State of the Nation

Adult Social Care and Public Health

Care and Independence Scrutiny Committee, 18 July 2025

- Who are we?
  - A broad range of colleagues covering Adult Social Care and Public Health
  - Our vision is for people in North Yorkshire to **live longer, healthier, independent lives**

2000 colleagues (plus 16000 in the wider care and voluntary sectors)

£277m net Adult Social Care and Public Health budget (£26m Grant)

4 main roles:

- Public Health
- Adult Social Care
- Supported Housing
- Work with the NHS

500+ commissioned services

Located around the County

Significant in-house provision in Social Care and smaller-scale in Public Health

Working with the NHS

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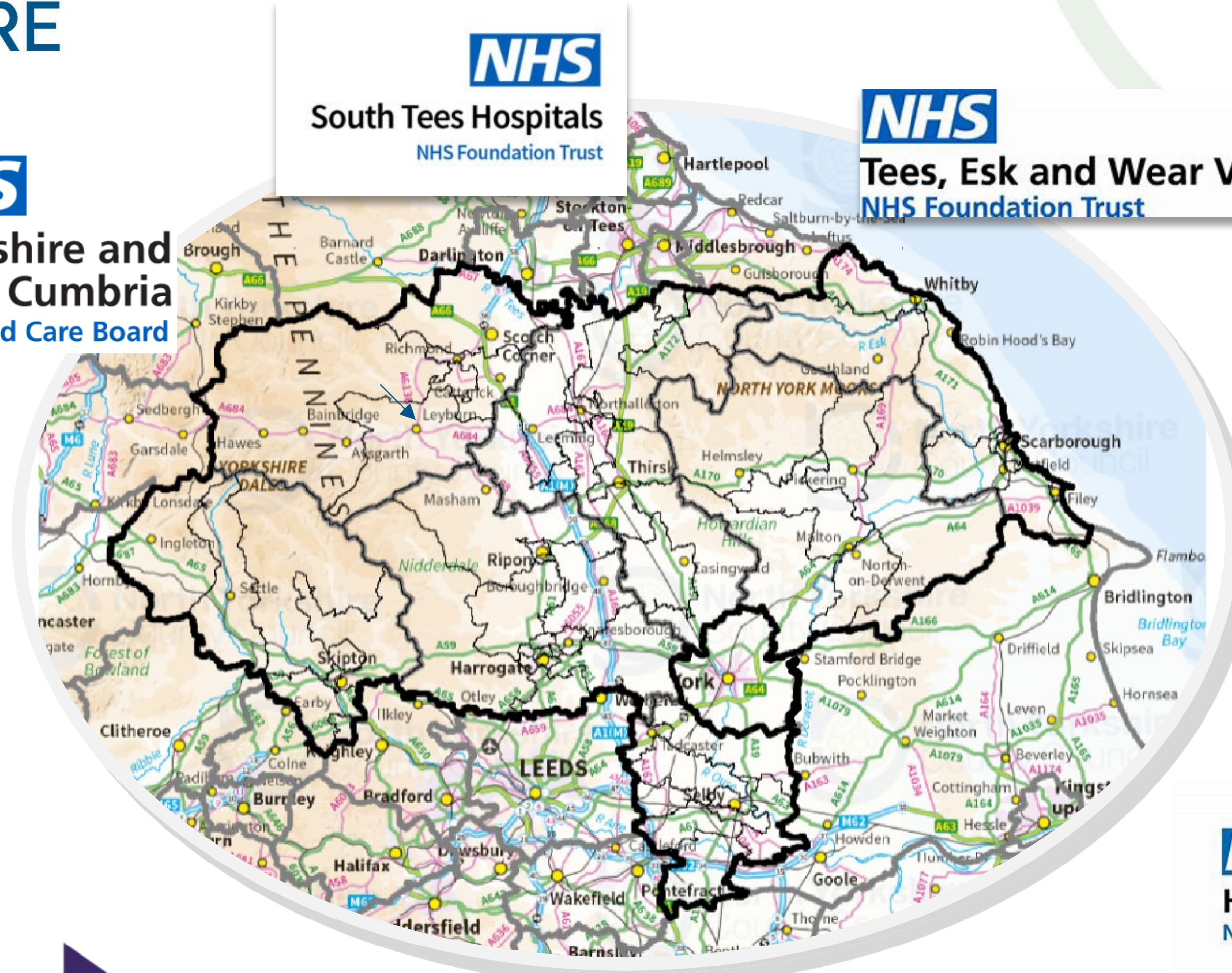
South Tees Hospitals
NHS Foundation Trust

Tees, Esk and Wear Valley
NHS Foundation Trust

Lancashire and South Cumbria
Integrated Care Board

York and Scarborough Teaching Hospitals
NHS Foundation Trust

Bradford District Care
NHS Foundation Trust



Humber and North Yorkshire
Health and Care Partnership

Airedale
NHS Foundation Trust

Humber Teaching
NHS Foundation Trust

West Yorkshire
Health and Care Partnership

Harrogate and District
NHS Foundation Trust

Primary Care

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Current situation

Budget and demand pressures

Customer feedback

Adult Social Care Assurance - our version of Ofsted

Making the most of the new Council

National policy

Health and Adult Services

Public Health. Adult Social Care

HAS 2030

Our plan to help people live longer, healthier, independent lives

HAS 2030

OUR PLAN FOR 2030

We understand that society, technology and the global situation (which impacts on issues such as workforce, markets, inflation, funding and costs) are evolving rapidly, so some of these commitments may change. However, these are the main things we aim to deliver over the next 5 years:

People

- Working with people **who use our services and the wider community to ensure their voices are heard** in case work, service improvement and service development, building on the HAS Involvement Framework.
- Building on the knowledge and connections within our **diverse workforce and communities** to make sure that we work in an inclusive and equitable way. This includes working with our partners and making good use of data.
- Developing **strong teams** within our own workforce and the wider health and care sectors. This approach includes further embedding Public Health leadership arrangements and transforming the adult social care structure to a more specialist model.

Prevention

- Working with Community Anchor Organisations in the voluntary sector and enhancing our Living Well service to help prevent, reduce, and delay the need for long-term council involvement in people's lives, as part of an enhanced model of **Prevention Plus.**
- Expanding our **Stop Smoking services** to help create a smokefree generation.
- Launching a new **integrated community equipment** service with the NHS.
- Investing in more **extra care housing** for older people and new **supported accommodation** for younger adults.
- Expanding **care technology services** and **online services.**
- Improving **home care, reablement and intermediate care services** so that more people stay in their own home for longer, and there is less reliance on short-stay care beds.
- Supporting **healthy ageing** in North Yorkshire and planning for the projected increase in our older population.
- **Building up to 5 council-run care and support hubs** specialising in intermediate care and specialist dementia services.
- Focusing more on **people with high needs and / or high care costs** by improving support for people with complex life circumstances, investing in and re-designing supported accommodation for working-age adults, developing our substance use services, and the ***Team Around the Person*** approach for those with multiple disadvantages.
- Improving **support for unpaid Carers.**
- Supporting more people to be **physically active.**
- Focusing more on **women's health,** including healthy ageing and screening.
- Taking action to improve **food affordability and supply.**

Practice

- Relentlessly pursuing outcome focused and **strength-based practice** ensuring the person is at the heart of all our work.
- **Developing our social care Practice Expectations** and embedding our Practice Principles which are fundamental to the delivery of the above.
- **Reducing waiting times** and offering supportive contact when people are waiting.
- Developing the use of **Artificial Intelligence** to improve practice impact and efficiency.
- **More people using direct payments and individual service funds** to organise their care.

Partnerships

- **Developing the North Yorkshire Health Collaborative** with NHS, voluntary sector and other partners to improve how £600m of prevention and community services are delivered.
- Working with NHS partners **to shift how we work from treatment to prevention and from hospital to community,** including reducing admissions to hospital and long-term care and improving how services are aligned in neighbourhoods.
- Using our **Health Determinants Research Collaborative**, supported by £5m national funding, to build our capabilities for research, evaluation, learning and teaching.
- Continuing to work collaboratively with the Independent Care Group and care providers to ensure a **sustainable care market** that meets people's care needs.
- Continuing our Care Connected and Integrated Quality Team programmes to **support the care sector.**

Pounds and Performance

- Delivering our **medium-term financial strategy** objectives.
- Responding to **national and local performance and quality imperatives,** driven by what people tell us and what the data shows us.

Scan the QR code to access the full HAS 2030 plan:

HAS 2030: *People living longer, healthier, independent lives*

Public Health: Smokefree

- Investing the additional funding to support the Government ambition of a Smokefree Generation (Tobacco and Vapes Bill). In October website data and webpage hits have increased from 413 in September to 550 in October(33%). Hits to the contact form webpage have increased from 24 in September to 145 in October (504%)
- Since recruitment commenced within the new structure community clinics have increased from 12 to 32
- Several record-breaking months in a row in terms of referrals, best Setting a Quit Date and 4 week quit rates since October 2021. CO validation percentage is up to 35% with the aim of increasing it to 50% next year

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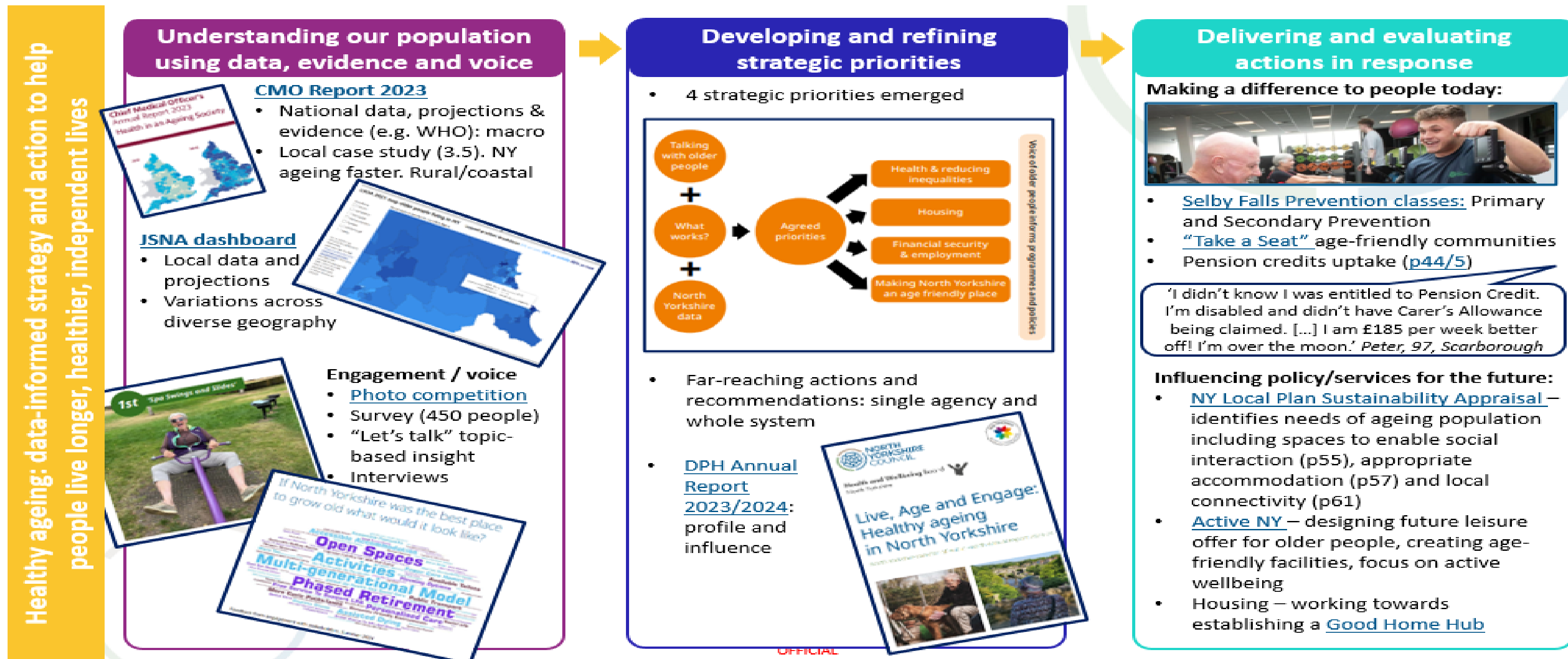
Public Health: Healthy Ageing



Public Health: Substance Use

Moving towards a new delivery model to support people who use substances to reduce harm. This includes a focus on supporting people with complex life circumstances by having a multi-agency team around people including social care, housing, community safety, police, probation colleagues. This builds on the 'Making Every Adult Matter' approach across North Yorkshire.

Public Health: Wider Issues

- Health Protection – supporting care settings with Infection, prevention and control. Challenges of working with the ICB due to organisational change to implement a new model of service.
- Implementing 'Get Britain Working Trailblazer' – good opportunity but <12 months' funding and expectations are high
- Public Health national and regional policy and funding

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Welcoming CQC to North Yorkshire

People living longer, healthier, independent lives.

Headlines

Draft headlines – new information could become available which would change the narrative

“You know yourselves, and people, well” – so, at this stage, recommendations may well reflect key points in our self-assessment, both in terms of strengths and areas we need to address

No indication of rating or scores at this stage

Draft report will be late Summer/early Autumn potentially

Will help re-fresh our ASC Improvement Priorities (currently 7)

ASC Improvement Priorities

7 priorities

- Carers
- Complex life circumstances
- Direct Payments
- Home First
- Reablement
- Reviews
- Waiting Well

To be refreshed once we have the CQC report

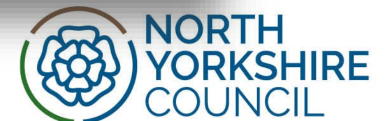
Adult Social Care Restructure – Phase 2

Adult Social Care (ASC) re-structure

- **First major re-structure of Adult Social Care since 2017**
- Informed by changing population needs, COVID-19, peer review and colleagues' feedback
- Moving to a countywide specialist model, delivered by local teams
- Enhanced prevention, front door and therapy approach
- Younger adults 18-75
- Older adults 75+
- Expanded focus on people with mental health and complex needs
- Single countywide approach to Reablement
- Raising the status of the Principal Social Worker and Principal Occupational Therapist roles
- Delivering key savings, transformation and BAU priorities

☑ **Phase 1 Senior leadership team (with shadow structure in place)**

⏭ **Phase 2 ASC teams – expected go live in December 25**



People living longer, healthier, independent lives.

Background and Drivers for Change

There are a number of drivers for change, which underpin the need to review our structure across Adult Social Care and joint Adult Social Care/Public Health teams:

- **ASC Assurance** – recommendations from 3-stage peer challenge, especially around potentially moving from generic to more specialist community teams
- **Improving outcomes for people** – by narrowing performance and practice inequity across the county and getting back to our strengths (prevention, housing with care, good provider of care)
- **One Council approach –** developing good links and relationships to realise new opportunities to improve outcomes
- **Agile workforce which can respond to local and national drivers -** especially working age adults, complexity (autism, disability, dementia, mental health, substance use, young people moving into adulthood) where we need to start putting in place transformation foundations for post-2027 whilst creating resilient teams with good development opportunities
- **Implement learning from the acute period of the pandemic** and how we delivered care with our partners e.g. development of a new model of intermediate care
- **£17m savings and transformation programme** – need the right capacity in the right place to deliver
- **This is the first major re-structure of Adult Social Care since 2016/17,** which also sets out some minor tweaks to the Public Health structure which has been in place since 2022/23 to take account of new transformation and national policy requirements

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Key Aims of the New Structure

- Strengthen Prevention and Access team (embedded in Customer Centre) to provide proportionate Care Act assessments/intervention at the front door. Currently PAT manage 23% of referrals and this will increase to 40%.
- Strengthen Intermediate Care offer to complete Care Act assessments for all people on Pathway 1 and 2 discharge - currently 30% of referrals.
- Reduce the number of referrals into the long term teams by the introduction of the Care Act assessment progress in above services with the aim of reducing waitlists.
- Develop specialist service areas such as Preparing for Adulthood.
- Manage caseload sizes in terms of differing expectations across the teams ie higher caseload expectation in older adults to mental health.
- Re-align Service Development and Housing structures to support the delivery of MTFS.

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Q4 Budget Update

- Overspend of £7.4m (£0.5m decrease from Q3) = 3% of net budget and 2.1% of gross budget
- Continue to see significant pressure from:
  - Sustained high level of hospital discharges (extra cost of £3.5m above funding)
  - Care numbers are similar to start of the year; however average costs have increased due to type of care
  - Dementia now accounts for 41% of all long term residential and nursing spend
  - Average costs for under 65s continue to increase
  - DOLS: £600k overspend but demand continues to increase
- Some areas of progress:
  - Reduction in short term packages – although numbers have increased in Q4
  - Reduction in home-care average hourly rate
- See Executive Revenue Budget Monitoring Q4 May 2025 for further information

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Discharge

- Increased Discharge Costs. We continue to see very high levels of hospital discharge activity with costs exceeding the additional grant from central government.
- The average number of discharges in Q4 was 17.2 per day, which compared with 16.1 per day recorded in Q3. These levels of discharge activity remain nearly twice the level of pre-COVID hospital activity.
- During Q4 there were 46 days where discharges exceeded 20 per day, an increase of 13 (39%) to the 33 days reported in Q3. On 6 days in Q4 daily discharges exceeded 30 per day (4 days in Q3).
- The critical factor continues to be localised surges in the number of discharges, which can quickly use up available domiciliary care capacity necessitating use of short-term care beds instead.

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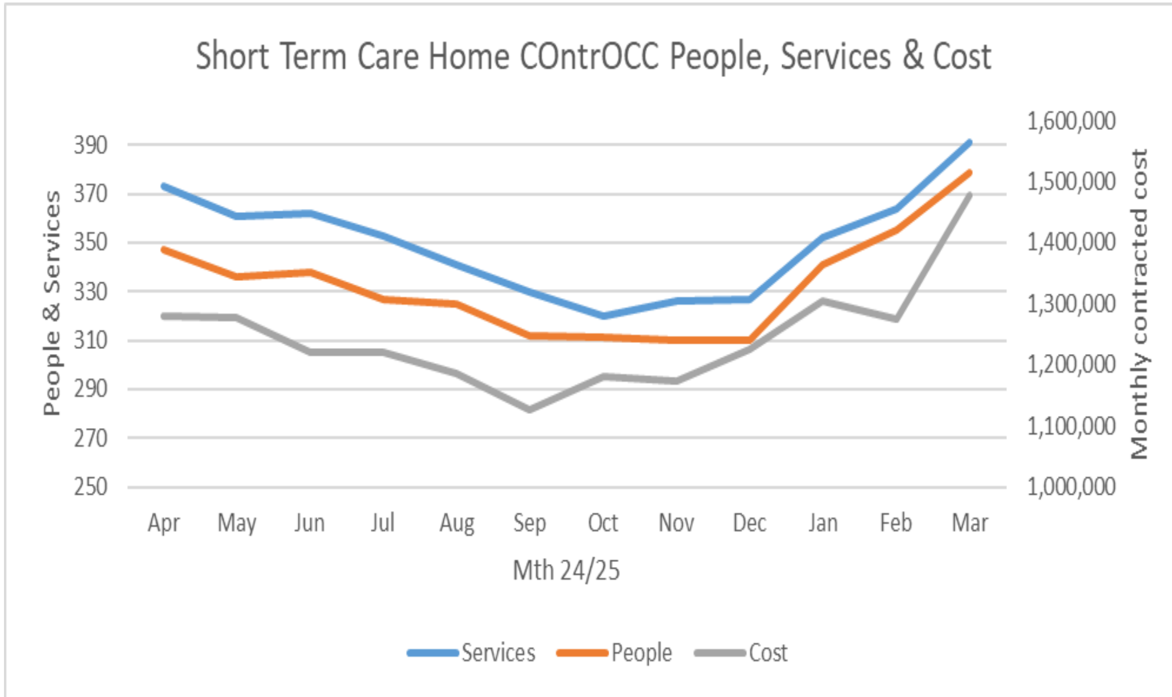
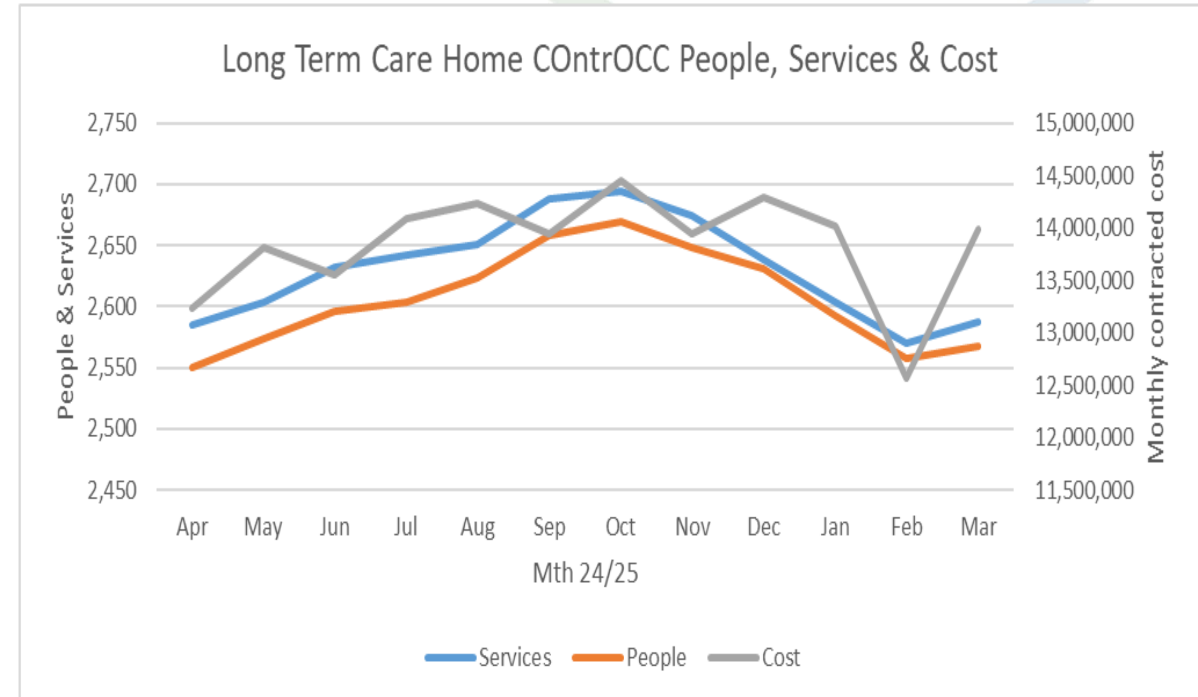
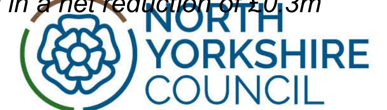
Residential & Nursing Care Trends –





The latter half of the Q3 period has seen an upturn in short stay activity and spend as a result of increased discharges/winter pressures and placements being open longer. The financial implications of this upturn were £0.2m as estimated at the previous deep dive. This increase was offset in the qtr through higher than forecasted client contributions (£0.5m) resulting in a net reduction of £0.3m



Long Term Residential Care for under 65 working age adults

Key drivers: Increase in acuity of working age adults needing long term care

The average weekly support cost of under 65s has risen throughout the year. The tables show the level of increase which can be expressed as additional cost:

	Q1	Q4
Avge Weekly Rrate	1,948.20	1,994.53
Packages	391	380
Annual Equivalent	39,610,768	39,411,926
Decrease due to Volume		(1,114,369)
Increase due to costs		810,383
Annual Decrease		(301,361)

As illustrated the reduced cost through a reduction in numbers (£1.1m) is offset by the impact of increased average weekly rates - £0.8m

Description	Q1 Avge Weekly	Q1 Volume	Q4 Avge Weekly	Q4 Volume	Increase / (Decrease) in cost
Learning Disability Support	2,310.90	191	2,364.94	189	54.04
Social Support - Support for Social Isolation / Other	2,262.52	7	2,175.37	7	(87.16)
Physical Support - Access and Mobility Only	1,505.92	15	1,560.64	14	54.72
Social Support - Substance Misuse Support	1,654.55	1	1,654.55	1	0.00
Mental Health Support	1,660.14	79	1,640.62	79	(19.53)
Support with Memory and Cognition	1,528.04	7	1,471.27	9	(56.77)
Physical Support - Personal Care Support	1,425.88	80	1,498.45	70	72.57
Sensory Support - Support for Visual Impairment	1,604.99	9	1,627.79	9	(22.50)
Sensory Support - Support for Hearing Impairment	1,077.30	1	1,077.30	1	0.00
Sensory Support - Dual Impairment	0.00	0	0.00	0	0.00
Social Support - Support to Carer	3,527.54	1	3,527.54	1	0.00
Weighted Average	**1,943.61**	**391**	**1,984.62**	**380**	**41.01**

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Financial Action Plans

- Short Stay – also note this is an MTFS saving
- CHC income plan – ensuring that NHS pays appropriately
- Discharge review with ICB
- Managing Demand Plan
- Practice Plan
- Market Development and Market Sufficiency (e.g. Care and Support Hubs, Extra Care, Supported Housing) and managing contracts. What we pay for care is still too high but there has been some progress (e.g. on home care hourly rate which is 12% lower in real terms than a year ago)

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The national picture

NHS 10 Year Plan, neighbourhood health and re-organisation

Baroness Casey Review – Adult Social Care

Broader agenda: jobs, homes, inclusion, migration

Local Govt Performance Outcomes Framework