



Agenda

Notice of a public meeting of **Care and Independence Overview
and Scrutiny Committee**

To: **Councillors Caroline Dickinson, Karl Arthur,
Andrew Lee, Bridget Fortune, Heather Moorhouse,
Angus Thompson, Karin Sedgwick (Chair),
Roberta Swiers, Nigel Knapton, Andy Brown,
Joy Andrews, Pat Marsh, Robert Heseltine, Jack Proud,
Eric Broadbent (Deputy Chair) and Phillip Barrett.**

Co-opted Members: Jillian Quinn and Mike Padgham

Date: **Thursday, 22nd September, 2022**

Time: **10.00 am**

Venue: **County Hall, Northallerton**

PLEASE NOTE:

This meeting is being held as an in-person meeting and in public. The Government position is that of learning to live with COVID-19, removing domestic restrictions while encouraging safer behaviours through public health advice. In view of this, hand cleanser and masks will be available for attendees upon request. The Committee Room will be well ventilated and attendees encouraged to avoid bottlenecks and maintain an element of social distancing.

Please do not attend if on the day you have COVID-19 symptoms or have had a recent positive Lateral Flow Test.

Please contact the named supporting officer for the Committee, if you have any queries or concerns about the management of the meeting and the approach to COVID-19 safety.

Further details of the government strategy (Living with COVID-19 Plan) is available here – <https://www.gov.uk/government/news/new-guidance-sets-out-how-to-live-safely-with-covid-19>

NOTE: This Agenda was updated on 14th September 2022 to incorporate the presentation at Agenda Item 6, which had been marked “To follow”

Business

1. **Welcome and Introductions**
2. **Minutes of the meeting held on 23 June 2022** (Pages 3 - 6)
3. **Any Declarations of Interest**
4. **Public Questions or Statements**

Members of the public may ask questions or make statements at this meeting if they have delivered notice (to include the text of the question/statement) to Diane Parsons, Principal Scrutiny Officer (contact details below), no later than midday on Friday 16 September 2022. Each speaker should limit themselves to 3 minutes on any item. Members of the public who have given notice will be invited to speak:-

 - at this point in the meeting if their questions/statements relate to matters which are not otherwise on the Agenda (subject to an overall time limit of 30 minutes);
 - when the relevant Agenda item is being considered if they wish to speak on a matter which is on the Agenda for this meeting.

If you are exercising your right to speak at this meeting, but do not wish to be recorded, please inform the Chair who will instruct those taking a recording to cease while you speak.
5. **Chair's remarks - Any correspondence, communication or other business brought forward by the direction of the Chair of the Committee.**
(FOR INFORMATION ONLY)
6. **Adult Social Care in North Yorkshire** (Pages 7 - 40)
 - a) Introduction from Councillor Michael Harrison: Portfolio Holder
 - b) Presentation from Richard Webb, Corporate Director for Health and Adult Services
7. **Health and Adult Services Financial Pressures Update, including impact of ASC Charging Reform (The Care Cap)** (Pages 41 - 52)

Report by Anton Hodge (Assistant Director- Strategic Resources) highlighting the current financial position facing Health and Adult Services as at June 2022 and describing the management action that is being taken in response to ongoing pressures. The report also summarises changes being proposed by Government regarding charging for social care and the potential impact on the County Council
8. **Work Programme** (Pages 53 - 60)

Report of the Scrutiny Team Leader
9. **Other business which the Chair agrees should be considered as a matter of urgency because of special circumstances.**

Barry Khan
Assistant Chief Executive
(Legal and Democratic Services)

County Hall
Northallerton
Wednesday, 14 September 2022

North Yorkshire County Council

Care and Independence Overview and Scrutiny Committee

Minutes of the meeting held on Thursday 23 June 2022 at 10am.

Present:-

County Councillor Karin Sedgwick in the Chair.

County Councillors: Joy Andrews, Karl Arthur, Eric Broadbent, Andy Brown, Caroline Dickinson, Robert Heseltine, Nigel Knapton, Pat Marsh, Heather Moorhouse, Andy Paraskos (as substitute for Andrew Lee), Jack Proud, Roberta Swiers, Angus Thompson,

Co-opted member - Jill Quinn (Voluntary and Community Services)

In attendance: Cllr Michael Harrison

Officers: Ray Busby (Principal Scrutiny Support Officer), Dale Owens (Assistant Director of Commissioning & Quality, Health and Adult Services), Victoria Turner (Public Health Consultant), Louise Wallace (Director of Public Health).

Apologies:

County Councillors: Phillip Barrett and Andrew Lee.

Co-opted Member: Mike Padgham (Independent Care Group)

Copies of all documents considered are in the Minute Book

1. Minutes

Resolved –

That the Minutes of the meeting held on having been printed and circulated, be taken as read and be confirmed and signed by the Chairman as a correct record.

2. Declarations of Interest

There were no declarations of interest to note.

3. Public Questions or Statements

The committee was advised that no notice had been received of any public questions or statements to be made at the meeting.

4. Chair's Remarks

The Chair welcomed everyone to the meeting.

She congratulated Dale Owens on his recent appointment to another authority and wished him every success in this new part of his working life. She thanked him for his support and professional advice over recent years to both her as Chair and to the committee.

5. Overview and Scrutiny at North Yorkshire County Council

Considered-

Report by the Scrutiny Team Leader providing a summary of how overview and scrutiny is undertaken at the Council, the way in which subjects for scrutiny are identified, why it is important and what role committee Members play.

Resolved - that the report be noted

6. Assessment of Experience of Covid-19

Considered-

Presentation by Louise Wallace, Director of Public Health on the experience of the Covid -19 pandemic from a public health perspective and where we are now in terms of a “Living with COVID-19” plan

Louise and Victoria Turner, Public Health Consultant, highlighted

- Move from government mandate to individual responsibility on key measures including isolation, testing, wearing face coverings etc.
- Routine contact tracing and legal requirement to isolate ended 24th February
- End of (most) free COVID-19 testing for general population 1st April
- Latest figures on Infection and patients admitted in England
- Vaccination uptake

Looking forward to Winter, we were currently at the expected height of Omicron, experiencing over 180 care settings with cases.

Victoria explained that Public Health had reviewed ways of working and managing cases, for example by building a prioritisation framework (to reach the most in need soonest), and more detailed ‘Red Status Dashboard’ to give oversight and reporting of cases to reduce need for calls to settings pushed for time to carry out the previous surveys.

Due to the high number of outbreak-related care home closures, there were impacts on hospital discharges; in this regard a multi-agency admissions panel had been set up to review urgent admission requests into closed homes.

In answer to a member’s question, Victoria advised that withdrawal of free symptomatic testing - other than for hospital patients or when it is required for their care and to people living or working in “high-risk settings”, such as care homes and prisons – would mean infection rates would be estimations. Furthermore, it was known that whilst people are still testing, the proportion of people then reporting the results is significantly lower.

Resolved – that the report be noted

6. North Yorkshire Adult Social Care Market Overview

Considered –

Presentation and Report by the Assistant Director Prevention and Service Development, Commissioning and Quality (HAS)

Dale explained that adult social care is a complicated mix of state-funded and privately financed care, provided by many different organisations, most of which are independently owned businesses, at prices determined by local market forces and the funding available to local authorities.

There are now very low nursing and residential home vacancy rates with limited capacity across North Yorkshire. The authority faces considerable challenges with sourcing home care particularly in Selby and Scarborough and in some cases where people require very bespoke/specialist support. And significant workforce issues, pressures and shortages existed across health and care sector locally, regionally and nationally.

Overall, sustainability of the care market remains a high priority for the directorate, with significant and immediate issues relating to financial stability and workforce recruitment and retention.

In the face of all these pressures, Dale emphasised that the council has well established working relationships with the care market, voluntary and community sector and health are all committed to working together as a local health and care system.

Intervention measures to support the care market ranged from funding initiatives - for example to assist and promote recruitment and retention, regular engagement with new and potential new providers, working with homecare providers and stronger communities to identify opportunities to sub-contract non-regulated care, and a wider transformation plan incorporating national health and care reform.

Resolved –

That the report be noted.

7. Adult Social Care Charging Reforms

Considered –

Report and Presentation by the Assistant Director for Prevention and Service Development, Commissioning and Quality (HAS)

Dale explained that while the Health and Care Bill goes through Parliament, social care is preparing for the changes it will bring – as part of wider government reforms – to financial assessment and funding regulations. In particular, this includes the introduction of a cap on what self-funders must pay towards their care before they become eligible for state-funded care. This will be a significant challenge to address the changes. From October 2023, no eligible person starting adult social care will have to pay more than £86,000 for personal care over their lifetime.

The reforms mean more people will qualify for local authority assistance than previously which will have significant implications across all our services.

NYCC has agreed to become one of five national trailblazer sites which will implement the reforms in January 2023. Dale and the portfolio holder, Cllr Michael Harrison stressed that this decision is not without risks for the council – especially in financial terms.

North Yorkshire has some aspects that make it very different from many of the other Trailblazers. We have high numbers of providers, high number of self-funders and have remote rural and coastal communities. Being a trailblazer gives us the opportunity to re-design some of the ways we go about our business generally and how we manage this local mix.

Members recognised the argument that as the council will ultimately have to implement this change, why not do so early but with direct support and the opportunity to influence how the new scheme works. Cllr Harrison added that if it works well, then early implementation will bring benefits to the population of North Yorkshire earlier than elsewhere.

Resolved –

- a) That the report be noted.
- b) Members welcomed the extent of the work the directorate has undertaken to prepare, whilst recognising the scale of the work ahead and the tight timeline in which to be ready for what is going to be a huge task.
- c) Given the self-evident significance of this initiative, the committee indicated it would wish to keep a “weather eye” over activity towards implementation and then monitor its progress and effect.

8. Work Programme

Considered –

The report of the Scrutiny Team Leader on the Work Programme.

For the next meeting in September, Richard Webb has agreed to give a strategic overview of the state of adult social care in North Yorkshire, including the financial pressures upon the service.

Resolved -

That the work programme be agreed.

The meeting finished at 12.05pm

Adult Social Care & Public Health in North Yorkshire

CARE & INDEPEDENCE OVERVIEW & SCRUTINY 22 SEPTEMBER 2022



Introduction to HAS



The Health and Adult Services (HAS) directorate has four main functions:

- **Public Health**
- **Adult Social Care**
- **Lead for partnerships with the NHS, including integrated services**
- **Partnerships with borough and district councils and housing associations to run 28 extra care housing schemes and other supported housing services**

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Warm & Well
in North Yorkshire

HAS Leadership Team



Richard Webb
Corporate Director
Health and Adult Services



Louise Wallace
Director of Public Health



Chris Jones-King
Assistant Director
Adult Social Care



Rachel Bowes
Assistant Director
Adult Social Care



Abigail Barron
Assistant Director
Service Development



Anton Hodge
Assistant Director
Strategic Resources (HAS)



Catherine McCarty
Head of Human Resources



Lisa Moore
HAS Business Manager

Assistant Director – Prevention and Integration (post vacant as of August 2022 / fixed term appointment until March 2024)

Health and Adult Services: what's our budget and how many people work within our teams?

£194m net Adult Social Care budget
£24m Public Health Grant

1520 full time equivalent staff (approximately 2000
people in total)



Health and Adult Services: what's North Yorkshire's focus?

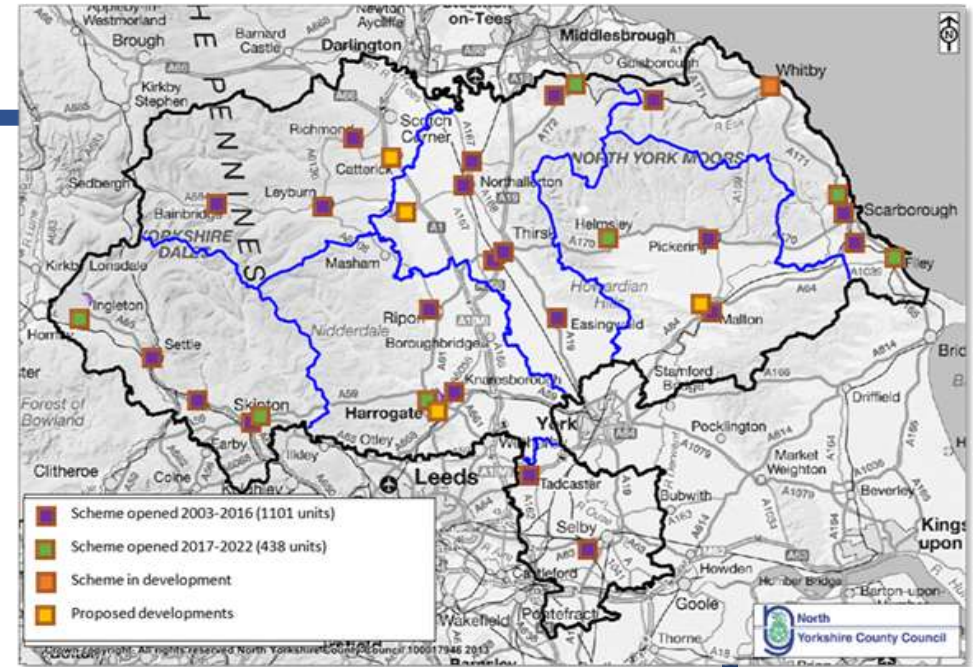
- **Focus on prevention:** universal/targeted, adding life to years/tackling inequalities, specialist housing, social care practice, technology, voluntary sector investment
- **Focus on care provision:** supply, workforce and quality (including people's experiences)
- **Focus on money and performance:** multiple funding regimes, external cost pressures, new national performance regimes



Health and Adult Services: what are our current priorities?

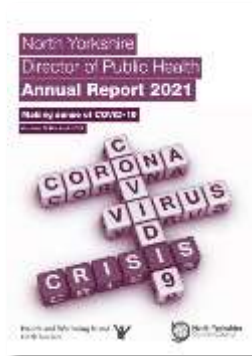
- Care market sustainability/development/quality
- Workforce
- Practice
- Social Care Charging Reforms / Trailblazer
- CQC Assurance Framework from 2023
- Prevention and housing
- Improving the County's health
- Health protection – Covid-19 and beyond (monkey pox, avian flu, etc)
- Tackling drugs

*Money/performance/managing risks
LGR opportunities and new NHS arrangements*





The Work of Health and Adult Services



Director of Public Health (DPH) Annual Report

Trailblazers

North Yorkshire is one of 5 pilot sites, called *trailblazers*, for changes to how people pay for social care services, and, also, from next year all councils will be assessed by the Care Quality Commission on how they lead and manage social care within their areas.



Local Account



HAS 2025 Plan



Outbreak Management Peer Challenge



Make Care Matter Campaign



North Yorkshire actor takes on vital new role – working as a carer

Public Health



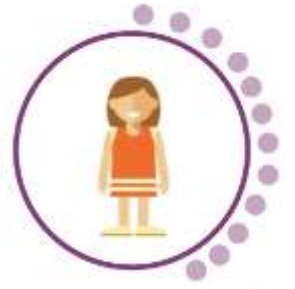
Public Health in North Yorkshire



Life Expectancy at Birth Male
North Yorkshire – 80.4
England – 79.5

Life expectancy in North Yorkshire is higher than the England average

Life Expectancy at Birth Female
North Yorkshire – 80.4
England – 79.5



Age 65+ North Yorkshire
2020: 155,000
2030: 190,800

Our population is ageing - 1 in 4 people in North Yorkshire are aged 65 & over

25% are estimated to have a limiting long-term illness

Total population aged 65 and over with a limiting long term illness whose day-to-day activities are limited a little
2020: 38,824
2030: 48,318



Percentage of adults (aged 18+) classified as overweight or obese:
North Yorkshire: 61.3%
England – 62.8%

Over three-fifths of adults are overweight or obese – similar to the national average

Proportion of children in Year 6 who are overweight or obese is significantly better than the national average

Year 6: Prevalence of overweight (including obesity)
North Yorkshire: 32.5%
England – 35.2%



Smoking in pregnancy:
North Yorkshire: 9.8%
England – 9.6%

The proportion of women who smoke in pregnancy is similar in North Yorkshire compared with England

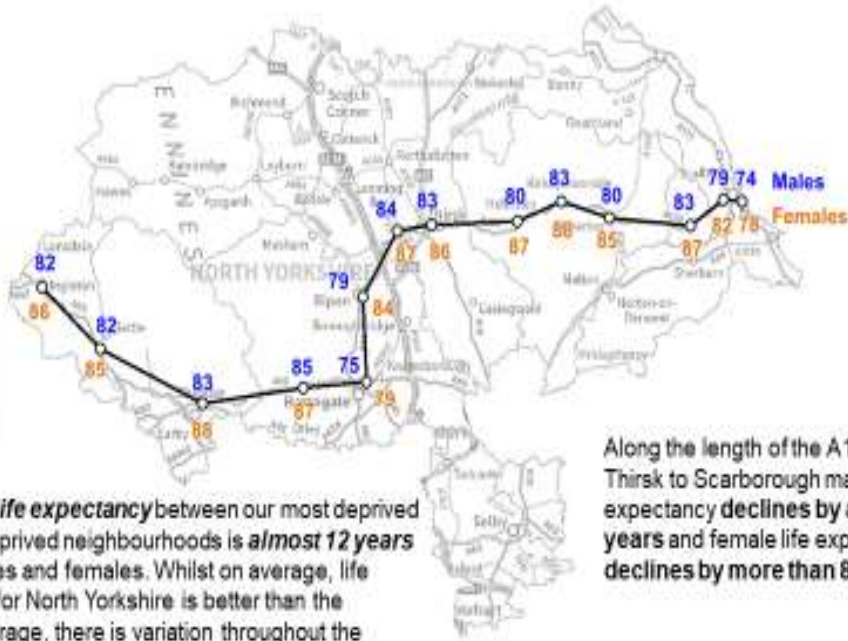
The rate of hospital admissions due to injuries in children has improved (decreased), but remains worse than the England average

Hospital admissions caused by deliberate or unintentional injuries in children (0-14 years):
North Yorkshire: 91.0 per 10,000
England – 75.7 per 10,000



How healthy is North Yorkshire: life expectancy versus healthy years lived

Years of life expectancy at birth for males and females (2015-19)



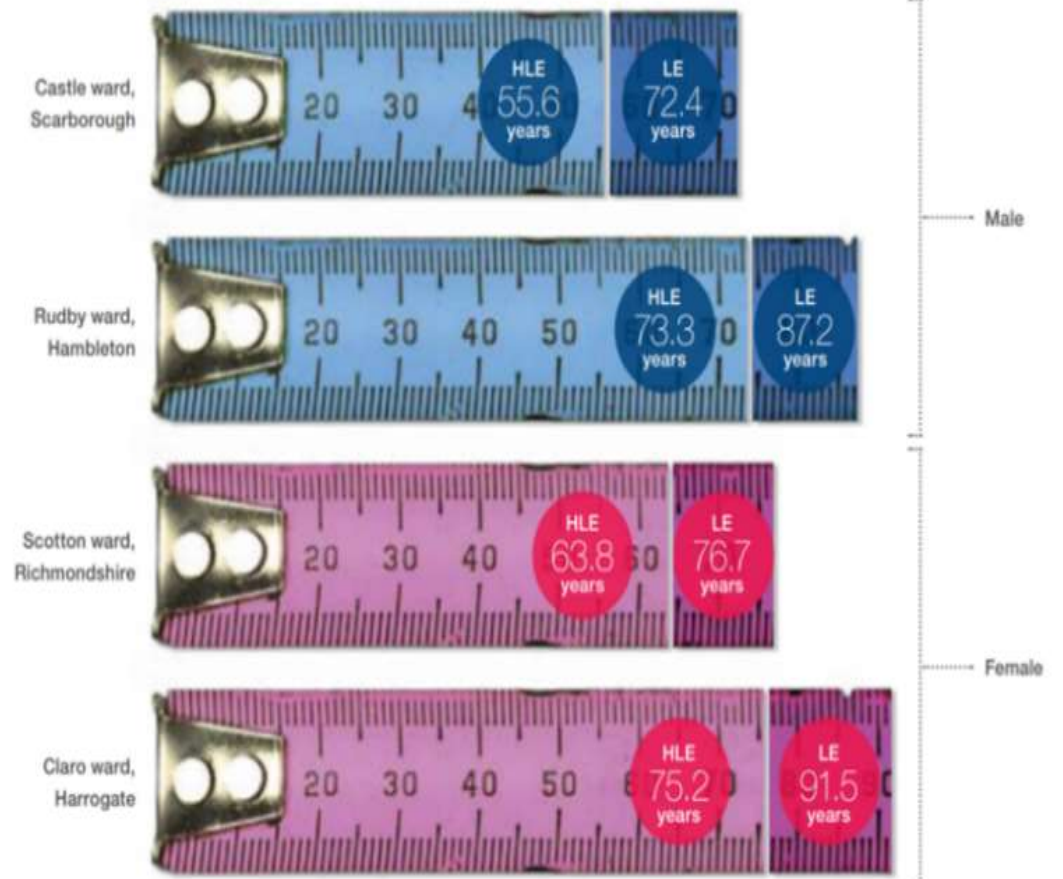
Along the length of the A170 from Thirsk to Scarborough male life expectancy declines by almost 9 years and female life expectancy declines by more than 8 years.

The *gap in life expectancy* between our most deprived and least deprived neighbourhoods is *almost 12 years* for both males and females. Whilst on average, life expectancy for North Yorkshire is better than the England average, there is variation throughout the county and there are some areas where life expectancy is much lower than the county average.

MSOA data from ONS Fingerprints
Ordnance Survey Map Data, © Crown Copyright, North Yorkshire County Council, 100017946, (2022)



Healthy life expectancy (HLE) and life expectancy (LE) by gender, 2009-13



Public Health

A selection of some of the public health work focusing on the cost-of-living and energy crises:

- £3.5 million **Household Support Fund** distributed to 24,279 households in the form of shopping vouchers
- **Warm and Well** have supported 950 individuals in Q1, compared with 240 in the same period last year. The age range of individuals supported are spread evenly. Warm and Well have assisted in the distribution of vouchers through the Household Support Fund
- **Sustainable Warmth** grant funding is now available to retrofit houses of residents in fuel poverty, both on and off the gas grid.
- **NYLAF** assistance with food, clothing and energy vouchers. £304,000 distributed in Q1. General increase in requests, with energy vouchers seeing a 127% increase relative to Q1 2021/22
- The **FEAST Programme** provides holiday activities and food programmes to children and young people. Capacity for 45,303 free places, mostly based on free school meal eligibility.



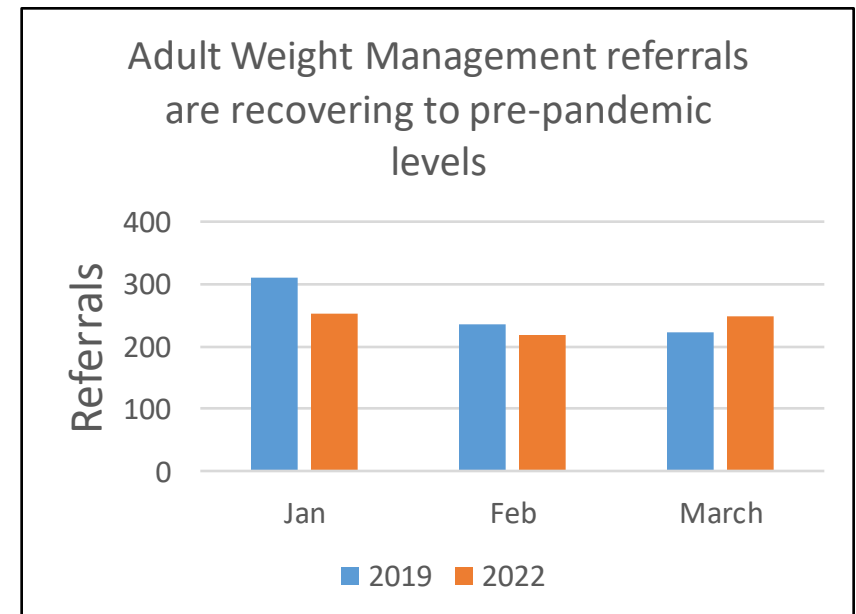
Public Health

- **Commissioned Service Performance Summary**

- **Stop Smoking Services** – in house LWSF Q4 quit rates of 77%, above the KPI. Pharmacy and GP stop smoking service quit rates at 42% (2019/20) and 36% (Q1 2022/23) respectively. Both services have reported issues with sign-ups.

- **Adult Weight Management** – Referrals for Jan – Mar 2022 double the equivalent period from 2021, but remain slightly below 2019 figures. Provider projections predict exceedance of weight loss outcomes targets from 2022 onwards.

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Public Health

- **Sexual Health** – 3,671 attendances in Q4 2021/22, a 15% increase since the previous Q4, but still slightly below pre-pandemic attendances. Large increase in STI testing, but decrease in STI diagnoses.

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- **NHS Health Checks** – invites for Q1 are now higher than equivalent pre-pandemic figure. Uptake still remains below Q1 2019/20, but is a substantial increase on Q1 2020/21.

- The figure to the right shows that North Yorkshire continues to perform well for NHS Health Check outcomes relative to its “statistical neighbours” – local authorities with similar demographic profiles.

| Indicator | Period | England | North Yorkshire nearest neighbours | North Yorkshire | 1 - Somerset | 2 - Gloucestershire | 3 - Devon | 4 - Worcestershire | 5 - Warwickshire | 6 - Leicestershire | 7 - Suffolk | 8 - Cumbria | 9 - Staffordshire | 10 - West Sussex | 11 - Norfolk | 12 - Cambridgeshire | 13 - Hampshire | 14 - Derbyshire | 15 - Oxfordshire |
|--|-------------------------|---------|------------------------------------|-----------------|--------------|---------------------|-----------|--------------------|------------------|--------------------|-------------|-------------|-------------------|------------------|--------------|---------------------|----------------|-----------------|------------------|
| People invited for an NHS Health Check (Persons, 40-74 yrs) | 2018/19 Q1 - 2022/23 Q1 | 49.8 | 45.5* | 53.9 | 40.9 | 34.1 | 37.1 | 77.0 | 34.7 | 40.5 | 67.4 | 63.0 | 12.1 | 40.1 | 47.8 | 34.1 | 51.5 | 40.2 | 62.6 |
| People receiving an NHS Health Check (Persons, 40-74 yrs) | 2018/19 Q1 - 2022/23 Q1 | 21.5 | 19.2* | 25.0 | 13.5 | 16.4 | 18.0 | 23.6 | 12.3 | 21.9 | 26.6 | 20.6 | 4.2 | 14.2 | 21.6 | 21.6 | 21.8 | 19.7 | 26.7 |
| People taking up an NHS Health Check invite (Persons, 40-74 yrs) | 2018/19 Q1 - 2022/23 Q1 | 43.2 | 42.2* | 46.3 | 33.0 | 46.2 | 46.6 | 30.6 | 35.5 | 54.2 | 39.4 | 32.8 | 34.9 | 35.4 | 45.2 | 63.4 | 42.4 | 49.1 | 42.6 |

Current issues and actions – Public Health

Current issues

- Ongoing presence of Covid-19, plus avian flu and monkey pox
- “Long Covid” in every sense
- Significant increase in childhood obesity
- Increases in drug deaths over the past few years
- Cost of Living impact

Actions

- Strengthened local Health Protection capability
- Continuing targeted Covid-19 support
- Promotion of Covid and Flu vaccinations
- Plans for Family Weight Management programme
- Scaled-up approach to tackling drugs, including more drug treatment
- Investment in Warm & Well and other measures

Adult Social Care



Social Care in North Yorkshire

200+ care homes **200+** external providers **6** main hospitals **28** extra care schemes **500+** providers

8,917 people receiving a long-term support service from Social Care in 2021 / 22*

*People may receive more than one type of service over the course of a year

65,000 family carers

10,900 people with dementia

700 Court of Protection people

2,000+ directly employed staff

3,325 residential packages

5,579 community-based packages

3,887 referrals to Living Well

5,473 beds registered with CQC

3,677 responses to safeguarding concerns

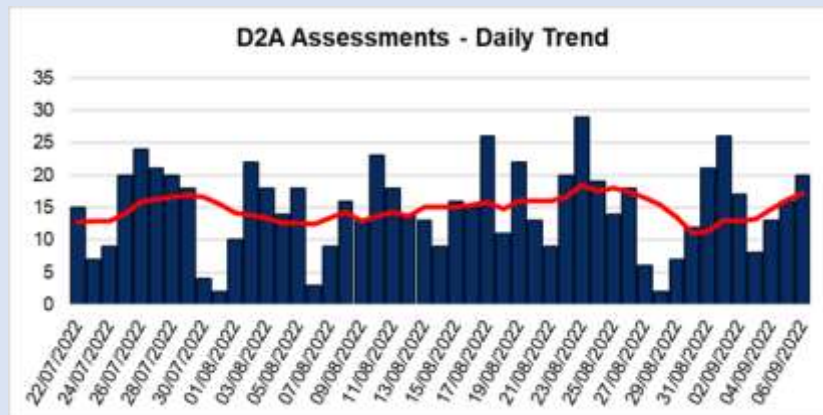
827 direct payments

6000 financial assessments and
£45m raised in income maximisation



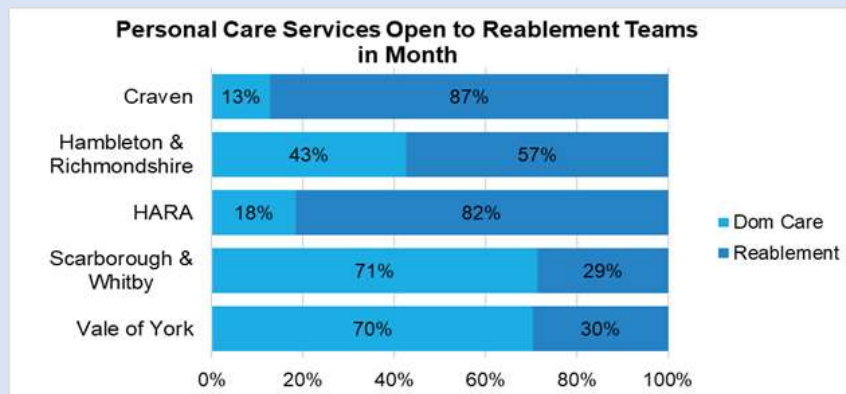
Social Care Activity

Hospital Discharges



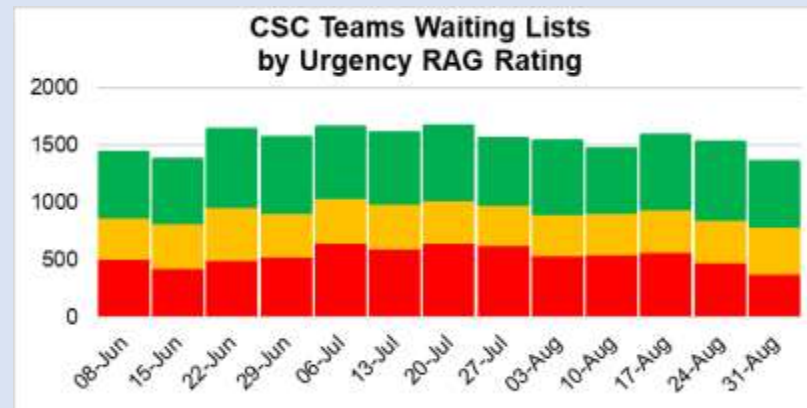
7-day Ave: 17.3/day (+0.7 on last month).
 Weekday average in the most recent week was 16.6/day (-5.2 on last month), which reflects the August bank holiday.

Reablement Capacity



Across the county reablement delivery accounts for 51% of reablement teams' activity, up by 6% on mid-July.

Community Social Care (CSC) Teams



Summary

- Hospital discharge volume increased by 1.3 per day to 14.8 per day in August and is up again in September at 16.7 per day.
- Covid occupied hospital beds down from 205 in early August to 173 in early September.
- Social care team red RAG-ed waiting lists show a steady reduction since the second half of July, down from 652 to 382.
- Decision-making guidance and an improvement action plan in place to address waiting list issues.
- 83 unsourced packages of care, including 15 requiring res/nursing placements. Dom care support required across 68 unsourced packages totals 590 hours per week.
- Scheme of delegation decision-making activity at the different authorisation levels are reflecting the cost profiles for new and changed packages of care.
- Review of intermediate care provision is underway, which includes reablement provision.

Staffing

Vacancies

| Locality | Service/Team Managers | | | | Advanced Practitioners | | | | Social Worker/SCPs | | | | Occupational Therapists | | | | Social Care Coordinators | | | |
|--------------|-----------------------|-------|------------|-------|------------------------|-------|-------------|-------|--------------------|-------|-------------|------------|-------------------------|-------|------------|------------|--------------------------|-------|------------|------------|
| | Aug 2022 | | Sep 2022 | | Aug 2022 | | Sep 2022 | | Aug 2022 | | Sep 2022 | | Aug 2022 | | Sep 2022 | | Aug 2022 | | Sep 2022 | |
| Date | Vacs | Offer | Vacs | Offer | Vacs | Offer | Vacs | Offer | Vacs | Offer | Vacs | Offer | Vacs | Offer | Vacs | Offer | Vacs | Offer | Vacs | Offer |
| H/R | 0 | | 0 | | | | 2.0 | | 1.0 | | 2.0 | 2.0 | 1.0 | | 2.0 | 1.0 | 1.0 | | 2.0 | 1.0 |
| S&W | 2.0 | | 0.5 | | | | 5.0 | | 8.3 | | 5.0 | 1.0 | 0 | | 0 | 0 | 2.5 | | 3.5 | 2.0 |
| VoY | 0.5 | | 0.5 | | | | 5.0 | | 7.0 | | 7.5 | | 0.5 | | 0.5 | 2.0 | 0 | | 1.0 | 0 |
| HARA | 0 | | 0 | | | | 4.0 | | 10.2 | | 7.2 | 1.0 | 0 | | 0 | 0 | 1.0 | | -2.5 | 1.0 |
| Craven | 0 | | 0 | | | | 0 | | 1.9 | | 1.9 | | 0.9 | | 0.9 | 0 | 0 | | 0.5 | 0 |
| Total | 2.5 | | 1.0 | | | | 16.0 | | 28.4 | | 23.6 | 4.0 | 2.4 | | 3.4 | 3.0 | 4.5 | | 4.5 | 4.0 |

Summary

- Net reduction of 4.8 social worker vacancies (-17%) between months, with a further 4.0 FTE posts offered to successful social worker applicants in recent recruitment activity. Current post offers for OTs and SCCs are close to vacancy levels.
- Care homes report 7.2% of staff absent, slightly better than the 7.6% reported in mid-July. Dom care providers report covid absences only via the Capacity Tracker, these are at 0.6% and have been stable throughout the summer.
- 12.8% of workers (24/188) are holding more than 35 cases, 6 fewer workers than in mid-July when the rate was 15.7%. Weekly monitoring reports show sustained improvement through August and into September.
- International recruitment has attracted good quality candidates for social work posts (30 FTE). 15 people interviewed and 13 appointed, with 9 further interviews scheduled. No OT appointments as yet. Start dates will depend on visa processing, the target is for initial appointees to start in November.
- Advanced practitioner (17.5 FTE) and review team (13 FTE) recruitment is live. Applications coming in, but low levels of early interest for advanced practitioner posts in Harrogate and Scarborough.

Where's the workforce?

- Significant change in labour market since July 2021. Fierce competition from retail, hospitality and distribution sectors.
- Average 11-26% vacancy rate across NYCC services, and higher in much of the external market.
- Typically, 30+ social work and OT vacancies and 80+ care worker vacancies in NYCC at any one time.
- Major www.makecarematter.co.uk programme and media campaign.
- Pay bonus and hardship payments in place across the sector.
- Overseas recruitment underway - migration policy change is helpful, but there is an impact of Ukraine conflict on visa/sponsorship processing and numbers of suitable candidates is more limited



Care home issues

- Workforce pressures are significant with a heavy reliance upon agency staff to maintain safe care home services
- Provider failure: 173 Nursing beds and 82 residential beds closed in the last 2 years
- Whilst the Actual Cost of Care (ACoC) has uplifted a large proportion of weekly fees of care home providers, we are still unable to commission beds at the ACoC rate in some areas of the County, this is a particular challenge in the Harrogate area where the average weekly cost of a 65+ residential bed is £944 and the average cost of a nursing bed is £1,173.

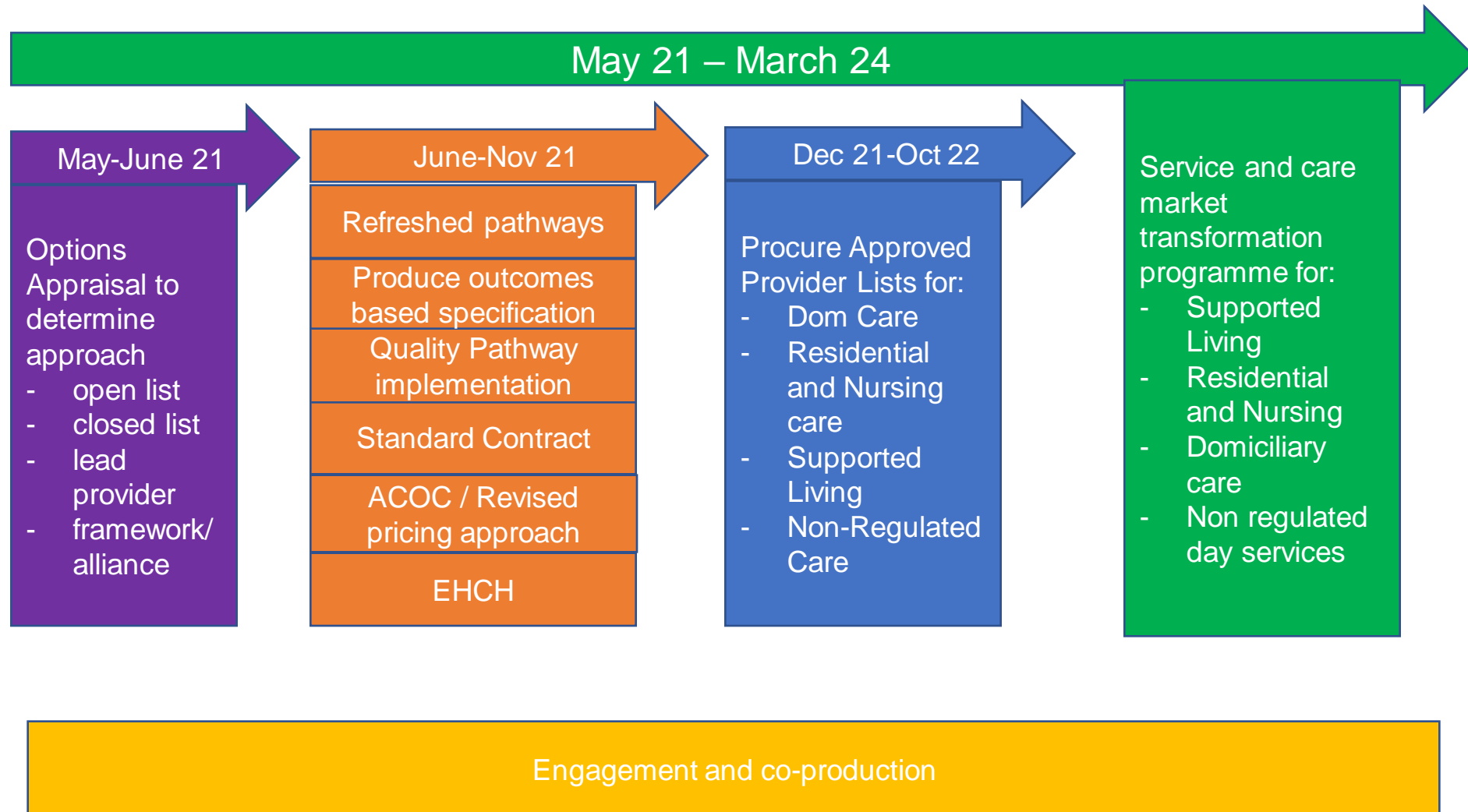
Community based care issues

- Home care providers across North Yorkshire are seeing significant challenges with staffing. Retention has dropped for some providers by 10-15% and recruitment is more costly and less successful with lack of applicants applying. Staff shortages are resulting in a reliance upon agency staff, which is also struggling to meet the demand
- Providers are reporting that many staff are choosing to leave the sector due to higher pay in other sectors and the requirement to seek higher rates of pay due to the increased cost of living. Staff are also reporting an increased burden on travel costs with rising fuel prices. This has been a significant factor in the 300+ packages of care handed back to the Local Authority in the last 12 months.

Provider sustainability

- Since September 2021 we have received 25 applications for financial sustainability; 22 of these requested an increase on their weekly rates. The breakdown of providers is as follows:
 - 12 Domiciliary care
 - 3 Supported Living
 - 4 Care Homes
 - 6 Non regulated Day Services
- Before the pandemic, this would have been 4-5 per year
- Agreements made regarding the above have added £1m per annum to the cost of care

Care Market Development



Current issues and actions - Adult Social Care

Current issues

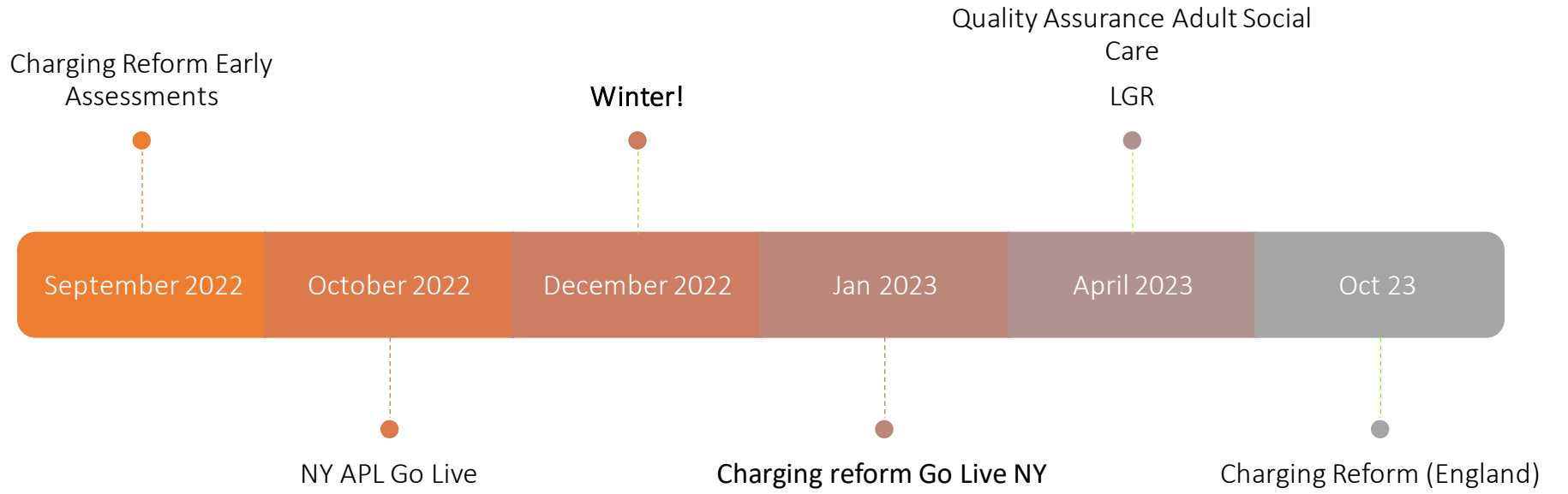
- Fierce labour market competition for care workers since Summer 2021
- Increase in care market intervention – financial viability and quality
- Continued response to Covid-19
- Increased NHS-related social care activity plus community activity back to pre-Covid levels
- Growing complexity of people’s needs (including mental health and autism)
- As with many councils, waiting lists now in place (where pre-pandemic that was not an issue)
- Major national changes taking place to social care services from 2023
- Lack of long-term national NHS funding for Discharge to Assess pathways
- NHS recovery – expectations of social care and funding implications

Actions

- Investing in prevention and housing
- Major recruitment campaigns including social media, TV and radio, schools/colleges and apprenticeships and overseas recruitment
- Market development programme
- Additional funding into the care sector – including the Cost of Care agreement
- In-sourcing failing care providers, where no other option
- Planning and testing out interventions in the care market (eg dementia care, rural support, etc)
- Waiting list action plans incl regular triage, recruiting to countywide review team to free up assessment capacity)
- Quality Improvement Team providing hands-on support to struggling providers
- Local NHS/NYCC discharge pathway in place, with non-recurrent funding, pending new model of intermediate care

Setting the scene: the policy landscape

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Taking forward the White Paper(s)

Prevention

Invest more in prevention and short-term care than many comparators; Stronger Communities; Living Well; Public Health interventions; LGR opportunities around housing and leisure; protection of total VCS investment, underpinned by re-design; carers services re-design and development

Housing

28 extra care schemes (1400+ homes); new supported living schemes; REACH (people with complex life circumstances due to mental health/drug and alcohol issues); Shared Lives and supported housing reviews/re-designs; LGR work on equipment/adaptations

Technology

YH Care Record site; early stage trials of new devices and robotics

Integration

NY Place programme; HARA integrated service; Living Well as social prescriber in 1/3 of PCNs; building on Covid-19 discharge pathways for future model; drug treatment/wider prevention and enforcement approaches

Charging Reforms

Trailblazer site

CQC Assurance

Preparing for new regime; Quality Pathways; practice development; care market and integration programmes; building on sector-led improvement



Charging Reforms Trailblazer



Key issues for North Yorkshire

Market complexity

Funding

Number of self-funders

Demand management
(assessments and
provision)

Technology delivery
timescales

Section 18(3) and
ACoC/FCoC are inter-
related and need to be
seen as such

Anticipated 'surge' post-
Go Live

Overall transformation
agenda

Spiralling costs of
suppliers

Ensuring equity and
access for all

Cumulative impact of
reform
(& Local Govt Re-
organisation at same time
as major ASC reforms)

Working between DHSC
and Trailblazers needs to
be more collaborative,
timely and impactful and
genuinely co-produced

Key asks from North Yorkshire

Funding – clear understanding required between DHSC and Trailblazers about funding gap and/or limits to unfunded changes

Funding - Charging Reforms need to be funded adequately (New Burdens, etc)

More emphasis needed on “Team of Trailblazers” working with DHSC to identify and address issues

Need better ways of resolving problems and developing interim solutions across DHSC and the Trailblazers

Revise the Programme for Phase 2 (from August/Sept) to improve collaboration between Trailblazers and DHSC and to ensure better use of time and stronger co-production

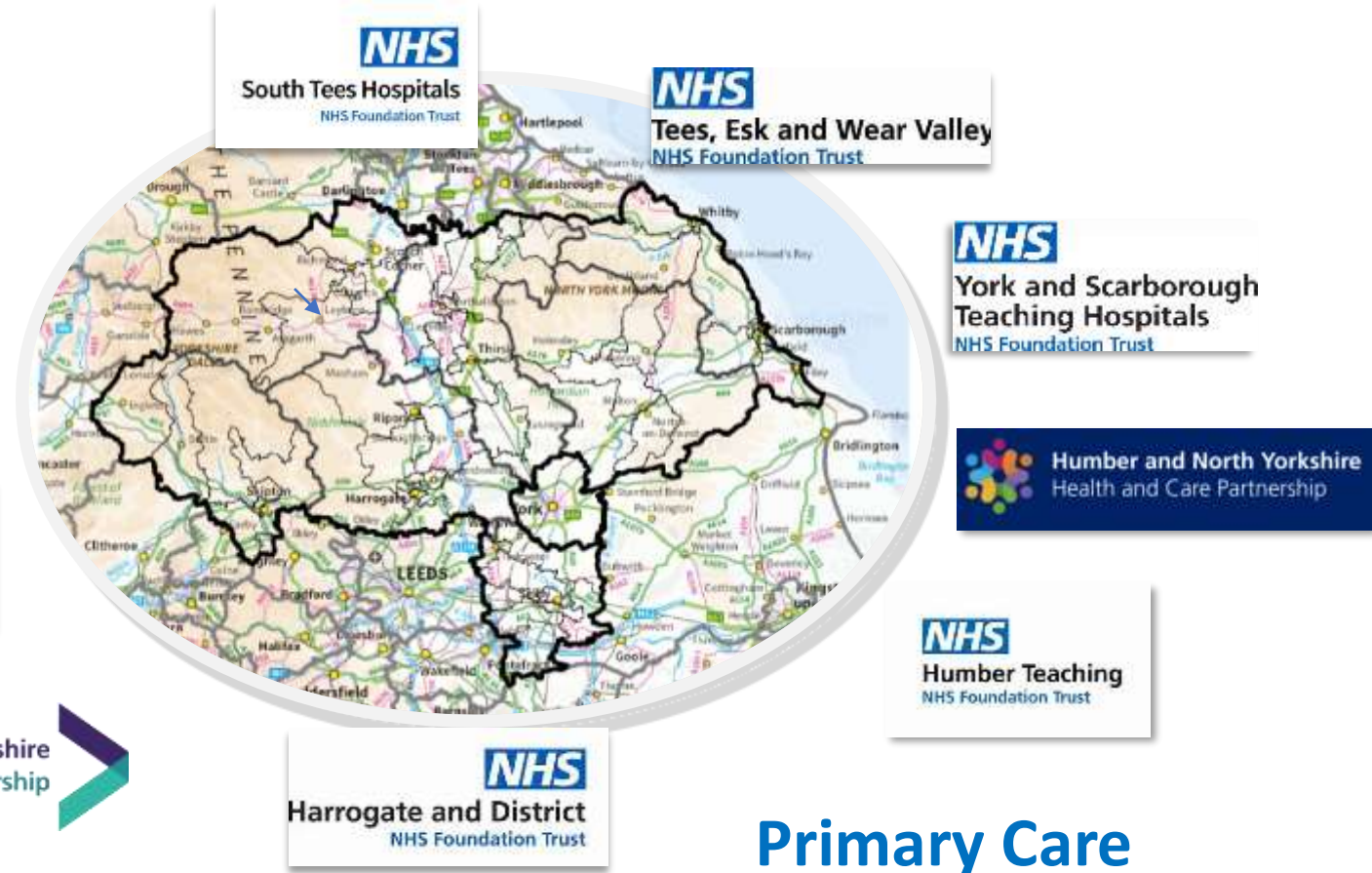
Address outstanding IT/data/digital issues, including Open Data

Charging Reforms need to be twin-tracked with more radical care market reform (and funding), incl pay and regulatory reform

Use Trailblazer sights to get real-time insights on the whole ASC reform programme and to inform a realistic delivery programme

Working with the NHS





Working with the NHS

- *Winter in Summer* – ambulance and Emergency Department pressures and impact on hospital waiting lists and likely to get tougher!
- High demand for primary care
- New investment in community health services
- Volume of hospital discharges has recently been at lockdown peak levels again
- CQC focus on York and Scarborough Hospitals and TEWV – and to some extent, South Tees
- New Integrated Care Boards – with Member and officer involvement from NYCC
- New NY Place Board, chaired by Richard Flinton, with 4 emerging priorities:
 - Prevention and Public Health
 - Community Services
 - Workforce
 - Care Market



A new council for North Yorkshire



Health and Adult Services: what are the LGR Opportunities?

- Public Health: best start in life, economy, community/localities, housing, leisure
- Social Care: housing, equipment and disabled adaptations, healthy workplaces, alternative models for respite and day services
- Environmental Health and Planning links with care sector
- Workforce eg leisure/rehab/re-ablement career pathways, housing/social care practitioners?



NORTH YORKSHIRE COUNTY COUNCIL

CARE AND INDEPENDENCE OVERVIEW AND SCRUTINY COMMITTEE

22 SEPTEMBER 2022

HAS FINANCE PRESSURES UPDATE, including impact of ASC Charging Reform ("The Care Cap")

1.0 Purpose of Report

1.1 This paper highlights the Q1 financial position facing HAS as at June 2022, with updates where available (Q2 figures to end of September are due in a few weeks' time), the management action that is being taken in response to ongoing pressures, and also sets out some of the background to the financial pressures being faced by the council and the social care sector as a whole. The paper also gives a summary of the changes being proposed by government regarding charging for social care and the potential impact on NYCC.

2.0 The Health and Adult Services Budget

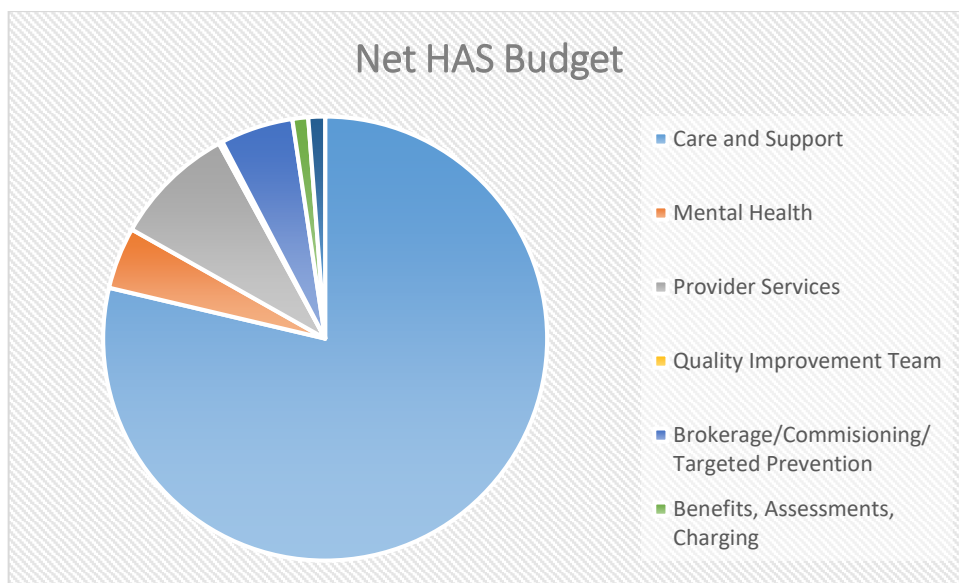
2.1 The HAS Directorate budget includes Adult Social Care, Public Health and some whole directorate costs.

2.2 In 2022/23, the current gross budget is £304m as shown below:

| | 2022/23 |
|--------------------------|----------------|
| | £m |
| Net Directorate Budget | 192 |
| Public Health | 24 |
| Other income and grants | 88 |
| Directorate Gross Budget | <u>304</u> |

2.3 Of the net budget, the largest area of spend is on Care and Support as shown below:

| | |
|--|-------------|
| Care and Support | 78.7% |
| Mental Health | 4.5% |
| Provider Services | 8.9% |
| Quality Improvement Team | 0.3% |
| Brokerage/Commissioning/ Targeted Prevention | 5.3% |
| Benefits, Assessments, Charging | 1.1% |
| Cross-Directorate | 1.2% |
| | <u>100%</u> |



3.0 HAS Financial Pressures

3.1 The latest figures for the Health and Adult Services Directorate shows that a break-even position is reported but this is only possible due to £6m of growth allocated to the Directorate in 2022/23, plus the use of £1.8m of Improved Better Care Funding (IBCF) and corporate contingencies for additional inflation and hospital discharge. The HAS budget includes Adult Social Care, Public Health and some whole directorate costs.

3.2 The ASC pressures predicted, and for which, as above, the Council made some provision as part of the 2022/23 budget setting process, have now started to be evidenced. This can be seen within Care and Support and Provider Services in particular. These are as a result of the following:

- Increased discharge Costs and Temporary Placements following the end of the hospital discharge funding from central government at the end of 2021/22.
- Inflationary pressures arising from cost of living pressures, issues in the provider market and the impact of Cost of Care exercises
- Continuing Covid impact
- Staffing pressures leading to increased agency costs

3.3 In addition to these, we have not yet seen the impact of the reprourement of the Approved Provider List (impact from October) and the implementation of Fair Cost of Care for domiciliary packages (as part of Trailblazer). The pressures listed above are already eating into the funding set aside for Cost of Care and therefore there is a significant risk that, even with full use of the funds set aside, the position will deteriorate further and tip into an overspend.

Public Health

- 3.4 Public Health is balanced to a net zero in the Council's Quarterly monitoring reports. The Public Health grant has reduced in real terms in recent years and is currently £23m. Planned spend in 2022/23 is £24.2m with the difference being met from earmarked reserves.
- 3.5 The latest figures show that following reductions in activity due to the impact of the pandemic, this is not picking up with levels returning to normal.

Trailblazer

- 3.6 As described further below, NYCC is one of six Trailblazer councils who are working with the Department of Health and Social Care (DHSC) to implement Adult Social Care charging reform ahead of it being rolled out to the rest of the country. The figures presented in the Q1 report assume that any costs incurred by the Trailblazer project will be offset in full from additional grant, but this is by no means certain.

Financial Management

- 3.7 The Directorate instituted a financial recovery plan during 2019/20, as reported to the Committee in previous years, and despite the pressures caused by COVID, work continues to ensure that we manage costs down as much as is possible.
- 3.8 The following areas of work have are being undertaken or are in place to assist management of the budget:
- Revised Scheme of Delegation
 - Budget Management Skills
 - Improved Forecasting and other business processes
 - Improved data monitoring and budget tracking
 - Development of a budget performance and activity dashboard
 - Practice Review meetings
 - Introduction of training materials
 - Professional Reasoning checklist
 - Closer scrutiny of adult social care activity, practice and performance
 - Clear exit strategies for temporary funding and projects
 - Ensuring the correct split of costs between NYCC and NHS (especially Continuing Health Care) and people who use our services

- 3.9 Indeed, the need for sound financial management and reporting is magnified due to There are a number of underlying issues to be aware of which continue to add budgetary pressures to the service.

Hospital Discharge

- 3.10 The Covid-driven policy of taking people into social care before assessments are undertaken continues but now has to be funded by the council. In 2020/21 and 2021/22 additional funding was made available to support this. Any personal contributions from people cannot start until the social care assessment has been

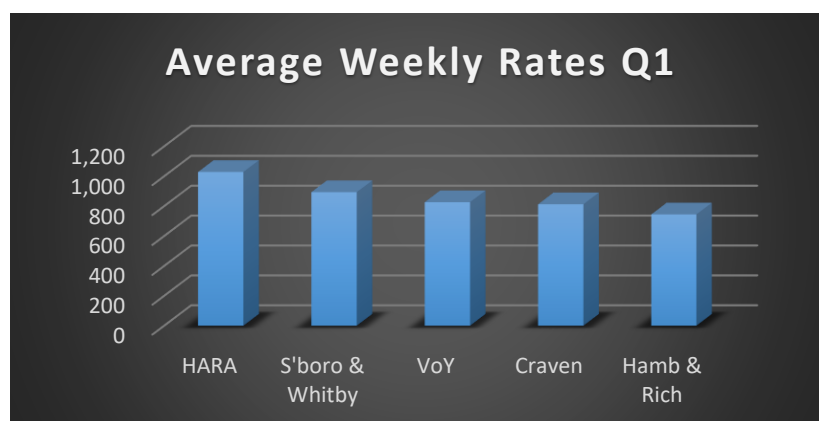
done. The Council set aside a contingency of £1.75m this year to support this. Initial indications at Q1 suggest all of this funding will be required.

Market Costs

3.11 We continue to see increased market pressures and some of these are highlighted below, with further discussion in section 4:

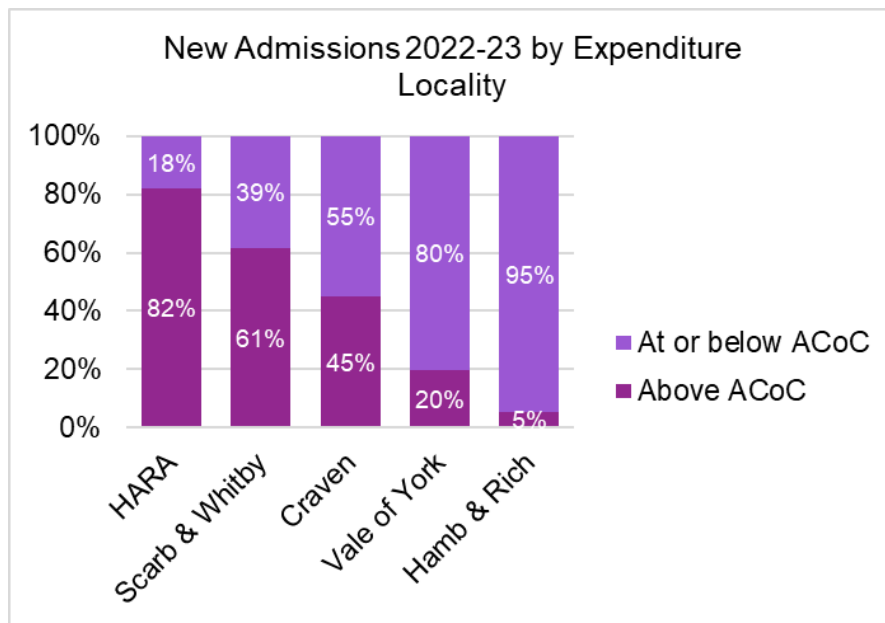
- a) The average cost of a residential/nursing placement for the 65+ age group in June 2022 was £886 which is an increase of £92 or 6.8% year on year. All locality average costs continue to be above the approved rate. The cost in Harrogate is 18% (£142) per week higher. The disparity across the county can be seen in the table and graph below

| | 2022 | 2021 | change | change |
|------------------------------|-------|------|--------|--------|
| Harrogate and Rural Alliance | 1,029 | 951 | 78 | 8.2% |
| S'boro & Whitby | 894 | 785 | 109 | 13.9% |
| Vale of York | 827 | 765 | 62 | 8.1% |
| Craven | 813 | 785 | 28 | 3.6% |
| Hamb & Rich | 745 | 674 | 71 | 10.5% |
| Average | 886 | 796 | 90 | 11.3% |

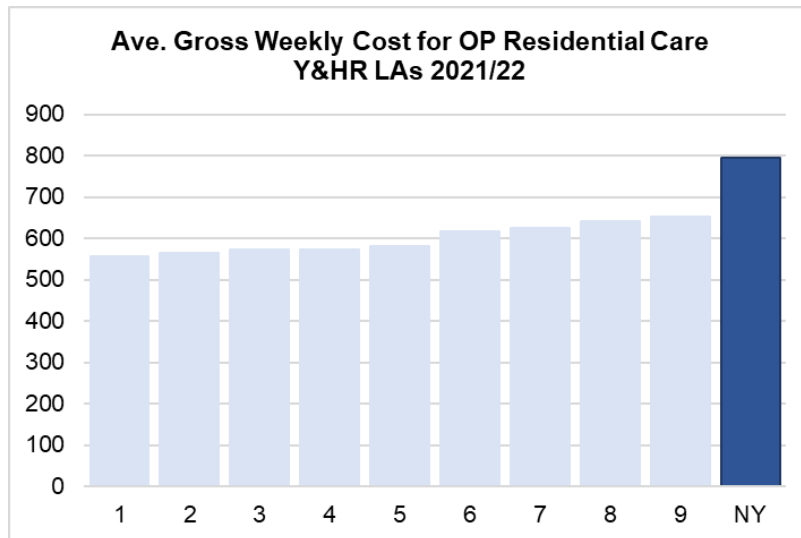


- b) The market rates variability across the county is due to availability and demand. Where there is low demand and high availability, market rates are often lower. This is a particular issue in Harrogate as can be seen above. The issue of availability extends to alternative types of provision. For example Hamb/Rich has relatively more Extra Care provision available in the locality, which helps keep res/nursing costs down as demand is lower as it is easier to source community-based alternatives for a wider range of needs.
- c) These rates compare with the agreed Actual Cost of Care rates (see section 3.12 below) of:
- Residential: £742
 - Residential with Dementia: £784
 - Nursing: £819
 - Nursing with Dementia: £826

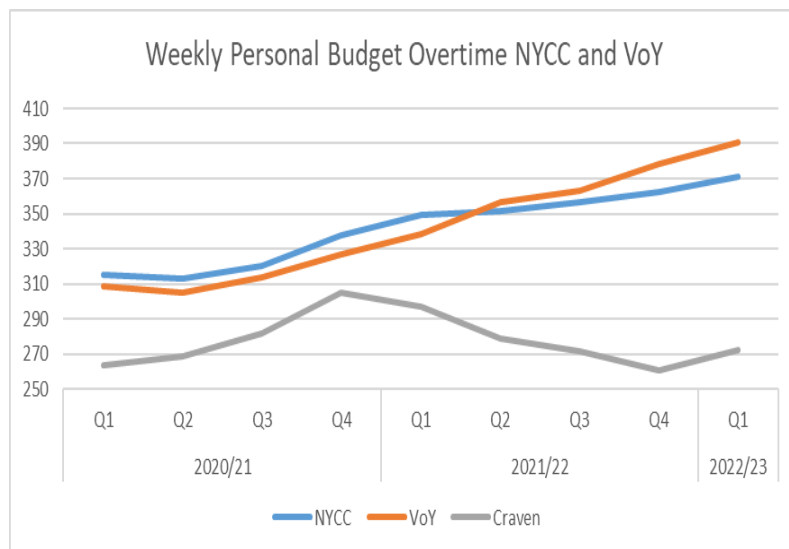
- d) 47% of new admissions in Q1 were above the Actual Cost of Care rate (ACoC); 45% of nursing care placements and 46% of residential care placements were above the ACoC rate.
- e) The proportion of placements above the ACoC by locality is shown in the chart below



- f) Comparative rates for average weekly costs for OP residential placements for Y&HR LAs using provisional 2021/22 data are shown below, where North Yorkshire returned the highest average cost amongst the 10 LAs sharing data.



- g) The average cost of a community-based Personal Budget for people aged 65+ increased to £371 in Q1. There continues to be variation across the county:
- o the highest average weekly personal budget is Vale of York at £391 (5% higher than the NYCC average); and,
 - o the lowest is Craven at £273 (36.1% lower than the NYCC average).
 - o The chart below shows the trend over time.



- h) Further information on domiciliary care rates can be seen in section 4 below

Inflation

3.12 An Actual Cost of Care (ACOC) Exercise for residential and nursing care was undertaken in 2019/20 and, after pausing due to Covid, has been implemented from April 2022. The new rates (as set out in 3.9(c) above) will be implemented for

existing packages over three years. In essence that means that each package would receive 1/3rd of the difference between the current rate and the ACOC rate, reaching full ACOC by April 2024. This is a significant increase in care rates paid to providers in North Yorkshire as we move to full implementation of ACOC, but it is necessary to ensure continued provision for people with care needs in the county and to support providers. For those packages that were receiving the previous county rates of £592 (nursing) and £599 (residential), they have seen an increase in the rate of up to 16% from April 2022.

- 3.13 The general inflation rate in 2022/23 was 5% for packages below the ACOC rate and a similar principle was used for domiciliary packages whereby lower-funded packages were given a bigger increase.
- 3.14 However, as members will be aware, inflation is currently running at rates not seen for many years, with CPI at 10.1% in July. This is leading to significant lobbying from providers to allocate further funding (see 4.18 below).

Staffing

- 3.15 An analysis of community teams' capacity suggests a vacancy rate of 5% to 31%, with an average of 21% and this is impacting on provision, as discussed elsewhere on the agenda.

4.0 Key Market Issues

- 4.1 The next few paragraphs set out a summary of the current market position and the issues we face.
- 4.2 The care market in North Yorkshire is large in size which is relative to the geographical nature of the County.
- 4.3 Workforce pressures are significant with a heavy reliance upon agency staff to maintain safe services. The shortage of registered nurses has seen 212 nursing care beds lost with homes de-registering in the last 2 years due to lack of registered nursing personnel. A number of homes are reporting a future intention to de-register. Workforce and retention issues are leading to vacancies in care homes which cannot be staffed.
- 4.4 Across the County there is a shortage of placements for people with very complex requirements including dementia care. There is also a legacy of provider failure with 173 Nursing beds and 82 residential beds closed in the last 2 years.
- 4.5 NYCC currently commissions 130 domiciliary care providers to support people over the age of 18. There is a significant level of diversity in the domiciliary care provider market.

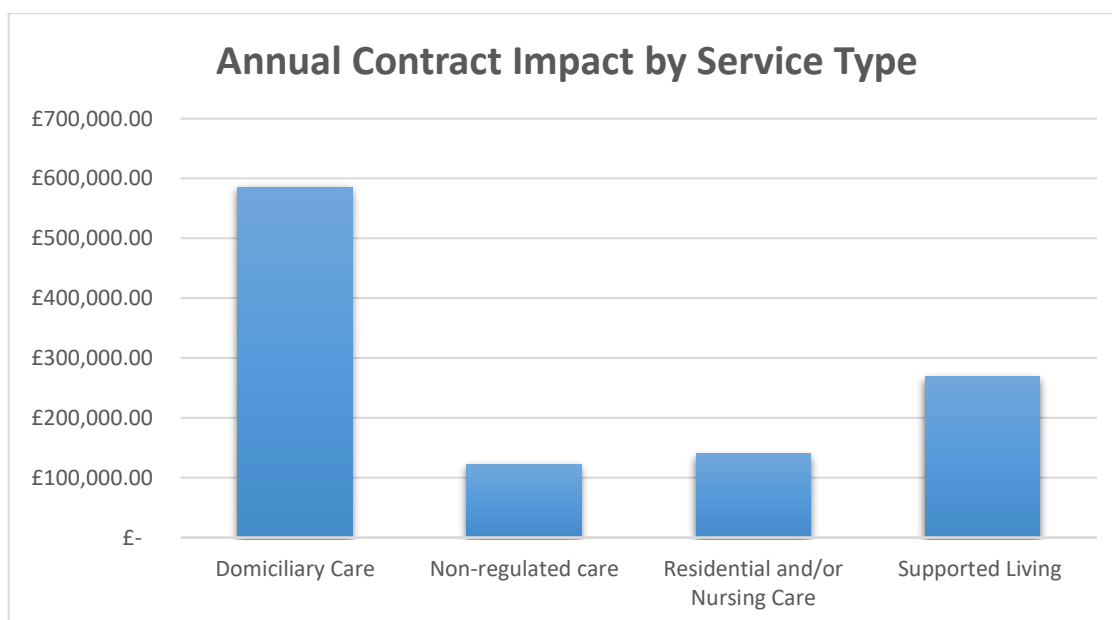
- 4.6 Domiciliary Care providers employ approximately 5,162 staff ranging from services employing as little as 3 staff and one as many as 800 staff.
- 4.7 North Yorkshire has some deeply rural and sparse parts of its population and rural areas are particularly difficult to commission domiciliary care due to the distances required to travel and shortage of workforce. This has a financial impact too.
- 4.8 Providers are reporting that many staff are choosing to leave the sector, due to no longer having a desire to work in social care, many are reporting the impact of the pandemic on a feeling of burn out and others are leaving due to higher pay in other sectors. This has been a significant factor in the 300+ packages of care handed back to the Local Authority in the last 12 months.
- 4.9 The 18+ domiciliary care rates paid in the last financial year are detailed below.

| | Personal Care (Generic) | Personal Care (Enhanced) |
|-------------|-------------------------|--------------------------|
| Urban | £21.41 | £22.84 |
| Rural | £22.67 | £23.84 |
| Super rural | £25.30 | £25.43 |

- 4.10 Fee rates are the main rationale for providers seeking financial support via the Council Sustainability Policy and we have seen a growing number of applications through this process in the last 12 months.
- 4.11 A survey of care providers was undertaken in June 2022 sharing feedback on their current position and some of the key messages that came from that exercise included:
- Recruitment and retention of workforce
 - Fuel and energy costs
 - Rising insurance premiums
 - Inflation
- 4.12 A range of national and local support mechanisms have been in place since early in the pandemic to reduce the financial impact of the pandemic on the care market and, where possible, prevent provider failure. This includes support from central government, including:
- i) Infection Prevention Control funding;
 - j) A national Personal Protective Equipment portal; and,
 - k) The block purchasing of discharge beds.
- 4.13 At a more local level, the county council has implemented:

- Compensatory payments;
- Supplier relief and hardship processes;
- Payment on planned activity; and,
- Payments in advance for the annual inflation settlement

- 4.14 The Strategic Market Development Board is in place to address the wide range of challenges in the social care market, and to provide a strategic focus on the implementation of solutions.
- 4.15 The Board has a multi-agency membership, and has set key priorities for its development work. One of the key areas of work relates to the £167 Million spent each year via three approved provider lists (APLs), covering care homes and extra care, day services, supported living and domiciliary care.
- 4.16 The re-procurement of the APLs is underway and four APLs will go live on 1 November 2022 for the provision of residential and nursing care, supported living, home based support and community based support. Applications to each of the new APLs are in the process of being evaluated, on completion of the evaluation an assessment of the likely financial impact will be undertaken.
- 4.17 Since September 2021 we have received 38 sustainability requests from care providers, seeking additional support to continue to operate. Pre-pandemic we would expect to see four or five per year. These requests, where we have agreed support, have resulted in additional costs in excess of £1m (as illustrated below) and we expect this trend to continue and perhaps accelerate.



- 4.18 As reported to Executive as part of the Q1 Budget Monitoring report, to assist providers further with acute financial pressures, including increased fuel and energy costs, a one-off payment has been made to residential homes (£500) and to all community-based care (an increase of 50p per hour for three months).

5.0 Future Funding Issues and ASC Charging Reform

- 5.1 As previous papers to the Committee have set, we have long been concerned about the future of Adult Social Care funding remain and we continue to work with organisations such as the Association of Directors of Adult Social Services, the Society of County Treasurers and the County Councils Network to lobby central government for a fairer funding settlement in this respect.
- 5.2 This concern has increased in recent years as a result of the market pressures set out above and the acceleration in the cost of living.
- 5.3 Ensuring that there is sufficient funding in the system to deal with issues such as cost pressures, capacity and recruitment, remains our main concern.
- 5.4 In the past, and as part of our response to the discussion on the funding of social care, we have also advised that we need to review and decide what is the responsibility and resulting costs of the state and what we agree should fall on individuals and families. In this we need to reflect on charges to people and revisit means test and needs test thresholds. We should be cautious about the unintended consequences of including people's homes in financial assessments for home care.
- 5.5 Last year the government published proposals that seek to address this last issue. This will mean that anyone with assets of less than £20,000 will not have to pay anything towards the cost of care either at home or in residential care from October 2023. People with more than £100,000 in assets will pay all such costs until they reach a maximum of £86,000. Those with assets of £100,000 or less will pay a means-tested proportion towards their care costs, again until they reach a maximum of £86,000.
- 5.6 North Yorkshire has agreed to be one of six "Trailblazers" for the new proposals.
- 5.7 The Committee received a presentation on the changes at its meeting in June and therefore this detail will not be repeated here.
- 5.8 Work has been ongoing to prepare for implementation in the new year. The initial target date of January for Trailblazers is now widely seen as impractical, partially as the government is only now consulting on funding for next year. Final funding allocations are not expected to be known until late December and any final decision to proceed will be dependent on assurances that this funding will cover costs.
- 5.9 This decision is expected to coincide with the budget process for Council.
- 5.10 In the meantime work continues on looking at the new processes that will be required to deal with a significant increase in workload. This includes
- Continued engagement with DHSC on better ways to 'co-produce' model
 - Establishment (with DHSC and other Trailblazers) of financial modelling working group
 - Continued development of target operating model, with pathway mapping sessions to understand detailed scenarios and impact across teams. This will feed into workforce modelling.

- Technical options appraisal under development to identify preferred technology solution,
- Communication with DHSC re: Market Sustainability Plan/Fair Cost of Care exercise
- Initial appointments made through overseas recruitment, with expectation that new employees will start in post in January 2023.
- Engagement with DHSC around Go Live timescales

5.11 Once the impact of this work is clear (including costs and funding), officers will update members ahead of any financial decisions.

6.0 Recommendations

6.1 Overview and Scrutiny Committee is asked to note the contents of the report.

RICHARD WEBB
Corporate Director, Health and
Adult Services

Report Prepared by Anton Hodge, Assistant Director – Strategic Resources

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NORTH YORKSHIRE COUNTY COUNCIL

Care and Independence Overview and Scrutiny Committee

22 September 2022

Work Programme Report

1.0 Purpose of Report

- 1.1 The committee has agreed the attached work programme (Appendix 1).
- 1.2 The report gives members the opportunity to be updated on work programme items and review the shape of the work ahead.

2.0 Background

- 2.1 The scope of this committee is defined as ‘The needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector’.

3.0 Scheduled Committee dates/Mid-Cycle Briefing dates

Committee meetings

- 1 December 2022 at 10am
- 2 March 2023 at 10am

Mid cycle briefing dates

- 27 October 2022 at 10am
- 2 February 2023 at 10am

4.0 Group Spokesperson’s views in the Work Programme

- 4.1 Your Group Spokespersons had their first Mid Cycle Briefing on Friday 29 July. The work programme attached reflects the outcome of that discussion. The key points they want to bring to your attention are:

4.2 High priority Items:

- **Workforce**– recruitment and retention pressures in the social care sector should be monitored on a regular basis. They would welcome regular updates being brought to committee, ideally covering the whole sector. In addition, the committee may want to invite contributions on this from the Independent, Community and Voluntary Sector on how they are experiencing these issues.
- **Managing the Adult Social Care Market**– How the authority is creating personalised, high quality, sustainable care solutions using a range of care providers and support organisations.

- **Care Packages** - The progress on taking a strength-based approach (especially the flexibility of our home care services). Are we confident that we are meeting people's needs of/whilst reducing the package of care? If we are freeing up some resource to help more people, how are we doing that.
- **Funding & Financial Matters, especially the Trailblazer - the care cap** . The scope of the item brought before members to be not just the mechanics, the budget implications and our preparedness, but also how we get the message out and raise people's awareness and understanding.
- **Health and integration - Development** of the Integrated Care Systems and Partnerships that cover North Yorkshire - what does this mean for social care, what are the risks.
- **Care and support - Reimagining Home Care** - Better understanding of the progress of the short-term pilots either underway or in their planning phase.
- **Updates about the ASC Assurance Framework** – this comes into force from April 2023 and means we could have an inspection of all council social care services from CQC at any point during 2023/24 onwards.
- **Public Health** – its contribution in the broadest sense, including not just its role in achieving social care objectives, but also its specific campaigns around smoking, Alcohol Abuse, Awareness and treatment

4.3 Other areas to be programmed and/or considered for inclusion:

- **Supporting Unpaid Carers** - assess the support provided - information, advice and support services - for people with caring responsibilities. How we recognise the important role they play and how we empower them to achieve the life goals that matter to them.
- **Instances of provider failure** – the causes, mitigations and contingencies for dealing with provider failure. How common provider failure is in the areas and how well prepared we are to deal with it, covering our turnaround quality improvement schemes to assist struggling providers. Group Spokespersons suggested a briefing report at some point outlining the activity and performance of this service.
- **Micro Providers**. Barriers to success – Commissioning, Procurement and promoting awareness. How we encourage more bespoke providers, micro-enterprises and wider community assets such as community-owned care, mutual aid and shared lives.
- **Climate action: climate justice, health and social care**. How can we identify those who are most at risk from the impacts of climate change, and what is being done to assist the most vulnerable, including those going through the

health and social care systems? How climate change should be part of conversations about the new structures, responsibilities and ways of working in health and social care. (The scope for how this is brought to members to be initially considered at the next group spokespersons briefing)

- 4.4 Group spokespersons were keen to retain the current approach that when considering topics, officers be encouraged to provide a strong overview perspective to help new members grasp the broader context.
- 4.5 The importance of '**local**' - the committee is encouraged that items be viewed through the lens of "*...how we make connections in local communities between public, private, voluntary and community organisations*"
- 4.6 To better understand the complexity and interrelationship of issues, rather than a series of separate reports, group spokespersons would prefer to limit the agenda to 2/3 in order that high priority items can be reviewed in reasonable depth.

5.0 Older Peoples Champion Report

- 5.1 Councillor Caroline Dickinson, Older People Champion, has agreed that her Annual Report be taken at the committee's December meeting. Cllr Dickinson is minded to not just cover the activity she has been involved with over the last year, but invite the committee to consider some topical themes:

- Help for older people with heating and energy costs - especially pensioners with low incomes. We need to keep in mind that older people stay at home for longer. They are often not in the position to keep warm at work or other places.
- Financial Exploitation/Abuse - a growing issue faced by older adults at risk, affecting their economic well-being and quality of life.

6.0 Recommendations

- 6.1 The committee is recommended to consider the attached work programme and determine whether any further amendments should be made at this stage.

DANIEL HARRY
SCRUTINY TEAM LEADER

County Hall,
Northallerton

Author of Report: Ray Busby

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**Care and Independence Overview and Scrutiny Committee
Work Programme 2022/23**

APPENDIX 1

| Scheduled Committee Meetings | 22 September 2022 at 10am | 1 December 2022 at 10am | 2 March 2023 10am |
|--|--|---|---------------------------------|
| Scheduled Mid Cycle Briefings (Attended only by Group Spokespersons) | 29 July 2022 at 10am | 27 October 2022 at 10am | 2 February 2023 at 10am |
| Agenda Briefings - will be held at 9.30am on the day of the committee meeting | | | |
| Meeting | Subject | Aims/Terms of Reference | Lead/Current position |
| Thursday 22 September 2022 at 10am | Adult Social Care in North Yorkshire right now | <ul style="list-style-type: none"> • Strategic overview eg unmet need, Home care providers and packages, picture on homecare, workforce applications • Set the format for regular report on Pressures (especially workforce) • Introduction to ASC Assurance Framework | Richard Webb & Michael Harrison |
| | The Care Cap and other Financial Matters | Extended review of the impact of the lifetime cap on the amount anyone in England will need to spend on their personal care, alongside the means-test for local authority financial support. A wider introduction to the financial pressures upon Health and Adult Services Directorate | Anton Hodge |

| Meeting | Subject | Aims/Terms of Reference | Lead/Current position |
|---|---|---|--|
| Thursday 1 December 2022 at 10am | Trailblazer progress possible Financial and Budget Pressures | Account of local, regional and financial pressures on the Adult Social Care Budget (possibly not necessary in light Anton being at September meeting) | Anton Hodge |
| | Reimagining Home Care | Overview for new members and update on the progress of transformation phasing. | Abbi Barron and Rachel Bowes |
| | All Age Autism Strategy | Follow up to briefing earlier this year – possible involvement of CYPS | Karen Siennecki and Natalie Smith |
| | Digital Lives | Technology enabled care, online care, financial assessment and brokerage. Tech Enabled Care – supporting and enhancing the experience of people and their independence in their own homes | Mike Rudd and Cath Simms/Neil Bartram. |
| | Safeguarding | 6.2 Annual NY Safeguarding Adults Board Report | Chair of Board and Sheila Hall |
| | Care Market pressures | Current position - update | |
| | Local Account | A review of the published account | Louise Wallace |
| | DPH Annual Report | A review of the DPH published report | Louise Wallace |
| | Older Peoples Champion Report | | Caroline Dickinson |

| Meeting | Subject | Aims/Terms of Reference | Lead/Current position |
|-------------------------------|--|--|-----------------------|
| Thursday 2 March 2023 at 10am | ASC Assurance Framework | Where we are at in terms of preparedness | |
| | Unpaid Carers – support for Carers | Overview item to help assess the support provided to adult carers of adults in North Yorkshire. Update on the Strategic plan for the transformation of carers offer across North Yorkshire and experience of the contract for the provision of the Adult Carer Service and Young Carers support and advice | Cath Simms |
| | Extra Care - next generation | Revisit of Extra Care 12 months on as requested by the Committee. Update on progress and statement on ambition to see Extra Care in all key towns by 2023. | To be determined |
| | Direct Payments | Revisit how NYCC is ensuring that Direct Payments enable more choice and control over the support people receive and how their social care needs are met | |
| | Living Well | | |
| | Intermediate Care/Discharge to Assess (possibly covering Reablement) | Discharge arrangements. Possible Briefing on introduction of Pilot scheme for short-term care beds. | To be determined |

Long list of items yet to be programmed

| | | | |
|--|--|---|---|
| | Supported Housing | Transforming Care and current supported housing service overview | To be determined |
| | Shared Lives Scheme | Approval to re-procure or in-source the Shared Lives Scheme is now planned for Executive in July. so timing of this may be brought forward | To be determined |
| | Respite/Short breaks current position | Progress on a transformational approach to short breaks | To be determined |
| | Development of the Integrated Care Systems and Partnerships that cover North Yorkshire | What does this mean for social care, what are the risks etc | Richard Webb |
| | Dementia Care Facility | Report on progress business case and development in light of Executive approval (to be determined) Potentially Broad based report for newly constituted committee | |
| | Day Services | Overview with some focus on how the pandemic has changed demand for these services and how that influences commissioning arrangements that we have in place to deliver Personalisation and choice and meet current service and business requirements. | Principle and scope of item yet to be discussed |
| | Suicide Prevention and Audit | | |
| | Social Prescribing | | |

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