



Notice of a public meeting of

Health, Housing and Adult Social Care Policy and Scrutiny Committee

- To:** Councillors Cannon, Cullwick (Vice-Chair), Doughty (Chair), Mason, Pavlovic, Richardson and Warters
- Date:** Monday, 19 February 2018
- 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 15 January 2018 and the revised minutes of the meeting held on 12 December 2017.

Please note: The revised minutes of the meeting held on 12 December 2017 will follow as an agenda supplement.

3. Public Participation

At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00 pm on Friday 16 February 2018**.

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http://www.york.gov.uk/download/downloads/id/11406/protocol_f_or_webcasting_filming_and_recording_of_council_meetings_20160809.pdf

4. Update on New Mental Health Hospital (Pages 9 -16)

This report provides an update on the progress made and key milestones with regards to the development of a new mental health hospital for York and Selby.

5. Finance and Performance Quarter 3 Monitoring Report (Pages 17- 30)

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

6. Work Plan

(Pages 31- 36)

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

7. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

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

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

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)

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City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	15 January 2018
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Richardson, Cannon, Warters, Pavlovic and Fenton (Substitute for Cllr Mason)
Apologies	Councillor Mason

48. Declarations of Interest

In addition to Members' standing declarations, Councillors Cannon, Cullwick, and Pavlovic declared a personal interest as patients of York Hospital. Cllr Doughty declared a personal interest as his partner had previously worked for The Retreat, York.

49. Minutes

Members felt the minutes of the meeting held on 12 December 2017 did not offer sufficient detail of the questions asked during the meeting, particularly around the STP (minute 44). It was agreed that the Chair would liaise with Democratic Services and an amended version of the minutes would be brought to the next meeting for the committee's approval.

It was agreed that information relating to the public health grant (minute 46) would be circulated to members by the end of January 2018. It was confirmed that the report on homelessness (minute 45) due to be taken to Executive on 25 January 2018 would suggest suitable ways for well-wishers to support rough sleepers through donations to charities.

Resolved: That the Chair would liaise with Democratic Services to amend the draft minutes of the meeting of the Health, Housing and Adult Social Care Policy and Scrutiny Committee held on 12 December 2017 and that these would be brought back to a future meeting for the Committee's approval.

50. Public Participation

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

51. The Retreat Quality Improvement Plan 2017 - Update Report

Members considered a report updating them on the response of The Retreat to the CQC inspections of November 2016 & February 2017 and the safeguarding investigation from February-July 2017. The Chair congratulated staff at The Retreat for the progress made since the inspections. Cathy Waters and Jo Skinner from The Retreat were in attendance and in response to questions it was reported that:

- It was hoped The Retreat would take a more formal role in the development of the STP's mental health agenda and that they could re-engage with voluntary sector partnership work within the city. Members agreed to support them with this.
- The Retreat's new business plan would include strategies for reducing the average length of stay by patients where this was appropriate.
- Regulations regarding staffing levels were being met and a greater number of staff were now receiving appraisals. Recruitment of qualified and experienced staff remained a challenge shared by the health and social care sector nationally.
- Concerns around the dispensing of medication had been addressed through better recording practices and staff training.
- An involvement worker was in post to support clients to feedback to the organisation on the services they received.
- The identified action relating to dining facilities would be included in a longer review of the building and estate but could not be easily resolved in the shorter-term.
- It was agreed that The Retreat would work with the council to find a long-term strategy for tackling graffiti on the back wall of their grounds.

Resolved: To note the update on the response of The Retreat to the CQC inspections of November 2016 & February 2017 and the safeguarding investigation from February-July 2017.

That the scrutiny officer contact the STP to ask that The Retreat is invited to take part in mental health workstream items that may be planned in the future.

Reason: To keep the committee updated on the progress of The Retreat Quality Improvement Plan.

52. Six-monthly Quality Standards Monitoring Report - Residential, Nursing and Homecare

Members considered a report detailing performance of providers of Residential, Nursing and Homecare in York. The report detailed improvements to the services since a CQC inspection and report in June 2017 and detailed improvement tasks still outstanding. The Head of Commissioning for Adult Social Care introduced the report and in response to questions it was reported that:

- York outcomes were positive in comparison to national averages and no services had been assessed as inadequate but recruitment and retention of staff remained the biggest challenge in the social care sector. It was hoped that the recruitment of care-home managers would provide greater stability.
- The new inspection framework had been used for all inspections listed in the report and the commissioning team worked alongside the CQC to visit providers and look at the quality of provision. Homes in crisis would be subject to an improvement plan.

Resolved: To note the performance and standards of provision across care service in York.

Reason: To assure Members on the quality of adult social care services in York and the impact that this has on people who use these services

53. Update on the Older Persons' Accommodation Programme

Members considered a report updating them on the Older Person's Accommodation including programme delivery, resource deployment and risk. The Programme Director for the Older Persons Accommodation Programme was in attendance to present the report. In response to Members' questions it was reported that:

- The programme was on track to provide its target of 713 new care units by 2020, with risks largely under control and minimised. Planning continued to be the greatest risk facing the programme.
- Older person's accommodation was usually rented or owner-occupied and increasing the number of care places would free up more family homes for the city.
- Car-use by care home residents was often very low and the requirement for off-road parking varied by site. Advice had been taken regarding parking allocations for staff. The officer agreed to provide Cllr Richardson with further information on parking allocations

- for specific sites.
- Future need was calculated using demographic projections and a national assessment framework. It was predicted that nationally the over 75 population would increase by 50% by 2030.
 - As a key purchaser of care places, the council had some influence over care provision in York. With few exceptions, care places were available to anyone to ensure transitions into care could be made in a timely way.
 - Receipts from the sale of old premises would be used to support the Older Person's Accommodation programme. The Burnholme site was budgeted for separately but would be funded in part from the scheme. It was agreed to send a more detailed budget to Cllr Cannon for her information.
 - The Executive's priority in disposing of the Willow House site was to gain the maximum capital receipt for investment in the programme. This was not the case for the Carlton Tavern site where priority had been placed on retaining the site for a new care home and the applicant had therefore been provided with information from the programme team to support their application.
 - The cap on mitigating care costs, paid by the council, was re-negotiated annually with each cap lasting for three years.

The development of the Burnholme campus was discussed including the proposed closure of three surgeries in the Tang Hall area. Members were concerned with the impact this may have on their existing patients and felt accessibility should be made a priority in any plans for the new campus. It was explained that the Priory Medical Group was responsible for undertaking an impact assessment exercise and consulting with their patients appropriately.

Resolved: (i) To note the good progress in delivering the Programme.

(ii) To request a further update be presented at a future meeting.

(iii) To invite Priory Medical Group to a meeting to present their plans for mitigating the impact of planned surgery closures.

Reason: To keep Members updated on the Older Person's Accommodation programme

To reassure the committee that the impact on vulnerable patients had been considered in the plan to change health provision arrangements in the Tang Hall area.

54. Housing Registrations Scrutiny Review - Implementation Update

It was agreed to take item 7 and 8 together. The Head of Housing was in attendance to respond to questions.

Members considered two reports. The first report detailed the progress made on implementing the recommendations of the Housing Registrations scrutiny review. The review had been inherited from a former scrutiny committee which had appointed a task group to look at the processes relating to Housing Registrations.

The second report provided information on the future involvement of City of York Council (CYC) with North Yorkshire Home Choice (NYHC) common allocations policy and choice based lettings system. It was reported that officers were confident that in the short term the scheme could continue to work for York residents and agreements with local providers would continue. The formal consultation on the proposed policy would be in a variety of formats, and cover a wide range of stakeholders and partners. It was currently in draft form and Members were welcomed to share their comments on the draft with officers.

The bronze band for social housing applicants would be eliminated, with exceptions, as this created unnecessary administration while not increasing the priority of applicants in the waiting list. A focus had been placed on robust and honest conversations with applicants about the likelihood of having their housing requests granted and this had resulted in a considerable drop in applications received. The 'potentially homeless' gold band would also be eliminated following legislation which enabled the groups' needs to be addressed through other avenues.

In response to a question it was reported that the impact on York of a national policy to specify room sizes in shared accommodation had not yet been fully explored.

Resolved: To note the implementation update information detailed in Annex A.

To sign off the remaining recommendations and request regular updates on the ongoing work to respond to changes in housing related legislation etc.

To receive the completed draft policy at a future meeting for Members' comments and response.

Reason: To conclude this review in line with scrutiny procedures and protocols and inform the future work of scrutiny.

55. Review of Allocations Policy & Choice-based Lettings

See minute item 7.

Resolved: To note the information in this report

Reason: To proceed with the work on the allocations policy for York residents (subject to formal decision) and of scrutiny in line with scrutiny procedures and protocols

56. Work Plan 2017/18

The work plan for the remainder of the municipal year was considered.

Members were invited to attend an informal meeting organised by the Children, Education and Communities Select Committee at 5.30pm on 29 January to discuss the potential merits of conducting a joint scrutiny review into Children's Mental Health provision in the city. Some members felt this would not be within the scope of the committee but it was agreed that members would attend to discuss the remit and ambitions of such a review. It was suggested that a review of the committee's remit be carried out in the new municipal year and it was agreed that the Scrutiny Officer would make enquiries regarding this.

The following amendments were made to the work plan following discussion:

- The deferral of the six-monthly BeIndependent report to a later meeting to allow an existing review with the organisation to be completed.
- The addition of a discussion on the impact of planned surgery closures to which the Priory Medical Group should be invited along with officers from the relevant council departments (including highways, transport, commissioning, and health).
- The addition of a review of the Health and Wellbeing Strategy and the Council's new Mental Health Strategy at a date to be confirmed following liaison between the Scrutiny Officer and Director of Public Health.
- The addition of an update on the impact of the decision made regarding the incorporation of North Yorkshire Fire Authority within the remit of the Police and Crime Commissioner.

Resolved: To note the Committee's work plan for the municipal year and to add the items as above.

Reason: To keep the Committee's work plan updated.

Cllr P. Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.20 pm].



Health, Housing and Adult Social Care Policy and Scrutiny Committee **19th February 2018**

Developing a new mental health hospital for York and Selby – an update

Summary

1. This report provides an update on the progress made and key milestones with regards to the development of a new mental health hospital for York and Selby.

Background

2. The development of the new mental health hospital has previously been reported.

The public consultation regarding the choice of sites and proposed configuration of inpatient beds was well publicised, well-attended and received praise with regards to the efforts made to ensure wide and meaningful engagement.

Feedback from the consultation highlighted the following:

- Beds - People expressed a concern that 15 beds per ward may be insufficient, and that greater flexibility would be required to avoid admissions outside of the locality.
- Community services - People expressed a view that community services need to be developed to support alternatives to admission (where possible) and to ensure that discharge from hospital is managed safely.
- Site preference – 49.32% (181 of 367) preferred Bootham Park, 31.88% (117 of 367) preferred Haxby Road and 18.8% (69 of 367) preferred Clifton Park.

This feedback was considered by TEWW and Vale of York CCG and incorporated into the decision making.

Having completed the full options appraisal (including the output of the consultation) Haxby Road was chosen as the preferred site.

In the intervening period significant work has been undertaken to progress the scheme, seek planning approval, and determine the preferred design.

Consultation

3. A timeline of key milestones is attached below to illustrate the progress made and current / forthcoming actions with regards the development.

August 2016 to present day	Engagement events with service users and carers to develop design brief and determine preferred designs across clinical and public areas. 36 separate design workshops have been held to date - COMPLETE
September 2016 to January 2017	Public Consultation re choice of sites and configuration of inpatient beds – COMPLETE
2 nd February 2016	Consultation feedback report received, approved and signed off at Vale of York CCG Governing Body meeting. - COMPLETE
September 2016 to March 2017	Discussions with CYC, Historic England and NHS Property Services re potential use of Bootham Park Hospital for new hospital development - COMPLETE
September 2016 to December 2017	Discussions with City of York Council re planning approval requirements to develop a new hospital – COMPLETE
September 2017	Facilitated public “exchange events” to provide updates re development of services and progress re the new hospital – COMPLETE
March 2017	Formal options appraisal completed - COMPLETE

June 2017	Communications released re outcome of formal options appraisal (post purdah) – COMPLETE
August 2017	Communication release re appointed construction partners – Wates https://www.wates.co.uk/ - COMPLETE
August & September 2017	Discussion with Ward Councillors to provide detail re new hospital proposals and seek feedback from the locality perspective – COMPLETE
14 th September 2017	Public drop in session– to seek pre-planning feedback from local residents prior to planning application submission – COMPLETE
6 th October 2017	Planning application received by City of York (CYC) Council
13 th December 2017	Planning approval agreed at CYC planning committee meeting
18 th December 2017	Formal (written) planning approval received from CYC – COMPLETE
19 th December 2017	*Trust Board approved enabling works – COMPLETE
February 2018	Land purchase completed
February 2018	Enabling work commences on Haxby Road site, following land purchase
February to March 2018	TEWV internal review and sign off process for Full Business Case (FBC)
April 2018	Groundwork commences on Haxby Road site.
October 2019	Completion of scheme and handover to TEWV

<p>October to December 2019</p>	<p>Planned TEWV commissioning of Haxby Road site to install all furniture and equipment, and ensure safety testing complete in readiness for operational use</p> <p>Planned staff orientation and training programme to ensure all hospital-based staff are familiar with layout, protocols and procedures and have received required training, prior to operational start in December 2019</p>
<p>December 2019</p>	<p>Hospital becomes operational with a phased transfer of services to ensure safety and continuity of care</p>

*In order to ensure no impact to the planned programme, essential enabling works were identified in November 2017 and these were approved at Trust Board on 19th December 2017. This enabling work ensures that the programme remains on track for delivery in October 2019, with a phased operational start from December 2019.

The new hospital will be funded by TEWV. We quoted an estimated figure of £29m for the build (excluding purchase of land) during the public consultation based on four wards of 15 beds, the scope (including associated support services) has since increased to provide 18 beds per ward. As a result the estimated figure has proportionately increased but will continue to be covered by the organisation, subject to FBC approval.

Service user and carer input into the design process has been essential in achieving a build plan that meets required compliance standards whilst maximising service user, carer and staff experience and supporting positive health outcomes. The commitment and enthusiasm of our service users and carers and staff has influenced the design to achieve the best possible environment in which to receive care or for a carer to visit. We will continue to support this level of engagement throughout the programme.

Over recent months we have been enhancing our links with local partners, including York St John University and University of York. Our initial discussions have highlighted the potential benefits for our service

users and carers, and our clinical staff, and we will be communicating details of these as they develop.

We are mindful of the feedback we have received regarding the importance of managing beds effectively and developing community services so that service users receive the support they require.

Work is ongoing to support service transformation through identification of best clinical practice and improved understanding of service user and carer experience with regard to enhanced links with the communities we serve. This will build on the work we have been doing which includes Purposeful Inpatient Admission (PIPA), crisis and home based treatment, care home and dementia team, and Purposeful and Productive Community Services.

Feedback from the public consultation included a request that we keep service users, carers, and the general public up to date regarding developments. This has been managed through the facilitated exchange events (further events will be arranged later this year, and next year) in addition to the quarterly stakeholder newsletter we produce and the regular press releases from our communications team.

Options

4. N/A

Analysis

5. N/A

Council Plan

6. N/A

Implications

7. **Financial**

The programme is on track to quality, time and cost. TEWV is funding the site purchase and construction.

Human Resources

A workforce plan is being developed to ensure safe staffing of inpatient areas and to maximise skills alignment to provide a breadth of

intervention which is clinically appropriate and will support best health outcomes.

Equalities

An equality impact assessment has been completed as an integral element of the FBC documentation.

Legal

TEWV are compliant with all legal requirements regarding this development.

Crime and Disorder

The planning approval for this development includes advice from North Yorkshire Police regarding the safe storage of belongings within the hospital and the potential organisation of the internal and external environments to discourage crime across the site.

Information Technology (IT)

Developments for the new hospital are already being considered with clinical teams to ensure that the build is designed around these needs to ensure best possible IT solutions from the operational date.

Property

N/A

Other

It is a condition of the planning approval that we improve the 2 bus shelters closest to the new hospital site. This will include refurbishment of the bus stops and the incorporation of computerised information boards.

Risk Management

8. Risk registers are maintained for the overall programme (high level) and in relation to the construction-specific elements. Risks associated with the development of the new hospital are reviewed regularly via TEWV project management arrangements.

Conclusions

9. The development of a new mental health hospital is a hugely exciting opportunity for York and Selby. It will offer modern healthcare facilities which provide a safe and comfortable environment in which to receive care, and for carers to visit.

The opportunity afforded by this development allows new interventions to be supported by enabling the environment to meet best clinical practice, whilst enhancing privacy and dignity. The quality of accommodation and space available maximises service user choice both indoors and outdoors and supports healing processes.

Recommendations

10. Members are asked to receive and note this briefing.
Reason: To inform Members of the progress of the new hospital plans
11. An opportunity to view a 3D animation of the new hospital will be made available at the meeting and 15 minutes (max) has been set aside for this purpose.

Contact Details *(For further info please contact the author of the report)*

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Report Approved Date 7/02/2018

Background Papers:

No background papers are attached to this report.

Annexes

No annexes are attached to this report.

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

19 February 2018

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

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

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

Financial Analysis

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

Table 1: HHASC Financial Summary 2017/18 – Quarter 3

2017/18 Quarter 2 Variation £000		2017/18 Latest Approved Budget			2017/18 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+88	ASC Prevent	6,460	1,378	5,082	+7	+0.1%
+63	ASC Reduce	10,238	2,818	7,420	-157	-2.1%
-35	ASC Delay	11,129	7,064	4,065	+102	+2.5%
+657	ASC Manage	45,332	14,459	30,873	+1,005	+3.3%
-604	ASC Mitigations				-653	
+169	Adult Social Care	73,159	25,719	47,440	+304	+0.6%
0	Public Health	8,404	8,430	-26	0	0%
+65	Housing and Community Safety	11,973	9,432	2,541	+44	+1.7%
+234	HHASC GF Total	93,536	43,581	49,955	+348	+0.7%
+159	Housing Revenue Account Total	31,174	34,363	-3,189	+243	+0.8%

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

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

Adult Social Care Prevent Budgets (+£7k / +0.1%)

- 4 There is a continued pressure from 2016/17 of £32k to undertake Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks on equipment the department has installed in customers' homes. The council has a statutory duty to check the equipment regularly and this projected overspend represents the ongoing pressure to maintain equipment in line with these regulations. In addition the original budget for 2017/18 included a proposed £52k reduction in the contract value of a local not for profit provider, which is not deemed appropriate to action at the present time. These are offset by a projected £70k underspend on the vacant assistant director post, together with other minor underspends.

Adult Social Care Reduce Budgets (-£157k / -2.1%)

- 5 There is a £100k underspend within the direct payment budget due largely to additional reclaims received in the last quarter. In addition, the Small Day Services, a series of council run day support options for customers, is forecast to underspend by £160k due mainly to staffing vacancies.
- 6 The Better Care Fund (BCF) for 2017/18 and 2018/19 has been agreed and submitted to NHS England; the plan is still going through the assurance process. Partners have, however, agreed a programme of spend which assures funding for existing schemes pending their review whilst investing in new initiatives, such as social prescribing and a project to look at implementing 7 day services.
- 7 The department has also developed a plan to combat pressure expected over winter due to the hospital not opening an extra ward as would ordinarily be the case. Discussions are ongoing as to how this will be funded but the first call will be on any BCF schemes which are projected to underspend.

Adult Social Care Delay Budgets (+£102k / +2.5%)

- 8 The community support budgets are forecast to overspend by £107k, predominantly in the Older People customer group.

Adult Social Care Manage Budgets (+£1,005k / +3.3%)

- 9 There is a continuation of the 2016/17 overspend forecast for LD external residential placements of £474k as some high cost customers did not move into supported living schemes as expected. In addition

Older Persons' external residential care is overspending by £321k due to a net increase of 20 new customers since quarter 2 (£236k), an underachievement of income due to fewer customers making contributions than was assumed in the budget (£64k), and a £21k bad debt write off.

- 10 The Older Persons' Home budget is forecast to overspend by approximately £294k due to the reduction in customer income as the service is modernised and services reduce capacity pending the outcome of formal consultations regarding future use, but also due to staffing overspends where the establishment is exceeded due to general assistants, a deputy manager, 0.5 fte of a service manager and the cost of cooks regraded but not funded. This overspend will be met from the capital receipts generated by the sale of surplus homes in 2017/18 as permitted by new powers given to local authorities in last year's budget.
- 11 Several savings relating to the current and future years are expected to be delivered by the Future Focus programme. A review of potential cashable savings delivered by the change has detailed an expectation of £909k to be delivered (cumulative) after 7 years. This is lower than the original targeted level of savings of £1.85m after 4 years but is reduced due to other pressures in the system and a conservative approach to expected savings derived from demand management. It is possible that these savings can be revised upwards at a point where more robust data is available from other authorities in relation to demand management from this approach. Phase 1 started in June 2017 and the business case outlining areas potentially yielding savings is nearing completion. The implementation phase will not start before autumn and no savings attributable to the programme have been factored into current projections for the sake of prudence. This creates a budget pressure of £212k in 17/18. In addition further one-off investment (in excess of the original £360k reported previously to the Executive) of £220k will be required to complete phase 2. However the funding to support this has been found from within the wider existing HHASC directorate budgets.
- 12 In addition there has been a permanent reduction in the funding received from Public Health towards voluntary sector and mental health services in adult social care of £75k.

Adult Social Care Mitigations (-£653k)

- 13 The directorate has identified some areas to mitigate the overspend and help to bring it back towards a balanced position. These are:
 - Review the level of support in the Supported Living Schemes with a view to reduce and restructure the schemes to create a cash

saving (£150k).

- Use the uncommitted base Care Act budget to offset some the pressures (£427k).
- Securing additional CHC income which has not previously been accounted for (-£76k).

Public Health (£nil)

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

Housing and Community Safety General Fund (+£44 / +1.7%)

- 15 The projected overspend of £44k across Housing and Community Safety is due to a number of small variations.

Housing Revenue Account (+£243k / +0.8% of gross expenditure budget)

- 16 The Housing Revenue Account Budget has been updated to reflect the most recent Business Plan, agreed at Executive on 15th November 2017. As a part of the Business Plan refresh the revenue contribution to capital schemes was reprofiled to reflect the spend profile in the capital budget on the IT replacement programme which increases the surplus budget in 2017/18 £3.186m to £5.246m. There were offsetting increases in expenditure in later years to reflect the new spend profile. A review of the budgets in the area shows that, overall, a surplus of just over £5m is now forecast.
- 17 Repairs and Maintenance is forecasting to overspend by £415k, an increase of £120k against quarter 2. Whilst work continues to reduce subcontractor spend (a reduction of £200k is expected from the 2016/17 subcontractor spend) further reductions are required to meet the savings target for 2017/18. The repairs team are seeing pressures from the number of void properties that require a substantial amount of work and are working to limit the number of days these properties are empty, as such the overspend on repairs is projected to be £0.5m.
- 18 Fire risk assessments on all communal areas will be completed by April 2018 at a cost of £5k above budget, which is £15k lower than previously forecast. Electrical testing is forecasting an under spend of £20k as it is unlikely that the full programme of work will be completed this financial year due to staffing resources and the external paint programme is under spending by £70k.

- 19 A range of smaller underspends make up the overall variation.
- 20 The working balance position at 31 March 2017 was £22.64m. The projected outturn position outlined in the paragraphs above means the working balance will increase to £27.64m at 31 March 2018. This compares to the balance forecast within the latest business plan of £27.886m.
- 21 The working balance is increasing in order to start repaying the £121.5m debt that the HRA incurred as part of self financing in 2012. The current business plan assumes that reserves are set aside to enable to the debt to be repaid over the period 2023/24 to 2042/43. The level of working balance also enabled the creation of a £20m budget for new Council Housing (£10m coming directly from the working balance) which is proposed to be spent over the next four years.
- 22 Detailed information and regulations are still awaited regarding forthcoming changes to HRA legislation including the sale of high value properties. While the full extent of the impact of these changes is not yet known, the HRA will be required to make significant efficiencies in order to mitigate the reduction in income without reducing the HRA balance below prudent and sustainable levels.

Performance Analysis

Adult Social Care

- 23 Much of the information in paragraphs 25 to 50 can also be found on CYC's "Open Data" website, which is available at:
<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2017-2018>
and by clicking on the "Explore" then "Go to" in the "Adult Social Care and Health Q2" section of the web page.
- 24 Some of this information also forms part of CYC's overall "Service Delivery" suite of performance indicators, which are shown here:

Performance - Overview			2014-15	2015-16	2016-17	2017-18 Q2	2017-18 Q3	Latest Benchmark	DoT
Service Delivery	A Focus on Frontline Services	Average beds occupied each day in hospital which are attributable to adult social care DTOC, per 100,000 population	6.7	6.5	6.8	5.8	9.5	Above National and Regional Average	↓
		Percentage of panel confident they could find information on support available to help people live independently	NC	NC	65.46	NC	64.81	Not known	↓
		Proportion of adults in contact with secondary mental health services living independently, with or without support	55.10	28.50	39.21	80.64	93.13 (Nov)	Above National and Regional Average	↑
		Percentage of physically active and inactive adults - active adults	62.18	69.83	70.24	NC	NC	Above National and Regional Average	↑
		Number of days taken to process Housing Benefit new claims and change events (DWP measure)	5.91	5.87	5.58	4.07	3.97	Lower than National Average	↓
	A Council That Listens to Residents	Percentage of panel who agree that they can influence decisions in their local area	NC	NC	25.65	NC	26.87	Above National Average	↑
		Percentage of panel satisfied with their local area as a place to live	NC	NC	89.84	NC	89.94	Above National Average	→
		Percentage of panel satisfied with the way the Council runs things	NC	NC	65.54	NC	62.13	Above National Average	↓
		Overall Customer Centre Satisfaction (%) - CYC	58.15	91.54	92.48	92.51	93.50	Not known	→
	A Prosperous City for All	Net Additional Homes Provided (YTD)	507	1,121	977	1,036	NC	Not known	→
Percentage of panel who give unpaid help to any group, club or organisation		NC	NC	64.30	NC	66.22	Above National Average	↑	

NC - Not due to be collected during that period

Residential and nursing admissions

- 25 Avoiding permanent placements in residential and nursing care homes is a good measure of ensuring of how effective packages of care have been in ensuring that people regain control of their lives quickly. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. It is important that even with lower numbers going into Residential Care, we can balance the system through ensuring that equal or greater numbers are moved on. This means offering alternatives such as Supported Living for people who would otherwise stay in Residential Care for long periods.
- 26 The number of people in long-term residential and nursing care rose to 613 at the end of 2017-18 Q3, compared with 607 at the end of 2017-18 Q2. There were five admissions of younger people and 47 admissions of older people to residential and nursing care in the third quarter of 2017-18. These are lower than 2017-18 Q2 for younger people (six) and for older people (47). This is partly due to the extension of Sheltered Housing with Extra Care facilities.

Adults with learning disabilities and mental health issues

- 27 There is a strong link between employment and enhanced quality of life. Having a job reduces the risk of being lonely and isolated and has real benefits for a person's health and wellbeing. Being able to live at home, either independently or with friends / family, has also been shown to improve the safety and quality of life for individuals with learning disabilities and mental health issues.
- 28 Our performance level during 2017-18 Q3 (on average, 7.7% of adults with a learning disability were in paid employment), is marginally less from the 2017-18 Q2 position (7.8% of adults with a learning disability were in paid employment). Additionally, during 2017-18 Q3 on average 79.6% of adults with a learning disability were living in their own home or with family, which is a very minor deterioration on the 2017-18 Q2 position (the corresponding figure was 80.4%). For those with mental health issues, on average 14.3% of this group were in paid employment at the end of November 2017 (latest figures available) (an improvement on the corresponding 2017-18 Q2 figure of 12.9%). TEWV have now completed a quality improvement exercise to provide more accurate information, and at the end of November 2017 (latest figures available) they were able to report that 93% of adults with mental health issues were in settled accommodation (it had been reported as 82% at the end of 2017-18 Q2).

Delayed Transfers of Care

- 29 This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. A delayed transfer of care (DToC) occurs when a patient has been clinically assessed as ready for discharge from hospital, but a care package (from either the NHS or Adult Social Care) is not available.
- 30 NHS England recently changed the way in which they measure performance for this indicator, which involves calculating the average number of beds occupied each day. Approximately 16 beds were occupied per day in York hospitals because of delayed transfers of care, attributable to ASC, during the third quarter of 2017-18. This is an increase on the previous quarter (where, on average 10 beds per day were occupied) and is largely due to a rise in waiting for care packages. We are working with health colleagues to enable assessments to happen outside hospitals to reduce delays for patients, and have

recently introduced seven-day social working, a multi-disciplinary Integrated Complex Discharge Hub and Step Up Step Down beds.

Independence of ASC service users

- 31 It is important that social care service users have as much contact with others as possible as this maintains their health and independence. It is also a good proxy measure for the work done by Local Area Teams in terms of bringing people from all sectors of the various York communities together.
- 32 During the third quarter of 2017-18, on average 1,775 people were supported to live independently by CYC Adult Social Care packages of care. This is a decrease of 2% on the corresponding number in the second quarter (1,824). There was, however, an increase – continuing the recent upward trend – in the number of those supported to live independently by the use of preventative measures: this averaged 991 during the third quarter of 2017-18, compared with 984 in the previous quarter.

“Front door” measures and how adults are supported financially

- 33 CYC has a responsibility to conduct appropriate risk assessments for those contacting it who state that they may have care needs. The purpose of the “Future Focus” transformation programme is to ensure that people are best informed about the choices available to them, and to provide timely, cost-effective, services for those requiring support.
- 34 In the third quarter of 2017-18 a total of 587 people were assessed, under the national eligibility framework, for CYC-funded adult social care services. This is a decrease from the number assessed in the previous quarter (621). Of these 587 people, 452 were eligible to receive a service from CYC, a decrease from the 484 that were given a service in the second quarter. Almost all (99.92%) of those using social care received self-directed support during the third quarter – a percentage unchanged from the second quarter – and the percentage receiving direct payments also remained stable, at 21% in the third quarter, as it was during 2017-18 Q2.

Safety of ASC service users and residents

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

- 36 In the second quarter of 2017-18 there were 265 completed safeguarding enquiries, which is a 7% increase on the number completed during the previous quarter (248). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry decreased, from 100% during 2017-18 Q1 to 94% during 2017-18 Q2.

Public Health

Under 18 conceptions

- 37 Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.
- 38 Data relating to conceptions is generally quite out-of-date because of the difficulties involved in verifying data from the relevant collection agencies. There were 15 per 1,000 conceptions amongst females aged 15-17 in York in the year to September 2016, which is a decrease of 26% compared to the rate in the year to March 2016. The Integrated Sexual Health service offers appointments and drop-in services to provide a comprehensive contraception service to all including Long Acting Reversible Contraception (LARC) which evidence shows supports young women in managing more effective long-term contraception. This is the same data as reported in the previous version of this report as there is no new data available.

Smoking

- 39 Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Amongst the general population, smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.
- 40 The percentage of pregnant women who are recorded as smoking at the time of delivery has fluctuated in recent times, but increased in the last quarter. The figure was 12% in 2017-18 Q2 (the latest figure available), compared with 10.1% in 2017-18 Q1. The rate is below the regional average (14.5%), but above the national average (11%) for 2017-18 Q2. We work closely with GP surgeries and York District

Hospital to advise pregnant women on the harmful effects of smoking on their baby.

- 41 York has a significantly lower percentage of current smokers (12.6%) compared with regional (17.7%) and national (15.5%) averages. Smoking prevalence in York has fallen from 18.7% in 2013 to the current level of 12.6% in 2016. Smoking prevalence amongst people working in routine and manual occupations in York is also falling. In 2013 the rate was 34.3% and this fell to 26.4% in 2016. Smoking rates amongst people working in routine and manual occupations in York are in line with national (26.5%) and regional averages (28.9%). These are the same figures as reported previously as there is no new data available for 2017 at the current time.

Health Visiting

- 42 Evidence shows that what happens in pregnancy and the early years in life impacts throughout the course of life. Therefore a healthy start for all our children is vital for individuals, families, communities and ultimately society. The health visiting service leads on the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged 0-5 years. The health visitor service delivery metrics currently cover the antenatal check, new birth visit, the 6-8 week review, the 12-month review and the 2-2½ year assessment.
- 43 Performance on some of these metrics has improved steadily, because of work done by the Healthy Child Service (HCS) to improve timeliness. The percentage of timely new birth visits (births that have a face-to-face NBV within two weeks) was 84% during 2017-18 Q2 compared with 81% during 2017-18 Q1. The percentage of timely 6-8 week reviews (by the time the baby is 8 weeks old) was 83% during 2017-18 Q2, as it was during 2017-18 Q1. The prevalence of breastfeeding at 6-8 weeks reached 44% at the end of 2016-17 Q4; this is the latest data that is available. The percentage of children getting a “12 month” review by the time they turned 15 months old increased to 81% during 2017-18 Q2 from 80% during 2017-18 Q1. The percentage getting a “2-2.5 year” review remained at 20% during 2017-18 Q2 compared with 2017-18 Q1. However, these figures should be interpreted with some caution as local authorities self-report on performance and may interpret the indicator timescales / guidelines differently. The new HCS started operating from August 2017, and is centred around an integrated 0-19 model, which provides a universal offer for all children, young people and their families resident in York or attending school in York; with more targeted services offered to those children, young people and families identified as having greater needs.

Chlamydia diagnosis

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

NHS Health Checks

- 46 The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.
- 47 During 2017-18 Q2, 38 checks were offered and the same number were carried out in York. The number of offers, and those carried out, was lower than in 2017-18 Q1 (120).

Successful completions of Drug and Alcohol Treatment (without representation)

- 48 Individuals successfully completing drug / alcohol treatment programmes demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

- 49 In the latest 18 month monitoring period to September 2017, 8.79% of opiate users who were in treatment successfully completed it and did not represent within six months; this is a deterioration from the rate reported at the end of the previous quarter (9.39%), but is significantly above the national average rate of 6.77%. Of non-opiate users, 33.9% of them successfully completed treatment and did not represent within six months; this is lower than the rate reported at the end of the previous quarter (36.9%) and the national average of 37.2%. There has been a change in provider of drug and alcohol treatment in the city since June and most of the activity will relate to the previous provider, which had significant financial challenges and were decommissioned by CYC to provide these services.
- 50 In 2015-16, 11.3% of those booked to start an alcohol misuse treatment programme, and 7.3% of those booked to start a drug misuse treatment programme, had to wait more than three weeks to do so, rates which are higher than the national averages (4.1% and 2.1% respectively). The most recent data available on waiting times (July to September 2017) shows a significant improvement in that only one client, of the 174 booked, had to wait more than three weeks to start their treatment for substance misuse.

Corporate Priorities

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

Implications

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

Recommendations

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

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

Contact Details

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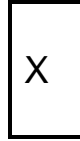
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Chief Officers Responsible for the report:

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Corporate Director of Health, Housing & Adult
Social Care

**Report
Approved**



Date 9 February 2018

Specialist Implications Officer(s) None

Wards Affected:

All Y

For further information please contact the author of the report

Background Papers

2017/18 Finance and Performance Monitor 3 Report, Executive 8 February
2018

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Health, Housing & Adult Social Care Policy & Scrutiny Committee

Work Plan 2017-18

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

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

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

	<p>5. Update report on homelessness</p> <p>6. Work Plan 2017/18</p>
15 January 2018	<p>Health</p> <p>1. Update report on The Retreat Improvement plans</p> <p>2. Six-monthly Quality Monitoring Report – residential, nursing and homecare</p> <p>3. Update Report on Elderly Persons’ Homes.</p> <p>Housing</p> <p>4. Housing Registrations Scrutiny Review – Implementation Update</p> <p>5. Review of Allocations Policy & Choice-based Lettings</p> <p>6. Work Plan 2017/18</p>
19 February 2018	<p>1. New Mental Health Hospital Update Report and Presentation</p> <p>2. 3rd Quarter Finance & Performance Monitoring Report</p> <p>3. Work Plan 2017/18</p>
26 March 2018	<p>Health</p> <p>1. Update report on increase in mental health crisis call handled by NY Police</p> <p>2. Report into consultation around surgery closures as part of planned Priory Health hub at Burnholme.</p> <p>Housing</p>

	<ol style="list-style-type: none"> 3. Homeless Strategy 4. Update Report on Actions Against Community Safety Plan Targets 5. Work Plan
23 April 2018	<ol style="list-style-type: none"> 1. Review of Health and Wellbeing Strategy (TBC) 2. Update on new mental Health Strategy (TBC) 3. 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>Information Reports</p> <ul style="list-style-type: none"> • North Yorkshire Fire & Rescue Service

On Going Issues

CCG Recovery Plan

Better Care Fund

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)

