



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

- To:** Councillors Doughty (Chair), Cullwick (Vice-Chair),
S Barnes, Richardson, Cannon, Mason and Warters
- Date:** Tuesday, 20 June 2017
- Time:** 5.30 pm
- Venue:** The George Hudson Board Room - 1st Floor West
Offices (F045)

AGENDA

1. Declarations of Interest (Pages 1 - 2)

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

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

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

2. Minutes (Pages 3 - 8)

To approve and sign the minutes of the meeting held on 31 May 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 Monday 19 June 2017**. To register, please contact the Democracy Officer for the meeting, on the details at the foot of the agenda.

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- 4. Attendance of Executive Member for Housing & Safer Neighbourhoods** (Pages 9 - 18)
The Executive Member for Housing & Safer Neighbourhoods will be in attendance to discuss priorities and challenges for the forthcoming year.
- 5. Attendance of Executive Member for Health & Adult Social Care** (Pages 19 - 22)
The Executive Member for Health and Adult Social Care will be in attendance to discuss priorities and challenges for the forthcoming year.
- 6. Annual Report of Health and Wellbeing Board** (Pages 23 - 52)
This report presents the Health, Housing and Adult Social Care Policy and Scrutiny Committee with the 2016/17 Annual Report of the Health and Wellbeing Board (Annex A).

- 7. Six Monthly Quality Monitoring Report – Residential, Nursing and Homecare Services (Pages 53 - 58)**
This report details the performance by organisations providing a service in York against Care Quality Commission (CQC) standards.
- 8. Update on Decisions Taken on Smoking Cessation and Their Impact (Pages 59 - 68)**
This report provides a summary of the uptake of the City of York Council Stop Smoking Service, and successful quit rates, over the time period where Nicotine Replacement Therapy (NRT) and Varenicline have and have not been funded.
- 9. Clinical Commissioning Group Task Group Scoping Report (Pages 69 - 76)**
This report introduces proposals for a scrutiny review into the Vale of York Clinical Commissioning Group's (CCG) approach to public and stakeholder engagement on delivering its Operational Plan 2017-19 and its Medium-Term Financial Strategy.
- 10. Work Plan (Pages 77 - 80)**
Members are asked to consider the Committee's work plan for the municipal year.
- 11. Urgent Business**
Any other business which the Chair considers urgent under the Local Government Act 1972.

Democracy Officer:

Name: Laura Clark

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

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

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 (01904) 551550

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

Agenda item 1: Declarations of interest.

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

Councillor S Barnes Works for Leeds North Clinical Commissioning
Group

Councillor Cannon Member of Health and Wellbeing Board

Councillor Doughty Member of York NHS Foundation Teaching Trust.

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

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City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	31 May 2017
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cannon, Richardson and Looker (Substitute for Councillor S Barnes)
Apologies	Councillors S Barnes, Mason and Warters

81. 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 she was a member of the Health and Wellbeing Board.

82. Minutes

Resolved: That the minutes of the Health and Adult Social Care Policy and Scrutiny Committee held on 19 April be approved and signed by the Chair as a correct record.

83. Public Participation

It was reported that there had been no registered speakers under the Council's Public Participation Scheme.

84. Review of Winter 2016/17

Members received a presentation outlining the hospital's performance during the Winter period 2016/17. Mandy McGale, Deputy Chief Operating Officer of York Teaching Hospital NHS Foundation Trust, was in attendance to deliver the presentation and answer Member questions.

In response to detailed questions from Members she stated:

- York Accident and Emergency Department (A&E) had been extended at the front door to allow for 24/7 ambulance handover and assessment. There had been an increase in staffing to support this and this had led to a significant improvement in ambulance waiting times. Now this was fully established it was expected this would lead to further improvements over the coming winter.
- There was rarely a need to move ambulances from York to the East Coast.
- There was ongoing work with Yorkshire Ambulance Service. A Clinical Team Leader from YAS had been seconded to A&E in order to support staff. There were also regular welfare checks on YAS staff by the hospital.
- There was now a nurse at the front door of A&E to assess whether patients were accessing appropriate care. Managing expectations was difficult as this was the only department in the NHS where patients could self-refer. There were cases where people were using this system to 'side-step' primary care services.
- There was reduced access over the last winter period, which may be due to patients recognising a system in difficulty. However, patients who did access the system were more unwell and needed longer stays in hospital.
- There was a definite need to be more creative with care packages and to move away from acute hospital care.
- Communicating the plan to staff had been an issue, as highlighted in the Staff Survey. Ways of improving this communication, and ensuring clarity and consistency, were being considered moving forward.
- Most areas in this region had faced similar pressures. York were part of a national project with access to 'best practice'. However, one size did not fit all and the plan in York was based on tried and tested best evidence practice.
- In terms of norovirus and other infections, several measures had been implemented, including chemical cleaning of wards in York (this was not possible in Scarborough as there were no empty wards), additional staff training, altering ward configurations and revising the infection control policy.

Resolved: That the report be noted.

Reason: To keep Members updated on the pressure faced by York Teaching Hospital NHS Foundation Trust during the winter months in 2016/17.

85. Healthwatch York: Performance Monitoring Six Monthly Review

Members considered a report outlining Healthwatch York's performance over the past six months. Sian Balsom, Healthwatch Manager, was in attendance to present the report and answer Member questions. It was noted that, at the Committee's request, the report now featured an impact assessment.

Members queried the decision of the Vale of York Clinical Commissioning Group (CCG) to ask Healthwatch York (HWY) to step off their governing body and asked whether this was a permanent change. The HWY Manager clarified that the decision was permanent as it was felt by the CCG that better ways to increase public engagement should be considered.

In response to questions regarding 'co-production' HWY explained that a draft co-production strategy was available and that this was a discussion document with suggestions for improvement welcome. With respect to Archways there would be no further changes without a co-production approach.

Some Members highlighted that service users had raised issues around communication and access to information, particularly a lack of hard copies of publications and no access to on-site terminals or wifi at the hospital. HWY clarified that they were always considering ways to address this and their most recent publication was a guide to dementia services. They used 'readability' volunteers to ensure that simple information was available and endeavoured to make sure that everyone could access support if necessary.

At this point, it was noted that the HWY's Customer Relationship Management System (CRM) had only just been implemented and there was a possibility that some issues recorded in the report could have been duplicated (split into two separate categories).

Finally, in response to a query about the Pain Management Support Group, HWY stated that the group had been approached and offered the use of a draft survey they had produced. However, the support group had chosen to go in

another direction. It was suggested that individuals could approach HWY for access to the survey at any time.

Resolved: That the report be received and noted.

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

86. City of York Council Adult Safeguarding Peer Challenge Action Plan

Members considered a report containing details of the Adult Safeguarding Peer Challenge which took place in January 2017 and the CYC Safeguarding Adults Peer Review Action Plan. The Assistant Director – Adults and Social Care was in attendance to present the report and answer Member questions.

In answer to Member questions on scrutiny processes in light of the broader remit of the committee going forward, the Assistant Director confirmed that a disciplined approach to future meetings should be adopted. Officers could offer more in terms of member briefings, there needs to be clarity between officer/Member roles and the Committee could consider co-opting people with specific expertise. Looking ahead was of even greater importance to ensure room was given to larger items and there was a suggestion that Members could raise questions ‘offline’ for some reports. This could be combined with a greater focus on use of Task groups.

Some Members queried the sustainability of Adult Social Care in its current form. The Assistant Director stated that there was recognition of this lack of sustainability and that much of the ‘Future Focus’ work being undertaken was looking at enabling independence and allowing people to stay in their homes for longer. He also explained that providing staff members with Mental Capacity Act training could improve access to advocacy, particularly for residents with no alternative means of voicing concerns.

Resolved: That Members note the report and request updates on actions taken particularly in relation to the ‘Future Focus’ programme.

Reason: To provide further scrutiny to support CYC and partners in improving outcomes for people with care and support needs and developing the sustainability of the health and social care system.

87. Work Plan

Consideration was given to the Committee's draft work plan for 2017/18.

Members queried the reasons for withdrawing North Yorkshire Fire & Rescue Service updates from the agenda. It was clarified that these would be circulated as written reports and that Members would still have chance to ask questions and invite NYF&RS to attend if it was felt appropriate.

Some Members highlighted that agendas for this committee were already fairly heavy and that there was a need to be mindful of this moving forward, in light of the committees additional remit.

Members suggested adding the following items to the work plan:

- Future Focus work
- monitoring progress on Health & Wellbeing Strategy
- reviewing public health budget expenditure

The Scrutiny Officer reminded Members of the need to follow the procedures set out in the constitution when proposing items of Urgent Business. He also suggested that further discussion of the Draft Work Plan take place at the next meeting of the committee due to purdah.

Resolved: That the work plan be approved, with consideration of the points above.

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

Councillor Doughty, Chair

[The meeting started at 5.30 pm and finished at 7.20 pm].

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Health, Housing & Adult Social Care Policy
& Scrutiny Committee

20 June 2017

Report from Cllr Sam Lisle – Portfolio Holder for Housing and Safer Neighbourhoods

Strategic Overview

There are a number of strategic drivers that need to be considered when looking at the future for the housing/building services.

- Corporate review of future operating models
- Budget announcements affecting the council (HRA & GF)
- The implications of the Housing & Planning Act
- The changing political Landscape following the referendum and the calling of an early election.

Corporate review of future operating models

As part of the council's wider review of its overall future operating model, all service areas within the council have been asked to undertake a review of their operating model and to consider if there are alternative approaches that, in light of the wider changes to the local government sector, would result in improving service delivery, reducing delivery costs and transferring future risk away from the council.

In responding to this task, Housing Services have looked at this both from a overall governance perspective (proposal to undertake a full stock options appraisal) and an operational delivery perspective (reviewing service delivery looking at how we focus on the customer and how our structures support this). On the wider issue executive approved a stock options appraisal, however the changing landscape has meant that this decision has been reviewed and it is considered that this is a distraction and the councils best interests are served in exploring a vehicle to exploit the opportunities that a housing development company would bring (see executive report in March 2017).

Budget announcements affecting the council (HRA &GF)

The budget announcements in July 15 placed a number of financial pressures on the council. On the HRA it set out a requirement for local authorities to reduce rents by 1% for the next 4 years creating a funding gap (over the 4 years) of nearly £13M and £240M over the 30 year life of the HRA business plan. The ongoing impact of Welfare Reform is also likely to impact on the ability of some of our tenants to maintain their rent payments.

Wider changes to the way councils are funded and anticipated reductions in general grant to the council is expected to result in the council having to make savings in the region of £35M on General Fund services over the next 4 years. The savings required will directly impact on services delivered in housing services and services that are delivered by other departments. The department needs to adjust to the reduction in funding and the knock on effect of the contraction of other services such as Adult care and Children services.

Since the EU referendum the government under Theresa May have rolled back from some of the things that were likely to impact on the authority 'pay to stay' has been abandoned and the sale of high value stock to subsidise the sale of housing association property.

Following on from the Chancellor autumn statement in 2016 there has been a directional change in terms of housing building whereby the government have signalled that the focus on government funding has shifted and there is a recognition that the programme should look at a multi tenure approach.

Key Achievements in the last 12 months in Housing Services

Landlord Services

Tenancy agreement updated restricting the rights to succession , strengthening the enforcement of tenancy conditions, restricting the permission on keeping pets, changing the rent payment cycle from 48 to 52 weeks (ending rent free periods) and introducing the use of flexible tenancy start dates

Increasing the number of home the council manages on behalf of Tees Valley Housing Association. Generating more income for the authority

The work the team did following the floods decanting tenants and managing customer's expectations.

Review of the Landlord Services Structure proposals to radically change the service moving more resource into the frontline and supporting the

wider council's vision around prevention and early intervention. Aligned with this is a major project to replace the ICT within Building maintenance and Housing Services. The restructure will be implemented in July 2017.

Housing Options/ Homeless Services

Achieved homeless Gold standard only one of three in the country at the time.

Review of choice based lettings identifying inefficiencies and alternative approach that provides customer with a better service. Ultimately it will mean the council will change its allocation policy and move away from The partnership North Yorkshire Home Choice.

Lowest number of homeless acceptances and numbers in temporary accommodation. 97 and 62 respectively at 31/3/2017 this is a significant achievement considering having to deal with the displaced households as a consequence of the flooding. It also bucks the national trend which has seen an increase and demonstrates the benefits of taking an early interventionist approach.

Continued success of the older persons housing option worker. Offering elderly people support to either remain in their home or move to somewhere more suitable

Assisted in the tendering process for the housing related support.

Taken over the full management of the Peaseholme Centre

Housing Standards and adaptations

British Research Establishment (BRE) survey used to establish a more directed targeted interventions (High rates of Falls, excess cold and worst conditions in Private Rented Sector) including use of Better Care Fund to tackle falls. This has led to the pilot in Clifton 'Yorwellbeing' falls prevention project.

Drawing down of Leeds City Region (LCR) funding to improve energy efficiency in the five priority wards,

Private Rented Sector – third HMO licensing programme with new condition that all Landlords should be trained and enforcement of new laws introduced to improve transparency of letting agents work

Flood Recovery work across all tenures and the ongoing administration of flood resilience grants

Empty property work on behalf of Selby District council, generating additional income

Energy efficiency across the other 3 councils of NY in the LCR eg the central heating fund that has targeted fuel poor households 19 central heating systems installed at a cost of £95K.

Development/Strategy

- Le Tour Way completed in January 2015. Won York Civic Design Award 2016
- Council housing schemes completed at Hewley Avenue (8 flats), Lindsey Avenue (14 flats), Fenwick Street (8 flats) and Pottery Lane (6 Houses)
- Council housing developments at Newbury and Chaloners Road
- 109 affordable homes completed in 2015/16 (of which 31 council housing)
- Extension of Glen Lodge Extra Care scheme – onsite due completion in September 2017
- Bringing forward specification for extra care housing at Oakhaven (housing team doing this under commission from Adult Social Care)
- Provided support to Joseph Rowntree Housing Trust for successful £4.8m bid for *Care and Support Specialised Housing Fund* for new care/extra care scheme at New Lodge, New Earswick.
- Made successful £850k bid for *Care and Support Specialised Housing Fund* for 19 new homes at Glen Lodge Extra Care Housing Scheme.
- Successful bid for HCA funding for 65 shared ownership homes grant is £2.7m (Executive May 2017)
- Supported bids for Homes and Communities Agency grant funding for 134 new affordable homes
- Negotiated with JRHT to provide supported housing adapted homes at Derwenthorpe.
- Successful bid for HCA funding to complete a feasibility scheme on redesigning the Groves Estate (£250K)
- A bid has been submitted to the HCA for the refurbishment of James House 2.3M

Supported housing

Introduction of CCTV and the replacement of portacabin at Osbaldwick travellers site.

Decanting from Ordnance lane in preparation for redevelopment. The purchase of James House and its refurbishment (£10.5M) completion April 2018

Yorhome has taken over the management of Swan court and a further 20 homes at Stillington and Easingwold on behalf of Tees Valley. Providing additional income

Managed the liaison with the travellers following the floods at James Street.

The City has successfully accommodated seven Syrian families providing them with housing and support.

Building Services

Restructure – recently completing 3rd consultation sessions with all 107 staff – will shortly establish working group/work shops for operatives to review ways to improve productivity, service to customers and standby services – this will be run in tandem with main restructure work – Business Change Manager and been recruited – due to start 7 Aug – Draft JDs to be sent to staff and TUs within next 2-3 weeks.

Planned Programme Progress

Overall performance of TC continues to improve – since completion of improvement plan in January we have seen all properties completed within 10 day target.

Work completed to date 2017/18

- 29 homes have received a new kitchen, bathroom and rewire;
- 20 homes have received new roofs;
- 251 homes have received external decoration.

- 88 homes have received new energy efficient boilers and heating systems.

- 11 homes have had standing water remedial works completed
- 3 blocks have received new Door entry systems.

Gas Servicing

As at 23/5/17 99.68% of homes with gas have a current cert.

Sub-contractors

Sub-contractors are used where we require specialist services or where we require additional resources to deal with peaks of work.

Sub-contractor spend has fallen from over £2m in 2014/15 to £1.2m in 2016/17 with stretch targets to reduce this further to £500k in 2017/18.

Reactive repairs by sub contractors are currently part of a large ongoing procurement exercise. The various trades have been put into 21 different lots. The vast majority of the lot were awarded in 2016/17 with only the lots for small value items remaining to be completed in 2017/17.

On completion of the current procurement exercise, all reactive repair spend with sub contractors will be via compliant framework contracts.

Key achievements in the last 12 months in Community Safety Team.

Community Safety Plan

A new Community Safety Plan is in the process of being drafted to reflect Safer York Partnership's strategic priorities for the next three years, these are:

- River and Road Safety
- Making the City Centre Safe
- Protecting People from Harm
- Tackling Anti-social Behaviour
- Tackling Substance Misuse (including delivery of the community safety aspects of the York Alcohol Strategy)

The final draft plan is due to be presented to Safer York Partnership Board on 27th June

Operation Erase

Operation Erase has been revitalised for the summer with the focus of activity on increasing partnership working – undertaking a joint city centre presence with the Neighbourhood Enforcement Team, Ambulance Service and Fire Service.

Begging and Street Drinking

The Neighbourhood Enforcement Team, Police Safer Neighbourhood Team and BID rangers have adopted a joint patrolling strategy to undertake high visibility presence in the city centre over the summer. Work continues through the Begging and Rough Sleeping task group to provide support as well as enforcement activity.

Review of Community Safety Team

It is now three years since the joint North Yorkshire Police/City of York Council Community Safety Team was established. This is being reviewed over the summer to ensure that the team continues to deliver an effective, efficient and high quality service.

Dog Fouling

The Neighbourhood Enforcement Team has been working with the Neighbourhood Management Team to develop a resource pack for residents to help tackle dog fouling in communities where this is particularly problematic.

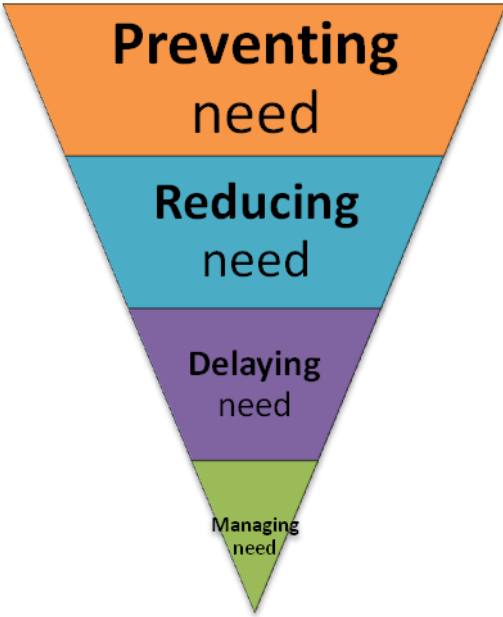
Prevent Peer Review

A Peer Review of Prevent will take place across York & North Yorkshire week commencing 11th September 2017.

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Housing and Community Safety Service Plan

We Work Together, We Improve and We Make a Difference



The Provision of Well maintained Affordable Homes

Ensure that Residents and Visitors feel Safe in the city

Maximise independence through housing related support and supported accommodation

Empower the workforce

Our Vision

The provision of high quality homes that are affordable in communities where people feel safe

Key Activities Planned in 2017/18

Restructure of Housing/Building Services to support LAT and Local Area Coordination	Develop a Mental Health resettlement pathway	Publish the new Community Safety Plan	Maximise the use of the Better Care fund and Review the Aids and Adaptation process	Maximise Income
Accelerate the supply of new affordable homes	Improve the supported housing offer in the city	Replacement of the ICT Systems in Housing and Building Ser	Delivery of the Housing Capital programme	

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Health, Housing & Adult Social Care Policy
& Scrutiny Committee

20 June 2017

Report from Cllr Carol Runciman – Portfolio Holder for Adult Social Care and Health and Chair of CYC Health and Well-being Board

Better Care Fund (BCF) and Working with the NHS

Much of my time and that of officers has been taken up in discussion with the Clinical Commissioning Group (CCG), offering assistance so that the CCG with partners across the health and social care economy can address the issues relating to the financial sustainability of the NHS in York. The announcement that their expenditure is capped and they must work within a budget set by NHS England came recently. As this area is historically low funded and the CCG have been carrying an inherited financial deficit for many years, this is particularly challenging. It is therefore of vital importance that all agencies work together to develop an efficient and effective health service for the residents of the city.

Work continues on the Better Care Fund (BCF), despite the absence of final national guidance. The BCF provides an opportunity to find new integrated ways of improving services in an economically efficient manner which supports financial sustainability. Discussions aimed at clarification are ongoing and Scrutiny should consider its role here in reviewing the BCF expenditure plans. However, all agencies understand that the top priorities should be to catch health problems (mental and physical) early, put support into communities where it is easily accessible and to keep people safe and out of hospital for as long as is possible. Statutory agencies are working with the third sector to be able to achieve this change in line with the BCF.

These priorities are also the role of the recently appointed Local Area Co-ordinators who will work closely with the Local Area Teams to bring early intervention and prevention support nearer to those that need it.

A joint commissioning strategy was agreed in December 2016. Work is underway to put this strategy into action, with a plan containing services that can be jointly commissioned over the next 1-3 years.

My talks with the Non- Executive Chair of the CCG, the CCG's Accountable Officer, the Chair of the Acute Hospital Trust and the Chair of the Mental Health Trust (TEWV) as well as the managers of the Council

for Voluntary Services (CVS) and Healthwatch have been helpful and I look forward to continuing them.

Mental Health Provision

Partners across the NHS, local authority, community and voluntary sectors have contributed to a draft Mental Health Strategy 2017-22. This establishes our key priorities which include: a focus on recovery and rehabilitation; improving services for young mothers, children and young people; improving the services for those with learning disabilities; ensuring that York becomes a Suicide Safer city and ensuring that York is both a mental health and dementia-friendly environment. We want to focus on putting services into the community and prioritise mental health to delay the experience of mental ill health. A Learning Disabilities strategy will be developed next.

Following an extensive consultation period with stakeholders and residents, the announcement of the site for the new Mental Health residential provision is imminent.

Mental Health, Young Adults

Rebuilding work is underway on Sycamore House, having been delayed to await the grant from the DoH for the provision of a Safe Place and the relocation of the hospital social work team into a better integrated arrangement with the NHS. In addition to providing a safe space for people experiencing mental health in crisis, Sycamore House will continue to be a city centre community resource supporting residents with their mental health. The top floor will now be the location of counselling services and following a procurement process, the contract has recently been awarded to MIND. It should reopen by this summer.

Older People's Accommodation

Good progress continues with the Older People's Accommodation programme. Construction on the Burnholme site will start this week by the construction firm Sewells who built our PFI schools. Having worked with them previously, we look forward to a healthy relationship with good outcomes for our residents. They will start with the construction of the access road comes first, to be completed by October 2017. The Centre

will be ready for occupation in May 2018. A care home and a medical practice will also be built on the site.

Designers are working on plans for the Oaklands site which will include a care home, health centre and community self-build, plus allotments. I took part in the topping out of the Glen Lodge extra care scheme and am looking forward to its completion. Design plans are underway for the extension to Marjorie Waite Court extra care scheme, and they will include a community facility.

The development of the Fordlands site is underway and there will be new care homes built by JRHT in New Earswick, with independently provided facilities on the Grove House site, Oliver House site and Carlton Tavern site, in addition to those on the Chocolate Works site which are already open. This is a tremendous programme of change and expansion and I am grateful to all those involved.

Future Focus

As part of the council's strategy to prevent, reduce and delay care needs, a major programme of work is underway to change adult social care assessment and care management services. The Future Focus operating model programme will enable the adult social care workforce to intervene earlier and support people's independence and resilience through helping them to make the best use of their strengths assets knowledge and skills and those of the community that supports them. Engagement and co-production are strong themes running through the design principles and programme plan. The programme is currently in 6 month design phase which will move to an 18 month delivery plan.

Financial Inclusion Steering Group (FISG)

I've been pleased to work with the FISG during the year at to help launch our initiatives to help those residents in financial difficulties – this comes under the banner of 'Improving Finances, Improving Lives'. Funds have been invested in a number of third sector organisations who will work with those who are less able to manage their finances on their own to increase their competence and thus their independence.

Suicide Prevention Strategies

It is good to report that both the University of York St John and York University have invested resources in Suicide Prevention and that York College's suicide prevention strategy will be ratified soon. CYC has a Suicide Prevention Task Group working with all agencies to make York a suicide safer city. That work will continue and it is hoped there will be a drop in the numbers of suicides as a result.

Joint Strategic Needs Assessment (JSNA)

The new JSNA is completed as is the HWBB strategy. These documents will drive forward our priorities for the forthcoming year.

Carol Runciman

12 June 2017

Abbreviations:

BCF – Better Care Fund

CCG – Clinical Commissioning Group

CVS – Council for Voluntary Services

DoH – Department of Health

FISG – Financial Inclusion Steering Gro

HWBB – Health & Wellbeing Board

JRHT – Joseph Rowntree Housing Trus

JSNA – Joint Strategic Needs Assessm

JRHT – Joseph Rowntree Housing Trus

JSNA – Joint Strategic Needs Assessm...

NHS – National Health Service

PFI – Private Finance Initiative

TEWV – Tees, Esk and Wear Valley NHS Foundation Trust



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

20 June 2017

Report of the Chair of the Health and Wellbeing Board

Annual Report 2016/17 of the York Health and Wellbeing Board**Summary**

1. This report presents the Health, Housing and Adult Social Care Policy and Scrutiny Committee with the 2016/17 Annual Report of the Health and Wellbeing Board. The Annual Report is at Annex A to this report.
2. Councillor Runciman, the Chair of the Health and Wellbeing Board, will be in attendance at the meeting to present the report.

Background

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

The Annual Report

4. The Health and Wellbeing Board's Annual Report 2016/17 includes information about the role and responsibilities of the board. It highlights the work the board has done over the past 12 months. Key to this work has been the development of a new joint health and wellbeing strategy for the city which has four main themes (mental health and wellbeing; starting and growing well; living and working well and ageing well). For each of the themes at least one named board member has been identified as the lead and details of these can be found on page 9 of the Annual Report.

5. The Annual Report also highlights how some of the areas in the previous joint health and wellbeing strategy (2013-16) have been delivered.
6. More importantly the Annual Report sets out some of the major challenges it has and also sets out some of the work it will be doing in the future. This is quoted in the paragraphs below:

Although the health and wellbeing of the people in York is generally better than the national average there are still significant differences in life expectancy and wellbeing in some of our communities. Our future approach in York will be to use existing skills and assets to build resilience in our communities and to encourage people to take responsibility for their own health and wellbeing as much as possible.

Financial, demographic and demand pressures mean that all partners in the health and social care system will need to work together to redesign services around the customer. York is one of the most financially challenged areas in the country in terms of funding for both health and social care services; people in York have high expectations; the population is ageing and we have less resource than other areas to provide our services. We will therefore have to radically change the way we work.

We need to shift the focus from ill health to wellbeing and work with people of all ages to promote healthy lifestyles that see people through to old age; part of this will be dealing with social isolation and looking at encouraging people to be more involved in social and cultural activities.

This is a year when the Health and Wellbeing Board have reviewed the joint health and wellbeing strategy for the city, identifying the priorities we all need to work on over the next five years. The new strategy has a strong focus on early intervention and prevention and building resilience within local communities to enable people to better self care, self manage and remain independent for longer and we need to ensure these new models of working are established in all organisations represented on the Health and Wellbeing Board.

The Board will continue to develop over the next 12 months and from July 2017 will focus their meetings around the four key

themes of the new joint health and wellbeing strategy. During the course of the next 12 months action plans will be developed to help the board deliver against the new joint health and wellbeing strategy. Work has already started on this with early discussions taking place at a development session.

A new mental health strategy for the city is currently being developed and there will be a consultation on this during summer 2017; comments received from this will help to inform the final version and action plans. These will be reported back to Health and Wellbeing Board. There is an intention to soon start work on a learning disabilities strategy for York.

To enable both of these new strategies to be fully supported and action plans developed the Health and Wellbeing Board will shortly be asked to consider proposals to split the Mental Health and Learning Disabilities Partnership Board into two separate working groups.

Whilst not an exhaustive list the board will also be sighted on the analysis of the findings from the older people's survey as well as thinking about how we best co-produce other pieces of work; a joint commissioning strategy for the city; developing closer links with the new community safety strategy; adult social care transformation; the development of the accountable care approach and embracing the new asset based approach model focused around people and place.

Additionally the Board will work to raise its profile by letting people know what has happened via a quarterly newsletter. There are also plans to hold a Joint Strategic Needs Roadshow in the autumn of 2017 and an Annual General Meeting (AGM) in the spring of 2018.

Consultation

7. Not applicable to this report.

Options

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

Analysis

- 9. This report is for information only.

Council Plan

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

Implications

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

Risk Management

- 12. There are no known risks associated with the recommendations within this report.

Recommendations

- 13. The Health, Housing and Adult Social Care Policy and Scrutiny Committee are asked to note the contents of the Health and Wellbeing Board's 2016/17 Annual Report.

Reason: To keep members of the Committee up to date with the work of the Health and Wellbeing Board.

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Chief Officer Responsible for the report:

Martin Farran
Corporate Director Health, Housing &
Adult Social Care

**Report
Approved**

08.06.2017

Specialist Implications Officer(s) None

All

Wards Affected:

For further information please contact the author of the report

Background Papers:

None

Annexes

Annex A – Annual Report 2016/17 of the York Health and Wellbeing Board

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York Health and Wellbeing Board

Annual report 2016/17



York Teaching Hospital **NHS**



Vale of York
Clinical Commissioning Group

Tees, Esk and **NHS**
Wear Valleys

yorkcvs


Independent Care
Group

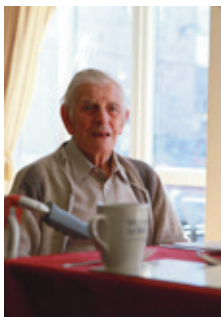
healthwatch
York

NHS
England



Contents

Welcome	3
The York Health and Wellbeing Board	4
About York	8
What the Board has done in the past 12 months	10
Performance	14
Working with partners	16
Safeguarding	18
Challenges and the future	20
Conclusion	22



Welcome

Welcome to the second annual report of the York Health and Wellbeing Board, which covers the period March 2016 to March 2017.

During this time the board has worked hard to prevent poor health, achieve better outcomes for our residents and to tackle some of the bigger challenges in the health and social care system.

We know that the health and wellbeing of residents in the city is generally better than the national average but this doesn't mean we can be complacent, we also know that we need to continue our work to achieve better health and wellbeing outcomes for all people that live in York.

Over the past 12 months the board has engaged with the public and partners and received over 1,200 comments which have positively contributed to the board's new joint health and wellbeing strategy for the next five years. There is a commitment across all partners to deliver against the new strategy and to help improve the lives of residents.

The board has also produced its first newsletter which will be published quarterly. We will also develop an engagement plan for the next 12 to 18 months to make the board more visible across the city.

Increasingly health and social care in the city faces some significant financial challenges and we know we cannot continue doing more of the same. We need to rethink the way we work and deliver services to our residents and this can only be done by all partners working together, including our residents.

All our meetings are open to the public to attend and are also webcast. They are available to view at www.york.gov.uk/webcasts. Anyone can watch them on demand whenever it is convenient for them.

I look forward to continuing our work in 2017/18 with both partners and residents.



Carol Runciman

Councillor Carol Runciman

Chair of the York Health and Wellbeing Board
City of York Council's executive member for health and adult social care

The York Health and Wellbeing Board

The York Health and Wellbeing Board (HWBB) is a strategic partnership which sets the vision and direction for health and wellbeing for the city. Its aims are to:

- Improve the health and wellbeing of the locality via strategic influence over decisions across health, public health and social care
- Strengthen working relationships between health and social care partners

The main responsibilities of the Health and Wellbeing Board are:

- Assessing the health and wellbeing needs of the local population and how they can be addressed through a Joint Strategic Needs Assessment (JSNA).
- Producing and implementing a Joint Health And Wellbeing Strategy based on the information in the Joint Strategic Needs Assessment
- Promoting greater partnership working and joining up services across the health and social care system
- Producing a Pharmaceutical Needs Assessment for the city.

Membership

During 2016/17 the York Health and Wellbeing Board had 17 members from a number of organisations across the city.

Changes

In the coming months a clinical representative from NHS Vale of York Clinical Commissioning Group will join the board replacing the chief operating officer. The Portfolio Holder for Education, Children and Young People has recently replaced Councillor Brooks and there is a new deputy chief constable in position representing North Yorkshire Police.





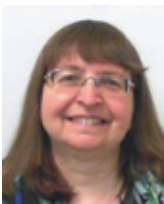











Development sessions

Between April 2016 and January 2017 the Health and Wellbeing Board held a number of sessions facilitated by the Local Government Association (LGA). The purpose of these was to look at the board's programme arrangements, help shape the new joint health and wellbeing strategy for the city and re-establish the strategic focus of the board. This led to the board's new terms of reference and membership being agreed at the March 2017 meeting.

York Health and Wellbeing Board meetings

Between March 2016 and March 2017 the board met eight times in public. The meetings were webcast and uploaded to the council's website; the number of times each of the webcast meetings were watched online ranged from 61 to 292.

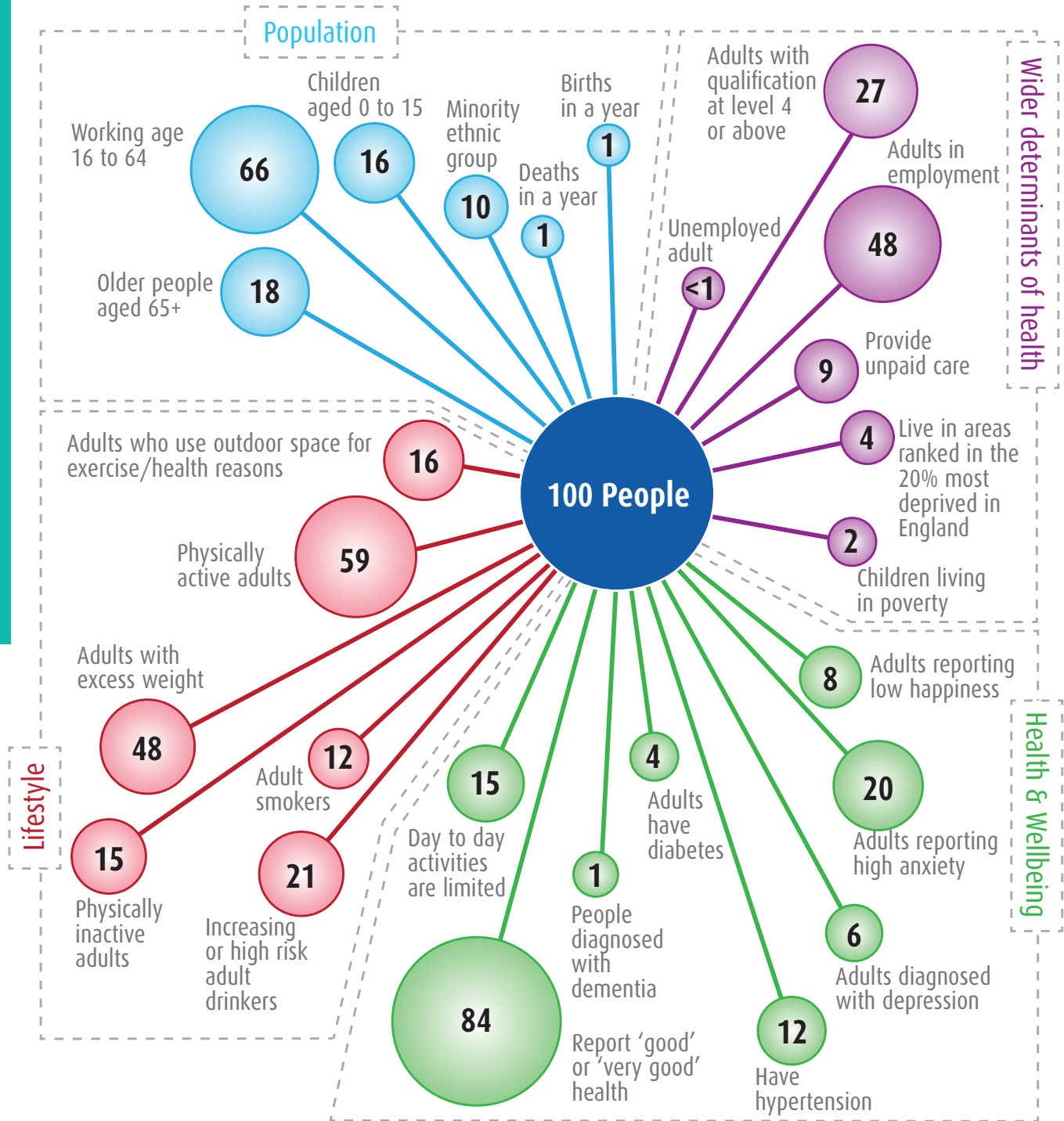
The membership of the Health and Wellbeing Board for the period this report covers was:

	<p>Councillor Carol Runciman (Chair), Portfolio Holder for Adult Social Care and Health, City of York Council</p>		<p>Keith Ramsay, Chair of NHS Vale of York Clinical Commissioning Group [Vice-Chair]</p>
	<p>Rachel Potts, Chief Operating Officer, NHS Vale of York Clinical Commissioning Group</p>		<p>Councillor Jenny Brooks, City of York Council</p>
	<p>Councillor Denise Craghill, City of York Council</p>		<p>Councillor Mary Cannon, City of York Council</p>
	<p>Phil Mettam, Accountable Officer of NHS Vale of York Clinical Commissioning Group</p>		<p>Siân Balsom, The Manager of Healthwatch York</p>
	<p>Sharon Stoltz, Director of Public Health for the City of York</p>		<p>Jon Stonehouse, Corporate Director of Children, Education and Communities of City of York Council</p>
	<p>Martin Farran, Corporate Director of Health, Housing and Adult Social Care of City of York Council</p>		<p>Colin Martin, Chief Executive of Tees, Esk and Wear Valleys NHS Foundation Trust</p>
	<p>Sarah Armstrong, Chief Executive of York CVS</p>		<p>Patrick Crowley, Chief Executive of York Teaching Hospital NHS Foundation Trust</p>
	<p>Mike Padgham, Chair of the Independent Care Group</p>		<p>Julie Warren, Locality Director (North), NHS England</p>
			<p>Tim Madgwick, Deputy Chief Constable of North Yorkshire Police</p>

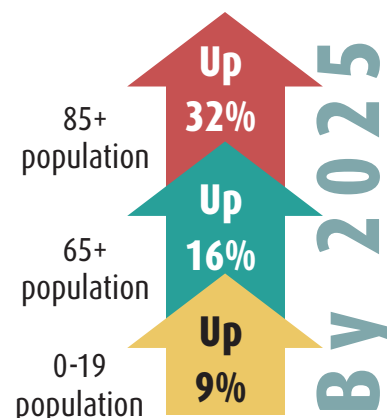
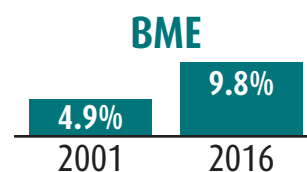
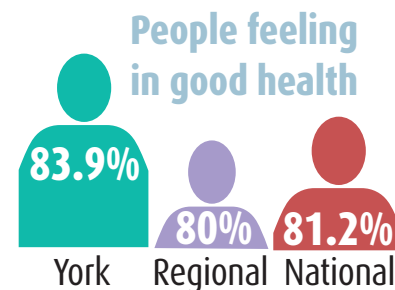
About York

About York

This graphic illustrates what the composition of York would be like if it was a village of 100 people.



- York has a population of around 205,000 people
- According to the 2011 census , 83.9% of the residents of York stated that they are in very good or good health compared to 80% regionally and 81.2% nationally.
- The city has become more culturally diverse with a black and minority ethnic (BME) population of 9.8% (non white British) compared to 4.9% in 2001.
- By 2025, it is estimated that:
 - the 0-19 population will have risen by about 9%
 - the 65+ population in York will have increased by 16%
 - the 85+ population in York will have increased by 32%
- Life expectancy is 6.5 years lower for men and 5.1 years lower for women in the most deprived areas of York than in the least deprived areas.
- Average life expectancy in York is 80.2 years for men and 83.4 years for women



What the Board has done in the past 12 months

Highlights of the work undertaken by the Board are detailed below:

Joint Health and Wellbeing Strategy

In August 2016 the Board started work on developing a new joint health and wellbeing strategy and invited residents and partners to have their say on what was important to them.

Extensive engagement with stakeholders and residents followed, with over 1,200 suggestions received about health and wellbeing in York.

In March 2017 the Health and Wellbeing Board launched their new joint health and wellbeing strategy for the next five years. The four key themes and the priorities within them were identified following engagement and consultation with residents and partners.

Four themes for Health and Wellbeing in York 2017-2022

Theme	Mental Health and Wellbeing	Starting and Growing Well	Living and Working Well	Ageing Well
Top Priorities	Get better at spotting the early signs of mental ill health and intervening early	Support for the first 1001 days, especially for vulnerable communities	Promote workplace health and remove barriers to employment	Reduce loneliness and isolation for older people
Additional things we want to achieve	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> Reduce inequalities in outcomes for particular groups of children Ensure children and young people are free from all forms of neglect and abuse Improve services for students Improve services for vulnerable mothers Ensure that York becomes a breastfeeding-friendly city Make sustained progress towards a smoke-free generation in York 	<ul style="list-style-type: none"> Reduce inequalities for those living in the poorer wards and for vulnerable groups Help residents make good choices Support people to maintain a healthy weight Help people to help themselves including management of long-term conditions Work with the Safer York Partnership to implement the city's new alcohol strategy 	<ul style="list-style-type: none"> Continue work on delayed discharges from hospital Celebrate the role that older people play and use their talents Enable people to recover faster Support the vital contribution of York's carers Increase the use of social prescribing Enable people to die well in their place of choice

Directed by dedicated groups, and measured through both hard data and what people tell us

For each of the key themes at least one Health and Wellbeing Board member has been identified as the lead board member. For the first year of the strategy's life these will be:

Mental health and wellbeing – **Martin Farran**, Corporate Director for Health, Housing and Adult Social Care, City of York Council and **Phil Mettam**, Accountable Officer, NHS Vale of York Clinical Commissioning Group

Starting and growing well – **Jon Stonehouse**, Corporate Director for Children, Education and Communities, City of York Council

Living and working well – **Sharon Stoltz**, Director of Public Health at City of York Council

Ageing well – **Sarah Armstrong**, Chief Executive of York CVS

Action plans to deliver the strategy will be developed by the lead board members with relevant partners and organisations.

Joint Strategic Needs Assessment (JSNA)

The York JSNA is a web based document that identifies the health and wellbeing needs of York's population. It is used to inform the joint health and wellbeing strategy, commissioning decisions and service planning.

Work is underway to refresh the information within the JSNA with a view to completing this by the end of 2017.

Three topic specific needs assessments have also been completed in the past year on the following:

- Self harm
- Learning disabilities
- Autism

Work continues on a student health needs assessment and this is due to be completed and presented to the Health and Wellbeing Board in the summer of 2017.

Mental health

Suicide audit

During the period 2010-2014 sixty people died by suicide in York. A suicide audit was undertaken to better understand this and to help inform the development of a local suicide prevention action plan. This supports the aspiration for York to become a suicide safer community. The audit was presented to the board in November 2016 and recommended that the city:

- Works towards achieving formal 'Suicide Safer Community' accreditation
- Develops a suicide prevention framework for York
- Undertakes a regular programme of suicide audits
- Develops 'suicide surveillance' and real time 'early alert' processes to improve the multi-agency response
- Provides more responsive support arrangements to those affected by suicide
- Makes sure that those people who are affected by suicide are able to have their views and experiences heard

Mental health facilities for York

Work is ongoing around developing a new mental health in-patient facility for the city. Three possible sites for the new build have been identified and a consultation has taken place. During this the public were asked their views on the three possible sites and also about the number of beds there should be and what the bed configuration should look like. The results of the consultation are due in the summer of 2017. The board will continue to receive regular updates as this work progresses.

Children & young people

Future in Mind

The Future in Mind plan was approved by the Health and Wellbeing Board with a clear commitment to the transformation of services to improve children and young people's emotional and mental health. The plan had two main priorities:

- Implementing an improved enhanced service for children and young people with an eating disorder
- In the school wellbeing project each of the six geographical clusters of schools now have an allocated wellbeing worker to offer advice, training on mental health and wellbeing and group work and 1:1 support to children and young people. This had been a successful collaboration between partners.

Everybody's Business Conference

The Everybody's Business Conference focused on young people's mental health and was held in November 2015. Health and Wellbeing Board received an update one year later detailing how the issues raised at the conference had been taken forward. The board were pleased to see that positive work had taken place around planning and commissioning of services; transitions; early intervention; self harm and suicide; body image and self esteem and communications.

Learning disabilities

Building the right support across York and North Yorkshire

In February 2015 NHS England committed to a programme of closing inappropriate and outmoded in-patient facilities and establishing stronger support in the community for people with learning disabilities and/or autism of all ages. A Transforming Care Partnership for York and North Yorkshire was established to lead this work. Health and Wellbeing Board were consulted on this work and the Chair of the board was a signatory to the submission.

Older people

Older people's survey

At the Health and Wellbeing Board meeting in July 2016 the board agreed that an older people's survey should be carried out. The survey has been peer led and developed with a number of partners across the city and has recently been launched. Analysis of the results of the survey will be considered by the Health and Wellbeing Board in autumn 2017.

Other

Community Pharmacy

The board received a presentation from Community Pharmacy North Yorkshire. All pharmacies as part of a national quality payments scheme will be need to undertake training to achieve Healthy Living Pharmacy (HLP) Level 1 by the end of November 2017. As a result of this presentation we are looking at developing healthy living pharmacies as part of the living and working well theme of the new joint health and wellbeing strategy.

Universal information and support

The Board received information on a review of information and advice services in York. A task and finish group was established to support implementation of the fourteen recommendations arising from the review.

Performance

Performance against the previous Joint Health and Wellbeing Strategy (2013-2016)

Making York a great place for older people to live

Older people continue to make a huge contribution to the life of our city: to our local economy and to our communities. They remain at the heart of families, volunteering, caring, mentoring and supporting children and young people. We are supporting people with long term conditions to live independently through services, and access to information and advice. Throughout 2016/17 we have seen falling numbers of people supported in Residential Care.

Addressing loneliness and social isolation

In the 2016/17 survey of older people accessing care services in the community, 79% said that they had adequate or as much social contact as they would like which is up from 76% since 2015/16. There was also a rise in people saying they had time to do activities they valued and enjoyed from 56% in 2015/16 to 61% in 2016/17.

Preparing for an increase in dementia

Organisations in York have made significant progress in making the city 'dementia friendly', meaning it is a good place to live for people with dementia and their carers. Organisations across the city have set out to ensure services have become dementia-friendly; making place based improvements; working to make York as easy as possible to move around and enjoy, with uncluttered and clear signage, and making public transport and facilities comfortable, easy to use and accessible.

Reducing health inequalities

Health outcomes are generally good in York, but this can mask where there are poor outcomes for some communities. The board continues to work to address these inequalities and focus work on communities where outcomes are poorer.

Target resource where it is needed

During 2016/17 an integrated wellbeing service has been developed that can provide information, advice and guidance to people on how to live a healthy life and support to change unhealthy behaviours. The service is a universal offer but it is working closely with communities where outcomes are poorer to make sure there is uptake of these. Part of this work has involved recruiting community health champions that can provide peer support in their local communities.

Adopt a joint approach to community development in deprived areas of York

City of York Council has changed its model of working to one of local area teams and local area co-ordination, which is built on an asset based approach to meeting needs. Working with partners this approach enables communities to influence and be involved in decisions relating to their local area.

Adopt innovative approaches to engaging more people in health and wellbeing issues

In 16/17 City of York Council developed an online health check programme that will enable residents to gain some insight into their current health status and an understanding of small changes they can make themselves to improve their health outcomes. The programme will then signpost people to good quality, accurate sources of information to support them to achieve their health goals. The programme will be launched in 2017/18.

Improving mental health and intervening early

The board has started work on developing a mental health strategy for York. This will focus on recovery, rehabilitation and ensuring that the community and all organisations improve in recognising the early signs of mental health and intervening earlier.

We will continue to support people to manage their mental health in a way that works for them whilst improving services for young mothers, children and their families. We will also seek to make sure that York is both a mental health and dementia friendly environment and recognise the role that all providers and partners have to play in delivering this vision.

We have commissioned a new city centre offer for adults and young people at Sycamore House and a safe haven commissioned as part of the project will open in October 2017. We have also commissioned a community activities programme supporting the early intervention approach within the community.

A Project Group was established to review and develop a new housing pathway for mental ill health that supports recovery and will continue to work in improving access to services especially in Improving Access to Psychological Therapies (IAPT) and autism and making sure that the liaison service can be provided 24 hours per day.

Enabling all children and young people to have the best start in life

The past year has seen several significant projects and initiatives progressed to support the best start in life for York's children and young people. In January 2017, the Local Area Teams (LATs) launched in three localities covering the whole city. LATs provide a key part of York's early help response with children, young people and families, aiming to prevent the escalation of needs which may require, if not addressed, statutory, complex and costly interventions at a later point. In doing so, they will reduce inequality of outcomes for our communities across York.

LATs are not just a set of council services. They are multi-agency and bring together all partners in a local area that exist in the lives of children, young people and families. This way Local Area Teams can bring together the full power of our communities to address need and build resilience. The teams are developing the links within the communities and already the benefits of greater coordination are being recognised. One area of further integration is the movement of the Healthy Child Service into the LATs, following their transfer into the council in April 2016. This consolidation will see the health needs of children and young people aligned with other aspects of support and advice within the community.

Progress has continued on Making York Home, identifying innovated and tailored provision within the city for young people with complex needs. This has seen York become one of the lowest users of out-of-authority placements, allowing stronger relationships with friends, families and communities to be maintained.

York has retained a strong partnership across the education system, with collaborative working continuing to support a system which is seeking to give all children and young people the best start. 2016/17 saw the rollout of Wellbeing Workers in all secondary schools, working to support the emotional and mental health and wellbeing needs of pupils. Cross-city working has also focussed on narrowing the attainment gap, identifying best practice and innovative use of the Pupil Premium.

Creating a financially sustainable local health and wellbeing system

All organisations across the health and social care sector are experiencing significant financial pressures, in what is nationally a very challenging time for health and social care commissioners and providers. All organisations continue to work together to respond to these financial challenges and are committed to commissioning and providing services that meet public expectation, deliver high quality care and support and represent value for money with effective use of public resources.

However, managing increased demand and the capacity it requires has a knock-on effect in relation to financial sustainability. There is insufficient resource in the local health and social care system, as demonstrated by the clinical commissioning group's deficit. This highlights the need to change the approach to a more early intervention and prevention focused model which encourages self care, self-management and sees people keeping their independence for much longer, with less reliance on statutory services.



Working with partners

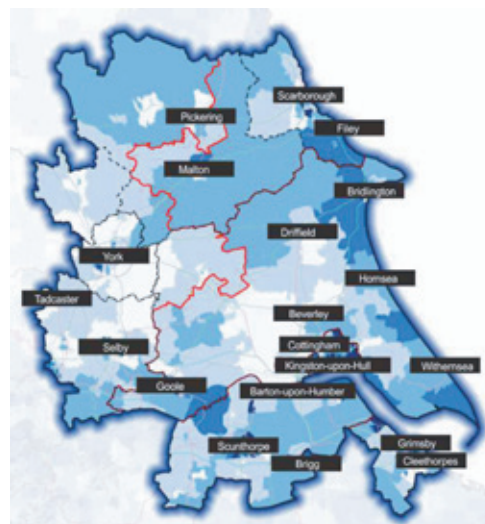
Humber Coast and Vale Sustainability and Transformation Plan

NHS planning guidance sets out the requirement for a five-year place based Sustainability and Transformation Plan (STP), supported by an annual operating plan for each Clinical Commissioning Group. The STP is required to set the direction for its footprint to achieve the ambitions of the five year forward view, which are to close the health and wellbeing gap, the care and quality gap and the funding and efficiency gap.

England has been split into 44 sections called footprints that show which different Clinical Commissioning Groups, local authorities and NHS providers are working together. York falls under the Humber, Coast and Vale footprint which includes six Clinical Commissioning Groups, six local authorities and all the health and social care organisations which provide services within these areas.

There are six key priority areas for the Humber, Coast and Vale footprint:

1. Prevention
2. Acute and specialised including urgent & emergency care
3. Out of hospital
4. Strategic commissioning
5. Mental health
6. Governance



STPs should build on the work of Health and Wellbeing Boards, including local needs assessments and joint health and wellbeing strategies. We wish to be assured that any plans are focused around improved health and wellbeing outcomes for York's population. We are keen that public engagement around STPs takes place at a local level as soon as possible and this has been highlighted by the board on more than one occasion.

Better Care Fund

The Better Care Fund (BCF) is a programme spanning both the NHS and local government which seeks to join-up health and care services, so that people can manage their own health and wellbeing, and live independently in their communities for as long as possible.

The BCF has been created to improve the lives of some of the most vulnerable people in our society, placing them at the centre of their care and support, and providing them with integrated health and social care services, resulting in an improved experience and better quality of life. More joined up and sustainable services help improve the health and care of local populations and may make more efficient use of available resources (i.e. by reducing avoidable hospital admissions, facilitating timely discharge, and improving people's experiences of care).

The two key areas of achievement for the BCF are:

Reablement

Reablement is an approach to helping people develop their skills and confidence with daily living tasks and personal care often following a hospital admission. Through the BCF reablement performance has improved, helping more people to stay out of hospital for longer. Different elements of the local services, involving a mix of health social care, independent and voluntary elements, are coming together to provide a 'one team' offer.

Non Elective Admissions

The BCF is being used to make sure that, where possible, people can be treated in the community rather than in hospital. York Teaching Hospital NHS Foundation Trust have introduced an Ambulatory Care Unit. This is having a positive impact in helping people go home safely, rather than being admitted for a stay in hospital

Healthwatch York reports

The Board has received a number of reports from Healthwatch York since March 2016 namely;

- Access to GPs
- Antenatal and postnatal services in York
- Closure of Archways: Changes to intermediate care services in York
- Continuing Healthcare
- Support for adults with Attention Deficit Hyperactivity Disorder (ADHD)
- Making York work for people living with dementia

Health and Wellbeing Board actively encourages all partners to respond to the recommendations within these reports.

Pharmaceutical Needs Assessment

The Health and Wellbeing Board has responsibility for the production of a Pharmaceutical Needs Assessment (PNA).

A Pharmaceutical Needs Assessment sets out the needs for pharmaceutical services provided in the community by analysing health needs and current provision. The ultimate aim is to make sure that residents can access medicines, other products and services to help them live long and healthy lives

The current PNA was approved by the Health and Wellbeing Board in March 2015 and runs until March 2018. Work is underway on the next PNA.

Safeguarding

The Health and Wellbeing Board received annual reports from both the Safeguarding Adults Board and the Safeguarding Children's Board.

Adults

The annual report sought to highlight and demonstrate the work being done by the board and explain how it is meeting the objectives laid out in the 2014-17 strategic plan.

During 2015/16, the council's safeguarding team received a total of 1,108 safeguarding concerns (formerly known as alerts) concerning 863 different individuals. This was an increase of nearly five percent from 1,058 the previous year.

The report also demonstrated how through partnership working the board are working to ensure that the 'making safeguarding personal' approach is being embedded into the way that safeguarding concerns are responded to.

The report referenced a mystery shopping survey which rated York as excellent. York was one of only two councils in the region to receive this accolade.

Peer review

A peer review of adult safeguarding has praised City of York Council's 'amazing' front line staff, highlighting their 'can do attitude' and motivation in providing quality services for residents and making safeguarding personal.

As well as praising council staff the report also offered positive feedback on partnership arrangements, mentioning that the safeguarding board was well represented with 'extremely committed partners' adding that they were 'envious' of many of the partnerships in place.

Children's

Throughout 2016/17 the City of York Safeguarding Children Board (CYSCB) has continued to focus on the five priorities of:

- Early help
- Neglect
- Child sexual abuse & exploitation
- Children missing from home, care and education
- Domestic abuse

A joint City of York Safeguarding Children Board (CYSCB)/National Society for the Prevention of Cruelty to Children (NSPCC) campaign raising awareness about Child Sexual Abuse and Exploitation (CSA&E) 'It's Not Ok' reached an end in July 2016 although much of the work continues in schools. The campaign achieved national acclaim. CYSCB considers the needs of children affected by CSA&E in the context of all vulnerabilities including the link with the variety of issues which might also cause a child or young person to go missing from home, care or education.

CYSCB published a new multi-agency Neglect Strategy, held an event to look at assessment and intervention with neglect cases.

A Domestic abuse task-and-finish group has considered all aspects of the information and the needs of children who might be witnesses to, and victims of, domestic abuse with a view to raising awareness and highlighting services for these children.

CYSCB supported the development of the new Local Area Teams focused on strengthening capacity across all agencies to address issues and support families at an early help level.

CYSCB led on the creation of a joint protocol between the Health and Wellbeing Board, the Safeguarding Adults Board, the YorOK Board (Children's Trust) and the Safer York Partnership. The protocol, which has now been agreed, is designed to avoid duplication and to enhance collaboration across these Boards in regard to key and cross-cutting issues.

Peer and Ofsted review of the Children's Safeguarding Board

In October 2016 CYSCB commissioned a peer review which found that the Board was effective in terms of its governance arrangements, the audit work of the Board and feedback from children and young people being used to inform service delivery.

The Peer Review was followed in November/December 2016 by an Ofsted Review of the Board. Ofsted judged CYSCB as only the second Local Safeguarding Children Board in the country to be 'outstanding'. Ofsted was impressed in particular with the engagement of partners in the work of the Board, the performance and quality assurance arrangements and, again, that the 'voice of the child' was embedded throughout all the work of the Board. Ofsted also said that staff are supported through a wide range of training opportunities, feel extremely well supported and are highly committed to their work!

Challenges and the future

Although the health and wellbeing of the people in York is generally better than the national average there are still significant differences in life expectancy and wellbeing in some of our communities. Our future approach in York will be to use existing skills and assets to build resilience in our communities and to encourage people to take responsibility for their own health and wellbeing as much as possible.

Financial, demographic and demand pressures mean that all partners in the health and social care system will need to work together to redesign services around the customer. York is one of the most financially challenged areas in the country in terms of funding for both health and social care services; people in York have high expectations; the population is ageing and we have less resource than other areas to provide our services. We will therefore have to radically change the way we work.

We need to shift the focus from ill health to wellbeing and work with people of all ages to promote healthy lifestyles that see people through to old age; part of this will be dealing with social isolation and looking at encouraging people to be more involved in social and cultural activities.

This is a year when the Health and Wellbeing Board have reviewed the joint health and wellbeing strategy for the city, identifying the priorities we all need to work on over the next five years. The new strategy has a strong focus on early intervention and prevention and building resilience within local communities to enable people to better self care, self manage and remain independent for longer and we need to ensure these new models of working are established in all organisations represented on the Health and Wellbeing Board.



The Board will continue to develop over the next 12 months and from July 2017 will focus their meetings around the four key themes of the new joint health and wellbeing strategy. During the course of the next 12 months action plans will be developed to help the board deliver against the new joint health and wellbeing strategy. Work has already started on this with early discussions taking place at a development session.

A new mental health strategy for the city is currently being developed and there will be a consultation on this during summer 2017; comments received from this will help to inform the final version and action plans. These will be reported back to Health and Wellbeing Board. There is an intention to soon start work on a learning disabilities strategy for York.

To enable both of these new strategies to be fully supported and action plans developed the Health and Wellbeing Board will shortly be asked to consider proposals to split the Mental Health and Learning Disabilities Partnership Board into two separate working groups.


Whilst not an exhaustive list the board will also be sighted on the analysis of the findings from the older people's survey as well as thinking about how we best co-produce other pieces of work; a joint commissioning strategy for the city; developing closer links with the new community safety strategy; adult social care transformation; the development of the accountable care approach and embracing the new asset based approach model focused around people and place.

Additionally the Board will work to raise its profile by letting people know what has happened via a quarterly newsletter. There are also plans to hold a Joint Strategic Needs Roadshow in the autumn of 2017 and an Annual General Meeting (AGM) in the spring of 2018.



Notes



Tees, Esk and 
Wear Valleys

yorkcvs


Independent Care
Group

healthwatch
York


England



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Health, Housing and Adult Social Care Policy and Scrutiny Committee

20 June 2017

Report of the Head of Commissioning, Adult Social Care

Residential, Nursing & Homecare Services – Quality Standards

Summary

1. Members of the Scrutiny Committee will recall the last report they received on 20 December 2016 detailing the performance by organisations providing a service in York against Care Quality Commission (CQC) standards. Members will also recall that there are robust processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York and are reminded that services are also regulated and monitored by the Care Quality Commission.
2. Members will note the improved performance from the report received in December 2016. At that period 30% of providers were listed as requires improvement and 3% inadequate. At the time of writing in June 2017, there were no providers rated as inadequate and the percentage requiring improvement had fallen to 26 % with 72.7% of settings rated as Good. Figures were slightly above National levels reported in the CQC State of Care report demonstrating a period of improvement since the last update received by Members in December 2016.
3. Well Led (Management and Leadership) continues to be a area of concern and the Council is working with it's partners through the Adult Social Care Workforce Strategy to address these issues and provide additional support to the sector. It is the only area where services in the City are below National indicators and Members should note the improved performance in other areas.
4. Members will also note that two Local Authority Services are rated as requiring improvement and whilst the provider received a good rating in some domains it is working with CQC on detailed action plans. Managers within Provider Services are also taking steps to ensure improvement.

One of the areas related to administration of medication; there are now Competency tests completed with all staff responsible for administering medication and a system has been implemented to ensure all permanent residents are receiving their medication through a monitored dosing system.

5. Another example related to how staff are deployed and a range of care practices were implemented; levels of support have been analysed against deployment of staff and improvements implemented taking into account layout of the homes. In addition Rotas are planned to ensure a appropriate mix of skills are present on each shift, and when using agency staff, regular staff allow for continuity and ensure a consistent approach is used when meeting the needs of the residents.
6. Members should also note that this is an improved position as three settings in the December report were rated as requires improvement.

Background

7. All Residential, Nursing and Home Care services are regulated by the CQC and, as the regulator, it carries out regular inspection visits and follow-up visits (announced/unannounced) where applicable. The frequency of CQC inspections will be dependant on the provider's rating and on intelligence received in between scheduled inspections. All reports are within the public domain and CQC have a range of enforcement options open to them should Quality and Standards fall below required expectations.
8. The Adults Commissioning Team work closely with CQC in the sharing of concerns and information relating to provision but the Council also adopts its own monitoring process (Quality Assessment Framework). The standards that it sets are high and providers are expected to achieve compliance in all aspects. Should performance fall below the level that is acceptable, a provider will be placed on enhanced monitoring or improvement plan. This can also lead to placements being suspended, often on a mutual basis, until quality and performance improves. The team on occasions will also undertake visits jointly with colleagues from the Vale of York Clinical Commissioning Group where it felt necessary or there are safeguarding concerns.
9. The Adult Commissioning team have a programme in place to undertake monitoring visits on an annual basis. These will be appropriate to the services provided and will consist of an Observation visit and /or a

Quality Assurance Visit and consultation with residents/customers. Reports are shared with the provider and with CQC colleagues to inform their programme of inspections.

10. In addition to the visits listed above, the Commissioning team have regular Business Meetings with Social Care Providers and take a proactive partnership approach to effective working with providers in order to both support and encourage good practice and to work with providers where practice is not as expected to prevent issues escalating. Members will also recall the consultation that is undertaken jointly in care settings between the Adults Commissioning Team and Healthwatch.
11. CQC ratings of Outstanding, Good, Requires Improvement, or Inadequate are given both as an overall rating as well as for each of the five key questions. The tables below compare the current overall CQC ratings of York services to National figures published by The Care Quality Commission. CQC have identified nationally that “good systems and management are important drivers that support caring staff to deliver better services”

Performance and Standards in York

12. The following tables provide an analysis of quality standards across care provision in York.

CQC Ratings (all settings) against National Levels

Overall Rating	Outstanding	Good	Requires Improvement	Inadequate
York	1.3%	72.7%	26.3%	0%
*National	1%	71%	26%	2%

*CQC State of Care report published 12 Oct 2016

For information purposes, detailed below is a comparison between York and national figures on compliance (rating of Good or Outstanding) within the different domains that CQC inspect against. Inspections undertaken in York show that Well Led is now the only area of concern identified by CQC colleagues and this would agree with findings of the commissioning team following visits and monitoring that they have undertaken. This links to the challenges in the recruitment of suitably experienced and qualified managers in the City.

The customer facing aspects of services are areas where York performs well on, with performance been higher in four domains compared to national figures.

Area	Safe	Effective	Caring	Responsive	Well led
York	70%	83%	96%	88%	64%
National *	67%	74%	92%	80%	71%

*CQC State of Care report published 12 Oct 2016

- Members will note that not all York providers have had an inspection rating published to date. Where providers have not yet been inspected, this is due to administrative changes within the service, for example a change of premises or change of trading name. This means that a new inspection has to take place so therefore only 95% of registered services in York have had an inspection to date - this report focuses on these services.
- Copies of all CQC reports can be found at www.cqc.org.uk

CQC Ratings (all settings) – York

Inspected to Date (x of 81)	77	95.1%
Outstanding	1	1.3%
Good	56	72.7%
Requires Improvement	20	26.0%
Inadequate	0	0.0%

Residential and Nursing Care Inspections - York

Care Homes		
Inspected to Date (x of 41)	40	97.6%
Outstanding	1	2.5%
Good	25	62.5%
Requires Improvement	14	35.0%
Inadequate	0	0.0%

Of the 41 homes in York, 40 have an inspection rating to date. The tables above detail the findings of these inspections and Members will note that 14 homes have been rated as requires improvement including two in house services.

Home Care Inspections - York

Home Care		
Inspected to Date (x of 40)	37	92.5%
Outstanding	0	0.0%
Good	31	83.8%
Requires Improvement	6	16.2%
Inadequate	0	0.0%

Of the 40 registered domiciliary care services providing homecare and supported living in York, 37 have been inspected to date. The above tables detail the findings of these inspections and Members will note that no services have been rated as inadequate although 6 have been rated as requiring improvement.

Summary

13. Alongside the above, Members may also wish to note the outcome of the latest draft Customer survey (Oct – March 2017) on Homecare undertaken by the Adults Commissioning Team. Out of a total of 215 customers or carers surveyed, 91 % stated that they were satisfied with the quality of the services they received.
14. Whilst some providers may be compliant within CQC inspections, there are instances where the pro-active monitoring and Quality Assessment Framework process adopted by the Council has identified some concerns that may lead to an improvement planning process being initiated or enhanced monitoring applied. Part of this process is often to adopt a mutually agreed suspension on new placements whilst issues are addressed.
15. Where providers are classed as 'requires improvement' for the Key Questions of Safe, and Well Led, this is largely due to staffing levels as providers continue to find recruitment and retention of suitable staff a challenge, both from a 'front line' and management perspective.

Implications

Financial

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

Equalities

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

Other

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

Risk Management

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

Recommendations

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

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Report ✓ **Date** 8 June 2017
Approved

Wards Affected:

All ✓

For further information please contact the author of the report



Health, Housing & Adult Social Care Policy & Scrutiny Committee

20 June 2017

Report of the Assistant Director of Public Health

Provision of Nicotine Replacement Therapy and Varenicline to aid Smoking Cessation**Summary**

1. This report provides a summary of the uptake of the City of York Council Stop Smoking Service, and successful quit rates, over the time period where Nicotine Replacement Therapy (NRT) and Varenicline have and have not been funded.
2. The report shows that following the decision to not fund NRT or Varenicline, the number of people accessing the service and setting a quit date radically declined. Although declining rates have been seen nationally, the drop seen in York is far greater than would be expected.
3. Nicotine Replacement Therapy and Varenicline are cited by the National Institute of Health and Care Excellence (NICE) as being effective in supporting a person to stop smoking. The recommended duration of support is for 12 weeks, although there is evidence that supporting someone to stop smoking for four weeks may be effective.

Background

4. Prior to Public Health transferring into the Local Authority in April 2013, the City of York Primary Care Trust provided a Stop Smoking Service to support residents to stop smoking. At the point of transfer in April 2013 that service became the responsibility of the Local Authority and was contract managed through the Public Health Team. From April 2013 to March 2016 the service was commissioned from an NHS provider. Through this service a smoker wishing to stop smoking could receive one to one or group support as well as Nicotine Replacement Therapy (nicotine patches, gum, etc) as well as Varenicline (trade

name Champix), an approved medication that reduces the urge to smoke and relieves withdrawal symptoms. For patients that received free prescriptions NRT and Varenicline were free and would be supplied for the duration of their stop smoking course of 12 weeks. If patients were not entitled to free prescriptions, they would pay the cost of an NHS prescription to obtain either NRT or Varenicline.

5. From 1 April 2016 the staff from the NHS Stop Smoking Service were transferred (TUPE) into the Local Authority and the service then operated as a City of York Council service. At the point of transfer the decision was made that the service would only be accessible by referral from a healthcare professional for people with an existing long term condition, or for pregnant women. Twelve weeks supply of NRT would be available for pregnant women, but other clients would have to pay for their own NRT. A hardship fund would be available to pay for 2 weeks of NRT for clients meeting hardship criteria. There was no access to Varenicline at this time.
6. During 2016 the Public Health Team worked on the design of the Yorwellbeing Service, an integrated wellbeing service that would offer health checks, as well as incorporate the Stop Smoking Service and advice around other lifestyle issues such as diet, alcohol and exercise. Due to the low uptake of the Stop Smoking Service, when the Yorwellbeing Service became operational in January 2017, open access for anyone wishing to stop smoking was allowed, but the same rules around NRT and Varenicline were kept.

Consultation

7. This report has been compiled with feedback from Council staff working in the service providing support to smokers to quit.

Options

8. Members are asked to note the contents of this report and provide any feedback to assist the Executive Member for Health in making a decision on future funding of pharmacotherapies to aid smoking cessation.

Analysis

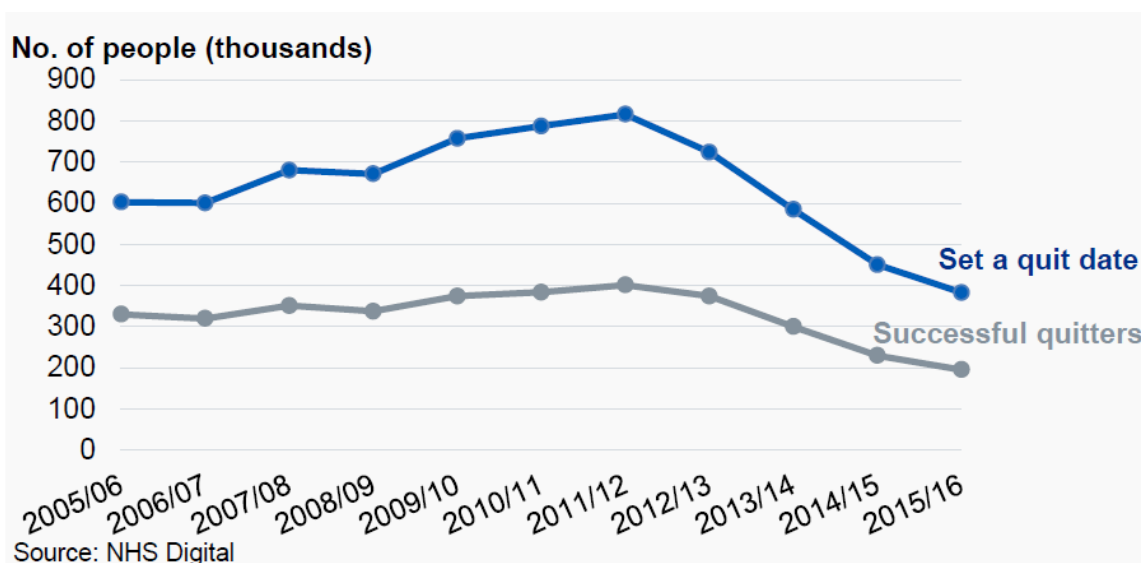
9. Table 1 gives an overview of the numbers of people stopping smoking with the Stop Smoking Service for York from 2010 through to 2017. The table shows that in the early years of the service uptake was high

and the chance of successfully quitting was high (for comparison the England quit rate in 2014/15 was 51%). However, the numbers declined somewhat between 2010/11 and 2015/16. This was not dissimilar to the national picture, as shown in Figure 1. Legislation restricting smoking in public places came into force on 1st July 2007, and the data for England shows that after this point numbers trying to stop smoking increased and peaked in 2011/12 before beginning to drop off.

Table 1: Data from Stop Smoking Service 2010 – 2017

Year	Service Provider	Service Open to	NRT Funding	All Smokers				Pregnant Smokers				Source
				No's Referred to the service	No. of people setting a quit date	No. of successful quitters at 4 weeks	Quit rate (%)	No's Referred to the service	No. of people setting a quit date	No. of successful quitters at 4 weeks	Quit rate (%)	
2010/11	NHS Stop Smoking Service.	All smokers	NRT Funded (although clients who normally paid prescription cost would still pay this)		1,948	953	49		61	25	41	Local Data from NHS provider
2011/12					1,753	911	52		73	29	40	
2012/13					1,374	743	54		74	28	38	
2013/14					945	546	58		39	19	49	PHE Tobacco Profile
2014/15					739	399	54		66	30	45	
2015/16					644	366	57					
2016/17	City of York Council	Smokers who are pregnant or with long term health condition . By referral only	Funded for pregnant smokers for 12 weeks. 2 week hardship funding also available	278	65	33	51	71	15	7	47	Provisional 2016/17 local data (CYC) as at 5.6.2107
2017/18	City of York Council	All smokers (including self referrals)		294								projected based on 2 months data

Figure 1: Numbers setting a quit date and successfully quitting in England from 2005/06 to 2015/16



10. When the Stop Smoking Service transferred into the Local Authority in April 2016 and restrictions were placed on who could access the service and who was eligible for NRT, the numbers drastically dropped beyond what might have been expected. From 2016 data which was previously unavailable on the number of people that accessed the service but did not go on to set a quit date was collected. In 2016/17 there were 278 people referred to the service, with only 65 going on to set a quit date. Based on the first two months of operation in 2017/18 it appears that it is likely there will be a similar number of people accessing the service this year. Whilst we do not collect data on the reasons why people do not go on to set a quit date, anecdotally our Stop Smoking Advisors tell us that the lack of availability of NRT or Varenicline is an influencing factor.
11. Table 1 also gives details of pregnant women setting a quit date with the York Service. The policy around access and provision of NRT has not changed for pregnant women between 2010 and 2017, but the sharp decline in numbers setting a quit date has also been seen in this group. In England the decline in pregnant women accessing stop smoking services has shown a similar pattern as for all smokers, so this is something that we would not have expected to see in our service. The success rate for pregnant women in York is broadly similar to the England rate which has been in the mid 40% over the period covered. Anecdotally our Stop Smoking advisers and the Midwifery Service tell us that there has been some breakdown in

relations since the transfer of the service into the Local Authority, and public health are now working with the Midwifery Service to address this.

12. There is good evidence of the effectiveness of NRT and Varenicline in helping people to stop smoking and this forms a key element of the recommendations in NICE Guidance on supporting people to stop smoking.
13. Smoking and the harm it causes is not evenly distributed. People in more deprived areas are more likely to smoke and are less likely to quit. Smoking is increasingly concentrated in more disadvantaged groups and is the main contributor to health inequalities in England. Men and women from the most deprived groups have more than double the death rate from lung cancer compared with those from the least deprived. Smoking is twice as common in people with longstanding mental health problems.
14. There are relatively high smoking levels among certain demographic groups, including Bangladeshi, Irish and Pakistani men and among Irish and Black Caribbean women. Smoking in pregnancy increases the risks of miscarriage, stillbirth or having a sick baby, and is a major cause of child health inequalities.

The Cost of Smoking

Each year in York it is estimated that smoking costs society approx £52.3 M

Every year in York, early deaths due to smoking result in 745 years of lost productivity. This costs the local economy approx £13.6 M

It is estimated that smoking breaks cost businesses in York a further £22.7M annually

Local businesses in York also lose approx 40,848 days of productivity every year due to smoking related sick days. This costs approx £3.6M

The total annual cost to the NHS in York is approx £7M £6.5M as a direct result of treating smoking related illness £0.5M on treating the effects of ill health from passive smoking in non smokers

Current and ex smokers who require care in later life as a result of smoking related illnesses cost society an additional £4.4M each year across York. This represents £2.4M to CYC and £2M in costs to individuals who fund their own care

Smoking materials are a major contributor to accidental fires in York. Each year there are approx 9 smoking related fires in York, resulting in 0.5 deaths. This costs approx £1M each year

The majority of cigarette filters are non biodegradable and must be disposed of in landfill sites. In York approx 124M filtered cigarettes are smoked each year resulting in approx 21 tonnes of waste. Of this more than 5 tonnes is discarded as street litter that must be collected by CYC staff.

In 2014/15 smokers in York paid approx £29.7M in duty on tobacco products. This is approx half of what smoking costs society, leaving a shortfall of approx £22.5M every year

Costs of NRT and Varenicline

15. If the Council were to consider funding the costs of NRT and Varenicline the likely costs of this have been estimated below. When Varenicline and NRT were available through the service the use of each was approximately equal. For those that use NRT, about half use one NRT product and the other half use two, e.g. patches in combination with gum or lozenges.

Assuming the service would see 300 patients this year, 150 would use Varenicline, 75 would use one NRT product, and 75 would use 2 NRT products, funding pharmacotherapies would have the following approximate costs for each length of supply:

Varenicline:

2 weeks £6,750
 4 weeks £12,150
 12 weeks £42,300

NRT one product

2 weeks £1,950
 4 weeks £3,900
 12 weeks £11,700

NRT two products

2 weeks £3,422
 4 weeks £6,900
 12 weeks £20,625

Approximate total pharmacotherapy costs for:

2 weeks £12,122
 4 weeks £22,950
 12 weeks £74,625

Note that these costs would be addition to the costs for 12 weeks supply or NRT for pregnant women.

Council Plan

16. Providing help to smokers to quit relates to the priorities within the Council Plan:
- A Prosperous City for All – Smoking has an impact on the economy as outlined within the report. Reducing the number of people in York that smoke will have a positive impact on our local economy.
 - A Focus on Frontline Services – by ensuring that all York’s residents live in a city which allows them to enjoy the best health possible and contribute fully to their communities and neighbourhoods.
 - A More Responsive and Flexible Council that puts Residents First and Meets its Statutory Obligations – by contributing to the Council’s statutory duties for improving health and reducing health inequalities in our residents.

Implications

17. **Financial:** The report highlights the cost to the Council if a decision were made to fund pharmacotherapies to support people to stop smoking. This cost should be put in the context of the costs to the Council and the wider economy of people continuing to smoke.

Human Resources: There are no implications to the workforce.

Equalities: It is well evidenced that smoking is more prevalent in our more deprived communities. Therefore reducing the level of support to stop smoking will disproportionately affect those worse off.

Legal: No new implications.

Crime and Disorder: No new implications

Information Technology (IT): No new implications

Property: No new implications

Conclusions

18. This report outlines the costs to York's economy from smoking and how the decision to not fund pharmacotherapies to aid stopping smoking has impacted on the uptake of our stop smoking service. The report gives an indication of the costs of reinstating some or all of the costs associated with pharmacotherapies to aid stop smoking.

Recommendations

19. Members are asked to take note of the information presented in this report and to provide any comments that may be helpful in aiding the Executive Member for Health and Adult Social Care in making a decision concerning the future funding of pharmacotherapies for smoking cessation.

Reason: So members can add their input ahead of a decision concerning the future funding of pharmacotherapies for smoking cessation.

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Report Approved Date 12/06/2017

Wards Affected:

All

For further information please contact the author of the report

Abbreviations

NICE – National Institute of Health & Care Excellence

NRT – Nicotine Replacement Therapy

TUPE – Transfer of Undertakings (Protection of Employment)

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Health, Housing & Adult Social Care Policy & Scrutiny Committee

20 June 2017

Report of the Assistant Director – Legal & Governance

Proposed CCG Engagement Scrutiny Review Scoping Report**Summary**

1. This report introduces proposals for a scrutiny review into the Vale of York Clinical Commissioning Group's (CCG) approach to public and stakeholder engagement on delivering its Operational Plan 2017-19 and its Medium-Term Financial Strategy (Annex 1).

Background

2. At a meeting of the former Health & Adult Social Care Policy & Scrutiny Committee on 29 March 2017 the Vale of York Clinical Commissioning Group Accountable Officer updated Members on the CCG Operational Plan 2017-19 and its Medium-Term Financial Strategy. The plans represent how the CCG will work to balance care outcomes with the need to address a forecast deficit of £44.1 million on 2017/18.
3. The Accountable Officer confirmed the Operational Plan was shared in full with the Committee to allow further engagement and to clarify how the Committee and CCG can work together to support the development and delivery of the programmes of work required.
4. The CCG recognises the critical importance of engaging with the local population and partners in order for local people to clearly understand the challenges faced in their health and care system and how they can support and shape future service delivery.
5. It was also noted the CCG is developing an Engagement Programme for joint work with partners and the local population and would welcome the opportunity to provide regular updates to this Committee each time it meets on joint programmes of work in the Accountable Care System.

6. There were proposals for events to consult with residents and the CCG would make sure that plans were accessible and clear.
7. Later in the meeting it was proposed that a scoping report be prepared on the potential of establishing a Task Group to engage with the CCG to support the delivery of its financial recovery and operational plans and to work fairly with the CCG to review current involvement practice of both the public and other stakeholders in commissioning.

Proposed remit

8. If the Committee agree to appoint a Task Group to undertake a scrutiny review, the proposed remit is:

Aim: To explore the efficacy of current practice for the involvement of the public and stakeholders in commissioning in York.

Objectives:

- i. To look at current NHS England guidance to consider the extent to which it feels the CCG meets expectations set out in relevant guidance.
- ii. To act as a 'critical friend' with the aim of reaching a view as to the adequacy of current involvement practice and developing a set of recommendations for the CCG for future involvement of both the public and other stakeholders (including the local authority) in commissioning.
- iii. Develop a list of criteria against which health scrutiny would in future review all commissioning activity of the CCG, with a clear set of guidelines making clear the categories of commissioning decision that the committee would expect to be informed of in future. This could include thresholds based on factors such as contract size, number of patients affected, level of impact etc.
- iv. Explore options for an 'Involvement charter' agreed between the CCG, Providers, The Local Authority and Healthwatch and under such a model, all parties could agree to a set of involvement and scrutiny principles, with Healthwatch acting as the arbiter, and produce a public bi-annual report showing the extent to which commissioners and providers had fulfilled their commitments for public and stakeholder involvement.

Consultation

9. Consultation with the CCG and partner organisations will play a significant part in this scrutiny review should the Committee agree to undertake this work.

Options

10. Members can:
 - i. Proceed with a scrutiny review into the CCG's approach to public and stakeholder engagement on delivering its Operational Plan 2017-19 and its Medium-Term Financial Strategy
 - ii. Agree or amend the remit detailed in paragraph 8
 - iii. Appoint a Task Group to carry out this work on the Committee's behalf
 - iv. Agree not to undertake such a scrutiny review.

Council Plan

11. This report and its annex are directly linked to A Focus on Frontline Services and A Council That Listens to Residents priorities in the Council Plan 2015-19.

Implications

12. There are no implications attached to the recommendation in this report. As with all CCG plans there are equality impact assessments and a quality impact assessments on-going which will be finalised to augment the plan when full approval is given.

Risk management

13. There are no risks attached to the recommendation in this report. However, the CCG is considering the full risk assessment for each work stream within each programme for 2017-18. This will be incorporated into the CCG risk register if/ as required.

Recommendation

14. Members are recommended to agree to undertake a scrutiny review into the CCG's approach to public and stakeholder engagement and the remit detailed in paragraph 8 and appoint a Task Group to carry out this

work on the Committee's behalf.

Reason: To work with the CCG to support delivery of its Operational Plan 2017-19 and its Medium-Term Financial Strategy

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Report Approved **Date** 6/06/2017

Wards Affected:

All

For further information please contact the author of the report

Annexes:

Annex 1 – Proposal for scrutiny review into CCG Engagement

Proposal for Scrutiny Task Group:

Cllr Stuart Barnes

Introduction and Background

The Vale of York Clinical Commissioning Group (CCG) faces major financial challenges, having recently published a financial recovery plan which indicates the extent of the problem.

Historically there have been examples of the CCG implementing commissioning changes without sufficient engagement or consultation. One example of this was the closure of Archways Intermediate Care Unit.

Since 2016 the CCG has been under legal direction from NHS England (NHSE) and there are some reasons for optimism with the CCG having made significant changes to its management structure and having indicated that it has adopted a more 'open' approach to discussions with scrutiny committee members.

Nevertheless, there are major challenges faced by the CCG and as it begins to implement both its own financial recovery plan, and continues to progress plans for service reconfiguration as part of the Humber Coast and Vale Sustainability and Transformation Plan (HCV STP), the level of service change is likely to be significant.

Ultimately, it is citizens of York (and the wider Vale of York footprint) who will be affected by the changes that will be made to local services.

Duty to involve the public in commissioning

Under the National Health Service Act 2006 (as amended by the Health and Social Care Act 2012), CCGs and NHS England have duties to involve the public in commissioning, (under sections 14Z2 and 13Q respectively).

- Furthermore, in guidance published by NHSE, it is acknowledged that the case for patient and public involvement goes beyond simply complying with legal duties. The NHSE document [*Patient and Public Participation Equality and health inequalities – full analysis and associated resources*](#) states that:

Patient and public participation is important because it helps the NHS to improve all aspects of health care quality, including:

- *patient safety*
- *patient experience and*

- *health outcomes – giving people the power to live healthier lives.*

Participation, by the people who use and care about services, enables the NHS to understand and respond to their needs, including those people who have the poorest health. This helps us to improve access to services and reduce differences in health in different communities. It helps us to see things through other people's eyes and to be innovative, leading to better use of taxpayers' money.

NHS England has recently issued (April 2017) revised guidance for NHS Commissioners, [Patient and Public Participation in Commissioning Health and Care: Statutory Guidance for Commissioning Groups and NHS England](#)

This new guidance is statutory and CCGs must have regard to it, as must NHS England staff. It includes ten 'Principles of Participation', as shown below.

The principles of participation

NHS England has developed 10 principles of participation based on a review of research, best practice reports and the views of stakeholders.

- 1 Reach out to people rather than expecting them to come to you and ask them how they want to be involved, avoiding assumptions.
- 2 Promote equality and diversity and encourage and respect different beliefs and opinions.
- 3 Proactively seek participation from people who experience health inequalities and poor health outcomes.
- 4 Value people's lived experience and use all the strengths and talents that people bring to the table, working towards shared goals and aiming for constructive and productive conversations.
- 5 Provide clear and easy to understand information and seek to facilitate involvement by all, recognising that everyone has different needs. This includes working with advocacy services and other partners where necessary.
- 6 Take time to plan and budget for participation and start involving people as early as possible.
- 7 Be open, honest and transparent in the way you work; tell people about the evidence base for decisions, and be clear about resource limitations and other relevant constraints. Where information has to be kept confidential, explain why.
- 8 Invest in partnerships, have an ongoing dialogue and avoid tokenism; provide information, support, training and the right kind of leadership so everyone can work, learn and improve together.
- 9 Review experience (positive and negative) and learn from it to continuously improve how people are involved.
- 10 Recognise, record and celebrate people's contributions and give feedback on the results of involvement; show people how they are valued.

Joint Commissioning

Given the changes in the ways that organisations are working and the willingness in many areas to take innovative approaches to commissioning, the [new guidance](#) (referred to above) explains that:

The NHS does not commission services in isolation, but works closely with local authorities and other partners. In light of this, the guidance includes information on co-commissioning and local variations in commissioning arrangements.

It goes on to explain that there are new options and powers available to CCGs and their partners in terms of the way that they approach joint commissioning, specifically:

New options under the Cities and Local Government Devolution Act 2016

The Cities and Local Government Devolution Act 2016 enables the transfer of powers and funds from central government to local government and strengthens integration of public service functions in local areas. In particular, the Act enables:

- A complete transfer of functions from one organisation to another.
- A transfer so both organisations perform the functions jointly.
- A transfer so both organisations perform the functions at the same time but independently.
- A transfer so both organisations perform the functions jointly but the original organisation also retains the ability to perform the function independently.

Much more detail is contained within the guidance from NHSE, including references to emerging Accountable Care Systems and consideration of their role in relation to engagement.

Suggestion for Scrutiny Task Group

There is a multitude of guidance on public involvement in commissioning, including the newly issued guidance of April 2017.

There are also a number of different working models and practices adopted by health scrutiny bodies within Local Authorities to ensure that the interests of citizens are best safeguarded by the function of Local Authority Scrutiny.

It is proposed that a City of York Council Health Scrutiny Task Group is established to explore the efficacy of current practice for the involvement of the public and stakeholders in commissioning in York.

The task group, in partnership with Healthwatch York and possibly other co-opted members (potentially including a representative of the CCG in the spirit of partnership working), could look at current NHSE guidance to consider the extent to which it feels the CCG meets expectations set out in relevant guidance.

The scrutiny task group would act as a 'critical friend' in this regard, with the aim of reaching a view as the adequacy of current involvement practice and developing a set of recommendations for the CCG for future involvement of both the public and other stakeholders (including the local authority) in commissioning.

This could include a list of criteria against which CYC scrutiny would in future review all commissioning activity of the CCG, with a clear set of guidelines making clear the categories of commissioning decision that the committee would expect to be informed of in future. This could include thresholds based on factors such as contract size, number of patients affected, level of impact etc.

We could also explore options for an 'Involvement charter' agreed between the CCG, Providers, The Local Authority and Healthwatch.

Under such a model, all parties could agree to a set of involvement and scrutiny principles with Healthwatch acting as the arbiter and producing a public bi-annual report showing the extent to which commissioners and providers had fulfilled their commitments for public and stakeholder involvement under the charter.

Health, Housing & Adult Social Care Policy & Scrutiny Committee

Work Plan 2017-18

20 June 2017	<ol style="list-style-type: none"> 1. Attendance of Executive Member for Housing & Safer Neighbourhoods 2. Attendance of Executive Member for Health & Adult Social Care 3. Annual report of HWBB 4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services 5. Update on decisions taken on smoking cessation and their impact. 6. CCG Task Group Scoping Report 7. Work Plan 2017/18
25 July 2017	<ol style="list-style-type: none"> 1. End of Year Finance & Performance Report 2. New Mental Health Hospital Update – decision on preferred site and configuration of beds. 3. Introduction to Safer York Partnership and new Community Safety Plan. 4. Safeguarding Vulnerable Adults Annual Assurance report 5. Be Independent end of year position 6. Work Plan 2017/18 <p style="text-align: center;">Information Reports</p> <p style="text-align: center;">Annual Report of Tees Esk & Wear Valleys Foundation Trust</p>
13 September 2017	<ol style="list-style-type: none"> 1. 1st Quarter Finance & Monitoring Report 2. Update Report on Implications of Homelessness Reduction Act 3. Update Report on Housing Revenue Account Business Plan. 4. Work Plan 2017/18

3 October 2017	<ol style="list-style-type: none"> 1. Review of Allocations Policy & Choice-based Lettings 2. Work Plan 2017/18 <p>Information reports</p> <ul style="list-style-type: none"> • Further update report on community service provision • Annual Report of Chair of Teaching Hospital NHS FT • Annual Report of Chair of Yorkshire Ambulance Service • Annual Report of Chair of Vale of York CCG
15 November 2017	<ol style="list-style-type: none"> 1. Healthwatch six-monthly performance update 2. Work Plan 2017/18 <p>Information reports</p> <ul style="list-style-type: none"> • Winter Pressures • North Yorkshire Fire & Rescue Service
12 December 2017	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 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	<ol style="list-style-type: none"> 1. Work Plan 2017/18 2. Update Report on Actions Against Community Safety Plan Targets
23 April 2018	<ol style="list-style-type: none"> 1. Work Plan 2017/18
23 May 2018	<ol style="list-style-type: none"> 1. Healthwatch six-monthly performance update 2. Work Plan 2017/18 <p style="margin-left: 40px;">Information Reports</p> <ul style="list-style-type: none"> • 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)

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