Notice of a public meeting of

Health & Adult Social Care Policy & Scrutiny Committee

To: Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Perrett, Waudby, Kilbane and Melly

Date: Tuesday, 17 September 2019

Time: 5.30 pm

Venue: The Thornton Room - Ground Floor, West Offices (G039)

AGENDA

1. Declarations of Interest
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 1 - 8)
To approve and sign the minutes of the meeting held on 30 July 2019.

3. Public Participation
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00pm on Monday 16 September 2019.**

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The Council's protocol on Webcasting, Filming & Recording of Meetings ensures that these practices are carried out in a manner both respectful to the conduct of the meeting and all those present. It can be viewed at: http://www.york.gov.uk/download/downloads/id/11406/protocol_for_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

4. Unity Health Progress Update report (Pages 9 - 10)
At the request of the Committee, Unity Health will provide a general update report on the 2019 GP Patient Survey.

5. Repeat Medicines Ordering (Pages 11 - 30)
The Committee will receive a report outlining how the NHS Vale of York CCG is rolling out a project to change the way repeat medicines are ordered.

6. 2019/20 Finance And Performance First Quarter Report - Health And Adult Social Care (Pages 31 - 60)
The Committee will receive the above report which analyses the latest performance for 2019/20 and forecasts the financial outturn position by reference to the service plans and budgets for the relevant health and adult social care services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.

7. Six Monthly Quality Monitoring Report - Residential, Nursing and Homecare Services. (Pages 61 - 68)

Committee Members will receive the above report and are invited to note the performance and standards of provision across care service in York.

8. Safeguarding Adults at Risk Annual Assurance (Pages 69 - 76)

The Committee will receive the above report which outlines arrangements in place to ensure that City of York Council discharges its responsibilities to protect adults with care and support needs from abuse and neglect, whilst maintaining their independence and well-being.

9. Work Plan 2019-20 (Pages 77 - 80)

The Committee will be asked to review the work plan for the coming year.

10. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

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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

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**

Agenda Item 2

City of York Council	Committee Minutes
Meeting	Health & Adult Social Care Policy & Scrutiny Committee
Date	30 July 2019
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Perrett, Waudby, Kilbane and Melly

7. Declarations of Interest

Cllr Perrett declared a personal, non-prejudicial interest in that she has previously volunteered for Healthwatch York.

Cllr Waudby declared a personal, non-prejudicial interest in that her sister in-law works for Healthwatch York.

8. Minutes

Resolved: That the minutes of the previous meeting of the committee held on Tuesday 18 June 2019 be approved and signed as a correct record.

The Chair noted that information relating to the Public Health budget and alcohol related admissions to hospital from the Director of Public Health outlined in these minutes would be made available to the public.

9. Public Participation

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

10. Healthwatch York Six Monthly Performance Report

Catherine Scott was in attendance to introduce the bi-annual performance report from Healthwatch York and answer Members' questions.

Members were interested in an update on the work Healthwatch were undertaking alongside people with Multiple Complex Needs. It was noted that this piece of work is still being

developed and more detailed updates and information would be available at a later date once the direction of travel and aims had been established.

Members were also keen to hear about what happens to reports after they are published and how they are followed up. The officer stated that conversations were on-going with the Health and Wellbeing Board about the best way to report this information. However, it was noted that relevant organisations are required to respond to reports within 20 days of it being published and that this information could be reported to this committee as well. The officer noted that Healthwatch are working on ways in which more regular progress updates can be sought from organisations that have received recommended actions. The Chair asked for this information to be reported on in future.

11. Attendance of the Executive Member for Health & Adult Social Care

The Executive Member for Health and Adult Social Care was in attendance to present a report on her priorities for the coming year.

Members were interested to hear more about developing services on the site of the Retreat and Cllr Runciman explained that the hope was for the provider to build an in-patient facility specifically focussing on serious mental health issues, complex personality disorders and eating disorders. In response to a question regarding the duplication of services offered by TEWV, Cllr Runciman noted that the two providers were in contact and that she had confirmed with both providers that they must complement each other.

In response to a question around social prescribing, local area co-ordination and the pressure that this can add to third sector organisations, Cllr Runciman agreed and suggested that this could be an issue for scrutiny to look into, as there are a number of issues that Scrutiny could potentially help resolve. Under further questioning, Cllr Runciman stated that she thought the evidence around the success of social prescribing and its ability to reduce pressure on other areas of the Health System (such as GP's / Hospitals) was present. However, it was also noted that the inter-relationship of funding and 'results' in this area was often complicated and difficult to identify.

Following a question regarding the budget cuts to the substance misuse service, Cllr Runciman highlighted that she was due to visit the provider, Changing Lives, and it would be important to understand the investment required and the impact that it will have.

Following a question around the Healthy Start Programme and the removal of vitamin supplements from this programme, the Director of Public Health addressed the committee. The Director stated that there had been some issues that needed to be resolved with regards to vitamins however some families have had access through maternity services. It was also noted that the programme was not as robust as it should have been. In response to a further question, it was also noted that communication around the future of this programme was currently being planned. Members requested a further report to Scrutiny on the Healthy Start Programme, when available. The Executive Member was also asked about the importance of encouraging active travel and she stated that there was a great deal of work happening in this area, however it must not be considered in isolation.

Cllr Runciman noted the importance of agreeing the ‘actual cost of care’ in relation to care home provision. In response to questions regarding the closure of care homes and being ’held to ransom’ by private providers, the Executive Member noted that this would only happen in scenarios where a care home has closed unexpectedly. The hope would always be that the Council can agree the actual cost of care and agree the places that the City require at this rate.

Members also put on record their support for the work around the masterplan for Bootham Park and encouraged Members and the public to engage with the consultation.

Finally, Members stated that they would discuss an update report on the Emergency Mental Health Support Line during the work plan item.

12. Annual Report 2018/19 of the York Health and Wellbeing Board

The Chair of the Health and Wellbeing Board, Cllr Runciman, was in attendance to present the annual report of the Board.

The Chair noted that the Board is currently reviewing its working operations and that she would report back regarding any decisions taken, after their next meeting.

The Chair was asked whether part of the function of the Health and Wellbeing Board was to help integrate Health and Social Care across organisations and whether she thought it had been successful at this. The Chair noted that it is definitely the role of the Board to assist in the integration of Health and Adult Social Care within the system and if there was any area in which the Board had not been as successful as they would have liked, it would be integration. Cllr Runciman stated that progress in this area had been slow but it had progressed and they would continue to work on this in the coming year.

13. 2018/19 Finance and Performance Outturn Report - Health and Adult Social Care

Richard Hartle, Terry Rudden and Mike Wimmer were in attendance to present the 2018/19 Finance and Performance Outturn Report.

Members asked the officers for information regarding a timescale for the review into the Supported Employment Scheme. Officers noted that they would have to report back on this.

In response to a question regarding whether the NHS contribute to the Older People Community Support Budget, officers stated that the NHS will contribute to certain individual's costs however a piece of work was currently underway to further understand whether the Authority was receiving the correct contributions.

In response to questions regarding deteriorating statistics for Delayed Transfers of Care, officers stated that schemes such as 'step up, step down' and '7 day working' have made a difference to the statistics but there was still significant pressure on the system and the statistics were volatile.

In response to a question on why the percentage of adults with a learning disability who live in their own home or with family has deteriorated, officers stated that they would need to report back at a later date.

Members were interested to hear about the reasons for high average sickness absence within Adult Social Care. The Corporate Director addressed the committee and stated that the number is higher than the private sector and the rest of the Council's figures. It was also noted that a piece of work is underway to help staff manage the absence in a more robust way, but that Sickness absence as a whole was a particular focus for the directorate.

Members were interested to know about the uptake of the sexual health service and about feedback from residents regarding access. It was noted that a recent Public Health survey had been carried out in all clinics and that feedback on access was good. Officers stated they were happy to circulate to Members, should they wish.

In response to a question regarding the low uptake of Health Checks, the Director of Public Health stated that work was on-going alongside GPs and the CCG improve the situation. It was explained that the system was very reliant on GPs interrogating their patient lists to identify the eligible population. It was also noted that a future pilot programme, placing health trainers who carry out the checks inside GP surgeries was soon to be established.

14. Health, Housing, Adult Social Care Directorate Challenges and Priorities as at July 2019

The Corporate Director for Health, Housing and Adult Social Care was in attendance to discuss her priorities and challenges for the coming year.

In response to Member questions, the Corporate Director stated that City of York needed to be a Council that becomes ever more responsive to the views and needs of residents. The Director noted that there are some excellent examples here in York of what can be achieved when Members and officers collaborate. However it is often the case that, despite shared goals, different approaches or different paths will be taken to reach that goal. It was noted that staff can still be focussed on

their own directorates, which was particularly evident within financial reports relating to adult social care, for which many of the challenges will need to be addressed collaboratively across the Council.

In response to a question regarding York having the fifth highest physical activity rating in the country and what would be required to improve this considering the rise in obesity, the Corporate Director and Director of Public Health made the following comments:

- The Corporate Director stated that whilst league tables can be a useful indicator, part of the cultural change that she desired to see, was ensuring that the Council do not 'hit the target and miss the point'

- The Corporate Director also noted that so much work can often go into the production of statistics around certain health indicators and not enough time and energy goes into the resolution of the key issues.

- The Director of Public Health stated that this particular indicator was one that was fairly unreliable as it was based on self-assessments from specific areas.

- It was also noted that there are inequalities within activity levels and work was on-going to develop a Sport and Physical Activity Strategy to help guide work.

- Finally it was noted that there are examples of good practice in Leeds, particularly around the reduction of childhood obesity, and this was being explored in York, subject to investment that would be required.

In response to what priorities the Council had in terms of reducing health inequality in the City, the Corporate Director stated that it was firstly important to acknowledge the inequalities, as in a place such as York, it is easy for these to be masked. The Director made the point that it was important to look at specific interventions and programmes that could reduce inequalities from a whole Council perspective and that by different departments and directorates working together to solve and fund problems, certain inequalities could be reduced. The process of looking at issues in that way, will help to identify priorities moving forward.

In response to further questions, The Corporate Director highlighted that she thought there would be little use in trying to take one issue or challenge and trying to shape the market with just one organisation's needs or one section of the population's needs in mind. Instead the key challenge would be attempting to shape the market with a whole system in mind, such as a Hybrid Health / Social worker that could perform tasks needed by many people and organisations. The Corporate Director noted that the whole system needs to change together and negotiate with the market together.

15. Food Poverty Scrutiny Review

Members were asked to consider whether Members of the Health and Adult Social Care Policy and Scrutiny Committee would be interested in taking part in an ad-hoc Scrutiny committee to investigate food poverty in York.

It was noted that Cllr Perrett would be the representative from this committee. Cllr Cullwick stated that if a second representative was needed, then he would be happy to take part.

16. Work Plan

Members considered the work plan for 2019/20.

The Chair confirmed with the committee that the date for the November meeting had been changed. The meeting will now take place on the 11 November 2019.

It was noted that an implementation update for the Scrutiny Review into Substance Misuse would come to the October meeting of this committee and an update on Multiple Complex Needs Network linking into the Substance Misuse Review would come to the December meeting.

Finally it was noted that an update on the Healthy Start Programme would be circulated to Members.

Cllr P Doughty, Chair
[The meeting started at 5.30 pm and finished at 7.30 pm].

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Health and Adult Social Care Policy and Scrutiny Committee

Tuesday 17th September 2019

Unity Health – an update

Further to attendance at previous Scrutiny committee meetings, Unity Health have been requested to attend again and provide a general update report and address the 2019 GP Patient Survey.

An independent survey run by Ipsos MORI on behalf of NHS England, the GP Patient survey is designed to give patients the opportunity to feed back about their experiences of their GP Practice, other local NHS services and their own general health.

Ipsos MORI sent out surveys to 466 Unity Health patients and 76 of those surveys were sent back. At the time of the GP Patient survey Unity Health's patient list was 21,595 patients. Therefore the GP Patient survey respondents represent 0.35% of our patients.

Despite a return rate of less than half a percent, we are delighted that 93% of our patients find the receptionists helpful, above both the Vale of York CCG average and national average. 64% of Unity Health patients stated they were offered a choice of appointment, again this is above CCG and national average. When patients rated their last appointment 97% felt their needs were met, 91% felt their mental health needs were recognised and understood and 97% were involved in decisions about their care and treatment, all these responses are above Vale of York CCG and National averages.

In June 2019 Unity Health's Patient Participation Group (PPG) ran its' own patient survey with 959 patients responding, over 5% of the patients compared to 0.35% responding to the GP National Survey. The PPG is meeting on 21st September 2019 to review the survey findings and work with the Unity Health Partners to use the survey responses to influence the Practice Development Plan for the coming year. 74% of our patients were satisfied with the service received from their GP with 21% being very satisfied, 94% of patients were satisfied with service received from our nurses with 32% being very satisfied and 76 % were satisfied with the service from our reception team.

Unity Health PPG worked with the Practice on sourcing a new telephone system to improve phone access for patients. Members of the PPG drew up a list of features that the patients wanted in the phone system and PPG members visited local GP surgeries to view their phone systems and consider the options available. In July 2019 the new phone system went live, offering patients call queueing, notification of your place in the queue and options to book or cancel appointments. Following internal promotions we have recruited further new members of our reception team and all current members of the reception team have been on training courses provided by the Local Medical Committee (LMC) covering communication skills, body language, managing difficult conversations alongside technical training in medical terminology and understanding investigations and results. An effective and easy to use phone system alongside a fully staffed, trained reception team is improving the patient experience.

CQC carried out a full inspection of Unity Health in July 2019, and re-awarded the rating of GOOD that was achieved at the previous inspection in January 2019. The CQC findings recognised the Practice's improvements is caring for patients with long term conditions and CQC received evidence showing performance figures for 2019-20 quarter 1 already matched the total performance figures

achieved for 2017-18, specifically for patients with chronic kidney disease and osteoporosis. Figures for 2018-19 show performance indicator points achieved for the following long term conditions - Diabetes 80%, Asthma 99% and COPD 90%. 94% of eligible patients received a hypertension review and 100% of performance points were achieved for patients with atrial fibrillation.

CQC were encouraged by the Practice's recent campaigns and drop in clinics to encourage women to attend for cervical cancer screening, and a recent list cleanse deducting patients who no longer lived in the area has resulted in a truer picture of eligible patients. CQC saw patients whose circumstances make them vulnerable were offered same day and longer appointments when required.

Patients with mental health illnesses, including students, are continued to be supported by a specialist link practitioner co-located within the University of York alongside two mental health practitioners working in the Practice funded by local VOYCCG initiatives. The Practice offers accommodation to an eating disorder specialist and, from September 2019, IAPT clinics.

Unity Health is a member of York City Primary Care Network (PCN), working closely with colleagues at Jorvik Gillygate, Dalton Terrace and East Parade to improve patient outcomes. As part of the PCN two new Pharmacists join the Practice in September and October 2019.

Report author: Louise Johnson, Managing Partner, Unity Health

Health and Adult Social Care Policy and Scrutiny Committee **17 September 2019**

Report of the CCG

Scrutiny Committee Brief: Repeat Medicines Ordering

Summary

1. The NHS Vale of York CCG is rolling out a project to change the way repeat medicines are ordered. From the 1st of September 2019, GPs will no longer be accepting repeat prescription requests from dispensing/appliance contractors (DC) such as a community pharmacy.

2. The purpose of our project is twofold: improving patient safety by reducing the risk of errors in what is dispensed, and to reduce the number of unwanted medicines being received by patients.

Background

3. Unwanted medicines pose a significant risk to patient safety. Patients with an oversupply of medicines may:
    - Consume medicines which are out of date due to the length of time they have been in their possession.
    - Consume incorrect medicines due to changes in their prescription.
    - Become confused and over consume their medications due to not knowing which medicines are relevant.

4. The causes of unwanted medicines include:

    - Repeat or habitual dispensing- medicines on repeat prescriptions are dispensed without checking if required.
    - Patient non-adherence- patients intentionally or unintentionally fail to adhere to instructions.
    - Stockpiling or over ordering- Patients habitually order every item on a repeat prescription regardless of need due to fear over loss of drug through non-use.

5. This initiative will help to increase patient safety and reduce medicines waste as GPs will have direct sight of the medications that are being requested and any anomalies can be identified. A number of complaints have been received from GP surgeries and patients regarding the pharmacy managed repeat prescription process leading to over supplies of medicines.

6. In March 2018, our neighbouring CCG, Harrogate and Rural District CCG, organised a medication amnesty. Patients were encouraged to bring in any unused or unwanted medicines they had in their cabinets at home. Over the course of 1 week over £15,000 worth of waste medicines were returned, highlighting the significant problem of waste medicines. We are aware we have similar issues in the Vale of York CCG.

Analysis

7. Nationally, the NHS is aiming to increase uptake of patients signing up to online GP services or the new NHS App which allows for ordering of repeat medication. The advantage of this is the process becomes more streamlined and there is a lower risk of error, as the process is all completed electronically. There are many areas across the country that have implemented this change and demonstrated that there was a reduction in prescribing costs which could be reinvested in other services.

8. These changes were discussed locally with GP practices and community pharmacies before implementation and on the whole, all parties were supportive of the project. There are still several options and choices for patients to choose from including:

    - Using GP online services or downloading the new NHS App onto a mobile phone or tablet device
    - Handing in the tear-off part of the repeat prescription in person to the GP surgery
    - Posting the repeat slip to the GP surgery
    - Ringing the GP surgery

9. We have made it clear to both GP practices and community pharmacies that we do not expect the managed repeat prescription service to stop for all, as there will be some vulnerable patients who will not be able to order online and are housebound and cannot get out to the GP practice

and do not have a relative who can order for them. It is these patients who should be maintained on the present system. These changes were implemented in several neighbouring CCGs approximately 12 months ago and the feedback has been positive.

10. Leaflets and posters have been provided to community pharmacies, GP surgeries, and York Teaching Hospital Foundation Trust pharmacy for their discharge patients. Relevant information regarding the change has also been uploaded to the CCG website for patients to access. There are exemptions in place to minimise the risk of harm to patients, in particular patients who are identified as being vulnerable and in need of assistance from community pharmacies, the CCG has provided literature to GP surgeries at Annex 3 and community pharmacies at Annex 2 on how to identify such patients.

Engagement

11. In the development of this project, the following stakeholders have been informed:

    - Awareness raising to the local community, both on and off line, has taken place via:
        i. Traditional media
        ii. Digital / web based media
        iii. Social media
        iv. Face to face

    - Local groups with memberships of people with a physical or learning disability (targeted work)
    - Local carers groups
    - Domiciliary care providers in the Vale of York area
    - YOR Local Medical Committee (GP representatives)
    - Local Pharmaceutical Committee (Pharmacy representatives)
    - All community pharmacies were sent communications detailing the proposal in June 2019 with further communications in early August
    - All general practices were sent communications detailing the proposal in June 2019 with further communications in early August
    - All community pharmacies and general practices were hand delivered information packs by the medicines management

team and were able to identify and address any concerns in the process
- Targeted work continues to engage local groups with messages about the new ways to order prescriptions

The feedback so far on the project has generally been positive once an understanding of the purpose of the project has been understood.

Implications and Risk management

12. The CCG's work that focuses on quality embraces three key components:

- Effectiveness of care – the most appropriate treatments, interventions, support and services will be provided at the right time to those patients who will benefit.
- Patient Experience – the patient's experience will be at the centre of the organisation's approach to quality.
- Patient Safety – there will be no avoidable harm to patients from the healthcare they receive. This means ensuring that the environment is clean and safe at all times and that harmful events never happen.

To support the decision making and quality and safety assessments around this piece of work, the CCG has completed a Quality Impact Assessment (QIA). A QIA is a continuous process to help the CCG fully think through and understand the consequences of possible and actual initiatives including commissioning decisions, business cases, projects and other business plans. A QIA is undertaken as part of the development and proposal stage of developing business plans and is reviewed on a regular basis by the project leads, as part of reviewing the actual impact throughout the implementation stage and during the final review after the business plan has been implemented. Details from the QIA can be made available to you if you need them.

The CCG lead on the project has worked closely with CCG leads in other areas that have rolled out the project overcome and mitigate risks. An FAQ document has also been created to address concerns from healthcare providers and patients. This has been made available at Annex 1.

Recommendation

13. Members are asked to:
    - Appreciate and recognise the significant safety risks and costs associated with medicines waste and how this project will work to reduce this waste.
    - Support the CCG project
    - Share details of the project with their wards and member constituents

Reason

14. To ensure Health scrutiny are informed and consulted when reviewing and scrutinising the impact of commissioning service provision and policies of key partners on the health of the City's population

Contact Details

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Abbreviations

CCG- Clinical Commissioning Group

DC- Dispensing Contractors

FAQ- Frequently Asked Questions

GP- General Practitioner

NHS- National Health Service

QIA- Quality Impact Assessment

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Annex 1:

Frequently Asked Questions

Q1: Is it unconstitutional to make these changes without consultation with patients or stakeholders?

No, The Health and Social Care Act, s14z2 details the levels of engagement and/or consultation that CCGs must use when changing services. The Third Party Managed Repeat medicine service is not being removed, only realigned.

The clinical commissioning group must make arrangements to ensure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways). The CCG has discussed the proposal with community pharmacies, GP surgeries, and has provided promotional material for patients to allow them to understand the proposal.

Q2: Why should pharmacies that offer a great and professional service have to change their systems?

There are several reasons why the change in policy needs to take place and these are primarily centred on the patient; their responsibility and medication compliance. Patients have to be fully aware of their medication, the reasons for it and the appropriate compliance with taking and ordering it. Unfortunately, this will mean some changes for pharmacies, but NHS Vale of York GPs are committed to working closely with pharmacies so that disruption can be minimised and the changes should reduce workloads for many pharmacies where patients take up online solutions and automate the process.

Q3: Will ordering by pharmacies be stopped completely?

No, GPs will work closely with pharmacies and together will ensure that patients that require additional assistance in the new system (Assisted Patients) will get special care and specific policies geared to their personal needs. This could mean that pharmacies continue to order on behalf of some patients, where all stakeholders agree that this is the best solution for a particular patient.

Q4: Why are the changes being made as it will not save money unless prescriptions are subsequently stopped for clinical reasons?

Firstly, it is possible that savings can be made without prescriptions changing. Where patients have medication and do not need to reorder in a particular period, improved engagement (i.e. less ordering when not required) will make savings.

Secondly, the changes intend to put more control and responsibility into the hands of patients; increased the engagement between patient and GP will improve compliance which consequently could also result in more frequent reviews and changes in prescriptions which again could result in savings.

Q5: What will be the impact on Pharmacy workload?

It is expected that as pharmacies will be ordering repeat prescriptions for fewer patients the workload should decrease for pharmacies. We envisage that this will lead to increased time that pharmacies can spend helping patients that have been identified as needing additional assistance and therefore increasing the quality of the service.

Q6: What rights do GP Practices have to prevent patients from choosing to ask pharmacies to help them order prescriptions?
Please see Question 1 in addition to this answer. All NHS organisations have a statutory duty to maximise safety and efficiency (reduced waste) as well as providing patient choice. Often, this requires judgement in order to satisfy all three criteria. The third party ordering of repeat prescriptions is not being stopped for all patients and there are still several options and choices for patients to choose from including:

- using GP online services or downloading the new NHS App onto a mobile phone or tablet device
- handing in the tear-off part of your repeat prescription to your GP surgery
- a letter to your GP surgery
- other ways to order may be available - please ask your surgery

In the situation where there are no choices for a patient due to their particular circumstances then GPs will look at these cases on an individual basis and make sure that that patient is not disadvantaged. These will be classed as “Assisted Patients” and the surgery can continue to accept third party orders for these patients where appropriate.

Q7: What will happen if patients run out of medicine and what are the risks of patients going some days or even significant periods of time without taking important daily medicines or inhalers?

It is very important for there to be excellent communication between GPs, Patients and Pharmacies to ensure patients understand any changes that might affect them and so order their medicines in a timely manner so that they do not run out. As detailed in Q3 Assisted Patients will have special considerations / support which will significantly reduce this risk.

If a patient has run out of medicine, they should seek a prescription from their GP for the medicines they have run out of. If their GP is closed, they should contact NHS 111 for an emergency prescription via the NHS Urgent Medicines Supply Advanced Service (NUMSAS).

Q8: What if patients have no online capability and are not mobile enough to make it to the GP Practice (i.e. they have mobility issues and live a lot closer to the pharmacy)?

With agreement from local practices, patients may be able to complete the request slip themselves and drop this off with their local pharmacy. The patient's signature and date would assist the practices in knowing that the request had been initiated by the patient rather than the pharmacy. The pharmacy could deliver the patient's request to the surgery. Patients may also be able to ask for assistance from their relatives of carers where applicable to order on their behalf from the GP practice.

Q9: How do you plan to communicate the changes to patients?

Each GP practice will communicate with patients through an array of communication channels. These will vary from practice to practice but will include leaflets, posters, letters, waiting room screens, GP appointment communication, emails, texts etc. These communications will begin at least 4 weeks before any changes are planned to take place thus giving patients the time they need to consider the implications and to ask their GP practice relevant questions.

Q10: What do you expect from pharmacies in terms of patient communication?

The primary responsibility to make these communications will be with the GP surgeries. However, it would make sense for all stakeholders including Pharmacies to display a poster and make leaflets available for patients.

Where questions are asked, the patient can be referred to the patient information leaflet and if they require further information they can be signposted to their GP practice. This will help keep pharmacy impact to a minimum.

Q11: What do you expect of pharmacies if a patient does run out of medication?

Pharmacies will act as they do with existing systems – there are no changes to the existing emergency supply protocols.

Q12: Will the GP practice really be able to offer the level of clinical advice and support that I can as a pharmacist?

This realignment is not intending to remove the need for clinical advice with the pharmacist. Pharmacies will still have the opportunity to provide patients with clinical advice at the point of dispensing and collection/delivery and this will not change.

Q13: Why don't you just change to Electronic Repeat Dispensing – that would solve everything?

Electronic Repeat Dispensing is seen as a key tool to help improve efficiency and effectiveness. However, it is not a magic solution to solve all weaknesses in the current system. Electronic Repeat Dispensing will work well for low risk, standard medication that is typically taken unchanged over long periods of time and will therefore be used for a relatively small number of patients.

Many practices are actively seeking to increase usage of the Electronic Repeat Dispensing option.

Q14: How do I manage my workload effectively when I don't know when prescriptions were ordered so how do I know when the patient will come in for them?

In most cases repeat prescriptions will be received electronically via the spine and will therefore be available to download prior to the patient presenting for collection enabling workload planning. It is not anticipated that pharmacy workload will increase significantly as a result of these changes.

Q15: As a pharmacy contractor, if I don't know what has been requested by the patient how do I know the prescription I receive from the practice is correct?

Increased automation of the process associated with online ordering is likely to increase the accuracy of transcription of the patient's chosen order through the process.

Q16: What happens if there are electronic items received which are done and then a printed one comes round a day later as delayed in signing and we have already delivered once?

Delayed prescriptions occur in the current system. Where patients have a regular order for a non-ETP prescription the pharmacy would expect this to arrive at a later time despite having not placed the order themselves. All practices will be encouraged to utilise the ETP service so this should minimise such instances.

Q17: How will patients know how to order online? And what about patients that are not tech savvy?

Practices are able to provide patients with information about how to login and use their online systems. For patients that do not have access to the appropriate technology other options are available for them dependant on each practice's policy (see Q6). If none of these options are suitable then they can be considered for continuation of Third Party ordering as Assisted Patients.

Q18: Will there be increased calls to practices when the changes are implemented?

Based on experiences of other CCGs that have already gone through a similar change in process, there is an increase in contacts in the few weeks before the implementation and about 4-6 weeks after the implementation of the changes. This is very normal for any system change. However, after this period, the new system quickly beds in and workloads actually reduce and clinicians then have more time to invest in advice rather than admin.

Q19: How does the nominated representative system work?

Family members and care home managers are able to request access to online services as a nominated representative with the patient's consent.

This would allow patients to ask family members or close friends to assist them with the online ordering process if required.

Q20: Why don't GPs' remove 'when required' (PRN) medication from repeat templates to prevent these being ordered unnecessarily (so pharmacies could continue to request medication)

Practices may remove prn medication from repeat prescriptions however this means that when placing an order online, patients can only see items that appear on their repeat list. Removing prn items makes it a little more difficult for patients when they need to re-order as they need to type in a manual message that then needs to be interpreted by practice admin staff, offering increased potential for error.

Q21: Could the patient drop their prescription request personally off at the pharmacy and the pharmacy still submit this?

Please see question 8. This is a solution if agreeable with the practice, although some way of identifying that the request has been initiated by the patient would be needed e.g. patient signature and date.

Q22: What financial impact will this have on the pharmacy?

The change should reduce the pharmacy's workload in dealing with the management of patient's repeat prescription requests. Looking at the experiences of other CCGs, the project this would suggest that there is a reduction in over-ordering of some medicines as patients request exactly what is needed rather than a complete list each time. This has shown an overall reduction in items dispensed on average across a whole CCG. Given that engaging with every patient is time consuming is labour intensive the pharmacy should find that this resource can be used more effectively.

Q23: As a pharmacy, how will they know if there were any prescriptions to collect from surgery (non ETP)?

There is no change to prescription collection services therefore volumes should not change. Patients can still advise their community pharmacy if there are prescriptions that will need to be picked up.

Q24: How will patients that need additional assistance be managed?
Please see the answers to Q3, Q7 & Q21 in addition to the additional answer below.

The CCG supports close working of GPs and Community Pharmacies; this is an important area for collaboration. By GPs and Pharmacies both communicating to each other who they believe have additional support needs, the best solutions can be agreed, patients coded appropriately in SystmOne and administration systems made efficient; so that patients have access to the appropriate service and support.

Q25: Will dosset box ordering be managed?

Patients with monitored dosage systems in many cases will meet the criteria for management under the continued third party ordering of repeat prescriptions scheme particularly as earlier ordering may be needed.

In some cases however the patient may still be capable of ordering their medicines themselves and this should be considered as an option.

Abbreviations

CCG – Clinical Commissioning Group

ETP – Electronic Transfer of Prescriptions

NHS – National Health Service

PRN – Pro Re Nata

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Annex 2:

Pharmacy guidance for identifying patients who may require additional assistance with repeat medication ordering- Assisted Patients

The CCG have asked GP surgeries to liaise with their local community pharmacies to identify patients who may need additional assistance from the practice or pharmacy to order their medicines. Identified patients will be referred to as “Assisted Patients”.

- Check with your local GP surgeries if they plan to implement the new proposal and restrict the ordering of repeat prescriptions for the majority of their patients.
- Make patients aware of the changes to repeat prescription ordering methods and where appropriate explain the changes to the patient. Offer an information leaflet where appropriate.
- Arrange with the GP surgery a named person to liaise with in case of any issues or exceptions.

Rationale

A person who may require additional assistance is an individual who is at risk of being unable to order or manage their own medication supplies due to life circumstances such as age, mental illness or capacity etc.

Patients who may require additional assistance to manage their medication ordering, either from the practice or from a pharmacy, **may be** those patients who have or are:

- Their medication dispensed in a dosette box
- Elderly housebound/ socially isolated
- Palliative care
- Serious mental health issues
- Learning disabilities
- Hearing or visual disabilities
- Language difficulties
- No access to family or carers to support them
- No access to the internet and have mobility issues in terms of attending the GP practice or pharmacy to drop off their repeat prescription.

This is not an exhaustive list and other patients identified by pharmacy staff as needing additional support in managing their medication can be added to the list.

Please note, if a patient receives their medication via delivery, they should not automatically be considered as housebound or socially isolated. Each patient should be reviewed on an individual basis against the criteria set out above before being considered as an Assisted Patient.

Method

1. Using the PMR, identify patients who could potentially be classed as Assisted Patients.
2. Summarise what makes them an assisted patient and contact their GP surgery.
3. Advise why you feel they need to be assisted and ask the GP surgery to consider them as assisted patients.
4. If the surgery is in agreement, ask them to make appropriate notes in their notes to ensure future pharmacy requests are approved with no issues.
5. Make a note in the patients PMR stating they are an assisted patient and this has been agreed with their GP.
6. Discuss the Assisted Patient status with patient and advise there will be no changes to their repeat ordering process.
7. All future repeat medicines requests for Assisted Patients should be clearly marked as Assisted Patient to minimise the risk of confusion.
8. Continue to review these patients and if their situation changes and they no longer need to be considered as assisted patients, advise the GP surgery.

Abbreviations

CCG- Clinical Commissioning Group

GP- General Practitioner

NHS- National Health Service

PMR – Patient Medical Records

Annex 3:

GP guidance for identifying patients who may require additional assistance with repeat medication ordering- Assisted Patients

With the new proposals for repeat medicines ordering, it is important to identify patients who may need additional assistance from the practice or pharmacy to order their medicines. Please consider the following:

- Communicate with your local community pharmacies that you plan to implement the new proposal to restrict ordering of repeat prescriptions for the majority of patients. They have previously been advised of the change from the CCG directly.
- Let patients know of the changes to repeat prescription ordering methods, and the reasons why, before making the change. Please don't leave it to the pharmacies to explain the changes to patients.
- Provide the pharmacies with a named contact so they can liaise with practices about any issues and exceptions.
- Ask pharmacies to provide a rationale if they propose a certain patient to be an exception (who should keep getting their medicines ordered by the pharmacy) and the practice should communicate back the outcome of the practice decision with reasons why, so this can be communicated with the patient.

Rationale

A person who may require additional assistance is an individual who is at risk of being unable to order or manage their own medication supplies due to life circumstances such as age, mental illness or capacity etc. Such patients will be referred to as "Assisted Patients".

Assisted patients **may be** those patients who have or are:

- Their medication dispensed in a dosette box
- Elderly housebound/ socially isolated
- Palliative care
- Serious mental health issues
- Learning disabilities
- Hearing or visual disabilities
- Language difficulties

- No access to family or carers to support them
- No access to the internet and have mobility issues in terms of attending the GP practice or pharmacy to drop off their repeat prescription.

This is not an exhaustive list and other patients identified by practice staff as needing additional support in managing their medication can be added to the list.

Please note, if a patient receives their medication via delivery, they should not automatically be considered as housebound or socially isolated. Each patient should be reviewed on an individual basis against the criteria set out above before being considered as an Assisted Patient.

Method

1. Gain consent from the prescribing lead to carry out the activity

2. Agree the following with the practice manager and prescribing lead:
   (a) How the patient will be informed – by phone call or by script note only
   (b) How the information will be recorded in the patient's records

3. Inform the practice manager and any practice staff involved in the repeat prescription process of the details of the work being done, via a task on the clinical system

4. Search the practice clinical system for all patients aged over 18 years currently who have read codes for the following conditions:
   - Palliative care
   - End of life advance care plan
   - Gold standard framework
   - Best interest decision taken
   - On national service framework for mental health
   - Learning disabilities
   - Dementia
   - Alzheimer's disease
   - Memory issues
   - Other relevant codes

NB – **This is not an exhaustive list** and other factors such as Monitored Dosage System use may mean that a person would benefit from pharmacy assistance in ordering their prescriptions.

5. Review the patients' records accordingly to screen for exclusions listed below.

6. Possible exclusion criteria:
    - Patients who have a carer, who may be able to assist them with maintaining independence with ordering their medications from the GP practice.

7. Inform the patient about any changes to repeat medication ordering (as agreed in 2a). Please be mindful of additional support required for communication if English is not the patient's first language or they have specific needs (re: Accessible Information Standard).

8. Inform the community pharmacy of any patients that may require their assistance to order and/ or manage their repeat medications on a regular basis.

9. Add a patient reminder to the patients' home page on the clinical system, so that it is obvious to the practice staff that the patient may need assistance in managing their repeat medication (e.g. Patient is included on the practice register of Assisted Patients requiring community pharmacy assistance to order their repeat medications).

10. Document on the patient record why they are included on the Assisted Patients list that requires the assistance of pharmacy ordering schemes.

11. Review which patients remain on the list at regular medication reviews within the practice.

12. Community pharmacy contractors can highlight any patient who they think may require the assistance of pharmacy ordering schemes to the attention of the GP practice, via the prescriptions clerk to request they are included on the list. This must be agreed by the practice for inclusion on the list.

13. For patients identified as requiring additional support in ordering repeat medications by community pharmacy contractors and who are

added to the list carry out points 7-10 above. This will ensure all parties are fully informed.

14. At the time of a patients routine medication review, ensure that all quantities and re-order intervals are appropriate, particularly for PRN medicines. Consider removing infrequently ordered PRN medicines from the repeat prescription list, particularly for high risk medicines (e.g. analgesics or hypnotics); advising patients that these can be requested at any time via the free text function online or by handwriting on the order form.

Abbreviations

CCG- Clinical Commissioning Group

GP- General Practitioner

NHS- National Health Service

PRN – When required

Agenda Item 6

Agenda Item

Health and Adult Social Care Policy & Scrutiny Committee 17 September 2019

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

2019/20 FINANCE AND PERFORMANCE FIRST QUARTER REPORT – HEALTH AND ADULT SOCIAL CARE

Summary

1 This report analyses the latest performance for 2019/20 and forecasts the financial outturn position by reference to the service plans and budgets for the relevant health and adult social care 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: H&ASC Financial Summary 2019/20 – Quarter 1

2018/19 Outturn Variation £000		2019/20 Latest Approved Budget			2019/20 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-531	ASC Prevent	8,196	2,493	5,703	-21	-0.4%
-137	ASC Reduce	12,603	6,386	6,217	-46	-0.7%
-90	ASC Delay	10,992	9,495	1,497	+405	+27.1%
+1,795	ASC Manage	53,984	17,175	36,809	+3,084	+8.4%
	ASC Mitigations				-1,295	
+1,037	**Adult Social Care**	**85,775**	**35,549**	**50,226**	**+2,127**	**+4.2%**
0	Public Health	**7,891**	**8,078**	**-187**	**0**	**0%**
+1,037	**H&ASC Total**	**93,666**	**43,627**	**50,039**	**+2,127**	**+4.3%**

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

3 The following sections provide more details of the significant projected outturn variations, which are all within Adult Social Care budgets. The majority of the overspend relates to the continuation of existing 2018/19 pressures that have been previously reported. Although significant growth

was allocated to ASC in the 2019/20 budget, the majority of this was given to deal with new pressures such as 2019/20 contract price inflation and young adults transitioning from children's services.

4 Within external residential care, the average cost per residential care placement has increased by more than the inflationary increase allowed for in the budget. For example, in learning disabilities this has resulted in a net £8k pa increase in the average cost per client. In addition the number of customers requiring support continues to rise, whereas the assumptions made at the time the budget was set was that initiatives such as the future focus project would result, over time, in fewer customers needing higher level support packages. Together these issues result in a forecast overspend of £1,701k.

5 An overspend of £796k is forecast within residential nursing care due to the lack of vacancies in the city which means customers are having to be placed in more expensive placements. In addition, we are receiving contributions from 4 fewer customers than expected in the budget. This is offset by an increase in Continuing Health Care income due to having 3 more CHC customers and the average rate per customer being higher than budgeted for.

6 There is a forecast overspend on Supported Living (£763k) as the average cost per customer is higher than provided for in the budget and there is one additional customer since the start of the year. In addition there is an underachievement of CHC income largely due to budget savings not being achieved and the average rate being received per customer being less than budgeted for.

7 Community Support is forecasting an overspend of £263k due to an increase in the average hours of care being delivered and an increase in the numbers of customers being supported.

8 In order to help mitigate some of the pressures set out above the directorate is developing an action plan. To date potential mitigations totalling £1.1m have been identified including reviewing direct payment contingency levels, investing in improved training and enhanced reviews around securing CHC income and releasing uncommitted resources from the older persons accommodation programme.

9 Work is continuing to identify additional mitigations in order to increase the level of savings before the year end. The mitigations already identified include the expected impact of initiatives funded from the additional resource allocated to ASC within the supplementary budget proposals agreed by Council on 17 July. In recent years, the Government has allocated additional one off funding during the year to meet the financial challenges within ASC. Should this happen again this year, it may significantly reduce the forecast position.

Performance Analysis

ADULT SOCIAL CARE

10 Much of the information in paragraphs 14 to 25 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 Q4" section of the web page.

11 Many of the comparisons made below look at the difference between the end of the 2018-19 Q1 and 2019-20 Q1 periods, in order to avoid seasonal variations. A summary of the information discussed in paragraphs 14 to 25 can be found in the table below:

KPI No	Measure	2016-17	2017-18	2018-19 Q1	2019-20 Q1	Change from a year ago
PVP18	Number of customers in long-term residential and nursing care at the period end (Snapshot)	623	575	617	642	Deteriorating
PVP19	Number of permanent admissions to residential and nursing care homes for older people (18-64)	16	22	9	7	Improving
PVP02	Number of permanent admissions to residential and nursing care homes for younger people (18-64)	248	246	90	54	Improving
PVP12	Average number of beds per day occupied by patients subject to delayed transfers of care attributable to adult social care, per 100,000 adult population	6.85	6.35	7.81	5.87	Improving
PVP08	People supported to live independently through adult social care packages of care	1,882	1,814	1,884	1,679	Improving
PVP09	People supported to live independently through adult social care prevention	931	978	922	1,045	Improving
SGAD02	Number of completed safeguarding pieces of work	1,178	1,056	301	365	Neutral
PVP11	Percentage of completed safeguarding S42 enquiries where report that they felt safe	93.38	96.85	97.96	88.89	Deteriorating
ADASS07b	Number of Safeguarding Entrusting Enquiries initiated	174	159	54	44	Neutral
ADASS01a	Number of people assessed for council support (Carers)	313	276	88	58	Neutral
ADASS01b	Number of people eligible for services (Carers)	193	196	50	48	Neutral
ASCOF1E	Percentage of adults with a learning disability in paid employment	8.33	8.30	8.73	8.59	Stable
ASCOF1G	Percentage of adults with a learning disability who live in their own home or with family	82.26	82.00	76.82	73.84	Deteriorating
ASCOF1F	Percentage of adults in contact with secondary mental health services in paid employment	8.79	13.00	20.00	22.00	Improving
ASCOF1H	Percentage of adults in contact with secondary mental health services living independently, with or without support	39.21	69.00	83.00	80.00	Deteriorating
ADASS02a	Number of Supported self assessments completed	2,448	2,447	646	619	Neutral
ADASS02b	Number of customers eligible to receive services following an assessment	1,814	1,879	502	441	Neutral
ASCOF1C1a	Percentage of people using adult social care who received self-direct support	99.93	99.90	99.92	99.93	Stable
ASCOF1C2a	Percentage of people using social care who receive direct payments	20.49	22.00	22.40	25.33	Improving
STF08HHASC	Average sickness days per FTE - HHASC (rolling)	13.9	13.5	13.8	14.3	Stable
May 2019 figures						

Residential and nursing admissions

12 Avoiding permanent placements in residential and nursing care homes is a good measure of ensuring of how well CYC and its partners are doing in ensuring that those with the most complex needs retain as much control over their lives as possible. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. The quality of residential and nursing care in York is good. Even with lower numbers of people entering residential and nursing care, the number of permanent residents in these homes may increase as residents live longer. We are mitigating against this through the development of initiatives such as supported living schemes and intensive short-term support for people

who would otherwise live in residential and nursing care homes. Organisations in the health and social care system in York have signed up to a "Home First" Model which means that anyone who can go home with support does by ensuring that the right services are in place for this to happen. From a CYC point of view, we have made a decision to move to no permanent placements from hospital to enable customers time to recuperate and make informed choices about their future.

13 The number of people in long-term residential and nursing care rose to 642 at the end of 2019-20 Q1, compared with 617 at the end of 2018-19 Q1. This is a reflection of the longer lives that people are living in residential and nursing care. There were seven admissions of younger adults (aged 18-64) and 54 admissions of older people to residential and nursing care during 2019-20 Q1. These are lower than in the corresponding period during 2018-19 for younger people (nine admissions) and for older people (90 admissions); this reflects the progress made by CYC in ensuring that people are helped to live more independent lives that would otherwise have entered residential and nursing care.

Adults with learning disabilities and mental health issues

14 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.

15 Our performance level during 2019-20 Q1 (on average, 8.6% of adults with a learning disability were in paid employment), is slightly lower than reported during 2018-19 Q1 where 8.7% of adults with a learning disability were in paid employment. Additionally, during 2019-20 Q1 on average 74% of adults with a learning disability were living in their own home or with family, which is lower than the percentage reported in 2018-19 Q1 (77%). There is a known reporting issue with this indicator, in that the percentage is based on only those for whom accommodation reviews have been completed at the time this indicator is compiled; the "true" figure is generally around 6-7 percentage points higher. For those with mental health issues, on average 22% of this group were in paid employment during May 2019 (the latest data available), which is an improvement on the corresponding 2018-19 Q1 figure of 20%. These figures are now taken from NHS Digital as they include people not known to CYC's main provider of MH services, TEWV. It was also reported that 80% of adults with mental health issues were in settled accommodation on average at the end of May 2019 (again, the latest available data), a decrease on the figure reported at the end of 2018-19 Q1 (83%).

Delayed Transfers of Care

16 This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all those with further care and support needs. This indicates the ability of the whole system to ensure appropriate transfer from hospital for those who need it. 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 the necessary support (from either, or both of, the NHS or Adult Social Care) is not available.

17 Approximately 10 hospital beds were occupied per day by York-resident patients because of DToC attributable to adult social care, during 2018-19 Q1. This is lower than in 2018-19, where, on average, 14 hospital beds were occupied each day by York-resident patients subject to DToC. The decrease was mostly due to improvements in getting patients into nursing care placements. We are continuing to work with health colleagues to enable assessments to happen outside hospitals to reduce delays for patients, and seven-day social working, a multi-disciplinary Integrated Complex Discharge Hub and Step Up Step Down beds are contributing to that. DToC in the wider York system is considerably higher (i.e. performing worse) than in most other local authority areas – the NHS having continuing issues placing people into further non-acute care being a major reason for delays.

Independence of ASC service users

18 It is important that people with care and support needs are involved with and are well supported by the communities in which they live as this supports their health and wellbeing. The Adult Social Care Community Teams have been redesigned to deliver a model of community-led support. An aim of this is to increase the number of people supported through community support, universal and preventative services and reduce the numbers dependent on commissioned care packages.

19 During 2019-20 Q1, on average 1,679 people were supported to live independently by CYC Adult Social Care packages of care. This is a decrease of 11% on the corresponding number in 2018-19 (1,884). There was an increase in the number of those supported to live independently by the use of preventative measures: this averaged 1,045 during the first quarter of 2019-20, compared with 922 in the same period of 2018-19. A reduction in care packages and an increase in preventative action are key aims of the ASC Transformation Programme, and this confirms that CYC is making good progress in ensuring that people are able to support themselves in ways that are better for them and maintain their independence and choice.

"Front door" measures and how adults are supported financially

20 Under the Care Act 2014 Local Authorities have a responsibility to promote the wellbeing of those potentially in need of Adult Social Care. The aim of this is to enable our citizens to live well for longer and maintain their independence; and to prevent, reduce and delay the need for formal services. The introduction of the co-produced Live Well York website and the increase of preventative services such as Local Area Co-ordination aim to offer information, advice and a means of building sustainable networks of support to help people live well in their communities, delaying the need for adult social care services. The roll-out of the community-led support model by the Adult Social Care Community Teams is aimed at ensuring that those with care and support needs are well connected to their communities and that these opportunities are fully explored before formal assessments and services are provided. Where formal support is necessary, we aim to provide a proportionate response that enables self-determination and choice via means such as Direct Payments.

21 The positive progress made in the implementation of community-led support through our Future Focus programme continues in 2019-20. There was a reduction in the number of supported self-assessments completed (619) in 2019-20 Q1, compared to 646 in 2018-19 Q1; community-led support played a part in this reduction. Of these 619 people, 441 (71%) were eligible to receive a service from CYC, a decrease from the 502 (78%) that were eligible to receive a service in 2018-19 Q1, demonstrating that we are supporting customers to meet their needs in alternative ways, using their own strengths and those of their communities, to remain independent for longer. There were also decreases in the number of carers assessed, and eligible for, support from CYC between 2018-19 Q1 and 2019-20 Q1. Almost all (99.9%) of those using social care received self-directed support during the first quarter of 2019-20 – a percentage unchanged from the corresponding quarter in 2018-19. The percentage receiving direct payments increased to 25% by the end of the first quarter of 2019-20, compared with 22% by the end of 2018-19 Q1.

Safety of ASC service users and residents

22 The safety of residents, whether known or not to Adult Social Care, is a key priority for CYC. The ability of CYC to ensure that their service users remain safe is monitored in the annual Adult Social Care User Survey, and for all residents by the number of safeguarding concerns and enquiries that are reported to the Safeguarding Adults Board.

23 During 2019-20 Q1 there were 365 completed safeguarding pieces of work, which is a 21% increase on the number completed during the 2018-19 Q1 period (301), and reflects the increasing number of safeguarding concerns reported to CYC. The increase has arisen because there has been a substantial rise in safeguarding concerns reported where service providers

are involved. The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry fell, from 98% during 2018-19 Q1 to 89% during 2019-20 Q1, but the percentage is still in line with what has generally been reported historically in York. There has also been a decrease in the number of Safeguarding Entrusting Enquiries initiated (44 in 2019-20 Q1 compared with 54 in 2018-19 Q1).

PUBLIC HEALTH

24 The most recently available Public Health data (as at 4th September 2019) has been used for this report. 2019-20 (q1) data is available for the healthy child service, substance misuse treatment, NHS health checks, smoking cessation, smoking in pregnancy and dementia diagnosis. IAPT data relates to 2018/19 (q4) and under 18 conceptions data relates to 2018-19 (q1). Sexual health and smoking prevalence data relates to the 2018 calendar year. The latest data for hospital admissions, NCMP, physical activity and obesity is for 2017-18. Data on suicides in York relates to the period 2016-18. The latest data for life expectancy and mortality indicators is for the three-year period from 2015-2017.

25 The scorecard which accompanies this report at Annex 1 is the 'Health and Adult Social Care (DRAFT)' scorecard. This is based upon the Performance Framework for the Council Plan (2015-19) which was launched in July 2016 and built around the three priorities that put residents and businesses at the heart of all Council services. During 2019-20 the scorecard will be updated in line with the new Performance Framework based on the new Council Plan (2019-2023) which has been approved by Executive.

26 Geographical coverage of data. The public health data presented in the performance report relates to York residents. For example for data on hospital admissions, only people with a York postcode as their usual residence, regardless of which hospital they attend, will be included in the York figures. Attendances at York hospital by people who live outside the City are not counted in the York figures: they will appear against the data for their 'home' local authority. The same principle applies if the data is reported on a Vale of York CCG Footprint. There are some minor exceptions to this general rule for some indicators: people living outside York may be counted in the Health Check data if they are registered with a York GP. Also children living outside York who attend a York school are included in some of the published National Child Measurement Programme (NCMP) measures.

Directly Commissioned Public Health services

Health Trainer Service (NHS Health Checks and Smoking Cessation)

27 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 Checks is important to identify early signs of poor health leading to opportunities for early interventions.

28 During 2019-20 Q1 in York a total of 2,000 people were invited for a health check and 385 checks were carried out. The total number of people in York who are eligible for a health check is 55,389. We are required to invite the eligible population for a check once over a five-year period. The figure above means that 0.7% of York's eligible population therefore received a check in the quarter: a lower rate compared with the regional (1.9%) and national (2.0%) averages.

29 Referrals to the stop smoking service increased to 89 in 2019-20 Q1 compared with 72 in 2018-19 Q1.

30 Activity in the first two quarters of 2019/20 has been lower due to a temporary reduction in available staff time, however following a restructure the capacity of the Health Trainer team has just been increased from 3.5 wte. to 8 wte. Allowing time for induction and training it is anticipated that the service will be running to full capacity during quarter 3. This will also involve sourcing new venues and purchasing new equipment to facilitate this additional capacity. Closer work with Primary Care Networks is being undertaken, which will see health checks being delivered in a primary care setting leading to a more joined up service for the patent.

Substance Misuse

31 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.

32 2018-19 overview of treatment system: a total of 1,072 adults in York were in structured treatment for substance misuse during 2018-19. The breakdown by substance is: 504 people for opiate use, 368 for alcohol use, 121 for alcohol and non-opiate use and 79 for non-opiate use. Wait times were good, with only one person out of 139 new starts having to wait longer than three weeks to commence treatment. A higher proportion of eligible clients had received a Hepatitis C antibody test (87.5%) compared with the England average (84%). Of those people receiving substance misuse treatment, 10 died in the year: the number in 2016-17 was 20, so this has halved since then. A higher proportion of alcohol users entering treatment had concurring mental health and substance misuse issues (67.1%)

compared with the England average (53.5%). This is also the case with alcohol and non-opiate users (71.4% v 58.3%). A higher percentage of opiate clients in treatment in 2018-19 in York (27.8%) were in contact with the criminal justice system compared with the national average (20.4%).

33 In the latest 18 month monitoring period to June 2019, 377 alcohol users were in treatment in York and 122 (32.4%) left treatment successfully and did not represent within 6 months. The equivalent figures for opiate and non-opiate users were 4.6% (23 out of 503) and 28.7% (58 out of 202) respectively. The York rates are currently lower than the national averages (37.8% for alcohol users, 5.9% for opiate users and 34.8% for non-opiate users). The rates in York have fallen over the last few quarters. There is some evidence (from the previous paragraph) that the substance misuse caseload in York has more complex needs in terms of mental health issues and involvement with the criminal justice system and this may be impacting on the ability of the treatment system to produce a higher rate of successful outcomes.

34 The revised model of treatment has now been implemented after an extensive consultation period. This has been accompanied by a review of the impact of financial cuts undertaken by scrutiny members with recommendations approved by Executive earlier this year. This was undertaken as part of the scrutiny work plan and is to be reported on in October's meeting.

Sexual and Reproductive health

35 Being sexually healthy enables people to avoid sexually transmitted infections and illnesses, and means that they are taking responsibility for ensuring that they protect themselves and others, emotionally and physically. It also ensures that unwanted pregnancies are less likely to occur.

36 In the period July 2017 to June 2018 there were 38 conceptions to those under the age of 18 in York. The rate of conceptions per 1,000 females aged 15-17 in York (13.7) is lower than regional (20.1) and national (16.9) averages.

37 In 2018, 6 people were newly diagnosed with HIV: a rate of 3.5 per 100,000 of population aged 15+ which is a significantly lower rate than regional (6.4) and national (8.8) averages and one of the lowest in England. 108 people in York in total are living with a diagnosed HIV infection and are accessing HIV care: a rate of 0.83 per 1,000 people aged 15-59 which is a significantly lower than regional (1.48) and national (2.37) averages.

38 Although the number of HIV cases in York is low there is an issue with the timeliness of the diagnoses. (A late diagnosis is defined by a low CD4 cell count, indicating that the viral infection has progressed and is harming the

person's immune system). The percentage of late diagnoses in York has been increasing since 2011-2013, which is not in line with the static trend for England. Over the three year period 2016-18, York had 60% of HIV cases with a late diagnoses; the England average is 42.5%. However the data appears to be flawed as 3 HIV cases are unaccounted for and we do not know if these were late or not. This data flaw has reduced since our last review when there were 9 cases unaccounted for. PHE have noted that further work will be undertaken by them to review the data on late diagnoses and have suggested that greater depth of understanding is more likely to be gained through a root cause analysis type approach for individual cases, this is something that we will explore the value of with our service provider. In York engagement rates with treatment following diagnosis are in line with national averages.

Healthy Child Service

39 There is an above-average participation rate in the National Child Measurement Programme (NCMP) in York. Of children in York (reception and year 6 combined), 98.4% were measured in 2017-18, compared with 94.7% in England.

40 The provisional figures for 2018-19 for the NCMP in York show an obesity rate of 9.7% in Reception and 15.4% in Year 6. If these figures stay the same once the data has been through the validation process this would represent an increase in the obesity rate in Reception compared with 2017-18 (up from 9.3%) but a decrease in the obesity rate in Year 6 (down from 17.4%).

41 The provisional data for 2019-20 Q1 shows that 86.3% of children received a new birth visit within 14 days, 88.6% had a 6-8 week review within 56 days, 83.2% had a 1 year review before 12 months and 72.6% had a 2 year review before 30 months. The England figures are not yet available for comparison but the recent pattern has been that York has similar new birth visit rates, higher 6-8 week and 1 year visit rates but lower 2 year review rates. There are plans to hold integrated two year reviews within 2 local authority nurseries as a pilot in 2020.

42 At the 2.5 year review, each child's level of development on 5 domains (communication, problem solving, personal and social and gross and fine motor function) is measured using the ages and stages questionnaire. The provisional data for 2019-20 Q1 shows that 86.9% of children in York reached the expected level of development on all 5 domains. The current England figure is not yet available for comparison but the most recent figure for England (for 2018-19 Q4) was 83.3%

43 The provisional data for 2019-20 Q1 show that 58% of children (with a feeding status recorded) were totally or partially breastfed at 6-8 weeks. The England figures are not yet available for comparison but the recent

pattern has been that York has had higher breastfeeding rates on average, although we know there is a wide variation in rates across the wards in the City.

Other Public Health Issues

Adult Obesity / Physical Activity

44 Obesity amongst the adult population is a major issue as it puts pressure on statutory health and social care services, and leads to increased risk of disease, with obese people being more likely to develop certain cancers, over twice as likely to develop high blood pressure and five times more likely to develop type 2 diabetes. It is estimated that obesity costs wider society £27 billion, and is responsible for over 30,000 deaths each year.

45 No new data on Obesity or Physical Activity has been released since the previous report on 30th July 2019.

Smoking: pregnant mothers

46 Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022.

47 In the period July 2018 to June 2019 187 (11.26%) mothers out of 1,661 births in York were recorded as being smokers at the time of delivery. This represents a very small improvement on the 2018-19 Q4 figure (11.98%). There is a wide range in the rates between the different wards in York, from 0% to 24.3%. The rate in York is lower than the most recently published regional average of 14.2% but slightly higher than the national average of 10.9%. The Vale of York CCG average is 11.2%.

48 The number of smoking cessation referrals from midwives in 2019-20 Q1 was 47 compared with 29 in 2018-19 Q1. This has come about as a result of improved communication and liaison between the Health Trainer service and the midwifery department.

Smoking: general population

49 Smoking amongst the general population has a number of well-known detrimental effects, such as increased likelihood of certain cancers, increased likelihood of heart disease, diabetes and weaker muscles and bones. It is estimated that smoking-related illnesses contribute towards 79,000 premature deaths each year in England, and that the cost to the NHS is approximately £2.5bn each year, with almost 500,000 NHS hospital admissions attributable to smoking.

50 The latest (2018) data shows a reduction in the inequality gap in smoking prevalence between those in routine and manual occupations and the general population. The ratio in 2018 is 1.89 compared with 5.31 in 2017. This shows a smaller difference in smoking prevalence between residents in routine and manual occupations compared with other occupations. The latest smoking prevalence rate in York for people in routine and manual occupations was 18.6%.

Alcohol-related issues

51 The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21 billion, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.

52 Public Health England have analysed the hospital data for York to help us better understand the rise in alcohol related admissions that has occurred over the last few years. The initial findings are: the increases have mainly occurred in older age groups (45+); there has been a rise in the number of people being admitted, not just a rise in repeat admissions; the rise is mainly due to an increase in conditions which are partly, rather than wholly, attributable to alcohol; the increases are mainly for chronic, rather than acute conditions; admissions for cancer have risen (particularly colorectal and breast cancer) although there have also been increases in admissions for respiratory infections and cardiovascular disease.

53 The Public Health Team in York are continuing to deliver Alcohol IBA (Identification and Brief Advice) training to health professionals and frontline staff across the city. The training is aimed at staff who have regular contact with residents, to equip them with the skills to measure drinking levels and offer simple advice on how to reduce alcohol consumption. To date 180 frontline staff and health professionals have received the training.

Mental health and Learning Disabilities

54 It is crucial to the overall well-being of a population that mental health is taken as seriously as (more visible) physical health. Common mental health problems include depression, panic attacks, anxiety and stress. In more serious cases, this can lead to thoughts of suicide and self-harm, particularly amongst older men and younger women. Dementia, particularly amongst the elderly population, is another major mental health issue.

55 The latest published data on deaths by suicide shows that there were 64 deaths in York (44 males and 20 females) between 2016 and 2018 which is a rate of 11.9 per 100,000 population. The York rate is above the national (9.6 per 100,000) and regional (10.7 per 100,000) rates. This represent an

improvement from the 2015-2017 period for York (74 deaths and a rate of 13.4 per 100,000).

56 It is estimated (August 2019) that 60.5% of all people with dementia in York have received a diagnosis. This is a lower percentage than found regionally (71.6%) and nationally (68.7%). Local data from the Vale of York CCG (May 2019) shows that there is considerable variation between individual GP practices, ranging from 36.8% to 88.1%.

57 In 2018-19, 60.8% of people aged 14+ (404 out of 665) who were on a learning disability register in a York based GP practice had a learning disability health check. This is higher than the national average of 53.5%. This represents a significant improvement on the position in 2016/17 where the rate achieved was 39.4%.

Life Expectancy and Mortality

58 No new data on Life Expectancy or Mortality has been released since the previous report on 30th July 2019.

Recommendations

59 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 2019/20.

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Report Approved	X	**Date**	5 September 2019

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all* **All** *Y*

For further information please contact the author of the report

Abbreviations

ASC- Adult Social Care

CCG – Clinical Commissioning Group

CHC- Continuing Health Care

CYC- City of York Council

DTOC- Delayed Transfer of Care

GP- General Practitioner

HIV- (Human immunodeficiency Virus)

HHASC – Health Housing and Adult Social Care

HRA - Housing Revenue Account

IAPT- Improving Access to Psychological Treatment

IBA- Alcohol and Brief Advice

MH- Mental Health

NCMP- Nation Child Measurement Programme

NHS- National Health Service

PHE- Public Health England

TEWV- Tees Esk Wear and Valley

Health & Adult Social Care (DRAFT) 2019/2020

No of Indicators = 62 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub September 2019

				Previous Years				2019/2020						
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Adult Social Care	PVP02	Number of permanent admissions to residential & nursing care homes for older people (65+)	Monthly	260	248	246	252	54	-	-	-	-	Up is Bad	◀ ▶ Neutral
	PVP18	Number of customers in long-term residential and nursing care at the period end - (Snapshot)	Monthly	632	623	575	621	642	-	-	-	-	Neutral	◀ ▶ Neutral
	PVP19	Number of permanent admissions to residential & nursing care homes for younger people (18-64)	Monthly	22	16	22	21	7	-	-	-	-	Up is Bad	◀ ▶ Neutral
	ASCOF1E	Proportion of adults with a learning disability in paid employment	Monthly	9.70%	8.33%	8.30%	-	8.59%	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	5.80%	5.70%	6.00%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	6.30%	6.68%	7.40%	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	30	40	46	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	5	5	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	4	7	7	-	-	-	-	-	-		

			Collection Frequency	Previous Years				2019/2020				Target	Polarity	DOT
				2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4			
	ASCOF1G	Proportion of adults with a learning disability who live in their own home or with family	Monthly	82.60%	82.26%	82.00%	-	73.84%	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	75.40%	76.21%	77.20%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	78.60%	79.40%	80.90%	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	48	50	54	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	7	7	9	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	6	9	9	-	-	-	-	-	-		
	ASCOF1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	Monthly	28.50%	39.21%	69.00%	84.00% (Prov)	-	-	-	-	-	Up is Good	▲ Green
		Benchmark - National Data	Annual	58.60%	-	57.00%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	64.70%	-	69.00%	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	144	-	59	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	15	-	9	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	15	-	9	-	-	-	-	-	-		

				Previous Years				2019/2020						
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Adult Social Care C	ASCOF1I1	Proportion of people who use services who reported that they had as much social contact as they would like	Annual	45.80%	49.50%	44.50%	-	-	-	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Annual	45.40%	45.40%	46.00%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	46.00%	45.60%	47.50%	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	70	28	94	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	9	6	12	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	10	2	11	-	-	-	-	-	-		
	ASCOF2A1	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) (New definition from 2015/16) - (YTD Cumulative)	Monthly	11.3	11.18	15.7	-	5.22	-	-	-	-	Up is Bad	▲ Red
		Benchmark - National Data	Annual	13.3	12.81	14	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	13.9	13.76	14.5	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	64	68	102	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	7	6	9	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	5	8	11	-	-	-	-	-	-		

				Previous Years				2019/2020						
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Outcomes Framework	ASCOF2A2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (New definition from 2015/16) - (YTD Cumulative)	Monthly	683.1	647.8	649.4	-	143.96	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	628.2	610.7	585.6	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	699.5	658.4	632.6	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	92	87	95	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	7	7	9	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	13	9	8	-	-	-	-	-	-		
	ASCOF2C1	Delayed transfers of care from hospital, per 100,000 population (New definition from 2017/18) - (YTD Average)	Monthly	13.2	16.85	13.5	17.5 (Prov)	20.3	-	-	-	-	Up is Bad	▲ Red
		Benchmark - National Data	Annual	12.1	14.9	12.3	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	10.2	11.1	10.9	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	103	111	109	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	12	14	12	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	8	10	13	-	-	-	-	-	-		

			Collection Frequency	Previous Years				2019/2020				Target	Polarity	DOT
				2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4			
	ASCOF2C2	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (New definition from 2017/18) - (YTD Average)	Monthly	6.9	7.49	6.4	6.6 (Prov)	5.9	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	4.7	6.3	4.3	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	3.4	4.8	3.4	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	123	111	130	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	13	14	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	12	12	14	-	-	-	-	-	-		
	ASCOF3A	Overall satisfaction of people who use services with their care and support	Annual	64.00%	62.40%	62.90%	-	-	-	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Annual	64.40%	64.70%	65.00%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	63.80%	64.60%	65.00%	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	82	98	91	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	10	11	10	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	13	13	11	-	-	-	-	-	-		
	ASCOF4A	Proportion of people who use services who feel safe	Annual	66.90%	71.00%	70.30%	-	-	-	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Annual	69.20%	70.10%	69.90%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	69.90%	69.10%	69.60%	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	101	63	80	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	13	8	9	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	13	8	9	-	-	-	-	-	-		

				Previous Years				2019/2020						
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Alcohol	LAPE03	Alcohol-specific mortality: Males, all ages (per 100,000 population)	Annual	13.28	11.59	16.1	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	14.57	14.27	14.5	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	15.8	15.69	16.7	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	3	6	-	-	-	-	-	-		
	LAPE04	Alcohol-specific mortality: Females, all ages (per 100,000 population)	Annual	6.41	5.62	4.2	-	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	6.75	6.84	7	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	11.11	7.51	8.2	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	2	1	-	-	-	-	-	-		
	LAPE17	Admitted to hospital episodes with alcohol-related conditions (Narrow): Persons, all ages (per 100,000 population)	Annual	661	691	724	-	-	-	-	-	-	Up is Bad	▲ Red
		Benchmark - National Data	Annual	646.63	636.4	632	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	701.19	700.56	697	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	8	10	-	-	-	-	-	-		
	LAPE22	% of alcohol users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	40.00%	38.19%	33.50%	31.07%	32.36%	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Quarterly	39.17%	38.29%	38.60%	37.85%	37.76%	-	-	-	-		
Employment	PHOF40	Gap in employment rate for mental health clients and the overall employment rate	Annual	69.30%	68.50%	63.90%	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	67.20%	67.40%	68.20%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	64.00%	63.80%	64.50%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	15	14	6	-	-	-	-	-	-		

			Collection Frequency	Previous Years 2015/2016	2016/2017	2017/2018	2018/2019	2019/2020 Q1	Q2	Q3	Q4	Target	Polarity	DOT
Life Expectancy	PHOF16	Life Expectancy at birth - Female	Annual	83.4	83.5	83.5	-	-	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	83.1	83.1	83.1	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	82.3	82.4	82.4	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	3	3	-	-	-	-	-	-		
	PHOF17	Slope index of inequality in life expectancy at birth - Female - (Three year period)	Annual	4.3	4.2	5.2	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Regional Rank (Rank out of 15)	Annual	2	3	3	-	-	-	-	-	-		
	PHOF36	Life Expectancy at birth - Male	Annual	80.2	80.4	80.2	-	-	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	79.5	79.5	79.6	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	78.6	78.7	78.7	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	2	2	-	-	-	-	-	-		
	PHOF37	Slope index of inequality in life expectancy at birth - Male - (Three year period)	Annual	7.2	7.7	8.9	-	-	-	-	-	-	Up is Bad	▲ Red
		Regional Rank (Rank out of 15)	Annual	3	3	2	-	-	-	-	-	-		
	CMHD02	IAPT Referrals (18+), per 100,000 population - (VoY CCG)	Quarterly	468.52	538	454	482	-	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Quarterly	860.6	869	871	1,010	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	897.15	872	890	990	-	-	-	-	-		
	CMHD03	% of people who have completed IAPT treatment who achieved "reliable improvement" - (VoY CCG)	Quarterly	63.64%	67.80%	65.10%	70.10%	-	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Quarterly	63.70%	66.30%	71.60%	72.50%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	63.11%	68.20%	71.50%	73.70%	-	-	-	-	-		

				Previous Years				2019/2020						
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Mental Health	CMHD05	People entering IAPT (in month) as % of those estimated to have anxiety/depression (VoY CCG) - (Snapshot)	Monthly	-	7.50%	15.50%	14.40%	-	-	-	-	-	Neutral	◄► Neutral
		Benchmark - National Data	Monthly	-	17.20%	17.20%	19.10%	-	-	-	-	-		
		Benchmark - Regional Data	Monthly	-	16.30%	15.70%	18.40%	-	-	-	-	-		
	PHE11	Estimated dementia diagnosis rate (%) for people aged 65+ as recorded on practice disease registers	Annual	-	N/A	60.40%	62.20%	-	60.50%	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Annual	-	N/A	67.90%	67.50%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	-	N/A	71.30%	71.20%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	-	N/A	15	15	-	-	-	-	-		
	PHOF32	Suicide rate (per 100,000 population)	Annual	14	12.7	13.4	11.9	-	-	-	-	-	Up is Bad	◄► Neutral
		Benchmark - National Data	Annual	10.1	9.9	9.6	9.6	-	-	-	-	-		
		Benchmark - Regional Data	Annual	10.7	10.4	10.4	10.7	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	13	13	11	-	-	-	-	-		
	POPPI01	Total population aged 65 and over predicted to have dementia	Annual	2,717	2,788	2,788	2,779	-	-	-	-	-	Up is Bad	◄► Neutral
	CHP02	Child mortality rate (1-17 years), per 100,000 population	Annual	9.32	12.3	12.5	-	-	-	-	-	-	Up is Bad	◄► Neutral
		Benchmark - National Data	Annual	11.87	11.6	11.2	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	13.71	13.2	12.4	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	8	8	-	-	-	-	-	-		

				Previous Years				2019/2020						
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Mortality	PHOF33	Excess Winter Deaths Index (all ages single year)	Annual	26.18	31	31	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	15.1	21.6	21.6	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	16.09	24.9	24.9	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	12	12	-	-	-	-	-	-		
	PHOF46	Mortality rate from causes considered preventable (per 100,000 population)	Annual	169.27	162.85	168.9	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	184.46	182.84	181.5	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	200.18	197.21	197.2	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	2	3	-	-	-	-	-	-		
Obesity	NCMP01	% of reception year children recorded as being obese (single year)	Annual	8.59%	8.52%	9.28%	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	9.31%	9.61%	9.53%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	9.42%	9.72%	9.94%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	4	4	-	-	-	-	-	-		
	NCMP02	% of children in Year 6 recorded as being obese (single year)	Annual	15.14%	16.13%	17.41%	-	-	-	-	-	-	Up is Bad	▲ Red
		Benchmark - National Data	Annual	19.82%	19.98%	20.14%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	20.29%	20.42%	20.63%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	4	-	-	-	-	-	-		

				Previous Years				2019/2020						
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
	PHOF44a	% of adults (aged 18+) classified as overweight or obese (new definition)	Annual	59.40%	60.44%	54.40%	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	61.30%	61.29%	62.00%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	64.20%	65.27%	64.10%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	2	1	-	-	-	-	-	-		
Physical Activity	PHOF01a	% of adults (aged 19+) that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week)	Annual	66.71%	72.03%	76.40%	-	-	-	-	-	-	Up is Good	▲ Green
		Benchmark - National Data	Annual	66.13%	66.00%	66.30%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	64.22%	64.60%	64.00%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	5	1	1	-	-	-	-	-	-		
	PHOF02a	% of adults (aged 19+) that are physically inactive (<30 moderate intensity equivalent minutes per week)	Annual	21.08%	18.28%	13.80%	-	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	22.33%	22.24%	22.20%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	24.66%	24.08%	24.10%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-	-		
Pregnancy and Early Years	YH13	% of mothers smoking at time of delivery - (Rolling 12 Month)	Quarterly	12.05%	11.26%	NC	11.98%	11.26%	-	-	-	-	Up is Bad	◀ ▶ Neutral
Projects -	CORP10L	Large Project - Adult Social Care Future Focus	Quarterly	-	-	Green	Green	Green	-	-	-	-	Neutral	◀ ▶ Neutral
	EH1	Chlamydia diagnoses (15-24 year olds), per 100,000 population	Annual	1,456.81	1,864.3	1,985.3	1,712	-	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	1,913.59	1,916.9	1,881.9	1,975	-	-	-	-	-		
		Benchmark - Regional Data	Annual	2,046.89	2,132.3	2,244.3	2,096	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	11	11	11	-	-	-	-	-		

ANNEX 1

			Collection Frequency	Previous Years				2019/2020				Target	Polarity	DOT
				2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4			
Public Health and Wellbeing	EH2	Proportion of population aged 15 to 24 screened for chlamydia	Annual	22.30%	22.50%	26.40%	23.90%	-	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Annual	22.50%	20.70%	19.30%	19.60%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	21.20%	19.50%	20.20%	20.00%	-	-	-	-	-		
	HV01	% of births that receive a face to face New Birth Visit (NBV) by a Health Visitor within 14 days	Quarterly	74.40%	78.30%	85.61%	85.90%	86.33% (prov)	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Quarterly	87.80%	88.30%	88.50%	87.50%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	86.80%	86.20%	84.00%	84.70%	-	-	-	-	-		
	HV02	% of face-to-face NBVs undertaken by a health visitor after 14 days	Quarterly	21.70%	12.77%	9.91%	11.70%	12.23% (prov)	-	-	-	-	Up is Bad	▲ Red
		Benchmark - National Data	Quarterly	9.50%	9.90%	9.70%	10.70%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	10.80%	11.60%	-	13.00%	-	-	-	-	-		
	HV03	% of infants who received a 6-8 week review by the time they were 8 weeks	Quarterly	70.80%	77.09%	82.46%	89.20%	88.55% (prov)	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Quarterly	82.70%	83.60%	84.30%	85.90%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	86.40%	87.10%	84.40%	87.30%	-	-	-	-	-		
	HV05	% of children who received a 12 month review by the time they turned 12 months	Quarterly	16.77%	41.65%	72.21%	81.80%	83.15% (prov)	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Quarterly	73.60%	75.90%	77.60%	77.50%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	82.50%	82.70%	85.50%	86.80%	-	-	-	-	-		
	HV06	% of children who received a 12 month review by the time they turned 15 months	Quarterly	70.00%	76.92%	81.52%	84.70%	86.49% (prov)	-	-	-	-	Up is Good	▲ Green
		Benchmark - National Data	Quarterly	82.50%	82.70%	82.10%	84.40%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	88.50%	86.70%	-	90.40%	-	-	-	-	-		

			Collection Frequency	Previous Years				2019/2020				Target	Polarity	DOT
				2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4			
being	HV07	% of children who received a 2-2½ year review	Quarterly	11.60%	18.55%	62.64%	71.20%	72.61% (prov)	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Quarterly	74.70%	77.40%	76.40%	78.00%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	81.30%	80.70%	78.60%	83.30%	-	-	-	-	-		
	HV10	% of infants totally or partially breastfed at 6-8 weeks (of those with a known feeding status)	Quarterly	52.20%	59.40%	54.73%	59.40%	58.04% (prov)	-	-	-	-	Up is Good	◀ ▶ Neutral
		Benchmark - National Data	Quarterly	49.70%	50.00%	49.80%	52.90%	-	-	-	-	-		
	HV12	% of children who were at or above the expected level of development at the 2-2½ year review	Quarterly	-	-	-	90.55%	86.90% (prov)	-	-	-	-	Up is Good	◀ ▶ Neutral
	PHOF31	% of eligible population aged 40-74 who received an NHS Health Check	Quarterly	9.81%	0.20%	0.50%	2.30%	0.70%	-	-	-	-	Up is Good	▼ Red
		Benchmark - National Data	Quarterly	8.99%	8.50%	8.30%	8.00%	2.00%	-	-	-	-		
		Benchmark - Regional Data	Annual	7.90%	7.40%	7.20%	6.90%	1.90%	-	-	-	-		
	PHOF79	HIV late diagnosis	Annual	57.90%	57.10%	60.90%	60.00%	-	-	-	-	-	Up is Bad	◀ ▶ Neutral
		Benchmark - National Data	Annual	40.30%	40.20%	41.00%	42.50%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	46.80%	45.70%	48.20%	49.20%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	12	10	12	14	-	-	-	-	-		
	PHOF91	% of eligible population aged 40-74 offered an NHS Health Check	Quarterly	28.20%	0.80%	0.50%	25.30%	3.70%	-	-	-	-	Up is Good	▼ Red
		Benchmark - National Data	Quarterly	18.70%	16.90%	17.20%	17.60%	4.80%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	18.40%	14.50%	13.70%	17.70%	6.30%	-	-	-	-		

				Previous Years				2019/2020						
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
	PHOF92	% of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Quarterly	34.90%	21.40%	100.00%	9.20%	19.30%	-	-	-	-	Up is Good	▲ Green
		Benchmark - National Data	Quarterly	47.90%	49.90%	47.90%	45.90%	41.00%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	42.90%	51.20%	52.50%	39.90%	29.50%	-	-	-	-		
Reside nt and Commor	TAP09	% of panel confident they could find information on support available to help people live independently	Quarterly	NC	65.46%	64.81%	72.52%	71.52%	-	-	-	-	Up is Good	◄► Neutral
Safeguarding (Young People)	CHP32	Hospital admissions as a result of self harm (10-24 years), per 100,000 population	Annual	675.2	631	207.9	-	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	430.5	404.6	185.5	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	384.8	401.2	194.6	-	-	-	-	-	-		
	PHOF06a	Under 18 conceptions (per 1,000 females aged 15-17) (Rolling 12 Months)	Quarterly	18.8	16.8	13	-	-	-	-	-	-	Up is Bad	◄► Neutral
		Benchmark - National Data	Quarterly	20.4	18.5	17.3	-	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	23.5	21.3	20.4	-	-	-	-	-	-		
	PHOF27	Under 18 conceptions: conceptions in those aged under 16 (per 1,000 females aged 13-15) (Calendar Year)	Annual	1.82	5.1	2.5	-	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	3.73	3	2.7	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	4.45	4	3.3	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	12	5	-	-	-	-	-	-		
	PHOF10	% of women who smoke at the time of delivery - (VoY CCG)	Quarterly	12.06%	11.01%	10.40%	-	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Quarterly	10.65%	10.50%	10.80%	-	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	14.53%	14.19%	14.20%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	1	1	-	-	-	-	-	-		

				Previous Years				2019/2020						
			Collection Frequency	2015/2016	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Smoking	PHOF162	Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS) Ratio	Annual	-	3.43	5.31	1.89	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	-	2.43	2.44	2.47	-	-	-	-	-		
		Benchmark - Regional Data	Annual	-	2.57	2.49	2.32	-	-	-	-	-		
	PHOF20	% of population smoking (routine and manual workers) (APS)	Annual	28.20%	26.40%	24.60%	18.60%	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	28.10%	26.50%	25.70%	25.40%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	30.00%	28.90%	28.20%	27.40%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	4	3	1	-	-	-	-	-		
	PHOF45	% of population smoking (APS)	Annual	14.63%	12.60%	9.00%	11.50%	-	-	-	-	-	Up is Bad	◄► Neutral
		Benchmark - National Data	Annual	18.63%	15.50%	14.87%	14.40%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	16.93%	17.70%	16.99%	16.70%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	2	1	1	-	-	-	-	-		
Substance Misuse	PHOF76	% of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	5.50%	9.39%	6.30%	4.70%	4.57%	-	-	-	-	Up is Good	▼ Red
		Benchmark - National Data	Quarterly	6.80%	6.63%	6.61%	6.00%	5.85%	-	-	-	-		
	PHOF77	% of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	31.10%	38.08%	32.11%	29.20%	28.71%	-	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Quarterly	37.30%	37.13%	36.61%	35.20%	34.78%	-	-	-	-		

Health and Adult Social Care Policy and Scrutiny Committee **17th September 2019**

Report of the Head of Commissioning, Adult Social Care

Six Monthly Quality Monitoring Report -Residential, Nursing and Homecare Services.

Summary

1. Members of the Scrutiny Committee will recall the last report they received on the 15th January 2019 detailing the performance by organisations providing a service in York against Care Quality Commission standards. Members will also recall that there are robust processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York and are reminded that services are also regulated and monitored by the Care Quality Commission.

2. During the last six months, the majority of care provisions that have been inspected have remained at the same rating. However it is noted that at the time of writing, there are nine services that are rated as requires improvement and two services as inadequate.

3. 79.3% of all care services in York are rated as Good (50 services) with a further 3.2% (2 services) rated as outstanding which is above recent national figures outlined in CQC's LA area data profile for July 2019.

4. Safe and Well Led (Management and Leadership) continue to be the main area of concern. Quality visits by Adults Commissioning have consistently highlighted this area with partners and the Council is addressing this by developing the Adult Social Care Workforce Strategy, alongside promoting opportunities for additional support and other resources available to registered managers.

5. Care Homes are approximately 98% "full" at any time and whilst additional capacity will be welcomed, it has to be acknowledged that the biggest challenge will be recruitment of a workforce and this needs to be one of the key priorities for the "system" to address in the next 18 months.

6. A key strand of the Older Persons Accommodation Programme (OPAP) is to develop Independent Living Communities as an alternative to residential care. This will allow older people to continue to live independently in their own home, a stated aim of the majority of York's older population. The development of a 27 bed extension to Glen Lodge and agreement to build a 33 homes extension at Marjorie Waite Court are examples of how the programme is already supporting increasing numbers of people to live independently.

7. Our asset (strength) based approach has significantly grown over the last two years and it is essential that we continue the progress made to date on changing the focus of our operational model to one that works to prevent , reduce and delay the need to access statutory care and support provision. How we explore challenges in workforce development and attract citizens into the care workforce needs to be approached through our 'community operating model' where we view the expertise of the paid workforce and the skills of our communities as a part of the solution and a local asset. This reflects principles of co-production and the value of the 'core economy'.

8. The Council is in partnership with the Vale of York CCG, promoting the use of the "Capacity Tracker", a web based portal that enables care homes to submit information on current vacancies. This will support professionals to manage the placement process by providing more accessible and consistent information on vacant capacity. Although the tracker has already been adopted across a number of areas in England, it is still in its infancy and it is acknowledged that the use of the system still requires further promotion and development.

Background

9. All Residential, Nursing and Home Care services are regulated by the Care Quality Commission (CQC). As the regulator it carries out regular inspection visits and follow-up visits (announced/unannounced) where applicable. The frequency of CQC inspections will be dependent on the provider's rating and on intelligence received in- between scheduled inspections. All reports are within the public domain and CQC have a range of enforcement options open to them should Quality and Standards fall below required expectations.

10. The Adults Commissioning Team work closely with CQC in the sharing of concerns and information relating to provision. The team also have a

Quality Development Framework in place that monitors all registered care services. The standards that it sets are high and providers are expected to achieve compliance in all aspects. Should performance fall below the level that is acceptable, providers will be placed on enhanced monitoring and improvement plans. This can also lead to placements being suspended, often on a mutual basis, until quality and performance improves. The team on occasions will also undertake visits jointly with colleagues from the Vale of York Clinical Commissioning Group where it felt necessary or there are safeguarding concerns.

11. The Adult Commissioning teams Quality Development Framework programme undertakes monitoring visits on an annual basis. These will be appropriate to the services provided and will consist of consultation and engagement with residents/customers, an Observation visit and/or a Quality Development Visit. Reports are shared with the provider and with CQC colleagues to inform their programme of inspections.

12. In addition to the visits listed above, the Commissioning team have regular Business Meetings with Social Care Providers and take a proactive partnership approach to effective working with providers in order to both support and encourage good practice and to work with providers where practice is not as expected to prevent issues escalating. Members will also recall the consultation that is undertaken jointly in care settings between the Adults Commissioning Team and Healthwatch.

13. CQC ratings of Outstanding, Good, Requires Improvement, or Inadequate are given both as an overall rating as well as for each of the five key questions. The tables below compare the current overall CQC ratings of York services to National figures published by The Care Quality Commission. CQC have identified nationally that “good systems and management are important drivers that support caring staff to deliver better services”

Performance and Standards in York

14. The following tables provide an analysis of quality standards across care provision in York against those reported in the CQC report, nationally and against City of York Council’s Local Authority comparator areas.

Overall Rating	Outstanding	Good	Requires Improvement	Inadequate
City of York**	**2**	**50**	**9**	**2**

As a % of all settings	**3.2%**	**79.3%**	**14.3%**	**3.2%**

**** Based on published CQC reports as at 22nd August 2019**.

15. There are a total of 63 registered care settings that have current inspection ratings within the City of York. There is, however, one service which is newly registered awaiting inspection in York. The table above shows the current number of registered social care services and their overall CQC ratings in York. Ratings for the different settings are shown below alongside both the National and Comparator ratings

National CQC Ratings

Service	Outstanding	Good	Requires Improvement	Inadequate	Not Yet Rated
Nursing Homes	**4%**	**68%**	**21%**	**2%**	**4%**
Residential Care Homes	**3%**	**79%**	**13%**	**1%**	**4%**
Domiciliary Care Services	**3%**	**65%**	**10%**	**1%**	**21%**

City of York Local Authority Comparator Areas

16. The comparator group identifies the 15 local authorities that are the most similar to York in terms of population, age, gender, employment etc.

Service	Outstanding	Good	Requires Improvement	Inadequate	Not Yet Rated
Nursing Homes	**4%**	**68%**	**23%**	**1%**	**3%**
Residential Care Homes	**5%**	**77%**	**14%**	**1%**	**4%**
Domiciliary Care Services	**3%**	**71%**	**8%**	**1%**	**16%**

City of York

Service	Outstanding	Good	Requires Improvement	Inadequate	Not Yet Rated

Nursing Homes**	**0%**	**71.4%**	**21.4%**	**7.2%**	**0%**
Residential Care Homes	**4.55%**	**81.8%**	**9.1%**	**4.55%**	**0%**
Domiciliary Care Services	**3.6%**	**78.6%**	**14.3%**	**0 %**	**3.6%**

** Inadequate ratings apply to only one home which has taken the decision not to continue offering nursing care. Copies of all CQC reports can be found at www.cqc.org.uk

Analysis

17. As identified within paragraph 3 of this report, 79.3% of services in York are rated as good with a further 3.2% as outstanding. Performance against both national and local area comparators is very positive. Services in York are rated higher in all areas although it should be noted that we have a higher number of home care providers rated as required improvement.

18. With the authority only having a reasonably small number of registered services, figures can easily fluctuate and at times appear misleading as only one home for example changing to requires improvement from good would have an adverse impact.

19. Whilst, York is performing well against other areas, Adults Commissioning are working with providers to support services to improve. Where there have been identified issues of concern, improvements have been noted and there is confidence that providers affected will maintain the improvements and subsequent inspections will reflect this.

Summary

20. Alongside the above, Members may also wish to note the outcome of the latest Customer survey on Homecare which is undertaken by the Adults Commissioning Team. Out of a total of 183 customers or carers surveyed, 91 % stated that they were satisfied with the quality of the services they received.

21. Whilst some providers may be compliant within CQC inspections, there are instances where the pro-active monitoring and Quality Development Framework programme adopted by the Council has identified concerns that may lead to an improvement planning process being initiated or

enhanced monitoring applied. Part of this process is often to adopt a mutually agreed suspension on new placements whilst issues are addressed.

22. Where providers are classed as 'requires improvement' for the Key Questions of Safe, and Well Led, this is largely due to staffing considerations as providers continue to find recruitment and retention of suitable staff a significant challenge, both from a 'front line' and management perspective. Residents and users of services may also be affected if issues are relating to medication, safety, support plans or recording for example. All steps are taken to minimise the impact on any individual and family and we support providers in ensuring residents, carers and families are kept fully up to date on any issues of concern.

Implications

Financial

23. There are no financial implications associated with this report.

Equalities

24. There are no direct equality issues associated with this report

Other

25. There are no implications relating to Human Resources, Legal, Crime and Disorder, Information Technology or Property arising from this report.

Risk Management

26. There are at present no risks identified with issues within this report.

Recommendations

27. Members to note the performance and standards of provision across care service in York.

Authors: **Chief Officers Responsible for the report:**

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Report Approved X **Date 22.8.19**

Specialist Implications Officer(s)

Wards Affected: **All** ✓

For further information please contact the author of the report

Abbreviations

CCG- Clinical Commissioning Group
CQC- Care Quality Commission
OPAP- Older Peoples Accommodation

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Health and Adult Social Care Policy and Scrutiny Committee **17th September 2019**

Report of the Assistant Director Adult Social Care

Safeguarding Adults at Risk Annual Assurance

Summary

1. This report outlines arrangements in place to ensure that City of York Council discharges its responsibilities to protect adults with care and support needs from abuse and neglect, whilst maintaining their independence and well-being.

2. Health Overview and Scrutiny are asked to accept assurance that arrangements for safeguarding adults are satisfactory and effective.

3. The Care Act requires that each local authority must:

- Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.
- Set up a Safeguarding Adults Board.
- Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.
- Co-operate with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

4. Safeguarding duties under the Care Act apply to an adult who:

- has need for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5. The six key principles contained within the Care Act which underpin all safeguarding work are:

    - Empowerment – "I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens".
    - Prevention – "I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help".
    - Proportionality – "I am sure that the professionals will work for my best interest, as I see them and will only get involved as much as needed".
    - Protection – "I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able".
    - Partnership – "I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me".
    - Accountability – "I understand the role of everyone involved in my life".

Analysis

6. York Safeguarding Adults Board, (SAB) continues to have a strong focus on partnership working between the following twelve member organisations

    - City of York Council
    - North Yorkshire Police
    - Vale of York CCG
    - York Hospital NHS Foundation Teaching Trust
    - Tees Esk and Wear Valley NHS Foundation Trust
    - NHS England

- Stockton Hall Hospital
- The Retreat Hospital
- The Independent Care Group
- York CVS
- Healthwatch York

7. York SAB vision is that we will do our best to ensure that agencies supporting adults who are at risk or in vulnerable situations, and the wider community, can by successfully working together:

    - Ensure that Safeguarding is Everybody's business
    - Develop a Culture that does not and will not tolerate abuse
    - Raise awareness of abuse
    - Prevent abuse from happening wherever possible.

    Where abuse does happen, the SAB and its partners support and safeguard the rights of people who are harmed to; stop the abuse happening, access services they need including advocacy and post-abuse support, have improved access to justice and have the outcome which is right for them and their particular circumstances.

8. The SAB is independently chaired. Tim Madgwick, former Deputy Chief Constable of North Yorkshire Police was appointed as the new independent Chair in January 2019 following the resignation of Kevin McAleese. The board continues to meet four times yearly, overseeing a comprehensive work programme. The board has recently reviewed its structure to take forward this work and has agreed a substructure of a Delivery Group and a Lessons Learned & Safeguarding Adults Reviews.

9. A recommendation to agree The SAB 2019 annual report will go to the December 2019 Board, describing the progress against the strategic plan. The report will be published following the December board and made available to this committee.

Key achievements 2018/19

10. 2018/19 has been a year of significant progress for the partnership, building on the previous year's work to further embed the new Safeguarding Adults Policy and procedures. The completion of the 2018-19 SAB management plan has informed the development of the 2019/20 SAB Business Plan.

Actions completed include:

- The start of a new initiative by Healthwatch to offer a conversation to people who have been through a safeguarding enquiry process, in order to elicit feedback about their personal experience of the process.
- A re-structuring of the local authority's DoLS team and establishing of a multi-agency Liberty Protection Safeguards (LPS) Working Group to scope, prepare for and implement LPS.
- A review of the Safeguarding Adults Review (SAR) procedure.

11. The Learning and Review subgroup of the Board has looked at the implications for York of a number of SARs from other areas, covering issues such as consent and coercive control and links between mental health problems and financial abuse.

12. 2019 has seen the continued collaboration between Public Health, the Workforce Development Unit and the SAB to facilitate two training programmes to address suicide prevention, Assist and Safe-Talk.

13. A S44 Panel has been established to consider all potential Safeguarding Adult Reviews (SARs). The Panel acts as a triage for cases being referred to the Learning and Review Group. It comprises representatives from Adult Social Care, North Yorkshire Police and Vale of York CCG.

14. Work is ongoing to develop a new corporate Safeguarding Policy within the council. This is aimed at supporting both officers and elected members to improve their safeguarding knowledge and skills, in line with national guidance.

CYC Safeguarding Adults Collection Performance

15. In 2018-19 City of York Council received a total of 1,172 Safeguarding Concerns. This figure represents an 11% increase from the 1,052 Safeguarding Concerns that it received in the previous year.

16. All concerns raised with City of York Council are scrutinised to see if they meet the Care Act's conditions for a section 42 enquiry, and to consider our duties under the Wellbeing Principle (Section 1 of the Care Act) to offer support, advice and information to reduce the risk for the person in question and prevent further harm.

Where the council is unable to resolve the concerns at this stage, further enquiries may take place, either under the auspices of S42 or using 'other' enquiry mechanisms as appropriate. The number of referrals progressed to S42 enquiry in 2018-19 was 458, an increase of 84 from the 374 progressed in 2017-18. Adults in York were, in 2017-18, less likely to be the subject of a S42 enquiry than elsewhere (188 per 100,000 population compared with 245 per 100,000 population nationally), but whether this remains the case, particularly with the increase reported in 2018-19, will only become apparent when national Safeguarding statistics are published later in the Autumn.

17. The National Safeguarding Adults Collection has a making safeguarding personal indicator which measures if the person who is being safeguarded had their personal outcomes met. Of people who were asked about the outcome of their safeguarding enquiry in York during 2018-19, 72% expressed an opinion about their outcome, an increase from the 60% expressing an opinion during 2017-18. Of those, 65% had their outcomes fully achieved, 30% had them partially achieved and 4% said their outcomes were not achieved, which are broadly similar to the percentages reported during 2017-18.

18. The demographics of clients involved in York's completed safeguarding cases remains broadly similar to that found in 2017-18. There was an increase in the proportion of cases that dealt with concerns from males (41% in 2018-19 compared with 36% in 2017-18), and two-thirds of cases involve those over the age of 65. Adults at risk mainly have the support of advocates (91% of them did in 2018-19). There was little change in the proportion of enquiries that concluded that risks are removed (36% in 2017-18 and 2018-19) or reduced (62% in 2018-19 compared with 61% in 2017-18). The most common type of concern investigated was of "Neglect" – almost a third of all cases. Someone's own home was most likely to be the setting for a concern to take place (36% of all completed cases in 2018-19, an increase from 32% in 2017-18). Service providers were most likely to be investigated, with 56% of all completed cases involving them in 2018-19, but there was an increase in the proportion of completed enquiries where the source of concern was known to the individual (41% in 2018-19 compared with 36% in 2017-18).

Strategic Plan

19. The Safeguarding Adults Board Strategic Plan 2016-2019 continues to be implemented to the expected timetable. The following actions have been

agreed as part of the 2018-19 management plan in order to make progress towards the three year strategic plan.

- Reporting safeguarding website usage to SAB.
- Widely circulating the 'Keep Safe Guide' to key public outlets
- Establishing a safeguarding service user forum.
- Taking and considering evidence from partners on the implementation of Making Safeguarding Personal.
- Ensuring partners report to their governing body on an annual basis summarising their safeguarding activity.
- Engaging the safeguarding team with wider preventative initiatives across the city.
- Receiving the risk register update at every SAB meeting.
- Monitor the use of advocates and waiting times for deprivation of liberty safeguards assessments.
- Receive reports on case file audits on best interest decisions and least restrictive interventions.
- Continue to work with regional partners on the implementation of multi agency procedures.

20. The SAB are developing a new strategic plan to take us from 2019 to 2022. The focus of this plan is enable more personalised safeguarding processes, create better awareness and responses to safeguarding concerns, improve community capacity to safeguard adults at risk and create a more efficient, proportionate, comprehensive and accessible safeguarding services. This new strategy will be published following its agreement by the SAB and made available to this committee.

Council Plan

21. The proposals within this report relate to the Council Plan priority to focus on frontline services, ensuring all residents, particularly the least advantaged, can access reliable services and community facilities.

Implications

Financial

22. There are no financial implications to this report. Safeguarding activity is undertaken within agreed budgets.

Human Resources (HR)

23. There are no HR implications.

Equalities

24. Safeguarding activity is important to all protected communities of interest. The performance report indicates a relatively high number of referrals.

Legal

25. There are no legal implications.

Crime and Disorder

26. All of the issues and actions relating to Safeguarding Adults at risk contribute to the Safer Communities agenda. Specifically Safeguarding has strong links with the Domestic Violence agenda and to Hate Crime.

Information Technology (IT)

27. There are no IT issues relating to this report.

Property

28. There are no property issues relating to this report.

Risk Management

29. The recommendations within this report do not present any risks which need to be monitored.

Recommendations

Recommendation 1

The Health and Adult Social Care Policy and Scrutiny Committee note this report and are assured that arrangements for safeguarding adults are satisfactory and effective.

Recommendation 2

The Health and Adult Social Care Policy and Scrutiny Committee receive the SAB annual report following its publication

Recommendation 3

The Health and Adult Social Care Policy and Scrutiny Committee receive updates to this report on an annual basis.

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Report Approved	X	**Date 22.8.19**

Specialist Implications Officer(s)

Wards Affected: **All** ✓

For further information please contact the author of the report

Abbreviations

CCG – Clinical Commissioning Group

CYC - City of York Council

CVS - Community Voluntary Service

DoLS – Deprivation of Liberty Safeguards

LPS - Liberty Protection Standard

S42- The Care Act 2014 (Section 42) requires that each local authority must make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.

SAB – Safeguarding Adults Board

SAR- Safeguarding Adult Review

Health and Adult Social Care Policy and Scrutiny Committee

Draft Work Plan 2019-20

Tuesday 18 June 2019 @ 5.30pm	1. Scrutiny Arrangement Overview Report 2. Presentation of Public Health Directorate-Sharon Stoltz 3. Work Plan
Tuesday 30 July 2019 @ 5.30pm	1. Healthwatch York Six Monthly Performance Report 2. Executive Member for Health & Adult Social Care, Cllr Runciman, Executive Member 3. Health and Wellbeing Board Annual Report Cllr Runciman, Chair HHWB 4. Year End Finance and Performance Monitoring Report 5. Overview of Health and Adult Social Care Directorate, Sharon Houlden, Director 6. CSMC Food Poverty Review 7. Work Plan
Tuesday 17 September 2019 @ 5.30pm	1. Unity Health Progress Update 2. CCG: Repeat Medicines Ordering Update 3. 1st Quarter Finance and Performance Monitoring Report 4. Six Monthly Quality Monitoring Report – Residential, Nursing and Homecare services 5. Safeguarding Vulnerable Adults Annual Assurance Report 6. Work Plan
Wednesday 23 October 2019	1. Work Plan 2. Substance Misuse Review Implementation Update

@ 5.30pm	
Monday 11 November 2019 @ 5.30pm	1. Work Plan 2. Annual Health Protection Assurance Report
Tuesday 17 December 2019 @ 5.30pm	1. Multiple Complex Needs Network Update 2. 2nd Quarter Finance and Performance Monitoring report 3. Work Plan
Tuesday 21 January 2020 @ 5.30pm	1. Healthwatch York six-monthly Performance Report 2. Health and Wellbeing Board Bi-annual Report 3. Work Plan
Tuesday 18 February 2020 @ 5.30pm	1. Six Monthly Quality Monitoring Report – Residential, nursing and homecare services 2. Workplan
Tuesday 19 March 2020 @ 5.30pm	1. 3rd Quarter Finance and Performance Monitoring Report 2. Work Plan
Tuesday 23 April 2020 @ 5,30pm	1. Work Plan
Tuesday 19 May 2020	1. Work Plan

@ 5.30pm	

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