



**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, Hayes, Steward and K Taylor

Date: Tuesday, 12 March 2019

Time: 5.30 pm

Venue: The Snow Room - Ground Floor, West Offices (G035)

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 - 18)
To approve and sign the minutes of the meetings held on 15 January 2019 and the 12 February 2019.

- 3. Public Participation**
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00 pm on Monday 11 March 2019**.

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**4. Quarter 3 Finance and Performance (Pages 19 - 32)
Monitoring Report**

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

HOUSING & COMMUNITY SAFETY

5. Safer York Partnership Bi-Annual Report (Pages 33 - 46)

This report outlines the work that has been delivered through the Safer York Partnership against the Community Safety Strategy and is the year end report for 2018-19.

HEALTH

6. Update Report on Integration of Health and Adult and Social Care (Pages 47 - 60)

This paper has been written to support an initial discussion on the approaches to health and social care integration, with examples of what is happening in York to join up care and support for people who need it.

**7. Update on Joint Health Scrutiny Meeting (Pages 61 - 82)
NYCC, LCC & CYC**

This paper updates the Committee on the outcome of the Joint Health Scrutiny meeting between Health Scrutiny Members of North Yorkshire County Council (NYCC), Leeds City Council (LCC) and City of York Council (CYC) that took place on the 15 February 2019, in Harrogate.

8. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name - Chris Elliott

Telephone – 01904 551078

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

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

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

Contact details are set out above

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

 **(01904) 551550**

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**Health, 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.

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City of York Council

Committee Minutes

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	15 January 2019
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Flinders, Steward and K Taylor
Apologies	Councillors Warters

54. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests which they had in respect of business on this agenda. None were declared.

55. Minutes

Members reviewed the minutes from the last meeting and the Chair requested that more detail be provided on minute 51 (York, An Evolving Asset Based Area), particularly regarding the future funding of the Local Area Co-ordination programme.

Officers stated that an update version of the minutes would be presented at February's meeting.

56. Public Participation

It was reported that there had been no registrations to speak under the Council's Public Participation Scheme.

57. 2nd Quarter Finance and Performance Monitoring Report

Members received the Quarter 2 Finance and Performance report for Health, Housing and Adult Social Care. Officers informed the committee that their main concern was a projected overspend of £586k in Adult Social Care and highlighted that there had been a slight under spend in Housing due to staff vacancies.

Members questioned officers on the projected overspend for the Personal Support Service and how this was being managed. Officers informed the committee that the service had been looking at staffing needed for the service especially due to the expansion of the Older Persons Accommodation Programme. Officers also stated that the service had recently invested in a piece of software called RotaCloud in an attempt to increase efficiency and free up time for team leaders.

In response to Members questions, officers highlighted an on-going piece of work that is looking into why there has been a reduction in the recovery of unused payments.

Members questioned officers on the level of Delayed Transfers of Care and non-elective admissions to York Hospital. Officers explained that there was a programme of work on-going to help prevent people from being admitted to hospital and that this combined with the work being done alongside Be Independent and Yorkshire Ambulance was playing an important part in reducing these numbers.

In response to Members questions relating to an increase in the number of completed safeguarding cases, Officers explained that the numbers of cases entering the system and being completed, during a fixed period of time, were similar. This shows the service is efficiently handling its caseload. Officers also noted an important piece of work underway by Healthwatch regarding a person's journey through the safeguarding system, which will in turn help guide the future approach.

Members questioned the absence of comparative quarterly statistics from other local authorities with similar demographics. Officers explained that many other local authorities do not publish statistics quarterly and that it was much easier to do end of year comparisons when statistics are published nationally.

In response to Member questions on targets, officers explained that an increase in claimants receiving direct payments would be seen as a positive as long as it is handled in the right way, highlighting Future Focus' importance. Officers stated that there were no official targets.

With regards to Drug and Alcohol Treatment services, Members questioned the usefulness of certain performance indicators and officers agreed, stating that part of the re-commissioning of this

service included looking at a more peer support orientated approach.

Officers highlighted that there was a short term financial pressure associated with using a small number of private sector places for people needing care home accommodation. In response to this, the Council had been investing in the Older Persons' Accommodation Scheme. Officers also highlighted that the Independent Care Group were looking at the cost of care and whether it can be sustainable for providers and ensure the Council receives market value.

Members asked for an update on the potential development of the Oakhaven site. Officers stated that:

- A preferred bidder had been identified
- There had been plans submitted but there were issues around size
- They were looking at ways to resolve this and were negotiating with the provider
- Should this option not move forward there were other providers interested

Members questioned the reason for budget pressure within the area of Supported Living for Learning Disability. Officers stated that many Councils were seeing pressures in this area with the complexity of needs that are present. In addition officers spoke of the increasing costs in provision of supported living and the cost of 'voids', where people with compatible needs have not been found and spaces have been left vacant.

Members questioned officers on the strategy for smoking cessation with pregnant women, as numbers were high. Officers agreed with Members' concern and explained that while it was a national and regional priority, work was needed to identify how this could be challenged locally.

Finally, Members highlighted to officers the importance of including details of the actions relating to the mitigation of overspends, it was noted that without the detail of the steps being taken by present in a report, there was very little to scrutinise. Officers took this on board and agreed to include more detailed actions in future reports.

58. Update Report on Unity Health

Dr Richard Wilcox and Louise Johnston, partners from Unity Health, were in attendance to provide an update on the Care Quality Commission inspection and on-going telephone issues. Dr Wilcox explained that they were still experiencing problems with telephone communications; however there had been significant improvement with regards to access and the number of complaints received. Dr Wilcox stated that while they had not yet received the final report from the CQC, feedback from the inspector had been highly complimentary.

Members questioned Dr Wilcox on the numbers of 'did not attend' in relation to their appointments. Unity Health stated the numbers were high and that this was a problem being experienced by all GP surgeries. It was reported that Unity had begun text messaging and phone call reminders in order to help address this and work with partners, including the University, to relay the importance of this matter to patients.

Members discussed with Unity Health whether the new staff being employed were extra capacity. Dr Wilcox explained that the new phlebotomist, prescribing nurse and GP were extra capacity, whilst the three new reception staff were due to a change of model, from call handler, to trained receptionists.

Members were keen to understand the nature of the complaints received by the surgery and the complaints process. Ms Johnston highlighted that of the five complaints received, 3 were a result of telephone access and 2 were regarding waiting times for appointments. Unity Health also highlighted that their complaints process was advertised online and in their surgeries.

In response to Member questions, Dr Wilcox stated that he believed Unity Health offered good options for evening and weekend appointments compared to most surgeries and highlighted their involvement with the Improving Access Model and that they are always looking to expand appointment hours.

In a question regarding pathways and relationships with providers, particularly around Mental Health, Unity Health stated they felt they had good relationships with partners and co-employed a mental health worker with the University. They also noted recent conversations and work with TEWV to explore the

option of further mental health services being provided in surgeries.

59. Overview Report on Student Health Services

Members received an update on the progress of the Student Health Network and an overview of Student Health Services.

Public Health Specialist, Nick Sinclair, was in attendance to answer member questions and briefly introduced the report and the reasons behind the formation of the Student Health Network.

Members were concerned by the lack of response to the consultation on the purpose, function and future of the Network, and asked questions around the future leadership and resourcing of the Network. The officer highlighted that there was a commitment from Higher York to take the Network forward and provide leadership for the group; however the issue would be discussed at the next meeting of the Higher York Board Meeting on 31 January 2019.

It was noted that the Student Health Network was specifically designed to respond to the Student Health Needs Assessment carried out in 2017.

Members spoke of their desire that the work begun by Higher York and the Student Health Network continue and that should support be required by Public Health, that this be available. It was noted that the outcome of Higher York's Board meeting would be circulated to the committee.

60. Six-monthly Quality Monitoring Report - Residential, Nursing and Homecare services

Members received the bi-annual quality monitoring report for Residential, Nursing and Homecare Services.

Members were keen to understand the support that was offered to managers under the Well Led scheme. Officers informed the committee that as well as hands on support from the Commissioning team at York, staff were offered training by Skills For Care, a peer support network and support from the CCG and Teaching Hospital Trust, which had been invaluable.

Officers spoke of the 'capacity tracker' that was in operation within the services and Members questioned the take up and use of the system. Officers explained that take up had been good, however there were still suppliers not signed up to the system and the system required providers to be active in posting current vacancies. Officers also mentioned the need for this service to be opened to public use, due to the increase in self-funded care.

In response to Member questions, officers noted that a care home being referred to as 'requiring improvement' often related to not being able to recruit to managerial posts. Officers also stated that their aim was to create strong pathways for staff in Care services and try and retain experienced staff who would then go on to be the future leaders of services in the City.

61. Work Plan

Members discussed the committee's work plan for the last two meetings of the municipal year.

The Chair announced that there had been much interest and communication regarding recent media headlines surrounding homeless deaths in York. The Chair stated that he had asked the relevant directors to bring a report on the issue to the next meeting in February.

It was also noted that Tees, Esk and Wear Valleys NHS Foundation Trust had been asked to present an update on the Mental Health Hospital on Haxby Road. The Chair also responded to a comment from a previous meeting of the committee regarding a reduction in the number of beds. The Chair stated that he had received confirmation that the intention was still to have 72 beds in the new hospital on Haxby Road.

Cllr P Doughty, Chair
[The meeting started at 5.30 pm and finished at 7.35 pm].

Meeting	Health, Housing and Adult Social Care Policy and Scrutiny Committee
Date	12 February 2019
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Cuthbertson, Funnell (as a substitute for Cllr Flinders), J Hayes, Steward and K Taylor
Apologies	Councillors Flinders

62. Declarations of Interest

At this point in the meeting, Members were asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests. None were declared.

63. Minutes

Resolved: That the minutes of the meetings held on 16 October 2018 and 12 December 2018 be approved and signed as an accurate record.

64. Public Participation

Gwen Vardigans addressed the committee regarding agenda items 4 and 6 and had two questions associated with these items:

- Question on agenda item 4: How will the new accommodation units at James House help to contribute to the wider issue of homelessness in York?
- Question on agenda item 6: How will the closure of the in-patient facility in Harrogate affect the new mental health hospital in York and the wider mental health provision in North Yorkshire?

The Chair thanked Ms Vardigans for her questions and requested that the officers respond to these questions during the relevant agenda items.

65. Housing & Community Safety Update on Homelessness in York

Officers presented an update report on the support given to 'rough sleepers' or 'single homeless' people in York, as requested at the previous meeting of the committee. Officers stated that the report from the charity Crisis in 2017, highlighting the number of Homeless deaths in York (11), included those in supported accommodation, the number of 'rough sleepers' who died in 2017 was 1. The report highlights that in 2007, there were 207 households in temporary accommodation. In 2017, this figure was at 68 and by September last year, the figure stood at 58. The number of 'rough sleepers' in the city reduced from 29 in 2017 to 9 in 2018 and Officers noted that York was one of three services that were initially awarded Gold standard in 2017 for the quality of provision.

Officers responded to the question posed by Gwen Vardigans in the Public Participation section of the meeting with the following comments:

- The temporary accommodation at James House ensures that this provision is provided primarily at one location, which allows for support to be on site and focussed.
- The support at James House includes helping Homeless people manage their future housing plans and apply for work.
- The provision at James House is 57units and the current provision is 54, increasing the overall provision of units in the city and the quality of units.

In response to Members questions, officers stated that:

- There is a need for improved specialist supported Housing specifically for complex mental health needs, however this funding is not currently available.
- The criteria for Making Every Adult Matter can be flexible however this service is primarily designed for people with complex needs and anyone not fulfilling this criteria would be supported by resettlement services.

Officers clarified the definition of 'Household', explaining that this term refers to anyone going through temporary

accommodation. Officers also clarified that they will only choose to use the 'bed and breakfast' option when they do not have temporary accommodation available. Officers also stated that all 'rough sleepers' had been offered accommodation.

Members commended the fantastic work of the Yes Below Zero project as an excellent example of partnership working.

Members were interested to understand that the issue of safety in hostels or accommodation, that has been reported as an issue elsewhere in the Country, is a problem for York. Officers noted that it is something people say but it can be related to whether homeless people want the accommodation offered as a result of the rules and regulations associated with it.

Members questioned the average age of people who have died on the streets and officers informed the committee that the national average age is 47, In York this figure was roughly 44.

In further questions from members regarding the continued provision of emergency accommodation outside of the winter months, officers stated that they were currently exploring the idea to keep the 5 bed unit open all year round. Officers also noted that there were a number of additional options and properties that were being considered as additional resource.

Members wanted to know what could be done to help the people who do not want to engage with services and whether officers would support a meeting of key partners to help challenge some of the pertinent issues. Officers stated that they were always happy to engage with partners and Councillors on challenging these issues and periodically run events along those lines.

Officers concluded by stating that they are working with partners to finance the model that was mentioned earlier and progress is being made.

66. Update report on Collaborative work by Humber, Coast and Vale Mental Health Partnership

Officers from the Humber Cost and Vale Mental Health partnership were in attendance to update the committee on the collaborative work being undertaken and the on-going efforts to improve mental health and wellbeing.

Members asked questions on the status of the Suicide prevention strategy and how this had been created. The officers noted that each Local authority must have a suicide prevention strategy and the strategy noted in the report was an amalgamation of the strategies of partner organisations. Officers also responded to member questions on achieving ICS (integrated care system) status and noted that this should be viewed as an acknowledgement of the partnerships maturity and ability.

Members were interested to know what the improved access in relation to mental health support for the Homeless would look like in York. In response, officers stated that the challenge is establishing a more collaborative system to providing community mental health rather than individual services providing these services in isolation.

Members questioned officers on cross-boundary provision of services and in particular, mental health in-patient facilities that are being discussed in York and in Harrogate. The officers made the point that the need for wider strategic thinking on these issues is important in making a more meaningful impact in communities in more than one area.

Members were interested in the performance indicators for the partnership and officers stated that it was 'in progress' as this was the first time that performance indicators had been pulled together for the partnership. It was also noted that a key outcome of these combined performance indicators was triangulation and understanding what combination of provision offers the best balance of service and value and that funding flows to the areas in which it is most needed.

Members questioned the postponement of the work on Community mental Health teams. Officers stated that the NHS had commissioned a national strategy and that this work was on-going. They have since produced a draft strategy on Community mental Health and the work of the partnership on this front was paused until the framework is published.

67. Tees Esk and Wear Valleys: Progress Report on New Mental Health Hospital in York (Haxby Road)

David Brown, the Interim Director of Operations to TEWV NHS Foundation Trust and Dr Steve Wright were in attendance to

update the committee on the progress on the new Mental Health Hospital on Haxby Road. Officers began by informing the committee that the development was on track and was due to be ready in April 2020. It was also noted why the discussions around other area patients coming to York was being considered, in particular around the change of bed use and the provision of community services also.

Mr Brown commented on the question from Ms Vardigans, stating that particularly around mixed sex wards, there need to be standards of separation and these are monitored by the Care Quality Commission. It was stated that it was possible to have mixed units where these standards are met and that there is an important balance between the provision of beds and the provision of community services that needed to be considered.

Members voiced concerns over the future proofing of this development and what the need for in-patient beds will be in 5 years time. Officers noted that they have attempted to factor this into the planning of this facility, to allow for adaptations as and when they are needed.

In response to Member questions, officers stated that they had received up to date estimates from Harrogate, based on their population, for the need for in-patient beds in the event that one is not provided in Harrogate. These figures were 12 for adults and 12 for older people, split between organic patients and patients with more complex mental health needs.

In response to a question regarding assurances that York residents would not be moved out of area as a result of these discussions, officers stated that this was not the purpose of the report. The report was focussed on addressing why it was felt that discussions around the sharing of this facility and the provision of further community services could be considered and the changing picture on the need for community services against beds. Officers noted that they were very mindful of the potential for people to be moved out of area however being able to further resource community initiatives could significantly improve the amount of people needing beds in the future as has already been shown from the outcomes achieved with the current limited resources in community initiatives.

Officers clarified the term 'in area', describing it as in the locality in which the patient lives and national guidance is around 50

kilometres. Officers also described some of the community provision planned as part of the development and noted the proposed involvement from York St. John.

68. Joint Health Scrutiny Meeting North Yorkshire County Council, Leeds County Council & City of York Council

The Chair asked for the agreement of the committee, for members of this committee to attend the Joint Health Scrutiny meeting with Leeds County Council and North Yorkshire County Council.

Resolved: That members formally nominate Cllrs Doughty, Taylor, Cullwick to attend the joint scrutiny meeting on 15 February 2019.

Reason: To comply with City of York Council Scrutiny protocols and procedures

69. Overview Report on Mental Health Crisis Support Services in York

Jackie Harrison addressed the committee regarding her concerns regarding crisis support services in York. Ms Harrison noted that, should she have need of a service outside the hours of the Mental Health Support Line, there would be nowhere adequate for her to go, in which she could speak to people that know and understand her, or receive the help she needs. Ms Harrison noted that accident and Emergency and her GP are not sufficient and do not provide the support that would be required in a moment of crisis.

June Tranmer then addressed the committee acknowledging that there are over 50 agencies in York providing support to people experiencing mental health issues, however with one in four people in York saying that they are experiencing mental health problems, the need is far greater than the services can provide. Ms Tranmer also noted the on-going strain on University counselling staff. Finally, Ms Tranmer spoke of the need for all the information needing to be in the report, particularly around the data on the need for in-patient mental health beds, that the speaker said is available through various organisations.

Cllr Craghill explained to the committee that she had concerns regarding the lack of a 24 hour crisis support line and explained that the services listed in the report do not provide this service. Cllr Craghill wished to know whether the change in service provided by the TEWV support line intended to fill the gap in provision for 24 hour phone support left by the Mental Health Support Line. Finally, Cllr Craghill asked the committee to set up a task group to look in more depth at the provision of crisis support services in York and the reduction in hours of the Mental Health Support Line.

Officers were present to answer Member questions on the issue of crisis support services in York.

In response to member questions, Officers stated that it was not a choice between trying to integrate services and provide the mental health support line. The Mental Health Support Line was not intended as a Crisis support line, and each of the users of that service has been contacted to discuss how the preventative support they were offered by that service can be provided.

Officers clarified that in paragraph 3, it should reflect that one in four people experience a mental health issue at some point in their lives. Officers also stated that they would report back to the committee with the details of the how the NHS Digital Adult Psychiatric Morbidity Survey was constructed so that the statistics can be viewed in context.

Officers spoke of the community mental health model which will reflect new national guidance on how community mental health teams should be formed. Officers stated there would be an event on 8 April that will bring that model to life.

Officers also mentioned in regard to the previous report that came to the committee on the Mental health Support Line, stating that the support line does have a purpose, particularly in a preventative nature of helping to support people with their coping strategies and to help prevent the need for crisis support.

The Chair noted the request from Cllr Craghill regarding the need for a task group and suggested that this is something that the future Health, Housing and Adult Social Care Policy and Scrutiny Committee continue to look at in the new municipal year.

70. Substance Misuse Review Final Report

The committee were presented with the final report from the Substance Misuse Scrutiny Review. Members of the task group noted their thanks to all parties who helped provide information to this review.

The Director of Public noted that there the decisions regarding public health funding come from a national cut to public health grants and this cost saving exercise has had to happen across all services.

Both officers and Members mentioned the importance of a joint commissioning approach and more co-ordination of services and the impact that this would have.

Members of the committee noted their thanks to the task group and all officers involved in the review.

The Director of Public Health requested two changes to the wording of the recommendations:

- Recommendation 4: wording to read “such an approach should be led by *the Director of Public Health.*”
- Recommendation 5: wording to read “facilitated by *the Director of Public Health*”

Resolved: Subject to the above changes, the committee endorsed the final report and review recommendations set out at paragraph 63 to be referred to the Executive.

Reason: To conclude the review in line with scrutiny procedures and protocols.

71. Work Plan

Members reviewed the work plan for this committee for the last meeting of the municipal year.

Members requested an update on the development of the Bootham Park site at the next meeting. Officers said that they would investigate the potential for an update.

Cllr P Doughty, Chair

[The meeting started at 5.30 pm and finished at 9.00 pm].

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

12 March 2019

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

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

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

Financial Analysis

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

Table 1: HHASC Financial Summary 2018/19 – Quarter 3

2018/19 Quarter Two Variation £000		2018/19 Latest Approved Budget			2018/19 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-47	ASC Prevent	7,904	2,092	5,812	-23	-0.4%
+305	ASC Reduce	12,036	4,236	7,800	+690	+8.9%
-43	ASC Delay	12,476	9,268	3,208	+166	+5.2%
+1,067	ASC Manage	49,692	16,357	33,335	+2,168	+6.5%
-696	ASC Mitigations				-1,511	
+586	Adult Social Care	81,884	31,685	50,199	+1,490	+3.0%
0	Public Health	7,605	8,211	-606	0	0%
-10	Housing and Community Safety	11,930	9,523	2,407	-60	-2.5%
+576	HHASC GF Total	101,419	49,419	52,000	+1,430	+2.8%
+90	Housing Revenue Account Total	39,839	33,423	6,506	-101	-0.3%

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

3. A net over spend of £830k is forecast for the directorate, mainly due to pressures within adult social care. This is a worsening of the position reported at quarter 2.
4. Pine Trees, a day support service for customers is forecast to underspend by £65k due in the main to securing additional Continuing Health Care (CHC) Income for two customers. Underspends are also forecast on the supported employment scheme at Yorkcraft (£98k). This is as a result of the DWP proof of concept pilot being undertaken in adult social care in partnership with United Response. Successful outcomes have resulted in a change in focus for employment as the project has supported or is continuing to support 31 people into and towards mainstream employment, work experience, and long-term sustainable voluntary work.
5. The personal support service, which provides care and housing support in the council operated independent living communities, is forecast to overspend by £253k due to additional staffing costs. The level of staffing needed in the independent living schemes has been reviewed and the overspend has reduced by £69k since monitor 2. There is an overspend of £651k on direct payments as there has been a reduction in the amount of unused payments recovered. Work is underway to review all direct payment accounts to determine what is recoverable, whether ongoing payments should be altered following large refunds and review the policy to ensure that our recovery procedure is robust and timely. In addition, a very expensive placement since the last report is likely to cost £261k in this financial year.
6. There is pressure on external step down beds (£166k). A small budget has been set previously to place people externally as the exception but there have been several high cost placements made to date this year which were the most cost effective option available at the time and the use of these beds is increasing. Older people's residential care is forecast to overspend by £189k on permanent placements and £96k on short term places, and older peoples nursing care is forecast to overspend by £285k due to an increase in both the number of customers and the complexity of support required. In addition, the lack of vacancies in the city means customers are having to be placed in more expensive placements.
7. The learning disability working age residential budget has got significantly worse since Qtr 2 with a £306k overspend now predicted as opposed to £71k at Qtr 2. This is due to non achievement of anticipated savings of £227k.
8. As previously reported, two homes have closed in the city. Moorlands and Amelia House gave notice to the council that they were shutting. The council successfully fulfilled its responsibility to find homes for over

50 residents. This is causing £431k of budget pressure as the capacity to provide homes for these people in the city was only available at a higher cost than previous placements. However the department is able to mitigate this pressure in 2018/19 from budget released by the closure of council run homes. The adult social care commissioning team works closely with independent care home providers in the city to help improve quality and reduce the risk of home closures.

9. The supported living for learning disability customers continues to be a budget pressure and is forecast to overspend by £622k. This is mainly due to higher than budgeted inflationary pressures, and increase in the number of voids and a delay in starting the work needed to deliver agreed budget savings. Colleagues are now reviewing the schemes, particularly those with void placements, to see if the scheme may be more suitable for customers who are in more expensive placements and are also reviewing levels of care provided to individual customers as well as securing more CHC income from the CCG. This overspend could increase by £313k if the mitigations around increasing CHC income, better void management and achieving some of the expected annual savings are not delivered.
10. A range of other minor variations make up the overall directorate position.
11. The Department has identified areas to mitigate the overspend to make every effort to bring it back to a balanced position. Dealing with the budget pressures is a standing item at DMT meetings with all options available to further mitigate the current overspend projection being explored. The following areas are being investigated for action by the end of the financial year:
 - Direct payments
 - i. Review all direct payment accounts to determine what is recoverable and whether ongoing payments need to be altered
 - ii. Ensure direct payment recovery procedure is robust and timely
 - iii. Review expensive packages of care
 - Continuing Health Care (CHC)
 - i. Review recent decisions where CHC has reduced but a significant commitment still exists with the council
 - ii. Chase outstanding cases with health
 - Supported living
 - i. Work with providers to limit price increases beyond inflationary levels
 - Better Care Fund / grant slippage

- i. Review spend on council run schemes to determine if any slippage that can support this years financial position
 - Other budgets
 - i. Review list of all temporary staff arrangements to consider whether they can be stopped / provided differently
 - ii. Restrict all discretionary spend and hold recruitment to vacant posts where possible and safe to do so
 - iii. Consider any potential to charge costs against capital schemes or reserves.
12. An extra £240m national funding was announced to help adult social care departments alleviate pressures felt in the care system over winter and York received £732k. This funding has been included in the overall projection.

Housing Revenue Account

13. The Housing Revenue Account budget for 2018/19 is a net cost of £6,416k due to the £10m investment from the working balance into providing new council houses. Overall, the account continues to be financially strong and is forecasting a small overspend of £101k meaning that the working balance will reduce to £23.1m at 31 March 2019 as outlined in the 2018/19 budget report. This compares to the balance forecast within the latest business plan of £22.3m.
14. The working balance is increasing in order to start repaying the £121.5m debt that the HRA incurred as part of self financing in 2012. The current business plan assumes that reserves are set aside to enable to the debt to be repaid over the period 2023/24 to 2042/43. Following the decision by Members to fund new Housing Development initiatives through the HRA this will impact the thirty year business plan and therefore updates of the business plan will be presented to members.

Performance Analysis

ADULT SOCIAL CARE

15. Much of the information in paragraphs 15 to 26 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 Q3" section of the web page.

16. A summary of the information discussed in paragraphs 15 to 26 can be found in the table below:

Measure	Frequency	Latest	2017-18 Q3	2018-19 Q3	Direction of Travel
Number of customers in long-term residential and nursing care at the period end (Snapshot)	Monthly	Dec 18	613	631	Deteriorating
Number of permanent admissions to residential and nursing care homes for older people (65+)	Monthly	Dec 18	74	61	Improving
Number of permanent admissions to residential and nursing care homes for younger people (18-64)	Monthly	Dec 18	8	6	Improving
Percentage of adults with a learning disability in paid employment	Monthly	Dec 18	8.44	8.73	Stable
Percentage of adults with a learning disability who live in their own home or with family	Monthly	Dec 18	78.29	77.43	Stable
Percentage of adults in contact with secondary mental health services in paid employment	Monthly	Nov 18	11.00	23.00	Improving
Percentage of adults in contact with secondary mental health services living independently, with or without support	Monthly	Nov 18	65.00	84.00	Improving
Average number of beds per day occupied by patients subject to delay transfers of care attributable to adult social care, per 100,000 adult population	Monthly	Dec 18	9.00	6.85	Improving
People supported to live independently through adult social care packages of care	Monthly	Dec 18	1,775	1,733	Neutral
People supported to live independently through adult social care prevention	Monthly	Dec 18	991	999	Neutral
Number of Supported self assessments completed	Quarterly	Dec 18	587	575	Neutral
Number of customers eligible to receive services following an assessment	Quarterly	Dec 18	452	424	Neutral
Percentage of people using adult social care who received self-direct support	Quarterly	Dec 18	99.92	99.92	Stable
Percentage of people using social care who receive direct payments	Quarterly	Dec 18	21.26	24.96	Improving
Number of completed safeguarding pieces of work	Quarterly	Dec 18	265	297	Neutral
Percentage of completed safeguarding S42 enquiries where report that they felt safe	Quarterly	Dec 18	94.29	92.53	Deteriorating

Residential and nursing admissions

17. 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.
18. The number of people in long-term residential and nursing care rose to 631 at the end of 2018-19 Q3, compared with 613 at the end of 2017-18 Q3. There were six admissions of younger adults (aged 18-64) and 61 admissions of older people to residential and nursing care in the third quarter of 2018-19. These are lower than in 2017-18 Q3 for younger people (eight admissions) and for older people (74 admissions), with the overall decrease 15 people; this continues the recent trend of numbers in residential and nursing care increasing because they are being helped to live longer lives.

Adults with learning disabilities and mental health issues

19. 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.
20. Our performance level during 2018-19 Q3 (on average, 8.7% of adults with a learning disability were in paid employment), is slightly higher than reported during 2017-18 Q3 where 8.4% of adults with a learning disability were in paid employment. Additionally, during 2018-19 Q3 on average 77.4% of adults with a learning disability were living in their own home or with family, which is marginally lower than the percentage reported in 2017-18 Q3 (78.3%). For those with mental health issues, on average 23% of this group were in paid employment during November 2018, which is a vast improvement on the corresponding 2017-18 Q3 figure of 11%. 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 84% of adults with mental health issues were in settled accommodation on average during November 2018 (a substantial increase on the figure reported at the end of 2017-18 Q3 (65%)).

Delayed Transfers of Care

21. 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.
22. Approximately 12 beds were occupied per day by York-resident patients because of DToC, attributable to ASC, during the third quarter of 2018-19. This is a substantially lower than the position in the third quarter of 2017-18, where 15 beds were occupied each day by York-resident patients subject to DToC. This is mainly due to reductions in the number of days patients are delayed because of waiting for home 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. NHS England have set challenging targets for health and social care systems across

the country to reduce DToC. DToC in the York system is considerably higher (i.e. performing worse) than its target, but around 60% of health and social care systems nationally are higher than their targets, so York is not unusual in that regard in having higher DToC levels than NHS England might wish.

Independence of ASC service users

23. 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.
24. During the third quarter of 2018-19, on average 1,733 people were supported to live independently by CYC Adult Social Care packages of care. This is a 2.3% decrease on the corresponding number in the third quarter of 2017-18 (1,775). There was an increase in the number of those supported to live independently by the use of preventative measures: this averaged 999 during the third quarter of 2018-19, compared with 991 in the third quarter of 2017-18. A reduction in care packages and an increase in preventative action are key aims of the ASC Transformation Programme, and this confirms that CYC is making good progress in ensuring that more appropriate care is available for those who need it.

“Front door” measures and how adults are supported financially

25. Under the Care Act 2014 Local Authorities have a responsibility to promote the wellbeing of those potentially in need of Adult Social Care support. The aim of this is to enable our citizens to live well for longer and maintain their independence; preventing, reducing and delaying the need for formal services. ASC in York is currently undertaking a remodel of the way in which information, advice and assessment are offered to our customers via the Future Focus programme, which focuses on a Community Led Support model. This aims to offer information and advice for people on living well in their communities at an earlier point than traditional “Care Management”, enabling self care, family and community support; where formal support is necessary, we aim to provide a proportionate response that enables self-determination and choice via means such as Direct Payments.
26. In the third quarter of 2018-19 we saw positive progress made in the implementation of our Future Focus programme with a total of 575 supported self-assessments completed, a decrease from the number assessed in the same quarter a year earlier (587). Of these 575 people, 424 were eligible to receive a service from CYC, a decrease from the 452 that were eligible to receive a service in the third quarter of 2017-18,

demonstrating that we are supporting customers to meet their needs in alternative ways, using their own strengths and those of their communities, remaining independent for longer. Almost all (99.92%) of those using social care received self-directed support during the third quarter of 2018-19 – a percentage unchanged from the corresponding quarter in 2017-18. The percentage receiving direct payments increased to 25% in the third quarter of 2018-19, compared with 21.3% in the third quarter of 2017-18.

Safety of ASC service users and residents

27. 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.
28. In the third quarter of 2018-19 there were 297 completed safeguarding pieces of work, which is a 12% 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 fell slightly, from 94% during 2017-18 Q3 to 93% during 2018-19 Q3. Historically, over 90% of safeguarding enquiries conclude with the subject, where they give their opinion, reporting that they felt safe following them.

PUBLIC HEALTH

29. Further information relating to paragraphs 30-49 can be found on Public Health England's "Fingertips" site, which is available at

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

A summary of the findings in paragraphs 27-46 is given in the table on the following page. The Public Health information, as with the Adult Social Care information, generally compares the latest position with that from a year earlier. Where this information is not available, the comparison is made with the previous quarter.

Measure	Previous data	Value	Latest data	Value	Detail
Directly Commissioned Public Health services					
Percentage of NHS Health Checks offered to the total eligible population in the quarter	2017-18 Q3	0.1	2018-19 Q3	6.3	Improving
Percentage of NHS Health Checks offered which were taken up in the quarter	2017-18 Q3	100.0	2018-19 Q3	11.7	Deteriorating
Percentage of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	18 months to Dec 2017	7.8	18 months to Dec 2018	4.7	Deteriorating
Percentage of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	18 months to Dec 2017	30	18 months to Dec 2018	31.5	Improving
Percentage of alcohol users in treatment who successfully completed treatment (without representation within 6 months)	18 months to Dec 2017	34.1	18 months to Dec 2018	33.1	Stable
Number of first-time service users of specialist Sexual Health services	2018-19 Q2	1,018	2018-19 Q3	1,455	Neutral
Percentage of chlamydia tests that proved to be positive	2018-19 Q2	7.7	2018-19 Q3	7.7	Neutral
Number of women requiring contraception from Sexual Health Services	2018-19 Q2	2,101	2018-19 Q3	2,018	Neutral
Other Public Health indicators					
Percentage of adults classified as overweight or obese	2015-16	59.4	2016-17	60.4	Deteriorating
Percentage of adults estimated to be physically active	2015-16	66.7	2016-17	72.0	Improving
Percentage of women who smoke at the time of delivery (Vale of York CCG area)	2017-18 Q2 to 2018-19 Q1	10.1	2017-18 Q3 to 2018-19 Q2	10.5	Stable
Percentage of adults estimated to smoke	2016	12.6	2017	9.0	Improving
Percentage of adults employed in routine and manual occupations estimated to smoke	2016	26.4	2017	24.6	Improving
Number of admissions, per 100,000 adults, to hospital for treatment of alcohol-related conditions (narrow definition)	2016-17	691	2017-18	724	Deteriorating
IAPT referrals: rate per 100,000 population aged over 18 (Vale of York CCG area)	2018-19 Q1	363	2018-19 Q2	390	Improving
Number of people recorded as having died from suicide	July 2016 to June 2017	21	July 2017 to June 2018	18	Improving
Estimated percentage of people with dementia that have been diagnosed	2017	60.4	2018	62.2	Improving

Directly Commissioned Public Health services

Wellbeing (NHS Health Checks)

30. 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.

31. During the third quarter of 2018-19, 6.3% of the eligible population were offered an NHS Health Check, which is a higher percentage than that in the previous quarter a year earlier, where 0.1% of the eligible population were offered one. Of those offered an NHS health check in 2018-19 Q3, 12% of them were taken up, which is a decrease from that reported in 2017-18 Q3 (100%), but very few Health Checks were offered and taken up in that quarter. The percentage both offered and taken up has increased in recent quarters following the introduction of text messaging from GP practices notifying people of their entitlement to health checks.

Successful completions of Drug and Alcohol Treatment (without representation)

32. 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.
33. In the latest 18 month monitoring period to December 2018, 4.7% of opiate users who were in treatment successfully completed it and did not represent within six months; this is lower than in the 18 months to December 2017 (7.8%). Of non-opiate users, 32% of clients successfully completed treatment and did not represent in that time period; this is higher than the rate reported at the end of the corresponding period of a year earlier (30%). Of those clients that had been in treatment for alcohol misuse, 33% of them had successfully completed it without representing within six months, which is slightly lower than the corresponding percentage reported at the end of December 2017 (34%).
34. The service model is under review and may impact on the outcomes of those clients accessing drug and alcohol treatment programmes, and it will recommend a way forward that minimises the impact for residents. Work is also being undertaken, operationally, to mitigate the effect of the review with the aim of minimising the impact to recipients of the service, and ensure clinical safety is maintained for those receiving medical care. A greater emphasis on “full” recovery, thus living drug- and alcohol-free is the core aim, with a growth in local community support and the development of pathways into lifestyles that support abstinent living.

Sexual health

35. 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.

36. In the third quarter of 2018-19 there were 1,455 first time service users of specialist Sexual Health services in York. This is an increase from 2018-19 Q2 (1,018). There were 722 chlamydia tests undertaken in 2018-19 Q3, of which 58 (8%) were positive; this is an increase from the 442 tests undertaken in 2018-19 Q2, of which 34 (8%) were positive. There were 2,018 women who required contraception from Sexual Health services in 2018-19 Q3, a decrease from 2,101 in 2018-19 Q2.

Other Public Health Issues

Adult Obesity / Participation in Sport and Active Leisure

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. The same survey produced an estimate that 72% of York's adults were physically active, which is higher than the 2015-16 estimate (67%) and was also higher than the rates both regionally (65%) and nationally (66%).

Smoking: pregnant mothers

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

Smoking: general population

41. 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.
42. The latest (2017) estimated smoking prevalence amongst people aged 18 or over in York is 9%, which compares favourably with the rates nationally (14.9%) and in the Yorkshire and Humber region (17%). This is taken from the Annual Population Survey. It was 12.6% in 2016, so it is decreasing in York. Amongst those working in routine and manual occupations, the estimated current smoking prevalence is 24.6% in York, which is lower than both the national (25.7%) and regional (28.2%) rates. It is also decreasing – it was 26.4% in 2016.
43. During 2017-18, in York, 149 people were seen by a smoking cessation advisor. Of these, 92 went on to set a “quit” date and 52 had quit smoking at the four week follow-up.

Alcohol-related issues

44. 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.
45. During 2017-18, the latest time period for which data is available, there were 724 admissions, per 100,000 adults, to hospital of York residents for treatment of alcohol-related conditions. This compares with a regional rate of 697 per 100,000 adults, and a national rate of 632 per 100,000 adults. It has increased from the 2016-17 rate (691 admissions per 100,000 adults).

Mental health and suicide

46. 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.

47. In the Vale of York CCG area, 1,335 people aged 18 or over were referred to Improving Access to Psychological Therapies (IAPT) in 2018-19 Q2. This is a rate of 455 per 100,000 adults, and is significantly lower than both the national (868 per 100,000 adults) and the regional (852 per 100,000 adults) rates. It is, however, a slight increase on the rate reported in 2017-18 Q1 (412 per 100,000 adults). This information is not reported at LA level.
48. There has been a fall in the number of deaths from suicide in York. In the year to June 2018, 18 people had died from suicide, compared with 21 in the year to June 2017.
49. It was estimated during 2018 that 62% of all people with dementia in York have been diagnosed. This is a lower percentage than found regionally (71%) and nationally (68%). It has increased from the 60% reported during 2017.

Recommendations

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

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

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Report
Approved



Date 28 February 2019

Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers

2018/19 Finance and Performance Monitor 2 Report, Executive 14 February 2019

Abbreviations

ASC – Adult Social Care

CHC - Continuing Health Care

CCG- Clinical Commissioning Group

CYC- City of York Council

DMT- Departmental management Team

DTOC – Delayed Transfer of Care

DWP- Department of Works and Pension

GF- General Fund

HHASC- Health Housing, Adult and Social Care

HRA- Housing Revenue Account

IAPT- Improving Access to Psychological Therapies

LA- Local Authority

MH- Mental Health

NHS – National Health Service

TEWV- Tees, Esk, Wear Valleys Foundation Hospital Trust



Health, Housing & Adult Social Care Policy & Scrutiny Committee**12 March 2019**

Report of Director of Health, Housing & Adult Social Care

Safer York Partnership Bi-Annual Report**Summary**

1. In 2017, it was agreed that a report outlining the work that has been delivered through Safer York Partnership against the Community Safety Strategy would be reported to the Health, Housing and Adult Social Care Policy and Scrutiny Committee on a bi-annual basis. This report is the year end report for 2018-19 and outlines the work that has been delivered against each of the partnership's strategic priorities.
2. With the introduction of the Community Safety Strategy 2017-20, Safer York Partnership implemented a new performance monitoring regime. This is based on delivery of outcomes by partners to demonstrate the 'added value' the community safety partnership brings to mainstream delivery of work that contributes to the partnership's priorities. Whilst the partnership considers police crime data and responds where hot spots or an increase in a crime type is emerging, performance is no longer driven by police performance data.
3. It should also be noted that due to changes in the way police data is supplied to the local authorities and the introduction of tighter data access control, CYC no longer routinely receives data recorded by the Police. This is being addressed by the Head of Business Intelligence, working with North Yorkshire Police to determine how we will receive data in future. A number of datasets, where data can be sourced from alternative national sources are within Annex 1.

Safer York Partnership Priorities

4. Safer York Partnership identified the following strategic priorities within its three year Community Safety Strategy 2017-20:

Strategic Priority	Lead Agency
Road & River Safety	North Yorkshire Fire & Rescue
Keeping the City Centre Safe	North Yorkshire Police
Protecting People from Harm	CYC Safeguarding Adults & Children
Tackling Anti-social Behaviour	CYC/NYP Community Safety Hub
Serious Organised Crime	North Yorkshire Police
Tackling Substance Misuse	Public Health

Road and River Safety

- 5 North Yorkshire Fire and Rescue chair the River Safety Task Group. The group have continued to deliver awareness raising events about the dangers of the river and in particular the consequences of entering the river when alcohol has been consumed. These messages are also shared via social media on a regular basis.
- 5.1 Road Safety is delivered through the 95 Alive Partnership which is made up of representation from North Yorkshire County Council, City of York Council, Scarborough and Harrogate District Councils, The Yorkshire Ambulance Service, North Yorkshire Fire and Rescue and the Yorkshire Air Ambulance.

Keeping the City Centre Safe

Operation Safari

- 6 Operation Safari focuses on a partnership approach to tackling incidents related to the night time economy. Work continues with the ambulance service, British Transport Police, Licensing, Fire and Rescue, the Universities and Street Angels to provide support to those who are vulnerable due to excessive alcohol.

Operation Erase

- 6.1 Operation Erase is a multi-agency initiative that has been running for three years and is aimed at tackling alcohol related anti-social behaviour late on Saturday afternoons. It is overseen by a multi-agency task group

chaired by North Yorkshire Police and which meets bi-monthly. The group aims to maintain and seek to improve the reputation of York as one of the best cities in the country; improve public perception and communicate effectively with residents to encourage them to visit the city centre. Success is measured through police data on reports of ASB between 10:00 and 20:00 each Saturday, web-chat, feedback from residents and visitors through Make It York, Feedback from business via the BID and analytical research carried out by North Yorkshire Police. The group organise multi-agency days of action throughout the summer and Christmas periods and are working to develop and deliver a new communications message to replace “HAD ENOUGH”. This new message will concentrate on the positive aspects of visiting York whilst trying to encourage visitors not to engage in anti-social behaviour.

City Centre Hot Spot

- 6.2 The City Centre Hot Spot Group focuses on all community safety issues relating to York’s city centre. Meetings are well attended by a range of partners including Make It York and the Business Improvement District. Regular joint patrols involving the Neighbourhood Enforcement Team, BID Rangers and North Yorkshire Police focus on engaging with stakeholders and working together to tackle issues of crime and anti-social behaviour. A monthly nominals meeting has been established to identify and discuss individuals who are committing the most serious forms of anti-social behaviour and criminality in the city centre. This allows for targeted and co-ordinated multi-agency enforcement action to be taken.
- 6.3 The Neighbourhood Enforcement Team is now in the final stages of work with Make It York to develop a joint approach to complaints received about busking and street entertainers. In addition, work is ongoing to update the Guide to Busking In York document. The emphasis of this work is on reasonableness and proportionality. All partners recognise that busking and street entertainment plays a valuable role in contributing to the vibrancy of the city centre, but that consideration must also be given to ensure that it does not have a negative impact on businesses and visitors. Enforcement action will only be taken when complaints cannot be resolved through informal discussions. This work should be completed by June 2019 following consultation with the busking/street entertainment community.

Business Crime

- 6.4 York Business Against Crime is extending its remit to incorporate information sharing in relation to a wider range of criminal and anti-social behaviour. It is currently in the process of procuring a new Radio system which will be used to link businesses with the CCTV control room in West Offices and the police. It will also support work on counter terrorism, providing a communication method between businesses in the event of any serious incident or terrorist attack taking place in York.

Counter Terrorism

7. The Counter Terrorism Task Group (CTTG) has revised its monthly meetings to quarterly in recognition that much of the work is now embedded in core services. Monthly training and awareness events took place throughout 2018 and will continue over the next twelve months. To date these events have been targeted at Education, Health, City of York Council, Businesses, Retailers, Tourist Attractions and hoteliers. Future events will include public transport providers.
- 7.1 The CTTG is overseeing the implementation of a programme of physical security measures in the city centre. It is also focusing on the risk associated with all major events which take place in the city and which attract large crowds. Working closely with the North East Counter Terrorism Unit, all visitor attractions and businesses which have a high footfall have been engaged with and support given to carry out risk assessments and produce emergency plans.

Protecting People from Harm

8. Operational Lead Officers and the Chairs of the Community Safety Partnership and Safeguarding Boards meet regularly. Work has continued to identify shared themes and training opportunities particularly in relation to PREVENT and Modern Slavery.

Domestic Abuse

- 8.1 The York and North Yorkshire Domestic Abuse Strategy has been approved by Safer York Partnership. It will be officially launched at a practitioners conference taking place at The Pavillions Harrogate on 25th March 2019. The Domestic Abuse Operational Group (sub-group to the York & North Yorkshire Domestic Abuse Joint Co-ordinating Group) has drafted an action which has also been approved and is now being

implemented. This action plan includes new areas of work in relation to supporting couples who wish to remain together, overseeing the Multi-agency Risk Assessment Conference (MARAC) process and focus on Stalking and Harassment as a key factor in many domestic abuse cases.

- 8.2 A new commissioning process has been implemented which has streamlined service provision. New services started on 1st March and will be monitored through the Joint Co-ordinating Group.

Prevent

- 8.3 Work has been undertaken to review the Channel Process for York. A standing Channel Panel comprised of key agencies now meets monthly to monitor and review cases. The referral process has been streamlined to dovetail with existing Safeguarding referral practices rather than being managed as a separate process.

Tackling Anti-social Behaviour

9. The Community Safety Hub has successfully dealt with a number of complex anti-social behaviour cases which have resulted in positive enforcement action being taken. Joint working between the Neighbourhood Enforcement Team, Anti-social Behaviour Team and the police is continuing to work well and is enabling the highest risk and vulnerability cases to be dealt with quickly. Enforcement action has resulted in four premises closures, and a number of evictions and possessions being granted. This work is supported by multi-agency hot spot groups in the locations where anti-social behaviour levels are highest enabling partners to deliver a multi-agency problem solving approach. As new hot spots are identified, multi-agency action days are arranged to provide the police, community safety, housing officers and other partners with the opportunity to engage directly with the community through door to door visits. This approach has been welcomed and has enabled residents to discuss with partners their particular concerns about the area in which they live.

9.1 *#Binit Campaign – Dog Fouling and Litter*

The Neighbourhood Enforcement Team launched the above campaign in January 2019. It aims to encourage residents to 'bin' litter and dog waste. The team is working with colleagues in the Communities and Equalities and Housing teams to role this out to wards. In order for the team to increase opportunities for enforcement action, communities are

being asked to assist by providing officers with witness statements or information on hot-spot times and locations to enable officers to target enforcement patrols more effectively. In Westfield Ward the team have been able to contribute to work undertaken by the Good Gym to highlight hot-spot areas and were able to patrol and letter-drop a number of streets where dog fouling was prevalent.

9.2 *Crime Not to Care*

Work is ongoing through the above campaign to educate York residents of the requirement to ensure that anyone they use to remove waste on their behalf is licensed to do so. A Fixed Penalty Notice for this offence will also be introduced to support this.

9.3 *Operation Eyeball – Joint Working to tackle fly tipping across York & North Yorkshire*

Joint work with the police, partner organisations and local authorities across North Yorkshire and East Riding continues. Co-ordinated Stop and Search operations were held in partnership with North Yorkshire Police during September and November 2018. Twenty three vehicles were stopped and checked for waste in York in September as part of this operation with 17 notices served requiring evidence of the authority to carry waste or provide waste documentation. In November, 14 vehicles were stopped with 7 notices being served. Further operations are planned during 2019.

9.4 *Working with the Youth Offending Team*

The Neighbourhood Enforcement Team has recently worked with the Youth Offending Team and North Yorkshire Police to develop a proportionate and escalating approach to anti-social behaviour enforcement, with encouragement for increased early intervention and information action in the form of Acceptable Behaviour Contracts. The Youth Offending Team's triage system and Diversion scheme are utilised prior to consideration of the use of more formal enforcement through the issuing of Community Protection Notices. This work is ongoing.

Serious Organised Crime

10. The police are the lead agency for Serious Organised Crime. Multi agency work is managed through a multi-agency county and citywide Serious Organised Crime Board with operational delivery through a multi-agency disruption panel. Partnership work to share information and intelligence that may assist in disrupting organised crime groups has strengthened throughout the last twelve months.

10.1 County Lines has been an emerging issue for York. Gangs are progressively found to be involved in drug lines within York which brings the associated risk of increased violence, the use of weapons, the criminal exploitation of children and the cuckooing of vulnerable people. In an attempt to raise awareness and understand the true scale of this issue, Safer York Partnership has recently engaged with the Home Office Violence and Vulnerability Unit, a small national team of gang/county line/community safety experts who have been commissioned to deliver targeted support to local areas who are being adversely affected by county lines and the associated violence and exploitation of vulnerable people. This support will take the form of a locality review which will be carried out in April 2019, generating a report and recommendations to inform local multi-agency action.

Modern Slavery and Human Trafficking

10.2 The Modern Slavery Partnership continues to meet quarterly. Modern Slavery is a theme at the York and North Yorkshire Safeguarding Conference taking place in June during Safeguarding Awareness Week. Training has been delivered to front line services in how to recognise signs of Modern Slavery and how to report suspicious activity or concerns. The Chartered Institute for Environmental Health are holding a conference on Modern Slavery in York on 11th March at which we will be presenting on local initiatives.

Tackling Substance Misuse

10.3 There are clear links between many aspects of the health and wellbeing agenda and community safety. Substance misuse (whether drugs or alcohol) is strongly linked to both crime and disorder. Substance misuse can also make some people more vulnerable and therefore at risk of becoming victims of crime. The Community Safety Hub works closely with Public Health to ensure that the education, awareness and support services are incorporated in delivery of multi-agency approaches to tackling the consequences of substance misuse and excessive alcohol consumption.

10.4 Substance misuse services (including alcohol treatment) are delivered through a contract with Changing Lives in partnership with Spectrum Health. The Community Safety Hub works closely with support services to ensure that support is offered to those in need of support. This includes joint working to provide support to those who are homeless and

the inclusion of requirements to engage with support services where enforcement action is required to deal with prolific offenders.

Work is ongoing with Changing Lives and Public Health to reduce the number of discarded needles. This includes the distribution of needle bins and signposting to needle exchange schemes.

Council Plan

11. The Community Safety Strategy links to the following priorities within the Council Plan 2015-19:
- **A focus on frontline services** – to ensure all residents, particularly the least advantaged, can access reliable services and community facilities
 - **A council that listens to residents** – to ensure it delivers the services they want and works in partnership with local communities

Implications

12. In producing this report the following implications have been considered:
- **Financial** – none identified
 - **Human Resources (HR)** – none identified
 - **Equalities** – none identified
 - **Legal** Safer York Partnership is a statutory partnership identified within the Crime and Disorder Act 1998
 - **Crime and Disorder** - Safer York Partnership supports the Council's discharge of its crime and disorder duties under the Crime and Disorder Act 1998
 - **Information Technology (IT)** - none identified
 - **Property** – none identified
 - **Other**
- No other implications identified

Risk Management

13. There are no identified risks relevant to this report.

Conclusions

14. The Police and Justice Act 2006 introduced a clear role for Overview and Scrutiny Committees in overseeing the work of Community Safety Partnerships and their constituent partners. Under the council's scrutiny arrangements bi-annual performance reports from Safer York Partnership are presented to the Scrutiny and Policy Committee.

Recommendation

15. Members are asked to note and comment on the contents of this report.

Reason

16. To update Members on the performance of the Safer York Partnership.

Contact Details

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Report Approved **Date**

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex 1 – Safer York BI-Annual Report Statistics

Background Papers

Community Safety Strategy 2017-20

Abbreviations

CYC- City of York Council

NYP- North Yorkshire Police

BID- Business Improvement District

MIY- Make it York

ASB- Anti-Social Behaviour

MARAC- Multi Agency Risk Assessment Conference

NEO- Neighbourhood Enforcement Officer

NYCC- North Yorkshire County Council

NFU- National Farmers Union

PSPO- Public Space Protection Orders



Safer York Board 2018/2019

Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub March 2019

			Previous Years			2018/2019				Polarity	DOT	
			2015/2016	2016/2017	2017/2018	Q1	Q2	Q3	Q4			
1. Crime Prevention	CSP01	All Crime	Monthly	12,015	11,221	11,958	3,429	3,307	3,499	-	Up is Bad	▲ Red
		All Crime per 1000 population	Monthly	50.93	54.24	57.71	16.46	15.89	16.81	-	Up is Bad	▲ Red
		Benchmark - National Data	Monthly	-	73.64	82.65	22.32	22.37	21.98	-		
	CSP10	Burglary of a Non-Dwelling	Monthly	777	525	329	76	83	95	-	Up is Bad	◀▶ Neutral
	CSP12	Criminal damage (excl. 59)	Monthly	1,612	1,526	1,535	410	399	391	-	Up is Bad	◀▶ Neutral
	CSP03	Domestic burglary (incl. attempts)	Monthly	448	404	668	150	152	217	-	Up is Bad	◀▶ Neutral
	CSP15	Overall Violence (Violence Against Person Def.)	Monthly	2,513	2,509	3,188	1,033	1,036	1,109	-	Up is Bad	▲ Red
	CSP19	Shoplifting	Monthly	1,401	1,409	1,778	399	374	413	-	Up is Bad	▼ Green
	CSP04	Theft from a vehicle (incl. attempts)	Monthly	548	426	364	104	75	77	-	Up is Bad	◀▶ Neutral
	CSP40	Theft from person	Monthly	209	217	171	54	59	81	-	Up is Bad	▲ Red
	CSP11	Theft or unauthorised taking of a cycle	Monthly	1,066	898	722	163	248	219	-	Up is Bad	◀▶ Neutral
2. ASB/Communities	CSP13	NYP Recorded ASB Calls for Service	Monthly	8,997	8,860	8,225	Tbc	Tbc	Tbc	-	Up is Bad	◀▶ Neutral
	ASBH01	New Cases recorded by ASB Hub (from Feb 2015)	Monthly	1,172	799	256	45	73	55	-	Neutral	◀▶ Neutral
	CSP24	Number of Alcohol related ASB incidents	Monthly	1,749	1,495	1,355	NC	NC	NC	-	Up is Bad	◀▶ Neutral
	CSP28	Number of Incidents of ASB within the city centre ARZ	Monthly	2,305	2,175	1,934	497	570	527	-	Up is Bad	◀▶ Neutral
	CSP28b	Number of Incidents of Alcohol Related ASB within the city centre ARZ	Monthly	NC	836	BC	NC	NC	NC	-	Up is Bad	◀▶ Neutral
	CSP29a	Number of Incidents of ASB within the CIZ	Monthly	1,518	1,399	1,115	241	274	257	-	Up is Bad	◀▶ Neutral
	CSP29b	Number of Incidents of Alcohol Related ASB within the CIZ	Monthly	-	594	NC	NC	NC	NC	-	Up is Bad	◀▶ Neutral
	CSP27	Number of Incidents of Violent Crime Within the ARZ	Monthly	720	662	874	226	240	273	-	Up is Bad	▲ Red
CSP29	Number of Incidents of Violent crime within the CIZ	Monthly	587	514	644	137	151	167	-	Up is Bad	◀▶ Neutral	



Safer York Board 2018/2019

Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub March 2019

			Previous Years			2018/2019				Polarity	DOT	
		Collection Frequency	2015/2016	2016/2017	2017/2018	Q1	Q2	Q3	Q4			
	FLT01	Number of fly-tipping reports for cleansing	Monthly	1,558	1,824	1,740	411	475	355	-	Neutral	◀▶ Neutral
	FLT02	Number of warning letters issued (Duty of Care over Waste)	Monthly	151	90	188	24	37	32	-	Neutral	◀▶ Neutral
	FLT03	Number of statutory notices issued (Unlawful Waste Carriers)	Monthly	43	94	68	14	26	20	-	Neutral	◀▶ Neutral
	FLT05	Number of duty of care inspections carried out (Business visits)	Monthly	36	93	68	14	26	20	-	Neutral	◀▶ Neutral
3. Vulnerability	CSP51	Number of Reports of Domestic Abuse Incidents reported to NYP	Monthly	2,858	3,140	-	-	-	-	-	Up is Bad	▲ Red
	TF2-A01	Number of Troubled Families (Families identified with 2 or more headline criteria)	Quarterly	500	742	891	934	965	1,025	-	Up is Good	▲ Green
	TF2-A01i	Number of Troubled Families On-Programme (New for 2016/17)	Quarterly	-	474	618	651	692	746	-	Up is Good	▲ Green
	TF2-A02	% of Troubled Families who have achieved an outcome	Quarterly	0.00%	6.00%	10.00%	10.00%	14.00%	15.00%	-	Up is Good	▲ Green
	TF2-F01	Number of Troubled Families not achieving outcomes because of parents and children involved in crime or anti-social behaviour	Quarterly	-	165	191	184	171	165	-	Up is Bad	▼ Green
	TF2-F05	Number of Troubled Families not achieving outcomes because of domestic violence and abuse	Quarterly	-	125	149	158	161	178	-	Up is Bad	◀▶ Neutral
	CSP23	Hate Crimes or Incidents as Recorded by NYP	Monthly	141	189	180	35	24	24	-	Up is Bad	◀▶ Neutral
	PHOF76	% of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	5.50%	9.39%	6.30%	5.52%	5.29%	-	-	Up is Good	▼ Red
		Benchmark - National Data	Quarterly	6.80%	6.63%	6.61%	6.50%	6.28%	-	-		
	PHOF77	% of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	31.10%	38.08%	32.11%	30.33%	26.61%	-	-	Up is Good	▼ Red
Benchmark - National Data		Quarterly	37.30%	37.13%	36.61%	36.90%	36.37%	-	-			
TAP20	% of panel who agree that York is a safe city to live in, relatively free from crime and violence	Quarterly	NC	77.03%	70.51%	73.2%	NC	77.2%	NC	Up is Good	◀▶ Neutral	
	% of panel who disagree that York is a safe city to live in, relatively free from crime and violence	Quarterly	NC	12.80%	17.52%	14.1%	NC	10.3%	NC	Up is Bad	◀▶ Neutral	
TAP21	% of panel who think that hate crime is a problem in their local area	Quarterly	NC	5.42%	3.85%	4.2%	NC	3.7%	NC	Up is Bad	◀▶ Neutral	



Safer York Board 2018/2019

Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub March 2019

			Previous Years			2018/2019				Polarity	DOT	
			2015/2016	2016/2017	2017/2018	Q1	Q2	Q3	Q4			
Resident and Corporate Surveys	TAP21	% of panel who think that hate crime is not a problem in their local area	Quarterly	NC	87.15%	83.30%	84.8%	NC	81.8%	NC	Up is Good	◀▶ Neutral
	TAP22	% of panel who think that noisy neighbours or loud parties are a problem in their local area	Quarterly	NC	10.87%	9.85%	10.8%	NC	12.3%	NC	Up is Bad	◀▶ Neutral
		% of panel who think that noisy neighbours or loud parties are not a problem in their local area	Quarterly	NC	87.32%	87.79%	87.3%	NC	85.3%	NC	Up is Good	◀▶ Neutral
	TAP23	% of panel who think that people hanging around on the streets is a problem in their local area	Quarterly	NC	18.53%	20.22%	17.8%	NC	16.6%	NC	Up is Bad	◀▶ Neutral
		% of panel who think that people hanging around on the streets is not a problem in their local area	Quarterly	NC	79.23%	76.34%	79.9%	NC	79.3%	NC	Up is Good	◀▶ Neutral
	TAP24	% of panel who think that rubbish or litter lying around is a problem in their local area	Quarterly	NC	38.79%	39.27%	43.8%	NC	39.5%	NC	Up is Bad	◀▶ Neutral
		% of panel who think that rubbish or litter lying around is not a problem in their local area	Quarterly	NC	61.01%	60.09%	56.0%	NC	60.1%	NC	Up is Good	◀▶ Neutral
	TAP25	% of panel who think that vandalism, graffiti and other deliberate damage to property or vehicles is a problem in their local area	Quarterly	NC	19.40%	16.03%	18.5%	NC	16.8%	NC	Up is Bad	◀▶ Neutral
		% of panel who think that vandalism, graffiti and other deliberate damage to property or vehicles is not a problem in their local area	Quarterly	NC	77.40%	79.91%	76.6%	NC	78.5%	NC	Up is Good	◀▶ Neutral
	TAP26	% of panel who think that people using or dealing drugs is a problem in their local area	Quarterly	NC	19.11%	17.20%	21.6%	NC	18.3%	NC	Up is Bad	◀▶ Neutral
		% of panel who think that people using or dealing drugs is not a problem in their local area	Quarterly	NC	62.37%	57.42%	54.3%	NC	56.1%	NC	Up is Good	◀▶ Neutral
	TAP27	% of panel who think that people being drunk or rowdy in public places is a problem in their local area	Quarterly	NC	28.28%	29.53%	29.8%	NC	29.7%	NC	Up is Bad	◀▶ Neutral
		% of panel who think that people being drunk or rowdy in public places is not a problem in their local area	Quarterly	NC	66.87%	64.87%	64.7%	NC	63.4%	NC	Up is Good	◀▶ Neutral
	TAP28	% of panel who think that abandoned or burnt out cars are a problem in their local area	Quarterly	NC	2.02%	0.65%	1.9%	NC	2.4%	NC	Up is Bad	◀▶ Neutral
		% of panel who think that abandoned or burnt out cars are not a problem in their local area	Quarterly	NC	89.92%	90.48%	87.6%	NC	85.7%	NC	Up is Good	◀▶ Neutral

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Health, Housing & Adult Social Care Policy & Scrutiny Committee**12 March 2019**

Report of the Assistant Director – Joint Commissioning

Introduction to Health and Social Care Integration**Summary**

1. This paper has been written to support an initial discussion on the approaches to health and social care integration, with examples of what we are doing in York to join up care and support for people who need it.
2. The paper also gives an indication of the challenges to integration we currently experience, and areas where we are making stronger progress.

Background

3. Integration is not a goal in its own right, but the means to achieving the goal of better outcomes for people.

'People need health, social care, housing and other public services to work seamlessly together to deliver better quality care. More joined-up services help improve the health and care of local populations and may make more efficient use of available resources.'

[Department for Communities and Local Government and Department of Health (2017) *Integration and Better Care Fund Policy Framework 2017–19*. London: DCLG & DH. P 5]

4. The illustration below, taken from the same document (p 8), has been included in the Better Care Fund Performance and Delivery Group Terms of Reference as a simple reminder of the main purpose of the fund.

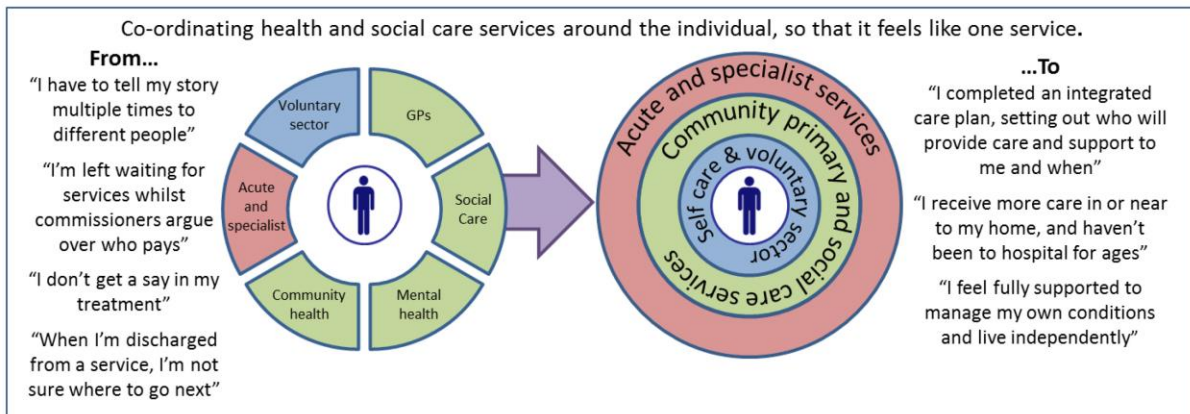


Figure 1: Co-ordinating health and care services around the individual

5. The scrutiny committee received a report in September 2018 about the Care Quality Commission (CQC) Local System Review (LSR) of York which had taken place in 2017, and was then followed by a progress review in November 2018. The CQC methodology was designed to examine how well the various services in an area joined up around an older person needing care and support, to ensure they remained as independent as possible, experiencing a seamless response in times of need.
6. As described succinctly in their 2018 report, 'Beyond Barriers':

'Health and social care organisations should work together to deliver positive outcomes for people and ensure that they receive the right care, in the right place and at the right time.'

[Care Quality Commission, 2018, *Beyond Barriers*, p.4)

Strategic Aspects of Joint Working

7. The paragraphs below offer an overview of the strategic aspects of integration, together with some examples of how it works in York.

Regulation and Legislation:

8. For health and social care to work in a truly joined up way, organisations (local and national) need to work in partnership from top to bottom. Successive governments have set the policy direction for closer working through Green / White Papers and Acts of Parliament. Notably:
 - The Health Act, 1999, introduced flexibilities to allow the National Health Service (NHS) and local authorities to pool budgets as a means of joint planning and commissioning of services, and

- The Care Act, 2014, which states a council must exercise its functions with a view to ensuring the integration of care and support provision with health provision and health-related provision, and places a general duty of cooperation on local authorities in exercising their functions relating to adults with needs for care and support, and their carers.
- The Care Act, 2014 made Safeguarding Adults Boards a statutory requirement, while The Health and Social Care Act, 2012, placed Health and Wellbeing Boards on a statutory footing.

Vision and Strategy

9. The NHS Long Term Plan 2019 sets out a range of measures to encourage more joined up care. For example, through the evolution of Sustainability and Transformations Partnerships (STP) into new Integrated Care Systems (ICS) and Integrated Care Partnerships (ICP), working across regional, sub-regional and locality footprints, commissioners will make shared decisions with providers on how to use resources, design services and improve population health. As Chapter 7 states:

‘ . . . the success of our Plan depends mainly on collective endeavour .’
[Department of Health and Social Care (DHSC), 2019,
The NHS Long Term Plan, p112]

10. Locally, the Joint Health and Wellbeing Strategy 2017-22 sets out our high level, shared vision for people to enjoy the best possible health throughout their lives. It is supported by the continual development of the Joint Strategic Needs Assessment (JSNA), and underpinned by several ‘customer group’ joint strategies:
- All Age Mental Health Strategy
 - All Age Autism Strategy
 - All Age Learning Disability Strategy
 - Carers’ Strategy (current consultation)

Governance and Assurance

'The Acts of Parliament that currently govern the NHS give considerable weight to individual institutions working autonomously . . .'

[DHSC, 2019, *The NHS Long Term Plan*, p112]

11. Individual organisational governance still has primacy over most of the business of health and social care, with partnership decisions ratified through their separate boards where necessary. However, a great deal of work is happening between partners, shaped through multi-agency boards and working groups where members representing their organisation may have delegated responsibility for decision making at the appropriate levels. For example:
- Through the Complex Discharge Steering Group, partners have agreed the Multi Agency Transfers of Care Protocol, which governs the way frontline services work together to support timely discharge from hospital (and other transfers of care). The protocol has been confirmed through each organisation's arrangements.
 - The Health and Wellbeing Board is supported by a number of 'customer group' partnerships, such as Mental Health Partnership, Learning Disabilities Partnership and Ageing Well Partnership.
 - The Better Care Fund Performance and Delivery Group oversees the Better Care Fund, preparing the plans and evaluating impact, with the CCG and council remaining accountable to government for the formal decisions relating to the use of the fund.

Finance

12. The CCG and council collaborate to align expenditure in certain areas, and to jointly fund services. This is true at a system level, for example through jointly funded posts and schemes, and at an individual level, through joint care packages or placements.
13. The Better Care Fund (BCF) is pooled through a Section 75 Agreement between CCG and council.
14. Government allocations of winter funding come directly to the council or are cascaded through the Health and Care Resilience Board (formerly the A&E Delivery Board). Winter plans are developed jointly to support the

whole system and address pressures. Accountability for the funding remains with either the NHS or the council, depending on the funding route, however it is deployed.

Information Sharing

15. Joining up our information to improve care and support is one of our greatest challenges across the NHS and between partners, both nationally and locally. This is a very wide subject. From the perspective of joined up care, the practical priorities of the NHS Long Term Plan are:
 - Create straightforward digital access to NHS services, and help patients and their carers manage their health.
 - Ensure that clinicians can access and interact with patient records and care plans wherever they are.

[DHSC, 2019, *The NHS Long Term Plan*, p 92]
16. In 2015, several organisations in the York and North Yorkshire area established an information sharing protocol. Partners include local authorities, NHS trusts, CCG, Housing Associations, Emergency services and other charities and commissioning organisations.
17. It is important to note that the protocol is not an information sharing agreement itself but instead sets standards for partner agencies to follow when sharing information. There are risks involved in sharing too much individual information, on the other hand there are also risks of not sharing, striking the right balance is essential, within the context of the General Data Protection Regulation (GDPR), 2018.
18. In relation to technology strategy, there is a Digital Transformation Board for Humber Coast and Vale (region), and an equivalent board for the Vale of York and Scarborough locality.

Assessing progress towards integration

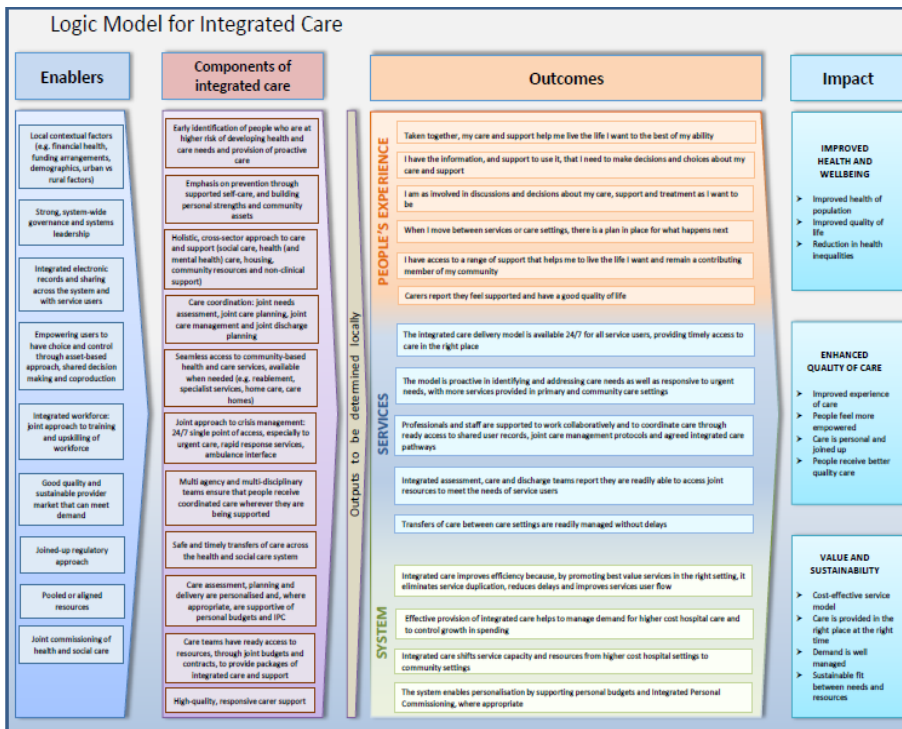
19. The Department of Health and Social Care (DHSC) commissioned the Social Care Institute for Excellence (SCIE) to describe a standard for integration create a way of consistently measuring progress in different areas and care systems. Through their research, SCIE concluded:

‘ . . . that an Integration Standard and associated metrics should be driven by people’s experiences and outcomes, and that it should include a focus on leadership and partnership approaches as well as the processes leading to integration of services and care.’

[SCIE: *Developing an integration scorecard: A model for understanding and measuring progress towards health and social care integration*, 2017, p1]

20. The SCIE Logic Model creates a means of measuring our progress against consistent standards, or expectations.

21. It is reproduced as an illustration below.



22. In May 2018, at the York BCF partnership event, we started to look at our self assessment against the enablers and components of integrated care in York. Together with the findings of the CQC local system review and progress review, we have a balanced picture of local progress, and of course some of the most significant challenges we share with other areas – for example integrated care records across the NHS and social care.

Analysis – examples of practical progress in York

23. The Better Care Fund Policy Framework refers to the Nuffield Trust's view that there "is no one model of integrated care that is suited to all contexts, settings and circumstances". Each area is required to develop its preferred local approach.

Enablers (SCIE Logic Model)

Strong, system-wide governance and systems leadership

24. In York, the Better Care Fund Performance and Delivery Group has led this 'visioning' process by holding co-production workshops with the partners and service providers funded through BCF. Our approach to integration in York focuses on leadership, collaboration, innovation and prevention, rather than structural, organisational change.
25. By modelling collaboration, the co-production events to inform the use of BCF allocation have also been very effective in bringing together services and organisations to learn from each other, make new connections, and find more efficient ways of working.
26. Integrated electronic records and sharing across the system and with service users
27. Following the recommendations of the CQC review, we have been working on a plan to improve information sharing systems for the One Team. There are multiple care record systems in use across the NHS, council and independent providers. Team members from each service currently rely on face to face discussion at multi-disciplinary team meetings to plan a patient's discharge. In future we hope to automate this so that relevant information from care records can be accessed whenever they are needed to manage the care pathway. This is a very significant challenge, including the cost implications of modernisation.
28. Members will recall the paper presented to this committee in December relating to York's Evolving Asset Based Approach. It included the successful case studies, and was also presented to the Health and Wellbeing Board as part of a BCF update. The HWBB has adopted the co-production principles as our fundamental way of working.

Integrated workforce; joint approach to training and upskilling of workforce

29. Recent local examples of include the joint training on the revised Continuing Healthcare (CHC) Framework for staff involved in CHC assessment processes and the hospital discharge pathway. This was carried out to ensure a consistent approach to managing, among other things, Discharge to Assess.

Components of Integrated Care (SCIE Logic Model)

Early identification of people who are at higher risk of developing health and care needs and provision of proactive care

30. Primary Care Home is working with the CCG and York Teaching Hospital NHS Foundation Trust (YTHFT) to deliver a 'Frailty' project which will help more people to be supported home from hospital instead of being admitted after a crisis, to adopt a standardised geriatric assessment, and through a pilot with the consultant geriatrician, provide face-to-face assessment of patients who are unable to access outpatient services at the Trust, and to provide advice and support to GPs managing patients with complex and multiple healthcare and social needs. This is work in progress.

Emphasis on prevention through supported self-care, and building personal strengths and community assets

31. Members will recall the paper presented to this committee in December relating to York's Evolving Asset Based Approach. This is an area of real strength for York, and continues to achieve success with individuals and communities, as well as attracting external recognition through awards and funding.

Care coordination; joint needs assessment, joint care planning, joint care management and joint discharge planning

32. A good local example of this component is the establishment of the Integrated Discharge Hub and the One Team. During their 2018 progress review, CQC found good progress had been made on this aspect of service delivery:

'The One Team, which brought together health intermediate care (community response team and primary care short term care service)

with local authority reablement services and voluntary sector wellbeing support, had developed its approach to integrated care and reablement. The team had developed universal documentation and a single point of referral which meant that people did not have to wait to be seen by as many professionals and reduced duplication in assessments.’

[CQC, Local System Review Progress Report – York, 2019, p18]

Seamless access to community-based health and care services, available when needed (eg. Reablement, specialist services, home care, care homes)

33. This area remains a significant challenge in York due to the availability of services when needed. Market capacity issues and the pressure on recruitment to health and social care in York’s high employment environment, is an area for further focus. A multi-agency Reablement and Intermediate Care Steering Group oversees this work, and is exploring how a joint commissioning approach with providers can deliver a sustainable model for the city.

Safe and timely transfers of care across the health and social care system

34. Delayed transfers of care remain a significant challenge in our system, with performance against the national target (3.5% occupied bed days delayed) showing fluctuation during the winter. As indicated earlier in the report, the response to this challenge is co-ordinated through multi-agency partnership groups, working to integrated service models, and implementing the High Impact Changes Model, as required by government.
35. Members should note that revised national guidance for the counting and coding of delayed transfers was introduced in October 2018, and is now being implemented. This may result in an increase in the number of reported delays for York and changes in the attribution of the causes of delays. The purpose of the revised guidance was intended to clarify any areas of ambiguity in the previous guidance, and to improve areas’ understanding of the reasons for delay.
36. During the winter 2018-2019 partners have implemented a model of joint working known as MADE (multi-agency discharge events), which bring together all relevant professional disciplines to tackle the specific causes of a patient’s delay in hospital. Below are two examples summarising how this has worked in individual cases.

Patient A

- *Patient A details brought to the MADE meeting – complex mental health issues impacting on discharge planning for the patient from the Acute hospital. Patient A has a long history of re-attendance and admission from the community often needing some short term medical treatment. When discharge planning is discussed the patient refuses to leave the hospital and becomes a challenge for the ward teams. As a result of the MADE this patient was identified as a long term mental health patient with specific mental health support already in place in the community, no previous connections had been made between acute and community teams. A professionals meeting was set up and care plan created for Patient A which outlined a clear discharge process to follow should patient A be readmitted. This has since been tested following re-admission and been successful in ensuring the patient is discharged in a timely manner and with the support needed for both the patient and ward teams.*

Patient B

- *Week 1 MADE:- Patient Mr B was brought for discussion at the MADE (Multi-agency Discharge Event) currently an inpatient at one of our community hospitals due for discharge as no longer a need for a rehabilitation bed. Social Worker has allocated 2 care homes to come and assess Mr B. Both homes declined to take him due to his continence needs and behavioural needs. Discussion with Social Care Teams to share the reasons for the homes declining the patient as this information was not available. Agreement to look for alternative accommodation or home with CRT support if possible – for more in-depth assessment.*
- *Week 2 MADE:- Going home is not an option for Mr B as his needs both at night time and behavioural are too great for the services available. Discussion within the meeting of alternative options lead by representatives from CYC, TEWV and the acute trust. Agreement to arrange a separate professionals meeting which would include medical, nursing and therapy input within the following 5 days to find a solution.*
- *Week 3 MADE:- Professionals meeting has taken place, continence issues / behavioural issues now better understood and supported. Two homes within the York area asked to re-assess alongside the Social Worker, Ward Occupational Therapist and Sister. Two additional specialist homes from outside the area requested to assess the patient as an option should he be rejected again from the local homes.*
- *Week 4 MADE:- Patient accepted by a nursing home outside of York area and discharge planning completed, patient discharged.*

The key learning is that, had we not had the opportunity of the weekly MADE meeting, these patients would not have been escalated via an agreed process and with no clear discharge planning would have been in the community/acute hospital for a considerably longer period of time. The benefit of having professionals from all areas, social care, nursing, therapies, medicine and mental health enabled a clear plan of action to be made ensuring the patient was discharged from hospital to the right accommodation and with the right support for their long term future. The importance of having senior decision makers allows for innovative solutions to specific problems.

Options

37. This paper does not attempt to report on each aspect of the SCIE Logic Model, as it is intended as an aid to understanding challenges and opportunities. Members may wish to identify specific areas for future reports, due to the breadth of the topic of integration.

Council Plan

38. *N/A*

Implications

39. *N/A*
- **Financial** – *None*
 - **Human Resources (HR)** - *None*
 - **Equalities** - *None*
 - **Legal** - *None*
 - **Crime and Disorder** - *None*
 - **Information Technology (IT)** - *None*
 - **Property** - *None*

Risk Management

40. *n/a*

Recommendations

41. This report is for information.

Members are asked to consider whether a further report should be developed for a future work programme, and to consider which aspect of integration would benefit from further scrutiny.

Reason: (1) To Update Members on the complex area of integration, with ongoing developments between partner organisations, in the context of government policy, such as the NHS Long Term Plan.

(2) To comply with scrutiny procedures

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Date 04/03/2019

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

All

For further information please contact the author of the report

Background Papers:

All relevant background papers must be listed here.

BCF National Policy Framework and Planning Guidance 2017-2019

CQC Local System Review of York

CQC Local System Review Progress Report – York

NHS Long Term Plan

SCIE – Developing an Integration Scorecard

Abbreviations

BCF - Better Care Fund

CHC - Continuing Healthcare

CRT – Community Response Team

CQC - Care Quality Commission
CYC – City of York Council
DCLG - Department for Communities and Local Government
DH - Department of Health
DHSC - Department of Health and Social Care
GDPR - General Data Protection Regulation
HWBB – Health and Wellbeing Board
ICP - Integrated Care Partnership
ICS - Integrated Care System
JSNA - Joint Strategic Needs Assessment
LSR - Local System Review
MADE - Multi-Agency Discharge Events
NHS - National Health Service
SCIE - Social Care Institute for Excellence
STP - Sustainability and Transformations Partnerships
TEWV – Tees , Esk and Wear Valleys NHS Mental Health Foundation Trust
YTHFT - York Teaching Hospital NHS Foundation Trust

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Health, Housing & Adult Social Care Policy & Scrutiny Committee

12 March 2019

Information Paper

Joint Health Scrutiny Meeting between North Yorkshire County Council, Leeds County Council & City of York Council

1. This paper updates the Committee on the outcome of the Joint Health Scrutiny meeting between Health Scrutiny Members of North Yorkshire County Council (NYCC), Leeds City Council (LCC) and City of York Council (CYC) that took place on the 15th February, in Harrogate.
2. The purpose of the joint meeting was to hear from representatives of Harrogate and Rural District (HRD) Clinical Commissioning Group (CCG) and Tees Esk and Wear Valleys NHS Foundation Trust (TEWV) and related parties regarding the proposal (See Annex 1) relating to a pause in the planned build of a 36 bed mental health in-patient facility at Cardale Park in Harrogate and the development of community-based crisis care. Members of all three authorities participating in the joint meeting wanted to better understand the broader impact of the proposals on their respective residents.
3. At the 12 February meeting of this committee it was agreed that Cllrs Doughty, Cullwick and K Taylor take part in the joint scrutiny meeting and the committee noted the proposed agenda and terms of reference
4. At the outset Cllr Jim Clark from North Yorkshire County Council was appointed Chair of the joint scrutiny meeting and he outlined the background and the likely effects of not proceeding with building a new mental health facility in Harrogate would have on neighbouring authorities.
5. At the start of the joint meeting Members heard concerns from the Operation Manager of Healthwatch North Yorkshire and a North Yorkshire County Councillor who asked TEWV and HRD CCG to consider carefully all options before stopping the in-patient facility in Harrogate and moving them to York.

6. During the discussion relating to the Mental Hospital being built in York, it was representatives of TEWV reiterated that there are no current plans to increase the number of beds from the current number of 72.
7. A review by the Yorkshire and Humber Clinical Senate into the TEWV and HRD proposal was discussed. Recommendations from the review included a need for the proposal to demonstrate that the York facility has the capacity for the Harrogate population and to provide further details on the pathways for the patients in Harrogate if the York Facility is full. TEWV and HaRD confirmed that studies are ongoing in regard to recommendations by the Clinical Senate

Response from TEWV, HRD CCG, Leeds CCG and Scarborough and Ryedale CCG

8. In response to Members questions, the Chief Executive, Deputy Director of Operations and Deputy Medical Director (TEWV), the Director of Quality and Governance Executive Nurse (HRD CCG), Director of Commissioning (Leeds CCG), GP Mental Health Lead (Scarborough and Ryedale CCG) confirmed:
 - Representatives welcomed the Joint Meeting on Health as it raises the profile of mental health, which a positive.
 - The Yorkshire and Humber Clinical Senate Review has been referenced by commissioners as being useful as an independent piece of scrutiny assessing the options in the Cardale Park proposal, not as an endorsement of the proposal. All points raised in the review (including have been or are in the process of being addressed in the business case for the proposal.
 - The decision to pause the build of Cardale Park has been made by the TEWV Board based on evidence and unlikely to be reversed.
 - Ongoing work is being done on the impact of the proposals on Harrogate residents.
 - There are no plans to increase the current number of beds (72) in the mental health hospital being built on Haxby Road, York.
 - No consultation has taken place with residents of Wetherby (Leeds) regarding their preferences of where they would like to receive care. However a series of discussions have taken place. Meetings with councillors in the area have taken place but more consultation is required as the proposal develop.

- HRD CCG and TEWV are committed to developing a 12 week consultation on their proposal and invite Healthwatch North Yorkshire to help shape the consultation model.
- The preferred option of enhanced community-based care is supported by NHS England.
- There is a societal problem of over reliance on beds, while emphasis should be on crisis care. Ideally people should be looked after in their home. There is a need to look at the broader TEWV estate to utilise assets to sustain services in the long term for the vast majority of the population.
- Need to shift from people waiting many hours in hospital to being treated at home.

Further Joint meetings

9. A meeting of the joint committee to be convened once the public engagement process by TEWV, HRD CCG and Leeds CCGs has been completed and there is a better understanding of: 1) what the model of enhanced community mental health care will be; 2) what the demand for in-patient beds will be; and 3) how the transition between in-patient care and enhanced community care will be managed.

Further scrutiny of mental health provision

10. Local scrutiny of mental health service commissioning and provision through the three local authority health scrutiny arrangements will continue in the interim And the three local authority scrutiny officers will maintain communication between the three committees and ensure that work is appropriately co-ordinated.

Updating scrutiny on further developments

11. In the interim, HRD CCG, Leeds CCG and TEWV to provide the health scrutiny committees in North Yorkshire, Leeds and York with further information on:
 - planned engagement process, including timings and scope;
 - the progress that is being made with transition from s.136 suites and to places of safety in the community;

- how NHS, local authority, voluntary and community sector and private sector organisations are working together to provide mental health support and services in the community.

Impact of changing in regional demographics on mental health provision

12. HRD CCG, Leeds CCG and TEWV to consider the impact of house building and the changing demographic of communities in Harrogate, York and Wetherby upon the planning of enhanced community services and in-patient services.

Updating scrutiny on Mental Health Hospital in York

13. Acknowledging there are currently no plans to increase the in-patient bed capacity at the new hospital facility being built at York, HRD CCG, Leeds CCG and TEWV to provide:
 - (i) Further assurance that the planned in-patient capacity will be sufficient to meet current and predicted future needs of the population.
 - (ii) An impact assessment (and mitigation plan) for those populations currently accessing in-patient care at Harrogate.

Recommendation: To note the information and outcomes set out in the report.

Reason: To keep Members of the Committee informed on regional developments.

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Report Approved **Date** 04/03/2019

Wards Affected:

All

For further information please contact the author of the report

Background Papers:

Yorkshire and the Humber Clinical Senate Review: Harrogate and Rural District CCG on Mental Health

<http://www.yhsenate.nhs.uk/modules/reports/protected/files/YH%20Senate%20Report%20FINAL2.0%20-%20Harrogate%20MH%20Dec%202018.pdf>

Annexes

Annex 1: Transforming mental health services for adults and older adults in the Harrogate and Rural District

Abbreviations

CCG – Clinical Commissioning Group

CYC-City of York

FT – Foundation Trust

HRD- Harrogate and Rural District

LCC- Leeds City Council

NHS- National Health Service

NYCC- North Yorkshire Country Council

TEWV – Tees Esk and Wear Valleys NHS Foundation Trust

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Transforming mental health services for adults and older adults in the Harrogate and Rural District

North Yorkshire County Council
Scrutiny of Health Committee
14th December 2018



Why do we need a case for change?

- Service users tell us that they are dissatisfied with current services including the crisis response, particular out of hours, is not comprehensive.
- The facilities at the Briary Wing are not fit for purpose and need to be replaced.
- Building a stand alone unit that meets CQC requirements would require staffing to be removed from the community teams.
- There is already a lack of capacity and very limited range of community services.



Why do we need a case for change?

- A stand alone unit would not be clinically viable from a clinical quality, safety and workforce availability perspective.
- Referral and contact rates for adults and older people from Harrogate are some of the highest in the Trust, again greater than the level of need indicates.
- Services need to be more recovery focussed and support people to stay well.
- There are more admissions to mental health inpatient beds from the local population than the level of need would indicate.



What are we trying to do?

The underlying principles behind all of our work to modernise our local mental health services are to ensure we have:

- Services that are designed around effective and safe clinical pathways
- People cared for as close to home as possible
- Care delivered in a way that supports recovery and builds resilience
- Services that are safe and both clinically and financially sustainable for the future



What this will mean for our population:

- Ensuring we offer high quality inpatient and community care for patients (both working age adult and older people)
- Developing responsive local services that meet the needs of our population
- Providing the right care in the right place at the right time
- Preventing inappropriate inpatient admission
- Reducing and maintaining the inpatient length of stay to a clinically meaningful level
- Delivering all of this within the existing budget



What have we done so far?

- A significant amount of engagement work with the public, service users, carers, clinical staff and partner agencies.
- Developed a large number of possible solutions that meet the needs of the population and that chime with the information we have gathered so far from our engagement activity.
- Narrowed these solutions to three main ones – which were submitted to the Yorkshire and Humber Clinical Senate for their view on clinical safety.
- Received assurance from NHS England that all our processes to develop the solutions are robust
- Received support from NHS England for progressing to the next stages of local engagement on our recommended solution



Engagement to date:

Service users actively involved in transformation steering group

Updates given to Health Overview and Scrutiny Committee monthly since September 2017

Dedicated email address for any public comments

Strong foundation of past engagement with the public and service users:

- Discover Events across North Yorkshire
- Development of the North Yorkshire Mental Health Strategy
- Well established service users and carers group

145 responses to the mental health priorities survey Summer 2018

Service users, carers and CCG patient partners involved in engagement development work

Full use of CCG and trust websites and use of social media

5 TEWV staff events in March 2018

Mental Health Strategies commissioned to conduct engagement work from August to October 2017 – 117 people attended 19 events

52 people attended 3 public events across Harrogate District in March 2018

Targeted events for the VCS, HDFT staff and GP's in Nov & Dec 2017 – 7 events and over 35 people engaged



TEWV and CCG joint engagement

Event/Activity	Timeframe
Meetings with voluntary sector, local GP cluster groups, and Harrogate and District Foundation Trust staff	November – December 2017
Mental Health Service User and Carers Group in Harrogate	Monthly 2018 (in months with meetings)
Public Events in Ripon, Knaresborough, Harrogate	March 2018
Crisis Care Concordat	March 2018
5 Staff engagement events	March 2018
HaRD CCG patient partners engagement	April and June 2018
Mental health priorities survey	June – July 2018



What people have told us



So what can we do with local services?

- We can invest in expanding our community services such as Community Mental Health Care Teams, Crisis Team and Home Treatments rather than invest in beds.
- We can create alternatives to acute mental health admissions and provide more home treatment, care home support and explore new forms of dementia care – increase clinical capacity supporting decision making to move away from beds.
- We can work to reduce reliance on inpatient care and when it is needed, provide it from a more better quality specialist environment.
- We can provide access to much better quality inpatient facilities but to do this locally would mean paying for this by reducing our already limited community service.



Solution 1- Do Nothing

- Inpatient provision for adults and older people is currently provided from two wards on the Briary Wing of Harrogate District General Hospital; Rowan Ward and Cedar Ward.
- It is widely accepted that the current provision does not meet the Eliminating Mixed Sex Accommodation (EMSA) and privacy and dignity standards for our patients and does not lend itself to the provision of a modern mental health service.
- Maintaining the inpatient service does not allow us to invest in clinically expanding community services to better support recovery.
- We would need to move resource from the community service to continue to maintain the inpatient service.
- As such this is not a solution that can be pursued.



Solution 2a- Build new local inpatient facilities

2a: to build new like for like inpatient unit as a stand-alone mental health acute assessment and treatment facility in Harrogate

- This option delivers the original plans to re-build a new 2 wards on an inpatient unit on the Cardale Park site in Harrogate for which planning approval is already in place.
- Eliminating Mixed Sex Accommodation (EMSA) and privacy and dignity standards would still be an issue
- This option is not financially sustainable within the current parameters of the programme and would require additional investment over the longer term.
- Maintaining the inpatient service does not allow us to invest in clinically expanding community services to better support recovery.
- We would need to move resource from the community service to continue to maintain the inpatient service
- As such this is not a solution that can be pursued.



Solution 2b- Build new local inpatient facilities

2b: is to build a new hospital that provides full EMSA and privacy and dignity standards on the Cardale Park site.

- This option builds on solution 2a but looks to model the beds required into 4 smaller units (9 beds per ward) to better meet privacy and dignity standards and give flexibility to the site to meet any possible future developments in mental health services both locally and across the Trust.
- This option is not financially sustainable within the current parameter: of the programme.
- Both additional capital and revenue investment is required.
- Maintaining the inpatient service does not allow us to invest in clinically expanding community services to better support recovery.
- We would need to move resource from the community service to continue to maintain the inpatient service.
- As such this is not a solution that can be pursued.

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Solution 3

Invest in extended community services through a reduction in inpatient beds and to provide inpatient care from a specialist facility elsewhere in the Trust.

- The aim of this solution is to increase the level and intensity of community services in order to reduce the need for people to be either admitted to or have extended stays in hospital and where hospital admission is required, for this to be provided from larger and more specialist facilities.
- We will reinvest infrastructure money into an expansion of clinical capacity in crisis intervention, home treatment and care home liaison services- extra thousands of patient contacts and support.



Proposal and Next Steps

- Solution 3 was approved by TEWV public Board in December 2018 and recommended to CCG Governing Body
- On 6th December 2018 the CCG Governing Body approved:
 - The business case and recommendation to transform Mental Health service for adults and older people in Harrogate and Rural District in line with the proposals described as Solution 3:
 - The need for further engagement and consultation (12 weeks minimum) with the public, service users, their families and carers and clinicians to co-produce and refine the model for enhanced community services and associated clinical pathways.
- January 2019 – March 2019
 - Engagement on the best way to invest the resources with wide range of stakeholders



Proposal and Next Steps

- April 2019
 - Presentation of findings to CCG Governing body, TEWV Board and OSC
- Post April 2019
 - Development of a detailed mobilisation plan
 - Creation of and Implementation Programme Board involving key stakeholders
 - Ongoing conversation with the public, service users and their families and carers on how the work is progressing

This work is supported by ongoing consultation with staff on new model and implications for working practices

