

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

2018/19 Finance and Performance Third Quarter Report – Health, Housing & Adult Social Care

Summary

1. This report analyses the latest performance for 2018/19 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 2018/19 – Quarter 3

| 2018/19 Quarter Two Variation £000 | | 2018/19 Latest Approved Budget | | | 2018/19 Projected Outturn Variation | |
|--|--|-----------------------------------|----------------|----------------------|--|--------------|
| | | Gross Spend £000 | Income £000 | Net Spend £000 | £000 | % |
| -47 | ASC Prevent | 7,904 | 2,092 | 5,812 | -23 | -0.4% |
| +305 | ASC Reduce | 12,036 | 4,236 | 7,800 | +690 | +8.9% |
| -43 | ASC Delay | 12,476 | 9,268 | 3,208 | +166 | +5.2% |
| +1,067 | ASC Manage | 49,692 | 16,357 | 33,335 | +2,168 | +6.5% |
| -696 | ASC Mitigations | | | | -1,511 | |
| +586 | Adult Social Care | 81,884 | 31,685 | 50,199 | +1,490 | +3.0% |
| 0 | Public Health | 7,605 | 8,211 | -606 | 0 | 0% |
| -10 | Housing and Community Safety | 11,930 | 9,523 | 2,407 | -60 | -2.5% |
| +576 | HHASC GF Total | 101,419 | 49,419 | 52,000 | +1,430 | +2.8% |
| +90 | Housing Revenue Account Total | 39,839 | 33,423 | 6,506 | -101 | -0.3% |

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

3. A net over spend of £830k is forecast for the directorate, mainly due to pressures within adult social care. This is a worsening of the position reported at quarter 2.
4. Pine Trees, a day support service for customers is forecast to underspend by £65k due in the main to securing additional Continuing Health Care (CHC) Income for two customers. Underspends are also forecast on the supported employment scheme at Yorkcraft (£98k). This is as a result of the DWP proof of concept pilot being undertaken in adult social care in partnership with United Response. Successful outcomes have resulted in a change in focus for employment as the project has supported or is continuing to support 31 people into and towards mainstream employment, work experience, and long-term sustainable voluntary work.
5. The personal support service, which provides care and housing support in the council operated independent living communities, is forecast to overspend by £253k due to additional staffing costs. The level of staffing needed in the independent living schemes has been reviewed and the overspend has reduced by £69k since monitor 2. There is an overspend of £651k on direct payments as there has been a reduction in the amount of unused payments recovered. Work is underway to review all direct payment accounts to determine what is recoverable, whether ongoing payments should be altered following large refunds and review the policy to ensure that our recovery procedure is robust and timely. In addition, a very expensive placement since the last report is likely to cost £261k in this financial year.
6. There is pressure on external step down beds (£166k). A small budget has been set previously to place people externally as the exception but there have been several high cost placements made to date this year which were the most cost effective option available at the time and the use of these beds is increasing. Older people's residential care is forecast to overspend by £189k on permanent placements and £96k on short term places, and older peoples nursing care is forecast to overspend by £285k due to an increase in both the number of customers and the complexity of support required. In addition, the lack of vacancies in the city means customers are having to be placed in more expensive placements.
7. The learning disability working age residential budget has got significantly worse since Qtr 2 with a £306k overspend now predicted as opposed to £71k at Qtr 2. This is due to non achievement of anticipated savings of £227k.
8. As previously reported, two homes have closed in the city. Moorlands and Amelia House gave notice to the council that they were shutting. The council successfully fulfilled its responsibility to find homes for over

50 residents. This is causing £431k of budget pressure as the capacity to provide homes for these people in the city was only available at a higher cost than previous placements. However the department is able to mitigate this pressure in 2018/19 from budget released by the closure of council run homes. The adult social care commissioning team works closely with independent care home providers in the city to help improve quality and reduce the risk of home closures.

9. The supported living for learning disability customers continues to be a budget pressure and is forecast to overspend by £622k. This is mainly due to higher than budgeted inflationary pressures, and increase in the number of voids and a delay in starting the work needed to deliver agreed budget savings. Colleagues are now reviewing the schemes, particularly those with void placements, to see if the scheme may be more suitable for customers who are in more expensive placements and are also reviewing levels of care provided to individual customers as well as securing more CHC income from the CCG. This overspend could increase by £313k if the mitigations around increasing CHC income, better void management and achieving some of the expected annual savings are not delivered.
10. A range of other minor variations make up the overall directorate position.
11. The Department has identified areas to mitigate the overspend to make every effort to bring it back to a balanced position. Dealing with the budget pressures is a standing item at DMT meetings with all options available to further mitigate the current overspend projection being explored. The following areas are being investigated for action by the end of the financial year:
 - Direct payments
 - i. Review all direct payment accounts to determine what is recoverable and whether ongoing payments need to be altered
 - ii. Ensure direct payment recovery procedure is robust and timely
 - iii. Review expensive packages of care
 - Continuing Health Care (CHC)
 - i. Review recent decisions where CHC has reduced but a significant commitment still exists with the council
 - ii. Chase outstanding cases with health
 - Supported living
 - i. Work with providers to limit price increases beyond inflationary levels
 - Better Care Fund / grant slippage

- i. Review spend on council run schemes to determine if any slippage that can support this years financial position
 - Other budgets
 - i. Review list of all temporary staff arrangements to consider whether they can be stopped / provided differently
 - ii. Restrict all discretionary spend and hold recruitment to vacant posts where possible and safe to do so
 - iii. Consider any potential to charge costs against capital schemes or reserves.
12. An extra £240m national funding was announced to help adult social care departments alleviate pressures felt in the care system over winter and York received £732k. This funding has been included in the overall projection.

Housing Revenue Account

13. The Housing Revenue Account budget for 2018/19 is a net cost of £6,416k due to the £10m investment from the working balance into providing new council houses. Overall, the account continues to be financially strong and is forecasting a small overspend of £101k meaning that the working balance will reduce to £23.1m at 31 March 2019 as outlined in the 2018/19 budget report. This compares to the balance forecast within the latest business plan of £22.3m.
14. The working balance is increasing in order to start repaying the £121.5m debt that the HRA incurred as part of self financing in 2012. The current business plan assumes that reserves are set aside to enable to the debt to be repaid over the period 2023/24 to 2042/43. Following the decision by Members to fund new Housing Development initiatives through the HRA this will impact the thirty year business plan and therefore updates of the business plan will be presented to members.

Performance Analysis

ADULT SOCIAL CARE

15. Much of the information in paragraphs 15 to 26 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 Q3" section of the web page.

16. A summary of the information discussed in paragraphs 15 to 26 can be found in the table below:

| Measure | Frequency | Latest | 2017-18 Q3 | 2018-19 Q3 | Direction of Travel |
|--|-----------|--------|------------|------------|---------------------|
| Number of customers in long-term residential and nursing care at the period end (Snapshot) | Monthly | Dec 18 | 613 | 631 | Deteriorating |
| Number of permanent admissions to residential and nursing care homes for older people (65+) | Monthly | Dec 18 | 74 | 61 | Improving |
| Number of permanent admissions to residential and nursing care homes for younger people (18-64) | Monthly | Dec 18 | 8 | 6 | Improving |
| Percentage of adults with a learning disability in paid employment | Monthly | Dec 18 | 8.44 | 8.73 | Stable |
| Percentage of adults with a learning disability who live in their own home or with family | Monthly | Dec 18 | 78.29 | 77.43 | Stable |
| Percentage of adults in contact with secondary mental health services in paid employment | Monthly | Nov 18 | 11.00 | 23.00 | Improving |
| Percentage of adults in contact with secondary mental health services living independently, with or without support | Monthly | Nov 18 | 65.00 | 84.00 | Improving |
| Average number of beds per day occupied by patients subject to delay transfers of care attributable to adult social care, per 100,000 adult population | Monthly | Dec 18 | 9.00 | 6.85 | Improving |
| People supported to live independently through adult social care packages of care | Monthly | Dec 18 | 1,775 | 1,733 | Neutral |
| People supported to live independently through adult social care prevention | Monthly | Dec 18 | 991 | 999 | Neutral |
| Number of Supported self assessments completed | Quarterly | Dec 18 | 587 | 575 | Neutral |
| Number of customers eligible to receive services following an assessment | Quarterly | Dec 18 | 452 | 424 | Neutral |
| Percentage of people using adult social care who received self-direct support | Quarterly | Dec 18 | 99.92 | 99.92 | Stable |
| Percentage of people using social care who receive direct payments | Quarterly | Dec 18 | 21.26 | 24.96 | Improving |
| Number of completed safeguarding pieces of work | Quarterly | Dec 18 | 265 | 297 | Neutral |
| Percentage of completed safeguarding S42 enquiries where report that they felt safe | Quarterly | Dec 18 | 94.29 | 92.53 | Deteriorating |

Residential and nursing admissions

17. 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.
18. The number of people in long-term residential and nursing care rose to 631 at the end of 2018-19 Q3, compared with 613 at the end of 2017-18 Q3. There were six admissions of younger adults (aged 18-64) and 61 admissions of older people to residential and nursing care in the third quarter of 2018-19. These are lower than in 2017-18 Q3 for younger people (eight admissions) and for older people (74 admissions), with the overall decrease 15 people; this continues the recent trend of numbers in residential and nursing care increasing because they are being helped to live longer lives.

Adults with learning disabilities and mental health issues

19. 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.
20. Our performance level during 2018-19 Q3 (on average, 8.7% of adults with a learning disability were in paid employment), is slightly higher than reported during 2017-18 Q3 where 8.4% of adults with a learning disability were in paid employment. Additionally, during 2018-19 Q3 on average 77.4% of adults with a learning disability were living in their own home or with family, which is marginally lower than the percentage reported in 2017-18 Q3 (78.3%). For those with mental health issues, on average 23% of this group were in paid employment during November 2018, which is a vast improvement on the corresponding 2017-18 Q3 figure of 11%. These figures are now taken from NHS Digital as they include people not known to CYC's main provider of MH services, TEWV. It was also reported that 84% of adults with mental health issues were in settled accommodation on average during November 2018 (a substantial increase on the figure reported at the end of 2017-18 Q3 (65%)).

Delayed Transfers of Care

21. 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.
22. Approximately 12 beds were occupied per day by York-resident patients because of DToC, attributable to ASC, during the third quarter of 2018-19. This is a substantially lower than the position in the third quarter of 2017-18, where 15 beds were occupied each day by York-resident patients subject to DToC. This is mainly due to reductions in the number of days patients are delayed because of waiting for home care packages. We are working with health colleagues to enable assessments to happen outside hospitals to reduce delays for patients, and have recently introduced seven-day social working, a multi-disciplinary Integrated Complex Discharge Hub and Step Up Step Down beds. NHS England have set challenging targets for health and social care systems across

the country to reduce DToC. DToC in the York system is considerably higher (i.e. performing worse) than its target, but around 60% of health and social care systems nationally are higher than their targets, so York is not unusual in that regard in having higher DToC levels than NHS England might wish.

Independence of ASC service users

23. It is important that social care service users have as much contact with others as possible as this maintains their health and independence. It is also a good proxy measure for the work done by Local Area Teams in terms of bringing people from all sectors of the various York communities together.
24. During the third quarter of 2018-19, on average 1,733 people were supported to live independently by CYC Adult Social Care packages of care. This is a 2.3% decrease on the corresponding number in the third quarter of 2017-18 (1,775). There was an increase in the number of those supported to live independently by the use of preventative measures: this averaged 999 during the third quarter of 2018-19, compared with 991 in the third quarter of 2017-18. A reduction in care packages and an increase in preventative action are key aims of the ASC Transformation Programme, and this confirms that CYC is making good progress in ensuring that more appropriate care is available for those who need it.

“Front door” measures and how adults are supported financially

25. Under the Care Act 2014 Local Authorities have a responsibility to promote the wellbeing of those potentially in need of Adult Social Care support. The aim of this is to enable our citizens to live well for longer and maintain their independence; preventing, reducing and delaying the need for formal services. ASC in York is currently undertaking a remodel of the way in which information, advice and assessment are offered to our customers via the Future Focus programme, which focuses on a Community Led Support model. This aims to offer information and advice for people on living well in their communities at an earlier point than traditional “Care Management”, enabling self care, family and community support; where formal support is necessary, we aim to provide a proportionate response that enables self-determination and choice via means such as Direct Payments.
26. In the third quarter of 2018-19 we saw positive progress made in the implementation of our Future Focus programme with a total of 575 supported self-assessments completed, a decrease from the number assessed in the same quarter a year earlier (587). Of these 575 people, 424 were eligible to receive a service from CYC, a decrease from the 452 that were eligible to receive a service in the third quarter of 2017-18,

demonstrating that we are supporting customers to meet their needs in alternative ways, using their own strengths and those of their communities, remaining independent for longer. Almost all (99.92%) of those using social care received self-directed support during the third quarter of 2018-19 – a percentage unchanged from the corresponding quarter in 2017-18. The percentage receiving direct payments increased to 25% in the third quarter of 2018-19, compared with 21.3% in the third quarter of 2017-18.

Safety of ASC service users and residents

27. The safety of residents, whether known or not to Adult Social Care, is a key priority for CYC. The ability of CYC to ensure that their service users remain safe is monitored in the annual Adult Social Care User Survey, and for all residents by the number of safeguarding concerns and enquiries that are reported to the Safeguarding Adults Board.
28. In the third quarter of 2018-19 there were 297 completed safeguarding pieces of work, which is a 12% increase on the number completed during the previous quarter (265). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry fell slightly, from 94% during 2017-18 Q3 to 93% during 2018-19 Q3. Historically, over 90% of safeguarding enquiries conclude with the subject, where they give their opinion, reporting that they felt safe following them.

PUBLIC HEALTH

29. Further information relating to paragraphs 30-49 can be found on Public Health England's "Fingertips" site, which is available at

<https://fingertips.phe.org.uk/indicator-list/view/TBYIWbgJ6E>

A summary of the findings in paragraphs 27-46 is given in the table on the following page. The Public Health information, as with the Adult Social Care information, generally compares the latest position with that from a year earlier. Where this information is not available, the comparison is made with the previous quarter.

| Measure | Previous data | Value | Latest data | Value | Detail |
|--|--------------------------|-------|--------------------------|-------|---------------|
| Directly Commissioned Public Health services | | | | | |
| Percentage of NHS Health Checks offered to the total eligible population in the quarter | 2017-18 Q3 | 0.1 | 2018-19 Q3 | 6.3 | Improving |
| Percentage of NHS Health Checks offered which were taken up in the quarter | 2017-18 Q3 | 100.0 | 2018-19 Q3 | 11.7 | Deteriorating |
| Percentage of opiate users in treatment who successfully completed drug treatment (without representation within 6 months) | 18 months to Dec 2017 | 7.8 | 18 months to Dec 2018 | 4.7 | Deteriorating |
| Percentage of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months) | 18 months to Dec 2017 | 30 | 18 months to Dec 2018 | 31.5 | Improving |
| Percentage of alcohol users in treatment who successfully completed treatment (without representation within 6 months) | 18 months to Dec 2017 | 34.1 | 18 months to Dec 2018 | 33.1 | Stable |
| Number of first-time service users of specialist Sexual Health services | 2018-19 Q2 | 1,018 | 2018-19 Q3 | 1,455 | Neutral |
| Percentage of chlamydia tests that proved to be positive | 2018-19 Q2 | 7.7 | 2018-19 Q3 | 7.7 | Neutral |
| Number of women requiring contraception from Sexual Health Services | 2018-19 Q2 | 2,101 | 2018-19 Q3 | 2,018 | Neutral |
| Other Public Health indicators | | | | | |
| Percentage of adults classified as overweight or obese | 2015-16 | 59.4 | 2016-17 | 60.4 | Deteriorating |
| Percentage of adults estimated to be physically active | 2015-16 | 66.7 | 2016-17 | 72.0 | Improving |
| Percentage of women who smoke at the time of delivery (Vale of York CCG area) | 2017-18 Q2 to 2018-19 Q1 | 10.1 | 2017-18 Q3 to 2018-19 Q2 | 10.5 | Stable |
| Percentage of adults estimated to smoke | 2016 | 12.6 | 2017 | 9.0 | Improving |
| Percentage of adults employed in routine and manual occupations estimated to smoke | 2016 | 26.4 | 2017 | 24.6 | Improving |
| Number of admissions, per 100,000 adults, to hospital for treatment of alcohol-related conditions (narrow definition) | 2016-17 | 691 | 2017-18 | 724 | Deteriorating |
| IAPT referrals: rate per 100,000 population aged over 18 (Vale of York CCG area) | 2018-19 Q1 | 363 | 2018-19 Q2 | 390 | Improving |
| Number of people recorded as having died from suicide | July 2016 to June 2017 | 21 | July 2017 to June 2018 | 18 | Improving |
| Estimated percentage of people with dementia that have been diagnosed | 2017 | 60.4 | 2018 | 62.2 | Improving |

Directly Commissioned Public Health services

Wellbeing (NHS Health Checks)

30. 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.

31. During the third quarter of 2018-19, 6.3% of the eligible population were offered an NHS Health Check, which is a higher percentage than that in the previous quarter a year earlier, where 0.1% of the eligible population were offered one. Of those offered an NHS health check in 2018-19 Q3, 12% of them were taken up, which is a decrease from that reported in 2017-18 Q3 (100%), but very few Health Checks were offered and taken up in that quarter. The percentage both offered and taken up has increased in recent quarters following the introduction of text messaging from GP practices notifying people of their entitlement to health checks.

Successful completions of Drug and Alcohol Treatment (without representation)

32. 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.
33. In the latest 18 month monitoring period to December 2018, 4.7% of opiate users who were in treatment successfully completed it and did not represent within six months; this is lower than in the 18 months to December 2017 (7.8%). Of non-opiate users, 32% of clients successfully completed treatment and did not represent in that time period; this is higher than the rate reported at the end of the corresponding period of a year earlier (30%). Of those clients that had been in treatment for alcohol misuse, 33% of them had successfully completed it without representing within six months, which is slightly lower than the corresponding percentage reported at the end of December 2017 (34%).
34. The service model is under review and may impact on the outcomes of those clients accessing drug and alcohol treatment programmes, and it will recommend a way forward that minimises the impact for residents. Work is also being undertaken, operationally, to mitigate the effect of the review with the aim of minimising the impact to recipients of the service, and ensure clinical safety is maintained for those receiving medical care. A greater emphasis on “full” recovery, thus living drug- and alcohol-free is the core aim, with a growth in local community support and the development of pathways into lifestyles that support abstinent living.

Sexual health

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

36. In the third quarter of 2018-19 there were 1,455 first time service users of specialist Sexual Health services in York. This is an increase from 2018-19 Q2 (1,018). There were 722 chlamydia tests undertaken in 2018-19 Q3, of which 58 (8%) were positive; this is an increase from the 442 tests undertaken in 2018-19 Q2, of which 34 (8%) were positive. There were 2,018 women who required contraception from Sexual Health services in 2018-19 Q3, a decrease from 2,101 in 2018-19 Q2.

Other Public Health Issues

Adult Obesity / Participation in Sport and Active Leisure

37. Obesity amongst the adult population is a major issue as it puts pressure on statutory health and social care services, and leads to increased risk of disease, with obese people being more likely to develop certain cancers, over twice as likely to develop high blood pressure and five times more likely to develop type 2 diabetes. Nationally, around 60% of adults are classified as obese or overweight according to the most recent (2016) Health Survey for England, with men being more likely to be obese than women. It is estimated that obesity costs wider society £27 billion, and is responsible for over 30,000 deaths each year.
38. In York, it is estimated that 60.4% of people aged 18 or over are overweight or obese. This is lower than the national (61.3%) and regional (65.3%) percentages and is based on the most recent "Active Lives" survey. The same survey produced an estimate that 72% of York's adults were physically active, which is higher than the 2015-16 estimate (67%) and was also higher than the rates both regionally (65%) and nationally (66%).

Smoking: pregnant mothers

39. Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. The Tobacco Control Plan contained a national ambition to reduce the rate of smoking throughout pregnancy to 11% or less by the end of 2015, which was achieved nationally, but not in York, so this indicator continues to be closely monitored.
40. In the Vale of York CCG area, in the last four quarters for which data is available (2017-18 Q3 to 2018-19 Q2), of the 3,036 live births that were reported, 319 (10.5%) of the mothers were reported as smoking at the time of delivery. This compares with 14.1% in Yorkshire and Humber and 10.5% nationally over the same time period. The rate has increased slightly compared with the previous recording period (2017-18 Q2 to 2018-19 Q1), where 311 (10.1%) of the 3,075 live births reported were to women recorded as smoking at the time of delivery.

Smoking: general population

41. Smoking, amongst the general population, has a number of well-known detrimental effects, such as increased likelihood of certain cancers, increased likelihood of heart disease, diabetes and weaker muscles and bones. It is estimated that smoking-related illnesses contribute towards 79,000 premature deaths each year in England, and that the cost to the NHS is approximately £2.5bn each year, with almost 500,000 NHS hospital admissions attributable to smoking.
42. The latest (2017) estimated smoking prevalence amongst people aged 18 or over in York is 9%, which compares favourably with the rates nationally (14.9%) and in the Yorkshire and Humber region (17%). This is taken from the Annual Population Survey. It was 12.6% in 2016, so it is decreasing in York. Amongst those working in routine and manual occupations, the estimated current smoking prevalence is 24.6% in York, which is lower than both the national (25.7%) and regional (28.2%) rates. It is also decreasing – it was 26.4% in 2016.
43. During 2017-18, in York, 149 people were seen by a smoking cessation advisor. Of these, 92 went on to set a “quit” date and 52 had quit smoking at the four week follow-up.

Alcohol-related issues

44. The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21 billion, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
45. During 2017-18, the latest time period for which data is available, there were 724 admissions, per 100,000 adults, to hospital of York residents for treatment of alcohol-related conditions. This compares with a regional rate of 697 per 100,000 adults, and a national rate of 632 per 100,000 adults. It has increased from the 2016-17 rate (691 admissions per 100,000 adults).

Mental health and suicide

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

particularly amongst the elderly population, is another major mental health issue.

47. In the Vale of York CCG area, 1,335 people aged 18 or over were referred to Improving Access to Psychological Therapies (IAPT) in 2018-19 Q2. This is a rate of 455 per 100,000 adults, and is significantly lower than both the national (868 per 100,000 adults) and the regional (852 per 100,000 adults) rates. It is, however, a slight increase on the rate reported in 2017-18 Q1 (412 per 100,000 adults). This information is not reported at LA level.
48. There has been a fall in the number of deaths from suicide in York. In the year to June 2018, 18 people had died from suicide, compared with 21 in the year to June 2017.
49. It was estimated during 2018 that 62% of all people with dementia in York have been diagnosed. This is a lower percentage than found regionally (71%) and nationally (68%). It has increased from the 60% reported during 2017.

Recommendations

50. 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 2018/19.

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Report
Approved



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Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers

2018/19 Finance and Performance Monitor 2 Report, Executive 14 February 2019

Abbreviations

ASC – Adult Social Care

CHC - Continuing Health Care

CCG- Clinical Commissioning Group

CYC- City of York Council

DMT- Departmental management Team

DTOC – Delayed Transfer of Care

DWP- Department of Works and Pension

GF- General Fund

HHASC- Health Housing, Adult and Social Care

HRA- Housing Revenue Account

IAPT- Improving Access to Psychological Therapies

LA- Local Authority

MH- Mental Health

NHS – National Health Service

TEWV- Tees, Esk, Wear Valleys Foundation Hospital Trust