



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

To: Councillors Doughty (Chair), Cullwick (Vice-Chair),
Cuthbertson, Flinders, Steward, K Taylor and Warters

Date: Tuesday, 15 January 2019

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 - 6)

To approve and sign the minutes of the meeting held on 12 December 2018.

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 Monday 14 January 2019**.

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- 4. 2nd Quarter Finance and Performance Monitoring Report** (Pages 7 - 20)
This report analyses the latest performance for 2018/19 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.
- 5. Update Report on Unity Health** (Pages 21 - 22)
This report is an update from Unity Health on CQC regulatory compliance and addressing patient access issues.
- 6. Overview Report on Student Health Services** (Pages 23 - 74)
This report provides an update on achievement against the 2017 student health needs assessment findings led by Higher York through the Student Health Network.
- 7. Six-monthly Quality Monitoring Report - Residential, Nursing and Homecare services** (Pages 75 - 82)
This is the bi-annual report of the Head of Commissioning, Adult Social Care on Residential, Nursing and Homecare Services.

8. Work Plan (Pages 83 - 86)

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

9. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name- Chris Elliott

Telephone – 01904 553631

E-mail- christopher.elliott@york.gov.uk

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

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

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 **(01904) 551550**

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Health and Adult Social Care Policy and Scrutiny Committee

Agenda item 1: Declarations of interest.

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

Councillor Doughty Member of York NHS Foundation Teaching Trust.

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City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	12 December 2018
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Flinders, Richardson and K Taylor
Apologies	Councillors Warters

47. Declarations of Interest

At this point in the meeting, Members were 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 to business on this agenda. None were declared.

48. Minutes

Resolved: That the minutes of the previous meeting held on 14 November 2018 be approved and signed by the Chair as an accurate record.

49. Public Participation

It was reported that there had been no registrations to speak on items relating to the general remit of the committee under the Council's Public Participation Scheme.

50. Half Yearly Report of the Chair of Health and Wellbeing Board

The Chair of the Health and Wellbeing Board, Cllr Runciman, was in attendance to brief the committee on the work of the Health and Wellbeing Board. It was noted that there had been a number of changes to the board's membership in this period.

Members questioned the Chair on her view of the current provision of mental health support services particularly in relation to those in crisis. The Chair reported that she was content with the current provision however it would be

something she would continue to challenge to ensure that it is meeting the needs of the population.

The committee questioned Cllr Runciman on flu vaccinations and the reported queues at surgeries. It was explained that this can happen for a number of reasons, but that there had been issues with vaccine supplies this year. It was also noted that it was not too late to receive a vaccination and that the take up had been lower this year than in previous years.

Members discussed the new Mental Health hospital and Cllr Runciman agreed with members that it would be useful to receive an update from TEWV on the development of the facility.

Members were reassured that the Student Health Network would not cease to exist but that current issues were being discussed around strategic leadership of the group and that this was ongoing.

Questions were raised regarding new birth health visitor visits and that there had been a dramatic improvement since 2016. It was also noted that whilst this service is voluntary, it is highly unusual to see families refuse this service.

Members discussed the upcoming changes to the Children's Safeguarding Board and its new working arrangements. The accountability of the statutory officers involved in the process was also discussed with Cllr Runciman highlighting to the committee that it was important that the new working arrangements and the accountability were clarified in order to help manage risks.

Officers also explained to members that a Sexual Health Needs Assessment had been carried out and had informed a procurement process that was currently underway for the provision of sexual health services in the city. It was noted that there had been a good response and that a provider would be chosen by the end of January.

51. York an evolving Asset Based Area

Members questioned officers on the Local Area Coordination programme. Officers informed the committee that there were hopes to expand the programme outside of the initial three

wards that have been used in the trial. It was noted that expanding the model was a tried and tested approach that had proved successful in other areas of the country. Officers also explained to Members how the social value of the programme will be assessed and discussed future funding, with officers highlighting the importance of the Improved Better Care Fund in the short term, whilst also noting that further work needed to be done on securing the programmes long term future.

Officers gave some insight into the kind of work that Local Area Coordinators do and members suggested that this was an area in which further information sharing and training would be greatly appreciated as they could play an important role in promoting the programme in the future and ensuring that their residents were aware of the services and support available.

Members requested some clarification on the 'levels' that were described in the report. Officers explained that:

- Level 1: referred to information, advice and signposting
- Level 2: related to more in depth work with a member of the community, where perhaps more complex issues were present.

52. The impact of the Elective Surgery Criteria

Roland Crooke, a resident, spoke to the committee about his experiences of the elective surgery criteria. Mr Crooke explained his situation and how it had forced him to pay for his own surgery privately due to the amount of pain he was experiencing. Mr Crooke explained that he thought the policy discriminated against the overweight and the elderly.

John Clark, Chair of Healthwatch York, then addressed the committee to explain that this issue would be analysed in Healthwatch's current work stream on changes to services and that this report would be published in early 2019.

Dr Nigel Wells, the Chair of the CCG, and Michelle Carrington, Head Nurse for the CCG were in attendance to answer questions. The officers explained the 'individual funding request' (IFR) and the approach to the policy.

Members discussed the criteria and questioned officers on the 'postcode lottery' that was experienced as a result of the differing criteria between bordering Clinical Commissioning

Groups. Officers explained that there were a number of subtle differences between the policies and that it was not just in relation to BMI. Officers explained that the policy allowed clinicians to have an open and honest discussion with patients about lifestyle and that as a system there was a need to encourage prevention and that lifestyle changes were an important part of that.

Officers agreed with Members that improvements needed to be made regarding communication with patients and with healthcare professionals to ensure that the policy was being implemented as intended and with the secondary support that was required.

Concerns were raised regarding the impact this policy would have on private healthcare providers and a potential increase in the demand for private healthcare. Officers explained that whilst this may be true, the entire healthcare system in York had to work together to resolve issues around the CCG's fixed funding arrangements and the best use of funds available to it.

Members requested that in future it would be very useful to have data from the CCG that related only to the City of York, as the report contained data for whole of the Vale of York. Officers said they were happy to explore this for future reports.

53. Work Plan

Members discussed the work plan for the remainder of the municipal year. It was noted that there was a desire to receive a report on the integration of health and social care services and that this was to be arranged.

Members agreed that they would receive a report from Humber Coast and Vale on their work on Mental Health Partnerships in February.

Cllr Richardson informed the committee that this would be his last meeting and he thanked the committee for their work whilst he had been a Member.

Cllr P Doughty, Chair

[The meeting started at 17:30 and finished at 20:30].

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

15 January 2019

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

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

- 1 This report analyses the latest performance for 2018/19 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.

Financial Analysis

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

Table 1: HHASC Financial Summary 2018/19 – Quarter 2

2018/19 Quarter One Variation £000		2018/19 Latest Approved Budget			2018/19 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+31	ASC Prevent	7,507	1,622	5,885	-47	-0.8%
-214	ASC Reduce	11,800	4,242	7,558	+305	+4.0%
+110	ASC Delay	12,650	9,464	3,186	-43	-1.3%
+961	ASC Manage	49,927	16,357	33,570	+1,067	+3.2%
-400	ASC Mitigations				-696	
+488	Adult Social Care	81,884	31,685	50,199	+586	+1.2%
0	Public Health	7,605	8,211	-606	0	0%
+20	Housing and Community Safety	11,930	9,523	2,407	-10	-0.4%
+508	HHASC GF Total	101,419	49,419	52,000	+576	+1.1%
0	Housing Revenue Account Total	39,839	33,423	6,416	+90	0.2%

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

- 3 The following sections provide more details of the significant general fund outturn variations, which are predominantly within Adult Social Care budgets.
- 4 Pine Trees, a day support service for customers is forecast to underspend by £78k due in the main to securing additional Continuing Health Care (CHC) Income for two customers. Underspends are also forecast on the Supported Employment scheme at Yorkcraft (£97k) as places within the scheme have been held vacant pending a review of the supported employment offer.
- 5 The Personal Support Service, which provides care and housing support in the Council operated independent living communities, is forecast to overspend by £322k due to additional staffing costs. Work is ongoing to review the level of staffing required. There is an overspend of £214k on direct payments as there has been a reduction in the amount of unused payments recovered.
- 6 There is pressure on external Step Down beds (£170k). A small budget has been set previously to place people externally as the exception but there have been several high cost placements made to date this year and the use of these beds is increasing. Older people's residential care is forecast to overspend by £115k on permanent placements and £103k on short term places and older peoples nursing care is forecast to overspend by £127k due to an increase in the number of customers.
- 7 Two independent older person's homes have closed in the city. Moorlands and Amelia House recently gave notice to the council that they were shutting. The council successfully fulfilled its responsibility to find homes for over 50 residents. This is causing £431k of budget pressure as the capacity to provide homes for these people in the city was only available at a higher cost than previous placements. However the department is able to mitigate this pressure in 2018/19 from budget released by the closure of council run homes. The Adult Social Care commission team works closely with independent care home providers in the city to help improve quality and reduce the risk of home closures.
- 8 The Supported Living for Learning Disability customers continues to be a budget pressure. This is forecast to overspend by £374k. An action plan has been drawn up and is being implemented. A range of other minor variations make up the overall directorate position.
- 9 The directorate management team are committed to doing all they can to try and contain expenditure within the approved budget and are currently exploring the options available to further mitigate the forecast overspend. This includes reviewing that the capacity in all block contracts are maximised, reviewing the use of temporary and casual staff, and continued restrictions on all discretionary spending.

Housing Revenue Account

- 10 The Housing Revenue Account budget for 2018/19 is a net cost of £6,416k due to the £10m investment from the working balance into providing new council houses. Overall, the account continues to be financially strong and is forecasting a nil variance at this early stage in the financial year meaning that the working balance will reduce to £22.9m at 31 March 2019 as outlined in the 2018/19 budget report. This compares to the balance forecast within the latest business plan of £22.3m.
- 11 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 the debt to be repaid over the period 2023/24 to 2042/43. Following the decision by Members to fund new Housing Development initiatives through the HRA this will impact on the thirty year business plan and therefore an update of the business plan is due to be presented to members later in the year.

Performance Analysis

ADULT SOCIAL CARE

- 12 Much of the information in paragraphs 14 to 25 can also be found on CYC's "Open Data" website, which is available at

<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2017-2018>

and by clicking on the "Explore" then "Go to" in the "Adult Social Care and Health Q2" section of the web page.

- 13 A summary of the information discussed in paragraphs 14 to 25 can be found in the table below:

Measure	Frequency	Latest	2015-16	2016-17	2017-18	2018-19 Q1	2018-19 Q2	Direction of Travel
Number of customers in long-term residential and nursing care at the period end (Snapshot)	Monthly	Sept 18	632	623	575	614	629	Deteriorating
Number of permanent admissions to residential and nursing care homes for older people (65+)	Monthly	Sept 18	260	248	246	91	56	Improving
Number of permanent admissions to residential and nursing care homes for younger people (18-64)	Monthly	Sept 18	22	16	22	8	2	Improving
Percentage of adults with a learning disability in paid employment	Monthly	Sept 18	9.70	8.33	8.30	9.31	9.18	Stable
Percentage of adults with a learning disability who live in their own home or with family	Monthly	Sept 18	82.60	82.26	82.00	78.28	77.96	Stable
Percentage of adults in contact with secondary mental health services in paid employment	Monthly	Sept 18	6.70	8.79	13.00	20.00	22.00	Improving
Percentage of adults in contact with secondary mental health services living independently, with or without support	Monthly	Sep-18	28.50	39.21	69.00	83.00	86.00	Improving
Average number of beds per day occupied by patients subject to delay transfers of care attributable to adult social care, per 100,000 adult population	Monthly	Sept 18	6.52	6.85	6.35	7.89	6.93	Improving
People supported to live independently through adult social care packages of care	Monthly	Sept 18	1,762	1,882	1,814	1,879	1,854	Neutral
People supported to live independently through adult social care prevention	Monthly	Sept 18	2,435	931	978	937	952	Neutral
Number of Supported self assessments completed	Quarterly	Sept 18	1,470	2,448	2,447	646	546	Neutral
Number of customers eligible to receive services following an assessment	Quarterly	Sept 18	1,200	1,814	1,879	501	402	Neutral
Percentage of people using adult social care who received self-direct support	Quarterly	Sept 18	97.60	99.93	99.90	99.92	99.92	Stable
Percentage of people using social care who receive direct payments	Quarterly	Sept 18	22.40	20.49	22.00	22.40	23.15	Stable
Number of completed safeguarding pieces of work	Quarterly	Sept 18	1,071	1,178	1,056	301	348	Neutral
Percentage of completed safeguarding S42 enquiries where report that they felt safe	Quarterly	Sept 18	94.57	93.38	96.85	97.96	83.33	Deteriorating

Residential and nursing admissions

- 14 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.
- 15 The number of people in long-term residential and nursing care rose to 623 at the end of 2018-19 Q2, compared with 612 at the end of 2018-19 Q1. There were two admissions of a younger adult (aged 18-64) and 52 admissions of older people to residential and nursing care in the second quarter of 2018-19. These are both lower than in 2018-19 Q1 for younger people (eight admissions) and for older people (89 admissions), so although fewer people are being admitted, numbers in residential and nursing care are increasing because they are being helped to live longer lives.

Adults with learning disabilities and mental health issues

- 16 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.
- 17 Our performance level during 2018-19 Q2 (on average, 9.2% of adults with a learning disability were in paid employment), is slightly lower than reported during 2018-19 Q1 where 9.3% of adults with a learning disability were in paid employment. Additionally, during 2018-19 Q2 on average 79% of adults with a learning disability were living in their own home or with family, which is the same as the percentage reported in 2018-19 Q1. For those with mental health issues, on average 22% of this group were in paid employment during August 2018, which is an improvement on the corresponding 2018-19 Q1 figure of 20%. These figures are now taken from NHS Digital as they include people not known to CYC's main provider of MH services, TEWV. It was also reported that 86% of adults with mental health issues were in settled accommodation on average during 2018-19 Q2 (compared with an average of 83% during 2018-19 Q1).

Delayed Transfers of Care

- 18 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.
- 19 Approximately 12 beds were occupied per day by York-resident patients because of delayed transfers of care, attributable to ASC, during the second quarter of 2018-19. This is a decrease on the previous quarter (where, on average, 14 beds per day were occupied) and is mainly due to a decrease in waiting for places in nursing homes. We are working with health colleagues to enable assessments to happen outside hospitals to reduce delays for patients, and have recently introduced seven-day social working, a multi-disciplinary Integrated Complex Discharge Hub and Step Up Step Down beds. NHS England have set challenging targets for health and social care systems across the country to reduce DToC. DToC in the York system is considerably higher (i.e.

performing worse) than its target, but around two-thirds of health and social care systems nationally are higher than their targets; this is due to an exceptionally high number of non-elective admissions to York Hospital.

Independence of ASC service users

- 20 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.
- 21 During the second quarter of 2018-19, on average 1,847 people were supported to live independently by CYC Adult Social Care packages of care. This is a 1.4% decrease on the corresponding number in the first quarter of 2018-19 (1,874). There was an increase in the number of those supported to live independently by the use of preventative measures: this averaged 952 during the second quarter of 2018-19, compared with 937 in the first quarter of 2018-19.

“Front door” measures and how adults are supported financially

- 22 Under the Care Act 2014 Local Authorities have a responsibility to promote the wellbeing of those potentially in need of Adult Social Care support. The aim of this is to enable our citizens to live well for longer and maintain their independence; preventing, reducing and delaying the need for formal services. ASC in York is currently undertaking a remodel of the way in which information, advice and assessment are offered to our customers via the Future Focus programme, which focuses on a Community Led Support model. This aims to offer information and advice for people on living well in their communities at an earlier point than traditional “Care Management”, enabling self care, family and community support; where formal support is necessary, we aim to provide a proportionate response that enables self-determination and choice via means such as Direct Payments.
- 23 In the second quarter of 2018-19 we saw positive progress made in the implementation of our Future Focus programme with a total of 546 supported self-assessments were completed, a decrease from the number assessed in the previous quarter (646). Of these 546 people, 402 were eligible to receive a service from CYC, a decrease from the 501 that were given a service in the first quarter of 2018-19, demonstrating that we are supporting customers to meet their needs in alternative ways, using their own strengths and those of their communities, remaining independent for longer. Almost all (99.92%) of those using social care received self-directed support during the second quarter of 2018-19 – a percentage unchanged from the previous quarter.

The percentage receiving direct payments increased to 23.2% in the second quarter of 2018-19, compared with 22.4% in the first quarter of 2018-19.

Safety of ASC service users and residents

- 24 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.
- 25 In the second quarter of 2018-19 there were 348 completed safeguarding pieces of work, which is a 16% increase on the number completed during the previous quarter (301). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry fell, from 98% during 2018-19 Q1 to 83% during 2018-19 Q2. This may be due to a number of factors. For example, the proportion of safeguarding concerns around both neglect and financial abuse increased quite considerably in 2018-19 Q2 (for neglect from 25% to 34% of all concerns and for financial abuse from 10% to 17% of all concerns). It might be that people who have experienced these types of abuse feel less safe than they did prior to the abuse happening, or feel less safe for longer after the safeguarding process has been carried out. Further analysis of the data will be undertaken to try to understand this.

PUBLIC HEALTH

- 26 Further information relating to paragraphs 27-46 can be found on Public Health England's "Fingertips" site, which is available at

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

A summary of the findings in paragraphs 25-44 is given in the table on the following page. As Public Health data publication lags behind that of Adult Social Care information, the directly commissioned data shown relates directly to 2018/19 Q2, because CYC holds this internally, but data regarding "Other Public Health Issues" is taken from external sources: the latest data available for these indicators is shown in the table along with the previous most directly comparable time period.

Measure	Previous data	Value	Latest data	Value	Detail
Directly Commissioned Public Health services					
Percentage of NHS Health Checks offered to the total eligible population in the quarter	2018-19 Q1	7.4	2018-19 Q2	3.5	Deteriorating
Percentage of NHS Health Checks offered which were taken up in the quarter	2018-19 Q1	2.0	2018-19 Q2	15.7	Improving
Percentage of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	18 months to Jun 2018	5.5	18 months to Sep 2018	5.3	Stable
Percentage of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	18 months to Jun 2018	30.3	18 months to Sep 2018	26.6	Deteriorating
Percentage of alcohol users in treatment who successfully completed treatment (without representation within 6 months)	18 months to Jun 2018	30.1	18 months to Sep 2018	29.7	Stable
Number of first-time service users of specialist Sexual Health services	2018-19 Q1	1,229	2018-19 Q2	1,018	Neutral
Percentage of chlamydia tests that proved to be positive	2018-19 Q1	5.8	2018-19 Q2	7.7	Neutral
Number of women requiring contraception from Sexual Health Services	2018-19 Q1	2,200	2018-19 Q2	2,101	Neutral
Other Public Health indicators					
Percentage of adults classified as overweight or obese	2015-16	59.4	2016-17	60.4	Deteriorating
Percentage of adults estimated to be physically active	2015-16	66.7	2016-17	72.0	Improving
Percentage of women who smoke at the time of delivery (Vale of York CCG area)	2017-18 Q2 to 2018-19 Q1	10.1	2017-18 Q3 to 2018-19 Q2	10.5	Stable
Percentage of adults estimated to smoke	2016	12.6	2017	9.0	Improving
Percentage of adults employed in routine and manual occupations estimated to smoke	2016	26.4	2017	24.6	Improving
Number of admissions, per 100,000 adults, to hospital for treatment of alcohol-related conditions	2015-16	658	2016-17	687	Deteriorating
IAPT referrals: rate per 100,000 population aged over 18 (Vale of York CCG area)	2017-18 Q3	418	2017-18 Q4	454	Deteriorating
Number of people recorded as having died from suicide	July 2016 to June 2017	21	July 2017 to June 2018	18	Improving
Estimated percentage of people with dementia that have been diagnosed	2017	60.4	2018	62.2	Improving

Directly Commissioned Public Health services

Wellbeing (NHS Health Checks)

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

- 28 During the second quarter of 2018-19, 3.5% of the eligible population were offered an NHS Health Check, which a lower percentage than that in the previous quarter, where 7.4% of the eligible population were offered one. Of those offered an NHS health check in 2018-19 Q2, 16% of them were taken up, which is a big increase from that reported in the previous quarter (2%). This percentage is expected to increase further following the introduction of text messaging from GP practices notifying people of their entitlement to health checks.

Successful completions of Drug and Alcohol Treatment (without representation)

- 29 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.
- 30 In the latest 18 month monitoring period to September 2018, 5.3% of opiate users who were in treatment successfully completed it and did not represent within six months; this is marginally lower than in the 18 months to June 2018 (5.5%). Of non-opiate users, 27% of clients successfully completed treatment and did not represent in that time period; this is lower than the rate reported at the end of the previous quarter (30%). Of those clients that had been in treatment for alcohol misuse, 30% of them had successfully completed it without representing within six months, the same rate as had been reported at the end of the previous quarter.
- 31 The service model is under review and may impact on the outcomes of those clients accessing drug and alcohol treatment programmes, and it will recommend a way forward that minimises the impact for residents. Work is also being undertaken, operationally, to mitigate the effect of the review with the aim of minimising the impact to recipients of the service, and ensure clinical safety is maintained for those receiving medical care. A greater emphasis on “full” recovery, thus living drug- and alcohol-free is the core aim, with a growth in local community support and the development of pathways into lifestyles that support abstinent living.

Sexual health

- 32 Being sexually healthy enables people to avoid sexually transmitted infections, illnesses and that they are taking responsibility for ensuring that they protect themselves and others, emotionally and physically. It also ensures that unwanted pregnancies are less likely to occur.
- 33 In the second quarter of 2018-19 there were 1,018 first time service users of specialist Sexual Health services in York. This is a decrease

from 2018-19 Q1 (1,229). There were 442 chlamydia tests undertaken in 2018-19 Q2, of which 34 (8%) were positive; this is a decrease from the 719 tests undertaken in 2017-18 Q4, of which 42 (6%) were positive. There were 2,101 women who required contraception from Sexual Health services in 2018-19 Q2, a decrease from 2,200 in 2017-18 Q1.

Other Public Health Issues

Adult Obesity / Participation in Sport and Active Leisure

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

Smoking: pregnant mothers

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

Smoking: general population

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

Alcohol-related issues

- 41 The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21 billion, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
- 42 During 2016-17, the latest time period for which data is available, there were 687 admissions, per 100,000 adults, to hospital of York residents for treatment of alcohol-related conditions. This compares with a regional rate of 701 per 100,000 adults, and a national rate of 636 per 100,000 adults. It has increased from the 2015-16 rate (658 admissions per 100,000 adults).

Mental health and suicide

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

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

- 44 In the Vale of York CCG area, 1,325 people aged 18 or over were referred to Improving Access to Psychological Therapies (IAPT) in 2017-18 Q4. This is a rate of 454 per 100,000 adults, and is significantly lower than both the national (871 per 100,000 adults) and the regional (875 per 100,000 adults) rates. It is, however, a slight increase on the rate reported in 2017-18 Q3 (418 per 100,000 adults). This information is not reported at LA level.
- 45 There has been a fall in the number of deaths from suicide in York. In the year to June 2018, 18 people had died from suicide, compared with 21 in the year to June 2017.
- 46 It was estimated during 2018 that 62% of all people with dementia in York have been diagnosed. This is a lower percentage than found regionally (71%) and nationally (68%). It has increased from the 60% reported during 2017.

Recommendations

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

Reason: To update the committee on the latest financial and performance position for 2018/19.

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**Report
Approved**



Date 7 January 2019

Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers

2018/19 Finance and Performance Monitor 1 Report, Executive 29 November 2018

Abbreviations

ASC - Adult Social Care

CCG – Clinical Commissioning Group

CYC- City of York Council

CHC Continuing Health Care

DToC – Delayed Transfer of Care

DWP – Department for Works and Pension

GP – General Practitioner

HHASC- Health Housing and Adult Social Care Policy and Scrutiny Committee

HRA- Housing Revenue Account

NHS - National Health Service

IAPT- Improving Access to Psychological Therapies

MH – Mental Health

Q1/2 – Quarter One/Quarter Two

TEWV Tees Esk Wear Valley NHS Foundation Trust

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Unity Health – Update on CQC regulatory compliance and addressing patient access issues

Patient Engagement

Our Patient Participation Group (PPG) has 24 members and has met on 1st September and 1st December 2018. In response to patient requests the meeting venue alternates between Wenlock Terrace and Kimberlow Hill surgeries. Our December meeting included a tour of the newly refurbished Wenlock Terrace surgery clinical rooms.

Following requests and content input from patients the Practice now has a Practice leaflet and a Winter edition of our Practice newsletter has been published.

We continue to have high number of DNA's (Did not attends);

October 2018	18% DNA
November 2018	23% DNA
December 2018	18% DNA

Patient access to clinical services continues to offer on the day GP availability if clinical required, with a Duty Doctor available Monday – Friday 08.00 – 18.00, and next day appointments with a Nurse Prescriber for minor ailments. Wait times for a pre-bookable GP appointment can be up to three weeks.

Patients deemed to be clinically higher risk continue to have a dedicated phone number with direct access to the Duty Doctor, Monday –Friday 08.00 – 18.00. This cohort is currently 462 patients, who all received a letter in December 2018 informing them of the direct access telephone number.

A number of patients, including the PPG, have expressed that they have been pleased with improvements made with the phone system over recent months. However both the Practice and the PPG agree the phone system and provider should be reviewed and this is a piece of work we look forward to working together on in the Spring 2018.

We have received 25 formal patient complaints between Oct – Dec 2018 (0.1% of the Practice population). 5 related to accessing appointments, 20 were clinical concerns.

CQC

Following a successful re-inspection in mid-September 2018 the Practice met compliance and we reopened our patient list to new registrations in September 2018. We have been in regular contact with our university colleagues to keep them up to speed with the student registration position. We look forward to our next CQC inspection on 8th January 2019. The CQC report from September 2018 was shared with the Committee on 15th November 2018.

Staff recruitment

In the coming weeks we welcome two new Practice Nurses, one GP, three new receptionists and a student nurse on placement to the team.

We continue to engage with all our stakeholders to keep them updated on progress and thank the VOYCCG and NHSE for their continued support.

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Health Housing and Adult Social Care Policy & Scrutiny Committee
Report of the Director of Public Health

15th January, 2019

Overview report on student health services

Summary

1. Scrutiny committee work plan requested that an update report on student health services be provided. This report will:
 - Provide a progress update on achievement against the 2017 student health needs assessment findings led by Higher York through the Student Health Network
 - Review and consider ongoing leadership and support arrangements of the Student Health Network

Background

2. Following a cluster of suicides among our local further education student population in 2016/17, a gap in our local understanding of the health needs was identified. In response to this gap, the Joint Strategic Needs Assessment (JSNA) group was tasked to conduct a needs assessment into student health (Annex 1).
3. As a more direct response to the cluster of suicides, and in parallel to the needs assessment, a local Student Mental Health Forum network group was established to support our multi-agency response to this suicide cluster. This was made up of colleagues from the institutions and services affected by and responding to the cluster.
4. As this network developed and the work of the needs assessment began to take shape, the network was identified as a forum which, due to its wide ranging membership and focus on student health, seemed naturally placed to take a lead on responding to the findings of the student health needs assessment.
5. A proposal that Higher York take on the leadership and coordination for this group was agreed and the Network agreed its terms of reference in June 2017 (Annex 2). These broadened the scope of the network to

become a Student Health Network looking at both mental and physical health needs within the student population and defined that the Network would report into the Health & Wellbeing Board.

6. The Higher York Board will consider and review its ongoing leadership of the network at its forthcoming Board meeting of January 31st.

Action Plan

7. An action plan (Annex 3) was developed by the Network as a response to the findings from the student health needs assessment. This determined that the measurement of outcomes would be determined by individual organisations and focussed on the key themes identified within the needs assessment of:
 - Mental Health
 - Communication
 - Accessing Services
 - Integrated approach to wellbeing
 - Local leadership and partnership working

Consultation

8. Members of the Network contributed to the Health & Wellbeing Board Update that this report draws on around progress updates.
9. Members of the Network were asked to give their views about the purpose, function and future of the Network:
 - 21 responses were received, 20 of whom were current members, 20 wanted to stay members of the network
 - Network described useful for networking, as a forum, a place to share information, best practice, and to bring professionals together to help improve student health
 - Core objectives were seen as needing to develop collaboration, share information and practice, provide a multi-agency response, highlight issues, and improve health
 - 12 respondents want the network to continue, 1 did not in its current format, the other 8 did not respond to this question

Analysis

10. The Student Health Network was facilitated and supported by Higher York. Quarterly updates about the work of the Network were provided to the Higher York Board by the Chair of the Network.
11. The Network agreed Terms of Reference dated June 2017 with an annual review date scheduled. There is no record of the terms of reference being reviewed due to the role that chaired the group on behalf of Higher York no longer being resourced.
12. There were no apparent contingencies or continuity plans made and it appears that the last meeting of this group was held in July 2018. The Higher York Board will consider and review its ongoing leadership of the network at its forthcoming Board meeting of January 31st.

Progress of the Network

13. The Student Health Network provided an update report to the Health & Wellbeing Board on 11th July 2018 which identified that the Network has:
 - Been led and facilitated by Higher York
 - Provided a space for key stakeholders to focus on service provision from a multi-agency perspective
 - Enabled student support services to have a voice in a city-wide multi-agency setting
 - Developed an action plan to effectively support the needs of students across the city
 - Provided a forum to raise, share, understand, and respond to existing and newly identified needs around students
 - Allowed for open discussion and sharing of research between student service teams, health providers, student unions and the voluntary sector
14. This update report identified specific progress against action plan objectives which included:
 - Investment into Student Support Services (SSS) to create hubs which enable tiered access points into support; creation of liaison roles to work between SSS and health and mental health care providers; reviews of referral routes to reduce waiting times; investment in staff training both within student services and the wider staff body

- Implementation of more accurate attendance registers which can be used to identify those students who may require additional support to achieve their academic learning objectives
 - Collaborative work between Samaritans, City of York Council and Higher York institutions to support the suicide prevention agenda
 - Successful bids for funding projects such as 'All About Respect' to reduce sexual violence and domestic abuse
 - Take up of suicide prevention training and shared training provision
 - Involvement with CAMHS and through schools outreach work to support transition into university and colleges
15. In developing the action plan, Network members decided to identify outcome measures as relevant to each individual institution so there is a lack of clear, comparable outcome measures that are easily accessible.
16. There is perhaps a need to review, strengthen and coordinate / share standard outcome measures (where appropriate).
17. The Network reported contribution to achievement of good outcomes against the themes of: Mental Health; Communication; Accessing Services; Integrated Approach to Wellbeing; Local Leadership and Partnership Working.

Future work required

18. The Network agreed to run another student health needs assessment review during the 2019 / 2020 academic year. The structure and resources to complete this are yet to be defined by the Network.
19. The Network identified its approach to review the current action plan for gaps when compared to the SHNA, individual institution priorities, or Higher York priorities, and agree actions to contribute to the achievement of work. This might include work on:
- Student preparedness for transition out of university
 - Provision of holistic approaches to wellness at organisational levels which might include: employee wellbeing; healthy places to work; and draw on work from sources like Universities UK and their work on the role of the academic
 - Better support arrangements that ensure inequalities within the entire student cohort are reduced e.g. postgraduate, PhD, international student cohorts

- The Network will continue its work to raise the 'Profile' of student health and wellbeing by having a voice into and engaging with existing partnerships such as Mental Health Partnership; Early Intervention Sub-Group.
- Joining these approaches together by supporting each institution to access existing programmes such as the People Helping People Strategy
- The Network will consider how York's experience can influence the development of a national best practice charter for mental wellbeing recently proposed by the Universities Minister and how any such charter could be applied by partners

Multi-agency approach

20. The issue of student health requires a multi-agency approach that considers both physical and mental health concerns relating to students. Higher York leadership of this Network felt particularly appropriate to supporting a collaborative approach to student health.
21. The Higher York Board will consider their future role in leading this network at their Board meeting of 31st January 2019.
22. Following the outcome from this board meeting, if there is a need to find alternate leadership for this network, Public Health from City of York Council propose to offer leadership to this group for an initial year long period to give the Network an opportunity to:
 - Review its Terms of Reference and re-frame its priorities
 - To more clearly define how it will monitor progress against the action plan
 - To identify resource and a plan to support a renewed student health needs assessment in the 2019/20 academic year

Options

23. There are no specific options to choose between.

Council Plan

24. The focus on student health relates to the Council Plan priorities of:

- A Prosperous City for All by supporting students to reach their full potential
- A Focus On Frontline Services by providing support services to those who need them
- A Council That Listens To Its Residents by continuing to engage student bodies and organisations into work programmes to support and improve student health

Implications

Financial

25. There are no direct financial implications noted within this report

Human Resources (HR)

26. There are no known Human Resources implications within this report

Equalities

27. There are no known Equalities implications within this report

Legal

28. There are no known Legal implications within this report

Crime and Disorder

29. There are no known Crime and Disorder implications within this report

Information Technology (IT)

30. There are no known Information Technology implications within this report

Property

31. There are no known Property implications within this report

Other

32. There are no known other implications within this report

Risk Management

33. There are no known risk implications within this report.

Recommendations

34. Members are asked to note the content of this report and the contingency proposal to bring leadership of this network under the remit of Public Health pending the outcome of the Higher Board meeting on 31st January

Reason: Higher York leadership of the network provides ability for a co-ordinated response to student health issues within York. The option of a contingency plan provides assurance that the network will continue

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Report Approved

Date *Insert Date*

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

All

Annexes

- Annex 1: Student Health Needs Assessment**
- Annex 2: Student Health Network Terms of Reference**
- Annex 3: Student Health Network Action Plan**

CAMHS – Child and Adolescent mental Health Services
Human Resources
IT - Information Technology
JSNA - Joint Strategic Needs Assessment
PhD - Doctor of Philosophy
SHNA - Student Health Needs Assessment
SSS - Student Support Services

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York Student Health Needs Assessment Summary Report

June 2017



Contents

Overview.....	3
What is the York student demographic?.....	4
How was the Student HNA conducted?.....	5
What services are available for students?.....	7
What are the key student health issues in York?.....	8
What other factors do students report affect their health?.....	12
What is already being done in York?.....	15
What new changes are being made?.....	16
What are the main challenges to improving student health?.....	17
How can these findings be used in practice?.....	18
Where can I find more information?.....	20

Overview

The health needs of students are changing. In York there has been a particular focus on student mental health over the last 18 months. This report identifies the health needs of York students, which will help guide commissioners and service providers to ensure that the appropriate services are provided to meet student need.

The report has involved students and staff from Higher York institutions, plus wider stakeholders from across the City. The main areas of need identified are around improving mental health and wellbeing and access to services. Although gaps in provision and concerns about existing services have been identified, there are also some clear examples of local good practice across the institutions. Findings from this assessment, alongside other student feedback, are already being used to improve student health and wellbeing provision.

This report recommends that a multi-agency partnership is established to drive the student health agenda in York. This partnership should focus on addressing the five key challenges outlined in the report: mental health, communication, access to services, integrated approach to wellbeing and local leadership & partnership working.

This is a summary of the information covered in the full York Student Health Needs Assessment (HNA) report, which is available on the York Joint Strategic Needs Assessment (JSNA) website: www.healthyork.org

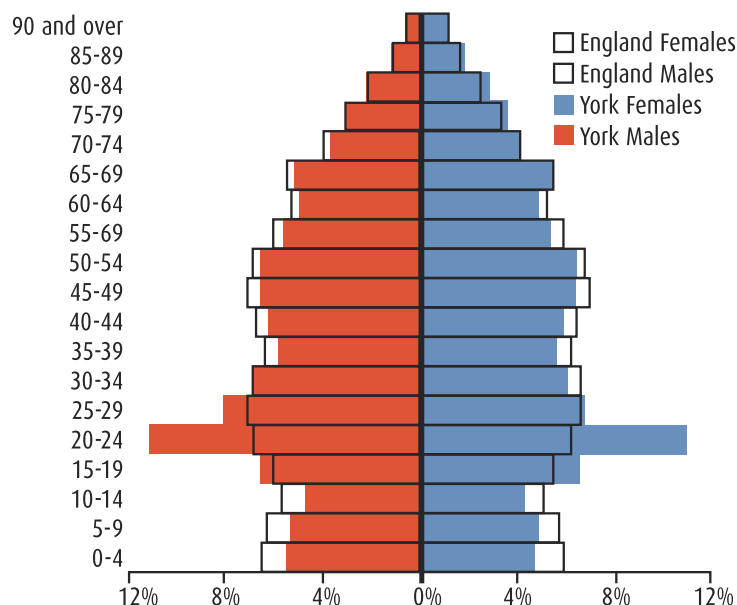
This report was produced by Dr Victoria Turner (Public Health Specialty Registrar, City of York Council) on behalf of York Health & Wellbeing Board. For more information please contact Nick Sinclair (JSNA lead) at: nick.sinclair@york.gov.uk

What is the York student demographic?

Students make up a fluctuating but significant part of the York population. Students are known to have a specific health profile, with particular concerns locally and nationally around mental health. During the last decade the national student population has become younger and more cosmopolitan, with a higher proportion of full-time students.

Office of National Statistics (ONS) data shows that 15% of the York population is aged 18-24 (30,856 out of 206,856 people). This is higher than the England average of 9%.

York population pyramid v England (ONS mid 2015)

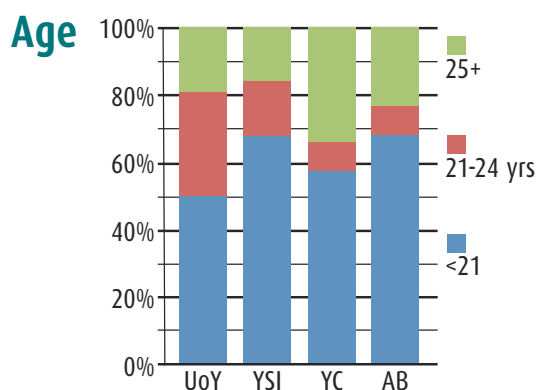
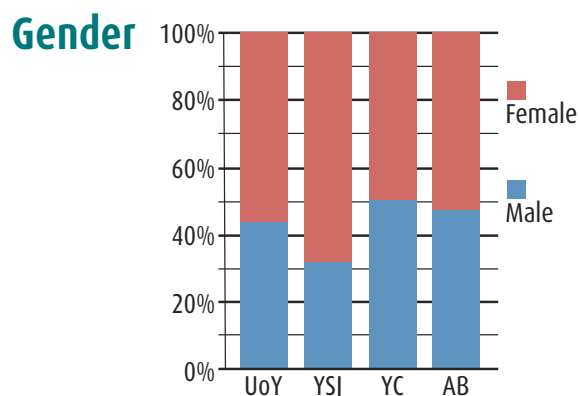


There were around 31,000 students attending the 4 Higher York institutions in 2016/17.

- University of York (UoY) = 16,665
- York St John University (YSJ) = 5585
- York College (YC) = 6508
- Askham Bryan (AB) = 5291

(N.B. Askham Bryan student numbers include those across all campuses. Around 2,000 of these students are based at the York campus.)

Some students live in York full time, some live in York during term-time only, and some commute on a daily basis. Many students living in York live in the more deprived City wards.



Level of academic study

University of York: 12,300 undergraduates, 4,150 postgraduates, 205 pre-sessional students

York College: 6,147 students levels 1-4, 361 levels 5-7

York St John: 4,935 undergraduates, 650 postgraduates

Askham Bryan: data unavailable

International students

University of York = 3,635 (945 EU, 2690 non-EU)

York St John = 456

York College = 147

Askham Bryan = 17 (full-time)

How was the Student HNA conducted?

The HNA was carried out in 3 main phases: pre-consultation, consultation, and post-consultation. In addition, background data collection ran alongside the three phases.

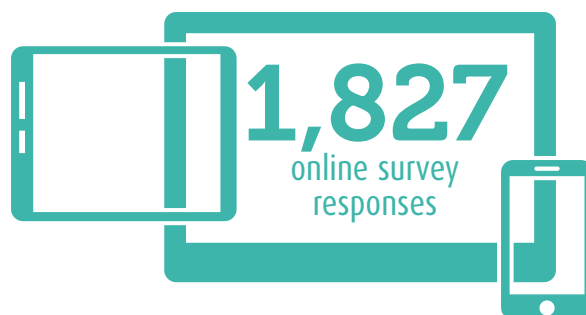
Pre-consultation

A steering group was formed, involving public health staff and representatives from each institution, which met monthly throughout the HNA process. Initial stakeholder engagement was carried out to identify key local issues to explore during consultation, and an initial review of existing research and similar projects was undertaken to ensure key topics were included in survey and focus group questions.

Consultation

Discussions were held with individual stakeholders, including local health service providers, commissioners and voluntary sector organisations. This involved staff focus groups, an online stakeholder survey, and one-to-one discussions.

Consultation with students was carried out in three main ways: an online survey (1,827 responses), small focus groups and broader café sessions (including cafés specifically with international students) at each institution. These methods provided both qualitative and quantitative data.



Post-consultation

Data analysis was carried out by the public health team. Further discussions were held with individual services, wider institutional groups, council officers, and the York Student Mental Health Network, to discuss data and recommendations.

Additional consultations were held following completion of the draft report. The final version was reviewed by the JSNA working group and Health & Wellbeing Board prior to publication.

Background data collection

A general review of student health research and national guidelines was carried out. Additional literature reviews were carried out on the most significant health topics.

Service mapping was carried out to identify local services. Health data were requested from institutions, local health services and other groups, including Vale of York CCG, Public Health England, Yorkshire Ambulance Service and North Yorkshire Police.

General demographic information was also collected from institutions, with additional information gathered from Experian.



Limitations

Datasets collected were often not student-specific. Where student data was not available an 18-25 age range was used; however, this excluded some college students (aged 16-17yrs) and included other young people not in further education.

The data collection periods across the different datasets were also not the same, with some based on academic years and others based on calendar years.

There was limited uptake with some focus groups. However, qualitative evidence was sufficiently supplemented by the café events.

There were also difficulties obtaining data from some organisations, either for logistical or data protection reasons.

However, despite these limitations the report is based on the most comprehensive data set available, in order to give the most accurate picture possible.

What services are available for students?

York services

Each institution has its own health and wellbeing services for their students. Students also have access to wider health services across the City.

York District Hospital

- Accident and Emergency
- Walk in centre/minor injuries unit

Yorkshire Ambulance Service

- 999 – emergency number
- 111 – non-emergency number

Other services

- Sexual health: YorSexualHealth
- Drugs & alcohol support: York Drug & Alcohol Service
- Smoking cessation: YorWellbeing

York Student Health website

<http://yorkstudenthealth.org.uk/>

Provides information on health services, student health concerns, information for international students, tips on staying healthy, a how-to guide for UK health services and a list of key contacts/ phone numbers.

Mental Health

York Healthwatch has produced a booklet summarising the many services available for York residents who need support with mental health and wellbeing. The booklet includes a section specifically for students.



University/college services

Each institution has a range of services available for health and wellbeing. Further information on services can be found on institutional web pages.

University of York

- University wellbeing homepage
- YUSU wellbeing page
- York GSA wellbeing page
- Open Door
- GP surgery on campus (Unity Health)
- Sexual health drop-in service
- Nightline

York St John University

- University wellbeing page
- YSJSU wellbeing page
- GP surgery on campus (York Medical Group)
- University counselling and mental health service (Wellbeing team)
- Nightline
- Wellbeing drop-in

York College

- Health Hub webpage
- College counselling and mental health service
- Weekly drop-in sexual health clinic
- Monthly youth homeless drop-ins
- Monthly IDAS drop-ins

Askham Bryan College

- Student Support webpage
- College counselling service
- Weekly drop-in sexual health clinic

What are the key student health issues in York?

National literature shows what the most common health topics are. Discussions with students locally have highlighted what the most important areas are to them.

Mental health

Mental health was the topic of most concern to both students and stakeholders. Mental health has been broken down into 3 main areas: mental wellbeing, mental ill health, and suicide/self-harm.

Mental wellbeing

Mental wellbeing was recognised as an important concern by students, which influenced both mental and physical health. The most common concern reported around mental wellbeing was stress. However, loneliness and isolation were also reported by many students, particularly those living off campus or away on placements.

Many factors were found to influence mental wellbeing. These included physical health, diet, physical activity, social relationships (including social media), housing, academic issues, environment, and finance.

Students reported that their main causes of stress were managing time and deadlines, exams and assessments, career prospects and self-image. Other significant causes of concern were financial prospects, physical health, emotional health and diet.

Students were largely able to deal with one or two of these issues by themselves; however, accumulation of multiple stressors often led to more significant mental ill health.

Levels of resilience among students were found to be low, particularly at the University of York where reported levels of pressure on students were very high. Students felt unable to effectively regulate their own mental wellbeing, which led to development of more serious mental health issues.

Students wanted more information on health and wellbeing, particularly at the start of their course. Positive comments were made about available mindfulness sessions, although students often felt there was a lack of signposting to wellbeing events.

Students commonly found that the most useful wellbeing support came from support services such as college staff, tutors, student volunteers, chaplaincy and academic departments rather than counselling or primary care staff. The importance of peer support and having friends and family to talk to was also emphasised.

There were particular groups of people who had specific wellbeing needs/concerns, including international students, students with disabilities and LGBT students.

Mental ill health

The prevalence and severity of mental ill health among university students in the UK is increasing. This is reflected in local data, with GP and counselling services showing a year on year increase in the number of students diagnosed and treated for mental illnesses.

The most commonly-reported conditions among students were anxiety and depression. However, eating disorders were also recognised as a significant concern among students and stakeholders.

24% of responders to the student survey had a diagnosed mental health condition. A further 21% reported they felt they had an undiagnosed mental health condition. Students who felt they had an undiagnosed mental health condition had a similar average wellbeing score (Short Warwick-Edinburgh Mental Well-Being Scale) to those with diagnosed conditions, which was significantly different to those who reported no mental health concerns. In total 31% of respondents (560 students) had sought support in York for mental health problems. Of these, 34% did not find the support they received helpful.

The most commonly reported concern by students was poor access to mental health services. University of York students reported difficulties accessing campus-based mental health and GP services, with students and stakeholders more widely expressing concerns about access to secondary mental health services. Knock-on effects of a lack of secondary mental health services were also noted, contributing to the pressures on GP and counselling services, with some students turning to A+E as a last resort and many students choosing to use services in their home locations (usually many hours away, but sometimes in other countries).

Concerns were also raised about transitions between services, including between child and adult services, between 'home' and York services, and between primary and secondary care.

Continuity of care in and out of term time was a challenge for those requiring ongoing mental health treatments.

Some students reported a lack of signposting to available mental health services. They also underlined how difficult many students found it to take the first step towards seeking help, often due to ongoing stigma.

Suicide & self-harm

National rates of suicide among students have increased over the last decade. Locally, there was a recent high-profile increase in the number of deaths by suicide among York students. Analysis of the Coroner's case files has shown no 'cluster' link between the individuals, i.e. which may have led to contagion or copy-cat behaviour. However, there were some common lifestyle themes identified (e.g. alcohol use, academic stressors, pre-existing mental health issues, previous bereavement). Over half of the 24 ambulance call outs to the University of York between January and February 2016 were linked to self-harm or suicide attempts. However, across York as a whole rates of admission for self harm were greatest among people aged 18 and under.

Student awareness of issues around suicide and self-harm has increased following recent deaths. There was a desire for more open communication between institutions and students, with recognition that deaths had a ripple effect on the mental health of the wider community, not just close friends.

Sexual health

Students appear knowledgeable and fairly confident in managing their sexual health. Students demonstrated a good awareness of local sexual health services. Campus drop-in sessions and free resources such as condoms and pregnancy tests are available at all institutions, as well as the sexual health clinic on Monkgate. Findings from focus groups suggest awareness of sexual health has improved in recent years as there is less stigma and better advertising of services.

Chlamydia remains the most common sexually transmitted infection among young people. In 2015 22.3% of 15-24 year olds in York were screened for Chlamydia. Local detection rates for 2015/16 show 7.5% of tests were positive in this age group. The low percentage of positive tests is thought to be a true reflection of low STI rates in York.

However, although physical aspects of sexual health were well-addressed, there were some concerns about the emotional aspects of sexual relationships, particularly around harassment and domestic abuse.

Harassment and domestic abuse

Universities UK have reported an increasing level of violence against women, harassment and hate crime involving students nationally. Students, staff and other stakeholders have all reported that sexual offences, harassment and related issues are areas of concern for students in York.

Police data shows that students are over-represented in public safety and welfare incidents related to domestic incidents and domestic violence. Similarly, around 20% of people accessing Survive services in York are thought to be students. However, domestic abuse remains under-reported so these figures are not likely to show the true extent of domestic incidents in the student population.

Disabilities

28% of students reported being disabled or living with a long-term health condition. Of these, 1 in 5 had not informed their university or college about their condition.

Students reported mixed findings around disability services, with some students struggling with bureaucratic systems and limited support. Many students were going to disability services as they were unable to access mental health services. Often students were filling in all the relevant forms to get assistance, but the recommendations from learning support plans were not always used by lecturers in practice.

Meningitis

There has been a rapid increase in the number of meningitis W cases reported nationally since 2009. University students, particularly “freshers”, are a high-risk group as they come into close contact with large numbers of new people, some of whom may be carrying meningitis bacteria.

The Men ACWY vaccine is recommended to all school leavers and new university students up to 25yrs old as part of a catch-up programme. 95% coverage is needed for full vaccine effectiveness. Uptake of the Men ACWY vaccine in 18-20yr old students surveyed was 70% (78% in university students only). Students registered with a York GP were more likely to have been vaccinated. Lower vaccination rates were reported in international students (45% EU students, 29% non-EU students). In comparison to the 95% target this is low, but in comparison to other areas York appears to be doing well.

By 2020/2021 all UK students should have received Men ACWY at school. However, a continual programme will be needed for international students.

Dental health

Students report very limited access to NHS dental services in York. This is of most concern regarding emergency dental treatment, with very poor access reported by students and stakeholders.

Dental problems are the most common cause of calls to NHS 111 by 18-25 year olds in York (12.1% of calls in 2015/16, 13.6% in 2014/15). This suggests that there is a need for better signposting to emergency dental care, as well as ensuring students take better care of their oral health to prevent the need for emergency treatment.

What other factors do students report affect their health?

Alcohol

Alcohol consumption has always been considered a health concern for students. However, national rates of binge drinking among young adults have fallen by more than a third since 2005, and many more young adults are reporting they do not drink at all. Excess alcohol consumption is linked to further risk-taking behaviour, affecting the physical, mental and sexual health of both individuals and others.

Survey responses suggested that most students were drinking within the 14 unit recommended limit for alcohol each week, although 50% of students scored positive on the AUDIT-C alcohol screening tool, indicating the potential of increasing or higher risk drinking. However, a significant minority of students reported experiencing some harmful effects of alcohol within the last 12 months. Most commonly reported were spending too much money, and feeling embarrassed about something they said or did whilst drunk. 5% of students reported needing to seek medical help for injury or illness as a result of their drinking.

Some stakeholders and parts of the wider community perceived student drinking to be a problem for the city, with issues including antisocial behaviour, the need for emergency medical care and river safety. However, students often reported using alcohol as a coping mechanism for high levels of stress rather than for social purposes.

Drugs

10% students reported taking non-prescribed drugs, and 1.3% students reported taking performance-enhancing drugs (including smart drugs/learning aids).

Of the students who reported drug use, less than half reported experiencing any harms in the last 12 months. Most frequently reported harms were spending more money than they wanted to and feeling too ill the next day to do things they wanted to.

Smoking

11% of survey respondents reported smoking, with just under half of these smoking both cigarettes and e-cigarettes. (Smoking rate for adults in England in 2015 = 16.9%). Knowledge of how to access smoking cessation was poor, with only one student aware that City of York Council is the provider of smoking cessation services in York. Whilst some students identified online or phone NHS resources, most were unaware of where to access help or would choose to visit their GP. Only 4 student smokers stated they did not want to quit.

Sleep

Two thirds of students reported they did not get enough sleep to feel rested most nights of the week. The most commonly reported causes were studying, stress, noisy flatmates and existing mental health conditions. Students with poor mental and physical health were significantly less likely to report feeling well rested. Students who reported they did not get enough sleep also had significantly ($p = <0.001$) lower wellbeing scores than those who did get enough sleep.

In the short term, poor sleep makes it harder for students to concentrate and less able to cope with stressful situations. In the long term, poor sleep can have a negative impact on mood, increasing the risk of anxiety and depression as well as physical disorders such as diabetes and heart disease.

An evidence review found that improving students' knowledge about sleep does not necessarily translate to improved sleep behaviours. It also found that interventions involving reducing caffeine or alcohol may not be suitable for students, whereas interventions focused around gentle forms of exercise appeared to be effective.

Physical activity

National studies suggest that in the UK 73% of male and 79% of female university students do not meet physical activity guidelines.

Most students focused on lack of exercise, and tended to overlook physical activity in other parts of life (e.g. active transport).

Students were concerned they did not get enough exercise, which was recognised as beneficial to physical and mental wellbeing. Some students found it difficult to fit exercise around their existing timetable, whilst others found accessing gyms and societies difficult either due to cost or lack of information on how to join.

Diet

More than half of students were worried about their diet. Students reported they were not able to afford healthy food, and that not enough healthy options were available on campus. There were also concerns about limited culinary skills, poor understanding of budgeting, and eating as a temporary solution to stress.

National data suggests more students are relying on food banks, with cost the biggest factor affecting dietary choices. Nearly 90% of students in a national study failed to consume the recommended intake of fruit and vegetables.

Wider determinants

Other factors besides those directly associated with health were found to affect student health and wellbeing.

Academic issues

Pressures around higher/further education were significant causes of stress. University students are most worried about managing time and deadlines, whereas college students are most concerned about exams and assessments. Over 60% of students were worried about career prospects. Perfectionism and fear of failure were also common issues.

College students were very positive about their tutors and their role in welfare. However, at the universities it was not always clear about the boundaries for academic supervisors and the role they played in welfare support, with considerable individual variation in perceived approachability and training.

Students found applying for mitigating circumstances very difficult. Forms were found to be long and complex, with limited support available to navigate the system. In many cases this made existing physical and mental illnesses worse.

Finance

National evidence shows the prevalence of debt among young people has increased in recent years. Debt has serious effects on health, including greater levels of suicidal ideation and depression, and worse health-related behaviours. Many students worried about financial problems on a regular basis. Particular issues related to course fees, living expenses (housing, food), travel, bursaries and part-time work.

As well as immediate financial concerns students also worried about future finance. Most students will never earn enough to pay off their student debt; however, many students still perceive the need to meet their full student loan repayment and the associated financial stress can be significant.

Housing

Some issues including damp, temperature, and living in close proximity to others were reported to cause physical health problems. However, most reported issues were more psychological, with stress and more serious mental health problems arising from poor interactions with housemates. Sometimes bullied students were unable to move despite fears for their safety. Several students reported difficulties in leaving leases, leading to paying two sets of rent.

On average, students scored their term time accommodation as 7/10, indicating moderate satisfaction levels.

There were positive reports regarding 'find your housemate' matching services, housing fairs and Residential Support Assistants.

International students wished to be more integrated with non-international students in halls of residence.

International students

International students face additional challenges as a result of lack of familiarity with services/systems and broader cultural differences, which can lead to them requiring a higher level of support. Students reported difficulties adapting to everyday issues such as the climate and food. Issues are understandable and usually transient, but should not be underestimated for their impact on the student's health and wellbeing.

Many international students were not registered with GPs in the UK. Several did not know whether or not they were entitled to free NHS treatment, and did not know how to access basic services such as primary care, pharmacy and opticians. Dealing with visas was another source of stress. This included the application, which often needed to be completed at very short notice, and the subsequent registration with the police on arrival. Other individuals reported difficulties when visas needed to be changed, for which they had received little support.

There are also concerns reflected in national literature around understanding of particular health issues, particularly mental health and sexual health. Some students arrive with limited knowledge around contraception. Additionally, in many countries mental health issues are heavily stigmatised or not recognised at all, leading to difficulties in students recognising symptoms or agreeing to seek help.

What is already being done in York?

There are many schemes already in place to support student wellbeing, both at individual institutions and more widely across the City. Some of these are highlighted below:

University of York

- Extra funding for mental health, including employing 2.5 additional posts at Open Door
- Mental Health First Aid training for front line staff, including college tutors
- Mind Your Head's Mental Illness Awareness Week
- Regular wellbeing workshops
- Revised student wellbeing website
- YUSU consent talks to new students at induction
- Healthy Mind Healthy Body scheme
- College wellbeing workshops
- Free weekly sports sessions for postgraduates
- Find a housemate events and support in sourcing accommodation

York St John University

- 'Welcome Wobbles' drop-in during the first weeks of term
- Wellbeing Zone – includes 500 healthy recipes, sleep tracker, exercise advice
- SW5 – cheap access to sports sessions
- Aspire Card – financial assistance to support study
- A comprehensive training programme for residential support assistants (RSAs) including mental health
- 'Pay Safe 'n' Stay Safe' agreement with Streamline taxis
- Daily Learning Support drop-ins
- Daily Wellbeing drop-ins
- River safety talks at induction
- Sexual consent sessions for YSJSU students reps
- Mindfulness sessions
- Financial education training with Blackbullion
- Mental health training for front line staff

York College

- Suicide prevention strategy
- Regular health and wellbeing days
- Infozone/Helpzone
- Intensive Personal Advisors
- ELSA training for college tutors
- Video recording of induction lectures
- Further Education Free Meals
- Traffic light system on food options

Askham Bryan College

- Pastoral tutors
- Peer mentors
- Barclays Life Skills financial tutorials
- Further Education Free Meals
- 'Live Action' made-from-scratch meal options

City-wide initiatives

- York Student Mental Health Network
- Suicide safer city partnership
- Suicide postvention service
- TEWV Transition Passports from CAMHS to adult mental health services
- Funding for Mental Health Champions
- New HEFCE-funded projects on preventing harassment:
 - York St John, York College, IDAS and Survive are running Building Healthy Relationships Project, which provides education and training around healthy relationships.
 - University of York are running a separate project to develop and implement research-informed training for student leaders on gender-based harassment and violence.

What new changes are being made?

“You said... We did...”

Changes are already being made based on findings from the Student HNA and other student feedback. Here are some examples:

York St John:

International students said they were unsure how to access NHS healthcare

- York Medical Group to produce a leaflet on healthcare services targeted at international students

Students reported lecturers didn't always use student learning support plans (LSPs)

- LSPs are now under review to make them shorter and easier to put into practice

Campus not as accessible as it could be to visually impaired students

- Issue raised with estates team to put Braille on toilet doors

York College

Student worried that information they share with counsellors will be shared with wider college staff

- Ensure communications with students are more upfront about confidentiality of services

Students want larger variety of cheaper meal options

- Free Meals System expanded to include student catering options

University of York

International students struggle to understand UK culture when they first arrive

- GSA producing an induction booklet for international students as a guide to the basics of being a student in the UK

Students concerned about the waiting time to be seen by Open Door

- New online self-referral scheme to be piloted from May 2017

Students reported problems with the Unity Health appointment booking system

- Range of measures implemented – see Healthwatch report for more details

Students felt signposting to services could be improved

- Planned wellbeing communications campaign with targeted messages to run from September 2017

Students need more access to low-level mental health interventions

- University working with Student Minds to develop peer support

Askham Bryan

More mental health support needed for students

- From September 2017 – group sessions for counselling, peer mentors for all students, FE and HE mental health co-ordinators

Other

The extent of provision of dental health services for students in York is unclear

- Public Health team at CYC to undertake scoping work around the provision of dental health.

The pathways into and between mental health services for students are unclear

- YSMHN to undertake mapping of the student pathway through mental health services.

What are the main challenges to improving student health?

Challenge 1: Mental Health

The prevalence of mental ill health among students in York is high, and is increasing year on year. Students are not always able to differentiate between 'normal' or expected mood fluctuations, and more severe mental ill health. Mental health still attracts stigma, which prevents timely access to services.

There are opportunities to improve protective factors and reduce risk factors relating to mental wellbeing at a population level. There are also opportunities to engage further with providers of low-level mental health support such as Student Minds and Samaritans, as well as encourage more open discussions on mental health to improve student awareness.

Challenge 2: Communication

Many services students would like to see already exist, but they are unaware of them. Students would like more information at specific times, such as welcome weeks. Regular reinforcement of key messages is needed.

There are opportunities to rapidly improve student concerns by better signposting existing services, as well as being clear about what those services are able to provide.

Challenge 3: Accessing services

There are issues in some places with waiting times, with demand for services (particularly mental health services) exceeding availability. The SHNA has also highlighted that the pathways into and between services are often unclear.

There are opportunities to make accessing services easier by setting out clearer, more

streamlined pathways. There is an opportunity to use the results of the SHNA to make the case for further funding allocation for low-level mental health interventions for students.

Challenge 4: Integrated approach to wellbeing

Wellbeing should be fully integrated into academic culture. Student wellbeing should also be seen as part of a broader life course approach to wellbeing. Student wellbeing should be integrated into that of the wider community.

Promoting wellbeing gives institutions the opportunity to increase the employability of their students, and their ability to thrive post-education. There is a potential opportunity for university and college students to play a role in helping prepare school students for higher education. There are opportunities for students to benefit themselves and the wider community through volunteering.

Challenge 5: Local leadership and partnership working

There is a desire for more partnership working between organisations. There are many examples of good practice relating to student health, but limited opportunities to share. Leadership on student health issues is not always clear across the City. Beyond the city there are many national networks leading projects on student health.

There are opportunities to use the SHNA to support existing networks such as the YSMHN. There are opportunities to share local and national good practice between organisations. There is an opportunity for Higher York to provide leadership on student health issues.

How can these findings be used in practice?

The SHNA has demonstrated more work needs to be done on student health in York. The following actions are recommended to implement and monitor improvements:

1. Establish a multi-agency partnership to drive the student health agenda in York

- This should include Higher York (who have agreed to provide leadership), each academic institution (including student representatives), CYC, TEWV, Vale of York CCG and relevant health and voluntary sector partners.
- There is an opportunity to repurpose the existing YSMHN to tackle student health more broadly.
- Ensure the partnership has clear governance arrangements and links to existing committees.

2. Continue to build on the work started through the SHNA

- Disseminate the findings of the SHNA to students, local stakeholders and national organisations.
- Develop a student health charter through which stakeholders can demonstrate commitment to improving student health.
- Hold a conference in 12 months' time to demonstrate progress made.
- Repeat the student survey annually to measure progress.

3. Base future areas of work on needs identified as part of the SHNA

- e.g. transition from school to further education/higher education, workforce health

What other work exists on related topics?

Strategies

- The Children and Young People's Plan, 2016-2020
- CYC Mental Health Strategy
- CYC Autism Strategy
- York Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy

Services

- YorWellbeing Service

Groups

- York Student Mental Health Network
- York Student Community Partnership
- Learning City Partnership Board
- Strategic Partnership Emotional and Mental Health (transitions subgroup)

Projects

- Mental Health Youth Champions
- Time to Change hub (with York CVS)
- HEFCE-funded projects to tackle sexual harassment at UoY and YSJ/YC

Where can I find more information?

The full version of the SHNA report is available online at: www.healthyyork.org.

For more information about the project please contact:

Nick Sinclair (JSNA lead) at:
nick.sinclair@york.gov.uk

Other useful resources on student health include:

- AMOSSHE
www.amosshe.org.uk
- Healthy Universities
www.healthyuniversities.ac.uk/
- Higher York
www.higheryork.org/
- Mental Wellbeing in Higher Education Working Group (MWBHE)
www.universitiesuk.ac.uk/about/Pages/mwbhe.aspx
- NUS (National Union of Students)
www.nus.org.uk/
- Student Health Association
www.studenthealthassociation.co.uk/
- Universities UK
www.universitiesuk.ac.uk/
- York Student Health website
www.yorkstudenthealth.org.uk
- Healthwatch York
www.healthwatchyork.co.uk/



ASKHAM BRYAN COLLEGE

THE UNIVERSITY *of York*



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Chinese (Simplified)

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Chinese (Traditional)

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York Student Health Needs Assessment Summary Report

June 2017



Contents

Overview.....	3
What is the York student demographic?.....	4
How was the Student HNA conducted?.....	5
What services are available for students?.....	7
What are the key student health issues in York?.....	8
What other factors do students report affect their health?.....	12
What is already being done in York?.....	15
What new changes are being made?.....	16
What are the main challenges to improving student health?.....	17
How can these findings be used in practice?.....	18
Where can I find more information?.....	20

Overview

The health needs of students are changing. In York there has been a particular focus on student mental health over the last 18 months. This report identifies the health needs of York students, which will help guide commissioners and service providers to ensure that the appropriate services are provided to meet student need.

The report has involved students and staff from Higher York institutions, plus wider stakeholders from across the City. The main areas of need identified are around improving mental health and wellbeing and access to services. Although gaps in provision and concerns about existing services have been identified, there are also some clear examples of local good practice across the institutions. Findings from this assessment, alongside other student feedback, are already being used to improve student health and wellbeing provision.

This report recommends that a multi-agency partnership is established to drive the student health agenda in York. This partnership should focus on addressing the five key challenges outlined in the report: mental health, communication, access to services, integrated approach to wellbeing and local leadership & partnership working.

This is a summary of the information covered in the full York Student Health Needs Assessment (HNA) report, which is available on the York Joint Strategic Needs Assessment (JSNA) website: www.healthyyork.org

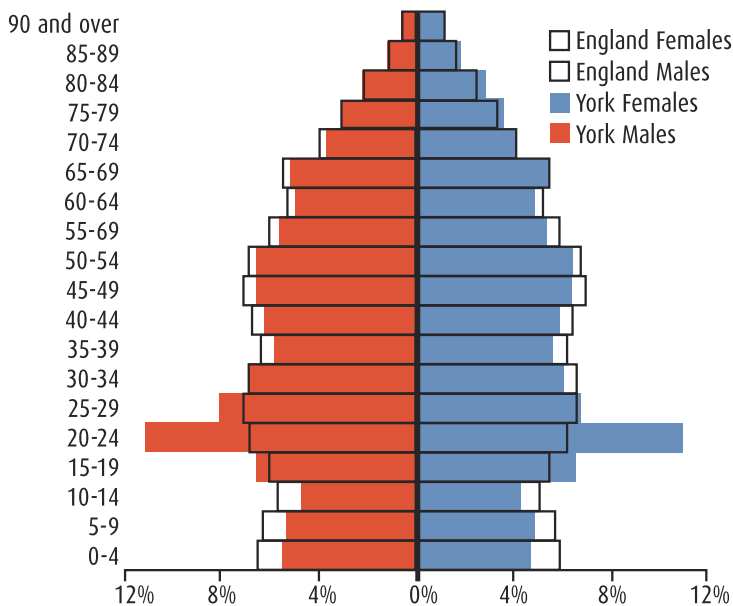
This report was produced by Dr Victoria Turner (Public Health Specialty Registrar, City of York Council) on behalf of York Health & Wellbeing Board. For more information please contact Nick Sinclair (JSNA lead) at: nick.sinclair@york.gov.uk

What is the York student demographic?

Students make up a fluctuating but significant part of the York population. Students are known to have a specific health profile, with particular concerns locally and nationally around mental health. During the last decade the national student population has become younger and more cosmopolitan, with a higher proportion of full-time students.

Office of National Statistics (ONS) data shows that 15% of the York population is aged 18-24 (30,856 out of 206,856 people). This is higher than the England average of 9%.

York population pyramid v England (ONS mid 2015)

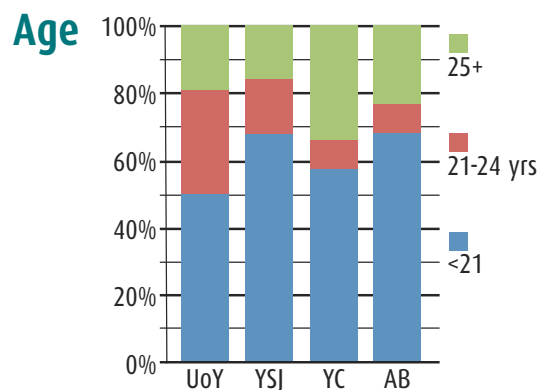
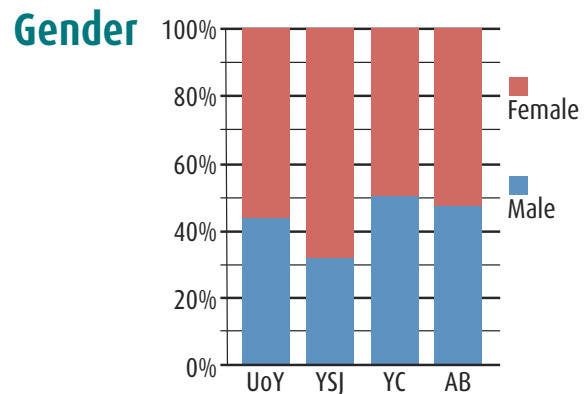


There were around 31,000 students attending the 4 Higher York institutions in 2016/17.

- University of York (UoY) = 16,665
- York St John University (YSJ) = 5585
- York College (YC) = 6508
- Askham Bryan (AB) = 5291

(N.B. Askham Bryan student numbers include those across all campuses. Around 2,000 of these students are based at the York campus.)

Some students live in York full time, some live in York during term-time only, and some commute on a daily basis. Many students living in York live in the more deprived City wards.



Level of academic study

University of York: 12,300 undergraduates, 4,150 postgraduates, 205 pre-sessional students

York College: 6,147 students levels 1-4, 361 levels 5-7

York St John: 4,935 undergraduates, 650 postgraduates

Askham Bryan: data unavailable

International students

University of York = 3,635 (945 EU, 2690 non-EU)

York St John = 456

York College = 147

Askham Bryan = 17 (full-time)

How was the Student HNA conducted?

The HNA was carried out in 3 main phases: pre-consultation, consultation, and post-consultation. In addition, background data collection ran alongside the three phases.

Pre-consultation

A steering group was formed, involving public health staff and representatives from each institution, which met monthly throughout the HNA process. Initial stakeholder engagement was carried out to identify key local issues to explore during consultation, and an initial review of existing research and similar projects was undertaken to ensure key topics were included in survey and focus group questions.

Consultation

Discussions were held with individual stakeholders, including local health service providers, commissioners and voluntary sector organisations. This involved staff focus groups, an online stakeholder survey, and one-to-one discussions.

Consultation with students was carried out in three main ways: an online survey (1,827 responses), small focus groups and broader café sessions (including cafés specifically with international students) at each institution. These methods provided both qualitative and quantitative data.



Post-consultation

Data analysis was carried out by the public health team. Further discussions were held with individual services, wider institutional groups, council officers, and the York Student Mental Health Network, to discuss data and recommendations.

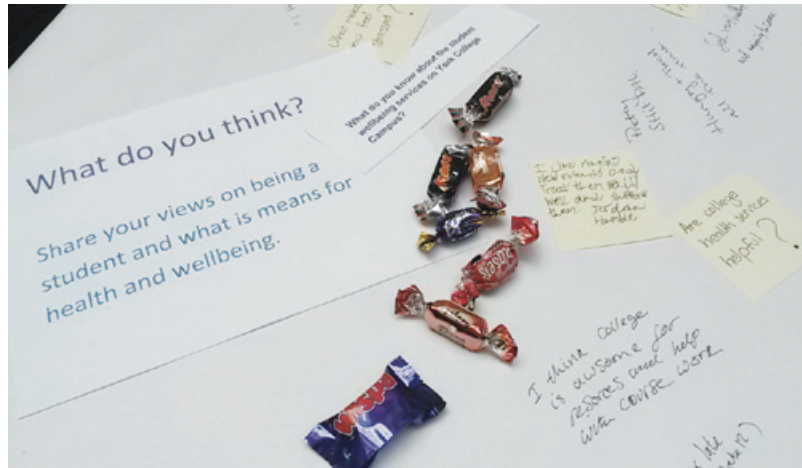
Additional consultations were held following completion of the draft report. The final version was reviewed by the JSNA working group and Health & Wellbeing Board prior to publication.

Background data collection

A general review of student health research and national guidelines was carried out. Additional literature reviews were carried out on the most significant health topics.

Service mapping was carried out to identify local services. Health data were requested from institutions, local health services and other groups, including Vale of York CCG, Public Health England, Yorkshire Ambulance Service and North Yorkshire Police.

General demographic information was also collected from institutions, with additional information gathered from Experian.



Limitations

Datasets collected were often not student-specific. Where student data was not available an 18-25 age range was used; however, this excluded some college students (aged 16-17yrs) and included other young people not in further education.

The data collection periods across the different datasets were also not the same, with some based on academic years and others based on calendar years.

There was limited uptake with some focus groups. However, qualitative evidence was sufficiently supplemented by the café events.

There were also difficulties obtaining data from some organisations, either for logistical or data protection reasons.

However, despite these limitations the report is based on the most comprehensive data set available, in order to give the most accurate picture possible.

What services are available for students?

York services

Each institution has its own health and wellbeing services for their students. Students also have access to wider health services across the City.

York District Hospital

- Accident and Emergency
- Walk in centre/minor injuries unit

Yorkshire Ambulance Service

- 999 – emergency number
- 111 – non-emergency number

Other services

- Sexual health: YorSexualHealth
- Drugs & alcohol support: York Drug & Alcohol Service
- Smoking cessation: YorWellbeing

York Student Health website

<http://yorkstudenthealth.org.uk/>

Provides information on health services, student health concerns, information for international students, tips on staying healthy, a how-to guide for UK health services and a list of key contacts/ phone numbers.

Mental Health

York Healthwatch has produced a booklet summarising the many services available for York residents who need support with mental health and wellbeing. The booklet includes a section specifically for students.



University/college services

Each institution has a range of services available for health and wellbeing. Further information on services can be found on institutional web pages.

University of York

- University wellbeing homepage
- YUSU wellbeing page
- York GSA wellbeing page
- Open Door
- GP surgery on campus (Unity Health)
- Sexual health drop-in service
- Nightline

York St John University

- University wellbeing page
- YSJSU wellbeing page
- GP surgery on campus (York Medical Group)
- University counselling and mental health service (Wellbeing team)
- Nightline
- Wellbeing drop-in

York College

- Health Hub webpage
- College counselling and mental health service
- Weekly drop-in sexual health clinic
- Monthly youth homeless drop-ins
- Monthly IDAS drop-ins

Askham Bryan College

- Student Support webpage
- College counselling service
- Weekly drop-in sexual health clinic

What are the key student health issues in York?

National literature shows what the most common health topics are. Discussions with students locally have highlighted what the most important areas are to them.

Mental health

Mental health was the topic of most concern to both students and stakeholders. Mental health has been broken down into 3 main areas: mental wellbeing, mental ill health, and suicide/self-harm.

Mental wellbeing

Mental wellbeing was recognised as an important concern by students, which influenced both mental and physical health. The most common concern reported around mental wellbeing was stress. However, loneliness and isolation were also reported by many students, particularly those living off campus or away on placements.

Many factors were found to influence mental wellbeing. These included physical health, diet, physical activity, social relationships (including social media), housing, academic issues, environment, and finance.

Students reported that their main causes of stress were managing time and deadlines, exams and assessments, career prospects and self-image. Other significant causes of concern were financial prospects, physical health, emotional health and diet.

Students were largely able to deal with one or two of these issues by themselves; however, accumulation of multiple stressors often led to more significant mental ill health.

Levels of resilience among students were found to be low, particularly at the University of York where reported levels of pressure on students were very high. Students felt unable to effectively regulate their own mental wellbeing, which led to development of more serious mental health issues.

Students wanted more information on health and wellbeing, particularly at the start of their course. Positive comments were made about available mindfulness sessions, although students often felt there was a lack of signposting to wellbeing events.

Students commonly found that the most useful wellbeing support came from support services such as college staff, tutors, student volunteers, chaplaincy and academic departments rather than counselling or primary care staff. The importance of peer support and having friends and family to talk to was also emphasised.

There were particular groups of people who had specific wellbeing needs/concerns, including international students, students with disabilities and LGBT students.

Mental ill health

The prevalence and severity of mental ill health among university students in the UK is increasing. This is reflected in local data, with GP and counselling services showing a year on year increase in the number of students diagnosed and treated for mental illnesses.

The most commonly-reported conditions among students were anxiety and depression. However, eating disorders were also recognised as a significant concern among students and stakeholders.

24% of responders to the student survey had a diagnosed mental health condition. A further 21% reported they felt they had an undiagnosed mental health condition. Students who felt they had an undiagnosed mental health condition had a similar average wellbeing score (Short Warwick-Edinburgh Mental Well-Being Scale) to those with diagnosed conditions, which was significantly different to those who reported no mental health concerns. In total 31% of respondents (560 students) had sought support in York for mental health problems. Of these, 34% did not find the support they received helpful.

The most commonly reported concern by students was poor access to mental health services. University of York students reported difficulties accessing campus-based mental health and GP services, with students and stakeholders more widely expressing concerns about access to secondary mental health services. Knock-on effects of a lack of secondary mental health services were also noted, contributing to the pressures on GP and counselling services, with some students turning to A+E as a last resort and many students choosing to use services in their home locations (usually many hours away, but sometimes in other countries).

Concerns were also raised about transitions between services, including between child and adult services, between 'home' and York services, and between primary and secondary care.

Continuity of care in and out of term time was a challenge for those requiring ongoing mental health treatments.

Some students reported a lack of signposting to available mental health services. They also underlined how difficult many students found it to take the first step towards seeking help, often due to ongoing stigma.

Suicide & self-harm

National rates of suicide among students have increased over the last decade. Locally, there was a recent high-profile increase in the number of deaths by suicide among York students. Analysis of the Coroner's case files has shown no 'cluster' link between the individuals, i.e. which may have led to contagion or copy-cat behaviour. However, there were some common lifestyle themes identified (e.g. alcohol use, academic stressors, pre-existing mental health issues, previous bereavement). Over half of the 24 ambulance call outs to the University of York between January and February 2016 were linked to self-harm or suicide attempts. However, across York as a whole rates of admission for self harm were greatest among people aged 18 and under.

Student awareness of issues around suicide and self-harm has increased following recent deaths. There was a desire for more open communication between institutions and students, with recognition that deaths had a ripple effect on the mental health of the wider community, not just close friends.

Sexual health

Students appear knowledgeable and fairly confident in managing their sexual health. Students demonstrated a good awareness of local sexual health services. Campus drop-in sessions and free resources such as condoms and pregnancy tests are available at all institutions, as well as the sexual health clinic on Monkgate. Findings from focus groups suggest awareness of sexual health has improved in recent years as there is less stigma and better advertising of services.

Chlamydia remains the most common sexually transmitted infection among young people. In 2015 22.3% of 15-24 year olds in York were screened for Chlamydia. Local detection rates for 2015/16 show 7.5% of tests were positive in this age group. The low percentage of positive tests is thought to be a true reflection of low STI rates in York.

However, although physical aspects of sexual health were well-addressed, there were some concerns about the emotional aspects of sexual relationships, particularly around harassment and domestic abuse.

Harassment and domestic abuse

Universities UK have reported an increasing level of violence against women, harassment and hate crime involving students nationally. Students, staff and other stakeholders have all reported that sexual offences, harassment and related issues are areas of concern for students in York.

Police data shows that students are over-represented in public safety and welfare incidents related to domestic incidents and domestic violence. Similarly, around 20% of people accessing Survive services in York are thought to be students. However, domestic abuse remains under-reported so these figures are not likely to show the true extent of domestic incidents in the student population.

Disabilities

28% of students reported being disabled or living with a long-term health condition. Of these, 1 in 5 had not informed their university or college about their condition.

Students reported mixed findings around disability services, with some students struggling with bureaucratic systems and limited support. Many students were going to disability services as they were unable to access mental health services. Often students were filling in all the relevant forms to get assistance, but the recommendations from learning support plans were not always used by lecturers in practice.

Meningitis

There has been a rapid increase in the number of meningitis W cases reported nationally since 2009. University students, particularly “freshers”, are a high-risk group as they come into close contact with large numbers of new people, some of whom may be carrying meningitis bacteria.

The Men ACWY vaccine is recommended to all school leavers and new university students up to 25yrs old as part of a catch-up programme. 95% coverage is needed for full vaccine effectiveness. Uptake of the Men ACWY vaccine in 18-20yr old students surveyed was 70% (78% in university students only). Students registered with a York GP were more likely to have been vaccinated. Lower vaccination rates were reported in international students (45% EU students, 29% non-EU students). In comparison to the 95% target this is low, but in comparison to other areas York appears to be doing well.

By 2020/2021 all UK students should have received Men ACWY at school. However, a continual programme will be needed for international students.

Dental health

Students report very limited access to NHS dental services in York. This is of most concern regarding emergency dental treatment, with very poor access reported by students and stakeholders.

Dental problems are the most common cause of calls to NHS 111 by 18-25 year olds in York (12.1% of calls in 2015/16, 13.6% in 2014/15). This suggests that there is a need for better signposting to emergency dental care, as well as ensuring students take better care of their oral health to prevent the need for emergency treatment.

What other factors do students report affect their health?

Alcohol

Alcohol consumption has always been considered a health concern for students. However, national rates of binge drinking among young adults have fallen by more than a third since 2005, and many more young adults are reporting they do not drink at all. Excess alcohol consumption is linked to further risk-taking behaviour, affecting the physical, mental and sexual health of both individuals and others.

Survey responses suggested that most students were drinking within the 14 unit recommended limit for alcohol each week, although 50% of students scored positive on the AUDIT-C alcohol screening tool, indicating the potential of increasing or higher risk drinking. However, a significant minority of students reported experiencing some harmful effects of alcohol within the last 12 months. Most commonly reported were spending too much money, and feeling embarrassed about something they said or did whilst drunk. 5% of students reported needing to seek medical help for injury or illness as a result of their drinking.

Some stakeholders and parts of the wider community perceived student drinking to be a problem for the city, with issues including antisocial behaviour, the need for emergency medical care and river safety. However, students often reported using alcohol as a coping mechanism for high levels of stress rather than for social purposes.

Drugs

10% students reported taking non-prescribed drugs, and 1.3% students reported taking performance-enhancing drugs (including smart drugs/learning aids).

Of the students who reported drug use, less than half reported experiencing any harms in the last 12 months. Most frequently reported harms were spending more money than they wanted to and feeling too ill the next day to do things they wanted to.

Smoking

11% of survey respondents reported smoking, with just under half of these smoking both cigarettes and e-cigarettes. (Smoking rate for adults in England in 2015 = 16.9%). Knowledge of how to access smoking cessation was poor, with only one student aware that City of York Council is the provider of smoking cessation services in York. Whilst some students identified online or phone NHS resources, most were unaware of where to access help or would choose to visit their GP. Only 4 student smokers stated they did not want to quit.

Sleep

Two thirds of students reported they did not get enough sleep to feel rested most nights of the week. The most commonly reported causes were studying, stress, noisy flatmates and existing mental health conditions. Students with poor mental and physical health were significantly less likely to report feeling well rested. Students who reported they did not get enough sleep also had significantly ($p = <0.001$) lower wellbeing scores than those who did get enough sleep.

In the short term, poor sleep makes it harder for students to concentrate and less able to cope with stressful situations. In the long term, poor sleep can have a negative impact on mood, increasing the risk of anxiety and depression as well as physical disorders such as diabetes and heart disease.

An evidence review found that improving students' knowledge about sleep does not necessarily translate to improved sleep behaviours. It also found that interventions involving reducing caffeine or alcohol may not be suitable for students, whereas interventions focused around gentle forms of exercise appeared to be effective.

Physical activity

National studies suggest that in the UK 73% of male and 79% of female university students do not meet physical activity guidelines.

Most students focused on lack of exercise, and tended to overlook physical activity in other parts of life (e.g. active transport).

Students were concerned they did not get enough exercise, which was recognised as beneficial to physical and mental wellbeing. Some students found it difficult to fit exercise around their existing timetable, whilst others found accessing gyms and societies difficult either due to cost or lack of information on how to join.

Diet

More than half of students were worried about their diet. Students reported they were not able to afford healthy food, and that not enough healthy options were available on campus. There were also concerns about limited culinary skills, poor understanding of budgeting, and eating as a temporary solution to stress.

National data suggests more students are relying on food banks, with cost the biggest factor affecting dietary choices. Nearly 90% of students in a national study failed to consume the recommended intake of fruit and vegetables.

Wider determinants

Other factors besides those directly associated with health were found to affect student health and wellbeing.

Academic issues

Pressures around higher/further education were significant causes of stress. University students are most worried about managing time and deadlines, whereas college students are most concerned about exams and assessments. Over 60% of students were worried about career prospects. Perfectionism and fear of failure were also common issues.

College students were very positive about their tutors and their role in welfare. However, at the universities it was not always clear about the boundaries for academic supervisors and the role they played in welfare support, with considerable individual variation in perceived approachability and training.

Students found applying for mitigating circumstances very difficult. Forms were found to be long and complex, with limited support available to navigate the system. In many cases this made existing physical and mental illnesses worse.

Finance

National evidence shows the prevalence of debt among young people has increased in recent years. Debt has serious effects on health, including greater levels of suicidal ideation and depression, and worse health-related behaviours. Many students worried about financial problems on a regular basis. Particular issues related to course fees, living expenses (housing, food), travel, bursaries and part-time work.

As well as immediate financial concerns students also worried about future finance. Most students will never earn enough to pay off their student debt; however, many students still perceive the need to meet their full student loan repayment and the associated financial stress can be significant.

Housing

Some issues including damp, temperature, and living in close proximity to others were reported to cause physical health problems. However, most reported issues were more psychological, with stress and more serious mental health problems arising from poor interactions with housemates. Sometimes bullied students were unable to move despite fears for their safety. Several students reported difficulties in leaving leases, leading to paying two sets of rent.

On average, students scored their term time accommodation as 7/10, indicating moderate satisfaction levels.

There were positive reports regarding 'find your housemate' matching services, housing fairs and Residential Support Assistants.

International students wished to be more integrated with non-international students in halls of residence.

International students

International students face additional challenges as a result of lack of familiarity with services/ systems and broader cultural differences, which can lead to them requiring a higher level of support. Students reported difficulties adapting to everyday issues such as the climate and food. Issues are understandable and usually transient, but should not be underestimated for their impact on the student's health and wellbeing.

Many international students were not registered with GPs in the UK. Several did not know whether or not they were entitled to free NHS treatment, and did not know how to access basic services such as primary care, pharmacy and opticians. Dealing with visas was another source of stress. This included the application, which often needed to be completed at very short notice, and the subsequent registration with the police on arrival. Other individuals reported difficulties when visas needed to be changed, for which they had received little support.

There are also concerns reflected in national literature around understanding of particular health issues, particularly mental health and sexual health. Some students arrive with limited knowledge around contraception. Additionally, in many countries mental health issues are heavily stigmatised or not recognised at all, leading to difficulties in students recognising symptoms or agreeing to seek help.

What is already being done in York?

There are many schemes already in place to support student wellbeing, both at individual institutions and more widely across the City. Some of these are highlighted below:

University of York

- Extra funding for mental health, including employing 2.5 additional posts at Open Door
- Mental Health First Aid training for front line staff, including college tutors
- Mind Your Head's Mental Illness Awareness Week
- Regular wellbeing workshops
- Revised student wellbeing website
- YUSU consent talks to new students at induction
- Healthy Mind Healthy Body scheme
- College wellbeing workshops
- Free weekly sports sessions for postgraduates
- Find a housemate events and support in sourcing accommodation

York St John University

- 'Welcome Wobbles' drop-in during the first weeks of term
- Wellbeing Zone – includes 500 healthy recipes, sleep tracker, exercise advice
- SW5 – cheap access to sports sessions
- Aspire Card – financial assistance to support study
- A comprehensive training programme for residential support assistants (RSAs) including mental health
- 'Pay Safe 'n' Stay Safe' agreement with Streamline taxis
- Daily Learning Support drop-ins
- Daily Wellbeing drop-ins
- River safety talks at induction
- Sexual consent sessions for YSJSU students reps
- Mindfulness sessions
- Financial education training with Blackbullion
- Mental health training for front line staff

York College

- Suicide prevention strategy
- Regular health and wellbeing days
- Infozone/Helpzone
- Intensive Personal Advisors
- ELSA training for college tutors
- Video recording of induction lectures
- Further Education Free Meals
- Traffic light system on food options

Askham Bryan College

- Pastoral tutors
- Peer mentors
- Barclays Life Skills financial tutorials
- Further Education Free Meals
- 'Live Action' made-from-scratch meal options

City-wide initiatives

- York Student Mental Health Network
- Suicide safer city partnership
- Suicide postvention service
- TEWV Transition Passports from CAMHS to adult mental health services
- Funding for Mental Health Champions
- New HEFCE-funded projects on preventing harassment:
 - York St John, York College, IDAS and Survive are running Building Healthy Relationships Project, which provides education and training around healthy relationships.
 - University of York are running a separate project to develop and implement research-informed training for student leaders on gender-based harassment and violence.

What new changes are being made?

“You said... We did...”

Changes are already being made based on findings from the Student HNA and other student feedback. Here are some examples:

York St John:

International students said they were unsure how to access NHS healthcare

- York Medical Group to produce a leaflet on healthcare services targeted at international students

Students reported lecturers didn't always use student learning support plans (LSPs)

- LSPs are now under review to make them shorter and easier to put into practice

Campus not as accessible as it could be to visually impaired students

- Issue raised with estates team to put Braille on toilet doors

York College

Student worried that information they share with counsellors will be shared with wider college staff

- Ensure communications with students are more upfront about confidentiality of services

Students want larger variety of cheaper meal options

- Free Meals System expanded to include student catering options

University of York

International students struggle to understand UK culture when they first arrive

- GSA producing an induction booklet for international students as a guide to the basics of being a student in the UK

Students concerned about the waiting time to be seen by Open Door

- New online self-referral scheme to be piloted from May 2017

Students reported problems with the Unity Health appointment booking system

- Range of measures implemented – see Healthwatch report for more details

Students felt signposting to services could be improved

- Planned wellbeing communications campaign with targeted messages to run from September 2017

Students need more access to low-level mental health interventions

- University working with Student Minds to develop peer support

Askham Bryan

More mental health support needed for students

- From September 2017 – group sessions for counselling, peer mentors for all students, FE and HE mental health co-ordinators

Other

The extent of provision of dental health services for students in York is unclear

- Public Health team at CYC to undertake scoping work around the provision of dental health.

The pathways into and between mental health services for students are unclear

- YSMHN to undertake mapping of the student pathway through mental health services.

What are the main challenges to improving student health?

Challenge 1: Mental Health

The prevalence of mental ill health among students in York is high, and is increasing year on year. Students are not always able to differentiate between 'normal' or expected mood fluctuations, and more severe mental ill health. Mental health still attracts stigma, which prevents timely access to services.

There are opportunities to improve protective factors and reduce risk factors relating to mental wellbeing at a population level. There are also opportunities to engage further with providers of low-level mental health support such as Student Minds and Samaritans, as well as encourage more open discussions on mental health to improve student awareness.

Challenge 2: Communication

Many services students would like to see already exist, but they are unaware of them. Students would like more information at specific times, such as welcome weeks. Regular reinforcement of key messages is needed.

There are opportunities to rapidly improve student concerns by better signposting existing services, as well as being clear about what those services are able to provide.

Challenge 3: Accessing services

There are issues in some places with waiting times, with demand for services (particularly mental health services) exceeding availability. The SHNA has also highlighted that the pathways into and between services are often unclear.

There are opportunities to make accessing services easier by setting out clearer, more

streamlined pathways. There is an opportunity to use the results of the SHNA to make the case for further funding allocation for low-level mental health interventions for students.

Challenge 4: Integrated approach to wellbeing

Wellbeing should be fully integrated into academic culture. Student wellbeing should also be seen as part of a broader life course approach to wellbeing. Student wellbeing should be integrated into that of the wider community.

Promoting wellbeing gives institutions the opportunity to increase the employability of their students, and their ability to thrive post-education. There is a potential opportunity for university and college students to play a role in helping prepare school students for higher education. There are opportunities for students to benefit themselves and the wider community through volunteering.

Challenge 5: Local leadership and partnership working

There is a desire for more partnership working between organisations. There are many examples of good practice relating to student health, but limited opportunities to share. Leadership on student health issues is not always clear across the City. Beyond the city there are many national networks leading projects on student health.

There are opportunities to use the SHNA to support existing networks such as the YSMHN. There are opportunities to share local and national good practice between organisations. There is an opportunity for Higher York to provide leadership on student health issues.

How can these findings be used in practice?

The SHNA has demonstrated more work needs to be done on student health in York. The following actions are recommended to implement and monitor improvements:

1. Establish a multi-agency partnership to drive the student health agenda in York

- This should include Higher York (who have agreed to provide leadership), each academic institution (including student representatives), CYC, TEWV, Vale of York CCG and relevant health and voluntary sector partners.
- There is an opportunity to repurpose the existing YSMHN to tackle student health more broadly.
- Ensure the partnership has clear governance arrangements and links to existing committees.

2. Continue to build on the work started through the SHNA

- Disseminate the findings of the SHNA to students, local stakeholders and national organisations.
- Develop a student health charter through which stakeholders can demonstrate commitment to improving student health.
- Hold a conference in 12 months' time to demonstrate progress made.
- Repeat the student survey annually to measure progress.

3. Base future areas of work on needs identified as part of the SHNA

- e.g. transition from school to further education/higher education, workforce health

What other work exists on related topics?

Strategies

- The Children and Young People's Plan, 2016-2020
- CYC Mental Health Strategy
- CYC Autism Strategy
- York Joint Strategic Needs Assessment
- Joint Health & Wellbeing Strategy

Services

- YorWellbeing Service

Groups

- York Student Mental Health Network
- York Student Community Partnership
- Learning City Partnership Board
- Strategic Partnership Emotional and Mental Health (transitions subgroup)

Projects

- Mental Health Youth Champions
- Time to Change hub (with York CVS)
- HEFCE-funded projects to tackle sexual harassment at UoY and YSJ/YC

Where can I find more information?

The full version of the SHNA report is available online at: www.healthyyork.org.

For more information about the project please contact:

Nick Sinclair (JSNA lead) at:
nick.sinclair@york.gov.uk

Other useful resources on student health include:

- AMOSSHE
www.amosshe.org.uk
- Healthy Universities
www.healthyuniversities.ac.uk/
- Higher York
www.higheryork.org/
- Mental Wellbeing in Higher Education Working Group (MWBHE)
www.universitiesuk.ac.uk/about/Pages/mwbhe.aspx
- NUS (National Union of Students)
www.nus.org.uk/
- Student Health Association
www.studenthealthassociation.co.uk/
- Universities UK
www.universitiesuk.ac.uk/
- York Student Health website
www.yorkstudenthealth.org.uk
- Healthwatch York
www.healthwatchyork.co.uk/



ASKHAM BRYAN COLLEGE

THE UNIVERSITY *of York*



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Chinese (Traditional)

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Student Health – action plan plus evidence framework

Challenge	3 key priorities	How demonstrate achieved? (Suggested) <i>Measures should be determined by individual institutions.</i>
Mental health	Ensure students are able to access wellbeing support on key topics (including both mental health and wellbeing directly, plus wider determinants) in appropriate formats, particularly at significant times of the academic year	Measures to include: <ul style="list-style-type: none"> - Attendance & access - Engagement - Impact on services
	Ensure students have access to appropriate level of mental health support, recognising greatest need for low-level mental health support but an increasing need for complex support among minority of students	Include consideration of cut-off points and impact of such
	Ensure key staff and students are trained to provide basic mental health support, and signposting to other services when required	Training could include: ELSA, mental health first aid, Safe Talk, ASIST Identify key staff and appropriate level of training required
Communication	Communicate the findings of the SHNA to students	Ensure most appropriate channels used (making best use of key influencers i.e. sabbatical officers) Evidence of feedback from students on the results.
	Ensure the student voice is included when making decisions regarding student health (including city-wide decisions)	Students or student representatives sitting on key organisational bodies. Students consulted as part of city-wide consultations (e.g. Healthwatch surveys, local service reconfigurations).

	Ensure clear signposting of existing services using methods most appropriate for student populations	Awareness levels Use of services (services to identify student users)
Accessing services	Make sure people are aware of where to access services in the first instance.	Measure student awareness of services. Ensure visibility of signposting to other services to staff and students.
	Ensure that pathways with institutions are clear and that all staff are able to refer students to the service they need.	Identify where/to whom students likely to present. Ensure there are linked pathways between different support systems (e.g. health, incident reporting etc.).
	Ensure pathways between agencies are clear to both students and organisation staff. Where pathways are not clear, undertake work to improve these. This should include transitional pathways (e.g. child to adult services, home/university services).	Ensure there are documented local protocols regarding referral routes, particularly between mental health services. Providing advice regarding service transitions, including before students start their course. Recognise (and mitigate where possible) issues presented by transience of students, who need access to healthcare in both home and study locations.
Integrated approach to wellbeing	Institutions should demonstrate an ongoing commitment to health and wellbeing in their strategy/institutional values.	Inclusion of health and wellbeing of students and staff in strategy/institutional values.
	Follow 'healthy university' approach by integrating health and wellbeing across all parts of university/college life, recognising that academic achievement and wellbeing are linked.	Relevant institutions to be part of the 'healthy university' network, with representatives attending biannual meetings. Application of the Healthy Universities toolkit

		(e.g. self-review tool) for benchmarking and improvement.
	Schools to include wellbeing in preparation for further/higher education, with outreach and WP activity including aspects of integrated wellbeing	Demonstrate involvement in local schools regarding university/college preparedness. Increase volunteering opportunities for students to work with school pupils.
Local leadership and partnership working	The city's Health and Wellbeing board to show an ongoing commitment to student health by developing a student health charter for local stakeholders to sign up to.	Supporting the student health and wellbeing forum by ensuring representation at meetings. Strategic commitment to repeat health needs analysis every two years. Demonstrate work done to implement recommendations highlighted in SHNA.
	Institutions to actively involve external agencies through collaborative projects, and promoting specialist services across the city.	Attendance of external agencies at Fresher's fairs, health and wellbeing days etc. Ensure key local agencies aware of referral pathways and institutional protocol. Materials from external agencies on websites, in student unions etc.
	Commit to sharing good practice between institutions and key stakeholder in voluntary and health sectors at least annually at a local level, contributing to national work where possible.	Annual conference/seminars through York Student Health and Wellbeing group. Demonstrate feedback of good practice nationally e.g. through presentations/papers to Universities UK, AMOSSHE and other national bodies.

Abbreviations

ASIST – Applied Suicide Intervention Skills Training

ELSA - Emotional Literacy Support Assistant

SHNA – Sexual Health Needs Assessments

AMOSSHE – Association of Managers of Student Services in Higher Education



**Health, Housing and Adult Social Care Policy 15th January 2019
and Scrutiny Committee**

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 the 15th July 2018 detailing the performance by organisations providing a service in York against Care Quality Commission standards. Members will also recall that there are robust processes in place to monitor the quality of services delivered by providers of Residential/Nursing Care and Homecare in York and are reminded that services are also regulated and monitored by the Care Quality Commission.
2. Members will note the improved performance from the report received in July 2018. At that period 14.5 % of providers in York were listed as requires improvement or inadequate. At the time of writing in December 2018, the percentage requiring improvement had fallen to 9.7% % with 87.1% of settings rated as good with 3.2% as Outstanding. This compares with 85.5% of services rated as good or outstanding in July 2018. As detailed within this report, performance is above both national and regional averages reported by CQC.
3. During the last six months, the majority of care provisions that have been inspected have remained at the same ratings. However, it is noted that four care homes, previously rated as Requires Improvement are now rated as Good which highlights the work that the Commissioning team has undertaken to support provision across the City. Unfortunately, one new provider has received a requires improvement rating and one provider has slipped from good to requires improvement.
4. Well Led (Management and Leadership) continues to be the area of concern. The Council is addressing this by working with partners through the Adult Social Care Workforce Strategy, alongside promoting

opportunities for additional support and other resources available to registered managers.

5. Members will be aware that two providers recently closed care homes in the City resulting in the loss of 149 care home beds, meaning 78 residents had to be found alternative accommodation. Both homes cited recruitment difficulties as to the reasons behind decisions and both homes were in receipt of disappointing CQC ratings and it should be noted that the closures have supported the improvement highlighted in paragraph 2.
6. Care Homes are approximately 98% “full” at any time, the loss of the 149 beds referred to in paragraph 5 has further impacted on available capacity which highlights the need for the OPAP to support new care home proposals alongside delivering new Independent Living options for people. It is anticipated that around 300 additional registered care beds will be available over the next 2-3 years.
7. The Older Person’s Accommodation Programme (OPAP) continues to highlight the continued and growing need for new accommodation with care for older people and is proposing a further phase of the Programme in order to tackle this need. Whilst the additional capacity will be welcomed, it has to be acknowledged that the biggest challenge will be recruitment of a workforce and this needs to be one of the key priorities for the “system” to address in the next 18 months.
8. A key strand of the OPAP is to further develop Independent Living Communities as an alternative to residential care. This will allow older people to continue to live independently in their own home, a stated aim of the majority of York’s older population. The development of a 27 bed extension to Glen Lodge and agreement to build a 33 homes extension at Marjorie Waite Court are examples of how the programme is already supporting increased numbers of people to live independently.
9. Our asset (strength) based approach has significantly grown over the last two years and it is essential that we continue the progress made to date on changing the focus of our operational model to one that works to prevent, reduce and delay the need to access statutory care and support provision. How we explore challenges in workforce development and attract citizens into the care workforce needs to be approached through our ‘community operating model’ where we view the expertise of the paid workforce and the skills of our communities as a part of the

solution and a local asset. This reflects principles of co-production and the value of the 'core economy'.

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

Background

11. All Residential, Nursing and Home Care services are regulated by the Care Quality Commission (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 dependent on the provider's rating and on intelligence received in between scheduled inspections. All reports are within the public domain and CQC have a range of enforcement options open to them should Quality and Standards fall below required expectations.
12. 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 Development 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 on improvement plans. This can also lead to placements being suspended, often on a mutual basis, until quality and performance improves. The team on occasions will also undertake visits jointly with colleagues from the Vale of York Clinical Commissioning Group where it felt necessary or there are safeguarding concerns.
13. 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 Development Visit and consultation with residents/customers. Reports are shared with the provider and with CQC colleagues to inform their programme of inspections.
14. 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.

15. 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”

Analysis - Performance and Standards in York

16. The following tables provide an analysis of quality standards across care provision in York against those reported in the CQC report, nationally and on a regional basis across Yorkshire and Humber.

CQC Ratings (all settings)

Overall Rating	Outstanding	Good	Requires Improvement	Inadequate
City of York	3.2%	87.1%	9.7%	0%

17. The table below shows the current number of care settings and their CQC ratings in York

Overall Rating	Outstanding	Good	Requires Improvement	Inadequate
City of York	2	54	6	0

18. There are a total of 62 registered care settings that have current inspection ratings within the City of York. Currently 4 services are yet to be inspected, this is due to administrative changes within the service, a change of premises, change of trading name or new provision.

National and Regional CQC Ratings

Area	% of Services rated as
-------------	-------------------------------

	good or outstanding
City of York	90.3%
*National	82.0%
**Yorkshire & Humber Region	78.4%

(*Data source – CQC State of Care October 2018.)

(**Data source – CQC Care Directory)

19. As Members will note, York has a higher percentage of care provision that is rated as ‘Good’ compared to performance both nationally and on a regional basis.

- Copies of all CQC reports can be found at www.cqc.org.uk

Social Care Ratings by Key Questions

Area	Safe	Effective	Caring	Responsive	Well led
York	84%	98%	100%	97%	79%

20. As well as the overall rating, CQC give all adult social care services a rating for each of the five questions that they ask of all care services. These allow the reports to consider in greater detail all the issues that matter to people: are services safe, effective, caring, responsive to people’s needs and well-led.

21. The major concern for providers in York remains in the well-led domain, whilst performance has improved from 70% in July 2018, the figure still remains low and is the major contributor to homes receiving a requires improvement rating. The Council have engaged a national charity that provide leadership and development training to the care workforce, to work specifically on supporting York registered managers to form a Peer Support Network .The launch event was well attended by providers, who have gone on to set the early foundations for both a Care Home and a Home Care network.

Residential and Nursing Care Homes in York

Care Homes		
Outstanding	1	2.9%
Good	31	88.6%
Requires Improvement	3	8.6%
Inadequate	0	0%

22. Of the 36 homes in York, 35 have an inspection rating to date. The tables above detail the findings of these inspections and Members will note that 3 homes have been rated as requires improvement and none as inadequate.

Home Care Services - York

Home Care		
Outstanding	1	3.7%
Good	23	85.2%
Requires Improvement	3	11.1%
Inadequate	0	0%

23. Of the 30 York based registered domiciliary care services delivering homecare and supported living, 27 have been inspected to date. The above table details the findings of these inspections and Members will note that 3 services have been rated as requiring improvement.

Summary

24. Alongside the above, Members may also wish to note the outcome of the latest Customer survey on Homecare which is undertaken by the Adults Commissioning Team. Out of a total of 205 customers or carers surveyed, 95 % stated that they were satisfied with the quality of the services they received.
25. 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.
26. 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

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

Equalities

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

Other

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

Risk Management

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

Recommendations

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

Contact Details

Author:

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Interim Corporate Director
Health, Housing and Adult Social
Care**

Report Approved ✓ **Date** 3rd **January**
2019

Specialist Implications Officer(s)

Wards Affected:

All ✓

For further information please contact the author of the report

Abbreviations

CCG – Clinical Care Commissioning Group

CQC – Care Quality Commission

OPAP - Older Persons Accommodation Programme

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Health, Housing and Adult Social Care Policy and Scrutiny Committee

Work Plan 2018-19

<p>20 June 2018 @ 5.30pm</p>	<p>Housing</p> <ol style="list-style-type: none"> 1. Attendance of Executive Member for Housing and Safer Neighbourhoods <p>Health</p> <ol style="list-style-type: none"> 2. Business case for new mental health hospital for York 3. CCG report on Patient Transport Services for York 4. Unity Health Report on patient communication problems 5. Report on sexual health re-procurement. 6. Scoping report on Commissioned Substance Misuse Services 7. Work Plan 2018-19
<p>25 July 2018 @ 5.30pm</p>	<p>Health</p> <ol style="list-style-type: none"> 1. Attendance of Executive Member for Health and Adult Social Care 2. HWBB Annual Report including review of Health and Wellbeing Strategy and update on new Mental Health Strategy 3. End of Year Finance and Performance Monitoring Report 4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services 5. Safeguarding Vulnerable Adults Annual Assurance Report 6. Work Plan 2018-19
<p>11 Sept 2018</p>	<ol style="list-style-type: none"> 1. 1st Quarter Finance and Performance Monitoring report

<p>@ 5.30pm</p>	<p>Health</p> <ol style="list-style-type: none"> 2. Update on Unity Health Actions to improve patient communications and CQC inspection. 3. Update report on Priory Medical Group proposals to relocate to proposed Burnholme Health Centre 4. Update Report on Elderly Persons' Accommodation 5. Delivery of CQC Local System Review Action Plan 6. Substance Misuse Services Scrutiny Review Update Report 7. Work Plan 2018-19
<p>16 Oct 2018 @ 5.30pm</p>	<p>Housing & Community Safety</p> <ol style="list-style-type: none"> 1. Safer York Partnership Bi-annual Report 2. Update on Community Policing – Lindsey Robson, York, Selby Commander 3. Update report on implementation of new licensing laws for HMOs 4. Work Plan 2018-19
<p>14 Nov 2018 @ 5.30pm</p>	<p>Health</p> <ol style="list-style-type: none"> 1. Mental Health Help Line 2. Report on engagement around Home First Strategy 3. Healthwatch York six-monthly Performance Report 4. Overview report on self-harm and suicide prevention 5. Report on aims of Oral Health Action Team

	<ol style="list-style-type: none"> 6. Work Plan 2018-19
12 Dec 2018 @ 5.30pm	<ol style="list-style-type: none"> 1. HWBB six-monthly update report 2. Update Report on progress of CYC Asset/Place-based approach to working. (Pippa Corner / Joe Micheli) 3. CCG Chair Dr Nigel Wells, Introduction and Update on Elective Criteria Policy 4. Work Plan 2018-19
15 Jan 2019 @ 5.30pm	<ol style="list-style-type: none"> 1. 2nd Quarter Finance and Performance Monitoring Report <p>Health</p> <ol style="list-style-type: none"> 2. Update Report on Unity Health 3. Overview report on student health services 4. Six-monthly Quality Monitoring Report – residential, nursing and homecare services 5. Work Plan 2018-19
12 Feb 2019 @ 5.30pm	<ol style="list-style-type: none"> 1. Overview report on mental health crisis support services in York. 2. Update report on Collaborative work by Humber, Coast and Vale Mental Health Partnership 3. Work Plan 2018-19
12 March 2019 @ 5.30pm	<ol style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report <p>Health</p> <ol style="list-style-type: none"> 2. Healthwatch York six-monthly Performance Report <p>Housing</p>

	<ol style="list-style-type: none">3. Safer York Partnership Bi-Annual report4. Draft Work Plan 2019-20
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*Update report on Priory Medical Group proposals to relocate to proposed Burnholme Health Centre (Attendance TBC depending on funding agreements)