

# Public Document Pack



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

**To:** Councillors Karin Sedgwick (Chair), Eric Broadbent (Vice-Chair), Joy Andrews, Karl Arthur, Andy Brown, Caroline Dickinson, Robert Heseltine, Nigel Knapton, Peter Lacey, Heather Moorhouse, Andy Paraskos, Jack Proud, Tony Randerson, Monika Slater, Roberta Swiers, Robert Windass, Mike Padgham and Jillian Quinn.

**Date:** Thursday, 26th September 2024

**Time:** 11.00 am

**Venue:** The Grand Meeting Room, County Hall, Northallerton, DL7 8AD

Members of the public are entitled to attend this meeting as observers for all those items taken in open session. Please contact the Democratic Services Officer whose contact details are at the end of the Agenda frontsheet if you would like to find out more.

You may also be interested in [subscribing to updates](#) about this or any other North Yorkshire Council committee.

Recording is allowed at Council, committee and sub-committee meetings which are open to the public, please give due regard to the Council's protocol on audio/visual recording and photography at public meetings. Anyone wishing to record is asked to contact, prior to the start of the meeting, the Democratic Services Officer whose details are at the foot of the first page of the Agenda. We ask that any recording is clearly visible to anyone at the meeting and that it is non-disruptive.

### **AGENDA**

**1. Apologies for Absence**

**2. Minutes of the Meeting held on 19 June 2024** (Pages 3 - 6)

**3. Declarations of Interest**

All Members are invited to declare at this point any interests they have in items appearing on this agenda, including the nature of those interests.

**4. Public Participation**

Members of the public may ask questions or make statements at this meeting if they have given notice to Melanie Carr of Democratic and Scrutiny Services and supplied the text (see contact details below) by midday on Friday 21 September 2024, three working days before the day of the meeting. 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 Chairman who will instruct anyone who may be taking a recording to cease while you speak.

5. **Update on Preparing for Adult Social Care Assurance** (Pages 7 - 14)
6. **Adult Social Care Improvement Priorities** (Pages 15 - 26)
7. **Presentation on Hospital Discharges** (Pages 27 - 38)
8. **Presentation on Substance Use** (Pages 39 - 56)
9. **Work Programme 2024/25** (Pages 57 - 60)
10. **Any Other Items**  
Any other items which the Chair agrees should be considered as a matter of urgency because of special circumstances
11. **Date of Next Meeting - 5 December 2024**

**Members are reminded that in order to expedite business at the meeting and enable Officers to adapt their presentations to address areas causing difficulty, they are encouraged to contact Officers prior to the meeting with questions on technical issues in reports.**

**Contact Details:**

Enquiries relating to this agenda please contact Melanie Carr, Senior Scrutiny Officer  
Tel: 01609 553849 or e-mail: [Melanie.carr1@northyorks.gov.uk](mailto:Melanie.carr1@northyorks.gov.uk)  
Website: [www.northyorks.gov.uk](http://www.northyorks.gov.uk)

Barry Khan  
Assistant Chief Executive  
(Legal and Democratic Services)

County Hall  
Northallerton

18 September 2024

## North Yorkshire Council

### Care & Independence Overview and Scrutiny Committee

Minutes of the meeting held on Wednesday, 19th June, 2024 commencing at 10.00 am.

Councillor in the Chair Eric Broadbent, plus Councillors Joy Andrews, Karl Arthur, Andy Brown, Caroline Dickinson, Robert Heseltine, George Jabbour (sub), Nigel Knapton, Peter Lacey, Heather Moorhouse, Andy Paraskos, Jack Proud, Monika Slater and Robert Windass.

In attendance: Councillor Michael Harrison .

Officers present: Richard Webb, Abigail Barron, Joanne Waldmeyer and Melanie Carr.

Apologies: Councillors Karin Sedgwick and Roberta Swiers.

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**Copies of all documents considered are in the Minute Book**

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#### 1 Apologies for Absence

Apologies were received from Councillors Karin Sedgwick and Roberta Swiers. Councillor George Jabbour substituted for Councillor Karin Sedgwick.

#### 2 Minutes of the Meeting held on 28 March 2024

**Resolved** – That the Minutes of the meeting held on 28 March 2024 be taken as read and confirmed by the Chair as a correct record.

#### 3 Declarations of Interest

There were no declarations of interest.

#### 4 Public Participation

No public questions or statements were received.

#### 5 Health & Adult Social Care Performance Update

Considered – A presentation on Health and Adult Social Care performance.

The Executive Member for Adult Social Care, Councillor Michael Harrison introduced the presentation providing an overview of the scale of the Directorate and what it covered.

Richard Webb, Corporate Director for Health & Adult Services went on to provide his annual state of the nation update which provided an overview of:

- The leadership team;
- The scale of the Directorate and its four main roles i.e. Public Health, Adult Social Care, Supported Housing and working with the NHS;
- 500+ Commissioned Services

- The significant in-house provision of social care and smaller scale in public health;
- The make-up of primary care across the county i.e. the seven NHS Trusts and integrated Care Board
- The HAS 2025 Plan and its 3 priorities i.e. 'Opportunities for everyone, everywhere', 'My time and experience are valued', and 'My home, my community, my choice';
- The current issues i.e. budget and demand pressures, migration and social care, the outcome of Adult Social Care Assurance, the refurbishment/ replacement of 3 remaining council run care homes, the long term plan for social care reform, supporting the SEND generation into adulthood, and future pandemics/outbreaks;
- The current financial position and the action plan underway to mitigate cost pressure risks and deliver the necessary MTFs savings;
- Operational pressures in ASC and the care market, and areas for improvement;
- The position in regard to NHS Health Checks, Public Health healthcare, adult weight management, smoking cessation services, sexual health services and substance use;
- The three main priorities for Public health i.e. 'Best Start in life', 'Getting people moving more', and 'Healthy ageing';
- The seven main priorities for ASC i.e. 'Direct payments', 'Carers', 'Home First', 'Waiting well', 'Reviews', 'Reablement', 'People with complex life', and 'Circumstances';
- Recruitment – a significantly improved picture in terms of vacant posts across key frontline services during 2023/24;
- The work of the Quality Team;
- Customer involvement, including the development of guidance and a toolkit;
- Assurance and inspection – CQC ASC Assurance expected in next two years, and Public Health peer review in 2025;
- The three phases of a recent Peer Review undertaken in preparation for the expected CQC Inspection – an overview of the draft findings to be presented at the committee's next meeting;
- Delivery Plans for ASC and in Public Health up to 2027 and beyond;
- The 10 steps for Public Health and Social Care reform
- The year ahead i.e. getting the basics right, transformation and foundations e.g. structural changes, ASC Assurance and evaluation and learning;

Members noted the update and raised the following:

- The savings made through switching from residential care to home care and the need to be careful to ensure no unintended consequences;
- Issues around short stay placements;
- The reduction in living well referrals, thought to be as a result of the pandemic;
- The need for a pre-planned approach to reablement following elective surgery;

They also requested a more detailed update on substance use.

The Chair thanked Cllr Harrison and Richard Webb for the update, and it was

**Resolved** – That

- The performance update be noted;
- A detailed update on Substance Use be provided at the next meeting

## **6 Presentation on Adult Social Care Market - Service Development & Transformation Plan**

Considered – A presentation on service development and the transformation plan for the Adult Social Care market in North Yorkshire.

The presentation provided by Abigail Barron, Assistant Director for Prevention and Service Development, gave a detailed overview of:

- The vision for adult social care and public health services moving forward;
- The key market objectives for 2024-25;
- The workforce;
- The quality of care across social care services in North Yorkshire;
- The recent Care Quality Commission ratings for care home provision and community-based care providers;
- Market sustainability;
- Care staff data – number of vacancies etc;
- The plans for market shaping and 'Home First', including the planned navigator pilot for the Nidderdale and Washburn Valley Service to manage/reduce demand for commissioned services;
- The proposed direction of travel for residential, intermediate and dementia care;
- The planned full needs analysis and review of current service gaps to inform future commissioning of specialist and complex care;
- The planned delivery of a refreshed Shared Lives Model and the establishment of a network of county wide care service providers and partners, to encourage collaboration and the sharing of best practice;

Members noted the presentation and in response to their queries, officers confirmed the following:

- There was no evidence to suggest that ASC staff were leaving to go work for the NHS. In regard to external care provider staff it was more likely they would move to hospitality/retail work.
- Not many county residents were choosing cross border extra care, and those that did were not choosing it as a result of a lack of extra care in the county.
- There had been some small pockets of market failure due to issues with international workforce, but the service was working closely with the Home Office and Care Market group to address it. Where there had been provider failure, officers had work quickly to ensure care provision and where possible that had involved the care worker going with the patient to ensure continuity of care.
- The allocation of young people's care direct payments was not based solely on price but also on the patient's needs.
- Direct payments not only delivered value for money but also a more focussed person specific care package.
- There was no evidence of a clinical reason for the national increase in early on set dementia but an increase in awareness has been seen. Understanding was important has it helped to manage longer term trends.

The Chair thanked officers for the update, and it was

**Resolved – That**

- i. The presentation be noted;
- ii. A detailed update on Direct Payments be provided at a future meeting

## **7 Work Programme 2024/25**

Members considered the planned work programme for the remainder of meetings in the 2024/25 municipal year.

Having noted the discussions at the meeting it was

**Resolved** – That the Committee’s work programme be updated to reflect the following:

- An update on the 3-stage ASC Assurance peer review, and a report on Substance Use for the committee’s next meeting on 26 September 2024
- A detailed overview on Direct Payments for the committee’s meeting on 5 December 2024
- Any further changes to the work programme to be agreed at the next mid cycle briefing

## **8 Date of Next Meeting - 26 September 2024**

The meeting concluded at 12.09 pm.

# Care and Independence Overview and Scrutiny Committee

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26<sup>th</sup> September 2024

Preparing for ASC Assurance – September 2024 Update

# CQC's assessment of adult social care (ASC)

- Introduced by the **Health and Care Act 2022**, the Care Quality Commission (CQC) has a new duty to independently review and assess the performance of local authorities in delivering their Care Act 2014 Part 1 duties, which are:
  - the pursuit of wellbeing; preventing needs for care and support; promoting integration of care and support with health services; providing information and advice; promoting diversity and quality in provision of services (an efficient/effective market); meeting the duty of co-operation; meeting needs; safeguarding adults; effective transition from children's services; ensuring continuity of care and support when an adult moves; managing provider failure; and providing independent advocacy support
- CQC's local authority assessment reports are published and CQC also has a duty to inform the Secretary of State for Health and Social Care if it considers a local authority is failing to discharge its duties - and to recommend any special measures it considers the SoS should take. The SoS can use new intervention powers (also introduced in the 2022 legislation) - powers which commenced in April 2023. DHSC is recruiting to a pool of ASC Improvement Advisors/Commissioners to work with those councils where intervention powers are being used - I am a member of that pool.



# CQC Assurance:

## 4 domains

### 9 Quality Statements

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#### Domain 1 Working with People

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

#### Domain 2 Providing Support

- Care provision, integration and continuity
- Partnerships and communities

#### Domain 3 Ensuring Safety

- Safe systems, pathways and transitions
- Safeguarding

#### Domain 4 Leadership

- Governance, management and sustainability
- Learning, improvement and innovation

# CQC's activity/ratings to date

- Ratings system: Inadequate; Requires Improvement; Good; Outstanding
- Published pilot reports: Birmingham (good); Lincolnshire (good); North Lincolnshire (good); Nottingham (requires improvement); Suffolk (good)
- 9 Published reports at 16 September 2024:
  - Bracknell Forest - overall = **good**
  - County Durham - overall = **good**
  - Derby City Council - overall = **requires improvement**
  - Derbyshire County Council - overall = **good**
    - Hertfordshire - overall = **good**
    - London Borough of Brent - overall = **requires improvement**
    - London Borough of Harrow - overall = **requires improvement**
    - London Borough of Hounslow - overall = **good**
    - West Berkshire - overall = **good**
- At 16 September, CQC website reveals that its ASC assessment process is underway in further 39 local authorities
- CQC is to complete the first assessment of all 153 local authorities by end December 2025 - meaning that significant scaling up in CQC inspection capacity is needed - especially as CQC's parallel assurance process for England's Integrated Care Systems (currently being piloted) is also due for completion by December 2025.
- As a new responsibility, CQC is clear that between now and end December 2025, it is establishing a baseline of initial assessments for all councils - in order to develop its understanding of relative performance across councils.

# Preparing for CQC Inspection

## Phase 1 – June 2023

Desktop review of:

- **Key Plans**
- **Key Data**
- **Key Reports**

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## Phase 2 – November 2023

- **6 peer reviewers**
- **6 sites across the County**
- **57 Focus Groups - 7 with people with lived experience**
- **Over 100 briefing and debriefing meetings**
- **Over 250 people** took part in the groups
- **Many people** involved in logistics and supporting the groups

## Phase 3–February 2024

- **13 peer reviewers**, including 3 internal reviewers
- **70 cases** audited
- **70 practitioners** involved
- **39 people with lived experience** or their representatives participated

# Peer review recommendations



SPECIFIC ACTIONS AROUND KEY DOMAIN AND QUALITY STATEMENTS



MOVE TO A MORE SPECIALIST COMMUNITY TEAM STRUCTURE

## CQC Assurance: 4 domains 9 Quality Statements

**Domain 1  
Working with  
People**

- Assessing needs
- Supporting people to live healthier lives
- Equity in experience and outcomes

**Domain 2  
Providing Support**

- Care provision, integration and continuity
- Partnerships and communities

**Domain 3  
Ensuring Safety**

- Safe systems, pathways and transitions
- Safeguarding

**Domain 4  
Leadership**

- Governance, management and sustainability
- Learning, improvement and innovation



OFFICIAL - SENSITIVE



# Next Steps



Detailed action plan to address peer review recommendations



Inspection Board in place, including external partners to provide critical challenge



Self-Assessment being revised



Frontline roadshows this Autumn



7 ASC Improvement Priorities to be reviewed and refreshed



Further action and independent work on customer feedback

# Next Steps



Focusing on consistent practice/recording



Preparing for community team re-structure during next 6 months: response to recommendation to move to a more specialist team structure



Developing intermediate care with the NHS, to help address issues about consistent approach to discharges and community after-care



Proposed peer challenge re-visit during 2025



3 key areas: 1) addressing recommendations, 2) communications, 3) technical preparations for inspection

# Adult Social Care

## 7 Key Improvement Areas

Update 27<sup>th</sup> September 2024

# ASC 7 Key Improvement Areas

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Home First – led by Jo Waldmeyer Head of Service Development

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Reviews – led by Caroline Lighten Head of Practice

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Waiting Well – led by Caroline Lighten Head of Practice

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Reablement – led by Debbie Thwaites Head of Locality

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Direct Payment – led by Kate Allanson Head of Prevention

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Carers – led by Kate Allanson Head of Prevention

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People with Complex Life Circumstance – led by Elaine Hewitt Head of Mental Health

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# ASC Key Improvement Area - Home First

**Headline:** Increase in home care and reduction in short stay/length suggests Home First strategy is working

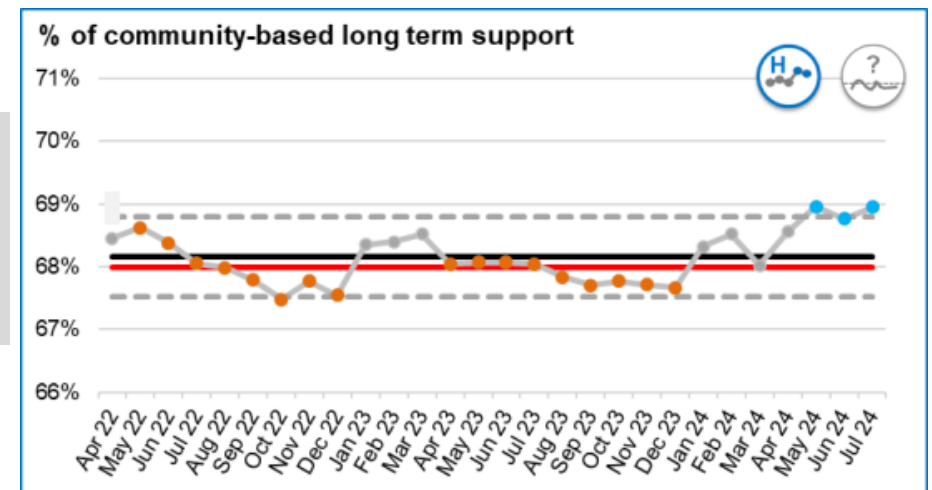
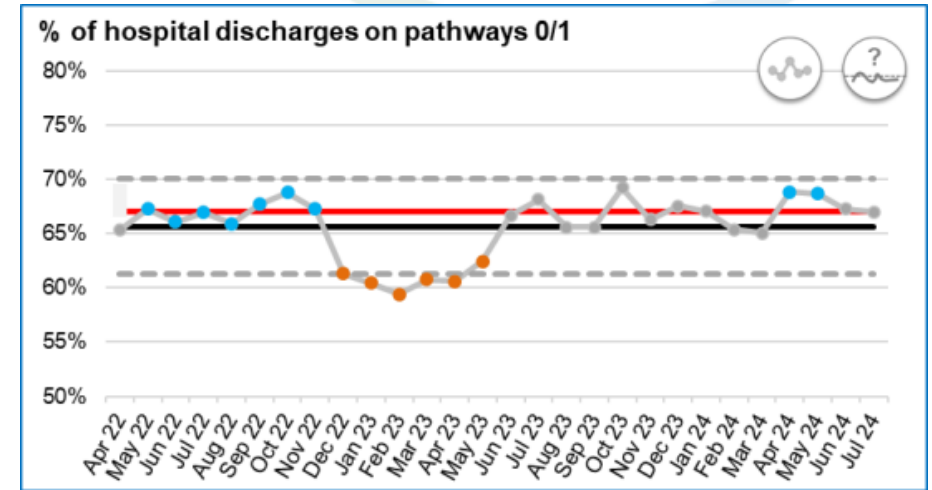
## Achievements over the past year

- A significant improvement the recording of short stays;
- Bridging Service commissioned, continue to evaluate impact on hospital discharges;
- Partnered with Harrogate and District Foundation Trust Thrive to deliver Bridging Service and co-produce innovative Home First approach integrating with Harrogate And Rural Alliance Intermediate Care;
- Commissioned Nidderdale and Washburn Valley Service Navigator;
- Developed proposals to standardise our approach to commissioning 24 hour and live in care in order to improve value for money and increase usage as alternative to long and short stay.

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## Next steps

- Scope opportunities for strategic partnership with independent sector to bolster reablement capacity.
- Review commissioning approach/funding for pathway 2 discharge to assess.



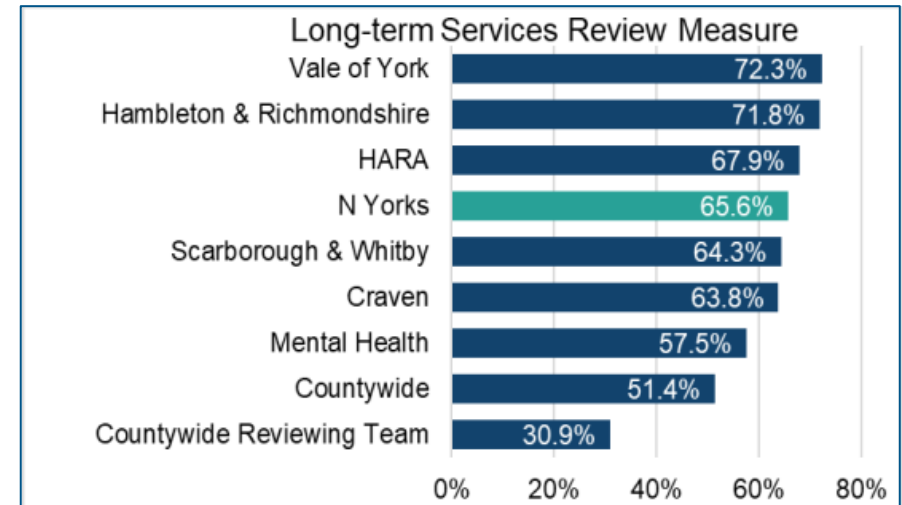
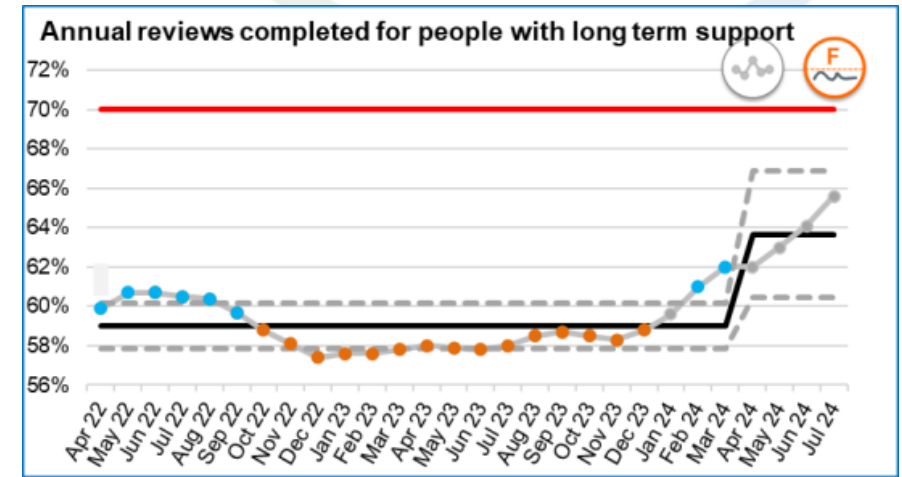
# ASC Key Improvement Area - Reviews

**Headline:** The review rate for people with a long-term service has increased from 58.7% to 65.6%

## Achievements over the past year

- Data validation, sharing good practice and development of action plans with all teams;
- Review 'clinics' trialled in the Vale of York (virtual reviews) learning shared with others;
- Expanding the work undertaken by the Review Team;
- Significant reduction for people living in Residential homes waiting for a review;
- Various co-production and engagement sessions taken place with practitioners, to embed learning and improve understanding;
- On going work with Involvement and Governance team – first workshop with People With Lived Experience planned for Oct 2024 - plans to cover all the Health and Adult Services key improvement areas over the coming year.

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## Next steps

- Launch the new review form in LLA and deliver training to practitioners
- Continue to improve the quality of review activity - good outcomes for people
- Utilising the Reviewing Team to undertake community reviews

# ASC Key Improvement Area – Waiting Well

**Headline:** The number of people waiting for an initial assessment remains within target

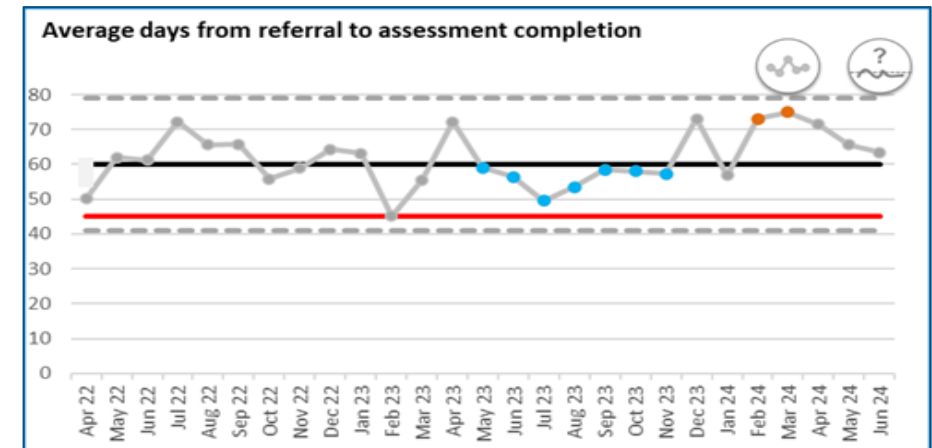
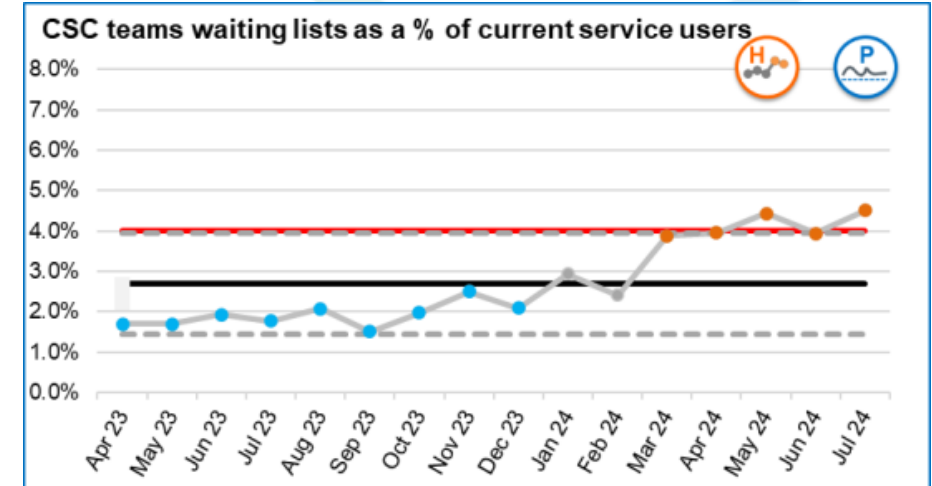
## Achievements over the past year

- New arrangements for maintaining contact with people waiting, inc. case recording tools including reablement contact and revised letter detailing options to pursue whilst waiting;
- Ensuring a consistent approach to managing and supporting with waiting lists across the County;
- Weekly reporting on performance in progressing new referrals to assessment and on timeliness in completing new assessments, aiming to bring timescales back in line with the 45-day target;
- New Occupational Therapy Assistant role has been recruited to, increasing the capacity available to respond to people waiting for Occupational Therapy input;
- An early contact operating model is being piloted aiming to put the right support in place at the right time, relevant to the person's needs and context;
- £400k investment to reduce the waiting list for Deprivation for Liberty Safeguarding assessment.

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## Next steps

- Detailed review of the new arrangements for maintaining contact (how does that feel for people)
- Co-produce a Waiting Well strategy with People with Lived Experience to understand what 'good' waiting looks like.
- Detailed review of young people awaiting an assessment for adult social care.



# ASC Key Improvement Area – Reablement

**Headline:** Significant progress made towards delivering reablement back to post Covid levels

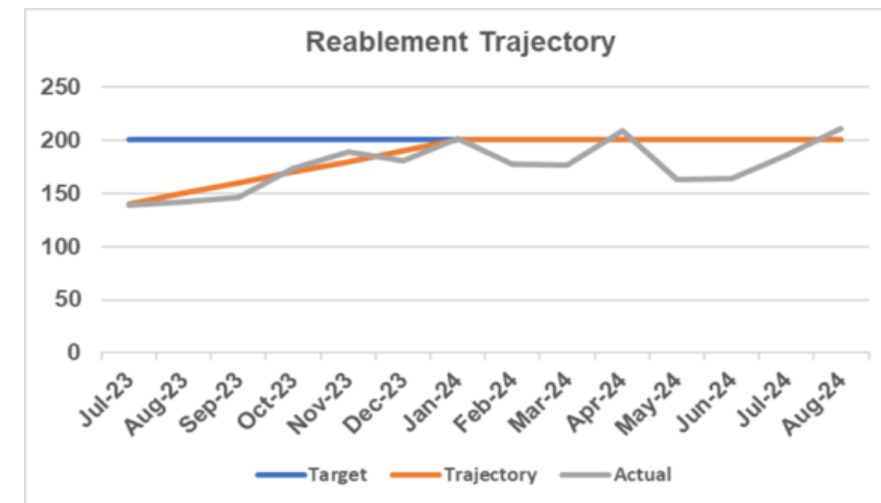
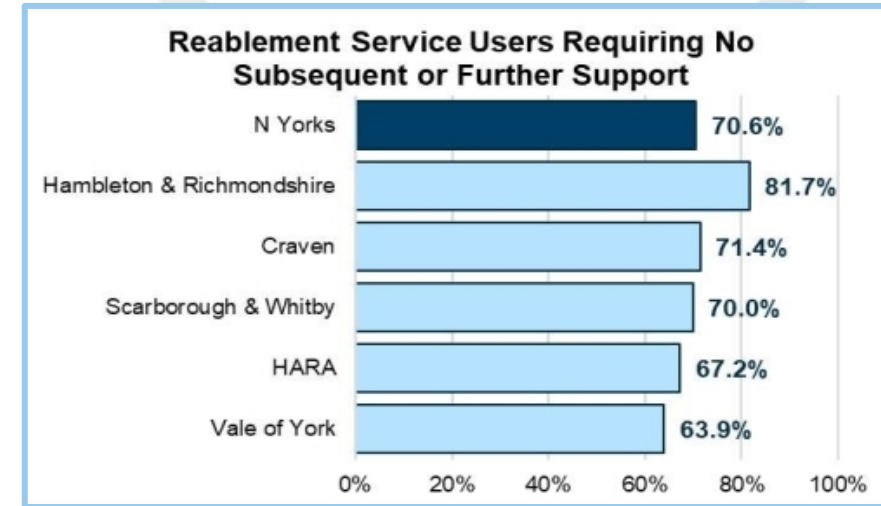
## Achievements over the past year

- Reablement activity continues to improve, 3.14 against a target of 3.99 Service starts for Apr-June were up by 42% compared with 2023/24;
- Social Care Coordinator linked to Reablement to provide extra support is being trailed;
- Reablement workers undertaking Waiting Well conversations during non-contact time;
- Reablement and Rehabilitation workstream completed 12 workshops county wide engaging with over 230 NHS and LA frontline workers and managers, to inform on the new integrated teams;
- Consultation/Review of bases and milage claims, new contracts for effected staff;
- Vacancies in Reablement have reduced to around 10% from 19%, Occupational Therapy Assistants recruited to;
- Reablement Countywide Service Manager recruited to for 12 months to support the Intermediate Care Rehab & Reablement workstream and to provide Registered Manager's with a consistent approach to service improvement and delivery.

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## Next steps

- Commence work on a co-produced Reablement information leaflet is being undertaken via LA SPARC research placement.
- Integrated teams next phase - co-produce the service spec with the therapy leads across the county



# ASC Key Improvement Area – Direct Payments



**Headlines:** An increase in the number of Direct Payments Offered

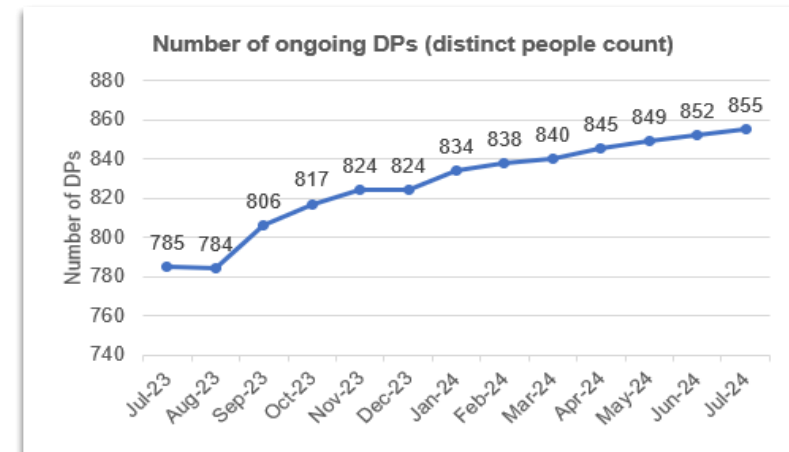
## Achievements over the past year

- At the start of Q1 the average amount of assessments with DPs offered was 15%, which has now increased in April to 27.5% and continues to increase by around 1% a month;
- Practitioner sessions to support increased use of direct payments;
- Attracting more Personal Assistants by developing the market;
- New Direct Payment leaflet co-produced with Direct Payment recipient;
- Direct Payment recipient survey completed;
- Development of Individual Service Funds – budget is given to care provider to manage.

## Next steps

- Direct Payment recipients and Direct Payment Advisors –to create a video with People With Lived Experience for promotion, web content and training materials
- Supporting Locality Teams to increase the conversation rate between Direct Payments offered and taken up.
- Continue to share examples of good practice to build practitioner confidence.

	2022/23 Baseline	Measure	Target	Var.	Assur.
Direct Payments per 100K of pop	152	168	183		



# ASC Key Improvement Area – Carers

**Headlines:** An increase in the number of carers assessments completed

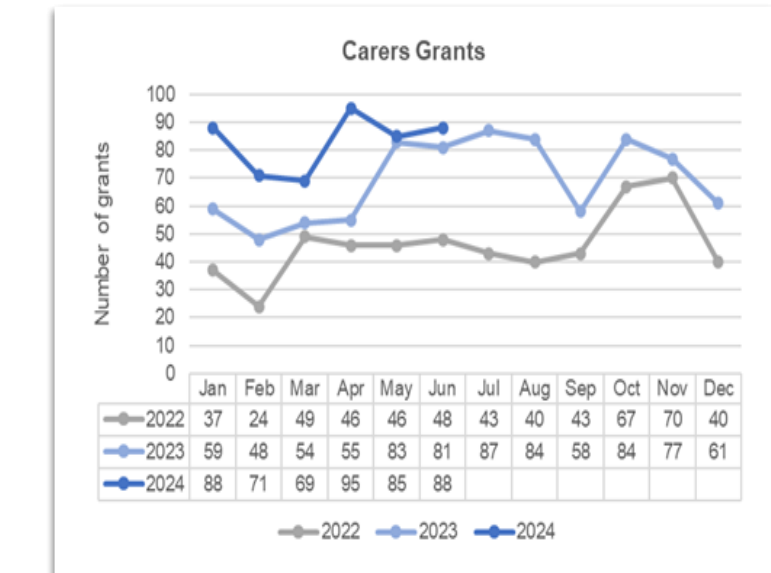
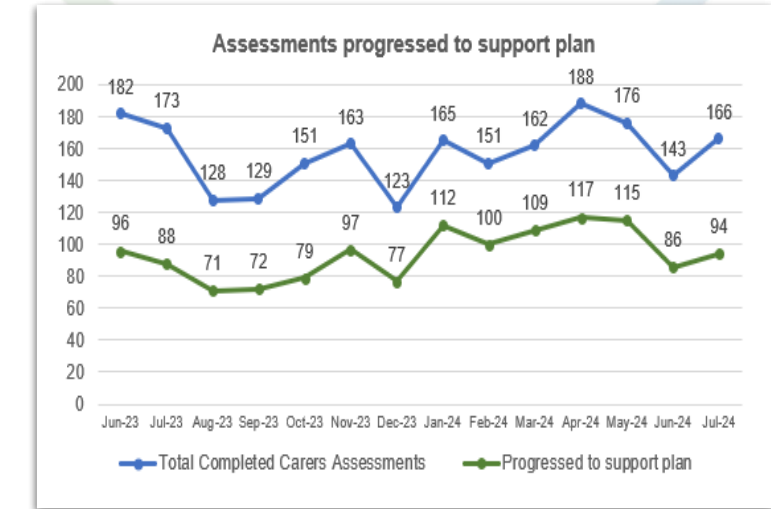
## Achievements over the past year

- The Living Well expanded its role to include strength-based assessments for unpaid carers. This service draws on its well proven preventative approaches and its extensive knowledge of community assets in working with carers;
- Carers online assessment project restarted April 2024;
- Introduced Carers Round Table with Carers Support organisations and Dementia Forward;
- Accelerating Reform Fund – funding allocation agreed to support carers breaks and identification and recognition of carers;
- Draft Carers Strategy prepared and engagement in progress.

## Next steps

- Engage with carers to develop a carers online assessment.
- Develop practice guidance to support to ensure consistent and meaningful support for unpaid carers.

	2022/23 Baseline	Measure	Target	Var.	Assur.
% of service users with an identified carer	57.8%	55.5%	45.9%		



# ASC Key Improvement Area – Complex Life Circumstances

**Headlines:** Concept of Complex Care has grown (better understanding, more about complex systems than people).

## Achievements over the past year

- Scoping - Ongoing engagement with Kings College. Bid for research was successful. NYC will be a pilot site for research: working with complexity and supporting social workers to develop judgement and decision-making expertise in adult social care;
- Trauma Informed Care (TIC) - Research and stakeholder building complete. Linked in with national trauma informed systems conveners. Local partnership with Relational psychologists in TEWV. Development of implementation group and TOR. Transformational support now agreed, and Project Manager allocated;
- Making Every Adult Matter – Place based partnership focusing on a framework for people experiencing multiple disadvantage;
- Complex Care Practice Development is underway to support trauma informed approaches and positive risk management;
- A series of spotlight sessions have been delivered to support practice and ensure Care Act compliance for people with drug and alcohol use. These were developed as an outcome of the Mortality Data Subgroup which engaged in reviews of cases related to people who have died in tragic, potentially preventable, circumstances.

## Next steps

- Scoping- Kings college's research with NYC pilot, led by Dr Angela Lilly.
- Trauma Informed Care - Full Transformation project plan in development If successful,
- Making Every Adult Matter project begins in October.
- Team Around The Person Practice Support Development underway

Overarching KPIs	2022/23 Baseline	Measure	Target	Var.	Assur.
% of community-based long-term support	68.8%	68.4%	68.0%	⬆️	⚠️
Home First: pathways 0/1 as % of all hub activity	61.9%	66.1%	67.0%	⬆️	⚠️
Projected admission rate for OP to res/nursing	713	674	719	⬆️	⚠️



# Performance Reporting

PEOPLE	- Caseloads; Complaints; Safeguarding; Mental health detentions.
POUNDS	- Care package costs; <b>Direct payments.</b>
PROVISION	- Care home quality and occupancy; <b>Unsourced packages of care.</b>
PREVENTION	- Front door effectiveness; <b>Carers</b> ; Living Well; <b>Reablement.</b>
PRACTICE	- Referral rates; <b>Waiting lists</b> ; <b>Hospital discharges</b> ; <b>Assessment timescales</b> ; <b>Care home admissions</b> ; <b>Use of community-based support</b> ; <b>Reviews</b> ; Case file audits;

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- Quarterly report covering 24 key performance indicators (KPIs) across these areas, highlighting exceptions where performance has improved or where focused work is needed.
- Supported by follow-up deep dives and thematic reporting in between quarterly reports.
- A detailed benchmarking exercise against national data sets in 2023 identified **indicators where significant improvement was required** to bring performance in line with national averages, and these have underpinned the 7 key improvement themes.



# Caseloads

Two performance indicators are used to monitor caseloads:

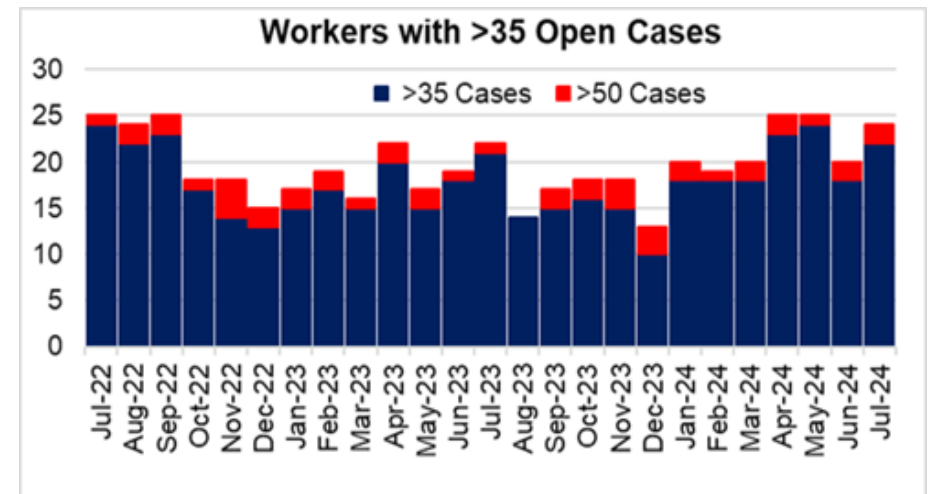
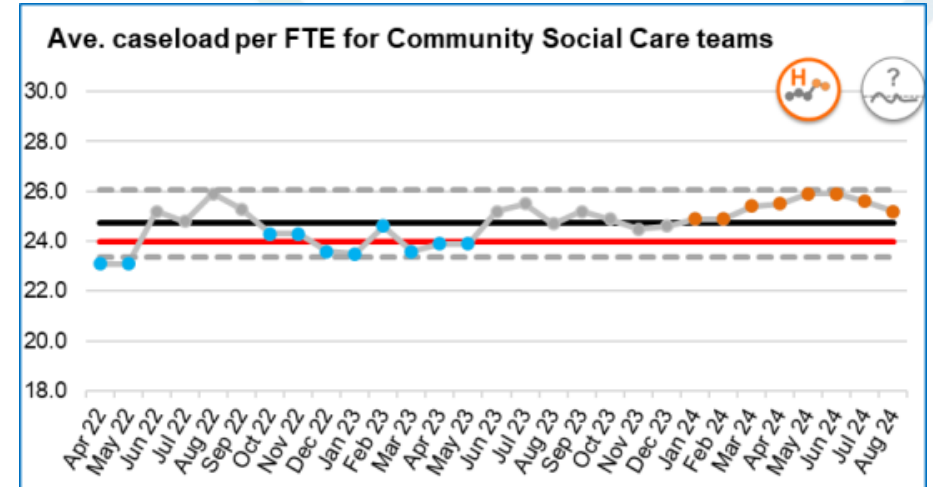
- the KPI tracks the average caseload per full-time equivalent (FTE) staff numbers; and,
- a supporting indicator that reports how many social workers are holding over 35 cases.

The supporting indicator was informed by the annual national health check survey conducted by the chief social worker, which indicated that more than 80% of social workers managed a caseload smaller than 35 cases. In essence, the indicator triggers a red light on caseload levels.

Caseload levels are reported weekly at locality and team level through the directorate's social care resilience call, with worker level data available to managers to follow-up trends that are causing concern.

Since the Q1 exception was highlighted (bottom chart), the proportion of social workers with more than 35 cases has reduced from 12.8% to 10.3% and there are no workers holding more than 50 cases (1 worker in Q1).

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# Next Steps

## ASC 7 Improvement Areas

- HASLT Away Day with Improvement Area Leads with a focus on the key achievements of the last year and next steps
- Agree Improvement Priorities for the next 12 months

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## Caseloads

- Recruit to any vacancies (strong recruitment already in generic teams / some vacancies in specialist MH roles)
- Move to specialist team structure
- Roll-out learning from local triage/caseload management pilots

# Hospital Discharge Overview

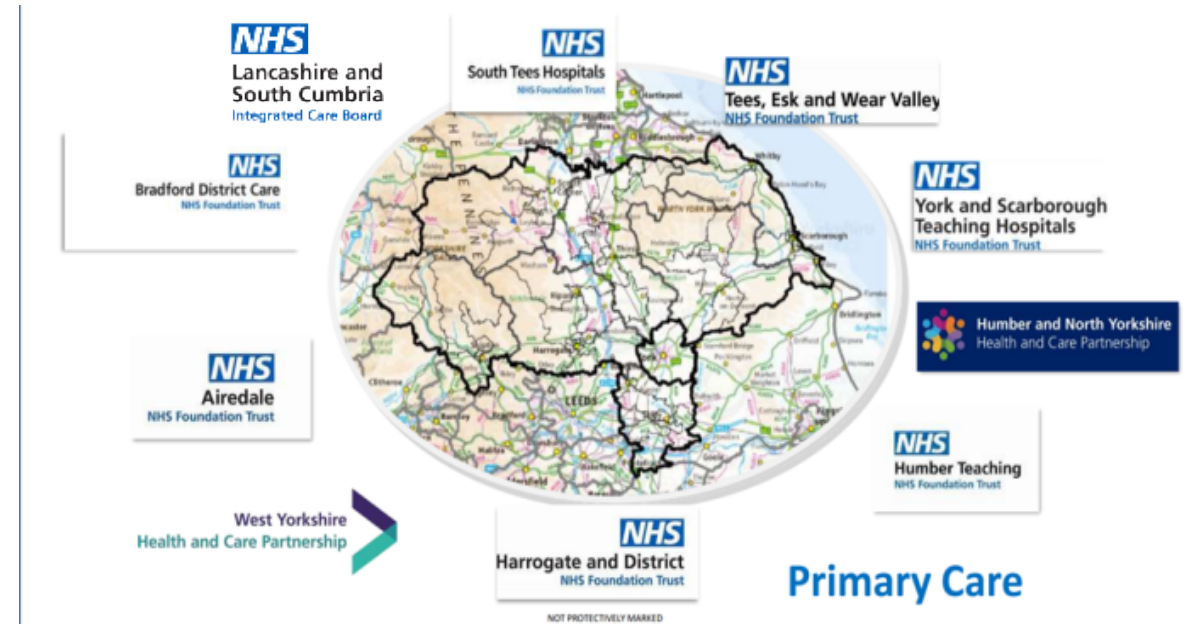
Quarter 1 2024

# Hospital Discharge Overview

- 5 discharge hubs across North Yorkshire
- Working with 6 main Acute Hospital sites, but up to 17 hospitals refer in for discharge support

Hub works as a multi-disciplinary team working virtually and in the hospitals to support discharge

- Hubs manage all discharges for:
  - Pathway 1 (home or to a usual place of residence with new or additional health and/or social care needs)
  - Pathway 2 (to a community bed-based setting which usually has dedicated recovery support)

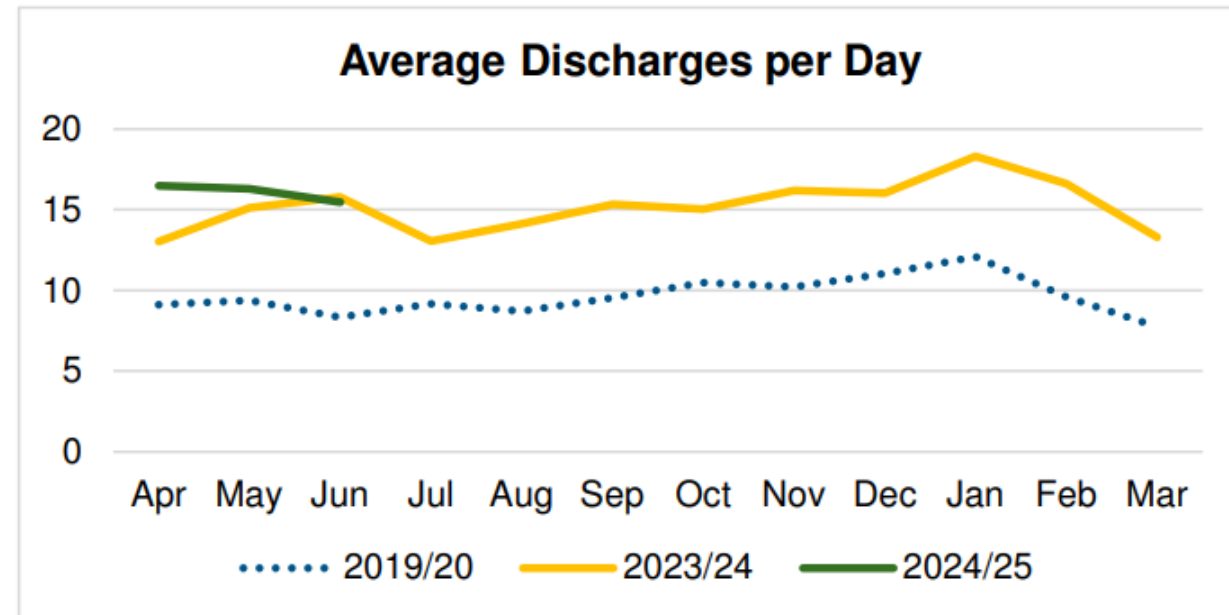


# Pressures from hospital discharges

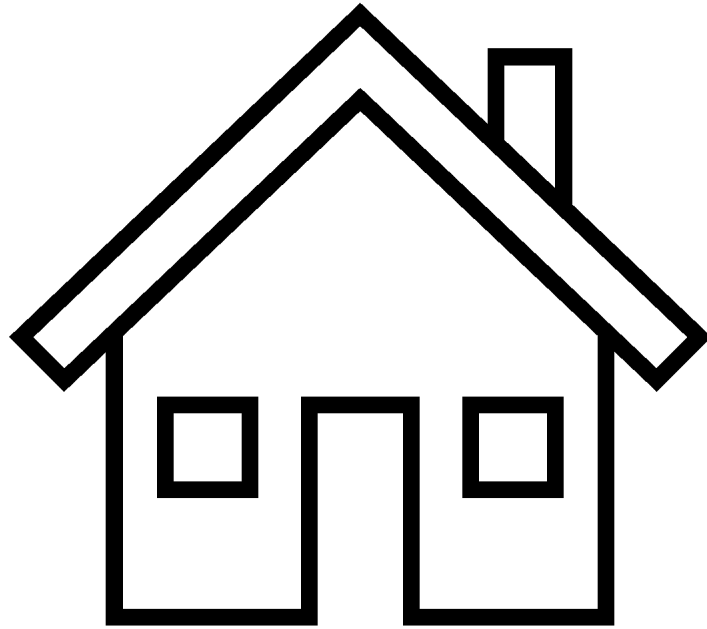
## Key issues

- Hospital discharge activity averaged 16.1 per day during Q1, maintaining the level reported in Q4 (16.0) and Q3 (15.8). In 2023/24, the average for Q1 was 14.7 per day
- Pre pandemic discharges averaged at 9 per day
- Support to manage the increased demand for discharge is increasing pressures on reablement, discharge hubs and brokerage
- Regular high OPEL levels within the Hospital resulting in escalation
- Local activity is subject to high levels of volatility day-to-day, with local health and care systems continuing to be subject to localised surges in discharge activity, during Q1 there were 41 days where discharges exceeded 20 per day, compared with 34 days in Q4
- NYC receives a grant of £4m, but estimate of additional discharge-related short stay costs could be over £10m this year, this is a small fraction of the cost of people coming into social care following a hospital stay

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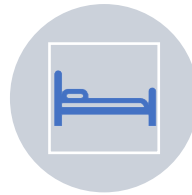
# Discharge to Assess



**Pathway 0** – home with no support or restart of an existing service



**Pathway 1** – home with a newly commissioned service (reablement, bridging, package from the private market)



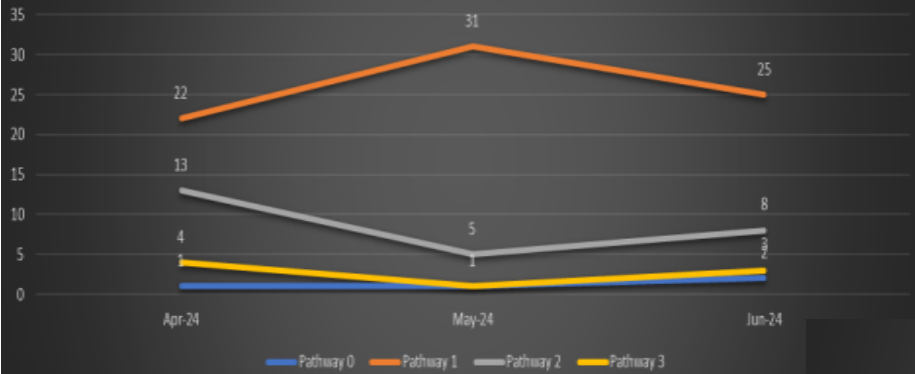
**Pathway 2** – discharged to a short term placement (intermediate care bed, placement from the private market) with a view to returning home



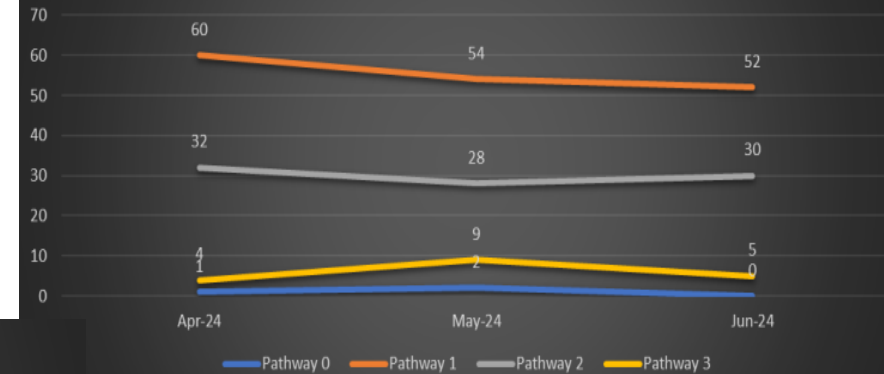
**Pathway 3** – Discharged to short term placement with a view to most likely needing long term residential or nursing care

# Discharge Hub Activity – Q1

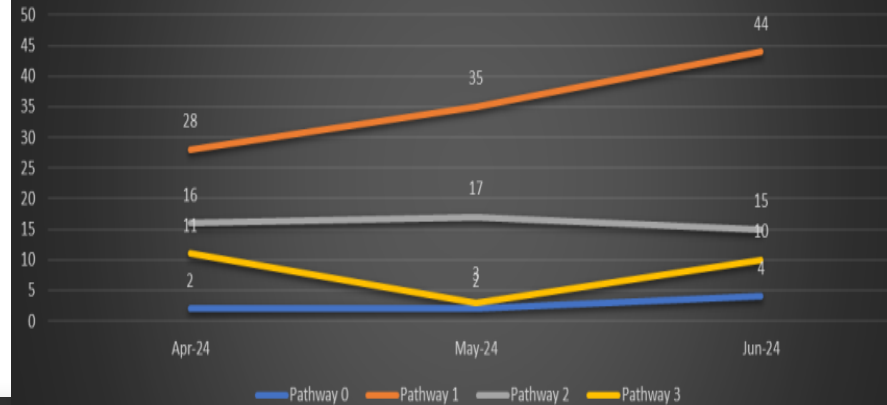
Craven Hub - Discharges by Pathway Q1 2024



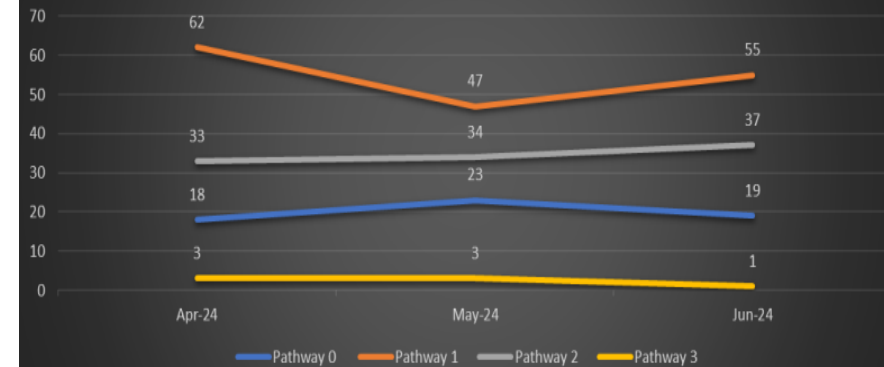
HARA Hub - Discharges by Pthway Q1 2024



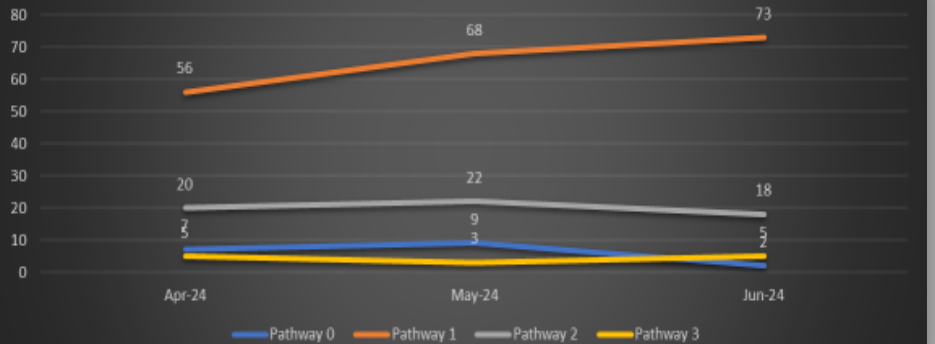
Vale of York Hub - Discharges by Pathway Q1 2024



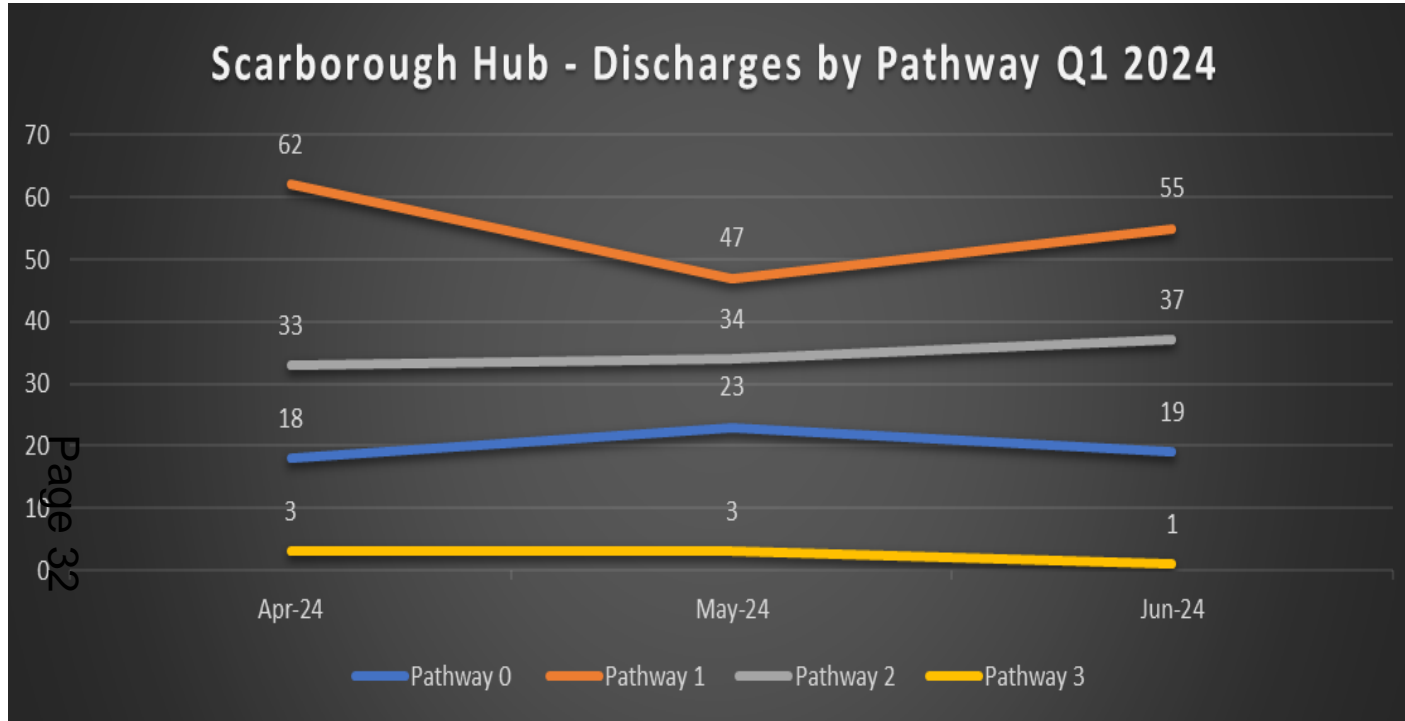
Scarborough Hub - Discharges by Pathway Q1 2024



Ham Rich Hub - Discharges by Pathway Q1 2024



# Focus on Scarborough Hub



**Pathway 0** – home with no support or restart of an existing service



**Pathway 1** – home with a newly commissioned service (reablement, bridging, package from the private market)



**Pathway 2** – discharged to a short term placement (intermediate care bed, placement from the private market) with a view to returning home



**Pathway 3** – Discharged to short term placement with a view to most likely needing long term residential or nursing care



**17% increase in referrals and discharges in Q1 2024 when compared with Q1 2023**

## Available in Scarborough to support discharges:

- NYC Reablement service (pathway 1)
- Bridging service – delivered by a home care provider (pathway 1)
- Spot purchased home care (pathway 1)
- Intermediate Care Beds – Block contracts with 3 providers in Scarborough and Malton (pathway 2)
- Spot purchased placements (pathway 2 & Pathway 3) Time to think beds commissioned by ICB for pathway 3



# Actions being taken

- Bridging service arrangements to address difficulties in sourcing home-based care and increased chances of short-term bed admissions
- Continuous improvement in reablement capacity, with less routine home care and less vacancies in reablement post s- this is a key improvement area for HAS
- Continuous implementation of the Home First principle
- Oversight of the use of short-term residential care beds
- Development of an integrated intermediate care offer, which includes a strong reablement offer and a focus on intermediate care through in-house provider services

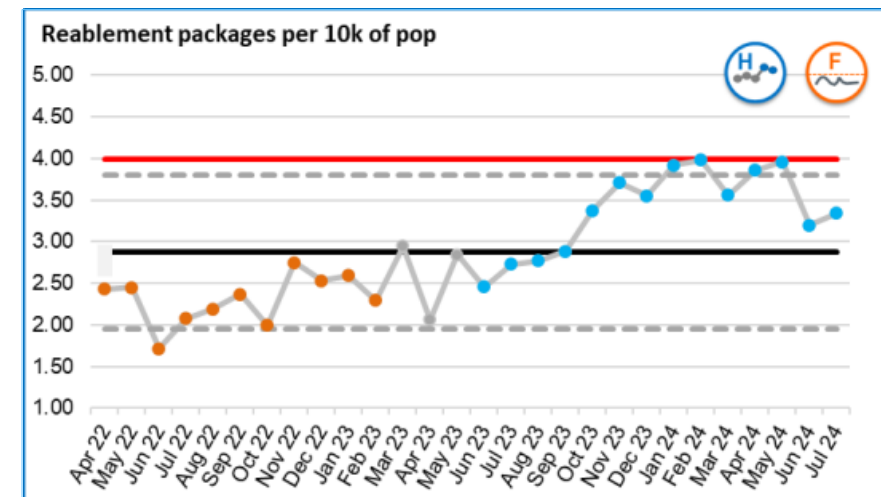
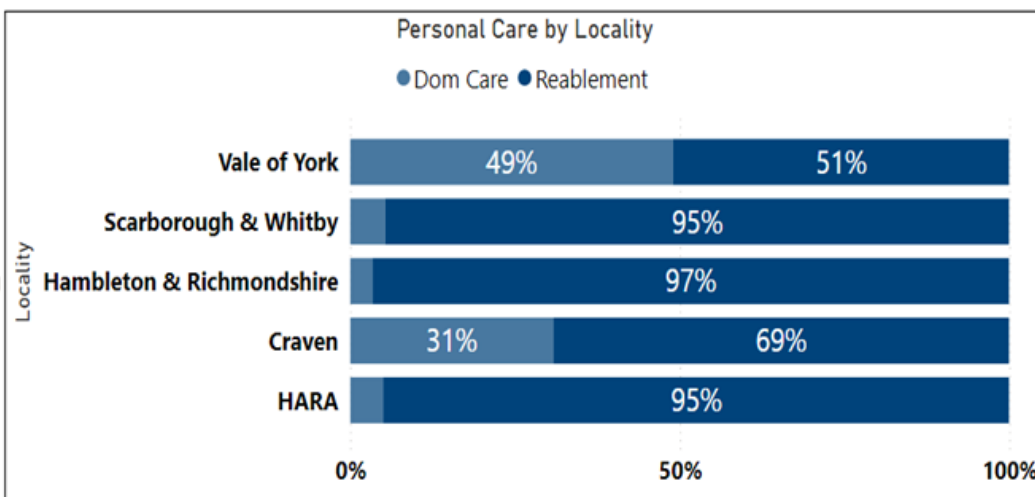
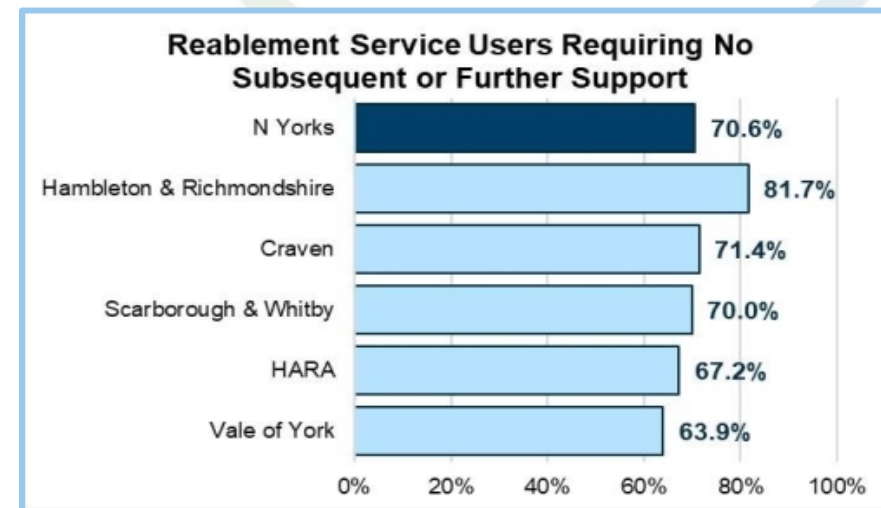
# Key Improvement Priority – Reablement

**Headline:** Significant progress made towards delivering ‘true reablement’ post Covid

## Achievements over the past year

- Reablement activity continues to improve, 3.14 against a target of 3.99 Service starts for Apr-June were up by 42% compared with 2023/24;
- Social Care Coordinator linked to Reablement to provide extra support is being trailed;
- Vacancies in Reablement have reduced to around 10%

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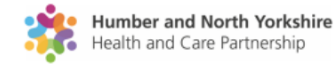
# Actions being taken

- Continued focus to support people through the discharge pathways with a focus on home, monitoring of the length of stay in short stay residential care is ongoing (average 42 days in Q1)
- Need to secure more community-based therapy provision to ensure people coming out of hospital are receiving the best possible opportunity to return home to improve outcomes for people and reduce pressures on social care

# Intermediate Care

## Development of a new model

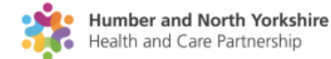
### Objectives



- Page 36
- 1 To build a new intermediate care model that delivers a more integrated and coordinated approach to health and social care, which supports people to be as independent as possible and enhances collaboration among health and care providers across different care settings.
  - 2 To ensure prevention is embedded throughout the model, improving both short and long-term outcomes, preventing hospital admissions, re-admissions and long-term social care support
  - 3 To develop and implement integrated processes for patients' pathway and residence decisions as part of hospital discharge planning and admission avoidance
  - 4 To build on the strong front door and prevention model in adult social care and embed prevent, reduce and delay across the ASC (Adult Social Care) pathway

# Intermediate Care

## High level principles of new model



1. Person-centred and strength-based
2. 'Home First' approach
3. Therapy/Social work-led and MDT (Multi-Disciplinary Team) delivered
4. Free, responsive, 7-day delivery, single point of access.
5. Aligned with supporting services and health and social care community
6. Inclusive
7. High quality, outcomes driven, short term
8. Locality based
9. Single intermediate care hub for entry and exit
10. Prevention embedded throughout the model

# Intermediate Care - Key 'ingredients' for a high performing model

Page 38

**Capacity** Presence of a dynamic care market which can respond well to extra demand (both domiciliary and non-domiciliary)

**Grip** Robust efficiency of services and oversight of provider performance, enabling accountability

**Relationships** Strong and trusting relationships between providers and commissioners

**Technology** Acute trusts, councils and care providers using the same systems enabling reliable and fast communications

**Integration** Integration staff, aligning incentives across health and care

**Optimisation** All parts of the system needs to be working at its optimum

# Care and Independence Overview and Scrutiny Committee

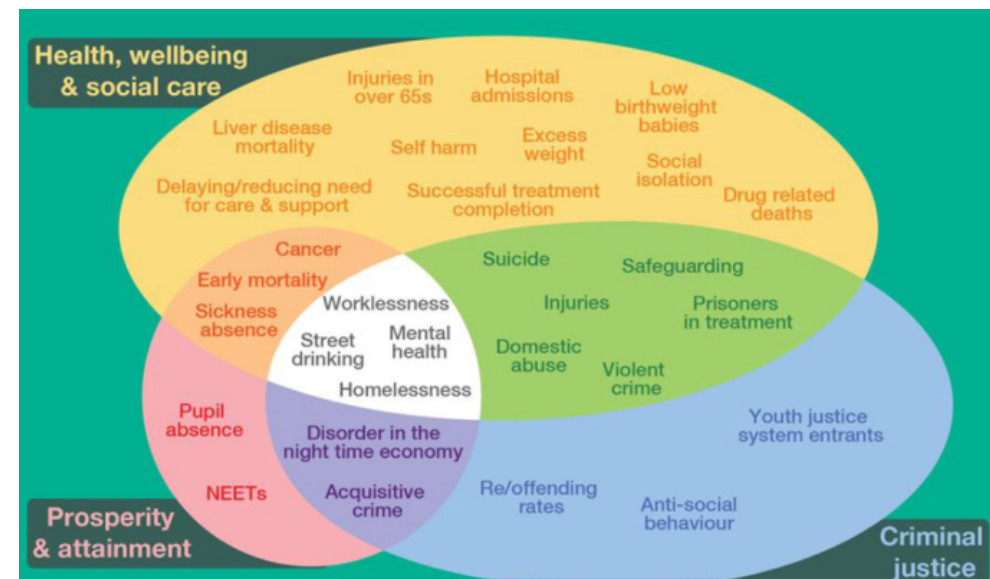
Page 39

## Substance Use

(Illegal drugs, alcohol, medicines with dependence forming potential)

Louise Wallace – Director of Public Health

Angela Hall – Public Health Manager



Agenda Item 8

# What we'll cover today

- National context
- Substance use in North Yorkshire
- North Yorkshire Substance Use Strategy
- Substance Use Services
- North Yorkshire 'Treatment Plan' – additional drug strategy grant investment
- Examples of other key action



# National context

2012

## Alcohol

The Government's Alcohol Strategy

## Illegal Drugs



32 recommendations

2010

2017

2019

2021

Page 41



Independent report  
Review of drugs part two: prevention, treatment, and recovery  
Updated 2 August 2021



Strategic outcomes and metrics		
<b>Reduce drug use</b>	<b>Reduce drug-related crime</b>	<b>Reduce drug-related deaths and harm</b>
<b>Headline metrics</b>	<b>Headline metrics</b>	<b>Headline metrics</b>
<ul style="list-style-type: none"><li>Proportion of individuals reporting use of drugs in the last year</li><li>Estimated prevalence of reported mental health issues on DXB</li></ul>	<ul style="list-style-type: none"><li>The number of neighbourhood crime, domestic burglary, personal crimes, vehicle offences and deaths from the poison</li><li>The number of fatalities that involve drug users or dealers, or have been caused by drugs in any way</li></ul>	<ul style="list-style-type: none"><li>Deaths related to drug misuse</li><li>Hospital admissions by drug poisoning and drug-related mental health and/or substance use disorders (primary diagnosis of self-harm)</li></ul>
<b>Supporting metrics</b>	<b>Supporting metrics</b>	<b>Supporting metrics</b>
<ul style="list-style-type: none"><li>Number of proportion of households where a household member with drug dependency used</li><li>Rate per population of children of school and community social services with drugs as a factor</li><li>Number of government interventions and programmes that are drug and alcohol-related</li><li>Proportion of 16 to 25 year olds who think the DM is safe to use and think it is OK to take drugs back to work</li></ul>	<ul style="list-style-type: none"><li>Police recorded with 12 months</li><li>Police reported trafficking of drugs and possession of drug offences</li><li>Receipts submitted for assets by a drug supply a factor</li></ul>	<ul style="list-style-type: none"><li>Number of police officers referred to people who used drugs</li><li>Number and percentage of people in treatment programmes during that time in contact with the treatment system</li></ul>

# National Alcohol Strategy: 2012

The Government's  
Alcohol Strategy

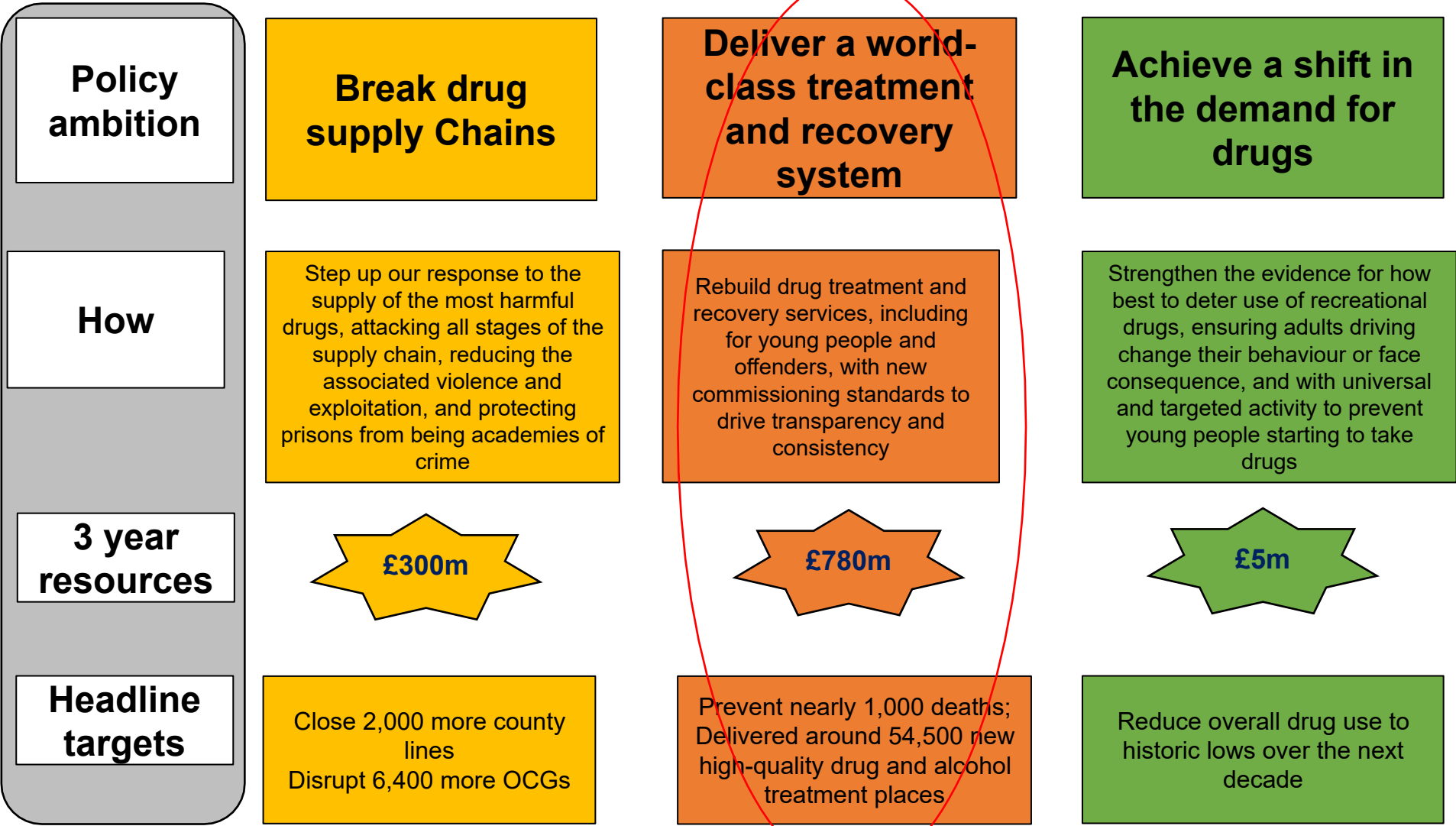
© 2012 HM Government

Page 28  
“This strategy sets out how we will attack it (alcohol) from every angle... when beer is cheaper than water... change will not be achieved overnight, it will require long-term and sustained action by local agencies, industry, communities, and the Government.”

- ✓ End the availability of cheap alcohol and irresponsible promotions, introduce a minimum unit price for alcohol and consult on the introduction of a ban on multi-buy promotions in the off-trade.
- ✓ Provide an extensive range of tools and powers to local agencies to challenge those people that continue to behave in an unacceptable way and make it easier to take action against and, if necessary close down, problem premises.
- ✓ Hold industry to account for the crucial role that it can play in changing the drinking culture
- ✓ Ensure that everyone understands the risks around excessive alcohol consumption to help them make

# National Drug Strategy 2021: From harm to hope

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# Substance use in North Yorkshire



Page 44  
Welcome!

The home of data in and about North Yorkshire

Data North Yorkshire is maintained by a partnership of local authorities, CCG's, organisations, towns and parish councils to become more open with their data. Here you will find articles, links, raw data as well as data driven stories, Joint Strategic Needs Assessment publications and more. You can browse the site either using the menu at the top of the page, or by scrolling down.



Enter your search query here...

Search

Articles  Datasets

# What the data tells us - children, young people and families

- Growing Up in North Yorkshire and Leaders Unlocked 'Big Conversation':

Page 45

- **Few young people have tried drugs**
  - They are **increasingly easy to access** – including via online supply
  - **Use of substances is higher in some groups** of young people– e.g. **Looked After Children** and **LGBTQ**



**LEADERS  
UNLOCKED**

# What the data tells us: adults - alcohol



- **1/5** of adults **drink more than 14 units** of alcohol each week
- Estimates show that **5,543** people are **alcohol dependent** and **76% (vs 82% nationally) not engaged in treatment**
- **Alcohol** is implicated in **5% of road accidents** in North Yorkshire - **statistically higher than for England**.
- Number of **adults engaged with treatment** support for **alcohol only has increased substantially** – higher proportion of total engaging with treatment than seen across England
- Most engage for treatment support for support with **alcohol in Harrogate, Craven and Northallerton**
- **More adults** are presenting to treatment **with complex health and social needs**

# What the data tells us: adults – other drugs



- Almost **half** of those **committing drug-related crimes** who are known to the police use **opioids, with 45% using crack cocaine** (with significant overlap between these two groups as many will use both substances).
- Number of **adults in treatment for** support with **opiates has fallen** by more than a quarter – this is **higher than seen across England**
- Number of **adults** engaged with **treatment** support for other substances, including **non-opiates** such as cannabis and cocaine **has increased substantially** this is **higher than seen across England**
- Most engage for treatment support with **opiates in Scarborough and Selby**
- **More adults** are presenting to treatment **with complex health and social needs**
- **More presenting to treatment with medicines dependence**



# Our commitment to North Yorkshire

*“We will reduce harms associated with substance use across North Yorkshire – putting people, health and communities at the centre”*

Champion and advocate for **non-stigmatising communities** across North Yorkshire

**Work alongside people** who use substances, people who experience harmful substance use, our communities, our assets and our services

## Priority 1

Drug **supply** and **responsible retailing** of alcohol

## Priority 2

Deliver **effective support** for all people who experience harmful substance use

## Priority 3

Achieve a **generational shift** and **reduce demand** for substances

Harm reduction

Homes and jobs (protective factors)

Targeted local action





# Substance Use Services

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## North Yorkshire Connected Spaces (Lived Experience Recovery Organisation)



<https://www.nyhorizons.org.uk/wp-content/uploads/2024/05/NYH-Highlight-Report-2023-24.pdf>



<https://redroserecovery.org.uk/nycs-annual-review-2023-24/>



<https://humankindcharity.org.uk/service/nyrise/>

# North Yorkshire Horizons



Inspected and rated

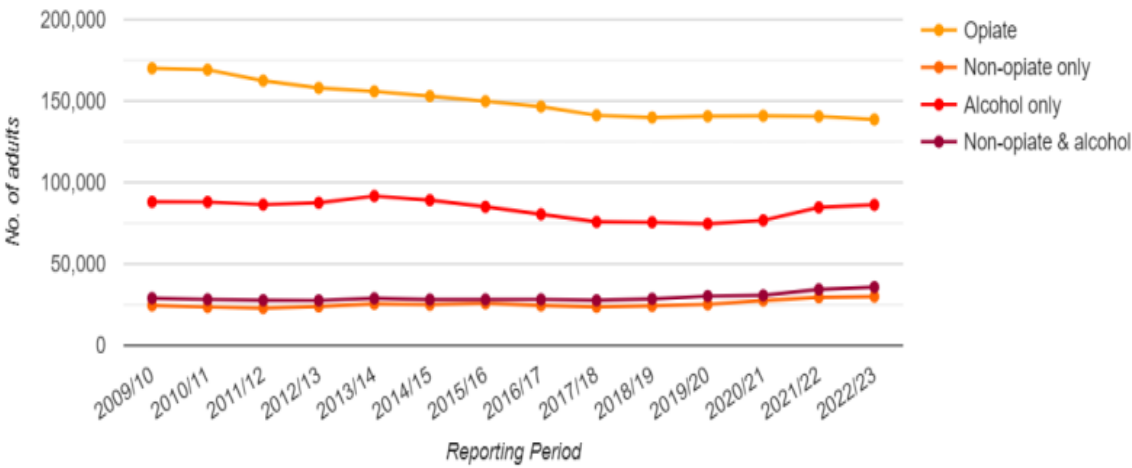
Outstanding



- 4 hubs + GP, Pharmacy and community provision
- c.2,500 people receiving support
- Most engage for support with alcohol in Harrogate, Craven and Northallerton
- Most engage for support with opiates in Scarborough and Selby
- 10-year birthday celebration events – w/c 7 October
- Over 99% seen within national wait time standard (within 3 weeks) over last 3 reporting years (compared to 98% nationally)

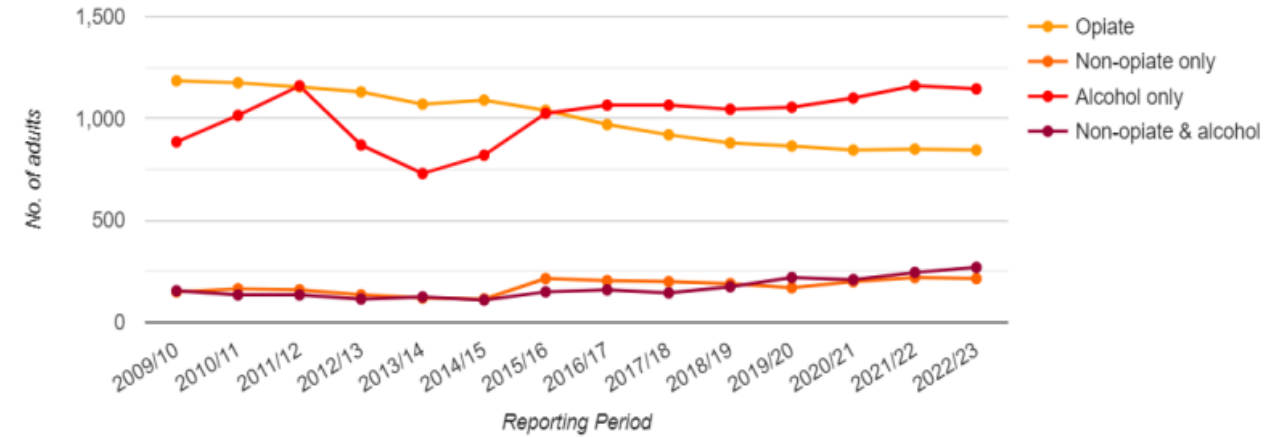
England

Adults in treatment



## North Yorkshire

Adults in treatment



Source: [www.ndtms.net/ViewIt/Adult](http://www.ndtms.net/ViewIt/Adult)

<https://www.nyhorizons.org.uk/wp-content/uploads/2024/05/NYH-Highlight-Report-2023-24.pdf>

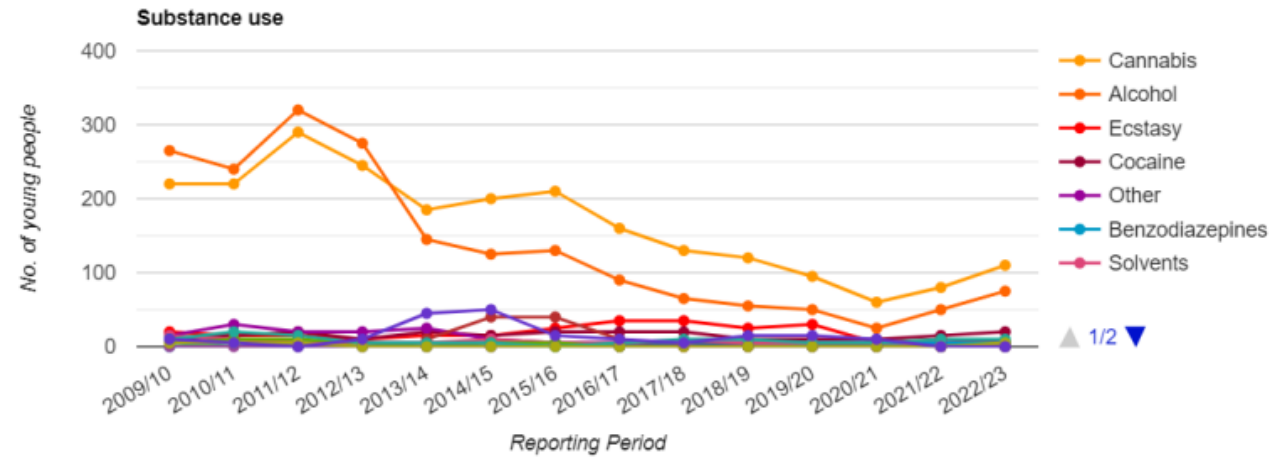
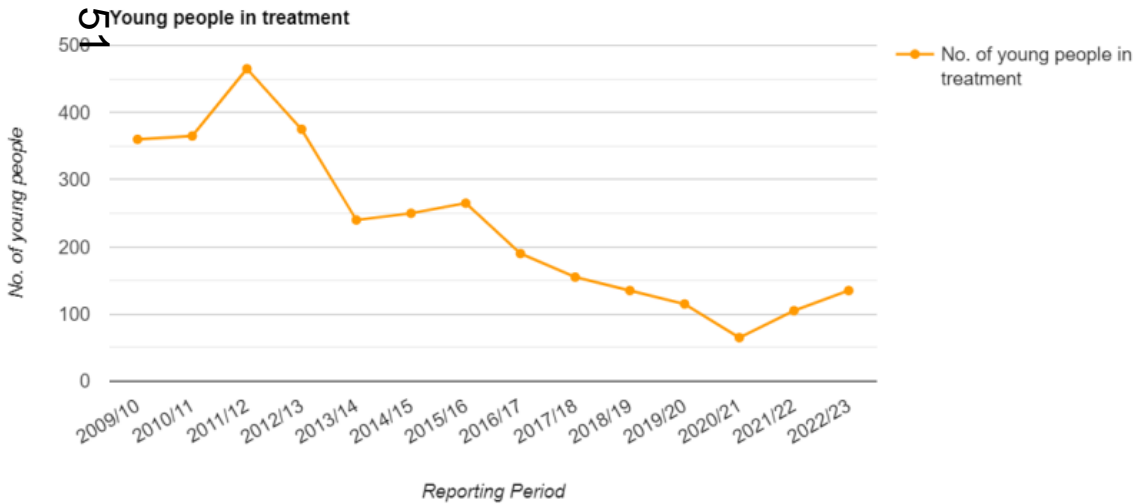
# North Yorkshire RISE



- Community provision – schools, homes, community venues
- Over 120 young people receiving support
- Cannabis, alcohol, cocaine

## North Yorkshire

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Source: [www.ndtms.net/ViewIt/youngpeople](http://www.ndtms.net/ViewIt/youngpeople)

Source: [www.ndtms.net/ViewIt/Adult](http://www.ndtms.net/ViewIt/Adult)

# North Yorkshire Connected Spaces (LERO)

- Started 2023
- Harrogate (Northallerton next)
- Monthly forum
- Community litter picks
- Recovery activities – including boxing
- Volunteering
- Naloxone Guardians
- Social media

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Connected Spaces

Monday 23rd September

**AGENDA**

Monday 23rd September, 10am until 3pm  
Leeds City Methodist Church, 28 Oxford St, Harrogate HG1 1PP

THEME: CELEBRATING NATIONAL RECOVERY MONTH - THE POWER OF STORITELLING DRINK AND DRUGS

**R**  
RED ROSE RECOVERY

**STALLS**

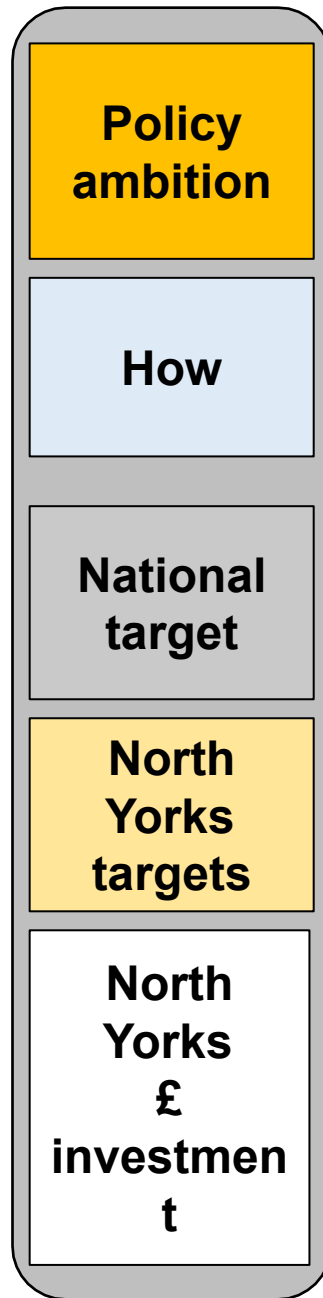
- Naloxone Guardians
- Free raffle
- Connected Spaces

10:00am - Welcome  
10:30am - Introduction  
10:45am - Life story - Emma  
11:15am - Break  
11:25am - Intuitive thinking - Special guest  
11:45am - Open discussion  
12:10am - Poem by Stephen  
12:30am - Lunch



<https://redroserecovery.org.uk/nycs-annual-review-2023-24/>

# North Yorkshire 'Treatment Plan' - £££



**Deliver a world-class treatment and recovery system**

Rebuild drug treatment and recovery services, including for young people and offenders, with new commissioning standards to drive transparency and consistency

**2022-2025:**

- 54,500 new treatment places
- A treatment place for every offender with substance use needs

- +394 adults (2856)
- +40 young people (139)
- 60% continuity of care (from 36%)
- More entering residential rehab

**SSMTRG (NYC)**  
 £495k – 22/23  
 £504k – 23/24  
 £992k – 24/25

**Inpatient grant (Leeds CC)**  
 £62k  
 p/annum  
 22/23 – 24/25

**Individual Placement Support (NYC)**  
 employment support workers embedded in drug and alcohol service  
 c.£400K  
 24-26

*“We will create a system where no one falls through the gaps, where there is no stigma attached to addiction and where people who need it are provided with long-term support”.*

# North Yorkshire 'Treatment Plan' – progress towards targets

National target: 55,400	More adults engaged with treatment	More young people engaged with treatment	Continuity of care
Baseline (2021/22)	2462	99	36%
Target (2024/25)	2856	139	60%
Current performance (May 24)	2555 ▲ (on baseline)	124 ▲ (on baseline)	62% ▲ (on baseline)

# Examples of what we're doing to engage more people into treatment

MDOM Teams – boots on the streets, and presence in key venues e.g. Springboard and The Rainbow Centre

increased capacity and simplified the triage and assessment within NY Horizons – quicker access to an appointment with a worker, same day prescribing where clinically appropriate

13 new frontline roles – NY Horizons  
2 new frontline roles – NY RISE

Drink Drug Hub + awareness sessions

Police interventions and comms during police 'Operations' including details of treatment services

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Increasing social media presence

Co-location of teams

North Yorkshire Connected Spaces

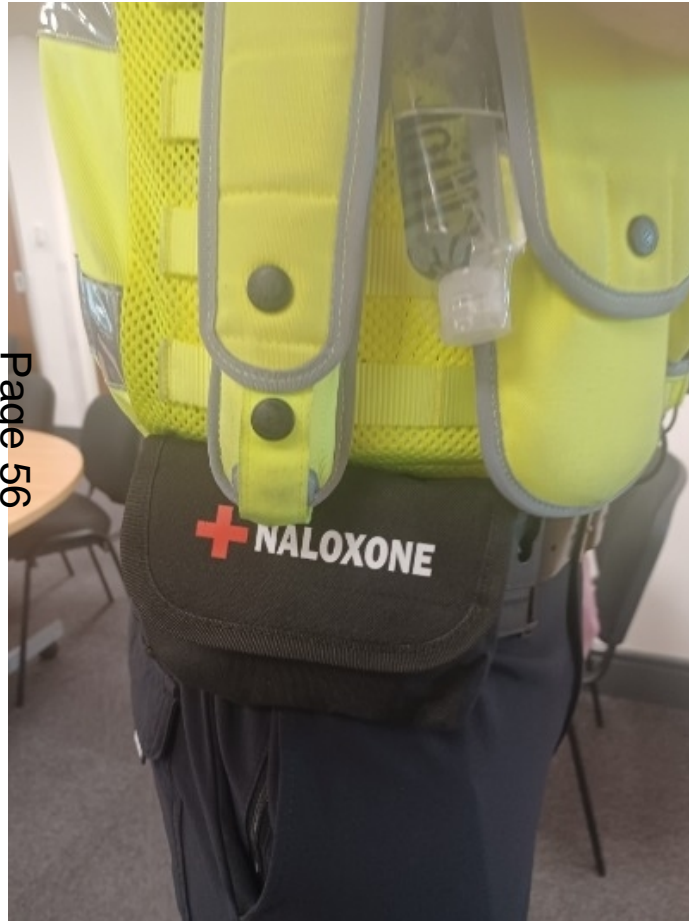
NY Council workforce and practice developments + wider partners

Comms campaigns

Dedicated in-reach into prisons to support release planning

# Examples of other key action

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[www.northyorkshire.police.uk/newsnorth-yorkshire/news/news/2024/08-august/naloxone-nasal-spray-saving-lives-following-roll-out-to-north-yorkshire-police-officers/](http://www.northyorkshire.police.uk/newsnorth-yorkshire/news/news/2024/08-august/naloxone-nasal-spray-saving-lives-following-roll-out-to-north-yorkshire-police-officers/)

**DRINK DRUG HUB.**

[www.drinkdrughub.co.uk](http://www.drinkdrughub.co.uk)

Alcohol can sometimes plays centre-stage in our lives, as we watch our favourite sports, advertised as we travel to work and strategically placed in our favourite films and TV shows. It's there when we celebrate, commiserate and when we're just trying to cope... Yet alcohol is harming our health and wellbeing on a daily basis, from the quality of the sleep we're getting, to our relationships with those we love.

Want to know more?

Join our **free anonymous** online sessions across the first week of July to find out more and reflect on your drinking....

Alcohol Awareness Week 1-7th July 2024

[www.drinkdrughub.co.uk](http://www.drinkdrughub.co.uk)





**NORTH YORKSHIRE COUNCIL**

**Care and Independence Overview and Scrutiny Committee**

**Work Programme 2024/25**

Remit: To scrutinise the needs of vulnerable adults and older people and people whose independence needs to be supported by intervention from the public or voluntary sector.

Mid Cycle Briefings are attended by the Chair, Vice Chair and Group Spokespersons only.

NB: The work programme is under continuous review and items may be rescheduled several times during the year.

**Committee Meeting - Thursday 19 June 2024 at 10am**

<b>Subject</b>	<b>Description</b>
State of the Nation Annual Update	To include information on key performance indicators, improvement priorities and an update on recruitment and retention – Richard Webb - Director of Health & Adult Services & Michael Harrison - Executive Member for Health & Adult Services
ASC Market Transformation	Presentation on Service Development & Transformation Plan – Abi Barron & Jo Waldmeyer
Work Programme	Future work planning for the 2024-25 municipal year

**Mid Cycle Briefing – Thursday 25 July 2024 at 10am**

**Monday 26 September 2024 at 10am**

<b>Subject</b>	<b>Description</b>
ASC Assurance – Peer Challenge	Overview of Findings – Richard Webb, Director for HAS
Improvement Priorities	Overview of performance including caseload with a focus on top seven ASC key improvement areas - Karen Siennicki, AD ASC Care & Support
Hospital Activity & Discharges	Overview of discharges and the associated cost pressures and demand issues – Abigail Barron, AD Prevention & Service Development
Substance Use	In-depth look at caseloads, activity, effectiveness, service re-design – Louise Wallace, Director for Public Health with Natalie Smith (Head of Service, HAS Planning) and Angela Hall (Public Health Manager)

**Mid Cycle Briefing – Thursday 7 November 2024 at 10am**

**Monday 5 December 2024 at 10am**

<b>Subject</b>	<b>Description</b>
North Yorkshire Safeguarding Adults Board	NYSAB Annual Report presented by Adrian Green (Independent Chair)
Public Health Annual Report 2024	Louise Wallace, Director of Public Health
HAS Local Account 2023-24	Louise Wallace, Director of Public Health
Young Adults Complex Care – Direct Payments	One of seven key improvement areas – delivering a more focussed person-specific care package and value for money.

**Mid Cycle Briefing – Thursday 6 February 2025 at 10am**

**Monday 27 March 2025 at 10am**

<b>Subject</b>	<b>Description</b>
ASC Assurance – Peer Challenge	Follow up report – Richard Webb, Director for HAS

**Possible Future Items:**

- ASC Assurance - preparing for inspection updates – probably at each meeting - Sheila Hall/David David/Caroline Lighten
- Budget/issues e.g. high cost care/complex, prep for adulthood – AH/AB/KS
- Specific services e.g. extra care (as part of new procurement and looking at current programme and how dementia village is now part of this), living well review, care provider services quality/performance and developments – MR/KA/RB/AA
- Care Provider Services - quality/performance and developments – MR/KA/RB/AA
- Care market incl. migration – AB/RB
- Carers – AB/KA/SA (with roundtable partners?)
- Dementia – NS/LW/KS/AB/RB/MR/AA
- Smoking Bill and plans – LW/NS
- Royal Commission – RW