



Notice of a public meeting of

People Scrutiny Committee

To: Councillors J Burton (Chair), Waller (Vice-Chair), Clarke, Cuthbertson, Mason, Moroney, Nelson, Nicholls, and Runciman

Date: Wednesday, 8 October 2025

Time: 5.30 pm

Venue: West Offices - Station Rise, York YO1 6GA

AGENDA

1. Apologies for Absence

To receive and note apologies for absence.

2. Declarations of Interest

(Pages 5 - 6)

At this point in the meeting, Members and co-opted 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 the attached sheet for further guidance for Members.]

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 Monday, 6 October 2025.**

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.

4. Minutes (Pages 7 - 12)

To approve and sign the minutes of the meeting held on 9 July 2025.

5. Neighbourhood Model Update (Pages 13 - 36)

This report updates the Committee on work taking place towards implementing a neighbourhood working or 'Integrated Neighbourhood Team' (INT) Model. The model aims to deliver improved outcomes for individuals, for communities, and for the wider system of services in the city.

6. Adult Social Care Strategy (Pages 37 - 104)

This report outlines the approach taken to develop a new Adult Social Care Strategy for 2025-2028.

7. York Learning 2024-2025 Strategic Plan Performance (Pages 105 - 122)

This report presents York Learning's end of year performance against their strategic aims for the academic year 2024/25.

8. Work Plan (Pages 123 - 136)

To consider the Committee's work plan for the municipal year 2025-2026.

9. Urgent Business

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

Democracy Officer

Reece Williams

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

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
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Contact details are set out above.

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我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (ہندی) میں بھی میا کی جاسکتی ہیں۔ (Urdu)

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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	People Scrutiny Committee
Date	9 July 2025
Present	Councillors J Burton (Chair), Waller (Vice-Chair), Clarke, Cuthbertson, Nelson, Runciman and Rose (Substitute)
Apologies	Councillors Mason, Moroney and Nicholls
In Attendance	Councillor Webb (Executive Member for Children, Young People and Education)
Officers Present	Maxine Squire – Assistant Director, Education and Skills Victoria Coyle – Head of Integrated SEND Guy Close – Democratic Services Manager
Visitors Present	Jennie Hitchen – Parent Carer Forum York representative

5. Apologies for Absence (5.33 pm)

Apologies were received from Councillors Mason, Moroney and Nicholls. Councillor Moroney was substituted by Councillor Rose.

6. Declarations of Interest (5.33 pm)

Members were asked to declare at this point in the meeting any disclosable pecuniary interest or other registerable interest they might have in respect of business on the agenda if they had not already done so in advance on the Register of Interests. None were declared.

7. Minutes (5.33 pm)

Members considered the accuracy of the minutes of the meeting held on 11 June 2025. An amendment was suggested to correct a duplication of the text of item 2 (Declarations of Interest) at item 3 (Public Participation).

Resolved:

- i. That the minutes of the meeting held on 11 June 2025 be amended at item 3 to replace:
 - ‘Members were asked to declare at this point in the meeting any disclosable pecuniary interest or other registerable interest they might have in respect of business on the agenda if they had not already done so in advance on the Register of Interests. Councillor Waller declared an interest in discussions under item 4, Work Plan, in that his partner worked for NHS England.’with
 - ‘It was reported that there had been no registrations to speak at the meeting under the Council’s Public Participation Scheme.’
- ii. That subject to the above amendment, the minutes of the meeting held on 11 June 2025 be agreed as a correct record and signed by the Chair.

8. Public Participation (5.34 pm)

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

Flick Williams, speaking remotely regarding Agenda item 5 (Update on the York Inclusion and Belonging Special Educational Needs and Alternative Provision Strategy 2025-2030), expressed concerns over ableist language and the potential impact of government policy on eligibility for support, noting competition for scarce resources, and warning that disabled children who were failed today would become unnecessarily dependent adults of tomorrow.

9. Update on the York Inclusion and Belonging Special Educational Needs and Alternative Provision Strategy 2025-2030 (5.38 pm)

Members considered a report presenting the committee with an early draft version of the Inclusion and Belonging Special Educational Needs and Alternative Provision Strategy (SENDAP) 2025-2030.

The Assistant Director for Education and Skills and the Head of Integrated SEND provided an overview, with contributions from a representative of Parent Carers Forum York. In response to questions from the committee it was noted that:

- The biggest risks to the strategy from the national level would be if the government failed to undertake a full financial impact assessment of its forthcoming proposals to ensure there was sufficient funding to make the changes a success; this would have an immediate and tangible impact, and it was important that changes were made cautiously and considerately.
- The strategy represented a local co-produced response with sufficient flexibility to adapt to anticipated national changes, with the emphasis on supporting children and young people in their local mainstream school.
- There was a focus on ensuring access to educational opportunities for children and young people who were not in school and engaging with families who were harder to reach. Feedback had been gathered and while there would be challenges there would be an emphasis on building trust and communication.
- In terms of reflecting real world experience, the strategy provided a broad framework, and an action plan to address specific issues would sit alongside it. This would entail a partnership response with early intervention at its core.
- The SEND family hub in Clifton was now in the implementation phase, with a formal opening event planned for 20 September. The hub had been designed to be accessible and easy to drop into, with the Parent Carer Forum hosting front of house navigators to help people feel better connected with services.
- With reference to the strategy's first pillar of changing society for inclusion, a recent conference on inclusion had been well-attended by school leaders and work was being done through a sub-group with teachers from the York Schools and Academies Board (YSAB) to help reset culture in schools. This was not just about funding; leadership and culture within schools was important while bringing parent and teacher knowledge together could help unlock learning for children.
- It was recognised that a better understanding was needed of the barriers to some children attending school; professionals did not have all the answers and families were often best placed to identify problems, and a strength-based approach would be taken to individual needs.
- There was optimism that health colleagues would remain fully committed to partnership working through the SEND Partnership and SEND remained a statutory function of the Integrated Care Board (ICB).
- Parent carer wellbeing had been a major theme for the Parent Carer Forum over the last few years, and the new hub would help more parents feel supported.

- The need to embrace a culture of inclusion as a city was emphasised, and the Executive Member for Children, Young People and Education offered his thanks to education staff for the work being done in bringing partners together through YSAB.
- Consultation would continue over the next few months prior to the strategy being considered by Executive in October; it was suggested that further scrutiny might be considered once the national picture was clearer.

Resolved: To note the early draft of the Inclusion and Belonging, Special Educational Needs and Alternative Provision Strategy 2025-2030.

Reason: To keep the committee updated on the development of the Strategy.

10. Work Plan (6.54 pm)

Members considered the committee's work plan for the current municipal year.

With reference to possible Task and Finish groups, it was:

- Suggested that setting up no more than two Task and Finish groups per scrutiny committee within the municipal year would help maximise impact and available capacity, and noted that membership of a Task and Finish group was not limited to members of the parent committee. It was also suggested that Task and Finish groups should focus on issues from across the whole remit of the committee rather than all focusing on one area.
- Noted that two possible Task and Finish groups into the work of York Youth Council and repair service satisfaction had been suggested at the committee's previous meeting.
- Noted that following a motion approved by Council in March 2025, a Task and Finish group had been established by the former Corporate Services, Climate Change and Scrutiny Management Committee in May 2025 to examine the proposed changes to long-term sickness and disability benefits; its membership consisted of Cllrs J Burton, Coles, Fenton, Runciman and Steward, and it was now felt more appropriate for this group to report to the People Scrutiny Committee.
- Noted that given the possibility of upcoming changes at a national level to Education, Health and Care Plans, there was little point at this stage in progressing with the proposed Task and Finish group into this subject inherited from the former Children, Culture and

Communities Scrutiny Committee; nothing would be lost as the group had not yet commenced its work.

- Noted that the work of the Task and Finish group considering Food Insecurity, which had also been inherited from the former Children, Culture and Communities Scrutiny Committee, was close to completion but some officer capacity was needed to assist with compiling a final report. It was agreed that this work could be completed without impacting on the choice of new Task and Finish groups.
- Suggested that the Chair and Vice-Chair should liaise to consider prioritisation of remaining proposed Task and Finish work.

It was noted that an informal meeting of the committee was being planned for September to further consider the allocation of work plan items.

The Executive Member for Children, Young People and Education noted that work around York Hungry Minds and the Free School Meal Pilot was close to completion and would be ready to be considered by the committee in its preferred timescale and format.

It was noted that informal scrutiny briefings would provide opportunities to identify areas for further work. Members expressed a preference for holding briefings online in the interests of accessibility, and for avoiding hybrid briefings where possible; the Scrutiny Review Working Group would be considering this further.

Resolved:

- i. To note the work plan.
- ii. To approve the Task and Finish group on proposed changes to long-term sickness and disability benefits reporting to the People Scrutiny Committee.
- iii. To agree to the completion of the work of the Food Insecurity Task and Finish group for future presentation to the committee in a suitable format.
- iv. To not proceed further with the proposed Task and Finish group on Education, Health and Care Plans owing to the potential for upcoming changes at a national level.
- v. To further consider the allocation of work plan items at an informal meeting in September.

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

Cllr J Burton, Chair

[The meeting started at 5.31 pm and finished at 7.25 pm].



People Scrutiny Committee

8 October 2025

Report of the Director Housing and Communities

Neighbourhood Model Update

Summary

1. This report, supported by slides at Annex A, updates the committee on work taking place towards implementing a neighbourhood working or 'Integrated Neighbourhood Team' (INT) Model. The model aims to deliver improved outcomes for individuals, for communities, and for the wider system of services in the city.
2. Since approval of the design principles in December 2024, partners have been developing the practical building blocks for implementation, including a Shared Outcomes Framework, Neighbourhood Operating Principles, revised ward funding arrangements, and case study prototypes such as Frailty High Intensity User Teams.

Background

3. On 5 November 2024 the Children, Culture and Communities Scrutiny Committee received a report on the development of a York Neighbourhood Model (see Background Papers). This discussion then fed into the Executive Report where the design principles of the model were approved in December 2024.
4. At the November 2024 meeting, the scrutiny committee supported the devolution of services within the proposed Neighbourhood Model and welcomed further scrutiny as plans developed.
5. Since the Executive decision, teams have been considering how the model will be implemented across the four agreed areas. The attached slides (Annex A) provide the committee with an update on key workstreams underway, including:
 - a. Shared Outcomes Framework (co-produced with partners to align priorities across the system)

- b. Staff Area Directories (building on the LiveWellYork platform to support navigation)
 - c. Neighbourhood Caretakers and Community Champions (roles to strengthen local resilience and pride-in-place)
 - d. Learning from other local and national models
 - e. Work with partners.
6. Further work is also underway to establish Neighbourhood Partnership Meetings, align ward funding governance, and prototype the first Integrated Neighbourhood Team focused on Frailty High Intensity Users.

Consultation

7. The York Health & Care Partnership Executive has been engaged in discussions around this model since March 2024, and the York Health and Care Collaborative is actively involved in development.
8. The Communities team has been undertaking ongoing engagement, facilitating conversations in community settings, community hubs, meetings and events. These conversations have been built around a series of themed prompts around 'Environment and Green Spaces', 'Your Community', 'Connecting to Services', 'Getting About'.
9. The feedback has been overwhelmingly positive in valuing local green spaces and the difference that having somewhere local to walk and relax is important. Also featuring highly in conversation was the importance of community hubs, somewhere local and accessible where people can socialise and find support if needed. The importance of social connections and access to information to know what is on locally came out strongly with suggestions of local newsletters and posters. Some sample comments:
- 'Sometimes feels difficult to know who to talk to about what'
 - 'I can make a difference by encouraging friendships, looking out for my neighbours, and trying my best to reduce loneliness'.
 - 'There are some volunteer litter pickers which is good to see'
10. These conversations have also offered an opportunity to share local information and volunteering opportunities.

11. York Health Care Collaborative brings together health and community professionals and with a focus on developing a whole system approach utilising the neighbourhood model framework to maximise the impact of delivery to address health inequalities and support residents to lead healthy lives.

Options

12. There are no options to consider as this is not a decision-making report.

Council Plan

13. The Council Plan for 2023–27 *One City, for All* sets out the Council's vision. Four core commitments underpin the Plan, and successful implementation of the Neighbourhood Model will support these as follows:
 - Affordability – Accessing information, support and care closer to home, alongside financial advice, will positively impact those most affected by the cost-of-living crisis.
 - Environment – The Neighbourhood Model will link with York's emerging Movement and Place Plan, reallocating road space to create safe, sustainable networks for walking, wheeling, cycling, and reliable public transport.
 - Equalities and Human Rights – The model is person-centred and holistic, supporting equity of access and tackling inequalities, in line with the Council's statutory duties.
 - Health Inequalities – NHS reforms and the Government's Neighbourhood Health Centre initiative focus on prevention and community-based delivery. The Neighbourhood Model positions York ahead of these national reforms.
14. The model is also aligned with the NHS Long Term Plan (10-year health plan), which commits to shifting more care into community settings, strengthening multi-disciplinary teams, and tackling health inequalities.

Implications

15. Implications will be assessed as part of the Executive decision process. There are no direct implications of this update report.

Risk Management

16. Risks of working across council, community, voluntary sector and health partners were included in the December 2024 Executive Report and include:
 - The challenge of defining a shared understanding of ‘integrated care’, which may result in different practices and priorities.
 - Financial constraints and existing workforce pressures for both the council and health partners.
 - Governance and data-sharing concerns limiting joint working.
 - National policy change, given the scale of NHS reforms underway.
17. These risks are being mitigated through participation in the University of York’s *Realising the Potential of Integrated Neighbourhood Teams* programme, the development of shared outcomes, and the establishment of neighbourhood-level governance structures.

Recommendations

18. The committee is asked to note the progress made on workstreams and consider any comments or recommendations for consideration in the November report to Executive,

Reason: To enable Scrutiny to contribute to the development of the Neighbourhood Model ahead of further work and reporting to Executive.

Contact details

For further information please contact the authors of this report.

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Chief Officer Responsible for the report:

Pauline Stuchfield
Corporate Director, Housing and
Communities

**Report
Approved**



Date 26 June 2025

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

All

☒

For further information please contact the author of the report

Authors

Background Papers:

- 'Design Principles of a 'Neighbourhood Model' for York', Executive, 12 December 2025, [Agenda for Executive on Thursday, 12 December 2024, 5.30 pm](#) (item 68)
- 'Locality Model – York Neighbourhood Model', Children, Culture and Communities Scrutiny Committee, 5 November 2024, [Agenda for Children, Culture and Communities Scrutiny Committee on Tuesday, 5 November 2024, 5.30 pm](#) (item 28).

Annexes

- Annex A – Neighbourhood Model Scrutiny Slides

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City of York Council Neighbourhood Model towards Implementation

People Scrutiny 8th October 2025

Key elements covered:

Recap: The Neighbourhoods and Operating Principles

Learning from local & other models

New: Shared Outcomes Framework/ Model Practice Framework

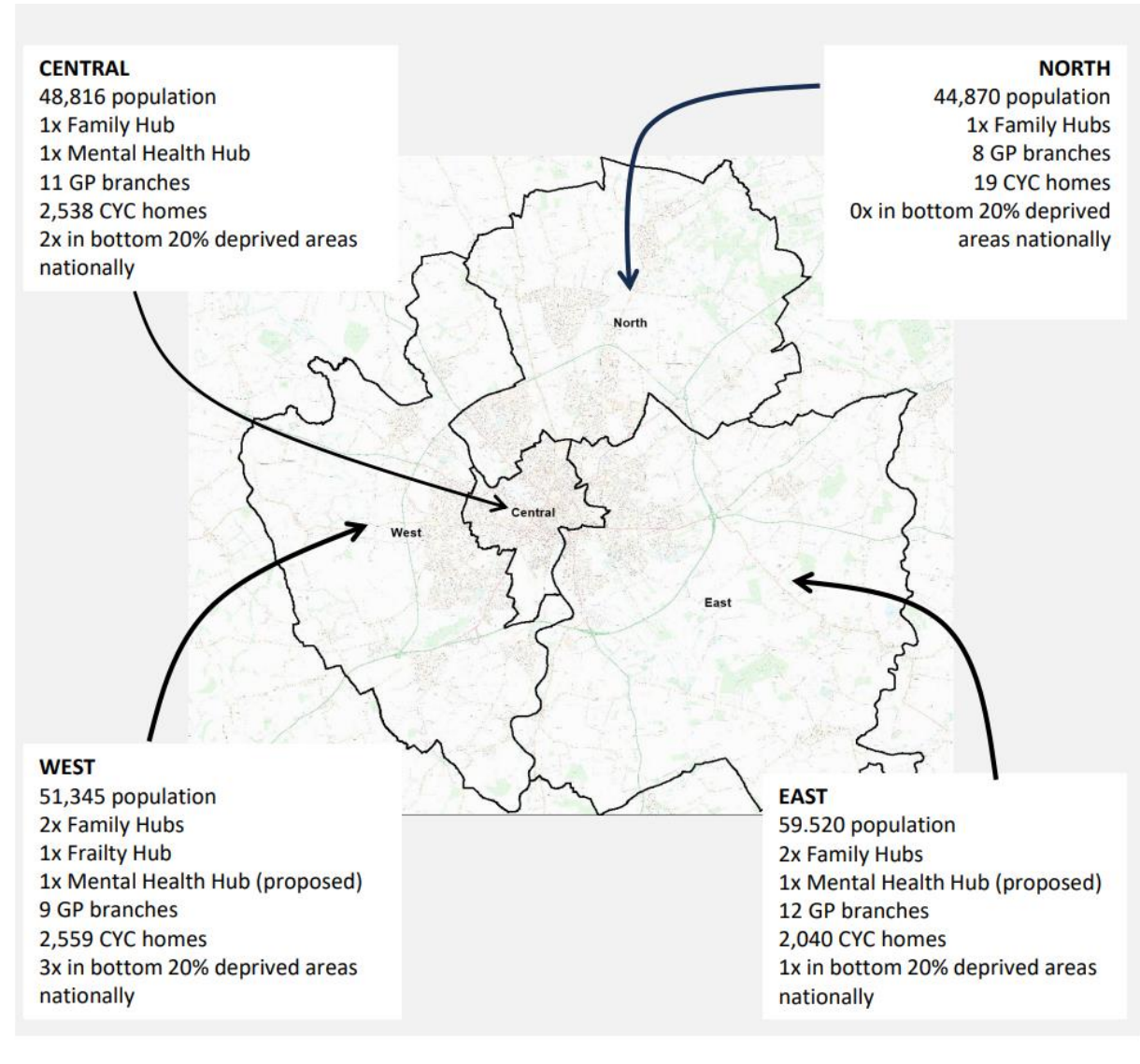
Area Directories

Neighbourhood Resources

Service & System Change Aligning to the Model

Case studies & Stories

The Neighbourhoods



Operating Principles (extract from CYC Building Blocks):

- The core principle at the core of locality working is **Relationship-Based Practice**.
- This type of practice, when delivered well, looks like:
 - Regular **multi-agency practitioner forums** who share **best practice**
 - **Induction packs** and holding **networking** events to build relationships
 - A system which facilitates regular **Multi-disciplinary Teams** or 'team around the person/issue'
 - **Co-location** in one physical building when useful (networks can be virtual as well as physical)
 - Having **named local contacts** to 'introduce' customers to, rather than a referral form
 - Sharing a **triage process** to get people the right support at the right time
 - **Harmonised referral** and **standard operating procedures** between teams
 - **Use of technology** to facilitate networks and contacts in real time
 - **Co-production**, sharing and **understanding of local need, and data** where appropriate
 - Sharing a **neighbourhood/area manager**, to facilitate the networks

Learning from Successful Local Models

Building an Integrated Neighbourhood Team with insight, not just intent

Model	Key Features to Adapt
Family Hubs	Co-location of services for early years, parenting support, and safeguarding
Mental Health Hub	Cross-sector collaboration (NHS, VCSE, council), single front door for access to help
Frailty Hub	MDT working between health, social care & community services for proactive early support

→ Shared Themes:

- ✓ Wraparound support
- ✓ Early intervention
- ✓ Single access points
- ✓ Community-based delivery

City	Inspiration
Leeds	“Local Care Partnerships” bring together NHS, council, and community orgs at neighbourhood level
Wigan	“The Deal” – residents as partners, trust-based relationships, asset-based community development
Plymouth	Integrated Care Hubs with a focus on social prescribing and community outreach
Camden	“Integrated Neighbourhood Teams” tackling inequalities via co-designed local priorities

Shared Outcome Framework

At the heart of the neighbourhood model are a set of clear outcomes for a defined population:

People live more years in good health

Peoples' need for statutory services is delayed or averted

Health inequalities are reduced

The core operating principle of the health of localities is relationship based practice. A shared outcomes framework will support this to be scaled up across the system

York Neighbourhood Model Practice Framework	Why?	Every person in York should be able to live in a place they call home, with the people and things that they love, doing the things that matter to them; as part of a community where they look out for one another.					
	What?	Wellbeing and independence	Information and advice	Active, supportive & safe communities	Prevent, reduce, delay formal support	Community capacity	
		Living the life I want, keeping safe and well	Having the information I need, when I need it	I am able to contribute to my community	I look to personal and local opportunities before formal support solutions.	I come together with my neighbours to take action on the things that matter.	
	Who?	People		Place		Partners	
		We listen to people & communities to understand what matters to them. We support the growth of connections and relationships to improve the wellbeing of all residents.		We place hyper local locality working at the heart of building resilient communities, recognising that local people are best placed to understand and find solutions to their particular challenges. We work with communities, not doing things to them.		We work with partners to build community capacity, supporting the growth of social networks and social action, bringing all sectors together in projects that deliver on local priorities.	
	How? Workforce	Poverty Truth Commission Standards <ul style="list-style-type: none">We ListenWe are understandingWe are respectful and friendlyWe are responsive and honest, and care about getting you the right support					
	How? System	Strengths based culture	Place based leadership & priorities	Accessibility of support	Residents as equal co-contributors	High trust culture	Community capacity strengthened
		Focusing on strengths over deficits is the thread throughout what we do	Leaders understand and prioritise the things that matter to communities	Support is equally available to residents, in a place & way that makes sense to them	Voice of the residents is heard and changes made through co-production	We trust our workforce & communities	Solutions are found through supporting and growing community capacity
	So?	Increased health, happiness and wellbeing for residents of York		Improved morale and satisfaction for our workforce		More sustainable, inclusive and connected communities	

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Area Directories

As a result of feedback from primary care we are developing area directories, as a quick way of finding all relevant people and services operating in each area, leading to earlier help and better outcomes.

Building on LiveWellYork
Model

Section



Core Contact Info

What to Include

'Area' or 'Neighbourhood' Managers, LACs, GPs, pharmacies, social care leads, neighbourhood police



People & Partners

Team members, charities, youth services, faith and cultural groups, Ward Councillors



Places & Spaces

Community centres, libraries, safe spaces, meeting venues



Support Services

Mental health, substance misuse, domestic abuse, housing, financial help



Programmes & Activities

Drop-ins, clinics, social events, intervention programmes



Pathways & Referrals

Referral routes, safeguarding contacts, info sharing protocols

Neighbourhood Resources

Neighbourhood Management Team

supporting the Neighbourhood Infrastructure, Building Community Strength and facilitating local democracy & funding through ward committees

- Neighbourhood Management Team aligned to 4 areas
- Environment and Communities Officers (ECO)
- Community Involvement Officer – Armed Forces Covenant
- Programme Assistant
- Community Involvement Officer – Holidays Activities and Food *Grant funded*
- Benefits Advisors (outreach) *Grant funded*

And other communities based teams:

- Health Trainers
- Local Area Coordinators
- Housing Management Officers
- Public Realm and Housing Estate Officers
- Welfare Benefits
- Health Visiting
- Sport Development/ Health Champions

Community Champions (volunteering model)

Current

Currently

1,968 Volunteers in related roles Gardeners etc

294 Responded to a call out amongst existing volunteers

Good reputation and interest in volunteering

Established Relationship with:

York Cares re corporate volunteering

St Nicks re Green Corridors

Good Gym for specific tasks

Community Payback

York Open Space Volunteer groups

Potential

To promote the Community Caretaker role more deliberately and widely. Enhance civic responsibility and pride and increase capacity

To develop a shared understanding/area plan info so that volunteers can see the value of their contribution and the difference made

To develop resources across the city to support local volunteering e.g. tool banks

Greater coordination/co-operation of volunteering resources to best effect

Informed investment in environmental/green space projects

Increased ownership and stewardship of areas e.g adopt a verge

Service &
System change
aligning to the
model

The team around the School Cluster

Building on the *Team Around the School* the School Clusters are aligned to the 4 Area Model

North	East	West	Central
Clifton with Rawcliffe Primary	Badger Hill Primary	Archbishop of York’s CE Junior	Acomb Primary
Headlands Primary	Dunnington CE Primary	Bishopthorpe Infant	Burton Green Primary
Huntington Primary	Elvington CE Primary	Carr Infant	Clifton Green Primary
Lakeside Primary	Fishergate Primary	Carr Junior	Haxby Road Primary
New Earswick Primary	Hempland Primary	Copmanthorpe Primary	Knavesmire Primary
Ralph Butterfield Primary	Heworth CE Primary	Dringhouses Primary	Our Lady Queen of Martyrs RC Primary
Robert Wilkinson Primary	Lord Deramore’s Primary	Hob Moor Primary	Park Grove Primary
Stockton-on-the-Forest Primary	Naburn CE Primary	Poppleton Ousebank Primary	Poppleton Road Primary
Wigginton Primary	Osbaldwick Primary	Rufforth Primary	Scarcroft Primary
Yearsley Grove Primary	St Aelred’s RC Primary	Skelton Primary	St Barnabas’ CE Primary
Vale of York Secondary	St George’s RC Primary	St Mary’s CE Primary	St Paul’s CE Primary
Huntington Secondary	St Lawrence’s CE Primary	Westfield Primary	St Wilfrid’s RC Primary
Joseph Rowntree Secondary	St Oswald’s CE Primary	Woodthorpe Primary	All Saints RC Secondary
	Tang Hall Primary	Manor Secondary	Millthorpe Secondary
	Wheldrake with Thorganby CE Primary	York High	
	Archbishop Secondary	Holgate’s	
	Fulford Secondary		

Neighbourhood Caretakers

The Neighbourhood Caretaker team will be a team of eight, one Neighbourhood Foreperson and seven Caretakers.

The recruitment process has been highly successful, and people are in post

Two of the Neighbourhood Caretaker posts are funded by HRA funds and therefore a proportionate amount of the Neighbourhood caretaker's team's time must be evidenced towards Council Housing land priorities.

The team will have a two standard operational vehicles and one newly procured HGV Sweeper to support them, along with hand tools and equipment.

The Neighbourhood team will work with community and volunteer groups to deliver ward priorities.

The Caretaker team will work closely with communities to deliver ward priorities.

The initial proposal is that the team will visit each neighbourhood area once per month, for a week to divide their time equally and proportionally. Although this approach can be adapted in the first 12 months of inception.

Neighbourhood Partnerships

- Place Board Agreement to adopt CYC Neighbourhood Model Principles
- Partnerships under way!! Involving CYC leads, primary care, ICB leads and other partners
- Project management resources
- Core part of the council's transformation programme.
- Establish Governance Structures
- Continue to build relationships and share learning at York Health & Care Collaborative
- Review our combined data with neighbourhood insight packs

Who?





People Scrutiny Committee

8 October 2025

Report of Michael Melvin - *Director, Safeguarding Adults*

Adult Social Care Strategy

Summary

1. This report outlines the approach taken to develop a new Adult Social Care Strategy for 2025-2028.
2. This report is for information not a decision.
3. The Adult Social Care vision supports the wider City of York Council Plan commitments, and it also supports two of the four Council Plan commitments, some examples of these are:

Council Plan	Adult Social Care Strategy
Our vision of a healthier, fairer, more affordable, more sustainable and more accessible city where everyone feels valued.	<ul style="list-style-type: none"> • Use our resources fairly and wisely • Value carers
Health Inequalities	<ul style="list-style-type: none"> • Prevent reduce and delay the need for care and support • Make sure homes support independence • Work with health services to improve care • Promote wellbeing at every stage of life • Support people to live well at home and in their community • Work together for better care and support • Provide high quality and flexible support
Equalities and Human Rights	<ul style="list-style-type: none"> • Use evidence and insight to make the best decisions to understand what is working well and where gaps or inequalities remain.

Background

4. The purpose of the strategy is to provide a clear, coherent statement of vision, priorities, and planned activity for adult social care in York. The strategy is aligned with existing local plans and commitments while ensuring it is accessible, easy to understand, and consistent with the language and tone of other CYC strategic documents.
5. The strategy aims to create a strong foundation for future planning and delivery, supporting a shared understanding of direction and purpose across the system.
6. It is designed to:
 - Reflect what matters most to people who draw on care and support, and those who support and work alongside them.
 - Ensure alignment with wider strategic documents, including the Council Plan, Health and Wellbeing Strategy, and Joint Strategic Needs Assessment.
 - Provide a focused, high-level framework to guide future decision-making, commissioning, and service development.
 - Clearly communicate the city's vision and priorities for adult social care.
7. The work undertaken to develop the strategy consisted of:-
 - Meetings and information gathering from senior staff
 - Grey literature review
 - Consultation & engagement
8. A grey literature review was undertaken to ensure that the draft document aligns with and reflects the strategic direction set out across a range of key local and regional plans. This review aimed to identify and incorporate relevant links to the Adult Social Care Strategy, ensuring coherence in vision, priorities, approaches and commitments across connected strategies and frameworks. The documents reviewed included:
 - a. Joint Strategic Needs Assessment
 - b. Health and Wellbeing Strategy
 - c. Council Plan
 - d. York Health & Care Prospectus
 - e. Adult Social Care Workforce Strategy (Vision)

- f. Market Position Statement
- g. Commissioning Strategy
- h. Workforce Strategy
- i. CYC ASC Service Plan
- j. CYC CQC Self-Assessment
- k. Carers Strategy
- l. Mental Health Strategy
- m. Learning Disabilities Strategy

9. A draft strategy was prepared based on this fundamental set of information as a basis for review, refinement and further additions. This approach avoided starting a consultation and engagement process with a blank sheet but rather set out a starting position that reflected our statutory duties and areas already identified as requiring improvement.

Consultation

10. We undertook consultation and engagement to ensure the strategy was shaped by a wide range of perspectives and reflected the shared ambitions of people with lived experience, frontline staff, and key partners across the health, care, and community sectors.
11. The consultation was undertaken between December 2024 and March 2025 and consistent of 2 elements.
- a. An online survey (including accessible easy read and BSL instructional video)
 - b. Face to face sessions with identified groups.
12. The consultation questionnaire received responses from a broad range of individuals, including:
- People with lived experience, such as older adults, individuals with care and support needs (including those not currently receiving services), and people supported by unpaid carers.
 - Local residents, including many identifying simply as residents or citizens of York, some of whom expressed future concerns about accessing care.
 - Carers and informal supporters, including neighbours and family members helping others.

- Health and social care professionals, including current practitioners, former council employees, and independent advocates.
- Voluntary, community and provider representatives, including charity volunteers, peer support groups such as Minds and Voices, and representatives from housing associations and care organisations.
- Civic stakeholders, such as taxpayers and individuals engaging with the council in a professional or community capacity.

13. Of those who answered the equality monitoring questions:

- Most were aged 40 or over; the biggest proportion of respondents were aged 65 and over (33%)
- 67% were female
- 92% were White – English / Welsh / Scottish / Northern Irish / British
- 19% considered themselves disabled
- 44% were unpaid carers

14. There were 112 responses to the questionnaire and 14 organisations were represented in the responses. A breakdown of the people who responded is as follows:

Please tell us who is completing this questionnaire	% of people that responded (highest to lowest)	Number of people
Other (mainly York residents)	27%	26
A City of York Council employee	18%	17
An unpaid carer for someone with care and support needs	16%	15
A person who uses adult social care services	13%	12
A family member of someone with care and support needs	13%	12
A charity, voluntary or community sector organisation	11%	10
An independent care sector provider	2%	2
A health professional	1%	1

15. Responses to each of the three sections in the strategy were as follows:

Commitment	Agree or strongly agree	Disagree or strongly disagree
Joined up care and support*	81%	9%
Valuing carers	81%	7%
Helping people stay at home*	78%	7%
Keeping people safe*	78%	7%
Wellbeing for all*	77%	9%
Supporting our workforce	74%	4%
Making best use of our resources*	71%	10%
Taking a strength-based approach*	65%	10%
* Wording now changed in new strategy		

Approach	Agree or strongly agree	Disagree or strongly disagree
Ensuring safe and fair services**	86%	2%
A skilled and valued workforce**	84%	4%
Being person-centred and outcomes-focused**	82%	5%
Delivering high-quality and flexible support*	81%	4%
Strong partnerships*	79%	7%
Managing our resources well**	75%	9%
Using our data for the best decisions*	68%	7%
A focus on co-production*	65%	7%
* Wording now changed in new strategy		
**Removed from new strategy due to duplication		

Out of the approaches, the four people said were most important to them were:

- Being person-centred and outcomes-focused (70%)
- Delivering high-quality and flexible support (63%)
- A skilled and valued workforce (55%)
- Ensuring safe and fair services (45%)

Priority	Agree or strongly agree	Disagree or strongly disagree
Work with health services to improve care	87%	0%
Make sure our services are high-quality**	85%	0%
Work together with other local authorities to share resources and ideas*	85%	2%
Involve more people in planning their care and in the design of services**	81%	6%
Make sure homes support independence	77%	2%
Help people get from hospital to home quickly*	77%	6%
Use technology to improve care and support	74%	0%
Get the best from a strength-based approach**	73%	2%
Improve the data used in commissioning decisions	72%	0%
Ensure we meet our “best value duty” in delivering and commissioning services*	67%	2%
Reduce the need for care and support*	52%	11%
* Wording now changed in new strategy		
**Removed from new strategy due to duplication		

Out of the priorities, the four people said were most important to them were:

- Make sure our services are high-quality (63%)
- Work with health services to improve care (53%)
- Involve more people in planning their care and in the design of services (39%)
- Help people get from hospital to home quickly (37%)

16. Face to face sessions were held with 5 organisations, staff sessions were held, and partners were also offered 121 discussions.
17. The feedback from the consultation shows strong overall support for the vision, priorities, commitments and approaches in the draft strategy. Many respondents agreed with the direction being set and appreciated the inclusive tone, person-centred values, and ambition to improve quality, choice, and integration.
18. The overall vision was described as “clear” and “positive”, though aspirational.
19. Respondents also highlighted several important areas where the strategy could be strengthened, clarified, or more clearly actioned. These included:
 - a. A desire for clear implementation plans and sufficient funding and resources to deliver the strategy.
 - b. Better support for both the workforce and unpaid carers.
 - c. Improved links and focus on human rights, equality, diversity and inclusion
 - d. Stronger emphasis on prevention and early intervention
 - e. More inclusive, accessible and clear language and the streamlining of core elements to remove duplication in the strategy.
 - f. Stronger partnership and joined up working across teams, services and sectors.
 - g. Ongoing support and funding for voluntary, community and social enterprise partners.
 - h. Consideration of the impact of housing and other environmental factors on wellbeing.
 - i. Better information and communication between services and with people.
 - j. Improved engagement and co-production with people and communities.
20. A report on the full results of the consultation can be found annex C.
21. Next Steps, we will:
 - Publish and launch the Adult Social Care Strategy along with a detailed delivery plan that includes clear and measurable actions (By November 2025).

- Reach out to people who expressed an interest in being included in discussions about the strategy. We will invite them to form a working group to take elements of the Adult Social Care work forward (By November 2025).
- Use the consultation feedback to inform our strategy delivery and service improvement plans, taking into account specific issues people raised (By November 2025).
- Share feedback with wider teams and partner organisations to be considered for their own improvement plans (By October 2025).

Options

22. This report is for information only, not a decision

Analysis

23. This report is for information only, not a decision.

Council Plan

24. The Adult Social Care Strategy supports the delivery of the Council's priorities, as set out in the Council's Plan. The strategy promotes equality diversity and inclusion and the delivery of a social model of disability. Through the fair use of resources, the strategy aims to reduce health inequality. The emphasis on partnership between housing, social care, NHS and community colleagues is intended to enable people requiring support to continue live in their communities, in housing suited to their needs.

Implications

25.

- **Financial** (*Contact – Chief Finance Officer*) -

While there are no direct financial implications to the development of the strategy, the commitments, approaches and priorities focus on promoting a strength-based approach, utilisation of technology, supporting independence for as long as possible, working with partners and providers to improve care, and a preventative and early intervention approach which all lead to ensuring best value for money.

The strategy will be implemented using existing resources and therefore no additional costs will be incurred. The commitment to using our resources fairly and wisely and the prioritisation of preventing the need for care, supporting people to maintain their independence etc will also contribute to the sustainability ASC budget.

- **Human Resources (HR)** (*Contact – Head of HR*) – N/A
- **Equalities** (*Contact – Equalities Officer*) –
A full EqIA is included at Annex A and shows some positive outcomes for several protected characteristics.
- **Legal** (*Contact – Head of Legal and Democratic Services*) – N/A
- **Crime and Disorder** (*Contact - Senior Partnerships Support Officer, Community Planning & Partnerships*) – N/A
- **Information Technology (IT)** (*Contact – Head of IT*) – N/A
- **Property** (*Contact – Property*) – N/A
- **Economy** (*Contact – Head of City Development*) –

The strategy sets out a clear approach to Adult Social Care following significant engagement which is welcomed. An effective approach to Adult Social Care is a critical component of any thriving economy, including key relationships to a workforce health and underlying socio-economic stability. The strategy is welcomed in these respects.

- **Communications** (Contact: Head of Communications) –

We'll look at how best to use communications support to help the organisation deliver the strategy. Being able to articulate a clear vision and clearly defined priorities will directly benefit our work with partners and service users. Individual elements of the strategy may benefit from targeted support, in terms of people knowing about a particular element of the work or to encourage people to take a particular action.

- **Data Protection and Privacy**

Data protection impact assessments (DPIAs) are an essential part of our accountability obligations and is a legal requirement for any type of processing under UK data protection and privacy legislation. Failure to carry out a DPIA when required may leave the council open to enforcement action, including monetary penalties or fines.

DPIAs helps us to assess and demonstrate how we comply with all our data protection obligations. It does not have to eradicate all risks but should help to minimise and determine whether the level of risk is acceptable in the circumstances, considering the benefits of what the council wants to achieve.

The relevant data protection requirements were completed for the consultation referenced in the report. Whilst processing of personal and/or special categories of personal data to compile the anonymised information in the report was undertaken, it is not likely to result in a high risk to the rights and freedoms of individuals and mitigations are in place to minimise these identified risks.

- **Affordability** (Contact: Director of Customer and Communities) -

'As noted in the EqlA at Annex B, the strategy's vision intends to reduce inequalities in health and wellbeing, making support easier to access for those in low-income groups.

- **Health and Wellbeing** (Contact: enquiries.publichealth@york.gov.uk) –

Public Health supports the recommendations of the report. The approach and priorities explained within the Adult Social Care Strategy supports the York Health & Wellbeing Strategy 2022-2032 to make good health more equal across the city.

Risk Management

26. There are no known risks, consultation was across a wide range of users of Adult Social Care, partners and staff.

Recommendations

27. Members are asked to:

- a. Support the vision, commitments, approaches, and priorities outlined in the Strategy

Reason: To allow a shared understanding of direction and purpose of Adult Social Care across the system

- b. Allow publication of the Adult Social Care Strategy

Reason: Enable clear communication of the city's vision and priorities for adult social care.

- c. Support the next actions

Reason: Enable clear accountability for implementation and delivery on the strategy and ensure continued involvement from interested parties.

Contact Details

Author:

Michael Melvin
Director, Safeguarding
Adults
Adult Social Care and
Integration

Chief Officer Responsible for the report:

Sara Storey
Corporate Director, Adult Social Care
Adult Social Care and integration

**Report
Approved**



Date 24 September
2025

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

- Annex A: Adult Social Care Strategy
- Annex B: EqlA
- Annex C: Full Consultation Results: <https://www.york.gov.uk/adult-social-care/adult-social-care-strategy-consultation>



City of York Council

Adult Social Care Strategy

2025 - 2028





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Strategy on a Page



Introduction

I am delighted to introduce the Adult Social Care Strategy for York. This sets out our ambitions and outlines the way in which we will deliver Adult Social Care services that make a real difference to people in York.

Adult Social Care is essential to the everyday lives, health, wellbeing and safety of thousands of people in our city. Whether it is by providing the best information and advice to help people stay safe and well, making sure people have the things they need to manage in their day-to-day lives, or by providing care through 24-hour support: what we do is essential, and we want and need it to be of the very highest quality.

We want people in York who have care and support needs and their carers to have the best possible quality of life, with the opportunity to make choices and do those things that are most important to them and make their lives worthwhile. We call this a “strength-based approach” and it is one of the cornerstones of the way we work. Our approach focuses on building on the strengths of individuals and communities to help them grow and succeed.

We will provide high-quality support that adapts to different needs while working with people to include them in decisions about their care. We will make sure that our services are safe and fair, and invest in a skilled team that can offer the very best advice and support. We will use our data and information to guide our decisions and collaborate closely with partners across all sectors to achieve the best outcomes.

York is a place that celebrates the unique strengths of people and their communities. Our role is to help those with care and support needs and their carers live happier, healthier, and more independent lives. We will work together to provide safe and high-quality care and support, making sure fairness and independence are at the heart of everything we do.



Sara Storey

**Director of Adult Social
Care & Integration**

About This Strategy

This strategy sets out how we will work together to support people to live the lives they choose, in communities where they feel included, valued and connected. It is not just a list of actions or aims. It is a framework that brings together what matters most, how we go about our work, and what we need to focus on in the years ahead. It brings together our commitments, our approaches to the work, and our key priorities for improvement and change.

Each part supports the others. Our commitments describe the core values and responsibilities that shape adult social care in York. Our approaches explain how we will work day to day, from building relationships and working in partnership to using data and insight to guide decisions. Our priorities highlight the areas where we need to go further or faster to improve outcomes and build a more sustainable care and support system.

Our strategy recognises that supporting people to stay well, connected and independent for as long as possible is good for individuals, families and communities. It helps to ensure that we make the best use of limited resources. It creates the space we need to invest in innovation and improvement and helps us focus our resources when and where they are most needed, for the people with the most complex needs and for care and support that cannot be delayed or avoided.

Supporting our workforce, working in strong partnerships, and using good information are essential to making adult social care work well. These things help us improve people's experiences, use resources wisely, and focus on what matters most.

This is how we create a stronger, more responsive adult social care system, one that works not just in parts, but as a whole.

Michael Melvin

**Director of
Safeguarding**

About Adult Social Care

Adult Social Care covers a wide range of activities to help people live independently, support wellbeing and help people to stay safe. It can include:

- Information, advice and early support to help people stay safe and independent.
- Support for people to live well at home (also called home care).
- Housing with support on site, like Extra Care or Supported Living.
- Day centres offering activities and company.
- Help for people to stay active and connected in their communities.
- 24-hour care in residential or nursing homes.
- Short-term help after illness or hospital stay, like reablement.
- Equipment and changes to the home to make life easier.
- Support for unpaid carers.
- Help for people to work, study, volunteer or spend time with family and friends.
- Safeguarding services for people who may be at risk of harm, abuse or neglect.

These offers of support are available to people of all ages who have care needs that qualify for help under the Care Act 2014, including young people moving into adulthood who may need support, people of working age and older people.



Adult Social Care and the Law

Adult Social Care in England is governed by The Care Act 2014. This is a law that says how councils must help people stay independent and safe and that people should get the right support when they need it. The law makes sure people are treated fairly and listened to. This includes people who pay for their own care and those who get help from the council. It also says that unpaid carers, like family members who look after someone with care needs, must be supported too. The aim is to make sure everyone gets the right care at the right time, and that people remain safe from harm and are respected.

Adult Social Care key statutory duties under The Care Act 2014:

Providing preventative services and information and advice to reduce, prevent or delay the need for care and support.

Assessment of people's needs and the creation of care and support plans, financial assessments; and a duty to meet eligible needs.

Promoting integration between health and social care services including integrated commissioning of care and support.

Promoting individual wellbeing, known as the wellbeing principle, to put wellbeing at the heart of care and support.

Safeguarding adults at risk of abuse, harm or neglect and establishing a Safeguarding Adults Board to ensure the safety of those with additional needs.

Shaping the care market to make sure there are enough good quality services and choices for people. Being ready with backup plans in case a care provider cannot continue.

Our Vision

In York, we want everyone to live well, with the right care and support when they need it. We believe in people's strengths and in the power of communities. We will work in partnership with others to help people stay independent, reduce unfair differences in health and wellbeing, and make sure support is respectful, easy to access, and right for each person.

Our vision is part of the wider City of York Council Plan commitments to a healthier, fairer, more affordable, sustainable and more accessible city where everyone feels valued.

We believe that excellent Adult Social Care services are delivered by valued staff, supported by strong leaders and effective partnerships with others.

Our vision is to put people at the centre of care. We are committed to providing the highest quality advice, support and care. We plan to work more closely with our partners in the council, those in health and care services, and organisations and people in our communities. Our goal is to improve care and support for people receiving these services and for their families and carers.



Our Commitments

Focusing on people's strengths and what matters most

We will listen to people and support them to live the lives they choose. We will build on people's strengths, support communities to thrive, and involve people in shaping the support that works best for them.

Supporting people to live well at home or in their community

We will help people to live independently wherever possible, by making use of technology, equipment, and a range of housing options. We will focus on choice and flexibility to help people live where and how they want.

Promoting wellbeing at every stage of life

We will help people stay healthy, live, work and learn well, stay connected to their communities, and prepare for changing needs as their lives evolve. Our approach will reflect people's whole lives, not just their care needs.

Supporting safety with dignity and choice

We will work with others to help people stay safe from harm and abuse. We will support people to make informed decisions and take positive risks, recognising that safety means different things to different people.

Working together for better care and support

We will work across the council and with health, care, and community partners to make sure people get the right support at the right time. We are committed to joining up services so that people experience seamless, high-quality care that reflects their needs and priorities.

Using our resources fairly and wisely

We will make sure support is sustainable and focused on outcomes that matter. We will be open about how we make decisions and explore new ways to meet people's needs, working closely with communities and partners.

Valuing carers

We recognise and value the vital role of unpaid carers in our communities and we will support them in their caring role, involving them in plans and decision making and supporting them and the people they care for if their caring responsibilities change or end.

Supporting our workforce

We are committed to ensuring staff have the training, resources, and respect they need to deliver excellent care and support. We will commit to the development, wellbeing, and best working conditions for everyone in the care sector.

Our Approaches

Our approaches set out the key principles and ways of working that guide us. This helps us stay consistent, stay true to our values, and makes sure we keep our focus on what really matters.

Working together with people with experience

Our approach will be to work alongside people with lived experience, carers and communities as equal partners to shape and develop services as well as other changes to care and support. This is known as co-production. It means involving people early in decision-making, being open about what can change and acting on what people tell us.

Providing high-quality and flexible support

We will work in ways that ensure support is consistently high quality, responsive and shaped around people's lives. This includes commissioning services that can adapt to changing needs, respond quickly to different circumstances and offer respectful, reliable help. Our ways of working will be designed to be flexible, so the right support is available at the right time, in the right way. This approach enables greater independence, choice and control for people drawing on care and support.

Using evidence and insight to make the best decisions

We will use a mix of data, evidence and lived experience to understand what is working well and where gaps or inequalities remain. We will strengthen the information we use to deliver services. This evidence-informed approach helps us improve outcomes, plan support and make fair, transparent decisions. We will share what we learn, track our progress and use insight to shape how we work in the future.

Building strong partnerships for best results

We will work closely with our communities and partners, including the NHS, community organisations, housing services and others across the council. This partnership approach brings together a wide range of skills, experience and resources to deliver on our commitments and priorities and will make things simpler for people navigating care and support.

Our Priorities

The priorities below were chosen to align with goals from our Council Plan and Health and Wellbeing Strategy. They focus on areas we believe need improvement or development and include ideas from the 'Making it Real' Framework, created by Think Local Act Personal, a group dedicated to improving health and care with input from service users.

Prevent and delay the need for care and support

It is important that we do more to prevent or delay people needing long-term care and support. This means investing in early help, strong communities and information that supports people to stay well, connected and independent. We want to support people before they reach crisis, reduce avoidable hospital admissions and ensure people can continue to live the lives they choose. This approach helps improve quality of life and reduces pressure on formal services.

Make sure homes support independence

We need to increase the availability and quality of housing that supports people to live safely and independently. This includes more accessible homes, better supported housing options and accommodation that offers choice for people with different needs. Many people want to stay in their own homes or live in their communities with the right support in place. We want to work with housing providers and partners to make this possible for more people.

Ensure best value in commissioning and service delivery

It is important that we make the best possible use of the public money we are responsible for. We will review how we commission and deliver services to make sure they are cost-effective, sustainable and delivering the best outcomes. This includes meeting our legal duty to ensure 'best value' while also focusing on quality, fairness and impact. We will explore new ways of working and work closely with providers to improve how services are planned, delivered and reviewed.

Our Priorities

Work together with other local authorities

We need to build stronger working relationships with other councils across the region and nationally. By sharing good practice, pooling knowledge and exploring joint approaches, we can improve services, reduce duplication and develop solutions to shared challenges. This will help us respond better to common issues such as workforce and market sustainability, and cost pressures in care.

Improve the data used in commissioning decisions

It is important that our decisions are guided by clear, accurate, up-to-date and useful information. We will strengthen the way we collect, analyse, and use data. Better use of data will help us make fairer decisions, target support more effectively and improve how we commission services.

Support people to get from hospital to home safely and effectively

We need to improve the way people are supported when they leave hospital to ensure the best chance of recovery. We will work with NHS and community partners to plan discharge well, support people's strengths and reduce the chance of readmission.

Use technology to improve care and support

We recognise how important it is that we embrace technology to improve how care is provided and experienced. We will adopt and use more digital tools, assistive technology and improved systems to help staff work more efficiently and help people live more independently. This includes supporting people with technology in their homes, improving access to information and modernising how we manage care records and referrals.

Work with health services to improve care

We need to strengthen how we work with NHS partners to join up care across the system. We recognise how better coordination between health and social care helps people get the support they need more quickly and reduces stress on families and carers. We will work to align our plans, share resources and ensure care feels as seamless as possible for the people who use it.

Our Vision

In York, we want everyone to live well, with the right care and support when they need it. We believe in people's strengths and in the power of communities. We will work in partnership with others to help people stay independent, reduce unfair differences in health and wellbeing, and make sure support is respectful, easy to access, and right for each person.

Our Commitments

 Focusing on people's strengths & what matters most	 Supporting people to live well at home or in their community	 Promoting wellbeing at every stage of life	 Supporting safety with dignity and choice
Working together for better care & support 	Using our resources fairly and wisely 	Valuing carers 	Supporting our workforce 

Our Approaches

Providing high-quality and flexible support	Working together with people with experience
Using evidence and insight to make the best decisions	Building strong partnerships for best results

Our Priorities

Prevent and delay the need for care and support	Make sure homes support independence	Use technology to improve care and support	Ensure best value in commissioning and service delivery
Improve the data used in commissioning decisions	Work with health services to improve care	Support people to get from hospital to home safely and effectively	Work together with other local authorities



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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 میا کی جاسکتی ہیں۔ (Urdu)

City of York Council
Equalities Impact Assessment

Who is submitting the proposal?

Directorate:		Adult Social Care & Integration	
Service Area:		Assurance & Improvement	
Name of the proposal:		Development of an Adult Social Care Strategy	
Lead officer:		Michael Melvin	
Date assessment completed:		June 2025	
Names of those who contributed to the assessment :			
Name	Job title	Organisation	Area of expertise
Mike Richardson	Consultants	NDTi	Strategy Development
Annafie Beaumont	Customer and Contracts Officer	CYC	Consultation and Co-Production
Elaine Taylor	Head of Service – Service Assurance & Improvement	CYC	Assurance & Improvement

Step 1 – Aims and intended outcomes

EIA 02/2021

1.1	<p>What is the purpose of the proposal? Please explain your proposal in Plain English avoiding acronyms and jargon.</p>
	<p>To produce a strategy that outlines the vision and priorities for Adult Social Care over a three-year period.</p>

1.2	Are there any external considerations? (Legislation/government directive/codes of practice etc.)
	<p>There is no legislation that states we have to have a strategy for ASC; however it is good practice.</p> <p>ASC is governed by the following legislation:-</p> <p>Care Act 2014 http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted</p> <p>Care and Support Statutory Guidance https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance</p> <p>Children and Families Act 2014 http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted</p> <p>Mental Capacity Act 2005 https://www.legislation.gov.uk/ukpga/2005/9/contents</p> <p>Mental Health Act 1983 (as amended in 2007) https://www.legislation.gov.uk/ukpga/2007/12/contents</p> <p>Human Right Act (1998) https://www.legislation.gov.uk/ukpga/1998/42/contents</p> <p>Equality Act (2010) https://www.legislation.gov.uk/ukpga/2010/15/contents</p> <p>Special Educational Needs and Disability (SEND) Code of Practice https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/398815/SEND_Code_of_Practice_January_2015.pdf</p> <p>The Children Act 1989 Guidance and Regulations https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/397649/CA1989_Transitions_guidance.pdf</p> <p>Education Health & Social Care SEND Code of Practice https://www.gov.uk/government/publications/send-code-of-practice-0-to-25</p> <p>Children & Social Work Act http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted</p>

<p>Children & Families Act 2014 http://www.legislation.gov.uk/ukpga/2014/6/contents/enacted</p> <p>Working Together 2015 https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/592101/Working_Together_to_Safeguard_Children_20170213.pdf</p> <p>Children (Leaving Care) Act 2000 http://www.legislation.gov.uk/ukpga/2000/35/contents</p> <p>This list is not exhaustive.</p>

1.3	Who are the stakeholders and what are their interests?
	<ul style="list-style-type: none"> • Users of ASC – they receive services delivered by the council so may be interested in our priorities • Unpaid Carers – they receive services delivered by the council so may be interested in our priorities • Providers – deliver commissioned services on behalf of CYC so may be interested in the vision for ASC • Community & Voluntary Sector– deliver services to people who receive ASC and their Carers so may be interested in the vision for ASC • Residents of City of York – may be friends or family of people who receive services and may need support from Adult Social Care in the future so may be interested in our priorities • CYC staff – involved in delivering our care act duties so need to be aware and supportive of the vision, commitments, approaches and priorities

1.4	What results/outcomes do we want to achieve and for whom? This section should explain what outcomes you want to achieve for service users, staff and/or the wider community. Demonstrate how the proposal links to the Council Plan (2019- 2023) and other corporate strategies and plans.
	Users of ASC & unpaid Carers - We want people in York who have care and support needs and their carers to have the best possible quality of life, with the opportunity to make choices and do those things that are most important to them and make their lives worthwhile. Our role is to help those with care and support needs and their carers live happier, healthier, and more independent lives.

Providers, CVS & Staff - We will provide high-quality support that adapts to different needs while working with people to include them in decisions about their care. We will make sure that our services are safe and fair, and invest in a skilled team that can offer the very best advice and support. We will use our data and information to guide our decisions and collaborate closely with partners across all sectors to achieve the best outcome.

Our approach focuses on building on the strengths of individuals and communities to help them grow and succeed

We will work together to provide safe and high-quality care and support, making sure fairness and independence are at the heart of everything we do.

We are committed to ensuring staff have the training, resources, and respect they need to deliver excellent care and support. We will commit to the development, wellbeing, and best working conditions for everyone in the care sector.

Links to council plan

Council Plan	Adult Social Care Strategy
Our vision of a healthier, fairer, more affordable, more sustainable and more accessible city where everyone feels valued.	<ul style="list-style-type: none"> • Use our resources fairly and wisely • Value carers
Health Inequalities	<ul style="list-style-type: none"> • Prevent reduce and delay the need for care and support • Make sure homes support independence • Work with health services to improve care • Promote wellbeing at every stage of life • Support people to live well at home and in their community

		<ul style="list-style-type: none"> • Work together for better care and support • Provide high quality and flexible support
	Equalities and Human Rights	<ul style="list-style-type: none"> • Use evidence and insight to make the best decisions to understand what is working well and where gaps or inequalities remain.

Step 2 – Gathering the information and feedback

2.1	What sources of data, evidence and consultation feedback do we have to help us understand the impact of the proposal on equality rights and human rights? Please consider a range of sources, including: consultation exercises, surveys, feedback from staff, stakeholders, participants, research reports, the views of equality groups, as well your own experience of working in this area etc.	
	Source of data/supporting evidence	Reason for using
	Consultation – survey on-line	To reach as wide a range of audience as possible and give us quantitative and qualitative data on each aspect of the strategy.
	Consultation – survey hard copy	To reach as wide a range of audience as possible and give us quantitative and qualitative data on each aspect of the strategy, ensuring feedback was accessible and available to digitally excluded people. Easy read version was also available and BSL instructions to ensure full participation.
	Consultation - Face to Face sessions	To reach as wide a range of audience as possible we reached out to Learning Disability community groups and the D/deaf community and older people. We also reached out to wider community groups for Mental Health, however these groups did not participate in a face-to-face session.

Consultation - Staff Sessions	To ensure staff were supportive and engaged with the vision and direction of travel for adult social care and had the chance to develop and influence the final version.
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Step 3 – Gaps in data and knowledge

3.1	What are the main gaps in information and understanding of the impact of your proposal? Please indicate how any gaps will be dealt with.		
Gaps in data or knowledge		Action to deal with this	
There is limited data on the impact of caring unpaid carers locally and access to support, including young carers.		Work with public health and education to improve data available corporately, which will be tackled as part of the Carers strategy implementation	

Step 4 – Analysing the impacts or effects.

4.1	Please consider what the evidence tells you about the likely impact (positive or negative) on people sharing a protected characteristic, i.e. how significant could the impacts be if we did not make any adjustments? Remember the duty is also positive – so please identify where the proposal offers opportunities to promote equality and/or foster good relations.		
Equality Groups and Human Rights.	Key Findings/Impacts	Positive (+) Negative (-) Neutral (0)	High (H) Medium (M) Low (L)
Age	ASC's main customer group are older adults	+	

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Disability	Work is underway to review accommodation availability and how we link our ASC demand with our housing strategy. Part of this work is looking at types of accommodation that meets people varying needs.	+	
Gender	We have a vision to reduce unfair differences in health and wellbeing, make support easier to access, and a commitment to use our resources fairly. This is intended to have a positive impact on groups that have been treated unfairly and not had equal access to support.	+	
Gender Reassignment	We have a vision to reduce unfair differences in health and wellbeing, make support easier to access, and a commitment to use our resources fairly. This is intended to have a positive impact on groups that have been treated unfairly and not had equal access to support.	+	
Marriage and civil partnership	Neutral impact	0	
Pregnancy and maternity	Neutral impact	0	
Race	We have a vision to reduce unfair differences in health and wellbeing, make support easier to access, and a commitment to use our resources fairly. This is intended to have a positive impact on groups that have been treated unfairly and not had equal access to support.	+	
Religion and belief	We have a vision to reduce unfair differences in health and wellbeing, make support easier to access, and a commitment	+	

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	to use our resources fairly. This is intended to have a positive impact on groups that have been treated unfairly and not had equal access to support.		
Sexual orientation	We have a vision to reduce unfair differences in health and wellbeing, make support easier to access, and a commitment to use our resources fairly. This is intended to have a positive impact on groups that have been treated unfairly and not had equal access to support.	+	
Other Socio-economic groups including :	Could other socio-economic groups be affected e.g. carers, ex-offenders, low incomes?		
Carer	Carers Strategy being co-produced with action plan to address areas for improvement	+	
Low income groups	We have a vision to reduce unfair differences in health and wellbeing, make support easier to access, and a commitment to use our resources fairly. This is intended to have a positive impact on groups that have been treated unfairly and not had equal access to support.	+	
Veterans, Armed Forces Community	Neutral impact	0	
Other	Neutral impact	0	
Impact on human rights:			

List any human rights impacted.	This strategy for adult social care aims to help people to live well, with dignity and independence whilst protecting their human rights.	+	
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Use the following guidance to inform your responses:

Indicate:

- Where you think that the proposal could have a POSITIVE impact on any of the equality groups like promoting equality and equal opportunities or improving relations within equality groups
- Where you think that the proposal could have a NEGATIVE impact on any of the equality groups, i.e. it could disadvantage them
- Where you think that this proposal has a NEUTRAL effect on any of the equality groups listed below i.e. it has no effect currently on equality groups.

It is important to remember that a proposal may be highly relevant to one aspect of equality and not relevant to another.

High impact (The proposal or process is very equality relevant)	There is significant potential for or evidence of adverse impact The proposal is institution wide or public facing The proposal has consequences for or affects significant numbers of people The proposal has the potential to make a significant contribution to promoting equality and the exercise of human rights.
Medium impact (The proposal or process is somewhat equality relevant)	There is some evidence to suggest potential for or evidence of adverse impact The proposal is institution wide or across services, but mainly internal The proposal has consequences for or affects some people The proposal has the potential to make a contribution to promoting equality and the exercise of human rights
Low impact (The proposal or process might be equality relevant)	There is little evidence to suggest that the proposal could result in adverse impact The proposal operates in a limited way The proposal has consequences for or affects few people The proposal may have the potential to contribute to promoting equality and the exercise of human rights

Step 5 - Mitigating adverse impacts and maximising positive impacts

5.1	Based on your findings, explain ways you plan to mitigate any unlawful prohibited conduct or unwanted adverse impact. Where positive impacts have been identified, what is being done to optimise opportunities to advance equality or foster good relations?
<p>There EIA does not identify any unlawful or prohibited conduct or unwanted adverse impact.</p> <p>Positive Impact - The delivery/action plan (also ASC Service Plan) that sits behind the strategy contains several workstreams that address inequality such as:-</p> <ul style="list-style-type: none"> • Connecting our cities - creation of mental health hubs across the city • Developing a carers strategy and action plan • Reviewing our approach to Direct Payments • Development of a Co-Production and Research strategy • Setting up a Learning Disability partnership board <p>There is also a corporate approach to homelessness, Gypsy and traveller and migrant communities, which adults social care are actively involved in.</p>	

Step 6 – Recommendations and conclusions of the assessment

6.1	Having considered the potential or actual impacts you should be in a position to make an informed judgement on what should be done. In all cases, document your reasoning that justifies your decision. There are four main options you can take:
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- **No major change to the proposal** – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact and you have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.
- **Adjust the proposal** – the EIA identifies potential problems or missed opportunities. This involves taking steps to remove any barriers, to better advance quality or to foster good relations.
- **Continue with the proposal** (despite the potential for adverse impact) – you should clearly set out the justifications for doing this and how you believe the decision is compatible with our obligations under the duty
- **Stop and remove the proposal** – if there are adverse effects that are not justified and cannot be mitigated, you should consider stopping the proposal altogether. If a proposal leads to unlawful discrimination it should be removed or changed.

Important: If there are any adverse impacts you cannot mitigate, please provide a compelling reason in the justification column.

Option selected	Conclusions/justification
No major change to the proposal – the EIA demonstrates the proposal is robust. There is no potential for unlawful discrimination or adverse impact, and we have taken all opportunities to advance equality and foster good relations, subject to continuing monitor and review.	<p>The strategy is inclusive to all users of adult social care and attempts have been made to engage a wide range of people in the consultation process to ensure that all views and impacts were considered for the final version.</p> <p>It is a live strategy, and the action plan will be updated in response to the changing needs of people who use our services, their families and unpaid carers and in response to any changes in legislation.</p>

Step 7 – Summary of agreed actions resulting from the assessment

7.1 What action, by whom, will be undertaken as a result of the impact assessment.			
Impact/issue	Action to be taken	Person responsible	Timescale
Lack of data on local carers	Already included in the Carers Strategy work	Commissioning – Zoe Delaney	1 year
Impact on protected characteristics and other marginalised groups	Improve reporting of impact of ASC on protected characteristics and other marginalised groups, including variance in outcomes	Sara Storey	1 year

Step 8 - Monitor, review and improve

8. 1	How will the impact of your proposal be monitored and improved upon going forward? Consider how will you identify the impact of activities on protected characteristics and other marginalised groups going forward? How will any learning and enhancements be capitalised on and embedded?
	<p>The impact on the overall ASC delivery and impact on marginalised groups will be reported via improved Performance reporting, however each individual project that impacts on our community will have a separate equality impact assessment to identify the impact and the measures on that piece of work.</p> <p>Adult Social Care will also produce a Local Account later this year outlining what the public and our service users said and what we did in response.</p>



Adult Social Care Strategy Consultation Report

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Introduction

City of York Council (CYC) commissioned The National Development Team for Inclusion (NDTi) to develop a new Adult Social Care Strategy for the city.

This work aimed to ensure the strategy was shaped by a wide range of perspectives and reflected the shared ambitions of people with lived experience, frontline staff, and key partners across health, care, and community sectors.

The purpose of the strategy is to clearly communicate the vision, approaches, commitments and priorities for adult social care in York.

The strategy is designed to:

- reflect what matters most to people who draw on care and support, and those who work alongside them
- ensure alignment with wider strategic documents and plans, including the Council Plan, Health and Wellbeing Strategy, and Joint Strategic Needs Assessment
- provide a focused, high-level framework to guide future decision-making, commissioning, and service development
- be accessible, easy to understand, and consistent with the language and tone of other CYC strategic documents

The work undertaken to develop the strategy included:

- meetings and information from senior staff
- a grey literature review (this is a review of documents such as local strategies, plans, assessments, and internal reports)
- consultation and engagement

Consultation

The consultation was undertaken between December 2024 and March 2025. It included a survey and face-to-face sessions with staff, partners and interested Voluntary, Community and Social Enterprise (VCSE) sector groups.

To take part, people were given the option of completing an online, electronic or paper questionnaire, with help to access a computer or complete the survey over the phone if needed.

We provided an Easy Read version of the questionnaire, and a British Sign Language (BSL) instructional video. We offered it in alternative formats and languages on request.

This report summarises the outcome of the online survey and face-to-face conversations.

Summary of key findings

The feedback from the consultation showed strong overall support for the vision, priorities, and approaches in the draft strategy. The overall vision was described as “clear” and “positive”, though aspirational.

Many respondents agreed with the direction being set and appreciated the inclusive tone, person-centred values, and ambition to improve quality, choice, and integration.

There was strong support for:

- delivering high-quality, safe, fair and flexible services
- being person-centred and outcomes-focused, and involving people in decisions
- supporting a skilled and valued workforce
- working in partnership with health, local authorities and other services and joined up care and support
- ensuring homes support independence and helping people get home from hospital
- valuing and supporting carers

However, respondents also highlighted some important areas where the strategy could be strengthened and clarified. These included:

Having a clear action plan: People wanted to see ‘SMART’ goals (specific, measurable, achievable, realistic and timebound) and transparent delivery plans. They wanted to know how the strategy will be implemented and how progress will be measured and reviewed.

Changing language that could be misinterpreted and removing duplication: Some priorities and approaches were seen as too vague or repeated in different forms. Terms like “reducing need” and “managing resources” should be framed in the context of prevention and early support, not cost saving.

Stronger emphasis on prevention and early intervention:

Respondents wanted more focus on preventing crisis, early intervention, and supporting wellbeing across the lifespan.

Funding and resources: There was scepticism about the strategy being achievable in practice without sufficient funding and resources and workforce support. Particularly as people felt we are not currently delivering in line with the strategy, including consistency across the workforce and timeliness. Affordability of care also came up as an issue.

Support for unpaid carers: Carers were consistently described as undervalued, overworked, and under-supported. Clear action was requested on respite, carer wellbeing, income security, and access to services and involvement in planning and decisions.

Workforce support: People highlighted issues with pay, retention, training and development, workloads and staff wellbeing in the social care and independent care sector. There were calls for focus on recruitment, offering career pathways, and embedding respect and compassion in how people are supported at work and how staff support others.

Human rights, equality, diversity and inclusion: Show how the strategy supports diverse communities, and addresses inequality and barriers to access, including how this links to human rights approaches and other related strategies.

Housing and environment: People felt housing options were lacking, particularly for older people and those wanting to live independently but not in care homes. Broader issues like pollution, transport, planning, and affordability were seen as directly linked to care and wellbeing.

Better information and communication about services and available support, ensuring information is clear and accessible, and communication between services and with people, is effective.

Support for VCSE partners: This was seen as critical and there is a need for greater partnership working and ongoing support, including funding.

Stronger partnership working: People shared examples of poor coordination between health and social care, including around hospital discharge and support planning. Joined up working across teams, services and sectors was seen as essential for improving service delivery and outcomes.

Involving people: Feedback highlighted experiences of people not being listened to, informed or involved in a meaningful way that results in change. There needs to be ongoing conversations between council services, individuals and communities, and consideration of how we effectively engage and work in partnership with different people.

Changes to the strategy following consultation

As a result of the feedback, we have made various changes to the strategy. These included:

- Changing the wording in the vision statement and throughout the strategy to make it clearer, simpler, more inclusive, accessible and person-centred.
- Removing or rewording vague terms to improve clarity and avoid unrealistic promises like ‘longer lives’, to keep the tone grounded.
- Changing the tone to acknowledge that the vision is aspirational, not a reflection of current delivery.
- Streamlining the commitments, priorities, and approaches, to remove duplication.
- Rewording the commitments to be less paternalistic and more inclusive. This included broadening the scope of ‘helping people stay at home’ to apply to all adults and include support for people in their communities.
- Linking the commitments more clearly to person-centred approaches.
- Explaining partnerships in specific terms including local and VCSE collaboration.
- Rephrasing the priority to ‘reduce the need for care and support’ to ‘prevent and delay’ to be clearer about the intended aim.
- Defining high-quality services through safety, reliability and suitability
- Changing the approach of ‘using data to make the best decisions’, to ‘using evidence and insight...’, to clearly reflect that decisions will take into account a mix of data, evidence and people’s lived experience.
- Including a summary of the core elements of the strategy and how they fit together to support a more responsive adult social care system.

Next steps

We will:

- Publish and launch the Adult Social Care Strategy along with a detailed delivery plan that includes clear and measurable actions.
- Reach out to people who expressed an interest in being included in discussions about the strategy. We will invite them to form a working group to take elements of the Adult Social Care work forward.
- Use the consultation feedback to inform our strategy delivery and service improvement plans, taking into account specific issues people raised.
- Share feedback with wider teams and partner organisations to be considered for their own improvement plans.

Consultation findings

There were 112 responses to the questionnaire. 14 organisations were represented in the responses. Not all questions were mandatory so the number responding to each question differed.

Who completed the questionnaire

97 people responded to this question, as shown in the table below.

Please tell us who is completing this questionnaire	% of people that responded (highest to lowest)	Number of people
Other (mainly York residents)	27%	26
A City of York Council employee	18%	17
An unpaid carer for someone with care and support needs	16%	15
A person who uses adult social care services	13%	12
A family member of someone with care and support needs	13%	12
A charity, voluntary or community sector organisation	11%	10
An independent care sector provider	2%	2
A health professional	1%	1

Vision

The strategy sets out our vision for adult social care in York. We asked people questions about the proposed vision below:

York is a place where we recognise the unique strengths of individuals and communities. We support people to live happier, healthier, longer and more independent lives, reducing inequalities.

We work in partnership to provide support at home that is accessible, affordable, safe, high quality, and promotes fairness and independence.

How much do you agree or disagree that this is a clear vision for adult social care in York?

71 people responded to this question, and 48 people commented.

55% of people agreed or strongly agreed with the vision with 20% disagreeing or strongly disagreeing with the vision. This suggests a good level of support but also highlights areas where views may be more divided or uncertain.

General agreement with the vision in principle: Many respondents found the vision positive, clear, and inclusive. It was widely seen as aspirational and hard to disagree with as a vision.

If we achieve this vision, how much do you agree or disagree that it will improve the quality of care and support in York?

67 people responded to this question and 38 people commented.

Two thirds of respondents agreed or strongly agreed that delivering on this vision would improve the quality of care and support in York.

Key quotes:

“Because this would be great to achieve - accessible, affordable, safe, high quality.”

“It is vital.” “This is what care should be doing.”

“The vision is clear. It has the potential to give us what we have long requested - something to hold providers to account. We were promised this with the creation of the York Dementia Strategy, which does not do that.”

“It's glib. Words which say nothing, and which don't feel like the York I live in.”

“As a vision, I can't fault it. However, the language suggests it's already in place, which it clearly is not.”

“It reads as a cost-saving exercise, and I have concerns this will justify limiting support.”

“Concise and to the point but with a hopeful and positive vision – collaboration at the core.”

“I can see that positive changes are being made in terms of direct service delivery...However, I feel the local offer to local people in particular the ageing population is poor. Care homes are very expensive in York.”

“If it's achieved, it can only be positive - because it's all good stuff - but achieving it in the current context of resource limitations, increasing demand, and lots of competing priorities will be extremely difficult.”

Please tell us about any other things you think we should consider for our vision for adult social care

42 people responded to this question. Additional themes were:

Equity, inclusion and accessibility: The vision must acknowledge and address gaps and inequalities, including geographic and demographic disparities. This includes the needs of specific groups, including people with learning disabilities, young onset dementia, and unpaid carers.

We need to consider the accessibility of language and systems, particularly for people in complex or marginalised circumstances, and approaches for engaging with different individuals or groups.

Early intervention and prevention: A couple of respondents called for a preventative approach. This included support for social connection to reduce isolation and decline, environmental improvements like pollution reduction and dementia-friendly spaces, and day centres and community-based activities that support independence.

Human rights and values-based practice: Calls for the vision to be explicitly rooted in human rights and the social model of disability. Suggestions to ensure services are designed around person-centred values rather than cost-saving.

Communication and information: The need for clear, accessible information for individuals and families and better communication between services and those who use or support others to use them.

Financial pressures for people who use services: Strong concerns about affordability, the cost of care and limited financial support for many. This includes pressure on unpaid carers who are also balancing work and parenting. More funding is needed for VCSE sector services.

Key quotes:

“The partnership between the council & NHS needs to be more collaborative.”

“How about having systems in place that mean people get the support they need - when they need it – people’s needs can be complex - getting help shouldn’t be.”

“The actions that lead on from the vision are key. How are you going to change the culture in some areas, so that services really are person-centred and not run from a resource perspective?”

Commitments

We asked people how much they agreed with each of the commitments outlined in the strategy. The number of responses ranged from 57 to 60.

The percentage of people who agreed is shown in the table below.

Commitment	Agree or strongly agree	Disagree or strongly disagree
Joined up care and support	81%	9%
Valuing carers	81%	7%
Helping people stay at home	78%	7%
Keeping people safe	78%	7%
Wellbeing for all	77%	9%
Supporting our workforce	74%	4%
Making best use of our resources	71%	10%
Taking a strength-based approach	65%	10%

Some of these commitments have had their wording changed in the new strategy.

Joined up care and support

Respondents overwhelmingly agreed with the principle of joined up care, seeing it as essential for improving outcomes, reducing stress for individuals and families, and avoiding duplication.

However, there was strong frustration that this ambition is not being realised in practice.

In summary, while joined up care is widely supported in theory, many feel it is rarely delivered effectively and needs urgent attention to become a reality.

Key quotes:

“This has been an aspiration in York for over 20 years, with only limited progress.”

“If you don’t have the joined-up approach, everything falls down.”

“Communication and working together reduces stress and avoids missing opportunities to support.”

Valuing carers

There was strong and urgent support for the principle of valuing carers, both unpaid and paid professionals. Many respondents described this as critical to the future of adult social care but expressed deep concern that it is not currently reflected in practice.

In summary, respondents see carers as the backbone of the care system, and want to see tangible, well-resourced actions that back up this commitment.

Key quotes:

“Carers save the state a fortune. Imagine if they went on strike.”

“The suffering of unsupported carers is a pandemic.”

“You must value both sides of the caring relationship.”

“Most of the trauma comes from trying to access the services that are meant to help.”

Helping people stay at home

Most respondents agreed with the principle that people should be supported to stay at home if that is their choice, highlighting the emotional, practical, and safety benefits of familiar surroundings.

This approach was broadly supported but only when well-resourced, person-centred, and balanced with realistic alternatives.

Key quotes:

“If people want to stay at home, they will thrive.”

“Sometimes being at home creates isolation.”

“Not all people should be at home – my concern is that cost will play a leading role in the decision-making.”

Keeping people safe

This commitment was widely supported, seen as a core duty of adult social care and a moral and legal obligation.

Keeping people safe was described as essential, but complex, requiring strong delivery, empowerment, and meaningful follow-through.

Key quotes:

“It is the absolute minimum that people feel safe and cared for.”

“We all have a right to risk – don’t let this become an excuse for controlling people’s lives.”

“Safeguarding thresholds are too high – it can feel like the only way to get a response.”

Wellbeing for all

There was broad agreement that promoting wellbeing should be a central aim of adult social care. However, some felt the commitment needed more substance.

While the commitment is welcome, respondents want to see it translated into concrete, fair, and inclusive action that recognises the complexity of people’s lives.

Key quotes:

“If people are well, they will need fewer services – prevention is essential.”

“... ‘wellbeing’ is another word that’s overused and under-defined.”

“Inclusive approaches to improving wellbeing feel like a positive step forward for us all.”

“This should include carers and those not yet receiving formal care – or it’s not really ‘for all’.”

Supporting our workforce

There was strong agreement that supporting the workforce is not just desirable, but essential to delivering high-quality adult social care.

Respondents acknowledged the complexity, demands, and value of care work, and many highlighted that pay, training, morale, and retention are urgent issues needing action.

This commitment was seen as essential; however, people wanted to know how this would be delivered, measured, and sustained in practice.

Key quotes:

“Social care workers carry out some of the most challenging, personal and demanding tasks in society...They need to be respected and valued.”

“Staff need to feel valued not just in pay, but in attitudes. Happy staff deliver better care.”

“Burnt-out staff are no good to anyone.”

“Bring back an allocated social worker. Going through five in two years doesn’t help anyone.”

“You risk losing experienced staff because they can’t see things changing for the good.”

“To support the workforce, you need to VALUE them – I cannot say that enough.”

Making best use of our resources

Respondents generally agreed that making best use of limited resources is important, especially when budgets are stretched. However, many cautioned that this must not come at the expense of people's needs, quality of care, or person-centred approaches.

Overall, respondents wanted the best use of resources to be realistic, person-centred, and values-driven, not simply about cost control.

Key quotes:

“Innovation is good – but only if it works and saves resources.”

“As long as this is about doing the right thing, not just saving money.”

“We're all aware how limited resources are – this makes sense, but please look at internal processes too.”

“You must make sure that the general needs of many do not overshadow the severe needs of a few.”

Taking a strength-based approach

Most respondents agreed in principle with a strength-based approach, recognising its positive and empowering intent. They valued the focus on individual capabilities, choice, and control, and saw it as aligned with person-centred care.

A few stressed that this approach must be grounded in lived experience, not theoretical, and must acknowledge real need alongside strengths.

Key quotes:

“This helps people live the lives they want.”

“The danger here is people are patronised – by the time they ask for help, they've used up all their strength.”

“Hard to argue against, but it mustn't be used to justify not providing support.”

Approaches

We asked people how much they agreed with each of the approaches outlined in the strategy. The number of responses ranged from 55 to 57.

Overall, respondents expressed strong agreement with the approaches. Most received between 75-86% agreement, with particularly high support for:

- Ensuring safe and fair services (86%)
- A skilled and valued workforce (84%)
- Being person-centred and outcomes-focused (82%)
- Delivering high-quality and flexible support (81%)

The percentage of people who agreed or disagreed is shown in the table below.

Approach	Agree or strongly agree	Disagree or strongly disagree
Ensuring safe and fair services	86%	2%
A skilled and valued workforce	84%	4%
Being person-centred and outcomes-focused	82%	5%
Delivering high-quality and flexible support	81%	4%
Strong partnerships	79%	7%
Managing our resources well	75%	9%
Using our data for the best decisions	68%	7%
A focus on co-production	65%	7%

Some of these approaches have had their wording changed in the new strategy or have been removed due to duplication.

Out of these approaches which four are the most important to you?

60 people responded to this question. The top four approaches were:

1. Being person-centred and outcomes-focused (70%)
2. Delivering high-quality and flexible support (63%)
3. A skilled and valued workforce (55%)
4. Ensuring safe and fair services (45%)

These were also the top four scorers for people agreeing with them as an approach.

Key quotes:

“Staff need to feel valued not just in pay, but also in attitudes. Happy staff deliver better care.”

“Being person-centred and listening to people’s voices should be a rock-solid foundation.”

“This is all quite comprehensive and enough to work with.”

“To always be kind and compassionate – every single person in a role to help people should have this value.”

Are there any other approaches you think we should include in our new strategy?

24 people responded to this question.

While there was general support for the approaches, people also raised several important themes about what is missing or needs more clarity:

More detail needed on delivery and measurement: Some people felt the approaches were positive in principle but lacked concrete actions, accountability, or ‘SMART’ goals. There is a clear call for outlining how these will be achieved, not just what is intended.

Human rights and inclusion: A few respondents raised the need to include stronger reference to equality and inclusion. Including how the strategy links to the council’s Equity, Diversity and Inclusion strategy, human rights and the social and human rights models of disability.

Compassion, honesty, and respect: A few responses reinforced that kindness, listening, and treating people as human beings must be the foundation of any approach.

Individual suggestions included: specialist palliative care; learning from other successful approaches; updating and streamlining administrative processes; and providing priority housing for essential workers to maintain a stable service.

Priorities

We asked people how much they agreed with each of the priorities outlined in the strategy. The number of responses ranged from 51 to 54.

The percentage of people who agreed is shown in the table below.

Priority	Agree or strongly agree	Disagree or strongly disagree
Work with health services to improve care	87%	0%
Make sure our services are high-quality	85%	0%
Work together with other local authorities to share resources and ideas	85%	2%
Involve more people in planning their care and in the design of services	81%	6%
Make sure homes support independence	77%	2%
Help people get from hospital to home quickly	77%	6%
Use technology to improve care and support	74%	0%
Get the best from a strength-based approach	73%	2%
Improve the data used in commissioning decisions	72%	0%
Ensure we meet our “best value duty” in delivering and commissioning services	67%	2%
Reduce the need for care and support	52%	11%

Some of these priorities have had their wording changed in the new strategy or have been removed due to duplication.

Overall, there was strong support for most of the priorities, with the majority receiving over 70% agreement. This reflects broad confidence in the direction being set.

The areas with the highest level of agreement signal strong backing for collaborative, integrated and people-centred approaches, especially when they focus on quality, independence, and participation.

The lowest level of agreement was with 'reducing the need for care and support' (52%), which some felt could be misinterpreted as a cost-saving measure rather than a focus on prevention.

The areas where there was no reported disagreement suggest strong consensus around providing high-quality services, modernising care by utilising digital technology, improving commissioning arrangements and working with health services.

Out of these priorities which four are the most important to you?

57 people responded to this question. The top four priorities were:

1. Make sure our services are high-quality (63%)
2. Work with health services to improve care (53%)
3. Involve more people in planning their care and in the design of services (39%)
4. Help people get from hospital to home quickly (37%)

Are there any other priorities you think we should include in our new strategy?

19 people responded to this question. Respondents offered a range of suggestions and themes included:

Resourcing and funding: A couple of responses highlight the need for sufficient funding and resources to ensure the strategy is deliverable.

Communication and engagement: A few respondents called for better communication and engagement with individuals and the public. One person expressed frustration over not having a point of contact at the council.

Planning for the future: There were a few proposals to better account for demographic change, such as the ageing population and rising complexity of needs. Incorporating futureproofing into planning, such as housing that supports ageing, technology, and climate adaptation.

Some of the other priority areas people suggested were: Direct Payments; making Continuing Healthcare (CHC) easier to navigate; manageable workloads for staff; and valuing and listening to other teams and sectors.

Key quotes:

“Receiving extra funds from government to replace the millions of pounds cut from the council budget over the last 15 years.”

“Communication - in general people don't think about social care needs til they're staring them in the face and then they're often disappointed by how poorly resourced the available options are. Implementing this strategy effectively will require a lot more resource - the population is rapidly ageing - and opening up a debate about how this will be paid for is very important.”

“Think about future changes / needs and the adaptability and responsiveness of adult social care e.g. ageing population, climate change, technological innovations.”

“Valuing other teams and sectors which support the prevent, reduce, delay part of the Care Act, e.g. the vibrant VCSE and teams within the council like Local Area Coordinators.”

Strategy**Is there anything else you feel may need to be considered in the strategy?**

24 people responded to this question.

The key themes from the responses echo those already highlighted in this report. Particularly around having specific, measurable and achievable objectives and actions and the funding and resources required to deliver the strategy.

Other suggestions included:

- Providing acknowledgement of what is not working well and needs to be improved, or tangible examples of the past situation versus future.
- Consistency of social workers and social care teams and reviews being completed.
- Support and funding for self-advocacy.
- Achieving a better public profile for care and support services.

Key quotes:

“An acknowledgement of what isn't working well and needs to be improved - showing this humility and honesty would really make this feel like a meaningful strategy that people could show true engagement with and commitment to co-production.”

“Don't penalise people with assets. Care should be delivered evenly and fairly and not be driven by the ability to pay.”

“Unsure I can meaningfully add to the good work done on this.”

“These practices are already pursued by the council but with overworked undertrained staff and underpaid and undervalued carers and looming cuts nothing is going to change.”

“The strategy is fine as a collection of headline statements of principle and some high-level aspirations... It is only when we see plans with assessments of workforce, investment, partnership, engagement and outcomes that any of this will become real and capable of assessment.”

Equality monitoring information

Of those who answered the equality monitoring questions:

- Most were aged 40 or over; the biggest proportion of respondents were aged 65 and over (33%)
- 67% were female
- 92% were White – English / Welsh / Scottish / Northern Irish / British
- 19% considered themselves disabled
- 44% were unpaid carers

Face-to-face conversations**Adult Social Care staff workshops**

We held two staff sessions to ensure the strategy reflected the key priorities for staff and aligned with our service and team plans. We also wanted to make sure staff felt the strategy was practical, actionable, and impactful.

Key points raised were:

Vision: Needs to be clearer, more relevant and realistic. Simpler language to improve accessibility and readability. Calls for the vision to be more inclusive, specifically its lack of explicit representation for multicultural communities and younger age groups.

Commitments: Staff generally supported the scope of the commitments but raised issues around language, strategic alignment, and inclusivity. Calls for clearer alignment with practice models, accountability, transparency, and rights-based approaches.

Key quotes:

“Keeping people safe: broad, means different things to people, feels quite paternalistic.”

“Care at home: this is more elderly focused.”

“Commitments could have a really strong link to the practice model and must link back to service plans.”

“Accountability, transparency, rights-based decision making [are] missing.”

Approaches: Feedback clearly identified areas needing improvement. Staff felt co-production can appear repetitive without clear strategic implementation. The use of data was also criticised as ineffective and overly rigid, with staff suggesting a shift to a more flexible, evidence-based approach. Transparency and communication were recurrent themes, with suggestions for responsive feedback loops and clearer internal-external communications.

Key quotes:

“Co-production - [we’re] not very good at this; feels like the vision on repeat.”

“Could we think about how to incorporate a ‘you said we did’ instead of co-production?”

“Transparent decision-making and honesty with citizens [is needed]”

Priorities: Staff advocated streamlining and refining the current priorities to make them clearer, more actionable, and directly linked to the

commitments. There needs to be emphasis on prioritising prevention and early intervention and defining "high-quality". Workforce development emerged as a critical gap, with strong recommendations for it to be a priority. Commissioning was reported as better than it was but still needs improvement and to be a key area of focus.

Key quotes:

“Supporting staff should be an additional priority!”

“We say high quality, but it means different things to different people.”

Current practice: Staff identified strengths in delivering person-centred, strength-based care. They raised operational challenges around flexibility, resource management, and effective collaboration. Concerns around data usage and communication particularly relating to commissioning decisions and joined-up care. Workforce support, including access to resources, training opportunities, and practical support during crises, was identified as needing targeted improvement.

Key quotes:

“Improving data used in commissioning decisions: placements for people with complex needs, e.g., mental health. Lack of placements in York.”

“Joined-up care and support: currently not happening as it should, some people have multiple providers.”

“Supporting the workforce: this needs more work. Access to facilities, information, systems, proper lunch break planned in, opportunities to have time for training.”

Feedback from community groups

Conversations about the new strategy took place with people with learning disabilities and people from the Deaf community. The issues raised included:

- Not being listened to, informed or involved and frustration around views not being heard or valued.
- Difficulties contacting adult social care including not knowing who to contact, staff not getting back to people and not having an allocated social worker.

- Not getting social care reviews.
- People's communication and accessibility needs not being met, such as difficulties getting BSL interpreters, and information not being provided in Easy Read.
- Lack of trust in the council.
- Wanting to be able to be independent, choose where to live and have a choice of who cares for you.
- Concerns about needing care and support in the future and there not being suitable, inclusive accommodation options available in York for deaf people. And that those staying in their own homes may not have options to stay connected to the community.
- Not being made aware of or being provided with information about different services and available options.
- Descriptions used in the strategy about different approaches can be complicated for people to understand.

Partnership feedback

Conversations about the new strategy took place with two partnership groups representing the needs of older people. The content of the strategy was generally well-received by both groups, but the feedback highlighted some key considerations:

- **Simplify the language** to use more plain English, ensuring clarity and accessibility.
- **Review the vision statement** to ensure it is clear, concise, impactful and distinct from a mission statement. Suggestions to align with or adapt the Social Care Futures vision:

“We all want to live in the place we call home, with the people and things we love, in communities where we look out for each other, doing the things that matter to us.”

- **Reframe messaging** around independence to emphasise keeping people safe and well within their community, rather than just helping individuals stay in their homes. Rewording might help clarify that “home” also includes one's broader living environment and social connections.

A shift in language from “home and safe” to “out and active” was suggested to better align with Age Friendly York’s aspirations.

- **Clarify the role and remit of adult social care**, particularly how it links with other departments to improve community access and mobility. Feedback highlighted frustrations around transport and mobility in York.
- **Consider how the strategy supports community-led approaches** and how elements of the pre-COVID Future Focus model can be reintroduced and sustained.
- **Continuous feedback and discussion** with the community should be embedded across council services rather than restricted to formal engagement exercises within adult social care.

Revisit pre-COVID ‘Talking Points’ and engagement spaces and explore how local area coordination can play a role in fostering community discussions.

- **Streamline commitments, priorities, and approaches**, identifying and reducing overlap where possible. A graphic showing how they are connected could be helpful. A comment was made about the priority of working with other Local Authorities and whether it needed to be separate to working with other partners.
- **Links to the Carers Strategy and other strategies** are important, ensuring a clear narrative between ambitions and efforts across the council and partners.
- **Valuing staff and the workforce** was welcomed as a priority particularly to improve low staff morale.
- **Consider how to develop a communications approach** to elevate the status of social care, addressing workforce morale and public perception.

A big thanks to everyone who has helped shape the new strategy by sharing their views or supporting us to reach more people.

If you have questions about this report or the Adult Social Care Strategy, please email: ASCTransformationTeam@york.gov.uk

Alternative formats

To request reasonable adjustments or to provide this document in an alternative language or format such as large print, braille, audio, Easy Read or BSL, you can:



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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)



People Scrutiny Committee

8 October 2025

Report of the Assistant Director of Education and Skills

Performance of York Learning on Strategic Plan 2024-2025

Summary

1. This report (Annex A) presents York Learning's end of year performance against their strategic aims for the academic year 2024/25.

Members are asked to:

Comment upon the performance of York Learning and seek clarification on any areas of concern.

Reason: To help monitor the service, guide managers and ensure there is robust and accountable governance arrangements.

Background

2. York Learning is a council service, which delivers a range of learning programmes to support people into employment, to improve their skills and to support their personal development and wellbeing. The service is funded exclusively from external contract funding and fee income which is in the region of £4.4m

This report, which is for the academic year 2024/2025, is an important element in enabling the service to demonstrate to Combined Authorities and Ofsted that it has secure and robust governance arrangements in place.

Consultation

3. The report has been created through collaboration with the service management team within York learning and the Improvement Board of Governors. The plan is presented for consultation, comments and the opportunity to seek clarification on any areas for concern.

Options

4. This report is for discussion and comment. There are no options to consider.

Analysis

5. *The strategic plan concentrates on our performance in the academic year just gone towards the agreed accountability agreement aims for 2024-2025. Our performance overall is good towards targets. All targets have been improved considerably, with the majority having managed to reach the higher target set.*
 - 5.1. *Digital inclusion has increased its reach and 42.6% of learners (target was 30%) have progressed into formal accredited IT routes with 25.7% of learners progressing into other essential skills routes.*
 - 5.2. *5 courses have been designed and run which were targeted to local skills needs with direct progression into other providers at levels 3 and above, this includes Cyber Security, Computer Aided Design, Supporting Teaching & Learning, Accounting, Childcare and Textiles.*
 - 5.3. *75% of learners progressing from any essential skills course are progressing into higher level learning from their starting point.*
 - 5.4. *35% of Family Learning learners are progressing into further learning which is 10% below our target set. Family learning is delivered in targeted areas of the city which are usually within IMD areas. Engagement is an improvement on the previous year and the offer has had a large turnaround which has increased relationships with 3 more schools and is continuing to create courses that highlight employment pathways and promote other learning opportunities. There is no national benchmark in this area for us to refer to but from regional feedback Family learning has been a difficult area to grow for some years.*
 - 5.5. *19% of the offer is reflective of being 'hybrid/blended' (both in class and online or fully online to ensure we cater for those who struggle to get to class. However, the majority of learners we work with need/request face to face to support for their essential skills development or to support their wellbeing, reduce isolation, improve their life opportunities and/or social connections.*

- 5.6. *A variety of courses have been designed to launch which support residents SEMH and employment needs which are already starting to recruit.*
- 5.7. *Additional funding has been identified which will help to expand the offer and increase our opportunity to identify premises for adult learning.*
- 5.8. *York Learning had their Ofsted Inspection in the academic year 24/25 and we have retained our Ofsted rating of 'Good'. Ofsted were very complimentary of the management and quality of provision of York Learning and our wide-ranging offer. They agreed that we meet the strategic aims of the city and how well we engaged with local communities and recognising their barriers and challenges in their local area as well as in life. Ofsted said: -*
 - 5.8.1 *'Learners and apprentices value highly the learning experience and support that they receive from tutors. They work in a respectful environment, where they grow in confidence. Learners and apprentices know that tutors genuinely care about their well-being and success.'*
 - 5.8.2 *"Learners and apprentices feel safe and very well supported. They know what to do if they have a safeguarding concern and have confidence that leaders and managers will act on concerns".*
 - 5.8.3 *"Leaders and Managers have a clear purpose for the provision that they offer. They provide a wide range of learning opportunities that are relevant to local skills needs and a social prescribing route for referrals from partners for targeted individuals to improve their well-being and mental health."*
 - 5.8.4 *"Tutors appreciate the barriers that many learners and apprentices face in their lives and are proactive in providing support while promoting high expectations."*
 - 5.8.5 *"Tutors provide effective support to learners and apprentices with additional needs. They adapt teaching skilfully to meet learners' and apprentices' needs and use effective teaching strategies to help them learn and remember new knowledge."*
 - 5.8.6 *"Leaders and managers have rigorous oversight o the quality of teaching and assessment, including that of subcontractors."*

Our holistic approach came across really clearly and strongly, 'that we fully understood our learners and their needs'.

Unfortunately, we had some legacy issues with achievement in the following areas: -

- 5.8.7 *Apprenticeships success was below required levels particularly in childcare at 55.3% (nationally this was at 54.6%), which was primarily due to a high proportion of learners leaving the industry to get other jobs. We have introduced support for employers when recruiting and robust initial assessment to ensure the applicants are equipped to take on their challenging role. Success this year is above required levels at 67% but we are continuing to work on improvements alongside employers in this area to improve this further. The quality lead is supporting the team to work through an action plan which primarily focuses on timescales for learning, more professional discussions and other online learning resources around maths and English.*
- 5.8.8 *English (64.7%) and maths (54.8%) which affects all ages of our provision. New bite sized portions of learning have been introduced, which sit outside of the accredited pathways, before allowing a learner to progress where they have identified weaknesses. Teaching methods have been reviewed, and further work is progressing into this year, within this area, relating to coaching, VR/AR and teaching triangles with neighbouring providers. Results at this point are 68.4% for maths and English is 89.9% which for English is excellent and for maths is an improving picture. Functional skills maths is the main problem area where the exam papers are seen as being harder than a GCSE currently which was not their purpose. This is primarily due to the language used in the exam papers which learners are struggling to translate their meaning. We are part of a national group who are feeding information back to Ofqual on this matter and have had the exam board in to hear from tutors direct on their experiences and learner's feedback.*
- 5.8.9 *Ofsted also felt that some few learners in the Adults learning provision, the 16-18 programme and the HNS provision did not fully recognise the risk of radicalisation or local risk to themselves relating to Prevent. Whilst they recognised that we teach and integrate this subject fully, they felt learners were still not articulating what those risk was to themselves. We have more work to do in this area*

and an action plan has been agreed to increase meaningful conversations in class and we have invited the regional prevent and terrorism co-ordinator, for the DFE, to speak on local risk to our teams in October.

6. *This year we have created an Impact Report to celebrate all that is achieved by our learners and the team.*

(<https://tinyurl.com/YLimpactreport>) There are many learner stories recorded within it which are very uplifting and reflect what we do day to day. Also below are highlights from Learner's survey responses and some of the wider impacts of learning for Learners:-

- 6.1. *82% of learners felt the overall offer was excellent and 15% felt it was good.*
- 6.2. *93% of learners felt their tutor knowledge was excellent (5% good).*
- 6.3. *94% of learners felt the support they received on their course was excellent/good.*
- 6.4. *3.5% of learners have stated that their learning has reduced their GP appointments in the year.*
- 6.5. *39.7% of learners felt that their learning had improved their mood and wellbeing.*
- 6.6. *6% are going to start volunteering.*
- 6.7. *31.4% felt their learning had improved:- their day to day working life/ helped with changing their career direction / job prospects.*
7. *York Learning has also worked with Public Health to setup and implement an IPS team (Individual Placement Support) to support those in recovery back into employment. We are working closely with the Public Health team and Change Grow Live (CGL) to implement the project and it is working well. CGL make the referrals to the IPS team who will work with the individuals and employers to create employment pathways and keep them in sustained employment. The project only started in October 2024, but targets are being met, and performance is high.*

Council Plan

8. *The service offer aligns with the Council Plan 2023–2027 and its vision of creating a city for all. It contributes to the plan's four priority areas:*

- Equality and Human Rights – by focusing on the needs of the most vulnerable groups and promoting inclusive education.
- Affordability – through initiatives such as poverty-proofing schools and providing families with information and support to help manage the cost-of-living crisis.
- Environment and Climate – by promoting the development of local Enhanced Resource Provisions within mainstream schools, reducing the need for out-of-area placements, and supporting sustainability.
- Health and Wellbeing – by prioritising improved outcomes for children and young people, ensuring they receive the right support at the right time to thrive.

Implications

9.

- **Financial** (*Contact – Director of Finance (s151)*) *There are no direct financial implications of this report, which is for members to discuss and review. The service is funded via external contracts and grants.*
- **Human Resources (HR)** (*Contact – Chief Officer HR and Support Services*) *The report has no Human Resources, implications.*
- **Equalities** (*Contact – Equalities Officer*) *The strategic plan shows how York Learning work across the city to give greater equal access to skills development and improve employability.*
- **Legal** (*Contact – Head of Legal*) *The report has no Legal implications.*
- **Crime and Disorder** (*Contact - Senior Partnerships Support Officer, Community Planning & Partnerships*). *The report has no Crime implications.*
- **Information Technology (IT)** (*Contact – Head of IT*) *The report has no Information Technology implications.*
- **Property** (*Contact – Property*) *The report has no property implications.*
- **Other**

Risk Management

8. *This report contains no known risk.*

Recommendations

10. Members are asked to consider the attached Strategic/Service Plan and approve it subject to any suggested changes.

Reason: To help monitor the service and provide sound governance arrangement for York Learning Services.

Contact Details

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Assistant Director of Education and Skills

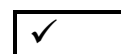
**Report
Approved**



Date 18 September
2025

Wards Affected: List wards or tick box to indicate all

All



For further information please contact the author of the report

Background Papers:

- Background paper: *Annex A York Learning Strategic Plan 2024_25*
- Background paper: *Annex B Accountability Agreement 24_25 [Issue - items at meetings - York Learning Accountability Agreement 2024/25](#)*
- *Background paper: Annex C York and North Yorkshire Local Skills Improvement Plan*
https://www.wnychamber.co.uk/app/uploads/2023/08/LSIP_York_and_North_Yorkshire_2023.pdf
- *Supporting Paper - York 10 Year Skills Plan -*
(<https://www.york.gov.uk/YorkSkillsPlan>)
- *Supporting Paper – York’s Economic Strategy 2022-2032*
<https://www.york.gov.uk/performance-policies/york-economic-strategy>
- *Supporting Paper – York and North Yorkshire Strategic Plan 2022*
 - *Supporting paper – York Learning Impact Report 2023-2025*
(<https://tinyurl.com/YLimpactreport>)

Annexes

- *Annex A – York Learning Strategic Plan 2024-25*
 - *Supporting paper – York Learning Impact Report 2023-2025*
(<https://tinyurl.com/YLimpactreport>)

Abbreviations

CGL = Change Grow Live

IPS = Individual Placement support

IMD = Index of Multiply Deprivation

Annual Strategic Plan – York Learning 2024_25

All strategic aims are linked back to accountability statement approved at CMT for 23/24. These aims are linked to local / National Skills priorities as set out in the Local Skills Improvement Plan (LSIP) and also continuing to support the aims of the current Council Plan.

Council Plan priorities

Equalities and Human Rights - Equality of opportunity - We will create opportunities for all, providing equal opportunity and balancing the human rights of everyone to ensure residents and visitors alike can benefit from the city and its strengths. We will stand up to hate and work hard to champion our communities.

Affordability - Tackling the cost-of-living crisis - We will find new ways so everyone who lives here benefits from the success of the city, targeting our support at those who need it most, supporting communities to build on their own strengths and those of the people around them.

Climate - Environment and the climate emergency - We know the race to net zero is more urgent than ever and we will understand the impact our actions have on the environment. We will prepare for the future, adapting our city to extreme climate events and enhancing our environment for future generations to enjoy.

Health - Health and wellbeing - We will improve health and wellbeing and reduce health inequalities, taking a Health in All Policies approach, with good education, jobs, travel, housing, better access to health and social care services and environmental sustainability. We will achieve better outcomes by targeting areas of deprivation, aiming to level opportunity across the city.

Strategic Aim for 2024/25	Link to local / National Skills Priority	Actions	Targets	Aug 25 Progress/comments
A. Increase participation and engagement in progression-based packages of learning	<p>Local – engagement and participation; recruitment to target sectors.</p> <p>Regional – Widen access and participation; unlock progression pathways and underutilised talent; develop flexible provision.</p> <p>National – progression into bootcamps, Free courses for jobs (FCFJ), apprenticeships</p>	<ol style="list-style-type: none"> 1. Develop curriculum models that clearly link learning opportunities to job role in priority sectors with at least one pathway by sector area in place by January 2025 2. Provide wider range of learner touchpoints through on-demand, blended, hybrid and face to face interactions linked to each pathway with a pilot approach available by January 2025 3. Develop curriculum models that clearly link learning opportunities to job role in priority sectors with at least one pathway by sector area in place by January 2025 	<p>1. Increase participation in IAG linked multi-programme internal progression from 45% to 60%.</p> <p>Increase progression into provision in:</p> <ul style="list-style-type: none"> • Wider FE/HE (from 10% to 15%) • Bootcamps (23/24 course completion was 64% target for 24/25 70%) • Level 3 learning 'Free courses for Jobs' into employment/self-employment /promotion from 94% to 95% • Percentage of Apprentices remaining in sustained employment 58.6% • Progression into employment from 50% to 70% 	<p>1. Participation towards IAG has increased to 53% and is continuing to be a focus.</p> <ul style="list-style-type: none"> • Progression into other FE/HE currently at 12% but enrolments for some learners is still to come. • Bootcamp provision delivered 87.5% course completion and half of those on programme have been offered paid roles within the financial sector.. • Increased participation into L3 courses - growth area Childcare /Adult Care. Overhitting allocations by 104.6% with the DFE leading to a bonus in funding. • 99% of apprentices that are completing retain sustained employment. • Currently at 33% have destination outcomes progressing into employment.

			2. All curriculums have a strong blended and online offer alongside face to face. Increase offer of online/hybrid learning from 15% to 19%	2. 19% of the offer is reflective of hybrid, online, blended
B. Develop curriculum pathways for adults finding mental wellbeing as a barrier to engagement with learning and employment	<p>Local - Increase the levels of independence in adults with disabilities to gain technics and responsibility for health and wellbeing.</p> <p>Regional – Widen access and participation;</p>	<p>1. Develop a strand of tailored learning offer that engages with a group of individuals that struggle to see themselves in learning or employment due to health barriers.</p> <p>2. Develop learning materials and support mechanisms.</p> <p>3. Pilot programme to be up and running January 25 that recruits from JCP and partners and from those who are at risk of dropping out of programmes due to poor mental wellbeing.</p>	<p>1. Identify what the programme will look like, target groups, partners involved.</p> <p>2. Build course content that has clear wellbeing and employment / skills links.</p> <p>3. Progression into wider learning or employment of 60% of the cohort.</p>	<p>First Steps was to train a group of managers and tutors in wellbeing and supporting mental wellbeing.</p> <p>1. All managers and some teachers have all undertaken a level 2 Mental Health first aid and Advocacy in the Workplace course.</p> <p>2. The wellbeing offer to staff and learners was developed starting trials at Door 84 and parents in schools. The SEMH group have developed a programme of courses and content for 25/26 which will be funded via Trailblazers to support wellbeing whilst promoting employment.</p> <p>3. This is still early days as the offer hasn't had clear referral routes or funding to implement it fully.</p>

C. Develop a curriculum pathway for adults with SEND to increase participation and independence post EHCP	<p>Local - Increase the levels of independence in adults with disabilities to take personal responsibility for health and wellbeing.</p> <p>Regional - Widen access and participation</p>	<p>1. Undertake research with learners exiting provision managed by service post EHCP to ascertain skills needs at end of 2023/24 academic year.</p> <p>2. Discuss with partners in education and SEND teams ongoing needs not currently being met that would support independence and continued employment in adult community by end of September 2025</p> <p>3. Investigate key learning to inform on a curriculum offer</p>	<p>1. Secure a route to research that is either free or externally funded.</p> <p>2. Develop a work plan with partners that has IAG pathways towards employment skills development and learning plans.</p> <p>3. Look to inform curriculum plans for 25/26</p>	<p>1. EHCP review schedules done to implement triage appointments with ASC - liaison with subs and Ruth Horner and initial pathway drafted out. Lynne Johns will pull together data alongside Ruth on their mosaic database to look at numbers of those not engaging and also potentially cross reference with LAC activity</p> <p>2. Post 16 mapping and sufficiency project that links in with the objectives on CYC valve agreements to understand changing needs of the SEN demographic and to re examine current commissioning of provision</p> <p>3. Survey with providers of all post 16 provision in York completed. data from Business Intelligence sent to analyse year 10 upwards for needs analysis. - Results still to be analysed by team.</p>

<p>D. Develop a culture-based pride in place thematic family learning offer</p>	<p>Local - Encourage families to work, learn and play together; Support combined pride in and understanding of our wide and welcoming common heritage; Work in spaces in communities to help them be more useful and vibrant.</p> <p>Regional – Widen access and participation; unlock progression pathways and underutilised talent.</p> <p>National – progression into bootcamps, FCFJ, apprenticeships</p>	<p>1. Identify key council leads on heritage and culture, in particular those seeking to develop the young person culture passport.</p> <p>2. Support working group to consider how this activity could support community development whilst improving essential and transferable skills in wider family members.</p> <p>3. Develop learning materials and support sessions fundable as family learning to support this activity</p>	<p>1. One pilot targeting parents in a family learning program offered within 2025, depending on launch.</p> <p>Progression into further/wider adult learning is at 45%</p> <p>2. 4% of that cohort with target IAG outcomes that lead to a national priority objective stated in their ILP.</p> <p>3. Enable</p>	<p>1. Culture Pass not fully launched and therefore this objective is still to come.</p> <p>Current progression is 35% of Family Learning learners progress into further learning from their first engagement.</p> <p>2-3. These Targets are still related to culture pass which hasn't been active in this academic year. However, progression from Family Learning into wider learning activities which is connected to National priority objectives or regional related skills objectives is 23.2% (Digital, English, maths, childcare, adult care)</p>
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E. Clearly developed and publicised pipeline progression programmes into partner provision	<p>Local and Regional - Widen access and participation; unlock progression pathways and underutilised talent; develop flexible delivery modes.</p> <p>National – progression into bootcamps, FCFJ, apprenticeships</p>	<p>1. Using pipeline documents from Aim A identify key partner links to support development of higher-level skills programmes.</p> <p>2. Work with named partner to develop action plan for this progression.</p> <p>3. Promote this offer in line with action plan to incorporate flexible delivery modes.</p>	<p>1. Programme action plan in place by December 2024</p> <p>2. Targets set for expected numbers and marketing plan in place in 2024-25</p>	<p>1. Action plan implemented concentrated on specific areas of skills– namely Digital, Childcare, Design, Accounting.</p> <p>2. 5 Courses were created in following areas with clear progression pathways which are connected to the FE provider as follows:-</p> <table><tr><td>Cyber Security</td><td>York College</td></tr><tr><td>Computer Aided Design(CAD</td><td>York College</td></tr><tr><td>Childcare</td><td>Local Employers/ York College, York St.John</td></tr><tr><td>Textiles</td><td>Degree level course at York College</td></tr><tr><td>Accounting</td><td>Aspire Accounting Academy</td></tr><tr><td>Supporting Children in Schools</td><td>L2 Teaching Assistant York College</td></tr></table> <p>A. Our next Skills Bootcamp (recruitment permitting) will be focussed on Leadership and Management.</p> <p>B. Working with external partners on onboarding pathways for drone’s courses at an accredited level.</p>	Cyber Security	York College	Computer Aided Design(CAD	York College	Childcare	Local Employers/ York College, York St.John	Textiles	Degree level course at York College	Accounting	Aspire Accounting Academy	Supporting Children in Schools	L2 Teaching Assistant York College
Cyber Security	York College															
Computer Aided Design(CAD	York College															
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Textiles	Degree level course at York College															
Accounting	Aspire Accounting Academy															
Supporting Children in Schools	L2 Teaching Assistant York College															

<p>C. Continue work to celebrate and embed essential and transferable skills into the whole curriculum offer</p>	<p>Local – Improve essential skills.</p> <p>Regional – Embed Basic and Transferable Skills</p> <p>National – progression into bootcamps, FCFJ, apprenticeships</p>	<p>1. Review ILP /RARPA or equivalent documentation to ensure transferable skills development is captured by September 2024</p> <p>2. All course planning documentation reviewed to ensure opportunities to develop essential and transferable skills are articulated</p>	<p>1. Percentage of learners reporting awareness and relevance of transferable skills to increase from 64% to 80%.</p> <p>2. Learners being able to articulate Transferable skills</p> <p>3. Progression into higher level essential skills increases from 25% to 65%</p>	<p>1. Reviews show transferable skills clearly being articulated in classes and is part of course paperwork. We have recorded an overall increase to 71.26% of learners now exposed to and understanding transferable skills.</p> <p>2. Classroom visits have shown learners are able to articulate/reflect on how their learning in the classroom supports them in other ways.</p> <p>3. Current progression data shows 75% of those progressing are going into higher level learning against their starting points in essential skills learning.</p>
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<p>D. Maximise the economic potential of learners with ESOL needs</p>	<p>Local - allow people to take up better jobs that are better suited to their skills, ambitions and aspirations and progress into the wider economic infrastructure.</p> <p>Regional – Widen access and participation; unlock progression pathways and underutilised talent; develop flexible provision.</p> <p>National – progression into bootcamps, FCFJ, apprenticeships</p>	<ol style="list-style-type: none"> 1. Carry out needs analysis on ESOL and refugee cohorts completing summer term 2024 to identify precursor trades, professions and qualifications from home countries. 2. Identify patterns and trends and complete analysis by September. 3. Develop curriculum resources/pathways to aid transition of skills to UK standards for delivery in March 2025 	<ol style="list-style-type: none"> 1. Report on curriculum pathways ready for January 2025 2. Resource creation explored with other partners for targeted individuals with signposting to relevant skills/jobs February 2025 start. 3. 25% of identified learners from ESOL successfully signposted onto career related accredited courses (either with YL or suitable partners) or relevant employers for employment. 	<ol style="list-style-type: none"> 1. Needs Assessment revealed high number of ESOL learners have NO employment history in home countries (24.2%), therefore basic employability course identified. Industry backgrounds primarily identified Business and Management (7.8%) and Social Care (7.2%). 2. There has been an increase of ESOL learners into wider provision, (Bookkeeping, Digital, Textiles, Health & social care, Cooking) but figures won't be known until 25-26 enrolments. In response CPD training sessions for tutors in all curriculum areas delivered in Spring 25. Work being developed within Digital Skills & work-based learning to design offers more accessible for ESOL learners. 3. Accredited 'Employability Skills' courses delivered. This qualification consists of four units: Building confidence and self-esteem, Effective communication for work, Exploring job opportunities & Rights and Responsibilities at work. Extra industry-specific units can be taken after. This has been invaluable to all learners.
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<p>E. Reduce levels of digital inequality that impact participation and progression</p>	<p>Regional – Widen access and participation; unlock progression pathways and underutilised talent; develop flexible provision.</p> <p>National – progression into bootcamps, FCFJ, apprenticeships</p>	<ol style="list-style-type: none"> 1. Roll out digital engagement programme (community workshops) to 3 IMD areas in York. 2. Improve progression rates from engagement to formal quals. 3. Increase the number of learners engaging with new tech such as VR/AR, aerial technology 	<ol style="list-style-type: none"> 1. 30 new learners engaged by April 2025 2. 30% conversion rate from engagement to formal accredited IT routes 3. 3 community groups in IMD areas accessing new technology by July 2025 	<ol style="list-style-type: none"> 1. Community workshops rolled out in 2024-25 in Acomb/Clifton/Tang Hall/New Earswick based on access to data/community group feedback about what their service users are missing/how they are digitally excluded. 28 new learners within this offer were recruited, Overall Digital learners have increased from 445 to 502 learners 2. 42.6% of learners have progressed into formal accredited IT routes. 25.7% of learners progressed into essential skills (English, maths) and 20% went onto employability or vocational courses. 3. Acomb/Clifton/Tang Hall/New Earswick has all had new offer encouraging new access to digital skills within targeted IMD areas.
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<p>F. Increase access to additional funding to support the ability to meet targets above.</p>	<p>Local - allow people to take up better jobs that are better suited to their skills, ambitions and aspirations and progress into the wider economic infrastructure.</p> <p>Local - Increase the levels of independence in adults with disabilities to take personal responsibility for health and wellbeing.</p> <p>Local - Encourage families to work, learn and play together; Support combined pride in and understanding of our wide and welcoming common heritage; Work in spaces in communities to help them be more useful and vibrant.</p>	<ol style="list-style-type: none"> 1. Seek out funding opportunities to increase venue opportunities from CA, LA and Central Government. 2. Continue to explore venue availability across the city. 3. Continue to explore mayoral opportunities towards a Business Skills Centre to support provision of entry pathways to higher levels in specific skill sectors. 4. Cross council working to improve promotion of learning/employment pathways for those with SEND. 	<ol style="list-style-type: none"> 1. Secure capital funding and/or support to achieve venue aims and expansion of provision into creating those entry pathways to higher level skills needs. 2. Clearly identify building needs and promote any possible locations with the teams to explore further. 3. Strategic Manager to report back on cross council working and any barriers to that. 4. Prepare a business case setting out the capital investment and benefits of a skills premises for local and regional use. 	<ol style="list-style-type: none"> 1. Additional funding via MCA towards Tailored Learning Offer has been agreed this academic year. 2. Building needs analysis produced with help of drawings and various discussions. Looking at various venue and building business case being produced 3. Discussions with senior leaders on involvement within growth plans relating to York Central Plans for learning opportunities there. 4. Capital investment secured via increase to Tailored Learning funding. Business case being produced promoting opportunities for growth including 16-18 offer.
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People Scrutiny Committee
Work Plan 2025/26
Reviewed September 2025

Date of Meeting	Item	Lead Officer / Exec Member	Scope
11 June 2025			
	Work-planning for the municipal year 2025/26		
9 July 2025			
	SEND Strategy, Update	Maxine Squire/Victoria Coyle/Cllr Webb	
17 September 2025	<i>Informal work planning meeting</i>		<i>To consider allocation of work plan items</i>
8 October 2025			
	Neighbourhood Model	Pauline Stuchfield/Laura Williams/Cllr Pavlovic	Pre-decision scrutiny
	Adult Social Care Strategy	Sara Storey/Michael Melvin/Elaine Taylor/Cllr Steels-Walshaw	
	York Learning 24-25 strategic plan performance	Angela Padfield	

Date of Meeting	Item	Lead Officer / Exec Member	Scope
3 December 2025	TBC Food Insecurity Task and Finish Group Draft Report		Task and Finish Report
	TBC Early Years and Childcare Reforms update		
11 February 2026	TBC Benefit Changes Task and Finish Group Draft Report		Task and Finish Report
15 April 2026	TBC		

Unallocated items and items recommended from previous scrutiny committees – to be considered for all-member briefing sessions or public meetings

Key	Childrens	Housing/Communities	Public Health	ASC
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Item	Origin	Lead Officer and Exec Member	Notes	Type of Scrutiny
Neighbourhood Policing Review	CCC	Director of Housing and Communities, Cllr Pavlovic, Exec. Member for Housing, Planning and Safer Communities	<i>Suggested for committee report, date TBC</i>	

Item	Origin	Lead Officer and Exec Member	Notes	Type of Scrutiny
School Attendance	CCC	Assistant Director, Education and Skills, Cllr Webb, Exec. Member for Children, Young People and Education	<i>Suggested for briefing, date TBC</i>	
Attainment Gap	CCC	Assistant Director, Education and Skills, Cllr Webb, Exec. Member for Children, Young People and Education	<i>Suggested for briefing, date TBC</i>	
Virtual School Annual Report	CCC	Assistant Director, Education and Skills, Virtual School Headteacher, Cllr Webb, Exec. Member for Children, Young People and Education	<i>Suggested for briefing, date TBC</i>	Annual Report

Item	Origin	Lead Officer and Exec Member	Notes	Type of Scrutiny
Children Safeguarding Partnership Annual Report	CCC	Corporate Director of Children and Education, Cllr Webb, Exec. Member for Children, Young People and Education	Briefing Comes to scrutiny to meet governance requirements.	Annual Report
Urgent Care Update	HHASC	Director of Public Health; Cllr Steels-Walshaw, Exec Member for Health, Wellbeing and ASC	<i>Suggested for briefing.</i> Led by ICB colleagues. Follows previous update to HHASC in November 2025.	
Healthy Weight	HHASC	Director of Public Health; Cllr Steels-Walshaw, Exec Member for Health, Wellbeing and ASC	<i>Suggested for briefing, date TBC.</i> New service offer being launched autumn 2025.	
Draft Pharmaceutical Needs Assessment 2025	HHASC	Director of Public Health; Cllr Steels-Walshaw, Exec Member for Health, Wellbeing and ASC	<i>Suggested for briefing, date TBC.</i> Consultation details have been shared with members.	

Item	Origin	Lead Officer and Exec Member	Notes	Type of Scrutiny
Dignity in Retirement Council Motion	HHASC	Cllr Lomas, Executive Member for Finance, Major Projects and Equalities	Follows September 2024 Council Motion: To request that the Executive Member for Finance, Major Projects and Equalities work with officers to create a plan for consideration by the relevant Scrutiny Committee(s) which sets out a range of measures that could be taken to mitigate the impact of the above decisions on York's pensioners, including maintaining financial support for warm spaces in York through allocation of Household Support Fund grants.	
Trauma Informed City Council Motion – possible wider discussion	HHASC	Director of Public Health; Cllr Steels-Walshaw, Exec	Follows March 2024 Council Motion and update from TEWV at	

Item	Origin	Lead Officer and Exec Member	Notes	Type of Scrutiny
		Member for Health, Wellbeing and ASC	HHASC in May 2025; to be considered along with ICB changes during next municipal year (26-27)	
Health and Artificial Intelligence – benefits and challenges	HHASC	Director of Public Health; Cllr Steels-Walshaw, Exec Member for Health, Wellbeing and ASC	Specifics yet to be worked out.	
Telecare/reablement technology – briefing from relevant academics	HHASC	Corporate Director ASC and Integration; Cllr Steels-Walshaw, Exec Member for Health, Wellbeing and ASC	Follows HHASC members' telecare demonstration in April 2025. <i>Suggested for briefing along with for information on AI implementation.</i>	Briefing for information only.
LD Provision – The Glen and Lowfields	HHASC	Corporate Director ASC and Integration; Corporate Director of Children and Education; Director of Housing and	Specifics yet to be worked out. (Note that Lowfields not yet built).	

Item	Origin	Lead Officer and Exec Member	Notes	Type of Scrutiny
		Communities; Cllr Steels-Walshaw, Exec Member for Health, Wellbeing and ASC; Cllr Pavlovic, Exec Member for Housing Planning and Safer Communities		
Relevant outputs from LGA Peer Review – Housing Partners	HHASC	Director of Housing and Communities; Cllr Pavlovic Exec, Member for Housing Planning and Safer Communities	Suggested that relevant housing partners could be invited to report to the committee; specifics yet to be worked out.	
Update on Dentistry Provision	11/06/2025	Director of Public Health; Cllr Steels-Walshaw, Exec Member for Health, Wellbeing and ASC	<i>Suggested for briefing, date TBC</i>	
Changes to H&NY ICB	11/06/2025	Director of Public Health; Cllr Steels-Walshaw, Exec Member for Health,	<i>Suggested for briefing, municipal year 26-27</i>	

Item	Origin	Lead Officer and Exec Member	Notes	Type of Scrutiny
		Wellbeing and ASC		
York Hungry Minds – Free School Meal Pilot Update	11/06/2025	Corporate Director of Children and Education, Assistant Director, Education and Skills Cllr Webb, Exec. Member for Children, Young People and Education	<i>Suggested for briefing, date TBC</i>	
Gardening Assistance	11/06/2025	Director of Housing and Communities; Cllr Pavlovic Exec, Member for Housing Planning and Safer Communities	<i>Suggested for briefing on assistance offered and closure of list.</i>	

Briefing session dates

- Thursday 21 October
- Thursday 4 December
- Thursday 26 February

- Thursday 16 April

Agreed Task and Finish Groups

Topic	Origin	Aims and objectives	Membership
Food Insecurity December 2025?	CCC, following Council resolution 20/07/2023	'Request that the council's scrutiny function undertakes a review of community food growing opportunities and makes recommendations to Executive to expand these opportunities, including considering the prospects for expanding an Edible York project in Tang Hall to other parts of the city to bring more underused gardens into use for food growing'	Cllr Knight Cllr Nelson
Preparing for proposed changes to long-term sickness and disability benefits February 2026?	Corporate Scrutiny Committee (CSC), formerly Corporate Services, Climate Change and Scrutiny Management Committee (CSCCSMC), following Council resolution 27/03/2025	<ul style="list-style-type: none"> • Acquire a detailed understanding of the scope of the proposed changes and the likely direct and indirect impacts • Establish the number of York residents likely to be affected by the changes if they are implemented as currently proposed • Identify what additional financial or other support 	Cllr Fenton Cllr Runciman Cllr Steward Cllr Coles Cllr J Burton <i>Meetings held 15 July 2025, 19 August 2025</i>

		<p>affected residents may seek to access from the council and partners</p> <ul style="list-style-type: none"> • Identify how affected residents can best be supported to access help, such as applying for other benefits for which they may be eligible • Establish whether capacity exists to meet a potential increase in demand for services or support <p>Make recommendations as to how the council and partners can most effectively allocate resources to support affected residents</p>	
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Possible Task and Finish Groups

Topic	Origin	Aims and objectives	Membership
Home Care Commissioning	HHASC – agreed by the committee in March 2024 but work not yet underway.	To better understand the commissioning of home care in the city, including monitoring, performance, cost, difference within	Was previously: Cllrs Myers, Vassie, Baxter

		contracts, companies, how the council's policy and social value policy apply to the commissioning and what the Council's direction of travel, incorporating the Council Plan 2023-2027 will affect commissioning.	
Review and development of working arrangements with York Youth Council	11/06/2025		
Review of repair service satisfaction with a particular focus on responses from the Housing Annual Survey	11/06/2025		

People Scrutiny Committee remit:

- Develop & maintain close working with Corporate Parenting Board and York Schools & Academies Board and deliver complimentary agendas where appropriate;
- Children's Social Care
- The Virtual School for children in care
- Early Years and childcare
- School effectiveness and achievement, including school attendance and school safeguarding

- School services: School place planning and capital maintenance; School transport; Admissions; The School governance service and SENDIASS; Behaviour and attendance; Elective home education; Children missing education
- SEND services & Educational Psychology
- Skills, inc monitoring of York Skills Board; York Learning
- Neighbourhood Working, Community Centres
- People & Neighbourhoods Strategy & Policy
- Community Safety inc Safer York Partnership, Substance Misuse, Anti Social Behaviour
- Youth Services
- Voluntary Sector
- Digital inclusion strategy
- Develop & maintain close working with Health & Wellbeing Board in order to deliver complimentary agendas and avoid duplication; hold HWB board to account on HWB Strategy
- Public Health
- Maintain oversight of Health Services as appropriate to Scrutiny, including monitoring of the Integrated Care Strategy
- Consider any substantial changes to Health service provision within the local authority area
- Services for carers
- Adult Safeguarding
- Adult Social Care Provision
- Adult Social Care Community Teams
- Commissioning, Quality Improvement and Partnerships
- Early Intervention and Prevention
- Housing Revenue Account
- Housing Services
- Housing - Building Services, Repairs and maintenance, Standards and Adaptations

- Older People's Accommodation Programme
- Landlord services
- Homelessness and rough sleeping

In addition to the general powers and delegated authorities of Scrutiny Committees of the Council, the People Scrutiny Committee is also responsible for:

- a) the discharge of the health and scrutiny functions conferred on the Council by the Local Government Act 2000
- b) undertaking all of the Council's statutory functions in accordance with section 7 of the Health and Social Care Act 2001, NHS Reformed & Health Care Professional Act 2002, and section 244 of the National Health Service Act 2006 and associated regulations, including appointing members, from within the membership of the Committee, to any joint scrutiny committees with other local authorities, as directed under the National Health Service Act 2006.
- c) reviewing and scrutinising the impact of the services and policies of key partners on the health of the City's population
- d) reviewing arrangements made by the Council and local NHS bodies for public health within the City
- e) making reports and recommendations to the local NHS body or other local providers of services and to evaluate and review the effectiveness of its reports and recommendations
- f) delegating functions of scrutiny of health to another Local Authority Committee
- g) reporting to the Secretary of State of Health when:
 - i. concerned that consultation on substantial variation or development of service has been inadequate
 - ii. it considers that the proposals are not in the interests of the health service

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