

Report of the Directors of Adult Social Care and Public Health

2022-23 Finance and Performance Q1 Monitor Report – Health and Adult Social Care

Summary

1. This report provides a detailed view of outturn position for Public Health (PH) and Adult Social Care for 2022/23. Discussions were held with budget managers to explain over and under spends against budget. Table 1 below provides a high-level summary.

Table 1: Q1 Monitor 2022/23

2021/22 Outturn		2022/23 Latest Approved Budget			2022/23 Q1 Variance	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
Corporate Director of Adult Services & Integration						
-1,026	ASC Centrally Held Budgets	5,163	2,893	2,270	+114	+5.0%
-520	ASC Commissioning and Early Intervention & Prevention	7,119	11,011	-3,892	-175	-4.5%
-233	ASC In-House Services	7,043	2,284	4,759	+633	+13.3%
Director of Adults Safeguarding						
+1,959	ASC Older People and Physical & Sensory Impairment	39,081	20,946	18,135	+333	+1.8%
+1,102	ASC Learning Disabilities and Mental Health	37,238	8,966	28,272	+845	+3.0%
+1,282	Adult Social Care Total	95,644	46,100	49,544	+1,750	+3.6%
0	Public Health	9,472	9,545	-73	0	0.0%
+1,282	Health and Adult Social Care Total	105,116	55,645	49,471	+1,750	+3.5%

2. The projected outturn position for Adult Social Care is an overspend of £1,750k. This assumes that £1.2m of savings and £2.8m of mitigations will be made by the end of the year. The projection is based on customer numbers and costs in the first two months of the year.
3. Some of the main pressures on the ASC budget include:
 - Market prices for beds currently higher than CYC standard rates.
 - Accounting exercise has been developed for home care agencies asking for increases
 - Inability to recruit to vacancies leading to use of more expensive agency staff
4. Most of the above pressures are not reflected in the current projections as yet and will add to the current overspend. Given the level of savings and mitigations still to be made it is unlikely that further mitigations against these pressures will be achieved in year.
5. Referrals into social care are continuing to increase and remain above pre pandemic levels. It should be noted however, that this is not translating into more or higher packages of care in the community. In addition waiting lists are being reduced without this work converting into more care in the system
6. The following sections give more detail on the variations.

ASC Centrally Held Budgets (£114k / 5.0% of net budget)

7. No material variations – overspend is on legal fees (£51k) in line with 2021/22 and on a projected overspend on staffing.

ASC Commissioning and Early Intervention & Prevention (EIP) budgets (-£175k -4.5% of net budget)

8. There is a projected underspend on staffing in the Commissioning Team due to vacancies (£64k), and the Carers Commissioned Services budget is also expected to underspend.

ASC In house services Budgets (£633k / 13.3% of net budget)

9. The Community Care budget is projected to overspend by around £347k. This is due to the corporate decision to bring the service and staff of Riccall Carers in house following the company going into administration.

10. The Personal Support Service team budget is expected to overspend by £123k as difficulty in recruiting new care staff has meant an increased use of more expensive agency staff.
11. Yorkcraft is projected to overspend by £89k due to an underachievement of income (£120k) and failure to achieve a previous year's saving (£62k), offset by an underspend on staffing vacancies.
12. Small Day Services are projected to underspend by £133k. This is largely due to vacancies as the service has been running at reduced capacity due to Covid restrictions. In addition, the Service Manager post is currently vacant.
13. Be Independent is currently projected to overspend by £246k. There is still a budget gap of £130k which needs to be addressed, together with a historical budget overspend on recharges of £50k. There is also expected to be an underachievement on the sales income budget as no further sales are expected to be made.

ASC Older People (OP) and Physical & Sensory Impairment (P&SI) budgets (+£333k / +1.8% of net budget)

14. Permanent nursing care is projected to overspend by £317k. The average cost of an OP residential placement is around 1% higher than in the budget (£12 a week) (£154k), and there is currently one more customer than in the budget (£47k). In addition to this, there are three more customers in P&SI residential care placements than in the budget (£205k), offset by an increase in the average rate of S117 contributions being received per customer.
15. Based on activity to date there will be an underspend of £347k across the budgets for respite and short break residential and nursing placements for OP and P&SI customers.
16. P&SI Supported Living schemes are currently projected to overspend by £283k in 2022/23 due to having eight more customers than was assumed in the budget (£340k), offset by increased customer contributions.
17. The P&SI Direct Payment budget is projected to overspend by £380k largely due to the average cost per customer being £2.8k p.a. (£54 a week) more than in the budget (£321k) and in addition based on reclaims to date there is likely to be an underachievement of the reclaims budget.
18. There is projected to be an overspend on staffing in ASC Community Team of £201k due to the use of agency staff, being over establishment on Review Manager posts and failure to meet the vacancy factor.

19. The OP Community Support Budget is projected to underspend by £124k largely due to having four fewer customers on exception contracts than in the budget. The P&SI CSB budget is expected to underspend by £229k due to having four fewer exception customers (£143k) and also there is currently a lower number of homecare framework hours than was assumed in the budget.

**ASC Learning Disabilities (LD) and Mental Health (MH) budgets
(+£845k / +3.0% of net budget)**

20. The LD residential working age budget is projected to overspend by £215k. This is largely due to the average cost per customer being £3.3k p.a. (£63 a week) more than in the budget.
21. The LD nursing working age budget is projected to overspend by £155k due to the average cost per customer being £29k p.a. more than in the budget.
22. LD direct payments are projected to overspend by £117k. This is due to the average cost per customer being around £4k p.a. (£77 per week) more than in the budget, offset by a projected overachievement of the reclaims budget.
23. There is a projected overspend of £163k on the LD Social Work team due to the use of agency staff to cover vacancies and sickness in the team. This is an improvement over the position at the start of the year (an initial projected overspend of £210k) and work is ongoing to bring this overspend down.
24. There is expected to be an overspend of £317k on the LD CSB budget due to having 3 more day support customers (£44k) and the average costs for both day support and home care placements are higher than budgeted for (£208k). In addition to this the average rate received per CHC customer is less than in the budget.
25. LD Supported Living schemes are projected to underspend by £392k due to currently having seven fewer customers than in the budget.
26. The (MH) residential care working age budget is projected to underspend by £100k largely due to having two fewer customers than was assumed in the budget.
27. The MH Nursing care budgets are expected to overspend by £82k due to having one more customer in the over 65 budget than was assumed when the budget was set.
28. There is projected to be an overspend of £73k on the DOLS budget due to having a SM post over establishment for 6 months and to the use of agency staff. There is also expected to be an overspend on the Safeguarding Team budget of around £77k due to the use of agency staff to cover vacancies.

Inflationary Pressures

29. Several providers have recently come forward to request an increase above the budgeted 3% already given and are currently going through the open book accounting exercise.
30. It is difficult at this stage to know how much the amount paid for care will increase as a result of these exercises. As examples:
 - If the transport and utilities costs incurred by homecare providers were to double this would increase the hourly rate of homecare paid by 9.5%, which would add approx. £737k to the current projection
 - If the hourly rate paid to care staff by homecare providers were to increase by 5%, this would increase the hourly rate paid for homecare by around 2.6%, which would add approx. £200k to the current projection.
31. Assuming a 5% increase in the hourly rates paid to care assistants and nurses in care homes the estimated impact would be an increase in the projected costs of residential care of around £476k, nursing care of around £256k and supported living of around £344k
32. Assuming that utility costs and care homes and supported living accommodation were to double the estimated impact would be £704k for residential care, £186k for nursing care and £531k for supported living placements.
33. The estimates are on the gross cost of care and do not take into account any corresponding increase in income.

Performance Analysis

ADULT SOCIAL CARE

34. Much of the information in the following paragraphs can also be found on CYC's "Open Data" website, which is available at

<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2021-2022>

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

35. Many of the comparisons made below look at the difference between the first quarter of 2021-22 and the first quarter of 2022-23, to compare periods at similar times of the financial year rather than to compare

differences which are likely to be due to seasonal variation. A summary of the information discussed in paragraphs 36 to 49 can be found in the table below.

KPI No	Measure	2019-20 Q1	2020-21 Q1	2021-22 Q1	2022-23 Q1	Change from 2021-22 Q1 to 2022-23 Q1
ASC01	Number of contacts to ASC Community Team	2,749	3,684	4,237	4,169	Improving
ASC01a	Percentage of initial contacts to ASC Community Team that are resolved with information/advice or guidance (IAG)	22	34	21	19	Stable
PVP14	Number of customers in receipt of a "paid-for" package of care (snapshot)	2,147	2,203	2,181	2,071	Improving
PVP18	Number of customers in long-term residential and nursing care (snapshot)	657	566	576	580	Stable
PVP02	Number of permanent admissions to residential and nursing care for older people (aged 65 and over)	68	27	57	61	Deteriorating
ASC03b	Number of customers receiving home care services (snapshot)	680	736	716	635	Improving
PVP31	Number of clients receiving paid services for first time	141	214	147	149	Stable
PVP32	Number of clients returning to ASC to receive a paid service	102	105	100	75	Improving
ASCOF1F	Percentage of adults in contact with secondary mental health services in paid employment	23	19	19	19	Stable
ASCOF1H	Percentage of adults in contact with secondary mental health services living independently, with or without support	83	77	65	63	Stable
ASCOF3A	Percentage of service users 'extremely or very satisfied' with care and support	68	72	N/A	N/A	Neutral
ASCOF3B	Percentage of carers 'extremely or very satisfied' with care and support	N/C	N/C	40	N/C	Deteriorating
ASCOF4A	Percentage of service users reporting that they feel "as safe as they want"	71	76	N/A	N/A	Neutral
SGAD02	Number of Adult Safeguarding pieces of work completed	365	304	360	571	Neutral
SGAD01	Number of Adult Safeguarding concerns reported	353	297	444	577	Deteriorating
PVP11	Percentage of completed safeguarding enquiries where people reported that they felt safe	89	99	99	99	Stable
STF100 - People	Average sickness days per FTE - People directorate (rolling 12 month average)	N/A	15.1	12.1	16.1	Deteriorating

Demand for, and numbers receiving, adult social care services

36. There was a decreasing number of initial contacts to adult social care (ASC) during 2021-22, as demand for services caused by the initial stage of the COVID-19 pandemic has eased slightly – this has continued into 2022-23. Our Customer Contact Workers record the number of contacts received to ASC, whether made by email, telephone or other methods. During the first quarter of 2022-23, they received 4,169 contacts, which is 2% lower than the number received during 2021-22 Q1 (4,237). Around 19% of the contacts during 2022-23 Q1 were resolved using Information, Advice and Guidance (IAG), which is lower than the percentage

that were resolved using IAG during 2021-22 Q1 (21%); this reflects the increasing complexity of issues that are dealt with by them, and a change in recording practice which has meant that this percentage is lower than in previous years.

37. There has also been a decrease in the number of people that receive “paid-for” packages of care (i.e. CYC commissions it and pays an organisation to provide a service) over the last year. At 30 June 2022, this figure was 2,071, which represents a 5% decrease from the 30 June 2021 figure (2,181). This was achieved largely through the fall in the number of people receiving home care services (see paragraph 39). However, as the Finance section of the report outlines, the cost of care, particularly in residential/nursing care, continues to increase, reflecting the increasingly complex care issues our customers have.
38. The number of individuals in residential/nursing care placements fell rapidly at the start of the Covid-19 pandemic. There has been a slight increase in this number as noted in the table above (from 576 at the end of 2021-22 Q1 to 580 at the end of 2022-23 Q1). CYC have reduced the number of new admissions to residential/nursing care in recent years, partly because of the policy that people should no longer be placed in residential/nursing care directly following hospital discharge, but this number increased partly because of issues with the home care market, where some people had to be placed in residential/nursing care who might otherwise have received home care. Despite these challenges in the market, during 2022-23 Q1 the number of new admissions of older people to residential/nursing care only increased slightly, to 61, from the 2021-22 Q1 figure of 57.
39. There has been a rapid fall over the last year in the number of people placed with home care providers, partly because of issues with home care providers during 2021-22 (see paragraph 9). At the end of 2022-23 Q1 there were 635 people in receipt of a home care service; this is 11% lower than the corresponding figure at the end of 2021-22 Q1 (716).
40. In 2022-23 Q1, there were 149 clients that received a service, for the first time, which incurred ASC expenditure (“new starters”). This is broadly similar to the number of new starters in 2021-22 Q1 (147). There has also been a decrease (25%) in the number during 2022-23 Q1 (75) that have returned to ASC for a paid service compared with the number during 2021-22 Q1 (100). This suggests that we are continuing to keep the number of first-time entrants as low as we can, and that we are also doing well in preventing those returning to the ASC system after they have left, but making sure that as few people enter the system as possible remains an ongoing challenge.

Mental Health

41. The percentage of adults in contact with secondary mental health services living independently, with or without support, has fallen over the last year. At the end of 2022-23 Q1 63% of them were doing so, compared with 65% at the end of 2021-22 Q1. The 2020-21 ASCOF results showed that York is a “top quartile performer” in England as a whole, compared with 58% nationally and 65% in the Yorkshire and the Humber region, and it is likely that the 2021-22 ASCOF results will consolidate York’s performance. However, it should be noted that “in-year” performance is often lower than the final outturn for the financial year (the ASCOF outcome), as many assessments of whether people are living independently are conducted towards the end of the financial year.
42. At the end of 2022-23 Q1, 19% of all clients in contact with secondary mental health services were in employment – a figure that has consistently been above the regional and national averages, and the same percentage as a year earlier. Based on the 2020-21 ASCOF results, York is the 3rd best performing LA in England on this measure, with 20% of all those in contact with secondary mental health services in employment, compared with 9% in England and 11% in the Yorkshire and the Humber region. The 2021-22 ASCOF results are likely to show similar good performance. “In-year” performance on this measure can be lower than the final financial year (ASCOF) outcome due to people only being assessed to see whether they are in employment towards the end of the period.

Overall satisfaction of people who use services with their care and support

43. The 2021-22 Adult Social Care User Survey was a national survey of adult social care users that sought their opinions on aspects of their life and the care provided to them, whether from LAs, the voluntary sector or other providers. Of England’s 152 local authority (LA) areas, nearly all of them, including York, participated in 2021-22, compared with only 18 LA areas (which included York) that took part in it during 2020-21; participation in 2020-21 was voluntary due to the Covid-19 pandemic.
44. The provisional results for York during 2021-22, due to be published by NHS Digital in October, show that a smaller proportion of York’s ASC users were “extremely or very satisfied” with the care and support services they received – 72% of them in 2020-21 gave this response.
45. The 2021-22 Survey of Adult Carers in England (SACE) took place earlier in the year and the results have been published by NHS Digital. They

show that 40% of York's carers were "extremely or very satisfied" with the care and support services they received, which is in the upper quartile of performance amongst England's LAs, although it represents a slight deterioration from the last time the SACE was carried out in 2018-19 (43% gave this response); however, most LAs in England experienced similar deteriorations in satisfaction from their carers.

Safety of ASC service users and residents

46. 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 with care and support needs by the number of safeguarding concerns and enquiries that are reported to the Safeguarding Adults Board.
47. Results from the 2021-22 ASC Survey are due to be published in October 2022 by NHS Digital. In 2020-21, 76% of those that responded to the Survey said that they felt "as safe as I wanted".
48. During 2022-23 Q1 there were 571 completed safeguarding pieces of work, which is a 59% increase on the number completed during 2021-22 Q1 (360) – this is a partial reflection in the increase in the number of safeguarding concerns reported during the same period (577 in 2022-23 Q1 compared with 444 in 2021-22 Q1). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry continues to be high - 99% during both 2021-22 Q1 and 2022-23 Q1 and remains consistent with what has been reported historically in York.

Sickness rates of Adult Social Care staff

49. In the People directorate, which includes Adult Social Care, the number of sickness days taken per full-time employee rose from 12.1 in the year to the end of 2021-22 Q1 to 16.1 in the year to the end of 2022-23 Q1. This was partly caused by a large number of ASC staff being required to take sickness leave after contracting Covid-19.

PUBLIC HEALTH

Public Health (£0k / or 0% of gross expenditure budget)

50. Public Health is expected to underspend by £117k which will be transferred to the earmarked Public Health reserve to fund future commitments.

51. The table below provides a more detailed breakdown for the services within Public Health:

Service Area	Net Budget £'000's	Outturn Variance £'000's	Comments
Public Health General	1,565	+19	Funding for communication support
Substance Misuse	1,708	-1	
Sexual Health	1,824	0	
Health Protection	57	0	
Health Trainer Service	403	-10	Staffing vacancies
Healthy Child Service	2,525	-125	Staffing vacancies
Public Health grant	-8,143	0	
Total Public Health	-289	-117	
Transfer to Reserve		+117	Predicted reserve balance at year end is £824k
Reported Position		0	

52. The new staff structure is in operation and the posts filled. The small overspend relates to PH's contribution to a post in Communications.

53. Healthy Child Service has been restructured. There are a number of vacancies which if not filled by year end will result in a £125k underspend.

54. There was £1,259k in the Public Health Reserve at 31st March 2022. Based on current estimates the reserve will decrease by £435k to £824k. This reflects additional growth and restructuring in Public Health services which will prudently reduce the reserve balance over the next four years in a planned manner. Use of the reserve was/will be agreed/considered by the Executive Member, Cllr Runciman.

Directly Commissioned Public Health services

Health Trainer Service (NHS Health Checks and Smoking Cessation)

55. 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, and lead to opportunities for early interventions.
56. The Health Check programme was halted for safety reasons during the COVID-19 pandemic period. Nimbuscare restarted the delivery of health checks towards the end of 2021. A total of 298 health checks were carried out of CYC residents during 2022-23 Q1. This represents 0.6% of the eligible population, which is a lower proportion compared with the national (1.3%) and regional (0.9%) averages.
57. Closer work with Primary Care Networks is being undertaken, with health checks being delivered in a number of community and primary care settings, leading to a more joined up service for the patient. Health Checks are delivered from various locations across the City. The service is targeted at those who have underlying risk factors and, in order to reduce health inequalities, at those in the city living in more deprived postcodes.
58. Our approach is more than just identifying risk, and through our Health Trainer Service, we provide individuals with treatment and support to tackle the things that increase their risk, such as excess weight, high blood pressure, lack of exercise and poor diet. The Health Trainers put the individual at the centre and work with them to help achieve the health goals that matter to them.
59. The Health Trainer service is also York's community Stop Smoking Service. This includes one-to-one behavioural interventions, as well as access to nicotine replacement medications such as NRt or e-cigarettes that make the journey to being smoke free easier. The Tobacco Alliance, chaired by a Consultant in Public Health, ensures that we tackle some of the wider issues that lead to people taking up smoking, such as ease of access to cheap illicit tobacco products.
60. The final data for 2021-22 shows that the Health Trainer Service's stop smoking team received 548 referrals from those wishing to quit smoking. Of these, 363 (66%) went on to engage with an advisor. Subsequently, 226 went on to set a quit date and 143 (63%) had quit smoking after four

weeks. There were 109 pregnant smokers who were in the group of 548 referrals. Of these, 52 (48%) went on to engage with an advisor. Subsequently, 33 went on to set a quit date and 24 of them (73%) had quit smoking after four weeks. To date in 2022-23 there have been 202 referrals from those wishing to quit smoking, of which 29 were pregnant smokers.

Substance Misuse

61. 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.
62. In the latest 18-month monitoring period, to the end of 2022-23 Q1, 318 alcohol users were in treatment in York and 70 (22%) left treatment successfully and did not re-present within six months. The equivalent figures for opiate and non-opiate users were 4% (18 out of 471) and 25% (56 out of 226) respectively. The York rates are currently lower than the national averages (37% for alcohol users, 5% for opiate users and 34% for non-opiate users).
63. Through the Supplemental Substance Misuses treatment and recovery grant, we are investing £340k this year in drug and alcohol treatment services and prevention schemes, which will increase the number of treatment places available, expand the pathways into treatment, and reduce caseloads in order to improve quality and outcomes for York citizens.

Healthy Child Service

64. The full National Child Measurement Programme (NCMP) was completed in York for 2021-22 after a partial programme in the previous two measurement years due to the Covid-19 pandemic. 98% of reception aged children and 95% of Year 6 children were measured. The results are due to be published at LA level in November / December 2022.
65. In 2020-21 only five schools in York were measured as part of a limited programme to provide data at regional and national level. No local authority level obesity prevalence data was published for 2020-21.
66. The 2019-20 programme was discontinued in March 2020 due to the COVID-19 pandemic. The data submitted for children measured prior to lockdown was published with appropriate local data quality flags. The coverage rates for York for 2019-20 were 38% for year 6 pupils and 57% for reception (annual coverage rates are usually in excess of 95%). As a

result of this, the York values were flagged as 'fit for publication but interpret with caution'. The 2019-20 NCMP found that 8% of reception children in York were obese, which is significantly lower than the England average (10%). The York figure has fallen from the 2018-19 level (10%). Of Year 6 children in York, 22% were found to be obese in 2019-20, which is not significantly different from the England average (21%). The York figure has increased from the 2018-19 level (15%). There is a wide variation in obesity rates at ward level, and there is a strong correlation between obesity and deprivation at ward level.

67. The key performance indicators for the Healthy Child Service in York for 2021-22 Q4 are presented below. 67% of new-born children in York received a new birth visit within 14 days (compared with the England average of 79%). 85% of new-born children in York received a 6-8 week review within 56 days (compared with the England average of 79%). 88% of children in York had a one-year review before 12 months (compared with the England average of 69%). 85% of children in York had a two-year review before 30 months (compared with the England average of 72%).
68. At the 2.5 year review, each child's level of development on five domains (communication, problem solving, personal and social development, gross motor and fine motor function) is measured using the ages and stages questionnaire. In 2021-22 Q4, 89% of children in York reached the expected level of development on all five domains, compared with the England average of 79%.
69. In 2021-22 Q4, 59% of children in York (with a feeding status recorded) were totally or partially breastfed at 6-8 weeks, compared with the England average of 55%.
70. Breastfeeding data was aggregated for a 4 year period (April 2018 to March 2022) to provide robust data at ward level. The percentage of children who were totally or partially breastfed at 6-8 weeks at ward level varied from 41.6% to 78.3% with York average of 59.0%. Higher rates of ward deprivation are associated with lower breastfeeding rates at the 6–8-week review.

Sexual and Reproductive health

71. Being sexually healthy enables people to avoid sexually transmitted infections and illnesses, and means 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.

72. In the period April 2020 to March 2021, the rate of conceptions per 1,000 females aged 15-17 in York (9.9) was lower than the regional (15.4) and national (12.2) averages. There has been a gradual fall in this rate in York over recent measuring periods (for example, the rate in York during April 2019 to March 2020 was 15.9).

Other Public Health Issues

Adult Obesity / Physical Activity

73. 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. It is estimated that obesity costs wider society £27 billion and is responsible for over 30,000 deaths each year in England.
74. The latest data from the Adult Active Lives Survey for the period from mid-November 2020 to mid-November 2021 was published in April 2022. The period covered by the survey includes five months of notable restrictions (two-and-a-half months of full national lockdowns and two-and-a-half months of significant restrictions) and seven months of limited restrictions (three months of easing restrictions and four months with no legal restrictions). In York, 523 people aged 16 and over took part in the survey, and they reported higher levels of physical activity, and lower levels of physical inactivity, compared with the national and regional averages.
75. The Survey showed that 67% of the people questioned in York did more than 150 minutes of physical activity per week compared with 61% nationally and 60% regionally. There has been no significant change in the York value from that of 12 months earlier. In addition, 24% of people questioned in York did fewer than 30 minutes per week compared with 27% nationally and 28% regionally. There has been no significant change in the York value from that of 12 months earlier.

Smoking: pregnant mothers

76. Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6%, or less, by the end of 2022.
77. For the latest 12 month period for which figures are available (July 2021 to June 2022), 8.0% of mothers that gave birth in York were recorded as being smokers at the time of delivery. This represents an improvement on

the figure (9.9%) for the previous 12 month period (July 2020 to June 2021). However, there is considerable variation within the wards in York on this figure, ranging from 0% to 17% of mothers being recorded as smoking at the time of delivery in the latest 12 month period.

Smoking: general population

78. Smoking, amongst the general population, has a number of well-known detrimental effects, such as increased likelihood of certain cancers, increased likelihood of heart disease, diabetes and weaker muscles and bones. It is estimated that smoking-related illnesses contribute towards 79,000 premature deaths each year in England, and that the cost to the NHS is approximately £2.5bn each year, with almost 500,000 NHS hospital admissions attributable to smoking.
79. Information on smoking prevalence amongst the general population comes from the Annual Population Survey (APS). The data for 2020 shows that 9.6% of the 18+ population in York were reported as smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (12.9%) and in England as a whole (12.1%). The survey methodology changed in 2020 and therefore comparisons with data published in previous years are not valid. Amongst those who work in “routine and manual occupations”, 17.6% of people aged 18-64 in York were reported as smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (22.3%) and in England as a whole (21.4%), however people in ‘routine and manual occupations’ are 4.5 times as likely to smoke as the general population in York compared to 2.8 times nationally.

Alcohol-related issues

80. The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21 billion, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
81. In 2020, there were 69 deaths from alcohol-related conditions in York (53 males and 16 females); a rate of 35 per 100,000 population. This rate is lower than regional and national averages (41 and 38 per 100,000 population respectively).
82. Other relevant statistics demonstrate alcohol harms continues to be an issue for the city:

- In the off-trade (e.g. supermarkets), the amount of alcohol sold per adult per year in York is 6.4 litres, compared with 5.4 litres in England.
- The proportion of adults who abstain from drinking alcohol in York is 11.2%, compared with 16.2% in England.
- The proportion of adults drinking over 14 units per week is 21.4%, compared with 22.8% in England.
- In 19/20, the admission rate of York residents to hospital directly attributable to alcohol was 545 per 100,000 in York, compared with 519 per 100,000 in England; indirectly attributable to alcohol was 1,996 per 100,000 in York compared with 1,815 per 100,000 in England.

83. The newly commissioned Changing Habits service is for people who have started to develop unhealthy drinking habits or whose alcohol consumption may be causing health or relationship problems. The service offers help to change unhelpful drinking patterns and build new ways of coping with life's challenges. It is anticipated that later in 2022 the Public Health team in York will be able to resume delivery of the Alcohol IBA (Identification and Brief Advice) training to health professionals and frontline staff across the city. The training is aimed at staff who have regular contact with residents, to equip them with the skills to measure drinking levels and offer simple advice on how to reduce alcohol consumption.

Mental health

84. It is crucial to the overall well-being of a population that mental health is taken as seriously as (more visible) physical health. Common mental health problems include depression, panic attacks, anxiety and stress. In more serious cases, this can lead to thoughts of suicide and self-harm, particularly amongst older men and younger women. Dementia, particularly amongst the elderly population, is another major mental health issue.
85. The latest published data on deaths by suicide in York shows that in the three year period from 2018-20 there were 70 deaths by suicide for York residents, which represents an increase of nine deaths by suicide from the previous three year period (2017-2019). The rate per 100,000 of population in York (13) is above, but not significantly different from, the national average (10) and is in line with the regional average (13).

86. Published data for the three year period 2018-20 shows that there were 55 deaths by suicide for male York residents which represents an increase of nine deaths by suicide from the previous three year period (2017-2019). The rate per 100,000 of population in York (21) is significantly above the national average (16).
87. Published data for the three year period 2018-20 shows that there were 15 deaths by suicide for female York residents which represents no change compared with the previous three year period (2017-2019). The rate per 100,000 of population in York (6) is above, but not significantly different from, the national average (5).
88. A more up-to-date indication of the number of suicides in York is available from the Primary Care Mortality Database (PCMD). This dataset shows that in the most recent rolling three year period (April 2019 to March 2022) there were 70 deaths (55 male and 15 female) i.e. no change from the published total number of deaths in the previous three year period (2018-2020).
89. The proportion of people in York aged 65+ with a recorded diagnosis of dementia is 3.48% compared with a national average of 3.97% and a regional average of 3.96%. The estimated diagnosis rate (the number of people diagnosed with dementia as a proportion of the expected / modelled number of people with dementia) for people aged 65 and over in York is 55%, compared with a national average of 62% and a regional average of 63%.

Life Expectancy and Mortality

90. Average Life Expectancy and Healthy Life Expectancy for males in York (79.9 years and 65.3 years) is above the England average (79.4 years and 63.1 years). Average Life Expectancy and Healthy Life Expectancy for females in York (83.6 years and 64.6 years) is also above the England average (83.1 years and 63.9 years).
91. The inequality in life expectancy for men in York for the measurement period 2018-20 is 8.4 years. This means there is around an eight-year difference in life expectancy between men living in the most and least deprived areas of the City. This inequality has been fairly stable in recent periods (8.4 years in 2016-18 and 8.3 years in 2017-19).
92. The inequality in life expectancy for women in York for the measurement period 2018-20 is 5.7 years. This means there is around a six-year difference in life expectancy between women living in the most and least deprived areas of the City. This figure has fallen (improved) compared with the figure of 6.2 years in the period 2017-19. The inequality in York

is below the England average for men (9.7 years) and for women (7.9 years).

Recommendations

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

Reason: To update the committee on the final financial and performance position for 2022-23.

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Report
Approved

Date 19 September 2022

Specialist Implications Officer(s) None

Wards Affected: List wards or tick box to indicate all

All Y