



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

To: Councillors Doughty (Chair), Cullwick (Vice-Chair), Heaton, Hook, Perrett, Waudby and K Taylor

Date: Tuesday, 9 February 2021

Time: 5.30pm

Venue: Remote Meeting

AGENDA

1. Declarations of Interest

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

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

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

2. Minutes (Pages 1 - 8)

To approve and sign the minutes of the meeting held on 10 November 2020.

3. Public Participation

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

Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings.

The deadline for registering at this meeting is **5:00pm on Friday 5 February 2021.**

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

Webcasting of Remote Public Meetings

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

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

4. Covid Update

The Director of Public Health will provide the Committee with a verbal update at the meeting in relation to Covid 19.

5. Commissioning update on the care market, and capacity requirements for the coming period (Pages 9 - 18)

This report provides a commissioning overview of the care market in York, with a particular focus on the needs of older people; and describes an approach to the challenges of the next few months.

6. Work Plan (Pages 19 - 22)

To consider the Committee's Work Plan for the remainder of the municipal year.

7. Urgent Business

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

Democracy Officer:

Name – Louise Cook
Telephone – 01904 551031
E-mail – louise.cook@york.gov.uk

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 (Polish)
własnym języku.

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی میاکی جاسکتی ہے۔ (Urdu)

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City of York Council	Committee Minutes
Meeting	Health and Adult Social Care Policy and Scrutiny Committee
Date	10 November 2020
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Hook, Norman, Perrett, Waudby and K Taylor

1. Declarations of Interest

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

2. Minutes

The Chair stated that since the last public meeting held pre-Covid-19, in February, a series of informal meetings had been held to consider areas of work that fall under the remit of this committee. The Chair was keen to formulate a work plan for this committee, at the earliest opportunity.

Resolved: That the minutes of the previous meeting of the committee held on 18 February 2020 be approved and signed at a later date.

3. Public Participation

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

4. Verbal update on how GP Practices are coping with the Coronavirus emergency

The Chair of NHS Vale of York (VOY), Clinical Commissioning Group (CCG); the Accountable Officer, NHS VOYCCG and the Acting Director for Primary Care and Population Health for NHS, VOYCCG, gave a verbal update on how GP practices were coping with the Coronavirus emergency.

Dr Wells explained that in March their priorities had been: saving lives; protecting the vulnerable and keeping services going, which is what Primary Care services have done for the last 9 months.

He outlined how they had protected the vulnerable and staff by providing telephone triage, remote working, and continuing to provide essential services via text messaging and phone calls. There had been some video consultations however, the technology for this was not available as yet. The priority had been caring for the most vulnerable and end of life patients.

It was reported that the current activity at GP practices had included:

- Attending to routine clinical demand; catching up with the deferred backlog of appointments and need arising from the first wave of the Coronavirus and helping those with long term conditions and mental health concerns.
- Responding to the increase in take up for the flu vaccination which had increased from approx. 60 percent to over 75 percent.

Some of the challenges currently faced by GP practices (during the second lockdown) had included:

- Staff absenteeism: practices have been subject to the same staff absences as can be seen in other workplaces for reasons such as needing to self-isolate, Covid fatigue, child care arrangements.
- Wellbeing of staff: and providing support, building resilience for the winter. National and regional online resources were available. The CCG had recognised the additional pressure that GP receptionists were under and had put in place ‘wellbeing champions’ and were doing a media campaign on the back of national campaigns, encouraging patients to be kind to the GP receptionists. Practices were signposting service users to 111 and encouraging patients to self-care, where appropriate. It was explained that due to budgetary constraints it was not possible to recruit additional staff.
- Face to face appointments - twice as long due to the time taken in relation to PPE and cleaning.
- Service user's expectation and communication:
 - Urban myth nationally that GP practices had closed its doors. In March, the number of patients seen had been reduced. Currently service had been restored and busier than ever, with more consultations

undertaken than at the same period of time in the previous year. York Medical Group had received 42k phone calls in September 2019, in September 2020 they had received over 50k phone calls. That was replicated with telephone and face to face contact.

- The City of York is fortunate in that they have a service which is good or better, which is important in the context of discussions around patient expectation. There are a number of practices which are larger than others. Their combined resources had created a resilience that smaller practices cannot reach. That hot and cold service is not available in other regions. (meaning: split 'hot' emergency and urgent care from 'cold' planned surgery). York practices should be commended for having this outstanding resilience and flexibility.
- Resident's had reported that they had been asked to attend appointments across the City. It was explained that it had been necessary to arrange face to face appointments, at protected 'hot' sites due to the infection risk in order to protect staff and the vulnerable.
- In relation to criticism of the GP practices and services, Members agreed that there appeared to be a mismatch between the service offered and what residents expected. The representatives from the CCG considered that what the NHS were communicating, for whatever reason, was not being understood and welcomed anything Members could do to speak in support of these services and clarify any misconceptions to its residents. It was felt that change and understanding needed to come from a societal view.

- Managing resources

- Additional resources to support Primary Care services were provided in March and had included: additional PPE; IT allocation; spend on the physical infrastructure such as plastic screen barriers, and some additional sessions to support clinical activity. Further information on these additional sessions would be provided to Members.
- There were 80 new staff appointments involved in social prescribing and link workers, which has enabled Primary Care services to work better with voluntary services.

- The Covid crisis had created a new way of encouraging ‘returners’ back to the service. The City was well supported in their recruitment and retention levels.
- Increase in mental health concerns:
 - The senior representatives from the CCG confirmed that they were seeing an increase in mental health presentations across all age groups and that they were seeing people referred who had never met this service before. They were working with our partners in Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust on long term projects in this aspect, over the next five years and beyond.
 - From April onwards, new mental health workers would be available for practices to employ (April as posts are linked to training programmes).
 - The CCG were working with our mental health providers to ensure more joined up working and were signposting service users to available online services – which was acknowledged works very well for some, recognised it was not suitable for all.

Going forward, the senior representatives from the CCG reiterated that Primary Care services and GP practices were under extreme pressure with a finite resource available, therefore communication was key. They talked about the need to move beyond reliance on services from primary healthcare and from looking at numbers, and instead look at societies wellbeing, outcomes and quality of life - looking at the whole person/family, because there is not always a medical solution, it is more about societies wellbeing and having a richness of communities, the prevention agenda. For now, the message is look after your own health as advised and consider preventative health measures and how the City of York can be healthier.

It was reported that preparations were underway to roll out the new Pfizer vaccine. The Director of Public Health reported that she had been working with colleagues in the CCG and Primary Care services on the first draft of plans that would need to be in place by the end of November. The vaccine would be available in small quantities at first, likely to be administered after Christmas. The first would be delivered in partnership with GP practices to people over 80 years, care home residents and frontline health care workers, then to the most vulnerable and so forth.

Regarding misinformation in relation to the vaccination, Public Health England had a behavioural change specialist unit that would be working on health promotion material, when the vaccine becomes available.

The Chair and Members thanked the senior representatives from the CCG for attending this meeting and sharing their thoughts and experiences with the Committee and reiterated their support in communicating clear messages from the NHS to residents on looking after their own health and looking after each other.

5. 2020/21 Finance and Performance First Quarter Report Health and Adult Social Care

Members considered a report which analysed the latest performance for 202/210 and forecasted the financial outturn position by reference to the service plans and budgets for all the relevant Health and Adult Social Care services falling under the responsibility of the Corporate Director of Health Housing & Adult Social Care. She was joined by the Head of Finance: Adults, Children & Education and the Strategic Support Manager (Adults and Public Health), who were in attendance to present the report and to respond to questions.

Key points arising from discussion of this item included:

- Overspend in quarter one was due to carried forward overspend from previous year when the budget was set for 2021. The Coronavirus emergency had impacted upon the ASC budget.
- Healthy Child Service had continued to operate throughout the pandemic adapting its service in the first wave of the pandemic. Routine home visits and new births were prioritised and then given continued support online and via telephone.
- Delayed transference of care: The Department of Health and Social Care had suspended the monitoring of that information as it was considered that this was not a productive way to address performance concerns. The department does measure the length of time a customer remains in hospital once they are deemed fit – which should be hours not days.
- Haxby Hall: Members requested further explanation on the projected overspend, to its next meeting.

- Sickness rates of Adult Social Care staff had fallen. Officers considered this had been due to the flexibility of working from home. Measures to reduce this further included encouraging staff to get away from their desks, taking regular breaks and measures to support their physical and mental wellbeing.
- Health Checks: Members expressed concern regarding York's underperformance in undertaking these checks as compared with the regional and national averages. These were NHS health checks that the government transferred for commissioning to local authorities, however the health checks were provided by GP practices. The local authority was reliant on GP service data to identify those invited for checks in the 40 – 75 age group. There had been a number of obstacles to getting this process underway. This had been a five year cycle which had started last year. The programme had been halted due to safety concerns in relation to the Coronavirus pandemic and Health Trainers had been re-deployed to support the contact tracing.
- Continuing Health Care (CHC) funding concern regarding ongoing issues of customers no longer qualifying for 100% CHC funding and responsibility passing across from Health to ASC – the Directorate assured Members that a lot of work had been done to ensure customers were receiving all of their entitlements.
- Psychological therapies (IAPT): Q2 data on improving access to this in the Vale of York CCG area shows the referrals to IAPT (504 per 100,000) are lower than the England average (953 per 100,000) this data is compiled by the NHS CCG as referrals are made by GPs . The Committee were advised to write to the Accountable Officer, NHS VOYCCG should they required further information on this aspect.

Resolved: That the Committee considered and noted the 2020/21 Finance and Performance First Quarter Report for Health and Adult Social Care.

Reason: So that the Committee is updated on the latest financial and performance position for 2020/21.

6. Adult Social Care Winter Plan 2020

Members received the Winter Plan for the City of York Council, which had been developed in response to the Government policy paper *Adult social care: our COVID-19 winter plan 2020*

to 2021, published in September and its requirement for all councils to have a plan in place. The Assistant Director Joint Commissioning (CYC and VOYCCG) was in attendance to present the report and to respond to questions.

The following information was provided in response to questions from committee members:

- The plan had been prepared with the support of partners across the health and social care system.
- Officers confirmed that although the York Dementia Alliance (YDA) work was coming to an end in September 2020, the programme of work around supporting people with dementia and their carers remained in place and that this area of work had evolved into other projects.
- Peppermill Court was opened as a residential care setting for people who had been diagnosed with Covid-19 in care settings and had already existed, funded through the NHS. It will be used by service users in North and East Yorkshire as necessary. It currently held 3 service users and had 7 service users in total since mid-October.
- Care homes in York had managed extremely well. Whole site precautionary measures had been in place since May and onsite testing of staff. Where staff had been symptomatic, Covid-19 had not been passed on to service users due to staff's professional practice and adherence to guidelines, which had been excellent.

The Chair and Members thanked the Assistant Director, Joint Commissioning for the tremendous effort of staff in care homes throughout the whole of the Adult Social Care sector during the Covid-19 pandemic .

Resolved: That the Committee noted the City of York Council's Adult Social Care Winter Care Plans.

Reason: To keep the Committee informed of arrangements in place for Adult Social Care over the winter.

Cllr P Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.10 pm].

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Health & Adult Social Care Policy & Scrutiny Committee**9 February 2021**

Report of the Assistant Director – Joint Commissioning

Commissioning update on the care market, and capacity requirements for the coming period**Summary**

1. This report is to provide a commissioning overview of the care market in York, with a particular focus on the needs of older people; and to describe our approach to the challenges of the next few months.
2. There are no specific recommendations for members of the committee.

Background**Commissioning and the care market**

3. In the past members of the committee have received six monthly monitoring reports from the Head of Commissioning on the care standards in residential, nursing and domiciliary care services. These reports were deferred during 2020 due to the pandemic. They highlighted the close working between the adult social care commissioning and contracts team and partners in the Vale of York Clinical Commissioning Group (CCG) and Care Quality Commission (CQC). These reports will continue once we reach the appropriate stage in system recovery.
4. The latest CQC ratings show that 74% of residential and nursing home settings are good, with 8.6% outstanding, and 17.1% require improvement. For community settings, including supported living, 77.8% are rated as good, with 3.7% outstanding; 14.8% require improvement and 3.7% inadequate.
5. Our care system is made up from a complex network of partners working together to ensure the right range of services are available when people need them, from easy and equal access to universal

services in an inclusive community which enable people to live as independently as possible, to highly specialised and personalised care and support for individuals or groups with similar needs.

6. The role of commissioning is to develop partnership relationships and create the conditions for local people to achieve good outcomes, in the context of available resources and regulatory requirements. It is a strategic leadership responsibility, focused on whole system working, rather than a purely transactional activity of purchasing services.
7. The Council Plan 2019-23 and Health and Wellbeing Strategy 2017-22 focus on the outcome: Every resident enjoys the best possible health and wellbeing throughout their life. There is a crucial emphasis on prevention and mobilising assets in communities.
8. When planning care and support for those who need it our principle is 'Home First', meaning people will be supported to live as independently as possible, in their own homes for as long as possible. Members will recall previous reports on the survey of older people in York about their aspirations and expectations for the type of accommodation they will require in the future. This has informed our long term planning, for example in relation to older people's accommodation and independent living.
9. Increasingly we are striving to maximise the role of technology to support people to remain in their own homes, and connecting people up to their local communities to tackle isolation and loneliness.
10. Adult social care in York has successfully reduced the number of new admissions to care in 2019-20, especially for older people being discharged from hospital, shifting resources towards support for people in their own homes.
11. These significant changes in approach are underpinned by our strategic commissioning actions.

Market Shaping

12. The Care Act 2014 enshrined in law the responsibility of local authorities for 'market shaping' in their area. The guidance describes it:

“The ambition is for local authorities to influence and drive the pace of change for their whole market, leading to a sustainable and diverse range of care and support providers, continuously improving quality and choice, and delivering better, innovative and cost-effective outcomes that promote the wellbeing of people who need care and support”

Care and Support Statutory Guidance, Section 4.2

13. Published in April 2018, *Integrated Commissioning for Better Outcomes – a commissioning framework*, (LGA and NHS Clinical Commissioners, 2018) (ICBO) builds on the 2015 LGA publication, *Commissioning for Better Outcomes: a route map*. Its third domain is ‘shaping provision and support’.
14. ICBO concludes its domain on Market Shaping as follows:

‘Market shaping is a complex activity, requiring the development of strong and diverse relationships and the ability to work across a wide range of settings. There is a robust value base around co-production and collaboration and clear strategic leadership is critical for the possibility of success.’ (ICBO, p38).
15. Only local authorities have a statutory duty to shape the market, as set out in the Care Act 2014. However, many stakeholders influence and engage the market, and contribute to its development.
16. Commissioners meet regularly with representatives of the care sector and individual providers to discuss current issues and challenges, as well as the future direction for services. The council publishes a Market Position Statement, however the most recent edition was completed in 2017, and a refreshed edition was in the process of being coproduced with the sector in 2019, for publication in 2020. It was postponed due to the pandemic, and will now be further developed in 2021.

The diagram below presents a summary of market shapers across the local authority area. Specific ways these people or organisation can shape care outlined below.

Figure 4: Market shapers



What is Market Shaping? (IPC, July 2016, p10)

The cost of care in York

17. The care market in the city is influenced by the high proportion of older people who fund their own residential and nursing care – around 65% to 70%. This has been combined with very high occupancy levels of around 98% to lead to rising fee levels in many homes.
18. The council sets a standard, weekly fee rate for its placements, known as the Agreed Cost of Care (ACOC) with higher costs by exception. The current weekly rates for older people's care are:

Residential care	540.04
Residential Dementia care	581.03
Nursing care (including Funded Nursing Care, FNC)	743.31
Nursing Dementia care (including FNC)	792.51

19. However, few homes accept council placements at these rates in practice. We have jointly commissioned (with Independent Care Group, VOY CCG, NYCC), an independent exercise to update the ACOC model. The work was interrupted by the pandemic and the report was delayed. We are now at the stage of considering its findings and the implications of the changed circumstances linked to COVID-19.

Capacity and Demand

20. In 2019 we commissioned Venn Consulting Ltd to undertake their capacity and demand exercise in the York system, to better understand the pathways relating to urgent and unplanned care. The key findings from the exercise are summarised in the illustrations below, from Venn's presentation.

A Comparative View

Community Physical and Mental Health	'Front Door'
 <ul style="list-style-type: none">Comparatively 'strong' positionNo system has a net positive position (more capacity than required)	 <ul style="list-style-type: none">Proportion of walk-ins high24% of ED activity is Ambulance arrivals (See and Convey c.67%) compared to 30-40% elsewhere8% arrivals ('system wide') to UTC33% chance of admission (-51 beds equates to c. 30 less walk-ins per day)
Hospital Assessment and Short-Stay Wards  <ul style="list-style-type: none">114 people in Short-Stay vs 401 in Wards86% need to be in Hospital but 32% need to be in inpatient bedsMakes up 22% of bedded patients. Average is c. 15%	Hospital Inpatient Wards  <ul style="list-style-type: none">75% need to be in Acute bedsCompares favourably (top 78%, bottom 59%)Ave LoS 4.5 days compares well
Short-Term Bed-Base  <ul style="list-style-type: none">45% of people don't need to be there (average is c. 25%)'Absorbs' demand (rather than sitting in Acute bed)	Long-Term Packages of Care  <ul style="list-style-type: none">Additional demand of 106 highest from any system undertaking Venn workIncludes demand that is not yet assessedReflects severe challenges

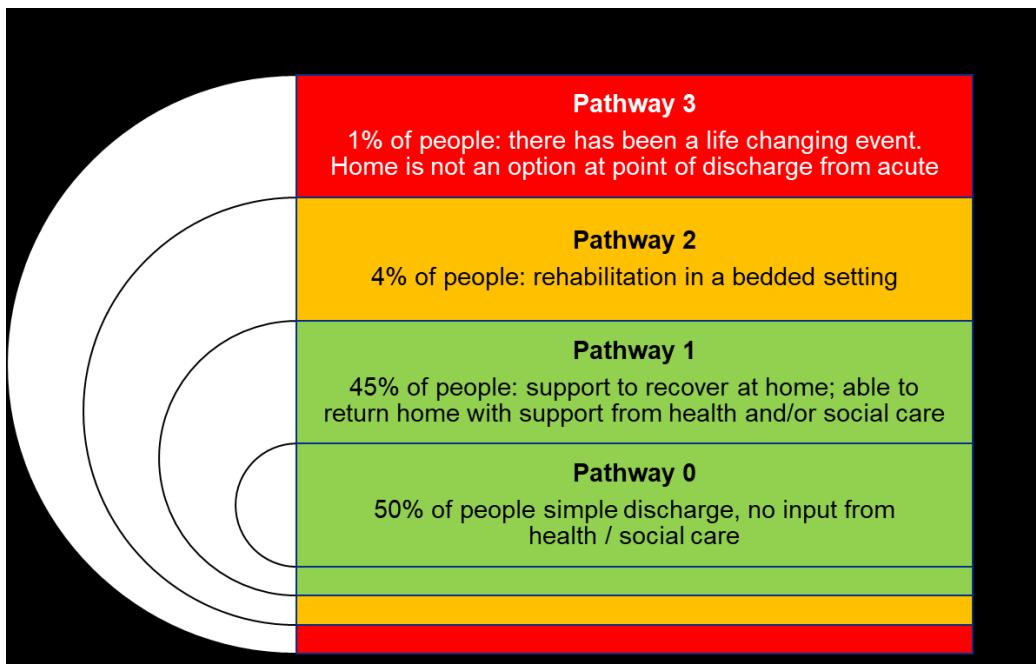
Using the Numbers: Shorter & Longer-Term Planning



Short-Term Priorities:

- Focus on discharge – LLOS numbers
- Enhance streaming at front door
- Enhance short-term home-based capacity. 'Pull' from bed-base
- Utilise short-term home-based to meet Dom Care demand
- Potentially enhance short-term bed-base capacity (with ability to flex)

21. The findings helped us take whole system decisions to focus resources on expanding care at home where possible, with a shared conviction that this was based on evidence.
22. The Coronavirus Act 2020 created new financial mechanisms as well as new service models and requirements. We were able to build on the strategic agreement that Home First is York's default, supported by the Hospital Discharge Service Requirements (March 2020).
23. The discharge-to-assess model is based on using four clear pathways for discharging patients as shown below:



COVID-19 Hospital Discharge Service Requirements (DHSC, March 2020)

24. Care providers in York have been supported by the CCG and council teams to fully implement the Capacity Tracker (which had been promoted locally prior to the pandemic, but became a national requirement during the crisis). This has supported communication about available capacity, and the status of services in relation to risks such as infection prevention and control, PPE and workforce.

York and North Yorkshire response to the care requirements during the pandemic

25. Members previously received information on the extensive support provided to the care market in York through the Adult Social Care Action Plan and the Winter Plan.

26. This has continued to develop since these earlier reports, and includes the establishment of a designated residential care setting at Peppermill Court for patients who have tested positive for COVID-19 to enable safe discharge from hospital, and a unit at Haxby Hall for people who have come into contact with the virus but tested negative, to enable safe discharge from hospital. These services have been funded through the NHS COVID-19 Hospital Discharge Policy and have also been available for patients from North and East Yorkshire.

27. In addition the council has commissioned very significant increases in home care (approximately 2,000 hours per week) to meet the increased

needs of local people, including a rapid response home care service for people who have tested positive for COVID-19.

28. Historically, recruitment to social care, and home care in particular, has been a challenge in York due to the high employment rate in the city, where hospitality has provided an alternative career choice. Home care providers and agencies have had greater success in attracting new recruits during the pandemic, presumably as a consequence of the economic impact of lockdowns. We need to ensure these new entrants are well supported and encouraged to continue in the field once the immediate crisis is over.
29. We have scaled up support across the system, including at Glen Lodge independent living community, to ensure a diverse offer to people needing short term support and reablement on discharge from hospital.
30. We have worked with partners across the York and North Yorkshire system to share resources and maximise the flexibility of our response, for example to the recent surge in admissions to hospital. These include access to beds in designated residential and nursing homes in North Yorkshire, and NHS locations at Goole and Bridlington.

What we have achieved

31. Partnership working and integrated commissioning approaches have made great progress in response to the pandemic. We have worked flexibly with the CCG to expedite decisions on investments in services and staff to ensure people's needs were met in a timely way. A great range of services have been extended or created to manage the steep rise in demand, which has seen an increase in the complexity and rehabilitation requirements of people recovering from Coronavirus.
32. For example, in just three weeks in the spring a multi-agency partnership worked to convert Peppermill Court into a residential care home, under the council's registration, for people who had tested positive for COVID-19, to enable their safe discharge from hospital. The council commissioned Rapid Response Home Care for COVID positive people to support discharge, and developed a social media recruitment campaign to promote social care career and employment opportunities, helping the care sector to attract additional workforce, early in the crisis. During the autumn the council established a small unit at Haxby Hall care home to care for people who had tested negative for COVID-19 but had been exposed to the virus in hospital, ensuring that wherever

possible people could manage a period of isolation safely, avoiding the risk of transmission to other homes.

33. Care providers have performed a vital role as partners in the city. The workforce across the care system deserve the highest recognition for their courage, dedication and selflessness throughout the pandemic.
34. After the initial wave of infections in the earliest phase of the crisis, providers have implemented excellent infection prevention and control, with no outbreaks for long periods of time. The new variant and third wave has had a serious impact on our communities, and this has led to a rise in infections in care services.
35. The vaccination programme is underway, led by Primary Care, with all local care homes receiving the vaccines ahead of the deadline in an amazing feat of collaboration, dedication and organisation.

36. Consultation: N/A

37. Analysis: N/A

38. Options: N/A

39. Council Plan: N/A

Implications

40. There are no proposals in the report

- **Financial**
- **Human Resources (HR)**
- **Equalities**
- **Legal**
- **Crime and Disorder**
- **Information Technology (IT)**
- **Property**
- **Other**

41. Risk Management: N/A

Recommendations

42. This report is for information.

Contact Details

Author: Pippa Corner **Chief Officer responsible for the report:** Amanda Hatton
Title: Assistant Director – Joint Commissioning **Title:** Corporate Director - People
Tel: 07500973261

Report Approved **Date** 29-1-21

Wards Affected:

All

For further information please contact the author of the report

Background Papers: None

Abbreviations

ACOC	Agreed Cost of Care
CQC	Care Quality Commission
CCG	Clinical Commissioning Group
DHSC	Department of Health and Social Care
ICBO	Integrated Commissioning for Better Outcomes
LGA	Local Government Association
NHS	National Health Service
NYCC	North Yorkshire County Council
PPE	Personal Protective Equipment
VOY CCG	Vale of York Clinical Commissioning Group

Health and Adult Social Care Policy and Scrutiny Committee

Work Plan

12 January 2021 (Informal Forum)	<ol style="list-style-type: none"> 1. Peer Review Work – Reducing Admissions to Care 2. Smoking cessation + Tobacco Control in York 3. Covid update 4. Work Plan
9 February 2021	<ol style="list-style-type: none"> 1. Covid Update – The Director of Public Health will provide the Committee with a verbal update at the meeting in relation to Covid 19. 2. Commissioning update on the care market, and capacity requirements for the coming period. 3. Work Plan
13 April 2021 (Informal Forum)	<ol style="list-style-type: none"> 1. Covid Update 2. Summary of decisions / actions (including any recommendations to be taken to the next meeting of the Corporate Scrutiny Management Committee)
11 May 2021	<ol style="list-style-type: none"> 1. Covid Update 2. Update on the Peer Review Work – Reducing Admissions to Care 3. The All Age Learning Disabilities Strategy 2019 – 2024 - Update on progress with delivery of the strategy: https://www.healthwatchyork.co.uk/news/all-age-learning-disabilities-strategy-2019-2024/ 4. Work Plan

Agenda items for consideration

1. The NHS led provider collaborative - will be in place from April 2020. It would be beneficial to invite relevant colleagues to a future meeting to gain an understanding of what these changes mean/t and perhaps an update on what has happened (positive or not so good) now it will have been established.
2. ‘Dying Well’ – a theme arising from a discussion at an earlier meeting. Under this broad heading would include consideration of hospices. They are only partly supported financially by the Health Service and raise the majority of their own funding. (The Chair would have a non-prejudicial interest - in that his partner is a CEO of a hospice).
3. Blue Badge Guidance for implementation
4. Childhood Obesity - for consideration on what other Authorities do to address this concern. It had been noted that Leeds had success in this area. Identifying funding streams to support work on this aspect.
5. Children’s Dental Health in York – (consider after the pandemic)
6. Health & ASC Finance & Monitoring reports
7. Adult Safeguarding
8. Mental Health - several aspects potentially - Place based community approach update and also post Covid for both young people and adults.
9. Update on the situation regarding rough sleepers
10. Update on smoking cessation and tobacco control in York

Council Plan Priorities relating to Health and Adult Social Care**Good Health and Wellbeing**

- Contribute to mental Health, Learning Disabilities and Health and Wellbeing strategies
- Improve mental health support and People Helping People scheme
- Support individual's independence in their own homes
- Continue the older persons' accommodation programme
- Support substance misuse services
- Invest in social prescribing, Local Area Coordinators and Talking Points
- Open spaces available to all sports and physical activity
- Make York an Autism friendly city
- Embed Good help principles into services
- Safeguarding a priority in all services

Creating Homes and World-class infrastructure

- Deliver housing to meet the needs of older residents

A Better Start for Children and Young People

- Tackle rise in Mental Health issues

Safe Communities and Culture for All

- Explore social prescribing at local level to tackle loneliness
- Expand People Helping People scheme

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