

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**



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?

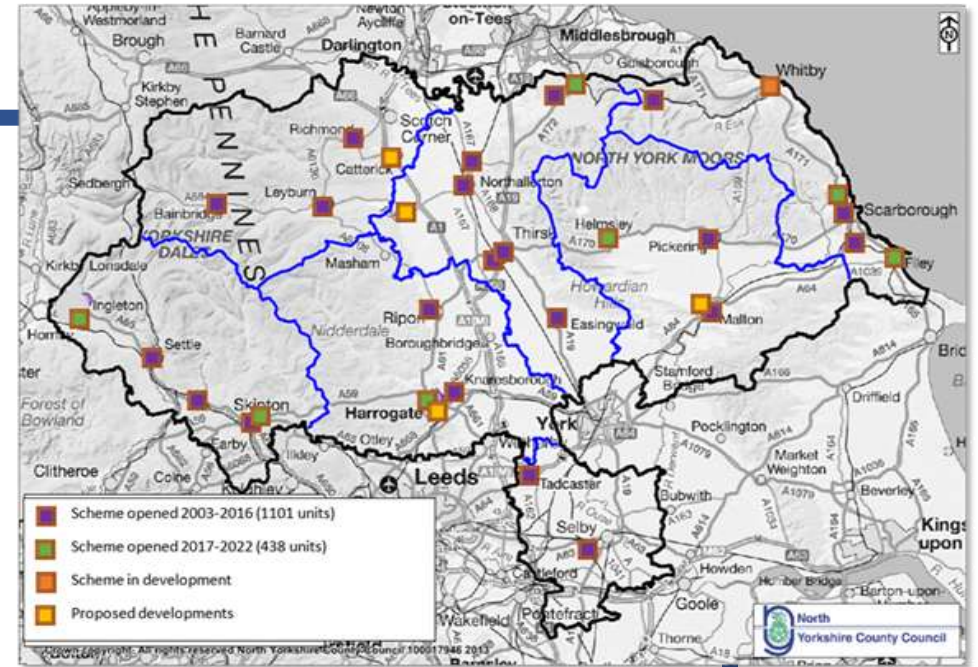
- **Focus on prevention:** universal/targeted, adding life to years/tackling inequalities, specialist housing, social care practice, technology, voluntary sector investment
- **Focus on care provision:** supply, workforce and quality (including people's experiences)
- **Focus on money and performance:**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



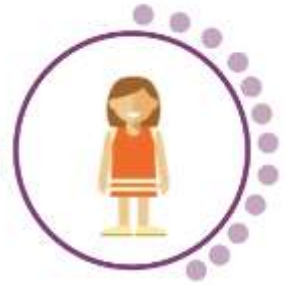
Public Health in North Yorkshire



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

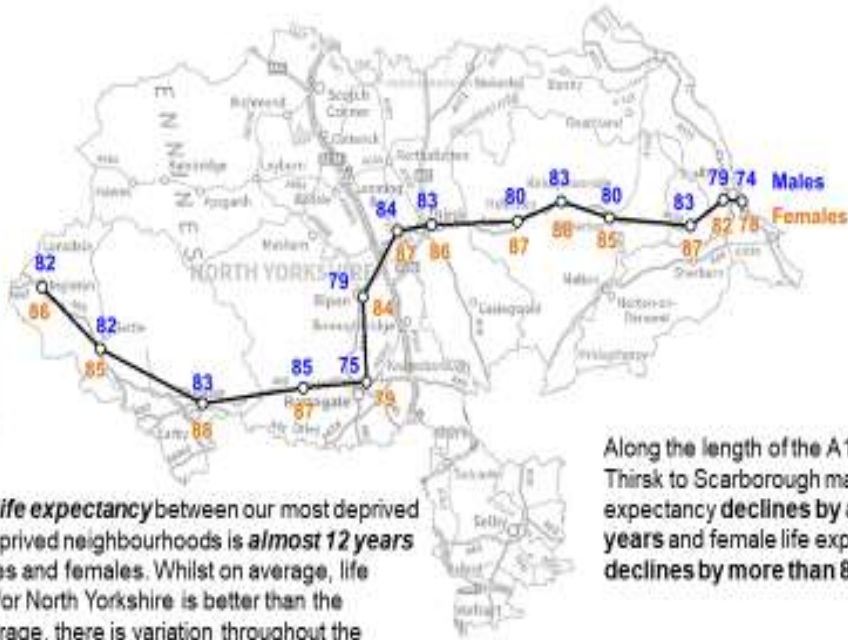
The rate of hospital admissions due to injuries in children has improved (decreased), but remains worse than the England average

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)

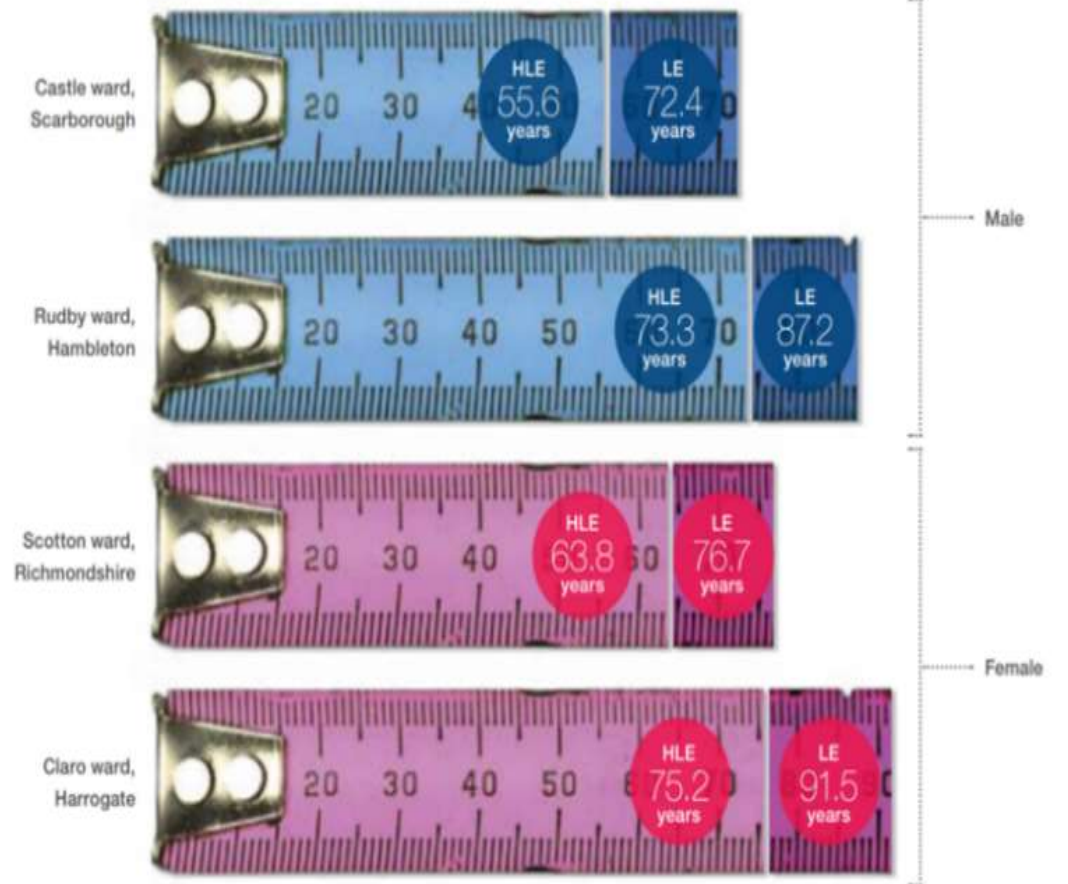


The *gap in life expectancy* between our most deprived and least deprived neighbourhoods is *almost 12 years* for both males and females. Whilst on average, life expectancy for North Yorkshire is better than the England average, there is variation throughout the county and there are some areas where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

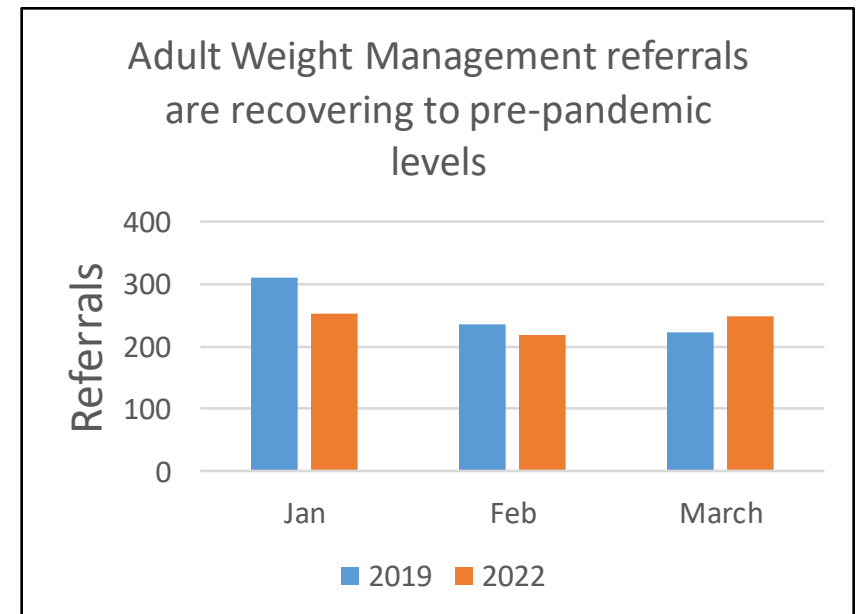
A selection of some of the public health work focusing on the cost-of-living and energy crises:

- £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.



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.
- **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

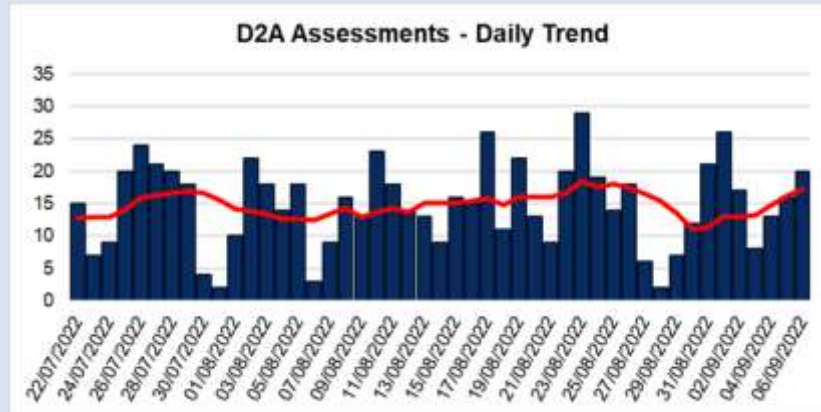
827 direct payments

6000 financial assessments and
£45m raised in income maximisation



Social Care Activity

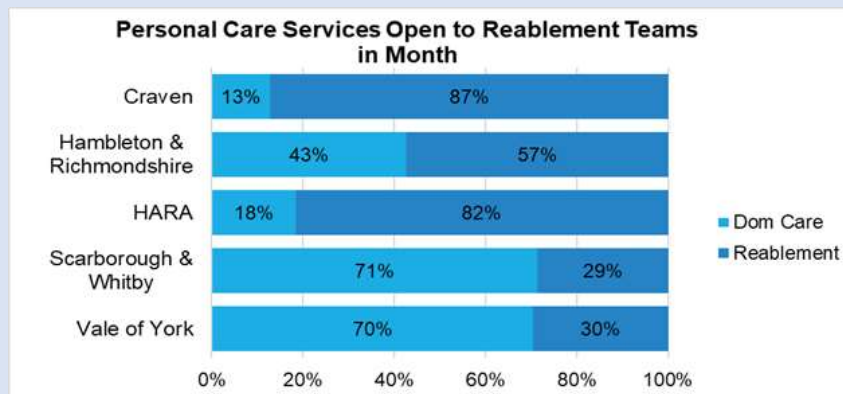
Hospital Discharges



7-day Ave: 17.3/day (+0.7 on last month).

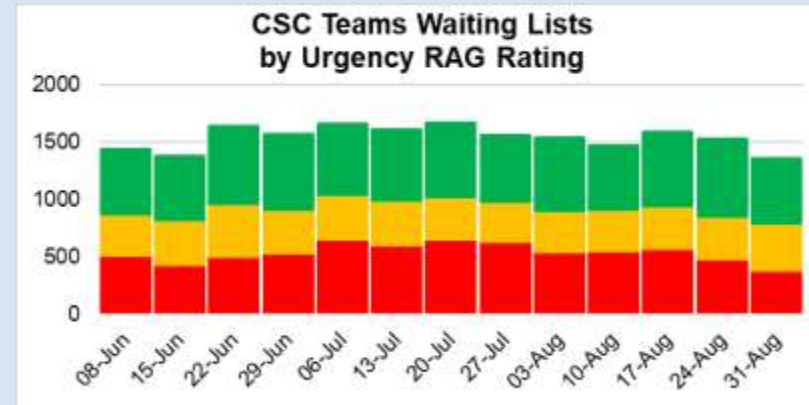
Weekday average in the most recent week was 16.6/day (-5.2 on last month), which reflects the August bank holiday.

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.

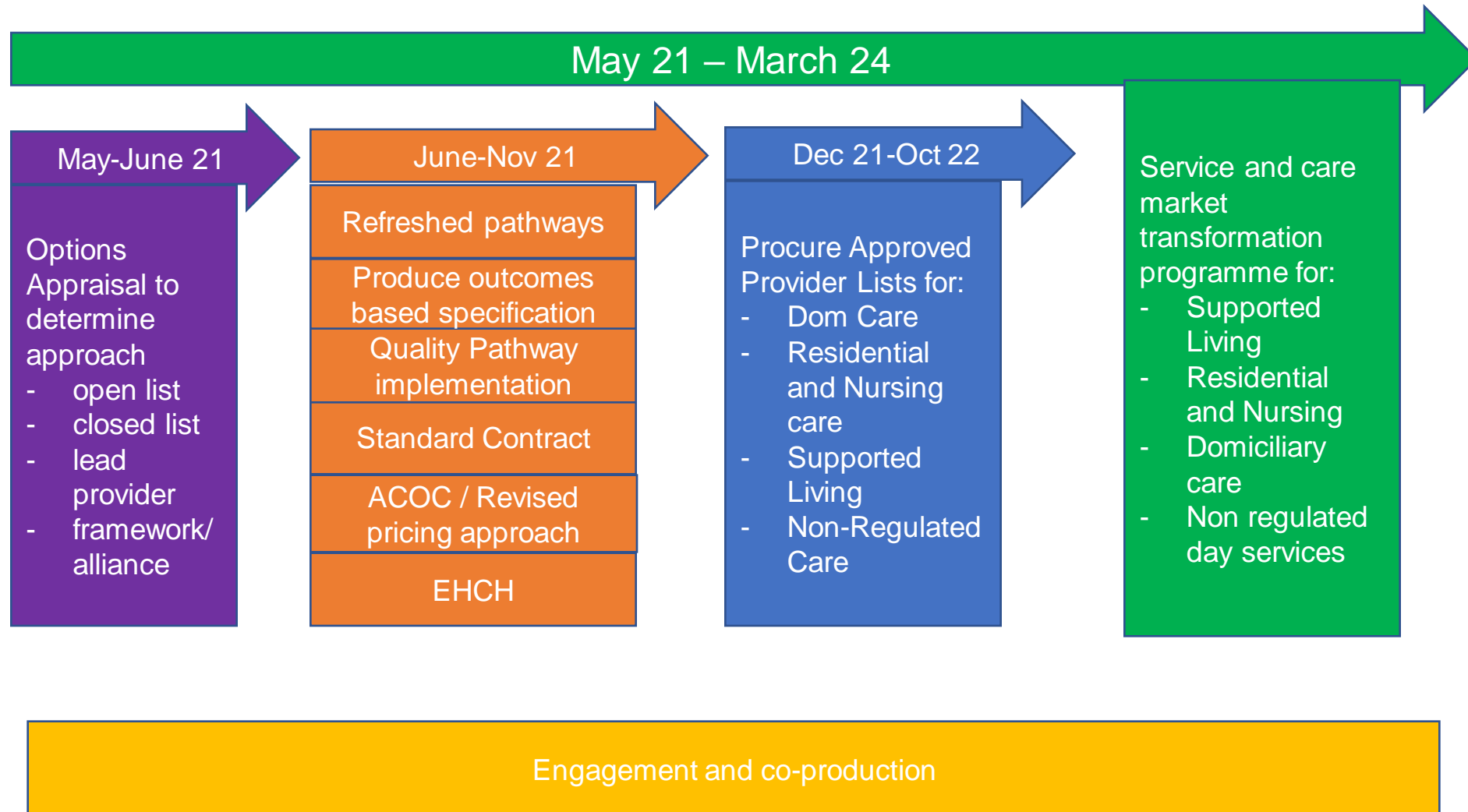
Community based care issues

- 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

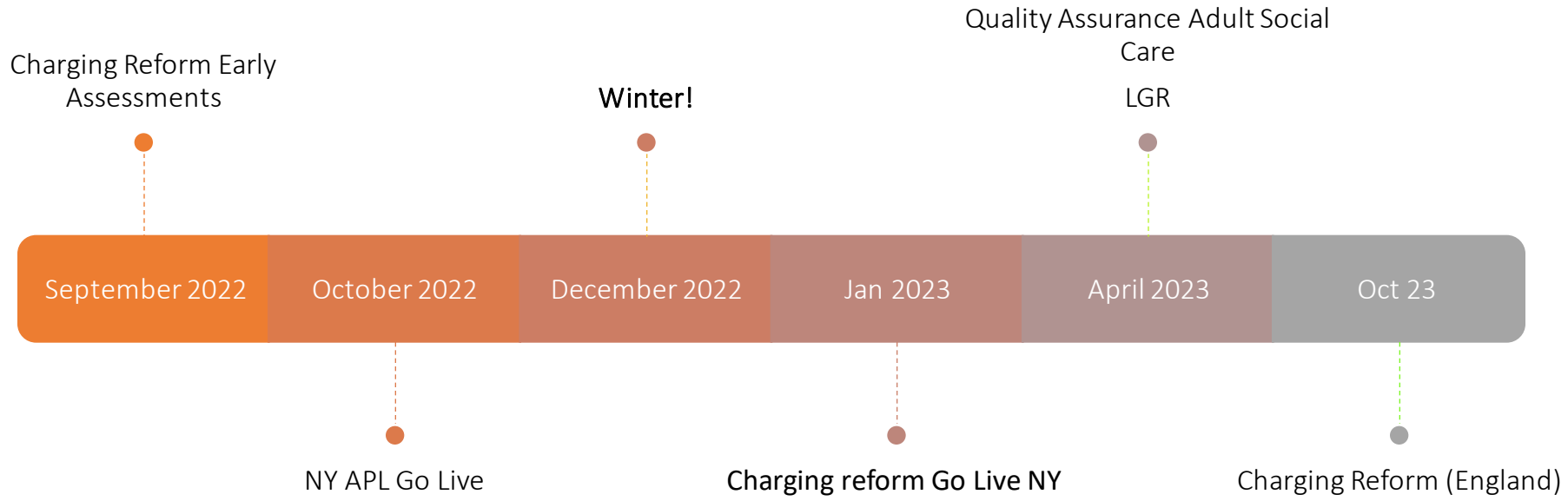
Current issues

- 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



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

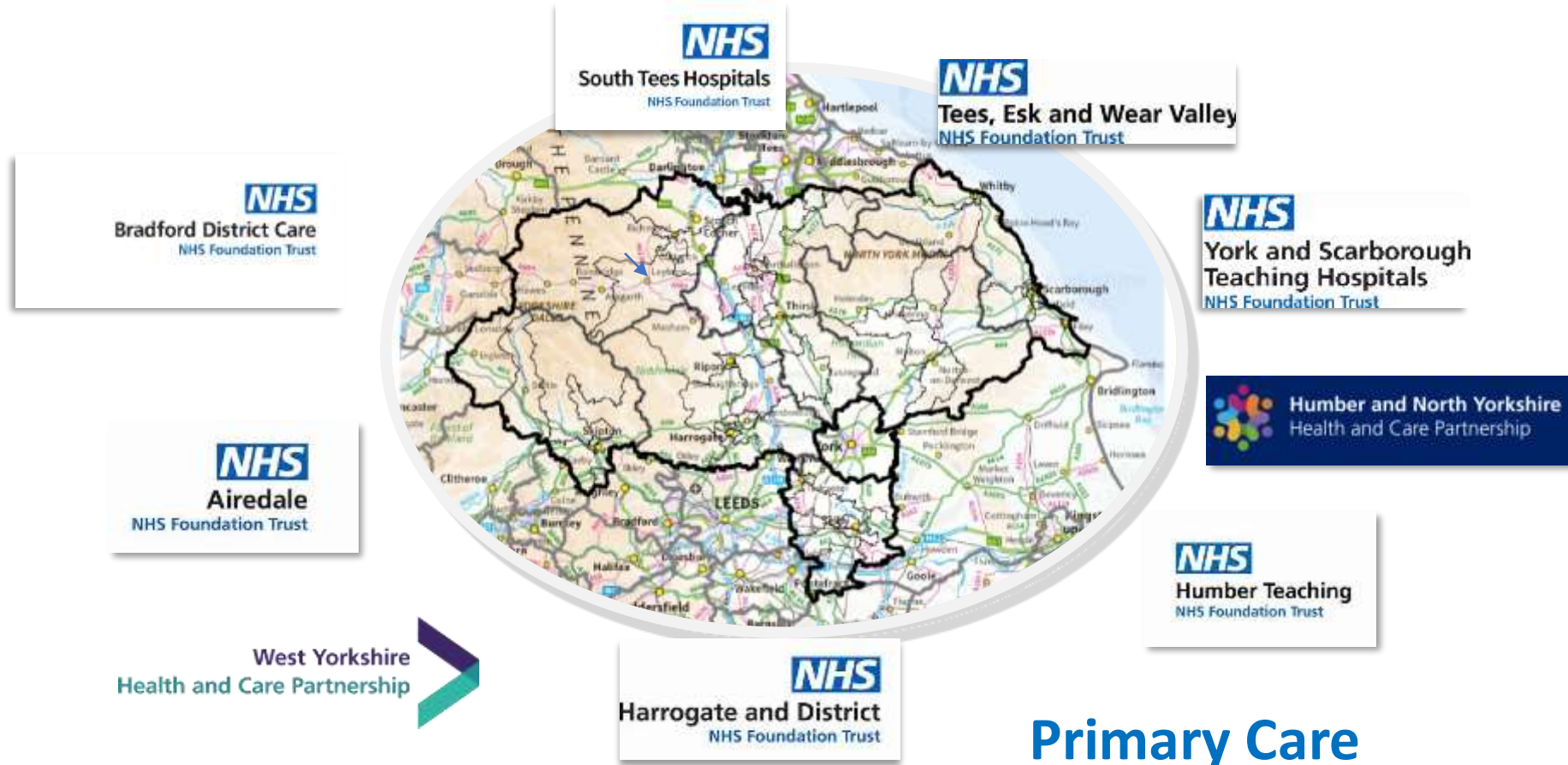
Charging Reforms need to be twin-tracked with more radical care market reform (and funding), incl pay and regulatory reform

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



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?

