



**Notice of a public meeting of
Health, Housing and Adult Social Care Policy and Scrutiny
Committee**

To: Councillors Doughty (Chair), Cullwick (Vice-Chair),
Cuthbertson, Flinders, Richardson, K Taylor and Warters

Date: Wednesday, 20 June 2018

Time: 5.30 pm

Venue: The George Hudson Board Room - 1st Floor West
Offices (F045)

AGENDA

1. Declarations of Interest (Pages 1 - 2)

At this point in the meeting, Members are asked to declare:

- any personal interests not included on the Register of Interests
- any prejudicial interests or
- any disclosable pecuniary interests

which they may have in respect of business on this agenda.

2. Minutes (Pages 3 - 8)

To approve and sign the minutes of the meeting held on 23 May 2018.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00pm on Tuesday 19 June 2018**.

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4. Attendance of Executive Member for Housing and Safer Neighbourhoods (Pages 9 - 22)

The Executive Member for Housing & Safer Neighbourhoods will be in attendance to discuss priorities and challenges for the forthcoming year.

5. Business case for new mental health hospital for York (Pages 23 - 28)

This report provides an update on progress made and key milestones with regards to developing the new mental health hospital for York and Selby.

6. CCG report on Patient Transport Services for York (Pages 29 - 38)

This report is for information; to describe the mobilisation and implementation of a new specification for patient transport services, now known as Medical Non-Emergency Transport (MNET), across NHS Vale of York and NHS Scarborough & Ryedale Clinical Commissioning Groups (the CCGs).

7. Unity Health Report on patient communication problems (Pages 39 - 40)

Members will receive a report from Unity Health on difficulties patients are experiencing contacting the practice.

8. Report on sexual health re-procurement (Pages 41 - 96)

This report seeks feedback and comments from the Committee ahead of the report to the Executive which will be seeking authorisation to approach the market for the tendering of sexual health and contraception services, and to receive approval that the decision to award the contract be delegated to the Director of Public Health. In line with City of York Council own Contract Procedure Rules and EU procurement legislation, the Council is required to procure these services through a competitive process.

****Note:** This item has been republished with annexes not included originally ******

9. Scoping report on Commissioned Substance Misuse (Pages 97 - 118)

The purpose of this report is to provide information to inform Committee Members' consideration of commissioned substance misuse services as a topic for a scrutiny task group.

****Note:** This item has been republished to correct inaccurate factual information included in the original report ******

10. Work Plan 2018-9 (Pages 119 - 122)

Members are asked to consider the Committee's work plan for the municipal year.

11. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Catherine Clarke

Telephone – 01904 551031

E-mail- catherine.clarke@york.gov.uk

For more information about any of the following please contact the Democracy Officer responsible for servicing this meeting

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

এই তথ্য আপনার নিজের ভাষায় দেয়া যেতে পারে। (Bengali)

Ta informacja może być dostarczona w twoim własnym języku. (Polish)

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

یہ معلومات آپ کی اپنی زبان (بولی) میں بھی مہیا کی جاسکتی ہیں۔ (Urdu)

 **(01904) 551550**

Health and Adult Social Care Policy and Scrutiny Committee**Agenda item 1: Declarations of interest.**

Please state any amendments you have to your declarations of interest:

Councillor S Barnes Works for Leeds North Clinical Commissioning Group

Councillor Craghill Member of Health and Wellbeing Board

Councillor Doughty Member of York NHS Foundation Teaching Trust.

Councillor Richardson Niece is a district nurse.
Ongoing treatment at York Pain clinic and ongoing treatment for knee operation.

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City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	23 May 2018
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Pavlovic, Richardson and Taylor
Apologies	Councillors Mason and Warters

75. Declarations of Interest

Members were asked to declare, at this point in the meeting, any personal interests, not included on the Register of Interests, or any prejudicial or disclosable pecuniary interests they may have in respect of business on the agenda.

Councillor Pavlovic declared a personal, non pecuniary interest in agenda Item 4 (minute item 78) as he had previously been Director of the York Association for the Care and Resettlement of Offenders (YACRO) from 2011-2014.

Councillor Cullwick declared a personal, non pecuniary interest in agenda Item 4 (minute item 78) as he had previously been a Trustee of YACRO.

76. Minutes

Resolved: That the minutes of the Health, Housing and Adult Social Care Policy and Scrutiny Committee meetings held on 26 March and 23 April 2018 be approved and signed by the Chair as a correct record.

77. Public Participation

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

78. Homeless Strategy Annual Review 2017/18

Members considered a report which looked at activity governed by the Housing Act 1996, the Homelessness Act 2002 and the City of York Council's Homelessness Strategy 2013-2018 in

respect of the financial year 2017/18. The primary focus was to report on prevention work, the trends of statutory homelessness and rough sleepers.

The Assistant Director for Housing & Community Safety and the Service Manager Housing Options and Support Team were in attendance to present the report and respond to questions from Members. They highlighted that 74% of actions in the current strategy were complete and that others had carried forward into the new document. They also clarified that many were very ambitious targets and lengthy pieces of work, such as setting up Howe Hill Hostel for Young People.

In response to Member questions Officers stated:

- Some actions which had carried over into the new document were 'big ticket items' which would need several years to complete. Others were ongoing pieces of work and some could not be signed off as completed due to ever changing targets (e.g. Welfare Benefit Systems).
- Additional funding had been sought for Mental Health Hostel Workers but this application had been unsuccessful (page 28, q.). However it was still an ambition to make some of the vacant support worker roles into Community Psychiatric Nurse posts should funding become available.
- There had been a reduction in the number of properties managed by YorHome. This was a result of the housing crisis as several landlords had sold on houses and therefore left the scheme. However, the scheme was always looking to manage more properties.
- Of the 15 people who were currently deemed rough sleepers, 6 or 7 had no local connection. They had all refused assistance to find homes in other areas. A bid had recently been submitted for additional funding to help tackle this issue and put alternative measures in place.
- In relation to rough sleepers accessing primary healthcare, a recent Housing Needs Assessment which surveyed 81 people had not shown this to be an area of concern. The Vale of York Clinical Commissioning Group (VoY CCG) commissioned a specialist GP service to provide drop in services for these users. There were some concerns over access to dental services, foot care and eye care and this was part of ongoing work with GP's. The Director of Public Health, who was present at

the meeting, suggested that if Members became aware of individuals having problems in this area that it should be highlighted so that an investigation could be carried out.

- The number of people in temporary accommodation was at the lowest figure in 30 years.
- A report would be going to Executive in July/August on Housing Delivery.
- Street Begging was an ongoing issue and not necessarily one linked to rough sleeping. This was part of the Community Safety Strategy and Neighbourhood Enforcement, BID Rangers and the Police would move people on where appropriate.
- The merger of York Arc Light, YACRO and Changing Lives York had resulted in savings due to less duplication of staff and a reduction in Senior Management.

Members thanked Becky Ward, Service Manager Housing Options and Support Team, for her hard work as she was shortly to retire.

Resolved: That the Committee:

- a. Note the progress made by the service;
- b. Agree the priorities and targets for 2018/19.

Reason: To ensure the council continues to meet the statutory duties under Housing Act 1996 (as amended) and Homeless Reduction Act 2017) and supports the most vulnerable in society.

79. Healthwatch York Six-Monthly Review

Members received a report setting out the performance of Healthwatch York over the previous six months.

Sarah Armstrong, Chief Executive of York CVS and Catherine Scott, Policy and Research Officer (Healthwatch York) were in attendance to present the report and answer Member questions.

They highlighted some areas of interest in the report including:

- Publication of the report “Filled to Capacity: NHS Dentistry in York” which had been presented to the Health & Wellbeing Board in March.

- The involvement Healthwatch had in making the 'Live Well York' tool accessible to all.
- The positive response to national Volunteers Week.
- The negative impact that changes to the Welfare Benefit System was having on people's wellbeing was becoming apparent and it was expected that signs of this would continue to appear.
- Healthwatch had dealt with some significant staffing challenges over a short period of time but was using the opportunity to review roles within the organisation.

The Chair stated that he was pleased to see a focus on important areas such as Mental Health and dental access.

In response to Member questions they stated:

- Volunteer numbers were slightly up at around 40.
- There was an overspend between October 2017 and March 2018 which was mainly due to the employment of extra administration staff. This had been a carefully planned decision and would not be an ongoing deficit.
- Recruitment, induction and support of volunteers was taken very seriously. Regular meetings were held between the Volunteer Lead and volunteers offering them support and guidance.
- There were concerns around Child and Adolescent Mental Health Services, with only 24% of those surveyed by Healthwatch feeling that CAMHS (Child & Adolescent Mental Health Services) had made a positive difference to them.
- Work was being done in conjunction with CYC on Homecare Services.
- Healthwatch had been invited to participate in the Oral Health Improvement Board. This was a good opportunity to push for improvement and represent patients.
- A target area moving forward would be communication with younger people and in particular social media presence.

Resolved: That members note the report.

Reason: To update the Committee on the six monthly performance of Healthwatch York.

80. Work Plan

Members gave consideration to the Committee's work plan for the municipal year.

Resolved: That the work plan be approved subject to the following additions:

1. June – Report on CCG Patient Transport Service
2. June – Home Care
3. September – Delivery of CQC Local Plan Systems Review Action Plan
4. December – Report on progress of CYC Asset/Place-based approach to working

Reason: To ensure that the Committee has a planned programme of work in place.

Councillor Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.15 pm].

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Health, Housing and Adult Social Care Policy and Scrutiny Committee

20 June 2018

Report of the Executive Member for Housing and Safer Neighbourhoods

Housing Development

March to Now:

- James House – 57 flats. Start on site March 26th (completion due January 2019)
- Newbury Avenue (5 bungalows) planning consent 3rd May. (start on site expected October 2018)

HRA

- 7 sites developed since 2012 - 100 social rented houses plus a small number of market sale and SO homes



Next 12 months:

- Chaloners Road (5 houses), planning committee expected August 2018. Start on site expected October 2018.
- Marjorie Waite Court (33 home extension). Planning application submitted – expect June committee.
- Shared ownership programme - launch June 2018 (65 homes by March 2021)
- Groves Regeneration Project (exploring options to regenerate Groves housing estate, including new homes, improvements, and better use of open spaces). Final Report due September 2018.
- Lincoln Court (extension – 8 flats, and conversion 4 bedsits to 4 flats). Planning application submitted. Expect start on site September 2018.
- The creation of a Development Company to accelerate construction in the city with the potential to build new 800 homes

Housing Delivery Programme



Development Company

- Planning decision made on the redevelopment plans at Lowfield in July
- Report to Executive in July setting out:
 - Business case for setting up a Dev Co - including structure and resources required and aims of the programme
 - Identification of sites to be developed by Dev Co – including phasing, timescales, and investment ask
 - Governance arrangements
 - Investment ask for Housing Revenue Account (HRA) to acquire a percentage of affordable homes from Dev Co
 - Strategic plan for the HRA to deliver and acquire new homes at greater scale
- Procure building contractor for the development of Lowfield in autumn
- Executive report in autumn setting out lending requirement to deliver Lowfield
- Start construction on Lowfield in early 2019
- Prepare and submit planning application for residential development at Burnholme in 2019

(slides sourced from a presentation to Executive earlier in 2018)

Replacement of ICT

In January 2019 Contract will be signed for the replacement of all the IT systems that housing and building maintenance use improving the customers experience and creating significant efficiencies (investment of nearly £2 million).

Work undertaken and in progress

- Staff away days
- Staff engagement and formulation of the Business Requirements Document
- Work on the Invitation to Tender Document
- Procurement liaison
- Technical readiness specification completed
- GDPR and document retention report and guidance
- PIA Guidance

Work to be undertaken over the next 12 months

- Intensive Pre Tender engagement – detailed demonstrations
- Site Visits
- Invitation to Tender October 2018
- Tender Evaluation
- Contract award Dec18/Jan19
- Continued staff engagement
- Review of process and process redesign
- Begin design and implementation early 2019

Housing Standards and Adaptaions

Houses in Multiple Occupation (HMO) licensing

March to now: Response to the motion to introduce additional licensing. Agreed by Scrutiny to focus on the national extension of mandatory HMO licensing for the next 3 years but the Executive to receive further report to explore whether there is a case to extend this further and introduce additional HMO licensing.

Going forward: To consider a report in July – how the national extension of HMO licensing will be implemented in York effective from the 1st October – Significant piece of work – rough estimates suggest approximately 700 HMOs will be included within the definition and need to be licensed for the first time. We already license approx 480.

Will include significant marketing and comms plans as the responsibility for licensing a property rests with the landlord of the property.

New licence condition relating to minimum room sizes is also to be introduced in October which will have an impact. An 18 month period will be given to licence holders who own properties which have rooms that are too small to make decisions about how they will deal with these new requirements

Falls Prevention Service Project

March to Now: Moved in to the Guildhall very successful shortlisted for the Northern Housing Award 2018.

Going forward: Work now to make this mainstream including reviewing the in house minor adaptation service/ the handyperson service (which is to be delivered from the 1st December 2018) and synergies with other services such as grants to deliver adaptations and insulation measures etc to deliver **Healthier Homes services** to support the Directorate's aim to prevent, reduce and delay the need for NHS and Adult Social Care Services



Housing option/Homelessness

The opportunity for visiting accommodation projects which form part of Housing Options and Support Team took place in early May. A visit to Howe Hill for young People resettlement hostel (16-25 year olds), Peasholme Centre (resettlement hostel single homeless (mixed sex 16+))



and Ordnance Lane (temporary accommodation for those accommodated under Housing Act 1996).

During the visit, the opportunity to meet some of the staff, Emily Johnson (Howe Hill supervisor), Becky Ward (Service Manager Housing Options and Support), Ann- Marie Douglas (Temporary Accommodation Manager), Antony Smith (Temporary Accommodation Supervisor), Tim Carroll (Resettlement Manager) and Jane Harkness (Peasholme Supervisor) to discuss a number of topics including Housing Options

service, homeless legislation, housing register and allocations policy, hostel referral process, hostel services, accommodation agreements, education opportunities, James House re-provision, Rough Sleeper's and the ongoing work to address these issues.

(photographs taken during the visits by Cllr Douglas)

Priorities for the service are being considered by the Executive Member on 21/6/18 in the annual review and annual performance report and include:

- To adopt 2018-23 Homeless Strategy 'Preventing Homelessness Together' (due for sign off June 2018).
- Determine to leave North Yorkshire Home Choice and introduce a new allocations policy once the IT system is replaced.
- To embed and develop service to meet statutory duties under Homeless Reduction Act 2017.
- To make a decision about the allocation policy and delivery of housing registrations service (North Yorkshire Home Choice partnership to continue or York only approach to be adopted) (due for consideration June 2018)
- To ensure new proposals under Universal Credit – supported housing payments are introduced
- Review the use and consider investment /re-design opportunities of existing social housing stock to meet the needs of complex / vulnerable customers in particular to mitigate medium and long term impact of welfare benefit reform.
- To complete and relocate people living in current hostels under Homeless Reduction Act 2017 (relief duty) or Housing Act 1996 (full duty) to James House
- To reduce rough sleeping in York
- Agree targets for 2018/19

Building Maintenance

Last 12 Months 2017/18

- Building Services Restructure Complete – (Including reduction of 9 long term agency/WwY posts from in back office service...most WwY staff were subsequently successful at interview for full time CYC positions).
- All outstanding Fire Risk Assessment (FRA) reviews brought up to date – updated fire policy completed - 310 overdue FRAs completed. Had 3 no access reported back, of which 1 was a problem with the door (sent to repairs) and 2 had problems with fobs, These have now been re-programmed and will be picked up in next phase.
- Gas Servicing compliance maintained over 99%
- 30,000 repair job carried out in 2017/18 – Average 5 days to complete (all categories) – 94.5% (all categories) completed within response time.
- 160 homes modernised under Tenants Choice.
- 55 Homes on Standing Water programme completed in 2017/18.
- 660 Energy Efficient Boilers Installed.
- 28 Air Source Heat Pump system installed.
- Compliant sub-contracts introduced for Glazing, General Build, Reactive Roofing Repairs, Scaffolding, Plasterwork, Joinery.
- 10 year (£30m) Managed Stores contract procured – joint contract with UoY.
- New planned maintenance contract for roofing procured – 43 blocks completed to date– exceptional performance from contractor so far.
- SMS text notification introduced for repairs customers.

- 3 trainee gas engineers completed apprenticeships, & were successful at interviews for full time posts.
- Work with poor performing TC/SW contractor terminated.

Next 12 months

- Procurement/Implementation of interim TC/SW contract
- Stock Condition survey complete
- New structure bedded in
- Repairs Policy in place
- Procurement of new IT system – team fully engaged in process
- Total Mobile rolled out to Voids & Electrical teams
- Area based reporting in place
- 178 FRAs to complete (plus 3 no access) – Pennington Choices FRA consultant on ground (starting with 13 Group properties) w/c 4th June.
- Overall Performance maintained or improved

Challenges

- Maintaining downward pressure on subcontractor spend – has come down from £3m in 2014/15 to £1m in 2017/18 – target for 2018/19 £0.5m against background of increasing demands on voids service, communal heating and electrical service as testing regime are tightened/improved.
- Review & re-procurement of TC/SW – large, complex contract, with high expectations from customers
- Progressing our Standing Water programme.
- Continuing the momentum of service improvements as we bed new structure in – up-skill our people with regard to contract management, project management, budget management and grow our capacity without growing cost ...and maintain staff morale
- Bedding in new Managed Stores contract with additional parties now involved
- Speeding up progress on Total Mobile improvement projects.

Community Safety Achievements from 1st Feb 2018

Safer York Partnership

Refreshed the Community Safety Strategy, making stronger links between the partnership and the adults and children's safeguarding boards.

Established a Domestic Abuse Operational Group for York and North Yorkshire to oversee MARAC & Making Safe and to re-draft the York & North Yorkshire Domestic Abuse Strategy.

Increased the partnership's focus on the wider counter terrorism (CT) agenda through the establishment of a monthly meeting CT Task Group. Delivering an action plan focused on education and awareness raising and overseeing the delivery of a programme of increased physical security measures for the city. This work has been promoted by the North East Counter Terrorism Unit as good practice and has resulted in other cities such as Leeds and Harrogate adopting the same approach.

Contributed to the development of a York & North Yorkshire Modern Slavery Partnership to oversee a programme of operational work aimed at increasing intelligence and identifying victims and perpetrators of modern slavery and human trafficking.

Community Safety Hub – Multi-agency working

Review of Community Safety Hub

Reviewed the community safety hub, developing a set of recommendations for service improvement.

Launch of Crime Not To Care campaign – 9th March (in partnership with Keep Britain Tidy)

The Crime Not to Care campaign is aimed at educating the general public of their responsibility/Duty of Care in relation to disposal of their domestic waste, with the ultimate aim of reducing fly-tipping.

The law states that everyone has a duty to make sure that they only give their waste to someone who is licensed to take it.

Following roll-out of the campaign, the council will take a harder line against such offences, through formal enforcement action.

The majority of unlawful waste carriers in York collect from householders. Many advertise Man with a Van type services, often on social media and at relatively cheap rates. If this price seems too good to be true, it usually is.

Over the past 2 years the majority of fly-tipping prosecutions have been against such individuals/companies. Most people are unaware that they are also liable, if their household waste is found to be tipped in this way.

Launch of Operation Eyeball (county-wide partnership working to tackle fly-tipping). March 2018.

Operation Eyeball was launched in March 2018. It involves: North Yorkshire Police, City of York Council, NYCC, District Councils, Environment Agency, NFU, Network Rail. It is led by City of York Council Neighbourhood Enforcement team and NYP.

The aim of the operation is to improve intelligence sharing and coordinated working to tackle fly-tipping across the county.

To date X3 Stop and Search operations have been undertaken in partnership with NYP, targeting unlawful waste carriers and scrap metal dealers, resulting in four notices requiring evidence of waste information. One has developed into a possible prosecution case for waste. Further operations are to be coordinated across the county.

An initial focus is upon the increasing problem of tyre-dumping across the county with coordinated work due to take place across the county to visit garages/workshops to discuss how they dispose of their tyres and by whom and in addition to educate them in relation to their duty of care in respect to waste.

Establishment of Hot Spot Process between the police and City of York Council

Monthly meetings involving Community Safety Managers, Neighbourhood Policing Team Inspectors and Housing Team Leader take place to identify areas where increased calls for service suggest that anti-social behaviour levels have increased. A 'hot spot' problem solving meeting, chaired by one of the two Community Safety Managers is then established. These multi-agency hot spot meetings have been established for:

The City Centre: focusing on begging, street drinking and rough sleeping, nuisance sellers and buskers, street urination and litter and waste. Neighbourhood Enforcement officers work closely with NYP, BID, Make it York, Salvation Army, Carecent, Changing Lives to

proactively tackle street-related Anti-Social Behaviour (ASB) in the city centre on a day to day basis. Officers conduct regular patrols with partner agencies, with a focus on known hot-spot areas. Regular liaison with staff at city centre venues such as; Central Library, Museum Gardens/Yorkshire Museum and the Art Gallery and with individual businesses to tackle waste presentation offences.

The Groves: focusing on a proactive and early intervention approach including community engagement with residents

Chapelfields: to continue work already being delivered to tackle high levels of anti-social behaviour in the area

Work with businesses in Acomb to tackle waste presentation and fly-tipping

NEOs in the Acomb area have been working with businesses in Front St to clean up private land. Following the issue of Community Protection Notice (CPN) warnings rubbish storage has improved, and fly tipping has been removed. One landowner has now put up clear anti-fly tipping signage and is working closely with the NEO to monitor the condition of their land.

Hub officers have obtained a Premises Closure Order, working with Assertive Outreach Team (AOT) and NYP to stop visitors who were causing issues at the tenancy which would have potentially led to a very vulnerable man being evicted. The order allows the tenant and two named family members to be in the property but nobody else.

Enforcement Action

Domestic Waste presentation Offences (S46 Environmental Protection Act 1990)

Household waste reminder letters Clifton area (500 approx) plus 18 individual letters

S46 EPA notices - approx 40

S46 EPA stage 3 warning x 4

Duty of Care (as respect to Waste) S34 Environmental Protection Act 1990

Warning letters x 32

Duty Of Care inspections x3

FPN x 3

Waste information notices served x 22

Unlawful/harmful deposit of Waste

S5 EPA notice (waste carrier licence) x 6

S5 EPA FPN x 3

Scrap Metal Dealers

Scrap metal dealer notice x 7

Community Protection Notice (CPN)

Community Protection Notice warning x25 for various forms of ASB (of a persistent and continuing nature and impacting on the quality of life of those in the vicinity) including:

Unsightly gardens

Misuse of communal area

Allowing dog to stray and foul

Waste accumulation

Revvng car engine

Cannabis smell

Breach of Public Space Protection Order (PSPO)

Breach of City Centre Alcohol Restriction Zone - FPN x 1

Fly-tipping (S33 Environmental Protection Act 1990) - Warning letter x 24, FPN x 1.

Dog Control Offences - Dog control order x 1

Littering Offences - Litter FPN x 2

Illegal Encampments (includes tents and temporary traveller encampments) - Direction to leave notice x 8

Tethered Horses/Fly-grazing offences - Horse removal by bailiff x 1

Fly-posting - Fly posting FPN x 29

Enforcement action is pending approval against a local taxi company, who featured on fly posted stickers on over forty utility boxes in the west of the city. The company finally removed the stickers four months after they were put up.

Prosecutions

Successful prosecutions as follows:

Prosecution of an individual for fly-tipping/Duty of Care offences 01/05/2018. Result: Fines (for 3 counts) £500, £1,500, £1,500. Surcharge £170. Plus costs £1000 total £4670

Prosecution of an individual for Duty of Care and Waste Receptacle offences 01/02/2018. Result: fine £126, costs £650.39 court surcharge £30.

Breach of Noise Abatement Notice 01/02/2018 Result: £225 fine, £540 costs, £30 court surcharge

Breach of Noise Abatement Notice 01/02/2018 Result: £225 fine, £540 costs, £30 court surcharge

Street urination

27/02/18 Result: £150 fine, £30 court surcharge, £210 prosecution costs

Street urination. 27/02/18 Result: £200 fine, £30 court surcharge £210 prosecution costs.

Street urination. 10/04/18 plea by post. Result: £72 fine, £30 court surcharge and £150 costs

Street urination. 10/04/18 plea by post. Result: £110 fine, £30 court surcharge and £150 costs.

As well as the Premises Closure Order, the hub has obtained two further Orders because of ASB caused by the tenants; these ban everybody from the property, and are designed to give the local community some respite while the council looks to take further action.

The team has carried out 1 eviction for ASB during this time. The order was obtained because of serious ASB including assault on the neighbour. They have also just obtained an order allowing the council to request an eviction due to long term serious nuisance, which included support from colleagues in the Neighbourhood Enforcement Team.

As part of our role supporting colleagues from Temporary accommodation, we obtained an Injunction against one of the ex-residents of Howe Hill to protect and support them.

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Health, Housing and Adult Social Care Policy and Scrutiny Committee

20 June 2018

Developing a new mental health hospital for York and Selby – an update

Summary

1. This report provides an update on progress made and key milestones with regards to developing the new mental health hospital for York and Selby.

Background

2. The development of the new mental health hospital has previously been reported in a number of local forums, including at the Health, Housing and Adult Social Care Policy and Scrutiny Committee, most recently on 19th February 2018.

The new purpose-designed 72 bed hospital will provide two adult, single sex wards and two older people's wards - one for people with dementia and one for people with mental health conditions such as psychosis, severe depression or anxiety. The hospital is due to be open in early 2020.

Significant work has been undertaken to support the development programme and the key milestones are illustrated below:

August 2016 to present day	Engagement events with service users and carers to develop design brief and determine preferred designs across clinical and public areas. 36 separate design workshops have been held to date - COMPLETE
September 2016 to January 2017	Public Consultation re choice of sites and configuration of inpatient beds – COMPLETE

August 2017	Communication release re appointed construction partners – Wates - COMPLETE
18 th December 2017	Formal (written) planning approval received from CYC – COMPLETE
19 th December 2017	Trust Board approval for enabling works – COMPLETE
February 2018 to August 2018	Enabling work commences on Haxby Road site- COMPLETE
March 2018	Land purchase – COMPLETE
February to April 2018	TEWV internal review and sign off process for Full Business Case (FBC) - COMPLETE
May 2018	Full business case approved by TEWV Board of Directors – COMPLETE
August 2018	Final tender position will be received from Wates Construction, detailing final costs.
September 2018	Ground work commences on Haxby Road site.
January to March 2020	Commissioning work to prepare the new hospital will be completed
April 2020	Hospital becomes operational with a planned phased transfer of inpatient services.

Consultation

- At the Health, Housing and Adult Social Care Policy and Scrutiny Committee on 19th February 2018 it was noted that the timing of the Full Business Case (FBC) was delayed from an original intention of January 2018 to March 2018. Between March and May there has been further detailed review of the proposed design and associated tender pricing to ensure value for money and to assure highest quality operational delivery. The Full Business Case was approved by TEWV Board of Directors on 22nd May 2018.

TEWV is investing approximately £37m (including VAT, fees and land purchase) from internal cash resources to develop the new hospital. At the public consultation in 2016 we quoted an estimated figure of £29m (inc. VAT and fees, but excluding the land purchase). Since that time the scope has increased to provide 18 beds per ward to support future clinical flexibility and to accommodate the increase in associated support services.

The level of assurance work undertaken with City of York Council planning team, appointed construction partners, TEWV technical advisors and clinical teams has meant that there is an impact to the programme timetable. Previously it had been expected that the new hospital would become operational from December 2019 however the necessary quality assurance work, subsequent elements of redesign and associated drawing and technical specification revisions have meant that the programme could no longer be delivered to the original planned timescale. Essentially we are providing a bigger building which will take longer to construct.

The new hospital will now be completed in early 2020 with commissioning work completed between January and March, followed by operational opening in April with a planned phased transfer of inpatient services.

A rigorous financial review has also been undertaken to assure value for money against the required clinical quality. The final tender positions will be received from Wates Construction in August 2018, determining the final costs but based on the extensive assurance exercises described above.

There will be no impact to current service delivery in light of this delay. TEWV will continue to provide inpatient beds as follows:

- 12 female adult beds at Ebor Ward (part of Peppermill Court)
- 12 male adult beds at Minster Ward (part of Peppermill Court)
- 18 mixed sex functional older persons beds at Cherry Tree House
- 14 female dementia beds at Meadowfields.
- 14 male dementia beds at Acomb Garth.

Additionally work to continue developing community mental health services remains a clinical priority, to transform services from an historic

reliance on inpatient beds to safe clinically appropriate admission avoidance.

Options

4. N/A

Analysis

5. N/A

Council Plan

6. N/A

7. **Implications**

Financial

TEWV has purchased the site and is funding the construction.

Human Resources

A workforce plan is being developed with senior clinical colleagues to ensure safe staffing of inpatient areas and to maximise skills alignment to provide a breadth of intervention which is clinically appropriate and to support best health outcomes.

Equalities

An equality impact assessment has been completed.

Legal

TEWV are compliant with all legal requirements regarding this development.

Crime and Disorder

The planning approval for this development includes advice from North Yorkshire Police.

Information Technology (IT)

N/A

Property

N/A

Other

N/A

Risk Management

8. Risk registers are maintained for the overall programme (high level) and in relation to the construction-specific elements.

Conclusions

9. The development of a new mental health hospital is a hugely exciting opportunity for York and Selby. It will offer modern healthcare facilities which provide a safe and comfortable environment in which to receive care, and for carers to visit.

The opportunity afforded by this development allows new interventions to be supported by enabling the environment to meet best clinical practice, whilst enhancing safety, privacy and dignity. The high quality of accommodation and abundance of space available maximises service user choice both indoors and outdoors and in supporting healing processes.

Whilst we are disappointed that timescales have changed and the revised operational date is now April 2020, the work undertaken has been necessary to fully assure value for money, required clinical quality, non-material planning revisions and financial rigour.

Recommendations

10. The committee is asked to receive and note this briefing.

Reason: To inform Members on the progress made with regards to developing the new mental health hospital.

Background Papers:

No background papers are attached to this report.

Annexes

No annexes are attached to this report.

Contact Details

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**Health, Housing and Adult Social Care Policy
and Scrutiny Committee****20 June 2018****Medical Non-Emergency Transport (MNET) – updated service****1. Summary**

This report is for information; to describe the mobilisation and implementation of a new specification for patient transport services, now known as Medical Non-Emergency Transport (MNET), across NHS Vale of York and NHS Scarborough & Ryedale Clinical Commissioning Groups (the CCGs).

2. Background

- 2.1 Patient Transport services across York and Scarborough areas have for many years been part of a much larger North Yorkshire wide contract with the Yorkshire Ambulance Service (YAS). It has become increasingly apparent that the specification was not appropriate for the way healthcare services are now run, and gave commissioners limited opportunities to make the service local for our population. For example journeys over evenings, weekends and bank holidays, or before 8am or after 6pm, or at an 'unlisted' site were difficult to organise and often resulted in delayed discharge for our frail and elderly patients, long waits for regular patients, and a great deal of administration with many organisations.
- 2.2 Over the last three years the CCGs have done a lot of engagement – asking what people require from a transport service, and working with local providers, particularly York Teaching Hospitals NHS Foundation Trust (YTHFT), to understand what they need from transport that supports the way clinics and discharge services are now managed. We have also worked with potential new providers via marketplace events to understand what the latest innovations and technologies in transport services can offer. We drew up a specification from these requirements and went out to tender in 2017. Yorkshire Ambulance Service were successful in winning the bid and have expressed a desire to work more

flexibly than previously, on a smaller footprint, and to deliver our requirement for high quality patient transport services. They also intend to continue to work with current local providers via their subcontractor framework which will support the delivery of high quality services for our residents.

- 2.3 Implementation of the new specification will take place on the 1st July 2018.

3. Consultation

Consultations used include; an in-depth review of YTHFT renal patients and staff experience, Healthwatch York population reviews, CCG engagement specifically around transport as well as general engagement events, feedback from locality transport meetings, feedback from locality renal support group meetings.

4. Analysis

- 4.1 The CCGs are currently working through the mobilisation of the new service. As part of this review and to ensure that the service can support all the patients who need it, we are strengthening the process for assessing medical eligibility of patients for transport against the guidance from the Department of Health (DH). These criteria will continue to be based purely on medical need and has been in place for a number of years. The CCGs are aware that through the existing assessment process, people who are not eligible may sometimes have accessed NHS funded patient transport and for regular users, review of their medical condition and circumstances may not have taken place as often as it should. Likewise other patients who are eligible for NHS funded transport may not have accessed these services or struggled to get support when they needed it.
- 4.2 The new service will check all current eligible patients as well as new patients against the Department of Health criteria through a process accessible via a Single Point of Access. Patients who attend regularly will also be contacted prior to the launch of the updated specification to notify them that they may need to be re-assessed to check their current eligibility.
- 4.3 Where patients are told they are not eligible for NHS funded transport they will be signposted to other local voluntary sector and private transport services that may be able to support them (and notified there

may be a fee applicable). If a patient believes they have been wrongly classified, there will be an appeals process in place which checks the information given and offers the opportunity for a clinical review by a senior clinician.

5. Council Plan

This change links to the Council's and local health system priorities to deliver the best possible services, equitably, with partners, which are evidentially based and with input from our population.

- 'Delivering frontline services for residents is the priority
- All children and adults are listened to, and their opinions considered
- Everyone has access to opportunities regardless of their background
- Support services are available to those who need them
- Work with all public sector bodies in the city and the region to make sure we get the most from collective public expenditure in York
- That we always consider the impact of our decisions, including in relation to health, communities and equalities
- Use of evidence-based decision making'. *(from CYC 2015-19 plan)*

6. Implications

Financial: the new specification will provide the new service within the same combined financial envelope as that of all the different transport services previously contracted.

Human Resources (HR): all relevant information for staff (including TUPE where applicable) has been worked through by YAS with support from the CCGs. No concerns have been raised.

Equalities: An equality impact assessment update in April 2018 noted that this new service should be more equitable than previously with a single DH criteria based on medical need. Delays will not be related to admission/discharge time of day, location of housing or frequency of access as has been the case previously.

Legal: a legal contract has been drawn up between YAS and the CCGs to ensure agreed performance standards are related to local need and can be measured and if necessary enforced.

Crime and Disorder: n/a

Information Technology (IT): current systems will continue to record patient journeys. Additional assurance has been sought and given around the regular review of patients against eligibility, text and other reminder systems being deployed, and on-line journey booking.

Property: n/a

Other: n/a

7. Risk Management

Risks have been put forward and assessed by all partners during the delivery of the new specification. A risk register of the implementation phase is in place. Risks include consideration of the numbers of patients who have been told they are eligible for journeys where now, due to the review of patient need against the criteria, they may no longer be eligible for NHS funded transport. It is acknowledged that engagement and communication continues to be absolutely vital for this project.

8. Conclusions

The CCGs are satisfied that the specification and contract will ensure a patient transport service that is robust, fit for the future, will ensure all patients with a medical need for transport receive it, and give the local system the flexibility to change requirements as needed.

Members are asked to put forward any queries they have with regard to this ongoing project.

9. Recommendation

Members are asked to note and comment on the contents of this report.

Reason: To inform Members of the new specification for patient transport services.

Contact Details

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Report Approved 7/06/2018

Abbreviations

DH: Department of Health,

MNET: Medical Non-Emergency Transport

TUPE: Transfer of Undertakings (Protection of Employment)

YAS: Yorkshire Ambulance Service,

YTHFT: York Teaching Hospitals NHS Foundation Trust.

Appendix 1: MNET Frequently Asked Questions May 2018

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What does MNET stand for?	Medical non-emergency transport – meaning that this is a transport service that supports those with medical needs but is not an emergency transport service.
How is this different from PTS?	The same provider (Yorkshire Ambulance Service - YAS) will be providing the new service, but we are working together as a healthcare system in York and Scarborough to ensure the national criteria are applied, so that all those who are eligible for support will get it.
What is different about this new service specifically?	The service hours will be longer than they used to be which means there will be more support for clinics that run early in the morning and late at night. There will also be support for discharge of patients in the early evening and at weekends or on bank holidays where this is appropriate. YAS will continue to work with existing transport services in York and Scarborough that provide specialist support for those with dementia, the frail elderly and where patients have specific medical needs such as a stretcher or wheelchair.
Will I see the same drivers and other staff?	Yes, the same staff will continue to support you.
What is not included as part of this new service?	If you don't have a medical need for transport but may have social needs, you will continue to be supported by your local council; usually City of York Council, North Yorkshire Council or East Riding Council.
What is the national criteria?	<p>The Department of Health described patient transport criteria in 2007:</p> <p>Eligible patients are those:</p> <ul style="list-style-type: none"> • Where the medical condition of the patient is such that they require the skills or support of PTS staff on/after the journey and/or where it would be detrimental to the patient's condition or recovery if they were to travel by other means.

	<ul style="list-style-type: none"> • Where the patient's medical condition impacts on their mobility to such an extent that they would be unable to access healthcare and/or it would be detrimental to the patient's condition or recovery to travel by other means. • Recognised as a parent or guardian where children are being conveyed. <p>See attached guidance for more information. http://webarchive.nationalarchives.gov.uk/20130124040549/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_078372.pdf</p>
How do I know if I fit the criteria?	If you call the Single Point of Access for Yorkshire Ambulance Service, they will ask you a number of questions and the answers to these will determine if you are considered eligible or not. If you are not eligible for NHS funded transport the operator will suggest other voluntary sector or local organisations who may be able to help you travel. There may be a cost to some of these other services.
Why are you tightening the criteria?	We asked a lot of local people across York and Scarborough what they thought a transport service should provide. Our population was very clear that they wanted good quality services to be provided to all who need it, clear information about who is eligible and what the service provided is, and increased use of technology to support peoples understanding of what their waits might be.
Does this apply to everyone?	Yes, we will be applying this criteria to everyone. It would be inequitable of us to apply the criteria differently to different groups of people so we are looking at medical need.
If I was eligible previously, am I automatically eligible now?	No, each request will be reviewed again on the information you give.
If I travel frequently or regularly, am I automatically eligible?	No, again, each request will be looked at individually. If you travel frequently or regularly you can ask for your eligibility to be reviewed

	up to every 3 months, if the seriousness of your condition changes, or if you have other travel options now available to you.
Can I appeal an eligibility decision?	Yes, there is an appeals process available, and the operator would be able to advise how to access this. Appeals will also be based on medical need. You may be granted temporary access to transport services whilst your appeal is investigated.
If I am an in-patient at a hospital can I get transport home?	You will get transport home if you require it for medical reasons. If you are not eligible then you, your friends and relatives or ward staff can speak to the Single Point of Access about alternative services that could support you.
Can I book a one-way journey?	If you are eligible due to medical need you can book a journey one or both ways to an appointment or treatment. Please ask the operator at the Single Point of Access to book a single journey. We would much prefer you to book a single journey than to be worried if you don't turn up when we expect you!
Might my eligibility change throughout my treatment?	Yes, you may find that as you improve medically you do not need support with transport; please just let us know if this happens. Equally your condition may deteriorate with time; if you call the Single Point of Access to review your eligibility they will work through this with you.
If I need transport for a single journey when I usually have support from friends or family will I be eligible?	You will need to review your eligibility through the Single Point of Access. If you are medically eligible then yes, you would be offered support for single journeys as you require them.

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York Health, Housing and Adult Social Care Policy and Scrutiny Committee
Wednesday 20th June 2018, 5.30pm

A brief written report on the difficulties patients are experiencing contacting Unity Health

On Monday 19th March 2018 Unity Health opened a new surgery at Kimberlow Hill, near Heslington. The Practice has a branch surgery on Wenlock Terrace in Fulford.

This NHS General Medical Services (GMS) Practice has existed in York for over 60 years, operating from three surgeries and more recently two, following the relocation of the York Campus Health Centre and Hull Road surgery to the purpose built Kimberlow Hill Surgery. Unity Health has 23,000 patients, with approx. 60% being students at the University of York. We are part of the Vale of York CCG registering patients from the Fulford, Heslington, Osbaldwick, Dunnington and Heworth areas of York.

Like the majority of York Practices the telephony system the Practice used was provided by York Hospital. When we relocated to the new surgery we worked with VOY CCG to source a new telephony system. On 19th April 2018 the Practice went live with a system provided by BT at the Kimberlow Hill surgery. We acknowledge that there has been teething problems with the telephones which have resulted in patients experiencing difficulties contacting the surgery. This is not acceptable and we apologise for these difficulties.

Unity Health is working closely with BT and VOYCCG to rectify the problems patients have been experiencing. BT engineers are onsite on 12th June. The Practice is looking to simplify the phone system, making it easier for patients to get through to the reception team. The Practice has recently employed four new members of staff as call handlers and we are open to increasing this number if required.

Like every other GP practice in the country, we're experiencing unprecedented levels of demand and are constantly exploring new ways to continue to provide the best care to our patients in the face of this pressure on services.

One of these measures was the introduction of an 'online triage' system 18 months ago, designed to provide an improved point of access for our patients. While this system has proved popular with some patients, feedback from other patients, stakeholders and practice staff is that more work needs to be done on the model before it can be adopted permanently. Therefore, after much thought and consideration, we will be withdrawing online triage system on 15th June and re-instating a simple telephone-based system.

We do encourage patients to book and manage their appointments and prescriptions online. This will free up our telephones. Online access is quick and easy, just visit our website www.unityhealth.info

We are working closely with our local Healthwatch team (<https://www.healthwatchyork.co.uk>), Vale of York Clinical Commissioning Group and the University of York to ensure we keep listening to what our patients and partners are telling us. We'll also be providing regular updates in our practice newsletter.

To enable these changes to embed, we will not be registering new patients to the practice until further notice.

Once again we would like to apologise to our patients for the difficulties they have experienced contacting the surgery and would like to offer our assurance that we working on solutions so that it is easier to contact the surgery by telephone.





**Health, Housing and Adult Social Care Policy
and Scrutiny Committee**

20 June 2018

Report of the Director of Public Health

Portfolio of the Executive Member for Adult Social Care and Health

Re-procurement of Sexual Health and Contraception Services**Summary**

1. The purpose of this report is to seek feedback and comments from Health, Housing and Adult Social Care Policy and Scrutiny Committee ahead of the report to the Executive which will be seeking authorisation to approach the market for the tendering of sexual health and contraception services, and to receive approval that the decision to award the contract be delegated to the Director of Public Health. In line with City of York Council own Contract Procedure Rules and EU procurement legislation, the Council is required to procure these services through a competitive process.
2. Local authorities have a statutory responsibility to commission specialist sexual health services for their population. This includes HIV prevention, sexual health promotion, open access genitourinary medicine and contraception services.
3. The proposal is to award a new contract for three years with an option to extend by two years plus consideration of a further two years, subject to performance, up to a maximum of seven years. Extensions will be based on performance related quality measures and delivery of key health outcomes. This is considered to be the option which will lead to the Council obtaining best value for money whilst meeting its statutory obligations and provide a clinically safe and effective service for its residents.

Recommendations

4. Health, Housing and Adult Social Care Policy and Scrutiny Committee is asked to comment on the report and the recommendations below that will be presented to the Executive for decision:
 - a) Authorise officers within City of York Council to approach the market to inform the commissioning and procurement of a sexual health service to start from 01 July 2019.
 - b) Authorise the Director of Public Health to accept the highest scoring tender, in accordance with evaluation criteria and award a contract.
 - c) Delegate authority to the Director of Public Health to manage this contract including any variations and planned extensions as per City of York Council policy and procedures.

Reason: To meet the council's statutory responsibilities under the Health and Social Care Act 2012 and enable sexual health services to be available to York residents that are clinically safe, value for money and responsive to local need.

Background

5. City of York Council became responsible for commissioning sexual health and contraception services when responsibilities for public health functions were transferred to the Council in April 2013.
6. Sexual health and contraception services are funded by the local authority ring-fenced Public Health Grant Allocation. The Department of Health sets out a number of conditions for use of the public health grant. Local authorities are required to submit performance monitoring reports on sexual health outcomes as part of the Public Health Outcomes Framework.
7. Sexually transmitted infections (STI's) are a recognised issue for any city and York is no exception, all cities need to maintain services to protect the health of residents and prevent disease outbreaks.
8. Providing open access, all age services across the city reduces sexual health inequalities and risks to the population. The table below shows the age and gender of service users across York during 2017/18. The majority of people accessing the service are aged between 19 and 34 years of age.

Number of service users age <16 (female)	253
Number of service users age <16 (male)	16
Number of service users age 16 – 18 (female)	1261
Number of service users age 16-18 (male)	208
Number of service users age 19 -24 (female)	5490
Number of service users age 19 – 24 (male)	1798
Number of service users age 25 – 34 (female)	2229
Number of service users age 25 – 34 (male)	1394
Number of service users age 35 – 44 (female)	677
Number of service users age 35 – 44 (male)	524
Number of service users age over 45 (female)	422
Number of service users age over 45 (male)	515

9. A sexual health needs assessment has been completed following customer and stakeholder consultation. The indicators listed below require improvement so that sexual health inequalities across the city are reduced.
- Late diagnosis of HIV
 - Sexually transmitted infection testing and diagnosis rates
 - Under 18s conception rates
 - Chlamydia screening
10. The impacts of poor sexual health are felt across the population and the evidence base shows that investment in sexual health services results in a strong and substantial return on investment.
11. This proposal falls within Key Decisions due to the annual value of the contracts and as such will be presented to Executive for decision.

Proposed Procurement Strategy

12. The proposal is to go to the open marketplace with a fixed budget and defined specification based on the local need.

13. The tender evaluation will follow an 80% quality and 20% financial assessment model. This is to reflect the complex nature of the submission which cannot be dealt with on a lowest price submission weighting. A waiver has been approved for this methodology.
14. Tender documentation will be published in October 2018 following a pre determined procurement timetable to meet the required legal benchmarks.

Service detail

15. The service specification will be developed as a result of several influencing factors: National statutory obligations, clinical safety, best practice guidelines, local needs analysis, stakeholder and customer consultation as well as benchmarking against other models in similar local authorities.
16. The service specification has not been included as part of this report, this will form part of a public facing competitive tender and as such has not been made available to potential bidders yet.
17. The specification will set out City of York Councils ambition for the transformation of sexual health services in York and will explain the detailed requirements the Council have to provide the specialist expertise that will be vital in leading and achieving the desired outcomes for its residents.
18. Any service specification for this type of service must follow a recognised clinically safe framework which is set out at national level.

Consultation

19. Work has been undertaken with a range of partners and clinical experts to inform the service delivery model and vision for the service:
 - a. A time limited sexual health commissioning steering group has been established. This includes key partners and provides a forum for ongoing discussion.
 - b. Clinical practitioners have been engaged through the Vale of York Clinical Commissioning Group and Public Health England.
 - c. Consultation with service recipients and professionals, including schools, through surveys, workshops and face to face meetings.
 - d. Key academic research and national best practice was searched and analysed to inform thinking.

20. Further consultation is planned as part of the market place engagement and soft market testing event.
21. Engagement with Vale of York Clinical Commissioning Group and primary care partners is ongoing through the development of a clinically safe service specification.

Options

22. There are two options for Members to consider:

Option 1: Do not approve the re-procurement

Option 2: Approach the market to re-procure sexual health services for York through competitive tender.

Analysis

23. **Option 1:** Do not approve the re-procurement

This option would mean that City of York Council will not fulfil its statutory duty as set out in the Health and Social Care Act (2012)

Failure to ensure that the City has safe and effective sexual health services would have negative consequences for the health of residents. Some of the consequences include increasing levels of sexually transmitted infections, increasing numbers of unplanned pregnancies including teenage pregnancies, increase in long-term preventable health conditions and preventable deaths.

Therefore this option is not recommended.

24. **Option 2:** Approach the market to re-procure sexual health services through competitive tender

This is the recommended option.

Reason: To meet the council's statutory responsibilities under the Health and Social Care Act 2012 and enable sexual health services to be available to York residents that are clinically safe, value for money and responsive to local need.

Council Plan

25. The proposal directly relates to the Council Plan 2015-19 priorities:
 - **'A focus on frontline services'** - to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.

Specialist Implications

Financial

26. York is one of the lowest funded local authorities in the Country (£37 per head compared to £55 per head average) and, like other authorities, the Public Health Grant received from the Government is reducing by approximately 2.6% each year from 2016/17 through to 2019/20. In these circumstances, the Council is facing difficult decisions when service contracts are renewed.
27. A benchmarking exercise has shown that York has a spend of £9.23 per head of population on Sexual Health which is lower than the England average of £10.51. This is primarily due to the low level of Grant the authority receives. It should be recognised, however, that York has one of the largest proportions of 15 to 24 year olds in its population who are the highest users of sexual health services, and this number is expected to grow with the anticipated increase in university student numbers and so there will be pressures on this budget.
28. Total spend on sexual health services in 2017/18 was £1.79 million which includes £298k for primary care contraception delivered in GP surgeries and £47k spent on out of area cross-charging for STI testing and treatment.
29. Savings of £79k were agreed as part of the 2018/19 budget proposals. Overall, following a reallocation of funds for contraception services, the proposed budget available to commission sexual health and contraception services and award a contract from 2018/19 onwards will be £1.74 million per annum.
30. This represents a reduction in spend on sexual health services provision which was £2.4 million per annum at the point of transfer of commissioning responsibilities from the NHS to the Council in April 2013.
31. It is the professional opinion and advice of the Director of Public Health that £1.74 million per annum is the minimum value that will allow the Council to procure the delivery of safe and effective sexual health services for the City's residents. Given the importance of sexual health services provision within Public Health it is not currently proposed to seek further service reductions to be made over the length of the contract term.

Human Resources (HR)

32. The implications for employers will be determined by the results of the re-tendering exercise and could involve significant TUPE impact for those providers delivering services. The impact of this is for the winning bidder to manage and there are no Human Resources implications for the Council.

Equalities

33. The Council must, in the exercise of its functions have due regard to the need to eliminate discrimination, harassment and victimisation, and to advance equality of opportunity, and foster good relations, between those who share a relevant protected characteristic and those who do not share it. The Council has a duty to have due regard to the need to remove or minimise disadvantages, take steps to meet needs, in particular steps to take account of disabled persons disabilities, and encourage people to participate in public life. The Council must have due regard to the need to tackle prejudice and promote understanding.
34. It is crucial that the differing needs of men and women and of different groups in society are considered when planning services and interventions. Nationally females are statistically more likely to access specialist sexual health services and the provision of sexual health services has a positive affect on the general and sexual health and wellbeing of women.
35. Locally MSM (men who have sex with men) populations are statistically more likely to be diagnosed with Syphilis infection which is rising. MSM communities are also more likely to have higher instances of HIV. Providing services for this customer group enables individuals to live healthy lifestyles and avoid early mortality.
36. Although it is difficult to estimate the numbers of residents affected in York, sexualised recreational drug use or chemsex is associated with an increase in sexual risk-taking behaviours in men who have sex with men (MSM)ⁱ. Chemsex is associated with group sex and multiple sexual partners, serodiscordant condomless sex and STI transmission. Chemsex is, therefore, an important public health issue among MSM.

37. In York, like any city in the UK, we have both licensed sexual establishments and informal sex worker (SWs). SW's are assumed to be at increased risk of sexually transmitted infections (STIs), there are limited comparative data studies with other population group's available and there is very little data available about York specifically. This is recognised as a vulnerable population and statistically is likely to include a higher than average representation of women, MSM and transgender residents.
38. Using the Making Better Decisions tool shows that there is a potential negative impact of the reduction in the budget available for sexual health services related to particular vulnerable groups.

Legal

39. Section 12 of the Health and Social Care Act 2012 imposes a statutory duty on local authorities to take such steps as it considers appropriate for improving the health of the people in its area and addressing behaviour that is detrimental to health. The provision of the services discussed within this report should therefore fall within this section.
40. The procurement of these services will be undertaken in accordance with the Public Contracts Regulations 2015 as well as in compliance with the Contract Procedure Rules of the Council.

Crime and Disorder

41. There are some shared links to crime and disorder, the service offer will include occasional contact with victims of sex crime, domestic violence as well as illegal sex working, modern slavery and child sexual exploitation cases.

Information Technology (IT)

42. There are no IT implications.

Property

43. There are no property implications.

Risk Management

44. There are risks associated with securing a safe and effective service with a reduced budget, particularly as the population of York is

predicted to expand in the key 15-25 age group inevitably leading to increased demand for services. These key risks and mitigations are set out below:

- Failed tender procedure
- Inability to provide mandated sexual health service
- Poor sexual health outcomes for the population of York including -
 - Reduced clinical safety leading to an increased risk of uncontrolled sexually transmitted infection outbreaks including a rise in HIV and late diagnosis of HIV
 - Increased risk of drug resistant gonorrhoea
 - Future negative financial impact on CYC through increase demand on social care
 - Negative social impact on the population of York e.g. a rise in under 18 conception rates leading to an increased demand on children's services
 - Increase in morbidity and premature mortality rates
- Reputational damage to the Council for not meeting its statutory duty to ensure free and open access to sexual health services for its residents

45. These risks are being mitigated through partnership working and system wide public health leadership through the newly established York Sexual Health Expert Partnership, and ongoing clinical engagement with the Vale of York Clinical Commissioning Group and Primary Care. Identifying areas of joint working and seeking to establish shared care pathways.
46. The risk of a failed tender procedure is being mitigated through market appraisal and soft market testing. The sexual health services provider market has expanded over the last five years, since the Council last re-procured its sexual health service, and so it is anticipated that there will be sufficient interest from suitably experienced bidders for the contract.
47. North Yorkshire County Council has announced its intention to re-procure their sexual health services provision in 2019. If, despite the

above mitigations, we are unable to award a contract for the provision of sexual health services on a City of York footprint, the intention will be to submit a further report to Executive for a decision to approach NYCC to jointly commission a sexual health service on a North Yorkshire and York geographical footprint.

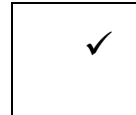
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**Report
Approved**



Date 01/0618

Specialist Implications Officer(s)

Finance – Patrick Looker, Finance Manager

Legal – Ryan Bell

Equalities – Will Boardman, Head of Policy and City Partnerships

Wards Affected:

All



For further information please contact the authors of the report

Glossary of Terms

CYC – City of York Council

EU – European Union

HIV – human immunodeficiency virus

MSM – men who have sex with men

NYCC – North Yorkshire County Council

STI – Sexually transmitted infection

SW – Sex worker

TUPE – Transfer of Undertakings (Protection of Employment)

Background Papers

Sexual Health Needs Assessment

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Making better decisions

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ⁱ Ottaway Z, Finnerty F, Buckingham T, *et al*

Increasing rates of reported chemsex/sexualised recreational drug use in men who have sex with men attending for postexposure prophylaxis for sexual exposure. *Sex Transm Infect* 2017;93:31.

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York Sexual Health Needs Assessment 2018

**A rapid assessment of the sexual health needs
of the York population**

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Executive Summary

This report looks at the current and emerging sexual health needs of people living in York.

Sexual health remains an important public health priority. Without timely and accurate diagnosis and treatment the risk of accidental transmission and medical complications is high. This would present a significant risk to the public health and also increase the demand for costly treatments into the future.

In York, there is an integrated sexual health service that operates through a hub and spoke model. When recently surveyed, service users indicated they were generally satisfied with the service they received. There is also evidence from the most recent LASAR report that the Lesbian, Gay, Bisexual, and Transgender (LGBT) population of York make good use of the integrated sexual health service.

1. Scope and Purpose

The purpose of this needs assessment is to consider the current and emerging sexual health needs of residents who live in York.

The primary intended outcome of this needs assessment is to inform future sexual health strategies and commissioning decisions over the next three years.

The needs assessment includes a description of York's population and how it is projected to change in the coming years. It also includes a description of the sexual health service use and health outcomes of the population of York; including testing and diagnosis of sexual health infections (STIs), contraception, conception and pregnancy termination among teenagers.

The following information sources were used as part of this needs assessment.

- Routinely collected data indicators; for example, Public Health England (PHE) Fingertips or the Census.
- Specialist reports; York local authority HIV, sexual, and reproductive health epidemiology report (LASAR), Public Health England, 2017
- Extracts from recent York topic specific needs assessments, produced as part of the Joint Strategic Needs Assessment
- Data provided by the service provider, about people who have used the integrated wellbeing service in the last year.
- Information collected from residents about their views of sexual health services in York.

The views of organisations and professionals have not been formally collected as part of this needs assessment. There will be an extended engagement and consultation period as part of planned commissioning work in 2018, and this will include the opportunity to discuss sexual health need in York.

2. Commissioning responsibilities and quality standards

Sexual health services are commissioned locally to meet the needs of the population¹. Public Health England notes that there is considerable regional variation in how sexual health services are provided and commissioned by local authorities, clinical commissioning groups, and NHS England.

Local authorities are responsible for commissioning the following services;

- comprehensive sexual health services including most contraceptive services and all prescribing costs, but excluding GP additionally-provided contraception²
- sexually transmitted infections (STI) testing and treatment, Chlamydia screening and HIV testing
- specialist services, including young people’s sexual health, teenage pregnancy services, outreach, HIV prevention, sexual health promotion, services in schools, college and pharmacies

In York, sexual health services are delivered through an integrated model. This means that genitourinary medicine (GUM) and contraception and sexual health (CASH) services are delivered through the same hub and spoke service.

Hub site:

- Monkgate Centre YO31 7WA Icon 4

Spoke sites:

- Wentlock Terrace YO10 4DU Icon 6
- Acomb Front Street YO24 3BZ Icon 3
- University of York YO10 5DD Icon 5
- Askham Bryan College YO3 3FR Icon 1
- North Yorkshire Aids Action YO1 8NN Icon 2
- MESMAC YO30 7BL Icon 7

Figure one overleaf presents these sites on a map.

¹ Local Sexual Health Services Commissioning Responsibilities, Published 2015

<https://www.gov.uk/guidance/commissioning-regional-and-local-sexual-health-services>

²NICE (2014) local government briefing on contraceptive services (LGB17)

<https://www.nice.org.uk/advice/lgb17/chapter/Introduction>

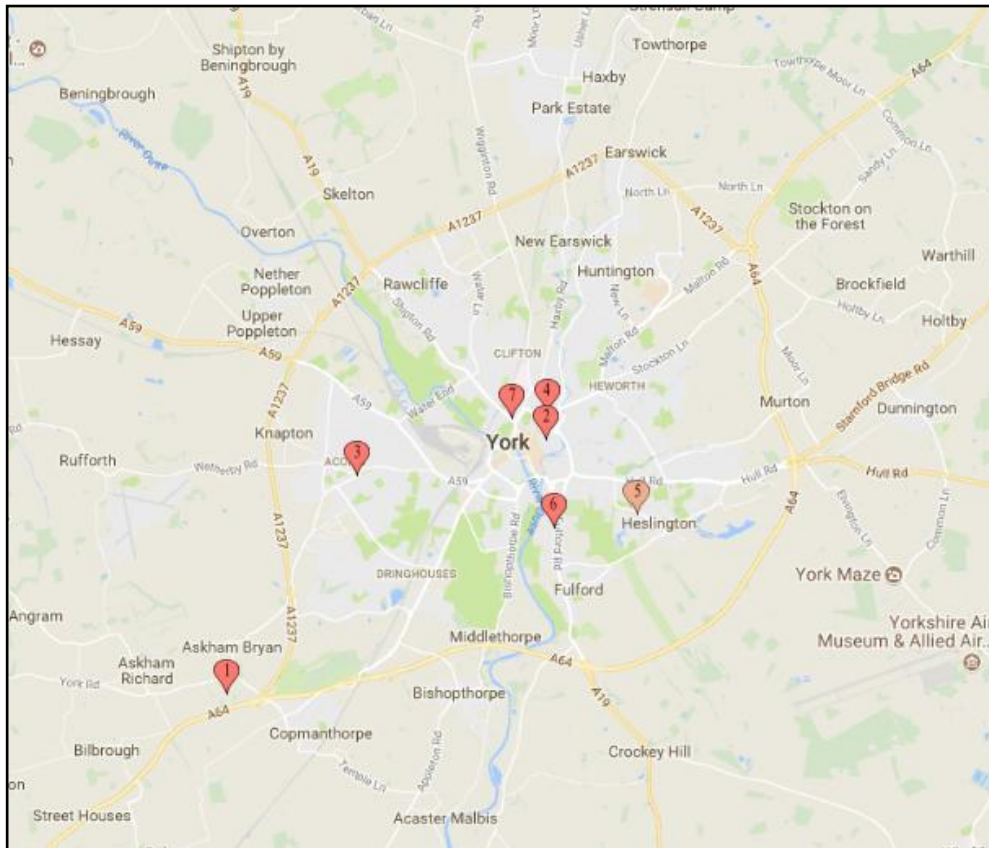


Figure 1 the location integrated sexual health service sites in York.

National Public health services contract

The national public health services contract³ describes a set of outcomes that might be expected from a sexual health service.

- Clear accessible and up to date information about services providing contraception and sexual health for the whole population including information targeted at those at highest risk of sexual ill health
- Improved access to services among those at highest risk of sexual ill health
- Reduced sexual health inequalities amongst young people and young adults

³ <https://www.gov.uk/government/publications/public-health-services-non-mandatory-contracts-and-guidance-published>

- Reduced sexual health inequalities amongst BME groups
- Increased uptake of effective methods of contraception, including rapid access to the full range of contraceptive methods including LARC (Long Acting Reversible Contraceptive) for all age groups
- A reduction in unwanted pregnancies in all ages as evidenced by teenage conception and abortion rates
- Increased diagnosis and effective management of sexually transmitted infections
- Increased uptake of HIV testing with particular emphasis on first time service users and repeat testing of those that remain at risk
- Increased development of evidence-based practice

There are three main public health outcome measures for these services; these are included in the Public Health Outcomes Framework profile 2016-2019⁴.

- 2.04 – Under 18's conception rate
- 3.02 – Chlamydia detection rate in 15-24 year olds
- 3.04 – Proportion of new HIV diagnosis where people present with late stage infection

Clinical commissioning groups are responsible for commissioning the following services;

- most pregnancy termination services
- sterilisation
- vasectomy
- non-sexual-health elements of psychosexual health services
- gynecology, including any use of contraception for non-contraceptive purposes

⁴ Public Health England, Public Health Outcomes Framework (2016) Improving outcomes and supporting transparency (part 2) <https://www.gov.uk/government/publications/public-health-outcomes-framework-2016-to-2019>

NHS England is responsible for commissioning the following services;

- contraception provided as an additional service under the GP contract
- HIV treatment and care (including drug costs for PEPSE)
- promotion of opportunistic testing and treatment for STIs
- ensuring GPs respond to patient-requested testing for STIs
- sexual health elements of prison health services
- sexual assault referral centers
- cervical screening programs
- specialist fetal medicine services

Other sexual health services commissioned in York:

GP practices in York are commissioned by NHS England and the Vale of York CCG to deliver a range of contraception services, including contraception for non-contraceptive purposes, as well as and STI diagnosis and treatment services. In addition to the core GP contract, City of York Council commission GP practices in York to deliver long acting reversible contraception (LARC).

York Teaching Hospital provides a sexual assault referral centre from a base in Bishopthorpe, a specialist centre for sexual assault in relation to children is located in York Hospital.

Emergency hormonal contraception is available in York through GP practices, the YorSexual Health Clinics, and from the outpatient service at York Hospital. Pregnancy advice and termination services are available through Marie Stopes UK; the nearest clinics are in Leeds.

Emergency treatment for people who have potentially been exposed to HIV is available from the integrated sexual health service and York hospital A+E.

NICE Guidelines

The NICE guidance most relevant to specialist sexual health services are:

- PH51⁵ - Contraceptive services for under-25 year olds, 2014

⁵ NICE Guidance PH51 <https://www.nice.org.uk/guidance/ph51>

- CG30⁶ – Clinical guidance on the provision of long acting reversible, 2014 contraceptives
- PH3⁷ – Public health guidance on preventing sexually transmitted infections among under-18 year olds, 2007
- NG60⁸ - HIV testing: increasing uptake among people who may have undiagnosed HI, 2016
- NG68⁹ – Sexually transmitted infections: condom distribution schemes

Additional guidance in relation to teenage pregnancy is expected to be published in 2018.

BASH Guidelines

The British Association for Sexual Health and HIV produces a number of guidelines on the practical delivery of quality sexual health services. In total there are currently 25 recommendations which cover a wide range of sexual, reproductive, and gynaecological topics. Particularly relevant are the guidance documents on sexual history taking, STI testing and HIV¹⁰;

- HIV pre-exposure prophylaxis, 2016
- Summary guidance on tests for sexually transmitted infections, 2015
- HIV partner notification for adults: definitions, outcomes and standards, 2015
- Position statement of HIV testing window period, 2014
- Sexual History Taking, 2013
- Safer Sex Advice, 2012
- Recommendations for testing for sexually transmitted infections in men who have sex with men, 2014
- STI and related conditions in children and young people, 2010
- HIV testing guidelines, 2008
- Sexual and reproductive health of people living with HIV, 2008

⁶ NICE Guidance CG30 <https://www.nice.org.uk/guidance/cg30>

⁷ NICE Guidance PH3 <https://www.nice.org.uk/guidance/ph3>

⁸ NICE Guidance NG60 <https://www.nice.org.uk/guidance/ng60>

⁹ NICE Guidance NG68 <https://www.nice.org.uk/guidance/ng68>

¹⁰ BASH Guidelines <https://www.bashh.org/guidelines>

3. The population of York

3.1 Population size

The population of York is approximately 208,400. By 2021 it is estimated there will be 5,400 additional people living in York¹¹, the majority of the growth will be in older adults, whereas there will be 1,200 fewer young people (18-24) in York by the end of 2021¹². York has a relatively even gender split.

3.2 Sexual Orientation

ONS estimate that 2% of the Yorkshire population are lesbian, gay, or bisexual, and report that nationally younger people are more likely to identify as LGB¹³. This would mean that there are 4,000-4,500 LGB people living in York.

3.3 Ethnicity

94% of residents in York describe themselves as 'White British'; this is substantially greater than the national average¹⁴. The largest minority ethnic group in York is Chinese, many of whom are students.

3.4 Disability

Across all of York, 15.3% of residents are recorded as having 'limiting long term illness or disability'¹⁵ which impacts on their daily lives.

3.5 Population age

Age is particularly important in this needs assessment because young people, particularly those aged 16-24 years old have a higher need for sexual health services.

¹¹ Projecting adult needs and service information, (Accessed October 2017)

<http://www.pansi.org.uk/index.php?pageNo=383&areaID=8301&loc=8301>

¹² Projecting adult needs and service information, (Accessed October 2017)

<http://www.pansi.org.uk/index.php?pageNo=383&areaID=8301&loc=8301>

¹³

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016#people-aged-16-to-24-are-more-likely-to-identify-as-lesbian-gay-or-bisexual-than-any-other-age-group>

¹⁴ York Census summary data https://www.york.gov.uk/info/20037/statistics_and_information/79/census

¹⁵ <https://data.yorkopendata.org/dataset/kpi-hlth02/resource/f28fed25-2101-4852-b59f-d7948dc17cb9>

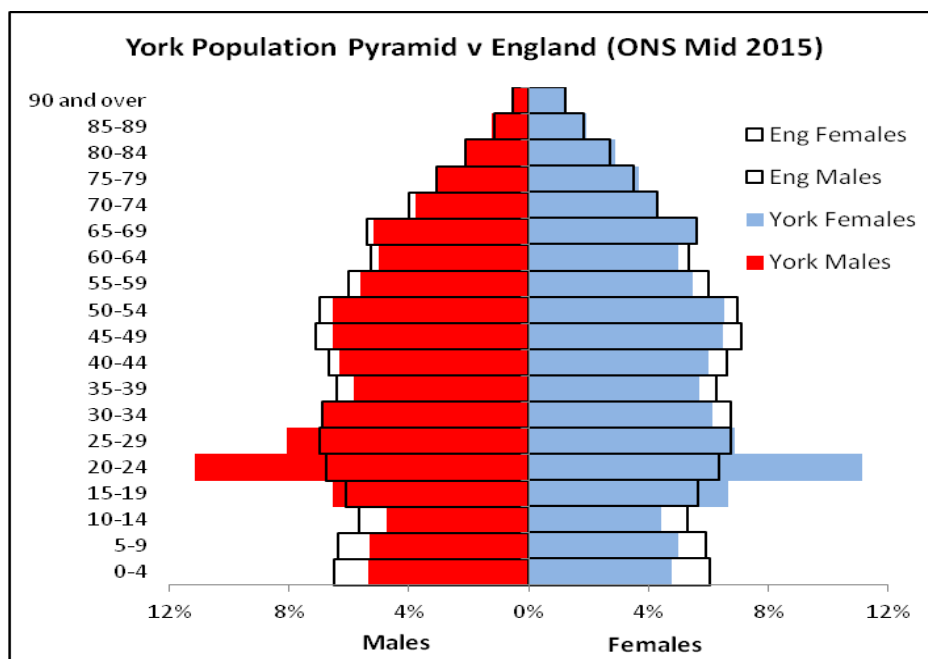


Figure 2 York population pyramid

Figure two above demonstrates that York has a large proportion of people in their late teens and early 20s¹⁶, this is larger than the England average:

- 6.6% of York's population are 15 to 19 years old
- 11% of York's population are 20-24 years old
- 7.8% of York's population are 25-29 years old.

The majority of 18-24 year olds live in Fishergate, Guildhall, and Hull road wards. More detailed information can be found in the ward profiles¹⁷.

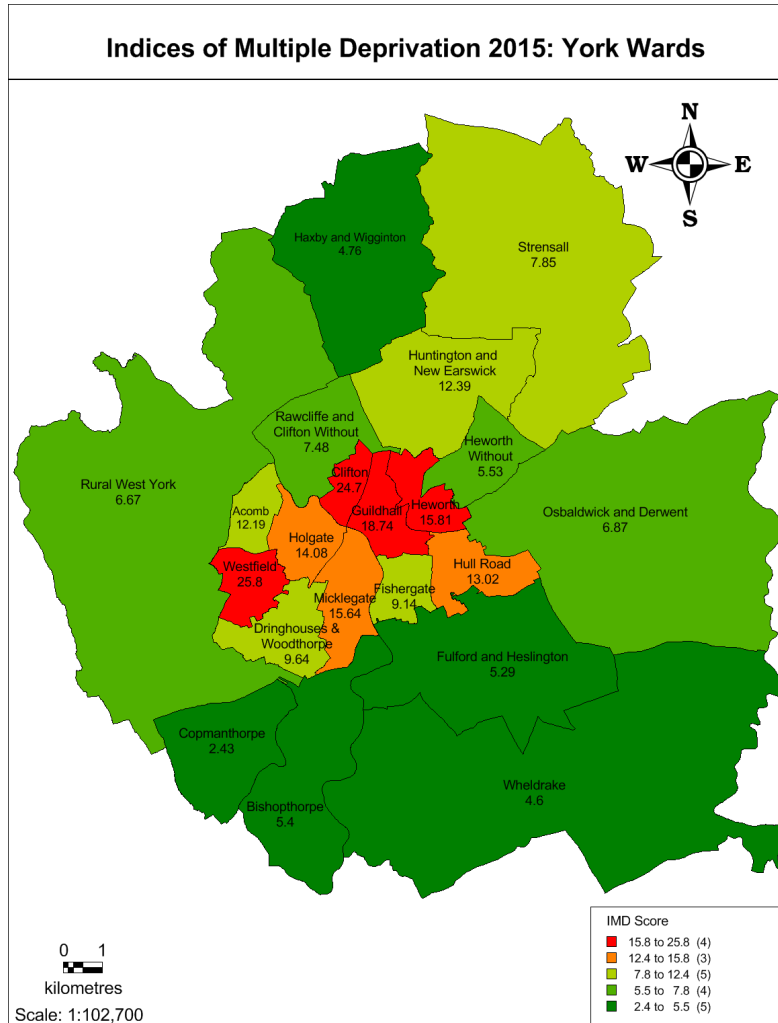
3.6 Relative deprivation

The Department of Health recognise that people living in areas of deprivation are at an increased risk of poor sexual health outcomes and that this is particularly true of young people¹⁸.

¹⁶ York Open Data, city profiles, age (page 2) <https://data.yorkopendata.org/dataset/york-profile>

¹⁷ York Open Data, Ward Profiles https://data.yorkopendata.org/group/d86c867f-170e-4163-8966-170455f0c0c7?sort=score+desc%2C+metadata_modified+desc&q=city+profile&tags=ward+profiles

¹⁸ https://webcache.googleusercontent.com/search?q=cache:Z1kValVZSaYJ:https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/210726/Service_Specification_with_covering_note.pdf+&cd=2&hl=en&ct=clnk&gl=uk



York is the 17th least deprived local authority in the country, however the map above shows that some wards (Westfield, Clifton, Guildhall, and Heworth) have higher levels of deprivation. It is estimated that 7,900 people (3.9%) live in parts of York that are in the most deprived 20% of England.

3.7 Fertility rate

York's (2015) fertility rate was 45 live births per 1,000 women aged 15 to 44 (England 63/1,000). This represents 2,023 live births in York. This is important to consider when planning contraception and sexual health services

3.8 Further reading about the population of York

- York Joint Strategic Needs Assessment <http://www.healthyork.org/> .
- York Open Data <https://www.yorkopendata.org>

Student Health Needs Assessment (2017)

This needs assessment considers the health and wellbeing of students studying at the universities and colleges in York. Generally, students had a good level of awareness of local sexual health services, including where to go for advice and contraception. However, there were some concerns among staff and students about the emotional aspects of sexual relationships.

Pharmaceutical Needs Assessment (2018)

This needs assessment considered the population need for community pharmacy services 2018–2021. Some stakeholders reported that there was a sexual health service gap because emergency hormonal contraception was not available free of charge in the pharmacies in York.

Homelessness health needs assessment (2018)

The 2018 needs assessment considered the health and wellbeing of people in York who were sleeping rough, sofa surfing, in temporary or insecure accommodation. It found that people generally had good awareness of sexual health services in York, the majority knew where to access free condoms and sexual health advice. Additionally the majority were registered with a GP.

4. Sexual health need in York

4.1 Age

Nationally and in York sexually active young people are more likely to be diagnosed with an STI than other age groups¹⁹.

- 20-24 year olds account for 11% of the York population but 46% of the STI diagnosis
- 16-19 year olds account for 6.6% of the York population, but 21% of the STI diagnosis
- It is very uncommon to find 14 or 15 year olds in York with STIs, in the preceding 12 months, there were fewer than five diagnosis made.

(Data for July 2016 – June 2017: diagnosis of chlamydia, gonorrhoea, herpes, syphilis & genital warts)

Re-infection: Of all 15-19 year olds who were diagnosed with an STI in York, 11% of them were diagnosed with another STI within 12 months. This can be an indicator of risky sexual behaviour²⁰.

¹⁹ York LASAR report 2016 , page 16

²⁰ York LASAR report 2016, page 15

4.2 Age and Gender²¹

There are gender differences between STI diagnoses rates in York.

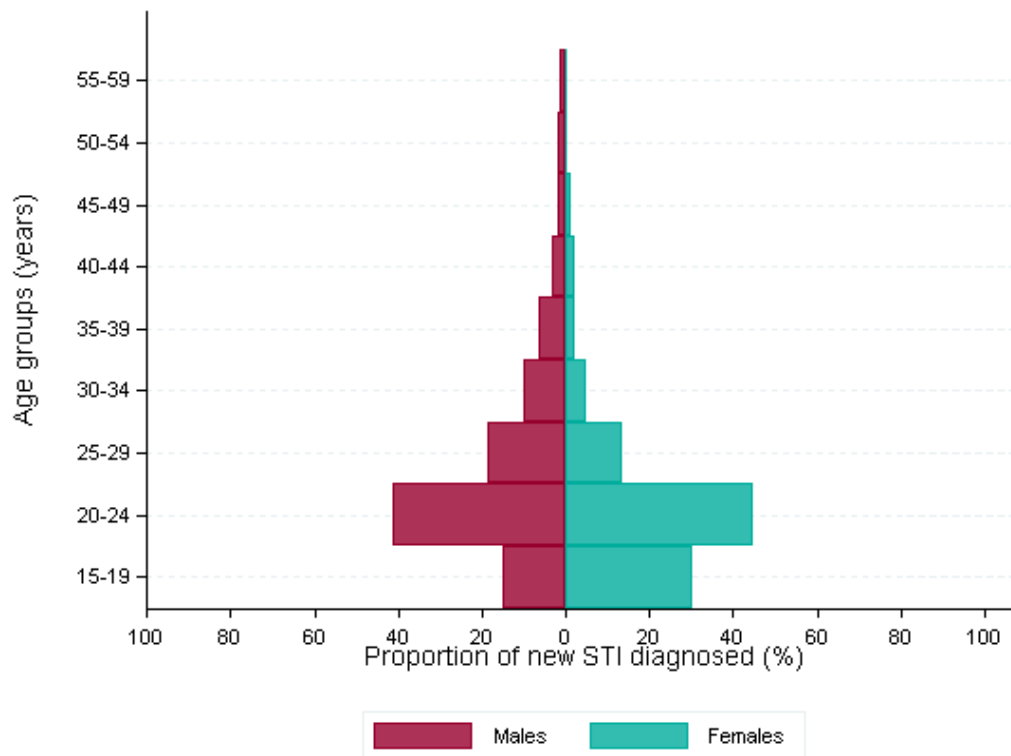


Figure 3 A chart displaying the age and gender of people diagnosed with chlamydia, gonorrhoea, herpes, syphilis, and genital warts in York, between July 2016 - June 2017

Figure three shows that women and girls of all ages accounted for 54% of all STI diagnosis. Women and girls aged 16-19 accounted for 77% of STI diagnosis for their age group between July 2016 and June 2017.

4.3 Sexual orientation

ONS estimate that 2% of the Yorkshire population are lesbian, gay, or bisexual, and report that nationally there are clear trends that show younger people are more likely to identify as LGBT²². Sexual orientation is important for this needs assessment because LGBT people nationally have a higher need for sexual health services.

²¹York LASAR report, page 16

²²

<https://www.ons.gov.uk/peoplepopulationandcommunity/culturalidentity/sexuality/bulletins/sexualidentityuk/2016#people-aged-16-to-24-are-more-likely-to-identify-as-lesbian-gay-or-bisexual-than-any-other-age-group>

- LGB people accounted for 11% of all STI diagnosis in York²³
- Within this group, 1% of diagnosis made to lesbian women or bisexual people, the remaining 10% of diagnosis were made to gay men.
- Looking at men alone, 22% of STI diagnosis were made to men who have sex with men, this has risen from the previous years²⁴.

(Data for July 2016 – June 2017: diagnosis of chlamydia, gonorrhoea, herpes, syphilis & genital warts)

4.4 Ethnicity²⁵

93% of people with a diagnosed STI in York were White British. The largest ethnic minority group in York is Chinese. This group were not proportionally represented in the integrated sexual health service data for the last year.

4.5 Deprivation

Nationally, STI diagnosis is correlated with deprivation. However, in York the picture is different.

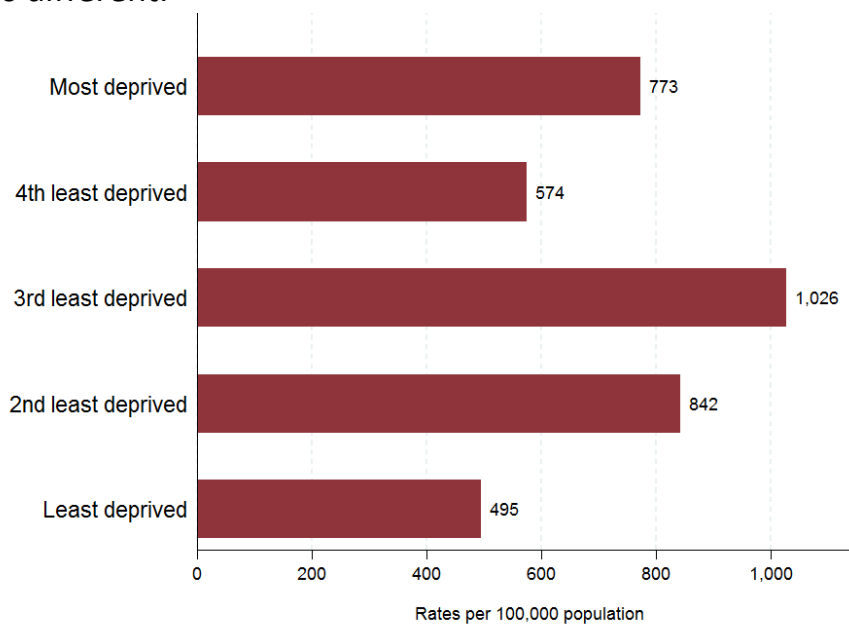


Figure 4 Rates of STI diagnosis in York displayed by deprivation quintile, 2016

²³ Public Health England data (restricted access) extract: July 2016-June 2017

²⁴ LASAR report 2016, page 19

²⁵ Public Health England data (restricted access) July 2016-June 2017

Figure four demonstrates that deprivation is only moderately linked to STI diagnosis rates in York²⁶. This suggests that there are other influencing factors which need to be understood.

4.6 Chlamydia

Chlamydia is caused by the bacterium *Chlamydia Trachomatis* and is the most common bacterial sexually transmitted infection in England. Most people with Chlamydia do not experience any symptoms and so may not know they have it. If untreated, Chlamydia can lead to complications including pelvic inflammatory disease, ectopic pregnancy and infertility. There are specific indicators for 15-24 year olds, because Chlamydia disproportionately affects young people.

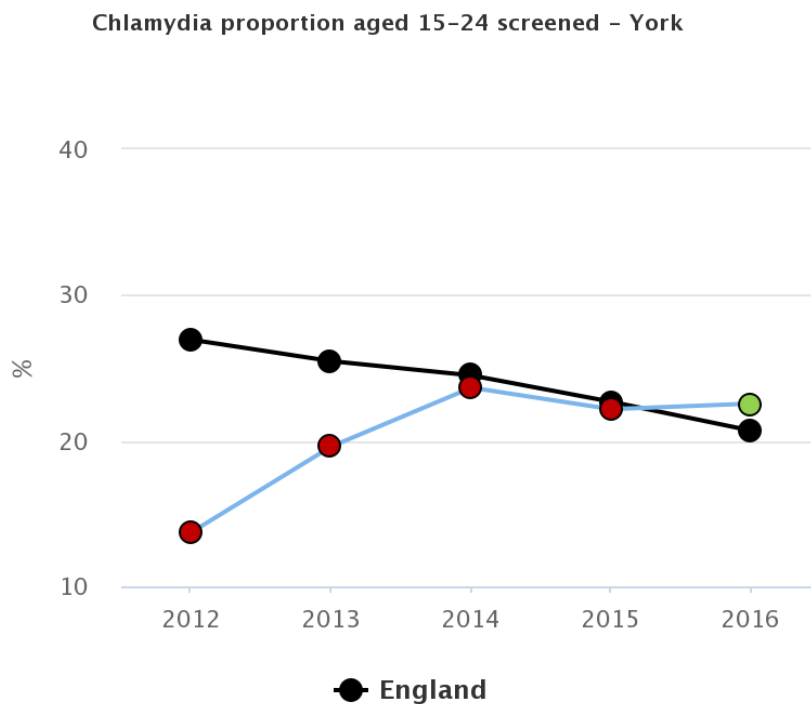


Figure 5 Chlamydia screening activity in York and England between 2012 and 2016

Figure five shows that, in York, Chlamydia screening was previously below the national average but has risen in recent years and is now above the England average. In 2016, 8,280 young people were screened for Chlamydia (4,460 by

²⁶ York LASAR report, 2016, page 25

the specialist sexual health service). This is a rate of 22.5/100,000 people aged 15-24²⁷.

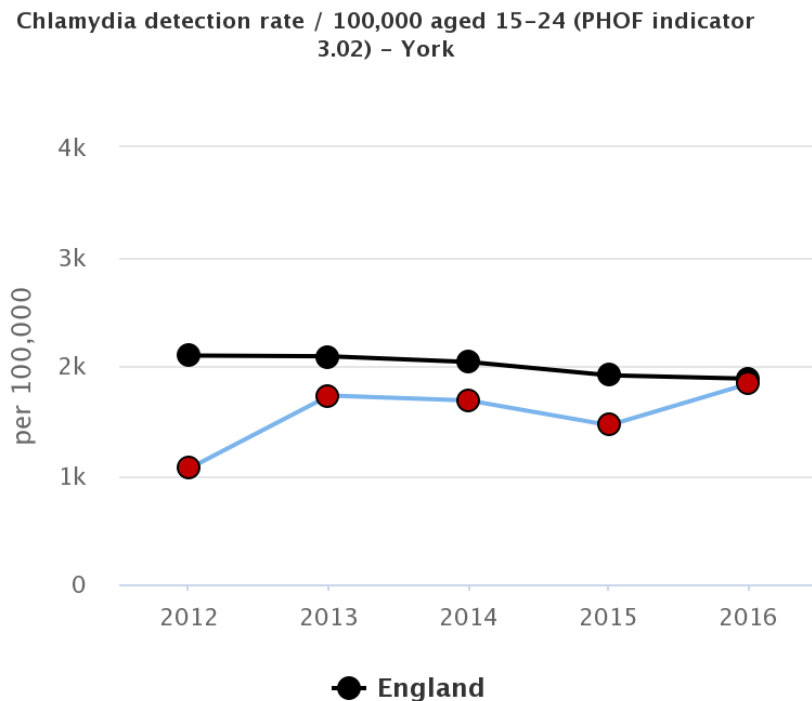


Figure 6 Chlamydia detection rate in York and England, 2012 - 2016

Figure six shows that York's Chlamydia detection rate in 2016 was (1,838/100,000). This was lower than the nationally set target (2,300/100,000). York's detection rate has been lower than the national target and the national average for the last five years. In real terms, this accounted for 675 diagnosis of Chlamydia in 2016²⁸.

²⁷ PHE fingertips, Chlamydia screening
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90777/age/156/sex/4>

²⁸ PHE fingertips, Chlamydia detection rate
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90776/age/156/sex/4>

4.7 Gonorrhoea²⁹

Neisseria gonorrhoea is a common STI which can lead to serious complications including pelvic inflammatory disease, ectopic pregnancy and infertility.

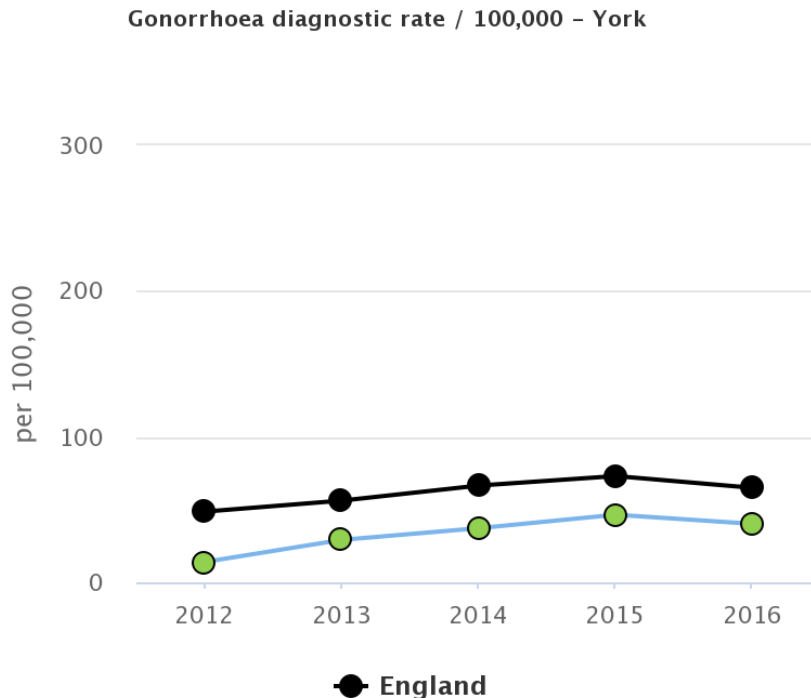


Figure 7 Gonorrhoea diagnosis rates in York and England, 2012 - 2016

Figure seven shows that Gonorrhoea diagnosis rates are gradually rising both in York and across England. In 2016, there were 85 diagnosed cases in York in comparison to 30 in 2012. In York in 2016 the diagnosis rate was 40/100,000, (England: 65/100,000).

Nationally, young people, black and minority ethnic groups, and people who live in areas of deprivation are particularly likely to be affected by gonorrhoea.

Gonorrhoea can usually be effectively treated with antibiotics but there are a growing number of cases where the infection is resistant to treatment; this includes a small number of confirmed resistant cases in Yorkshire and Humber. Antibiotic resistance puts the population at higher risk of forward transmission and increases the costs to the health and social care sector.

²⁹ PHE fingertips Gonorrhoea diagnosis rate
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90759/age/1/sex/4>

4.8 Syphilis³⁰

Syphilis is a bacterial infection. People with undiagnosed syphilis can experience 'late stage' complications, sometimes several decades after the original infection. This may include poor coordination, paralysis, numbness, blindness, dementia, fatal organ damage.

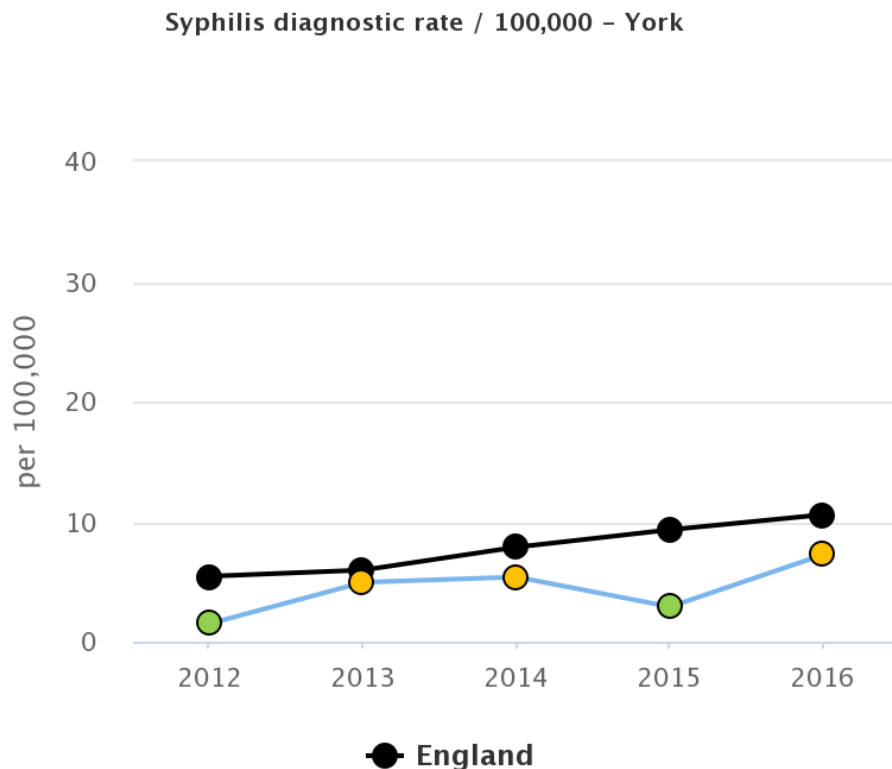


Figure 8 Syphilis diagnosis rate in York and England, 2012 - 2016

Figure eight shows that whilst the number of cases of syphilis in York is small, the rate of diagnosis is steadily rising both in York and across England. In 2016 there were 7.3 cases/100,000 residents. This is double the previous year. This equated to 15 cases in 2016. The majority of the increase in cases can be seen in men who have sex with men. The rate of diagnosis in this group in 2016 was 10.6/100,000 in 2016.

³⁰ PHE fingertips Syphilis diagnosis rate

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90742/age/1/sex/4>

4.9 Genital Herpes³¹

Genital herpes simplex virus is a common sexually transmitted infection. It causes groups of small painful blisters which occur in periodic recurrent episodes. This means that people with genital herpes live with the condition for longer after diagnosis than they would with many other forms of STI.

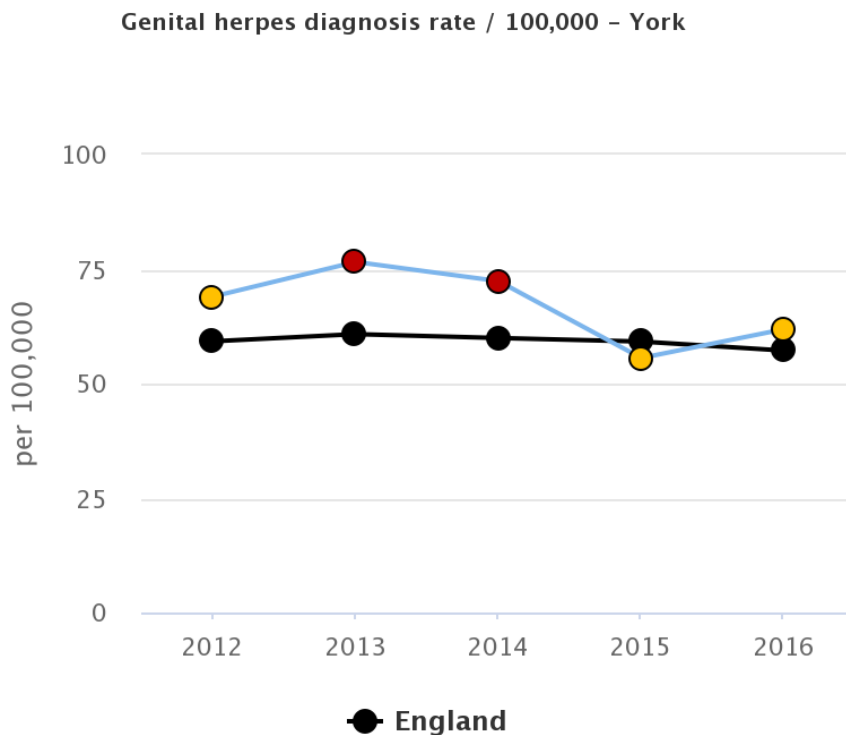


Figure 9 The rate of genital herpes diagnosis in York and England, 2012 - 2016

Figure nine shows that in 2016 York had 62 cases/100,000 residents (England: 59/100,000). This equated to 128 cases in 2016. Over the last five years, the rate of genital herpes diagnosis in York has been higher than or similar to the national average.

³¹PHE fingertips Genital herpes diagnosis rate
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/91046/age/1/sex/4>

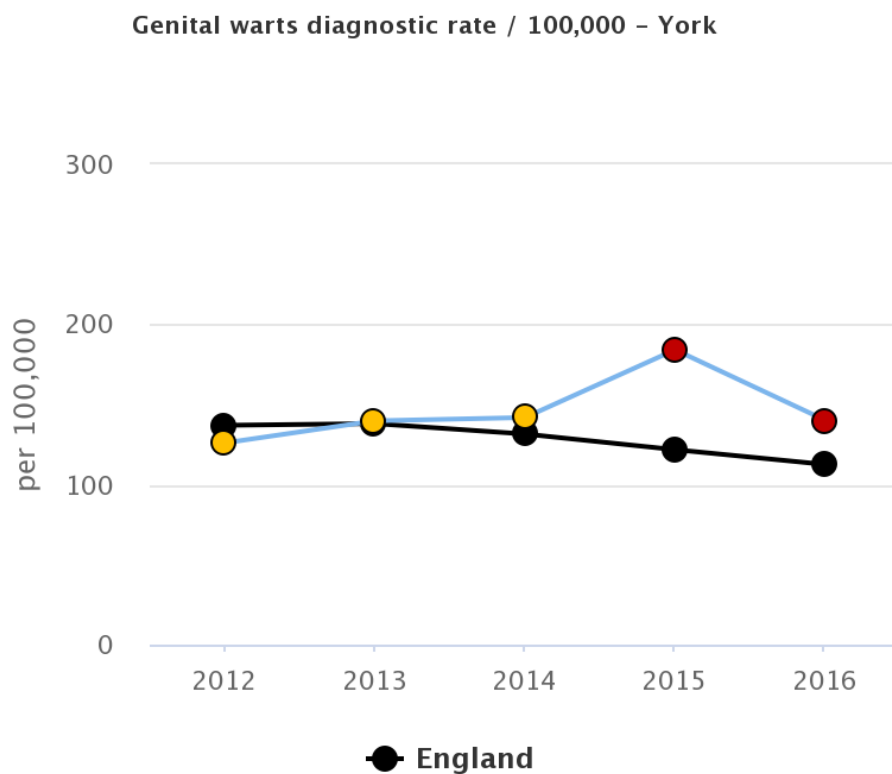
4.10 Genital Warts³²

Figure 10 Genital warts diagnosis rate for York and England, 2012 – 2016

Genital warts is caused by a range of viral conditions. Figure ten indicates that for the last two years York has had a higher diagnosis rate for genital warts than the national average. York is also significantly higher for genital warts than the Yorkshire and Humber average. In 2016 the York diagnosis rate was 140 cases / 100,000 residents; this equates to 290 separate diagnosis.

³² PHE fingertips Genital Warts diagnosis rate
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90729/age/1/sex/4>

4.11 HIV

HIV is a chronic long term condition which can be managed with timely diagnosis and sustained treatment. Untreated HIV will progress to AIDs, which is fatal.

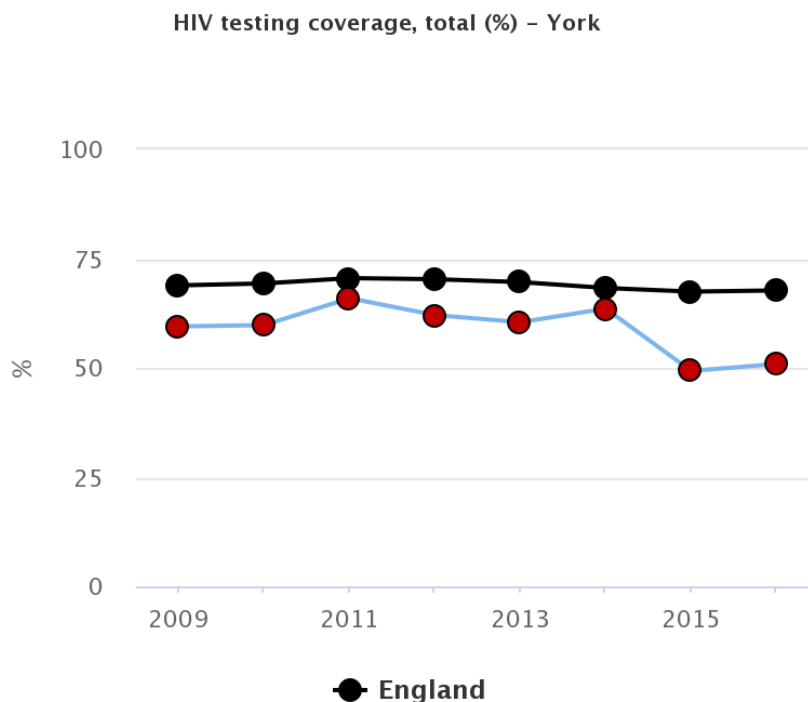


Figure 11 HIV testing among sexual health service users in York and England, 2009 – 2016

Figure eleven shows that among people who used the sexual health services in York; 89% of the eligible population were offered a HIV test, and 52% took a test³³. Across England tests were offered to 82% of the eligible population and delivered to 77%.

In real terms 4,532 HIV tests were delivered in York through the integrated sexual health service. This is at a rate of 52/100,000 (England: 77/100,000)³⁴.

Men who have sex with men (MSM) are at greater risk of HIV and so test coverage is specifically monitored for this group. In York (2016), the testing

³³ York LASAR data 2016, page 31

³⁴ PHE HIV testing coverage

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/91525/age/1/sex/4>

rate for MSM was 94/100,000 this accounted for 393 tests (321 people)³⁵ and is similar to the national average.

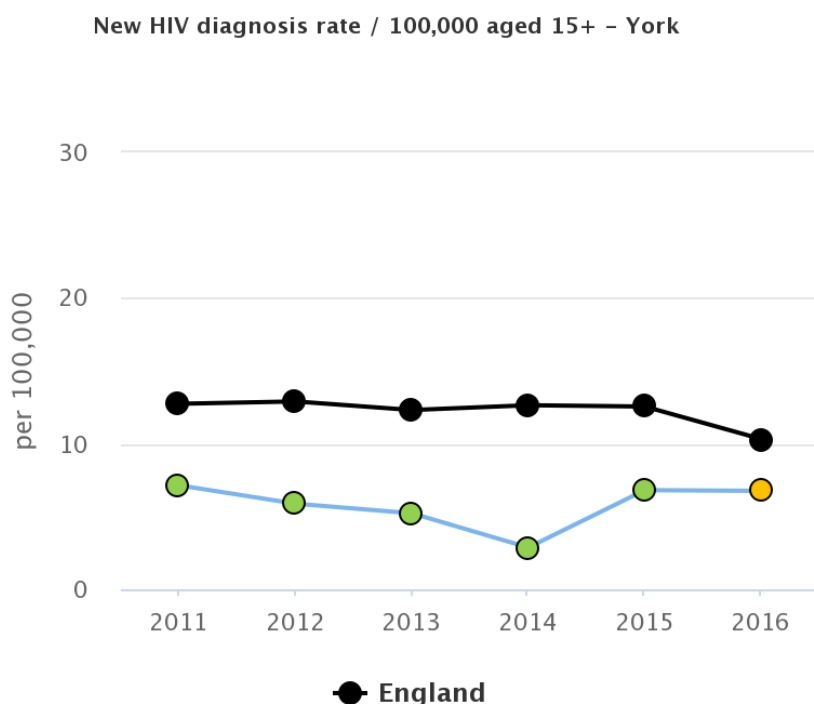


Figure 12 HIV diagnosis rates York and England, 2011-2016

Figure twelve shows that the HIV diagnosis rate in York is 6.8/100,000 (England: 10.3/100,000). In 2016, this equated to 12 new cases³⁶. The prevalence of HIV in York is 0.79/1,000³⁷ (England: 2.31/1,000).

Half of HIV cases in York are diagnosed late. This means that the person's immune system was already suppressed at the time of diagnosis³⁸. There are some gaps in the data for York, but it is likely that York's late diagnosis rate is worse than the national late diagnosis rate of 40%.

³⁵ Fingertips HIV test coverage among men who have sex with men
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/91049/age/1/sex/1>

³⁶ Fingertips, HIV new diagnosis
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/91818/age/188/sex/4>

³⁷ HIV prevalence York
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90790/age/238/sex/4>

³⁸ Fingertips late HIV diagnosis
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000035/pat/6/par/E12000003/ati/102/are/E06000014/iid/90791/age/188/sex/4>

4.12 Teenage conception and parenthood

Teenage pregnancy is a complex issue with a range of contributing factors such as access to sexual health advice and contraception, deprivation, and low self esteem.

For some young women aged 15-17 becoming pregnant is positive, however others find it very challenging³⁹. There are disproportionately poor outcomes for those who become teenage parents; these young people are more likely to experience poverty, post natal depression, to have few qualifications, and to experience unemployment. Teenage parenthood is also associated with infant ill health and low birth weight.

Reducing unwanted teenage pregnancies can have a substantial impact on health inequalities across the population and can also reduce the need for intensive health and social care services⁴⁰.

Under 18s conception rate / 1,000 (PHOF indicator 2.04) – York

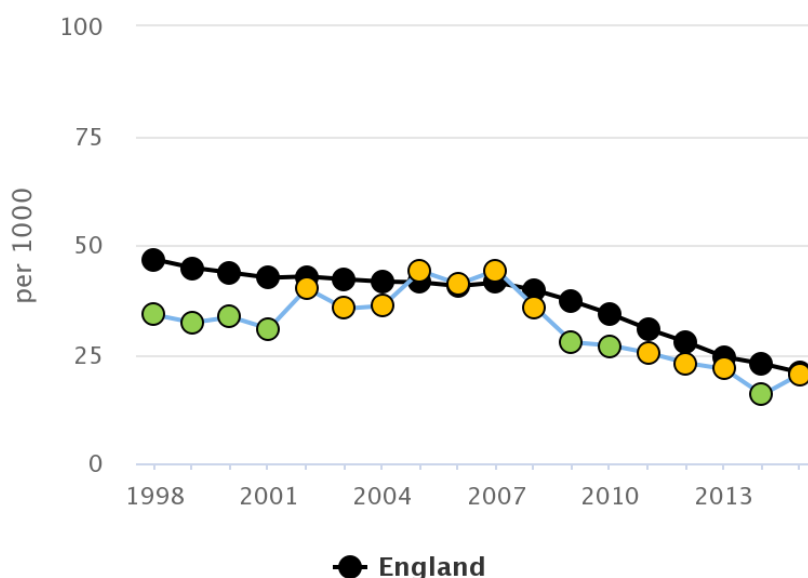


Figure 13 under 18's conception rate in York and England, 1998 - 2015

³⁹

https://webcache.googleusercontent.com/search?q=cache:PAp183u1TTQJ:https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/216332/dh_127470.pdf+&cd=10&hl=en&ct=clnk&gl=uk

⁴⁰ NICE (2014) Local government briefing on contraceptive services

<https://www.nice.org.uk/advice/lgb17/chapter/What-can-local-authorities-achieve-by-improving-contraceptive-services> (LGB17)

Figure thirteen shows that across both England and York there has been a sustained reduction in teenage conception rates. Between July 2015-June 2016 there were 49 conceptions among women aged 15-17 years old. This is a rate of 17/1,000 15-17 year olds, (England: 20/1,000)⁴¹.

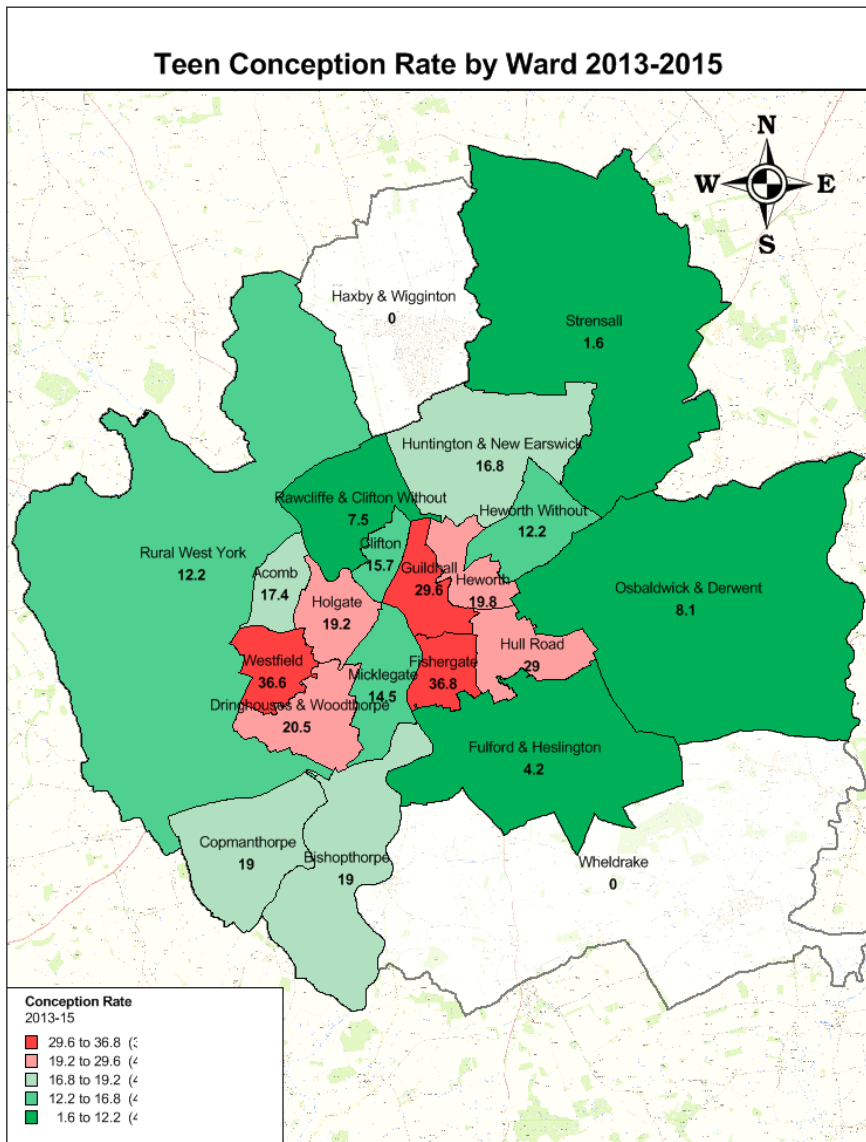


Figure 14 Ward level data showing the rate of conception to young women aged 15-17 years old in York.

Figure fourteen demonstrates that teenage conceptions are more likely in some wards in York than others. In particular Fishergate, Westfield, and

⁴¹Fingertips under-18's conception rates
<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000036/pat/6/par/E12000003/ati/102/are/E06000014/iid/20401/age/173/sex/2>

Guildhall have teenage conception rates that are higher than the York average⁴².

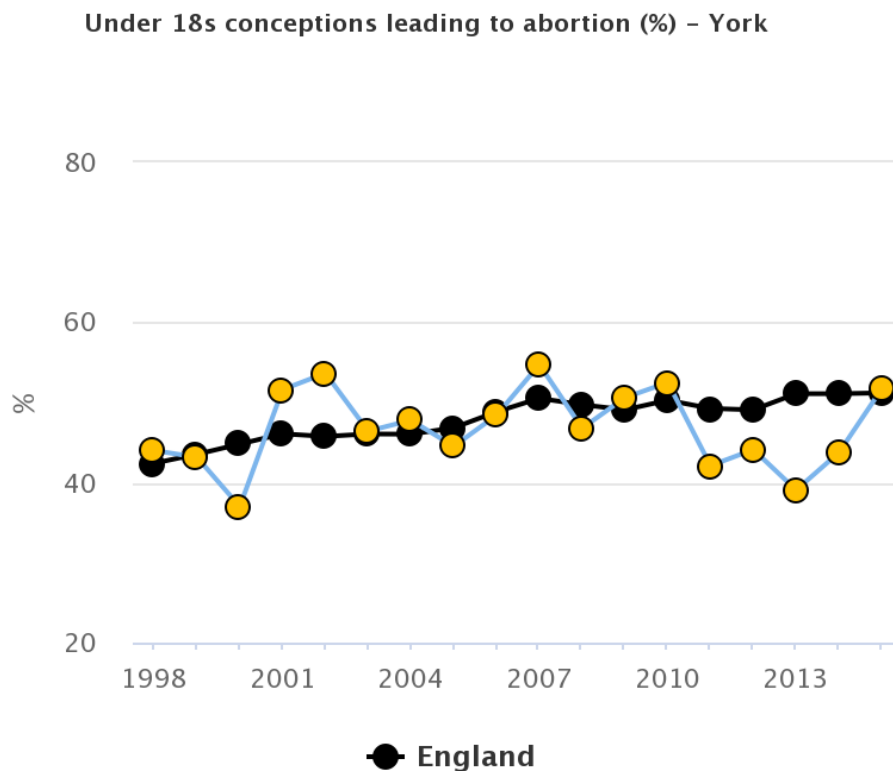


Figure 15 Termination of pregnancy among women aged 15-17 years old in York and England, 1998 - 2015

Nationally, around 50% of women aged 15-17 will terminate their pregnancy. Figure fifteen shows that York is aligned with this national trend. In 2015, of the 60 conceptions among women aged 15 -17, 31 were terminated⁴³. Women aged 15 -17 living in area of deprivation are less likely to terminate their pregnancy.

⁴² ONS ward level conceptions data (restricted access)

⁴³ Fingertips conceptions leading to termination among women aged 15-17 years

<https://fingertips.phe.org.uk/profile/sexualhealth/data#page/4/gid/8000036/pat/6/par/E12000003/ati/102/are/E06000014/iid/90731/age/173/sex/2>

5. Integrated sexual health service use

The following information is taken from the York integrated sexual health service's annual report and covers the period April 2016 – March 2017. This section does not include data from primary care.

In 2016/17 there were 16,768 attendances at the YorSexual Health clinics in York; this was a mixture of pre-booked appointments and walk-in attendances. Of these 5,678 were first time service users.

The service operates on a hub and spoke model, and the majority of the service is offered out of the hub clinic on Monkgate. Between April 2016 – March 2017, 15,586 of the attendances were at the Monkgate clinic, (93% of all attendances in the year).

In line with the overall population of York, the majority of people who used the sexual health service describe themselves as 'White British' (86%) or another white background (4%).

3% of the people who used the service reported they were LGBT. The majority of these were gay men.

More women than men used the service, there were 13,076 appointments for women across the year (72%). Additionally, more women use the service at a younger age.

- Of all the females who attended in the year, 70% were under 25, 16.3% were under 19, and 1.8% were under 16.
- Of all the males who attended in the year, 42% were under 25, 8.6% were under 19, and 0.3% were under 16.

Views of service users

In the autumn of 2017, people were invited to complete a short survey. Surveys were available online and in the sexual health clinics between 20th November and 10th December 2017. The surveys were promoted through social media and posters, as well as through the health and social care

professionals who regularly work with the higher risk groups identified earlier in this report.

- 228 responses
- More women (77%) than men completed they survey
- The female responders were younger on average than the male responders (3.4 year difference).
- The majority describe themselves as White British
- The majority describe themselves as heterosexual (76%)
- Respondents' ages ranged from 16-63. The majority were aged 19-21.
- 172 people had used the service in the last year, 55 people had not
- Most people had used the hub clinic on Monkgate.

Overall, this is similar to the service user demographics for 2016-2017.

- 90% (156 of 173) reported that the service was easy or very easy to access. Some felt that the drop-in facility made it easier to access than a GP practice.
- 87% (152 of 173) reported their overall experience was good or excellent.
- The majority of people said they received everything they needed from their visit.
- The staff were described as friendly, professional, and non-judgemental and knowledgeable.

Negative comments: Some people felt that the waiting times were excessively long, and that the information available on the website was difficult to find. There were some concerns about giving confidential information at reception.

Equality of experience: No statistical differences or clear trends were found when comparing service users' responses according to their age, sexuality, or gender.

6. Recommendations

1. To commission an integrated sexual health service which is flexible and responsive to population need, and operates using evidence based practice.
2. To work with a broad range of organisations, including social care teams, universities, and primary care, to ensure that the service is accessible and acceptable to service users.
3. To have an innovative service which is focused on improving outcomes and protecting the population of York.
4. To have a universal service which undertakes targeted activity to work towards equitable outcomes across the city.

SECTION 1: CIA SUMMARY
Community Impact Assessment: Summary
1. Name of service, policy, function or criteria being assessed:

Re-procurement of sexual health and contraception services in York.

2. What are the main objectives or aims of the service/policy/function/criteria?

The main objectives of the service are to ensure that York residents have free and open access to sexual health and contraception services provision as required by the Health and Social Care Act 2012. The service will have key responsibilities for the prevention and control of spread of sexually transmitted infections and a reduction in the number of unwanted pregnancies.

3. Name and Job Title of person completing assessment:

Leigh Bell

Public Health Specialist Practitioner Advanced

4. Have any impacts been Identified? (Yes/No)	Community of Identity affected:	Summary of impact:
Yes	Age Gender Gender reassignment Pregnancy/maternity Sexual orientation	<p>The service will have a positive impact on the health and wellbeing of residents by reducing the harms from sexually related ill health and disease and in reducing the chances of an unplanned pregnancy.</p> <p>The new service will employ an asset and place based approach to ensure the right service is delivered to the right people in the most effective way.</p>

5. Date CIA completed: May 2018

6. Signed off by:

7. I am satisfied that this service/policy/function has been successfully impact assessed.

Name: Sharon Stoltz

Position: Director of Public Health

Date: 11 June 2018.

8. Decision-making body:
Date:
Decision Details:

Community Impact Assessment (CIA)

Community Impact Assessment Title: Re-procurement of sexual health and contraception service.

What evidence is available to suggest that the proposed service, policy, function or criteria could have a negative (N), positive (P) or no (None) effect on quality of life outcomes?

Can negative impacts be justified?

Community of Identity: Age

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
The service will work with all ages, with specific provision for those under the age of 18 yrs	<p>Health – The service will contribute to the health and wellbeing of residents. These include some of our vulnerable residents vulnerable residents</p> <p>Standard of living – The service will offer a range of interventions that contribute to the overall wellbeing of a person which enhances their standard of living.</p> <p>Individual, family and social life – The service ensures that individuals have</p>	P	None

		<p>access to appropriate treatment which positively impacts social and family life</p> <p>Participation, influence and voice – the service will help customers to have appropriate access to participate in their community, influence their treatment options and have a voice in how they receive healthcare.</p> <p>Physical security – the service will help to facilitate access to appropriate support services for customers. The service offers a confidential point of contact for those at risk of sexual violence or disclosure would compromise their safety.</p>		
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date

Community of Identity: Carers of Older or Disabled People

Evidence		Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
Older people and disabled people access the specialist services alongside other residents, their needs are taken into consideration as part of this offer			None	None
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date

Community of Identity: Disability

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
The service will be accessible to customers with disabilities.	<p>Health – The service will contribute to the health and wellbeing of residents. Often these are the most vulnerable residents who find accessing mainstream services difficult and do not meet their needs.</p> <p>Standard of living – The service ensures people with specific needs are met</p>	None	None

		<p>Individual, family and social life – The model being employed for the new service looks toward offering services which meet the needs of the individual</p> <p>Participation, influence and voice – the service will help customers to have appropriate access to participate in their community, influence their treatment options and have a voice in how they receive healthcare.</p> <p>Physical security – the service will help to facilitate access to appropriate support services for customers. Those in vulnerable situations have access to confidential services which do not compromise their safety.</p>		
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date

Community of Identity: Gender

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
<p>The service will be offered on basis of need and not gender</p>	<p>Health – Health and wellbeing is significantly improved with this type of service. There is an opportunity to provide holistic interventions such as contraception to prevent unwanted pregnancies and untreated sexually transmitted disease. Often those in abusive situations or who are vulnerable are unable to access generic health care setting confidentially.</p> <p>Standard of living – Women are particularly assisted by this service, assisting with their ability to live abuse free, assistance to access health care and advice around sexual wellbeing.</p> <p>Individual, family and social life – The service has a role in supporting interventions to reduce unwanted pregnancies and spread of preventable disease.</p>	<p>P</p>	<p>None</p>

Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date

Community of Identity: Gender Reassignment			
Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
<p>Often those seeking/undergoing or have undergone gender reassignment have experienced difficulty accessing mainstream services.</p>	<p>Physical security – transgender individuals who do not access this type of service may be forced to live in dangerous situations becoming a target for abuse. Offering a confidential service available to all without exception ensures individuals can meet their health needs.</p> <p>Health – Ensuring the health services meet the individual needs appropriately is important, this service will be able to work with all genders effectively.</p> <p>Standard of living – Transgender individuals report that the service has assisted them to come to terms with their gender and access specialist sexual</p>	<p>P</p>	<p>None</p>

		health advice unique to their physical body Individual, family and social life – The service ensures confidential treatment which ensures safe environments for individuals families and safe social lives.		
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date

Community of Identity: Marriage & Civil Partnership				
Evidence		Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
N/A			None	None
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date

Community of Identity: Pregnancy / Maternity

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
<p>The impact of the service provision on pregnant women is very important. This is often a life changing time where pregnancy may be unplanned and may have complications due to untreated sexually transmitted disease.</p>	<p>Physical security –Without addressing risky sexual practices whilst pregnant the unborn child is exposed to potential ill health. Sexual health services are able to offer confidential care and treatment for those at risk of domestic violence, child sexual exploitation and other vulnerable groups.</p> <p>Health – Women’s health is significantly improved with this type of service. Mother’s health is generally better catered for when they are engaging with the appropriate treatment services.</p> <p>An intervention such as post birth contraception is often not accessed any other way which potentially leads to unwanted pregnancies and untreated sexually transmitted disease. Sexual health treatment has many health benefits including prevention of early mortality and prevention of harm to the</p>	<p>P</p>	<p>None</p>

		<p>unborn child.</p> <p>Standard of living – Women are particularly assisted by this service, assisting with their ability to live abuse free, assistance to access health care this has a benefit to the unborn child and increasing the likelihood of increased security and good health in early years.</p> <p>Individual, family and social life – The service often assists to keep children with birth families and avoid current or future unwanted pregnancies.</p>		
Details of Impact	Can negative impacts be justified?	Reason/Action	Lead Officer	Completion Date

Community of Identity: Race			
Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
N/A		None	None

Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date

Community of Identity: Religion / Spirituality / Belief				
Evidence		Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
N/A			None	None
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date

Community of Identity: Sexual Orientation

Evidence	Quality of Life Indicators	Customer Impact (N/P/None)	Staff Impact (N/P/None)
<p>Often people from the LGBTQ community experience higher risk factors particularly men who have sex with men, York has late diagnosis of HIV and increased mortality in this group.</p>	<p>Physical security – Often people accessing mainstream service provision from the LGBTQ community are exposed to perceived increased prejudice due to their sexual orientation. If this service was not available they are less likely to seek treatment than a heterosexual. Often without this service there is an increased engagement with the sex industry and an increase in the risk that individuals are exposed to.</p> <p>Health – Health is significantly improved with this type of service. Individuals health is often not accessed any other way which potentially leads to unwanted pregnancies and untreated sexually transmitted disease.</p> <p>Standard of living – LGBTQ community are particularly assisted by this service, assisting with their ability to live abuse free, assistance to access health care</p>	<p>P</p>	<p>None</p>

		and prevention of life threatening disease Individual, family and social life –.		
Details of Impact	<i>Can negative impacts be justified?</i>	Reason/Action	Lead Officer	Completion Date

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Health, Housing & Adult Social Care Policy & 20 June 2018. Scrutiny Committee

Report of the Director of Public Health

Portfolio of the Executive Member for Adult Social Care and Health.

Commissioned Substance Misuse Services in York

Summary

1. The purpose of this report is to provide information to inform scrutiny committee member's consideration of commissioned substance misuse services as a topic for a scrutiny task group.
2. These services play a key role in promoting recovery and reducing the harm caused by drug and alcohol misuse which are a significant cause of health inequalities in York. The services also have an important role to play in the reduction of drug-related deaths which is of concern given that the numbers of drug-related deaths have increased in York.
3. The current substance misuse service was commissioned in 2017 with the new contract being awarded to Changing Lives as a strategic partner to the Council. The contract is for an initial 3 years with an option to extend by 2 years plus consideration of a further 2 years extension, subject to performance, up to a maximum of 7 years. Extensions will be based on performance related quality measures and delivery of key outcomes. This is considered to be the option which will lead to the Council obtaining best value for money and will provide a stable and supportive environment for service users.
4. The design of the new service was based on extensive consultation and was based on a recovery model with a focus on building strong recovery capital – building community capacity will be a much stronger feature within the new arrangements than is currently the case. With the strategic partner we will:

- a. Work with local communities to build their capacity to develop resilience and reduce dependency on commissioned services support.
- b. Work with partners to address gaps in available early help interventions. Closely linking with the developing integrated wellness service offer to ensure early help is available for those with addiction.
- c. Work alongside the voluntary and community sector to ensure a truly multi-agency response to addressing the needs of customers and their to build resilience
- d. Improve the volunteering offer. We will look to make better use of the potential offered through volunteers at a local level. This is seen to be a critical feature of sustaining the impact of recovery in communities, securing community networks and working closely with established mutual aid networks. Reducing pressure on the voluntary sector offer.

The commissioned programme incorporates an obligation to “pay back” which enables people to positively contribute to society after spending much of their lives being perceived as a “problem” this is essential not only for the individuals recovery but for assisting the long term abstinence of others.

- e. Provide support and training to local partners in order to ensure they have the skills and knowledge required to effectively support people they are working with.
5. In addition, the proposal was to develop a model for young people’s substance services focused more strongly on early intervention and prevention. £178,000 per annum was specifically ring-fenced in the provider contract for young people’s substance misuse.
 6. As a consequence of Department of Health cuts to local authority Public Health Grant Allocations and projected further Grant reductions, the Council Executive made a decision to award a contract based on a requirement to deliver £550,000 savings to be phased in over the 5 years of the contract.
 7. The establishment of a scrutiny task group would enable members to investigate how well the new service is developing, recognise what is working well and identify any emerging risks requiring further analysis/action.

Background

8. City of York Council became responsible for commissioning substance misuse treatment services when responsibilities for public health functions were transferred to the Council in April 2013.
9. Substance misuse treatment services are funded by the Department of Health local authority ring-fenced Public Health Grant Allocation. The Department of Health sets out a number of conditions for use of the public health grant and in 2015/16 attached a new condition which states that 'a local authority must, in using the grant, have regard to the need to improve the take up of, and outcomes from its drug and alcohol misuse treatment services'. Local authorities are required to submit performance monitoring reports on drug and alcohol misuse treatment outcomes as part of the Public Health Outcomes Framework.
10. In many other local authority areas substance misuse services are jointly funded using a collaborative model with funding being provided by the Council, Public Health Grant, Clinical Commissioning Group (CCG), Office of the Police and Crime Commissioner (OPCC), Police and Probation Service. In York the service is funded from the Public Health Grant with a small contribution from the OPCC for specific criminal justice interventions.

Drug-Related Deaths

11. Drug-related deaths are monitored using data published as part of the Public Health Outcomes Framework. York has a higher number of drug-related deaths than we would expect and this is a significant cause for concern. Further information about performance outcomes can be found in the Annex to this report.
12. An investigation into the trends and learning for prevention of further deaths is underway and will be reported to the Health and Wellbeing Board as part of the Joint Strategic Needs Assessment in due course.

Consultation

13. This report is for information only to help inform member discussion at HHASC Scrutiny and Policy Committee. No consultation has taken place on this report.

Options

14. The report is for information only to provide additional information to support the discussion for a scrutiny topic investigation as set out in Annex B. There are no options for members to consider.

Council Plan

15. The proposal directly relates to the Council Plan 2015-19 priorities:
- **‘A focus on frontline services’** - to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.

Specialist Implications

16. There are no specialist implications from this report.

Contact Details

Author:
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Chief Officer Responsible for the report:
Sharon Stoltz
Director of Public Health

**Report
Approved**

Date 13/08/18

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex A Drug and Alcohol Data: Current Position for York

Annex B Scrutiny Topic Registration / Assessment Form for Councillors

Background Papers

[Re-procurement of Alcohol and Drug Treatment and Recovery Services Pre-Decision Report to Health and Adult Social Care Policy and Scrutiny Committee on 19 July 2016.](#)

[Re-procurement of Alcohol and Drug Treatment and Recovery Services Report to Executive on 25 August 2016](#)

[Community Impact Assessment of the Re-procurement of alcohol and illicit drug treatment and recovery service 11 August 2016.](#)

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Business Intelligence Hub

Drug and Alcohol Data: Current Position for York

Author: Aston Quinney
Date: 22/05/2018

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Annex A

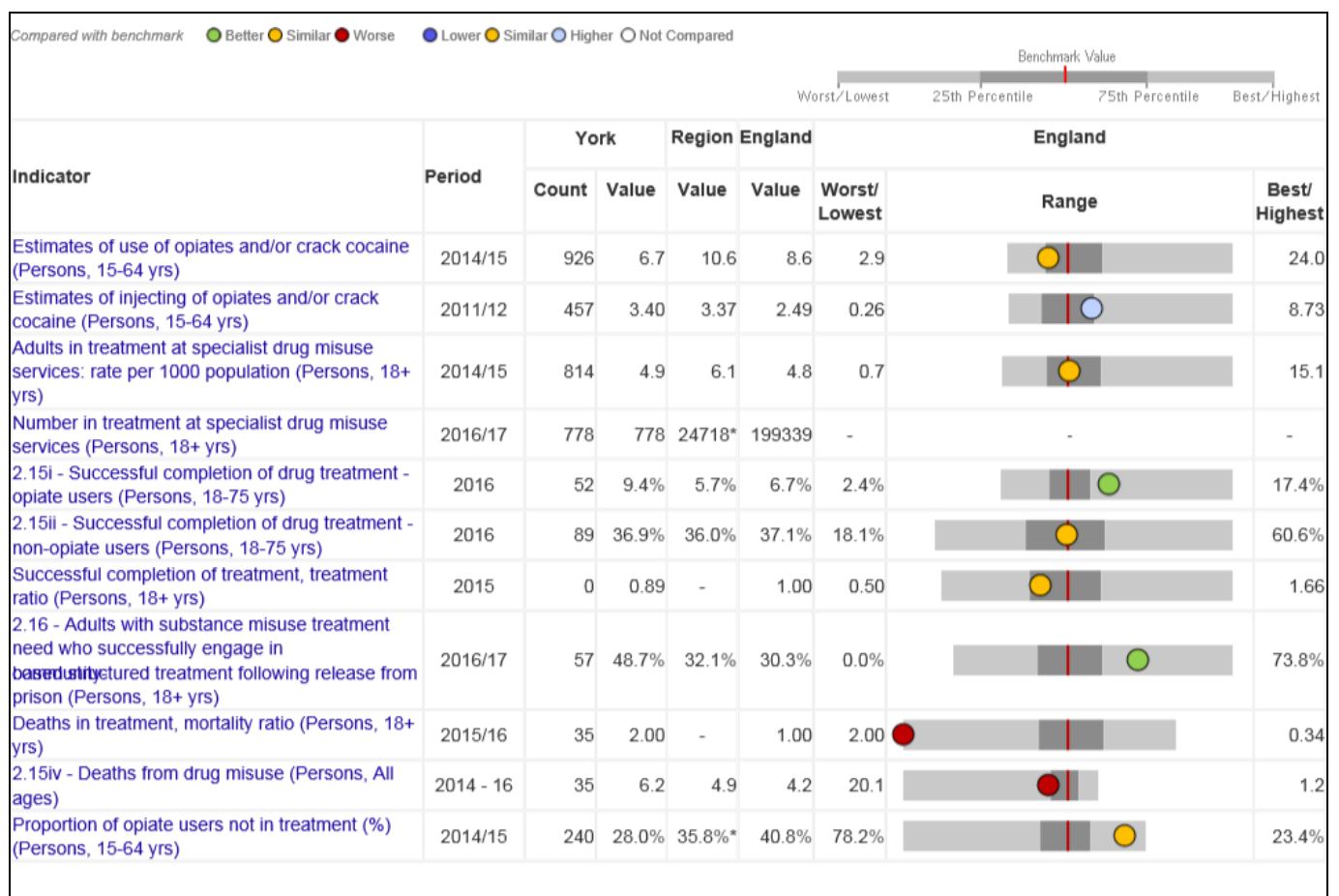
Drugs

Overall position for drug indicators

The current position for York on a number of indicators relating to drug use and drug treatment is summarised in the chart below.

The most noticeable indicator is ‘deaths in treatment’, which has been picked up by the public health team and is under investigation. Likewise, the other red indicator is ‘deaths from drugs misuse’ which is also being examined as part of the drug-related deaths analysis.

Figure 1: Summary of current position for York (Drugs)



Annex A

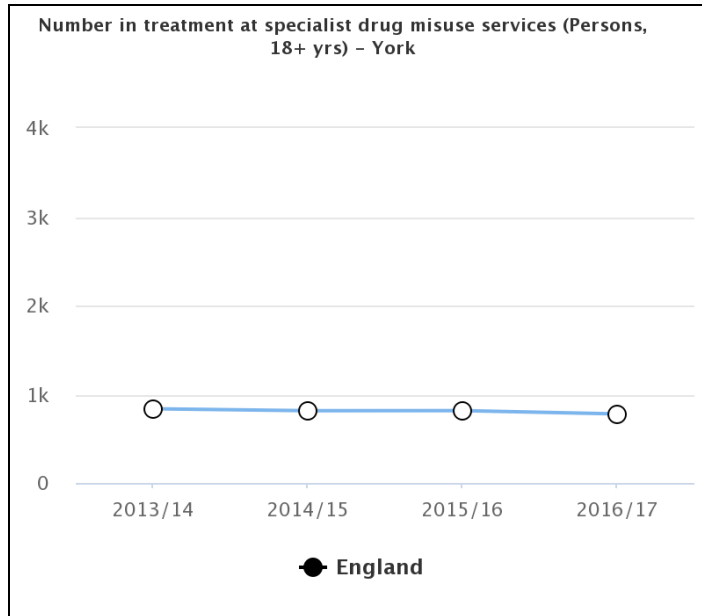
York performs well on 'Adults with substance misuse treatment need who successfully engage in community-based structured treatment following release from prison'. There are only releases for this indicator in 2015/16 and 2016/17 but both are statistically above the national averages.

The other indicator where York is performing significantly better than the national average is 'successful completion of drug treatment' in opiate users.

Trends for Drug Indicators

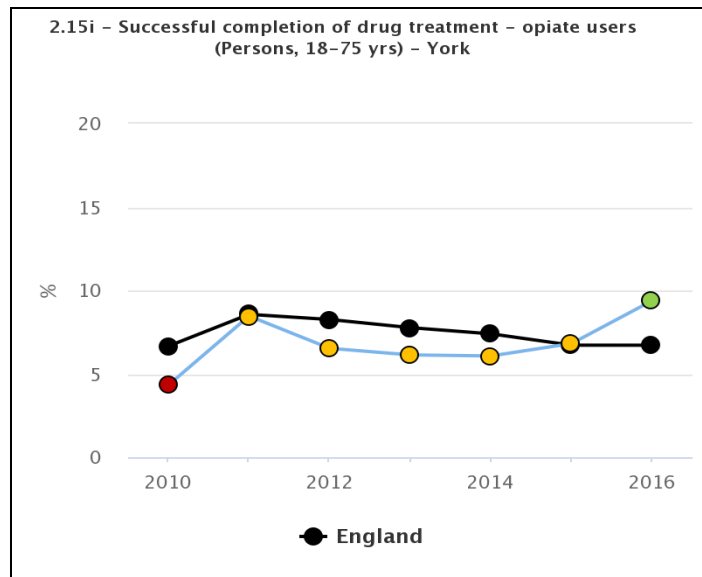
Only four of the indicators have enough historic data to provide trend analysis. The number in treatment at specialist drug misuse services has slightly decreased over the past four years.

Figure 2: Numbers in treatment in specialist drug misuse services



Successful completion of drug treatment for opiate users has remained in line with the national average in recent years. The most recent year shows a jump in positive outcomes, but local quarterly data for 2017 suggests that this will not be the case for the next annual release.

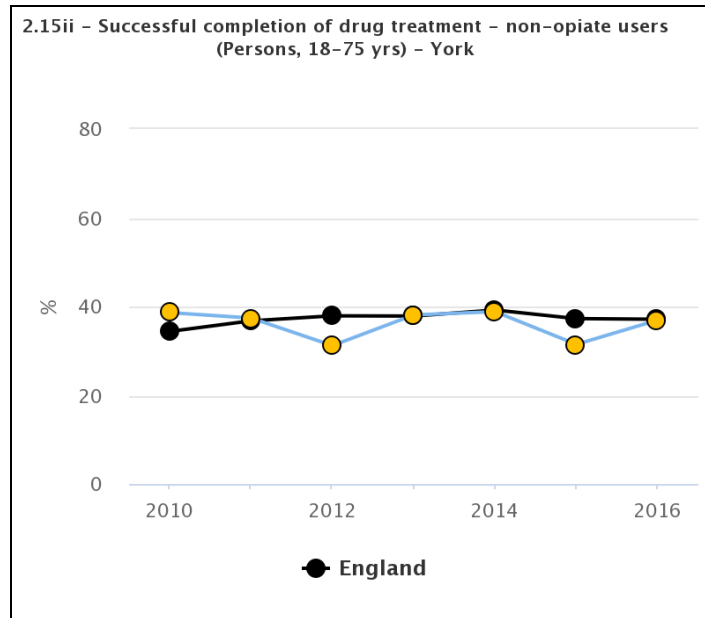
Figure 3: Successful completion of treatment for opiate users



Annex A

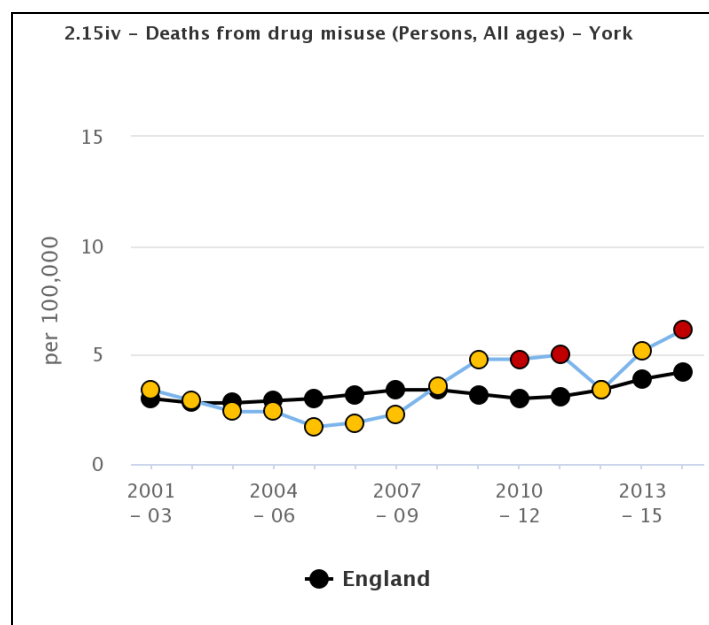
Successful treatment for non-opiate users has been in line with the national average over the past seven years.

Figure 4: Successful completion of treatment for non-opiate users



Deaths from drugs misuse have risen since 2005-2007. The rate of increase was initially quite rapid, followed by a slow growth over 2009-2011 to 2011-2013. There was a brief dip in 2012-14 but the trend shows a progression of the slow rate of growth which began in 2009-2011.

Figure 5: Deaths from Drug Misuse



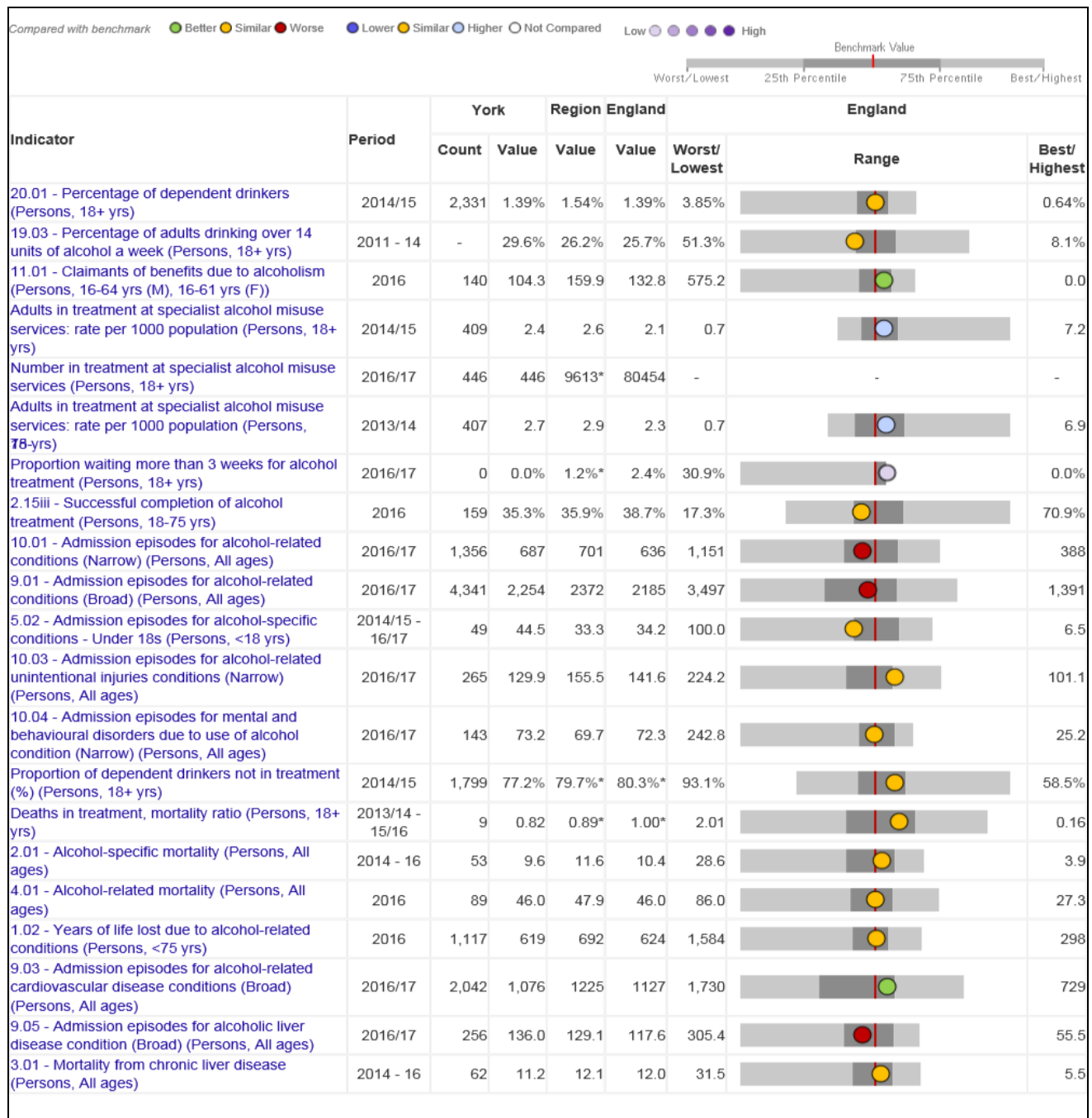
Annex A

Alcohol

Overall position for alcohol indicators

The current position for York on a number of indicators relating to alcohol use and alcohol treatment is summarised in the chart below.

Figure 6: Summary of current position for York (Alcohol)



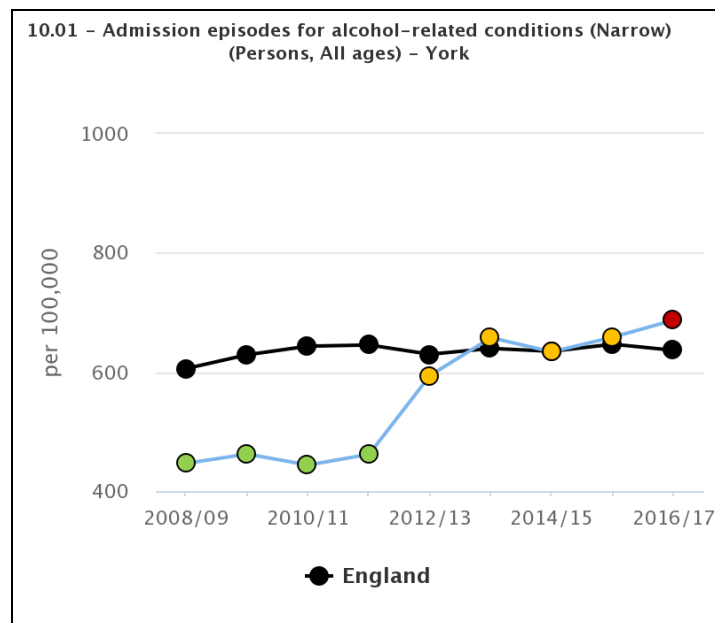
Annex A

For 'admission episodes for liver disease' and 'admission episodes for alcohol-related conditions' (both broad and narrow definitions) York has significantly higher rates compared with the national average.

The 'Narrow' indicator represents admissions to hospital where the primary diagnosis is an alcohol-attributable code or a secondary diagnosis is an alcohol-attributable *external cause code*. The 'Broad' category represents Admissions to hospital where the primary diagnosis or any of the secondary diagnoses are an alcohol-attributable code.

For the 'Narrow' indicator there is a historical period much lower than the national average, until 2012/13 where they suddenly increase. From 2012/13 onward the trend follows along the national rates until 2016/17 where it increases beyond the national rate at a level of significance.

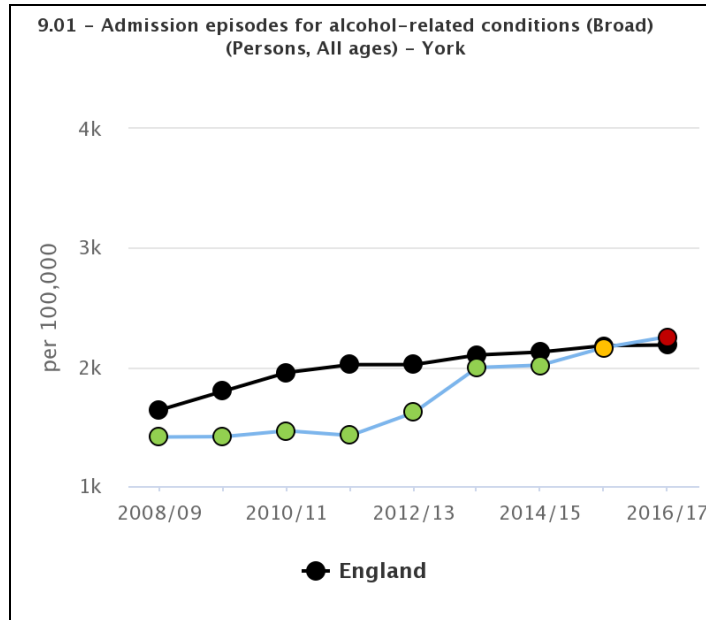
Figure 7: Admission episodes for alcohol related conditions (narrow definition).



Annex A

Similarly, for the 'Broad' indicator, rates were initially lower than the national average. They began to increase a year earlier than 'Narrow' and remained statistically lower than national rates in 13/14 and 14/15. This then changes in 15/16 to fall within national levels then in 2016/17 they exceed national levels.

Figure 8: Admission episodes for alcohol related conditions (broad definition).

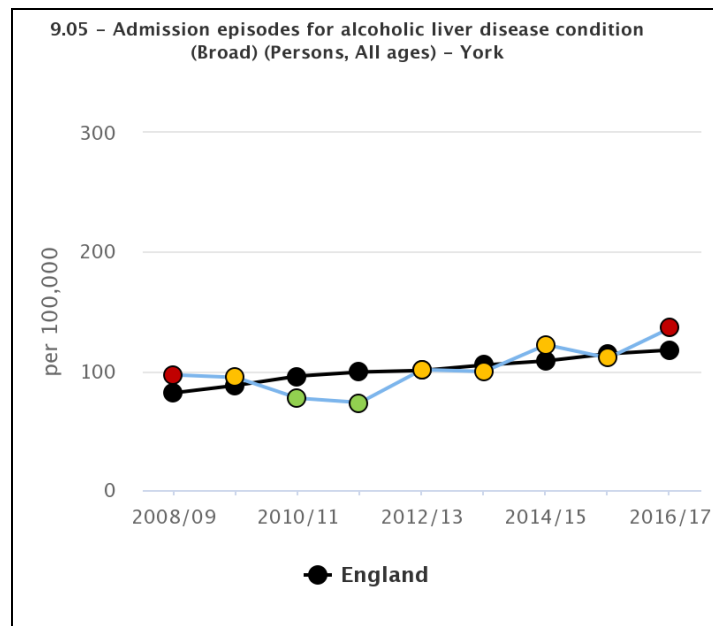


Annex A

Trends for Alcohol Indicators

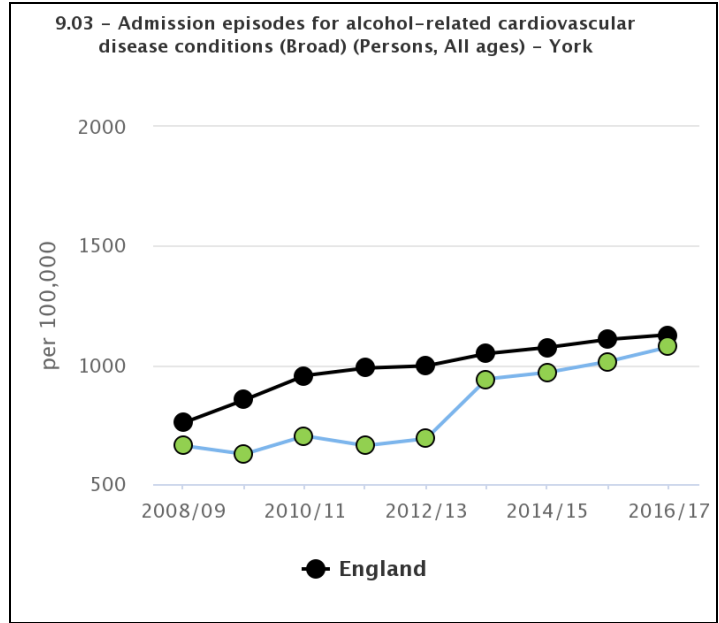
There has been a gradual increase in 'Admission episodes for alcoholic liver disease condition' since 2008/09, both in the York and national trends. York has closely followed the national levels with the exception of two years in 2010/11 and 11/12. York has only recently increased beyond the national rate.

Figure 9: Admission episodes for alcoholic related conditions (broad definition).



York appear to be performing well for 'admissions for alcohol related cardiovascular disease' and 'claimants of benefits due to alcoholism'. There isn't much trend data for 'claimants of benefits due to alcoholism' but for the two years worth of data York has been significantly below the national rate on both occasions.

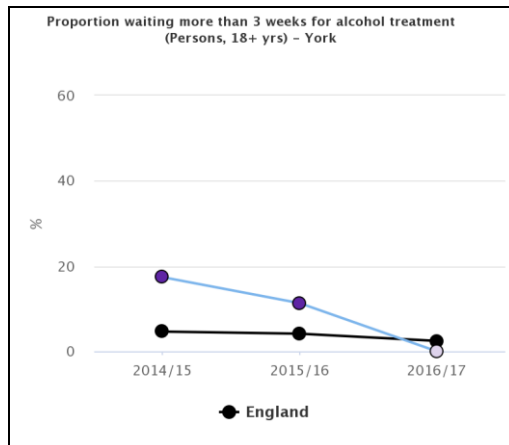
Figure 10: Admissions for alcohol related cardiovascular disease



Some other trend data worth noting includes:

The 'Proportion waiting more than 3 weeks for alcohol treatment' has decreased to '0%'.

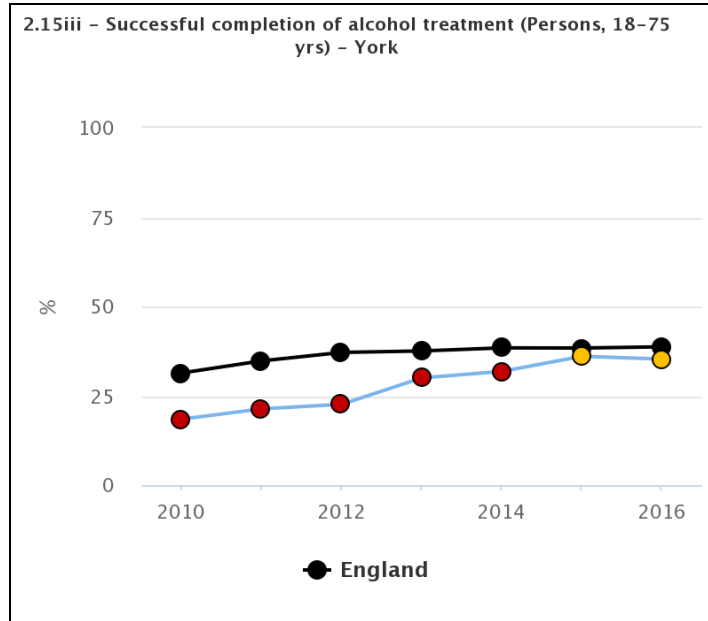
Figure 11: Proportion waiting more than 3 weeks for alcohol treatment



Annex A

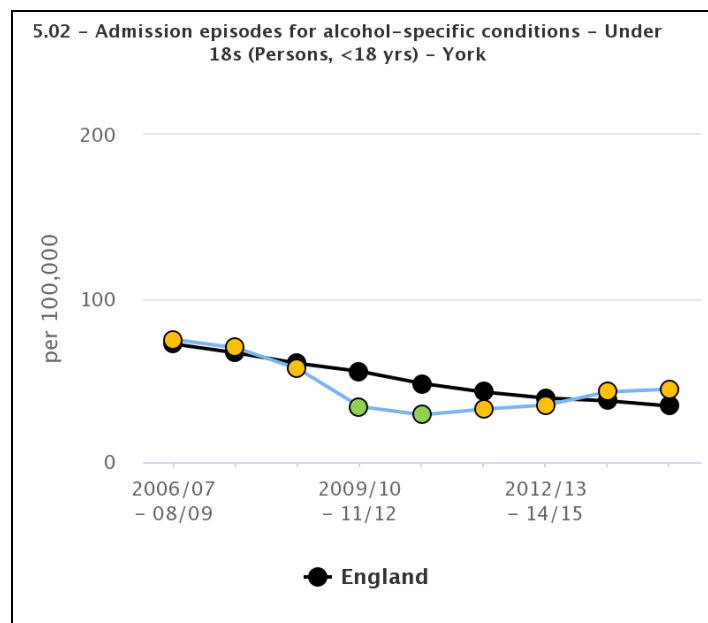
Those successfully completing alcohol treatment has gradually increased over the past eight years to fall within national rates. Though the trend does not appear to be increasing beyond the national rate.

Figure 12: Successful completion of alcohol treatment



The 'Admission episodes for alcohol-specific conditions' for those under the age of 18 has risen slightly since its lowest point in 2010/11 – 2012/13. The national rates have continued to fall over the past nine years whereas the York rate fell quickly before levelling out and increasing slightly.

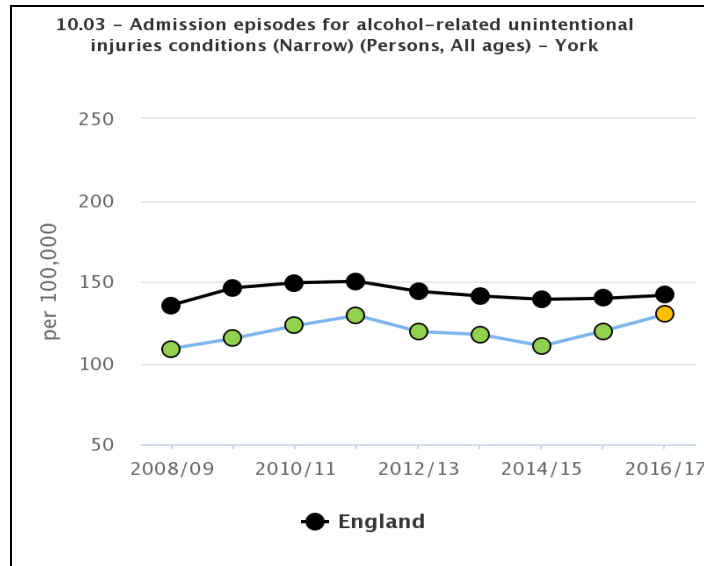
Figure 13: Under 18 admission episodes for alcohol-specific conditions



Annex A

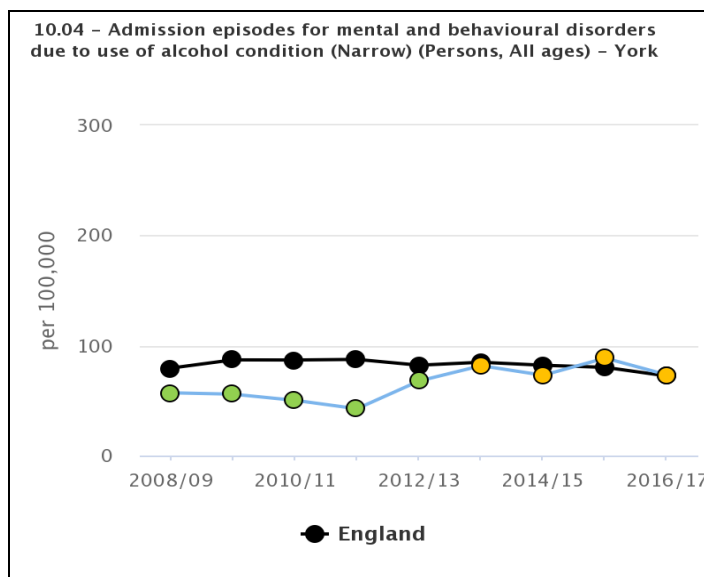
Admission episodes for alcohol-related unintentional injuries conditions (Narrow) have usually remained below national rates. However the most recent years data has fallen within national standards.

Figure 14: Admission episodes for alcohol-related unintentional injuries conditions



Admission episodes for mental and behavioural disorders due to use of alcohol condition (Narrow) has remained in line with the national rates.

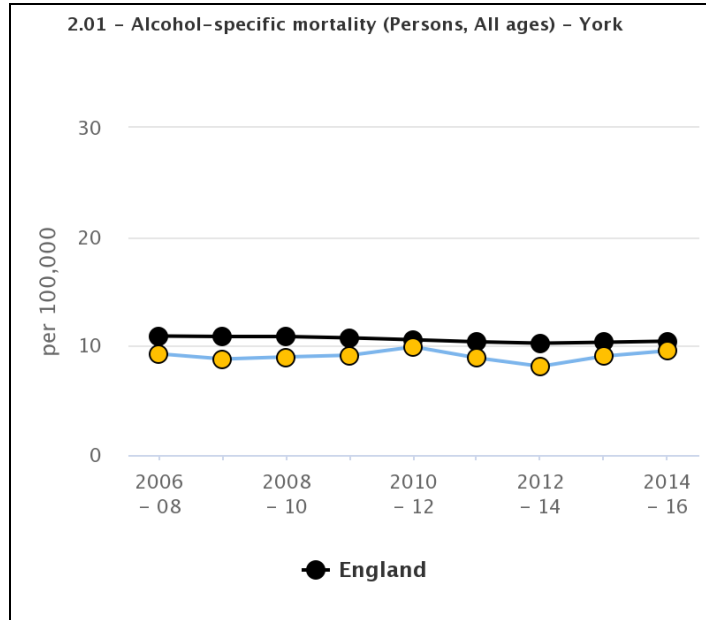
Figure 15: Admission episodes for mental and behavioural disorders due to use of alcohol condition



Annex A

Alcohol-specific mortality has remained consistent and falls slightly below the national rates, though not significantly.

Figure 16: Alcohol-specific mortality



Years of life lost due to alcohol-related conditions has remained around the national rate. It has not surpassed levels of significance for being over or under the national rate, but does alternate irregularly.

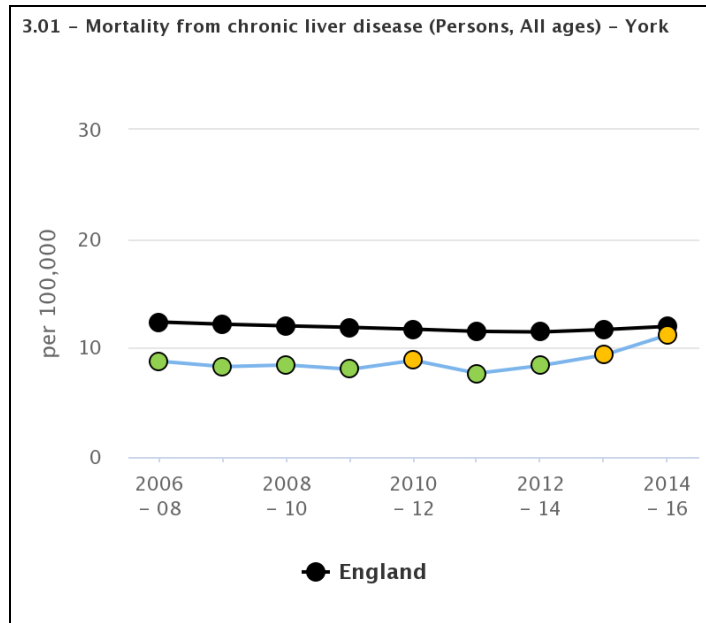
Figure 17: Years of life lost due to alcohol-related conditions



Annex A

The rates of 'Mortality from chronic liver disease' have recently increased to fall within the national rates. Historically York has had consistently lower than national rates.

Figure 18: Mortality from chronic liver disease



Annex B

SCRUTINY TOPIC REGISTRATION / ASSESSMENT FORM FOR COUNCILLORS

Submitted by Cllr Pavlovic

What is the broad topic area?**Commissioned Substance Misuse services in York****What is the specific topic area?**

?

To look at the impact and outcomes of the Substance misuse contracts and to consider the implications on service delivery of efficiency savings on the contract

Ambitions for the review:

Performance implications and financial/ personal/societal cost benefits of reductions in scope of service delivery

-
1. Does it have a potential impact on one or more sections of the population? Yes No
 2. Is it a corporate priority or concern to the council's partners? Yes No
 3. Will the review add value? and lead to effective outcomes? Yes No
 4. Is it timely, and do we have the resources? Yes No
 5. Will the review duplicate other work? Yes No

If the answer is 'Yes' to questions 1 – 4 and 'No' to question 5, then the Committee may decide to proceed with the review. To decide how best to carry out the review, the Committee will need to agree the following:

1) Who and how shall we consult?

Commissioners

Annex B

Service delivery partners

Health

Police

Probation services

Public Health

2) Do we need any experts/specialists? (internal/external)

Public Health commissioners

Health and Criminal Justice professionals to obtain and assess societal and public sector implications of reduction in Service delivery to either/or problematic drug and alcohol users

3) What other help do we need? E.g. training/development/resources

We will have to undertake planned interviews, see documentation regarding contracts and also outcomes

4) How long should it take?

3-4 months but before the impact of the major efficiency savings in years 3 and 4 take place

Health, Housing and Adult Social Care Policy and Scrutiny Committee

Work Plan 2018-19

<p>20 June 2018 @ 5.30pm</p>	<p>Housing</p> <ol style="list-style-type: none">1. Attendance of Executive Member for Housing and Safer Neighbourhoods <p>Health</p> <ol style="list-style-type: none">2. Business case for new mental health hospital for York3. CCG report on Patient Transport Services for York4. Unity Health Report on patient communication problems5. Report on sexual health re-procurement.6. Scoping report on Commissioned Substance Misuse Services <ol style="list-style-type: none">7. Work Plan 2018-19
<p>25 July 2018 @ 5.30pm</p>	<p>Health</p> <ol style="list-style-type: none">1. Attendance of Executive Member for Health and Adult Social Care2. HWBB Annual Report including review of Health and Wellbeing Strategy and update on new Mental Health Strategy3. End of Year Finance and Performance Monitoring Report4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services5. Safeguarding Vulnerable Adults Annual Assurance Report <ol style="list-style-type: none">6. Work Plan 2018-19

<p>11 Sept 2018 @ 5.30pm</p>	<p>1. 1st Quarter Finance and Performance Monitoring report</p> <p>Housing</p> <p>2. Update report on implementation of new licensing laws for HMOs</p> <p>3. Health</p> <p>4. Update report on Priory Medical Group proposals to relocate to proposed Burnholme Health Centre</p> <p>5. Report on aims of Oral Health Action Team</p> <p>6. Update Report on Elderly Persons' Accommodation</p> <p>7. Delivery of CQC Local System Review Action Plan</p> <p>8. Work Plan 2018-19</p>
<p>16 Oct 2018 @ 5.30pm</p>	<p>Health</p> <p>1. Report on engagement around Home First Strategy</p> <p>Housing</p> <p>2. Safer York Partnership Bi-annual Report</p> <p>3. Work Plan 2018-19</p>
<p>14 Nov 2018 @ 5.30pm</p>	<p>Health</p>

	<ol style="list-style-type: none"> 1. Healthwatch York six-monthly Performance Report 2. Work Plan 2018-19
12 Dec 2018 @ 5.30pm	<ol style="list-style-type: none"> 1. Update Report on CYC Asset/Place-based approach to working and progress 2. Work Plan 2018-19
15 Jan 2019 @ 5.30pm	<ol style="list-style-type: none"> 1. 2nd Quarter Finance and Performance Monitoring Report Health 2. Six-monthly Quality Monitoring Report – residential, nursing and homecare services 3. Work Plan 2018-19
12 Feb 2019 @ 5.30pm	<ol style="list-style-type: none"> 1. Work Plan 2018-19
12 March 2019 @ 5.30pm	<ol style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report Health 2. Healthwatch York six-monthly Performance Report Housing 3. Safer York Partnership Bi-Annual report 4. Draft Work Plan 2019-20

