development and delivery of integrated approaches. There is no one-size-fits-all approach, especially given how different local systems are in terms of the populations they serve.
20. However, York has navigated its way around this complexity and there are now mechanisms that we have used to pool budgets this is underpinned by legislation through section 256 and 75 agreements. The BCF has also been extended and York BCF plans have been praised for integrated approaches and close partnership working to deliver national targets. This has shown system maturity to commission and agree the delivery and redesign of services.
21. Moving forward the York Place Health and Care Partnership Board will be the key strategic board ensuring oversight of the delivery of the ICS expectations at a Place level as well as the delivery of the York HWBB strategy and NHS Operational Plan.
22. To do this, there is a need to work in coming months on establishing detailed arrangements for the functions listed at 4.5, including staffing support and assurance.

Membership

23. To ensure that the Board is able to meet the key obligations and responsibilities set by the ICS we may wish to explore the

membership of the board. The current membership is diverse and includes key agencies such as Schools, Police, Patient Voice and the Community/voluntary Sector.

24. To deliver the extensive programme of place-based delivery the York Place Health and Care Partnership Board is considering the implementation of work streams. This may include integrating sub-groups that are already in place to reduce duplication and adding in additional groups to ensure a clear focus on commissioning, redesign and delivery.
25. A further update on the configuration of these will be presented at the September 2022 HWBB.

Implications

Legal Implications

26. The Health and Care Act (2022) is now in place, over the next 12 months the place board will further explore governance process as these will continually change as the ICB and place board develops.

Risks

27.
 - We need to ensure as partners we update our maturity framework in readiness for becoming a joint committee of the ICB and receive delegated powers over the next 6/12 months
 - To continue to work with elected members, ensuring they play a key role in the development of place.
 - Currently we are awaiting further information in respect to the appointment of an NHS Place Lead.

Conclusion

27. As a partnership we have a strong basis on taking the work forward and have key levers in place to fulfil our ambition of

making York a healthy city not only supporting people to live longer but to live longer healthier and fulfilled lives.

Recommendations

28. The Health and Adult Social Care Policy and Scrutiny Committee is asked note:
- i) the content of the report and progress made
 - ii) the work of the previous York Alliance as we move forward with the York Place Health and Care Partnership Board

Reason: To keep the Committee updated.

Contact Details

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Chief Officer Responsible for the report:

Jamaila Hussain

Corporate Director of Adult Services and Integration, Interim Director of Children Services

Report Approved



Date 18 July 2022

Specialist Implications Officer(s) None

Wards Affected:

All



For further information please contact the author of the report

Background Papers:

None

Annexes

None

Abbreviations

PCN	Primary Care Network
CVS	Community Volunteer Service
ICB	Integrated Care Board
CCGs	Clinical Commissioning Groups
ICS	Integrated Care Systems
H&C	Health and Care Act
BCF	Better Care Fund
HWBB	Health and Well Being Board

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Health and Adult Social Care Policy & Scrutiny Committee

27 July 2022

Report of the Directors of Adult Social Care and Public Health

2021-22 Finance And Performance Outturn Report – Health And Adult Social Care

Summary

1. This report provides a detailed view of outturn position for Adult Social Care (ASC) and Public Health (PH) for 2021/22. Discussions were held with budget managers to explain over and under spends against budget. Table 1 below provides a high-level summary.
2. Appendix 1 provides an alternative analysis of the Adult Social Care budgets to contextualise the budget as requested at the previous Scrutiny Committee.

Table 1: Health & Adult Social Care Financial Summary 2021/22 Outturn

2021/22 Q3		2021/22 Latest Approved Budget			2021/22 Outturn	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
	Corporate Director of Adult Services & Integration					
-82	ASC Centrally Held Budgets	8,853	3,962	4,891	-1,026	-21.0%
-13	ASC Commissioning and Early Intervention & Prevention	7,498	8,875	-1,377	-520	37.8%
+379	ASC In-House Services	6,938	2,122	4,816	-233	-4.8%
	Director of Adults Safeguarding					

+2,747	ASC Older People and Physical & Sensory Impairment	37,753	20,209	17,544	+1,959	+11.2%
+788	ASC Learning Disabilities and Mental Health	36,905	8,989	27,916	+1,102	+3.9%
-780	ASC Mitigations					
+3,039	Adult Social Care Total	97,947	44,157	53,790	+1,282	+2.4%
0	Public Health	10,279	9,279	1,000	0	0.0%
+3,039	Health and Adult Social Care Total	108,226	53,436	54,790	+1,282	+2.3%

Adult Social Care

3. The final outturn position for Adult Social Care is an overspend of £1,282k, an improvement of £1,757k from the reported position at Quarter 3. More detail is listed in the individual headings below, but the movement is primarily due to:
 - Use of £1.2m Contain Outbreak Management Fund, which was factored in corporately at Qtr 3 but not applied to ASC.
 - Additional slippage on the Better Care Fund (£456k) due mainly to difficulties recruiting staff
 - Recovery of more costs associated with discharging customers from hospital (approx. £500k) which were in existing projections
 - £254k of growth set aside for customers coming through from Children's Services not needed in 2021/22.
 - The above is offset by higher spend on LD direct payments (£145k), LD Supported Living customers (£171k), LD Residential placements (£203k) and MH Nursing placements (£129k) than was projected at Q3.
4. The improvement in the financial position is due in no small part to a lot of hard work from ASC colleagues in finding ways of mitigating the forecast overspend at quarter three. However, it should be noted that the largest contributor to the final year-end position was the use of one-off funding and funding recovered from the Hospital Discharge Programme.
5. City of York recovered £5m from NHS England via Vale of York Clinical Commissioning for costs incurred on customers being discharged from

Hospital. The funding has now ceased but best practice continues to ensure customers are discharged to the most appropriate setting. However, the cost of this will carry a significant pressure into 2022/23 and we are working with Health to source funding for some of this activity and prioritise what has the greatest impact to the health and care system.

6. Adult Social Care still needs to address other budget pressures in 2022/23 based on customer numbers and prices as at February 2022. We estimate that after growth has been allocated, we will have to mitigate a £4m budget pressure on external care as well as delivering a savings programme of over £1.7m in what are still very testing times for the workforce and sector.
7. The following sections give more detail on the variations.

ASC Centrally Held Budgets (-£1,026k / -21.0% of net budget)

8. The cost of transitions customers coming through from Children's Services was £254k less than assumed in the budget and the Older People's Accommodation Project management budget underspent by £416k. The latter was largely due to the budget set aside to fund customers from Haxby Hall moving to more expensive placements not being fully spent due to using a greater number of beds at our standard rate than was expected.
9. This is an underspend of £128k arising from senior manager restructures in the People directorate which is offset by costs in Children's Services. In addition, the director's £100k contingency budget was held back against overspends elsewhere in the directorate.
10. £91k of the Care Act implementation budget was held back to offset overspends elsewhere in the department.

ASC Commissioning and Early Intervention & Prevention (EIP) budgets (-£520k -37.8% of net budget)

11. Several schemes in the Better Care Fund underspent due to difficulties in recruiting staff. This slippage in 2021/22 has been used to fund overspends elsewhere in the Department (£456k).

ASC In house services Budgets (-£233k / -4.8% of net budget)

12. Personal Support Services have overspent by £199k largely due to the additional costs arising from Riccall Carers going into administration during the year and the service and staff being brought into the Council (£283k). This is offset by an overachievement of rental income compared to budget.

13. Yorkcraft has overspent by £96k in 2021/22. This is due to an underachievement of income (£86k) and the failure to achieve a previous year's budget saving (£62k), offset by an underspend on staffing due to vacancies.
14. Small Day Services have underspent by £349k. This is largely due to vacancies at Pine Trees, Pastimes, Greenworks, Community Base and the Community Support Assistants which had been held for part of the year due to the service being run at reduced capacity because of Covid restrictions. In addition, the Service Manager post has been vacant for most of the year.
15. The MH Housing & Support Project budget has underspent due to the agreement with Tees Esk Wear Valley MH Trust (TEWV) that £250k of their contribution towards this programme can be redirected to support pressures felt in the Mental Health budget due to TEWV struggling to recruit staff and the Council picking up the consequences of this.
16. There has been an overspend of £78k at Be Independent. There is still a budget gap of £130k which needs to be addressed, together with a historical budget overspend on recharges of £54k. In addition to this, there has been a shortfall of income in the Response service of £160k. This is largely offset by a staffing underspend as some of the Telecare technicians time has been recharged to capital (£90k), additional Covid funding for PPE costs (£111k) and an underspend on the equipment budgets.

ASC Older People (OP) and Physical & Sensory Impairment (P&SI) budgets (+£1,959k / +11.1% of net budget)

17. Permanent nursing care has overspent by £609k in 2021/22. The gross expenditure budget overspent by £1,324k due to the increase in the average weekly gross cost of an OP nursing. This has been offset by the allocation of £500k COMF funding to this budget as well as an increase in the average rate of CHC income received per customer.
18. Permanent residential care has overspent by £526k. The average cost of an OP residential placement has increased by 2% over budget (£19 a week) since the budget was set leading to a £139k overspend and there has been a reduction of seven customers making contributions to the cost of their care (£104k underachievement against budget). In addition to this, there are five more customers in P&SI residential care placements than in the budget causing a £300k overspend and the average weekly gross cost of a P&SI placement has increased by 12% since the budget was set resulting in a £79k overspend. This is offset by an increase in the CHC income above budget of £94k.

19. The budget for placements in residential and nursing short stay beds has overspent by £335k. This is net of £300k of COMF funding applied to this budget. Customers have been discharged from hospital into short-term beds more quickly than was previously the case and they have also been staying in those beds for longer. The lack of capacity in the home care market has made it harder to source the necessary care to meet the needs of these customers.
20. P&SI Supported Living schemes have overspent by £635k in 2021/22. This is in line with previous years and is largely due to the weekly average gross cost of a placement having increased by 13% leading to a £440k overspend. There has also been a net increase of three customers since the budget was set (£134k over recovery of income) and the average amount of income received from CHC customers has been less than assumed in the budget.
21. OP Direct Payments have overspent by £125k largely due to an increase in the average direct payment per customer of £51 per week over the year (17 % greater than budget), which has been partially offset by higher than expected reclaims made in year. The P&SI Direct Payment budget has overspent by £66k, which is due to an increase in the average direct payment per customer of £38 per week (10% higher than in the budget) again offset by higher than budgeted reclaims.
22. The Adult Social Care Covid budget is showing an over recovery of income of £542k due to CYC being able to claim more of spend that was in forecasts for other budget areas at Qtr 3 (e.g., the cost of supporting Peppermill Court was showing in the Personal Support Service forecast and we had not forecast this to be recovered from the Hospital Discharge Programme).

ASC Learning Disabilities (LD) and Mental Health (MH) budgets (+£1,102k / +3.9% of net budget)

23. Learning disability residential budgets have overspent by £300k. This is due to having a net increase of 4 customers in working age placements since the budget was set (£208k) and the average gross cost per customer in a working age placement has risen by £55 per week (an increase of 3% over the budgeted rate).
24. Learning Disability direct payments have overspent by £159k. This is due to having an average of 8 more customers during the year than was assumed in the budget (£198k), the average gross weekly direct payment per customer increased by £86 over the year (23% more than in the budget) (£754k), and the average amount of CHC income per customer was less than assumed in the budget (£52k). This is offset by a higher than budgeted level of reclaims made in year (£851k).

25. The Learning Disability Social Work team has overspent by £186k. This is largely due to the use of WWY and external agency staff to cover vacancies and being over establishment for part of the year.
26. The Mental Health budgets overspent by £536k, broken down as follows:
- Residential Care £292k
 - Nursing Care £28k
 - Community Support (incl Supported Living) £16k
 - Direct Payments £41k
 - Staffing £159k
27. The main overspend is in MH working age residential placements (£264k). £295k is due to the average gross cost per placement having increased by £89 a week (8.5% more than in the budget) and in addition, there are two more customers in placement (£134k). This is offset by an increase in the number of customers receiving CHC income.
28. The Mental Health social work team has overspent by £159k this year due to the use of agency and WWY staff to cover vacancies and to having two agency posts above establishment for part of the year.

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-2021-2022>

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 2020-21 and 2021-22. A summary of the information discussed in paragraphs 30 to 44 can be found in the table on the next page.

KPI No	Measure	2018-19	2019-20	2020-21	2021-22	Change from 2020-21 to 2021-22
ASC01	Number of contacts to ASC Community Team	10,250	10,957	19,212	17,275	Improving
ASC01a	Percentage of initial contacts to ASC Community Team that are resolved with information/advice or guidance (IAG)	27	26	32	23	Deteriorating
PVP14	Number of customers in receipt of a "paid-for" package of care (snapshot at year end)	2,128	2,142	2,192	2,037	Improving
PVP18	Number of customers in long-term residential and nursing care (snapshot at year end)	621	609	538	552	Deteriorating
PVP02	Number of permanent admissions to residential and nursing care for older people (aged 65 and over)	252	201	172	192	Deteriorating
ASC03b	Number of customers receiving home care services (snapshot at year end)	675	676	726	624	Improving
PVP31	Number of clients receiving paid services for first time	530	583	839	518	Improving
PVP32	Number of clients returning to ASC to receive a paid service	376	404	407	360	Improving
ASCOF1F	Percentage of adults in contact with secondary mental health services in paid employment	22	23	20	N/A	Deteriorating*
ASCOF1H	Percentage of adults in contact with secondary mental health services living independently, with or without support	84	80	73	N/A	Deteriorating*
ASCOF3A	Percentage of service users 'extremely or very satisfied' with care and support	64	68	72	N/A	Deteriorating*
ASCOF3B	Percentage of carers 'extremely or very satisfied' with care and support	43	N/C	N/C	40	Deteriorating
ASCOF4A	Percentage of service users reporting that they feel "as safe as they want"	67	71	76	N/A	Deteriorating*
SGAD02	Number of Adult Safeguarding pieces of work completed	1,206	1,458	1,286	1,709	Neutral
SGAD01	Number of Adult Safeguarding concerns reported	1,172	1,404	1,299	1,715	Neutral
PVP11	Percentage of completed safeguarding s42 enquiries where people reported that they felt safe	90	94	98	98	Stable
STF100 - People	Average sickness days per FTE - People directorate (rolling 12 month average)	N/A	N/A	12.4	14.0	Deteriorating

N/A - Not yet available for 2021-22

N/C - Survey this KPI based on was not conducted in 2019-20 or 2020-21

* - based on provisional results for 2021-22, see commentary in paragraphs 35 to 41

Demand for, and numbers receiving, adult social care services

Mental Health

31. The percentage of adults in contact with secondary mental health services living independently, with or without support, has fallen over the last year. Provisional results for 2021-22 Q4 show that 64% of them were doing so, compared with 73% a year earlier. The 2020-21 ASCOF results showed that York is a "top quartile performer" in England as a

whole, compared with 58% nationally and 65% 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.

32. During 2021-22 Q4, 19% 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, and slightly lower than a year earlier (20%). Based on the 2020-21 ASCOF results, York is the 3rd best performing LA in England on this measure, with 20% of all those in contact with secondary mental health services in employment, compared with 9% in England and 11% 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

33. 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.
34. The provisional results for York during 2021-22, which will be published by NHS Digital in the autumn, show that a smaller proportion 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.
35. The 2021-22 Survey of Adult Carers in England took place earlier in the year and the results have been published by NHS Digital. They show 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.

Safety of ASC service users and residents

36. 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.
37. Results from the 2021-22 ASC Survey will be published in the autumn by NHS Digital. Provisional results for York indicate that there was a deterioration in the percentage that responded that they were “feeling as safe as they want”, compared with 76% of in 2020-21.
38. During 2021-22 there were 1,709 completed safeguarding pieces of work, which is a 33% increase on the number completed during 2020-21 (1,286) – this is a partial reflection in the increase in the number of safeguarding concerns reported during the last year (1,715 in 2021-22 compared with 1,299 in 2020-21). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry continues to be high - 98% during both 2020-21 and 2021-22 and remains consistent with what has been reported historically in York.

Sickness rates of Adult Social Care staff

39. In the People directorate, which includes Adult Social Care, the number of sickness days taken per full-time employee rose from 12.4 in the year to 31 March 2021 to 14 in the year to 31 March 2022. This was partly caused by a large number of ASC staff being required to take sickness leave after contracting Covid-19.

Public Health

Public Health (£-483k / or -4.7% of gross expenditure budget)

40. Public Health underspend by £483k but this can be transferred the earmarked Public Health reserve to fund future budget commitments.
41. The pandemic has had a significant impact on the Public Health Team with resources diverted into supporting the response to the pandemic resulting in budget savings. In addition, difficulties in recruitment within Healthy Child Service throughout the year has led to further significant savings. However, now the pandemic is over and staff have been appointed normal activity is expected to resume in 2022/23 which will lead to spend closer to budget.

42. 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	2,495	-237	Delayed recruitment to the new staff structure & use of COMF funding to cover additional staff costs. £28k saving due to delay in Children's Weight Management initiative
Sexual Health	1,778	4	
Substance Misuse	1,778	-7	No demand for residential care
Wellness Service	346	-11	Additional income for anti-smoking
Healthy Child Service	2,530	-232	Underspend arising from staff vacancies
Public Health grant	-8,143	0	
Domestic Abuse	216	0	
Total Public Health	1,000	-483	
Transfer from Reserves		483	Total reserves (£1.259m)
Reported Position		0	

43. A new staff structure has been approved but recruitment to some of the new posts is still ongoing. In addition, some staff dealing with Covid issues are being funded by Control the Outbreak Management Grant (COMF) grant.
44. The Health Trainer Service underspent due additional income for anti-smoking initiatives
45. Healthy Child Service had recruitment difficulties throughout the year and with further staff turnover it underspent by £232k.
46. There was £2.4m unspent 2020/21 Control Outbreak Management Funding with a further £1.1m awarded for 2021/22. This was used to

manage the additional resources and cost pressures resulting from the pandemic across the council and was spent by the end of the year. A residual £100k was retained to cover any Covid-related issues arising in 2022/23 In addition, DHSC are provided separate funding so the council can operate a number of Covid testing sites around the city, including LFT test kit collection points and delivery of kits.

47. Responsibility for Domestic Abuse has transferred to Public Health following the award of £334k New Burdens funding for 2021/22 to provide support in safe accommodation. The budget for existing support from NYCC and the police also transferred from Adult Social Care.
48. There was £776k in the Public Health Reserve at 31st March 2021 and increased by £483k to £1.259m at the year end. This was expected and the planned, additional growth and service pressures in Public Health services over the next 3 to 4 years will ensure these savings are re-invested. Use of the reserve was agreed at the Exec Member's decision session on 15th December 2021.

Directly Commissioned Public Health services

Health Trainer Service (NHS Health Checks and Smoking Cessation)

49. 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.
50. The Health Check programme was halted for safety reasons during the COVID-19 pandemic period. Nimbuscare started to deliver health checks towards the end of 2021 and a total of 684 health checks were carried out for CYC residents during 2021-22 Q3.
51. Closer work with Primary Care Networks is being undertaken, which will see health checks being delivered in a primary care setting leading to a more joined up service for the patient. Health Checks are delivered from various locations across the City. We aim to target this service to those most at risk. Our approach is more than just identifying risk, and that is why we now deliver a Health Trainer Service, which aims to provide individuals with advice 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.

52. The Health Trainer service is currently mainly dedicated as a support service for people that want to stop smoking. This includes one-to-one advice as well as access to medications that make the journey to being smoke free easier. We have recently formed a Tobacco Alliance in York so that we can ensure 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.
53. The provisional data for 2021-22 shows that the Health Trainer Service's stop smoking team received 543 referrals from those wishing to quit smoking. Of these, 358 (66%) went on to engage with an advisor. Subsequently, 219 went on to set a quit date and 137 (63%) had quit smoking after four weeks. There were 112 pregnant smokers who were in the group of 543 referrals. Of these, 58 (52%) went on to engage with an advisor. Subsequently, 35 went on to set a quit date and 26 of them (74%) had quit smoking after four weeks.

Substance Misuse

54. 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.
55. In the latest 18-month monitoring period, to the end of 2021-22 Q4, 317 alcohol users were in treatment in York and 84 (27%) left treatment successfully and did not represent within six months. The equivalent figures for opiate and non-opiate users were 4% (21 out of 479) and 27% (53 out of 200) respectively. The York rates are currently lower than the national averages (37% for alcohol users, 5% for opiate users and 35% for non-opiate users).

Healthy Child Service

56. The full National Child Measurement Programme (NCMP) is in progress in York for 2021-22 after a partial programme in the previous two measurement years due to the Covid-19 pandemic. To date 93.4% of reception aged children and 90% of Year 6 children have been measured.

57. In 2020-21 only five schools in York were measured as part of a limited programme to provide data at regional and national level. No local authority level obesity prevalence data was published for 2020-21.
58. The 2019-20 programme was discontinued in March 2020 due to the COVID-19 pandemic. The data submitted for children measured prior to lockdown was published with appropriate local data quality flags. The coverage rates for York for 2019-20 were 38% for year 6 pupils and 57% for reception (annual coverage rates are usually in excess of 95%). As a result of this, the York values were flagged as 'fit for publication but interpret with caution'. The 2019-20 NCMP found that 8% of reception children in York were obese, which is significantly lower than the England average (10%). The York figure has fallen from the 2018-19 level (10%). Of Year 6 children in York, 22% were found to be obese in 2019-20, which is not significantly different from the England average (21%). The York figure has increased from the 2018-19 level (15%). There is a wide variation in obesity rates at ward level, and there is a strong correlation between obesity and deprivation at ward level.
59. The key performance indicators for the Healthy Child Service in York for 2021-22 Q3 are presented below. The national benchmark figures for this quarter are not yet available, however the national figures for 2021-22 Q2 are presented to provide some context for local performance. 67% of new-born children in York received a new birth visit within 14 days (compared with the average in England as a whole of 83%). 85% of new-born children in York received a 6-8 week review within 56 days (compared with the average in England as a whole of 86%). 88% of children in York had a one-year review before 12 months (compared with the England average of 71%). 94% of children in York had a two-year review before 30 months (compared with the England average of 81%).
60. 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 Q3, 89% of children in York reached the expected level of development on all five domains, compared with the average for England of 80%.
61. In 2021-22 Q3, 59% of children in York (with a feeding status recorded) were totally or partially breastfed at 6-8 weeks, compared with the average for England as a whole of 54%.

Sexual and Reproductive health

62. 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.
63. In the period April 2020 to March 2021, the rate of conceptions per 1,000 females aged 15-17 in York (9.9) was lower than the regional (15.4) and national (12.2) 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

64. 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.
65. 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.
66. Positively: 67% of people in York did more than 150 minutes of physical activity per week compared with 61% nationally and 60.3% regionally. There has been no significant change in the York value from that 12 months earlier. In addition 24% of people in York did fewer than 30 minutes per week compared with 27% nationally and 28.4% regionally. There has been no significant change in the York value from that 12 months earlier.

Smoking: pregnant mothers

67. 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.
68. For the latest 12 month period for which figures are available (April 2021 to March 2022), 8.6% of mothers that gave birth in York were recorded as being smokers at the time of delivery. This represents an improvement on the figure (10.8%) for the previous 12 month period (April 2020 to March 2021). However, there is considerable variation within the wards in York on this figure, ranging from 0% to 17% of mothers being recorded as smoking at the time of delivery in the latest 12 month period.

Smoking: general population

69. 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.
70. Information on smoking prevalence amongst the general population comes from the Annual Population Survey (APS). The data for 2020 shows that 9.6% of the 18+ population in York were reported as smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (12.9%) and in England as a whole (12.1%). The survey methodology changed in 2020 and therefore comparisons with data published in previous years are not valid. Amongst those who work in “routine and manual occupations”, 17.6% of people aged 18-64 in York were reported as smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (22.3%) and in England as a whole (21.4%).

Alcohol-related issues

71. 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.

72. 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).
73. 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

74. 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.
75. The latest published data on deaths by suicide in York shows that in the three year period from 2018-20 there were 70 deaths by suicide for York residents, which represents an increase of nine deaths by suicide from the previous three year period (2017-2019). The rate per 100,000 of population in York (13) is above, but not significantly different from, the national average (10) and is in line with the regional average (13).
76. Published data for the three year period 2018-20 shows that there were 55 deaths by suicide for male York residents which represents an increase of nine deaths by suicide from the previous three year period (2017-2019). The rate per 100,000 of population in York (21) is significantly above the national average (16).

77. Published data for the three year period 2018-20 shows that there were 15 deaths by suicide for female York residents which represents no change compared with the previous three year period (2017-2019). The rate per 100,000 of population in York (6) is above, but not significantly different from, the national average (5).
78. 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 (2019-2021) there were 70 deaths (56 male and 14 female) i.e. no change from the published total number of deaths in the previous three year period (2018-2020).

Life Expectancy and Mortality

79. Average Life Expectancy and Healthy Life Expectancy for males in York (79.9 years and 65.8 years) is above the England average (79.4 years and 63.2 years). Average Life Expectancy and Healthy Life Expectancy for females in York (83.6 years and 66.4 years) is also above the England average (83.1 years and 63.5 years).
80. The inequality in life expectancy for men in York for the measurement period 2018-20 is 8.4 years. This means there is around an eight-year difference in life expectancy between men living in the most and least deprived areas of the City. This inequality has been fairly stable in recent periods (8.4 years in 2016-18 and 8.3 years in 2017-19).
81. The inequality in life expectancy for women in York for the measurement period 2018-20 is 5.7 years. This means there is around a six-year difference in life expectancy between women living in the most and least deprived areas of the City. This figure has fallen (improved) compared with the figure of 6.2 years in the period 2017-19. The inequality in York is below the national average for men (9.7 years) and for women (7.9 years).

Recommendations

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

Reason: To update the committee on the final financial and performance position for 2021-22.

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**Report
Approved**



Date 18 July 2022

Specialist Implications Officer(s) None

Wards Affected:

All Y

Appendix 1 Alternative analysis of Adult Social Care Budget

	Gross Budget 2122	Net Budget 2122	Variance 2122	%age
Total	97,947	53,798	1,282	2%
External Care				
Dir Pyt LD	2,820	2,276	159	7%
Dir Pyt MH	200	200	41	21%
Dir Pyt OP	677	643	125	19%
Dir Pyt PSI	2,240	1,717	66	4%
	5,937	4,836	391	8%
Community LD	2,390	1,335	- 9	-1%
Community MH	292	110	106	96%
Community OP	6,980	- 1,003	307	-31%
Community PSI	1,662	503	70	14%
	11,324	945	474	50%
Supp Living LD	15,704	12,695	- 72	-1%
Supp Living PSI	2,331	1,935	636	33%
Supp Living MH	871	690	- 90	-13%
	18,906	15,320	474	3%
Res LD	6,128	4,437	294	7%
Res MH	4,091	2,629	293	11%
Res OP	11,677	5,988	- 629	-11%
Res PSI	630	522	246	47%
	22,526	13,576	204	2%
Nurs LD	483	252	38	15%
Nurs MH	377	217	28	13%
Nurs OP	6,659	3,526	700	20%
Nurs PSI	526	421	- 56	-13%
	8,045	4,416	710	16%
In house teams and services				
Staffing	8,472	7,068	567	8%
Contracts and Commissioning	4,989	2,972	- 32	-1%
In House Services	5,056	4,045	- 298	-7%
BI and Equipment	2,029	849	51	6%
Other	3,429	- 3,804	- 1,275	34%
Recharges	7,234	3,575	16	0%
	31,209	14,705	- 977	-7%
Analysis by Expenditure and Income				
Staffing	14,186		1,120	
Premises Related spend	367		198	
Transport	254		- 72	
Supplies & Services	3,676		4,294	
External Care	70,024		8,673	
Payments to Third parties	2,010		27	
Internal charges and recharges	7,431		- 6	
	97,947		14,234	
Grant Income	- 9,782		- 5,496	
Internal income	- 460		- 1,197	
Health income	- 442		- 5,573	
Continuing Health Care income	- 9,574		51	
Better Care Fund Income	- 6,315		33	
Other income	- 654		- 206	
Customer Contributions to Cost of Care	- 13,308		- 370	
Recharge allocation	- 3,614		- 195	
	- 44,150		- 12,952	
	53,798		1,282	

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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 - DEFERRED	1. 10 Year Strategy - Health & Wellbeing
27 July 2022, 5:30pm NB Chair may give apologies. If so Cllr Hook (Vice Chair) will Chair	1. An Integrated Care System (ICS) update (Jamaila Hussain) 2. Health and ASC Finance and Monitoring Report (Q4) (Steve Tait) 3. Work Plan

<p>27 September 2022, 5:30pm</p> <p>Commissioned Joint Committee with Children, Education & Communities Policy & Scrutiny Committee</p>	<ol style="list-style-type: none"> 1. Autism Strategy
<p>28 September 2022, 5:30pm</p>	<ol style="list-style-type: none"> 1. LAC/Health Trainer/Social Prescribing – Update on the various provisions 2. Update on the Care Quality Commission (CQC) inspection that took place at York hospital in March. 3. Health and ASC Finance and Monitoring Report (Q1) (Steve Tait) 4. Work Plan
<p>Informal Meeting, 01 November 2022, 5:30pm TBC</p>	<ol style="list-style-type: none"> 1. HENRY Programme update 2. Health and Social Care, Reablement Pathway update 3. Update on dentistry in schools 4. Work Plan

22 November 2022, 5:30pm	<ol style="list-style-type: none"> 1. Health and ASC Finance and Monitoring Report (Q2) (Steve Tait) 2. Elective Care post pandemic 3. TEWV Foss Park CQC inspection report, ask back for an update 4. Work Plan
21 February 2023, 5:30pm	<ol style="list-style-type: none"> 1. Health and ASC Finance and Monitoring Report (Q3) (Steve Tait) 2. Update on the Dementia Strategy 3. Cost of Care Review – Cap of Care 4. Update on the HENRY Programme 5. Work Plan

Proposed items for consideration:

- Access to GPs - TBC
- Children and Young People Plan / CAMHS Provision in York - TBC
- To receive the draft Market Position Statement TBC
- Development of the ICS update – 27 July
- LAC/Health Trainer/Social Prescribing – Update on the various provisions – 28 September
- Update on the Care Quality Commission (CQC) inspection at York hospital in March – 28 September

- HENRY Programme – Informal Oct and 21 Feb
- Health and Social Care, Reablement Pathway update – Informal October
- Dentistry in schools update – Informal October

- TEWV Foss Park CQC inspection report, ask back for an update –Provisional 22 November
- Elective Care post pandemic – 22 November
- Cost of Care Review – Cap of Care - 21 Feb
- Update on the Dementia Strategy – 21 Feb

- Health & ASC Finance & Monitoring reports (Steve Tait) – Biannual – July, September, December and February