



**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, Richardson, K Taylor and Warters

**Date:** Wednesday, 25 July 2018

**Time:** 5.30 pm

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

**AGENDA**

**1. Declarations of Interest** (Pages 1 - 2)

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

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

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

**2. Minutes** (Pages 3 - 12)

To approve and sign the minutes of the meeting held on 20 June 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 24 July 2018**

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**4. Attendance of Executive Member for Adult Social Care and Health** (Pages 13 - 20)

The Executive Member for Adult Social Care and Health will be in attendance to discuss challenges for the forthcoming year.

**5. HWBB Annual Report including review of Health and Wellbeing Strategy and update on new Mental Health Strategy** (Pages 21 - 52)

The Chair of the Health and Wellbeing Board will present the annual report which will include a review of the Health and Wellbeing Strategy and an update on the new Mental Health Strategy

**6. End of Year Finance and Performance Monitoring Report** (Pages 53 - 64)

This report analyses the latest performance for 2017/18 and presents 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.

**7. Six-monthly Quality Monitoring Report - (Pages 65 - 72)  
Residential, Nursing & Homecare Services**

This report compares standards of care in York with the latest CQC findings relating to Residential, Nursing & Homecare Services.

**8. Safeguarding Vulnerable Adults Annual Assurance Report (Pages 73 - 80)**

This report outlines arrangements in place to ensure that City of York Council discharges its responsibilities to protect adults with care and support needs from abuse and neglect, whilst maintaining their independence and well-being.

**9. Work Plan (Pages 81 - 84)**

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

**10. Urgent Business**

Any other business which the Chair considers urgent.

**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**

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

**Agenda item 1: Declarations of interest.**

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

Councillor Doughty      Member of York NHS Foundation Teaching Trust.

Councillor Richardson Ongoing treatment at York Pain clinic and ongoing  
treatment for knee operation.  
Niece is an Adult Care Manager at CYC.

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City of York Council

Committee Minutes

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Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	20 June 2018
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Flinders, Richardson, K Taylor, Warters and Hunter (as a substitute for Cllr Cuthbertson)
Apologies	Councillor Cuthbertson

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## 1. Declarations of Interest

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

Councillor Cullwick declared a personal non prejudicial interest in agenda item 4 (Attendance of Executive Member for Housing and Safer Neighbourhoods) as he managed a small number of Houses in Multiple Occupation (HMOs) and HMOs were mentioned in the report.

Councillor Kallum Taylor declared a personal non prejudicial interest in agenda item 7 (Unity Health Report on Patient Communication Problems) as he was registered as a patient with Unity Health himself.

Councillor Richardson declared a personal non prejudicial interest in agenda item 6 (CCG Report on Patient Transport Services for York) as the council's appointed representative on York Wheels.

## 2. Minutes

Resolved: That the minutes of the last meeting of the Health, Housing and Adult Social Care Policy and Scrutiny Committee held on 23 May 2018 be approved and then signed by the Chair as a correct record.

### **3. Public Participation**

It was reported that there had been three registrations to speak at the meeting under the Council's Public Participation Scheme, two in relation to item 7 (Unity Health Report on Patient Communication Problems) and one on in relation to item 9 (Scoping Report on Commissioned Substance Misuse). The Chair advised that he had agreed with speakers that they would be heard under the relevant items on the agenda.

### **4. Attendance of Executive Member for Housing and Safer Neighbourhoods**

The Executive Member for Housing and Safer Neighbourhoods was in attendance to discuss priorities and challenges for the forthcoming year, along with the Assistant Director for Housing and Community Safety. They responded to particular issues raised by Members during discussion and provided additional information as requested on specific issues including:

- Regeneration plans were currently focused around council estates but acknowledged potential for future opportunities for this to kick start regeneration in areas around council estates.
- A report on the creation of a housing development company would be considered by the Executive in July which would explore different models and affordability of delivery with an emphasis on social value rather than profit.
- The council was looking to increase money from HRA funding to invest in new housing
- Building maintenance – there had been large improvements in energy efficiency of buildings
- HMO licensing – rolling programme of inspections to take place from October – two additional members of staff employed
- Homelessness – additional resources had provided specialist support in hospitals to support those with mental health issues.

Officers acknowledged a request for the following:

- For representatives from neighbourhood policing teams to attend a future meeting to provide an update on how neighbourhood policing was working in York
- Further information in relation to performance figures to enable Members to be able to compare figures to previous years and against other providers, which is not currently easy to do from a table of figures.

- further information on energy efficiency measures in building maintenance, in order that Members can determine how much this is saving the council

Resolved: That the update by the Executive Member for Housing & Safer Neighbourhoods be noted.

Reason: To update the committee on the Executive Member's priorities and challenges for the forthcoming year.

## **5. Business Case for New Mental Health Hospital for York**

Members considered a report which provided them with an update on progress made and key milestones in respect of developing the new mental health hospital for York and Selby.

The Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust's Strategic Project Manager, Director of Operations for York and Selby and Deputy Medical Director for York and Selby, were in attendance at the meeting to present the report.

Members acknowledged that the business case had been delayed as assurances had been needed with regard to the quality of design and cost and to ensure it was fit for purpose. This had been a rigorous process which had taken time and this had impacted on timescales and the revised operational date was now April 2020.

The Chair thanked NHS representatives for keeping Members informed on progress and commended them on providing the opportunity for the public, service users and carers to provide feedback on the build and in relation to the work with Ward Councillors in the process. They noted that the site was cleared and although there was no definite date for commencement of work on site, there was a possibility that it would start at the end of July.

Resolved: That the update briefing be noted.

Reason: To inform Members on the progress made with regard to developing the new mental health hospital.

## **6. CCG report on Patient Transport Services for York**

Members received a report which provided information on the mobilisation and implementation of a new specification for patient transport services, now known as Medical Non-Emergency Transport

(MNET), across NHS Vale of York and NHS Scarborough & Ryedale Clinical Commissioning Groups (CCGs).

The Head of Transformation and Delivery at Vale of York Clinical Commissioning Group (CCG) provided a verbal update to Members and responded to questions raised in relation to

- the eligibility criteria for patient transport services under the new specification, including how appeal process would work
- informing users of changes to system – all regular users of the current service had been made aware of changes and work was underway with staff of specialist units so they could inform patients as well.
- the process for booking transport – training was being provided to staff in preparation for changes
- support offered by Healthwatch in the design of patient information leaflets
- monitoring of the new service – this would be monitored by and the Trust and Yorkshire Ambulance Service who would meet regularly to ensure quality of service for patients

Resolved: That the report, and Members comments in relation to the new specification for patient transport services, be noted.

Reason: To inform Members of the new specification for patient transport services.

## **7. Unity Health Report on patient communication problems**

Members considered a report from Unity Health which provided a response in relation to the difficulties which had been experienced by patients in contacting Unity Health. As previously agreed by the chair, the two speakers, registered under the Council's Public Participation Scheme, addressed the committee at this point in the meeting.

Michael Urquhart, a patient of Unity Health, spoke to explain the problems he had encountered in trying to make appointments at the practice since the new surgery had opened. He expressed the view that a 4-5 page online appointment form was too onerous, especially for older people and then meant a delay in getting an appointment confirmed. He also spoke about the problems with the telephone line which had kept callers in a queue for a long period of time and then disconnected them without speaking to anybody. He advised that

having failed to make an appointment by phone, he had visited the surgery but had been told her could not do this in person and would be contacted by email.

Councillor Mark Warters spoke to advise the committee that he had been contacted by a resident who was a patient of Unity Health and had been asked to read out a statement on her behalf which provided an account of her experiences with Unity Health in relation to medical treatment received by her late husband. The scrutiny officer clarified that officers had offered him procedural advice that, in line with the council's procedure rules on public participation, the statement should not be read out at the meeting as it disclosed confidential or exempt information including personal information, and that he and the resident had been offered advice on the best route for getting her complaint dealt with.

Representatives from Unity Health and the CCG were in attendance at the meeting. They summarised the problems which the practice had experienced and how Unity Health had responded to them.

During discussion Members considered the following issues

- How the ongoing problems had been communicated to patients
- How the problems with the new system had been handled
- Whether sufficient resources had been in place to deal with new system and sufficient staff to take calls
- The online booking system and whether this was potentially discriminatory to certain groups of the population including older people
- Whether there had been unprecedented levels of demand at the practice

Representatives from Unity Health and the CCG acknowledged that:

- there was recognition that there had not been enough staff to take calls - 2 full time call handlers had now been employed to work alongside practice staff to answer phones.
- they had been slow to communicate problems to patients – they advised that all patients had now been contacted to advise them of the situation – as some members of the audience expressed concern that this was not the case, they agreed to check that all patients had been contacted
- the triage system was a part of NHS policy – this may be reinstated but only alongside fit for purpose telephone system.

- the online booking method would not be primary method for getting in contact with surgery
- The surgery was open until 8pm on Mondays to Thursdays and also open on Saturday mornings to deal with demand from patients.
- with new university students due to arrive soon to start the new academic year in September, they would partner up with Gillygate practice who would take new registrations.

The representatives from Unity Health expressed their sincere apologies to those patients who had suffered as a result of the problems experienced at the practice and assured them that the issues were now being dealt with. They assured Members that they intended to learn from the problems to put them in a better position to serve patients from now on. They offered to provide an update on progress to the committee in a few months time. Representatives of the CCG agreed to take away what they had learnt from the failure of the telephone system and share this with other practices to ensure it didn't happen elsewhere.

Members thanked representatives from Unity Health and the CCG for attending the meeting and being open and honest. They expressed confidence that the measures being put in place at Unity Health would enable them to turn the situation around in a short period of time and agreed that a further update to the committee in 3 months time would be appropriate.

The Director of Public Health acknowledged that the focus of discussion at the meeting had been around Unity Health but noted that the problems they were experiencing had exposed some wider issues and shown that, with two universities and colleges and around 30,000 students in York, there was increasing pressure on the wider health system. She explained that this was an opportunity to look at the bigger picture and the broader impact this was having on the city.

Resolved:

- (i) That the update from Unity Health and the CCG be noted.
- (ii) That a further update be provided to the committee in 3 months time.
- (iii) That officers investigate options for examining pressures on wider health system in York and report back to the committee.

Reason: To ensure the needs of patients in York are being fully met

## **8. Report on Sexual Health Re-Procurement**

Members were asked to consider a report and provide their comments on recommendations which would be presented to the Executive who would be asked to give their authorisation to approach the market for the tendering of sexual health and contraception services, and to receive approval that the decision to award the contract be delegated to the Director of Public Health.

CYC's Public Health Specialist Practitioner Advanced presented the report to Members and the Director of Public Health was also in attendance. They responded to questions from Members in relation to the following issues:

- The risk attached to procurement due to the budget being quite small – the council was working with partners to acknowledge shared responsibility. Need to be aware of financial challenges over time of contract and respond if needed
- Preference was to have a local service, but fall-back position of North Yorkshire approach if needed. Every possible measure would be put in place to ensure a high quality service is provided.
- With regard to safe practices, unlicensed establishments were where greatest risk lied as the same safeguards were not in place – outreach work would target those under the radar to ensure safe practices.

Members acknowledged the risks which had been highlighted by officers in connection with the procurement of the service but expressed their support for option 2, to support the recommendations to Executive to approach the market to re-procure sexual health services for York through competitive tender.

Resolved: That the report be noted and that Scrutiny Members' comments on the Executive recommendations on sexual health procurement, and their support for option 2, be taken into consideration.

Reason: In order that Scrutiny Members have the opportunity to comment in advance of the decision being taken by Executive.

## **9. Scoping report on Commissioned Substance Misuse**

Members considered a report which provided information on commissioned substance misuse services in York to help support and inform their discussion on the subject to enable them to decide whether it was a suitable topic for a scrutiny task group investigation.

CYC's Public Health Specialist Practitioner Advanced and the Director of Public Health were in attendance to answer any questions.

Councillor Pavlovic, who had submitted the topic request for review, spoke and thanked officers for the preparation of the report and stressed the need to understand the reasons behind some of the worrying statistics and expressed the view that it was suitable topic for in-depth analysis.

Members expressed their support for the topic but noted the need to be specific with regard to the terms of reference for a review. It was agreed that a task group of 3-4 members be established to undertake a review and that Councillor Pavlovic be included as a co-opted member of the task group. It was agreed that Councillor Richardson be another member of the task group and that other groups would nominate a suitable member for the task group by email.

Resolved (i) That a review of Commissioned Substance Misuse Services in York be agreed as a suitable topic for scrutiny review.

(ii) That a task group comprising 3-4 members be established to conduct the review, to include councillor Richardson, and Councillor Pavlovic as a co-opted Member of the task group, with other Members to be confirmed.

Reason: To support the scrutiny review into Commissioned Substance Misuse Services.

**10. Work Plan 2018-19**

Members considered the committee's work plan for the 2018-19 municipal year.

It was agreed that a further update from Unity Health should be scheduled for the 11 September 2018 meeting.

With regard to the request for an update on neighbourhood policing in York, it was confirmed that community safety did fall within the remit of this committee following the decision to align scrutiny committee with directorates and it was agreed that the Police and Crime Commissioner, or an appropriate member of neighbourhood policing team, be invited to a future meeting of the committee.

Resolved: That the work plan be approved subject to the amendments above.

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

Councillor P Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.40 pm].

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

25 July 2018

### **Report of the Executive Member for Adult Social Care and Health**

(to be read in conjunction with the portfolio holder's report to Council)

1. The Glenlodge Development is now open, providing the city with dementia friendly accommodation. This is the start of the second phase of the Older Persons' Accommodation Project.
2. The CQC Local System Review has now led to the development of a multiagency action plan and subsequently, established the Place Based Improvement Partnership.
3. Significant work has been undertaken to develop the Suicide Prevention Strategy, currently out to consultation. I attended an excellent suicide prevention workshop last month, at which many voluntary and statutory organisations worked together to plan ways forward.
4. The Learning Disability strategy is currently in development, following the lead of the mental health strategy. Previously, the two were linked but as they clearly present very different issues, separate strategies were considered to be the best way forward.
5. The Mental Health Partnership has appointed an independent chair, Tim. I have had productive discussions with him about the way forward for mental health service and we both have as a priority bringing services into local communities and ensuring that early help and early intervention are readily available. He will bring a report to the HWBB in September 2018.
6. The Yorwellbeing service continues their good work in the community and I am especially pleased to report that there has been some success in working with employers, as the health and wellbeing of the workforce in whatever setting, is a priority for the HWBB.

7. I was pleased to attend the AGM of the Older Citizens Advocacy Service, where I learnt a great deal about the importance of their work in assisting some of our more elderly residents in the city.
8. I was also delighted to attend the One Planet York Conference, 'Paradise Found', as part of the York Festival of Ideas. The discussions centred on how one place could work for everyone, which were thoroughly interesting and enlightening. Around 140 people were in attendance and a wide range of workshops were held to discuss various topics relating to public health.
9. Work continues on promoting financial inclusion, especially to alleviate the effects of the introduction of Universal Credit. This includes money management advice and support to residents who need it.
10. Seven Day Services are now place. As a result, assessments and discharges can take place on any day of the week, including weekends.
11. Work continues on a number of Public Health Workstreams, including student health and well-being, health in early childhood and healthy lifestyles.

## **Annexes**

Annex 1 – Adult Social Care and Health Report to Council

## **Adult Social Care and Health Council Report**

**Cllr Carol Runciman, Portfolio holder**

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### **Older Persons Accommodation Programme:**

Our plans to address the needs of York's ageing population through the delivery of the Older Persons Accommodation Programme remain on target. It is important to note, York is facing a significant demographic challenge with the increase in older people (over 85 years old) living in the city expected to grow by two fifths between 2017 and 2025.

The closure of Morrell House has been approved by the Executive and its residents have been successfully relocated to more suitable accommodation, marking the completion of the first phase in the programme.

The second phase is now underway, and this element of the programme will focus on supporting older residents to remain independent in their homes, whilst simultaneously providing extra care accommodation to support those people who cannot remain in their homes and require extra support.

More recently, permission was granted by Area Planning Committee for 33 new Extra Care apartments at Marjorie Waite Court. Officers will now look to appoint a builder to undertake the work, with work expected to begin in by October 2018 and be completed by the end of 2019.

### **Mental Health:**

I am pleased to report that The Haven @30 Clarence Street continues to be successful in providing welcoming, safe, supportive and non-clinical services to those struggling with mental health. The centre originally provided several small services since 2017, but because of our efforts to better coordinate health, social care and mental health provision in the city, it will continue to provide out of hours mental health support.



In addition to 30 Clarence Street, plans have been approved for a new mental health facility on Haxby Road. Initial plans for the Haxby Road site indicate that the new purpose-built facility is expected to be completed in 2019, providing an extra 72 beds to the city's overall provision.

The last few months have seen several important events regarding suicide prevention take place and I, along with many other Councillors and officers, have been pleased to attend both the Suicide Prevention Workshops and Suicide Prevention Conference. The resulting conversations will feed into the Council's new mental health strategy and future service provision.

Lastly, discussion about CAMHS and children's mental health continue to take place with the Council's health partners. The focus of discussions has centred on service support for those children transitioning from children services, to adult services. The development of a centre for excellence for children with complex needs will enable more children and families to have better more local support and ease the transition phase.

### **Community Services:**

A great deal of work has taken place to decentralise some health services and instead, base them in the communities they serve.

Local Area Co-ordinators have been established in some areas to ensure work is delivered effectively across wards, with minimal duplication. The Local Area Co-ordinators will also work to liaise with community groups and develop a local network of assets, which will be used to improve health outcomes and communication of information in a specific area of the city.

Talking Points are another new service which have been created to improve health services in specific communities. The Talking Points provide residents earlier access to adult social care staff, closer to where they live. As a result, residents who have used the service have been able to access information, advice and support from adult social care



staff, as well as find out more about local activities, support and resources. One Talking Point has been established at Lidgett Grove Methodist Church and another has recently opened in Oaken Grove Community centre..

A number of local ward budget projects have also taken place to alleviate loneliness and social isolation and this wise investment of ward committee funding in most certainly welcomed. For any wards wishing to invest in such projects for their communities, please contact myself or the Adult Social Care team to see what can be done.

### **Working with our local health services:**

The Council continues to work in partnerships with its partners and good progress has been made with TEWV, Hospital Trust, the CCG and GPs to provide support for local GP surgeries and invest in social prescribing.

Partners reported that the work between the Council and TEWV to support rehab and recovery work has been progressing and due to its success, the Police are now linking with the services to ensure multi-agency responses to complicated cases, such as street triage, which was subject to NY wide quality improvement work.

It was also agreed that the Council and the CCG should enter into further joint commissioning arrangements, with the aim of increasing investment in early intervention and social prescribing - particularly in York's voluntary and community sector.

There has been a recent appointment of a Assistant Director for Joint Commissioning, jointly funded by both the Council and the CCG, which will help bring the work of the two services together.

### **Work with Third Sector partners:**

Thanks to the support of Council and the York ME Association, Clifford's Tower was lit blue to raise awareness of ME during ME Awareness Week. The Council's communications team also supported this by promoting the work of the York Fatigue Clinic and signposting where



residents should go if they suffer from symptoms of ME. Later this year, training on ME awareness will be offered to both Members and officers.

Similarly, at the end of June, the Council supported the MND association by lighting Clifford's Tower orange and blue on Global MND Awareness Day.

The Council continues to work closely with CVS, CAY and Healthwatch, particularly in supporting all organisations to train and retain volunteers who are crucial to their services.

### **Health & Well-Being Board:**

There have been a number of changes to the Health & Well-Being Board, in order to facilitate greater opportunities for discussion by all partners at the tables. This includes working groups and workshops to focus on specific issues.

Under the Health and Wellbeing Board, strategies and structures have been developed to drive the city's new approach to mental health, autism, and learning disability. This includes the creation of new multi-agency partnership groups for learning disability and mental health. It also includes dedicated age strategies for mental health and Autism. A similar approach is currently being progressed in respect of Learning Disabilities.

Following a student health needs assessment in 2017, the Health & Well-Being Board has worked to support Higher York the creation of a local Student Health & Well-Being Network. The Network, which will now report to the Health & Well-Being Board annually, will develop a co-ordinated response to the student health needs assessment findings and to support student health and wellbeing within the City of York. As a result, an action plan has now been created to raise the profile of student health in the City and ensure training is delivered to University Staff regarding issues such as mental health.

### **Developments:**

Considerable progress is continuing to be made on the Burnholme College Site and we are proposing a programme of activities which will attract a wide range of users of all ages and abilities to the site. Through the GP exercise referral programme, we will encourage structured activities for all ages, including reaching programmes out to older people, families and those with medical conditions to encourage them to be more active.

The planning application for the former Lowfield School site is due to come to planning shortly, as part of the wider Housing Delivery Programme. If approved, the site will deliver new bungalows and flats for older people, plus a new care home, as part of our ambitious Older Persons Accommodation Programme.

Early discussions regarding the Bootham Park site have taken place with regards to retaining the facility for the health economy, rather than being sold for private sector housing. This conversation has only just begun and therefore, all proposals and intentions for the site are in very early stages. We will continue to discuss all options for the site with the wide range of partners involved.

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

25 July 2018

Report of the Chair of the Health and Wellbeing Board

**Annual Report 2017/18 of the York Health and Wellbeing Board****Summary**

1. This report presents the Health, Housing and Adult Social Care Policy and Scrutiny Committee with the 2017/18 Annual Report of the Health and Wellbeing Board. The Annual Report is at Annex A to this report.
2. Councillor Runciman, the Chair of the Health and Wellbeing Board, will be in attendance at the meeting to present the report.

**Background**

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

**The Annual Report**

4. The Health and Wellbeing Board's Annual Report 2017/18 includes information about the role and responsibilities of the board. It highlights the work the board has done over the past 12 months. Key to this work has been delivering against the four priorities within the joint health and wellbeing strategy 2017-2022 (mental health and wellbeing; starting and growing well; living and working well and ageing well). For each of the themes at least one named board member has been identified as the lead.

5. This year we have also renewed the Pharmaceutical Needs Assessment and the Joint Strategic Needs Assessment and details of these can be found in Annex A.

### **Consultation**

6. Not applicable to this report.

### **Options**

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

### **Analysis**

8. This report is for information only.

### **Council Plan**

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

### **Implications**

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

### **Risk Management**

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

### **Recommendations**

12. The Health, Housing and Adult Social Care Policy and Scrutiny Committee are asked to note the contents of the Health and Wellbeing Board's 2017/18 Annual Report.

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

**Contact Details**

**Author:**

Tracy Wallis  
Health and Wellbeing  
Partnerships Co-ordinator  
Tel: 01904 551714

**Chief Officer Responsible for the report:**

Sharon Stoltz  
Director of Public Health

**Report  
Approved**

16.07.2018

**Specialist Implications Officer(s)** None

**All**

**Wards Affected:**

**For further information please contact the author of the report**

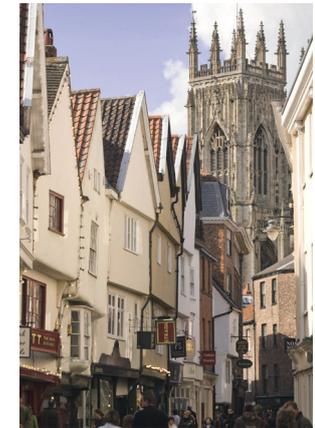
**Background Papers:**

None

**Annexes**

Annex A – Annual Report 2017/18 of the York Health and Wellbeing Board

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# York Health and Wellbeing Board

## Annual Report 2017/18



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## Contact

If you require further information then please contact the Public Health Team:

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**E-mail:** [healthandwellbeing@york.gov.uk](mailto:healthandwellbeing@york.gov.uk)

Public Health Team, City of York Council, West Offices, Station Rise, York, YO1 6GA

# Welcome from the Chair of the Health and Wellbeing Board

## Welcome to the third annual report of the York Health and Wellbeing Board, May 2017 to May 2018.

Following the launch of our new [joint health and wellbeing strategy 2017-2022](#) in March 2017 we have themed most of our meetings around the four key priorities in the strategy (mental health and wellbeing; starting and growing well; living and working well and ageing well).

This report highlights some of the work programmes which have contributed to delivering our strategy.

Also included are updates on how we have produced a [Joint Strategic Needs Assessment \(JSNA\)](#) and a [Pharmaceutical Needs Assessment \(PNA\)](#).

During this time, the Board met seven times in public. The meetings were webcast and uploaded to the council's website. The number of times the webcast meetings have been watched ranges from 77 to 154.



Our formal meetings are open to the public to attend and webcasts are available to view at [www.york.gov.uk/webcasts](http://www.york.gov.uk/webcasts), whenever it is convenient for you.

I would like to take this opportunity to thank all the Health and Wellbeing Board members for their hard work and commitment to improving the health and wellbeing of York's residents.

*Carol Rucman*

### **Chair of the York Health and Wellbeing Board**

City of York Council's executive member for health and adult social care

# The York Health and Wellbeing Board

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

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

The main responsibilities of the Board are:

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

## Membership

During 2017/18 the York Health and Wellbeing Board had 17 members from several organisations across the city. The Chair keeps a list of named substitutes which is reviewed regularly to ensure it is up to date.

## Changes

During the course of this year there have been some changes to the membership of the Board:

Lisa Winward joined as the North Yorkshire Police Representative

The elected member portfolio holder for education, children and young people was invited to join the HWBB. For much of the time this was Councillor Stuart Rawlings and it is now Councillor Keith Myers attending in this role.

Gillian Laurence joined as the representative for NHS England

Dr Shaun O'Connell joined the HWBB as a clinical representative from NHS Vale of York Clinical Commissioning Group (CCG) in July 2017 but has since stood down. From May 2018 the representatives for NHS Vale of York Clinical Commissioning Group changed with Dr Nigel Wells, the new Chair of the CCG, replacing Keith Ramsay and Dr Kevin Smith, Executive Director for Primary Care and Population Health replacing Phil Mettam.

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



**Councillor Carol Runciman**  
(Chair) Executive Member for  
Adult Social Care and Health,  
City of York Council



**Keith Ramsay**  
(Vice-Chair)  
Chair of NHS Vale of York Clinical  
Commissioning Group



**Councillor  
Mary  
Cannon**  
City of York  
Council



**Councillor  
Denise  
Craghill**  
City of York  
Council



**Councillor Stuart  
Rawlings**  
Executive  
Member for  
Education,  
Children & Young  
People, City of  
York Council



**Dr Shaun  
O'Connell**  
Joint Medical  
Director NHS  
Vale of York  
Clinical  
Commissioning  
Group



**Phil Mettam**  
Accountable  
Officer  
NHS Vale of  
York Clinical  
Commissioning  
Group



**Siân Balsom**  
Manager  
Healthwatch  
York



**Sharon Stoltz**  
Director of  
Public Health  
City of York



**Jon Stonehouse**  
Corporate  
Director of  
Education &  
Communities  
City of York  
Council



**Martin Farran**  
Corporate  
Director of  
Health, Housing  
& Adult Social  
Care, City of  
York Council



**Sarah  
Armstrong**  
Chief  
Executive  
York CVS



**Patrick  
Crowley**  
Chief Executive  
York Teaching  
Hospital NHS  
Foundation  
Trust



**Colin Martin**  
Chief Executive  
Tees, Esk &  
Wear Valleys  
NHS Foundation  
Trust



**Mike  
Padgham**  
Chair  
Independent  
Care Group



**Gillian Laurence**  
Head of Clinical  
Strategy  
North Region  
(Yorkshire and  
the Humber)  
NHS England

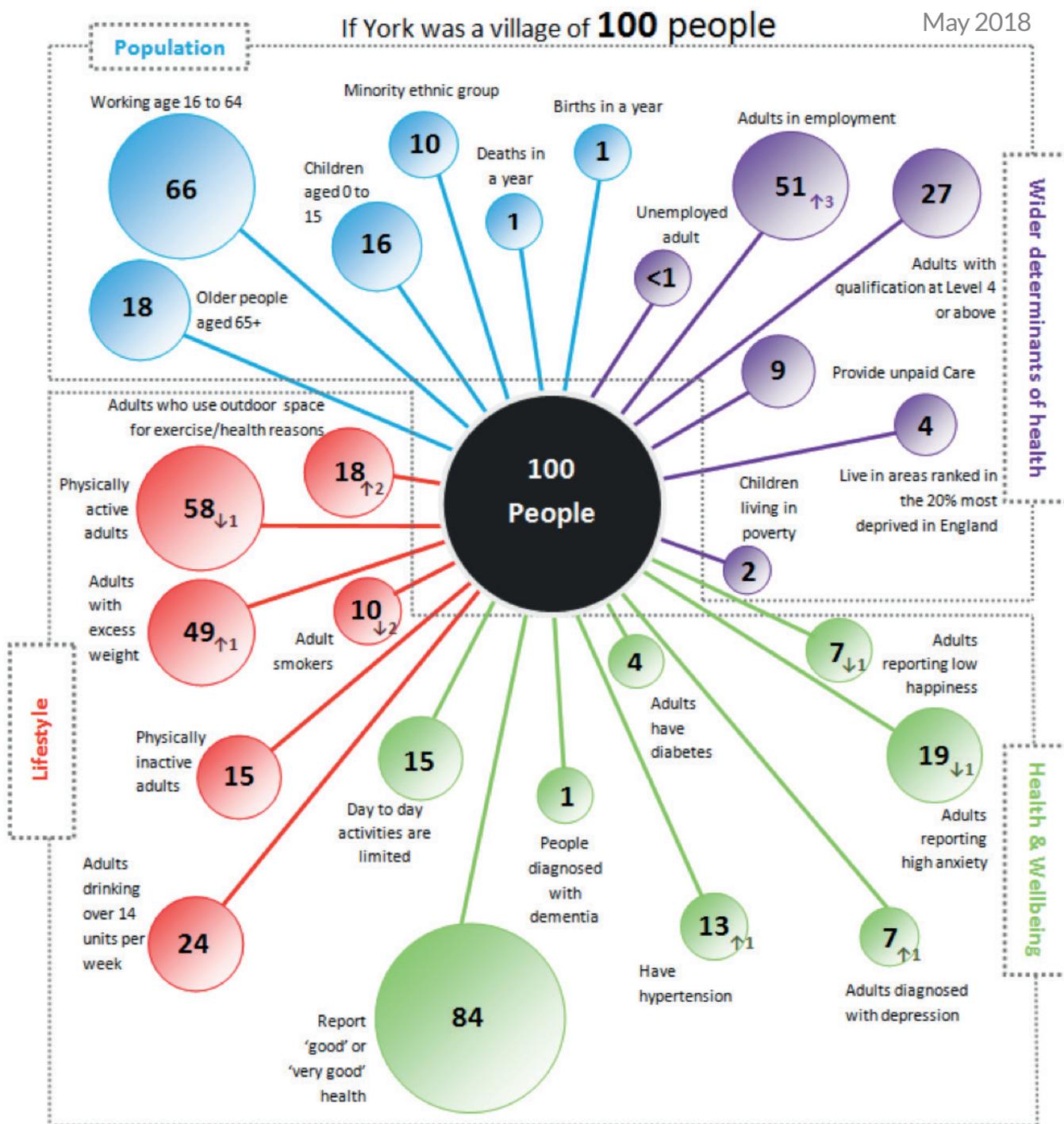


**Lisa Winward**  
Deputy Chief  
Constable  
North  
Yorkshire  
Police

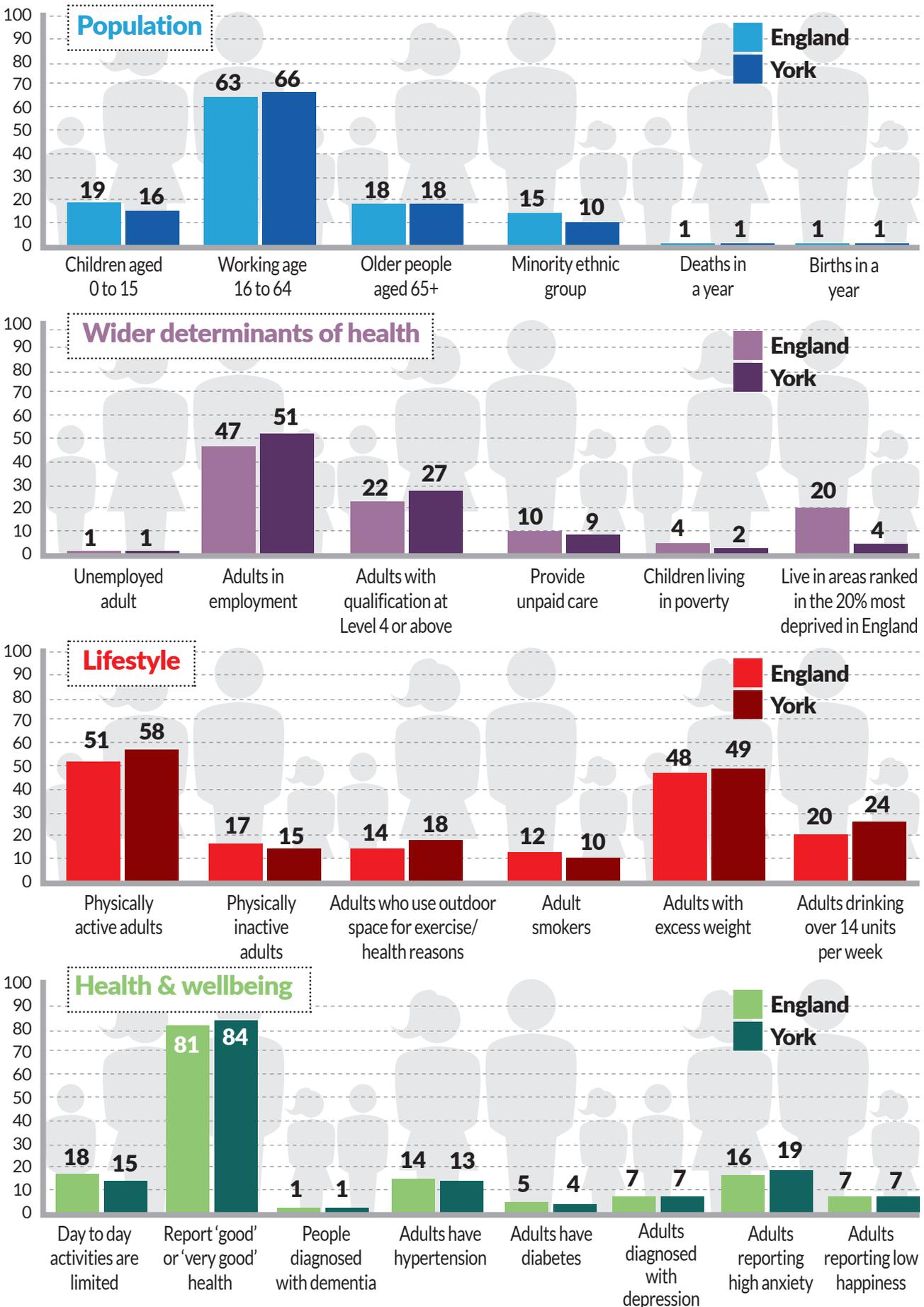
# About York

This graphic illustrates what the composition of York would be like if it was a village of 100 people based on available data (April 2018)

The arrows and smaller numbers show the changes since the last time this was produced in October 2016

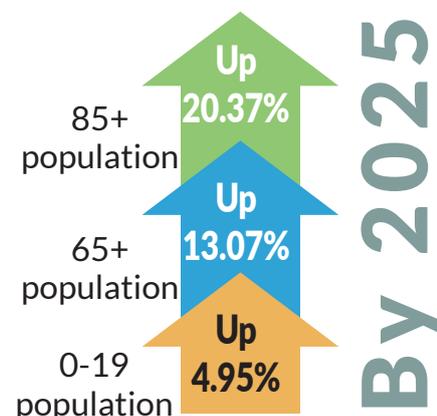
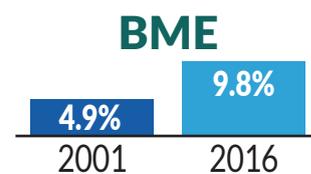
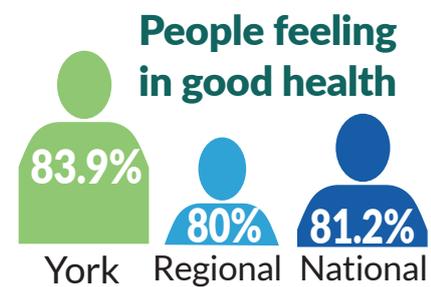


This graphic compares York to England if both were a village of 100 people





- York has a population of approximately 208,000 people
- According to the 2011 census, 83.9% of the residents of York stated that they are in very good or good health compared to 80% regionally and 81.2% nationally
- The city has become more culturally diverse with a black and minority ethnic (BME) population of 9.8% (non white British) compared to 4.9% in 2001
- By 2025 it is estimated that:
  - the 0-19 population will have risen by about 4.95%
  - the 65+ population in York will have increased by 13.07%
  - the 85+ population will have increased by 20.37%
- Life expectancy at birth is now 9.1 years lower for men and 5.5 years lower for women in the most deprived areas of York than in the least deprived areas
- Average life expectancy in York is 80.4 years for men and 83.5 years for women
- Healthy life expectancy for men is 66.3 years and for women 65.9 years



## What has happened in the past 12 months

The following pages in this annual report highlight some of the work the Board has undertaken and supported during the last 12 months.

Since July 2017 we have held **themed meetings**\* and the agendas for these have contained an update on strategy delivery for each theme along with performance data. This report does not seek to repeat this information but complement it. Agendas and papers for the individual themed meetings are available at [democracy.york.gov.uk](http://democracy.york.gov.uk)

- **12 July 2017:** Starting and growing well focused meeting
- **6 September 2017:** Ageing well focused meeting:
- **8 November 2017:** Mental health and wellbeing focused meeting
- **24 January 2018:** Living and working well focused meeting

The Health and Wellbeing Board have also had oversight of the refreshed Joint Strategic Needs Assessment; Pharmaceutical Needs Assessment and performance against delivery of the joint health and wellbeing strategy. This report also sets out some of the work that has progressed with partners, together with the challenges which need to be addressed in the future.



\***themed meetings** mean that we aim to focus at least half of the meeting on one of the themes in the joint health and wellbeing strategy.

# Mental health and wellbeing



**Name:** Martin Farran and Phil Mettam

**Job Title:** Martin Farran, Corporate Director, Health, Housing and Adult Social Care at City of York Council and Phil Mettam, Accountable Officer at NHS Vale of York Clinical Commissioning Group

**Lead Board members for:** mental health and wellbeing

## Mental health and wellbeing

Top Priority

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

Additional things we want to achieve

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

**Martin Farran and Phil Mettam:** Our aim is to improve access to support for residents experiencing mental ill health focusing on prevention and early intervention.

This work includes the development of a new [mental health strategy for York 2018-2023](#) which complements the mental health elements contained within the Health and Wellbeing Board's joint health and wellbeing strategy 2017-2022. This will be delivered by a newly created mental health partnership led by Tim Madgwick, former Deputy Chief Constable at North Yorkshire Police.

We want to build on work to establish integrated care teams that bring health and care professionals together to avoid people going into a hospital bed. This means the creation of more opportunities for community based services that are accessible and responsive to the needs of our population.

Mental health and wellbeing is as important as physical health and we need to continue to challenge ourselves to commission services that are based on a model of community and personal resilience delivered with and through our partners.

Here are some of the ways in which the Board is delivering against the mental health and wellbeing theme.

The Health and Wellbeing Board agreed a new mental health strategy 2018-2023 in March 2018. The strategy's vision is for every single resident of York to enjoy the best possible emotional and mental health and wellbeing throughout the course of their life. It builds on the themes in the joint health and wellbeing strategy 2017-2022 and is a real opportunity to achieve parity of esteem for mental health. This means tackling mental health issues with the same energy and priority as physical issues.

A new mental health partnership has been established to deliver the mental health strategy and an independent chair appointed.

**Tim Madgwick, Independent Chair of the new mental health partnership said:** *"Mental health issues touch us all, whether they affect us directly, or our family or close friends. By creating a dedicated mental health partnership, York is underlining its commitment to supporting residents' to have the best possible mental health and wellbeing and to provide high quality mental health services. I look forward to working in partnership with professionals and groups across the city to look at how we can further improve our mental health support in York."*

30 Clarence Street and The Haven opened in July 2017. This has brought three services under one roof - adults mental health recovery, young people's services and a safe haven

Work continues towards achieving Suicide Safer Community Status. A Suicide Prevention Strategy has been developed and is currently being consulted on. The strategy will be launched at a Suicide Prevention Conference in September 2018.

A Time To Change Hub has been established with York CVS to challenge stigma and to offer training to support mental wellbeing in children and young people.

A new Learning Disability Strategy is being developed alongside a new Learning Disabilities Partnership. The new partnership will meet for the first time in June 2018 and nominations for Chair will be invited. The draft strategy is due to be considered by the Health and Wellbeing Board during the autumn.

# Starting and growing well



**Name:** Jon Stonehouse

**Job Title:** Corporate Director, Children, Education and Communities at City of York Council

**Lead Board member for:** starting and growing well

## Starting and growing well

**Top Priority**

Support for the first 1001 days, especially for vulnerable communities

**Additional things we want to achieve**

- Reduce inequalities in outcomes for particular groups of children
- Ensure children and young people are free from all forms of neglect and abuse
- Improve services for vulnerable mothers
- Ensure that York becomes a breastfeeding-friendly city
- Make sustained progress towards a smoke-free generation

**Jon Stonehouse:** The overall aim for the starting and growing well theme is to make sure all of our children get the best start in life. This includes looking after their health and wellbeing and making sure that all services are child and family friendly.

This work includes Local Area Teams who carry out direct work with families in response to need; working with partners to co-ordinate services and help find solutions to problems. This model of early intervention is already making a real difference to young people, be it through support for vulnerable mothers or the work we are doing to integrate the healthy child service as part of the programme. City of York Council alongside its partners has agreed to build a Centre of Excellence for disabled children and their families in York. The new building will provide a range of support services; a flexible short break provision and a Family Intervention Rapid Support Team, a clinical led service for families with children who have autism, learning disability and challenging behaviour.

As a board, we are determined to improve the health and wellbeing of all of our residents and a clear focus on children, young people and their families is critical to achieving this.

[The Children and Young People’s Plan 2016-2020;](#) YorOK Board and the Strategic Partnership for Emotional and Mental Health (Children and Young People) all contribute to delivering the starting and growing well theme.



**Children and young people represent 16% of the population of York.**

Here are some of the ways in which the Board is delivering against the starting and growing well theme:

The Board's [Student Health Needs Assessment](#) highlights health issues faced by further and higher education students. A task group led by Higher York has been set up to focus on the assessment's findings. While addressing student health needs in the round, the report found that mental health had overtaken traditional issues such as sexual health, drugs and alcohol as the main area of concern. An update is due to be discussed at the Health and Wellbeing Board meeting in July 2018.

One of the ambitions in the York Skills Plan 2017-2020 is to improve skills for young people eligible for free school meals, with special educational needs, leaving care, youth offenders, at risk of disengagement or Not in Education, Employment of Training (NEET).

The School Wellbeing Service is a school based early intervention mental health support service. There are six School Wellbeing Workers linked to geographical school clusters across the city and they have three key outcomes:

- School staff will have increased knowledge and confidence in supporting children and young people with emotional and mental health issues
- Children and young people are identified early and supported effectively within school to prevent needs increasing and the requirement for specialist intervention
- Increasing numbers of children and young people feel more able to cope with mental health issues within a school setting

A new mental health peer support programme has been established across secondary schools and colleges and is supported by the School Wellbeing Service.

Our [All Age Autism Strategy 2017-2021](#) has been written in consultation with people with autism, their families and lots of different professional organisations. The Autism Strategy Board is responsible for the delivery of this piece of work and will keep the Health and Wellbeing Board updated.

York's Local Area Teams focus on the improvement of outcomes for vulnerable mothers. These multi-agency teams based in localities improve our ability to identify vulnerable mothers and understand their needs. Local Area Outcome Plans have been developed from reviewing data and intelligence held by communities. These plans allow the Local Area Teams to work with other partners to address identified needs, including those of vulnerable mothers. A multi-agency forum has been created to share information and take an outcomes focused approach to problem solving.

# Living and working well



**Name:** Sharon Stoltz

**Job Title:** Director of Public Health

**Lead Board member for:** Living and working well

## Living and working well

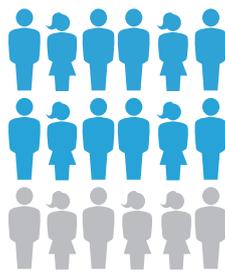
**Top Priority**

Promote workplace health and remove barriers to employment

**Additional things we want to achieve**

- Reduce inequalities for those living in the poorer wards and for vulnerable groups
- Help residents make good choices
- Support people to maintain a healthy weight
- Help people to help themselves including management of long term conditions
- Work with Safer York Partnership to implement the city's new alcohol strategy

**Sharon Stoltz:** The Health and Wellbeing Board wants to see everyone in York have the opportunity to live a long, healthy and productive life. York is a growing city and the local economy is dependent on having a healthy workforce. This will involve us working with individuals and communities to help them understand how the choices they make about what they eat, drink, how active they are and the way they live their lives can impact on their health and happiness. It is often the small changes that can make all the difference. A key focus will be to work on closing the gaps in health outcomes between people living in different areas across the city.



**There are approximately 208,000 residents in York of which two thirds are of working age (16-64).**

**Over 20% of working people in York earned less than the living wage (as recommended by the living wage foundation). Additionally, a large proportion of working families on low incomes rely on tax credits to supplement their income.**



Below are some of the ways in which we are delivering against the living and working well theme in the joint health and wellbeing strategy 2017-2022.

Proactive Health Coaching is a telephone based health management service that improves patient health and quality of life, while ensuring that healthcare resources are spent as efficiently as possible. In partnership with Health Navigator and York Teaching Hospital NHS Foundation Trust, NHS Vale of York Clinical Commissioning Group have delivered an effective preventative strategy that simultaneously provides better care for patients and reduced stress on A & E departments.

We are in the process of developing a Healthy Weight Strategy for the city. We are working with colleagues across the Yorkshire and Humber Region to look at signing up to a Healthy Weight Declaration for York. The declaration will capture the priorities that the council will lead on to prevent obesity and secure the health and wellbeing of our residents.

The YorWellbeing Service works across York to support healthy lifestyle choices. Offering health checks to residents is one way of raising awareness of the impact of lifestyle choices and can be used a tool to facilitate behaviour change. The team are able to provide advice and support to help people to achieve their health goals. Further work is required to improve uptake of this service. We are currently working on putting in place a better system for GPs to refer people who are eligible for a NHS Health Check into the service.. The YorWellbeing Service has worked with over 25 local businesses (all with over 50 employees) to offer mini health checks. 904 individual mini-health checks have been undertaken to date. Feedback from these has been positive with over 95% of those having had a mini-health check finding it beneficial.

United Response, a charity supporting people with learning disabilities, autism and health conditions, is working with the City of York Council to offer employment support to individuals. United Response's Job Coaches will assess the needs of the person, identify support needs and source the right type of work for the person. This includes CV building, interview preparation and in-work support, enabling increased independence with improved health and wellbeing.

The Work Wellness Service is a non-clinical health pilot project running in north and west York to help people aged 50+, off work with mental health or anxiety issues return to employment. The service is funded through the West Yorkshire Combined Authority and delivered by City of York Council. It operates at surgeries run by York Medical Group and Priory Medical Group.

Work has started on developing a Workplace Health Strategy for the council which is intended to influence healthy employment practices across the city.

# Ageing well



**Name:** Sarah Armstrong  
**Job Title:** Chief Executive, York CVS  
**Lead Board member for:** Ageing well

## Ageing well

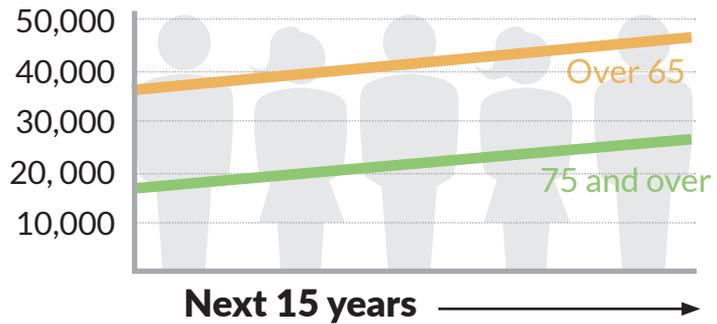
Top Priority

Reduce loneliness and isolation for older people

Additional things we want to achieve

- Continue work on delayed discharges from hospital
- Celebrate the role that older people play and use their talents
- Enable people to recover faster
- Support the vital contribution of York's carers
- Increase the use of social prescribing
- Enable people to die well in their place of choice

**Sarah Armstrong:** Over the next 15 years the number of people over 65 in York will increase from 36,000 to 46,000 and those aged 75 and over from 17,000 to 26,000.



We want York to be a fantastic place to grow old, with the city's increasingly ageing population able to stay fit, healthy and independent for longer. Loneliness and isolation has been highlighted as a real issue for older people in the city and research has highlighted that loneliness can be as bad for you as smoking 15 cigarettes a day. York has a vibrant and active voluntary sector that plays a vital role in helping to build friendly, resilient communities through targeted interventions and support. At York CVS, our social prescribing service Ways to Wellbeing is going from strength to strength and is reducing social isolation amongst some of our most elderly and vulnerable residents. Having undertaken an evaluation of the first full year of the service the data indicated that GP appointment usage has decreased by 30% for patients using the service.

Below are some of the ways in which we are delivering against the ageing well theme in the joint health and wellbeing strategy 2017-2022.

During 2017 the Health and Wellbeing Board undertook an [older people's survey](#), the first since 2008. The survey was designed by a multi-agency, peer led steering group including representatives from York Older People's Assembly; Age UK York; Healthwatch York; York CVS; The Police and Crime Commissioner's Office; NHS Vale of York Clinical Commissioning Group and City of York Council. The survey highlighted that, on the whole, the 912 respondents, generally reported having good health. Whilst the majority of respondents had as much social contact as they would like, or adequate social contact, there were just under a quarter of respondents who indicated they were socially isolated which became more acute in the winter months.

The partner agencies involved in the survey made recommendations in relation to information and advice; social interaction; health; independence and safety. These will be taken forward by the lead board member for ageing well.

The Ways to Wellbeing Service has been in place for just over two years now and an evaluation of its success has taken place. The service is a way of providing people with a little extra support at a time they need it the most. It connects people to local community support to make them feel better. Nationally, 20-25% of patients consult their GPs for social problems, e.g. loneliness. The service has had over 300 referrals and has proved to reduce GP/health appointment use. For the residents who have used the service 80% of people reported a greater sense of wellbeing and 75% reported an increased confidence.

Culture and Wellbeing York, a consortium of arts and culture partners, delivered a pilot programme to help improve the health of older residents in the city. By enabling participation in high quality artistic and cultural activity the project focused on improving health outcomes by increasing mental wellbeing through reducing social isolation and loneliness; enabling people to connect with others across generations; keeping active and reducing the risk of injury and inclusivity of people with learning disabilities and those with dementia. The ambitions of the consortium included looking at the reasons for non engagement, finding out what need there was (for example what activities were needed), and co-creation, collaboration and conversation between social prescribing and local area teams.

*"A few years ago we might not have been able to do this – the Health and Wellbeing Board has created the environment for this to happen"*

**Anna Bialkowska; Culture and Wellbeing Co-ordinator;  
Cultural Consortium for Wellbeing York**

# Joint Strategic Needs Assessment

Producing a Joint Strategic Needs Assessment (JSNA), describing the health of York's population and the factors that influence health is one of the main responsibilities for the Board. Its primary purpose is to be a tool for commissioning and policy decisions. In York the JSNA is a website <http://www.healthyyork.org/>

The JSNA is co-ordinated by a multi-agency working group which includes representation from York's Public Health Team; NHS Vale of York Clinical Commissioning Group; York Teaching Hospital NHS Foundation Trust; York CVS; City of York Council and North Yorkshire Police.

## What has happened over the last twelve months

# 2017/2018

### APRIL 2017

In April 2017 the content of the previous JSNA website was reviewed. We asked partners what had worked well and what needed to change. We were told that it was really helpful to have all the information in one place and that the more in depth pieces of work around individual topics were really valuable. However, we were also told that some of the information was out of date and was hard to navigate.

### JUNE 2017

In June 2017 we completed a Student Health Needs Assessment. This project was established after the rise in student suicide in York. The project was undertaken in partnership with the four higher education institutions in the city. It was subsequently presented at a Healthy Universities conference, helping other areas to learn from York's approach.

Building Partnerships: Higher York has been a strong partner throughout this needs assessment and after completion they agreed to take on a role co-ordinating work to address the priorities identified. This has helped to increase the longer term impact of the needs assessment.

## OCTOBER 2017

In October 2017 we started a rapid [Sexual Health Needs Assessment](#) to help inform major sexual health commissioning decisions that are scheduled for 2018. This needs assessment combined national benchmarking data sources and the views of people who used the specialist services in York. It was completed in March 2018.

## NOVEMBER 2017

In November 2017 we published the new content on the JSNA website. In response to feedback we slimmed down the JSNA to focus on the topics that really matter to York and structured the content on a life course which complements the joint health and wellbeing strategy 2017-2022. We have focused on providing a concise narrative and making it easier to find the information you need. The content will be reviewed annually, if there are any changes you would like to see then please let us know at: [healthandwellbeing@york.gov.uk](mailto:healthandwellbeing@york.gov.uk)

## DECEMBER 2017/ JANUARY 2018

In December 2017 and January 2018 we ran learning lunches and information sessions to boost awareness of the JSNA among managers and commissioners in York. If you would like a learning session for your team or organisation then please get in touch at: [healthandwellbeing@york.gov.uk](mailto:healthandwellbeing@york.gov.uk) We are also promoting the JSNA with local universities. This helps researchers to have a better understanding of the health needs in York and to find ways to work together to use evidence to address them.

## MARCH 2018

In March 2018 we completed a Homeless Health Needs Assessment. This was undertaken to inform the York homeless strategy for 2018 'preventing homelessness together', as well as to identify opportunities for the health and social care system to better meet the health needs of people who are homeless or in insecure accommodation in York.

**What's next?** We are planning two more in depth pieces of work to look at the health needs of York residents:

- A project to investigate the data describing high levels of drug related deaths in York
- A project to identify opportunities to improve the dental health of residents; in particular children.
- We are also looking more closely at inequalities in York. In particular where people living in certain parts of the city, or who have protected characteristics and who have different outcomes than the city as a whole. We plan to incorporate these inequality reports into the JSNA in the summer and autumn 2018.

# Pharmaceutical Needs Assessment

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

The Pharmaceutical Needs Assessment considers whether pharmacies in York are in the right places and delivering the right services to meet the health needs of York residents. The population of York is growing and ageing, which is projected to increase the demand on health services, including community pharmacy services. It is important that the community pharmacy services have sufficient capacity to grow with this demand.

## Summary

The PNA found that pharmacy services appear to be well spread across the main population centres of York, although the more central locations are better served than the outer villages. As housing developments change the residential picture of York, the need for community pharmacies should be reviewed. At present all of the York population live within a moderate driving distance of a pharmacy.

Overall, the range of services appears to meet the needs of residents, although public knowledge of some of these services is low. Broadly, the feedback from the public is that the services they

used were easy to access and meeting their needs. There are opportunities to build on this, in particular, improvements in the lifestyle advice on offer for people with long term health conditions, and the availability of compliance aids and medicine deliveries for those who require them. There is also scope to improve the opportunities of residents to offer feedback on their experiences through an independent feedback route. Finally, both pharmacists and health and social care providers in York recognise that there are opportunities to build on existing partnerships to make it easier for people to access the services they need.

Community pharmacies are an increasingly important part of the response to non-urgent health needs in the UK. In York, as elsewhere, a large proportion of the population use a pharmacy within the year, but many of these people only use pharmacies for prescription or over-the counter medications. In York, as elsewhere, there is scope to further encourage people to adopt the 'Pharmacy First' model of health care.

The current PNA was approved by the Health and Wellbeing Board in March 2018 and runs until March 2021.

## How the PNA was produced

The Health and Wellbeing Boards of



York and North Yorkshire decided to work collaboratively in the development of their respective PNAs. A joint multiagency steering group was established to manage the production of the PNA.

The multiagency steering group met four times between March and September 2017. Additionally, working groups were established by the steering group to produce specific elements of work between the steering group meetings.

The steering group were keen to emphasise the importance of consulting with stakeholders. There were two parts of engagement and consultation in the production of the PNA.

Engagement with the public and key stakeholders was an important part of development the PNA and this took place in June and July 2017 (eight weeks) through the form of a survey. Four versions of the survey were produced; one for the public, one for pharmacists, one for health and social care providers, and one for strategic commissioners.

Consultation on the draft report was an important and necessary step in developing the PNA. The legislation and best practice guidance specify that the consultation period must last for 60 days in order to allow all interested parties a reasonable opportunity to respond. In York, the consultation period ran during November and December 2017.

# Performance

Monitoring performance against the joint health and wellbeing strategy 2017-2022 is important to the Health and Wellbeing Board. Below is an idea of the direction of travel on a number of the key indicators from the different life course stages.

A selection of indicators have been chosen where at least five 'data points' exist i.e. we have data for at least five consecutive time periods. These time periods are usually annual but can be

shorter (e.g. a quarter) or longer (three year aggregated).

In each case a trend line has been plotted and 'projected' forward for several time periods. The projections therefore represent what we can expect to see in future time periods assuming the current trends continue.

The table opposite summarises the situation for each indicator.



Improving trend in York & projected to be better than national average

#### **% of children in Year 6 recorded as being obese**

Trend: based on current trends it is expected that by 2019/20 York will have obesity rates of just over 15% compared with national rates of over 20%

#### **% of children who received a 12 month review by the time they turned 12 months**

Trend: Based on current trends it is expected that by the second quarter of 2018/19 York will be exceeding the national averages and over 80% of children will receive a 12 month review by the time they turn 12 months

#### **Inequality in female life expectancy at birth**

Trend: The life expectancy indicators are calculated retrospectively so the most up to date period we have at present is 2014-16.

Based on current trends it is expected that by 2017-19 the inequality in life expectancy for females will have fallen to about three years in York compared with around 7.5 years in England.

Improving trend in York but still projected to be worse than national average

#### **IAPT service referrals: rate per 100,000 population aged 18+**

Trend: based on current trends, it is expected that by quarter four of 2019/20 the rate of referrals to IAPT in York will have risen to just under 700 per 100,000 of population. This is still expected to be below the England average of 920

Worsening trend in York and projected to be worse than national average

#### **Emergency hospital admissions for self harm**

Trend: Based on current trends it is expected that by 2019/20 the rate of emergency admissions for self harm will have risen to about 275 per 100,000 compared with about 185 in England.

#### **Emergency admissions for acute conditions that should not usually require hospital admission**

Trend: Based on current trends it is expected that by 2019/20 the rate of emergency admissions for acute conditions that should not usually require hospital admission will have risen to about 1,560 in York compared to 1,450 in England

#### **Hospital admissions for alcohol-related conditions**

Trend: Based on current trends it is expected that by 2019/20 alcohol related admissions will have risen to about 800 per 100,000 of population in York compared to an average of around 650 in England.

Worsening trend in York but still projected to be better than national average

#### **Inequality in male life expectancy at birth**

Trend: The life expectancy indicators are calculated retrospectively so the most up to date period we have at present is 2014-16. Based on current trends it is expected that by 2017-19 the inequality in life expectancy for males will have risen to about 8.7 years in York compared with around 9.5 years in England

# Working with partners

## Healthwatch York Reports

The Health and Wellbeing Board received a number of reports from Healthwatch York between May 2017 and May 2018 namely;

- [Unity Health Appointment Changes](#)
- [Healthwatch York's Annual Report 2016/17](#)
- [Healthwatch York Independent Evaluation 2017](#)
- [Healthwatch York Awareness Survey 2017](#)
- [Child and Adolescent Mental Health Services \(CAMHS\) Review 2017:](#)
- [Home Care Services](#)
- [Filled to Capacity: NHS Dentistry in York](#)

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

## Care Quality Commission Review and creation of a place based improvement partnership for York

Between 30 October 2017 and 3 November 2017, the Care Quality Commission (CQC) undertook a Local System Review of York. York was one of 20 areas selected for a local systems review to look at how we support older

people to maintain their independence and to get home from hospital if they have been admitted.

The inspectors' interviews, focus groups and visits took in services across our system, including council; NHS; independent and voluntary sector. The [CQC Local System Review](#) concluded with the publication of their report on 22 December 2017. The report made thirteen recommendations to be addressed by the Health and Wellbeing Board.

In response to these recommendations the Health and Wellbeing Board have established the York Health and Care Place Based Improvement Board (PBIB) comprised of senior York based representative from City of York Council; NHS Vale of York Clinical Commissioning Group; York Teaching Hospital NHS Foundation Trust; GPs; Tees, Esk and Wear Valleys NHS Foundation Trust; York CVS and North Yorkshire Police. The partnership is chaired by the Chief Executive of City of York Council and reports on a regular basis to the Health and Wellbeing Board. An [improvement plan](#) in response to the recommendations has been developed.

### Better Care Fund

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

The [Better Care Fund Plan for 2017-19](#) was approved by the Health and Wellbeing Board and submitted on 11 September 2017 and approved by NHS England on 20 December 2017.

The BCF comprises a number of schemes to provide integrated health and social care services that result in an improved experience and better quality of life. As well as carrying over the existing schemes from the previous BCF Plan some new schemes have been introduced including:

**Alcohol prevention** – investment to drive a promotional campaign and the delivery of training programmes to support an early intervention and preventative approach.

**Rapid Assessment & Treatment Service (RATS)** - this scheme provides additional support for the hospital Rapid Assessment Team to extend the service to cover evenings and weekends.

**Seven day working: multi-agency** – to develop and facilitate discharge from hospital seven days a week.

York Integrated Care Team  
NHS Vale of York Clinical Commissioning Group, in partnership with local stakeholders, has developed a five year vision for care of the population. Key to this approach are local hubs, also known as the York Integrated Care Team (YICT), which provide a central point of access to health and social care services. The YICT was initiated by Priory Medical Group who designed, developed and implemented the care model which was born from the views of the local community who said they wanted fast access to care and support and to only have to tell their story once.

Following a successful trial with 55,500 patients the scheme was expanded to cover four York based practices and a rural Practice; totalling a population of 130,000. Subsequently, the scheme has been rapidly expanded to cover all City of York Practices totalling 207,000 patients.

The YICT helps keep people out of hospital and independent for longer by working directly with each individual to see if appropriate alternative solutions can be found. It offers continuous review

and support which ensures that patients are optimised to stay at home.

The project has seen some encouraging outcomes and good levels of patient satisfaction. The team has been highly

praised for its innovative approach to ensuring local patients get the right care, in the right place, at the right time across the Vale of York. Work is continuing with partners across the Vale of York and to expand the service across the local area.



## Challenges and the future

The health and wellbeing of the people in York is generally better than the national average but there are still significant differences in life expectancy and wellbeing in some of our communities.

We need to continue to build resilience in our communities and to encourage people to take responsibility for their own health and wellbeing as much as possible.

However, we must not be complacent and we know there are areas where we are not performing as well as we could be, these include – hospital admissions for alcohol related conditions; emergency hospital admissions for self harm and inequalities in life expectancy for men. We need to focus on these to improve. We also have an increasing number of students in the city and this presents a challenge to health service provision.

We need to continue with our renewed focus on delivering the priorities in our joint health and wellbeing strategy and the new mental health strategy, monitoring performance and ensuring that we are making a positive difference to the lives of our residents.

By the end of 2018 we will also have approved new strategies for suicide prevention and for learning disabilities and will be committed to delivering these.

The health and social care system continues to be under pressure and the place based improvement partnership will continue their work to deliver against the improvement plan in response to the CQC whole system review.

Through this plan, the place based improvement partnership will focus on the whole system working towards community asset led services; securing a sustainable and appropriately skilled workforce to deliver the quality of interventions required; looking at ways to invest in housing both to accommodate the workforce with a particular emphasis on affordable housing for those in lower paid posts and looking at a range of supported living options to support people to maintain their independence and reduce the pressure on statutory sector provision

If you would like this information in an accessible format (for example in large print, in Braille, on CD or by email) please call (01904) 551550

**This information can be provided in your own language.**

Informacje te mogą być przekazywane w języku ojczystym.

Polish

Bu bilgi kendi dilinizde almanız mümkündür.

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此信息可以在您自己的语言。

Chinese (Simplified)

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Chinese (Traditional)

 **01904 551550**



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

25 July 2018

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

### 2017/18 FINANCE AND PERFORMANCE OUTTURN REPORT – HEALTH, HOUSING & ADULT SOCIAL CARE

#### Summary

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

#### Financial Analysis

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

**Table 1: HHASC Financial Summary 2017/18 – Draft Outturn**

2017/18 Quarter 3 Variation £000		2017/18 Latest Approved Budget			2017/18 Draft Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+7	ASC Prevent	7,423	2,090	5,333	-165	-3.1%
-157	ASC Reduce	10,456	3,446	7,010	-93	-1.3%
+102	ASC Delay	12,617	8,780	3,837	-85	-2.2%
+352	ASC Manage	47,664	13,976	33,688	+744	+2.2%
<b>+304</b>	<b>Adult Social Care</b>	<b>78,160</b>	<b>28,292</b>	<b>49,868</b>	<b>+401</b>	<b>+0.8%</b>
<b>0</b>	Public Health	<b>8,635</b>	<b>8,388</b>	<b>247</b>	<b>0</b>	<b>0.0%</b>
<b>+44</b>	Housing and Community Safety	<b>14,751</b>	<b>12,066</b>	<b>2,685</b>	<b>-116</b>	<b>-4.3%</b>
<b>+348</b>	<b>HHASC GF Total</b>	<b>104,546</b>	<b>48,746</b>	<b>52,800</b>	<b>+285</b>	<b>+0.5%</b>
<b>+243</b>	<b>Housing Revenue Account Total</b>	<b>28,784</b>	<b>34,030</b>	<b>-5,246</b>	<b>-1,535</b>	<b>-5.3%</b>

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

- 3 The general fund outturn position shows a net overspend of £285k, a small decrease from the quarter 3 report. The following sections provide more details of the significant outturn variations.
- 4 The hospital was unable to open and staff extra wards as it would ordinarily over the winter period and, along with an unusually bad flu season, this presented a difficult time for ASC. We assisted the system by block booking 8 residential beds (£98k), putting extra staff on over the weekend to facilitate customer discharge (£28k) and securing additional home care (£28k). This allowed capacity to be released in the hospital to accommodate the additional numbers attending Accident & Emergency.
- 5 Some of these interventions will continue into 2018/19, funded through the Improved Better Care Fund (IBCF) or from the £800k contingency set aside in the budget for adult social care. The council has received a letter from the DCLG directing us to use £690k of next year's IBCF on easing pressures on the NHS so these initiatives will help us clearly demonstrate that we are committed to this goal.
- 6 There was a small underspend on the carers' budget of £149k. This was due to some spend formerly paid as a contract being procured on an individual basis from the home care budget.
- 7 The Small Day Services, a series of council run day support options for customers, underspent by £179k due mainly to staffing vacancies (£109k), running costs (£29k) and an overachievement of income across the services (£41k). This area is expected to make £200k in savings over the next two financial years so the same value of underspend will not be available to offset other departmental pressures in the future.
- 8 There is an overspend of £194k on staffing in the Independent Living Community budget due to use of Work with York and external agency staff. Some of the beds have been used as intermediate care beds to alleviate the pressure on the hospital and this is in addition to Step Down beds funded through the Better Care Fund (BCF) in Haxby Hall and externally provided. We are reviewing the staffing structures to ensure the correct level of budget has been transferred from that released by reproviding our older person accommodation.
- 9 There is a continuation of the 2016/17 overspend forecast for Learning Difficulties (LD) external residential placements of £444k. Some high cost customers did not move into supported living schemes as expected. In addition Older Persons' external residential care overspent by £374k due to having more customers than budgeted for and securing 8 beds over winter to ensure people could be discharged in a timely manner from hospital.

- 10 The Older Persons' Home budget overspent by £273k due to a reduction in customer income as the service is modernised and as services reduced their capacity pending the outcome of formal consultations regarding future use. This overspend has been funded from the capital receipts generated by the sale of homes in 2017/18, as permitted by new powers introduced in 2016/17's budget. This was always assumed in the financial planning around the Older Person's Accommodation Project and does not affect the anticipated saving when the project is complete.
- 11 The Supported Living budgets overspent by £151k, largely due to the average cost per customer in Physical and Sensory Impairment (P&SI) supported living placements being £3k p.a. higher than was assumed when the budget was set.
- 12 The Deprivation of Liberty Safeguarding (DOLS) budget underspent by £142k. The Council now employs Best Interest Assessors and has reduced its reliance on more expensive, external providers.
- 13 There was a net projected overspend on substance misuse contracts following Lifeline going into Administration at the end of May 2017 (£121k for June contract costs). Until we know whether there will be a return of funding from the Administrator we are using reserves to cover the additional cost.
- 14 A number of other more minor variations make up the overall directorate position.

### **Housing Revenue Account**

- 15 The Housing Revenue Account budgeted to make a surplus of £5.2m in 2017/18 and the draft outturn position shows a surplus of £6.7m, an increase of £1.5m.
- 16 There has been an overspend of £182k on repairs and maintenance. This is lower than that forecast at Monitor 3 and is partly due to an additional charge of void works to capital (£252k) and underspends on project work, surveys and decorating allowances. There has been a further reduction in the use of subcontractors £1m in 2017/18 compared to £1.2m in 2016/17. However this needs to reduce further in order for the service to be within budget in 2018/19.
- 17 General management costs have underspent by £440k, of which £139k relates to support services, £100k for stock condition surveys because work was not completed within the year due to workload pressures, £86k on one off income from works on leasehold properties and £115k saving on utilities. Slippage of capital expenditure has resulted in the expected contribution to the capital programme from the revenue budget being reduced by £1m. Whilst there has been an increase in the level of

arrears and the bad debt provision has increased, this was still £210k lower than budget.

- 18 Rental income was £152k lower than budgeted, £30k of which related to Ordnance Land due to a higher number of voids pending the opening of James House.
- 19 As a result of these variations, the working balance position at 31 March 2018 is £29.4m compared to the £27.8m forecast in the latest business plan. The working balance is due to increase to £46m by 2024/25 when the first tranche of debt taken out as part of the self financing settlement is due to be repaid.
- 20 The increased working balance will fund the reprofiled capital programme work of £599k and £100k on stock condition survey work.

### **Performance Analysis**

#### **ADULT SOCIAL CARE**

- 21 Much of the information in paragraphs 25 to 36 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. Further information relating to paragraphs 37-53 can be found on Public Health England's "Fingertips" site, which is available at

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

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

Performance - Overview			2014-15	2015-16	2016-17	2017-18 Q3	2017-18 Q4	Latest Benchmark	DoT
Service Delivery	A Focus on Frontline Services	Average beds occupied each day in hospital which are attributable to adult social care DTOC, per 100,000 population	6.7	6.5	6.8	9.0	6.0	Above National and Regional Average	↓
		Percentage of panel confident they could find information on support available to help people live independently	NC	NC	65.46	64.81	NC	Not known	↓
		Percentage of adults in contact with secondary mental health services living independently, with or without support	55.10	28.50	39.21	68.73	72.75	Above National and Regional Average	↑
		Percentage of physically active and inactive adults - active adults	62.18	69.83	70.20	NC	NC	Above National and Regional Average	↑
		Number of days taken to process Housing Benefit new claims and change events (DWP measure)	5.91	5.87	5.58	3.97	1.84	Lower than National Average	↓
	A Council That Listens to Residents	Percentage of panel who agree that they can influence decisions in their local area	NC	NC	25.65	26.87	NC	Above National Average	↑
		Percentage of panel satisfied with their local area as a place to live	NC	NC	89.84	89.94	NC	Above National Average	→
		Percentage of panel satisfied with the way the Council runs things	NC	NC	65.54	62.13	NC	Above National Average	↓
		Overall Customer Centre Satisfaction (%) - CYC	58.15	91.54	92.48	93.50	93.63	Not known	→
	A Prosperous City for All	Net Additional Homes Provided (YTD)	507	1,121	977	NC	260	Not known	↑
		Percentage of panel who give unpaid help to any group, club or organisation	NC	NC	64.30	66.22	NC	Above National Average	↑

NC - Not due to be collected during that period

## Residential and nursing admissions

- 23 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.
- 24 The number of people in long-term residential and nursing care fell to 575 at the end of 2017-18 Q4, compared with 613 at the end of 2017-18 Q3. There were three admissions of younger people and 35 admissions of older people to residential and nursing care in the third quarter of 2017-18. These are lower than 2017-18 Q3 for younger people (eight) and for older people (70). This is partly due to the extension of Sheltered Housing with Extra Care facilities.

## Adults with learning disabilities and mental health issues

- 25 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.

- 26 Our performance level during 2017-18 Q4 (on average, 8.3% of adults with a learning disability were in paid employment), is marginally less from the 2017-18 Q3 position (8.4% of adults with a learning disability were in paid employment). Additionally, during 2017-18 Q4 on average 77.2% of adults with a learning disability were living in their own home or with family, which is a minor deterioration on the 2017-18 Q3 position (the corresponding figure was 78.3%). For those with mental health issues, on average 18.2% of this group were in paid employment at the end of February 2018 (latest figures available), which is an improvement on the corresponding 2017-18 Q3 figure of 12.8%. 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 at the end of January 2018 (compared with an average of 69% during 2017-18 Q3).

### **Delayed Transfers of Care**

- 27 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.
- 28 Approximately 10 beds were occupied per day in York hospitals because of delayed transfers of care, attributable to ASC, during the fourth quarter of 2017-18. This is a decrease on the previous quarter (where, on average 15 beds per day were occupied) and is largely due to a decrease in waiting for care packages. We are working with health colleagues to enable assessments to happen outside hospitals to reduce delays for patients, and have recently introduced seven-day social working, a multi-disciplinary Integrated Complex Discharge Hub and Step Up Step Down beds.

### **Independence of ASC service users**

- 29 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.

- 30 During the final quarter of 2017-18, on average 1,795 people were supported to live independently by CYC Adult Social Care packages of care. This is a 1% increase on the corresponding number in the second quarter (1,775). There was, however, a decrease – counter to the recent upward trend – in the number of those supported to live independently by the use of preventative measures: this averaged 979 during the final quarter of 2017-18, compared with 991 in the third quarter.

### **“Front door” measures and how adults are supported financially**

- 31 CYC has a responsibility to conduct appropriate risk assessments for those contacting it who state that they may have care needs. The purpose of the “Future Focus” transformation programme is to ensure that people are best informed about the choices available to them, and to provide timely, cost-effective, services for those requiring support.
- 32 In the final quarter of 2017-18 a total of 619 people were assessed, under the national eligibility framework, for CYC-funded adult social care services. This is an increase from the number assessed in the previous quarter (587). Of these 619 people, 469 were eligible to receive a service from CYC, an increase from the 452 that were given a service in the second quarter. Almost all (99.92%) of those using social care received self-directed support during the final quarter – a percentage unchanged from the third quarter – and the percentage receiving direct payments also remained stable, at 21% in the final quarter, as it was during 2017-18 Q3.

### **Safety of ASC service users and residents**

- 33 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.
- 34 In the final quarter of 2017-18 there were 277 completed safeguarding enquiries, which is a 5% increase on the number completed during the previous quarter (265). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry increased, from 94% during 2017-18 Q3 to 97% during 2017-18 Q4.

## **PUBLIC HEALTH**

### **NHS Health Checks**

- 35 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.

- 36 Up to the end of 2017-18 Q3, 72.7% of those eligible for an NHS health check (those aged 40-74) had been offered one over a five-year period. This is virtually unchanged from the Q2 position (72.6%). Of those eligible for an NHS health check in the last five years, 27.4% had received one at the end of Q3, which is, similarly, virtually unchanged from the position at the end of Q2 (27.3%). This is below the regional average (37%) level of health checks that have been received.

### **Adult Obesity**

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

### **Smoking**

- 39 Smoking, amongst the general population, has a number of well-known detrimental effects, such as increased likelihood of certain cancers, heart disease, diabetes, weaker muscles and bones. For pregnant mothers, it can lead to detrimental effects in their child's development and their health. 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 hospital admissions directly attributable to smoking.
- 40 The estimated current smoking prevalence amongst people aged 18 or over in York is 12.6%, which compares favourably with the rates nationally (15.5%) and in the Yorkshire and Humber region (17.7%). This is taken from the Annual Population Survey, which sampled 1,298 adults in York. Amongst those working in routine and manual occupations, the estimated current smoking prevalence is 26.4% in York, which is lower than both the national (26.5%) and regional (28.9%) rates.

- 41 The percentage of pregnant women who are recorded as smoking at the time of delivery was 7.5% in 2017-18 Q3, compared with 12% in 2017-18 Q2. These figures are for the Vale of York CCG area; it is believed that the percentage in the City was around 10% in Q3.

### **Alcohol prevalence**

- 42 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 £21bn each year, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
- 43 Public Health England estimate, using 2011-14 Health Survey data, that 30% of adults in York drink over 14 units of alcohol each week. This is higher than both the regional and national average levels (both 26%). Around 1.4% of the city's adult population are estimated to be dependent on alcohol. This is the same as the national average level, and slightly below the regional average level (1.5%). York has fewer people who abstain from drinking alcohol (8.1%) compared with regional (16.8%) and national (15.5%) averages.

### **Successful completions of Drug and Alcohol Treatment (without representation)**

- 44 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.
- 45 In the latest 18 month monitoring period to December 2017, 7.75% of opiate users who were in treatment successfully completed it and did not represent within six months; this is a deterioration from the rate reported at the end of the previous quarter (8.79%), but remains significantly above the national average rate of 6.7%. Of non-opiate users, 29.96% of them successfully completed treatment and did not represent within six months; this is lower than the rate reported at the end of the previous quarter (33.91%) and the national average of 36.85%. There has been a change in provider of drug and alcohol treatment in the city since June and most of the activity will relate to the previous provider, which had significant financial challenges and were decommissioned by CYC to provide these services.

- 46 In 2017-18 only one (0.6%), out of the 172 new starters on substance misuse programmes, had to wait more than three weeks to start their programme. This is a lower percentage than national averages, where, depending on the programme, between 1.3% and 2.3% of new starters have to wait more than three weeks before they start their treatment.

### **Sexual health**

- 47 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.
- 48 In 2017, 26,599 York people aged 15-64 had a test for a sexually transmitted infection, which is equivalent to a rate of 19,172 per 100,000 population. This is higher than the national (16,730 per 100,000) and regional (13,204 per 100,000) rates. There were 8,945 people aged between 15 and 24 that were screened for chlamydia – 25% of that age group. This is higher than occurs nationally (19%) and regionally (20%). The detection rate of 1,985 cases per 100,000 is higher than the England average (1,882 per 100,000). In 2016, 12 people in York were diagnosed with HIV – a rate of 6.8 per 100,000 aged 15 or over. The England rate was 10.3, and the regional rate 6.0.

### **Mental health and suicide**

- 49 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.
- 50 In the Vale of York CCG area, 1,220 people aged 18 or over were referred to Improving Access to Psychological Therapies (IAPT) in 2017-18 Q3. This is a rate of 418 per 100,000, and is significantly lower than both the national (819 per 100,000) and the regional (848 per 100,000) averages.
- 51 Between 2014 and 2016, 70 people in York died by suicide, a rate of 12.7 per 100,000 population each year. This is a higher rate than nationally (9.9 per 100,000) and regionally (10.4 per 100,000). Local, unpublished, data shows that the number of suicides between 2015 and 2017 rose slightly during that period.

### **Corporate Priorities**

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

### Implications

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

### Recommendations

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

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

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Sharon Stoltz  
Director of Public Health

**Report**  **Date** 11 July 2018

**Approved**

**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

2017/18 Finance and Performance Monitor 3 Report, Executive 21 June 2018

## **Abbreviations**

ASC – Adult Social Care

BCF – Better Care Fund

CYC – City of York Council

DCLG – Department for Communities and Local Government

DOLS – Deprivation of Liberty Safeguarding

DToC – Delayed Transfer of Care

HHASC – Health, Housing & Adult Social Care

IBCF – Improved Better Care Fund

IAPT – Improving Access to Psychological Therapies

LD – Learning Difficulties

MH – Mental Health

P&SI – Physical and Sensory Impairment

TEWV – Tees, Esk and Wear Valleys NHS Foundation Trust



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## **Health, Housing and Adult Social Care Policy 25 July 2018 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 15<sup>th</sup> January 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. In October 2017, CQC published its “State of Adult Social Care 2014-2017” report which detailed findings from CQC’s initial programme of comprehensive inspections across England in Adult Social Care. The report looks at the trends, highlights examples of good and outstanding care, and identifies factors that maintain high-quality care. Unfortunately there has been no updated version of the CQC report so this overview compares York’s current position against national figures from October 2017.
3. The report acknowledged that there is fragility in the adult social care sector influenced by funding and resource pressures but as the quality regulator, their focus is on the quality of adult social care services and the impact that this has on people who use services.
4. Key findings from the CQC report were;
  - At the end of their initial comprehensive inspection programme, almost four out of five adult (79%) social care services in England were rated as good or outstanding overall. Nearly a fifth of services

(19%) were rated as requires improvement and 2% as inadequate.

- Of the five key questions that they ask all services, safe and well-led have the poorest ratings, with around a quarter requires improvement and inadequate.
  - Of the 5 key Questions, 'Caring' was the best rated with – 92% organisations good and 3% outstanding.
  - Nursing homes remain the biggest concern.
5. Members will note the improved performance from the report received in January 2018. At that period 16 % of providers in York were listed as requires improvement. At the time of writing in June 2018, the percentage requiring improvement had fallen to 13% with 84% of settings rated as Good and 2% as Outstanding. The performance is above national averages reported by CQC, with domiciliary care in York performing particularly highly against national figures.
  6. Well Led (Management and Leadership) continues to be a 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 It is the only area where services in the City are below National indicators and Members should note further improved performance in other areas.

### Background

7. 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 dependant on the provider's rating and on intelligence received in between scheduled inspections. All reports are within the public domain and CQC have a range of enforcement options open to them should Quality and Standards fall below required expectations.
8. The Adults Commissioning Team work closely with CQC in the sharing of concerns and information relating to provision but the Council also adopts its own monitoring process (Quality

Assessment Framework). The standards that it sets are high and providers are expected to achieve compliance in all aspects. Should performance fall below the level that is acceptable, a provider will be placed on enhanced monitoring or improvement plan. This can also lead to placements being suspended, often on a mutual basis, until quality and performance improves. The team on occasions will also undertake visits jointly with colleagues from the Vale of York Clinical Commissioning Group where it felt necessary or there are safeguarding concerns.

9. The Adult Commissioning team have a programme in place to undertake monitoring visits on an annual basis. These will be appropriate to the services provided and will consist of an Observation visit and /or a Quality Assurance Visit and consultation with residents/customers. Reports are shared with the provider and with CQC colleagues to inform their programme of inspections.
10. In addition to the visits listed above, the Commissioning team have regular Business Meetings with Social Care Providers and take a proactive partnership approach to effective working with providers in order to both support and encourage good practice and to work with providers where practice is not as expected to prevent issues escalating. Members will also recall the consultation that is undertaken jointly in care settings between the Adults Commissioning Team and Healthwatch.
11. CQC ratings of Outstanding, Good, Requires Improvement, or Inadequate are given both as an overall rating as well as for each of the five key questions. The tables below compare the current overall CQC ratings of York services to National figures published by The Care Quality Commission. CQC have identified nationally that “good systems and management are important drivers that support caring staff to deliver better services”

#### Analysis - Performance and Standards in York

12. 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.

a) CQC Ratings (all settings) against National Levels

<b>Overall Rating</b>	<b>Outstanding</b>	<b>Good</b>	<b>Requires Improvement</b>	<b>Inadequate</b>
<b>York</b>	<b>1.5%</b>	<b>84%</b>	<b>13%</b>	<b>1.5%</b>
<b>National (CQC Report)</b>	<b>2%</b>	<b>77%</b>	<b>19%</b>	<b>2%</b>
<b>Yorkshire &amp; Humber (CQC Report)</b>	<b>1%</b>	<b>74%</b>	<b>23%</b>	<b>2%</b>

York has a higher percentage of care provision that is rated as 'Good' compared to performance nationally. Members may wish to note that performance is also above that reported across the Yorkshire and Humber region.

- Members will note that not all York providers have had an inspection rating published to date (1 Nursing Home and 5 Home Care Services are outstanding). Where providers have not yet been inspected, this is due to administrative changes within the service, a change of premises, change of trading name or new provision.
- Copies of all CQC reports can be found at [www.cqc.org.uk](http://www.cqc.org.uk)

b) Social Care Ratings by Key Questions

<b>Area</b>	<b>Safe</b>	<b>Effective</b>	<b>Caring</b>	<b>Responsive</b>	<b>Well led</b>
<b>York</b>	<b>84%</b>	<b>97%</b>	<b>95%</b>	<b>92%</b>	<b>70%</b>
<b>(CQC Report)</b>	<b>75%</b>	<b>82%</b>	<b>95%</b>	<b>85%</b>	<b>76%</b>

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. The table above compares performance in York against the National position derived from the CQC report and shows that whilst York services

in the main exceed National figures, well-led at 70 % is lower than national averages as we have highlighted previously to Members at Scrutiny Committee.

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

c) Residential and Nursing Care Homes in York

<b>Care Homes</b>		
<b>Outstanding</b>	1	2.5%
<b>Good</b>	28	76 %
<b>Requires Improvement</b>	7	19 %
<b>Inadequate</b>	1	2.5%

Of the 38 homes in York, 37 have an inspection rating to date. The tables above detail the findings of these inspections and Members will note that 7 homes have been rated as requires improvement and 1 inadequate. The Council is working closely with CQC colleagues and the care provider to ensure improvements at the home are sustainable, and completed to agreed timescales.

d) Home Care Service Inspections - York

<b>Home Care</b>		
<b>Outstanding</b>	0	0%
<b>Good</b>	25	96%
<b>Requires Improvement</b>	1	4 %
<b>Inadequate</b>	0	0%

Of the 31 York based registered domiciliary care services delivering homecare and supported living, 26 have been inspected to date. The above table details the findings of these inspections and Members will note that 1 service has been rated as requiring improvement,

e) Compliance by Service AreaResidential Care

	CYC Residential Care Homes	CQC National Report
<b>Outstanding</b>	5%	1%
<b>Good</b>	76 %	80%
<b>Requires Improvement</b>	19 %	18%
<b>Inadequate</b>	0%	1%

Nursing Care

	CYC Nursing Care Homes	CQC National Report
<b>Outstanding</b>	0%	1%
<b>Good</b>	75%	67%
<b>Requires Improvement</b>	19%	29%
<b>Inadequate</b>	6 %	3%

Domiciliary Care

	CYC Domiciliary Care Services	CQC National Report
<b>Outstanding</b>	0%	2%
<b>Good</b>	96 %	80%
<b>Requires Improvement</b>	4 %	17%
<b>Inadequate</b>	0%	1%

Summary

13. 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.
14. Whilst some providers may be compliant within CQC inspections, there are instances where the pro-active monitoring and Quality

Assessment Framework process adopted by the Council has identified some concerns that may lead to an improvement planning process being initiated or enhanced monitoring applied. Part of this process is often to adopt a mutually agreed suspension on new placements whilst issues are addressed.

15. Where providers are classed as 'requires improvement' for the Key Questions of Safe, and Well Led, this is largely due to staffing levels as providers continue to find recruitment and retention of suitable staff a challenge, both from a 'front line' and management perspective.

#### Implications

##### Financial

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

##### Equalities

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

##### Other

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

#### Risk Management

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

#### Recommendations

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

**Contact Details**

**Author:**

**Chief Officer Responsible for the report:**

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**Martin Farran  
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Care**

**Report Approved** ✓ **Date 10 July 2018**

**Specialist Implications Officer(s)**

**Wards Affected:** **All** ✓

**For further information please contact the author of the report**



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

**25 July 2018**

Report of the Assistant Director Adult Social Care

### **Safeguarding Adults at Risk Annual Assurance**

#### **Summary**

1. This report outlines arrangements in place to ensure that City of York Council discharges its responsibilities to protect adults with care and support needs from abuse and neglect, whilst maintaining their independence and well-being.
2. The Health, Housing and Adult Social Care Policy and Scrutiny Committee is asked to accept assurance that arrangements for safeguarding adults are satisfactory and effective.
3. The Care Act requires that each local authority must:
  - Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect, and if so, by whom.
  - Set up a Safeguarding Adults Board.
  - Arrange, where appropriate, for an independent advocate to represent and support an adult who is the subject of a safeguarding enquiry or Safeguarding Adult Review (SAR) where the adult has 'substantial difficulty' in being involved in the process and where there is no other suitable person to represent and support them.

- Co-operate with each of its relevant partners in order to protect the adult. In their turn each relevant partner must also co-operate with the local authority.

4. Safeguarding duties under the Care Act apply to an adult who:

- has need for care and support (whether or not the local authority is meeting any of those needs) and;
- is experiencing, or at risk of, abuse or neglect; and
- as a result of those care and support needs is unable to protect themselves from either the risk of, or the experience of abuse or neglect.

5. The six key principles contained within the Care Act which underpin all safeguarding work are:

- Empowerment – “I am asked what I want as the outcomes from the safeguarding process and these directly inform what happens”.
- Prevention – “I receive clear and simple information about what abuse is, how to recognise the signs and what I can do to seek help”.
- Proportionality – “I am sure that the professionals will work for my best interest, as I see them and will only get involved as much as needed”.
- Protection – “I get help and support to report abuse. I get help to take part in the safeguarding process to the extent to which I want and to which I am able”.
- Partnership – “I know that staff treat any personal and sensitive information in confidence, only sharing what is helpful and necessary. I am confident that professionals will work together to get the best result for me”.
- Accountability – “I understand the role of everyone involved in my life”.

## **Analysis**

6. York Safeguarding Adults Board, (SAB) continues to have a strong focus on partnership working between the following twelve member organisations
  - City of York Council
  - North Yorkshire Police
  - Vale of York Clinical Commissioning Group (CCG)
  - York Hospital NHS Foundation Teaching Trust
  - Tees Esk and Wear Valley NHS Foundation Trust
  - NHS England
  - Stockton Hall Hospital
  - The Retreat Hospital
  - The Independent Care Group
  - York Council for Voluntary Services (CVS)
  - Healthwatch York
  
7. York SAB vision is that we will do our best to ensure that agencies supporting adults who are at risk or in vulnerable situations, and the wider community, can by successfully working together:
  - Ensure that Safeguarding is Everybody's business
  - Develop a Culture that does not and will not tolerate abuse
  - Raise awareness of abuse
  - Prevent abuse from happening wherever possible.

Where abuse does happen, the SAB and its partners support and safeguard the rights of people who are harmed to; stop the abuse happening, access services they need including advocacy and post-abuse support, have improved access to justice and have the outcome which is right for them and their particular circumstances.

8. The SAB is independently chaired. It continues to meet four times yearly and delivers its work programme through three SAB subgroups. These cover Quality & Performance, Staff development & Training and Lessons Learned & Safeguarding Adults Reviews.

9. A recommendation to agree The SAB 2018 annual report will go to the September 2018 Board, describing the progress against the three year strategic plan (2016/2019). The report will be published following the September board and made available to this committee.

### **Key achievements 2017-2018**

10. 2017-18 has been a year of significant progress for the partnership. Building on previous years work to embed the principles of the Care Act. The completion of the 2017-18 SAB management plan has enabled progress towards completing the three year SAB strategic plan (2016-2019).

Actions completed include:

- Improved information and advice through updated written literature and on the website, with a focus on helping people stay safe.
  - Assurance provided to the SAB by each member that making safeguarding personal approaches are embedded in practice.
  - Greater assurance about the use of advocacy to support people's rights and freedoms.
  - Successful collaboration with partners through national campaigns such as safeguarding week, focussing on the prevention of financial abuse.
  - The completion of up to date multi agency policy, procedure and local operating guidance for front-line staff.
11. CYC has led the multi agency training to front line staff which has put into practice the regional and local multi-agency safeguarding policy and procedures. Agreed in April 2018, these procedures further enable making a safeguarding personal approach across the workforce which has been a strong feature of practice in York over recent years. CYC has run 57 Safeguarding adults related courses, attracting 599 delegates. Subjects range from general safeguarding awareness training to courses on managing the safeguarding process for specialist staff. Courses also cover mental capacity and deprivation of liberty both in terms of increasing awareness and for those required to make best interest decisions and act to protect those who may be deprived of their liberty.
12. 2018 has seen collaboration between public health, the workforce development unit and the SAB to facilitate two training programmes to address suicide prevention, Assist and Safe-Talk. 123 people have attended Assist training and 75 people have attended Safe-Talk.
13. During 2017-18 it has not been necessary to carry out a Safeguarding Adult Review (SAR). The lessons learned sub-group of the SAB continues with its rolling programme to ensure that cases requiring multi-agency learning that do not meet the SAR threshold receive the required

oversight of the SAB. The new policy and procedures are now in place to clarify and improve decision making about potential lessons learned or SAR cases.

14. CYC continues to protect people's rights through Deprivation of Liberty Safeguards (DoLS). CYC is using the Association of Directors of Adult Social Services (ADASS) risk based approach to prioritising assessments of those potentially deprived of their liberty. CYC is increasingly training its internal social work staff as Best Interest Assessors (BIAs) to enable them to do this work. There are now 40 Social Workers with this qualification. CYC have established specialist BIA posts to enable those at greatest risk to have the necessary safeguards. As part of the plan for 2018, the SAB intends to monitor waiting times for DoLS assessments.

### **CYC Safeguarding Adults Collection Performance**

15. In 2017-18 City of York Council received a total of 1,052 Safeguarding Concerns. This figure is a decrease from 1,215 Safeguarding Concerns in the previous year.
16. All concerns raised with City of York Council are scrutinised to see if they meet the Care Act's conditions for a section 42 enquiry, and to consider our duties under the Wellbeing Principle (Section 1 of the Care Act) to offer support, advice and information to reduce the risk for the person in question and prevent further harm.

Where the council is unable to resolve the concerns at this stage, further enquiries may take place, either under the auspices of S42 or using 'other' enquiry mechanisms as appropriate. The number of referrals progressed to S42 enquiry in 2017-18 was 374, a reduction of 80 from the 454 progressed in 2016-17. Adults in York were, in 2016-17, less likely to be the subject of a S42 enquiry than elsewhere, and the reduction seen here suggests this will also be the case in 2017-18 when the national safeguarding statistics are published in autumn 2018.

17. The National Safeguarding Adults Collection has a making safeguarding personal indicator which measures if the person who is being safeguarded had their personal outcomes met. Of people who were asked about the outcome of their safeguarding enquiry in York, 60% expressed an opinion about their outcome. Of those, 63% had their outcomes fully achieved, 33% had them partially achieved and 4% said their outcomes were not achieved.

18. The demographics of clients involved in York's completed safeguarding cases remains similar to that found in 2016-17. Around two-thirds of cases involve females, and two-thirds of cases involve those over the age of 65. Increasingly, clients have the support of advocates (89% in 2017-18 compared with 69% in 2016-17). The enquiries are increasingly concluding that risks are either removed (36% in 2017-18 compared with 21% in 2016-17) or reduced (61% in 2017-18 compared with 51% in 2016-17). The most common type of concern investigated was of "Neglect" – around a quarter of all cases. Someone's own home was most likely to be the setting for a concern to take place (32% of all completed cases in 2017-18, a decrease from 38% in 2016-17). Service providers were most likely to be investigated, with 58% of all completed cases involving them in 2017-18, an increase from the 49% in 2016-17.

### **Strategic Plan**

19. The Safeguarding Adults Board Strategic Plan 2016-2019 continues to be implemented to the expected timetable. The following actions have been agreed as part of the 2018-19 management plan in order to make progress towards the three year strategic plan.
- Reporting safeguarding website usage to SAB.
  - Widely circulating the 'Keep Safe Guide' to key public outlets
  - Establishing a safeguarding service user forum.
  - Taking and considering evidence from partners on the implementation of Making Safeguarding Personal.
  - Ensuring partners report to their governing body on an annual basis summarising their safeguarding activity.
  - Engaging the safeguarding team with wider preventative initiatives across the city.
  - Receiving the risk register update at every SAB meeting.
  - Monitor the use of advocates and waiting times for deprivation of liberty safeguards assessments.
  - Receive reports on case file audits on best interest decisions and least restrictive interventions.
  - Continue to work with regional partners on the implementation of multi agency procedures.

### **Council Plan**

20. The proposals within this report relate to the Council Plan priority to focus on frontline services, ensuring all residents, particularly the least advantaged, can access reliable services and community facilities.

### **Implications**

#### **Financial**

21. There are no financial implications to this report. Safeguarding activity is undertaken within agreed budgets.

#### **Human Resources (HR)**

22. There are no HR implications.

#### **Equalities**

23. Safeguarding activity is important to all protected communities of interest. The performance report indicates a relatively high number of referrals.

#### **Legal**

24. There are no legal implications.

#### **Crime and Disorder**

25. All of the issues and actions relating to Safeguarding Vulnerable Adults contribute to the Safer Communities agenda. Specifically Safeguarding has strong links with the Domestic Violence agenda and to Hate Crime.

#### **Information Technology (IT)**

26. There are no IT issues relating to this report.

#### **Property**

27. There are no property issues relating to this report.

## **Risk Management**

28. The recommendations within this report do not present any risks which need to be monitored.

## **Recommendations**

- 29.
- (i) The Health and Adult Social Care Policy and Scrutiny Committee note this report and are assured that arrangements for safeguarding adults are satisfactory and effective.
  - (ii) The Health and Adult Social Care Policy and Scrutiny Committee receive the SAB annual report following its publication
  - (iii) The Health and Adult Social Care Policy and Scrutiny Committee receive updates to this report on an annual basis.

Reason: To assure the committee of the arrangements for safeguarding

### **Contact Details:**

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**Background Papers** - None

**Annexes** - None

### **Abbreviations**

ADASS- Association of Directors of Social Services

CCG – Clinical Commissioning Group

CVS – Council for Voluntary Services

CYC – City of York Council

DoLS – Deprivation of Liberty Safeguards

SAB – Safeguarding Adults Board

SAR – Safeguarding Adults Review

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

### Work Plan 2018-19

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

<p>11 Sept 2018 @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. Attendance of Police and Crime Commissioner re Community Policing (tbc)</li> <li>2. 1<sup>st</sup> Quarter Finance and Performance Monitoring report</li> </ol> <p><b>Housing</b></p> <ol style="list-style-type: none"> <li>3. Update report on implementation of new licensing laws for HMOs</li> </ol> <p><b>Health</b></p> <ol style="list-style-type: none"> <li>5. Update report on Priory Medical Group proposals to relocate to proposed Burnholme Health Centre</li> <li>6. Update on Unity Health Actions to improve patient communications.</li> <li>7. Report on aims of Oral Health Action Team</li> <li>8. Update Report on Elderly Persons' Accommodation</li> <li>9. Delivery of CQC Local System Review Action Plan</li> </ol> <p>10. Work Plan 2018-19</p>
<p>16 Oct 2018 @ 5.30pm</p>	<p><b>Health</b></p> <ol style="list-style-type: none"> <li>1. Report on engagement around Home First Strategy</li> </ol> <p><b>Housing</b></p> <ol style="list-style-type: none"> <li>2. Safer York Partnership Bi-annual Report</li> </ol>

	3. Work Plan 2018-19
14 Nov 2018 @ 5.30pm	<p><b>Health</b></p> <p>1. Healthwatch York six-monthly Performance Report</p> <p>2. Work Plan 2018-19</p>
12 Dec 2018 @ 5.30pm	<p>1. Update Report on progress of CYC Asset/Place-based approach to working.</p> <p>2. Work Plan 2018-19</p>
15 Jan 2019 @ 5.30pm	<p>1. 2<sup>nd</sup> Quarter Finance and Performance Monitoring Report</p> <p><b>Health</b></p> <p>2. Six-monthly Quality Monitoring Report – residential, nursing and homecare services</p> <p>3. Work Plan 2018-19</p>
12 Feb 2019 @ 5.30pm	1. Work Plan 2018-19
12 March 2019 @ 5.30pm	<p>1. 3<sup>rd</sup> Quarter Finance and Performance Monitoring Report</p> <p><b>Health</b></p> <p>2. Healthwatch York six-monthly Performance Report</p> <p><b>Housing</b></p> <p>3. Safer York Partnership Bi-Annual report</p> <p>4. Draft Work Plan 2019-20</p>

