

---

Meeting	Health, Housing and Adult Social Care Scrutiny Committee
Date	30 January 2024
Present	Councillors D Myers (Chair), Vassie (Vice-Chair), Baxter, Kelly, Rose, Runciman, Smalley [until 19:30], Steels-Walshaw, Wann and Wilson [until 19:30].
In Attendance	Councillor Coles, Executive Member for Health, Wellbeing, and Adult Social Care [until 20:15] Councillor Pavlovic, Executive Member for Housing, Planning and Safer Communities [until 19:15]
Officers Present	Patrick Looker, Head of Service Finance Steve Tait, Finance Manager Michael Melvin, Interim Corporate Director of Adult Social Care and Integration Abid Mumtaz, Head of All Age Commissioning Peter Roderick, Director of Public Health
External Attendees	Zoe Campbell, Managing Director, North Yorkshire and York Care Group, Tees, Esk & Wear Valleys NHS Foundation Trust Helen Day, Director of Nursing and Quality, Tees, Esk & Wear Valleys NHS Foundation Trust

---

## **25. Declarations of Interest (17:32)**

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

## **26. Minutes (17:33)**

Resolved: That the minutes of the Health, Housing, and Adult Social Care Policy and Scrutiny Committee meeting held on 13 November 2023 be approved as a correct record and signed by the Chair.

## **27. Public Participation (17:33)**

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

## **28. Tees, Esk & Wear Valleys NHS Foundation Trust CQC Inspection (17:34)**

The committee were joined by Zoe Campbell and Helen Day from Tees, Esk & Wear Valleys NHS Foundation Trust (TEWV), who presented an overview of the findings of TEWV's recent CQC inspection. They drew attention to the improvements that had been made since the previous inspection carried out in 2021 and outlined the progress that had been made in addressing the 'Must Do' and 'Should Do' actions recommended by the CQC following the 2023 inspection.

Members enquired about staffing and training. It was confirmed that while staffing remained a concern, TEWV was in the top 10% of mental health trusts in England for staff retention. TEWV was aiming to increase the use of bank staff rather than agency workers, including an improved hourly rate for bank staff to encourage more registrations. Reducing numbers of agency staff would help financially, but finances would never take priority over safety and quality of care. Agency staff were offered the same individual supervision, reflective practice and training available to internal staff. Work was also underway to record supervision more effectively trust-wide.

The committee discussed diagnosis waiting times. It was noted that patient tracker lists were being constantly monitored, and that there was a direct correlation between the longest waiting lists and teams with the highest number of vacancies. Referrals of children and young people had doubled since the end of 2022 and were increasing monthly. For services in York the average wait was one month, with the longest waits around assessment for ADHD and autism; those with the highest need were given priority. TEWV was investing in community transformation to improve wraparound care and help those who did not need to be in hospital to stay at home.

Members also enquired about the crisis telephone service, and it was confirmed that TEWV was working with voluntary sector colleagues to improve response rates. Procurement for a voluntary sector partner had just taken place, and a pilot scheme with NHS 111 giving the option to speak to a local mental health provider was due to run in April, although there remained a need to increase crisis team capacity.

In response to Members' questions around leadership, data management and monitoring it was noted that the CQC report had raised the issue of the volume of data being looked at regularly, and efforts were being made to focus on fewer and specific measures in response, including waiting lists. A new risk management system was being embedded, and patient voice was informing a new and robust policy on the use of monitoring equipment. It was also noted that as the CQC's inspection regime was changing, future reports might take a different form.

Resolved:

- i. To note the content of the presentation including the progress made since TEWV's previous CQC inspection in 2021;
- ii. To note the 'Must Do' and 'Should Do' actions identified in the 2023 CQC inspection and the progress made on these to date.

Reason: To keep the committee updated on TEWV's response to the CQC inspection.

## **29. 2023-24 Finance and Performance Monitor 3 (18:30)**

Officers introduced a report outlining finance and performance information for quarter 3, covering the Health, Housing and Adult Social Care service areas. It was noted that the Council was facing significant financial pressures, especially across Adult Social Care.

Members enquired about the general budgetary position. It was confirmed that historically overspends had reduced through the financial year but owing to additional costs due to inflation, increased utilities and staffing costs, and narrowing opportunities to offset and save, this had not happened in 2023/24. Identified savings would need to be delivered successfully to balance the budget for the next financial year.

The Executive Member for Housing, Planning and Safer Communities was in attendance and joined the committee's discussion on the Housing finance and performance information. Members discussed the figures for rough sleeping and void properties. With reference to the increased number of rough sleepers, it was noted that the move from annual to quarterly figures likely represented a more accurate reflection of the numbers of rough sleepers. Council Navigators were responsible for trying to get people back into services, and everyone known to them was engaged with, including those who had been excluded from hostels or other premises. It was confirmed that all available beds, including

emergency and severe weather beds, were generally always full. With reference to void premises, it was confirmed that there had been a significant focus on reducing these following abnormal spikes in the numbers of voids in September and January; additional resources were being used to clear these to reduce the housing waiting list and increase revenue.

Members also discussed the finance and performance information relating to Adult Social Care. Officers confirmed that due to non-savings in previous years, budgetary growth had been eaten up by inflationary pressures. Significant reductions were needed in the price paid to providers in the independent sector, in the number of people commissioned services were provided to, and in the amount of service provided. Work on this was underway, including a new practice model, improved assurance processes, and the re-procurement of reablement services. Managers were highly conscientious around the financial position, but savings needed to be balanced against statutory duties and the provision of safe and sustainable care. With reference to residential care, it was confirmed that beds were block-purchased from the independent sector; bed use was closely monitored and vacancies could be recouped. Work was also being done in Home Care to get people onto more reasonably priced provision.

The committee enquired about the public health data in the report. It was confirmed that ward-level data helped address local health inequalities, and benchmark figures would be included in future reports. With reference to other indicators, it was confirmed that only one in ten new births did not receive a face-to-face visit from a health visitor within 14 days, compared to one in three in 2021/22; these figures reflected variables including specific health needs and safeguarding concerns. It was noted that ONS figures on life expectancy were published with a time lag, and that concerns over healthy life expectancy had grown over the last decade, with female life expectancy tending to reverse more quickly than male. Although the indicator for HIV late diagnosis had increased, the numbers of individuals diagnosed were in single figures. Treatments had progressed and levels of transmission for those on new antiviral medication were virtually nil, and while there was concern over this indicator it represented the difficult end of a historic problem.

Resolved: That the committee note the the finance and performance information.

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

[The meeting adjourned for a comfort break from 19:30 – 19:38].

### **30. Adult Social Care CQC Assurance Update (19:38)**

The Corporate Director of Adult Social Care and Integration provided the committee with an update on the progress to date in preparation for the upcoming CQC inspection of City of York Council's Adult Social Care services. It was noted that the timing of the inspection was to be confirmed.

Members enquired about the shape the inspection would take. It was confirmed that a new framework for inspection had been agreed in 2022, and that officers were in contact with colleagues at the five authorities already inspected under this process. The inspection would involve the submission of information to the CQC and an on-site visit focused on front line provision. While there was still work to do, plans were in place to enable a good inspection. This included a CQC lead in post within the ASC team, and the commissioning of a report from Healthwatch York to provide user and carer feedback.

In response to the committee's questions on best practice and integrated care, it was confirmed that work on the lessons learned from recent inspections had been done locally and nationally, and that sector-led improvement was increasingly focusing on best practice in addressing inspection requirements. Residents wanted to see Adult Social Care provision integrated with other services and the new regulatory regime was helpful in this regard. Progress was already being made in the city with joint work on frailty and mental health hubs, and there were opportunities for further integration of services including joint commissioning with the Integrated Care Board, although it was important to avoid duplication given financial pressures.

Resolved: That the committee note the report.

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

### **31. All-Age Commissioning Strategy 2023-25 (19:58)**

The committee considered a report on the Council's All-Age Commissioning Strategy for 2023-25, which was introduced by the Head of All Age Commissioning. It was noted that the new strategy was a live document, entailing a strength-based approach to commissioning services.

Members enquired about the clarity of the commissioning process, and it was confirmed that the clear statement of aims and objectives embodied in

the strategy was necessary to avoid the Council's approach being driven by market forces. A quarterly commissioning plan sat below the strategy, and a market position statement and a workforce strategy summary were available on the Council's website.

The committee discussed the use of assistive technology in social care. It was noted that while maximising technology to provide a better service was a key priority of the strategy, it was essential that solutions were accessible and intelligible to service users and their families. It was confirmed that a separate working group was looking at assistive technology, and that the market position statement would be updated to reflect that technological solutions were not suitable for all service users. It was noted that a discussion on reablement was included on the committee's future work plan.

Members also enquired about the implementation of the strategy and how progress would be measured. It was confirmed that officers would be able to bring an updated version of the commissioning plan which covered these aspects to a future meeting of the committee. Co-production was an important element of the strategy and demonstrated that this work was being done on a system level rather than looking inwards.

Resolved:

- i. That the committee note the strategy.
- ii. That the market position statement and an appropriate version of the commissioning plan be considered at a future meeting of the committee.

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

## **32. Work Plan (20:16)**

The committee considered its work plan for the 2023/24 municipal year.

It was confirmed that an expanded report on Building Repairs would be available for consideration in March, although further consultation would be needed before determining the remainder of the agenda for that meeting. It was also confirmed that reports on Pharmacies, Adult Social Care Strategy, Reablement, and a status update on Home Care would be available for consideration at upcoming meetings. The possibility of receiving a report on Autism and Neurodivergence Strategy with input from the ICB was also discussed.

Members suggested possible subjects for discussion at future meetings including any outputs from the upcoming Local Government Association peer review of the council relevant to the committee's remit, the lasting effects of the pandemic, and the possibility of a visit from an external expert to demonstrate current options in assistive technology.

Following references to Home Care earlier in the meeting, the Chair proposed that the committee appoint a Task and Finish group to review Home Care commissioning and invited Members to consider volunteering.

Resolved:

- i. That the committee consider a report on Building Repairs (incorporating repair process for damp and mould, implications of Awaab's Law, no-win no-fee solicitors, the Housing Stock Survey 2024, and relevant asset management aspects), at its next meeting in March, as well as either a progress update on the Housing delivery programme or an update on homelessness strategy, to be determined by the Chair in consultation with officers.
- ii. That the committee receive a report on Pharmacies at its scheduled meeting in April.
- iii. That the committee consider Adult Social Care Strategy, Reablement, and a status report on Home Care at its meeting in May, along with a report on Autism and Neurodivergence Strategy pending liaison with the ICB.
- iv. That any relevant outputs from the upcoming LGA peer review, lasting effects of the pandemic, and a visit from an external expert in assistive technology be added to the committee's work plan with dates to be confirmed.
- v. That next steps for a proposed Task and Finish review into Home Care Commissioning be determined by the Chair in consultation with officers.

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

Councillor D Myers, Chair

[The meeting started at 5.32 pm and finished at 8.29 pm].

This page is intentionally left blank