

Notice of a public meeting of

Health, Housing and Adult Social Care Scrutiny Committee

- To:** Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Kelly, Rose, Runciman, Smalley, Steels-Walshaw, Wann and Wilson
- Date:** Tuesday, 30 January 2024
- Time:** 5.30 pm
- Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

AGENDA

- 1. Declarations of Interest** (Pages 1 - 2)
At this point in the meeting, Members are asked to declare any disclosable pecuniary interest or other registerable interest they might have in respect of business on this agenda, if they have not already done so in advance on the Register of Interests. The disclosure must include the nature of the interest.

An interest must also be disclosed in the meeting when it becomes apparent to the member during the meeting.

[Please see attached sheet for further guidance for Members]
- 2. Minutes** (Pages 3 - 8)
To approve and sign the minutes of the meeting held on 13 November 2023.
- 3. Public Participation**
At this point in the meeting members of the public who have

registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines are set as 2 working days before the meeting, in order to facilitate the management of public participation at our meetings. The deadline for registering at this meeting is **5:00pm on Friday 26 January 2024.**

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill in an online registration form. If you have any questions about the registration form or the meeting, please contact Democratic Services. Contact details can be found at the foot of this agenda.

Webcasting of Public Meetings

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

During coronavirus, we made some changes to how we ran council meetings, including facilitating remote participation by public speakers. See our updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

**4. Tees, Esk & Wear Valleys NHS Foundation (Pages 9 - 26)
Trust CQC Inspection**

This paper presents an overview of the CQC inspection of TEWV services carried out in 2023, included the findings of the inspection, a comparison with the previous inspection carried out in 2021, and provides an update on progress to date.

5. 2023-24 Finance and Performance Monitor 3 (Pages 27 - 58)

This report sets out the projected 2023/24 financial position and the performance position for the period covering 1 April 2023 to 31 December 2023. This is the third report of the financial year and assesses performance against budgets, including progress in delivering the Council's savings programme.

- 6. Adult Social Care CQC Assurance Update** (Pages 59 - 66)
This paper provides an update to Committee members in regard to the upcoming CQC inspection and assurance process for City of York Council as a Local Authority.
- 7. All-Age Commissioning Strategy 2023-25** (Pages 67 - 98)
This paper provides an overview of the Council's All Age Commissioning Strategy 2023-25, setting out how the Council will shift the balance of care in order to meet the growing needs of local people, focusing on promoting well-being and an asset-based community development approach to the commissioning process.
- 8. Work Plan** (Pages 99 - 100)
Members are asked to consider the Committee's work plan for the 2023/24 municipal year.
- 9. Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer

James Parker

Contact Details:

- Telephone – (01904) 553659
- Email – james.parker@york.gov.uk

For more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting:

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

**Ta informacja może być dostarczona w twoim
własnym języku. (Polish)**

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 (01904) 551550

Declarations of Interest – guidance for Members

- (1) Members must consider their interests, and act according to the following:

| Type of Interest | You must |
|---|--|
| Disclosable Pecuniary Interests | Disclose the interest, not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation. |
| Other Registrable Interests (Directly Related) OR Non-Registrable Interests (Directly Related) | Disclose the interest; speak on the item <u>only if</u> the public are also allowed to speak, but otherwise not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation. |
| Other Registrable Interests (Affects) OR Non-Registrable Interests (Affects) | Disclose the interest; remain in the meeting, participate and vote <u>unless</u> the matter affects the financial interest or well-being: (a) to a greater extent than it affects the financial interest or well-being of a majority of inhabitants of the affected ward; and (b) a reasonable member of the public knowing all the facts would believe that it would affect your view of the wider public interest. In which case, speak on the item <u>only if</u> the public are also allowed to speak, but otherwise do not participate in the discussion or vote, and leave the meeting <u>unless</u> you have a dispensation. |

- (2) Disclosable pecuniary interests relate to the Member concerned or their spouse/partner.
- (3) Members in arrears of Council Tax by more than two months must not vote in decisions on, or which might affect, budget calculations, and must disclose at the meeting that this restriction applies to them. A failure to comply with these requirements is a criminal offence under section 106 of the Local Government Finance Act 1992.

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City of York Council

Committee Minutes

| | |
|------------------------|---|
| Meeting | Health, Housing and Adult Social Care Scrutiny Committee |
| Date | 13 November 2023 |
| Present | Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Kelly, Rose, Runciman, Smalley, Wann, Wilson and Steels-Walshaw |
| In Attendance | Councillor Pavlovic – Executive Member for Housing, Planning, and safer Communities Tony Thornton – Salvation Army Charlie Malakey – Salvation Army |
| Officers in Attendance | Neil Ferris – Corporate Director of Place Martin Kelly - Corporate Director of Children's and Education Denis Southall - Head of Housing Management Services Abid Mumtaz - Head of All Age Commissioning & Contracting Caroline Billington - All Age Commissioning Manager Philippa Gowland - Senior Solicitor and acting Court Business Partner Peter Roderick – Director of Public Health |

13. Declarations of Interest (17:33)

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

Councillor Steels-Walshaw declared a prejudicial interest in agenda item 3 *Update Report on Homelessness / Resettlement Services 2023 including winter provision, commissioning issues and strategy update* as she worked as the Service Manager for Changing Lives -York Drug and Alcohol Service as outlined in her register of interest and would therefore leave the meeting for the consideration of that item.

14. Public Participation (17:35)

It was reported that there had been one registrations to speak at the meeting under the Council's Public Participation Scheme.

Councillor Rowley informed the Committee that he shared an office with the Salvation Army and that he could not support ending the contract work with the Salvation Army due to the expertise they bring and raised concerns of future funding should government funding come to an end.

15. Update Report on Homelessness / Resettlement Services 2023 including winter provision, commissioning issues and strategy update (17:39)

The Committee were joined by Tony Thornton and Charlie Malakey from the Salvation Army.

Cllr Steels-Walshaw left the meeting for this item due to her conflict of interest which she declared in minute 13.

Officers introduced the report providing an update on the Council's homelessness and resettlement services. They noted that the high cost of housing in York was a significant factor in creating precarious housing situations, but that, the Council maintained an excellent service which was considered good practice. It was confirmed that the Council was seeking to move towards a housing first approach, as evidence showed that housing first was effective at reducing individuals need to return to homelessness services. Officers also noted that the Council continued to work with nationally recognised experts and organisations to support the Councils services and strategy.

The Committee raised concerns about the decision to allow the contract the Council had with the Salvation Army to lapse and enquired as to whether the Council's procurement procedures had negatively affected the process. Concern was also raised, regarding the way in which the contract lapsing was communicated, as well as, the decision to bring services in house using new grant funding.

Officers confirmed that both the Council and the Salvation Army agreed that communication surrounding the contract expiry was regrettable and that the Council would continue to have a positive relationship with the Salvation Army and supported its charitable work in the city. In relation to the contracted provision the Council had determined that it would provide

the service which had previously been contracted, through its Navigators team and that this would provide a more holistic service linking partners and other Council services more seamlessly. Officer made it clear the contract had come to had expired and both parties were fully aware of the termination date of the contract.

The Committee shared its concerns that the Council would lose the expertise that the Salvation Army had provided while contracted to perform street patrols. They also raised concerns that some homeless individuals will have built up a relationship with the Salvation Army and might not wish to communicate with Council officers. Officers confirmed that the Navigator team already worked with individuals who came to services from initial street patrols undertaken by the Salvation Army and also undertook street patrols. Members also raised concern about what support that would be provided for service users who were barred from entering Council support services. Officers confirmed that cases where a service user was unable to use Council services were rare and occurred where staff or other service users were at risk.

Mr Thornton and Mr Malakey were asked by Members what the Salvation Army's charitable work within the city would now include to support the homeless, now that the contract they had from the Council had lapsed. They confirmed that they were looking into the viability of continuing their work including things such as drop in services. They confirmed that this work was under review.. They informed Members that they did not believe service users had been consulted on changes to the services they and the Council provided.

Members enquired as to the work the Salvation Army does as a charity, including work at the nappad, additional street patrols, and drop ins. Officers confirmed that this work was not what the Council had been contracting the Salvation Army to undertake and would continue to support the Salvation Army's charitable work. Officers noted that the work the Salvation Army had been contracted to do was one small but important part of the Council's homelessness services and that this work would be delivered as part of the Council's services through the Navigators team. They confirmed that the Council provided a 24 hour comprehensive service.

The Executive Member for Housing, Planning and Safer Communities confirmed that the previous administration had granted a temporary extension to the Salvation Army's contract while the Council reviewed its strategies to support homeless individuals. He confirmed that as part of developing a rough sleepers strategy he was committed to working with partners to create a wraparound service that ends the need for rough

sleeping. He noted that work would focus on preventing people becoming homeless and that as the housing first strategy developed there could be a role for a procured service.

Resolved:

- i. That the chair and vice chair write to the chair of Audit and Governance Committee to request that they consider additional to their committees work plan a review of how the Salvation Army contract elapsed;
- ii. That the Committee requested that the draft rough sleepers strategy be brought to the Committee for consideration prior to being finalised;
- iii. That the Committee requested that its Members be invited to attend the rough sleeping policy conference.

Reason: To ensure that Council services continue to support homeless individuals.

16. Re-Commissioning of the Reablement Service in York (19:36)

The Committee considered the report which current Reablement services and the commissioning approach for contract renewal. Officers confirmed that the Council was exploring a four year contract when going out to procurement, they noted that a four year contract would be attractive to providers.

The Committee enquired as to whether the Council had considered bring the service in house and highlighted challenges relating to training and staff retention in the private sector. Officers confirmed that bring services in house were considered and an option would be considered two years into the contract. They also confirmed that training would be a condition in the contract and that staff retention should be better with the longer contract.

Resolved:

- i. Noted the report.

Reason: To ensure the Committee is aware of the Council Re-Commissioning of the Reablement Service in York

17. Work Plan (19:50)

Members considered the Committee work plan. Members discussed the possibility of adding an item to the work plan to discuss technology in reablement and whether Tees, Esk & Wear Valleys (TEVW) CQC Inspection report would be available to consider at a upcoming meeting of the Committee. Members noted a desire for a report from TEVW to include KPI data on the diagnosis pathway for autism strategy and to include data on neurodivergence support.

Resolved:

- i. That an item be added to the work plan to consider technology options in reablement;
- ii. That the Committee request the Tees, Esk & Wear Valleys CQC Inspection report be brought to an upcoming meeting of the Committee and that it include information on TUEV provide regarding diagnosis pathway KPI for autism strategy and to include neurodivergence support.

Reason: To ensure the Committee maintains a programme of work.

Cllr Myers, Chair

[The meeting started at 5.33 pm and finished at 8.03 pm].

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**Health Housing and Adult Social Care
Scrutiny Committee****30 January 2024**

Report of the Managing Director, North Yorkshire and York Care Group,
Tees, Esk and Wear Valleys Mental Health Foundation Trust.

**Report on latest Tees, Esk and Wear Valleys Mental Health Foundation
Trust Care Quality Commission (CQC) inspection****Summary**

1. The CQC conducted a core services and well-led inspection of TEWV in 2023, the report of their findings was published in October 2023.
2. The presentation attached provides an overview of the inspection, i.e., which services the CQC included in their inspection, their findings and provides an update on progress to date. The presentation also includes a comparison with the latest findings and those of the most previous, full inspection in 2021.

Recommendations

3. The Committee is asked to:
 - 1) Note and discuss the content of the presentation and the progress that has been made since the CQC inspection of 2021.
 - 2) Note and discuss the must and should do actions and progress on these to date.

Reason: To keep the Committee updated on the Trust's response to the CQC inspection.

Background

4. The CQC conducted a core services and well led inspection of TEWV in 2023. This was the Trust's first full inspection since 2021.

5. As part of the 'core services' inspection, CQC visited acute adult mental health wards, psychiatric intensive care wards, mental health services for older people wards, adult learning disability wards, community adult learning disability teams, community adult mental health teams; and secure inpatient services. A full list of types and numbers of wards and services included in the inspection is included in the presentation attached.
6. The report of CQC findings was published in October 2023.
7. The presentation attached provides a full summary of the findings, sets out the progress made since the previous inspection and the areas for continued focus. It also provides detail of the must and should do actions, the action plan produced as a result and progress to date.

Contact Details

Author: Zoe Campbell
Managing Director, North
Yorkshire & York Care Group
– Tees, Esk and Wear Valleys
Mental Health Foundation
Trust
zoe.campbell4@nhs.net

Report **Date** [19 January 2024]
Approved

Wards Affected:

All

For further information please contact the author of the report.

Background Papers:

Care Quality Commission, Tees, Esk and Wear Valleys NHS Foundation Trust [Inspection report](#), October 2023.

Annex:

Tees, Esk and Wear Valleys NHS Foundation Trust CQC Report Partner Briefing presentation.

Our latest CQC core service and well-led inspection 2023

Partner briefing

Respect

Compassion

Responsibility



Our CQC core service and well-led inspection 2023

Where the CQC visited

- Acute adult mental health wards and psychiatric intensive care wards
(13 wards across our trust)
- Mental health services for older people wards (10 wards across our trust)
- Adult learning disability wards and day service (3 teams across our trust)
- Community adult learning disability teams (9 teams across our trust)
- Community adult mental health teams (18 teams across our trust)
- Secure inpatient services (13 wards across our trust)

Previous CQC ratings – December 2021



Are services

| | |
|-------------|----------------------|
| Safe? | Requires improvement |
| Effective? | Good |
| Caring? | Good |
| Responsive? | Requires improvement |
| Well-led? | Requires improvement |

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Specialist eating disorders service | Requires Improvement | Outstanding ☆ | Good | Good | Good | Good |
| Specialist community mental health services for children and young people | Requires Improvement | Good | Good | Requires Improvement | Requires Improvement | Requires Improvement |
| Community mental health services with learning disabilities or autism | Good | Requires Improvement | Outstanding ☆ | Good | Good | Good |
| Community-based mental health services for older people | Good | Good | Good | Good | Good | Good |
| Mental health crisis services and health-based places of safety | Good | Good | Good | Good | Good | Good |
| Wards for people with a learning disability or autism | Inadequate | Inadequate | Requires Improvement | Requires Improvement | Inadequate | Inadequate |
| Forensic inpatient or secure wards | Inadequate | Requires Improvement | Requires Improvement | Requires Improvement | Requires Improvement | Requires Improvement |
| Long stay or rehabilitation mental health wards for working age adults | Requires Improvement | Good | Good | Good | Good | Good |
| Wards for older people with mental health problems | Requires Improvement | Good | Good | Good | Requires Improvement | Requires Improvement |
| Acute wards for adults of working age and psychiatric intensive care units | Requires Improvement | Good | Good | Good | Requires Improvement | Requires Improvement |
| Community-based mental health services for adults of working age | Good | Good | Good | Requires Improvement | Requires Improvement | Requires Improvement |

CQC ratings - comparison

Dec 2021

Oct 2023

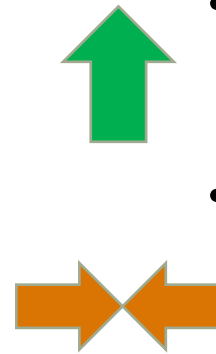
| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Specialist eating disorders service | Requires Improvement | Outstanding | Good | Good | Good | Good |
| Specialist community mental health services for children and young people | Requires Improvement | Good | Good | Requires Improvement | Requires Improvement | Requires Improvement |
| Community mental health services with learning disabilities or autism | Good | Requires Improvement | Outstanding | Good | Good | Good |
| Community-based mental health services for older people | Good | Good | Good | Good | Good | Good |
| Mental health crisis services and health-based places of safety | Good | Good | Good | Good | Good | Good |
| Wards for people with a learning disability or autism | Inadequate | Inadequate | Requires Improvement | Requires Improvement | Inadequate | Inadequate |
| Forensic inpatient or secure wards | Inadequate | Requires Improvement | Requires Improvement | Requires Improvement | Requires Improvement | Requires Improvement |
| Long stay or rehabilitation mental health wards for working age adults | Requires Improvement | Good | Good | Good | Good | Good |
| Wards for older people with mental health problems | Requires Improvement | Good | Good | Good | Requires Improvement | Requires Improvement |
| Acute wards for adults of working age and psychiatric intensive care units | Requires Improvement | Good | Good | Good | Requires Improvement | Requires Improvement |
| Community-based mental health services for adults of working age | Good | Good | Good | Requires Improvement | Requires Improvement | Requires Improvement |

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|----------------------------------|----------------------------------|------------------|----------------------------------|----------------------------------|----------------------------------|
| Acute wards for adults of working age and psychiatric intensive care units | Requires Improvement Oct 2023 | Good Oct 2023 | Good Oct 2023 | Good Oct 2023 | Requires Improvement Oct 2023 | Requires Improvement Oct 2023 |
| Community-based mental health services of adults of working age | Requires Improvement Oct 2023 | Good Oct 2023 | Good Oct 2023 | Requires Improvement Oct 2023 | Good Oct 2023 | Requires Improvement Oct 2023 |
| Wards for older people with mental health problems | Requires Improvement Oct 2023 | Good Oct 2023 | Good Oct 2023 | Good Oct 2023 | Good Oct 2023 | Good Oct 2023 |
| Long stay or rehabilitation mental health wards for working age adults | Requires improvement Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 |
| Community mental health services for people with a learning disability or autism | Requires Improvement Oct 2023 | Good Oct 2023 | Good Oct 2023 | Good Oct 2023 | Good Oct 2023 | Good Oct 2023 |
| Forensic inpatient or secure wards | Requires Improvement Oct 2023 | Good Oct 2023 | Good Oct 2023 | Good Oct 2023 | Good Oct 2023 | Good Oct 2023 |
| Specialist community mental health services for children and young people | Requires improvement Sep 2022 | Good Dec 2021 | Good Dec 2021 | Requires improvement Dec 2021 | Requires improvement Dec 2021 | Requires improvement Sep 2022 |
| Community-based mental health services for older people | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 |
| Wards for people with a learning disability or autism | Requires Improvement Oct 2023 | Requires Improvement Oct 2023 | Good Oct 2023 | Requires Improvement Oct 2023 | Requires Improvement Oct 2023 | Requires Improvement Oct 2023 |
| Specialist eating disorders service | Requires improvement Mar 2020 | Outstanding Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 |
| Mental health crisis services and health-based places of safety | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 |

Our CQC core service and well-led inspection 2023

| | Safe | Effective | Caring | Responsive | Well-led | Overall |
|--|---------------------------------------|---------------------------------------|-----------------------|---------------------------------------|---------------------------------------|---------------------------------------|
| Acute wards for adults of working age and psychiatric intensive care units | Requires Improvement ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Requires Improvement ↔ Oct 2023 | Requires Improvement ↔ Oct 2023 |
| Community-based mental health services of adults of working age | Requires Improvement ↓ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Requires Improvement ↔ Oct 2023 | Good ↑ Oct 2023 | Requires Improvement ↔ Oct 2023 |
| Wards for older people with mental health problems | Requires Improvement ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↑ Oct 2023 | Good ↑ Oct 2023 |
| Long stay or rehabilitation mental health wards for working age adults | Requires improvement Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 |
| Community mental health services for people with a learning disability or autism | Requires Improvement ↓ Oct 2023 | Good ↑ Oct 2023 | Good ↓ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 | Good ↔ Oct 2023 |
| Forensic inpatient or secure wards | Requires Improvement ↑ Oct 2023 | Good ↑ Oct 2023 | Good ↑ Oct 2023 | Good ↑ Oct 2023 | Good ↑ Oct 2023 | Good ↑ Oct 2023 |
| Specialist community mental health services for children and young people | Requires improvement Sep 2022 | Good Dec 2021 | Good Dec 2021 | Requires improvement Dec 2021 | Requires improvement Dec 2021 | Requires improvement Sep 2022 |
| Community-based mental health services for older people | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 |
| Wards for people with a learning disability or autism | Requires Improvement ↑ Oct 2023 | Requires Improvement ↑ Oct 2023 | Good ↑ Oct 2023 | Requires Improvement ↔ Oct 2023 | Requires Improvement ↑ Oct 2023 | Requires Improvement ↑ Oct 2023 |
| Specialist eating disorders service | Requires improvement Mar 2020 | Outstanding Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 | Good Mar 2020 |
| Mental health crisis services and health-based places of safety | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 | Good Dec 2021 |

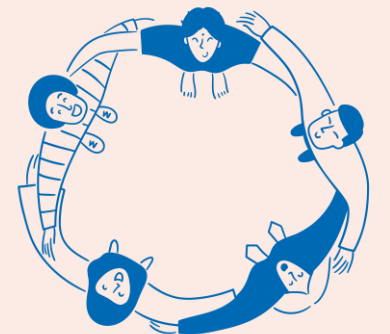
Of the 6 Core Services inspected:



- **3** Overall Core Service ratings have improved (MHSOP, ALD Inpatient, and Secure Inpatient Services)
- **3** Overall Core Service ratings have remained the same (AMH Acute and PICU, AMH Community and ALD Community)
- There have been **12** CQC domains across the core services inspected that have improved, **15** which have remained the same, **10** are good, and **3** where the rating has decreased.

Key facts and figures

- Seven out of 11 of our services are rated 'good'. Four areas are rated as 'requires improvement'. This is an improvement since our last inspection in 2021.
- All services were rated 'good' for caring.
- Nine out of 11 services were rated 'good' or 'outstanding' for effective.
- No warning notices were served as a result of the inspection.
- No services were rated 'inadequate'.



Positives

- Clear vision and strategic direction, that staff understood.
- Staff demonstrated the trust's values in the care they provided.
- Positive changes in leadership and culture.
- Continued good engagement with staff, stakeholders and partners.
- Innovative practice.
- Person-centred care.
- Multi-disciplinary working.
- Environmental changes.
- Medication management.
- Risk management.
- Governance.



Our CQC core service and well-led inspection 2023

Areas for improvement

- Serious Incident processes including Duty of Candour.
- Staffing.
- Mandatory/Statutory Training.
- Waiting times.
- Complaints/PALs compliance.
- Supervision.
- Physical health monitoring.



Must and should do actions in the report

Must do actions

- Community mental health services with learning disabilities or autism = 1
- Wards for people with a learning disability or autism = 6
- Acute wards for adults of working age and psychiatric intensive care units = 5
- Community-based mental health services for adults of working age = 2
- Wards for older people with mental health problems = 1
- Secure inpatient services = 6
- Trust-wide = 17

Total 38

Should do actions

- Community mental health services with learning disabilities or autism = 3
- Wards for people with a learning disability or autism = 7
- Acute wards for adults of working age and psychiatric intensive care units = 7
- Community-based mental health services for adults of working age = 3
- Wards for older people with mental health problems = 6
- Secure inpatient services = 16
- Trust-wide = 14

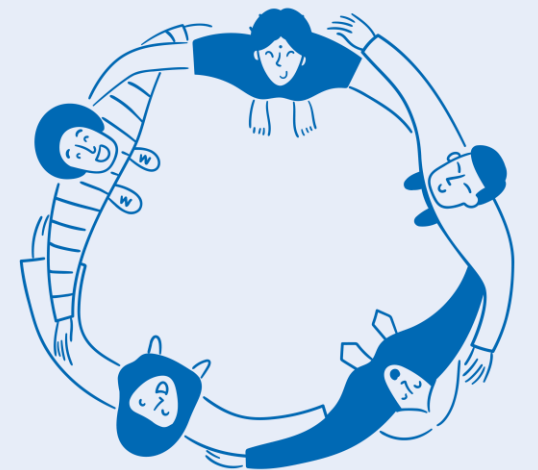
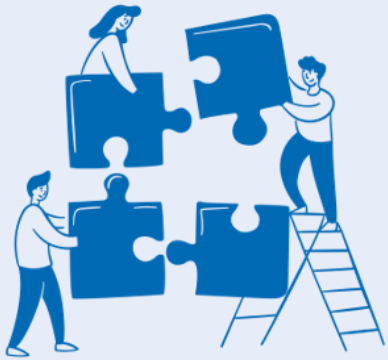
Total 56

Summary

- The CQC have clearly recognised that significant improvements have been made since 2021.
- Report shows us that our strategy and leadership is right, and that we have staff who are making a difference - we see this as a firm foundation from which to keep moving forward.
- Patients and carers told the CQC that the care they received from our staff was kind and compassionate, and that they were actively involved in their care planning.
- We know there's more to do, and we're committed to making these changes and are already making progress.
- The backlog in series incidents was highlighted, and we've made progress since we were inspected:
 - the backlog is on track to be cleared by the end of this month – we're committed to embedding learning from these.
- Staffing was another area of concern, and whilst this isn't unique to TEWV, we've got a real grip on this.
- We now have 27% more nurses that we did this time last year. We recently welcomed 139 new trainee nurses to TEWV.
- Our retention rate is something we're proud of - we are in the top 10 of mental health trusts in England on retaining staff.
- We are committed to staying focussed and to continuous improvement, and providing safe and kind care today, and every day.

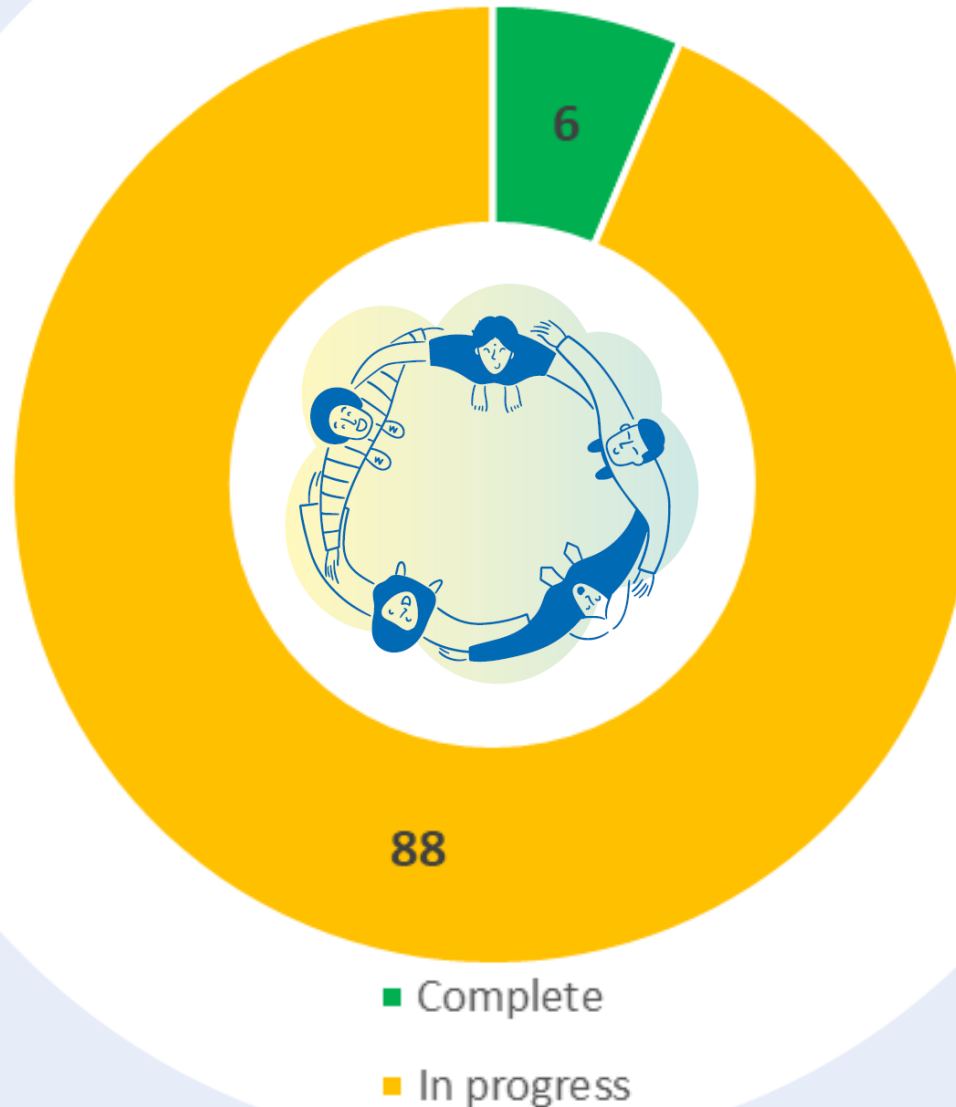
Next steps

Our improvement plan was formally submitted to the CQC 27 November 2023 and we're making good progress



Delivering the Trust's CQC improvement plan

Following the Core Service and Well-led CQC inspection (published 25 October 2023), the CQC Improvement Plan was co-created in collaboration with Care Group colleagues, Specialty/ Directorate Leads and subject matter experts in response to the Must and Should Do recommendations. This forms a component of the Integrated Oversight Plan.



Progress of the CQC Improvement Plan as of 08 January 2024:

- 6 actions complete
- 88 actions in progress

Our CQC core service and well-led inspection 2023

Some of the things that patients told inspectors:

- One patient told us their care support worker was ‘better than therapy, or medicines’. (Community-based mental health services for adults of working age)
- Most patients told us that staff were very friendly, kind and supportive and were very complimentary about the quality of care they received. They told us that staff always treated them with dignity and respect. (Acute wards for adults of working age and psychiatric intensive care units)
- Patients told us they were actively involved in discussing and planning their care needs along with their social care needs. Carers and relatives told us that the service helped them identify what support was available for them and their relative and the team “moved heaven and earth for us”. (Community mental health services with learning disabilities or autism)

Our CQC core service and well-led inspection 2023

Some of the things that patients told inspectors:

- Patients told us that staff were kind and considerate and that they were always around to support them whenever they needed. Patients said they felt safe whilst they were being cared for on the wards. (Wards for older people with mental health problems)
- Patients talked positively about the activities they were involved in including cooking, drama, pet therapy and fitness. Patients told us staff were supportive and kind and that they felt safe on the wards. One patient talked about the comprehensive support they were receiving in their transition to their future placement. (Secure inpatient services)
- People told us staff were friendly and nice. They told us staff supported them to carry out activities that were of interest to them. People showed us their accommodation and described how they had personalised it. (Wards for people with a learning disability or autism)



Thank you

Any questions?



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**Health, Housing and Adult Social Care
Scrutiny Committee****30/01/2024**

Report of Patrick Looker, Steve Tait and Ian Cunningham

2023/24 Finance and Performance Monitor 3**Summary**

1. This report sets out the projected 2023/24 financial position and the performance position for the period covering 1 April 2023 to 31 December 2023. This is the third report of the financial year and assesses performance against budgets, including progress in delivering the Council's savings programme.
2. The previous monitor report outlined the Council's serious financial position with a forecast overspend for 2023/24 of c£11m gross, mitigated down to £941k. There has been a small improvement for Monitor 3, with a forecast overspend, after mitigation, of £842k. However, the underlying gross overspend remains at c£11m.
3. This is still a significant overspend that is of serious concern and it remains very clear that the Council cannot afford to keep spending at this level. The general reserve is £6.9m and, whilst we have other earmarked reserves that we could call on if required, continued spending at this level would quickly see the Council exhaust its reserves.
4. Given the scale of the forecast overspend, a series of actions was agreed previously to bring spending down to an affordable level, both within the current financial year and over the next 4 years, to safeguard the Council's financial resilience and stability.

Background

Financial Summary and Mitigation Strategy

5. The latest forecast is that there will be an overspend of £11m. This is despite action being taken by managers across the Council to try and reduce expenditure. If the Council continues to spend at the current level, and no action is taken, then we will continue to overspend and will exhaust our reserves and any other available funding. The current level of expenditure is unaffordable and therefore we must take immediate action to reduce expenditure. If we do not start to see an improvement in the forecast, there will need to be further measures implemented to ensure that the required impact is seen by the end of the financial year.
6. As outlined in reports to Executive throughout the previous financial year, we have continued to see recurring overspends across both Adult and Children's Social Care. However, the underspends and mitigations that have allowed us to balance the budget at year end have generally been one off. Whilst the use of reserves to fund an overspend is appropriate as a one-off measure, it does not remove the need to identify ongoing savings to ensure the overall position is balanced. The budget report considered by Executive in February 2023 also included an assessment of risks associated with the budget, which included the need to secure further savings and effectively manage cost pressures.
7. Members will be aware that the financial position of local government is a national challenge and that the pressures being seen across both Adult and Children's Social Care are not something that is unique to York. Many Councils are experiencing significant financial pressures and struggling to balance their budgets now, so it is vital that we take immediate action to reduce our expenditure down to a sustainable level both within the current financial year and over the medium term. Taking decisive action now will safeguard the Council's financial resilience and stability and prevent York being in a position where it is unable to balance its budget in future years. This means that, in addition to the actions proposed in this report, there will be a need to continue to identify further mitigations and savings for future years.
8. Given the scale of the financial challenge, and the expected impact on budgets in future years, it is vital that every effort is made to balance the overall position. It is recognised that this will require difficult decisions to be made to protect services for vulnerable residents.

9. Corporate control measures are being implemented but they will not deliver the scale of reduction needed within the year. Other savings proposals, including service reductions, are also needed. A full list of these was included in the monitor 1 report considered by Executive in September.
10. Alongside these actions, officers will continue to carefully monitor spend, identify further mitigation, and review reserves and other funding to make every effort to reduce this forecast position. However, it is possible that it will not be reduced to the point that the outturn will be within the approved budget. The Council has £6.9m of general reserves that would need to be called on if this were the case. As outlined in previous reports, any use of the general reserve would require additional savings to be made in the following year to replenish the reserve and ensure it remains at the recommended minimum level.
11. It must be a clear priority for all officers to focus on the delivery of savings plans during the year. Corporate Directors and Directors will keep Executive Members informed of progress on a regular basis.

Financial Analysis

12. The Council's net budget is £141m. Following on from previous years, the challenge of delivering savings continues with c£6m to be achieved to reach a balanced budget. An overview of the latest forecast, on a directorate by directorate basis, is outlined in Table 1 below.

| Service area | Net budget | 2023/24 Net Q2 Forecast Variation | 2023/24 Net Q3 Forecast Variation |
|---|------------|--|--|
| | £'000 | £'000 | £'000 |
| Children & Education | 25,083 | 3,727 | 3,690 |
| Adult Social Care & Integration | 45,329 | 3,407 | 4,712 |
| Place | 22,605 | -1,363 | -1,040 |
| Customers & Communities, Public Health & Corporate Services | 26,437 | 1,000 | 830 |
| Central budgets | 22,670 | -1,000 | -2,600 |

| | | | |
|--|---------|--------------|--------------|
| Sub Total | | 5,771 | 5,592 |
| Contingency | -500 | -500 | -500 |
| Use of earmarked reserves | | -4,250 | -4,250 |
| Target for further mitigation | | -1,021 | 842 |
| Net total including contingency | 141,624 | nil | nil |

Table 1: Finance overview

Directorate Analysis

Adults

13. The projected outturn position for Adult Social Care is an overspend of £8,243k and the table below summarises the latest forecasts by service area.

| | 2023/24 Budget £'000 | Forecast Outturn Variance £'000 | Forecast Outturn Variance % |
|-------------------------------------|-------------------------|--|--------------------------------------|
| Direct Payments | 4,955 | 578 | 11.7 |
| Home and Day Support | 1,234 | 2,576 | 208.8 |
| Supported Living | 15,376 | 1,328 | 8.6 |
| Residential care | 14,139 | 2,031 | 14.4 |
| Nursing care | 4,905 | 1,092 | 22.3 |
| Short term placements | 1,228 | -228 | -18.6 |
| Staffing (mostly social work staff) | 7,212 | 310 | 4.3 |
| Contracts and Commissioning | 2,391 | 5 | 0.2 |
| In House Services | 4,802 | 17 | -0.4 |
| Be Independent & Equipment | 944 | 323 | 34.2 |
| Other | -11,810 | 161 | 1.4 |
| Recharges | -47 | 50 | 106.4 |
| Total Adult Social Care | 45,329 | 8,243 | 18.2 |

| Mitigations to reduce forecast overspend | |
|---|-------|
| Use of Market Sustainability and Improvement Fund for price pressures | -930 |
| New practice model across Home Care | -240 |
| Impact of introducing residential and nursing framework for providers | -250 |
| Review of high-cost packages and customers becoming the responsibility of other LAs | -401 |
| Review of CHC claims | -600 |
| Recovery of overpayments to providers where block contracts have underspent | -180 |
| Slippage on Better Care Fund Schemes | -282 |
| Cease any remaining use of Agency staff | -126 |
| Other Mitigations | -522 |
| Revised position | 4,712 |

14. A number of factors contribute to an extremely challenging operating environment for adult social care.
15. CYC commission the majority of its care from the independent sector where the cost of providing care has been increasing through uplifts to the National Living Wage and other inflationary pressures e.g. utilities costs. Partners, particularly the NHS, are also under pressure resulting in increased reliance and expectation on social care to support hospital discharge and to support people with increasingly high needs at home. Austerity, the pandemic and cost of living crisis have meant that more people than ever feel the need to come to the local authority seeking support. Our population is ageing and has the increased additional needs this brings. We have additional responsibilities around the delivery of high quality, personalised, accessible and affordable support emanating from the 'People at the Heart of Care' national strategy and regulatory requirements of the Care Quality Commission (CQC), without the additional resource to fund this activity.
16. We will need to see significant reductions in the price we pay, the numbers of people we provide commissioned services to, the amount of the services which people receive and the type of commissioned service we provide to manage within our budget.
17. We are introducing robust and fair provider frameworks to limit the cost we pay while maintaining the quality of residential homes, nursing homes, supported living and home care. Brokerage services will link this

provision to the assessment of individual need ensuring we maximise these arrangements and maximise our value for money.

18. We have in place assurance processes to check, challenge and where necessary decline assessments and requests for service. We will refresh our practice model in the coming months to assure good assessments and decision making that requires all personal and community assets and assistive technology is used before services are put in place.
19. There has been a slight decline in the number of people entering residential and nursing care in recent months due to the introduction of measures above, partly due to comparatively younger cohorts entering care homes in 2020-21 and 2021-22. The average placement length is, however, increasing so the overall number in residential and nursing care remains higher than budgeted. We have also placed people in services in the past at higher rates and will need to see those numbers reduce over time to deliver budget reductions; the completion of the refurbishment of the independent living scheme at Glen Lodge is key to achieving this.
20. This decrease in the use of residential and nursing care puts additional pressure on use of home care. This number of people receiving home care will reduce as we:
 - tender the reablement services
 - remodelling of the front door
 - improving the practice model
 - increasing our brokerage capacity to cover all service areas
 - bringing our communities services closer to adult social care
 - improving take up and use of assistive technology.
21. The following paragraphs outline the main variations.

External Care

22. The Council purchases care from external providers who support customers to meet their assessed needs. There are a variety of purchasing arrangements such as block contracts (purchasing a set number of beds/hours at a set rate), spot arrangements where prices are negotiated on an individual customer basis and frameworks where providers specify a rate, and the Council will approach those providers but are not contractually bound to use.
23. The Council can also be a lead commissioner for a package of care where Health contributes an element towards the health needs of a

customer and current practice is for the Council to pay the provider and recover from Health.

24. Direct Payments are slightly different in that payments are made to individuals who then control how the money is spent to meet their assessed needs, usually with the assistance of a support agency who help with the administration of the funds such as payroll, paying invoices etc.
25. ASC generally organise themselves alongside the four main customer groups and allocate the budgets accordingly. These are:
 - Customers with a Learning Difficulty (LD)
 - Customers with a Physical &/or Sensory Impairment (P&SI)
 - Customers experiencing poor Mental Health (MH)
 - Older customers experiencing mobility issues, memory and cognition issues, frailty (OP)
26. The following sections describe the variations to budgeted costs, customer number and income. The variations are generally due to not fully meeting previous years' savings targets plus significant price pressures in the market.

Direct Payments

27. The main overspend is on the Learning Disability (LD) direct payments budget, which is expected to overspend by £620k. This is mainly due to the average cost of a direct payment being £116 per week more than in the budget (£775k), and the average cost of a transport direct payment being £50 per week more (292k). This is offset by an increase in direct payment reclaims since Q2.

Home and Day Support

28. P&SI Community Support is projected to overspend by £595k. The average weekly hours of homecare provided by framework providers is 132 more than in the budget (£166k) and the average cost of homecare is around £5 an hour more (£252k). In addition to this there has been a reduction of 8 in the number of customers receiving health contributions towards their care (£268k). This is partially offset by an increase in the number of customers making contributions to the cost of their care (£84k).
29. The OP Community Support Budget is projected to overspend by £731k. The average weekly hours of homecare provided by framework providers is 1,087 more than in the budget (£782k), and there are 16 more

customers on homecare exception contracts than budgeted for (£251k). This is partially offset by the average cost per customer of an exception contract being £150/week less than in the budget (£440k) as commissioners have negotiated with such providers to accept our framework rate.

30. LD Community Support budgets are expected to overspend by £1,050k. There are 6 more homecare customers than assumed in the budget (£220k), and the average cost per customer is £214 per week more (£134k). On the day support side there are 21 more customers than in the budget (£251k) due to not delivering the budget saving aimed at maximising in house resources and the average cost per day support customer is £42 per week more (£329k). There are also 3 fewer customers receiving health income than allowed for in the budget.
31. Mental Health community support is projected to overspend by £200k. This is mainly due to having 10 more homecare and 7 more day support customers in placement than was assumed when the budget was set.

Supported Living

32. Supported Living are settings where more than one customer live, with their own tenancy agreements, where their needs are met by a combination of shared support and one to one support.
33. The LD Supported Living budget is projected to overspend by £370k. The average cost of a placement is £68 per week more than in the budget (£705k) and expenditure on voids is expected to be around £258k this year. This is offset by having 5 fewer customers in placement (£409k), together with an increase in income largely due to the average S117 contributions from health being £60 per week per customer higher than was assumed when the budget was set.
34. The P&SI Supported Living schemes budget is expected to overspend by £946k. This is mainly due to the average cost of a placement being around £352 per week higher than in the budget.

Residential care

35. OP permanent residential care is projected to overspend by £1,253k. There are currently 16 more customers in placement than in the budget (£658k) and in addition the average cost per placement is £175/week higher (£1,806k). This is offset by an increase of £56/week in the average customer contributions being received (£714k) and a recurrent injection to the budget of £500k

36. This £500k was resource originally set aside for increasing staffing in Independent Living Communities as the model to support more people in that environment matured. However, this is unlikely to fully develop whilst Glen Lodge is closed for refurbishment. Budget can be transferred back from residential care once this refurbishment is complete and a structured plan to maximise the capacity is implemented.
37. LD residential care budgets are expected to overspend by £793k. This mainly due to the average cost of a working age placement being £172 per week more than in the budget (£1,601k), offset by having 7 fewer customers in placement (£654k). There is also projected to be an overachievement of health income due to the rates of contribution per customer being more than in the budget (£129k).

Nursing Care

38. OP Permanent Nursing Care is projected to overspend by £430k. This is due to the average cost of a placement being £220 a week more than in the budget (£1,550k), offset by having 21 fewer customers in placement (£912k), together with an increase in the average customers contributions received.
39. There is expected to be an overspend of £442k on Mental Health nursing care budgets due to there being 3 more customers in the over 65 budget (£196k) and 3 more customers in the working age budget (£246k) than was assumed when the budget was set.

Short Term Placements

40. These are a combination of emergency and planned placements that can be used to step people out of hospital, provide respite for carers, respond to an emergency etc but are time limited with exit strategies.
41. The OP short term placements budget is expected to underspend by £227k. The underspend on step up step down beds (£257k) is due to additional health funding having been secured for these beds. There is also a projected underspend on the nursing emergency placement budget as the number of placements to date has been less than assumed in the budget (£200k). This is partially offset by an increase in the residential emergency placements made to date which suggests that there will be an overspend on this budget by the year end.

In House Services and Staffing

42. The Council employees a variety of staff to advise and assess residents' and customers' social care needs. We also directly provide care and support to individuals and have teams which provide home care both in the community and in our Independent Living Schemes as well as running day support activities for those with a learning difficulty and those experiencing poor Mental Health. We also operate short stay residential care for the same customer groups.

Staffing

43. There is expected to be an overspend on staffing due to the use of agency staff in the Hospital team (£134k), being over establishment on AMHP and social care worker posts in the Mental Health Team (£209k) and being 1 FTE over establishment in the DOLS team (£44k). This is partially offset by vacancies elsewhere in the service and there is ambition to reduce use of agency staff between now and year end, the impact of which is in the recovery plan actions.

Be Independent & Equipment

44. Be Independent provide equipment to customers to allow individuals to remain independent and active within their communities. They also provide an alarm response service means tested as to whether a customer pays for it.
45. Be Independent is currently projected to overspend by £323k. There is still a budget gap of £130k and a £50k overspend on recharges arising from when the service was originally outsourced which has yet to be fully addressed. Staffing is expected to overspend by £132k largely due to an unfunded regrade of some of the posts in the team and to having a review manager post above establishment. In addition, there is expected to be an underachievement of income based on current customer numbers (£75k) and the decision to end equipment sales (£49k), which is offset by additional income arising from Mediquip moving into the site at James Street (£100k).

Place - Housing & Community Safety

| Service Area | Expend Budget £'000's | Income Budget £'000 | Net Budget £'000 | Projected Variance £'000's |
|---|--------------------------|------------------------|---------------------|-------------------------------|
| Building Maintenance | 4,707 | -5,227 | -520 | 0 |
| Housing Options and Homelessness | 5,199 | -3,656 | 1,603 | +60 |
| Private Sector Housing | 1,331 | -1,071 | 260 | 0 |
| Community Safety | 785 | -81 | 704 | 0 |
| Housing and Com. Safety (Gen Fund) | 21,817 | -19,829 | 1,988 | +60 |

46. At the end of the third quarter it is projected that there will be an overspend of £33k across Housing Services General Fund. This is primarily due to higher than budgeted energy costs within the council's hostels.

Housing Revenue Account

47. The Housing Revenue Account budget for 2022/23 was set as a net deficit of £1,558k. There were carry forwards of £1,611k agreed as part of the outturn report meaning the revised budget stands at £3,169k deficit (including £1,900k debt repayment). As at 30th November it is still envisioned that the outturn will be in line with budget excluding slippage of revenue contributions to fund capital expenditure.
48. The HRA allocated significant increases for inflation to cover repairs and energy costs and at this stage of the year it is forecasted that the actuals will be contained within the budget.
49. Across energy costs assumed gas price increases were below those budgeted and therefore it is expected that costs will be circa £150k below budget but that will be dependent on the severity of winter.
50. There are continued forecast shortfall in dwelling rental income of £560k due to the level of voids. Glen Lodge currently has around 30 empty properties pending the refurbishment works, this also has an impact on the service charges income. These pressures will be offset by the teams carrying vacant posts and the bad debt provision budget remains at a prudent level.

51. The depreciation charge for the HRA is anticipated to be £500k higher than budget. This can be mitigated from higher than budgeted interest on credit balances as interest rates are significantly higher than budget.
52. Included in the budget is £2.9m revenue contributions to capital expenditure. The most updated capital budget estimates that only £2.1m contribution will be required. This does reduce the spend in year to being a deficit of £2,369m.
53. The HRA working balance position at 31st March 2023 was £29.4m. The HRA projected outturn position means the working balance will reduce to £27.1m at 31st March 2024. This compares to the balance forecast within the latest business plan of £25.7m.
54. The high level of working balance is available to start repaying the £121.5m debt that the HRA incurred as part of self-financing in 2012. The first repayment of £1.9m is due in 2023/24 and can be met from current resources.

Performance – Service Delivery

55. This performance report is based upon the city outcome and council delivery indicators included in the Performance Framework for the Council Plan (2023-2027) which was launched in September 2023. This report only includes indicators where new data has become available, with a number of indicators that support the Council plan being developed. Wider or historic strategic and operational performance information is published quarterly on the Council's open data platform; www.yorkopendata.org.uk
56. The Executive for the Council Plan (2023-2027) agreed a core set of indicators to help monitor the Council priorities and these provide the structure for performance updates in this report. Some indicators are not measured on a quarterly basis and the DoT (Direction of Travel) is calculated on the latest three results whether they are annual or quarterly.
57. A summary of the city outcome and council delivery indicators by council plan theme, based on new data released since the last report, are shown below.

| Health and wellbeing: A health generating city (City) | | | | | | |
|--|---------------------|---------------------|-----------|-----------|---------------------------------|---|
| | Previous Data | Latest Data | DoT | Frequency | Benchmarks | Data Next Available |
| Number of children in temporary accommodation - (Snapshot) | 63 (Q4 2022/23) | 41 (Q1 2023/24) | ➡ | Quarterly | Not available | Q2 2023/24 data available in March 2024 |
| % of reception year children recorded as being overweight (incl. obese) (single year) | 22.70% (2021/22) | 19.90% (2022/23) | ➡ | Annual | National Data 2022/23 21.31% | 2023/24 data available in November 2024 |
| Slope index of inequality in life expectancy at birth - Female - (Three year period) | 6.2 (2019/20) | 5.7 (2020/21) | ➡ | Annual | Regional Rank 2020/21: 3 | 2021/22 data available TBC |
| Slope index of inequality in life expectancy at birth - Male - (Three year period) | 8.3 (2019/20) | 8.4 (2020/21) | ➡ | Annual | Regional Rank 2020/21: 3 | 2021/22 data available TBC |
| % of adults (aged 16+) that are physically active (150+ moderate intensity equivalent minutes per week, excl. gardening) | 66.5% (2021/22) | 70.4% (2022/23) | ⬆ Good | Annual | National Data 2022/23 63.1% | 2023/24 data available in April 2024 |

The DoT (Direction of Travel) is calculated on the latest three data points whether they are annual or quarterly.
All historic data is available via the Open Data Platform

| Health and wellbeing: A health generating city (Council) | | | | | | |
|--|---------------------|---------------------|-----|-----------|---------------------------------|---|
| | Previous Data | Latest Data | DoT | Frequency | Benchmarks | Data Next Available |
| Percentage of people who use services who have control over their daily life - Disabled People (ASC User Survey) | 79% (2021/22) | 78% (2022/23) | ➡ | Annual | Not available | 2023/24 data available in December 2024 |
| Percentage of people who use services who have control over their daily life - Older People (ASC User Survey) | 71% (2021/22) | 77% (2022/23) | ➡ | Annual | Not available | 2023/24 data available in December 2024 |
| Overall satisfaction of people who use services with their care and support | 65.10% (2021/22) | 66.50% (2022/23) | ➡ | Annual | National Data 2022/23 64.40% | 2023/24 data available in December 2024 |
| Health Inequalities in wards | See below | See below | ➡ | Annual | Not available | See below |
| Absolute gap in mortality ratio for deaths from circulatory disease (under 75) between highest and lowest York ward (5 year aggregated) | 153.8 (2019/20) | 141.1 (2020/21) | ➡ | Annual | Not available | 2021/22 data available in May 2024 |
| Gap in years in Life Expectancy at birth for Males between highest and lowest York ward (5 year aggregated) | 10.2 (2019/20) | 11.7 (2020/21) | ➡ | Annual | Not available | 2021/22 data available in May 2024 |
| Gap in years in Life Expectancy at birth for Females between highest and lowest York ward (5 year aggregated) | 8.2 (2019/20) | 11.1 (2020/21) | ➡ | Annual | Not available | 2021/22 data available in May 2024 |
| Absolute gap in hospital admission ratio for self-harm between highest and lowest York ward (5 year aggregated) | 133.2 (2019/20) | 119.6 (2020/21) | ➡ | Annual | Not available | 2021/22 data available in May 2024 |
| Absolute gap in hospital admission ratio for alcohol-related harm (narrow definition) between highest and lowest York ward (5 year aggregated) | 70.7 (2017/18) | 88.8 (2020/21) | ➡ | Annual | Not available | 2021/22 data available in May 2024 |
| Absolute gap in % of children who reach expected level of development at 2-2.5 years of age between highest and lowest York ward (4 yr aggregated) | 13.10% (2021/22) | 13.65% (2022/23) | ➡ | Annual | Not available | 2023/24 data available in October 2024 |
| Absolute gap in % of Year 6 recorded overweight (incl. obesity) between highest and lowest York ward (3 year aggregated) | 24.40% (2021/22) | 24.68% (2022/23) | ➡ | Annual | Not available | 2023/24 data available in December 2024 |
| Absolute gap in % of children totally or partially breastfeeding at 6-8 weeks between highest and lowest York ward (4 year aggregated ward data) | 36.70% (2021/22) | 38.98% (2022/23) | ➡ | Annual | Not available | 2023/24 data available in October 2024 |

The DoT (Direction of Travel) is calculated on the latest three data points whether they are annual or quarterly.
All historic data is available via the Open Data Platform

Performance - Health and Wellbeing: A health generating city

58. **Number of children in temporary accommodation** – at the end of Q1 2023-24, there were 41 children in temporary accommodation in York, which is a large decrease from 63 at the end of 2022-23. The majority of these children are in stable family setups, do not show evidence of achieving worse outcomes, and York continues to report no households with children housed in Bed and Breakfast accommodation.
59. **% of reception year children recorded as being overweight (incl. obese)** – The participation rates for the National Child Measurement Programmes (NCMP) in York for 2022-23 were 97.2% for reception aged children and 95.1% for Year 6 pupils.
- The 2022-23 NCMP found that 19.9% of reception aged children in York were overweight (including obese), compared with 21.3% in England and 22.5% in the Yorkshire and Humber region. York has the second lowest rate of overweight (including obese) for reception aged children in the Yorkshire and Humber region.
 - Of Year 6 children in York, 32.5% were overweight (including obese) in 2022-23 compared with 36.6% in England and 38.1% in the Yorkshire and Humber region. York has the lowest rate of overweight (including obese) for Year 6 children in the Yorkshire and Humber region.
60. **Percentage of people who use services who have control over their daily life – Disabled People** – In 2022-23, 78% of all York’s respondents to the Adult Social Care Survey said that they had “as much control as they wanted” or “adequate” control over their daily life, which was the same as the percentage in the Y&H region as a whole. It is higher than the corresponding percentage who gave one of these responses in England as a whole (77%). It has slightly decreased in York from the 2021-22 figure (79%).
61. **Percentage of people who use services who have control over their daily life – Older People** – In 2022-23, 77% of older people in York that responded to the Adult Social Care Survey said that they had “as much control as they wanted” or “adequate” control over their daily life. This is higher than the corresponding percentages experienced by older people in the Y&H region and in England as a whole (both 74%). It has also increased in York from the 2021-22 figure (71%).

62. **Overall satisfaction of people who use services with their care and support** – Data at LA and national level for 2022-23 was published in December 2023, and the data shows that there has been a slight increase in the percentage of York’s ASC users who said that they were “extremely” or “very” satisfied with the care and support they received from CYC compared with 2021-22 (up from 65% to 67%). The levels of satisfaction experienced by York’s ASC users in 2022-23 were slightly higher than those in the Y&H region (66% said they were “extremely” or “very” satisfied with the care and support from their LA) and in England as a whole (64% gave one of these answers).
63. **Health Inequalities in wards** – The ‘health gap’ indicators show the difference between the wards with the highest and lowest values. A lower value is desirable as it indicates less variation in health outcomes based on where people live within the City. Trend data for these indicators helps to monitor whether the gaps are narrowing or widening over time.
- Absolute gap in % of Year 6 recorded overweight (incl. obesity) between the highest and lowest York ward (3 year aggregated) - The value for this indicator for the 3 year period 2020-21 to 2022-23 was 24.7% (the gap between 43.4% in Westfield and 18.8% in Heworth Without). The trend in this gap indicator shows a widening in the difference between the values in the highest and lowest ward over time (12.6% in 2011-12 to 2013-14 to 24.7% in the most recent 3 year period).
 - Absolute gap in % of children who reach expected level of development at 2-2.5 years of age between highest and lowest York ward (4 yr aggregated) - The value for this indicator for the 4 year period 2019-20 to 2022-23 was 13.7% (the difference between 96.55% in Bishopthorpe and 82.9% in Fulford & Heslington). At present there is only one previous value for this indicator (13.1% for the period 2018-19 to 2021-22) so it is not yet possible to identify a trend.
 - Absolute gap in % of children totally or partially breastfeeding at 6-8 weeks between highest and lowest York ward (4 year aggregated ward data) - The value for this indicator for the 4 year period 2019-20 to 2022-23 was 40% (the gap between 79.8% in Heworth Without and 40.8% in Westfield). There is not a long trend history for this indicator but there has been slight widening of the gap from the 4

year period 2017-18 to 2020-21 (36.5%) to the most recent 4 year period (39%).

| Housing: Increasing the supply of affordable housing (City) | | | | | | |
|--|------------------------|---------------------------|-----------|-----------|---------------|---|
| | Previous Data | Latest Data | DoT | Frequency | Benchmarks | Data Next Available |
| Number of new affordable homes delivered in York | 38 (YTD Q2 2022/23) | 11 (YTD Q2 2023/24) | ↓ Bad | Quarterly | Not available | Q3 2023/24 data available in February 2024 |
| % of dwellings with energy rating in A-C band in the EPC Register - Snapshot | 43.60% (Q2 2023/24) | 43.70% (October 2023) | → | Monthly | Not available | Q3 2023/24 data available in February 2024 |
| Net Additional Homes Provided - (YTD) | 459 (2022/23) | 152 (as at Q2 2023/24) | ↑ Good | Bi-annual | Not available | 2023/24 full year data available in June 2024 |
| Net Housing Consents - (YTD) | 1,559 (2022/23) | 324 (as at Q2 2023/24) | → | Bi-annual | Not available | 2023/24 full year data available in June 2024 |
| Number of homeless households with dependent children in temporary accommodation - (Snapshot) | 35 (Q4 2022/23) | 28 (Q1 2023/24) | → | Quarterly | Not available | Q2 2023/24 data available in March 2024 |
| Number of people sleeping rough - local data - (Snapshot) | 22 (Q2 2023/24) | 25 (November 2023) | → | Monthly | Not available | Q3 2023/24 data available in January 2024 |
| HMO's as % of properties in York | NA | NA | → | Annual | Not available | TBC |
| The DoT (Direction of Travel) is calculated on the latest three data points whether they are annual or quarterly. All historic data is available via the Open Data Platform | | | | | | |

| Housing: Increasing the supply of affordable housing (Council) | | | | | | |
|--|------------------------|--------------------------|-----------|-----------|---------------------------------|---|
| | Previous Data | Latest Data | DoT | Frequency | Benchmarks | Data Next Available |
| % of dwellings failing to meet the decent homes standard | 4.88% (2021/22) | 1.60% (2022/23) | ↓ Good | Annual | Not available | 2023/24 data available in August 2024 |
| % of Repairs completed on first visit | 73.76% (Q2 2023/24) | 80.8% (November 2023) | → | Quarterly | Housemark Median 2022/23 86.02% | Q3 2023/24 data available in January 2024 |
| Number of Void Properties - Standard Voids - (Snapshot) | 47 (Q2 2023/24) | 56 (November 2023) | → | Monthly | Not available | Q3 2023/24 data available in January 2024 |
| Number of Void Properties - Major Works Voids - (Snapshot) | 6 (Q2 2023/24) | 4 (November 2023) | ↓ Good | Monthly | Not available | Q3 2023/24 data available in January 2024 |
| Number of Void Properties - Capital Projects Voids - (Snapshot) | 23 (Q2 2023/24) | 31 (November 2023) | → | Monthly | Not available | Q3 2023/24 data available in January 2024 |
| Number of Void Properties - Total Voids (Excludes Not Offerable) - (Snapshot) | 76 (Q2 2023/24) | 91 (November 2023) | → | Monthly | Not available | Q3 2023/24 data available in January 2024 |
| Number of Void Properties - Not Offerables - (Snapshot) | 75 (Q2 2023/24) | 79 (November 2023) | → | Monthly | Not available | Q3 2023/24 data available in January 2024 |
| % of tenants satisfied that their landlord provides a home that is well maintained | NA | NA | → | Annual | Not available | TBC |
| The DoT (Direction of Travel) is calculated on the latest three data points whether they are annual or quarterly. All historic data is available via the Open Data Platform | | | | | | |

Performance - Housing: Increasing the supply of affordable housing

64. **Number of new affordable homes delivered in York** – During the first six months of 2023-24, affordable housing completions have been significantly below the identified level of need. National scale challenges are facing many areas with buoyant housing markets such as a shortage of sites for affordable housing and labour and supply chain constraints, and these have affected delivery in York. The council itself is maximising

delivery opportunities currently, as set out to the November Executive meeting. Completions forecasts by partner Registered Providers have indicated a likely increase in affordable housing delivery in the second half of 2023-24.

65. There remains a significant future pipeline of affordable homes with planning permission in place across the council's own newbuild development programme and section 106 planning gain negotiated affordable housing. Inclusive of applications with a resolution to approve from Planning Committee, there are over 1,000 affordable homes identified in approved planning applications. The progress ranges from sites that are being built out currently to others with substantial infrastructure or remediation challenges to resolve prior to development. Over 400 of these have progressed through detailed planning, either as a Full application or Reserved Matters. The remainder are at Outline stage, with more uncertainty on timescales and final delivery levels, including the York Central affordable housing contribution.
66. **% of dwellings with energy rating in A-C band in the EPC register –** An Energy Performance Certificate (EPC) gives a property an energy efficiency rating from A (most efficient) to G (least efficient) and is valid for 10 years, and apart from a few exemptions, a building must have an EPC assessment when constructed, sold or let. Whilst the EPC register does not hold data for every property, it can be viewed as an indication of the general efficiency of homes. The rating is based on how a property uses and loses energy for example through heating, lighting, insulation, windows, water and energy sources. Each area is given a score which is then used to determine the A-G rating. In 2022, the median energy efficiency rating for a dwelling in England and Wales was Band D and a rating of A-C is generally considered to be good energy performance.
67. At the end of October 2023, 43.7% of properties on the register for York had an EPC rating of A-C which is a slight increase from 42.1% at the start of the year. The median grade for York for the same period was band D which follows the latest national benchmark. Data is based on the last recorded certificate for 58,553 properties on the register for York, some of which will have been last assessed more than ten years ago.
68. **Net Additional Homes –** Between 1st April 2023 and 30th September 2023 there were a total of 152 net housing completions. This represents fewer housing completions compared to the same monitoring period last year. However, several significant housing sites are anticipated for completion over the next six months including the remaining 244 homes

at The Cocoa Works, Haxby Road (Phase 1), 62 homes at Eboracum Way, along with the ongoing developments at Germany Beck and Former Civil Service Club, Boroughbridge Road together with several other pipeline sites that should see an improved annual total of completions compared to more recent years.

69. Some of the main features of the housing completions have been;
- 141 homes were completed on housing sites;
 - A total of 106 new build homes were completed whilst 3 homes were demolished;
 - Individual sites that saw the construction of five or less dwellings contributed an additional 21 homes;
 - The most significant individual sites that provided housing completions have been 35 flats at the Cocoa Works, Haxby Road (Phase 1, Block C), Germany Beck (27), Former Civil Service Club, Boroughbridge Road (25) and the Former Lowfield School site (24).
70. **Net Housing Consents** – Planning applications determined between 1st April 2023 and 30th September 2023 resulted in the approval of 324 net additional homes and represents a drop of more than one hundred compared to last year's update covering the same equivalent monitoring period.
71. The main features of the consents approved were;
- 247 of all net homes consented (76.2%) were granted on traditional (Use Class C3) housing sites;
 - Sites granted approval for traditional (Use Class C3) housing included Os Field South of & Adjacent to 1 Tadcaster Road, Copmanthorpe (158), Land East of Middlewood Close, Rufforth (21) and Clifton Without County Junior School, Rawcliffe Drive (15). A further 38 homes were approved on sites of 5 or less homes;
 - Three sites were granted 'prior approval' for a net total of 33 new homes, the most significant of which was at Gateway 2, Holgate Park Drive (31);
 - 44 net new retirement homes were allowed on appeal at 11 The Village, Wigginton;
 - A further 23 homes were approved through a resolution to grant consent by councillors in the previous six months at Morrell House, 388 Burton Stone Lane (13) and 12 Sturdee Grove (10).

72. **Number of homeless households with dependent children in temporary accommodation** – Although the overall number of households in temporary accommodation continues to increase, and reached 73 at the end of Q1 2023-24, the number with dependent children has decreased. The latest available data shows that there were 28 households with dependent children in temporary accommodation at the end of Q1 2023-24, which is a decrease from 35 at the end of 2022-23. Generally, the households with children rise and fall in line with the total households and make up around half of the total, however this has reduced in Q1 where 38% were households with children.
73. Of the 28 households at quarter end, 27 were recorded as accommodated in hostels and 1 within Local Authority housing stock. York continues to report no households with children housed in Bed and Breakfast accommodation. The number of children across the households was 41, down from 63 the previous quarter.
74. The increase in overall numbers can also be seen nationally, and when looking at the total number of households in temporary accommodation per households in area (000s), York continues to perform positively compared to benchmarks (0.83 in York compared to 4.41 Nationally, 1.09 Regionally and 16.69 in London). It should be noted that these figures are snapshot figures and therefore may fluctuate between the snapshot dates.
75. **Number of people sleeping rough** – There were 25 people sleeping rough in York in November 2023, which is an increase from 16 in October and the highest seen during 2023-24. Every Thursday, Navigators carry out an early morning street walk checking known rough sleeping hot spots and responding to intel or reports of rough sleepers. The monthly figure is based on the number of rough sleepers found bedded down on the last Thursday of each month.
76. **% of repairs completed on first visit** – The percentage of repairs completed on the first visit was 81% in November 2023, which is back in line with the previous few years after some lower figures during the summer.
77. **Number of void properties** – Numbers of standard void properties have been reducing throughout 2023-24 from 73 at the start of the year to 56 in November. This is also much lower than the 96 standard voids in November 2022. There were 4 major works voids at the end of

November 2023 which is a large decrease on the 21 major works voids in April 2023.

Consultation

78. Not applicable.

Options

79. Not applicable.

Analysis

80. Not applicable.

Council Plan

81. Not applicable.

Implications

82. The recommendations in the report potentially have implications across several areas. However, at this stage

- **Financial implications** are contained throughout the main body of the report.
- **Human Resources (HR)**, there are no direct implications arising from this report.
- **Legal** the Council is under a statutory obligation to set a balanced budget on an annual basis. Under the Local Government Act 2003 it is required to monitor its budget during the financial year and take remedial action to address overspending and/or shortfalls of income. Further work is required to develop and implement proposals that will allow the Council to bring its net expenditure in line with its income. There may be legal implications arising out of these proposals that will be considered as part of the development and implementation of those proposals. If the Council is unable to set a balanced budget, it is for the Chief Financial Officer to issue a report under s114 of the Local Government Finance Act 1988 ('a section 114 notice').
- **Procurement**, there are no direct implications arising from this report.
- **Health and Wellbeing**, reductions in spend in some areas could impact on the health and wellbeing of both our staff and residents.

The impact of any reductions in spend will continue to be carefully monitored so that implications can be considered and mitigated where possible.

- **Environment and Climate action**, there are no direct implications related to the recommendations.
- **Affordability**, are contained throughout the main body of the report. Where decisions impact on residents on a low income these impacts will be recorded in the individual Equalities and Human Rights analysis referred to below.
- **Equalities and Human Rights**, whilst there are no specific implications within this report, services undertaken by the Council make due consideration of these implications as a matter of course.
- **Data Protection and Privacy**, there are no implications related to the recommendations.
- **Communications**, the information set out in this report necessitates both internal and external communications. With ongoing interest in the current state of Local Government funding, we anticipate this report will attract media attention. A comms plan has been prepared to help make the information about the forecast overspend and the controls proposed clear and understandable, with opportunities to facilitate staff discussion arranged.
- **Economy**, there are no direct implications related to the recommendations.

Risk Management

83. An assessment of risks is completed as part of the annual budget setting exercise. These risks are managed effectively through regular reporting and corrective action being taken where necessary and appropriate.
84. The current financial position represents a significant risk to the Council's financial viability and therefore to ongoing service delivery. It is important to ensure that the mitigations and decisions outlined in this paper are delivered and that the overspend is reduced.

Recommendations

85. The Committee is asked to:
 - a. Note the finance and performance information.

Reason: to ensure expenditure is kept within the approved budget.

Contact Details

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Ian Floyd
Chief Operating Officer

Report Approved

Date 19/01/2024

Ian Floyd
Chief Operating Officer

Report Approved

Date 19/01/2024

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

All

For further information please contact the author of the report

Background Papers: None.

Annexes: HHASC Q3 23-24 Scrutiny Committee Scorecard



Scrutiny - Health, Housing and Adult Social Care 2023/2024

No of Indicators = 80 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.
Produced by the Business Intelligence Hub January 2024

| | | | Previous Years | | | 2023/2024 | | | | | | |
|---------|--|----------------------|----------------|-----------|-----------|-----------|-------|-------|----|--------|------------|------------|
| | | Collection Frequency | 2020/2021 | 2021/2022 | 2022/2023 | Q1 | Q2 | Q3 | Q4 | Target | Polarity | DOT |
| ASC01 | Number of contacts to ASC Community Team | Monthly | 19,148 | 17,275 | 16,081 | 3,977 | 3,611 | - | - | - | Neutral | ◀▶ Neutral |
| ASC01a | Number of contacts to ASC Community Team that are resolved with information/advice/guidance (IAG) | Monthly | 6,048 | 4,039 | 2,804 | 723 | 641 | - | - | - | Neutral | ◀▶ Neutral |
| ASC03b | Number of Customers receiving Home Care services - (Snapshot) | Monthly | 726 | 624 | 57 | 672 | 690 | 732 | - | - | Neutral | ◀▶ Neutral |
| ASC14 | Total number of Adults receiving paid packages of care - (Snapshot) | Monthly | 2,158 | 2,037 | 2,090 | 2,082 | 2,088 | 2,078 | - | - | Neutral | ◀▶ Neutral |
| ASCOF1B | Percentage of people who use services who have control over their daily life - Disabled People (ASC User Survey) | Annual | 80.00% | 79.00% | 78.00% | - | - | - | - | - | Up is Good | ◀▶ Neutral |
| | Percentage of people who use services who have control over their daily life - Older People (ASC User Survey) | Annual | 73.00% | 71.00% | 77.00% | - | - | - | - | - | Up is Good | ◀▶ Neutral |
| ASCOF1E | Proportion of adults with a learning disability in paid employment | Annual | 7.70% | 7.50% | 7.30% | - | - | - | - | - | Up is Good | ▼ Rec |
| | Benchmark - National Data | Annual | 5.10% | 4.80% | 4.80% | - | - | - | - | - | | |
| | Benchmark - Regional Data | Annual | 6.00% | 4.90% | 4.80% | - | - | - | - | - | | |
| | National Rank (Rank out of 152) | Annual | 34 | 28 | 29 | - | - | - | - | - | | |
| | Regional Rank (Rank out of 15) | Annual | 5 | 2 | 2 | - | - | - | - | - | | |
| | Comparator Rank (Pre 2019-20 rank out of 16) (Current rank out of 21) | Annual | 6 | 5 | 5 | - | - | - | - | - | | |
| ASCOF1G | Proportion of adults with a learning disability who live in their own home or with family | Annual | 84.10% | 84.80% | 84.40% | - | - | - | - | - | Up is Good | ◀▶ Neutral |
| | Benchmark - National Data | Annual | 78.30% | 78.80% | 80.50% | - | - | - | - | - | | |
| | Benchmark - Regional Data | Annual | 81.60% | 79.90% | 80.30% | - | - | - | - | - | | |
| | National Rank (Rank out of 152) | Annual | 49 | 56 | 62 | - | - | - | - | - | | |
| | Regional Rank (Rank out of 15) | Annual | 6 | 5 | 5 | - | - | - | - | - | | |
| | Comparator Rank (Pre 2019-20 rank out of 16) (Current rank out of 21) | Annual | 10 | 10 | 10 | - | - | - | - | - | | |



Scrutiny - Health, Housing and Adult Social Care 2023/2024

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| | | | Previous Years | | | 2023/2024 | | | | | | | |
|---------------------------|--------------|---|----------------|-----------|-----------|-----------|----|----|----|--------|----------|------------|---------------|
| | | Collection Frequency | 2020/2021 | 2021/2022 | 2022/2023 | Q1 | Q2 | Q3 | Q4 | Target | Polarity | DOT | |
| 01. Adult Social Care | ASCOF2A 1 | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) | Annual | 13.3 | 22.1 | 16.4 | - | - | - | - | - | Up is Bad | ◀▶ Neutral |
| | | Benchmark - National Data | Annual | 13.3 | 13.9 | 14.6 | - | - | - | - | - | | |
| | | Benchmark - Regional Data | Annual | 14.1 | 17.5 | 16.8 | - | - | - | - | - | | |
| | | National Rank (Rank out of 152) | Annual | 79 | 131 | 97 | - | - | - | - | - | | |
| | | Regional Rank (Rank out of 15) | Annual | 5 | 12 | 7 | - | - | - | - | - | | |
| | | Comparator Rank (Pre 2019-20 rank out of 16) (Current rank out of 21) | Annual | 10 | 21 | 14 | - | - | - | - | - | | |
| | ASCOF2A 2 | Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) | Annual | 347.3 | 499 | 479.5 | - | - | - | - | - | Up is Bad | ◀▶ Neuti |
| | | Benchmark - National Data | Annual | 498.2 | 538.5 | 560.8 | - | - | - | - | - | | |
| | | Benchmark - Regional Data | Annual | 549.8 | 611.4 | 643.7 | - | - | - | - | - | | |
| | | National Rank (Rank out of 152) | Annual | 28 | 64 | 49 | - | - | - | - | - | | |
| | | Regional Rank (Rank out of 15) | Annual | 1 | 3 | 2 | - | - | - | - | - | | |
| | | Comparator Rank (Pre 2019-20 rank out of 16) (Current rank out of 21) | Annual | 1 | 7 | 6 | - | - | - | - | - | | |
| | ASCOF3A | Overall satisfaction of people who use services with their care and support | Annual | 72.30% | 65.10% | 66.50% | - | - | - | - | - | Up is Good | ◀▶ Neutral |
| | | Benchmark - National Data | Annual | 67.70% | 63.90% | 64.40% | - | - | - | - | - | | |
| | | Benchmark - Regional Data | Annual | NC | 65.10% | 65.80% | - | - | - | - | - | | |
| | | National Rank (Rank out of 152) | Annual | NC | 61 | 49 | - | - | - | - | - | | |
| | | Regional Rank (Rank out of 15) | Annual | NC | 9 | 7 | - | - | - | - | - | | |
| | | Proportion of people who use services who feel safe | Annual | 76.10% | 69.20% | 70.40% | - | - | - | - | - | Up is Good | ◀▶ Neutral |
| Benchmark - National Data | | Annual | 73.60% | 69.20% | 69.70% | - | - | - | - | - | | | |



Scrutiny - Health, Housing and Adult Social Care 2023/2024

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 Produced by the Business Intelligence Hub January 2024

| | | Collection Frequency | Previous Years | | | 2023/2024 | | | | Target | Polarity | DOT |
|---------|---|----------------------|----------------|-----------|-----------|-----------|--------|--------|----|--------|------------|---------------|
| | | | 2020/2021 | 2021/2022 | 2022/2023 | Q1 | Q2 | Q3 | Q4 | | | |
| ASCOF4A | Benchmark - Regional Data | Annual | NC | 69.30% | 71.90% | - | - | - | - | - | | |
| | National Rank (Rank out of 152) | Annual | NC | 78 | 69 | - | - | - | - | - | | |
| | Regional Rank (Rank out of 15) | Annual | NC | 12 | 12 | - | - | - | - | - | | |
| | Comparator Rank (Pre 2019-20 rank out of 16) (Current rank out of 21) | Annual | NC | 12 | 13 | - | - | - | - | - | | |
| PVP02 | Number of permanent admissions to residential & nursing care homes for older people (65+) | Monthly | 172 | 217 | 186 | 56 | 46 | 27 | - | - | Up is Bad | ▼ Green |
| PVP11 | Proportion of completed safeguarding S42 enquiries where people report that they feel safe | Quarterly | 98.00% | 97.91% | 97.34% | 97.02% | 96.83% | 98.96% | - | - | Up is Good | ◀▶ Neutral |
| PVP18 | Number of customers in long-term residential and nursing care at the period end - (Snapshot) | Monthly | 538 | 552 | 553 | 590 | 588 | 546 | - | - | Neutral | ◀▶ Neutral |
| PVP19 | Number of permanent admissions to residential & nursing care homes for younger people (18-64) | Monthly | 20 | 31 | 21 | 2 | 4 | 5 | - | - | Up is Bad | ▼ Green |
| PVP29 | Number of NHS Health Checks Completed in York | Quarterly | 0 | 1,018 | 2,292 | 791 | 372 | - | - | - | Neutral | ◀▶ Neutral |
| PVP31 | Number of new clients starting Adult Social Care receiving a paid package of care (PPOC) in-month | Monthly | 839 | 518 | 665 | 143 | 177 | 170 | - | - | Neutral | ◀▶ Neutral |
| PVP32 | Number of clients starting Adult Social Care in-month receiving a paid package of care (PPOC) that had previously received a PPOC and their service had ended | Monthly | 407 | 360 | 322 | 76 | 82 | 89 | - | - | Neutral | ◀▶ Neutral |
| SGAD01 | Number of Adult Safeguarding Concerns Received | Monthly | 1,299 | 1,715 | 2,219 | 544 | 661 | 590 | - | - | Neutral | ◀▶ Neutral |
| SGAD02 | Number of Completed Adult Safeguarding Pieces of Work | Quarterly | 1,286 | 1,709 | 2,290 | 508 | 611 | 590 | - | - | Neutral | ◀▶ Neutral |
| EH1 | Chlamydia detection rate per 100,000 aged 15 to 24 | Annual | 1,121 | 1,255 | 1,829 | - | - | - | - | - | Up is Good | ▲ Green |
| | Benchmark - National Data | Annual | 1,407 | 1,333 | 1,680 | - | - | - | - | - | | |
| | Benchmark - Regional Data | Annual | 1,511 | 1,507 | 1,917 | - | - | - | - | - | | |
| | Regional Rank (Rank out of 15) | Annual | 12 | 10 | 6 | - | - | - | - | - | | |
| | Proportion of population aged 15 to 24 screened for chlamydia (%) | Annual | 16.80% | 19.40% | 17.10% | - | - | - | - | - | Up is Good | ◀▶ Neutral |



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 Produced by the Business Intelligence Hub January 2024

| | | | Previous Years | | | 2023/2024 | | | | | | |
|------|--|----------------------|----------------|-----------|-----------|-----------|--------|----|----|--------|------------|------------|
| | | Collection Frequency | 2020/2021 | 2021/2022 | 2022/2023 | Q1 | Q2 | Q3 | Q4 | Target | Polarity | DOT |
| EH2 | Benchmark - National Data | Annual | 14.30% | 14.80% | 15.20% | - | - | - | - | - | | |
| | Benchmark - Regional Data | Annual | 15.10% | 15.80% | 16.20% | - | - | - | - | - | | |
| | Regional Rank (1 is Good) (Rank out of 15) | Annual | 3 | 3 | 5 | - | - | - | - | - | | |
| HV01 | % of births that receive a face to face New Birth Visit (NBV) by a Health Visitor within 14 days | Quarterly | 77.62% | 66.75% | 86.26% | 85.24% | 87.91% | - | - | - | Up is Good | ◀▶ Neutral |
| | Benchmark - National Data | Quarterly | 87.20% | 79.20% | 80.00% | - | - | - | - | - | | |
| | Benchmark - Regional Data | Quarterly | 83.80% | 74.60% | 77.80% | - | - | - | - | - | | |
| HV02 | % of face-to-face NBVs undertaken by a health visitor after 14 days | Quarterly | 21.82% | 32.21% | 12.87% | 13.93% | 12.09% | - | - | - | Up is Bad | ◀▶ Neutral |
| | Benchmark - National Data | Quarterly | 11.00% | 17.50% | 17.80% | - | - | - | - | - | | |
| | Benchmark - Regional Data | Quarterly | 14.60% | 23.00% | 20.30% | - | - | - | - | - | | |
| HV03 | % of infants who received a 6-8 week review by the time they were 8 weeks | Quarterly | 88.69% | 85.44% | 86.00% | 87.00% | 88.74% | - | - | - | Up is Good | ◀▶ Neutral |
| | Benchmark - National Data | Quarterly | 84.40% | 79.20% | 79.10% | - | - | - | - | - | | |
| | Benchmark - Regional Data | Quarterly | 86.40% | 82.60% | 75.20% | - | - | - | - | - | | |
| HV05 | % of children who received a 12 month review by the time they turned 12 months | Quarterly | 68.56% | 88.38% | 88.95% | 95.36% | 92.89% | - | - | - | Up is Good | ◀▶ Neutral |
| | Benchmark - National Data | Quarterly | 71.40% | 69.40% | 73.40% | - | - | - | - | - | | |
| | Benchmark - Regional Data | Quarterly | 84.00% | 85.20% | 88.60% | - | - | - | - | - | | |
| HV06 | % of children who received a 12 month review by the time they turned 15 months | Quarterly | 84.10% | 93.60% | 93.13% | 92.66% | 96.10% | - | - | - | Up is Good | ◀▶ Neutral |
| | Benchmark - National Data | Quarterly | 78.40% | 81.80% | 84.30% | - | - | - | - | - | | |
| | Benchmark - Regional Data | Quarterly | 92.00% | 92.40% | 93.00% | - | - | - | - | - | | |
| HV07 | % of children who received a 2-2½ year review | Quarterly | 74.16% | 85.04% | 87.19% | 88.08% | 88.46% | - | - | - | Up is Good | ◀▶ Neutral |
| | Benchmark - National Data | Quarterly | 72.50% | 72.30% | 75.30% | - | - | - | - | - | | |
| | Benchmark - Regional Data | Quarterly | 82.50% | 78.50% | 85.90% | - | - | - | - | - | | |



Scrutiny - Health, Housing and Adult Social Care 2023/2024

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Produced by the Business Intelligence Hub January 2024

| | | | Previous Years | | | 2023/2024 | | | | | | | |
|--------------------------------|---------------------------|--|----------------|-----------|-----------|-----------|--------|--------|----|--------|-----------|------------|------------|
| | | Collection Frequency | 2020/2021 | 2021/2022 | 2022/2023 | Q1 | Q2 | Q3 | Q4 | Target | Polarity | DOT | |
| 2. Health and Wellbeing | HV10 | % of infants totally or partially breastfed at 6-8 weeks (of those with a known feeding status) | Quarterly | 58.33% | 59.43% | 61.79% | 60.62% | 60.44% | - | - | - | Up is Good | ◀▶ Neutral |
| | | Benchmark - National Data | Quarterly | 54.60% | 54.50% | 54.90% | - | - | - | - | - | | |
| | LAPE22 | % of alcohol users in treatment who successfully completed drug treatment (without representation within 6 months) | Quarterly | 27.10% | 26.50% | 26.63% | 29.48% | 26.05% | - | - | - | Up is Good | ◀▶ Neutral |
| | | Benchmark - National Data | Quarterly | 35.25% | 36.63% | 35.44% | 35.10% | 34.88% | - | - | - | | |
| | PHOF06a | Under 18 conceptions (per 1,000 females aged 15-17) (Rolling 12 Months) | Quarterly | 9.9 | - | - | - | - | - | - | - | Up is Bad | ◀▶ Neutral |
| | | Benchmark - National Data | Quarterly | 12.2 | - | - | - | - | - | - | - | | |
| | | Benchmark - Regional Data | Quarterly | 15.4 | - | - | - | - | - | - | - | | |
| | PHOF17 | Slope index of inequality in life expectancy at birth - Female - (Three year period) | Annual | 5.7 | - | - | - | - | - | - | - | Up is Bad | ◀▶ Neutral |
| | | Benchmark - National Data | Annual | 7.9 | - | - | - | - | - | - | - | | |
| | | Regional Rank (Rank out of 15) | Annual | 3 | - | - | - | - | - | - | - | | |
| | PHOF27 | Under 18 conceptions: conceptions in those aged under 16 (per 1,000 females aged 13-15) (Calendar Year) | Annual | 2.3 | 1.7 | - | - | - | - | - | - | Up is Bad | ▼ Green |
| | | Benchmark - National Data | Annual | 2 | 2.1 | - | - | - | - | - | - | | |
| | | Benchmark - Regional Data | Annual | 2.8 | 3.2 | - | - | - | - | - | - | | |
| | | Regional Rank (Rank out of 15) | Annual | 5 | 2 | - | - | - | - | - | - | | |
| | PHOF37 | Slope index of inequality in life expectancy at birth - Male - (Three year period) | Annual | 8.4 | - | - | - | - | - | - | - | Up is Bad | ◀▶ Neutral |
| | | Benchmark - National Data | Annual | 9.7 | - | - | - | - | - | - | - | | |
| Regional Rank (Rank out of 15) | | Annual | 3 | - | - | - | - | - | - | - | | | |
| PHOF79 | HIV late diagnosis | Annual | 81.80% | 85.70% | - | - | - | - | - | - | Up is Bad | ▲ Red | |
| | Benchmark - National Data | Annual | 42.10% | 43.40% | - | - | - | - | - | - | | | |
| | Benchmark - Regional Data | Annual | 51.10% | 50.20% | - | - | - | - | - | - | | | |



Scrutiny - Health, Housing and Adult Social Care 2023/2024

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Produced by the Business Intelligence Hub January 2024

| | | | Previous Years | | | 2023/2024 | | | | | | |
|-------------------------|---------|--|----------------|-------------|----------------|----------------|-------|-------|----|--------|------------|------------|
| | | Collection Frequency | 2020/2021 | 2021/2022 | 2022/2023 | Q1 | Q2 | Q3 | Q4 | Target | Polarity | DOT |
| | | Regional Rank (Rank out of 15) | Annual | 15 | 15 | - | - | - | - | - | | |
| PHYS06 | | % of adults (aged 16+) that are physically active (150+ moderate intensity equivalent minutes per week, excl. gardening) | Annual | 63.00% | 66.50% | 70.40% | - | - | - | - | Up is Good | ▲ Green |
| | | Benchmark - National Data | Annual | 60.90% | 61.40% | 63.10% | - | - | - | - | | |
| STF100 | | Average Sickness Days per FTE - CYC (Excluding Schools) - (Rolling 12 Month) | Monthly | 8.8 | 11.73 | 11.96 | 11.16 | 11.21 | - | - | Up is Bad | ◀▶ Neutral |
| | | Benchmark - CIPD (All Sectors) | Annual | 5.8 | NA | 7.8 | - | - | - | - | | |
| | | Benchmark - CIPD (Public Sector) | Annual | 8 | NA | 10.6 | - | - | - | - | | |
| | | Benchmark - Public Sector (LGA Worker Survey Excluding Teachers) | Annual | 7.1 | NA | - | - | - | - | - | | |
| | | Benchmark - Public Sector (Y&H) (LGA Worker Survey Excluding Teachers) | Annual | 8 | NA | - | - | - | - | - | Neutral | ◀▶ Neutral |
| 03. Health Inequalities | HLTHGap | Health Inequalities in wards | Annual | (See below) | (See below) | (See below) | - | - | - | - | Neutral | ◀▶ Neutral |
| | | Absolute gap in mortality ratio for deaths from circulatory disease (under 75) between highest and lowest York ward (5 year aggregated) | Annual | 141.1 | (Due May 2024) | (Due May 2025) | - | - | - | - | Up is Bad | ◀▶ Neutral |
| | | Gap in years in Life Expectancy at birth for Males between highest and lowest York ward (5 year aggregated) | Annual | 11.7 | (Due May 2024) | (Due May 2025) | - | - | - | - | Up is Bad | ◀▶ Neutral |
| | | Gap in years in Life Expectancy at birth for Females between highest and lowest York ward (5 year aggregated) | Annual | 11.1 | (Due May 2024) | (Due May 2025) | - | - | - | - | Up is Bad | ◀▶ Neutral |
| | | Absolute gap in hospital admission ratio for self-harm between highest and lowest York ward (5 year aggregated) | Annual | 119.6 | (Due May 2024) | (Due May 2025) | - | - | - | - | Up is Bad | ◀▶ Neutral |
| | | Absolute gap in hospital admission ratio for alcohol-related harm (narrow definition) between highest and lowest York ward (5 year aggregated) | Annual | 88.8 | (Due May 2024) | (Due May 2025) | - | - | - | - | Up is Bad | ◀▶ Neutral |
| | | Absolute gap in % of Year 6 recorded overweight (incl. obesity) between highest and lowest York ward (3 year aggregated) | Annual | NC | 24.40% | 24.68% | - | - | - | - | Up is Bad | ◀▶ Neutral |
| | | Absolute gap in % of children totally or partially breastfeeding at 6-8 weeks between highest and lowest York ward (4 year aggregated ward data) | Annual | 36.50% | 36.70% | 38.98% | - | - | - | - | Up is Bad | ◀▶ Neutral |



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| | | | Previous Years | | | 2023/2024 | | | | | | |
|----------------------------------|--|--|----------------|-----------|-----------|-----------|--------|--------|----|--------|-----------------------|-----------------------|
| | | Collection Frequency | 2020/2021 | 2021/2022 | 2022/2023 | Q1 | Q2 | Q3 | Q4 | Target | Polarity | DOT |
| | | Absolute gap in % of children who reach expected level of development at 2-2.5 years of age between highest and lowest York ward (4 yr aggregated) | Annual | NA | 13.10% | 13.65% | - | - | - | - | - | Up is Bad Neutral |
| 04. NHS Health Checks | PHOF31 | % of eligible population aged 40-74 who received an NHS Health Check (quarterly from April 2013) | Quarterly | 0.00% | 1.90% | 4.20% | 1.40% | 0.70% | - | - | - | Up is Good Red |
| | | Benchmark - National Data | Quarterly | 1.20% | 3.50% | 7.20% | 2.00% | 2.20% | - | - | - | |
| | | Benchmark - Regional Data | Quarterly | 1.00% | 2.20% | 5.40% | 1.40% | 1.50% | - | - | - | |
| | PHOF91 | % of eligible population aged 40-74 offered an NHS Health Check (quarterly from April 2013) | Quarterly | 0.00% | 1.90% | 5.30% | 1.80% | 1.00% | - | - | - | Up is Good Red |
| | | Benchmark - National Data | Quarterly | 3.10% | 8.60% | 18.40% | 5.50% | 5.60% | - | - | - | |
| | | Benchmark - Regional Data | Quarterly | 2.40% | 5.50% | 12.80% | 3.00% | 3.30% | - | - | - | |
| PHOF92 | % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check (quarterly from April 2013) | Quarterly | 0.00% | 100.00% | 79.80% | 81.00% | 70.00% | - | - | - | Up is Good Red | |
| | Benchmark - National Data | Quarterly | 39.00% | 40.50% | 38.90% | 36.00% | 39.00% | - | - | - | | |
| | Benchmark - Regional Data | Quarterly | 42.20% | 41.00% | 42.00% | 48.00% | 45.00% | - | - | - | | |
| 05. Substance Misuse and Smoking | PHOF76 | % of opiate users in treatment who successfully completed drug treatment (without representation within 6 months) | Quarterly | 3.40% | 4.38% | 5.42% | 5.45% | 4.23% | - | - | - | Up is Good Neutral |
| | | Benchmark - National Data | Quarterly | 4.86% | 5.04% | 4.95% | 4.97% | 4.99% | - | - | - | |
| | PHOF77 | % of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months) | Quarterly | 29.30% | 26.50% | 20.00% | 21.99% | 22.22% | - | - | - | Up is Good Neutral |
| | | Benchmark - National Data | Quarterly | 32.49% | 34.55% | 31.99% | 31.43% | 30.84% | - | - | - | |
| | PVP33 | No. of smokers setting a quit date - YTD | Annual | NC | NC | NC | 68 | 149 | - | - | - | Up is Good Neutral |
| | PVP34 | No. of smokers who had successfully quit at 4 week follow up (self-report) - YTD | Annual | NC | NC | NC | 54 | 113 | - | - | - | Up is Good Neutral |
| PVP35 | Percentage of smokers who had successfully quit at 4 week follow up (self-report) - YTD | Annual | NC | NC | 74.30% | 79.40% | 75.80% | - | - | - | Up is Good Neutral | |
| | Benchmark - National Data | Annual | NC | NC | 54.00% | 54.00% | 53.20% | - | - | - | | |
| | Benchmark - Regional Data | Annual | NC | NC | 63.10% | 62.80% | 63.20% | - | - | - | | |



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| | | | Previous Years | | | 2023/2024 | | | | | | |
|--------------|--|---|----------------|-----------|-----------|-----------|--------|--------|--------|----------------|--------------------|-----------------------|
| | | Collection Frequency | 2020/2021 | 2021/2022 | 2022/2023 | Q1 | Q2 | Q3 | Q4 | Target | Polarity | DOT |
| 06 - Housing | BW06 | % of dwellings failing to meet the decent homes standard | Annual | 9.10% | 4.88% | 1.60% | - | - | - | (Due Sep 2024) | - | Up is Bad Green |
| | BW11 | % of Repairs completed on first visit | Monthly | 83.28% | 81.63% | 79.65% | 82.86% | 73.76% | 84.70% | - | - | Up is Good Neutral |
| | | Benchmark - Housemark Median | Annual | 91.57% | 90.80% | 86.02% | - | - | - | - | - | |
| | | Housemark Quartile | Annual | 4 | 4 | 3 | - | - | - | - | - | |
| | CAN061 | Number of new affordable homes delivered in York | Quarterly | 130 | 224 | 109 | 1 | 10 | - | - | - | Up is Good Red |
| | EPC01ac | % of dwellings with energy rating in A-C band in the EPC Register (where A is the most energy efficient and G is the least energy efficient) - (Snapshot) | Monthly | NC | NC | 42.00% | 43.10% | 43.60% | - | - | - | Up is Good Neutral |
| | HM03 | Net Additional Homes Provided | Quarterly | 622 | 402 | 459 | NC | 152 | NC | - | - | Up is Good Green |
| | HM07 | Net Housing Consents | Quarterly | 1,133 | 327 | 1,559 | NC | 324 | NC | - | - | Up is Good Neutral |
| | HOU242 | Number of Void Properties - Standard Voids - (Snapshot) | Monthly | 132 | 88 | 67 | 60 | 47 | 60 | - | - | Up is Bad Green |
| | | Number of Void Properties - Major Works Voids - (Snapshot) | Monthly | NC | 2 | 17 | 18 | 6 | 4 | - | - | Up is Bad Green |
| | | Number of Void Properties - Capital Projects Voids - (Snapshot) | Monthly | NC | 40 | 18 | 22 | 23 | 32 | - | - | Up is Bad Red |
| | | Number of Void Properties - Total Voids- (Excludes Not Offerable) - (Snapshot) | Monthly | NC | 130 | 102 | 100 | 76 | 96 | - | - | Up is Bad Green |
| | | Number of Void Properties - Not Offerables - (Snapshot) | Monthly | NC | 47 | 66 | 72 | 75 | 75 | - | - | Neutral Neutral |
| | HOU246 | Average number of days to re-let empty properties (excluding temporary accommodation) - (YTD) | Monthly | 66.86 | 74.55 | 78.73 | 57.78 | 56.18 | 53.86 | - | - | Up is Bad Neutral |
| | HOU423 | Total number of HMOs in York | Annual | - | - | - | - | - | - | - | - | Neutral Neutral |
| HOU424 | HMOs as % of properties in York | Annual | - | - | - | - | - | - | - | - | Neutral Neutral | |
| HOM112 | Homelessness assessment (initial decision) - Threatened with homelessness - prevention duty owed - (YTD) | Quarterly | 564 | 555 | 518 | 132 | - | - | - | - | Neutral Neutral | |
| HOM114 | Homelessness assessment (initial decision) - Already homelessness - relief duty owed - (YTD) | Quarterly | 236 | 247 | 253 | 60 | - | - | - | - | Neutral Neutral | |



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| | | | Previous Years | | | 2023/2024 | | | | | | | |
|-----------------------|---|---|----------------|-----------|-----------|-----------|--------|----|----------------|--------|----------|------------|---------|
| | | Collection Frequency | 2020/2021 | 2021/2022 | 2022/2023 | Q1 | Q2 | Q3 | Q4 | Target | Polarity | DOT | |
| 07 - Homelessness | HOU102 | Number of children in temporary accommodation - (Snapshot) | Quarterly | 15 | 51 | 63 | 41 | - | - | - | - | Up is Bad | Neutral |
| | | Number of homeless households with dependent children in temporary accommodation - (Snapshot) | Quarterly | 10 | 28 | 35 | 28 | - | - | - | - | Up is Bad | Neutral |
| | HOU104 | Of households in TA - number of which in Bed and Breakfast - (Snapshot) | Quarterly | 0 | 3 | 0 | 4 | - | - | - | - | Up is Bad | Red |
| | | Of households in TA - % of which in Bed and Breakfast - (Snapshot) | Quarterly | 0.00% | 6.10% | 0.00% | 5.00% | - | - | - | - | Up is Bad | Red |
| | | Benchmark - National Data | Quarterly | 12.00% | 10.60% | 13.00% | 13.00% | - | - | - | - | | |
| | | Benchmark - Regional Data | Quarterly | 30.00% | 28.60% | 27.00% | 28.00% | - | - | - | - | | |
| | HOU104b | Households in B&B - Total with children - (Snapshot) | Quarterly | 0 | 0 | 0 | 0 | - | - | - | - | Up is Bad | Green |
| | HOU104c | Households in B&B - Total with children and resident more than 6 weeks - (Snapshot) | Quarterly | 0 | 0 | 0 | 0 | - | - | - | - | Up is Bad | Green |
| | HOU104d | Households in B&B - Total with children and resident more than 6 weeks and pending review / appeal - (Snapshot) | Quarterly | 0 | 0 | 0 | 0 | - | - | - | - | Up is Bad | Green |
| | HOU104e | Households in B&B - Total with 16/17-year-old main applicant - (Snapshot) | Quarterly | 0 | 0 | 0 | 0 | - | - | - | - | Up is Bad | Green |
| | HOU214a | Rate of people sleeping rough per 100,000 people | Annual | 1.42 | 1.98 | 4.46 | - | - | (Due Mar 2024) | - | - | Up is Bad | Red |
| | HOU214b | Number of people sleeping rough - local data - (Snapshot) | Monthly | NC | NC | NC | 19 | 22 | - | - | - | Up is Bad | Neutral |
| HOU251 | Homelessness main duty (decision) - Total (New definition from 2018/19) - (YTD) | Quarterly | 114 | 115 | 96 | 33 | - | - | - | - | Neutral | Neutral | |
| 08 - Resident Surveys | RTA01 | The % of York residents reporting 'good' or 'excellent' experience with Council (Baseline Q3 Talkabout) | Quarterly | NC | NC | NC | NC | NC | - | - | - | Up is Good | Neutral |
| | RTA02 | The % of York residents reporting 'poor' or 'satisfactory' experience with Council (Baseline Q3 Talkabout) | Quarterly | NC | NC | NC | NC | NC | - | - | - | Up is Bad | Neutral |
| | TAP01 | % of Talkabout panel satisfied with their local area as a place to live | Quarterly | 84.90% | 84.38% | 82.18% | 81.44% | - | - | - | - | Up is Good | Neutral |
| | | % of Talkabout panel dissatisfied with their local area as a place to live | Quarterly | 7.67% | 9.74% | 10.64% | 14.43% | - | - | - | - | Up is Bad | Red |
| | TAP02 | % of panel satisfied with the way the council runs things | Quarterly | 50.50% | 50.58% | 47.30% | 41.13% | - | - | - | - | Up is Good | Red |



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| Indicator ID | Indicator Description | Collection Frequency | Previous Years | | | 2023/2024 | | | | Target | Polarity | DOT |
|--------------|---|----------------------|----------------|-----------|-----------|-----------|--------|--------|----|--------|------------|------------|
| | | | 2020/2021 | 2021/2022 | 2022/2023 | Q1 | Q2 | Q3 | Q4 | | | |
| TSS42 | % of panel dissatisfied with the way the council runs things | Quarterly | 22.52% | 27.80% | 30.85% | 34.41% | - | - | - | - | Up is Bad | ▲ Red |
| TSS48 | % of tenants satisfied that their landlord provides a home that is well maintained | Annual | NC | NC | NC | - | - | - | - | - | Up is Good | ◀▶ Neutral |
| CSP01 | All Crime | Monthly | 11,026 | 14,235 | 14,759 | 3,290 | 3,777 | - | - | - | Up is Bad | ◀▶ Neutral |
| CSP12 | Criminal damage (excl. 59) | Monthly | 1,248 | 1,537 | 1,455 | 315 | 357 | - | - | - | Up is Bad | ▼ Green |
| | IQUANTA Family Grouping (1 is good) (Rank out of 15) | Monthly | 11 | 8 | 2 | 7 | 13 | - | - | - | | |
| CSP13 | NYP Recorded ASB Calls for Service | Monthly | 9,298 | 6,394 | 4,741 | 1,248 | 1,398 | - | - | - | Up is Bad | ◀▶ Neutral |
| CSP15 | Overall Violence (Violence Against Person Def.) | Monthly | 4,249 | 5,675 | 5,746 | 1,289 | 1,431 | - | - | - | Up is Bad | ◀▶ Neutral |
| | IQUANTA Family Grouping (1 is good) (Rank out of 15) | Monthly | 4 | 10 | 7 | 5 | 9 | - | - | - | | |
| CSP23 | Hate Crimes as Recorded by NYP | Monthly | 151 | 233 | 168 | 44 | 61 | - | - | - | Up is Bad | ◀▶ Neutral |
| | IQUANTA Family Grouping (1 is good) (Rank out of 15) | Monthly | 7 | 15 | 12 | 10 | 13 | - | - | - | | |
| CSP28 | Number of Incidents of ASB within the city centre ARZ | Monthly | 1,410 | 1,276 | 994 | 254 | 364 | - | - | - | Up is Bad | ◀▶ Neutral |
| CORP10L | Large Project - Council Housing Energy Retrofit Programme | Quarterly | NA | Amber | Amber | Amber | Amber | Green | - | - | Neutral | ◀▶ Neutral |
| | Large Project - Connecting Our City | Quarterly | NA | NA | Green | NC | NC | NC | - | - | Neutral | ◀▶ Neutral |
| | Large Project - Reablement Recommission | Quarterly | NA | NA | Green | Green | Green | Green | - | - | Neutral | ◀▶ Neutral |
| | Large Project - Specialist Mental Health Housing and Support | Quarterly | NA | NA | - | Green | Green | Amber | - | - | Neutral | ◀▶ Neutral |
| | Large Project - CQC Readiness | Quarterly | NA | NA | NA | Green | Green | Green | - | - | Neutral | ◀▶ Neutral |
| BPI110 | Forecast Budget Outturn (£000s Overspent / - Underspent) - CYC Subtotal (excluding contingency) | Quarterly | £1,328 | £2,638 | £4,887 | £6,752 | £5,771 | £5,592 | - | - | Up is Bad | ▲ Red |



| | |
|----------------------|--|
| Meeting: | Health, Housing and Adult Social Care Scrutiny Committee |
| Meeting date: | 30/01/2024 |
| Report of: | Michael Melvin |
| Portfolio of: | Cllr Jo Coles – Adult Social Care and Integration |

Decision Report: CQC Readiness December 2023

Subject of Report

1. This paper provides an update to Committee members in regard to the upcoming CQC inspection and assurance process for us as a Local Authority.

Benefits and Challenges

2. There are no decisions required – this report is for update purposes.

Policy Basis for Decision

3. It supports two of the administration’s four key manifesto pledges: Equalities and Human Rights; and Health Inequalities
4. Equalities: The focus on the assurances is to reduce variation and inequality of services across regional and local systems.

Financial Strategy Implications

5. We will receive £26,730 as per grant conditions to be spent “...towards expenditure lawfully incurred or to be incurred by the new burden of engaging with Care Quality Commission review and assessment for the first time. This includes the time and resource needed for local authorities to familiarise themselves with and

effectively engage with their first formal assessment.” This has been set aside as per discussions with finance, for utilising staff resources (as per pilot recommendation) and we know there will be a call to other directorates in particular, housing, public health, communities, and children to support the four themed areas. We will also be working closely with our ICS and place board around integration.

Recommendation and Reasons

6. Recommendation: To note the report.

Reason: To support the key priority areas in preparation for upcoming CQC inspections.

Background

7. **Historical:** During 2010 formal inspection for adult social care across England were stepped down in favour of sector led improvement approach. This approach led by the Local Government Association (LGA) supported local authorities to self-assess as well as further assessment through peer reviews and LGA reviews.
8. **Legislation:** The introduction of the Care Act (2014) placed seven key duties on Local authorities:
- Promoting Individual Wellbeing
 - Preventing needs for care and support
 - Promoting integration of care and support with health services
 - Providing information and advice
 - Promoting diversity and quality in provision of services
 - Co-Operating
 - Safeguarding adults at risk of abuse or neglect
9. **CQC Powers:** During 2019-2022 extensive consultation has been completed regarding the implementation of The Health and Care Act 2022 which included the development of Integrated Care Systems (ICS). The [Health and Care Act 2022](#) gives the CQC new powers that allow them to provide a meaningful and independent assessment of care at a local authority and ICS level. They will enable the CQC to start to understand the quality of care in a local area or

system and provide independent assurance to the public of the quality of care.

10. **Approach:** Specifically for Local Authorities, we will be inspected by the CQC to ensure we are meeting our duties under Part 1 of the Care Act 2014, with a focus on the following 4 Key Themes and 9 Quality Statements:

- Theme 1: Working with people:

Quality Statement 1: assessing people (50 cases will be tracked)

Quality Statement 2: working with people to live healthy lives

Quality Statement 3: Equity in experience and outcomes

- Theme 2: Providing Support:

Quality Statement 4: Community provision integration and continuity

Quality Statement 5: Partnerships and Communities

- Theme 3: Ensuring Safety:

Quality Statement 6: Safe systems pathways and transitions

Quality Statement 7: Safeguarding

- Theme 4: Leadership and Governance:

Quality Statement 8: Governance management and sustainability

Quality Statement 9: Learning improvement and innovation

11. **Pilots:** The CQC have now completed 5 pilots (May - September 2023) and their overall ratings as well as scores (1-4) under each of the 9 Quality Statements are now available in the public domain. These were with: Birmingham City Council; Lincolnshire County Council; North Lincolnshire Council; Nottingham City Council and Suffolk County Council. Lessons have been learnt from these and the CQC are refining the process ahead of the next cohort.
12. **Dates for next cohort:** The CQC have committed to completing a further 20 assessments from early 2024 onwards and we understand that they will communicate directly with the DASS

before the 15 December 2023 to advise. At the time of writing this paper, CYC have not been notified of an upcoming inspection.

13. **Timescales:** Once the CQC advise us as a Local Authority that we are to be inspected, we anticipate an 8-week lead-in time before the on-site visit and during this time we will be required to submit information to the CQC via email and a secure portal to support them in preparing for the on-site visit. Once on-site, pilot feedback indicates they will spend a maximum of 5 working days with us before continuing with remote data gathering.
14. **Single Assessment Framework:** Key Differences and Similarities with the new Single Assessment Framework are:
 - 4 Ratings (Inadequate; Requires Improvement; Good and Outstanding) remain.
 - Key Questions (Safe; Effective; Caring; Responsive and Well-Led) remain.
 - Legislation by which we will be inspected remains.
 - Key lines of enquiry (KLOE's) have been replaced by Quality Statements based on people's experiences and the standards of care they expect.
 - There are 6 new evidence categories, of which just 5 will apply to Local Authorities:
 - People's experience of health and care services;
 - Feedback from staff and leaders;
 - Feedback from partners;
 - Processes;
 - Outcomes and Observations

Consultation Analysis

15. **Progress:** Our progress to date to prepare for inspection: -
 - a) We have presented V1 and V2 of our Self-assessment framework to our regional ADASS group. Once in May 2023 and one in October 2023. We are using the feedback to update our self-assessment for V3 in early 2024.
 - b) We have met with all internal stakeholders to identify who is responsible for relevant documents that will be requested as part of the information request and engagement will pick up in early 2024 to ensure all are aware of and working towards their targets.

- c) We have published our Market Position Statement; Commissioning Strategy; Workforce Strategy and PfA and Adult Social Care vision.
- d) We have a Quality Assurance Framework, Service Improvement Plan and Practice Guidance and Model underway.
- e) We have commissioned Healthwatch to sample 20 cases and provide user and carer feedback, and we are expecting our final report early 2024.
- f) We have recruited a co-production lead to support with our All Age Commissioning and Contract and Quality monitoring.
- g) 3 workshops have been held with 55 attendees; a further one to be held in January. Key themes and quality statements are discussed, and staff have had an opportunity to feedback about what is going well, as well as suggestions for improvement. This will be fed back to SLT in January 2024. Feedback from the workshops has been positive and with many front-line staff stating that they have a better and clearer understanding of CQC.
- h) 9 drop-ins have been held with 60-65 attendees; these have explored the assessment process; pilot feedback and our evidence list to date. Feedback has been that these have created a sense of calm and reduced anxiety about the inspection process and enabled staff to feel more ready to speak to a CQC Inspector.
- i) We have introduced a quality and contract management framework for our internal providers to ensure assurance of delivery and safety of care in line with CQC expectations.

Options Analysis and Evidential Basis

16. **Key Priorities:** Preparing for CQC Inspection includes addressing several identified key priorities, amongst which are:
- a) Local Account to be developed.
 - b) Updated Adult Social Care Strategy to be produced and published.
 - c) A re-design of our 'front door' including further development and introduction of on-line options for self-assessment.
 - d) To enhance our co-production and co-engagement offer.

- e) To further develop our partnership working with the ICB, TEWV and community partners.
 - f) To continue the work to improve our Direct Payment process.
 - g) To introduce, via corporate direction, an easy-read option for information to ensure we are meeting the accessible information standards.
 - h) To improve on practice exchange and celebrating success stories and better evidence of how we embed the wellbeing principle.
 - i) To commission an LGA Peer Review – booked February 2024.
17. We are evaluating the learning from the pilots and cross referencing with our progress to date to identifying a workplan to take forward our preparation for inspection, anticipated to be in 2024.

Organisational Impact and Implications

18. Organisational Impact and Implications:

- **Financial** – Steve Tait (ASC Principal Accountant): ‘No comment to add from Finance. The grant is set aside to cover any expenses associated with future assessment.’
- **Human Resources (HR)** – Claire Waind (ASC HR Manager): ‘No specific HR implications at this point. Staff will continue to be supported in preparation before, during and post inspection.’
- **Legal** – Anna Wooding (Senior Lawyer) ‘References to the key duties under the Care Act 2014 and legislative framework are correct and the information provided in relation to the assessment framework is in line with the information available from the CQC. I have no additional comments in terms of this report.’
- **Procurement** – nil comment.
- **Health and Wellbeing** – nil comment.
- **Environment and Climate action** – James Gilchrist (Director of Transport, Planning and Environment) - ‘No environmental implications.’
- **Affordability** – report amended following discussion with Director of Customers and Communities.
- **Equalities and Human Rights** – no comment available.
- **Data Protection and Privacy** – ‘Data Protection and Privacy - As there is no personal data, special categories of personal data

or criminal offence data being processed for the purposes of this report, there is no requirement to complete a DPIA. This is evidenced by completion of DPIA screening questions - reference AD-02414.'

- **Communications** – Megan Rule (ASC Communications Manager) – 'Communications Service activity has already involved internal comms to staff to support preparation, and will also involve managing the implications of the outcomes of inspections with staff and media.'
- **Economy** – not contacted for comment.

Risks and Mitigations

19. CQC Lead is leaving the LA in mid-January. This is mitigated by handover to a new lead.

Wards Impacted

20. All wards are impacted by this as the CQC conduct inspections across the whole local area.

Contact details

For further information please contact the authors of this Report.

Author

| | |
|-------------------------|--|
| Name: | Michael Melvin |
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| Report approved: | Yes |
| Date: | 18/12/2023 |

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| | |
|-------------------------|------------|
| Report approved: | Yes |
| Date: | 18/12/2023 |

Background papers

None.

Annexes

None.



Health, Housing and ASC Scrutiny Committee**30 January 2024**

Report of the Director of Adult Health and Social Care

All Age Commissioning Strategy 2023-25**Summary**

1. The purpose of the commissioning strategy is to outline our approach to commissioning services in York within the local context including local strategies, plans and financial constraint. Our ambition is for individuals to live healthy and independent lives and to their full potential. Our commissioned services are aimed to prevent ill health by working on a community level to ensure prevention is at the forefront of what we do. Our community development model of health promotion will aim to prevent as well as build on community assets when support is required. However, when services are required, they will be of the highest quality and focus on the strengths of individuals and not their weaknesses. To accomplish this, we must collaborate with those who receive assistance, our providers, other partners, and the general public to understand our population and arrange services that meet needs and assist individuals in achieving their objectives and expand our local market in York. This strategy also sets out the principles which will inform the ways we will work to deliver on our plans and intentions.
2. Eleven Priorities have been developed that will shape our commissioning strategy, this includes:
 - Priority 1 – Commission Prevention and Early Help Services.
 - Priority 2 – Commission Services that Safeguard the most Vulnerable.
 - Priority 3 – Focus on the most vulnerable and provide services that enhance or increase independence and resilience.
 - Priority 4 – Development of a Local Vibrant Market that provides a diverse range of quality services that meet local needs.
 - Priority 5 – Outcome Focused.
 - Priority 6 – Co-production.
 - Priority 7 – Value for Money.

- Priority 8 – Commissioning Quality Services.
- Priority 9 – Maximising Technology.
- Priority 10 – Supported Housing.
- Priority 11 – Model of Delivery.

Recommendations

3. The Committee is asked to note the strategy and make any recommendation for improvement.

Reason: To keep the Committee updated on the All Age Commissioning Strategy.

Background

4. The All-Age Commissioning Strategy has been approved by the Executive committee. The strategy has also been reviewed through all stages of our governance structure and changes made based on feedback prior to approval. The strategy has also been reviewed by the ICB and changes made prior to final document publication. It was also approved that the strategy will be a live document over the period of the strategy meaning that changes can and will be made based on local and national impacts.

Consultation

5. The strategy was consulted on both internally and externally by stakeholders across the Adults' department, the Childrens' department, and the ICB.

Options

6. (1) Approve the All Age Commissioning Strategy.

By having a commissioning strategy we are able to demonstrate our priorities and intended approach in achieving them through the services that we commission. The strategy also demonstrates to our providers and the market in general how we intend to commission services.

7. (2) Do not approve the All Age Commissioning Strategy.

It is not explicitly a legal requirement to have a commissioning strategy however it does demonstrate best practice and can impact on areas such as market shaping.

Analysis

8. This would ensure that the council fulfils the statutory responsibilities, when commissioning services in line with the council ambitions of good health and wellbeing. This will be through understanding the needs of the population, co-production, adoption of strength-based approach, Joint commissioning approach and ensure safeguards are in place.
9. Not approving the Strategy would have implications on the direction of commissioned services in York, with no set priorities. This would affect the continuity of service and the population we serve.

Council Plan

10. The Commissioning Strategy directly supports the achievement of the Council Plan 2019-2023 outcome areas as below:
 - Good health and wellbeing
By ensuring services are provided that meet the needs of the population.

Implications

11.
 - **Financial:** There are no financial implications to the All Age Commissioning Strategy.
 - **Human Resources (HR):** There are no human resources implications.
 - **One Planet Council / Equalities:** There are no negative implications on equalities/one planet council. An Equalities Impact Assessment (EIA) has been completed.
 - **Legal:** The Care Act 2014 places legal responsibility on the council regarding Adult Social Care. The Children Act of 2004, which specifies obligations like: achieving positive results for children, teens, and families; integrating and improving childcare services; promoting preventative care; as well as bringing together various

professionals. The Children and Young Persons Act 2008 strengthens the duties of the council relating to Looked After Children and care leavers. The Children and Families Act 2014 provides more detailed requirements for children and young people with Special educational needs and disabilities (SEND), supported by the SEND Code of Practice 2015 which gives statutory guidance on this provision. It also provides updates to the adoption system, young carers, and some provision for looked after children and childcare.

- **Information Technology (IT):** There are no implications on IT.
- **Property:** There are no implications on property.
- **Other:** There are no other known implications.

Risk Management

11. There are no known risks.

Contact Details

Author:

**Abid Mumtaz
Head of All Age
Commissioning
Adult Social Care**

Chief Officer Responsible for the report:

**Michael Melvin
Corporate Director of Adult Social Care
and Integration**

Report **Date** [15 January 2024]
Approved

Wards Affected:

All

For further information please contact the author of the report.

Background papers: none

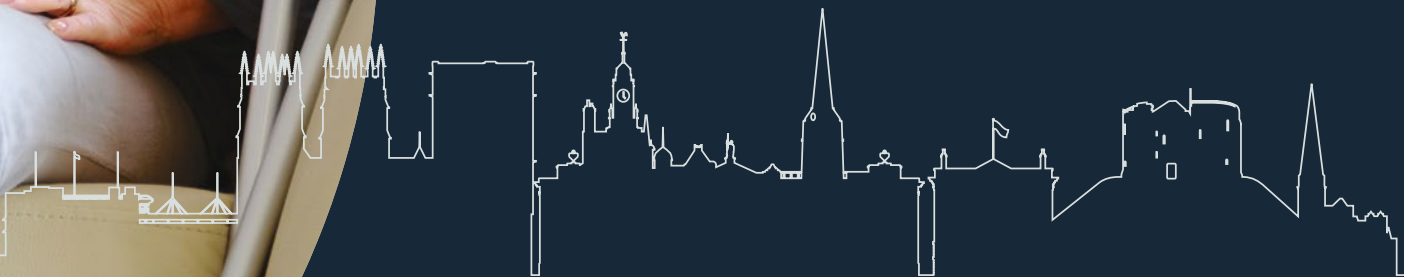
Annex: City of York Council, All Age Commissioning Strategy 2023-2025



City of York Council

All Age Commissioning Strategy

2023-2025



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Foreword

This Commissioning Strategy lays out, at a high level, how the City of York Council intends to shift the balance of care in order to meet the growing needs of local people while working with reduced funding. By doing so, the Council will focus on promoting well-being and an asset-based community development approach to the commissioning process. Councils with Adult Social Services responsibilities are required by the Care Act of 2014 to oversee the care market, collaborate with providers to develop high-quality services, guarantee capacity to meet local needs, and ensure the safety of service users. The Strategy helps the Council to fulfil this duty by setting out our commissioning intentions. The Strategy also makes it clear that demand will be managed by:

- Adopt an asset-based community development approach that prevents, reduces, or diverts demand, ensuring that individuals remain at the centre of families and communities for as long as possible, and encouraging communities to provide additional support for themselves
- Promoting the independence and strength-based approach of people who do need a service so that we can minimise the costs over the lifetime of the service.
- Developing sufficient high-quality provision where the environment and care meets need.

We propose that by re-balancing the way care and support is organised we can make the money go further and support

more people with lower-level support while having enough money to care for people with the highest levels of needs. Our commissioning process will also centre on residents, caregivers, and partners. They will be involved at every stage, as we ensure that people's perspectives and experiences are heard, taken into consideration, and heavily influence the manner in which we obtain the best services possible.

With an increasing proportion of services commissioned from the independent and third sectors, value for money will continue to be the driving force behind all commissioning activity. Value for money is important not only because of the Council's financial situation, but also to cut down on the significant costs that service users, who pay fees and charges, often fully fund their care.

Jamaila Hussain

Corporate Director of Adult Services and Integration (DASS)
City of York Council



Purpose

The purpose of this Commissioning Strategy is to outline our approach to commissioning services in York within the local context including local strategies, plans and financial constraint. Our ambition is for individuals to live healthy and independent lives and to their full potential. Our commissioned services are aimed to prevent ill health by working on a community level to ensure prevention is at the forefront of what we do. Our Community Development Model of health promotion will aim to prevent as well as build on community assets when support is required. However, when services are required, they will be of the highest quality and focus on the strengths of individuals and not their weaknesses. To accomplish this, we must collaborate with those who receive assistance, our providers, other partners, and the general public to understand our population and arrange services that meet needs and assist individuals in achieving their objectives and expand our local market in York. This Strategy also sets out the principles which will inform the ways we will work to deliver on our plans and intentions.

Context

Our approach to Commissioning Services in York is influenced by national and local factors. When we commission and deliver services they must comply with

national and local policy and meet local needs as well as ensuring that we are following these statutory obligations. All this needs to be accomplished within the most constrained financial parameters in decades. With limited funding, it is vital that funding decisions are based on evidence, support innovation, and achieve the best outcomes. Through Joint Strategic Needs Assessments (JSNAs) and intelligence from partners, we can target investment in a way which meets local needs and supports the shift to prevention. The challenge is to become more efficient, effective, and leaner in our work.

Legal Context

The Care Act 2014 places legal responsibility on the council regarding Adult Social Care, which include the following: fostering individual health; avoiding the need for assistance and care; promoting care and support integration with housing and health care; giving advice and information; as well as promoting service quality and diversity. The Care Act also places a strong emphasis on supporting prevention and to provide control and choice.

The Children Act of 2004, which specifies obligations like: achieving positive results for children, teens, and families; integrating and improving childcare services; promoting preventative care; as well as bringing together various professionals.

The Children and Families Act 2014 provides more detailed requirements for children and young people with SEND, supported by the SEND Code of Practice 2015 which gives statutory guidance on this provision. It also provides updates to the adoption system, young carers and some provision for looked after children and childcare.

Council Ambition

Our ambition: To support the best quality of life for our residents, now and in the future.

City of York Council Plan 2019-2023

We have developed numerous strategies that have an impact on the direction of commissioned services for York residents. Some strategies are implemented directly by the council, while others are implemented in collaboration with other organisations like the ICB. The following are the eight core priorities of our council plan:

- Well-paid jobs and an inclusive economy
- A greener and cleaner city
- Getting around sustainably
- Good health and wellbeing
- Safe communities and culture for all
- Creating homes and world-class infrastructure
- A better start for children and young people
- An open and effective council



Good Health and Wellbeing

- Adults that are physically active for 150+ moderate intensity minutes per week
- % of children in Reception recorded as being obese
- Overall satisfaction of people who use care and support services
- Healthy Life expectancy at birth - Female / Male
- Proportion of adults in contact with secondary mental health services living independently
- Adult Social Care - attributable Delayed Transfers of Care



Image by Freepik

Key Principles for the York Health & Wellbeing Board

- Ensure that we work together in true partnership for the good of the people of York
- Involve local people in identifying the challenges and redesigning services
- Promote equality of opportunity and access for all communities, and challenge discrimination if it arises
- Treat everyone with dignity and respect at all times
- Recognise and promote the vital role of unpaid carers who contribute so much to health and wellbeing in York
- Champion the role of the voluntary sector and the value its strength, diversity and knowledge brings in improving the health and wellbeing of our residents
- Work with the Adults' and Children's Safeguarding Boards to ensure that everyone always feels safe, and that the ways to report concerns are clear

We intend and hope to work closely with stakeholders in service provision and with our partners in the statutory, independent, and voluntary and community sectors to develop our strategies. Wherever possible we aim to use extensive engagement, consultation and co-production to shape plans going forward.

Introduction

City of York Council All Age Commissioning Team is a newly formed team that brings commissioning adults and children's commissioning together and ensuring commissioning is conducted across the life course.

Our Commissioning Vision

Provide person centred and outcome focused care through a sustainable market that is inclusive and well-led.

Commissioning Principles

We are dedicated to assisting children, young people, adults, and families in becoming secure, independent, ambitious, and able to lead the best lives possible. People's own strengths, as well as those of their friends, families, and the community at large, provide a significant portion of the expertise and support required to achieve these outcomes. Through guided discussion, assessments, and support planning, the council will encourage the use of these assets. Additionally, the council will commission or directly provide services that support these outcomes. The council will provide some of this, and external organisations, such as social enterprises, independent providers, and voluntary and community sector organizations, will also provide elements.

In Commissioning services, we are committed to the following principles:

- Commission Quality Services that meet high national and local standards, which will be measured through benchmarking
- Prevent, delay, or reduce the need for people to access social care by providing advice, information and services that support people to be as independent as possible
- For individuals who require support provide ongoing care in the individual's own home (home first) rather than in a residential care facility whenever possible
- Ensure services are commissioned based on need and evidence of effectiveness.
- Ensure value for money and costs benefits are maximised
- Deliver positive outcomes for service users by holding providers to account and ensuring outcomes are captured and measured
- Ensure and encourage an open culture around safeguarding, working in partnership with providers to confirm the best outcome that are in keeping with national safeguarding policy and best practice
- Co-production is a key principle to inform commissioning models of care and support, service redesign and maximising independence through strength-based approaches
- We will commission using an evidence-based approach that

- supports innovation and achieves the best outcomes
- Develop robust strategies for market growth and sustainability
- An outcome focused approach that continues to decommission services that are considered less effective or not delivering excellent value for money

How we will Commission Services

The commissioning process consists of a series of interconnected tasks to:

- Understand the needs of our local population
- Understand the organisations that do and could provide care and support ('the market')
- Create service models and ways to purchase them that meet needs, improve people's well-being, keep them safe, and help them reach their goals.
- Over the next two years, we want to keep growing, coming up with new ideas, and providing the best value
- Committed and skilled teams of commissioners & contract managers are developing ever-better partnerships and services.
- We will commission services that are inclusive, accessible, and responsive to the needs of City residents and its communities.
- We will complete meaningful Equality Impact Assessments that will inform the way we work

- We will work to build co-productive approaches into all elements of commissioning and quality
- We will adopt a strength-based approach that maximise opportunities to make health gains
- We will build on community services and assets
- We will commission services that take strength-based approaches
- We will work with those who use services, their carers and families to design services that focus on outcomes, rather than outputs
- We will commission services that are flexible, and work when and where people need and want them
- We will promote and improve Direct Payments and Individual Service Funds as key mechanisms for choice around support
- We will collaborate with social workers and other colleagues to ensure that the range of services are understood, easily accessible, and tailored to the requirements and outcomes outlined in assessments and reviews
- We will actively work with our operational teams to identify gaps in service provision enabling a stronger prevention offer
- We will ensure safeguards are in place and promote safeguarding in everything we commission
- Work with partners to see where a joint commissioning approach can be developed and implemented

Quality

The activities of the department and the council, as well as the providers who support the delivery of the strategic objectives, continue to be primarily driven by the quality of practice and the experiences of people who use our services. Regulatory bodies also inspect much of the provision that our population accesses, whether this is directly commissioned or provided by the Council, privately commissioned by families and carers or market led. Ratings issued by the Care Quality Commission (CQC) provide insight into the market's quality. They provide guidelines and standards that serve as a standard against which we can monitor regulated activity. Services will be performance managed to ensure both value for money and quality outcomes for our customers.

Financial Limitations

The Council is facing financial challenges at a time when demand for services is increasing. This presents a significant obstacle for the social care industry, necessitating that we direct our efforts in the areas where support is required by law and most likely to have an impact.

Delivering Innovation Contracts and Quality Improvements Manager also play a role in ensuring the quality of care for people who use Adult Social Care Services in York is high. Quality Assurance Visits are completed on a regular, and

scheduled basis and are done through a combination of remote monitoring reviews and onsite visits, during which they will audit a wide range of evidence about service delivery in line with local and national quality expectations and contractual compliance obligations.

These Quality Assurance Visits provides the City of York Council with an understanding of how a Provider functions on a day-to-day basis. Our Priority is to ensure that all Providers are delivering Good – Outstanding care and where areas of improvement are identified the Contracts and Quality Improvements Managers work with Providers and other stakeholders to address such concerns and drive change in order to benefit the people of York.

- We will take time to look at what works well in York and in other areas to identify best practice
- We will maximise the use of information technology to help prevent and support individuals
- We will use grant funding and procurements in a way that helps us maximise and pilot innovation

Co-production

A priority for the commissioning team is to co-produce services utilising network groups, VCSE, customers, staff and people who use the service and could potentially use the service in the future. As a result, we want service users

to be involved at all stages of the commissioning process in order to create services that best meet needs and produce the desired outcomes. The specific approach taken will vary based on the group of people with whom we are collaborating and the service's goals, which will be established at the beginning of each commissioning review.

Partnership Working

Our approach to partnership working will be based on:

- We are committed to collaborating with colleagues in health services and are aware of our place in the larger Health and Social Care system.
- We will work in partnership to together improve quality and performance in services.
- We will work to create a relationship with the sector based on trust and learning.
- We will promote the role of the VCSE in the co-production & delivery of services.
- We will foster open and positive relationships and communication with our providers.
- We have developed a new approach to our Market Position Statement to help partner keep up to date with our intentions



Image by Freepik

Outcome Based Accountability

Outcome Based Accountability (OBA) is a disciplined way of thinking and taking action that service planners and communities can use to design and monitor strategies to improve the lives of children, families, and communities and as the basis for commissioning and improving the performance of projects, programmes and services. Working backwards from the goals we want to achieve, or the conditions of well-being on which we want to have an impact, is the foundation of the strategy. From there, we take a step-by-step approach to comprehending how we want those conditions to change; how to determine whether and why that is taking place; who should be involved in the changes and what concrete steps will be taken to bring about those changes? Often, this is referred to as “turning the curve.”

OBA gives us:

- A single, clear, and consistent methodology across the city
- A common language around performance and improvement
- an approach that can be applied to a wide variety of issues, but always focused on outcomes
- A way to visually demonstrate to staff, partners and the public the progress being made

York Model of Care

Our goal is to support and assist individuals in remaining as healthy and self-sufficient as possible, enabling them to

manage their own health and well-being in their own homes whenever possible. Where care is needed, we want people to have a choice about how their needs are met. The people who are receiving services should be at the centre of everything we and the providers do together. York has moved to an asset-based community development model that empowers individuals and communities to maximise local assets that will help individuals and communities to stay healthy for as long as possible. This model will identify need and match it with community strengths that will empower and be based on what people can do. This bottom-up approach will strengthen communities through the recognition and harnessing of community assets. By assisting individuals and communities to identify and share their strengths, the strategy makes it easier for them to become empowered, allowing them to collaborate on the development of their own social innovations.

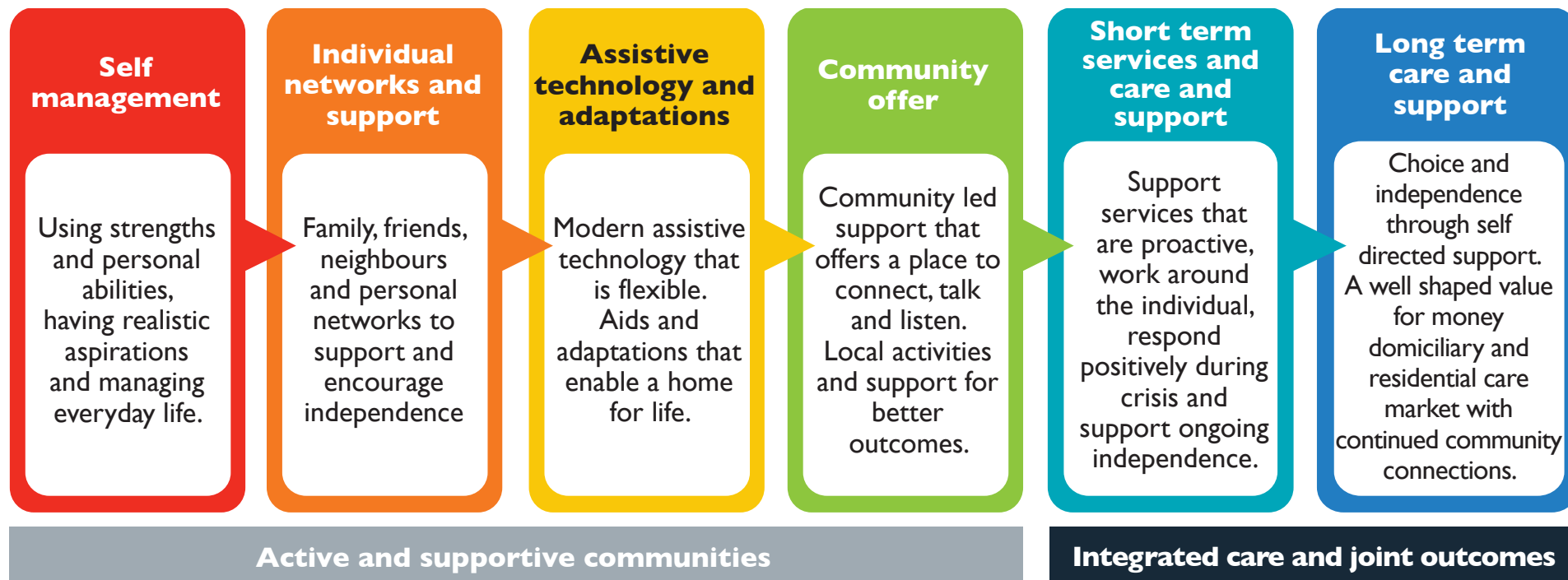
This asset-based approach will contribute to our prevention agenda through empowering as well as information and knowledge sharing. Community development as a strand of health promotion is well established and has evidence of having a major positive impact in improving health outcomes and reducing inequalities. Strengthening communities, having a greater role for volunteers and peer roles; collaborations and partnerships; and access to community resources will also contribute to a person-centred prevention agenda. It is also our responsibility to provide high quality, accessible

and timely information to our residents to ensure decisions are based on knowledge and to raise awareness of options available to aid decision making.

Within this model the independent sector providers of adult social care play a crucial role and we want to ensure that you receive the information and assistance you require to fulfil your crucial role in the health and social care system. We also want to ensure the sector has a longer-term partnership with the Council and move away from 12-month funding agreements to a more longer-term partnership. Offering longer-term funding

agreements to the sector will enable long-term security and planning which will in-turn will ensure the sector is embedded into future working and improve long-term outcomes.

Having good universal information and advice layered with community assets and development and building on targeted prevention and community services as well as assistive technology and equipment will help reduce the dependence on residential care beds. The philosophy of home and community first is a default that will help individuals remain at home and in their community for as long as possible.



As a result of this approach, and model of care, we are determined to see a reduction in the number of care beds we currently commission. This reduction is not a reflection on the excellent local provision but a direction of travel that is rooted in a wealth of research that advocates for this approach in improving outcomes.

Outcomes on an individual, service and system level will require capturing through an outcome-based accountability approach. Accurate and timely data on an individual and service level will help map progress, measure improvements and chart distance travelled. The performance management element of outcome-based accountability will measure the effectiveness of services and interventions and the impact on their client or service-user populations by chosen measures by the commissioner. These measures and this approach will ensure partners & providers are accountable for their elements of the wider health and social care system outcomes.

Asset Based Practice Enabled By Asset-based Commissioning

Asset based commissioning enables service users to become equal commissioners, co-producers, and also via self-help make best complimentary use of all assets to improve life and community outcomes.

Asset-based practice aims to make more effective and efficient use of the total assets of people, communities and organisations. It does this not by reducing the role of the authority and transferring the burden to people and communities. Instead, it redefines the role of the authority and its relationship to people and communities.

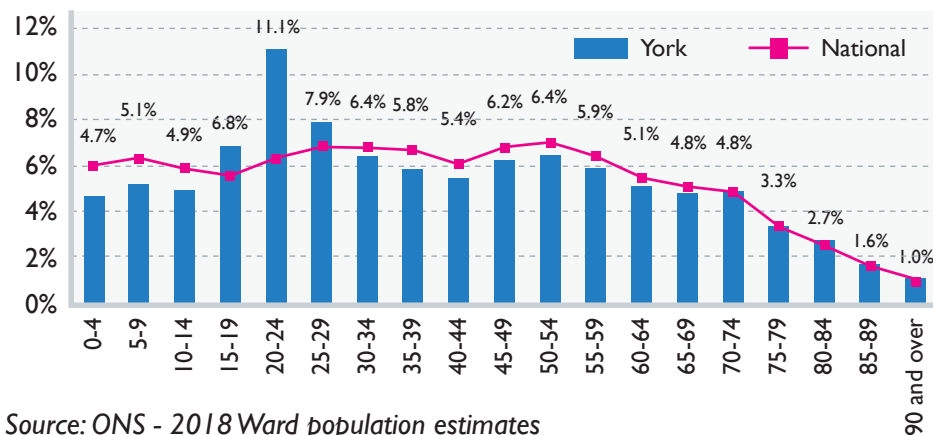
It explicitly recognises the roles that people, and communities play in achieving outcomes both as co-producers alongside organisations, and through personal and community self-help. As co-producers, people and communities are involved as equals in day-to-day decision-making. This changes what both practitioners and people and communities do to co-produce outcomes.

The focus is on redesigning services to maximise well-being and sustainability including enabling community and individual self-help. This is a shift from a narrow focus on only improving specific service responses to perceived need within public service resources and silo delivery areas - towards a broader and more sustainable vision and direction. It is necessary and desirable to look much wider than existing public service resources, exploring a wide range of assets and considering how synergy and alignment can be achieved. Services will be co-produced and delivered in a range of activities to support wellbeing and ensure financial sustainability to the authority.

Our Population

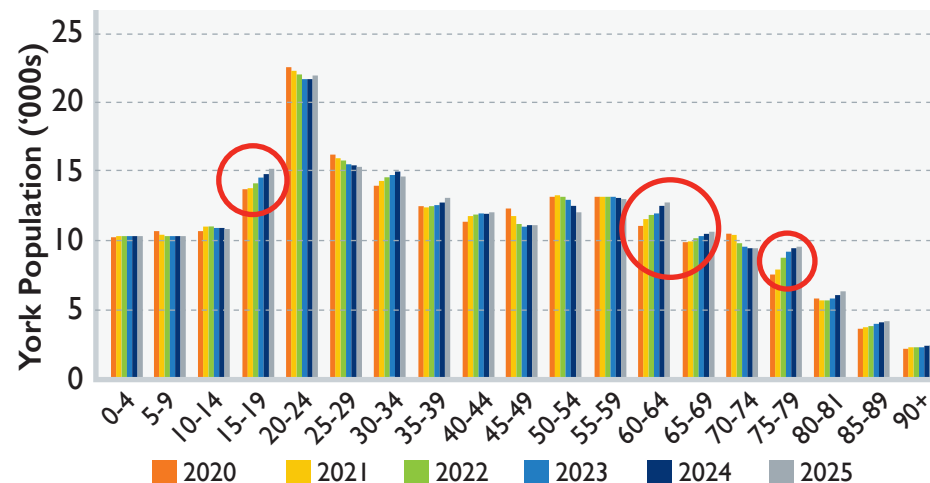
York's current population is 202,821 (2021 census), due to rise to almost 215,000 people by 2030. Our largest five-year age band as a proportion of our total population, is the 20–24-year-old band, with 15-19 and 25-29 year-old age bands also higher than the average (Image 1). This reflects the pull of York's further and higher educational institutions. It also means that, as a proportion of the population, there are fewer people in middle age and early age in the city. Image 2 shows how this is likely to change over the next five years. The differential trends by age are explained by a higher birth rate before the 2008 recession, and the two waves of high birth levels in the post war and early 1960s periods.

Image 1: York's population by 5-year Age Bands, as a proportion of all Population



Source: ONS - 2018 Ward population estimates

Image 2: Population Projections York 2022-27 in 5 years Age Bands (mid-year estimates from ONS)



Our population is getting older. By 2030, it is estimated that the 65+ population in York will have increased by 17% and the 85+ population in York will have increased by 27% from 2020; by contrast, there is expected to be a slight reduction (1%) in those aged 0-19 over the same time period, mainly explained by falls in the youngest age bands, and although there is projected to be growth in those aged 15-19 and 20-24, as these will contain young people studying at York's further and higher education institutions, a significant proportion of whom migrate to the city from elsewhere, it remains to be seen whether the Covid-19 pandemic will affect these numbers significantly; anecdotal evidence from the University of York suggests enrolment numbers have fallen in recent years. However changing population age

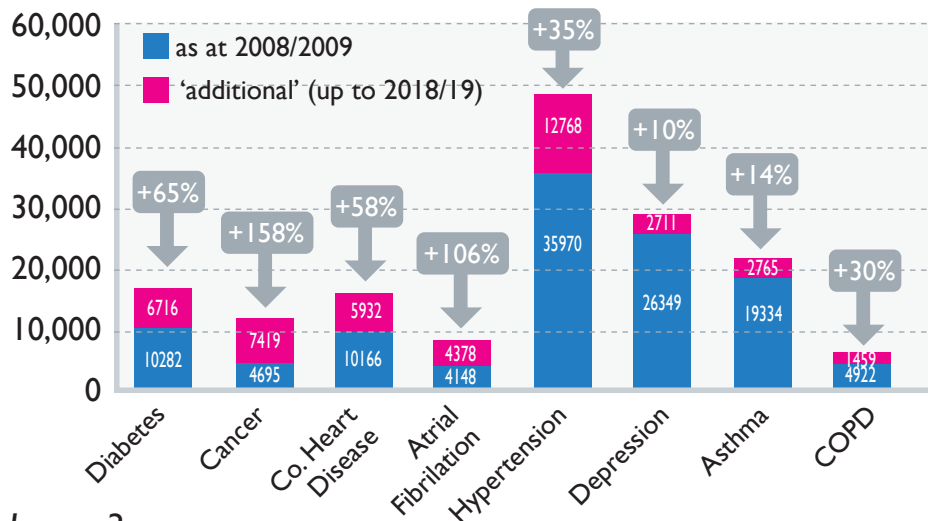


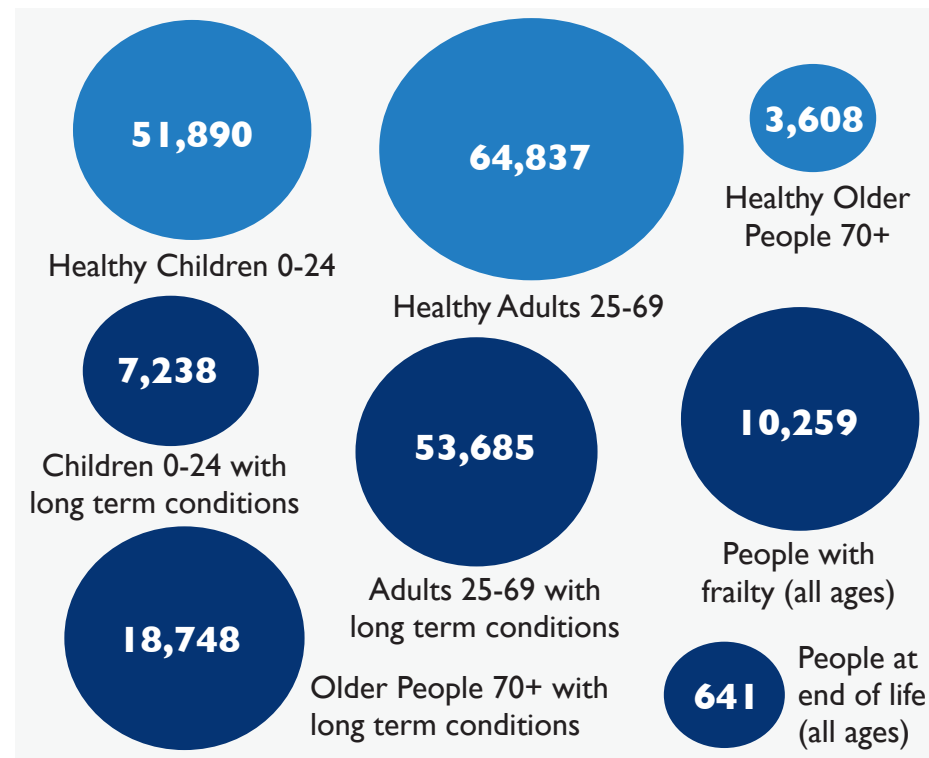
Image 3

structures happen very slowly, and national estimates suggest they only account for around a 0.4% increase in healthcare use per year (vs. for example the c. 4% grow in inpatient demand which we see nationally). This means that myths around the 'ageing population timebomb' need challenging: in reality, the increased need for more health and social care in the city over the next decade will come from increased and earlier onset of chronic disease, rather than ageing per se. Image 3 shows that over the last decade, a large amount of chronic disease has been added to GP practice registers in the city, far outweighing any change in age structure in terms of increased health and care demand.

Understanding how the population segments into groups is one of the key tools we want to use as a city to understand

future trends in health, as part of a population health management approach (see image 4). So, for instance, using this type of data in 2018 it was estimated that the population and health projections described above translate (conservatively) into 10% more care packages, 8% rise in caseload for community nursing teams, and a 2.5% increase in GP patient numbers by 2025.

Image 4: Leeds/Kent Population Health Management tool, applied to York's Population



Other work on population health management has looked at the issue of people who live with multiple long-term conditions (multimorbidity):

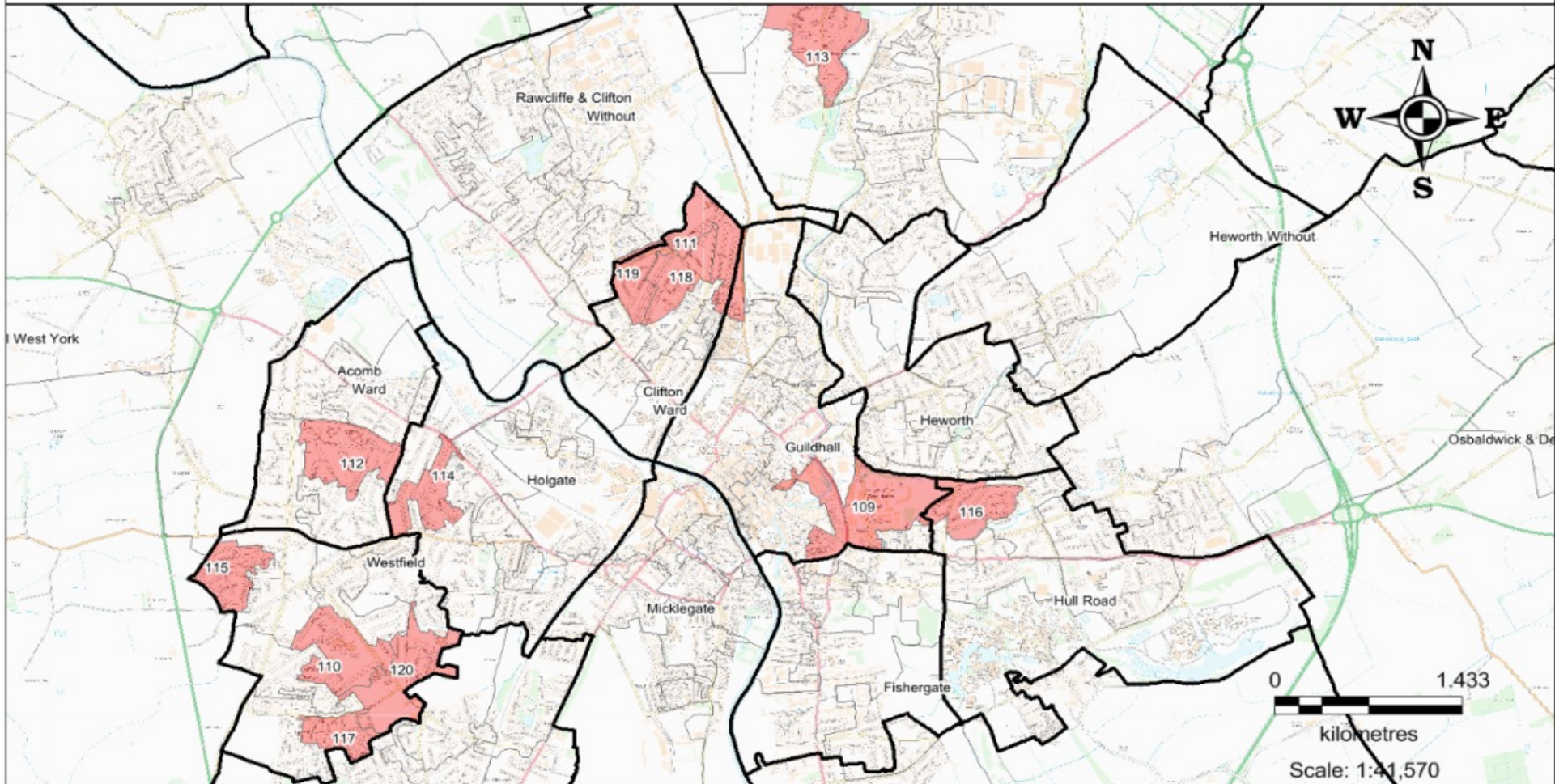
- 10.7% of the York practice population have multimorbidity; this represents 24,124 people.
- 4.6% have 3+ conditions, 2% have 4+ conditions, 0.8% 5+ conditions, 0.3% 6+ conditions
- 13.8% of the multi-morbid population is under the age of 65
- There is a strong link to deprivation with people from more deprived backgrounds having twice the rate of multimorbidity across all ages
- 2.7% of the population have a physical and mental health comorbidity

Other societal features and changes have a strong bearing on health. Wonderfully, York city has become more culturally and religiously diverse over the last two decades. Whilst the official proportion of people from a BAME background is lower than the national average at 5.7%, Census data expected in 2022 is expected to show numbers have increased, and the diversity of York varies across the city, with 15.1% of people in Hull Road ward from a BAME background. There are 794 people on a learning disability register in primary care in the city as of February 2021, and 2,040 people on a severe mental illness register (which means they have bipolar disorder, schizophrenia, or another psychosis).

It is well-recognised that people with a learning disability or a severe mental illness suffer poorer health outcomes, for instance with a 10 year (SMI) and an 18-year (LD) lower life expectancy than the England average.

Socio-economic deprivation underlies inequality and poor health outcomes for some in our city. Using a composite index of deprivation including health, income, employment, crime, education, housing and environmental factors, we can see that York has one small geographical area (within Westfield ward) with a population of 1,647 that is in the 10% most deprived in England, and 6 areas with a combined population of 9,479 within the bottom 20% most deprived in England (IMD 2019), spread through the city in areas such as Clifton, Hull Road and Westfield wards (Image 5). Other aspects of poverty which are spread throughout the city can influence health, with for instance 8.5% of people in York living in fuel poverty, 12.9% living alone, and 1 in 10 children living in a household with an income less than 60% of the national average.

Indices of Multiple Deprivation - Decile 10 (York's most deprived LSOA's)



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Image 5: IMD Map of York

The effects of these inequalities track through into long-term population health outcomes:

- Premature mortality: a three- to five-fold difference in expected deaths from preventable causes in the city between wards
- Life expectancy: a gap between wards in York of 10.1 years (Male) and 7.9 years (Female)
- Emergency admissions to hospital: a 50% range in the standardised admissions ratio between wards in each area

Focus on Mental Health

Mental health problems represent the largest single cause of disability in the UK. In York we are committed to the delivery of an improved community-based offer of support that places less emphasis on in-patient beds so that fewer people with mental ill health are in hospitals and care homes. A key challenge to enabling a more community-based model of recovery is the lack of specialist housing and support options. The impact of this is that people sometimes stay in hospital longer than they need to or are housed in accommodation that doesn't support their recovery, or are placed in accommodation outside of York at significant expense.

The biggest gap in our current provision is for people with multiple and complex needs.

Plan - we will deliver a housing and support pathway for people with mental ill health that is able to support those with multiple and complex needs. It will increase access to the right type of accommodation with the right level of support at the right time to meet people's needs.

Main outcomes delivered by commissioned services will include:

1. Increased housing and support provision for people with complex MH support needs.
2. Increased specialism within the system for complex cases as evidenced by number of difficult to place cases at MH Housing Panel. Baseline 60 per annum.
3. Decreased delayed discharges at Foss Park.
4. Decreased unplanned move-ons/ evictions where homeless services/rough sleeping is the departure destination.
5. Decreased number of people in out-of-borough placements.

Priority 1 – Commission Prevention and Early Help Services

Plan - We will support our population toward better outcomes and prevent or delay the loss of independence by facilitating easier access to support services and by providing better targeted early interventions. As a result, in the future, we won't need as many services that are more intrusive and expensive.

There are unmistakable demographic pressures surrounding a local population that is getting older and suffering from multiple long-term conditions. As a result, there is a growing need to find efficient means of assisting people in maintaining their health and easing the pressure on health and social care services. There is growing evidence that directing resources strategically toward prevention and early intervention improves outcomes for individuals, organisations, and communities and makes better use of resources that already exist.

Build our community asset knowledge to ensure we make full use of the resource available to people within their locality. Our early help, intervention and prevention offer will then build on this with more targeted support where there is evidence that this can change the outcome that someone experiences and reduce costs further down the line.

Maximise the use of equipment and technology to enable people to maximise their independence and to support the home first approach whilst preventing dependency on statutory services.

Main outcomes delivered by commissioned services will include:

1. Delaying and reducing the need for care and support
2. Reducing dependency on statutory services
3. Helping to identify local assets and resources that people can access directly without the need for assessment or referral

Priority 2 - Commission Services that Safeguard the most Vulnerable

Plan – Those that are at risk are identified early with intervention to reduce risk and safeguard from harm.

As an organisation we will work with partner agencies in order to develop quality systems, promote safeguarding practice across the City and effectively monitor performance of providers in relation to safeguarding adults, children and young people. All providers will establish procedures and systems of working that ensure safeguarding concerns are referred through appropriate processes as soon as they have been identified.

Main Outcomes: Statutory requirement for local authorities is founded on six key priorities which will form a strong safeguarding foundation to all our commissioning:

1. Empowerment – people being supported and encouraged to make their own decisions and give informed consent.
2. Prevention – it is better to take action before harm occurs.
3. Proportionality – the least intrusive response appropriate to the risk presented
4. Protection – support and representation for those in greatest need.
5. Partnership – local solutions through services working

with their communities. Communities have a part to play in preventing, detecting and reporting neglect and abuse.

6. Accountability – accountability and transparency in delivering safeguarding.

Priority 3 - Focus on the most vulnerable and provide services that enhance or increase independence and resilience

Plan - Wherever possible and appropriate individuals will have control over their own lives. They will have access to the assistance they require to develop independence and resilience in the face of adversity as well as a healthy lifestyle.

There is a substantial in reach support and reablement program that helps individuals recover their independence after experiencing health issues or challenges. The city's offer of supported and independent living reduces the need for residential care placements by ensuring that people with long-term support needs can obtain and maintain at home for as long as possible. The introduction of suitable equipment and technology to meets needs promotes independence and the home first principle.

Main outcomes delivered by Commissioned Services will include:

- Delaying and reducing the need for care and support and focusing on the most vulnerable when it is necessary
- Enhancing quality of life and outcomes for people with care needs
- Assisting those who are able to make the transition from statutory services to independence

Priority 4 - Development of a Local Vibrant Market that provides a diverse range of quality services that meet local needs

Plan - In order to provide individualised, high-quality care and support, a thriving and adaptable market of service providers is necessary. Our job is to support providers in continuously improving, providing quality and choice, and delivering better, cost-effective outcomes by influencing and driving the pace of change across the entire market.

We intend to modify the council's relationships with providers. We want to show genuine partnership, trust, and respect so that there will be more openness, collaboration, and creativity within defined outcomes and financial envelope. Individual placements as well as framework/approved

provider lists, block, and spot contract service commissioning are examples of operational and strategic levels of commissioning. Additionally, we are seeing an increase in the number of individuals choosing how they receive direct payment support. We will continue to encourage a thriving market of services that gives people access to options. Innovation will be piloted and rolled out to those most likely to benefit when positive effects are demonstrated. In many areas of service, individuals will have a real choice as to whether they want to use services commissioned by the Council or by themselves directly.

Main outcomes by Commissioned Services will include:

- Increased rates of independence in vulnerable populations
- Sustainable costs per person for those accessing services
- Sufficient supply of good quality support services within our markets

Market Management will also include improving communication with the social care industry and collaborating on common problems like workforce changes and changes to government policies and laws.

Priority 4 – Outcome Focused

Plan - We will ensure that we have a clear focus on maximising outcomes for the resources we have available by improving outcomes at the lowest possible cost.

A key principle running across the whole of the Commissioning Strategy is ensuring services are commissioned as cost effectively as possible and within the resources available while still delivering improved outcomes for our residents. This increased focus on outcomes will also be reflected in the Council's approach to commissioning, contract management and procurement outcomes. We will plan and operate with a whole system approach, thinking 'what is the outcome we are trying to achieve, and is there a different way we could achieve this outcome?' Through the contract award process and subsequent contract monitoring and management the council will embed mechanisms to constantly review the scope of delivery and the outcomes sought in order to ensure the council is flexible and agile to meet the changing needs of its residents and service groups.

Main outcomes delivered by Commissioned Services will include:

- Demonstrate value for money
- Demonstrate customer outcomes
- Demonstrate distance travelled and intended outcomes
- Improved monitoring of service provision

Image by Freepik



Priority 5 – Co-production

Plan - As a component of the Commissioning Strategy, the Council will invest in co-production.

Co-production is when individuals, such as “service users,” influence the support and services they receive or when groups of people collaborate to influence the design, commissioning, and delivery of services. Engaging with service users and the groups that already have a thorough understanding of their requirements and goals will be the only way to accomplish commissioning outcomes based on individual outcomes. We are committed to collaborating with and engaging people who can bring their own personal experiences to the table. Getting feedback from as many people as possible will be an important part of commissioning, whether they have received support from social care services, their families, unpaid caregivers, or organisations that provide a range of health and social care support services in York.

Main outcomes delivered by Commissioned Services will include:

- Improved partnership working with customers and stakeholders
- Develop insight and commissioning actions based on co-production

- Services that better meet the needs of customers
- Feedback about how well providers are doing and how they could do better

Priority 6 – Value for Money

Plan - The Commissioning Strategy is being implemented at a time when public finances are still tight. Consequently, ensuring that services are commissioned as cost-effectively as possible and within the resources available while still delivering improved outcomes for York’s residents is a key principle that runs throughout the entire commissioning strategy.

Due to the severity of cost pressures and increased demand we will look to maximise every commissioning activity to maximise the York pound. Our approach to commissioning aims to provide our community and customers with high-quality services that are tailored to meet their current and future requirements. Additionally, we want to make certain that these services are provided in the most effective and appropriate manner possible in order to achieve transparent, measurable, and cost-effective outcomes. Achieving value for money will also include exploring new ways of working and maximising technology and information systems.

Main outcomes delivered by Commissioned Services will include:

- Improved service design and delivery
- Decommission services that offer low value for money
- Focus greater resources where the greatest need has been identified

Priority 7 – Commissioning Quality Services

Through our commissioning activities, enhanced intelligence gathering, and listening to feedback from people, including those who use or deliver services, unpaid caregivers, and other stakeholders, we will strive to continuously support quality improvement. We want to make sure that everyone is responsible for the quality of our care and support services, so that service users, their families, and caregivers can be sure that the support and care they receive is of high quality and that information and intelligence are shared consistently and effectively. We will achieve this by focusing on instilling a culture of high quality and ongoing improvement in all of our support and care services in York. In order to foster a culture of continuous improvement, it is essential to take a collaborative approach to the way quality is driven and delivered in our care and support services. In this way, positive and supportive relationships are built between the various agencies, care providers, and service users.

Main outcomes delivered by Commissioned Services will include:

- Improved outcomes
- Greater scrutiny
- Reduced reliance

Priority 8 – Maximising Technology

Plan – We will maximise opportunities for innovation and more efficient models of care as people become more dependent on technology.

We will make sure that technology is considered a part of an individual’s care needs both at home and when receiving services. Where applicable commissioned services will use technology to complement the face-to-face care that will provide more opportunities to monitor risks, deterioration in needs, and access to care and support. We also recognise that technology isn’t a key preference for all residents and will ensure that other options need to be available to support too to ensure no one is digitally excluded.

Main outcomes delivered by Commissioned Services will include:

- Improved value
- Improved outcomes
- Reduced intrusion
- Improved cost effectiveness

Priority 9 - Supported Housing

Plan - Our Health, Housing and Social Care Services are proactive and ambitious in their approach; adopting a preventative model, providing opportunities for residents to help themselves and enjoy independent living, whilst protecting the most vulnerable.

Supported housing is defined as housing designed to meet specific needs and in which there is some level of on-site support provided as part of the accommodation offer with the support offer dependent on health and social care need and allocated resource.

Main outcomes delivered by Commissioned Services will include:

- Our overarching vision is to ensure the right supported housing options are available at the right time and the right place for those that need them.
- Increase or maintain independence, and to help to prevent future reliance on services.

Priority 10 – Model of Delivery

Plan - All aspects of Health and Social Care must collaborate to make the most of the community's collective abilities and resources in order to provide seamless services.

This approach sees locally based services organised around the needs of the individual, their family and informal support networks. It is planned that our community-based models of health and social care will seamlessly combine, including the use of assistive technologies, to give people the same high-quality support they would get in a hospital or residential care facility in their own community and home. Hospitals are often the first choice for many patients. However, by organising social services, mental health services, and community services into groups of practices and developing more methodical approaches to working together, individual needs-based continuity or rapid access to care can be achieved. A cultural shift is required to move away from the view of public services as delivery agents to passive populations, to a greater focus on localities in which everyone contributes to maintain and improve services. Digital technology provides a great opportunity for public services to engage more closely with the public and patients, using social media and interactive technology to support self-care and management.

Main outcomes delivered by Commissioned Services will include:

- Efficient and effective care at the right time and in the right place that delivers the right outcome for an individual.
- Reduces duplication of effort across a range of functions and professional boundaries
- Reduce inefficiencies and ensure that we are spending our funding in the most productive way.

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Health, Housing and Adult Social Care Scrutiny Committee

Work Plan 2023/24

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|--|---|
| 27 March 2024, 5:30pm Housing Tbc | 1) Housing delivery programme 2) Homelessness/ Rough Sleeper strategy? 3) Building Repairs 4) Asset Management 5) Work Plan |
| 23 April 2024, 5:30pm Public Health Tbc | 1) NHS health checks 2) Weight management pathway and obesity across York 3) Vaping 4) Work Plan |

- LD Provision – The Glen, Lowfields (date tbc)
- Adult Social Care Strategy (date tbc – possibly April?)
- Urgent care delivery review in York and the East Coast, to provide an update on the emerging integrated model and next steps (date tbc)
- Reablement technology? (date tbc)
- Autism and Neurodivergence Strategy (date tbc – possibly April?)

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