



Notice of a public meeting of

Health, Housing and Adult Social Care Policy and Scrutiny Committee

- To:** Councillors Doughty (Chair), Cullwick (Vice-Chair),
Richardson, Cannon, Mason, Warters and Pavlovic
- Date:** Tuesday, 12 December 2017
- Time:** 5.30 pm
- Venue:** The Snow Room - Ground Floor, West Offices (G035)

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 15 November 2017.

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 **5:00 pm on Monday 11 December 2017.**

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4. 2nd Quarter Finance and Performance Monitoring Report (Pages 9 - 20)

This report analyses the latest performance for 2017/18 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.

5. Health and Wellbeing Board Six-monthly Update Report (Pages 21 - 32)

To receive an update from the Chair of the Health and Wellbeing Board.

6. Update on the Progress of Humber, Coast and Vale STP (Pages 33 - 40)

To receive an update on the work of the Humber, Coast and Vale Sustainability and Transformation Partnership, and in particular the local place-based work in York.

7. Implementation of Recommendations from Public Health Grant Spending Scrutiny Review
(Pages 41 - 54)

To update Members on the implementation of the recommendations from the previously completed Public Health Grant Spending Scrutiny Review.

8. Provision for Homeless People Over the Winter Period
(Pages 55 - 68)

To update Members on measures being taken by the Council through its preventative work and resettlement pathways to provide support for people who are homeless.

9. Work Plan 2017/18
(Pages 69 - 74)

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

10. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name - Becky Holloway
Telephone - 01904 553978
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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**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 Mason | Registered Paramedic
Managing Director of Yorkshire Emergency & Urgent Care Services Ltd, with NHS contracts
Proprietor of YorMed
Interim CEO of York Blind Society |
| 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	15 November 2017
Present	Councillors Cullwick (Vice-Chair, in the chair), Richardson (from 6pm - during minute item 34), Cannon, Mason, Warters, Pavlovic and Douglas (Substituting for Cllr Doughty)
Apologies	Councillor Doughty

31. Declarations of Interest

Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests which they had in respect of business on the agenda.

In addition to the interests listed within the agenda pack, Cllr Cullwick declared that he was receiving ongoing treatment at York Hospital and Cllr Mason declared a prejudicial interest in the item on Urgent Care Resilience Plans (Minute item 36) and explained he would not take part in this item.

32. Minutes

One amendment to the minutes of the Health, Housing and Adult Social Care Policy and Scrutiny Committee meeting of 13 September was received: the addition of Cllr Cullwick to the list of councillors who were present at the meeting.

Resolved: That the minutes of the meeting held on 13 September 2017 be approved and signed by the Chair as a correct record, with the above amendment.

33. Public Participation

It was reported that there had been no registrations to speak under the council's scheme of public participation.

34. Housing Review Account Business Plan

The committee were given sight of the Council's revised Housing Revenue Account (HRA) Business Plan. The Chair reminded members that the plan was, at this stage, for information only but that there had been a commitment made to bring it back for the committee's input prior to the next review. Highlights from the plan included a change in the council's approach to rent-setting and the announcement of a development fund to increase and improve the city's affordable housing stock.

During the committee's discussion of the report, the following issues were covered:

- The ongoing review and restructure of housing services including investment in a new IT system to increase the range of online services.
- The ongoing programme of maintenance and repair work to social housing and the ways in which resident feedback was collected and used in service delivery.
- The housing need in the city, especially with regard to affordable housing, the way in which affordability is calculated within policy and services, and how the new development fund would be used.
- The need for secure and "moving-on" accommodation, especially with regards to reducing the number of people with learning disabilities being housed out of area.
- The mechanics of the Right to Buy scheme and how estimates had been calculated within the business plan.
- The impact on York of national policy initiatives.

Resolved: To note the content of the report and to request prior sight of future reviews of the HRA Business Plan for their input.

Reason: To stay updated on the council's priorities for the housing revenue account for the next 5 years and to its commitment to continue to invest in the council's existing stock, local communities and build new much needed social rented housing.

35. Healthwatch York Six Monthly Review

Sarah Armstrong, Chief Executive of York CVS, presented a report on the recent work of Healthwatch York. Highlights included:

- The Making A Difference awards which celebrated a diverse range of health practitioners and services voted for by the public.
- An evaluation of Healthwatch conducted by York St John University which considered public and professional awareness of the services Healthwatch delivered.
- An event to look at Co-production and how it could be used within and between organisations to encourage better working practices.
- New approaches to funding printed materials, including a mental health and wellbeing guide and a dementia awareness leaflet.

A short film was shown, available online at the following address: <https://youtu.be/H-KSBU5Jg>. Members of the committee considered ways of promoting Healthwatch and discussed future areas of work including dental surveys and issues relating to social welfare reform.

Resolved: To receive and note the report from Healthwatch.

Reason: To update members on the performance of Healthwatch York over the past six months.

36. Urgent Care Resilience Plans 2017-18

Jenny Hey, the Deputy Chief Operating Officer for York Teaching Hospital NHS Foundation Trust, presented a report from the hospital on the Winter Plan 2017-18 and associated key drivers and risks. The Council's Assistant Director for Adult Social Care was also in attendance to take questions, along with the Joint Medical Director of the Vale of York Clinical Commissioning Group. Members were informed that: arrangements differed from previous years and 9 key standards were now used to assess working practices; York ranked highly in navigating patients from the emergency department into appropriate departments; importance was placed on managing a 7-day discharge programme including the recruitment of a discharge co-ordinator and a new programme of 7-day social care coverage was due to start; more work was required to offer timely mental health support to reduce the pressure on the emergency department; and work was ongoing to support nursing homes to reduce their hospital admissions.

The committee discussed the report including the following issues:

- Staff recruitment and retention including the use of agency staff and social care provision.
- Community-based and preventative work (including self-care) that helped to reduce the pressure on the hospital and winter emergency services.
- Signposting of patients within the health sector including to pharmacists and other out-of-hospital services.
- Arrangements for increased patient numbers over the winter months including anticipated bed occupancy.

Resolved: To note the content of the report and presentation.

Reason: To make Members aware of Urgent Care and Whole System Resilience Plans 2017/18

37. Future Focus Update Report

Members considered a report on the progress of the Adult Social Care Transformation Programme “Future Focus”. The Assistant Director for Adult Social Care, and the Strategic Support Manager for Adults and Public Health were in attendance to provide further information and answer questions.

It was explained that developing the new model had included working with external partners to consider more effective ways of delivering changes driven by the Care Act and addressing issues including reduced budgets, longer waiting lists, and increasing demands on services. The value of community services had been considered as a way of getting qualified social carers to those who needed them as efficiently as possible and a focus of the model was in encouraging and supporting independence following stays in hospital by re-profiling packages of care towards care delivered in the community. Members were informed of a successful pilot project in which people on the waiting list for social care had met with social care workers to establish what support was required and whether this could be delivered through alternative services. Following consultation and events held with staff to look at current processes, a number of actions had been identified for immediate implementation along with a bigger piece of work to follow in future years.

In response to questions it was explained that the plan identified savings to be made and that the model aimed to promote a multi-agency approach building on existing best practice in a more co-ordinated way.

Resolved: That the report be noted

Reason: To inform members about the progress of the Adult Social Care Transformation Programme 'Future Focus'.

38. Work Plan

Members considered the Committee's work plan for the municipal year. An explanation was provided of the procedure following the motion regarding homelessness which was passed at Council on 26 October 2017. An update on this would be provided at the meeting of the Committee on 12 December 2017.

Resolved: To note the Committee's work plan for the municipal year.

Reason: To keep the Committee's work plan updated

Cllr Cullwick, Chair

[The meeting started at 5.30 pm and finished at 8.00 pm].

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

12 December 2017

Report of the Corporate Director of Health, Housing & Adult Social Care

**2017/18 FINANCE AND PERFORMANCE SECOND QUARTER
REPORT – HEALTH HOUSING & ADULT SOCIAL CARE**
Summary

- 1 This report analyses the latest performance for 2017/18 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.

Financial Analysis

- 2 A summary of the service plan variations is shown at table 1 below.

Table 1: HHASC Financial Summary 2017/18 – Quarter 2

2016/17 Draft Outturn Variation £000		2017/18 Latest Approved Budget			2017/18 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+98	ASC Prevent	6,460	1,378	5,082	+88	+1.7%
-326	ASC Reduce	10,238	2,818	7,420	+63	+0.8%
-272	ASC Delay	11,129	7,064	4,065	-35	-0.9%
+1,476	ASC Manage	45,332	14,459	30,873	+657	+2.0%
-604	ASC Mitigations				-604	
+372	Adult Social Care	73,159	25,719	47,440	+169	+0.4%
0	Public Health	8,404	8,430	-26	0	0%
+75	Housing and Community Safety	11,973	9,432	2,541	+65	+2.6%
+447	HHASC GF Total	93,536	43,581	49,955	+234	+0.5%
+178	Housing Revenue Account Total	31,174	34,363	-3,189	+159	+0.5%

+ indicates increased expenditure or reduced income / - indicates reduced expenditure or increased income

- 3 The following sections provide more details of the significant outturn variations.

Adult Social Care Prevent Budgets (+£88k / +1.7%)

- 4 There is a continued pressure from 2016/17 of £32k to undertake Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks on equipment the department has installed in customers' homes. The council has a statutory duty to check the equipment regularly and this projected overspend represents the ongoing pressure to maintain equipment in line with these regulations. In addition the original budget for 2017/18 included a proposed £52k reduction in the contract value of a local not for profit provider, which is not deemed appropriate to action at the present time.

Adult Social Care Reduce Budgets (+£63k / +0.8%)

- 5 There is a £151k overspend within the direct payment budget. The budgets were realigned at Quarter 1 to reflect customer numbers at 30 June 2017. There has been an increase of 5 customers since then. This is in line with the desired direction of the Future Focus transformation programme which is encouraging customers to self manage their care.
- 6 The Small Day Services, a series of council run day support options for customers, is forecast to underspend by £134k due mainly to staffing vacancies.
- 7 The Better Care Fund (BCF) for 2017/18 and 2018/19 has been agreed and submitted to NHS England. The plan is likely to be escalated as partners set the Delayed Transfers of Care metric at a realistic target rather than the lower, minimum target specified by NHSE. Partners have, however, agreed a programme of spend which assures funding for existing agreements pending their review whilst investing in new initiatives such as social prescribing and a project to look at implementing additional day services.

Adult Social Care Delay Budgets (-£35k / -0.9%)

- 8 The community support budgets were realigned at Quarter 1 and are now forecast to underspend by £74k, predominantly in the Older People customer group. We have not budgeted at this point for an increase in costs over the winter.
- 9 The remaining variance is comprised of small overspends in transporting LD customers to day services (£21k) and the customer access and assessment team (£18k).

Adult Social Care Manage Budgets (+£657k/ +2.0%)

- 10 There is a continuation of the 2016/17 overspend forecast for LD external residential placements of £474k as some high cost customers did not move into supported living schemes as expected. This is partially offset by an underspend in the P&SI residential care budget due to the legal successful finding of an individual the responsibility of another council (£177k) and recovering over two years' costs.
- 11 The Older Persons' Home budget is forecast to overspend by approximately £411k due to the reduction in customer income as the service is modernised and services reduce capacity pending the outcome of formal consultations regarding future use, but also due to staffing overspends where the establishment is exceeded due to general assistants, a deputy manager, 0.5 fte of a service manager and the cost of cooks regraded but not funded. This overspend will be met from the capital receipts generated by the sale of surplus homes in 2017/18 as permitted by new powers given to local authorities in last year's budget.
- 12 Several savings relating to the current and future years are expected to be delivered by the Future Focus programme. The programme has a target of achieving £1.8m recurrent savings by 2019/20. Phase 1 started in June 2017 resulting in a business case outlining areas potentially yielding savings. The implementation phase will be starting soon and no savings attributable to the programme have been factored into current projections for the sake of prudence. This creates a budget pressure of £295k in 2017/18.

Adult Social Care Mitigations (-£604k)

- 13 The directorate has identified some areas to mitigate the overspend and help to bring it back towards a balanced position. These are:
 - Review the level of support in the Supported Living Schemes with a view to reduce and restructure the schemes to create a cash saving (£150k).
 - Use the uncommitted base Care Act budget to offset some the pressures (£454k).

Public Health (£nil)

- 14 There are pressures of £124k within Public Health. However this can be funded within the overall Public Health grant. The main variation relates to the substance misuse contract (£128k) as the provider went into administration earlier in the year.

Housing and Community Safety General Fund (+£65 / +2.6%)

- 15 There is a forecast overspend in Private Sector Housing (£34k) due to lower than anticipated levels of income from Selby District Council and Landlord accreditation charges, these are offset by £36k over achievement of Disabled Facility Grant administration income and additional income from HMO licences.
- 16 The legal fees in relation to a section 106 dispute are expected to create a £35k pressure this year.

Housing Revenue Account (+£159k / +0.5% of gross expenditure budget)

- 17 The Housing Revenue Account (HRA) is budgeted to make an in year surplus of £3.2m. A review of the budgets in the area shows that, overall, a surplus of just over £3m is now forecast.
- 18 Repairs and maintenance is forecast to overspend by £300k. New processes have been implemented to ensure internal skilled workers pick up work previously allocated to subcontractors in order to reduce expenditure. It is expected that reductions will be made but it is again unlikely that the full savings will be achieved in this financial year. In addition, fire risk assessments have now been completed in all of the 420 communal areas of our properties following the Grenfell Tower fire creating a £20k pressure.
- 19 Within general management and special services, staffing underspends totalling £105k are projected due to vacant posts being held pending the implementation of staffing restructures. A range of smaller underspends make up the remaining variation.
- 20 The working balance position at 31 March 2017 was £22.6m. The projected outturn position outlined in the paragraphs above means that the working balance will increase to £25.6m at 31 March 2018.
- 21 The working balance is increasing in order to start repaying the £122m debt that the HRA incurred as part of self financing in 2012. An update to the 30 year HRA business plan was considered by the Executive last month. This set out latest information regarding rent determination and updated assumptions re right to buy and high value sales. This showed that a further £20m investment reserve can be created to continue the council's new build aspirations, the outstanding HRA can be repaid over the period and a prudent working balance can be maintained for each year through the plan.
- 22 There are still a number of uncertainties around the forthcoming changes to HRA legislation particularly regarding the implementation of the sales

of high value properties. This will continue to be monitored closely and, as and when details emerge, the implications will be reported to Members.

Performance Analysis

Adult Social Care

- 23 Much of the information in paragraphs 25 to 50 can also be found on CYC’s “Open Data” website, which is available at

<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2017-2018>

and by clicking on the “Explore” then “Go to” in the “Adult Social Care and Health Q2” section of the web page.

- 24 Some of this information also forms part of CYC’s overall “Service Delivery” suite of performance indicators, which are shown here.

Performance - Overview			2014-15	2015-16	2016-17	2017-18 Q1	2017-18 Q2	Latest Benchmark	DoT
Service Delivery	A Focus on Frontline Services	Average beds occupied each day in hospital which are attributable to adult social care DTOC, per 100,000 population	6.7	6.5	6.8	4.6	5.8	Above National and Regional Average	↓
		% of panel confident they could find information on support available to help people live independently	NC	NC	65.46	70.51	NC	Not known	↑
		Proportion of adults in contact with secondary mental health services living independently, with or without support	55.1	28.5	39.21	62.29	80.64	Not known	↑
		% of physically active and inactive adults - active adults	62.18	69.83	70.24	NC	NC	Above National and Regional Average	↑
		Number of days taken to process Housing Benefit new claims and change events (DWP measure)	5.91	5.87	5.58	4.00	3.82	Not known	↑
	A Council That Listens to Residents	% of panel who agree that they can influence decisions in their local area	NC	NC	25.65	28.41	NC	Not known	↑
		% of panel satisfied with their local area as a place to live	NC	NC	89.84	91.24	NC	Not known	↑
		% of panel satisfied with the way the Council runs things	NC	NC	65.54	64.76	NC	Above National Average	↓
	A Prosperous City for All	Overall Customer Centre Satisfaction (%) - CYC	58.15	91.54	92.48	93.23	92.51	Not known	→
		Net Additional Homes Provided (YTD)	507	1,121	977	NC	1,036	Not known	↑
	% of panel who give unpaid help to any group, club or organisation	NC	NC	64.30	66.44	NC	Above National Average	↑	

NC - Not due to be collected during that period

Residential and nursing admissions

- 25 Avoiding permanent placements in residential and nursing care homes is a good measure of ensuring of how effective packages of care have been in ensuring that people regain control of their lives quickly. Research suggests that, where possible, people prefer to stay in their

own home rather than move into residential care. It is important that even with lower numbers going into Residential Care, we can balance the system through ensuring that equal or greater numbers are moved on. This means offering alternatives such as Supported Living for people who would otherwise stay in Residential Care for long periods.

- 26 The number of people in long-term residential and nursing care rose to 607 at the end of 2017-18 Q2, compared with 599 at the end of 2017-18 Q1. There were five admissions of younger people and 63 admissions of older people to residential and nursing care in the second quarter of 2017-18. These are lower than 2017-18 Q1 for younger people (six) and higher for older people (59). This is partly due to the extension of Sheltered Housing with Extra Care facilities.

Adults with learning disabilities and mental health issues

- 27 There is a strong link between employment and enhanced quality of life. Having a job reduces the risk of being lonely and isolated and has real benefits for a person's health and wellbeing. Being able to live at home, either independently or with friends / family, has also been shown to improve the safety and quality of life for individuals with learning disabilities and mental health issues.
- 28 Our performance level during 2017-18 Q2 (on average, 7.8% of adults with a learning disability were in paid employment), is marginally improved from the 2017-18 Q4 position (7.7% of adults with a learning disability were in paid employment). Additionally, during 2017-18 Q2 on average 80.4% of adults with a learning disability were living in their own home or with family, which is a very minor deterioration on the 2017-18 Q1 position (the corresponding figure was 80.8%). For those with mental health issues, on average 12.6% of this group were in paid employment during 2017-18 Q2 (a marginal improvement on the corresponding 2017-18 Q1 figure of 12.5%). The previous report noted that there had been issues with TEWV in correctly recording the percentage of adults with mental issues in settled accommodation. TEWV have begun a data quality improvement exercise to provide more accurate information, and at the end of 2017-18 Q2 they were able to report that 81% of adults with mental health issues were in settled accommodation (it had been reported as 49% at the end of 2016-17 Q4). This figure may rise further once the exercise has been completed at the end of Q3.

Delayed Transfers of Care

- 29 This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an

important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. A delayed transfer of care (DToC) occurs when a patient has been clinically assessed as ready for discharge from hospital, but a care package (from either the NHS or Adult Social Care) is not available.

- 30 NHS England are moving towards a new method of measuring performance for this indicator, which involves calculating the average number of beds occupied each day, but have not yet made it an ASCOF measure, which explains why the scorecard shows “Not Collected” at the present time. Approximately 10 beds were occupied per day in York hospitals because of delayed transfers of care, attributable to ASC, during the second quarter of 2017-18. This is an increase on the previous quarter (8 beds per day occupied) and is largely due to a rise in waiting for care packages. We are working with health colleagues in a Community Response Team to enable assessments to happen outside hospitals to reduce delays for patients.

Social contact of ASC service users

- 31 It is important that social care service users have as much contact with others as possible as this maintains their health and independence. It is also a good proxy measure for the work done by Local Area Teams in terms of bringing people from all sectors of the various York communities together.
- 32 The Adult Social Care User Survey for 2016-17, published in October, reported that 49.5% of adult social care service users had “as much social contact as they would like”. This is an increase from the figure reported in 2015-16 (45.8%) and is also above the regional average (45.4%) and the national average (45.6%).

Satisfaction of service users with their care and support

- 33 Adult social care service users receiving timely care and support services is crucial to their overall well-being. The success, or otherwise, of this provision is monitored on an annual basis by responses given by service users to the adult social care user survey.
- 34 2016-17’s Adult Social Care User Survey reported that the percentage of those reporting that they were “extremely” or “very” satisfied with their provision from CYC fell from 64% in 2015-16 to 62.4%. This was largely due to older people, particularly in the community, reporting lower levels of satisfaction than they had in previous years. However the percentage of those people actively reporting “dissatisfaction” with their services remains low. This percentage is slightly below the levels reported

regionally (64.6%) and nationally (64.7%).

Safety of ASC service users

- 35 The safety of ASC service users is of paramount importance. The ability of CYC to ensure that their service users remain safe is monitored in the Adult Social Care User Survey.
- 36 The 2016-17 Adult Social Care User Survey showed an increase in the percentage of those who said they felt safe, from 67% in 2015-16 to 71%. This was slightly above the regional average (69%) and national average (70%) in 2016-17.

Public Health

Under 18 conceptions

- 37 Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.
- 38 Data relating to conceptions is generally quite out-of-date because of the difficulties involved in verifying data from the relevant collection agencies. There were 20 per 1,000 conceptions amongst females aged 15-17 in York in the year to March 2016, which is an increase of 20% compared to the previous year. The Integrated Sexual Health service offers appointments and drop-in services to provide a comprehensive contraception service to all including Long Acting Reversible Contraception (LARC) which evidence shows supports young women in managing more effective long-term contraception. This is the same data as reported in the previous version of this report as there is no new data available.

Smoking

- 39 Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Amongst the general population, smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.

- 40 The percentage of pregnant women who are recorded as smoking at the time of delivery has fluctuated in recent times, but has reduced in the last quarter. The figure was 10.1% in 2017-18 Q1 (the latest figure available), compared with 12.3% in 2016-17 Q4. The rate is below both the regional average (13.7%) and the national average (10.8%) for 2017-18 Q1. We work closely with GP surgeries and York District Hospital to advise pregnant women on the harmful effects of smoking on their baby.
- 41 York has a significantly lower percentage of current smokers (12.6%) compared with regional (17.7%) and national (15.5%) averages. Smoking prevalence in York has fallen from 18.7% in 2013 to the current level of 12.6% in 2016. Smoking prevalence amongst people working in routine and manual occupations in York is also falling. In 2013 the rate was 34.3% and this fell to 26.4% in 2016. Smoking rates amongst people working in routine and manual occupations in York are in line with national (26.5%) and regional averages (28.9%). These are the same figures as reported previously as there is no new data available for 2017 at the current time.

Health Visiting

- 42 Evidence shows that what happens in pregnancy and the early years in life impacts throughout the course of life. Therefore a healthy start for all our children is vital for individuals, families, communities and ultimately society. The health visiting service leads on the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged 0-5 years. The health visitor service delivery metrics currently cover the antenatal check, new birth visit, the 6-8 week review, the 12-month review and the 2-2½ year assessment.
- 43 Performance on some of these metrics has improved steadily, because of work done by the Healthy Child Service (HCS) to improve timeliness. The percentage of timely new birth visits (births that have a face-to-face NBV within two weeks) was 78% during Q4 compared with 74% during Q3. The percentage of timely 6-8 week reviews (by the time the baby is 8 weeks old) was 77% during Q4 compared with 78% during Q3. The prevalence of breastfeeding at 6-8 weeks has now reached 44% during Q4, compared with 36% during Q3. The percentage of children getting a “12 month” review by the time they turned 15 months old increased to 77% during Q4 from 75% during Q3. The percentage getting a “2-2.5 year” review improved to 19% during Q4 compared with 16% during Q3. However, these figures should be interpreted with some caution as local authorities self-report on performance and may interpret the indicator timescales / guidelines differently. The new HCS started operating from August 2017, and is centred around an integrated 0-19 model, which provides a universal offer for all children, young people and their families resident in York or attending school in York; with more

targeted services offered to those children, young people and families identified as having greater needs.

Chlamydia diagnosis

- 44 Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health. The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner. This indicator monitors progress in controlling Chlamydia and delivering accessible, high-volume Chlamydia screening.
- 45 During 2016-17 the Chlamydia diagnosis rate was 1,838 cases per 100,000 population, which is below national (1,882 cases per 100,000 population) and regional (2,072 cases per 100,000 population) averages. This is higher than the 2015-16 diagnosis rate (1,462 cases per 100,000 population). The sexual health service in York offers a comprehensive Chlamydia screening provision which follows national guidelines. It covers both universities and the local college of further education, where drop-in appointments are available, and long-standing clinics are available in the city centre and Acomb. This is the latest data available and remains unchanged from the previous version of this report.

NHS Health Checks

- 46 The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.
- 47 During 2017-18 Q1, 120 checks were offered and the same number were carried out in York. The number of offers was lower than in 2016-17 Q4 (136) but the number of those carried out was higher than in 2016-17 Q4 (57).

Successful completions of Drug and Alcohol Treatment (without representation)

- 48 Individuals successfully completing drug / alcohol treatment programmes demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses

and hospital admissions, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

- 49 In the latest 18 month monitoring period to September 2017, 8.79% of opiate users who were in treatment successfully completed it and did not represent within six months; this is a deterioration from the rate reported at the end of the previous quarter (9.39%), but is significantly above the national average rate of 6.77%. Of non-opiate users, 33.9% of them successfully completed treatment and did not represent within six months; this is lower than the rate reported at the end of the previous quarter (36.9%) and the national average of 37.2%. There has been a change in provider of drug and alcohol treatment in the city since June and most of the activity will relate to the previous provider, which had significant financial challenges and were decommissioned by CYC to provide these services.
- 50 In 2015-16, 11.3% of those booked to start an alcohol misuse treatment programme, and 7.3% of those booked to start a drug misuse treatment programme, had to wait more than three weeks to do so, rates which are higher than the national averages (4.1% and 2.1% respectively). The most recent data available on waiting times (April to June 2017) shows a significant improvement in that no clients, of the 162 booked, had to wait more than three weeks to start their treatment for substance misuse.

Corporate Priorities

- 51 The information included in this report is linked to the council plan priority of “A focus on frontline services to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.”

Implications

- 52 The financial implications are covered within the main body of the report. There are no other direct implications arising from this report.

Recommendations

- 53 As this report is for information only there are no specific recommendations.

Reason: To update the committee on the latest financial and performance position for 2017/18.

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**Report
Approved**



Date 4 December 2017

Wards Affected:

All ✓

For further information please contact the author of the report

Background Papers

2017/18 Finance and Performance Monitor 2 Report, Executive 15
November 2017

Abbreviations

ASC – Adult Social Care
ASCOF – Adult Social Care Outcome Framework
BCF – Better Care Fund
COPD – Chronic Pulmonary Obstructive Disease
CYC – City of York Council
DTCOC – Delayed Transfer of Care
FTE – Full Time Equivalent
HCP – Healthy Child Programme
HHASC – Health, Housing and Adult Social Care
HMO – House in Multiple Occupancy
HRA – Housing Revenue Account
LARC – Long Acting Reversible Contraception
LD – Learning Difficulties
LOLER – Lifting Operations and Lifting Equipment Regulations
NCSP – National Chlamydia Screening Programme
P&SI – Physical & Sensory Impairment
TEWV – Tees, Esk and Wear Valleys NHS Foundation Trust



12 December 2017

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

Report of the Chair of the Health and Wellbeing Board

Half Yearly Report of the Chair of Health and Wellbeing Board

Summary

1. This report provides the Health, Housing and Adult Social Care Policy and Scrutiny Committee with an update from the Chair of the Health and Wellbeing Board (**Annex A refers**). The Chair of the Health and Wellbeing Board will be in attendance at the meeting to present the report.

Background

2. It was agreed as part of the working protocol between Health, Housing and Adult Social Care Policy and Scrutiny Committee, the Health and Wellbeing Board (HWBB) and Healthwatch York that the Chair of the HWBB would bring reports to this Committee. This protocol has recently been reviewed and it has been agreed that the Chair will provide two reports per year in December and June, with the June report being the Annual Report of the HWBB.

Consultation

3. Not applicable to this report.

Options

4. This report is for information, there are no specific options associated with the recommendations in this report.

Analysis

5. This report is for information only.

Council Plan

6. This report has links to all three elements of the Council Plan 2015-19 – a prosperous city for all; a focus on frontline services and a council that listens to residents.

Implications

7. There are no known implications associated with the recommendations in this report.

Risk Management

8. There are no known risks associated with the recommendations in this report.

Recommendations

9. Members are asked to note the contents of this report.

Reason: To keep members of Health, Housing and Adult Social Care Policy and Scrutiny Committee up to date with the work of the Health and Wellbeing Board.

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Approved ✓ 30.11.2017

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Report of the Chair of the Health and Wellbeing Board

Update from Councillor Carol Runciman - Chair of Health and Wellbeing Board (HWBB)

1. In June 2017 the Chair of the HWBB presented the Board's Annual Report to the Health, Housing and Adult Social Care Policy and Scrutiny Committee. This paper provides an update as to work undertaken by the HWBB since then. It is a snapshot of the work the board has undertaken since last report to this scrutiny committee.
2. **Formal Meetings:** there have been three formal Health and Wellbeing Board meetings since last reporting to this scrutiny committee. A new way of working has been introduced with the first half of each Health and Wellbeing Board meeting themed around one of the priorities in the joint health and wellbeing strategy 2017-2022. The second half of each meeting is focused on core business.
3. **July 2017: Starting and Growing Well:** the top priority in the joint health and wellbeing strategy for this theme is to provide *'support for the first 1001 days, especially for vulnerable communities'*. Additional priorities are *'reduce inequalities in outcomes for particular groups of children'*; *'ensure children and young people are free from all forms of neglect and abuse'*; *'improve services for students'*; *'improve services for vulnerable mothers'*; *ensure that York becomes a breastfeeding friendly city'*.
4. The Board received a paper detailing some of the ongoing work around this theme; whilst not exhaustive the paper provided the Health and Wellbeing Board with reassurance that work is ongoing in this area and there is much to be proud of.
5. The Corporate Director of Children's Services, Education and Communities is the Health and Wellbeing Board lead for this theme and he particularly highlighted the positive work of the new locality teams in developing a closer understanding of the communities with which they work and taking an early intervention approach to avoid problems escalating within families.
6. The children and young people's plan 2016-2020 is closely linked with the priorities in the joint health and wellbeing strategy and has a vision that children and young people are at the heart of our city and

everything we do. It has four priorities namely; early help; emotional and mental health; narrowing gaps in outcomes and priority groups.

7. Taking this into account the Health and Wellbeing Board agreed that a range of partnership mechanisms across the city (including but not restricted to the YorOK Board and the safeguarding children board) be used to deliver against the starting and growing well theme of the joint health and wellbeing strategy (2017-22). There are already multi-agency plans in existence that cover many of the key areas within the starting and growing well strategy theme; it would seem pertinent to use these rather than producing one single action plan.
8. The Health and Wellbeing Board also considered a suite of indicators to performance manage the starting and growing well theme and will be monitoring progress on:

- i. The increase in the percentage of mothers in York who are breastfeeding

Update

- *this continues to be a priority for the Healthy Child Service*
- *City of York Council is working collaboratively with North Yorkshire County Council to create an Infant Feeding Strategy which will look at how we can increase rates of breastfeeding across the city.*

- ii. Improvements in the timeliness of visits and reviews in the first year of life to at least the national average

Update

- *the appointment of the new Healthy Child Service Managers will be crucial in taking this work forward through understanding what barriers currently exist in the service.*
- *recently released data for 2016/17 has shown a slight increase in timeliness of visits.*

- iii. Reducing the variation in obesity levels between different wards in York

Update

- *Public Health is leading on two work streams to start to address this. One is the Daily Mile which involves getting school children to walk or run a mile each day. The other is a pilot scheme in Westfield around healthy lunchboxes.*

- iv. improved school readiness for the most vulnerable groups e.g. those on free school meals

Update

- *all visits undertaken by School Partnership Officers and Early Years Support Advisers to schools and settings continue to have a focus on this.*

- v. Reducing hospital admissions for tooth decay in children (working with the children's safeguarding board)

Update

- *more work is required in relation to the key performance indicator. Benchmarking against other similar areas needs to happen so that work can start on understanding what we need to do to improve children's dental health.*
- *the Director of Public Health is in negotiations with Public Health England to secure the placement of a Specialist Registrar in Dental Public Health for up to 12 months to take forward the work on oral health improvement across the city.*

- vi. More young people in York telling us they feel safe, happy and able to cope with things.

Update

- *surveys with year 8 and 11 pupils have taken place with a view to evaluating the impact of the school wellbeing service. 82% of children and young people that received direct work through the service said that they had had a positive experience.*

9. Also in relation to the starting and growing well theme the board approved a completed student health needs assessment. Students in further or higher education make up 15% of York's population and it is important that their specific health and wellbeing needs are fully understood. This was a great and comprehensive piece of work with students being well consulted.

10. The lead Health and Wellbeing Board member for the starting and growing well theme subsequently presented the needs assessment to the Higher York Board. The Higher York Board welcomed the report and collectively and as individual organisations expressed support for addressing this area of health and wellbeing.

11. September 2017: *Ageing Well: the top priority in the joint health and wellbeing strategy for this theme is to 'reduce loneliness and isolation for older people'. Additional priorities are 'continue work on delayed discharges from hospital'; 'celebrate the role that older people play and use their talents'; 'enable people to recover faster'; 'support the vital contribution of York's carer's'; 'increase the use of social prescribing' and 'enable people to die well in their place of choice'.*
12. The Health and Wellbeing Board lead for this theme is the Chief Executive at York CVS and she led a comprehensive discussion highlighting an excellent range of ongoing work in relation to the ageing well priorities. The Ageing Well CVS Forum has identified fuel poverty and transport as two important issues that contribute to loneliness and social isolation.
13. The Health and Wellbeing Board considered a suite of indicators to performance manage the ageing well theme and will be monitoring progress on:
- i. more people telling us they have as much social contact as they would like

Update

- *the Adult Social Care Outcomes Framework for 2016-17 shows that 50% of adult social care users surveyed in 2016-17 had as much social contact as they would like; amongst the older people this increased to 56% for those in residential care but only 45% amongst older people in the community*
 - *there is work ongoing in the wards supported by ward committee funding*
- ii. reducing the number of unnecessary admissions to hospital for older people

Update

- *in the year to 31 December 2016 (latest data available), there were 1,427 emergency admissions per 100,000 registered patients to hospital for acute conditions in the NHS Vale of York Clinical Commissioning Group's area – this is a rate that has been steadily increasing.*

iii. reducing the number of delayed discharges from hospital beds

Update

- *there were 22 delayed discharges from York Hospital in the first quarter of 2017-18 compared to 38 in the corresponding quarter of 2016-17. There has been a focus in the York health and social care system on reducing delayed transfers of care.*
- *Delayed Transfers of Care remain a challenging area for services in York – the autumn has been a difficult period with signs of pressure increasing as we enter winter.*
- *the target for reduction in Delayed Transfers of Care is one of the four national conditions of the Better Care Fund policy framework and will be closely monitored by government over the next 18 months.*

iv. more older people still being at home 91 days after reablement or rehabilitation

Update

- *data shows that in 2016-17 79.2% of older people were living at home 91 days after being discharged from hospital. This is an increase from 2015-16 when the figure was 75.8%.*

v. more volunteering opportunities for older people

Update

- *this data is currently not collected*
- *City of York Council has a volunteering lead and a new volunteering strategy has recently been launched*

vi. more older people telling us they are happy with the care they receive and have done the groundwork to prepare for their end of life

Update

- *the Adult Social Care Outcomes Framework for 2016-17 reported that 62% of adult social care users surveyed in 2016-17 were either 'extremely' or 'very' satisfied with their care and support.*

14. As part of the ageing well themed meeting Health and Wellbeing Board also received a presentation on 'Ways to Wellbeing: York's Social Prescribing Service' – this service is designed to give people a little extra support at a time they need it most. By connecting

people into their communities the reliance on GPs is reduced and evaluation of the first year of the service showed that GP appointments reduced by 30% for those people referred to the Ways to Wellbeing service.

15. The Health and Wellbeing Board also received a report setting out the initial findings from the responses to the older people's survey. There were 912 responses to the survey and respondents generally reported good health. However further analysis of the survey results is underway and a more comprehensive report will be presented to the Health and Wellbeing Board at a future meeting.
16. **November 2017: Mental Health and Wellbeing:** the top priority in the joint health and wellbeing strategy for this theme is to *'get better at spotting the early signs of mental ill health and intervene early'*. Additional priorities are *'focus on recovery and rehabilitation'*; *'improve services for mothers, children and young people'*; *'improve the services for those with learning disabilities'*; *'ensure that York becomes a suicide safer city'* and *'ensure that York is both a mental health and dementia friendly environment'*.
17. City of York Council's Corporate Director for Health, Housing and Adult Social Care and the Accountable Officer at NHS Vale of York Clinical Commissioning Group take the lead for the Health and Wellbeing Board on this theme. The Board received a paper from them detailing some of the ongoing work around this theme; again whilst not exhaustive the paper provided the Health and Wellbeing Board with reassurance that some significant work is ongoing in this area.
18. Two key pieces of work for the board are around developing both an all age mental health strategy and an all age learning disabilities strategy. These will be presented to the Health and Wellbeing Board in 2018. An initial draft of an all age mental health strategy has been through a period of consultation. Taking the responses received as a whole some common themes emerged from the consultation feedback including:
 - the vision in the draft strategy needs to be more inspirational
 - a better explanation of how can the city can move towards a different model of mental health care is needed
 - the strategy should be short and succinct and should focus on the strategic direction for the future

- the strategy needs to be presented in a similar style and format to the joint health and wellbeing strategy.
19. Taking the above into consideration alongside the references made in the consultation to a wide variety of specific themes (e.g. self harm, suicide prevention, student mental health, transitions, children and young people, co-production, safeguarding) it became apparent that the mental health strategy still needed further work and a final draft will be presented to the Health and Wellbeing Board in 2018.
 20. In addition there has been some well received collaborative work to refurbish Sycamore House which reopened in the summer as 30 Clarence Street. This work has brought together three distinct services under one roof – adults' mental health recovery; young people's services and a Safe Haven.
 21. Finally, to round off the mental health and wellbeing themed meeting the Health and Wellbeing Board received another excellent report from Healthwatch York focused around child and adolescent mental health services. The report was well received by board members and will now be considered by the multi-agency strategic partnership: emotional and mental health (children and young people).
 22. However if the recommendations within this Healthwatch York report are to be progressed it will be important to move to a genuine joint commissioning approach for children's emotional health and wellbeing.
 23. Again the Health and Wellbeing Board considered a suite of indicators to performance manage the mental health and wellbeing theme and will be monitoring progress on:
 - i. access to and take up of talking therapies

Update

- *the rate of IAPT referrals increased by 75% between 2014/15 and 2016/17; this is because of an increased offer to the population of York. The rate of referrals remains below the regional and national average and more work needs to be done to make it widely available*

- ii. dementia diagnosis within primary care

Update

- *the number of people aged over 65 predicted to have dementia is around 2,800*

- iii. the aim to reduce premature deaths among people with severe mental illness

Update

- *the mental health team in City of York Council is moving to a 'co-location' model which is focusing on early intervention and protection for service users*

- iv. the aim to reduce the number of people admitted to hospital following a self harming episode

Update

- *recent figures for York show that there has been a significant increase in the rate of people aged 10-24 being admitted to hospital because of self harm. The local suicide prevention task group is working with health care services to develop action plans to respond effectively to self-harm.*

- v. regular sharing of information between GPs and CYC about people with learning disabilities

Update

- *there is a facility where GPs and CYC can share information about those with learning disabilities however this is not always used. The client would need to agree with the GP that their information can be shared and GPs are not obliged to let CYC know when learning disability clients visit them.*

- vi. more people telling us that they and their families feel well supported through a crisis and afterwards

Update

- *York Mind report that they are seeing more people whom define themselves as being 'in crisis'. There is a 16-18 month wait for IAPT services and counselling needs are an increasing issue in the city.*

24. **Key pieces of work** – in addition to the above which focuses on the board's joint health and wellbeing strategy the Health and Wellbeing Board have considered the following:

- **Creation of a HWBB Steering Group:** the Joint Strategic Needs Assessment/Joint Health and Wellbeing Strategy Steering Group has now been replaced by the Health and Wellbeing Board Steering Group with Terms of Reference for this group being signed off at the July meeting. Many of the functions of the group are the same but additional responsibilities include managing the business on the board's agendas. Additionally a new Joint Strategic Needs Assessment (JSNA) Working Group has been created to lead the work on the JSNA; this reports to all HWBB Steering Group meetings.
- **A refreshed JSNA:** the JSNA for the city has now been refreshed. This is solely a web based document and has been redesigned to mirror the life course approach of the joint health and wellbeing strategy. There will be a JSNA road show with events running from late October 2017 into 2018.
- **Better Care Fund (BCF):** the integration and BCF narrative plan 2017-19 were submitted on 11th September 2017. The national assurance process is carried out during the autumn and has several stages. The York plan was not approved at the first stage and was therefore included in the national escalation process. The plan did not meet NHS England expectations on two key areas (requirements on minimum financial expenditure for carers and reablement and the target for delayed transfers for care). Further clarification was provided on the minimum expenditure and partners in York agreed to re-profile our trajectory to achieve the 3.5% of occupier bed days target for Delayed Transfers. A subsequent stage in the assurance process has been required. York has provided a revised plan which is anticipated to meet the four national conditions. We await the final outcome of this process at the time of writing.
- **Care Quality Commission (CQC) Review:** a local system review has taken place. It was a review of the whole system and not of individual organisations and sought to answer the question '*how well do people move through the health and social care system?*' The review focused on older people with complex needs and co-morbidities who become delayed in hospital. The final report will

be contained within the papers for the January 2018 Health and Wellbeing Board.

- **Safeguarding reports:** Health and Wellbeing Board have received and discussed the annual reports from both safeguarding boards.

- **Future in Mind: Local Transformation Plan:** this plan sets out the vision and steps to transform the way services support children and young people's emotional and mental health. The plan outlines both NHS mandated and local priority themes and requires sign off by the Health and Wellbeing Board:
 - community eating disorder services across York and North Yorkshire (NHS mandated)
 - development of 'children and young people's IAPT' principles: these focus on workforce development, service transformation and patient experience (NHS mandated)
 - promotion, prevention and early intervention (local priority)
 - easier access to support
 - support for the most vulnerable

25. **Building Relationships** – as Chair of the HWBB I continue to meet with key partners in the city including, the Chairs of the CCG, York Teaching Hospital NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and the Chairs of both the Adults Safeguarding Board and the Children's Safeguarding Board..

26. **Communications** – Health and Wellbeing Board now produce a seasonal newsletter. The first of these was published in April 2017 and focused on introducing the lead Health and Wellbeing Board members; the second in September 2017 with a focus on starting and growing well. A third will be published in December and will contain articles on both the ageing well and the mental health and wellbeing themes of the joint health and wellbeing strategy.

Cllr C Runciman

Chair of Health and Wellbeing Board

November 2017



Health, Housing and Adult Social Care Policy and Scrutiny Committee

12 December 2017

Report of Programme Director, Humber, Coast
and Vale Sustainability and Transformation
Partnership (STP)

Update on the work of the Humber, Coast and Vale Sustainability and Transformation Partnership

Summary

1. This report provides an update on the work of the Humber, Coast and Vale Sustainability and Transformation Partnership, and in particular the local place-based work in York.
2. It is provided in order to keep members informed of the ongoing efforts to improve local health and care services through greater integration and collaboration across a wide range of partners in the Humber, Coast and Vale.

Background

3. Since early 2016, the organisations responsible for providing and commissioning health and social care services across the area known as Humber, Coast and Vale have been working together to plan the future of local health and care services. They formed a partnership known as the Humber, Coast and Vale Sustainability and Transformation Partnership (STP) and have been taking steps to work together in order to address the challenges facing local health and care services both now and in the future.
4. The Partnership has developed a shared vision for our local health and care system: **“We want everyone in our area to have a great start in life, to have the opportunities and support they need to stay as healthy as they can throughout their lives.”**
5. In October 2016, we published our outline plan for the partnership, which set out our key goals and aspirations for our population.

6. Since then, we have been working together in partnership on a wide-ranging programme of work addressing the six priorities identified by the Partnership:
 - a. **Healthier People** – working with Local Authorities to address the wider determinants of health, focusing on prevention and self-care;
 - b. **Better ‘Out of Hospital’ Care** – improving, extending and joining-up services in local communities so people only go into hospital when it is absolutely necessary and do not stay longer than they need to;
 - c. **Better ‘In-Hospital’ Care** – making the best use of the resources and workforce across the system to plan and deliver hospital-based services for those who need them;
 - d. **Better Mental Health Care** – ensuring mental health is seen to be equally important as physical health and that the services we offer promote the best mental health for our local population;
 - e. **Better Cancer Care** – working together to improve the effectiveness of cancer services, promote early diagnosis and support people to live well with and beyond cancer;
 - f. **Balancing the Books** – making the best use of all the resources – financial, human and physical – within the system to deliver good quality local services within the funding available.
7. Work programmes have been established in each of our local places that are focussed around our six Clinical Commissioning Groups, to plan and implement local transformation programmes. We have also established cross-cutting workstreams focusing on cancer, mental health and hospital-based care as well as enabling workstreams covering workforce, digital technology, communications and engagement and estates.
8. The Humber, Coast and Vale Partnership will meet in early December to review the priorities and programmes of the Partnership and make any changes to our programmes of work that are necessary in order to accelerate progress on delivering the vision.
9. Representatives from the Humber, Coast and Vale Partnership attended this scrutiny committee in November 2016 to brief members on the development of the initial outline plan, submitted in October 2016. The report below provides an update on key developments within the partnership and particularly the York Place Based Plan.

Place-based care for York

10. The place based plan for York has been developed jointly by the Vale of York and Scarborough and Ryedale Clinical Commissioning Groups working with partner organisations.
11. It covers the following four localities: City, North, South (Vale of York) and Scarborough – recognising ‘one’ Ryedale. The joint plan priorities include:
 - a. Planned care transformation
 - b. Winter Planning (specific focus for 2017/18)
 - c. Sustainability for Scarborough and Ryedale with ‘core’ services of emergency care, pediatrics and maternity
 - d. Diagnostic capacity, access and tertiary flow aligned with the STP Cancer Alliance work
12. The plan also includes specific priorities for the Vale of York (covering the three localities). These priorities are:
 - a. Population health
 - b. Emerging new models of care for Community Care
 - c. Complex case management
 - d. Developing general practice as provider at scale
13. A further update will be provided through a presentation at the meeting of this Scrutiny Committee.

Other key developments across the Humber Coast and Vale STP

Leadership and system change

14. Emma Latimer, who has led the Humber, Coast and Vale STP since it was established in early 2016, stood down from the role at the end of August 2017. Simon Pleydell, former Chief Executive of Whittington Health NHS Foundation Trust, joined the Humber, Coast and Vale leadership team in September 2017 as independent Chair and STP lead.
15. We have taken a number of steps to enable better collaboration between the organisations that are providing health and care services to our local populations. A Humber, Coast and Vale Provider Collaborative has been established, chaired by Michele Moran, Chief Executive of Humber NHS Foundation Trust. This group first met in June 2017 and has now developed a work programme and key priorities for collaboration. Topics covered in the workplan include: workforce, managing risk, governance, resources and population health management.

16. The 'Next Steps to the Five Year Forward View', which was published by NHS England in March 2017, launched the concept of Accountable Care Systems (ACSs). The first eight Accountable Care Systems (ACSs) in eight STP or sub-STP areas across England were announced in July 2017. These areas are currently working towards the implementation of a new model for Accountable Care in their area, which bring together local NHS organisations, in partnership with social care services and the voluntary sector.
17. The first group of designated ACSs have agreed with national leaders to fast track improvements set out in Next Steps on the Five Year Forward View, including taking the strain off A&E, investing in general practice making it easier to get a GP appointment, and improving access to high quality cancer and mental health services.
18. These areas will also lead the way in taking more control over funding available to support transformation programmes, matched by accountability for improving the health and wellbeing of the populations they cover. NHS national bodies will provide these areas with more freedom to make decisions over how the health system in their area operates.
19. Early discussions are taking place amongst the Partners within Humber, Coast and Vale in relation to the concept of Accountable Care Systems and what the potential models might be for developing an Accountable Care System(s) in the Humber, Coast and Vale.

Cancer

20. The Humber, Coast and Vale Cancer Alliance is leading our work to improve cancer care across our region. Jane Hawcard, Chief Officer, East Riding Clinical Commissioning Group is the Senior Responsible Officer for this workstream and was joined in September by Rafael Cicci, as Cancer Alliance Programme Director.
21. The four priority areas that the Cancer Alliance is working on are:
 - a. Increased awareness and early diagnosis
 - b. Improving diagnostics
 - c. Getting the best treatment for everyone
 - d. Living with and beyond cancer
22. The Cancer Alliance is also continuing its partnership with Macmillan, to support their Living With and Beyond Cancer programme, which aims to

improve the support available to the approximately 53,000 people in Humber, Coast and Vale who have cancer or have had cancer in the past.

23. Over £4million worth of transformation funding will be made available over the next two years to invest in improving local cancer services across Humber, Coast and Vale, with a focus on improving early diagnosis. There are eight projects in total associated with these programmes. For example, the cancer champion project aims to help support people to take charge of their own health and wellbeing and help those with cancer get diagnosed and treated earlier.
24. The transformation funding includes: revenue funding of £0.6m in 2017/18 and £1.8m in 2018/19 and capital funding of £2m in 2018/19.

Hospital-based care

25. The Partnership has begun to develop the process for a comprehensive review of hospital-based services across Humber, Coast and Vale with the intention that this will take the form of two parallel reviews, one for the Humber area and the other for the York/Scarborough area.
26. York Health Economics Consortium (YHEC), based at the University of York, has been commissioned to undertake analytical work that will provide a sound information and evidence base upon which the review can be built. The work conducted by YHEC will provide an evidence-based understanding of current and future demand for hospital-based services that can be used to help plan hospital services that will be needed in the future.

Mental Health

27. Our work towards improving mental health care across the Humber, Coast and Vale is being led through our Mental Health Workstream. Michele Moran, Chief Executive of Humber Foundation Trust is the Senior Responsible Owner and was joined earlier this year by Alison Flack, as the Mental Health Programme Lead.
28. The six priority areas that the mental health workstream is working on are:
 - a. Eliminating out of area placements for patients
 - b. Implementing a 24/7 Mental Health Crisis Care and Liaison Services
 - c. Developing the Community Mental Health Teams through redesigning and providing alternative roles within the workforce

- d. Increasing access to locally based Specialist Perinatal mental health community services
- e. Transforming Secure Care through the expansion of community services
- f. Improving the provision of Dementia assessment, diagnosis and treatment pathways for patients.

Stakeholder Engagement

- 29. An initial meeting of Lay Members and Non-Executive Directors (NEDs) was held in May 2017 to consider the recommendations in the Next Steps on Five Year Forward View document and lay representation within the STP. Further discussions have taken place – led by Sharron Mays, Chair of Humber NHS FT – to develop the lay member/NED input into Humber, Coast and Vale going forward.
- 30. GP representative Leads have been appointed to all STP workstreams. This is providing a different perspective on the way in which we are working together and planning future service changes. We are working to ensure primary care is at the forefront of developing new models of care and fully involved throughout the process.
- 31. Humber, Coast and Vale was successful in a bid to join the Building Health Partnerships self-care programme in 2017/18. The programme, delivered in partnership with Social Enterprise UK and the Institute for Voluntary Action Research aims to develop collaborative work with citizens and the Voluntary, Community and Social Enterprise sector to make progress on the self-care priorities within our STP. The first stakeholder event took place in September and work is ongoing to plan the remainder of the programme.
- 32. Regular meetings with trade union representatives through a Humber, Coast and Vale Staff-Side Forum have been established to maintain regular contact and enable discussion of issues raised by the staff side representatives.

Financial Picture

- 33. Two geographies within Humber, Coast and Vale became and continue to be subject to the Capped Expenditure programme: the York/Scarborough System (including Vale of York CCG, Scarborough and Ryedale CCG and York Foundation Trust) as well as the North Lincolnshire System (including North Lincolnshire CCG and Northern Lincolnshire and Goole NHS Foundation Trust).

34. The process of refreshing the financial model has been initiated through the HCV Finance and Technical Group, supported by colleagues in NHS England. The initial refresh incorporates financial outturn figures for 2016/17 and the financial figures built into the latest 2017/18 plans. Further work is underway to work through the assumptions within each of workstream plans and the impact on the financial position for each year to 2020/21.

Access to National Funding

35. Increasingly, NHS organisations are expected to work collaboratively in developing bids for national capital and revenue funding, via STPs. The Humber, Coast and Vale Executive Group is putting in place measures to strengthen our collaborative planning processes and to ensure that potential bids are worked up well in advance of deadlines. In line with this move, a number of collaborative bids for funding have been submitted and/or are under development within Humber, Coast and Vale.
36. Successful funding bids to date include:
- a. Urgent and Emergency Care Delivery Funding – allocation will be on fair share basis, each STP to receive circa £250k.
 - b. National Elective Programme – each STP will receive circa £150k for 2017/18 and 2018/19 to support delivery of the Elective Care Programme. This is particularly focussed on the MSK and clinical peer review activity.
 - c. Cancer Alliance – Awareness and Early Diagnosis and Diagnostics Consolidation bids successful (£0.6m revenue in 2017/18 and £1.8m revenue in 2018/19, and £2m capital in 2018/19)

Recommendations

37. Members are asked to consider and note the contents of the report and update provided.

Reason: To keep members informed of the ongoing efforts to improve local health and care services through the work of the Humber Coast and Vale STP.

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Phil Mettam

Accountable Officer, Vale of York CCG

Report Approved **Date** 30/11/2017

Wards Affected:

All

For further information please contact the author of the report

Background papers

Humber, Coast and Vale STP Outline Strategy, October 2016 Submission:

http://humbercoastandvale.org.uk/wp-content/uploads/2016/12/HCV-October-Submission_v.3.1-updated.pdf

Abbreviations

ACS – Accountable Care System

CCG – Clinical Commissioning Group

FT – Foundation Trust

HCV – Humber Coast and Vale

MSK – musculoskeletal

NED – Non-Executive Director

STP – Sustainability and Transformation Partnership

YHEC – York Health Economics Consortium



**Health, Housing and Adult Social Care Policy
and Scrutiny Committee****12 December 2017**

Report of the Assistant Director – Legal & Governance

**Update of Implementation of Recommendations from Public Health
Grant Spending Scrutiny Review****Summary**

1. This report provides Members with the first update on the implementation of the recommendations (Annex 1) from the previously completed Public Health Grant Spending Scrutiny Review.

Background

2. At a meeting in July 2015 the former Health and Adult Social Care Policy and Scrutiny Committee agreed to undertake a scrutiny review into Public Health Grant Spending, with benchmarking against other local authorities, as this could provide useful information to inform resource allocation decisions.
3. The Committee appointed a Task Group to carry out this work on the Committee's behalf and subsequently agreed the following aim and objectives:

Aim:

To identify a comprehensive understanding of York's public health outcomes and spend and establish a knowledge base for joint use with the Health & Wellbeing Board.

Objectives:

- i. To examine and compare York's spends and health and wellbeing outcomes against statistical neighbours

- ii. To examine spends and health and wellbeing outcomes of other agencies e.g. NHS England which contribute to the public health of York's residents
 - iii. Identify underachieving areas of activity and spend in York requiring further focus
4. Over a number of meetings the Task Group gathered evidence in support of the review and the recommendations were endorsed by the full Committee in March 2017 and by Executive in June 2017.

Options

5. Members may decide to sign off any individual recommendations of the Public Health Grant Spending Scrutiny Review where implementation has been completed and can:
 - i. Request further updates and the attendance of relevant officers at a future meeting to clarify any outstanding recommendations to the above review or;
 - ii. Agree to receive no further updates and sign off this review.

Council Plan

6. This review is linked to A Focus on Frontline Services and A Council That Listens to Residents elements of the Council Plan and supports the key strategic goals that all residents enjoy healthy and independent lives and achieve their full potential.

Implications

7. **Financial:** This review scrutinised financial information.
 - **Human Resources (HR):** There are no HR implications
 - **Equalities:** Reducing health inequalities to enabled people to achieve and maintain healthy lives was a consideration of this review.
 - **Legal:** There are no legal implications
 - **Crime and Disorder:** Spend on crime and disorder was one of the considerations in this review

- **Information Technology (IT):** There are no IT implications
- **Property:** There are no property implications

Risk Management

8. There are no risks arising from the recommendation in this report.

Recommendations

9. Members are asked to note the content of this report and its annex and sign off all the recommendations in the Public Health Grant Spending Scrutiny Review that have been fully implemented.

Reason: To raise awareness of those recommendations which are still to be fully implemented.

Reason:

Contact Details

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Report Approved **Date** 28/11/2017

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex 1 – Implementation of recommendations

Annex 2 – Public health Contracts and Grants

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Health, Housing and Adult Social Care Policy and Scrutiny Committee

Implementation of Recommendations from Public Health Grant Spending Scrutiny Review

Recommendation	Implementation as of December 2017
<p>i. Request the Director of Public Health undertake a detailed Health Impact Assessment of the anticipated impact on residents with a further report to Scrutiny to help inform the budget setting process for 2018/19 onwards.</p> <p>Reason: So that the Council can make informed decisions about how best to spend the public health grant to deliver improved public health outcomes for residents when the ringfence is removed in 2018/19.</p>	<p>A Health Impact Assessment of the impact to residents of the Vale of York CCG Prevention Strategy and changes to stop smoking support for residents has been completed and presented to Scrutiny. This has resulted in a review of the Council’s provision for stop smoking support and changes to the policy to include the provision of Varenicline medication to eligible residents. The Executive Member for Adult Social Care and Health has requested a more detailed report on the YorWellbeing Service support to residents to be presented next year.</p> <p>Work has begun on a health needs assessment of sexual health and contraception across the city to inform the retendering of services in 2018/19.</p>
<p>ii. Ask the Executive to support the recommendation that the Director of Public Health develop a Public Health Strategy for the City that utilises a “Health in All Policies” approach.</p> <p>Reason: In recognition of the fact that the Council can only deliver its statutory responsibilities for public health by making</p>	<p>The work on developing a Public Health Strategy has been delayed due to the sickness absence of the Director of Public Health over the summer. This is now in progress and it is anticipated a draft strategy will be ready for consultation early next year.</p> <p>The Joint Health and Wellbeing Strategy for York does provide a useful framework for a city wide approach to health and wellbeing and implementation of the strategy is underway with</p>

<p>the task of improving the public's health everyone's business, at the core of the practice of the wider Council workforce whilst also working pro-actively with city partners such as education and voluntary sectors and empowering citizens as partners in improving health and wellbeing at the level of the individual, family and community.</p>	<p>oversight from the Health and Wellbeing Board. The Public Health Strategy will seek to complement and underpin the priorities outlined in the Health and Wellbeing Strategy which was developed through consultation with citizens and key partner agencies.</p> <p>In addition the One Planet York Decision Tool adopted by the Council is an integrated impact assessment which includes consideration of some health impacts, including health inequalities, which supports a Health in all Policies approach.</p>
<p>iii. The CYC Public Health Team are asked to strengthen their management of contracts and oversight of delivery of public health services against clearly defined performance and financial targets.</p> <p>Reason: So that the Council can be assured of value for money in the delivery of public health services and that the statutory responsibilities for public health are met.</p>	<p>An internal audit of the contract monitoring arrangements for public health commissioned services was undertaken in 2014/15 which gave an opinion of <u>Limited Assurance</u>. The interim Director of Public Health, on taking up appointment, requested a further audit to establish what progress had been made in addressing the gaps in assurance. This 2015/16 audit showed that risks had been identified, assessed and there were actions identified to mitigate those risks, including improvements in the quality of financial management and contract monitoring and workforce capacity but further action was needed.</p> <p>The permanent Director of Public Health was appointed in May 2016 and arranged for a follow-up internal audit to be undertaken by Veritau to review progress made and identify any further areas of weakness. The outcome of this 2016/17 audit was that an acceptable control environment is in</p>

operation with an overall opinion of Reasonable Assurance. The report acknowledged that good progress has been made but identified a number of areas for action to further strengthen processes including:

- Contract management arrangements are in place but these are not based on the Council's requirements, including formal assessment of risks.
- Minutes of meetings with suppliers do not clearly identify what the outcomes are and any actions arising from the meeting
- No formal and detailed reviews are undertaken during the life of the contract.
- Information to support the payment of invoices for cross-charging of GUM (Genito-urinary medicine) activity is not retained

The Public Health Senior Management Team has put an action plan in place to strengthen internal controls to address the issues raised and this is being implemented. The recent re-procurement of drug and alcohol services, for example, has a contract developed based on a recognised process within a wider CYC procurement, finance, legal and commissioning team approach.

Risks are included on the public health risk register which has oversight from Health, Housing and Adult Social Care DMT.

The work is ongoing and Scrutiny members will be kept

	<p>informed of outcomes through the quarterly finance and performance reporting arrangements already in place.</p>
<p>iv. That the Director Public Health is asked to show the impact of contract management on residents' lives. It would be useful for a simple summary to show the breakdown of where funding is allocated this year which could be a template for future years, along with specific outcome indicators.</p> <p>Reason: To ensure that members are assured about the level of contract management, that contracts are delivered against specific outcome indicators and that remedial actions are available if they are not.</p>	<p>All contracts for public health commissioned services include Key Performance Indicators and, as described in section iii above, processes are in place to capture activity, identify risks and put in place mitigating action as required.</p> <p>Service agreements are being developed for in-house public health services e.g. Yorwellbeing Service and Healthy Child Service with agreed KPIs so that value for money can be assured.</p> <p>Some public health outcomes are long term and it can take some years before benefits are shown. Population level outcomes are monitored through the Public Health Outcomes Framework and we regularly benchmark our performance against regional and national average and cluster local authorities. Public Health England has produced a scorecard of key indicators to facilitate this process.</p> <p>A simple table showing a breakdown of all the contracts listed on the public health contracts register is attached. This has been developed in conjunction with finance and procurement and is monitored on a quarterly basis.</p>

Provider

Substance Misuse
Changing Lives Alcohol and Illicit Drugs Integrated Treatment and Recovery Service
Changing Lives Young Persons Service
Building 3 Blossom Street
Bowes Morrell House, Walmgate
Cyber Media

Pharmoutcomes

Residential Rehabilitation

Dental

North Yorkshire Dental Care

Sexual Health
Integrated Sexual Health
Long Acting Reversible Contraception
Infection, Prevention & Control
Genito-Urinary Medicine

External Grants

ADPH - Association of Directors of Public Health
York CVS - Time To Change Hub
Barnsley Council

Internal Grants

Air Quality
Adult Social Care Mental Health
Adult Social Care Preventative Services
Healthy Child Service
Yorwellbeing Service
Communication Department
Business Intelligence Hub
Business Support
Adult Social Care
Workforce Development Unit

Internal Corporate Charges

Description

To provide a Recovery and Substance Misuse service in the City of York
Delivery of Young Peoples alcohol and drug treatment and early intervention and prevention for risk taking behaviour
Rental of premises for York Drugs and Alcohol Service (3 Blossom Street)
Rental of premises for Changing Lives to deliver 12 week abstinence day programme
On line clinical record system used by the commissioned Drug and Alcohol Service
Online invoicing system for Pharmacies to enter monthly data submissions linked to contracts for payment.
Spot purchased through CYC procurement procedure as a pre paid agreement
Reduce oral health inequalities for those who are high risk of poor oral health.
Open access sexual health advice and contraception services as well as sexual
Payments made to York CCG for Larc carried out within GP Practices
Infection, Prevention & Control
Genito-Urinary Medicine cross charging for residents accessing sexual health services in other areas.
The Association of Directors of Public Health (ADPH) is the representative body for Directors of Public Health (DsPH) in the UK with the aim of maximising the effectiveness and impact of DsPH as Public Health leaders.
Change behaviour and attitudes towards people with mental health problems
Employee seconded to Public Health
Information not available
Information not available
Information not available
School nursing and children's health visiting services in York
Deliver Health Checks, Stop Smoking Services and wellbeing advice
0.5 FTE Support to Public Health for support with communications
Support from BIHUB
Executive support for Director of Public Health and Executive support for Assistant Director of Public Health
50% for Head of commissioning post for Joe Micheli
Funding to WDU for staff training

Internal overhead charges

Total

Current Cost

2017/2018
£1,955,000.00
£178,000.00
£20,000.00
£20,000.00
£25,000.00
£2,663.42
£20,000.00
£10,000.00
£1,447,950.00
£240,000.00
£57,848
£57,000
£8,937.00
£25,000
£65,212.00
£50,000.00
£200,000.00
£141,000.00
£2,250,000.00
£503,740.00
£18,870.00
£38,775.00
£58,000.00
£35,000.00
£25,000

£235,988.00

£7,688,983.42



**Health, Housing and Adult Social Care Policy
and Scrutiny Committee****12 December 2017**

Report of the Assistant Director Housing and Community Safety

Provision for homeless people over the winter period**Summary**

1. This report updates the committee on measures being taken by the Council through its preventative work and resettlement pathways to provide support for people who are homeless.

Background

2. Following changes to the senior management structure within City of York Council in September 2016, issues around homelessness were transferred from the former Directorate of Communities and Neighbourhoods to a newly formed Directorate of Health, Housing and Adult Social Care. The scrutiny arrangements which support all service delivery within City of York Council have also been realigned with issues around homelessness now falling within the remit of the Health, Housing and Adult Social Care Policy and Scrutiny Committee.
3. In late October 2017 a Motion was submitted to Full Council, in accordance of Standing Order 22.1, following the sudden death on the streets of York of one of the city's long term rough sleepers.
4. The Council acknowledged the achievement of the Council's Housing Options team in being awarded a 'Gold Award' for their work and the large number of people inside and outside the Council in the voluntary and community sector striving to support the homeless.
5. However, Council resolved to call for an urgent report to Executive to consider options on the following:
 - Immediate measures to provide additional temporary accommodation and avoid if at all possible any further deaths on our streets this winter;

- Any further measures that can be actioned in a short/medium timescale to prevent this crisis from spiralling out of control in York. These might include an extension of the Housing First model; the provision of daytime facilities in the city centre to improve the health of people who find themselves on the streets; and the options for closer working with partners across the region to improve outcomes for homeless people.
 - Plans for engagement with people living on the streets, in temporary accommodation and other homeless people to learn from their views and ideas.”
6. A briefing paper on provision for homeless people over the winter period was circulated to all Committee Members in November 2017 and it was agreed this item be added to the agenda for the meeting in 12 December 2017 with relevant comments and suggestions being fed into a full report to Executive on 25 January 2018, in line with the Committee’s policy development function.

Provision for Homeless People

7. The Housing Act 1996 places a statutory responsibility on a Local Authority to provide advice and assistance to anyone who is homeless or at risk of homelessness.
8. In general terms there are 4 categories of homelessness:
- Statutory homeless – where a individual / household has met the criteria of the Housing Act 1996 (eligible, homeless, believed to be in priority need the duty on the LA is to provide temporary accommodation, if they are accepted as homeless (ie meet all 5 criteria eligible, homeless, priority need, unintentionally homeless and having a local connection) the LA has a duty to provide permanent accommodation primarily via North Yorkshire Home choice and access to social housing. A second homeless presentation cannot be taken unless there has been a period of settled accommodation or significant change in circumstances.
 - Youth homelessness (16 and 17) – where a homeless young person will generally be offered social services support (often refused) and hostel accommodation.

- Single homeless – where an individual is homeless but does not meet the criteria of the Housing Act 1996 and will be offered advice and support to access accommodation. If an individual has some vulnerability they will generally be offered hostel accommodation, but those with no vulnerability will be helped to access private rented accommodation. If they have no connection to York the accommodation offered will not be in York.
 - Rough sleepers – where an individual is homeless but does not meet the criteria of the Housing Act 1996 and will be offered advice and support to access accommodation. If an individual has some vulnerability they will generally be offered hostel accommodation, but those with no vulnerability will be helped to access private rented accommodation. If they have no connection to York the accommodation offered will not be in York.
9. The focus of this scrutiny report and the forthcoming report to Executive is on rough sleepers and those going through a resettlement pathway. It should be noted that a large proportion of household that present as homeless are re-housed through the Housing Act 1996, accessing emergency temporary accommodation.
10. Considerable progress has been made in York in the last 10 years:
- In 2007/8 there were 406 homeless acceptances, last year the number had reduced to 186. In the first six months of this year the figure is 87.
 - The number of households living in temporary accommodation has reduced from 207 on 31st March 2007 to 68 at 31st March 2017. As at the end of September the number in temporary accommodation was 58.
11. As the focus and level of preventative work has increased, the number of acceptances and the number in temporary accommodation has reduced. Ten years ago there were 278 successful interventions. Last year there were 752 successful interventions thus avoiding the need for an individual / household to present as homeless.
12. York has a number of protocols which enables agencies to work together to prevent homelessness / help people move into accommodation in a planned way (e.g. York and North Yorkshire Offender protocol)

13. The homeless and resettlement service in York is rated highly and in December 2016 was awarded gold standard. At the time we were one of only three Local Authorities in England to have achieved this.
14. The level of rough sleeping has increased in recent years to 29 people (2017). The issue of rough sleeping is multi-layered and includes:
 - Those at risk of homelessness who will not have anywhere to live in the near future;
 - Those at risk of homelessness and will not have anywhere to sleep tonight;
 - Those who are technically homeless but who can stay with people in the very short- term 'sofa surfing' but often putting another persons tenancy at risk;
 - Those who are new rough sleepers;
 - Those who are entrenched rough sleepers;
 - Those who have been in services but been asked to leave for serious breach of accommodation agreement and have returned to 'sofa surfing';
 - Those who have been in services but been asked to leave for serious breach of accommodation agreement and have returned to rough sleeping.
15. When working with individuals who are at risk of homelessness or recently homeless and engage with services, they are generally helped into accommodation fairly quickly but there may not be accommodation available for more complex / entrenched because of behaviour or their lack of engagement. These are the most visible rough sleepers.
16. All rough sleepers have been offered help to access accommodation, although for those with no local connection to York it may not be in the district. Help is offered to reconnect them to an area where they have a local connection but the individuals concerned do not wish to leave York. A second concern is that a significant number of current rough sleepers have previously used the services available but have been excluded because of their behaviour. Before anyone is excluded, services confer

and manage individuals to avoid the need for exclusion if at all possible. A number of rough sleepers are entrenched and refuse any form of help.

Rough sleeping figures

17. Rough sleeping increased by 132% nationally from 2010 to 2016 and the homeless charity Crisis predicts there will be a 76% rise in rough sleeping nationally over the next decade.
18. The Street Count Evaluation is scheduled every November. This is an evaluation based on a typical night and is submitted to central government. It is determined by a strict methodology, used nationally and is not a simple street walk head count.
19. Since 2010 this figure has increased year on year.

	Nov 2010	Nov 2011	Nov 2012	Nov 2013	Nov 2014	Nov 2015	Nov 2016	Nov 2017
York	2	2	8	9	13	18	18	29
England	1,768	2,181	2,309	2,414	2,744	3,569	4,134	TBC

20. York has a cohort of 20-25 people who are visible / entrenched in rough sleeping and associated problematic behaviours. To give some regional context, Doncaster has a similar but much larger cohort of about 70 people; Hull about 23 and Harrogate 12.

Services for single homeless and rough sleepers

21. Engagement with rough sleepers (advice and support)
Ideally, anyone at risk of homelessness should approach advice services prior to actual homelessness. CYC Housing Options Team deal with all enquiries and Salvation Army Early Intervention and Prevention Team are contracted to work with single homeless 18+. Where people approach services prior to homelessness, relevant advice is given to help people access self contained accommodation (via private rented sector or North Yorkshire Home Choice). For those more vulnerable a referral will be made via Single Access Point to supported housing
22. Salvation Army Street walks to encourage rough sleepers to access services.

23. Salvation Army drop in service to provide advice and support to access accommodation and other services
24. MEAM (Making Every Adult Matter) engages people with complex needs. MEAM customers must be homeless, have mental health issues, offending issues and substance issues. There is one MEAM worker. At present there is no confirmed long term funding of this post.
25. Housing Options Team provides housing advice to anyone who is homeless or at risk of homelessness. They assess applicants under the Housing Act 1996 (homeless presentation) but can only assist according to the legislative criteria.
26. Youth Homeless Workers (16-17) provide specialist advice and support to young people 16 and 17
 - Informal advice / support from Carecent volunteers;
 - Advice, support and liaison on behalf of a customer from other agencies such as National Probation Services, Community Rehabilitation Company (CRC), Citizens Advice.
27. Staff within all Resettlement Services and other partner agencies are accredited to provide appropriate housing advice. There is an ongoing training programme to maintain and expand this across services.

No Second Night Out (NSNO)

28. Where a person is new to rough sleeping, York has adopted the NSNO approach. This means that someone who has slept out for one night will be offered an emergency bed and asked to engage with Salvation Army to secure longer term accommodation.

https://www.york.gov.uk/downloads/file/8527/no_second_night_out_nsno_and_emergency_bed_protocolpdf
29. NSNO is a multi-agency provision co-ordinated by Salvation Army Early Intervention and Prevention Team. The beds are provided by Peasholme Centre, Howe Hill for young people and Robinson Court women's hostel. These are additional emergency beds offered in addition to commissioned beds. NSNO is provided from within current provision free of charge to enable rough sleepers into emergency beds.

- Peasholme Centre up to 5 No Second Night Out / Emergency beds.
- Howe Hill for Young People up to 5 NSNO/emergency beds.
- Robinson court women's hostel 1 NSNO/emergency bed.

30. York is flexible in its use of NSNO beds and where possible will offer them to those who have not slept rough but need emergency accommodation and to those entrenched rough sleepers that re-engage with services and ask for accommodation.

31. In 2016/17 2657 additional bed nights were provided by services to prevent people sleeping rough.

	Howe Hill	Peasholme	Arc Light	Robinson Court	Total
NSNO	487	1,341	154	119	
Severe weather	260	237	48	78	
Total	747	1,511	202	197	2,657
1/4/17 – 6/11/17	79	131	N/A	17	

<http://www.homeless.org.uk/our-work/campaigns/policy-and-lobbying-priorities/no-second-night-out-campaign>

Severe weather provision

32. Severe weather operates over winter months during cold weather and is monitored between 1st Nov and 28th Feb offering 5 more beds in Arc Light when required. These are in addition to the 11 NSNO beds.

33. Anecdotally, Salvation Army do not believe many of the entrenched rough sleepers would look to access emergency accommodation when severe weather is activated. They are aware of the service.

Resettlement model

34. The intention of the service is to offer single homeless and rough sleepers access to supported hostel accommodation. Initially this is tier 1 (24/7 staffed hostels). Individuals are expected to adhere to hostel rules, pay their rent and amenity charges and engage with support and education services. When ready, individuals will move onto tier 2 shared housing, with more independence before ultimately moving into self contained accommodation.

35. York has a range of front line tier 1 accommodation for single people that are homeless and have a vulnerability. All referrals are via Single Access Point

https://www.york.gov.uk/info/20094/homelessness/816/hostels_and_emergency_accommodation

36. Accommodation provision includes:

- Arc Light Hostel 39 beds.
- Peasholme Centre 22 beds
- Howe Hill for Young People 23 beds.
- Robinson Court women's hostel 13 beds
- Robinson Court young peoples service 4 beds.

In total there are 101 tier 1 beds in the city

37. York has significant success with those people that do engage and move through resettlement services. Last year York resettled 70 people into permanent tenancies, plus a small number of complex individuals using the Housing First model.

Housing First

38. <http://hfe.homeless.org.uk/principles-housing-first>

'Housing First is an evidence-based approach to successfully supporting homeless people with high needs and histories of entrenched or repeat homelessness to live in their own homes. The overall philosophy of Housing First is to provide a stable, independent home and intensive personalised support and case management to homeless people with multiple and complex needs. Housing is seen as a human right by Housing First services. There are no conditions around 'housing readiness' before providing someone with a home; rather, secure housing is viewed as a stable platform from which other issues can be addressed. Housing First is a different model because it provides housing 'first', as a matter of right, rather than 'last' or as a reward.'

39. CYC has adopted the Housing First model and uses existing stock to house a small number of complex rough sleepers who are engaging with MEAM and for whom this is the most suitable housing option. All MEAM customers are homeless and have mental health, offending, substance misuse issues and they require intensive, often daily visits for long term support for many years.

40. This is not an appropriate option for everyone. Some people benefit from supported housing and moving onto independent accommodation through resettlement services and North Yorkshire Home Choice but it is an option that York has used successfully for a small number of people. There are no additional units of accommodation and use of stock for rough sleepers must be considered alongside the need to move people out of hostels, care leavers, statutory homeless, over crowded, under occupation and other elements of the NYHC allocations policy which reflect the housing needs of individuals and families.

Rough sleeping

41. As stated in paragraph 18, above, the Street Count Evaluation is scheduled every November with the latest taking place on 22 November 2017. The figures in York have increased year on year since 2010.

Nov 2010	Nov 2011	Nov 2012	Nov 2013	Nov 2014	Nov 2015	Nov 2016	Nov 2017
2	2	8	9	13	18	18	29

42. In York there is currently a cohort of people involved in what is known as street culture. An approximate estimate for this cohort is between 20 and 25.
- Many of the people involved in this are involved in begging, substance misuse / street drinking etc; have complex needs and usually no desire to engage with support services at this point in their lives.
 - Not all beggars are rough sleepers. Many are in accommodation, but York is a lucrative city with a vibrant night time economy which attracts begging and significant sums of money can be made.
 - It is very difficult to encourage someone off the streets if they don't want to engage in the resettlement offer.
 - There isn't anyone on the streets that the outreach services are unaware of.
 - Welfare reform has contributed to non-engagement as some people do not wish to claim benefits, which precludes them from accommodation.

- All of the people concerned have been offered services appropriate to their situation.
- The need for a busking licence was withdrawn resulting in increasing begging and very little in the way of powers to prevent it
- Resettlement aims to work with people to move away from behaviours associated with street culture so for those who are not ready to leave this lifestyle or the financial incentive associated with it there is very little support services can do to effect a change without enforcement.
- North Yorkshire Police resources struggle to control city centre begging, but the Business Improvement District rangers have to some degree stepped into this role.
- Due to reductions in public spending there has been a reduction in outreach services and supported housing in recent years.
- There is significant demand for social housing (circa 1,600 on North Yorkshire Home Choice)
- There is limited private rented accommodation available in York for people on benefits
- The average life expectancy for an entrenched rough sleeper is 47, the man who died recently was part of this cohort of people reluctant to move away from this choice
- There has been a campaign in York to encourage the public to give to charities rather than people begging to help ensure that this money goes to services that support rough sleepers wanting to access resettlement services



Concerns

43. There are concerns by professionals that due to increased demand over the last few years there are insufficient emergency beds, supported accommodation beds and long term affordable (social) housing in York. The pro-active approach to providing structured resettlement support may not suit all people but there are no 'long term' supported housing options for rough sleepers / those with complex needs.
44. There is significant demand for social housing from many customer groups which must be balanced. Safe and stable communities are important. There are concerns that individuals with complex needs may cause some anti-social behaviour in social housing tenancies if they have not fully engaged with resettlement services prior to moving into independent accommodation.
45. There are limited numbers of 'specialist' supported housing projects in particular mental health and learning difficulties schemes and so more people try and access resettlement services.
46. There appears to be an increase in the number of offenders needing resettlement services, due to Southview Approved Premises being re-designated as a national facility and because there is more emphasis on offenders leaving prison having accommodation on release.
47. While the private rented sector has been beyond the reach for many of CYC customers, the impact of Local Housing Allowance has further reduced access to the private rented sector.
48. The impact of welfare benefit reforms is causing significant distress to individuals claiming Universal Credit.
49. There is uncertainty over what impact the Homeless Reduction Act 2017 will have on services, but it is anticipated there will be an increase in demand with no additional accommodation to assist people.

Options

50. This report is provided for information. However, Members may feel fit to make comments to be fed in to a future full report to Executive.

Analysis

51. This report is for information.

Council Plan

52. This report links to the following priorities of the Council Plan 2015-19:

- **A focus on frontline services** – to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.
- **A council that listens to residents** – to ensure it delivers the services they want and works in partnership with local communities

Risks and Implications

53. There are no risks or implications arising from the recommendation in this report. A number of identified concerns are listed in paragraphs 43-49 above.

Recommendations

54. Members are asked to note the content of this report and agree any relevant comments or suggestions to be fed into a full report to Executive.

Reason: So Members are satisfied that issues around homeless people are being addressed.

Contact Details

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Report Approved



Date 28/11/2017

Wards Affected:

All

For further information please contact the authors of the report

Abbreviations

CYC – City of York Council

MEAM – Making Every Adult Matter

NSNO – No Second Night Out

SWP – Severe Winter Pressure

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Health, Housing & Adult Social Care Policy & Scrutiny Committee

Work Plan 2017-18

20 June 2017	<ol style="list-style-type: none"> 1. Attendance of Executive Member for Housing & Safer Neighbourhoods 2. Attendance of Executive Member for Health & Adult Social Care 3. Annual report of HWBB 4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services 5. Update on decisions taken on smoking cessation and their impact. 6. CCG Task Group Scoping Report 7. Work Plan 2017/18 8. Urgent Business – New Mental Health Hospital Update
25 July 2017	<ol style="list-style-type: none"> 1. End of Year Finance & Performance Report. <p style="margin-left: 20px;">Health</p> <ol style="list-style-type: none"> 2. Be Independent end of year position 3. Report on The Retreat action plan following CQC inspection. 4. Safeguarding Vulnerable Adults Annual Assurance report <p style="margin-left: 20px;">Housing</p> <ol style="list-style-type: none"> 5. Introduction to Safer York Partnership 6. Report on new Community Safety Strategy. <ol style="list-style-type: none"> 7. Work Plan 2017/18 <p style="margin-left: 20px;">Information Reports</p> <p style="margin-left: 20px;">Annual Report of Tees Esk & Wear Valleys Foundation Trust (AGM 19th July)</p>

<p>13 September 2017</p>	<ol style="list-style-type: none"> 1. 1st Quarter Finance & Monitoring Report <p>Health</p> <ol style="list-style-type: none"> 2. Consultation on Mental Health Strategy for York. 3. Update report on York Hospital's financial situation <p>Housing</p> <ol style="list-style-type: none"> 4. Update Report on Implications of Homelessness Reduction Act 5. Update report on fire safety and housing <ol style="list-style-type: none"> 6. Work Plan 2017/18
<p>3 October 2017</p> <p>CANCELLED</p>	<p>Health</p> <ol style="list-style-type: none"> 1. Future Focus <p>Housing</p> <ol style="list-style-type: none"> 2. Review of Allocations Policy & Choice-based Lettings 3. Update Report on Housing Revenue Account Business Plan. 4. Work Plan 2017/18 <p>Information reports</p> <ul style="list-style-type: none"> • Further update report on community service provision • Annual Report of Chair of Teaching Hospital NHS FT

	<ul style="list-style-type: none"> • Annual Report of Chair of Yorkshire Ambulance Service (Annual meeting 26th September) • Annual Report of Chair of Vale of York CCG (Annual meeting 21st September)
15 November 2017	<p>Housing</p> <ol style="list-style-type: none"> 1. Update Report on Housing Revenue Account Business Plan. <p>Health</p> <ol style="list-style-type: none"> 2. Healthwatch six-monthly performance update 3. York Hospital Winter Plan Briefing Presentation 4. Future Focus programme 5. Work Plan 2017/18 <p>Information reports</p> <ul style="list-style-type: none"> • North Yorkshire Fire & Rescue Service
12 December 2017	<ol style="list-style-type: none"> 1. 2nd Qtr Finance and Performance Monitoring Report <p>Health</p> <ol style="list-style-type: none"> 2. HWBB six-monthly update report. 3. Update Report on progress of Humber, Coast and Vale Sustainability and Transformation Partnership. 4. Implementation of Recommendations from Public Health Grant Spending Scrutiny Review

	<p>Housing</p> <ol style="list-style-type: none"> 5. Update report on provision for homeless 6. Work Plan 2017/18
15 January 2018	<p>Health</p> <ol style="list-style-type: none"> 1. Update report on The Retreat Improvement plans 2. Six-monthly Quality Monitoring Report – residential, nursing and homecare 3. Update Report on Elderly Persons’ Homes. <p>Housing</p> <ol style="list-style-type: none"> 4. Housing Registrations Scrutiny Review – Implementation Update 5. Review of Allocations Policy & Choice-based Lettings 6. Work Plan 2017/18
19 February 2018	<ol style="list-style-type: none"> 1. 3rd Quarter Finance & Performance Monitoring Report <p>Health</p> <ol style="list-style-type: none"> 2. Update report on increase in mental health crisis call handled by NYP 3. New Mental Health Hospital Update – full business case for new build. 4. Be Independent six-monthly update report 5. Work Plan 2017/18
26 March 2018	<ol style="list-style-type: none"> 1. Homeless Strategy 2. Update Report on Actions Against Community Safety Plan Targets

	3. Work Plan
23 April 2018	1. Work Plan 2017/18
23 May 2018	1. Healthwatch six-monthly performance update 2. Work Plan 2017/18 Information Reports <ul style="list-style-type: none">• North Yorkshire Fire & Rescue Service

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