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

To: Councillors Doughty (Chair), Cullwick (Vice-Chair), Richardson, Cannon, Mason, Warters and Pavlovic

Date: Wednesday, 13 September 2017

Time: 5.30 pm

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

A G E N D A

1. **Declarations of Interest** (Pages 1 - 2)
   At this point in the meeting, Members are asked to declare:

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

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

2. **Minutes** (Pages 3 - 10)
   To approve and sign the minutes of the meeting held on 25 July 2017.

3. **Public Participation**
   At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00pm** on **Tuesday 12 September 2017**.

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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. **First Quarter Finance & Performance Monitoring Report** (Pages 11 - 22)
This report analyses the latest performance for 2017/18 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.

5. **Homeless Reduction Act 2017** (Pages 23 - 136)
This report advises Members on the content and implications of the Homeless Reduction Act 2017 which comes into force on 1/4/18.

6. **Fire Safety Actions & response following Grenfell Tower fire** (Pages 137 - 142)
This report provides Members with an update to the verbal report previously provided to by the Head of Building Services on 20 June 2017.

7. **July 2017 (Month 4) Financial Position for York Teaching Hospital NHS Foundation Trust** (Pages 143 - 160)
This report updates Members on the financial position of York Teaching Hospital NHS Foundation Trust.

8. **Consultation on the draft Mental Health Strategy for York 2017-2022** (Pages 161 - 188)
This report presents the draft Mental Health Strategy for the city (Annex A refers). The draft strategy is currently being consulted on with the closing date for comments being Sunday 8 October 2017.

9. **Work Plan** (Pages 189 - 192)
Members are asked to consider the Committee's work plan for the municipal year.

10. **Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name- Laura Clark

- Telephone – (01904) 554538
- E-mail- Laura.Clark@york.gov.uk

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

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

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 **(Cantonese)**

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. **(Turkish)**

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

☎ **(01904) 551550**

Agenda Item 1

Health and Adult Social Care Policy and Scrutiny Committee

Agenda item 1: Declarations of Interest.

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

Councillor Cannon	Member of Health and Wellbeing Board
Councillor Doughty	Member of York NHS Foundation Teaching Trust
Councillor Mason	Registered Paramedic Owns a private ambulance company with NHS contracts
Councillor Richardson	Niece is a district nurse Ongoing treatment at York Pain Clinic and ongoing treatment for knee operation

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City of York Council	Committee Minutes
Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	25 July 2017
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Richardson, Cannon, Mason and Pavlovic
Apologies	Councillor Warters

12. Declarations of Interest

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

- Councillor Cannon declared that her husband was a Trustee of the Independent Domestic Abuse Services, in relation to the Community Safety Strategy.
- Councillor Mason declared that his business had transported some patients who were treated at The Retreat, although to his knowledge not in the area being discussed.
- Councillor Doughty declared that his partner was an ex-Director at The Retreat.

13. Minutes

Resolved: That the minutes of the Health and Adult Social Care Policy and Scrutiny Committee held on 20 June 2017 be approved and signed by the Chair as a correct record.

14. Public Participation

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

15. End of Year Finance & Performance Report

Members considered a report analysing the financial outturn position and performance data for 2016/17 by reference to the

service plans and budgets for all of the services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.

Officers gave a brief update to the report and suggested that a session be held with the Chair in order to identify key areas of focus moving forward, given the increased remit of the committee.

The Chair expressed concern that this was a sizeable and complex report , and stated that it confirmed the fears of some Members that the committee would be overstretched under the new working arrangements.

In response to Member questions Officers confirmed that:

- In relation to the specialist smoking cessation service, there were ongoing discussions between the Executive Member for Health & Adult Social Care and the Director of Public Health.
- There had been substantial work on reducing delayed transfers of care.
- There had been significant issues around the closure of Archways, however the move towards community rather than bed based services and more rehabilitation in the home was a positive step.
- There had been a reduction in the use of sub-contractors, however there were further savings to be made.
- The directorate did not recover £55K from Be Independent for its support services budget as Be Indepenent was previously an internal service and this was not captured when the contract was outsourced in 2014. It was included in a package of services, including HR and IT, that was not reflected in the contract value. If this was reclaimed retrospectively it could have an impact on the sustainability of the organisation and CYC did not want to see provider failure with customers put at risk.
- The number of homeless households in temporary accommodation was static and stable in comparison to other Local Authorities. Staff in the Housing Options Team had worked hard on early interventions.
- There had been a review of Choice Based lettings in the previous year and there had been fundamental changes to the processing of applications. Interviews now took place before being put on the waiting list and the chances of being

offered a property explained fully. As a result of this some applicants would then choose not to go on the list.

Members raised several issues that fell under the remit of Public Health and it was suggested that a representative from the Public Health Team be present for future reports. The questions would be passed on and responses circulated to the committee.

Resolved: That members not the content of the report.

Reason: To update the committee on the latest financial and performance position for 2016/17.

16. Be Independent - End of Year Position

Members considered a report providing them with an update on the performance of Be Independent for 2017. It advised Members on the key performance areas included within the Council's contract, highlighted areas where increased monitoring was required and advised of concerns regarding performance of the organisation.

The Commissioning Manager was in attendance to present the report and answer Member questions. In response to some questions raised by Members he stated:

- When the 5 year contract ended this would be tested on the marketplace. If there was no interest at this point there remained the option to bring the service back in house.
- Spinning out a business with internal staff was a challenge as they would always focus on the needs of the customer first.
- The demand for equipment loans fluctuated quarterly.

During debate Members felt it was important that reporting remained bi-annual.

Resolved: That;

i. Members note the performance of Be Independent.
ii. Members request that scrutiny reports continue to be submitted on a six monthly basis, as per the current arrangement.

iii. Agree that the next report to scrutiny focus on the business development of the service.

Reason: To ensure ongoing and effective scrutiny of Be Independent.

17. Report on The Retreat action plan following CQC inspection

Members considered a report informing them of the recent Care Quality Commission (CQC) inspection of The Retreat in York along with the hospital's quality improvement plans and a summary of the CQC action plan.

The Chief Executive and Marketing and Communications Manager (The Retreat) were in attendance to present this report and answer Member questions. They gave a brief background and reiterated how seriously this issue was being taken.

In response to Member questions they clarified that:

- Following the inspection four staff members had been suspended and two were no longer in place.
- Staff had raised concerns with the Director of Operations and immediate action had been taken. These concerns had also been reported to the CYC safeguarding team.
- With regard to allegations of bullying, a staff survey had been undertaken and an action plan was now in place. It was clear that a change was needed to the overall culture, however the bullying did involve a small cohort of staff.
- Ligature risks and blind spots had been highlighted and this was difficult in an old building. A new Unit Manager was in place to ensure that staff have sight of patients at all times.
- Staffing numbers and the use of agency staff were significant challenges in health care at present. The team were working hard to recruit more staff and reduce the use of agency staff. There had also been a Night Coordinator appointed to ensure the most effective use of staff at a vulnerable time. Agency staff would all be inducted into units and have to read all relevant policies before commencing

work. They were also attempting to use preferred agencies to ensure some level of consistency.

Resolved: That Members request an update on the progress of The Retreat quality improvement plan in 6 months.

Reason: So the Committee are assured that concerns raised by the CQC are being addressed.

18. Safeguarding Adults at Risk Annual Assurance Report

Members considered a report which accompanied the York Safeguarding Adult Board Annual Report 2016-2017 and outlined arrangements in place to ensure that City of York Council discharged its responsibilities to protect adults with care and support needs from abuse and neglect, whilst maintaining their independence and well-being.

The Committee were asked to accept assurance that arrangements for safeguarding adults were satisfactory and effective.

The Assistant Director, Adult Social Care was in attendance to present the report and answer Member questions. In response to some of these questions he stated:

- The Prevent strategy was led by the Community Safety Team. The Leadership Group met bi-annually to discuss those areas which overlapped e.g. prevent, self care and suicide prevention.
- When the review around assessment and care was being undertaken, there was an awareness that the Safeguarding Board should not become too 'lean' in terms of resourcing.
- The Future Focus programme was currently in the design phase but would be taken as a separate item on the work plan at a later date. It was expected to take around 18 months to implement.

Resolved: That Members;

1. note the SAB annual report and are assured that arrangements for safeguarding adults are satisfactory and effective.

2. receive further updates on an annual basis.

Reason: To assure the Committee arrangements for safeguarding adults are satisfactory and effective.

19. Introduction to Safer York Partnership

Members considered a report which provided them with a comprehensive overview of Safer York Partnership, the statutory community safety partnership (CSP) for the City of York as community safety was now part of this committee's remit.

Resolved: That Members note the report.

Reason: To give Members a clear overview of the Safer York Partnership.

20. Community Safety Strategy

Members considered a report summarising the partnership's Community Safety Strategy 2017-20 including current trends, emerging priorities and implications of the strategy.

The Head of Community Safety was in attendance to present the report and answer Member questions.

In response to Member questions Officers stated:

- Serious Organised Crimes were those which posed threat, harm and risk and impacted on quality of life. Nationally this included Child Sexual Exploitation, drug crimes, money laundering and trafficking. York had its share of these issues and the SYP could have a significant impact on these.
- North Yorkshire Police had made it a strategic priority to keep the City Centre safe and OP ERASE was still a focus.
- The Safer Neighbourhood Team and Local Area Teams were focused on broader community problem solving ensuring that focus was not just on the City Centre.
- With regard to street begging and rough sleeping, an annual count took place around Oct/Nov and there was no indication the number had increased. Some individuals elect to stay on the street for a number of reasons despite the offer of a bed. There was no reason for anyone to rough sleep in York and they would always be encouraged to abide

by the rules and come back into services. Members felt that more should be done to promote the text donation service, particularly to visitors to the city.

Resolved: That Members note the content of the strategy and agree to provide support to the Council in delivering the strategic priorities contained within the strategy.

Reason: To inform the Committee of the new Community Safety Strategy.

21. Work Plan 2017/18

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

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

- Consultation on a Mental Health Strategy for York be considered in September
- A report on Future Focus programme be considered in October
- A further report on The Retreat improvement plans be considered in January

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

Councillor Doughty, Chair
[The meeting started at 5.30 pm and finished at 8.20 pm].

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Agenda Item 4

Health, Housing and Adult Social Care Policy & Scrutiny Committee

13 September 2017

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

2017/18 Finance and Performance First Quarter Report – Health, Housing & Adult Social Care

Summary

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

Financial Analysis

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

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

2016/17 Draft Outturn Variation £000		2017/18 Latest Approved Budget			2017/18 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+245	ASC Prevent	6,460	1,378	5,082	+98	+1.9%
-48	ASC Reduce	10,238	2,818	7,420	-326	-4.4%
+24	ASC Delay	11,129	7,064	4,065	-272	-6.7%
-45	ASC Manage	45,332	14,459	30,873	+1,476	+4.8%
-	ASC Mitigations				-604	
+176	**Adult Social Care**	**73,159**	**25,719**	**47,440**	**+372**	**+0.8%**
-49	Public Health	8,404	8,430	-26	0	0%
+66	Housing and Community Safety	11,973	9,432	2,541	+75	+3.0%
+193	**HHASC GF Total**	**93,536**	**43,581**	**49,955**	**+447**	**+0.9%**
+176	**Housing Revenue Account Total**	**31,174**	**34,363**	**-3,189**	**+178**	**+5.6%**

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

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

Adult Social Care Prevent Budgets (+£98k / +1.9%)

4 There is a continued pressure from 2016/17 of £32k to undertake Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks on equipment the department has installed in customers' homes. The council has a statutory duty to check the equipment regularly and this projected overspend represents the ongoing pressure to maintain equipment in line with these regulations.

5 Be Independent were supposed to have their contract value reduced by £52k to reflect the difference in the cost of providing support services to them at the time of spinning out, against an amount nominally allocated them whilst they retained all CYC support services in their first year. It is not deemed appropriate to recover this at the present time.

Adult Social Care Reduce Budgets (-£326k / -3.4%)

6 There is a £274k projected underspend within the direct payment budget. Spend has gone up by £101k but this has been offset by increased customer contributions (£254k) and increased Continuing Health Care (CHC) income (£122k). The new operating model will increase the spend in this area as the year progresses but this will be more than offset by savings in other areas, predominantly the community support budgets, as local communities can offer individuals a greater choice in how their needs are met.

7 The Small Day Services, a series of council run day support options for customers, is forecast to underspend by £97k due mainly to staffing vacancies.

8 The Better Care Fund (BCF) for 2017/18 and 2018/19 is close to being agreed and recommendations made to the Health and Wellbeing Board. There is unlikely to be a significant change in the overall investment in 2017/18 as the improved Better Care fund is largely needed to support stabilise existing commitments which would otherwise cease due to the NHS financial position and have a negative impact on the broader system, but there is greater scope for investment in 2018/19 and the council and the Vale of York Clinical Commissioning Group (VoY CCG) are evaluating the options.

Adult Social Care Delay Budgets (-£272k / -6.7%)

9 The Older Persons' community support budget is forecast to overspend by £184k. The cost and volume of the tiered contracts is £302k more than budgeted but this is offset by an increase in expected CHC income

of £118k. The projection assumes that none of the £241k saving will be achieved at this point in the year (£116k from reducing packages, £125k part year benefit expected from £150k investment in Carers support). The new reablement contract and potential investment from the BCF to get customers reabled more effectively has not yet been proven and as such no savings have been factored into the projection.

10 The community support for Learning Disability (LD) customers is forecast to underspend by £320k. CHC income is forecast to be above expectations by £214k. Whilst there are fewer customers than budgeted (£106k). No additional budget was allocated for children transitioning to adult services, and this projection assumes that any additional costs for these customers will be offset by older customers no longer requiring services.

Adult Social Care Manage Budgets (+£1,476k/ +4.8%)

11 There is a continuation of the 2016/17 overspend forecast for LD external residential placements of £714k as some high cost customers did not move into supported living schemes as expected. There is also an overspend forecast on Supported Living schemes (£370k). Whilst this increase in expenditure was expected, it was intended it would be mitigated by reviewing the level of support required in the schemes. This review is now being progressed.

12 The Older Persons' Home budget is forecast to overspend by approx £437k due to the reduction in customer income as the service is modernised and services reduce capacity pending the outcome of formal consultations regarding future use, but also due to staffing overspends where the establishment is exceeded due to general assistants, a deputy manager, 0.5FTE of a service manager and the cost of cooks regraded but not funded. This overspend will be met from the capital receipts generated by the sale of surplus homes in 2017/18 as permitted by new powers given to local authorities in last year's budget.

13 The pressure from the Mental Heath working age residential care customer group increase continues into 2017/18 (£204k). Work is being taken forward with Tees, Esk and Weir Valley NHS provider to develop the service model to reduce dependence on a bed based approach.

14 There is a saving of £295k expected from the implementation of a new operating model. This was initially based on reducing staffing levels but has since been wrapped up in a larger challenge to deliver £1.8m of savings across the external care budgets and care management function. The assumption is that these savings will not be achieved in year due to a delay in starting the programme of work and the implementation phase not now expected to start before Autumn.

Adult Social Care Mitigations (-£604k)

15 The Department has identified areas to mitigate the overspendand help to bring it back towards a balanced position. These are:

- Review the level of support in the Supported Living Schemes with a view to reduce/restructure the schemes to create a cash saving (£150k).
- Use the uncommitted base Care Act budget (£454k) to offset some the pressures.

Public Health (£nil)

16 There are pressures of £140k within Public Health. However this can be funded within the overall Public Health grant balance carried forward from 2016/17. The main variation relates to the substance misuse contract (£121k) as the provider went into administration earlier in the year and it is not yet known whether any council funding will be returned by the administrator.

Housing and Community Safety General Fund (+£66 / +2.5%)

17 There is a forecast overspend in Private Sector Housing (£34k) due to lower than anticipated levels of income from Selby District Council (£30k) and Landlord Accreditation (£40k) charges, these are offset by £36k over achievement of Disabled Facility Grant admin income and additional income from Houses in Multiple Occupation (HMO) licences.

18 The legal fees in relation to a section 106 dispute are expected to create a £35k pressure this year.

Housing Revenue Account (-£1,276k / -4.1% of gross expenditure budget)

19 The Housing Revenue Account is budgeted to make an in year surplus of £3.1m. A review of the budgets in the area shows that, overall, a surplus of just under £3m is now forecast.

20 Repairs and maintenance is forecast to overspend by £300k. New processes have been implemented to ensure internal skilled workers pick up work previously allocated to subcontractors in order to reduce expenditure. It is expected that reductions will be made but it is again unlikely that the full savings will be achieved in this financial year

21 Fire risk assessments are currently being undertaken in all of the 420 communal areas of our properties following the Grenfell Tower fire. The value of such work is not yet known until the assessments are complete but will most likely have a further pressure on the repairs and maintenance budget.

22 A range of smaller underspends make up the overall variation.

23 The working balance position at 31 March 2017 was £22.64m. This is higher than forecast in the latest business plan (£20.2m) due to under spends achieved in previous years.

24 The projected outturn position outlined in paragraph 20 means the working balance will increase to £25.6m at 31 March 2017. This compares to the balance forecast within the latest business plan of £25.8m.

25 Detailed information and regulations are still awaited regarding forthcoming changes to HRA legislation including the sale of high value properties. While the full extent of the impact of these changes is not yet known, the HRA will be required to make significant efficiencies in order to mitigate the reduction in income without reducing the HRA balance below prudent and sustainable levels.

Performance Analysis

Adult Social Care

26 The information in paragraphs 28 to 46 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 Q1" section of the web page.

27 Some of this information also forms part of CYC's overall "Service Delivery" suite of performance indicators, which are shown here.

Performance – Overview			2014/15	2015/16	2016/17	Q1	Benchmark	DoT
Service Delivery	A Focus on Frontline Services	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (YTD Average)	6.3	6.9	7.49	NC	Above National and Regional Average	⇨
		% of panel confident they could find information on support available to help people live independently	NC	NC	65.46%	70.51%	NC	⇧
		Proportion of adults in contact with secondary mental health services living independently, with or without support	55.10%	28.50%	39.21%	49.35%	Below National and Regional Average	⇨
		% of physically active and inactive adults - active adults	62.18%	67.90%	(Avail Feb 18)	NC	Above National and Regional Average	⇨
		Number of days taken to process Housing Benefit new claims and change events (DWP measure)	5.91	5.87	5.58	4	Above National Average	⇨
	A Council That Listens to Residents	% of panel who agree that they can influence decisions in their local area	NC	NC	25.65%	28.41%	Above National Average	⇧
		% of panel satisfied with their local area as a place to live	NC	NC	89.84%	91.23%	Above National Average	⇧
		% of panel satisfied with the way the Council runs things	NC	NC	65.54%	64.76%	Above National Average	⇨
		Overall Customer Centre Satisfaction (%) - CYC	58.15%	91.54%	92.48%	93.23%	NC	⇨
	A Prosperous City for All	Net Additional Homes Provided - (YTD)	507	1,121	977	NC	NC	⇨
		% of panel who give unpaid help to any group, club or organisation	NC	NC	64.30%	66.44%	Above National Average	⇧
NC = Not due to be collected during that period,								

Residential and nursing admissions

28 Avoiding permanent placements in residential and nursing care homes is a good measure of ensuring of how effective packages of care have been in ensuring that people regain control of their lives quickly. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. It is important that even with lower numbers going into Residential Care, we can balance the system through ensuring that equal or greater numbers are moved on. This means offering alternatives such as Supported Living for people who would otherwise stay in Residential Care for long periods.

29 The number of people in long-term residential and nursing care fell to 607 at the end of 2017/18 Q1, compared with 623 at the end of 2016/17 Q4. There were four admissions of younger people and 56 admissions of older people to residential and nursing care in the first quarter of 2017/18, which is lower than the corresponding period in 2016/17. This is partly due to the extension of Sheltered Housing with Extra Care facilities.

Adults with learning disabilities and mental health issues

30 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.

31 Our performance level during 2017/18 Q1 (on average, 8.5% of adults with a learning disability were in paid employment), is improved from the 2016/17 Q4 position (7.6% of adults with a learning disability were in paid employment). Additionally, during 2017/18 Q1 on average 81.4% of adults with a learning disability were living in their own home or with family, which is an improvement on the 2016/17 Q4 position (the corresponding figure was 79.9%). For those with mental health issues, on average 10.45% of this group were in paid employment during 2017/18 Q1 (an improvement on the corresponding 2016/17 Q4 figure of 10.39%). At the present time, although the scorecard indicates that 49% of adults are in settled accommodation, we are aware that there is a recording issue in the reporting of those adults with mental health issues and their accommodation status; we are working with TEWV to ensure that this is reported correctly in subsequent scrutiny reports.

Delayed Transfers of Care

32 This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. A delayed transfer of care (DToC) occurs when a patient has been clinically assessed as ready for discharge from hospital, but a care package (from either the NHS or Adult Social Care) is not available.

33 NHS England are moving towards a new method of measuring performance for this indicator, which involves calculating the average number of beds occupied each day, but have not yet made it an ASCOF measure, which explains why the scorecard shows “Not Collected” at the present time. Approximately 6.7 beds were occupied per day in hospital because of delayed transfers of care, attributable to ASC, during the first quarter of 2017/18. This is a reduction on the previous quarter (7 beds per day occupied). We are working with health colleagues in a Community Response Team to enable assessments to happen outside hospitals to reduce delays for patients.

Public Health

Under 18 conceptions

34 Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes

for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

35 Data relating to conceptions is generally quite out-of-date because of the difficulties involved in verifying data from the relevant collection agencies. There were 20 per 1,000 conceptions amongst females aged 15-17 in York in the year to March 2016, which is an increase of 20% compared to the previous year. The Integrated Sexual Health service offers appointments and drop-in services to provide a comprehensive contraception service to all including Long Acting Reversible Contraception (LARC) which evidence shows supports young women in managing more effective long-term contraception.

Smoking

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

37 The percentage of pregnant women who are recorded as smoking at the time of delivery has fluctuated in recent times. The figure was 12.3% in 2016/17 Q4 (the latest figure available), compared with 10.3% in Q3. However, the rate is below the regional average (14.3%) but slightly higher than the national average (10.8%) for Q4. We work closely with GP surgeries and York District Hospital to advise pregnant women on the harmful effects of smoking on their baby.

38 York has a significantly lower percentage of current smokers (12.6%) compared with regional (17.7%) and national (15.5%) averages. Smoking prevalence in York has fallen from 18.7% in 2013 to the current level of 12.6% in 2016. Smoking prevalence amongst people working in routine and manual occupations in York is also falling. In 2013 the rate was 34.3% and this fell to 26.4% in 2016. Smoking rates amongst people working in routine and manual occupations in York are in line with national (26.5%) and regional averages (28.9%).

Health Visiting

39 Evidence shows that what happens in pregnancy and the early years in life impacts throughout the course of life. Therefore a healthy start for all our children is vital for individuals, families,

communities and ultimately society. The health visiting service leads on the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged 0-5 years. The health visitor service delivery metrics currently cover the antenatal check, new birth visit, the 6-8 week review, the 12-month review and the 2-2½ year assessment.

40 Performance on some of these metrics has improved steadily. The percentage of timely new birth visits (births that have a face-to-face NBV within two weeks) was 78% during Q4 compared with 74% during Q3. The percentage of timely 6-8 week reviews (by the time the baby is 8 weeks old) was 77% during Q4 compared with 78% during Q3. The prevalence of breastfeeding at 6-8 weeks has now reached 44% during Q4, compared with 36% during Q3. The percentage of children getting a "12 month" review by the time they turned 15 months old increased to 77% during Q4 from 75% during Q3. The percentage getting a "2-2.5 year" review improved to 19% during Q4 compared with 16% during Q3. However, these figures should be interpreted with some caution as local authorities self-report on performance and may interpret the indicator timescales / guidelines differently. Since January 2017 the Health Visiting and School Nursing teams have been consulted with around the proposals for a new model for delivery of the HCP. The new Healthy Child Service will be operational from August 2017 and is centred around an integrated 0-19 model, which provides a universal offer for all children, young people and their families resident in York or attending school in York; with more targeted services offered to those children, young people and families identified as having greater needs.

Chlamydia diagnosis

41 Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health. The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner. This indicator monitors progress in controlling Chlamydia and delivering accessible, high-volume Chlamydia screening.

42 During 2016-17 the Chlamydia diagnosis rate was 1,838 cases per 100,000 population, which is below national (1,882 cases per 100,000 population) and regional (2,072 cases per 100,000 population) averages. This is higher than the 2015/16 diagnosis rate (1,462 cases per 100,000 population). The sexual health service in York offers a comprehensive Chlamydia screening provision which follows national guidelines. It covers both universities and the local college of further education, where drop-in appointments are

available, and long-standing clinics are available in the city centre and Acomb.

NHS Health Checks

43 The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.

44 During the whole of 2016-17, 434 checks were offered in York and 93 were carried out, with 136 offered and 57 carried out in Q4 – both improvements on the Q3 figures (29 and 29 respectively). The relatively low numbers were due to the decision to transition health checks from being a GP-commissioned service to one provided in-house by the YorWellbeing service.

Successful completions of Drug and Alcohol Treatment (without representation)

45 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.

46 In the latest 18 month monitoring period to March 2017, 9.39% of opiate users who were in treatment successfully completed it and did not represent within six months; this is an improvement from the rate reported at the end of the previous quarter (8.05%). Of non-opiate users, 38.1% of them successfully completed treatment and did not represent within six months; this is broadly similar to the rate reported at the end of the previous quarter (37.9%). To promote sustained recovery from substance misuse and to prevent representation to services a number of community initiatives are in place in York including peer support, mutual aid, recovery support and aftercare. The emphasis is on helping people to increase their social capital, build their resilience and develop links with abstinent communities in order that they become less reliant on treatment services.

Corporate Priorities

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

Implications

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

Recommendations

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

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

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Report Approved ✓ **Date** 29 August 2017

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers

2017/18 Finance and Performance Monitor 1 Report, Executive 31 August 2017

Abbreviations

ASC – Adult Social Care
BCF – Better Care Fund
CHC – Continuing Health Care
COPD – Chronic Obstructive Pulmonary Disease
CYC – City of York Council
DToC – Delayed Transfer of Care
FTE – Full Time Equivalent
HCP – Healthy Child Programme
HHASC – Health, Housing and Adult Social Care
HMO – Houses in Multiple Occupation
HRA – Housing Revenue Account
LARC – Long Acting Reversible Contraception
LD – Learning Disability
LOLER – Lifting Operations and Lifting Equipment Regulations
NCSP – National Chlamydia Screening Programme
VoYCCG – Vale of York Clinical Commissioning Group

Health, Housing and Adult Social Care Policy & Scrutiny Committee 13 September 2017

Report of the Assistant Director - Housing and Community Safety

Homeless Reduction Act 2017

Summary

1. To advise members about the content and implications of the Homeless Reduction Act 2017 which comes into force on 1/4/18.

Background

2. Current homeless legalisation is the Housing Act 1996 (Part 7) which places a statutory duty on Local Authorities to provide advice and assistance to anyone who is homeless within 28 days.

3. There is a duty to provide temporary accommodation is for those who are homeless, eligible and believed to be in priority need and to provide permanent accommodation (full duty) to those who are homeless, eligible, in priority needs, unintentionally homeless and with a local connection.

4. The Homeless Reduction Act 2017 extends the statutory duty to prevent homelessness for anyone at risk of homelessness within 56 days including those with no local connection.

5. The advice service must be designed to meet the needs of specific groups:

- Care leavers
- People released from prison or youth detention centres
- Former members of the regular armed forces
- Victims of domestic abuse
- People leaving hospital

- People suffering mental illness
- Any other group identified by the Local Authority (LA) as being at particular risk of homelessness.

6. The duty to prevent can come to an end as a result of:

   - The applicant has suitable accommodation available for occupation with a reasonable prospect of having the accommodation available for at least 6 months.
   - The authority has taken reasonable steps to prevent homelessness, but a period of 56 days has ended the Local Authority **may** give notice to the applicant.
   - The applicant has become homeless.
   - The applicant has refused an offer of suitable accommodation and therefore the relief duty is owed if they become homeless.
   - Notice served due to deliberate and unreasonable refusal to cooperate.
   - The applicant ceases to be eligible.
   - The applicant has withdrawn the application.

   In all cases, the applicant must be notified in writing and at each point the applicant request a review of the decision.

7. The Homeless Reduction Act 2017 further extends the statutory duty to **relieve homelessness** (assist in finding alternative accommodation) for a further 56 days. Local connection criteria applies at this stage.

8. Initial duty owed to all eligible people who are homeless, when LA must take reasonable steps to help the applicant ensure that suitable accommodation becomes available to them for at least six months. In deciding on the reasonable steps to take to meet the duty, the LA must have regard to their personal housing plan and assessment.

9. The LA cannot make a decision under s.193 (Main duty), s.191 (Intentionally Homeless) or s.192 (No Priority Need) until the 56 day relief duty has been met.

10. The duty to relieve may also be brought to an end when the local authority are satisfied that that any of the following apply:

- The applicant has suitable accommodation available for occupation with a reasonable prospect of having the accommodation available for at least 6 months.
- At the end of a 56 day period and the authority has complied with the relief duty, whether or not the applicant has managed to secure suitable accommodation.
- The applicant has refused an offer of suitable accommodation.
- Applicant refuses final offer of accommodation or final Part 6 offer.
- Notice served due to deliberate and unreasonable refusal to cooperate.
- The applicant has become homeless intentionally from any accommodation that has been made available to them as a result of the reasonable steps to relieve homelessness (under section 189B (2)).
- The applicant is no longer eligible for assistance.
- Application withdrawn.

The applicant is entitled to request a review on any of these decisions

11. The full homeless duty (as per Housing Act 1996) is not considered until the prevention and / or relief of homelessness duty has been concluded and only applies to those who are, eligible, in priority needs, unintentionally homeless and with a local connection.

Consultation

12. Staff training has commenced but cannot be completed until the Code of Guidance is issued. ‘Bite sized’ training will be available for partners, other departments and stakeholders

13. Consultation took place at a national level before the legislation was passed on 27/4/17.

14. Further national consultation will take place before the Code Of Guidance is published (date yet to be confirmed)

Analysis

15. The main changes in the Homeless Reduction Act 2017 are;

- Assessment for anyone who is homeless within 56 days regardless of local connection

- Personal housing plan. All customers require a personal housing plan which sets out, the actions that are required to prevent homelessness, who will carry out these actions including support, signposting and specific pieces of work. These must be dynamic and updated regularly.
- Prevention – duty to prevent for 56 days. Significant emphasis on valid section 21 Notice to Quit which is a complex legal area and / or negotiation with landlord, financial assessments, payment plans etc.
- Relief – a further 56 day duty to relieve homelessness – ie secure alternative suitable accommodation. Can consider local connection at this point but cannot differentiate between unintentional / intentionally homeless and duty remains. Emphasis is on finding alternative accommodation, supporting people to resolve barriers to housing (debts, budgeting, support with deposits, bonds, rent in advance, housing support, access to supported housing, private rented accommodation or social housing. Some households will require temporary accommodation while continue to 'relieve' homelessness.
- Full duty – cannot be considered until after 56 day relief duty has ended. Full duty is only applicable to those who are homeless, eligible, in priority needs, unintentionally homeless and with a local connection, those who are homeless, eligible, in priority needs, but intentionally homeless and with a local connection – there is only a duty to secure a 6 month AST tenancy. This is problematic as landlords are reluctant to take people with rent arrears / antisocial behaviour (the factors that deemed someone intentionally homeless).
- Discharge of legal duty can occur at each phase of the legislation, prevention, relief and full duty.
- End of prevention duty.
- End of relief duty.
- End full duty.

16. It is anticipated that the work load will increase as a result of this new legislation including

    - We are anticipating an increase in footfall – nationally it is estimated a 25% increase. Current caseload is approximately 600 full investigation / cases per annum and a further 400 individual advice cases. This equates to 1,250 full investigation cases.

- Increase in administration – that all customers will require a dynamic personal housing support plan. This must be reviewed and updated regularly. Estimated time is 22 hour per case (customer contact, investigations, decision) which would increase to circa 37.5 hours per case
- Additional support will be required to ensure the more vulnerable customer is supported to complete the relevant actions on their personal housing plan points to help them retain / secure accommodation
- That increase duty towards those households who would historically be viewed as intentionally homeless will place a significant burden on general accommodation supply (LA now have a duty to prevent or relive homeless for intentionally homeless)
- Additional 15 points that an applicant can request a review of a decision.

17. Duty to secure accommodation

    With increase demand and expectations and statutory duty there will be significant pressure on existing resources: hostels, private rented accommodation, social housing and affordable housing.

18. There are concerns that there is insufficient accommodation (supported housing, private rented sector, social housing or affordable housing) to meet the statutory duties placed on Local Authorities, although CYC Housing intend to look at use of CYC stock and re-configuration.

19. It is therefore imperative that all housing developments, local plan take account of the new statutory duty to relieve homelessness and maximise opportunity to build / develop affordable housing for those on very low incomes, benefits.

20. There is a need to review how the existing stock is used to maximising its use. Consider the introduction of flexible tenancies

21. Concern about the lack of affordable social housing. Current housing register has circa 1,600 applicants and 500 vacant homes per annum.

22. Concern about the type of affordable housing being proposed in York – shared ownership, Home Buy. While very beneficial for some

customers (first time buyers) are not within reach of those on benefits, low income, and zero hour contracts.

23. Concern about the affordability of housing in York, that Local Housing Allowance (LHA) does not match private rents (eg 2 bedroom LHA £535.98, average 2 bed PRS rent £798)

Current LHA rates in York are:

Category	Weekly amount	Monthly amount
Shared room (S1)	£ 67.09	£ 291.52
1 bedroom (B1)	£ 98.96	£ 430
2 bedrooms (C2)	£ 123.58	£ 535.98
3 bedrooms (D3)	£ 141.24	£ 613.72
4 bedrooms (E4)	£ 200.09	£ 869.44

Average rent costs in York at present
http://www.home.co.uk/for_rent/york/current_rents?location=york

	Average rent
One bedroom	£648 pcm
Two bedrooms	£798 pcm
Three bedrooms	£992 pcm
Four bedrooms	£1,281 pcm
Five bedrooms	£1,881 pcm

Consideration will need to be given to expanding the Private Rented Sector (PRS), to offer 12 month tenancies, incentives for landlords

Council Plan

24. The implementation and delivery of the Homeless Reduction Act contribute to the Council Plan to ensure:

- a prosperous city for all - where local businesses can thrive and residents have good quality jobs, housing and opportunities and to
- focus on frontline services - to ensure all residents, particularly the least advantaged, can access reliable services and community facilities

Implications

Financial:

25. There is additional funding to LAs (£61m over 2 years) for the administration of the service. Grant allocation not yet confirmed but it is anticipated that the new burdens grant would not cover costs of staffing to meet increased demand or provide tailored support.. Recent changes to Adult Wellbeing contract (supported housing and floating support) means there are already tremendous demands on supported housing / prevention (floating support) services.

26. The additional funding is not intended to fund new prevention / relief initiatives, CYC already receive a Homeless Prevention grant and additional Flexible Homeless Grant for this.

27. A draft paper requesting a growth bid will be considered as part of the annual budget process. This is deeply concerning as staff need to be in post before full budget council so we can deliver the service on 1/4/18.

Human Resources (HR):

28. Additional staff will be required to deliver this service (Growth bid).

Equalities

29. Community Impact Assessment to be completed one the full implications are known.

Legal

30. Legal challenge if CYC do not meet its statutory duties.

Crime and Disorder

31. None

Information Technology (IT)

32. CYC have signed up to a pilot scheme to provide a specialist system to case mange and produce relevant Department of Communities and Local Government statistics. If we do not use this IT system, current IT systems will need to be re-programmed to meet new legislative and statistical requirements. The new legislative and statistical requirements will be taken into consideration when procuring the new IT Housing system (current project)

Property

33. None

Other

34. None

Risk Management

35. There is a significant risk that there will be insufficient staff resources, accommodation options to meet this statutory requirement.

36. That rough sleeping will increase.

37. There is a significant risk that there will be an increase in legal challenges.

Recommendations

38. That Members understand the new statutory duties placed on City of York Council under this act and support officers to develop appropriate services, resources and accommodation solutions.

    Reason: So Members are aware of the content and implications of the Homeless Reduction Act 2017

Contact Details

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Report Approved ✓ **Date** 4/09/2017

Wards Affected: **All** ✓

For further information please contact the author of the report

Annexes:

Annex 1 – NPSS training slides
Annex 2 – NPSS flowchart

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Implementing the Homelessness Reduction Act

Training developed and delivered by

The National Practitioner Support Service

Supporting you to prevent homelessness

National Practitioner Support Service

Housekeeping

- Please turn your mobile phones off or to silent
- No fire drill planned today
- Refreshment break this morning
- Lunch break
- If you can’t hear, please let us know

Agenda

Session	Topic
1	Introductions
2	Background to the Homelessness Reduction Act
3	The Homelessness Reduction Act; legislation
4	The Homelessness Reduction Act in practice
5	Personal housing plans and written advice
6	The importance of securing corporate commitment
7	Developing effective referral pathways
8	Top tips for accessing the private rented sector
9	Housing Jigsaw

Training pack

Today

- Agenda
- NPSS Homelessness Reduction Act flowchart
- Action Plan
- Feedback form
- Paper

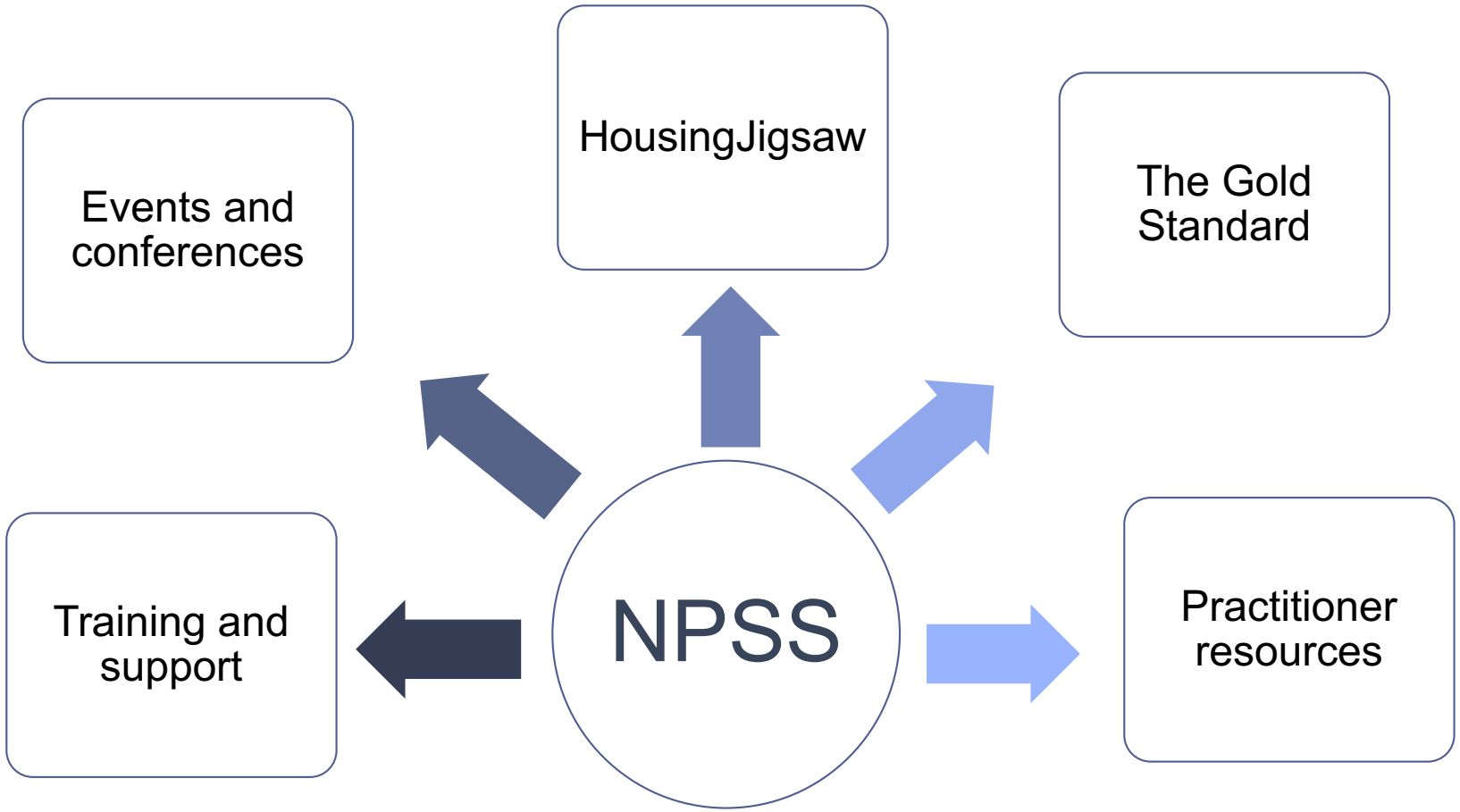
To follow

- Copy of the presentation slides
- Homelessness Reduction Act toolkit
- Homelessness Reduction Act letter templates pack
- Homelessness Reduction Act template forms pack
- Information flyer on HousingJigsaw

Introducing our delegates

Introducing your trainers

NPSS work streams



National Practitioner Support Service

The Homelessness Reduction Act

Background

Supporting you to prevent homelessness

History of the Act

April 2015

New Welsh Homeless legislation introduced with duties to prevent and relieve homelessness

December 2015

Homelessness inquiry launched by the CLG Select Committee

June 2016

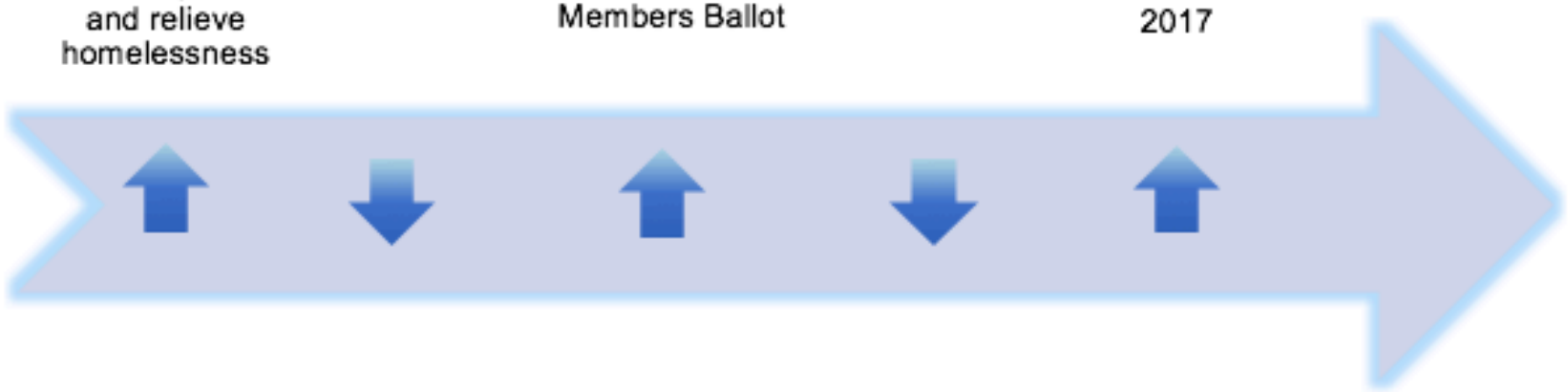
Bob Blackman MP secures the Homelessness Reduction Bill in the Private Members Ballot

August 2016

Private Members Bill published supported by Crisis and others

April 2017

Bill receives Royal Assent and becomes the Homelessness Reduction Act 2017



Next steps

- The Bill received Royal Assent on the 27th April 2017
- Clause 13 covers the extent and commencement of the Act. This clause came into force on the day the Act received Royal Assent
- The rest of the clauses in the Act will come into force via statutory instrument at a date / dates to be determined
- A statutory instrument or series of instruments will be required in order to determine the date the Act commences, anticipated for April 2018

The Homelessness Reduction Act

The clauses

Supporting you to prevent homelessness

HRA Clauses: Summary

Clause 1: Homeless & threatened with homelessness
Clause 2: Duty to provide advice
Clause 3: Personal Housing Plan
Clause 4: Prevention Duty
Clause 5: Relief Duty
Clause 6: Duty to help secure accommodation
Clause 7: Refusal to co-operate
Clause 8: Local connection of a care leaver
Clause 9: Reviews (s.202)
Clause 10: Duty of public bodies to refer
Clause 11: Code of Practice
Clause 12: Suitability of PRS accommodation

Clause 1: Summary

A change to the meaning of 'threatened with homelessness

- A change to the meaning of "threatened with homelessness"
- The period at which a person is threatened with homelessness is changed from 28 days to 56 days
- **Aim:** To increase homelessness prevention opportunities and successful prevention outcomes

Clause 1: Summary

A change to the meaning of 'threatened with homelessness

- The Act inserts s.175(5), which notes that a person will be threatened with homelessness if they have been served with a **valid** notice under s.21, and that the notice will expire within 56 days

- ***Aim:*** *to clarify and harmonise the approach taken to households who require assistance due to a private sector tenancy coming to an end*

Clause 2: Summary

Information and advice for all

- The Act replaces the current general duty in s.179 HA 1996 (advice & information free of charge)

- s.179 places a duty on local housing authorities in England to provide or secure the provision of free information and advice to any person in the district on:

  - preventing homelessness
  - securing accommodation when homeless
  - the rights of homeless people or those threatened with homelessness,
  - the help that is available from the local authority or anyone else in the district who are homeless, and
  - how to access that help

- ***Aim:*** *to ensure free advice and information in order to develop solutions to problems and maximise homelessness prevention opportunities*

Clause 3: Summary

Personalised Housing Plans

- Local authorities must assess and provide meaningful assistance to everyone who is homeless or threatened with homelessness, regardless of any priority need
- The applicant must be notified in writing of the assessment that is made
- Following the assessment, the LA must seek to gain agreement from the customer on the reasonable steps within the housing plan
- ***Aims:*** *to provide for a more personalised approach to advice and assistance and tailored support that will prove more effective in preventing and relieving homelessness*

Clause 4: Summary

The prevention duty

- s.195 HA 1996 includes a duty on local authorities to prevent homelessness
- Reasonable steps to help the applicant ensure that accommodation does not cease to become available to them
- This duty will take effect for a period of 56 days (from the date LA satisfied threatened with homelessness and eligible)
- ***Aim:*** *to support LAs to intervene at an earlier point with the aim of preventing homelessness for all households*

Clause 5: Summary

The relief duty

- Duty owed to those who are homeless
- Unless referred the LA must take reasonable steps to help the applicant ensure that accommodation becomes available to them for at least six months
- ***Aim:*** *to support the LA and applicant to work together to find a solution tailored to the applicant's circumstances, irrespective of whether the applicant is in priority need*

Clause 6: Summary

Duties to help to secure accommodation

- Reasonable steps in the prevention duty and relief duty are limited to 'help to secure' accommodation, rather than to secure in each case

- ***Aim:*** *Local authorities are able to make more efficient use of their resources*

Clause 7: Summary

Deliberate and unreasonable refusal to cooperate

- Requirement on applicants to co-operate with the reasonable steps that the local authority takes to meet the prevention duty and the relief duty

- Provision for the local authority to bring the prevention duty and the relief duty to an end if the applicant is deliberately and unreasonably refuses to cooperate with the reasonable steps

- ***Aim:*** *To create an environment where the applicant who is homeless or threatened with homelessness will undertake proactive work with the local authority in order to prevent or tackle their homelessness*

Clause 8: Summary

Local connection for care leavers

- The Act ensures that any care leaver who becomes homeless will be able to demonstrate a local connection to either:
    - the area of the local authority where they were looked after and owes them leaving care duties, or
    - for a care leaver under 21 years old - an area different to that of the authority who owed them the leaving care duties, where they have lived for at least 2 years, including some time before they were 16 years old
- ***Aim:*** *To make it easier for care leavers to demonstrate a local connection to the area where they would feel at home and would want to access assistance*

Clause 9: Summary

The right to review(s)

- The new prevention and relief duties brought in by the Act will now be covered under the existing review legislation
- Applicants will be able to challenge decisions relating to these new stages of the process
- In addition to the existing areas of review, the applicant will be able to request a review when the local authority makes a decision on:

    - The steps taken to prevent the applicant from becoming homeless
    - The steps taken to help to relieve homelessness
    - The duty owed to the eligible applicant who is homeless or threatened with homelessness
    - Ending the duty to prevent or relieve homelessness
    - Serving a notice due to a deliberate & unreasonable refusal to co-operate (s.193A)
    - The suitability of any accommodation offered under s.193B (following a notice in case of unreasonable refusal to co-operate)

The measure in this clause of the Bill is not amending the existing review process, it simply extends the areas that are subject to a s.202 or s.204 review

Clause 10: Summary

The duty to refer

- s.213B requires specified public bodies to notify a local housing authority if they identify any person whom they believe is homeless or threatened with homelessness
- The referral can only be made if the person agrees for the referral to be made, and identifies a local housing authority in England where they would like the referral to be sent
- The Act aims to ensure that a person's housing situation is considered whenever they come into contact with any wider public service
- The Act encourages local authorities to build on or develop relationships, protocols or joint working arrangements with partners in order to best meet local need and provide effective prevention services to residents

Clause 11: Summary

A code of practice

- This measure gives the Secretary of State a power to issue statutory codes of practice, providing further guidance on how local authorities should deliver and monitor their homelessness and homelessness prevention functions.
- Any code of practice that is issued will not replace the current Code of Guidance for local authorities – the Code of Guidance is being reviewed and will be updated
- The aim of any code of practice is to improve standards of the homelessness services in England
- **Aim:** to ensure that all local authorities will deliver the same level of high quality support to any household who is homeless or threatened with homelessness

Clause 12: Summary

Suitability of accommodation

- Amends Article 3 of the existing Homelessness (Suitability of Accommodation) (England) Order 2012, and brings this part of the statutory instruments into the act itself

- This ensures that the suitability checks extend to include any accommodation offer in the private rented sector, except for those secured for non-priority households under the prevention duty

The Homelessness Reduction Act

Flowchart

Supporting you to prevent homelessness

Page 1: Customer approach

Generally there are two ways in which a customer will be referred to your service:

- Self referral
- Agency referral (this includes under s213B)

Page 1: Duty to provide advice

- LAs must provide free information and advice to any person on preventing and relieving homelessness
- The Act specifies the type and quality of advice that must be provided:
  - preventing homelessness,
  - securing accommodation when homeless
  - the rights of homeless people or those threatened with homelessness,
  - the help that is available from the local authority or any other agencies in the district for those who are homeless, and
  - how to access that help
- Must be tailored to meet the needs of specified groups

Cont.…

Page 1: Duty to provide advice

The service must be designed to meet the needs of specific groups:

- Care leavers
- People released from prison or youth detention centres
- Former members of the regular armed forces
- Victims of domestic abuse
- People leaving hospital
- People suffering mental illness
- Any other group identified by the Local Authority as being at particular risk of homelessness

Page 1: Reason to believe

- Test remains the same:
    - *"a person applies to a LA for accommodation, or for assistance in obtaining accommodation, and the LA have a reason to believe that he is or may be homeless or threatened with homelessness"* (s.183(1))
- The change is in the definition of threatened with homelessness:
- This is now at 56 days, rather than 28 days:
    - *"a person is threatened with homelessness if it is likely that he will become homeless within 56 days"* (s.175(4))
- If no reason to believe homeless or threatened with homelessness within 56 days, no application taken and general advice only provided
- If reason to believe homeless or threatened with homelessness within 56 days, enquiries must be made into whether the applicant is eligible and homeless or threatened with homelessness.

Page 1: s.188 interim accommodation

- If the LA has reason to believe the applicant is homeless, in priority need & eligible, interim accommodation under s.188 must be provided

- The reason to believe threshold remains the same i.e. a very low bar

Page 1: Eligibility

- The investigation will determine the applicants eligibility
- If the applicant is not eligible issue a S184 decision letter and provide general advice (R).
- End s188 duty if in interim accommodation
- If the applicant is eligible…..

Page 1: Satisfied homeless or threatened with homelessness?

- …Move on to investigate whether the person is homeless or threatened with homelessness

- If you are satisfied that the applicant is not homeless or threatened with homelessness issue a s184 decision letter confirming eligible but not homeless or threatened with homelessness (R) .

- If not homeless end s.188 duty (if in interim accommodation)

- If you are satisfied that they are homeless or threatened with homelessness….

Page 1: Assessment

- If you are satisfied that the applicant is homeless or threatened with homelessness an assessment must be carried out
- The assessment is specified within the Act at s.189A
- It must include detail on:
  - The circumstances causing homelessness
  - The housing needs of the applicant, and any members of the household
  - The type of accommodation the household will require
  - Any support the household will need to secure and retain accommodation
- The LA must notify the applicant in writing of the assessment

Page 2: s184 and personalised housing plan

- Threatened with homelessness within 56 days:
  - Issue s.184 notice – duty to prevent homelessness (R)
- The LA should determine and seek agreement on: (R)
  - Steps that the applicant will take to secure and retain accommodation
  - Steps that the LA will take to help secure and retain accommodation
- LAs must take reasonable steps to help the applicant ensure that accommodation does not cease to become available to them (s.195(2))
- In deciding on the reasonable steps to take to meet the duty, the LA must have regard to the assessment
- All steps must be confirmed in writing, including whether the applicant agrees, or does not agree
- Must be kept under review until no duty is owed

Page 2: Duty to prevent

- The duty will take effect for a period of 56 days
- The duty begins on the date that the local authority are satisfied that the applicant is threatened with homelessness and eligible for assistance (s.195(8)(b))
- In the situation where a valid s.21 notice has been served, 56 days has elapsed, and the applicant remains threatened with homelessness (s.195(6)), the duty to prevent will stay in place beyond a 56 day period

Page 2: Ending the duty to prevent

The duty to prevent can come to an end as a result of:

- The applicant has suitable accommodation available for occupation with a reasonable prospect of having the accommodation available for at least 6 months (R)
- The authority has taken reasonable steps to prevent homelessness, but a period of 56 days has ended the Local Authority **may** give notice to the applicant (R)
- The applicant has become homeless (R)
- The applicant has refused an offer of suitable accommodation and therefore the relief duty is owed if they become homeless(R)
- The applicant has become homeless intentionally from any accommodation that has been made available to them as a result of the reasonable steps to prevent (under s.195(2)) (R)
- Notice served due to deliberate and unreasonable refusal to cooperate (R)
- The applicant ceases to be eligible (R)
- The applicant has withdrawn the application (R)

In all cases, the applicant must be notified in writing

Page 3: Homeless and s198(A1) referral

- ss.175-177 – applicant is homeless, meaning of accommodation, reasonable to occupy

- If conditions for a referral are met, it is open to the LA to refer the applicant to another LA at this point (R)

- LAs do not have to wait until the main s.193 duty is accepted before making a referral under s.198. This applies to all eligible households

Page 3: The relief duty

- s.189B - Initial duty owed to all eligible people who are homeless

- When homeless, the LA must take reasonable steps to help the applicant ensure that suitable accommodation becomes available to them for at least six months

- In deciding on the reasonable steps to take to meet the duty, the LA must have regard to their assessment

Page 3:

- You cannot make a decision under s.193 (Main duty), s.191 (Intentionally Homeless) or s.192 (No Priority Need) until the 56 day relief duty has been met

Page 3: s184 notice and Relief Personalised Housing Plan

- If the applicant has an existing PHP because they approached when threatened with homelessness, the LA needs to review and update this
- If not, the LA needs to now issue a PHP
- The LA must also issue a s.184 decision letter (R)
  - duty to relieve homelessness
- The LA should determine and seek agreement on: (R)
  - Steps that the applicant will take to secure and retain accommodation
  - Steps that the LA will take to help secure and retain accommodation
- All steps must be confirmed in writing, including whether the applicant agrees, or does not agree
- In deciding on the reasonable steps to take to meet the duty, the LA must have regard to the assessment
- Must be kept under review until no duty is owed

Page 3: Ending the relief duty

The duty to relieve **may** also be brought to an end when the local authority are satisfied that that any of the following apply:

- The applicant has suitable accommodation available for occupation with a reasonable prospect of having the accommodation available for at least 6 months (R)
- At the end of a 56 day period and the authority has complied with the relief duty, whether or not the applicant has managed to secure suitable accommodation (R)
- The applicant has refused an offer of suitable accommodation (R)
- Applicant refuses final offer of accommodation or final Part 6 offer (R)
- Notice served due to deliberate and unreasonable refusal to cooperate (R)
- The applicant has become homeless intentionally from any accommodation that has been made available to them as a result of the reasonable steps to relieve homelessness (under s.189B(2)) (R)
- The applicant is no longer eligible for assistance (R)
- Application withdrawn (R)

After 56 days, if the LA thinks the applicant is intentionally homeless and in priority need, they may bring the relief duty to an end, or they may decide to continue with the relief duty until they make a decision under s.190

Page 3: Ending the relief duty

- If satisfied the applicant is homeless, in priority need and not intentionally homeless, the relief duty **will** come to an end 56 days after the LA are satisfied that the applicant is eligible and homeless

- At this point the applicant will be subject to the full duty under s.193

- If applicant refuses final accommodation offer (PRS 6 months+ AST) or final Part 6 offer, s.193 (main housing duty does not apply) NB does not apply to supported housing.

Page 4: End of 56 days and still homeless

- Issue s.184 notice
  - s.193 – Main Duty
  - s.190 – Intentionally Homeless
  - s.192 – No priority need
- The familiar decisions that we all know and love

Page 5: Deliberate and unreasonable refusal to cooperate

- The Act places a requirement on applicants to co-operate with the steps that the local authority determines are reasonable for the applicant to take to meet the prevention duty and the relief duty

- As we know, the personal housing plan should contain reasonable and achievable actions that an applicant can be expected to undertake

- If the local authority believes that the applicant is deliberately and unreasonably refusing to co-operate to prevent or relieve their homelessness, the authority can take the steps to bring the duty owed to an end

Page 5: Deliberate and unreasonable refusal to cooperate

If the local authority determines an applicant has deliberately and unreasonably refuse to cooperate:

LA can issue a relevant written warning

- Include timescales to comply
- Confirm that they will be served a notice to end the duty if they do not comply with the steps
- Setting out consequences of a notice

If the applicant continues to deliberately and unreasonably refuse to co-operate:

LA can issue a notice in writing (R)

- Explain why this has been issued
- The effect it will have – i.e.: end the duty owed
- Right of review

Page 5: Deliberate and unreasonable refusal to cooperate

- Can be used to end both the prevention and the relief duty
- If the process is used to end the prevention duty then an applicant will still be owed a relief duty if they go on to become homeless
- If the applicant is still homeless after using the process to end the relief duty, and they would not have gone on to be owed the main they will be entitled to advice only
- However…

Page 5: Deliberate and unreasonable failure to cooperate

- If the applicant would have gone on to be owed the main duty under s.193
- Duty to secure that accommodation is available for occupation by the applicant
- Duty ends on notification of:
    - Applicant ceases to be eligible
    - Applicant becomes intentionally homelessness from accommodation made available
    - **Applicant accepts an offer of a 6 month AST**
    - Applicant voluntarily ceases to occupy accommodation made available for occupation
    - Applicant accepts or refuses a final accommodation offer
    - Applicant accepts or refuses final Part 6 offer

Discuss

Using these case scenarios:

1. Where would the customer enter the flowchart
2. What reasonable steps could the LA take
3. What reasonable steps could the customer take
4. Where might they exit?

Table 1: Parental eviction, 28 day NTQ, not negotiable, baby due in 6 weeks and unable to return home once baby is born

Table 2: S21 NTQ AST, expires in 2 months, landlord selling property

Table 3: Introductory tenancy, evicted today, single man with potential vulnerability

Table 4: Rough sleeper, second night on the street, no reason to believe priority need

Table 5: Mortgage repossession, court date in 6 weeks

Personalised Housing Plans and written advice

Supporting you to prevent homelessness

Refresh: PHPs and written advice

- LAs must assess **and** provide meaningful assistance
- 3 areas of assessment (circumstances, household needs, accommodation needs), 1 of support required
- Seek agreement on:
  - Steps the applicant will take to secure/retain accommodation
  - Steps the LA will take to secure/retain accommodation
- All outcomes must be confirmed in writing, including whether the applicant agrees, or does not agree, with the steps contained within the plan
- Must be kept under review until no duty is owed

Discuss

1. Do all customers currently receive written advice and/or a PHP?

2. What are the biggest challenges you face implementing this?

3. What actions will you take away?

Current Code of Guidance 2006

- s.184 requirement to notify the applicant in writing
- Notification must clearly and fully explain the reasons for the decision if this is against the applicant's interests
- Notifications must inform applicants of their right to request a review including timescales
- Where an applicant may have difficulty understanding the implications of a decision, LAs should consider arranging for staff to explain the notification in person

What to expect and what you need to do

- Review your operational practices and consider how personalised housing plans will be delivered and resourced
- Assess and provide meaningful assistance to everyone who is homeless or threatened with homelessness, regardless of any priority need
- Review current recording mechanisms to ensure if there was a failure to agree, clear case file notes demonstrate the reasonable steps taken
- Ensure all steps are recorded in writing, and a copy given to the applicant
- Keep the assessment and the agreed actions under review, and notify of any changes to these, until no duty under any part of Pt VII HA 1996 is owed to the applicant

Good practice: written advice

- Initial triage service for all customers
- Clear and consistent advice for all customers
- Written advice for all including actions identified for the customer, LA and timescales
- Reviewing cases through the NPSS DPR tool

Good practice: written advice

- Issue a confirmation of advice letter
- Written advice contains:
  - Customer's housing issue
  - Action to be taken
  - Help to sort out any wider challenges which might be causing a housing difficulty
  - Confirmation of the position with regards to a homeless application

RYEDALE DISTRICT COUNCIL

The importance of securing corporate commitment

Corporate commitment: what do we mean?

3 key elements:

- Strategic level sign up and awareness
- Investment in services evidenced by financial reports
- Operational evidence of joint working across services

Corporate commitment: what do we know?

- LAs who are able to demonstrate corporate commitment to early intervention and prevention perform higher in all areas of service delivery

	Homelessness strategy	Interview observations	Housing options file reviews	Homelessness file reviews
LA 1	82	96	81	88
LA 2	85	76	67	69
LA 3	83	94	62	60

	Homelessness strategy	Interview observations	Housing options file reviews	Homelessness file reviews
LA 4	46	26	48	41
LA 5	31	48	31	53
LA 6	46	59	26	48

- New Burdens Funding and the Flexible Homelessness Support Grant will require corporate commitment in order to use it for the prevention of homelessness

Refresh: Current HPG

- LAs who are able to demonstrate corporate commitment have better access to current funding streams
- NPSS survey 2015 – Only 75% of LAs get 100% allocation
- On average:
    - 60% of grant allocation used for prevention services
    - 21% used to provide statutory services
    - 17% used to provide rough sleeper/single homeless services
- HPG indicative figures available up to 2019-2020
- Visible line within the wider BRRS
- Likely that the grant in its current form will change from 2020

Refresh: Flexible Homelessness Support Grant

- Replaced 'temporary accommodation management fee' from 1st April 2017
- 'No LA will receive less funding than the estimated total under the TAMF
- Total of £402 million over the next two years
- Flexible to allow funding to be used for prevention
- **Ring-fenced** for the initial 2 year period

Refresh: New Burdens Funding

- Marcus Jones MP: LAs to receive £61m over two years
- After, this, it is expected that savings through preventing homelessness will make the Act self-funding
- Not yet known how much each LA will receive
- Working group looking at distribution
- Not yet known whether the funding will be ring fenced
- Estimated £161m implementation costs in London (AHAS)
- Wales £4.9m in year 1 and £3m in year 2

New Burdens Funding: What you need to do

Briefing sessions to:

- Senior management teams
- Portfolio holder/cabinet member
- Newly elected members
- Statutory and voluntary sector partners

Covering:

- Current statutory duties
- Requirements of the Homelessness Reduction Act 2017
- Anticipated impact on front line service delivery
- 'Spend to save' (NPSS Value for Money tool)
- Importance of partnership working and the duty to refer
- Projected increases in case load and reviews

Culture change:

- Managers
- Members
- Customers
- Staff
- Partner organisations

- Awareness that culture change will **need** to happen
- Culture change takes time
- Role of managers as conduit to change
- New skills for all staff (current and new)

Discuss

1. Which funding streams do you currently have access to?

2. Have you carried out awareness raising briefings? How you approached these (or how will you)?

3. What actions can you identify to take back?

Good practice: Corporate commitment

LA 1: Housing Options officer funded by HRA

Justified through sustainment of social housing tenants joint working enforcement and outreach support

LA2: DHP fund managed entirely by Housing Options

Justified through joint understanding that DHP should focus on preventing homelessness, HB alleviated of the 'burden' of administering the fund

LA 3: Better Care Funding – wider housing prevention options

Justified through preventing homelessness and sustaining current accommodation

LA 4: Outreach Worker funded by Public Health

Justified through meeting required outcomes for Public Health

National Practitioner Support Service

Good practice: Corporate commitment

- No HPG; used in its entirety for other council services
- Difficult relationships with internal and external partner agencies
- DBC, supported by NPSS took a report to Cabinet
- Homelessness Prevention now a priority for the authority

Developing effective partnerships and referral pathways

Supporting you to prevent homelessness

Refresh: The duty to refer

- Public bodies to notify a local housing authority if they identify any person whom they believe is homeless or threatened with homelessness

- Definition of “public bodies” to be defined within the statutory instrument

- Referral can only be made if:

    - the person agrees **and**
    - identifies a local housing authority in England where they would like the referral to be sent

Pathways: Local Challenge 5 key elements

- **Pathways are evidence based**
- **Partner organisations facilitate pathways**
- Appropriate support to access accommodation
- Flexible approach taken to pathway support

Duty to refer: What you need to do

- Identify your key partner agencies (statutory agencies and specified public bodies)
- Review existing protocols, joint working arrangements, referral arrangements and housing and support pathways in place
- Consider any gaps in protocols and notification arrangements with local partners and public sector services
- Provide a briefing and agree a referral process, including monitoring arrangements

Discuss

1. What pathways (if any) do you already have in place with partners?

2. Do they know about the duty to refer and how will they do this?

3. Where are the gaps and what actions have you identified?

Good practice: Referral pathways

- Successful hospital discharge protocol
- Aims to prevent homelessness and reduce re-admission
- Link made with the multi-disciplinary alcohol team
- New individuals identified whose tenancies are at risk
- Homelessness prevention possible through multi-agency and partnership working

one and all onen hag oll
CORNWALL COUNCIL

Good practice: Referral pathways

- Protocol for prison leavers follows a “through the gate” approach
- Easing the transition for offenders from custody to the community
- Monthly surgeries to identify those due for release to no suitable accommodation
- Work begins 6 months before release date
- Multi-agency visit, pick up and mentor

Supporting you to prevent homelessness

National Practitioner Support Service

Top tips for accessing the Private Rented Sector

Supporting you to prevent homelessness

Refresh: Accessing the PRS

- s.179 free information and advice to any person in the district on securing accommodation when homeless
- 'Deliberate and unreasonable failure to cooperate'
    - Applicants are still entitled to a minimum, a 6 month AST if they would have gone on to be owed a full duty
- S193(7F) Local authorities can make offers of accommodation in the private rented sector, to discharge the Section 193 homelessness duty, without requiring the applicant's agreement (PRSO)

What is a PRS access scheme?

A PRS access scheme is a service that supports both landlord and tenant and relies on building good relationships rather than expensive incentives

Successful schemes

The most successful schemes have :

- Protocols with neighbouring boroughs and similar services to develop policies on competition, duplication and relocating clients where necessary
- Information on other schemes within the district including service mapping and signposting
- Clearly published aims, outcome indicators and systems to measure performance
- A business plan and a clear model with services for landlords and tenants
- Secure electronic monitoring systems for the storage of data on customers, landlords and properties
- Robust financial monitoring to show costs and savings of the service to demonstrate outcomes and justify and retain investment

Discuss

1. What is your current tenant offer?

2. What is your current landlord offer?

3. What actions have you identified to take back?

Tenant offer

- No admin (or other) fees to set up the tenancy (or renew it)
- Financial support to access a tenancy - providing assistance through a Bond Scheme or a cash deposit scheme where necessary
- Assistance with setting up tenancy, tenancy agreement, notice on previous tenancy, matching with landlords or agents
- Support to access health and other statutory services if new to the area
- ‘Good tenant passport’ and ‘supported tenancy’ schemes
- Choice of properties/areas – work, school, family or other support networks
- White goods provision where appropriate (ensure PAT tested)
- Starter / store cupboard food packs
- Welcome pack giving vital information on local services, emergency contacts for landlord / support officers, local transport info and other basic information
- Assistance with removals / address change – where appropriate
- Floating support for assistance with setting up utilities

Landlord offer

- Provide training to landlords on rights and responsibilities of being a landlord (e.g.: updates regarding new regulations)
- Landlords forum
- Hand holding – support for landlords and tenants including floating support and advice
- One named contact within the Council housing team who can access and liaise with all other departments
- Regular visits to the tenant throughout the tenancy to provide support and prevent risks to the tenancy – followed up by written advice
- Landlord hotline – direct phone and email address and if possible named officer/s to report concerns/issues
- Independent advice and support for landlords and tenants
- Free mediation service to help tenant and landlord resolve problems before they escalate (where safe/appropriate)
- Full confidential disclosure on client (client's signed agreement is essential

Promotion and marketing

- Who is the target audience? Are there several?
- How do you tailor your communications with them?
- Where can you promote your services?
- Can you sell your scheme with a clear description of your work?
- Does your local authority have a good or bad reputation locally? Can you utilise it to your benefit or do you need to down play it?
- Materials should be professional looking, with accurate information
- Less is more, keep an ace in your back pocket when you negotiate with landlords

Good practice: Private Rented Sector

- YorHome agency offers a financial incentive to all existing landlords

- YorHome landlords receive one months free management fees if they introduce a new landlord who then secures a tenancy through YorHome

- The month following the commencement of a new tenancy, the landlord who made the introduction will pay no management fees for that month

CITY OF YORK COUNCIL

Good practice: Private Rented Sector

- Created Private Landlord Service
- ‘Bronze, Silver and Gold packages
- No charge to landlords
- Bronze: tenant finder service, check HB forms and fast track, referral to floating support, landlords forum
- Silver: Bronze + DHP assistance, RIA, accompanied visits, direct payments, inventory, 1 month’s bond
- Gold: Silver + 24 hour response to rental queries, tenancy agreement validation, access to loans (empty homes), 2 month’s bond, properties advertised via CBL, support with arrears, disrepair, ASB and dedicated officer

Cheshire East Council

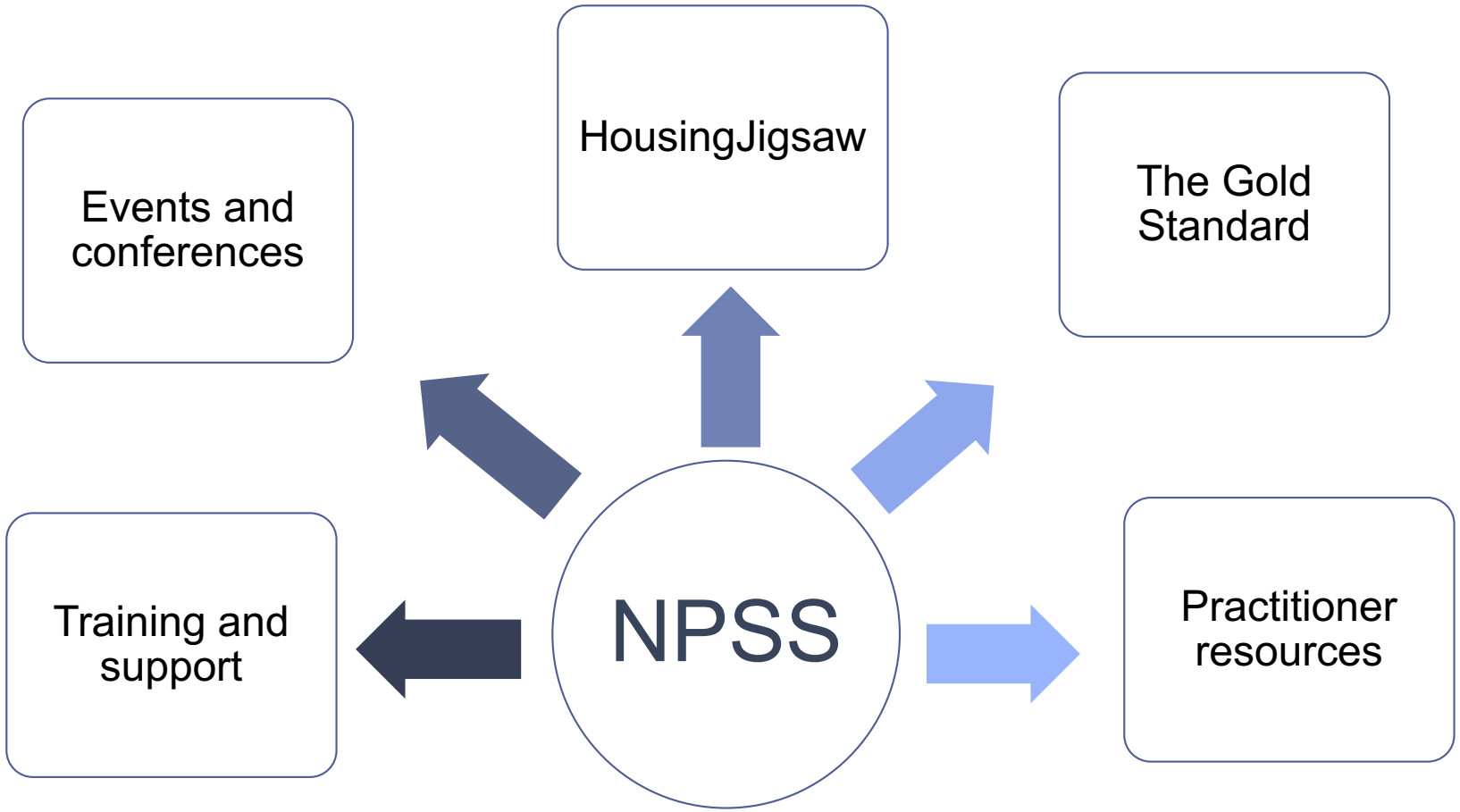
NPSS National Practitioner Support Service

Good practice: Private Rented Sector

- Council acting as managing agent for the landlord
- Rent Guarantee for the term of the AST with rent paid in advance (usually three months in advance)
- Damage bond of two months' rent (in addition to the rental guarantee)
- No administrative charges
- Fully vetted prospective tenants (checks include immigration status, housing and credit history)
- Free model tenancy and management agreements
- Free quarterly property inspections undertaken in the first year
- Free Gas Safety check every year
- Agreement sought from members made on a spend to save argument

OXFORD CITY COUNCIL

NPSS work streams



National Practitioner Support Service

housingjigsaw

A case management and support solution for homelessness

Delivered by

housingpartners

NPSS
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A case management and support solution for homelessness

- The only system designed by practitioners, for practitioners
- Supports councils to meet their new legal obligations
- A unique market solution, delivering both hand in hand, at a fixed annual cost
- Combines excellence in housing practice with software expertise

Delivered by

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Are you prepared for the Homelessness Reduction Act?

The Act will **change the way that councils work** to prevent and relieve homelessness from April 2018.

Councils **must assess and provide meaningful assistance** to everyone who is homeless or threatened with homelessness, regardless of any priority need.

Alongside the Act, there are **changes to the reporting requirements** for councils – from aggregated statistics to new case-level reporting.

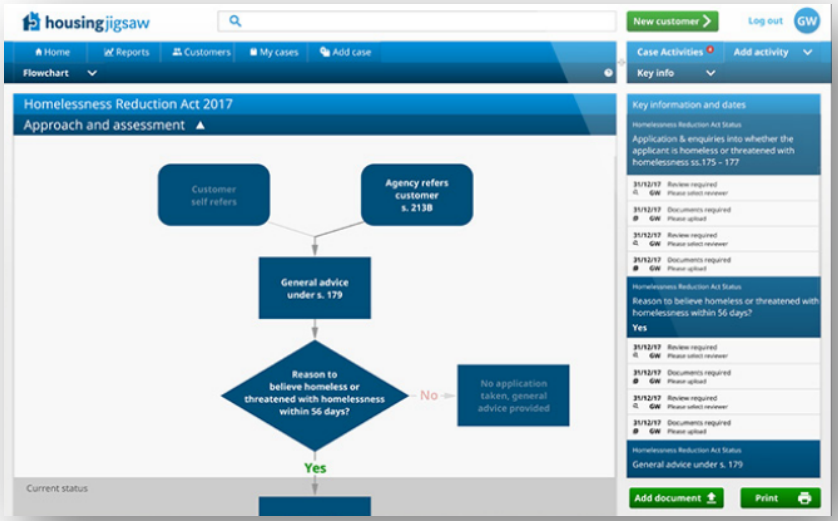
The missing piece of the homelessness puzzle

Housing Jigsaw's aim is to **combine practical support and advice** with easy to use software to help you prevent and relieve homelessness.

Housing Jigsaw will support you through the legislative changes ensuring that you **get it right first time for your customers**.

If you need strategic and practical advice and operational support, the **NPSS practitioners are only an email or call away.**

An innovative solution designed by practitioners, for practitioners



Manage an increased caseload efficiently across your team

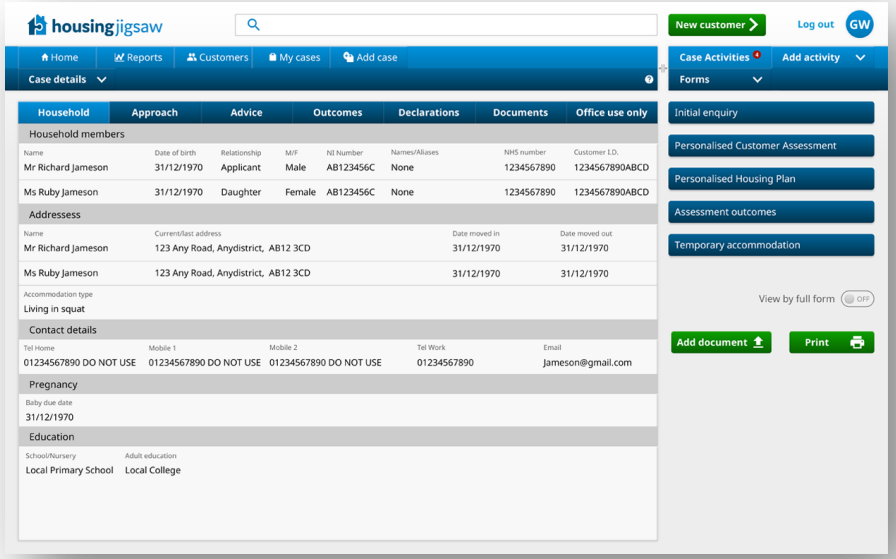
Designed to help you increase efficiency, empowering your team to work smarter and not harder.

Meet ALL legislative requirements

Ensure that you complete everything you need, efficiently and effectively. We won't let you forget anything important.

housingjigsaw

Deliver a safe, effective prevention service and responsive relief service for your customers



Send and receive Local Authority referrals & receive specified public bodies duty to refer cases.

Customer and property database to record and discharge all duties

Clear system reporting

Ongoing informed advice from the NPSS

Be more proactive with full visibility of your caseload and performance

housingpartners

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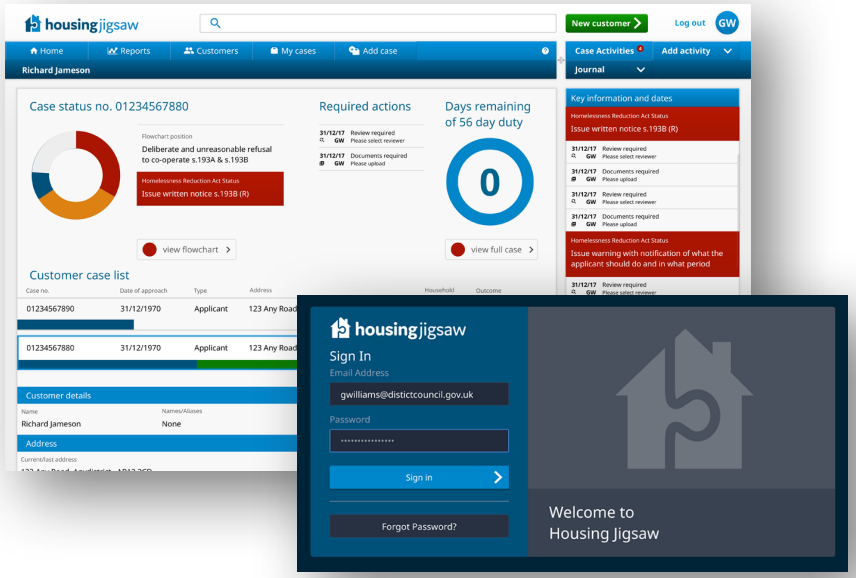
Make the new statutory returns straightforward



Straightforward
The in-built assessment ensures all relevant data is automatically collected ensuring DCLG returns are collated
and returned effectively and accurately.

No hidden costs
Modern, secure, mobile responsive IT system

ISO27001 certified

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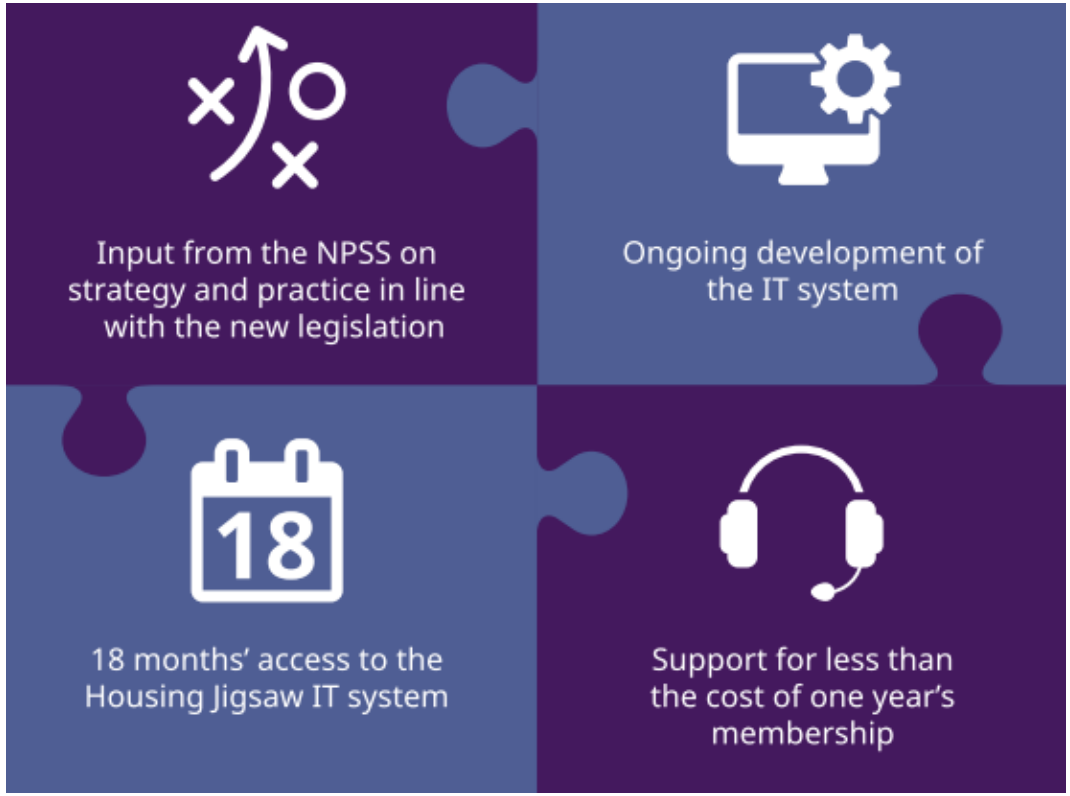
Join the pilot



We're looking for innovative councils to use the system from September 2017 to March 2018 to manage homelessness cases.

We want your honest feedback about how the system is working for you. This valuable input will shape the future development

housingjigsaw

FREE

Until March 2018

if you sign up by July 31st 2017

£7,500

for 12 months

if you sign up by Dec 31st 2017

£9,000 per year

starting from April 2018

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NPSS

National Practitioner Support Service

NPSS National Conference 2017

The University of Warwick, 4th and 5th July

- A practical focus on implementing the HRA
- Policy update from CIH
- Informative case law and legal update from Liz Davies
- Innovative solutions to homelessness; a Trailblazer insight from GMCA
- Welsh Government: lessons from implementing a prevention duty 1 year on
- Julie Rugg on the Private Rented Sector
- Service update from DCLG
- Opportunities to share good practice, network and learn from sector experts
- An environment designed to support delegates get the most from their conference experience
- The **most cost effective** two-day conference in the sector with 99% of delegates rating the event as good, very good or excellent

- Two day ticket price just £245 ex. VAT, quote the date of this training online at www.npsservice.org.uk to secure your ticket for **just £199** ex. VAT

Supporting you to prevent homelessness

National Practitioner Support Service


Feedback

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Twitter

- @NPSService

By phone

- 01962 851 747

By email

- generalenquiries@practitionersupport.org

HOMELESSNESS REDUCTION ACT 2017

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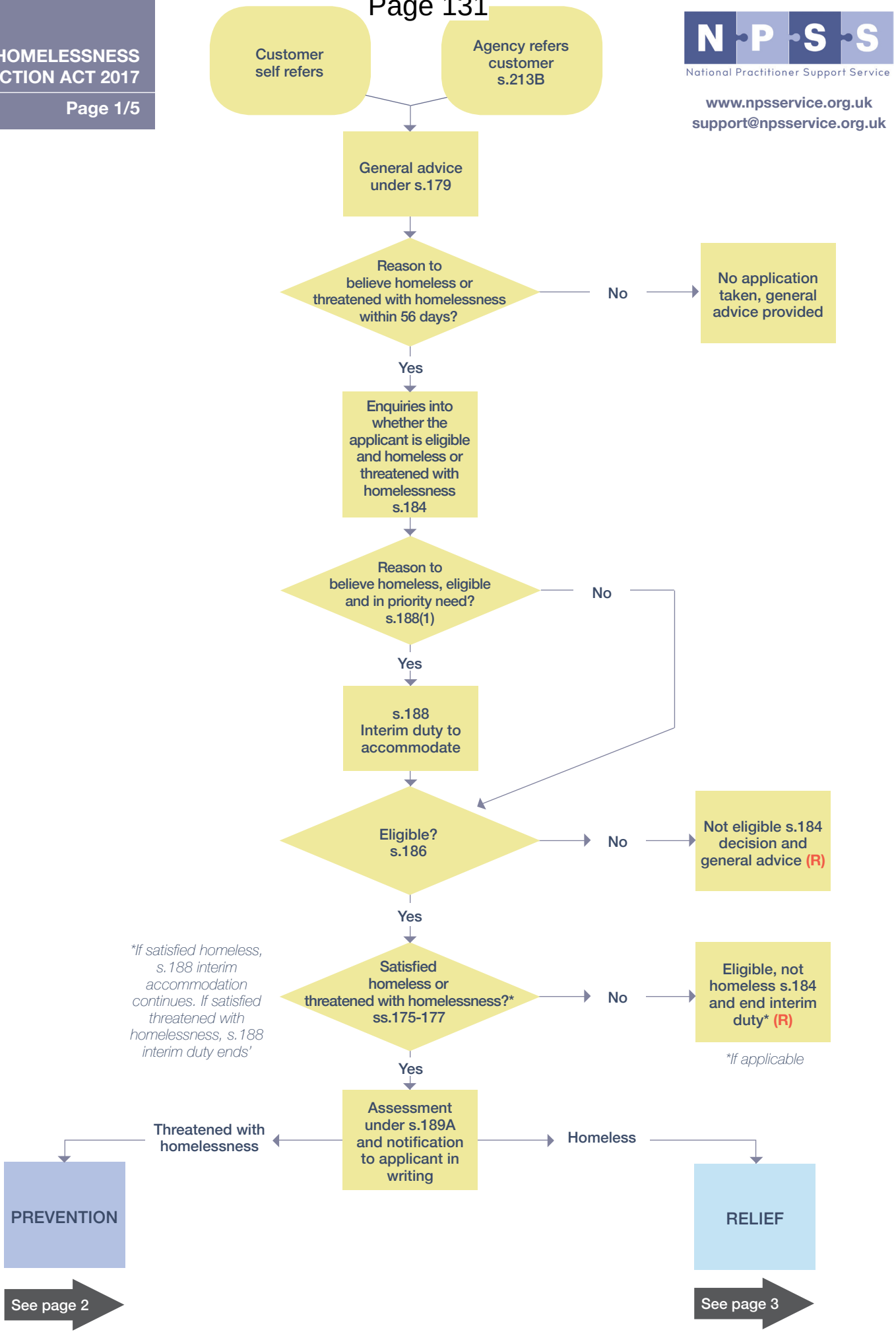
www.npsservice.org.uk
support@npsservice.org.uk



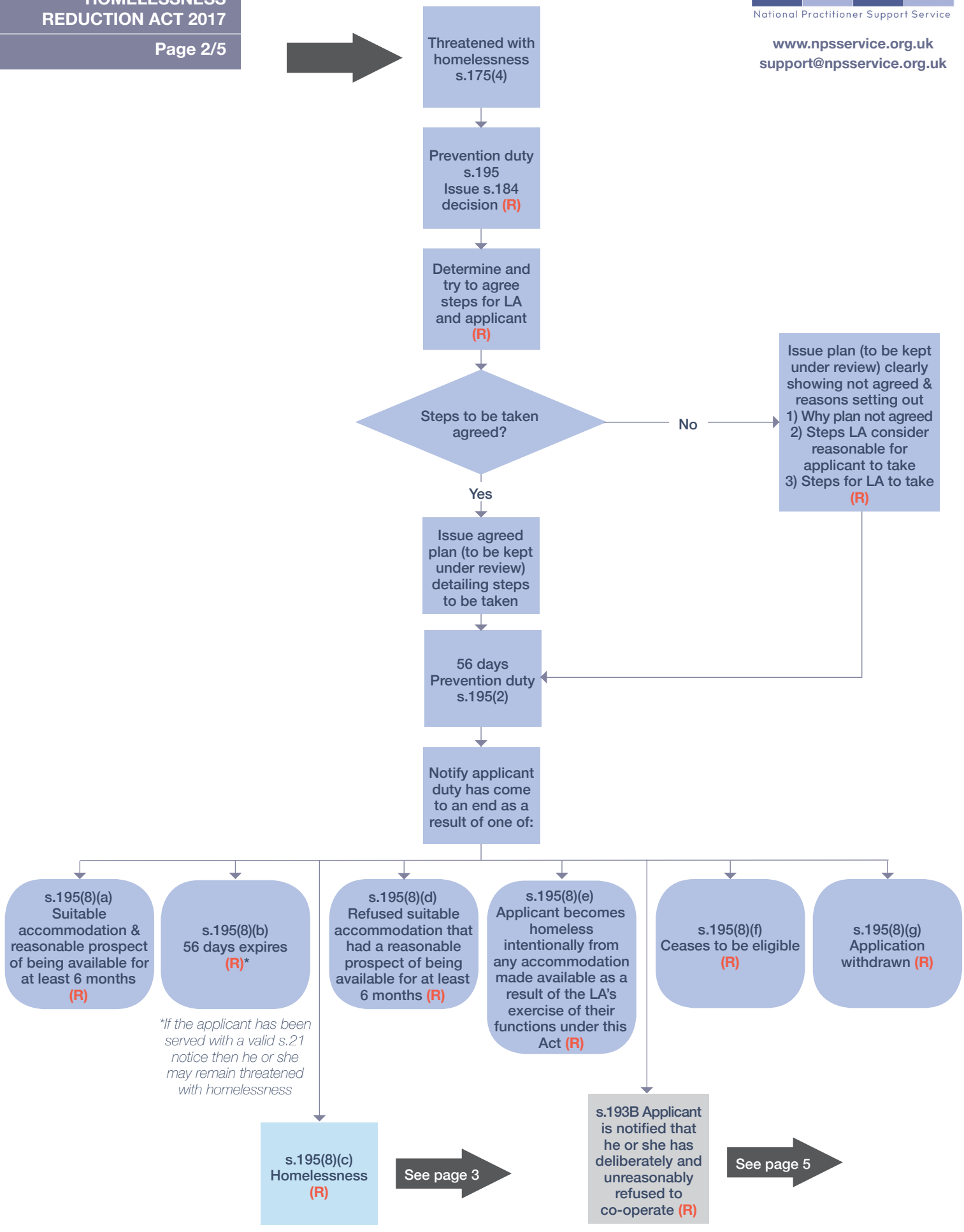
KEY
(R) Decision is reviewable

All statutory references are to Housing Act 1996, as amended by Homelessness Reduction Act 2017

National Practitioner Support Service

www.npsservice.org.uk
support@npsservice.org.uk

PREVENTION s.195



KEY
(R) Decision is reviewable

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RELIEF s.189B

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support@npsservice.org.uk

Homeless ss.175 – 177

Relief duty s.189B Issue s.184 decision (R)

Referral to another Local Authority s.198(A1)*

*If conditions for referral are met, ie. no local connections and safe local connection elsewhere

Relief Personalised Housing Plan (to be kept under review (R)*

*If customer approaches under relief and does not already have a plan; determine and seek agreement on steps for applicant and LA as set out on Page 2

56 days relief duty – help to secure accommodation

Notify applicant duty has come to an end as a result of one of:

- s.189B(7)(a) Suitable accommodation & reasonable prospect of being available for at least 6 months (R)
- s.189B(7)(c) Refused suitable accommodation that had a reasonable prospect of being available for at least 6 months (R)
- s.189B(7)(d) Applicant becomes homeless intentionally from accommodation made available as a result of the LA's exercise of their functions (R)
- s.189B(7)(e) Cease to be eligible (R)
- s.189B(7)(f) Application withdrawn (R)

s.198B(7)(b) 56 days expires (R)

See page 4

s.193B Applicant is notified that he or she has deliberately and unreasonably refused to co-operate (R)

See page 5

s.193A Applicant refuses final accommodation offer (R)

s.193A Applicant refuses final Part 6 offer (R)

KEY
(R) Decision is reviewable

All statutory references are to Housing Act 1996, as amended by Homelessness Reduction Act 2017

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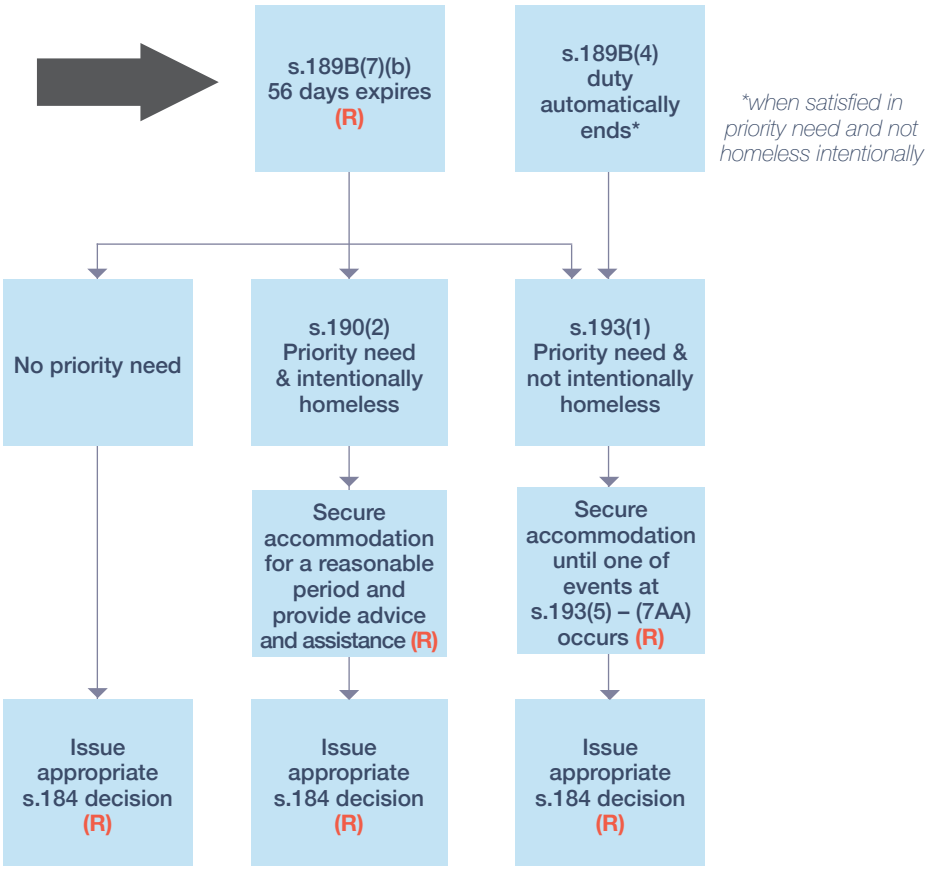
RELIEF s.189B *continued*



KEY
(R) Decision is reviewable

All statutory references are to Housing Act 1996, as amended by Homelessness Reduction Act 2017

Deliberate and unreasonable refusal to co-operate s.193A & s.193B

National Practitioner Support Service
www.npsservice.org.uk
support@npsservice.org.uk

Deliberate & unreasonable refusal

s.195(2) PREVENTION DUTY

Issue warning with notification of what the applicant should do and in what period s.193B(4)

Issue written notice s.193B (R)

Prevention duty ends

See page 3

*If applicant becomes homeless, a relief duty will be owed

s.189(b)(2) RELIEF DUTY

Issue warning with notification of what the applicant should do and in what period s.193B(4)

Issue written notice s.193B (R)

Relief duty ends

Would the main duty have been owed?

No → Issue non-priority or intentionally homeless s.184 decision and provide advice (R)

Yes

Duty to secure that accommodation is available for occupation by the applicant s.193C(4)

Duty ends on notification of:

- s.193C(5)(a) Ceasing to be eligible (R)
- s.193C(5)(b) Becoming homeless intentionally from accommodation made available for applicant's occupation (R)
- s.193C(5)(c) Accepting an offer of assured shorthold tenancy from private landlord (R)
- s.193C(5)(d) Voluntarily ceasing to occupy as only or principal home accommodation made available for his or her occupation (R)
- s.193C(6)(a) Applicant accepts or refuses final accommodation offer (R)
- s.193C(6)(b) Applicant accepts or refuses final Part 6 offer (R)

KEY
(R) Decision is reviewable

All statutory references are to Housing Act 1996, as amended by Homelessness Reduction Act 2017

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Health, Housing and Adult Social Care Policy & Scrutiny Committee 13 September 2017

Report of the Assistant Director - Housing and Community Safety

Fire Safety Actions & response following Grenfell Tower fire

Summary

1. To provide an update on verbal fire safety report previously provided to the Scrutiny Committee by the Head of Building Services on 20 June 2017.

Background

2. On 20 June 2017, the Health, Housing and Adult Social Care Policy and Scrutiny Committee asked for a verbal summary of City of York Council's (CYC) fire safety position, following the Grenfell Tower fire on 14 June 2016.

The Head of Building Services provided the following summary;

- CYC operate a fire safety management regime in line with the Regulatory Reform Order - Fire safety 2005 - (RRO) and Housing Act (2004). All social housing, general needs, sheltered housing, hostels, and older persons housing blocks and schemes have had a fire safety risk assessment.

- All blocks with communal areas are required to have a fire safety risk assessment (FRA); however there is no fixed period for reviewing that assessment. CYC aim to carry out FRA reviews annually for sheltered, hostels, Older Persons Homes (OPHs), and schools – and every 3 years for general needs stock.

- There are a total of 592 communal areas that fall under the RRO – all, bar two where we have been unable to gain access, have had a FRA. This includes 70 blocks in addition to my last report, which had not previously been flagged in our asset

management system as having communal areas. However all of these areas have now been assessed. All urgent remedial actions have been completed, and any non-urgent actions are being picked through a remedial works programme.

- Communal areas in 253 General Needs and 17 Hostel/Sheltered schemes currently meet CYCs policy cycle of reviewing assessments at 3 years and 1year intervals respectively. However 307 (309 including the missing two) communal areas in General Needs housing and 13 in Hostel/Sheltered accommodation are currently outside this cycle. Assessment reviews on these areas will be completed by April 2018.

3. Summary of Actions following the previous committee meeting**;**

- Directly following the fire at Grenfell Tower the authority has completed a requested survey regarding fire safety in tower blocks from the Department of Communities and Local Government (DCLG) and were able to report that CYC had no blocks over 18 metres and none of our homes had Aluminium Composite Material (ACM) type cladding. Subsequent reports to the Local Government Association (LGA) outlined the same position. Assurances have also been provided around CYC schools and office buildings. A separate response was also made in relation to buildings in, or about to go through, our planning process.

- All tenants and leaseholders have been written too providing assurance about the fire safety of their homes.

- A press release was issued regarding CYC's response to issues and concerns raised by the Grenfell Tower fire. The Director of Health, Housing and Adult Social Care was also interviewed by local radio.

- Three detailed briefings were provided for Councillors covering information across our housing stock, schools, the university, and buildings in the private sector.

- Briefings have been provided to Staff.

- Senior Managers and staff from Housing and Health and Safety departments met to formulate an action plan. The action plan will be going to the Housing & Community Safety Senior Management Team (SMT) for approval on 6 September. The action plan relates to two distinct themes; ensuring compliance with fire safety regulations; and ensuring all tenants, residents, and staff understand what to do in the event of a fire occurring.

- Fire risk assessments were commissioned and have completed on 70 blocks that had previously not been flagged as having communal areas that fell under the requirements of the RRO. These blocks were identified following a data review we carried out as part of our wider review of fire safety management.

- A schedule has been produced for the outstanding FRAs reviews which prioritises those property types most at risk; i.e. converted houses/flats; sheltered and older persons housing and hostels; and blocks where fire incidents have previously occurred. There will be more intrusive assessments to check the compartmentalisation (fire spread prevention measures) between properties where void properties become available in the blocks where reviews are due to be carried out. This work will be carried out by appropriately qualified fire risk contractors.

- With regard to outstanding reviews of fire risk assessments, a draft specification has been completed and a request for quotation for this work; and an appropriate framework contract has been identified by a procurement consortium to secure contractors to deliver this programme of assessment reviews. Initial estimates suggest the value of this work to be in the region of £100k. The initial estimate is that this will allow commencement of the review programme in November 2017 and complete by February 2018.

- A corporate fire policy (compliance note CN14) exists and, in association with Health and Safety colleagues a separate social housing specific fire safety strategy has been drafted, which along with an action plan will be submitted to the Housing and Community safety SMT on 6 Sept for approval.

- Through the modernisation programme (Tenants Choice) the council has installed hard wired detectors to approximately 5,000 of its 7,700 homes. Prior to this programme battery operated detectors were fitted to the majority of homes but records of these were not kept. To fill this gap an accelerated programme to install smoke detectors is in development to ensure the remainder of the have a detector. To assist in this process there are discussions with North Yorkshire Fire & Rescue Service regarding proposal to put a joint project in place to install lithium (10 year) battery operated detectors in these properties as an interim measure.

- A regular programme of scheme/block inspections will be carried out by Housing Management Officers, which whilst aimed at reviewing all aspects of the physical environment around blocks, also looks to identify any problems with obstacles or stored belongings in hallways/entrances/stairwells and other communal areas. Building Services, Health & Safety and Housing teams, will be coordinating this work alongside the FRA programme; and it will provide an important 'heads-up' function to identify any major issues that could impact on residents ability to exit blocks in the event of a fire, or on the overall fire integrity of the block.

Council Plan

4. The work that is being done to improve far safety is in accordance with the focus on frontline services to residents.

Implications

5. **Financial:** The cost of the additional work will be contained in existing budgets within the Housing Revenue Account

Human resources (HR): None

Equalities: None

Legal: None

Crime and Disorder: None

Information Technology (IT): None

Property: None

Other: None

Risk Management

6. The work that has been and is being done is intended to minimise the risk of fire and the impact of a potential fire in council owned assets.

Recommendations

7. Scrutiny committee are asked to note the update on the actions taken by the authority.

   Reason: To inform Members of fire safety actions undertaken by the Council

Contact Details

Author:	**Chief Officer Responsible for the report:**
Mike Gilsenan Head of Building Maintenance Tel (01904) 553095	Tom Brittain Assistant Director for Housing and Community Safety

Report Approved ✓ **Date** 4/09/17

Wards Affected: **All** ✓

For further information please contact the author of the report

Background Papers: None

Abbreviations

ACM – Aluminium Composite Material
CYC – City of York Council
DCLG – Department of Communities and Local Government
FRA – Fire Risk Assessment
LGA – Local Government Association
OPH – Older Persons Homes
RRO – Regulatory Reform Order
SMT – Senior Management Team

York Teaching Hospital NHS
NHS Foundation Trust

Health, Housing and Adult Social Care Policy & Scrutiny Committee 13 September 2017

July 2017 (Month 4) Financial Position for York Teaching Hospital NHS Foundation Trust

From: Andrew Bertram, Finance Director

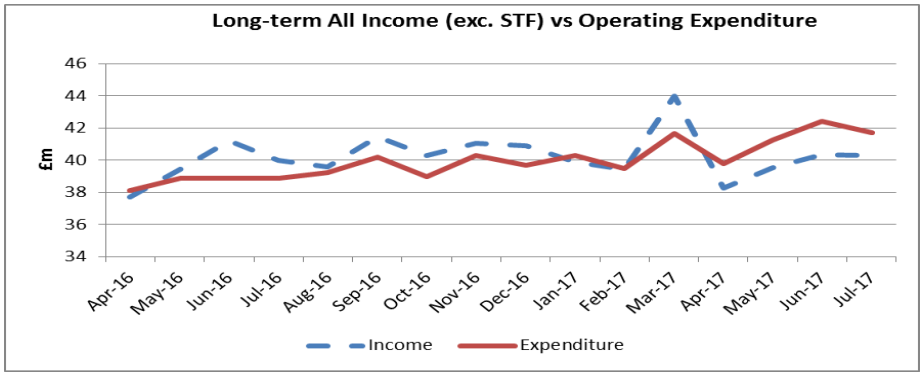
Summary Reported Position for July 2017

The deterioration in the Trust's financial position has continued into July. There is a small reduction in the overall expenditure trend line but this has not been of the required size necessary to recover the adverse June position. As a result the Trust continues to lose out on its share of the nationally available sustainability funding and the reported position continues to exclude this.

The profile of the current plan assumed a year-to-date deficit of £3.3m and we are currently reporting a £13.8m deficit, therefore an adverse variance to plan of £10.5m. The significant components of the variance are the lost sustainability funding of £2.6m and a shortfall against operational income and expenditure control total of £7.9m.

This continues to be a very worrying position but has occurred early enough in the financial year for corrective action to be considered and taken where possible and where appropriate. Corporate Directors are preparing a financial recovery plan that will now become the focus of attention over the coming months. If the position can be corrected then it is possible to recover the lost sustainability funding in subsequent months should financial control total performance be brought back on track.

The chart below looks at long term income and operational expenditure (above the EBITDA line) trend. The chart shows income above operational expenditure for Q1, Q2 and Q3 of 2016/17 and shows the difficulty encountered in Q4 last year with poor performance in months 10 and 11 and some degree of recovery in month 12. During 2017/18 operational expenditure is shown as routinely exceeding income. This position was expected in the early months of the year with a deficit plan but the early indications are that the trend lines are diverging at an unplanned rate. This chart has been adjusted to exclude all sustainability funding.



Operational expenditure peaked in May at £41.2m, representing a significant increase on April at £39.9m. Worryingly June expenditure was higher still at £42.4m. July saw some reduction down to £41.7m. Of note is the 2016/17 monthly average was £39.5m.

The month 4 CIP position shows £6.4m removed from budget in full year terms against the £22.8m target. There remains a material gap of £5.8m against the planning requirement and has not reduced this month. This will need to be carefully monitored as we progress through the financial year. The relentless nature of the efficiency programme delivery requirements does mean that even though progress is comparable to last year the month 4 income and expenditure account is impacted by a profile shortfall of £2.5m. Clearly, if ultimately the Trust's CIP is delivered by the end of the financial year then the in-year adverse variance impact is eventually removed.

Income Analysis

Overall, income is showing as £4.7m behind plan. £2.6m of this adverse variance relates to lost sustainability funding. The balance of £2.1m relates to shortfalls in expected income levels in non-elective care, outpatients and some areas classified as "other". Work to assess whether HRG4+ has impacted on the position is not suggesting there is a material impact beyond that predicted in our financial planning work. However, despite being busy with non-elective patients we appear to be receiving less income than planned as pathways continue to change with increased use of ambulatory care, assessment areas and consistently increasing management of patients via a short stay pathway. Each of these pathway redesigns have been clinically and operationally necessary and fully supported through the review work by ECIP, ECIST, NHSI, UM and our own internal improvement work. We are currently evaluating whether the changes have adversely impacted income. Outpatient income is also down against plan and this is being reviewed at individual directorate level.

Excluded from tariff drug income is running ahead of plan and is compensating for the expenditure pressure of £2.1m. This income is reported under other clinical income.

Expenditure Analysis

Pay costs continue to cause a significant spend pressure on the Trust's financial position. At the end of month 4 the reported adverse variance stands at £2m. Of note is that the position has not deteriorated further this month.

In relation to total agency expenditure we have seen significant pressure continue into July, with even higher in month spend. The analysis shows that overall the Trust has spent year-to-date £7.0m against a £5.8m target. Of note is last month the overspend was 15% but this has now risen to 20%. Fortuitously, there has been some compensating pay underspends this month to hold the overall pay variance at the same level. The analysis shows that the pressure has come in the main from consultant medical staff, although June and July also saw a growing pressure emerging from nursing agency staff. This is an area where continued efforts to negotiate rates downwards continues alongside continued recruitment efforts to reduce the need for locums and agency staff.

A full analysis of pay pressure against individual directorate operational budgets has been undertaken. This shows pressure of £0.5m relating to the provision of unplanned 1:1 patient supervision, exceptional additional staffing requirements above plan totalling £0.5m (£0.25m in additional ED doctor cover as the main component), demand driven pressures totalling £0.25m (additional Radiology reporting at £122k being the most significant), exceptional sickness and maternity cover effecting consultant and junior medical staffing and pressure from the need for the Trust to operationally maintain escalation beds open at a time in the year when these would not normally be necessary.

This work will help to inform the financial recovery plan as each of these component pressures is discussed in detail with directorate management teams.

Drugs spend has remained higher than plan but this pressure relates almost exclusively to pass through high costs drugs outside of normal tariff arrangements. In this instance the Trust recharges the full additional cost direct to commissioners and therefore this pressure is directly compensated by an over recovery of income.

A £0.9m pressure with clinical supplies and services and other costs has emerged in July. This is currently being investigated with the directorates to

assess the recurrent nature of the pressure. Of note is an increase in subcontracting healthcare arrangements as the Trust continues to source capacity to manage delivery of the RTT standards.

Cash Forecasting

The Trust's cash position has now become critical. Since the last Board meeting NHSE have, at a national level, obliged all CCGs to revoke any agreements whereby cash was not paid in twelve monthly instalments. The Trust had contractually agreed payment in tenths from its three main commissioners. NHSE have issued direction that any local deviation from the standard contract terms in this area is not permissible; the standard contract terms take precedence over any local agreement.

This is disappointing given the agreement the Trust had in place. This change has already been fully implemented with the August payment cut back to the nationally dictated level. No time has been given for organisations to assess the impact or to negotiate revised payment profiles.

The Financial Recovery Plan prepared for the Board includes revised cash flow modelling assessing the impact of this immediate change. It is clear from this work that we will require formal working capital support from as early as October this year. We are now discussing the distressed cash process with NHSI and are preparing our formal application. Essentially the process requires a monthly loan application to be made that covers immediate cash requirements. Whilst we are not alone amongst the provider community in finding ourselves in this position, clearly this is a first in the long history of York Teaching Hospital NHS Foundation Trust.

Annexes

Annex 1 – Finance Performance Report August 2017

York Teaching Hospital NHS
NHS Foundation Trust

Finance Performance Report

August 2017

Our ultimate objective To be trusted to deliver safe, effective and sustainable healthcare within our communities.

Finance Report
Chapter Index

Chapter	Sub-Section
Finance	Finance Chapter Index
	Summary Income and Expenditure Position
	Contract Performance
	Agency
	Expenditure Analysis
	Cash Flow Management
	Debtor Analysis
	Capital Programme
	Efficiency Programme
	Carter
	SLR

Summary Income and Expenditure Position
Month 4 - The Period 1st April 2017 to 31st July 2017

York Teaching Hospital NHS
NHS Foundation Trust

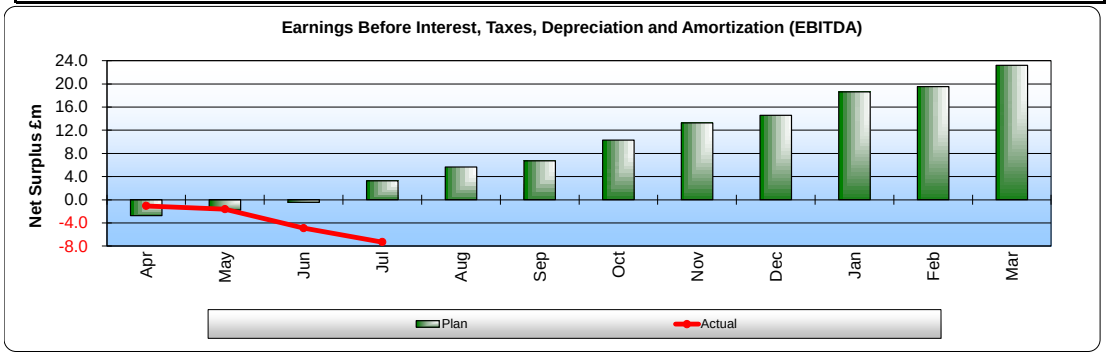
Summary Position:

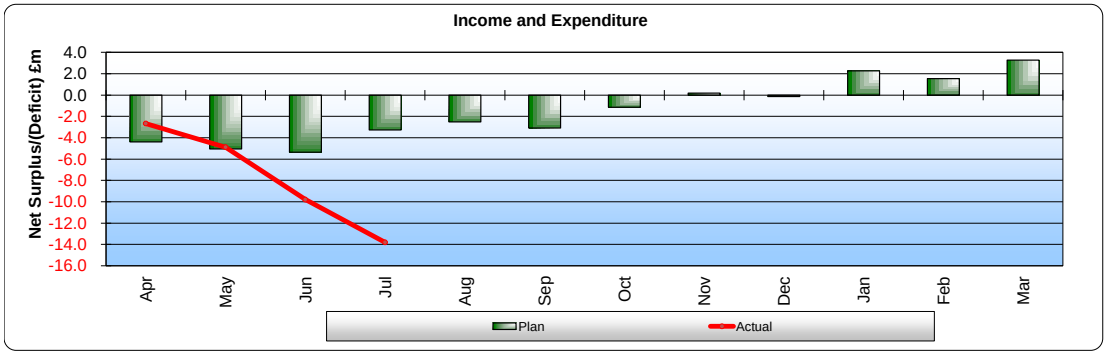
* The Trust is reporting an I&E deficit of £13.8m, placing it £10.5m behind the operational plan.

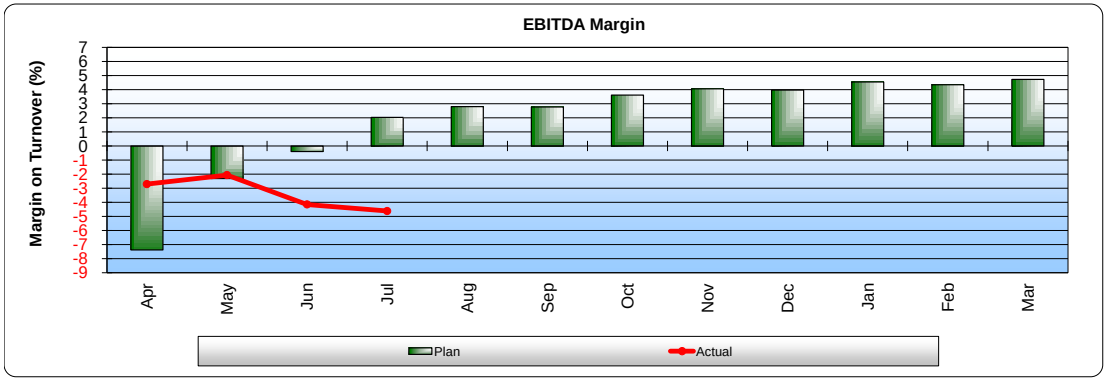
* Income is £2.7m behind plan, with clinical income being £2m ahead of plan and non-clinical income being £4.7m behind plan.

* Operational expenditure is ahead of plan by £7.8m, with further explanation given on the 'Expenditure' sheet.

* The Trust's 'Earnings before Interest, Depreciation and Amortisation' (EBITDA) is -£7.3m (-4.62%) compared to plan of £3.2m (2.03%), and is reflective of the reported net I&E performance.







	Annual Plan	Plan for Year to Date	Actual for Year to Date	Variance for Year to Date	Forecast Outturn	Annual Plan Variance
	£000	£000	£000	£000	£000	£000
NHS Clinical Income						
Elective Income	22,838	7,753	7,941	188	22,838	0
Planned same day (Day cases)	38,209	12,402	13,178	776	38,209	0
Non-Elective Income	111,621	36,958	36,582	-376	111,621	0
Outpatients	59,277	19,303	18,925	-378	59,277	0
A&E	14,985	4,936	5,361	425	14,985	0
Community	29,971	9,992	10,207	215	29,971	0
Other	157,475	49,203	50,355	1,152	157,475	0
	434,376	**140,547**	**142,549**	**2,002**	**434,376**	**0**
Non-NHS Clinical Income						
Private Patient Income	956	319	221	-98	956	0
Other Non-protected Clinical Income	1,510	503	624	120	1,510	0
	2,466	**822**	**845**	**23**	**2,466**	**0**
Other Income						
Education & Training	12,946	4,315	4,473	158	12,946	0
Research & Development	3,356	1,119	1,100	-19	3,356	0
Donations & Grants received (Assets)	0	0	0	0	0	0
Donations & Grants received (cash to buy Assets)	623	208	208	-0	623	0
Other Income	22,491	10,118	7,804	-2,314	22,491	0
Sparsity Funding	2,600	867	867	-0	2,600	0
STF	11,832	2,564	0	-2,564	11,832	0
	53,848	**19,191**	**14,451**	**-4,740**	**53,848**	**0**
Total Income	**490,690**	**160,560**	**157,845**	**-2,715**	**490,690**	**0**
Expenditure						
Pay costs	-333,124	-109,695	-111,723	-2,028	-333,124	0
Drug costs	-52,980	-17,755	-19,824	-2,069	-52,980	0
Clinical Supplies & Services	-48,134	-15,650	-15,941	-291	-48,134	0
Other costs (excluding Depreciation)	-49,775	-16,700	-17,282	-582	-49,775	0
Restructuring Costs	0	0	-372	-372	0	0
CIP	16,414	2,469	0	-2,469	16,414	0
Total Expenditure	**-467,599**	**-157,331**	**-165,142**	**-7,811**	**-467,599**	**0**
Earnings Before Interest, Taxes, Depreciation and Amortization (EBITDA)	**23,091**	**3,229**	**-7,297**	**-10,526**	**23,091**	**0**
Profit/ Loss on Asset Disposals	0	0	1	1	0	0
Fixed Asset Impairments	-300	0	0	0	-300	0
Depreciation - purchased/constructed assets	-11,604	-3,868	-3,868	0	-11,604	0
Depreciation - donated/granted assets	-396	-132	-132	0	-396	0
Interest Receivable/ Payable	130	43	26	-17	130	0
Interest Expense on Overdrafts and WCF	0	0	0	0	0	0
Interest Expense on Bridging loans	0	0	0	0	0	0
Interest Expense on Non-commercial borrowings	0	0	0	0	0	0
Interest Expense on Commercial borrowings	-420	-131	-131	0	-420	0
Interest Expense on Finance leases (non-PFI)	0	0	0	0	0	0
Other Finance costs	0	0	0	0	0	0
PDC Dividend	-7,216	-2,405	-2,405	0	-7,216	0
Taxation Payable	0	0	0	0	0	0
NET SURPLUS/ DEFICIT	**3,285**	**-3,264**	**-13,807**	**-10,543**	**3,285**	**0**

Contract Performance

Month 4 - The Period 1st April 2017 to 31st July 2017

York Teaching Hospital NHS
NHS Foundation Trust

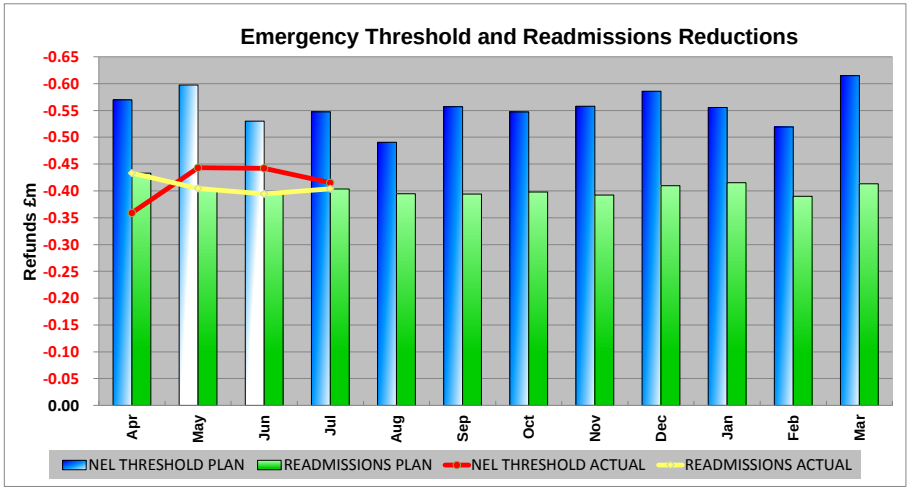
Contract	Annual Contract Value	Contract Year to Date	Actual Year to Date	Variance
	£000	£000	£000	£000
Vale of York CCG	217,522	71,868	71,600	-268
Scarborough & Ryedale CCG	81,522	27,017	27,420	403
East Riding CCG	41,841	13,788	13,848	60
Other Contracted CCGs	16,823	5,556	5,705	149
NHSE - Specialised Commissioning	40,804	13,434	13,630	196
NHSE - Public Health	15,289	5,064	4,593	-471
Local Authorities	4,581	1,532	1,511	-21
Total NHS Contract Clinical Income	**418,382**	**138,259**	**138,307**	**48**

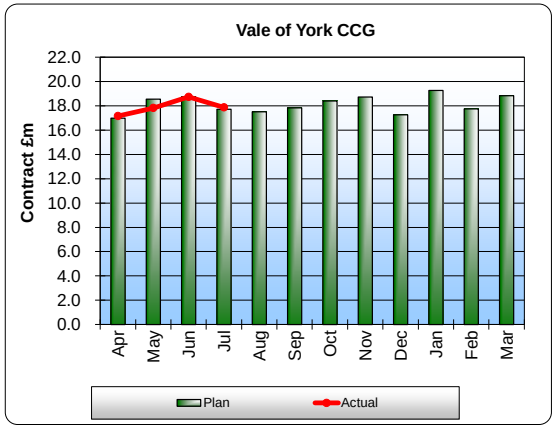
Plan	Annual Plan	Plan Year to Date	Actual Year to Date	Variance Year to Date
	£000	£000	£000	£000
Non-Contract Activity	12,417	4,141	5,128	987
Risk Income	3,577	-1,853	0	1,853
Total Other NHS Clinical Income	**15,994**	**2,288**	**5,128**	**2,840**

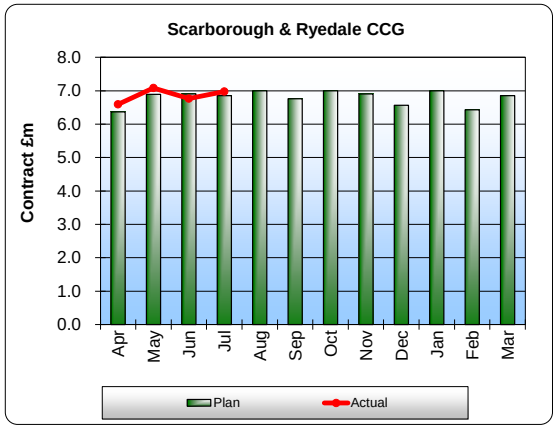
Sparsity funding income moved to other income non clinical	-886
Winter resilience monies in addition to contract	0

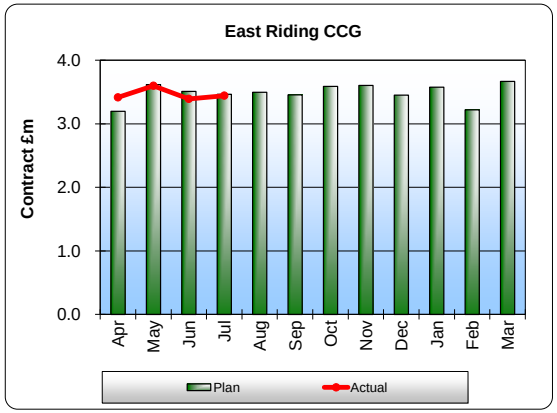
Total NHS Clinical Income	**434,376**	**140,547**	**142,549**	**2,002**

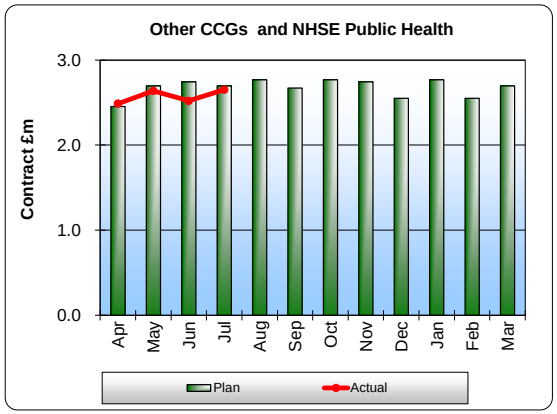
Activity data for July is partially coded (56.0%) and June data is 90.1% coded. There is therefore some element of income estimate involved for the uncoded portion of activity.

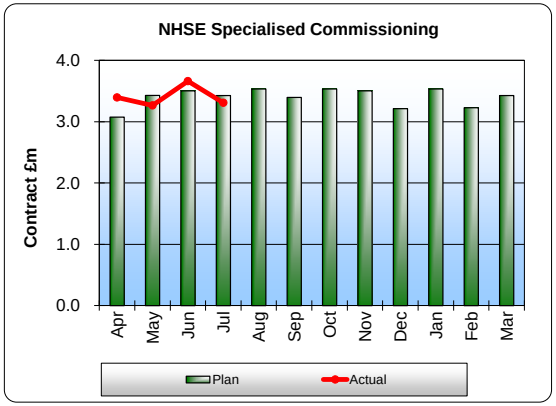


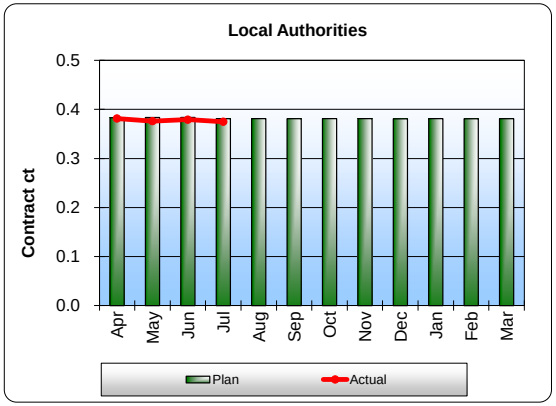












Agency Expenditure Analysis

Month 4 - The Period 1st April 2017 to 31st July 2017

York Teaching Hospital NHS
NHS Foundation Trust

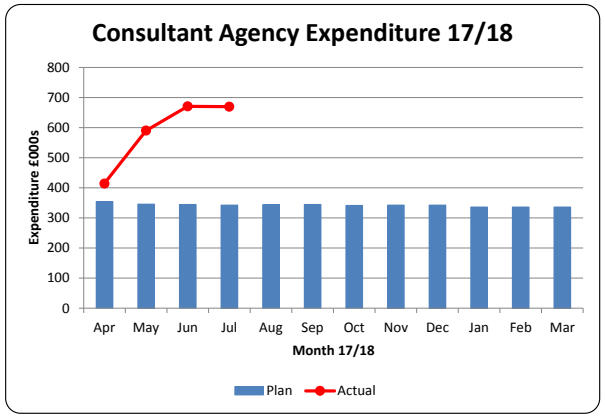
Key Messages:

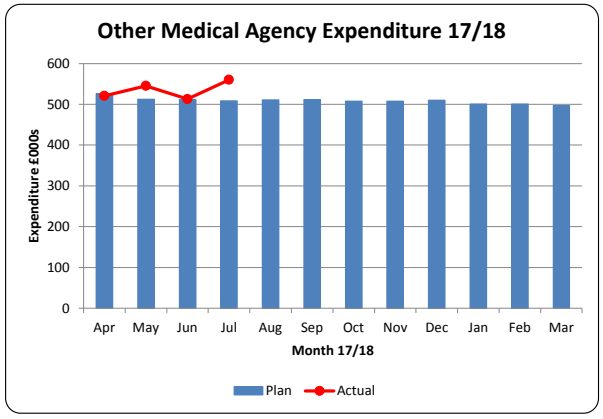
* Total agency spend year to date of £7m compared to an NHSI plan of £5.8m.

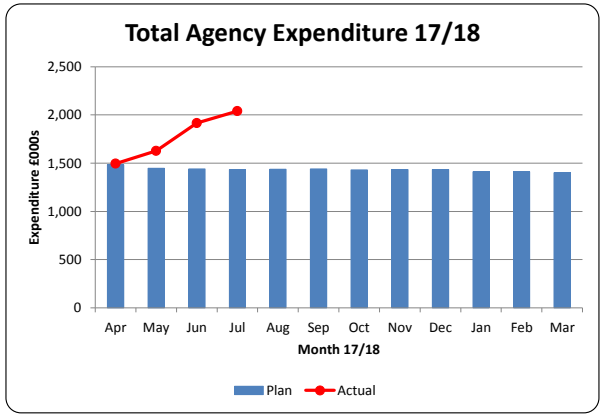
* Consultant Agency spend is ahead of plan by £1m.

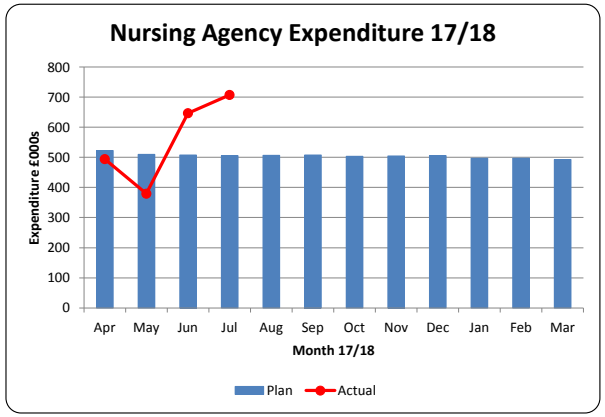
* Nursing Agency is ahead of plan by £0.2m.

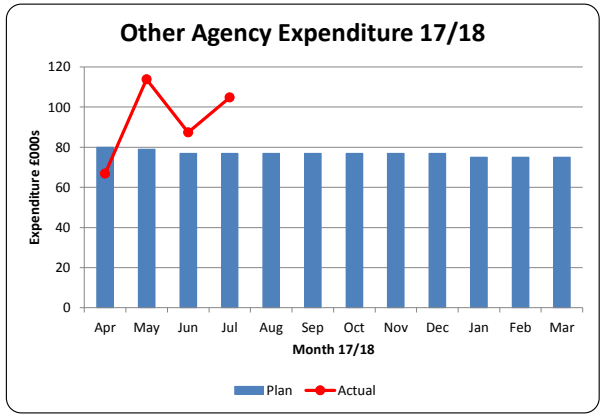
* The Trust is ahead of the Medical Locum Reduction target by £1m.

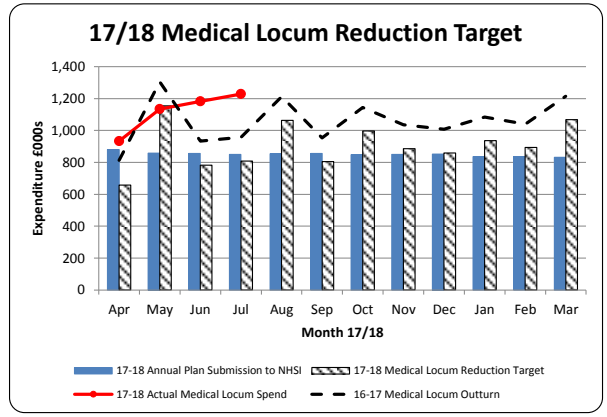












Expenditure Analysis

Month 4 - The Period 1st April 2017 to 31st July 2017

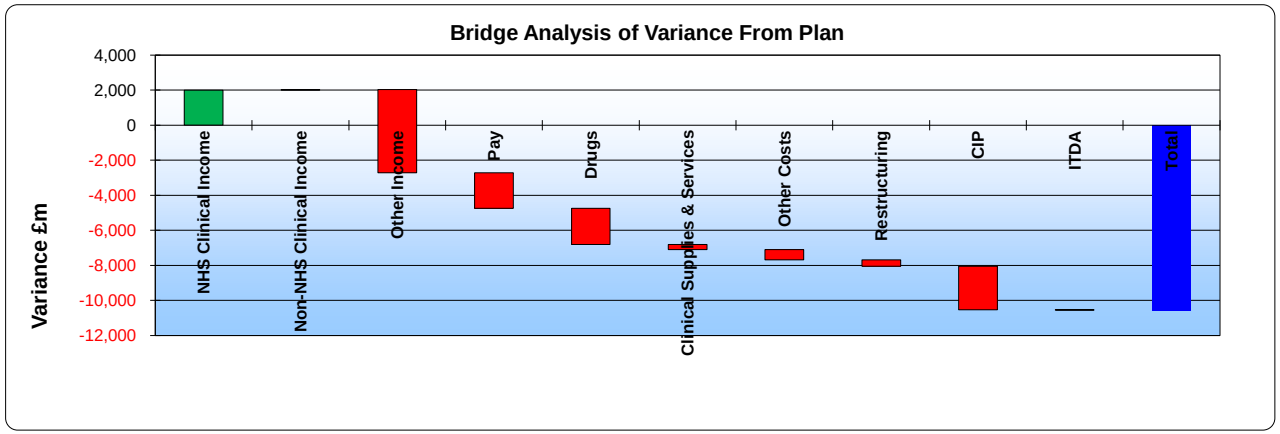
York Teaching Hospital NHS
NHS Foundation Trust

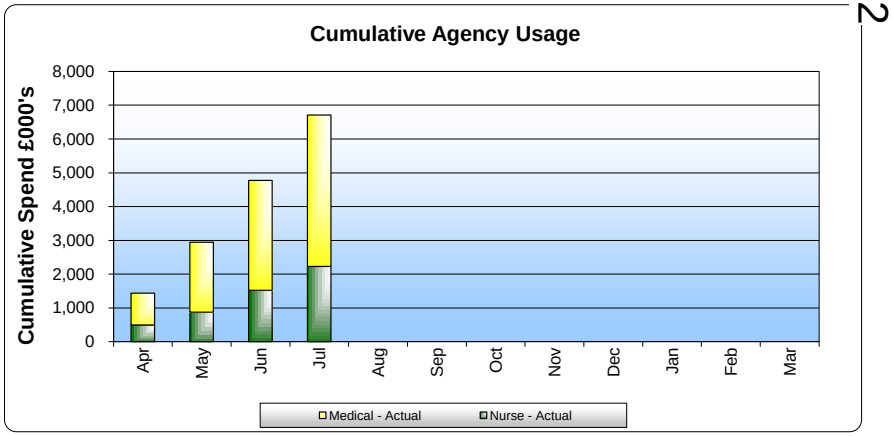
Key Messages:

There is an adverse expenditure variance of £7.8m at the end of July 2017. This comprises:

* Pay budgets are £2.0m ahead of plan.
* Drugs budgets are £2.1m ahead of plan, mainly due to pass through costs for drugs excluded from tariff.
* CIP achievement is £2.5m behind plan.
* Other budgets are £1.2m ahead of plan.

Staff Group	Annual	Year to Date								Previous	Comments
	Plan	Plan	Contract	Overtime	WLI	Bank	Agency	Total	Variance	Variance	
Consultants	60,816	20,148	17,216	0	439	0	2,343	19,998	150	152	
Medical and Dental	29,801	9,903	9,497	0	131	0	2,139	11,767	-1,864	-1,359	
Nursing	97,245	32,482	26,761	161	155	2,954	2,227	32,258	224	-57	
Healthcare Scientists	11,420	3,797	3,251	79	49	20	86	3,485	312	255	
Scientific, Therapeutic and technical	16,474	5,425	4,856	40	0	16	63	4,975	450	51	
Allied Health Professionals	25,986	8,646	7,941	20	95	19	35	8,111	535	364	
HCAs and Support Staff	45,222	15,113	13,628	260	45	30	93	14,055	1,058	751	
Chairman and Non Executives	186	62	61	0	0	0	0	61	1	-5	
Exec Board and Senior managers	13,983	4,784	4,705	8	0	0	0	4,713	71	-171	
Admin & Clerical	37,584	12,461	11,605	96	39	46	96	11,881	580	400	
Agency Premium Provision	5,164	1,721	0	0	0	0	0	0	1,721	1,291	
Vacancy Factor	-11,951	-5,245	0	0	0	0	0	0	-5,245	-4,063	
Apprenticeship Levy	1,192	397	420	0	0	0	0	420	-22	-21	
TOTAL	**333,124**	**109,695**	**99,941**	**663**	**953**	**3,085**	**7,081**	**111,724**	**-2,029**	**-2,412**	





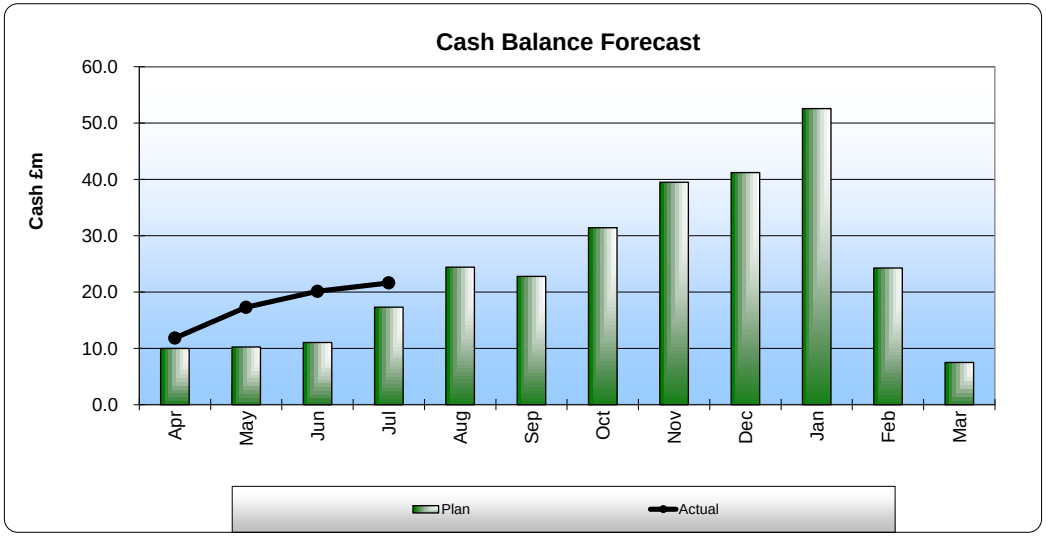
Cash Flow Management

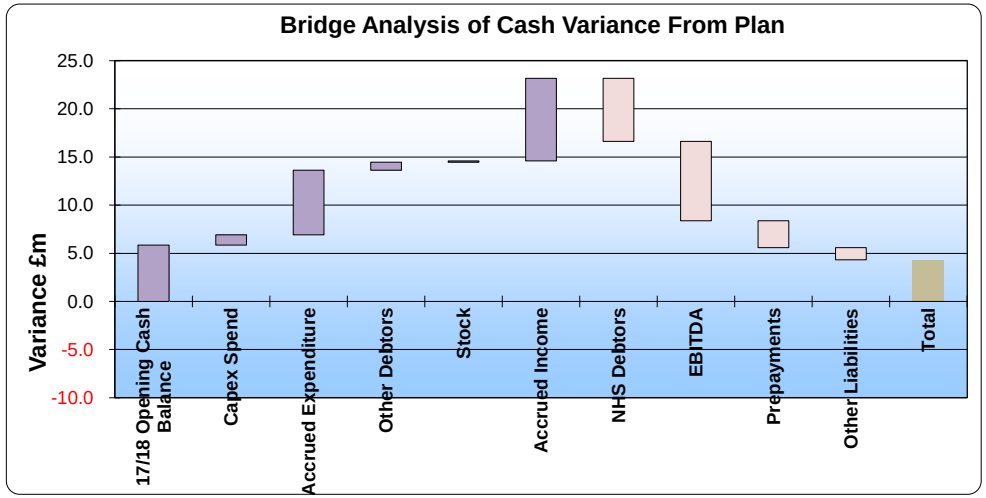
Month 4 - The Period 1st April 2017 to 31st July 2017

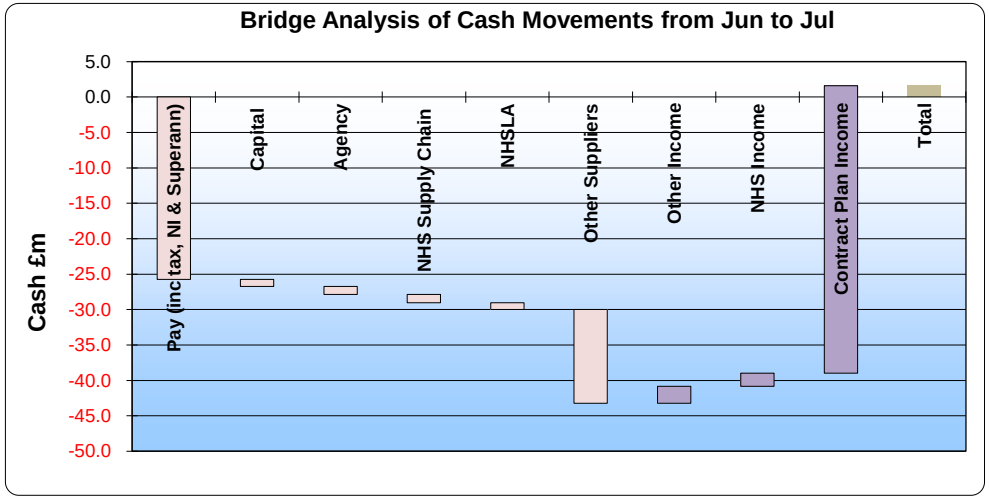
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The cash position at the end of July was £21.6m, which is ahead of plan by £4m.
* The 17/18 opening cash balance was £5.8m favourable to the planned forecast outturn balance.
* The key factors influencing cash are:
- Positive impact due to capital expenditure slippage.
- Positive impact with accrued income levels & debtors lower than planned.
- Negative impact due to the I&E position.







Cash Flow Management
Month 4 - The Period 1st April 2017 to 31st July 2017

York Teaching Hospital NHS
NHS Foundation Trust

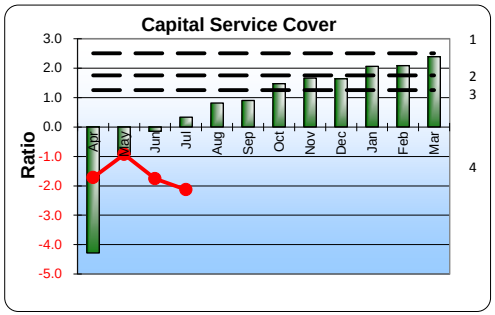
Key Messages:

* The receivables balance at the end of July was £12m, which is below plan.
* The payables balance at the end of July was £7.8m, which is below plan. This is partly due to the AP team working behind due to vacancies.
* The Use of Resources Rating is assessed as a score of 4 in July, and is reflective of the I&E position.

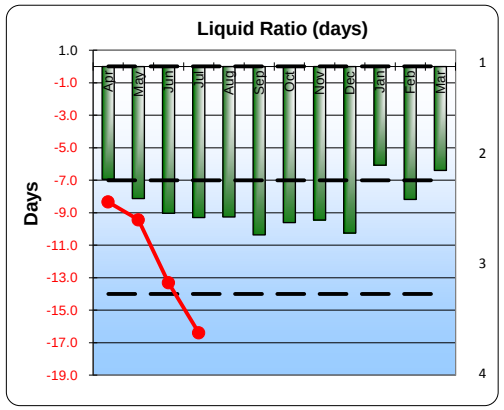
Significant Aged Debtors (+6mths)

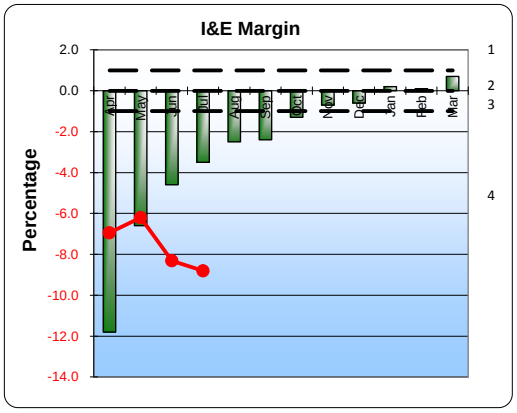
NHS Property Services	**£346K**
Harrogate & District NHS Foundation Trust	**£181K**
Depuy	**£143K**

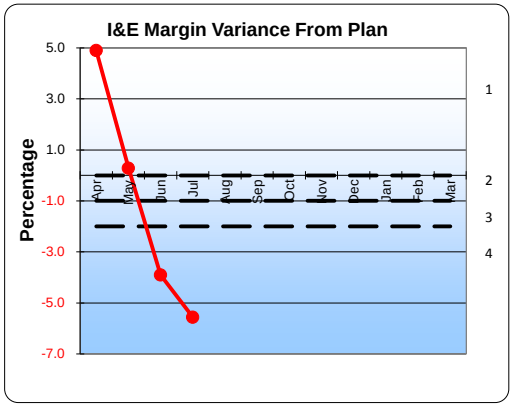
	Under 3 mths	3-6 mths	6-12 mths	12 mths +	Total
	£m	£m	£m	£m	£m
Payables	5.49	0.98	0.68	0.58	7.73
Receivables	6.21	4.78	0.54	0.82	12.35

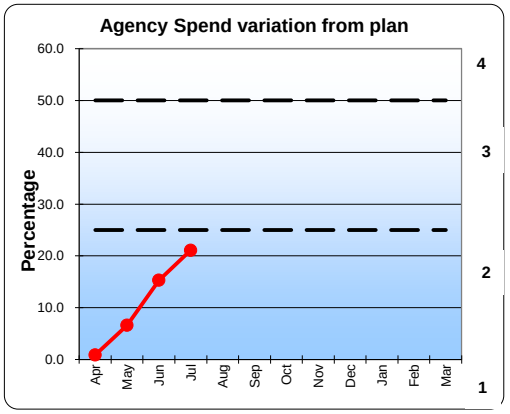


	Plan for Year	Plan for Year-to-date	Actual Year-to-date	Forecast for Year
Liquidity (20%)	2	3	4	2
Capital Service Cover (20%)	2	4	4	2
I&E Margin (20%)	2	4	4	2
I&E Margin Variance From Plan (20%)	1	1	4	1
Agency variation from Plan (20%)	1	1	2	1
Overall Use of Resources Rating	**2**	**3**	**4**	**2**









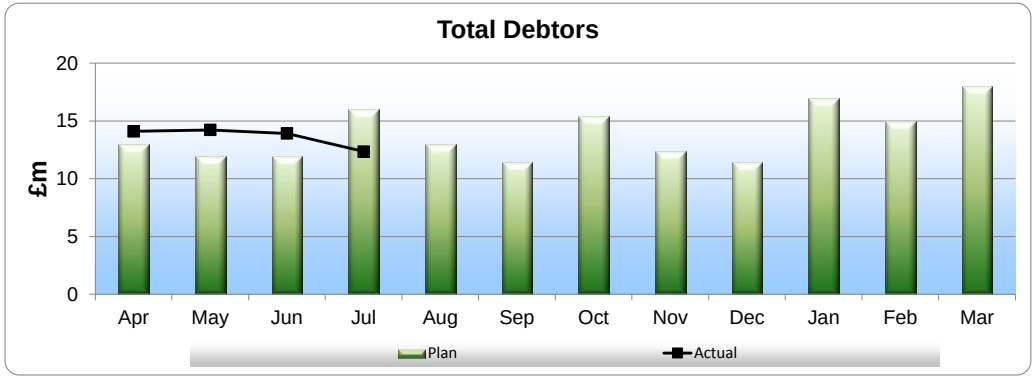
Debtor Analysis

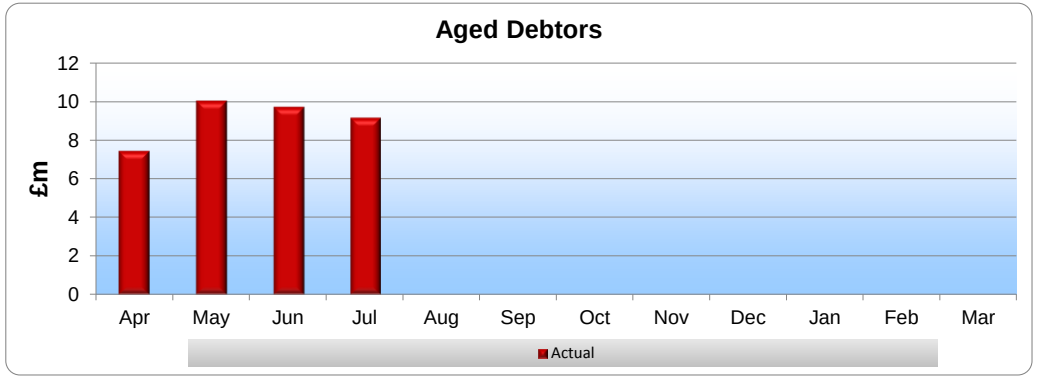
Month 4 - The Period 1st April 2017 to 31st July 2017

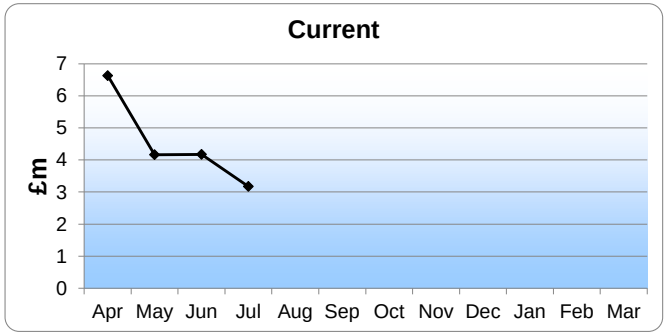
York Teaching Hospital NHS
NHS Foundation Trust

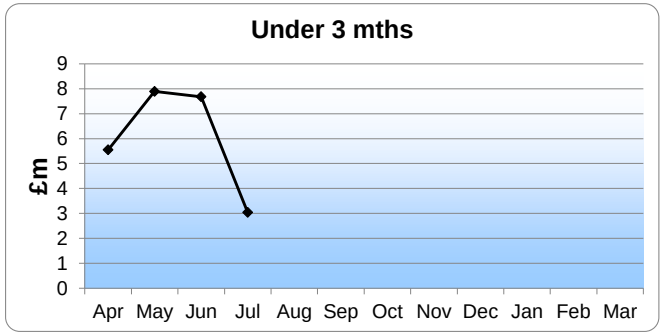
Key Messages:

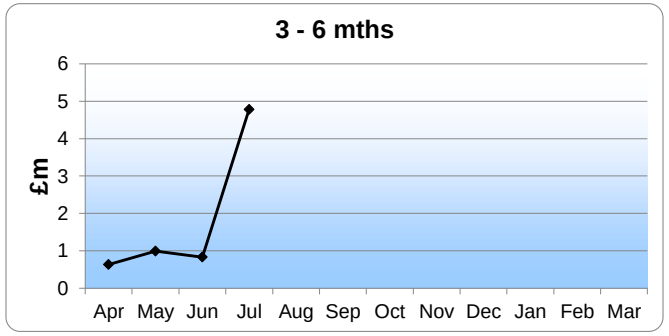
* At the end of July, the total debtor balance was £12.3m, with £3.2m relating to 'current' invoices not due.
* This is below plan as work continues to reduce debtors. Accrued income levels are reported in the graph below.
* Aged debt totalled £9m. This remains significantly influenced by delays in resolving a number of 16/17 Commissioner agreement invoices.
* Of these agreement invoices, 3 organisations total £4m; Vale of York CCG (£821k), Scarborough & Ryedale CCG (£2.6m) and NHS England (£540k).

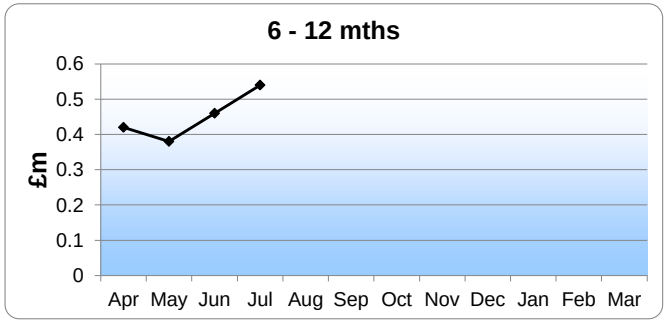


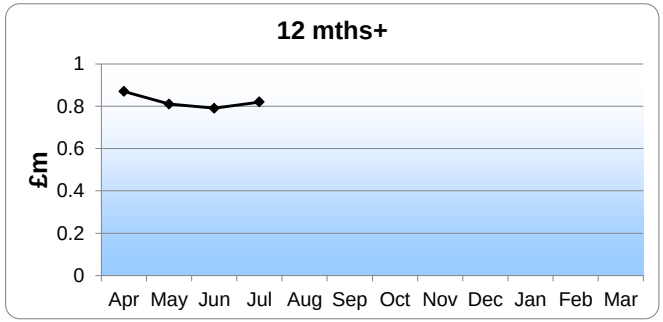


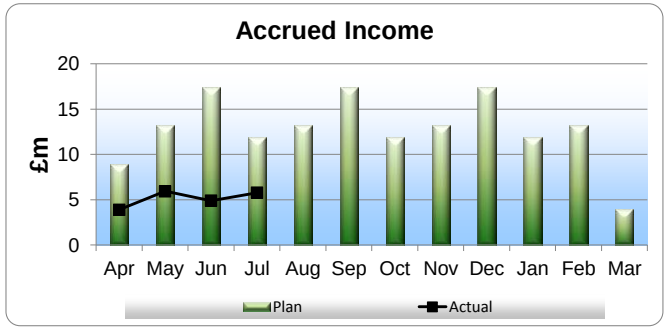










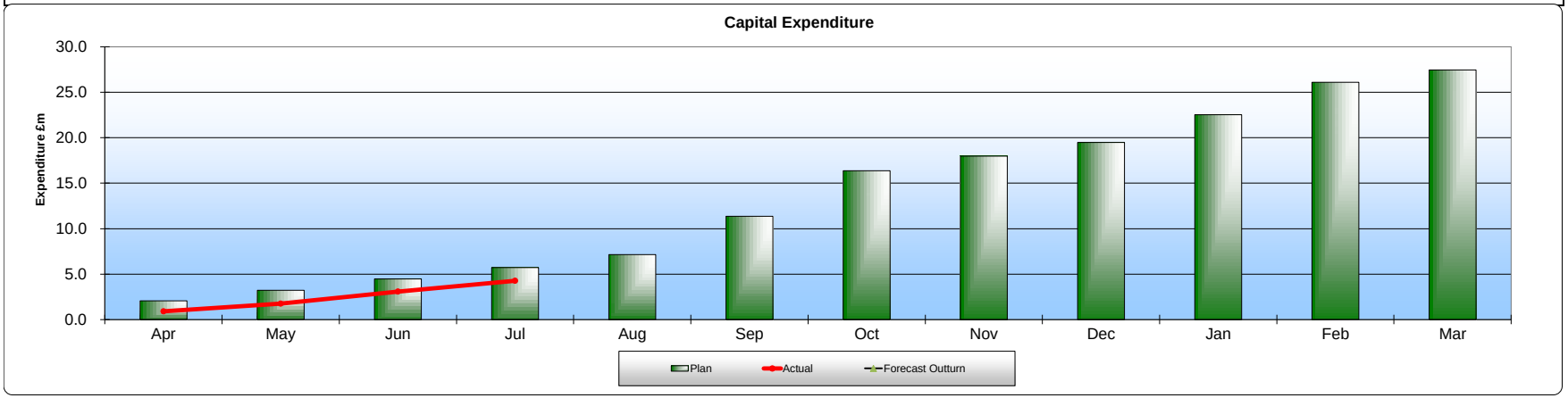


Capital Programme
Month 4 - The Period 1st April 2017 to 31st July 2017

York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* The Capital plan for 2017-18 totals £27.466m.
* Work on the Radiology department across both Scarborough and York totals £5.526m, this is to replace 2 x MRI's, the VIU and Cardiac Labs at York plus X-Ray rooms on both sites and includes enabling works for the 2nd CT Scanner at Scarborough.
* Work on the Endoscopy extension will commence with an expected spend of £5.5m and detailed designs for the VIU/ Cardiac extension will be developed at an expected cost of approx £1m.
* The Pathology reconfiguration across both sites is included in the plan at a cost of £3.662m.



Scheme	Approved in-year Expenditure	Year-to-date Expenditure	Forecast Outturn Expenditure	Variance	Comments
	£000	£000	£000	£000	
York Micro/ Histology integration	2411	0	500	1911	
SGH Pathology /Blood Sciences	1251	24	600	651	
Theatre 10 to cardiac/vascular	1265	306	1265	0	
Radiology Replacement	5526	0	5144	382	
Radiology Lift Replacement SGH	799	39	1284	-485	
Fire Alarm System SGH	940	0	1027	-87	
Other Capital Schemes	985	358	3357	-2372	
SGH Estates Backlog Maintenance	1300	150	1300	0	
York Estates Backlog Maintenance - York	1200	416	1200	0	
Cardiac/VIU Extention	1000	0	1000	0	
Medical Equipment	500	91	500	0	
IT Capital Programme	1500	279	1500	0	
Capital Programme Management	1450	380	1450	0	
SGH replacement of estates portakabins	1339	782	1339	0	
Endoscopy Development	5500	0	5500	0	
Contingency	500	0	500	0	
Estimated In year work in progress	0	1440	0	0	
TOTAL CAPITAL PROGRAMME	**27466**	**4265**	**27466**	**0**	

This Years Capital Programme Funding is made up of:-	Approved in-year Funding	Year-to-date Funding	Forecast Outturn	Variance	Comments
	£000	£000	£000	£000	
Depreciation	10554	3330	10554	0	
Loan Funding b/fwd	4450	11	4450	0	
Loan Funding	6500	0	6500	0	
Charitable Funding	623	0	623	0	
Strategic Capital Funding	5339	924	5339	0	
TOTAL FUNDING	**27466**	**4265**	**27466**	**0**	

Efficiency Programme

Month 4 - The Period 1st April 2017 to 31st July 2017

York Teaching Hospital NHS
NHS Foundation Trust

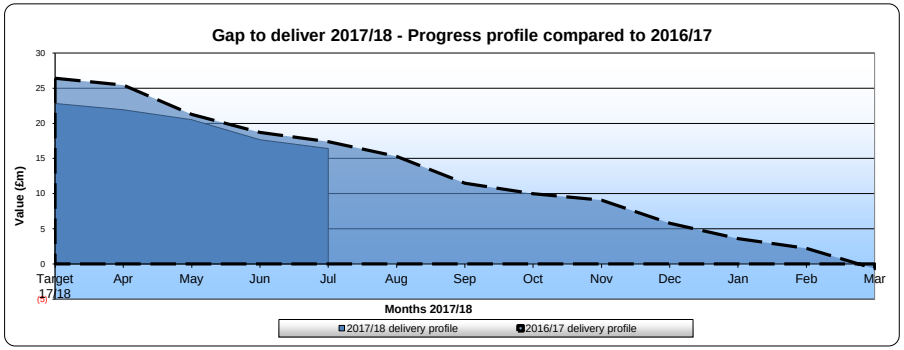
Key Messages:

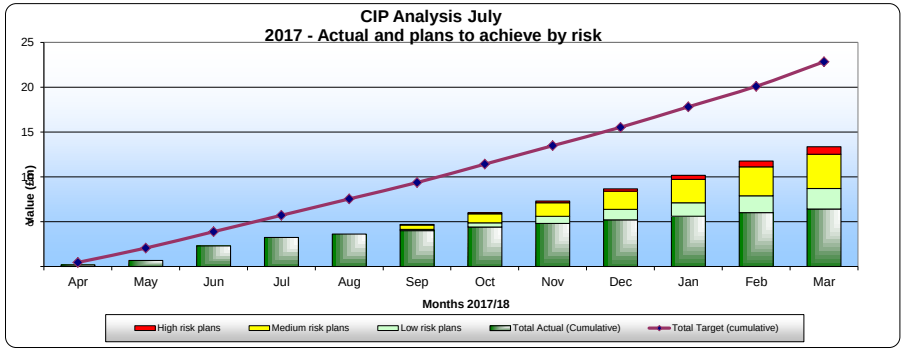
* Delivery - £6.4m has been delivered against the Trust annual target of £22.8m, giving a shortfall of (£16.4m).
* Part year NHSI variance - The part year NHSI variance is (£2.5m).
* In year planning - The 2017/18 planning gap is currently (£5.8m).
* Four year planning - The four year planning gap is (£11.5m).
* Recurrent delivery - Recurrent delivery is £3.9m in-year, which is 17% of the 2017/18 CIP target.

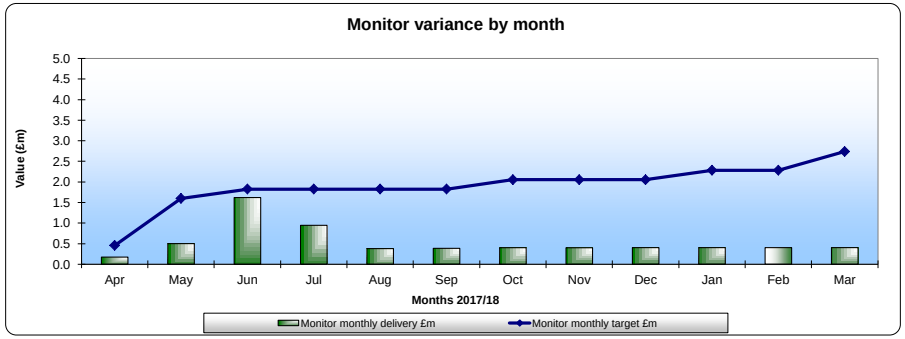
Executive Summary - July 2017	Total £m
TARGET	
In year target	22.8
DELIVERY	
In year delivery	6.4
In year delivery (shortfall)/Surplus	-16.4
Part year delivery (shortfall)/surplus - NHSI variance	-2.5
PLANNING	
In year planning surplus/(gap)	-5.8
FINANCIAL RISK SCORE	
Overall trust financial risk score	HIGH

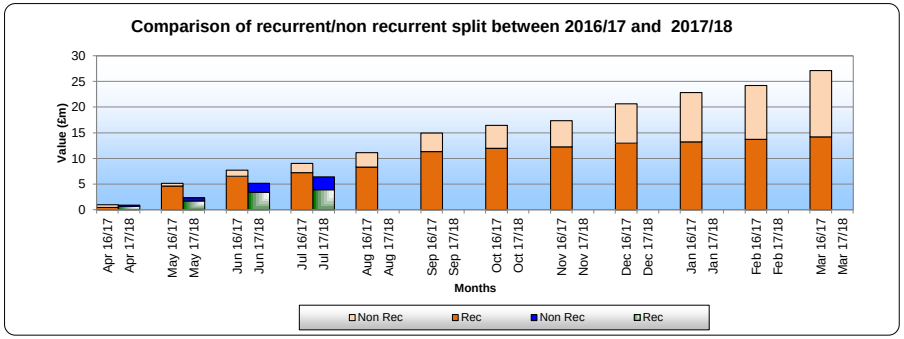
4 Year Efficiency Plan - July 2017					
Year	2017/18	2018/19	2019/20	2020/21	**Total**
	£m	£m	£m	£m	**£m**
Base Target	22.8	12.7	12.7	12.7	**61.0**
Plans	17.0	15.5	9.1	7.9	**49.5**
Variance	-5.8	2.7	-3.6	-4.8	**-11.5**
%	**75%**	**122%**	**72%**	**62%**	**81%**

Risk Ratings			
Financial			
Risk	June	July	Trend
High	14	19	↑
Medium	9	6	↓
Low	4	2	↓
Governance			
Risk	June	July	Trend
High	9	7	↓
Medium	13	10	↓
Low	5	10	↑









Carter
Month 4 - The Period 1st April 2017 to 31st July 2017

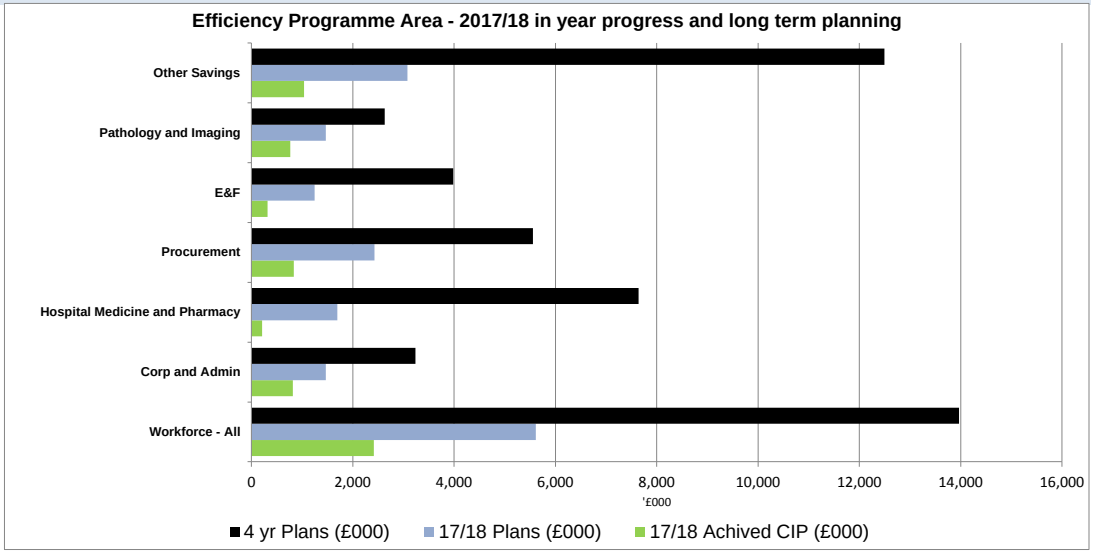
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

The Carter Leads for each workstream provide an update on progress against the Carter Agenda to the Carter Steering Group.
The Model Hospital Benchmarking Tool has been updated with 2015/16 Reference Cost Data - this is being rolled out to Diretorates to identify areas of opportunity.
* Get It Right First Time (GIRFT) - Planned approach to be developed with Medical Director, Improvement Director, Clinical Leads for Surgical and Medical Disciplines and Corporate Efficiency Team.

EFFICIENCY PROGRAM - CARTER WORKSTREAM PERFORMANCE JULY 2017

Efficiency Programme Area	4 yr Plans (£000)	17/18 Plans (£000)	17/18 Achived CIP (£000)
Workforce - All	13,967	5,616	2,416
Corp and Admin	3,240	1,471	817
Hospital Medicine and Pharmacy	7,645	1,695	214
Procurement	5,557	2,427	837
E&F	3,982	1,251	320
Pathology and Imaging	2,634	1,472	769
Other Savings	12,499	3,080	1,037
TOTAL	49,523	17,012	6,410



WORKFORCE

1. Review ongoing with Nurse E-Rostering System being led by Senior Nursing Team, E-Roster Team, HR and the Efficiency Team. Work ongoing to identify efficiencies.

2. Expansion of eRostering to wider Trust is in the planning stages with forecast efficiencies of £1.4m over 5 year period after implementation.

HOSPITAL PHARMACY AND MEDICINE

1. Electronic Prescribing is being rolled out across the Trust and upon full implementation an efficiency will be realised.

2. The Pharmacy Department continue to work with the switch to Biosimilars with some efficiency being recognised by the Trust within the CIP Programme, however approximately £800K of savings is attached to CQUINs and does not contribute to the delivery of the Programme but it is recognised within the Model Hospital Pharmacy Dashboard.

3. Warehousing project in planning stages.

PROCUREMENT

1. Procurement Steering Group set up and monthly meetings are being held to drive the programme forward.

2. Workshop held with Procurement and a follow-up held in September with schemes being identified and updated on a monthly basis.

3. Procurement Purchasing Price Index (PPIB) Benchmarking Tool (comparison of pricing) - rolling out across Trust to secure opportunities within a 3-6 month window from July 17.

ESTATES AND FACILITIES

1. National Dashboard now live on Model Hospital and being reviewed.

2. Work ongoing to improve data collection for ERIC returns.

CORPORATE AND ADMIN

1. Corporate and Admin review outcome received; leads in areas to comply or explain variation and plans to be developed where appropriate.

PATHOLOGY AND IMAGING

1. Pathology data collection submitted and loaded on to Model Hospital. Directorate assessing and identifying areas of opportunity. The overall position is positive when compared to peers.

2. Workshop planned for Pathology.

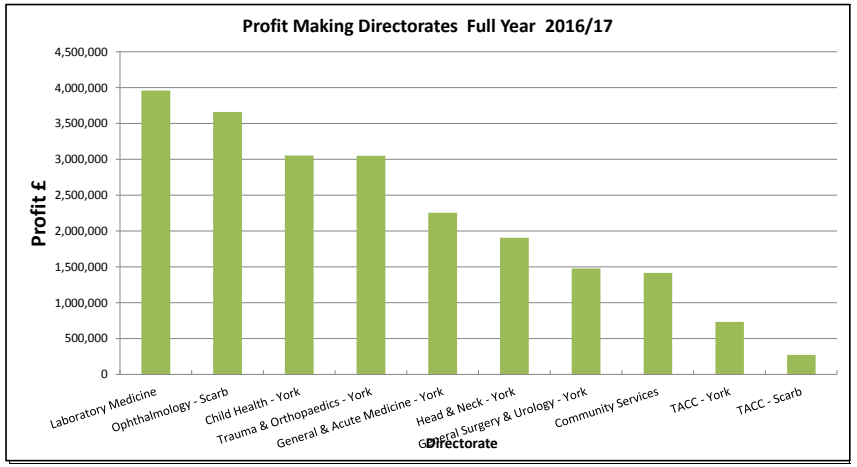
Service Line Reporting

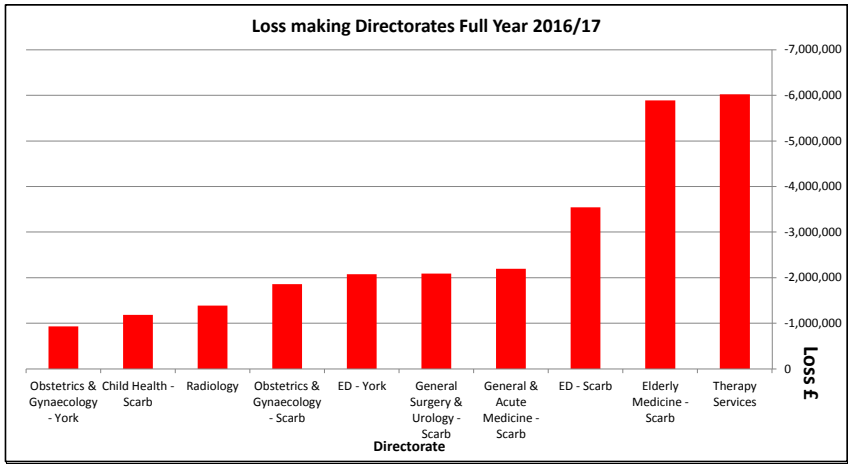
Month 4 - The Period 1st April 2017 to 31st July 2017

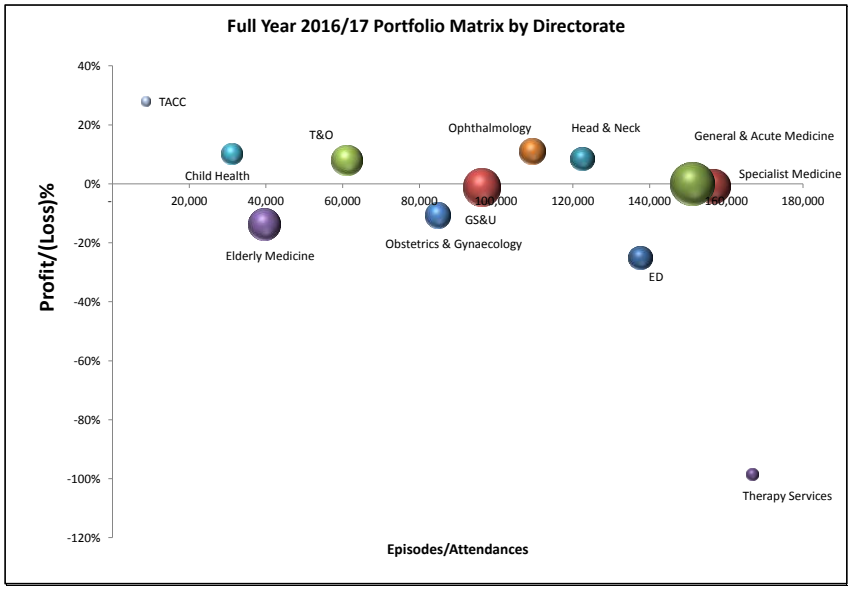
York Teaching Hospital NHS
NHS Foundation Trust

Key Messages:

* Current data is based on full year 2016/17
* It is expected that Q1 2017/18 data will be completed towards the end of September 2017
* Qlikview user guides are continued to be developed to help users log in and navigate round the system







DATA PERIOD	Full Year 2016/17
CURRENT WORK	* The Reference Costs submission to the DoH and NHSI is now the key focus for the team *Qlikview user guides have been published to help users log in and navigate round the system. More user guides covering different areas of Qlikview will be released over the coming months * Work with Directorate teams is currently on-going to improve the quality of consultant PA allocations used within the SLR PLICS system for each quarterly reporting period * The SLR team are continuing to work with Directorate teams to improve the quality of outpatient staffing group costs within SLR PLICS
FUTURE WORK	* Work on the Q1 2017/18 SLR PLICS data will commence once the Reference Cost return has been submitted * Future work around junior doctor PA allocations will improve the quality of the SLR data and also inform the annual mandatory Education & Training cost collection exercise * Planning for the NHSI Costing Transformation Programme will soon begin to ensure that we are prepared for future mandatory reporting requirements

FINANCIAL BENEFITS TAKEN SINCE SYSTEM INTRODUCTION	**£2.93m**

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Health, Housing and Adult Social Care Policy & Scrutiny Committee 13 September 2017

Report of the Chair of the Mental Health and Learning Disabilities Partnership Board

Consultation on the draft Mental Health Strategy for York 2017-2022

Summary

1. This report presents the Health, Housing and Adult Social Care Policy and Scrutiny Committee with the draft Mental Health Strategy for the city (Annex A refers). The draft strategy is currently being consulted on with the closing date for comments being Sunday 8 October 2017.

2. Committee members are asked to comment on the draft mental health strategy.

Background

3. The joint health and wellbeing strategy for 2017-22 was approved at the March 2017 meeting of the Health and Wellbeing Board. It includes four principal themes that need to be addressed. One of these themes is mental health and wellbeing and the key priority for the theme is '*to get better at spotting the early signs of mental ill health and intervening early*'.

4. The joint health and wellbeing strategy also sets out additional areas where the Health and Wellbeing Board want to make improvements; these are:

   - Focus on recovery and rehabilitation
   - Improve services for young mothers, children and young people
   - Improve the services for those with learning disabilities
   - Ensure that York becomes a Suicide Safer city

- Ensure that York is both a mental health and dementia-friendly environment

5. The draft mental health strategy aims to expand these priorities; giving more detail on how these might be achieved. It is also mindful of the national aims for improving mental health as set out in the Department of Health's publication "No Health without Mental Health" which has the following aims:

   - More people will have good mental health
   - More people with mental health problems will recover
   - More people with mental health problems will have good physical health
   - More people will have a positive experience of care and support
   - Fewer people will suffer avoidable harm
   - Fewer people will experience stigma and discrimination.

6. Additionally the Mental Health and Learning Disabilities Partnership Board is currently being reviewed and the Health and Wellbeing Board have agreed that it should be split into two distinct groups. One focused on mental health and the other on learning disabilities.

7. Work is underway to establish these new groups and it will be the responsibility of the mental health group (working with the Health and Wellbeing Board theme leads for mental health) to ensure that the mental health strategy is implemented and to develop action plans to enable delivery to happen.

Consultation

8. The draft strategy attached at Annex A to this report is currently being consulted on. The questions being asked are:

   i. What do you think the mental health strategy will deliver

   ii. From the strategy, what would be your short, medium and long term priorities

   iii. What do you think is missing from the mental health strategy

iv. What one thing would make the biggest improvement to your mental health and wellbeing

v. What already works well in the city

vi. What should we do more of

vii. Any further comments/feedback

9. The questions were compiled by a small working group and the online survey is being hosted by Healthwatch York.

10. The draft strategy has also been presented at the VCS Forum for mental health prior to it being launched for formal consultation.

Options

11. There are no options provided within this report. Members of the scrutiny committee are asked to provide their feedback to the draft mental health strategy.

Implications

12. There are no known implications associated with the recommendations in this report. Implications may arise once the strategy is in place.

Risk Management

13. There are no known risks associated with the recommendations in this report. Risks may be identified through the consultation, further development of the strategy and at the point action plans are developed.

Recommendations

14. The Health, Housing and Adult Social Care Policy and Scrutiny Committee are asked to consider the draft mental health strategy and provide their feedback.

Reason: To ensure the scrutiny committee can contribute to the mental health strategy during the consultation stage.

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Annexes
Annex A – Draft Mental Health Strategy for York 2017-2022

A Mental Health Strategy for York 2017-22

Imagine a city …

where everybody's mental health and emotional wellbeing is a matter of pride across the community

where services support people in need, collaboratively, respectfully and without delay,

and stigma and discrimination against people with mental health difficulties are no more;

well that is where we are heading with this strategy, and beyond!

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A Mental Health Strategy for York

Foreword

By Dr Louise Barker, Clinical Director,

NHS Vale of York Clinical Commissioning Group

and Dr Stephen Wright, Deputy Medical Director,

Tees, Esk and Wear Valleys NHS Foundation Trust

In York, like elsewhere in the country, people of all ages with mental health problems have been stigmatised and marginalised, all too often experiencing an NHS that treats their minds and bodies separately.

In recent years, the picture has started to change. Public attitudes towards mental health are improving, and there is a growing commitment among communities, workplaces, schools and within health to change the way we think about it. There is now a consensus on what needs to change and a real desire to shift towards prevention and transform NHS care. This was reinforced by the 2017-2019 planning guidance which amounted to the clearest ever prioritisation for mental health as a "must do" for the NHS – spelling out the actions required of commissioners and providers.

We are already starting to see the impact of this focus on mental health through Sustainability and Transformation Plans, where increasingly local systems are not only rising to the challenge but also recognising the opportunity of investing in mental health to deliver a more sustainable health and care system. We are seeing the expected investment in mental health services in these plans but we must continue to make the case and challenge where necessary.

This strategy sets out the vision for that transformation.

We have placed the experience of people with mental health problems at the heart of the strategy.

People in the Vale of York told us of the changes they wanted to see so that they could fulfil their life ambitions and take their places as equal citizens in our society. They told us that their priorities were prevention, access, integration, quality and a positive experience of care.

Delivering this sort of change is not just about writing plans, but about people seeing and feeling the benefit.

Health and social care partners in York have been working together to enhance support in the community in York for people with mental health problems. During April 2016 a symposium was held, supported by the International Mental Health Collaborating Network (IMHCN), a charitable organisation which has been promoting a community wide approach to mental wellbeing for over twenty years, and this was followed by a series of five “learning sets, where service-users, carers and workers from health, social care and the voluntary sector learned together about a “whole person, whole life, whole community” approach to mental health care. The follow-up symposium in January of this year ensured that all parts of the system including the key leaders were agreed on the way forward.

We would like to aspire to the whole person, whole life, and whole community approach like that in Trieste, Italy, where there has been 40 years of development towards social inclusion, empowerment and citizenship in mental health.

To apply the lessons from Trieste in York, we need to take a community based approach, enhancing investment in housing and the voluntary and community sectors to:

- Place less emphasis on inpatient beds so that fewer people with mental health problems are supported in hospital or in care homes
- Supporting people to maintain their independence by investing in supported accommodation
- Further developing the voluntary and community sectors, in particular to support people with mental health needs into employment, training and volunteering.

Second, we know that it will take time for us to emulate what is being done in Trieste so for people who need hospital care, the Vale of York Clinical Commissioning Group (CCG) has commissioned the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to develop a mental health hospital for the Vale of York. This is to replace Bootham Park Hospital, which closed in October 2015.

Finally, good health, both physical and mental, begins with the individual. In our Joint Health and Wellbeing Strategy for 2017-22, the York Health and Wellbeing Board committed itself to promoting the five steps to wellbeing approach to help people to improve their own mental health.

By encouraging a resilient community that challenges itself to understand mental health better and to promote a culture where the way that it responds to its citizens with mental health needs is a source of local pride.

Context

In the Health and Wellbeing Board's Strategy for 2017-22, we identified four principal themes to be addressed in that period. One of these themes was Mental Health and Wellbeing; the top priority for that theme was for us to get better at spotting the early signs of mental ill health and intervening early. We also set out other things we wanted to achieve in relation to mental health:

- Focus on recovery and rehabilitation
- Improve services for young mothers, children and young people
- Improve the services for those with learning disabilities
- Ensure that York becomes a Suicide Safer city
- Ensure that York is both a mental health and dementia-friendly environment

A separate strategy for people with learning disabilities is currently being considered by the Health and Wellbeing Board and so that priority is not included in this strategy.

Your views

When we asked the people of York what they wanted from the Health and Wellbeing Board's Strategy for York, you gave us a clear message that emotional and mental health should be a top priority. In particular, you called for us to:

- Re-open mental health inpatient facilities in York
- Make better mental health service provision
- Put mental health needs at the forefront of the new Strategy.
- Raise awareness of mental health and its importance, then signpost onto support services and ensure that there are fully functioning and empowered services
- Provide access to good mental health care
- Give more priority to mental health as it directly impacts 1 in 4 adults and indirectly impacts the majority of people who live in York
- Ensure that there is appropriate support for individuals

This strategy explains how we are responding to your requests.

This strategy concentrates on the city of York. The health and wellbeing messages set out here, though, are relevant to people who live outside the city and many of the services and facilities described in the strategy are available to people who do not live in

York. We recognise, for example, that primary care services cross local authority and clinical commissioning group boundaries.

The Mental Health Strategy is a shared agreement among all partner organisations in the Health and Wellbeing Board with, and for, people living in York. The partners know that successful mental health services are a joint responsibility. Working in partnership is the only way that the ambitions set out in this strategy can be achieved.

Our Vision

Our vision for mental health in the city of York is based on that set out in the Department of Health's 2011 publication *No health without mental health:*

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination.

Our objectives in order to achieve that vision are to:

- Shift the emphasis from mental illness to mental health
- Move away from stigma, institutionalisation and pre-occupation with risk
- Ensure that people with mental health issues are able to participate as equal citizens of the community
- Enable people to take control over their own lives, for example through Personal Budgets and Personal Health Budgets
- Work collaboratively – in a spirit of co-production - with the whole person, not just the individual's symptoms
- Ensure that unpaid carers of people with severe mental health problems – usually family members and friends – get the support they require.

This strategy also supports the four specific areas for improvement set out in the Manifesto for Better Mental Health published by the Mental Health Network:

- Ensure fair funding for mental health services
- Give children a good start in life
- Improving health services for people with mental health problems

- Better lives for people with mental health problems

Finally, we will embed the recovery approach to everything we do, incorporating its values and principles of choice, hope, self-esteem, self-determination and purpose as outcomes for all.

Mental Health – National and Local Pictures

General

Mental health conditions account for nearly a quarter of the burden of disease in England but are allocated only about 1/7 of NHS funding.

Mental health problems represent the largest single cause of disability in the UK. The annual cost to the economy has been estimated at £105 billion – nearly the total annual budget of the NHS.

A quarter of all people will experience a mental health problem at some point in their life. At any one time, one in every six adults has a mental health problem.

One in every hundred people has a severe mental health problem. People with severe mental illnesses die on average 20 years earlier than the general population.

Half of the adults with mental health problems experience their first symptoms before the age of 14 and three quarters before their early 20s.

Some people have particular difficulties

- One in ten children aged 5 – 16 has a mental health problem.
- One in ten new mothers experiences postnatal depression. One in five mothers has depression anxiety or in some cases psychosis during pregnancy or in the first year following childbirth.
- Six in ten people living in hostels have a personality disorder.
- Surveys suggest that at any one time up to one in four students might experience poor mental health.
- Four out every ten people accessing homeless services have a mental health condition
- Approximately seven of every ten rough sleepers have both a mental health and a substance misuse problem.
- People who have problems with alcohol and/or drug misuse, and who also have a mental health problem, sometimes fall through the gaps where services are not joined up

- About seven in every ten prisoners also have a mental health problem
- People with a learning disability and their families tell us that we are still failing to ensure equal access to services.
- Military veterans experience higher rates of mental health problems than the general population

In York

In our Health and Wellbeing Strategy for 2017-22, the Board also undertook to "… develop a better understanding of mental health needs in York so that we can ensure our services are fit for purpose, redesigning them if necessary". We cited the following figures:

- Between 2006 - 2014 there were 154 suicides in York; 84% of those were men;
- York has a higher rate of emergency hospital admissions for intentional self-harm than the national average;
- York has an estimated 2,717 people with dementia and this number is expected to rise to 3,503 by 2025.

Students and young people

The two universities in York – York St John University and the University of York – have between them in 2017 more than 23,000 students. Survey evidence suggests that mental health is the single most significant health concern for students. The most common problems reported include anxiety, depression, self-harm and eating disorders. Students also complain of a lack of proper mental health support and long waiting lists.

Our local colleges, Askham Bryan and York College, have been instrumental in identifying the needs of young people entering higher and further education. Both are active members of the Higher York Partnership with our two universities as well as other boards focussed on improving outcomes for children and young people.

Principles, priorities and outcomes

There is a great deal of guidance from government agencies and others on how best to improve health and wellbeing outcomes for people with mental health problems. One of the most recent is the *Five year forward view for mental health* published by the independent Mental Health Taskforce in February 2016. This set out three priorities for the NHS by 2020/21:

- A 7-day NHS so that people facing a crisis can get mental health care when they need it
- An integrated approach to mental and physical health
- Promoting good mental health and preventing poor mental health

This guidance also emphasises the importance of supporting staff who are working with people with mental health problems.

In York we understand the need for an integrated approach to physical and mental health and, in particular, that there needs to be parity of esteem between mental and physical health. We believe that this can be achieved by:

- Investing resources into mental health care based on need as we do with investment in physical health care.
- Increasing accountability for mental health care within primary care and GP settings as we do with physical health care.
- Increasing accountability for physical healthcare in mental health settings and for mental healthcare in physical healthcare settings by enhancing partnership working among the various providers and agencies.
- Equal efforts to improve the quality of care: achieving the same level of access to services and the same efforts to improve standards, infrastructure and staffing in mental healthcare as in physical healthcare.
- Equal status within healthcare education and practice: supporting core skills and competencies in mental health for a variety of staff. Targeting schools and associated professionals for training in improving mental health in our youth, identifying early warning signs, signposting appropriately, and preventing deterioration in mental health.
- Equally high aspirations for people with mental health problems: Recognising people as equal partners in their own healthcare and emphasising expectations of good health and a good life. Greater investment in social inclusion, training and employment support, and encouragement of innovation in these areas.

- Equal status in the measurement of health outcomes: Meaningful measures of people's responses to treatment, and people's experiences of preventive and mental health services, just as in physical health care.

York's commitment to mental health

Achieving the outcomes we are aiming for means organisations and individuals in the statutory and non-statutory sectors working together. Only through partnership working can we help people to maintain good physical and mental health. We have to recognise that some people will become ill and, when that happens, they need the right help in the right place as quickly as possible. For most people, that help can be given to them while they remain in the community, usually in their own homes. Some people, though, need more intensive help and a small number might need to be admitted to hospital.

For people who need hospital care

In recognition of this, the Vale of York Clinical Commissioning Group (CCG) has commissioned the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) to develop a new mental health hospital for the Vale of York. This new facility planned for development by December 2019 and other buildings around the city will replace the following units:

- Peppermill Court – 2 x 12 bedded units for working age adults with acute mental health problems
- Meadowfields – 14 bedded unit for women with dementia
- Acomb Garth – 14 bedded unit for men with dementia
- Cherry Tree House – 18 bedded unit for older people with acute mental health problems
- Bootham Park Hospital – outpatient services.

Enhancing care in the community in York

Starting in April 2016, health and social care partners in York have been working together to enhance support in the community in York for people with mental health problems. This began with a symposium, supported by the International Mental Health Collaborating Network (IMHCN), a charitable organisation which has been promoting a community wide approach to mental wellbeing for over twenty years, and has been followed by a series of five "learning sets".

The symposium in April 2016 featured a presentation by Dr Roberto Mezzina, the director of mental health in Trieste, Italy, on the Whole Life-Whole System approach in Trieste, where there has been 40 years of experience of development towards social inclusion, empowerment and citizenship.

To apply the lessons from Trieste in York, we need to take a community based approach, enhancing investment in housing and the voluntary and community sectors to:

- Place less emphasis on inpatient beds so that fewer people with mental health problems are supported in hospital or in care homes
- Supporting people to maintain their independence by investing in supported accommodation
- Further developing the voluntary and community sectors, in particular to support people with mental health needs into employment, training and volunteering.

We know that it will take time for us to emulate what is being done in Trieste but we are making a start by:

- Engaging with the voluntary and community sector to develop and co-ordinate a wide a range of community based activities and support services to which people can be signposted.
- Developing a Safe Haven service to operate from Sycamore House, from 6-11pm, 7 days a week – a safe place where people can seek support and sanctuary
- Re-shaping the Mental Health Recovery Team at Sycamore House to offer more effective support to people recovering from mental ill-health
- Continuing Tees, Esk and Wear Valleys' Innovation Fund which is funding innovative projects run by the voluntary and community services that support individuals who have learning disabilities or who are at risk of mental ill health or both
- Developing a housing pathway for people with mental ill health that supports recovery regardless of diagnosis or other needs, and supports people to learn or re-learn the skills to sustain a tenancy and be a participating member of their community.
- Reinforcing our "strength based" approach to supporting people with mental health problems. That means focusing not on what people cannot do, but instead concentrating positively on the skills, knowledge and other assets all of us have whatever our state of health.
- Continuing to promote Personal Budgets, Personal Health Budgets and co-production.

Promoting good health and preventing illness

Good health, both physical and mental, begins with the individual. In our Joint Health and Wellbeing Strategy for 2017-22, the York Health and Wellbeing Board committed itself to promoting the ***five steps to wellbeing*** approach to help people to improve their own mental health.

These are the five steps that, according to research, can really help to boost our mental wellbeing:

- **Connect** – connect with the people around you: your family, friends, colleagues and neighbours. Spend time developing these relationships.
- **Be active** – you don't have to go to the gym. Take a walk, go cycling or play a game of football. Find an activity that you enjoy and make it a part of your life.
- **Keep learning** – learning new skills can give you a sense of achievement and a new confidence.
- **Give to others** – even the smallest act can count, whether it's a smile, a thank you or a kind word. Larger acts, such as volunteering at your local community centre, can improve your mental wellbeing and help you build new social networks.
- **Be mindful** – be more aware of the present moment, including your thoughts and feelings, your body and the world around you. Some people call this awareness "mindfulness". It can positively change the way you feel about life and how you approach challenges.

Most of us welcome help to maintain good mental health. The city of York is fortunate in having a wide range of services and facilities available to people to promote good health and prevent illness. The *Healthwatch York* guide issued in January 2017 is called ***Mental Health and Wellbeing in York*** and lists more than 150 organisations where people can get information, advice and support with their mental wellbeing. Most of these organisations are there for people in York whether or not they are experiencing poor mental health. They offer, for example

- Help for people who have money problems
- Support for people who want to acquire new knowledge or skills
- Help with housing
- Support for older people, students, and veterans
- Help for people to get into paid or unpaid work
- Support for people who want to become more active, for example by taking part in a sport

Other organisations aim at people who might be at greater risk of experiencing mental health problems because they

- Have experienced abuse or
- Have lost a loved one or
- Are victims of crime or
- Are having difficulties in their caring role

Still others try to help people with specific difficulties such as

- Eating disorders
- Drug or alcohol problems
- Addiction to gambling
- Self harm
- Hearing voices or seeing visions that other people don't share

Building community capacity

Even with such a wide range of resources, there is scope for communities to enhance their capacity to help people to maintain good physical and mental health. City of York Council and its partners are supporting this in several ways:

Community Facilitators

Since 2008, Community Facilitators have 'walked and talked' in and to community organisations and groups all over the city. They also offer individualised support to individuals, for example: helping people to find voluntary work opportunities or identifying social and leisure opportunities. Community development has become a significant part of their role.

These workers have three areas of work:

- advice and information,
- preventative work with individuals and
- community development projects.

Local Area Coordinators

Three Local Area Coordinators took up their posts in May 2017.

They work alongside people to:

- Build and pursue their personal vision for a good life,

- Stay strong, safe and connected as contributing citizens,
- Find practical, non-service solutions to problems wherever possible, and
- Build more welcoming, inclusive and supportive communities

Community Health Champions

These are volunteers who, with training and support from the council, can help improve the health and wellbeing of their families, communities or workplaces by:

- Motivating and empowering people to get involved in healthy activities
- Creating groups to meet local needs
- Directing people to relevant support and services

As part of a pilot scheme, Community Health Champions work closely with City of York Council's Public Health team and raise awareness of health messages amongst communities whilst helping to create supportive networks and environments for residents.

Resilient communities

We want to encourage resilient communities that:

- Are self-managing and less reliant on the council and other agencies for help
- Are able to minimise the disruption to everyday life that unforeseen events present
- Enable people to be more resourceful
- Enable people to have more control over their own lives
- Ensure people are equipped an willing to play a part in community life

Get better at spotting the early signs of mental ill health and intervening early

This was the top priority for mental health and wellbeing identified in the Health and Wellbeing Board's Joint Strategy 2017-22

Not everyone is able to stay well and we know that the sooner someone can get help, the more likely they are to be able to make a recovery or at least reduce the impact of the illness on their quality of life. That is why we have to get better at spotting the early signs of mental ill health and intervening early. It is clear from our engagement exercises for the Board's overall strategy that we have some way to go to get this right. We know that too many people are waiting too long to get support, for example:

- People who think they might have dementia have to wait too long to get a proper diagnosis. They should wait no more than six weeks but the average wait is about 24 weeks and some people wait much longer. We estimate that only about two thirds of the people who might have dementia have been able to get a diagnosis
- People with mental health problems triggered by their physical health sometimes don't get the help they need quickly enough.

Work is under way to address these problems:

- The York Dementia Action Alliance is working to develop a "hub" so that people with dementia or who think they might have dementia have a single point for communication and information.
- Mental Health Access & Wellbeing Team – This team has been created by bringing together the Single Point of Access and the Primary Care Mental Health Service. It will make it easier for people aged 18 and over to get the right help. A telephone conversation with a member of the team will identify whether more detailed assessment is required: from here the individual will be pointed to the appropriate service or facility, for example, the Community Mental Health Team.
- Psychiatric Liaison service – People experiencing poor physical health sometimes find that this also has an effect on their mental health. Liaison psychiatrists work closely with York hospital to ensure that help is provided at the right time and place. Their location within the hospital is fundamental to the delivery of effective care.
- The Ways to Wellbeing project enables people who consult their GP for what appears to be a social problem rather than a medical one can get a "social prescription" such as a referral to a yoga class or a befriending service.
- Improving Access to Psychological Therapies (IAPT) is part of a national programme to improve access to evidence-based psychological therapies for common mental health problems. The service is for anyone aged 16 and over who is registered with a Vale of York GP practice.
- The Tees, Esk and Wear Valleys Care Home and Dementia team works directly with care homes to prevent admissions to hospital wherever possible, supporting people to remain at home and providing education, intervention and advice to both the individual and the care home staff.
- Schools' wellbeing support workers across York support children to access lower level support

We also recognise that we need:

- More mental health workers in key settings such as schools, GP practices, police stations, custody suites, A&E departments and job centres

- To increase greatly the mental health knowledge and capabilities of all front line staff.
- To ensure that the broader NHS workforce is confident in dealing with mental health problems.
- To find ways of maximising the role of both clinical and non-clinical workers in primary care

Focus on recovery and rehabilitation

For people with mental health problems, the focus on recovery needs to be part of their care and support from the outset. Recovery is not the same thing as a cure and people with ongoing mental health problems can be helped to recover. Evidence suggests that stable **employment** and **housing** are important factors for recovery and several schemes are aimed at these areas.

- Converge - a partnership between York St John University and mental health service providers in the York region. It offers educational opportunities to adults aged 18 and over who use NHS and non-statutory mental health services..
- The Discovery Hub is a partnership with Converge based at York St John University and funded by Tees, Esk and Wear Valleys NHS Foundation Trust. It supports adults who have lived experience of mental illness to access educational and learning opportunities across the city of York and surrounding areas.
- The Mental Health Recovery Team at Sycamore House offers more effective support to people recovering from mental ill-health
- City of York Council employs two mental health support workers in homeless accommodation based services. These workers provide informal specialist mental health support to people who are homeless and living in CYC hostels. Our aim is to increase the number of support workers to at least three.
- York's Skills Plan 2017-20 includes a commitment to connect more adults to jobs and career progression:
    - More supported work experience and employment opportunities for people with disabilities and mental health problems
    - Better access to information about local jobs and careers
    - More innovative "second chance" employability and re-training opportunities in non-traditional settings
    - Clear routes for referrals into skills and employment programmes for city-centre and community-based front-line services working with adults
    - Better signposting to higher level learning and vocational provision

- Access to financial advice for those affected by welfare reform changes

- Independent sector care homes support people with severe mental health problems.

- York Pathways Together project has worked successfully with a number of individuals experiencing complex distress in the context of complex or multiple needs.

Improve services for young mothers, children and young people with emotional and mental health needs

We know how important it is to identify and treat mental health problems in children and young people. The costs of not doing this, both for individuals and for the services required to support them are clear. Half of all adults with mental health problems experienced their first symptoms before the age of 14; three quarters before their early 20s.

The whole-life financial costs associated with mental health problems for children and young people have been estimated to be between £11,000 and £59,000 per child, depending on the nature of the problem and its severity. These costs are spread across a variety of agencies, including health, education, social services and youth justice, and also include the direct cost to families and lost opportunity costs for employment.

We focused on the 2015 report *Future in Mind* which reviewed the provision of support for children and young people across the range of agencies, and identified five themes for transformation of services:

1. Early identification from pre-birth through to young adulthood, and swift intervention and support
2. Easy access to the services and support needed
3. Ensuring support is there for the most vulnerable children and young people
4. Systems and services that are transparent
5. Workforce development to raise awareness and build confidence to cope with emotional and mental problems

Following from *Future in Mind*, all Clinical Commissioning Groups have prepared annual Local Transformation Plans (LTP), signed off by the Health and Well-Being Board, setting out how additional funding allocated by central government for children and young people's mental health will be spent, and how partners will work across the area to improve services. The Vale of York CCG plan, which was written in close collaboration with City of York Council and North Yorkshire County Council, focuses on two areas: one is establishment of a community eating disorder service, and the second is early identification and intervention in schools, with a Well Being Worker in

each school cluster in York.

The York Strategic Partnership for Emotional and Mental Health of children and young people is working to achieve seven outcomes:

Early intervention in universal settings by

- Introducing a new School Wellbeing Service (SWS) to help schools to identify mental health problems at an early stage and to respond to them appropriately
- Promoting the Emotional Literacy Support Assistants (ELSA) programme to help children with social and emotional difficulties to recognise, understand and manage their emotions, to increase their wellbeing and success in school.
- Knowing which children need extra help. Signposting and ensuring access to appropriate help and services
- Emphasising the child/young person's voice and influence
- Promoting evidence-based interventions for children and young people with mental health needs.
- Knowing that we are making a difference
- Implementing a city-wide training offer to increase the confidence and competence of staff in educational settings.

Accessible and well-targeted specialist mental health services for children and young people who need more support, including those children who have experienced neglect or abuse. More young people with mental health problems who are looked after by the local authority will recover or be helped to cope with their situation

The emotional and mental health of young people within the youth justice system will improve

- Children and young people who need specialist high cost services will get timely access to those services Children who self-harm are quickly identified, assessed and supported with appropriate support
- Young people who will need continued emotional or mental health support will be helped to make the transition to adult services

Progress is being made towards a gradated system of support based on the needs of the individual child or young person:

- ELSAs work in schools with individual pupils and small groups to help with emotional well-being and provide support.
- School well-being workers, funded jointly by health and schools to advise and build school staff capacity and work with children and young people as part of early identification and support

- Development of single point of access into CAMHS to reduce waiting times and ensure focus on those children and young people in most need

- Community eating disorder service, funded by health to offer more specialist support, helping to keep young people out of inpatient care and promote recovery

- Enhancements to the current crisis support service based at ED in York

- Development of an intensive support service to keep young people out of inpatient care and to provide step down care on discharge.

We recognise that children and young people with complex needs – such as a learning disability, autism spectrum condition or behavioural needs – can usually best be supported to remain in their own homes. FIRST is a specialist Clinical Psychology led service that supports families with these children to avoid the need for them to be moved far away from home for treatment.

We also believe that more needs to be done to in peri-natal support for pregnant women and mothers to try to avoid the mental health problems they frequently experience and to help them to cope with those and to lay the foundations for robust infant mental health post birth.

Improve the co-ordination of services for those people with multiple and complex needs

Since 2014, the Pathways Together project has been funded by NHS Vale of York Clinical Commissioning Group, North Yorkshire Police and Crime Commissioner and Lankelly Chase (a charitable trust). The Pathways Team have worked with a number of people with complex and multiple needs who feel less hopeful, less motivated, less resilient, less trusting and more impulsive than the general population. Most of the individuals have problems with alcohol and drugs, housing and relationships, as well as mental health conditions which magnify their needs and use of emergency and crisis services. The project has seen notable success with a number of people and this ethos should be distilled and shared amongst all services to make them truly accessible and user-friendly to all.

Ensure that York becomes a Suicide Safer city

The suicide rate in York for 2013-15 was 14 suicides per 100,000 of population; this is significantly higher than the national and regional rates (10.1 and 10.7 per 100,000 respectively). It is also high when compared to other local authority areas that have similar levels of deprivation.

Some groups are known to be at a relatively high risk of suicide. Middle aged men, for example, and students. Over a fourteen month period in 2015-16 six university students in York took their own lives. An unprecedented series like that highlights the need for us to take action.

To tackle this problem, we have decided to aim for “Suicide Safer” status in York by XXXX. The ‘Suicide Safer Community’ concept created by The LivingWorks Foundation in Canada is an internationally recognised model through which we will deliver suicide prevention activity in York. This will ensure that we have a structured and proactive approach to achieving the key objectives of the national suicide prevention strategy for England which are:

- A reduction of the rate of suicide in the general population
- Improving support for people bereaved or affected by suicide

For the city of York to be designated a Suicide-Safer Community we will have to undergo an accreditation process based on a review of documentation evidencing work around ten pillars of action. Designation is for five years with a review at that point for re-designation.

Details of the action we are taking are to be set out in a City of York Suicide Safer Community Delivery Plan to be published later in 2017. The plan will be evidence based, taking account of the common factors in suicide identified through research including:

- Gender (men are three times more likely to die by suicide)
- Age- the high risk age group is 45-59
- Bereavement
- Sexual orientation and gender identity
- Mental illness
- Socio –economic status –defined by job, class, education, income, education or housing
- Behavioural - some patterns of behaviour can indicate a risk of suicide. These include alcohol and substance misuse and self-harm
- Psychological and attitudinal –risk factors include perfectionism, over-thinking, feelings of defeat, hopelessness and being trapped.

Ensure that York is both a mental health and dementia friendly environment

York aims to be a mental health and dementia friendly city. That means that everyone, from the local authority to the NHS, to educators and employers like the local corner shop and hairdresser, share part of the responsibility for ensuring that people with mental health problems including dementia feel understood, valued and able to contribute to their community.

The steps we have already taken to be a dementia friendly city include:

- Supporting partners to create a dementia friendly York
- The dementia grants programme that has funded projects ranging from music, art, gardening, cycling and croquet groups, to the Harmony Café run by University of York students, the Yorkshire Film Archive, Tang Hall Community Centre and Inspired Youth. All have been within a framework of Dementia Friendly Communities.
- Dementia Engagement & Empowerment Project (DEEP) - to investigate, support, promote and celebrate groups of people with a dementia diagnosis

City of York Council and Vale of York Clinical Commissioning Group commission community health and social care services in York for people with dementia:

- Selby and York Alzheimer's Society provides a range of services including adapted sports activities, Singing for the Brain, Reading Aloud, peer support groups and dementia cafes.
- Dementia Forward provides dementia awareness training and a care navigator role, dementia advisors and a dementia café to support people with dementia in York.

Continuing on the path to becoming a dementia friendly city

This is being led by the York Dementia Action Alliance (YDAA), a network of a diverse range of partners including people living with dementia, businesses, statutory organisations and voluntary communities.

The Alliance has a four-point action plan for York to become a dementia-friendly city within the period covered by this mental health strategy. Against each action point a priority for 2017 has been identified:

- Raise awareness and tackle discrimination
    - Priority – getting out and about, improving transport
- Involve people with dementia

  - Priority – focus on identifying people and supporting involvement

- Be a hub for communication
  - Priority – develop a communications strategy
- Improve services
  - Priority – Work is underway to build up the capability, capacity and confidence of primary care clinicians to diagnose dementia and to improve the experience of people seeking a diagnosis.

The Alliance has secured funding from the Department of Health and the Alzheimer's Society to become one of ten 'Accelerator' sites to boost progress toward creating a dementia-friendly community.

City of York Council is developing a training strategy that will ensure that all its staff have been trained in being dementia-friendly by December 2018.

How will we measure progress?

We will monitor our progress on

- Access to and take-up of, talking therapies
- Dementia diagnosis within primary care
- A sustained reduction in premature deaths among people with severe mental illness
- A sustained reduction in the number of people admitted to hospital for self-harm
- Regular sharing of information between GPs and the City of York Council about people with learning disabilities
- More people telling us that they and their families feel well supported through a crisis and afterwards

We will also work to ensure that:

- There are fewer admission to hospital, particularly detentions under the Mental Health Act
- More people are discharged from statutory services and obtain employment
- The rate of smoking amongst people with a diagnosed mental health problem declines at the same rate as the rate for the general population
- The uptake of screening for cancers among people with a diagnosed severe and enduring mental illness is the same as the rate for the general population
- We test and learn from better assessment and referral arrangements in a range of settings for people with problem substance use and a mental health problem.

Glossary

This will be finalised once all comments are received from the consultation.

Health, Housing & Adult Social Care Policy & Scrutiny Committee

Work Plan 2017-18

20 June 2017	1. Attendance of Executive Member for Housing & Safer Neighbourhoods 2. Attendance of Executive Member for Health & Adult Social Care 3. Annual report of HWBB 4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services 5. Update on decisions taken on smoking cessation and their impact. 6. CCG Task Group Scoping Report 7. Work Plan 2017/18 8. Urgent Business – New Mental Health Hospital Update
25 July 2017	1. End of Year Finance & Performance Report. **Health** 2. Be Independent end of year position 3. Report on The Retreat action plan following CQC inspection. 4. Safeguarding Vulnerable Adults Annual Assurance report **Housing** 5. Introduction to Safer York Partnership 6. Report on new Community Safety Strategy. 7. Work Plan 2017/18 **Information Reports** Annual Report of Tees Esk & Wear Valleys Foundation Trust (AGM 19th July)

13 September 2017	1. 1st Quarter Finance & Monitoring Report **Housing** 2. Update Report on Implications of Homelessness Reduction Act 3. Update report on fire safety and housing **Health** 4. Update Report on York Hospital's Financial Deficit 5. Consultation on Mental Health Strategy for York 6. Work Plan 2017/18
3 October 2017	**Health** 1. Future Focus **Housing** 2. Review of Allocations Policy & Choice-based Lettings 3. Update Report on Housing Revenue Account Business Plan. 4. Work Plan 2017/18 **Information reports** • Further update report on community service provision

	• Annual Report of Chair of Teaching Hospital NHS FT • Annual Report of Chair of Yorkshire Ambulance Service (Annual meeting 26th September) • Annual Report of Chair of Vale of York CCG (Annual meeting 21st September)
15 November 2017	**Health** 1. Healthwatch six-monthly performance update 2. Work Plan 2017/18 **Information reports** • Winter Pressures • North Yorkshire Fire & Rescue Service
12 December 2017	1. HWBB six-monthly update report 2. 2nd Quarter Finance & Monitoring Report 3. Six-monthly Quality Monitoring Report – residential, nursing and homecare 4. Implementation of Recommendations from Public Health Grant Spending Scrutiny Review 5. Work Plan 2017/18
15 January 2018	1. Be Independent six-monthly update report 2. Homeless Strategy 3. Housing Registrations Scrutiny Review – Implementation Update 4. Safeguarding Vulnerable Adults six-monthly assurance report 5. Work Plan 2017/18
19 February 2018	1. 3rd Quarter Finance & Performance Monitoring Report 2. New Mental Health Hospital Update – full business case for new build. 3. Work Plan 2017/18
26 March 2018	1. Work Plan 2017/18 2. Update Report on Actions Against Community Safety Plan Targets

23 April 2018	1. Work Plan 2017/18
23 May 2018	1. Healthwatch six-monthly performance update 2. Work Plan 2017/18 **Information Reports** • North Yorkshire Fire & Rescue Service

On Going Issues

CCG Recovery Plan (possible this work can be taken on by proposed Task Group)

Better Care Fund

STP

Elderly Persons' Homes (Last on agenda December – Agreed regular updates be presented to future meetings)

Healthy Child Service (Service launch in June. Data to measure trends and KPIs)

Report at a future date on North Yorkshire and York Suicide Prevention Group (Agreed January 2017)