



**Notice of a public meeting of  
Health & Adult Social Care Policy & Scrutiny Committee**

- To:** Councillors Doughty (Chair), Cullwick (Vice-Chair),  
Pearson, Perrett, Waudby, Kilbane and Melly
- Date:** Tuesday, 30 July 2019
- Time:** 5.30 pm
- Venue:** The George Hudson Board Room - 1st Floor West  
Offices (F045)

**AGENDA**

**1. Declarations of Interest**

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 1 - 4)

To approve and sign the minutes of the meeting held on Tuesday 18 June 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 **5:00pm on Monday 29 July 2019.**

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[http://www.york.gov.uk/download/downloads/id/11406/protocol\\_f\\_or\\_webcasting\\_filming\\_and\\_recording\\_of\\_council\\_meetings\\_20160809.pdf](http://www.york.gov.uk/download/downloads/id/11406/protocol_f_or_webcasting_filming_and_recording_of_council_meetings_20160809.pdf)

**4. Healthwatch York Six Monthly Performance Report** (Pages 5 - 52)

This is the Six Monthly Performance Monitoring Report from Healthwatch York, reviewing the work, development and management of the service.

**5. Attendance of the Executive Member for Health & Adult Social Care** (Pages 53 - 58)

This is a report from the Executive Member for Health and Adult Social Care, highlighting her priorities and challenges for the coming year.

**6. Annual Report 2018/19 of the York Health and Wellbeing Board** (Pages 59 - 76)

This report presents the Health and Adult Social Care Policy and Scrutiny Committee with the 2018/19 Annual Report of the Health and Wellbeing Board. The Annual Report is at Annex A to this report.

**7. 2018/19 Finance and Performance Outturn Report - Health and Adult Social Care** (Pages 77 - 108)

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 Health and Adult Social Care services falling

under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.

- 8. Health, Housing, Adult Social Care Directorate Challenges and Priorities as at July 2019** (Pages 109 - 116)  
To consider a report of the Corporate Director outlining some initial challenges and priorities for her Directorate at the onset of the new Municipal Year for 2019/20.
- 9. Food Poverty Scrutiny Review** (Pages 117 - 126)  
This report invites the Health and Adult Social Care Policy and Scrutiny Committee to nominate a Member to sit on an Ad-Hoc Scrutiny Committee established by the Customer and Corporate Services Scrutiny Committee (CSMC) to investigate food poverty in York.
- 10. Work Plan** (Pages 127 - 128)  
The Committee will be asked to review the work plan for the coming year.
- 11. Urgent Business**  
Any other business which the Chair considers urgent under the Local Government Act 1972.

## **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

**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**

City of York Council

Committee Minutes

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Meeting	Health & Adult Social Care Policy & Scrutiny Committee
Date	18 June 2019
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Perrett, Waudby, Kilbane and Melly (Substitute)
Apologies	Councillor Musson

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### **1. Declarations of Interest**

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

### **2. Minutes**

Resolved: That the minutes from the previous three meetings of this committee held on 15 January, 12 February and 12 March 2019 be approved and signed as a correct record.

### **3. Public Participation**

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

### **4. Arrangements for Policy and Scrutiny in York**

Members received a report highlighting the structure for the Council's provision of the scrutiny function and the resources available to support it. Scrutiny Officer, Steve Entwistle, was in attendance to present the item and answer questions from Members.

In response to questions regarding the work of the preceding committee, the officer stated that the committee had been

encumbered by its heavy work load in recent years. It was hoped that the removal of the Housing and Community Safety element and the creation of a new Scrutiny Committee would reduce this committee's workload and give Members the chance to pursue more detailed scrutiny objectives.

Members were keen to know whether they could influence the presentation and content of reports to the committee. The officer informed Members that they could and that a meeting between Scrutiny Chairs and Vice Chairs had been arranged for 1 July 2019 to discuss that issue.

## **5. Presentation from the Director of Public Health**

The Director of Public Health was in attendance to introduce the committee to the Public Health aspect of this committee's remit and answer Member questions.

The Director highlighted the statutory responsibilities of Public Health and explained that the position of Director of Public Health has to have a level of independence from the Council.

The Director then highlighted some particular areas of work to the committee and explained Public Health's responsibilities in relation to the following:

- Healthy Child Programme
- Healthy Start Programme
- National Child Measurement Programme
- Sexual Health and Contraception Services
- NHS Health Checks
- Health Protection
- Provision of advice to Commissioners

It was noted by the Director that Smoking Cessation and Alcohol Services were asterisked. This was due to the fact that even though that they are not defined in the Health and Social Care Act 2012, they are in a way mandatory as Public Health has to demonstrate that they are delivering those services.

The Director spoke briefly about a number of non – mandated areas of Public Health work that were based on local need including a Healthy Child Programme for school age, dental public health, Mental Health and Suicide Prevention, Obesity Prevention, Increasing Physical Activity and Workplace Health.

The Director highlighted the following areas as current challenges for York:

- Health inequality between men and women in the most deprived parts of the city
- Obesity in reception age children
- Alcohol related Hospital Admissions
- Self Harm related Hospital Admissions
- Smoking in Pregnancy
- Uptake of Screening Programmes
- Resources and Capacity

The Director went on to speak about 'Health in all Policies' which describes the importance of thinking about the wider determinants of health issues and understanding how we can work with our partners to improve the health of the City.

The Director went on to highlight some potential areas for the committee to focus on including:

- Children's Healthy Weight
- Alcohol consumption

Members were keen to receive information from the Director on the Public Health budget and where the money is spent and to know what percentage of the hospital admissions from Alcohol were York residents. The Director said she would be pleased to share the budgetary information with Members of the committee. The Director said that unfortunately the detail on hospital admissions often had a two or three year time delay however Public Health and partners were working together on establishing real time information. The Director confirmed that she would share what she could.

## **6. Work Plan 2019/20**

Members discussed the Draft Work Plan for 2019/20.

The Scrutiny Officer highlighted that the following dates had been confirmed for future meetings:

- 30 July
- 17 September
- 23 October

It was also noted that there would be a change to the date in November and this would be reported at the next meeting.

The committee agreed to move the following items from July to September's meeting:

- Six monthly Quality Monitoring Report – Residential, Nursing and Homecare Services
- Safeguarding Vulnerable Adults Annual Assurance Report

It was noted that the Assistant Director of Health and Adult Social Care would speak with the Chair and potentially organise a briefing session for Member's of the Committee.

Cllr P Doughty , Chair

[The meeting started at 5.30 pm and finished at 7.00 pm].



## Healthwatch York: Performance monitoring report

<b>Name of Provider</b>	York CVS
<b>Service Provided</b>	Healthwatch York
<b>Contract Start Date (Service Commencement Date)</b>	01 April 2017
<b>Contract Finish Date (Expiry Date)</b>	31 March 2020

**The aims of the performance monitoring / six monthly review process are to:**

- Review the achievements of the Service in delivering the agreed outcomes
  - Consider how the Service might be developed going forward
  - Identify how beneficiary needs are being delivered
  - Establish that the Service is being managed in accordance with the Agreement
1. The information contained in this report will be used as a basis for the Annual Service Review, in conjunction with that information provided on a regular basis during each year of the Term. Annex 1 to this report shows Healthwatch York Annual Review 2018/19, Annex 2 shows Healthwatch Annual report 2018-19, Annex 3 shows the Healthwatch Evaluation report 2019.
  2. Six monthly performance monitoring reports will include a mixture of qualitative and quantitative data to ensure that the process is not simply a mechanistic one, but feeds into a continuous cycle of improved performance. Six monthly reports will be presented to Performance Management Group meetings on dates to be agreed.
  3. In addition, a six monthly performance management meeting will be held between representatives of the Council and Healthwatch York. The performance management group meetings will:
    - Agree additional Key Performance Indicators that will constitute six monthly performance summaries
    - Set annual milestones for each Key Performance Indicator as appropriate

- Receive six monthly performance summaries, define any gaps in performance and discuss how these might be rectified.

4. In addition to the six monthly reporting process it is proposed that 360 degree feedback on Healthwatch York activity is invited from all key stakeholders annually.

Signature on behalf of Provider		
Signature <i>Catherine Scott</i> <i>Siân Balsom</i>	Name Catherine Scott Siân Balsom	Date 03 June 2019

**SECTION 1: Service Provided 01/09/18 - 30/03/19**

5. What have been the main focus areas of Healthwatch York during the last six months?

Qtr 3

- Developed a project plan for capturing the experiences of people who have been through the Safeguarding process, to help keep the Safeguarding Adults Board rooted in people's experiences, and see how effectively we are delivering the Making Safeguarding Personal agenda
- Published our Autumn Magazine, featuring information on York's Carers Strategy, the NHS national data opt-out, and the Accessible Information Standard
- Worked with Changing Lives and Lankelly Chase to develop the Multiple Complex Needs network
- Continued our work on Changes to Services

Qtr 4

- Launched our new Safeguarding Stories project, commissioned by City of York's Safeguarding Adults Board
- Began work as part of the Healthwatch network to support engagement activity around the NHS Long Term Plan
- Published our Winter Magazine, featuring facts about bowel cancer and how to become a Cancer Champion, reporting hate crime, and information about safeguarding both adults and children

- Released a survey on Changes to Services to gather further feedback on
  - the introduction of BMI and smoking surgery thresholds
  - the movement of anticoagulation services from York Hospital to GP practices
  - Improving Access to Psychological Therapies

### **Key Performance Indicators to include:**

- The impact of Healthwatch activity on community / commissioners / service providers – including progress towards Public Engagement Reports, involvement in key strategic meetings.
- Feedback mechanisms used by Healthwatch to inform participants and the wider public on the outcomes of the issues covered by Healthwatch.
- Communication and Reach - evidence of public, patient, carer and user-group engagement with / participation in Healthwatch
- Financial / Spend monitoring
- e.g. The number, frequency and type of methods used by the Host to engage with individuals, organisations and groups. (captured in quarterly Information and Signposting Reports)
- The outcomes of any visit to Health and Social Care premises in York.

6. What progress has been made during the last quarter in respect of the above? Have you identified any barriers to achievement of agreed outcomes?

### **Impact of Activity / Public Engagement Reports**

#### **Impact of activity:**

7. Due to our recommendations about dental provision, NHS England have updated the information NHS 111 provide regarding emergency dentistry. Unfortunately, this coincides with changes to the provision of this service that have made it even more difficult for people to access emergency dentistry in York. This is a real concern.
8. Following the publication of our LGBT+ report in September 2018, we received a number of responses to the recommendations made:

### **NHS Vale of York Clinical Commissioning Group**

9. Dr Nigel Wells, NHS Vale of York Clinical Commissioning Group Clinical Chair, said: “The CCG welcomes and acknowledges the findings of the Healthwatch York and York LGBT Forum report on lesbian, gay, bisexual and trans+ people’s experiences of health and social care services in York.

“Above our statutory duties under the Equality Act 2010, the CCG’s equality, diversity and human rights strategy (2017-2021) sets out the importance of equality and diversity to the CCG and its activities. The strategy helps the CCG to focus on addressing current health inequalities, to promote equality and fairness, and establish a culture for inclusiveness that enables health services across the Vale of York to meet the needs of all of its population.

“The focus on health inequalities is key to improving the health of the population in the Vale of York CCG area. The CCG will continue to work with its partners to develop activity that aims to prevent or improve health inequalities, and the CCG has strengthened its approach to engagement and aims to ensure that as many groups as possible are represented in its work with patients and public.”

**York Teaching Hospital NHS Foundation Trust:**

10. York Teaching Hospital NHS Foundation Trust accept the recommendations and advise that there will be internal discussions around how best to deliver them.

**Tees Esk and Wear Valleys NHS Foundation Trust:**

11. Patrick Scott, Director of Operations, York & Selby: “We have had an opportunity to review the reports and are largely supportive of the detail within them, I have raised with our quality and diversity lead who has agreed to work with my senior team in the New Year to look at developing an action plan drawing on the findings and recommendations of these reports. We would just say that in relation to recommendation 2, that we already have a heavy burden of statutory and mandatory training and as such we will need to consider what our training plan may look like, but if we could be sent training courses that you make reference to we would be happy to look at this.”

**City of York Council:**

12. Maxine Squire, Interim Corporate Director Children, Education and Communities: “Many thanks for you report to the Health and Wellbeing board about the experiences of the LGBT+ community with regards health and social care.
13. I have shared the report with the heads of service for children’s social care and local area teams and have asked them to share the recommendations with their teams to ensure that this becomes incorporated in their future practice.
14. I will ask for updates from heads of service at my regular 1:1 meetings with them.”

**Key strategic meetings**

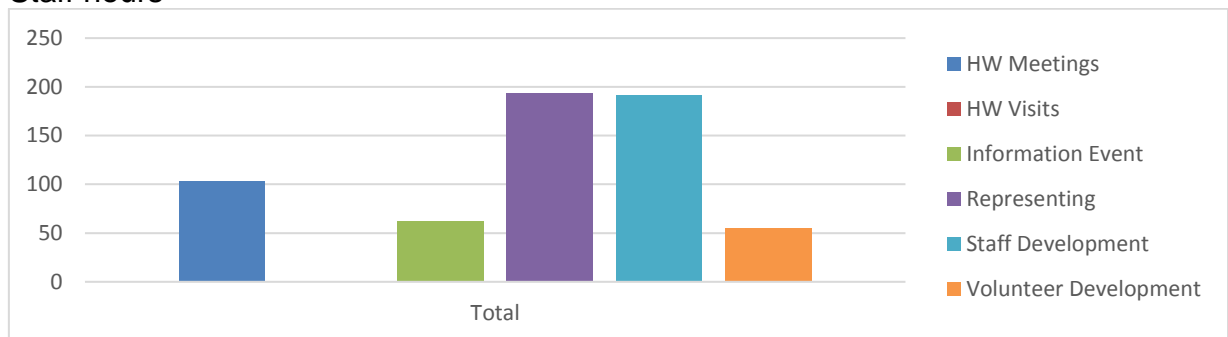
15. We attended all Health and Wellbeing Board meetings during this period. We also regularly attended the Mental Health Partnership, Ageing Well Partnership, Safeguarding Adults Board, Voice and Involvement meeting, and Health, Housing and Adult Social Care Policy and Scrutiny Committee meeting. We also took part in activities to mark World Mental Health day.
16. Developing a Multiple Complex Needs network for York  
The overarching aim of this multi-agency network is to achieve better outcomes for people living with multiple complex needs and reduce the associated challenges to services.
17. This work focuses on people facing multiple difficulties at the same time, which makes life complex, and for whom the system’s collective response to help and support them is currently insufficient. This could include people experiencing homelessness, substance misuse, mental health and/or offending.
18. The MCN Network meets every two months to support providers, practitioners and people with lived experience to develop a system wide approach in supporting people experiencing multiple and complex needs.
19. The network generates learning and knowledge and builds relationships to achieve its aims.

- 20. A key component of this work is to develop creative ways to include the voices of people often excluded from this type of work including people with personal experience of multiple needs and people working on the frontline.
- 21. Whilst the impact of this work cannot be felt yet, the long term ambition is not just to better meet the needs of individuals facing multiple difficulties, but also to show how changing the way we work together can enable the health and social care system to better meet the needs of all local people.

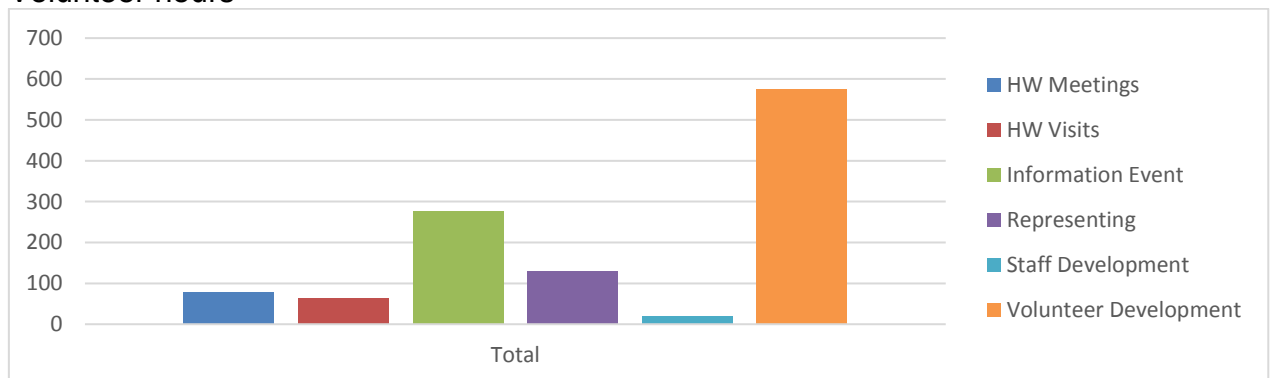
**Communication, Engagement & Reach**

22. Staff and volunteer hours by meeting type is detailed below:

Staff hours



Volunteer hours



- 23. For more details regarding our engagement work, we are happy to share our engagement calendar, giving details of all events we have held and participated in.
- 24. During public strategic meetings, both Healthwatch York staff and volunteer representatives complete Reps Reports. These reports can be found here:

<https://www.healthwatchyork.co.uk/wp-content/uploads/2018/11/Representatives-pdf.pdf> - November 2018

<https://www.healthwatchyork.co.uk/wp-content/uploads/2019/01/Representatives.pdf> - January 2019

<https://www.healthwatchyork.co.uk/wp-content/uploads/2019/03/All-meeting-reports.pdf> - February 2019

<https://www.healthwatchyork.co.uk/wp-content/uploads/2019/03/all.pdf> - March 2019

## **Outcomes of visits to Health and Social Care premises in York**

25. In partnership with City of York Council, we support volunteers to visit local care homes and speak to residents about the care they receive. Our care home visits contributed to and enhanced 9 City of York Council care home reports, having engaged with 47 residents in total.

## **Readability Work**

26. Our readability volunteers have an interest in supporting local providers and commissioners to improve their patient information. Over this half year we have reviewed 10 documents, all for York Teaching Hospital.

## **Partner Programme**

27. We have 40 voluntary and community sector organisations who are signed up as Healthwatch York partners, and 2 pharmacy partner organisations. We invite our partners to our quarterly Assembly and Annual Meeting to get involved in conversations about what is happening locally in health and social care. We also work closely with them to progress our work plan reports. After Reshape joined our Partner Programme in the first half of the year, they hosted a half day training session for our staff team to get to know the organisation and their work.

## **Volunteers**

28. At the end of March 2019 we had 39 volunteers covering a range of volunteer roles. These include Representatives, Community Champions, Enter & View, Care Home Assessor, Research, Marketing and Communications, Readability Panel, Office Support and Leadership Group members, plus our Ways to Wellbeing (W2W) volunteer role, in partnership with the W2W Co-ordinator at York CVS.

29. Following our Volunteer Development Day and volunteer 'Thought Capture' in September 2018, we have begun work on the recommendations to help improve the experience of people volunteering with Healthwatch York.

30. Our initial actions were to:

- Clarify how the mission and requirements of Healthwatch York are presented in our Induction training, involving volunteers in developing this.
- Improve the monthly bulletin to include a section highlighting some of the things volunteers have been up to during the month, the impact they have had, and other volunteer opportunities that are available.
- Promote existing and new volunteering roles and opportunities. The website will be updated with volunteer role summaries and opportunities. Additional 'ad-hoc' and new volunteering opportunities will also be highlighted in the bulletin, and we will also be clarifying a number policies and procedures relating to volunteering with us.
- We have undertaken some initial work to review the induction, and will be reviewing this with our volunteers shortly.
- Our monthly bulletin now contains a Healthwatch York Volunteers section – this also covers 3., as all volunteering opportunities both in HWY and other organisations is put in the bulletin.
- Policies and procedures around transitioning from staff to volunteer and visa versa have also been created and shared with the volunteers.
- We continue to support volunteers with regular meetings, both for all volunteers and specific meetings for certain roles.
- We continue to work in partnership with Ways to Wellbeing, supporting their volunteer recruitment, development and training.

## **Engagement**

31. We continue to carry out community engagement activities at events and locations throughout York. Our volunteers are a regular presence at many community venues, signposting people to services across the city and recording people's experiences of health and social care services.



32. These included our regular outreach work, which is going strong. We now have monthly drop-ins at Lidgett Grove, St Sampson's café for 60+, Spurriergate centre, Café Nelli, Fulford Church, Oaken Grove Community Café, Acomb Library, West Offices, Ellerby's Hub at York Hospital, the Church of the Holy Redeemer, and we have continued our involvement with the York Explore Mobile Library, travelling to locations across the city. New drop-ins taken up over the past 6 months include Red Tower, at their 'pay as you feel' café, and Planet Food.
33. Every month we also provide one-off information stands at different locations around the city. In this period, this included Speak Up Speak Out at York St John University, joining in Kyra's event for International Women's Week, and Healthy Hearts at St Barnabas.
34. We have sent out 2 quarterly magazine, Autumn 2018 and Spring 2018. This was produced and distributed by post to 348 individuals and organisations and by email to 331 individuals and organisations. It was also available through our website, and was distributed at our information stands at community venues.
35. @healthwatchyork has now got 2,329 followers, 118 additional followers since our last report, continuing the steady increase. Over the 6 months from October to March we gained 46,000 twitter impressions, 107 link clicks, 130 retweets and 143 likes. To give a flavour of our activity, our top tweets for each month were:
36. October: Healthwatch York are recruiting volunteers! If you are interested in #volunteering with us to improve #healthandsocialcare services in #York then get in touch! There are various different volunteer roles, and all are very flexible!
37. November: Share festive spirit by checking on a loved one or someone that lives close by! Pop in for a cuppa or to check that they are okay on these cold days and nights! Could even pop in and have a festive mince pie 😊  
<https://twitter.com/NHSuk/status/1067380176785481728>
38. December: We are recruiting #volunteers! If you are interested and want to help us make a change then contact –  
[healthwatch@yorkcvs.org.uk](mailto:healthwatch@yorkcvs.org.uk)  
<https://twitter.com/HealthwatchE/status/1070309822673891328>

39. January: Come and see us on Monday: 12-2pm @RedTowerYork1 pay as you feel café! We will be providing information and advice on health and social care services in York!
40. February: Come and get guidance and information on health and social care by chatting to one of our Community Champions. Check out our events page here:  
<https://www.healthwatchyork.co.uk/events/2019-02/>
41. March: Are you a York resident and blue badge holder? @CityofYork needs your help to understand how easily you can access the city centre. More info here <https://www.healthwatchyork.co.uk/news/are-you-a-blue-badge-holder/>

### Logging issues

42. We logged 150 issues. This includes some double counting where people provide feedback about two or three different organisations within one issue as feedback is logged against organisations.

Areas	Complaint	Compliment	Concern	Point of view	Request for Information	Grand Total
Ambulance	2	2	2			6
Care home		3			1	4
CCG	4	1	4		2	11
Dental	4		1			5
GP	18	7	8	2		35
Hospital	10	17	6		1	34
Housing			1		1	2
Mental health	6	2	4		2	14
NHSE			1		2	3
Other	2	13	2		5	22
Pharmacy		1	2			3
Social care	1		2		3	6
Transport	3	1	1			5
<b>Grand Total</b>	<b>50</b>	<b>47</b>	<b>34</b>	<b>2</b>	<b>17</b>	<b>150</b>

Key themes from the reported issues and feedback centre

- Access to dental services – including failure to provide BSL interpreter, lack of dental provision in care homes, and challenges in accessing the community dental service
- Issues with patient transport following changes to the Yorkshire Ambulance Service contract (improvements have already been reported)
- Challenges with accessing GP services, leading to delays in getting diagnoses
- Feedback both positive and negative regarding CAMHS services, both outpatient and inpatient
- Repeated positive feedback for Yorkshire Fatigue Clinic and Asda Blood Clinic
- Challenges in accessing information about relevant support services

### **Signposting and advice**

43. We continue to record signposting activity through the issues log where this is received in the office via phone calls or emails.
44. We keep a full log of all signposting contact through community activities and events, much of which is through our Community Champion volunteers. We provided opportunities for people to access information, advice and signposting support at 62 different events between 1 October 2018 and 31 March 2019, attended by over 2,700 people.
45. We signpost to a large number of health and social care organisations and services in York, including the “Big 6” (Dementia Forward, First Call 50+, Family Information Service, York CAB, York Carers Centre, York Mind). We also share information from and about York Advocacy, particularly their NHS Complaints Advocacy service. Through our engagement work, we have given out 145 mental health guides, 60 dementia guides, and just under 100 leaflets to members of the public at events during our conversations with them.

### **Future Developments**

46. In 2019/20 we have identified a number of areas we want to look into. In April 2019 we completed focus groups and publicised a survey

around the NHS Long Term Plan. We are working with MySight to look at what difference having Eye Clinic Liaison Officers based at the hospital makes to the experiences of people experiencing sight loss. We also intend to work with partners within the Multiple Complex Needs network to capture the experiences of individuals given this label, probably looking at experiences of unplanned detox in a hospital setting.

47. Due to the generous support of Lankelly Chase, we will also continue to host work around developing the Multiple Complex Needs network, with a view to using the learning to influence wider system change developments.
48. Given that we got very limited feedback regarding IAPT, and that the service itself was going through changes at the time, we will revisit this at some point in the future.

### **Barriers**

49. Our contract comes to an end in March 2020. There is an option to extend the contract for a further 2 years. We hope the contract situation can be clarified at the earliest possible stage, to make sure we can continue our day to day delivery with the minimum disruption.
50. We need to identify future funding for the production of our Mental Health and Dementia guides. Whilst we want to continue to provide these, as we have received very positive feedback about their value, we need to be realistic about how far our core budget can stretch. In the past, we have received additional funding from TEWV and Ways to Wellbeing to produce the Mental Health guide, and from Joseph Rowntree Foundation and Ways to Wellbeing for the Dementia guide. These guides are now over 12 months old, and funding their ongoing production is a recurring challenge.
51. There is a need to consider how, when we are looking to gather feedback about service change, we can rely on the support of providers and commissioners to share opportunities to give feedback even where providers or commissioners perceive significant amounts of the feedback may be negative. Although we use local press, and share information widely through our own networks, to reach the most people we need all stakeholders to feel invested in supporting us to reach further.

<b>SECTION 2: Staff training and development / Healthwatch Volunteers</b>			
<i>Details of all training courses undertaken in the last six months:</i>			
Course title	No's Of Staff / volunteers Attended	Refresher Yes	No
• Safe TALK	3S		
• PLACE training	4V		
• Re:Shape	4S		
• Measuring Organisational Impact	1S		
• Enabling Social Action Partnership working on Co-production in practice	1S		
• Leadership development training, NHS Leadership Academy, Leeds	1S		
• Understanding ADHD	1S		
• Dementia friends training	2S, 1V		

### **Staffing**

52. There have been a number of staff changes over the last 6 months.
53. Catherine Scott, interim Manager, has continued to attend a wide range of strategic meetings, maintaining the presence at the Health and Wellbeing Board and other partnership boards within the City of York area. She has supported the development and restructure of the staff team as part of a wider restructure across York CVS. The new Healthwatch York structure was fully in place on 01 May 2019. She has now handed over to Siân Balsom, who began Keeping in Touch days in March 2019, returning to work 3 days a week from 1 April 2019. Catherine is staying within Healthwatch York leading the work on the Multiple Complex Needs network, a project that sits outside our usual activity but compliments it.
54. Emily Abbott was successful within the restructuring process in becoming the team's Deputy Manager. Emily is leading on the development of our Safeguarding Stories project, being developed with Kyra Ayre. She also manages the information, advice and signposting function within Healthwatch York, and leads on our publications. She also deputises for the Manager as needed, and attends a number of strategic board meetings including the Ageing Well Partnership and the Safeguarding Adults Board.
55. Helen Patching, Project Support Officer, provides administrative support for Healthwatch York, including coordination of all internal and external Healthwatch York meetings. She leads the Readability programme, and leads on all our lay visiting programmes – the care home assessor programme and PLACE visitors programme. Helen has also played a significant role in the coordination and creation of our quarterly magazines, and coordinates all staff and volunteer training.

56. Abbie Myers was successful in retaining our Engagement role, and continues to lead our Engagement work, developing new partnerships and identifying opportunities to reach new audiences. She is looking in particular at how we can expand our reach to young people in York within our existing capacity.
57. Sandra Forbes left the team within this period. We wish her well in whatever she chooses to do next. She led our work on BMI thresholds and anticoagulation, and contributed to the development of a number of update reports. Elizabeth Belsey joined the team on 15 April 2019, and has picked up these pieces of work.
58. Rowan Gould was part of the Healthwatch York team from December 2018 to end April 2019. He undertook the role of Healthwatch York Digital Systems Support Officer, working one day a week. This role has now been absorbed into the Project Support Officer role.
59. John Clark, our Chair, has continued to chair our Leadership Group meetings, creating a helpful and supportive environment within which to discuss the challenges of delivering a successful Healthwatch. He is also now our substitute on the Health and Wellbeing Board, as well as attending the Voice and Involvement Group meetings co-ordinated by City of York Council. He chairs our Assembly meetings, making sure volunteers, partners and key stakeholders have opportunity to debate key issues in health and social care, and raise matters of concern or interest. He has provided considerable support to the staff team, and providing a level of stability during this challenging year.

<b>Staff Support</b>	
<i>How often are staff meetings held?</i>	We continue to hold monthly team meetings, to plan and co-ordinate our work. We regularly attend York CVS weekly comms huddle.
<i>How often do staff receive supervision from a senior?</i>	At least every 6-8 weeks.
<i>How often are staff formally appraised?</i>	We have completed annual appraisals in the past, and are currently reviewing our systems.
<i>Number of staff appraised in last period:</i>	0
<b>Complaints/Commendations about Healthwatch York</b>	
<i>How many informal complaints have been received?</i>	<b>0</b>
<i>How many formal complaints have been received?</i>	<b>0</b>
<b>SECTION 3: Additional Comments</b>	
<i>Please list any additional details/comments/recommendations that you wish to make.</i>	

**Draft finances (April 2018 – March 2019)**

	Budget	Actual	Variance	Explanation of over spend

<i>Staff Costs (Salaries &amp; Expenses)</i>	81,628	81,547.18	80.82	
<i>Volunteer Expenses</i>	3,060	3,059.15	0.85	
<i>Training and recruitment</i>	0	787.74	-787.74	
<i>Local Administration</i>	22,951	23,321.06	-370.06	<i>Slight increase in stationery and postage costs</i>
<i>Other</i>	22,510	23,643.83	-1,133.83	<i>Overspend due to purchasing of equipment needed following office move, and reprint of mental health and dementia guides.</i>
<i>Total Expenditure</i>	130,149	132,358.96	-2,209.96	<i>Paid for by funds brought forward/other income</i>

\*Please note these figures are unconfirmed as we continue to complete our end of financial year processes, and therefore may be subject to change.

Report Author: Sian Balsam  
15/7/2019

## **Annexes**

### **Annex 1**

Annex 1 HWY Annual Review Form 2018-19

Annex 2 Final HW York Annual report 2018-19

Annex 3 Healthwatch York Evaluation Report 2019

## **Abbreviations**

ADHD- Attention Deficit Hyperactivity Disorder

BMI- Body Mass Index

CAB- Citizen's Advice Bureau

CCG- Clinical Commissioning Group

CVS- Community Voluntary Services

GP- General Practitioner

HWY- Healthwatch York

IAPT-Improving access to psychological therapies

LGBT- Lesbian, Gay, Bisexual and Transgender

MCN- Multiple Complex Needs

NHS- National Health Service

TEWV- Tees Esk Wear and Valley







## Adult Social Care

Service/Contract Monitoring Report	
<b>Name of Provider</b>	York CVS
<b>Service Provided</b>	Healthwatch York
<b>Contract Start Date</b>	01/04/2017
<b>Contract Finish Date</b>	31/03/2020

### The aims of the annual review are to:

- Review the achievements of the scheme in delivering the agreed outcomes
- Consider how the scheme might be developed going forward
- Identify how Customer needs are being delivered
- Establish that the scheme is being managed in accordance with the contract
- Establish that the service meets the wellbeing outcomes as defined in the Care Act

The information contained in this report will be used as a basis for the annual review of the scheme, in conjunction with that information provided on a regular basis during the year.

**Please see covering email for additional information that should be submitted in advance of the meeting.**

If there is insufficient space for any answer, please continue on a separate sheet.

Signature on behalf of provider		
Signature	Name	Date

STAFFING LEVELS						
	STARTERS	LEAVERS	EXISTING FTE/ACTUAL		APPROPRIATE QUALIFICATIONS e.g. Nvqs	
			FTE	ACT	COMPLET-ED	WORKI NG TOWAR DS
Scheme managers	1 interim	1 (family leave)				
Deputy managers	n/a	n/a				
Support workers Engagement Project				30 18	Completed apprenticeship	
Voluntary workers						
Other - Research	1 (15 hrs)	1				
Has this structure changed in the last year?					Yes	
What arrangements are in place for staff cover in the absence of the manager?	Additional support initially from York CVS, and external consultant. Interim manager recruited into post. Longer term, restructure has created a Deputy Manager post, in place from May 2019.					
Have any future changes in management/staffing levels and cover been identified?					Yes – restructure completed May 2019.	
Do you pay all of your staff the Living Wage Foundation Living Wage? (£8.25 per hour outside of London – 2016) If not, please specify which staff receive the foundation living wage and which do not.						
Yes						
Please give details below specifying increase/decrease in numbers of staff, grades of staff and variations to cover provided.						
Structure from May 2019 Manager (22.5 hours) Deputy Manager (30 hours) Research Officer (22.5 hours) Project Support Officer (18 hours) Engagement Officer (22.5 hours)						
ETHNIC MONITORING OF STAFF						
Please indicate the number of staff members in each ethnic group:						
(a) Asian or Asian British	<input type="text"/>	(d) Mixed	<input type="text"/>			
Indian	<input type="text"/>	White and Black Caribbean	<input type="text"/>			
Pakistani	<input type="text"/>	White and Black African	<input type="text"/>			
Bangladeshi	<input type="text"/>	White and Asian	<input type="text"/>			
Any other Asian (please specify)	<input type="text"/>	Any other mixed background (please specify)	<input type="text"/>			

(b) Black or Black British	<input type="text"/>	(e) White	<input type="text"/>
Caribbean	<input type="text"/>	British	5
African	<input type="text"/>	Irish	<input type="text"/>
Any other black background (please specify)	<input type="text"/>	Other white background (please specify)	<input type="text"/>
(c) Chinese or other ethnic group	<input type="text"/>		
Chinese	<input type="text"/>		
Other (please specify)	<input type="text"/>		

### STAFF TRAINING AND DEVELOPMENT

#### DETAILS OF ALL TRAINING COURSES UNDERTAKEN IN THE LAST YEAR:

Course title (include induction)	No's Of Staff Attended	Refresher	
		Yes	No
See Monitoring report			
Who provides the training?			
What additional training needs have been identified?			

### STAFF SUPPORT

How often are staff meetings held?	See monitoring report
How often do staff receive supervision from a senior?	
How often are staff formally appraised?	
Number of staff appraised in last year:	

### SERVICE PROVIDED

What is the main focus of the scheme and has this changed?

The main focus of the scheme has not changed from the focus set out in our service specification:

- Provide information and advice to the public about accessing health and care services, and promote choice in relation to aspects of those services.
- Obtain the views of adults and children and young people about their needs for and experience of local health and care services and make those views known to those involved in the commissioning, provision, and scrutiny of local care services.
- Make reports and recommendations about how those services could or should be improved.
- Promote and support the involvement of adults and children and children and young people in the monitoring, commissioning and provision of local health and care services.
- Represent the collective voice of patients, customers, carers and the public on the York Health and Wellbeing Board.
- Make the views and experiences of local people known to Healthwatch England.
- Where appropriate make recommendations to Healthwatch England to advise the Care Quality Commission to carry out special reviews or investigations into areas of concern.
- Carry out enter and view functions i.e. enter health, social care and public health premises to observe and assess the nature and quality of those services, obtain the views of people using those services, and make recommendations for improvement where necessary - using this power where information cannot be obtained by more appropriate means, notably through Care Home Assessor work.

What improvements have you made to the scheme?

During the year, we have strengthened our links to organisations working with people with multiple complex needs. As a result, we have been successful in securing funding from Lankelly Chase to continue work to develop the Multiple Complex Needs network, and consider how the learning from this can help shape future system change. This should lead to better opportunities to hear direct from some of the most vulnerable people in our city, and gain insight into their health and care needs.

We have also reached agreement with City of York Council to pilot work around Safeguarding Stories – for more information, see our monitoring report. This again should increase our contact with and understanding of the challenges for vulnerable individuals.

How have the scheme tasks or activities changed, and what drove that change?

Safeguarding Stories – needs highlighted through the Safeguarding Adults Board.  
 MCN Network – developed through partnership working with key agencies, driven by the need to reach the widest range of voices possible.  
 NHS LTP Engagement Work – funded by NHS England – driven by a push from Healthwatch England, but a real opportunity to demonstrate the power of the Healthwatch network in engaging local communities.

What future improvements or developments do you expect/hope to implement?

See monitoring report – Future developments / Barriers

Have the number of hours undertaken or the amount/quantity of the service changed, and what drove that change?

No significant changes

How successful is the scheme, and how do you measure that success?

See Independent Evaluation for feedback from key agencies / partners.

We also complete an annual awareness survey to get feedback from the public. Just under 70% were aware of us, and what we do. A number of people left comments indicating satisfaction with our work:

“found them very informative and felt my opinions were taken on board and would be acted upon”

“very knowledgeable people at Oaken Grove – John and Jackie” (Community Champions)

“Glad to see the Healthwatch York team at Spurriergate Centre.”

“It is nice to have a Healthwatch available in the city. It has been a god send to a lot of people in the local church. They otherwise wouldn't be aware of where to go to find help. Thanks,

“You do a good job at getting the word out”

“Healthwatch is a well run organisation. They take on board the public point of view and ensure the right people are informed.”

<b>Quality / Consultation</b>			
How do you consult local people to get their views?			
We run a number of surveys each year, including our workplan survey, awareness survey, and surveys relating to specific workplan topics. We also provide a number of outreach opportunities – for more details see the monitoring report.			
How are the needs of customers accessing the service reviewed?			
Ongoing monitoring of the issues log to identify potential topics for workplan reports. Developing additional resources to meet information gaps in the city – e.g. MH guide, dementia guide.			
Have you identified any needs that you are unable to meet, if so please give details.			
The service is delivered within the resources available, thus we recognise and work within the limitations of this. There are always opportunities to do more, to learn more, and to reach additional people which we cannot take up without additional resources.			
What is the profile of your main customer group.			
Everyone who lives within the City of York Council boundaries.			
When was the date of the last Customer Satisfaction Survey completed please attach details		Awareness survey April 2018	
		Evaluation work completed June 2019	
When is the next Customer Satisfaction survey planned?		Awareness survey July 2019	
What changes will you make to future surveys?			
To be determined			
<b>POLICIES AND PROCEDURES</b>			
Documentation available within the scheme:	N/A	<b>YES</b>	<b>NO</b>
Accident Book		Y	
Emergency Contacts		Y	
Health & safety and risk assessment policy		Y	
Complaints policy		Y	
Equality and diversity policy		Y	
Disciplinary and grievance policy		Y	
Harrassment policy		Y	
Recruitment and selection policy		Y	
Safeguarding and whistleblowing policies		Y	
Data Protection		Y	
Receipt of Gifts Policy / Professional Boundaries Policy		Y	
Lone working policy		Y	

Business continuity policy and plan		Y	
Are there any anticipated changes to policies and procedures that would affect the scheme?			
No			
<b>PROPERTY AND PREMISES</b>			
Please highlight any existing or anticipated property or premises related issues that affect the performance of the scheme.			
N/A			
<b>COMPLAINTS/COMMENDATIONS</b>			
How many informal complaints have been received?	0		
How many formal complaints have been received?	0		
How were these managed and what changes, if any, did they initiate?			
N/A			
What commendations have been received?			
<b>SCHEME</b>			
Please provide a current financial report and budget to accompany this form – see monitoring report			
	YES/NO		
Have any plans to change the financial arrangements been put in place and what is driving that change? Please provide details.	No		
Do you anticipate any increase or reduction in the cost of providing this service in the future? Please provide details.	We have seen small increases across a number of budget headings – printing resources, using web tools and software, which we are managing within the small year on year increase in funding provided.		
Are you prepared to enter into negotiations regarding an extension or amendment to the current contract, and have you any suggestions?	Yes  We would welcome a 2 year extension, with a 1% year on year increase		
<b>Additional comments can be made in the next section.</b>			

**ADDITIONAL COMMENTS**

Please list any additional details/comments/recommendations that you wish to make.

Please see monitoring reports from H1 and H2 for additional details regarding our work.





**We gather**

what you say about health and social care

**We champion**

what matters to you

**We share**

what you tell us with those with power to make things better

**Healthwatch York**

Annual Report 2018-19

# Message from our Chair



**One of the privileges of Healthwatch York is our access to a cross-sector, bird's eye view of the city.**

We get into the nooks and crannies of health and social care thanks to an independence that allows freedom and access enjoyed by few.

The quality of our work depends on that freedom, and on our ability to maintain good relationships with people working in statutory services and the voluntary sector.

There would be no point gathering the views and experiences of York residents if we had nowhere to take them, if nobody listened.

Very often, what we report back to people running local services is hard stuff for them to hear. And you might presume that they don't want to hear it. But you'd be surprised. In the main, people welcome our contributions because it helps them to improve things.

The reality is that we and our colleagues in health and social care are all trying to do our best. What I see is people working hard across all sectors with scant resource at one of the hardest times I've known, all trying to navigate an austerity landscape.

At Healthwatch York, what we see day in, day out, in meetings and at events, is people working hard to make York a better place for us all.

## Thank you!

Healthwatch York is supported by many charities, community groups and representative organisations, as well as staff and services across health and social care and the voluntary sector. On behalf of Healthwatch York, I want to give special thanks to:

- + **NHS England**
- + **Healthwatch England**
- + **Lankelly Chase**
- + **York CVS**
- + **Neil Bond**
- + **The Healthwatch York Leadership Group, especially Volunteer Lead Lesley Pratt**
- + **Our fabulous Healthwatch York Volunteers**

And to **Catherine Scott**, who stepped up and steered our ship through a year of troubled waters with courage, kindness and tremendous skill. You did a great job Catherine, and we thank you.

## We were deeply saddened by the deaths of two key York people this spring

**Kevin McAleese, former chair of York Safeguarding Adults Board**

“I knew Kevin for many years and always found him very supportive of Healthwatch York. He was always very keen to come along to our annual meetings and be involved.

He always made sure the public voice was at the centre of any decisions made - one of the many things I will remember him for.

He was a lovely man and he will be missed. ”

**Lesley Pratt,  
Healthwatch York Leadership Group**

**Sandra Gilpin, founder, York People First**

“In founding York People First, Sandra didn't just set up an important and influential organisation that represents - and is run by - people who have a learning difficulty.

She created a community, a family. Her sudden death was a blow felt by many, and she is dearly missed. ”

**Siân Balsom, Healthwatch York**

# Our people



## Staff

**Healthwatch York is run by a staff of six people. We're a small team but we get a lot done and are proud of our ability to punch above our weight.**

As well as the day-to-day business of answering the phones and dealing with emails, we get out and about talking to York residents; attend meetings, forums and events; conduct research; write reports; deliver training; recruit and support volunteers; compile a quarterly magazine; work with our partners at City of York Council, Vale of York CCG and in the NHS, as well as a multitude of community groups and charities. We distribute information. We gather people's stories and experiences, and use them to make change happen in York. We listen. We represent. We influence.

## Volunteers

We are supported by around forty fabulous volunteers. They represent Healthwatch York at meetings; host regular stalls all over York; proof-read and sense-check leaflets and reports; visit care homes; undertake research into local health and social care services; and act as our eyes and ears on the ground.

## Leadership Group

The Healthwatch York Leadership Group is a strategic advisory body, supporting the Healthwatch staff team to deliver Healthwatch in York. The Leadership Group safeguards the independence, openness and transparency of Healthwatch York.



**Pictured above: The Healthwatch York core team: Siân Balsom, Manager; Helen Patching, Project Support Officer; Emily Abbott, Deputy Manager; Liz Belsey, Research Officer; Abbie Myers, Engagement Officer**

**Inset: Catherine Scott, Systems Change Lead**

# How we've made a difference

Highlights of our year

## Published our report on LGBT+ Experiences of Health and Social Care in York:

<https://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Healthwatch-York-report-LGBT-experiences-of-Health-and-Social-Care-Services-in-York-September-2018.pdf>

## Published the third edition of our Mental Health and Wellbeing Guide:

[https://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Mental-Health-Guide-Issue-3v2\\_web.pdf](https://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Mental-Health-Guide-Issue-3v2_web.pdf)

## Published the second edition of our guide to What's out there for people with dementia in York:

[https://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Dementia\\_final-April-18.pdf](https://www.healthwatchyork.co.uk/wp-content/uploads/2014/06/Dementia_final-April-18.pdf)



## Published our quarterly magazine

## Published our 2017/18 annual report and stakeholder survey

- + Held our Annual Meeting
- + Made 26 'Making a Difference' Awards to 10 local organisations
- + Attended 162 information stands and community events
- + Attended 9 community drop-ins each month across York, talking to people, hearing their stories, sharing information and signposting them to health and social care services and support
- + Went out and about in the community with Explore mobile library bus
- + Held an engagement event about a potential Priory Medical Group Hub at Burnholme Community Hub
- + Researched changes to anti-coagulation services, and changes to Body Mass Index thresholds for surgery
- + Conducted 4 surveys
- + Conducted 9 care home assessments
- + Reviewed and suggested improvements to 10 publications for health and social care organisations, and the Live Well York website
- + Supported the Universities of Sheffield, Hull and York to hear patient views to help shape training for Advanced Care Practitioners
- + Strengthened our links to organisations working with people with multiple complex needs
- + Secured funding from Lankelly Chase for development of Multiple Complex Needs network
- + Funded by NHS England to conduct engagement work on the NHS Long Term Plan
- + Piloted the Safeguarding Stories project for City of York Council Safeguarding Adults Board, to learn how it feels to be part of the Safeguarding process
- + Kept on going despite several months of low staffing: from 4.2 full time equivalent staff to 2.4 (and happily now back to full strength!)

# How we've made a difference

Highlights of our year

## York Multiple Complex Needs network

### What is it?

**A cross-sector, multi-agency network.**

**Made up of providers, practitioners and people with lived experience.**

**Working together to change the system in York, so that people experiencing multiple and complex needs get better support.**

### Who is the network trying to help?

#### People who:

- + Present to multiple services without resolution of their problems, or those who don't access services at all
- + Tend to get worse rather than better
- + Have conditions that can become overwhelming for both the individual and for services
- + Represent a key client group for most service agencies - they are not just the 'responsibility' of mental health/homelessness/police
- + Tend to have problems around homelessness, substance misuse, mental health and/or offending

### Why is this work being done?

Conversations with over 25 agencies in the city recognised that York does not support this group of people well enough. And wanted to change this.

### How is the network trying to help them?

#### By:

- + generating knowledge
- + learning
- + building relationships
- + working in a creative and collaborative way
- + including people often excluded from this type of work
- + including people working on the frontline

### How is this work being done?

The network was brought together by Healthwatch York, Changing Lives and Lankelly Chase, and is supported by a core team: Catherine Scott (Healthwatch York), Kelly Cunningham (Changing Lives), Paul Connery (Independent Associate) and Habiba Nabatu (Lankelly Chase).

They also have support from others including Newcastle Business School, York Mix.

# Healthwatch York by numbers

**720...**  
people and organisations  
on our mailing list



**162 information stands & community events attended**

**42**  
volunteers



**40**  
voluntary and community sector organisations who are signed up as Healthwatch York partners




**90**  
people submitted feedback via 'rate and review' on our website



**2,336** Twitter followers  
**240** tweets tweeted

**254**  
people shared their views

-   Excellent
-   Good
-   Poor



**31,537**  
web page views

**9** care homes visited  
**89** care home residents consulted




**78** meeting reports written and shared  
**5** guides and reports published



**Four** surveys launched  
**397** people responded to our surveys

Time contributed by Healthwatch York volunteers **281** days  
Members of the public we spoke to at events **1550**

# Our finances

1st April 2018 to 31st March 2019

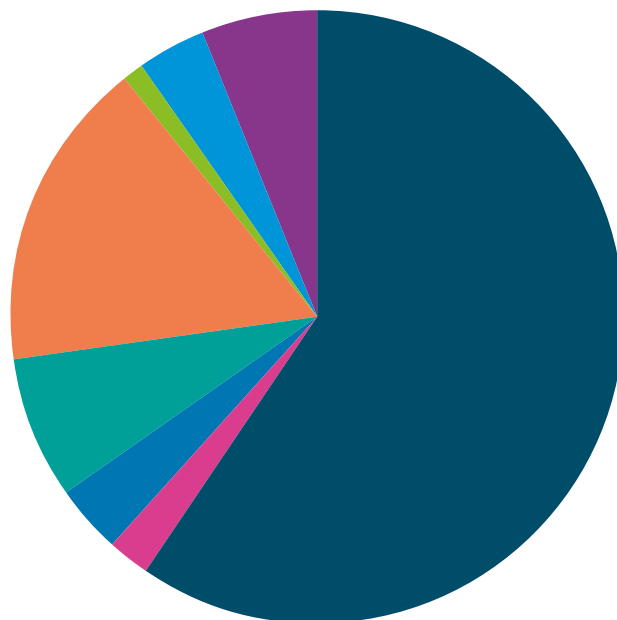
## Income

<b>City of York Council</b>	<b>£130,149</b>
<b>Healthwatch England</b>	<b>£2,500</b>
<b>Total</b>	<b>£132,649</b>

## Expenditure

<b>Staff salaries and expenses</b>	<b>£82,334.92</b>
<b>Volunteer Expenses and Training</b>	<b>£3,059.15</b>
<b>Meeting and Events</b>	<b>£5,053.75</b>
<b>Marketing, printing, reports</b>	<b>£10,430.40</b>
<b>York CVS Management fee</b>	<b>£22,645</b>
<b>Healthwatch York evaluation</b>	<b>£1,625</b>
<b>Website and office costs</b>	<b>£5,046.06</b>
<b>Office equipment and computers</b>	<b>£895.14</b>
<b>VAT</b>	<b>£1,269.54</b>
<b>Total Expenditure</b>	<b>£132,358.96</b>
<b>Overspend for the year 2018/19</b> (Generated by other income)	<b>£290.04</b>

## Summary of expenditure



- 1 Staff costs
- 2 Volunteer Expenses and Training
- 3 Meeting and Event costs
- 4 Promotion and Marketing
- 5 York CVS Management fee
- 6 Project evaluation
- 7 Website and office costs
- 8 Office equipment and computers
- 9 VAT

## Notes explaining expenditure during the year

- 1 Staff salaries, expenses and training
- 2 Re-imbursment of expenses incurred by volunteers, plus training cost
- 3 Costs of venue hire and associated costs for meetings and events
- 4 Costs of producing publications, and promoting Healthwatch York
- 5 Payment to York CVS covering accommodation costs, financial, HR and payroll support, IT, telephones and administration
- 6 Cost of commissioning an evaluation of the work of Healthwatch York
- 7 Website and online feedback centre, freepost and stationery
- 8 VAT on all purchases

# Feedback from our evaluation

**Healthwatch York conducts an annual stakeholder survey of statutory partners and health and social care organisations in the voluntary and community sector.**

**We ask about our performance, and for examples of how Healthwatch York:**

- + contributes to improving health and social care services in York
- + influences health and social care services in York
- + meets its stated aims

This year we took a different approach, commissioning an independent evaluation conducted via one-to-one interviews with key stakeholders.

The evaluation report provides a huge pat on the back and a wealth of positive feedback. More importantly, it is a tool to guide improvement.

## **The report says:**

66 There is good evidence from stakeholders that Healthwatch York is well-established and respected in the City of York as an organisation that contributes to improving and influencing local health and social care services.

Stakeholders can give specific examples of where Healthwatch York meets its stated aims.

They note the impact that Healthwatch York achieves within a finite set of resources and in the context of growing demand for health and social care services.

Stakeholders demonstrate how they value their relationships with Healthwatch York.

They have constructive suggestions to further develop partnership working and are supportive of ensuring that Healthwatch York has a sustainable and viable future in the city. 99

## **It recommends examining:**

How to increase influence; marketing and promotion; not spreading ourselves too thin; use of volunteers; our role as critical friend; amplifying the voices of the seldom heard, and sharing our co-production expertise

## **Suggestions include:**

- + reviewing services for those who commit offences
- + ensuring the voices of children and young people are heard, particularly around mental health and prevention
- + improving reach into Black and Minority Ethnic communities
- + developing a menu of chargeable services, to make us more sustainable



## **Our Mission and Aims**

### **Mission**

Healthwatch York puts people at the heart of health and social care services, enabling you to be heard. We believe that together we can help make York better for everyone.

### **Aims**

- + Healthwatch York is responsive to the needs of York residents
- + Healthwatch York understands what is happening in relation to health and social services in York
- + Healthwatch York speaks up about the provision of health and social care services in York
- + Healthwatch York uses the reviews, words and stories of service users to show the impact of health and social care services in York
- + Healthwatch York involves the public in the work they do
- + Healthwatch York advocates for people's active involvement in their health and social care
- + Healthwatch York provides an effective service for the people of York using health and social care services
- + Healthwatch York reaches new people and partners



# Our plans for next year

**The independent evaluation of Healthwatch York 2018/19 describes tremendous support for us and a clear appetite amongst local stakeholders to collaborate with us.**

One of the recurring feedback themes is the need for Healthwatch to increase people's awareness of us amongst frontline staff and practitioners, as well as the general public.

Another important observation was our skill and good track record in amplifying the voices of those who are seldom heard.

However, this is something we know we need to extend. There are still communities in York – geographically, and communities of experience – that we do not reach.

Much of our focus over the year 2019/20 will address these two things – increasing our visibility, and doing more to hear from York's seldom heard people and communities, and share what they tell us with the people and organisations who run York's health, care and community services.

This focus will align us with the aims of the NHS Long Term Plan. Launched in early 2019, it puts tackling health inequalities front and centre of our future NHS. At Healthwatch York, we're well placed to be at the heart of examining health and care inequalities in our City.

At Healthwatch York, we're well placed to be at the heart of examining health and care inequalities in our City.



**The Red Tower - home to a monthly 'Pay as you feel' food shop and hot lunch**

## Other plans for the year

- + **Conducting our annual Healthwatch York Awareness survey, and using that data to inform how we communicate with the people of York, and increase our visibility**
- + **Develop and deliver a piece of work capturing the voices of young people aged 16 to 25, in partnership with local youth organisations**
- + **Publishing a report examining the impact of the Eye Care Liaison Officer service on people with visual impairment**
- + **Reviewing how we structure, organise and deliver our engagement work, to align it more closely with our research projects**
- + **Reviewing how we select and carry out our research projects, to be even more responsive to what the public tells us**
- + **Presenting to the Safeguarding Adults Board the themes of the Safeguarding Stories we gather, to help the Board understand what's working and what needs to be improved**
- + **Reviewing how we train our care home assessor volunteers, liaising with other agencies to inform how we develop this work**
- + **Refreshing the training we give to our volunteers**
- + **Working collaboratively with organisations supporting people who have experience of homelessness, drug and alcohol misuse and mental ill health to consider how better to meet their needs collectively across York**

## Contact us

**Freepost RTEG-BLES-RRYJ**

**Healthwatch York**

**15 Priory Street**

**York YO1 6ET**

**Telephone: 01904 621133**

**Mobile: 07779 597361** - use this if you would like to leave us a text or voicemail message

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## York CVS

**Healthwatch York is a project at York CVS. York CVS works with voluntary, community and social enterprise organisations in York.**

York CVS aims to help these groups do their best for their communities, and people who take part in their activities or use their services.

**This Annual Report is available to download from the Healthwatch York website:**

**[www.healthwatchyork.co.uk](http://www.healthwatchyork.co.uk)**

Paper copies are available from the Healthwatch York office and local libraries.

**If you would like this Annual Report in any other format, please contact the Healthwatch York Office**

We use the Healthwatch Trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

This annual report is published on our website and has been circulated to Healthwatch England, CQC, NHS England, NHS Vale of York Clinical Commissioning Group, Health, Housing and Adult Social Care Policy and Scrutiny Committee and City of York Council

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**healthwatch**  
York

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**An independent evaluation  
of the service provided  
by  
Healthwatch York in 2018-19  
from the  
Stakeholders' Perspective**

**June 2019**

**Conducted by**

**Angela Portz**

**A E Portz Associates**

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## Executive Summary

There is good evidence from stakeholders that Healthwatch York is well-established and respected in the City of York as an organisation that contributes to improving and influencing local health and social care services.

Stakeholders can give specific examples of where Healthwatch York meets its stated aims. They note the impact that Healthwatch York achieves within a finite set of resources and in the context of growing demand for health and social care services.

Stakeholders demonstrate how they value their relationships with Healthwatch York. They have constructive suggestions to further develop partnership working and are supportive of ensuring that Healthwatch York has a sustainable and viable future in the city.

## Context

Healthwatch York has been in place since 2013. It is a project that sits within the independent charity that is York CVS, with a 'Leadership Group' that acts as a steering group/advisory board. Ultimate accountability sits with the Trustees of York CVS.

Healthwatch York operates under a contract from City of York Council, with the equivalent of 3.6 Full Time Equivalent paid staff and approximately 44 volunteers, who carry out roles as Community Champions, Care Home Assessors, Research volunteers, Readability volunteers, Representatives, Enter and View volunteers, Communications volunteers, and members of the Leadership Group. **Sian to review this section, this is lifted from last year!**

## **Healthwatch York's Mission and Aims**

Healthwatch York's Mission Statement is;

“Healthwatch York puts people at the heart of health and social care services, enabling you to be heard. We believe that together we can help make York better for everyone”.

The aims are;

- Healthwatch York is responsive to the needs of York residents
- Healthwatch York understands what is happening in relation to health and social services in York
- Healthwatch York speaks up about the provision of health and social care services in York
- Healthwatch York uses the reviews, words and stories of service users to show the impact of health and social care services in York
- Healthwatch York involves the public in the work they do
- Healthwatch York advocates for people's active involvement in their health and social care
- Healthwatch York provides an effective service for the people of York using health and social care services
- Healthwatch York reaches new people and partners.

## **Purpose and method and of the evaluation**

The aims of the evaluation are to obtain the views of stakeholders and provide specific examples of how Healthwatch York;

- contributes to improving health and social care services in York
- influences health and social care services in York
- meets its stated aims.

In the past 5 years Healthwatch York has conducted an online survey with its stakeholders. For 2018-19 the Healthwatch team decided to take a different approach of commissioning a series of one-to-one interviews with key stakeholders, with the intention of securing greater insight into stakeholders' views. The evaluator was provided with a representative sample of potential interviewees from statutory partners and voluntary and community sector organisations within health and social care.

## Findings

### Evidence of Healthwatch York improving health and social care services in York

Stakeholders were able to give examples of specific instances where they saw Healthwatch having a direct impact on improvements in health and social care services. These included;

- changes to the way in which people with learning disabilities now access GP services; research led by Healthwatch was deemed to have helped identify improvements in the system for people to access their GP reviews.
- through participation and leadership in the Multiple and Complex Needs Group, Healthwatch was credited with bringing together the right people to look at systems and improve delivery, particularly through the involvement of people with lived experience.
- through convening the Readability Panel to provide a mechanism for trained volunteers to give feedback on documents used by the public.
- by improving access to dental care for people who are homeless.

*Susan Mantkelow, Patient Information and Policy Support Administrator,  
York Teaching Hospitals Foundation Trust*

*"the readability panel provides positive feedback to help us improve our  
patient information"*

## **Evidence of Healthwatch York influencing health and social care services in York**

Stakeholders can provide examples of the influence of Healthwatch York. The organisation has a history of addressing issues for people living with dementia and now has well-established partnerships in place. This is an example of how the ability of Healthwatch York to influence health and social care services in the city takes place over time and in an incremental way, rather than in one discreet year of operation and evaluation. The Dementia Directory has become a core resource for organisations who support people with dementia and their families and carers, influencing pathways and referral systems.

Examples were also given to show how partners expect similar levels of influence to become clear in the future, as current work on areas such as Making Every Adult Count (for people with Multiple and Complex needs) develops.

Healthwatch York was also perceived by some as having had significant influence on the development of the city's mental health strategy and assumed to have influence in monitoring changes in the way in which future services will be delivered.



## Evidence of Healthwatch York meeting its stated aims

### Healthwatch York is responsive to the needs of York residents

A good example was provided by the Alzheimer's Society who felt that Healthwatch York were responsive to the needs of people with dementia and that a good feedback system was in place. There was a strong sense that information provided by people with dementia was acted on and that people with dementia could see the impact of their feedback in Healthwatch York reports and newsletters.

*Margaret Ferguson, Alzheimer's Society*

*"you always get something back from Healthwatch"*

### Healthwatch York understands what is happening in relation to health and social services in York

Overall there was recognition that Healthwatch York is 'tuned in' to the health and social care system locally, with examples given of its attendance at a range of key meetings, forums and events in the city. Their position on bodies such as the Health and Wellbeing Board, Mental Health Partnership and a range of other forums is noted and respected.

Stakeholders can report examples of how effective Healthwatch York is in bringing together partners and organisations to collaborate, for example, through the Multiple and Complex Needs Group.

*Kelly Cunningham, Service Manager, Changing Lives*

*"Healthwatch staff are everything you would want from an organisation doing this type of work"*

### Healthwatch York speaks up about the provision of health and social care services in York

Many interviewees described the role of Healthwatch York as a 'critical friend' to their own organisations and to the local health and social care sector. Indeed, several expressed the wish for Healthwatch York to expand this aspect of its role even further, by providing greater

challenge. There is an acknowledgement that this may not always be straightforward for Healthwatch York to implement.

*Kyra Ayre, Head of Service - Safeguarding, DOLS, mental health and learning disabilities, City of York Council*

*"they speak out strongly to represent organisations and the people of York and are in touch with local issues and concerns"*

*Victoria Binks, Head of Engagement, NHS Vale of York Clinical Commissioning Group*

*"they are the go-to group for us to get constructive feedback and challenge"*

**Healthwatch York uses the reviews, words and stories of service users to show the impact of health and social care services in York**

To discuss with Sian. Was harder to get individual examples as some of the people I spoke to were at too strategic a level.

*Sheila Fletcher, Commissioning Specialist, Adult Mental Health (NHS Vale of York Clinical Commissioning Group)*

*"through their networks they were able to bring their wide-reaching contacts to support my work on adult autism and ADHD"*

**Healthwatch York involves the public in the work they do**

Stakeholders were familiar with the ways in which Healthwatch York utilises volunteers from the local community, whether this be from specific geographical communities or communities of interest. They were described as having networks and routes into communities that others lacked.

*Sheila Fletcher, Commissioning Specialist, Adult Mental Health (NHS Vale of York Clinical Commissioning Group)*

*"they ensure the views of people who use our services are heard and have opportunities to participate when services are changing or being reviewed"*

## **Healthwatch York advocates for people's active involvement in their health and social care**

York's LGBT Forum clearly view Healthwatch York as a mechanism for advocacy on behalf of a community that is not always heard. The opportunity to provide anonymous feedback via something other than a formal complaints system was very much valued.

Numerous examples were given of how people with lived experience were brought 'into the system', for example, through their work as Healthwatch York volunteers, by taking part in forums, panels and other opportunities for involvement.

**Jake Furby, York LGBT Forum**  
"they are our advocates and sounding boards"

## **Healthwatch York provides an effective service for the people of York using health and social care services**

Considering the range of aims that Healthwatch York has, and the respect given to its influence and achievements on a fixed and limited budget, it would be a fair assessment to say that the organisation provides an effective service. This report contains numerous examples of how it achieves its aims.

## **Healthwatch York reaches new people and partners**

Stakeholders can give examples of Healthwatch York reaching new people and partners. Specific examples include;

- involvement in the new partnership to support people with complex lives
- work on the LGBT community's access to healthcare
- research with people with learning disabilities
- improving access to dental services for people who are homeless
- supporting the work of the Connected Communities programme to work with those who commit offences
- work on drug-related deaths and unplanned-detoxes at the hospital.

Stakeholders view Healthwatch York's position within York CVS as a positive means of accessing a wide range of voluntary and community organisations who can themselves provide a greater reach into specific communities.

## **Recommendations**

### **1. Working together in 2019-20 onwards**

Suggestions for ways in which stakeholders could work more closely with Healthwatch York in the coming year(s) are varied. What is clear is that there is a real appetite for collaboration with Healthwatch York. The feedback can be separated into that which is of a more general nature and that which is specific.

It is recommended that Healthwatch York considers these suggestions, where appropriate enters into more detailed discussions with partners, and uses this as a contribution to their work plan for 2019-20 onwards.

#### **General feedback on Healthwatch York priorities for the coming year**

##### ***Greater influence***

Stakeholders are interested in whether there are ways in which Healthwatch York can work with local and regional Healthwatch's to have some influence at a national level. For example, Healthwatch York is seen as an organisation that aims to put people with dementia at the heart of the local system; could this be aggregated with the work of others to have a greater impact?

Several stakeholders commented that Healthwatch York does not mirror their geographical footprint and that there are occasions when collaborative working with Healthwatch in North Yorkshire and East Riding would be of benefit.

##### ***Focus***

Stakeholders generally approve of the way in which Healthwatch York focuses on a small number of key topics each year and urge them to resist the temptation to spread themselves too thinly.

### ***Marketing and promotion***

There is some desire to see Healthwatch York make greater use of social media and link in more to events such as awareness weeks, either using social media or via a physical presence at events. Some feel that frontline staff and practitioners within their organisations still do not have sufficient awareness and understanding of Healthwatch and would be keen to discuss ways to address this.

### ***Use of volunteers***

Some stakeholders wonder if there is more potential for the use of volunteers and are interested in knowing more about how Healthwatch York secures appropriate representation of the community within their volunteer base. One suggests that there may be data on this that could be used in Healthwatch York's annual review, to promote and publicise the composition of the volunteer cohort.

### ***Role of Healthwatch York as a critical friend***

Many stakeholders would welcome Healthwatch York developing its role as a critical friend even more than they do now, through providing greater challenge to system partners. Some comment that they appreciate this is not easy for Healthwatch York to do but welcome the independence that Healthwatch brings and encourage them to develop this role.

### ***Amplifying the voices of those who are less seldom heard***

This aspect of the work of Healthwatch York is clearly respected by stakeholders, who were keen that it should continue. There is acknowledgement that Healthwatch York provides a valuable outreach into communities that some partners simply do not find easy to access. This was viewed by several as a real area of expertise within Healthwatch York.

### ***Role of Healthwatch York in encouraging and enabling co-production***

Some suggest that Healthwatch York could become more of a practical conduit for co-production in the city, by creating more bridges so people who wish to do it can access support more easily. Healthwatch York could offer practical advice and guidance, making tools available for wider use.

This would add greater legitimacy when Healthwatch York needs to encourage partners to act.

*Steve Reed, Head of Strategy, York Hospital NHS Foundation Trust:  
"they are a strong influence on the growth in co-production in the city; it's becoming a more normal way to work"*

### **Specific feedback on Healthwatch York priorities for the coming year**

Understandably partners have some suggestions that are specific to their own areas of work and accept that only a small number of the following may feature in Healthwatch York's future plans. However, the volume and scope of the suggestions is indicative of how well Healthwatch is perceived by partners and how keen is the appetite for collaboration.

Two areas drew comment from multiple partners.

- **The desire to see Healthwatch York support partners to improve their reach within BME communities in York, and to help partners increase their understanding of the needs of these communities.**

Questions were posed such as;

- How do BME groups access healthcare and if not, why not?
- Is there anything we can do to improve?
- What further support could we give?
- Do we need help mapping community groups, so we know how to reach them?
- How can we use data in the Joint Strategic Needs assessment to better understand these communities and their health inequalities, with the aim of improving services and systems?

There is clearly a willingness to work with Healthwatch to improve the reach into these communities and broaden understanding of their health and social care needs.

- **Healthwatch York to consider its role in the way in which services will be delivered in future at primary care level.** Healthwatch York was described as having a potentially pivotal role in engaging GPs and Primary Care Networks.

This forthcoming major change to the way in which local services are organised and delivered is seen as a major focus for all partners in the coming years, and it would appear essential that Healthwatch York is at the centre of these developments.

Other suggestions included;

- Conduct a review of services for those who commit offences
- Support a mechanism to replicate the way in which the now defunct Equalities Group in York provided a forum for networking and developing new projects
- Support awareness raising of suicide prevention and crisis care where people are past prevention.
- Maintain support for the work around people with multiple and complex needs.
- Get feedback on the ways in which the city is trying to implement new ways of working around mental health.
- get involved in reviewing the patient information section of the hospital website and assess whether it is readable, accessible, is the documentation easy to find.
- Consider whether the Joint Strategic Needs Assessment points to any pockets of population or health inequalities, that would provide a focus for 2019-20.
- Focus on ensuring the voices of children and young people are heard, particularly around mental health and prevention.

## **2. A sustainable model for the future of Healthwatch York.**

**It is recommended that Healthwatch York considers the suggestions made by stakeholders for developing a menu of chargeable services.**

It is understood and accepted by stakeholders that Healthwatch York operates on a fixed and limited budget for staffing and resources, and there is widespread admiration for what the organisation achieves within its budget. Some stakeholders recognise that in a different economic environment it would be desirable to make additional funds available to meet more of Healthwatch York's running costs, for example by key

partners making a regular contribution in addition to the core commissioned contract. As that remains unlikely, stakeholders offered suggestions on other models for Healthwatch York to improve its sustainability. The organisation is viewed as one with experience and expertise that have a marketable value but one that also perhaps does not fully showcase that expertise.

Stakeholders have offered suggestions for how Healthwatch could research and develop an offer of chargeable services. To do this, stakeholders would appear to welcome greater clarity on what services are 'free', that is, included within Healthwatch York's fixed funding arrangements, perhaps by setting clearer boundaries on workload for the coming year. Explaining the limitations of this could help to manage stakeholders' expectations. This could then lead to a menu of chargeable services, such as consultancy, public engagement, research and report writing. While some stakeholders are clear they have no funds to buy in further services, there are others who would welcome this opportunity and would then be able to promote Healthwatch services more widely within their organisations; it is possible there is some hesitancy around raising expectations that may not be met.

Specific suggestions for chargeable products and services included;

- public engagement expertise; consultation and delivery; particularly with seldom heard groups (BME groups were mentioned more than once)
- provision of local safeguarding training
- research in particular geographical communities and/or communities of interest, to provide detailed insight to inform future service design and delivery
- exploring how their expertise could meet the needs of the commercial sector, such as medical technology and pharmaceutical companies.





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

**30 July 2019**

Report of the Executive Member Health and Adult  
Social Care

**Priorities for the coming year**

1. As the Executive Member who continues in the same portfolio from the previous four years, my priorities for the portfolio remain in place and despite the national financial crisis in adult social care. I remain determined to support all services which care for some of the most vulnerable in our city.

**Older Persons Accommodation Programme:**

2. Our plans to address the needs of York's ageing population through the delivery of the Older Persons Accommodation Programme are on target and Phase 1 is complete. With my colleague, the Executive Member for Housing, this is something I remain committed to over the next four years as we deliver phase 2.
3. It is important for members to note that York is facing a significant demographic challenge with the increase in older people (over 85 years old) living in the city expected to grow by two fifths between 2017 and 2025.
4. Our new plans aim to maximise the use of two of York's existing Sheltered Housing with Extra Care schemes, making them more accessible for residents with higher care needs. This will allow older people to continue to live independently in their own home for as long as they want to and are able to do so. By the end of the programme there

will be over 900 new units of accommodation for older people across the city.

**Mental Health:**

5. One of the key areas I have prioritised over the last four years, and one which I will continue to keep at the top of my agenda, is improving the provision of mental health services across the city. My ambition is to ensure that early mental health support is available to residents in their own communities, so that problems can be addressed early, before things get serious. To achieve this, strong partnerships are essential, both with TEWV Mental Health Trust and with the numerous PVI (Private, Voluntary and Independent) providers in the city. I have established good relationships with many of them already and will continue to strengthen these important links.
6. As part of our partnership agreement, we have committed reviewing mental health services, with a view on improving our early intervention work; our work with the third sector and emergency phone-line support.
7. York Mind have also launched the third year of the Mental Health and Wellbeing Activities Programme. Working in collaboration with Converge, York Carers' Centre, Refugee Action York, York LGBT Forum and Move the Masses; York Mind will be delivering a range of activities across York, aimed at supporting individuals' mental health and wellbeing.

**Community Services and Social Prescribing:**

8. One area of the Council's work I am keen to expand and improve is our work within communities – bringing services to people rather than people to services. Working with the CCG, I would like to see the expansion of programmes which encourage social prescribing. Again, one of our commitments within the new administration is to increase our investment in ward level social prescribing, as part of our plans to tackle loneliness and isolation.

9. A great deal of work has already taken place to decentralise some health services and instead, base them in the communities they serve and I will encourage this to continue.
10. The team of Local Area Co-ordinators has been expanding and they successfully support local residents to find the help they need within wards or nearby. The Local Area Co-ordinators work to liaise with community groups and they have developed local networks, which are used to improve health outcomes and communication of information in a specific area of the city. The recent evaluation report shows how positive this work has been in diverting people from more serious interventions such as attendance at A&E and I plan for this expansion to continue.
11. Talking Points have also been set up to improve health services in specific communities. Talking Points are staffed by qualified social workers and provide residents earlier access to such services as social care and mental health support close to where they live. As a result, residents who have used the service have been able to access information, advice and support quickly and find out more about local activities and resources whilst delays are minimised.
12. A number of local ward budget projects have also been funded to alleviate loneliness and social isolation and this wise investment of ward committee funding is very welcome. For any wards wishing to have further information about investing in such projects for their communities, please contact myself or the Adult Social Care team to talk about what can be done.

**Working with our local health services:**

13. The Council continues to work in partnership with its partners and good progress has been made with TEWV, Hospital Trust, the CCG and GPs who provide support for local residents in their surgeries. I intend to maintain the positive working relationships with our health partners here in the city, so we can continue to address the city-wide, regional and national challenges social care faces.

14. The Council and the CCG have also entered into further joint commissioning arrangements, with the aim of increasing investment in early intervention and social prescribing - particularly in York's voluntary and community sector.

**Work with Third Sector partners:**

15. The Council continues to work closely with CVS, CAY and Healthwatch, particularly in supporting all organisations who train and retain volunteers who provide crucial services. With the further expansion of the introduction of Universal Credit in York, such services are needed more than ever.
16. As part of our partnership agreement whilst in administration, we have committed to expanding the 'People Helping People Scheme', by exploring options to support a community volunteering bank. By doing so, we can help our social prescribing networks in our local communities.

**Developments:**

17. NHS Property Services have recently engaged in a failed commercial sale of the Bootham Park Hospital site and are now continuing to re-market it. The Council has published its draft masterplan for the Bootham Park Hospital site, following the public consultation which took place last year. Developed jointly with the Acute Hospital Trust, it offers exciting opportunities to bring much needed provision to a historic and iconic site.
18. York residents are invited to contribute further to the development of the masterplan, by giving their views on the proposals so far. The Bootham Park Masterplan Consultation will launch in September 2019. More information can be found via this link:  
<http://www.york.gov.uk/boothampark>.
19. The HWBB is in the process of review and I have had meetings with all members to discuss new ways forward which are now under development.

**Visits:**

20. I recently welcomed the Minister for Care, Caroline Dineage MP, to York and accompanied her to the care home in The Chocolate Works. I also helped cut the first turf for the new care home on the Burnholme site, met with the Independent Care Group, spoke to the Older Citizens Advocacy Service and to the Older People's Assembly, both of which I enjoyed very much. I took part in the Young People's Mental Health Summit and talked to the team hoping to develop services on the site of The Retreat.

**Finally:**

21. I look forward to working with our new Corporate Director on the use of assistive Technology and Robotics, particularly in social care – I feel there are a lot of possibilities there waiting to be developed, all of which have great potential to help support residents.

**Cllr Carol Runciman, Portfolio holder**

19/07/2019

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

30 July 2019

Report of the Chair of the Health and Wellbeing Board

**Annual Report 2018/19 of the York Health and Wellbeing Board****Summary**

1. This report presents the Health and Adult Social Care Policy and Scrutiny Committee with the 2018/19 Annual Report of the Health and Wellbeing Board. The Annual Report is at Annex A to this report.
2. Councillor Runciman, the Chair of the Health and Wellbeing Board, will be in attendance at the meeting to present the report.

**Background**

3. It was agreed as part of the working protocol between Health and Adult Social Care Policy and Scrutiny Committee, the Health and Wellbeing Board and Healthwatch York that the Chair of the Health and Wellbeing Board would bring reports to this Committee. This protocol was reviewed in 2018 and it was agreed that the Chair would provide two reports per year (usually June/July and December/January), with the summer report being the Annual Report of the Health and Wellbeing Board.

**The Annual Report**

4. The Health and Wellbeing Board's Annual Report 2018/19 includes information about the role and responsibilities of the board. It highlights the work the board has done over the past 12 months. Key to this work has been delivering against the four priorities within the joint health and wellbeing strategy 2017-2022 (mental health and wellbeing; starting and growing well; living and working well and ageing well). It also contains updates on the Joint Strategic Needs Assessment (JSNA), working with partners and the challenges we face in the next year.

### **Consultation**

5. Not applicable to this report.

### **Options**

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

### **Analysis**

7. This report is for information only.

### **Strategic Plans**

8. The Annual Report is directly linked with the Joint Health and Wellbeing Strategy 2017-2022. Production of this strategy is a statutory duty of the Health and Wellbeing Board.

### **Implications**

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

### **Risk Management**

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

### **Recommendations**

11. The Health and Adult Social Care Policy and Scrutiny Committee are asked to note the contents of the Health and Wellbeing Board's 2018/19 Annual Report.

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



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**Chief Officer Responsible for the report:**

Sharon Stoltz  
Director of Public Health

**Report  
Approved**



12.07.2019

**Specialist Implications Officer(s)** None

**All**



**Wards Affected:**

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

**Background Papers:**

None

**Annexes**

Annex A – Annual Report 2018/19 of the York Health and Wellbeing Board

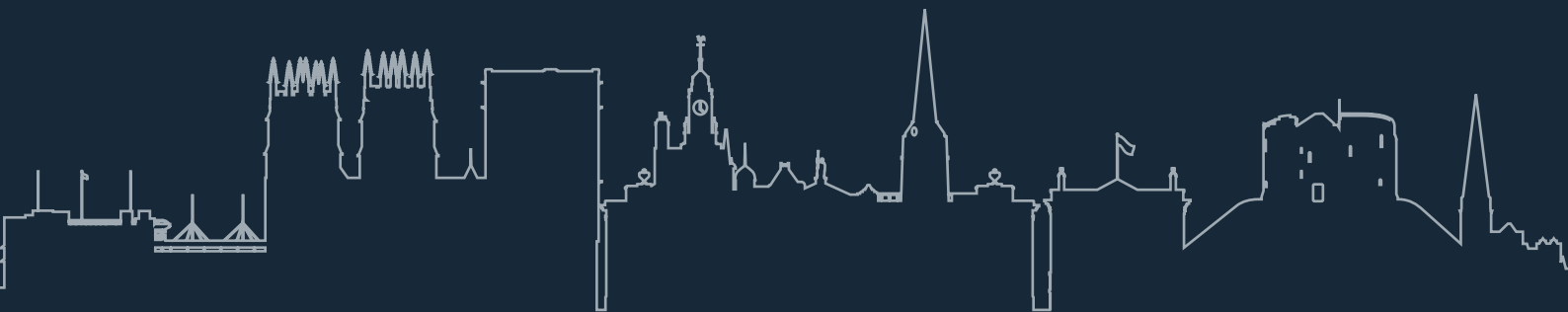
JSNA - Joint Strategic Needs Assessment

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# York Health and Wellbeing Board

**2018/19 Annual Report**



**Vision:** *for every single resident of York to enjoy the best possible health and wellbeing throughout the course of their life*

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# Welcome

from the Chair and Vice-Chair of the Health and Wellbeing Board

**Welcome to the fourth annual report of the York Health and Wellbeing Board, May 2018 to 2019.**

This report highlights some of the work activities which have contributed to delivering our joint health and wellbeing strategy 2017-2022; how we have worked together and how we have been developing our Joint Strategic Needs Assessment (JSNA).

We would like to acknowledge the incredible amount and variety of work happening in the city to help us deliver against our strategy and all the different

organisations involved. This annual report is just a snapshot of some of this work; it would be impossible to mention everything.

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

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

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# Contact

If you require further information then please contact the Health and Wellbeing Partnerships Co-ordinator:

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**Councillor Carol Runciman**

Chair of the Health and Wellbeing Board



**Dr Nigel Wells**

Vice-Chair of the Health and Wellbeing Board

# The York Health and Wellbeing Board

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

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

The main responsibilities of the Board are:

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

## Membership

During 2018 and 2019 the York Health and Wellbeing Board had 16 members from several organisations across the city. The Chair keeps a list of named substitutes which is reviewed regularly to ensure it is up to date.

There were a number of changes in membership throughout 2018/19 and as of May 2019 the membership of the board is shown opposite.



## The current membership of the Health and Wellbeing Board is:



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



**Dr Nigel Wells**  
(Vice-Chair)  
Chair of NHS Vale of York Clinical Commissioning Group



**Councillor Ian Cuthbertson**  
Portfolio Holder for Education, Children and Young People  
City of York Council



**Councillor Rosie Baker**  
City of York Council



**Councillor Katie Lomas**  
City of York Council



**Dr Andrew Lee**  
Executive Director, Primary Care and Population Health  
NHS Vale of York Clinical Commissioning Group



**Amanda Hatton**  
Corporate Director of Education and Communities  
City of York Council



**Sharon Houlden**  
Corporate Director of Health, Housing and Adult Social Care, City of York Council



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



**Siân Balsom**  
Manager  
Healthwatch York



**Lisa Winward**  
Chief Constable  
North Yorkshire Police



**Alison Semmence**  
Chief Executive  
York CVS



**Mike Proctor**  
Chief Executive  
York Teaching Hospital NHS Foundation Trust (until 31.07.2019)



**Naomi Lonergan**  
Director of Operations, North Yorkshire and York Tees, Esk & Wear Valleys NHS Foundation Trust



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# Mental health and wellbeing

## Top priority

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

## Additional things we want to achieve

Focus on recovery and rehabilitation

Improve services for young mothers, children and young people

Improve the services for those with learning disabilities

Ensure that York becomes a Suicide Safer City

Ensure that York is both a mental health and dementia friendly environment

**The Health and Wellbeing Board's aim** is to improve access to support for residents experiencing mental ill health focusing on prevention and early intervention. Following the launch of our mental health strategy in March 2018 we created a Mental Health Partnership that will report to us on an annual basis. The partnership has now chosen three priority areas to focus on:

- Self harm
- Mental health housing and support
- Developing a community approach to mental health and wellbeing

The Partnership held a **Connecting Our City Conference** in April 2019 to launch a programme of work that over the next 5 to 10 years aims to transform the way we support people's mental health and wellbeing in York. A key message from that event was that co-production has to be at the heart of everything we do. Citizens, carers, staff and communities will be involved in co-designing and co-producing our community approach to mental health and wellbeing.

The Health and Wellbeing Board have agreed to sign up to the **Prevention Concordat for Better Mental Health**. The concordat is underpinned by an understanding that taking a prevention focused approach to improving the public's mental health makes a valuable contribution to achieving a fairer and more equitable society. The Mental Health Partnership will develop an action plan to deliver against the concordat.

A Suicide Safer Community Delivery Group has been established to lead on our priority to ensure that York becomes a **Suicide Safer City**. The group have identified three priorities:

- Reducing the risk of suicide in high risk groups
- Tailoring approaches to improve mental health in specific groups
- Training and awareness raising

The work on ensuring that York becomes a dementia friendly environment will be led by our recently established Ageing Well Partnership.

In our joint health and wellbeing strategy 2017-2022 the board said it would:

Promote the five steps to wellbeing approach to help people improve their own mental health

**Ways to Wellbeing** connects people to local community support to make them feel better. Funded through the Better Care Fund and managed by York CVS, Ways to Wellbeing reduces use of GP appointments for social issues, helping people stay safe and well at home for longer. 75% of people using Ways to Wellbeing feel more confident and 80% have improved their wellbeing.

Use our influence to press for greater parity between mental and physical health services

NHS Vale of York Clinical Commissioning Group (CCG) has agreed new investment in 2019-20 to enable sustainable service delivery improvements. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) will concentrate this new investment in services where demand pressures are most severe and where additional investment will have the maximum impact.

Tackle stigma, ensuring there are safe places to talk to friendly people and that everyone is treated with respect and dignity

Time To Change is a national movement to challenge stigma and discrimination in those with mental health problems. A local hub has been commissioned to recruit and support champions. Priory Medical Group has been commissioned by the CCG to set up the first Primary Care Mental Health Service provided by GP surgeries.

Develop a better understanding of mental health needs in York so that we can ensure our services are fit for purpose, redesigning them if necessary

Our JSNA Working Group has produced a report about Mental Health Inequalities. This report is focused on access to support for people with mental health conditions in York and takes the themes and priorities from the [York Mental Health Strategy](#) and examines the extent to which the Health and Wellbeing Board can be assured that there is equity of access to mental health support services for the people of York.

Work in particular to improve mental health services for children and young people so that emerging issues are quickly identified and supported within universal settings and that timely specialist help is available when it is needed

Investment has been made into Child and Adolescent Mental Health Services (CAMHS). Children and families waiting for further treatment are now able to keep in contact with the service. The School Wellbeing Service has supported 290 pupils with their emotional and mental wellbeing.

Ensure that the actions arising from the joint health and wellbeing strategy also take account of the guidance and specific targets within the national **Five Year Forward View for Mental Health**

There has been improved performance in the eating disorders team with young people waiting less time to access the service. A peri-natal mental health service for new mothers has been launched.

# Starting and growing well

## Top priority

Support for the first 1001 days, especially for vulnerable communities

## Additional things we want to achieve

Reduce inequalities in outcomes for particular groups of children

Ensure children and young people are free from all forms of neglect and abuse

Improve services for vulnerable mothers

Ensure that York becomes a breastfeeding-friendly city

Make sustained progress towards a smoke-free generation

**The Health and Wellbeing Board's aim** is to make sure all of our children get the best start in life. This includes looking after their health and wellbeing and making sure that all services are child and family friendly.

As part of the refresh of our Joint Strategic Needs Assessment (JSNA) an [inequalities report](#) was produced focusing on obesity in childhood; hospital admissions for self harm and childhood poverty. This has led to the Healthy Weight Steering Group investigating how best to develop community interventions to reduce childhood obesity.

In July 2018 the social mobility through education pledge and action plan was developed. As part of this plan the West Project, which is all about working to improve outcomes in the early years through a focus on speech, language and communication needs, will be launched in September 2019.

A range of partnership mechanisms across the city are used to deliver against the starting and growing well theme of the joint health and wellbeing strategy (2017-22) and [The Children and Young People's Plan 2016-2020](#).

An Infant Feeding Strategy Group has been established to take forward the work around breastfeeding across the city.

Healthy Child Service mandated contact timeliness targets (from antenatal to 2-2.5 years) have been a focus and have all increased.

One area of inequality identified was children's oral health; a needs assessment has been completed and this will lead to a children's focused oral health strategy being completed by the end of 2019.

Work is underway to establish a Tobacco Control Alliance for York. A Tobacco Summit will be held in July 2019 to initiate this work and identify priorities for York. This will help us make progress towards a smoke free generation.

In our joint health and wellbeing strategy 2017-2022 the board said it would:

Ensure the successful establishment of York's Local Area Teams

Local Area Teams (LATs) responded to 'holiday food poverty' in Clifton bringing together a number of partners to establish community run access to positive activities alongside food in the Clifton area.

Promote healthy choices including healthy eating and locally sourced food

Local Area Teams (LATs) carry out direct work with families in response to need; working with partners to co-ordinate services and help find solutions to problems. This model of early intervention is making a real difference to young people, be it through support for vulnerable mothers or the work we are doing to integrate the healthy child service.

Further develop the parenting offer for all families; especially those with children under five

LATs have commissioned a number of activities to support parents in their role. Homestart have been re-commissioned with an extended age range of supporting families from birth to six years old. This allows the newly commissioned service to include supporting isolated families transition into education provision. In addition evidenced based parenting programmes have been commissioned and early intervention would suggest positive outcomes. In response to need a short parenting programme for parents supporting children's emotional resilience received an exceptionally high take up. The programme and referrals are currently being evaluated.

Ensure that the ambitions outlined in the Children and Young People's Plan 2016-2020 are delivered

Our Children and Young People's Plan was published in 2016 and runs until 2020. It identified the priority areas of:

- Early Help
- Emotional and Mental Health
- Narrowing gaps in outcomes
- Priority groups (children and young people in care, Not in Education Employment and Training, young carers, refugees, children living in poverty)

The YorOK board regularly considers reports that reflect these themes and priorities. Following the appointment of a new Director of Children's Services and lead executive member for children and young people the group discussed taking forward work to evaluate the work of the current Children and Young People's Plan, clearly identify and articulate need in the city and establish a new plan for 2020 and beyond.

Ensure that the particular needs of students are understood and reflected in all relevant local plans

The Student Health Network was launched at the start of 2019. Led by public health, this is a partnership between the higher education institutions in the city and other partners to ensure that the needs of students are featured in local plans.

# Living and working well

## Top priority

Promote workplace health and remove barriers to employment

## Additional things we want to achieve

Reduce inequalities for those living in the poorer wards and for vulnerable groups

Help residents make good choices

Support people to maintain a healthy weight

Help people to help themselves including management of long term conditions

Work with Safer York Partnership to implement the city's new alcohol strategy

**The Health and Wellbeing Board** wants to see everyone in York have the opportunity to live a long, healthy and productive life.

In the last year we have established a multi-agency Healthy Weight Steering Group. This group has developed a healthy weight strategy for the city that we are now consulting on, with the aim to publish in autumn this year.

Public Health are working with North Yorkshire Sport to develop a physical activity strategy, which will identify actions to increase levels of physical activity and impact on the healthy weight agenda.

Our approach to tackling inequalities at ward level is through our asset based community work. Schemes such as Good Gym encourage volunteering by channelling the energy that people spend on exercising and turning it into positive social action, alongside tackling loneliness and social isolation.

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

In our joint health and wellbeing strategy 2017-2022 the board said it would:

Promote greater awareness of, and referral to services that support people to live healthily by all frontline staff

[MECC Link](#) is a simple signposting tool for professionals that has been carefully designed to support an approach to positive behaviour change called 'Making Every Contact Count' (MECC). [Live Well York](#) provides good quality information pages that navigate through to more specialist websites where appropriate.

Promote the Workplace Wellbeing Charter amongst the city's employers, ensuring board members lead by example

Nationally the work around Workplace Wellbeing Charters has changed. Work needs to take place to consider how we can best implement something similar on a local level. Some organisations represented at the board have their own workforce strategies and workforce wellbeing initiatives and some elements of these have similarities to the Workplace Wellbeing Charter.

Oversee the establishment of an integrated wellness service in York, providing advice on a wide range of health and wellbeing issues

An integrated wellbeing service was established in York in 2017. Since then the service has evolved to meet the needs of our population. To date the focus has been to increase the uptake of people receiving an NHS Health Check. The service will transition to become a health trainer service. As well as identifying the issues that may lead to poorer health outcomes they will also have the capacity to work with residents on a 1:1 basis to support them to make lifestyle changes to achieve better health.

Lead by example in the employment of people with learning disabilities and other vulnerable groups

A pilot for a supported employment service has been delivered in partnership with City of York Council and United Response. 94 entered the scheme; 36 have paid employment, 5 have taken up volunteering opportunities, 31 are still on an extension of the scheme funded through Adult Social Care and 22 left the scheme part way through.

Scrutinise and challenge the development and delivery of local health and care services to ensure a focus on physical activity and healthy weight is embedded in the management of long term conditions

Significant improvements have been made in developing an obesity pathway in York, covering all 4 tiers of the nationally recommended pathway. Public health are working to implement the Healthy Weight Declaration in York, which takes a health in all policies approach to tackling healthy weight.

Increase the visibility of alcohol related harm as a key public health issue, supporting an approach to alcohol licensing that ensures alcohol is sold and consumed in a responsible way

An Alcohol Identification and Brief Advice training package has been developed, with 148 frontline health professionals receiving the training to date.



# Ageing well

## Top priority

Reduce loneliness and isolation for older people

## Additional things we want to achieve

Continue work on delayed discharges from hospital

Celebrate the role that older people play and use their talents

Enable people to recover faster

Support the vital contribution of York's carers

Increase the use of social prescribing

Enable people to die well in their place of choice

**The Health and Wellbeing Board's aim** is for York to be a fantastic place to grow old, with the city's increasingly ageing population able to stay fit, healthy and independent for longer. Below are some of the things we have been working on to achieve this.

We have now established an **Ageing Well Partnership** to lead on this section of the joint health and wellbeing strategy. This is currently chaired by York's Director of Public Health.

A key priority for the partnership is for York to become an [www.healthyyork.org](http://www.healthyyork.org) and we have recently joined the UK Network of Age Friendly Communities. This has provided us with a World Health Organisation (WHO) approved framework to shape our work. An Age Friendly Operations Group, reporting to the partnership has been established to lead on this work and to engage with appropriate groups and stakeholders on the themes in the framework. The first theme that will be looked at is transport.

The council and other developers are building a number of independent living and extra care schemes to ensure that our older people are able to live independently in accommodation that meets their needs, without having to automatically move into residential or nursing care when they are no longer able to manage their previous home.

A new carer's strategy is in development and will be considered at a board meeting in autumn 2019.

The Ageing Well Partnership will lead on the work around making York a dementia friendly city with the understanding that this will also link with the work of the Mental Health Partnership. This will include the development of a dementia strategy for the city.

In our joint health and wellbeing strategy 2017-2022 the board said it would:

Promote volunteering, befriending and other opportunities to share knowledge, skills and experience

Live Well York is a website for all adults and families in York. The website can be used to find helpful information and advice; discover hundreds of local groups and activities and find out what events are happening across York.

Press for improvements in the accessibility and availability of community transport

The first area the Ageing Well Partnership will be considering is transport and the WHO framework has a number of age friendly checks in this area to help guide the work.

Promote local social opportunities such as health walks

York has a group of volunteers who lead short health walks in different parts of the city. These are publicised in a number of ways and [leaflets](#) are also available in local libraries.

Offer practical support and advice to those preparing for the end of life

A new end of life care strategy has been developed which will lead to an action plan and a citizen's charter.

Ensure that the needs of carers feature prominently in all policy making and service delivery

A carer's strategy is currently being developed and will be considered by the Health and Wellbeing Board in Autumn 2019.

Champion the issues of older people, ensuring they have a voice in all local debates

York's Older People's Assembly (YOPA) continues to raise awareness and speak on behalf of older people. Recent conversations between the statutory sector and YOPA have been held around refreshing the Older People's Survey that took place in 2017 and about older people's oral health.

Press for improvements in the range and choice of accommodation available for older people

Work has started on the development of 29 extra care apartments, 4 bungalows and a new community hall at Marjorie Waite Court in Clifton. Development of 15 new fully accessible apartments and 20 refurbished and modernised properties has started at Lincoln Court independent living scheme in Westfield. The York Central development includes the requirement to provide an independent living scheme for older residents within the scheme. Work has also begun to develop an 80 bed care home on Burnholme community hub site. A new care home is being built on the site of the former Fordlands care home in Fulford. Joseph Rowntree Housing Trust are due to open the first phase of their New Lodge development in Summer 2019. This will include residential and Nursing care beds as well as Extra Care properties.



## Other elements of the joint health and wellbeing strategy

### Establishing a Learning Disabilities Partnership

The first meeting of the Learning Disability Partnership took place at the Burnholme Centre in June 2018, with great participation from people with learning disabilities, carers and representatives from health, social care and education services and community groups.

The focus of the partnership's first year has been on the development of the All Age Learning Disability Strategy. This was presented to the Health and Wellbeing Board in April 2019 by a team including the partnership's co-chair from York People First. The strategy was approved by the Health and Wellbeing Board.

Since then the Partnership has established four working groups to develop an action

plan which will deliver the strategy. A number of events will take place during the coming year to celebrate the work of the partnership and to drive progress towards being an inclusive city.

### Resilient communities

#### Volunteering Strategy

York launched the [People Helping People Volunteering and Social Action Strategy](#) for the city in November 2017. It utilises the internationally recognised Cities of Service 'impact volunteering' model to help connect citizens to shared city priorities. These were identified as; health and wellbeing, loneliness and isolation and supporting children and young people to reach their potential. A number of volunteering initiatives are now beginning to work in this way, complementing existing community engagement and development arrangements in the city.

One such example is the Community Health Champions programme. This has attracted national funding from the Nesta Connected Communities Innovation Fund and is supporting volunteers who have a passion for health and wellbeing to develop activities and connect with other beneficiaries. Over the last year, 35 Champions have been recruited and trained and have reached over 1000 beneficiaries. Initiatives that are led by the Champions include walking football, positive diet, discussing mental health, arts, drama and culture and family sports and physical activity.

#### Addressing loneliness through asset based community development

York is adopting an asset based approach to engaging citizens to help address loneliness as a recognised 'public problem'. It is one of our most pressing public health issues. The links between loneliness, poor mental and physical health are well established. People who are lonely are known to make more use of health services, yet have poorer health outcomes. York has recognised the strong case for investing in preventative and community development actions co-produced with citizens, to help solve this problem.

Our city wide conversation to catalyse greater levels of impact volunteering to help address loneliness is demonstrating measurable results and a focus on developing the evidence base for change. We are working with the Office of Civil Society on this through their Enabling Social Action programme.

We continue to ask people, community organisations, public sector and businesses, what encourages/discourages them to contribute to their local community and help address loneliness. The city has subsequently invested in a number of co-production early intervention and prevention programmes, including Social Prescribing, Local Area Coordination, Community Catalysts, Health Champions, Cultural Prescribing and Good Gym, alongside providing small grants to encourage social action, through our ward committee arrangements. This collaborative productive way of working is enabling a more joined up approach to addressing this challenge.

# Joint Strategic Needs Assessment

Producing a [Joint Strategic Needs Assessment](#) (JSNA), describing the health of York's population and the factors that influence health is one of the main responsibilities for the Board. Its primary purpose is to be a tool for commissioning and policy decisions. In York the JSNA is a website <http://www.healthyork.org/>. The core information is updated in autumn each year with individual needs assessments and other reports added when they have been completed.

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

Since the last Health and Wellbeing Board Annual Report the JSNA has published three reports.

1. [The starting and growing well inequality report](#) focuses on three areas of inequality namely childhood obesity; self harm in young people and childhood poverty.
2. [The mental health report](#) into equity of access to services recommended that the mental health partnership identify an approach that balances the need to be assured that services are accessible to all, against the need for data practices to be proportionate
3. [The self-funders needs assessment](#) raised the profile of this growing but less well understood population group and makes a number of recommendations for local change.



The JSNA Group has also supported a piece of work into best practice for falls prevention and an Armed Forces Covenant needs assessment. The group is currently committed to an inequality report focused on ageing well and a multi-morbidity needs assessment.

Additionally the JSNA Group has considerably improved data flow between organisations. In particular data requests have been quicker and there is a substantially clearer shared understanding of the information held within each organisation.

The JSNA Group recognise that awareness of the JSNA is low in some parts of the health system in York. It remains an ambition to address this.

The JSNA website currently has modest visitor numbers. In an average month there are approximately 120 visits to the front page of the website, however most visitors do not visit many pages or stay very long on the website. This indicates that engagement with the website is lower than we would like. The JSNA group are seeking to address this by exploring this issue and looking at ways of engaging with stakeholders to raise awareness of the website and the kind of information it holds.





# Working with partners

## Healthwatch York Reports

The Health and Wellbeing Board received one report from Healthwatch York between May 2018 and May 2019 around [Lesbian, Gay, Bisexual and Trans+ \(LGBT+\) experiences of Health and Social Care services in York](#).

The report contained four recommendations:

1. Treat all those accessing services with equal respect to ensure services are more inclusive. Make simple changes such as asking people their preferred name, using this and keeping a record of it;
2. Improve training to include more on LGBT+ issues and health care;

3. Ensure complaints and concerns are dealt with in a sensitive and appropriate manner enabling the LGBT+ community to feel they will be supported when raising issues;
4. Improve signposting and access to specialist services, including sexual health, mental health, and gender identity services.

Health and Wellbeing Board actively encourages all partners to respond to the recommendations within Healthwatch York's reports.

Responses to the recommendations are included within Healthwatch York's Annual Report.

## Better Care Fund

The Better Care Fund (BCF) is a nationally mandated joint commissioning fund designed to enable joint working across health and social care, to improve people's experience of care and support, and to promote the integration of services as a means of achieving better outcomes. The BCF plan covered two years from 2017 to 2019, and in 2018 benefited from additional investment from government – the Improved Better Care Fund (iBCF), designed to support the NHS and protect social care, and in doing so to reduce delayed transfers of care and emergency admissions to hospital.

The national assurance process for BCF plans was concluded in December 2017, followed by national Better Care Integration events to reflect on the range of approaches. Inspired by this, York BCF Performance and Delivery Group held a re-launch event in May 2018 to co-produce our vision for integration as a wider partnership with schemes funded through BCF. We summarise our vision as 'integration: collaboration, innovation and prevention'. This session was followed by the annual evaluation of schemes. For the first time, schemes were brought together to share their learning and identify opportunities to enhance joint working and collaboration.

The additional investment through iBCF enabled the partnership to extend the commitment to seven day working and Local Area Co-ordination including expansion to seven areas in the city, as well as supporting a range of initiatives to tackle delayed transfers of care, such as increasing funding for care packages.

There are four national conditions for the Better Care Fund:

- i) That a BCF Plan, including at least the minimum contribution to the pooled fund specified in the BCF allocations, must be signed off by the Health and Wellbeing Board, and by the constituent Local Authorities and Clinical Commissioning Groups;
- ii) A demonstration of how the area will maintain in real terms the level of spending on social care services from the CCG minimum contribution to the fund in line with inflation;
- iii) That a specific proportion of the area's allocation is invested in NHS-commissioned out-of-hospital services, or retained pending release as part of a local risk sharing agreement; and
- iv) All areas to implement the [High Impact Change Model](#) for Managing Transfer of Care to support system-wide improvements in transfers of care.

We are required to report quarterly to government on our progress with the High Impact Changes, and in 2018 we were awarded additional one off funding from NHS England to assist with the implementation of 7 day working, in order that York could meet this requirement more quickly. In 2019 we have received additional funding to support our plans for Trusted Assessors.

There are four key performance indicators linked to BCF:

- Reduction in non-elective admissions
- Reduction in Delayed Transfers of Care

- Effectiveness of reablement services
- Reducing admissions to long term residential or nursing care

We have continued to experience significant challenges in these areas, and performance has been below target, although we have seen improvements in some areas. We now have more people in receipt of preventative support and fewer receiving formal packages. We have invested in an external review of our capacity and demand, which is due to report findings in July 2019. We will use this intelligence to make longer term decisions on priorities for investment, and to help re-shape our pattern of services to address delayed discharges, reduce avoidable admissions to hospital and care, and support people to stay independent.

Our focus on prevention is making a difference in communities. The Ways to Wellbeing social prescribing service and the Local Area Co-ordination programme have both been independently evaluated and demonstrated very positive outcomes. The reports are available here:

Looking forward to 2019-20, the annual evaluation of schemes in May 2019 once again brought the partnership together with services to share learning and consider priorities for the coming year. National planning guidance has not yet been published (at the time of writing), but the direction of travel is known to be for further progress on integration and prevention.

## Care Quality Commission Local System Progress Review

In 2018 the government commissioned the Care Quality Commission (CQC) to

undertake progress reviews on the areas which had been the focus of Local System Reviews the previous year. The majority were 'desktop' reviews, with three areas, including York, receiving a site visit. The inspection team returned to York in November 2018, and published their [follow up report](#) in January 2019. It can be found here:

The key messages were:

- York has made some progress, but we need to increase the pace of improvement.
- The Place Based Improvement Partnership has been an important advance.
- We needed to promote the Joint Health and Wellbeing Strategy as our shared vision and translate it directly into action.
- Some great examples of joined up working at the frontline, such as the One Team, the Integrated Discharge Hub, Live Well York and Social Prescribing, but obstacles to information sharing remain.
- We need to make further progress on Joint Commissioning, beyond BCF, and make progress on a joint workforce strategy.
- York needs to continue to align priorities to those of the Sustainability and Transformation Partnership (emerging Integrated Care System) and to develop a stronger voice at a regional level, so the York locality influence is effective.

A Health and Wellbeing Board workshop held in January 2019 provided an opportunity for partners to refresh the improvement plan and identify additional opportunities for joint working. Most of the 2018 plan has been completed, and further progress made against

the ongoing actions during 2019. A refreshed approach to the plan is proposed so that the improvements become 'business as usual'.

## Live Well York

The new community operating model also includes the provision of high quality information through a range of channels including the development of a new 'citizen wellbeing portal' [Live Well York](#) as a community based website for adults and families. The website can be used to find [information and advice](#), discover hundreds of local groups and [activities](#) and find out what [events](#) are happening across York. It also provides a directory of [services and products](#) to meet individual needs. The site is particularly useful to prevent, reduce and delay the need for statutory services as well as provide information for self funders and people receiving direct payments but is also designed to be useful to all citizens of York. Reflecting co-production, the site has been designed in partnership with citizens, Age UK York, Healthwatch York, York CVS, York Explore, York Mind, NHS Vale of York Clinical Commissioning Group and the City of York Council.

Live Well York has been available to the public since February 2018 as part of the development phase leading to a full launch in March 2019. It delivers against the Care Act 2014 requirement to provide good quality information and advice to all citizens of York. We have deliberately taken a phased approach in the development of the site to ensure we are confident in the quality aspect of the content. It meets AAA Accessibility

Standards, there is a named editor for each page and the pages have been checked by the readability group from Healthwatch York to ensure it is in plain English. The average star rating on the quality of the content is 4.28/5 (based on 731 individual feedbacks).

The site consists of over 570 community activities and 75 events per month with the more recent service and product directory starting to build. It is already used by around 1,400 new people per month which compares favourably with other local authority sites, particularly considering its early phase of development. Practitioners, family and friends can also produce a personalised booklet from any of the pages in the site which can then be printed or requested to be printed in large font or another language.

## Primary Care Home

Developed by the National Association of Primary Care, Primary Care Home is a model that brings together a range of health and social care professionals to work together to provide enhanced personalised and preventative care for their local community. York has adopted this model over the last 18 months and has been working in three primary care home groupings that mirror the geography of Local Area Teams in the local authority. The Primary Care Homes have been working on a range of initiatives, informed by evidence of need from the Joint Strategic Needs Assessment, such as health checks for people with learning disabilities, mental health and childhood obesity

# Challenges and the future

The Health and Wellbeing Board is a multi-agency partnership and central to them is the joint health and wellbeing strategy to address inequalities in health and wellbeing between different communities across the city.

The joint health and wellbeing strategy 2017-2022 enables the Health and Wellbeing Board to work towards their vision and through a variety of partnership mechanisms we are able to deliver against the priorities in our strategy. We are now half way through the life span of the strategy and this year's annual report highlights many of the initiatives and schemes in place to deliver against our priorities.

However, there have been significant changes both nationally and regionally since it was first produced.

Nationally the NHS has released its long term plan and the board will need to understand their role in the delivery of this. One element is around Primary Care Networks (PCNs) which are a key part of the NHS Long Term Plan, with all general practices being required to be in a network by June 2019. At the time of writing, all GP practices in York have determined which network they will be in and are awaiting approval of these plans from NHS England.

The networks will have expanded teams that will comprise a range of staff such as GPs, pharmacists, district nurses, community geriatricians, dementia workers and Allied Health Professionals such as physiotherapists and podiatrists/chiropodists, joined by social care and the voluntary sector. This will build on the work that has already started in York using the Primary Care Home model. Whilst the geography of Primary Care Networks may be different to that of Primary Care Homes, there is still a commitment to work together on the Primary Care Home geography as partners.

York health and social care organisations are working together at a system level across a wider geography as the Humber, Coast and Vale Health and Care Partnership and are focused on a number of work areas that include cancer; mental health; workforce and urgent and emergency care. The board need to be more sighted on this work, and how it impacts the residents of York. The board will need to understand how this work is being further developed.

Locally we will be reviewing the board's governance arrangements in the coming months to ensure that it operates in an effective way. We will revisit our strategy now that it is at its mid way point and

consider whether any changes need to be made to bring it up to date; this will include revisiting our performance management framework to ensure we have robust mechanisms in place to monitor our progress.

Our current performance framework has highlighted areas where things are not going as well as we would want them to be and we are developing specific strategies and work streams to address these. These include the development of a healthy weight strategy to provide a strategic framework for us to reduce the variation in obesity levels between different wards in York and an oral health strategy to provide a strategic approach to reducing hospital admissions for tooth decay in children.

One particular focus for the board over the next 12 months will be to look at ways we can sustain a reduction in the rate of admissions involving an alcohol related primary diagnosis or an alcohol related external cause.

As a city we face a challenge to address poverty and inequalities; acknowledging that 80% of a person's health is affected by the wider determinants rather than by health and social care services. We will be continuing our work to address loneliness and social isolation and continuing with our asset based community development using people's own knowledge and skills to become more pro-active about their health.



Therefore our focus over the next two years of the strategy must be to:

- Review the governance arrangements for the Health and Wellbeing Board and consider the production of a new joint health and wellbeing strategy;
- Continue to implement the action plan arising from the Care Quality Commission visit;
- Develop our place based working in the light of Primary Care Networks and Primary Care Home;
- Ensure that York gets the most out of work happening at a regional level through Integrated Care Partnerships and Integrated Care Systems;
- Focus on those areas where we know health outcomes are not as good as they could be.

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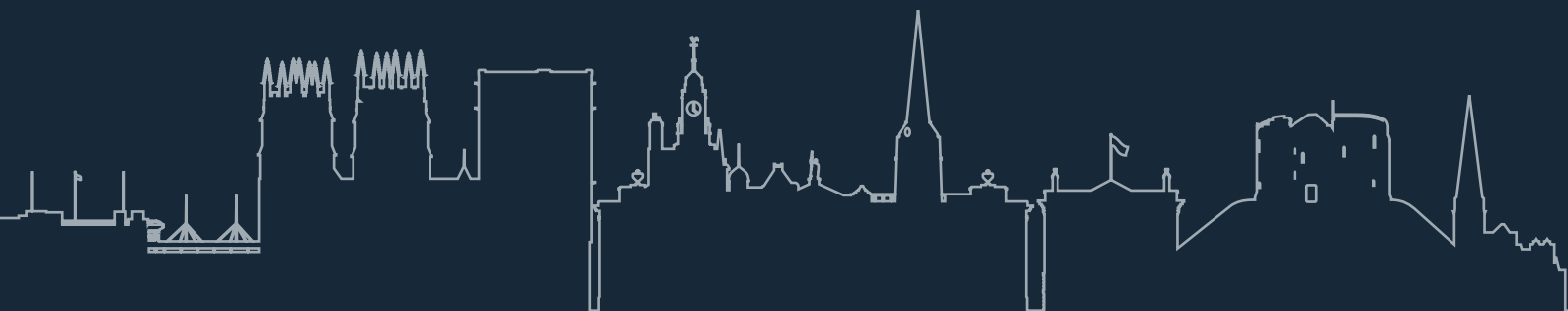
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Polish

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**Health and Adult Social Care Policy & Scrutiny Committee**
**30 July 2019**

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

**2018/19 FINANCE AND PERFORMANCE OUTTURN REPORT – HEALTH AND 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 Health and Adult Social Care 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: H&ASC Financial Summary 2018/19 – Draft Outturn**

2018/19 Quarter Three Variation £000		2018/19 Latest Approved Budget			2018/19 Draft Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-23	ASC Prevent	7,914	2,092	5,822	-531	-9.1%
+690	ASC Reduce	12,031	4,260	7,771	-137	-1.8%
+166	ASC Delay	12,326	9,269	3,057	-90	-2.9%
+2,168	ASC Manage	52,482	16,466	36,016	+1,795	+5.0%
-2,111	ASC Mitigations					
<b>+890</b>	<b>Adult Social Care</b>	<b>84,753</b>	<b>32,087</b>	<b>52,666</b>	<b>+1,037</b>	<b>+2.0%</b>
0	Public Health	7,878	8,211	-333	0	0%
<b>+890</b>	<b>H&amp;ASC GF Total</b>	<b>92,631</b>	<b>40,298</b>	<b>52,333</b>	<b>+1,037</b>	<b>+2.0%</b>

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

3. The following sections provide more details of the significant general fund outturn variations, which are predominantly within Adult Social Care budgets.
4. There has been a £163k underspend on Contracted Services largely due to one contract coming to an end and a delay in starting two further contracts, along with a staff vacancy (now filled) and a small underspend on housing related support contracts.
5. There is an underspend of £127k on the Supported Employment scheme at Yorkcraft as places within the scheme have been held vacant pending a review of the supported employment offer.
6. There is a total underspend of £101k across the small day services, the largest underspend being on Pine Trees, a day support service for customers, which is £54k underspent due in the main to securing additional Continuing Health Care (CHC) income for two customers (£19k) and holding a small number of staffing vacancies (£31k).
7. The P&SI Community Support Budget (CSB) is £117k under spent due to having fewer customers than budget (£69k) and increased CHC income (£48k). In addition there is an underspend of £87k on the Learning Disability CSB budget largely due to the average cost per placement being less than assumed in the budget.
8. This is offset by an overspend of £111k on the Older People CSB budget due to an increase in the average cost of those placed outside of the tiered framework contracts. The home care model is under review as we look to reduce the use of these providers.
9. There was considerable pressure on the Department's external residential care budgets across all customer groups due to a combination of the number of customers being placed exceeding the budgeted number plus an increase above inflation of the weekly cost of placements. The pressure on placements was significantly affected by the closure of two homes during the autumn, both of which had been willing to accept council fee rates. Alternative placements were found for 78 individuals, but these were at higher rates.
10. There is an overspend of £180k on Mental Health external residential placements, due to having 3 more working age customers than in the budget. Similarly, the budget for P&SI residential placements has overspent by £78k due to having 2 more working age customers than budgeted for. We will be bringing forward proposals for Mental Health accommodation to reduce use of residential care for working age mental health.

11. The Learning Disability working age residential budget has overspent by £405k for a number of reasons: number of placements were higher than budgeted (£256k), a reduction in CHC received (£111k), and an increase in the average cost of placements (£38k).
12. There was a £272k overspend in relation to nursing care across all customer groups with the majority of the pressure being felt in Older person's nursing care which overspent by £211k. The lack of vacancies in the city means customers are having to be placed in more expensive placements (£543k). In addition there are currently more customers than was assumed in the budget (£389k). This is offset by an increase in the average rate of customer contributions (£161k), 10 more CHC customers (£360k).
13. The Supported Living for Learning Disability customers has overspent by £695k. This is mainly due to above inflation rate increases and an increase in the number of voids. This is partially offset by increased CHC contributions of £276k. A dedicated task force is actively reviewing all schemes and considering the use and need to maintain the void placements to try and recover the position in 2019/20. This task force has already delivered significant savings as a result of reviews of individual support plans, revised care arrangements agreed with providers and identification of individuals' entitlement to CHC.
14. A number of other more minor variations make up the overall directorate position.

## **Performance Analysis**

### **ADULT SOCIAL CARE**

15. Much of the information in paragraphs 17 to 28 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 Q4" section of the web page.

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

Reference	Description	2015-16	2016-17	2017-18	2018-19	Change from a year ago
PVP18	Number of customers in long-term residential and nursing care at the month end	632	623	575	621	Deteriorating
PVP19	Number of permanent admissions to residential and care homes for younger people (18-64)	22	16	22	21	Improving
PVP02	Number of permanent admissions to residential and care homes for older people (65+)	260	248	246	252	Deteriorating
ASCOF2A1	<b>Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) (YTD Cumulative)</b>	11.30	11.18	15.7	15.65	Stable
ASCOF2A2	<b>Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (YTD Cumulative)</b>	683.10	647.80	649.40	671.8	Deteriorating
PVP12	Delayed Transfers of Care: Raw number of bed days (all providers)	8,463	10,535	8,551	10,969	Deteriorating
PVP08	People supported to live independently through social services packages of care	1,762	1,882	1,814	1,665	Improving
PVP09	People supported to live independently through social services prevention	2,435	931	978	1,037	Improving
SGAD02	Number of completed safeguarding pieces of work	1,071	1,178	1,056	1,206	Neutral
PVP11	Percentage of completed safeguarding S42 enquiries where people report that they feel safe	94.57	93.38	96.85	90.18	Deteriorating
ADASS07b	Number of Safeguarding Entrusted Enquiries initiated	133	174	159	147	Neutral
ADASS01a	Number of people assessed for council support (Carers)	210	313	276	311	Neutral
ADASS01b	Number of people eligible for services (Carers)	180	193	196	213	Neutral
ASCOF1E	<b>Percentage of adults with a learning disability in paid employment</b>	9.70	8.33	8.30	8.36	Stable
ASCOF1G	<b>Percentage of adults with a learning disability who live in their own home or with family</b>	82.60	82.26	82.00	74.93	Deteriorating
ASCOF1F	<b>Percentage of adults in contact with secondary mental health services in paid employment</b>	6.70	8.79	13.00	22.00	Improving
ASCOF1H	<b>Percentage of adults in contact with secondary mental health services living independently, with or without support</b>	28.50	39.21	69.00	84.00	Improving
ADASS02a	Number of people assessed for council funded adult social care (National eligibility framework)	1,470	2,448	2,447	2,301	Neutral
ADASS02b	Number of people eligible for services (National eligibility framework)	1,200	1,814	1,879	1,705	Neutral
ASCOF1C1a	<b>Percentage of people using social care who receive self-directed support - Adults aged over 18</b>	97.6	99.93	99.92	99.93	Stable
ASCOF1C2a	<b>Percentage of people using social care who receive direct payments - Adults aged over 18</b>	22.40	20.49	20.83	23.09	Improving
STF08HHASC	<b>Average sickness days per FTE - HHASC (rolling)</b>	NC	13.9	13.5	14.3	Stable

## Residential and nursing admissions

17. Avoiding permanent placements in residential and nursing care homes is a good measure of ensuring of how well CYC and its partners are doing in ensuring that those with the most complex needs retain as much control over their lives as possible. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. The quality of residential and nursing care in York is good. Even with lower numbers of people entering residential and nursing care, the number of permanent residents in these homes may increase as residents live longer. We are mitigating against this through the development of initiatives such as supported living schemes and intensive short-term support for people who would otherwise live in residential and nursing care homes. Organisations in the health and social care system in York have signed up to a “Home First” Model which means that anyone who can go home with support does by ensuring that

the right services are in place for this to happen. From a CYC point of view, we have made a decision to move to no permanent placements from hospital to enable customers time to recuperate and make informed choices about their future.

- 18 The number of people in long-term residential and nursing care rose to 621 at the end of 2018-19 Q4, compared with 575 at the end of 2017-18 Q4. There were 21 admissions of younger adults (aged 18-64) and 252 admissions of older people to residential and nursing care during 2018-19. These are lower than in 2017-18 for younger people (22 admissions) but higher for older people (246 admissions); 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, 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 Q4 (on average, 8.4% of adults with a learning disability were in paid employment), is slightly higher than reported during 2017-18 Q4 where 8.3% of adults with a learning disability were in paid employment. Additionally, during 2018-19 Q4 on average 75% of adults with a learning disability were living in their own home or with family, which is lower than the percentage reported in 2017-18 Q4 (82%). For those with mental health issues, on average 22% of this group were in paid employment during November 2018, which is a vast improvement on the corresponding 2017-18 Q4 figure of 13%. 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 at the end of 2018-19 Q4, a substantial increase on the figure reported at the end of 2017-18 Q4 (69%).

### **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 those with further care and support needs. This indicates the ability of the whole system to ensure appropriate transfer from hospital for those who need it. 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 the necessary support (from either, or both of, the NHS or Adult Social Care) is not available.

22. Approximately 30 hospital beds were occupied per day by York-resident patients because of DToC, during 2018-19. This is higher than in 2017-18, where 23 hospital beds were occupied each day by York-resident patients subject to DToC. The increase was mostly due to NHS-attributable delays in placing patients in non-acute care. 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 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 the target set by NHSE as part of their monitoring of the Better Care Fund, but around 60% of health and social care systems nationally performed higher than their targets in 2018-19.

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

23. It is important that people with care and support needs are involved with and are well supported by the communities in which they live as this supports their health and wellbeing. The Adult Social Care Community Teams have been redesigned to deliver a model of community-led support. An aim of this is to increase the number of people supported through community support, universal and preventative services and reduce the numbers dependent on commissioned care packages.
24. During 2018-19, on average 1,665 people were supported to live independently by CYC Adult Social Care packages of care. This is a decrease of 8% on the corresponding number in 2017-18 (1,814). There was an increase in the number of those supported to live independently by the use of preventative measures: this averaged 1,037 during the final quarter of 2018-19, compared with 978 in the final 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 people are able to support themselves in ways that are better for them and maintain their independence and choice.

### **“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. The aim of this is to enable our citizens to live well for longer and maintain their independence; and to prevent, reduce and delay the need for formal services. The introduction of the co-produced Live Well York website and the increase of preventative services such as Local Area

Co-ordination aim to offer information, advice and a means of building sustainable networks of support to help people live well in their communities, delaying the need for adult social care services. The roll-out of the community-led support model by the Adult Social Care Community Teams is aimed at ensuring that those with care and support needs are well connected to their communities and that these opportunities are fully explored before formal assessments and services are provided. 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 2018-19 we saw positive progress made in the implementation of community-led support through our Future Focus programme. There was a reduction in the number of supported self-assessments completed (2,301) in 2018-19, compared to 2,447 in 2017-18; community-led support played a part in this reduction. Of these 2,301 people, 1,705 were eligible to receive a service from CYC, a decrease from the 1,879 that were eligible to receive a service in 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 (99.9%) of those using social care received self-directed support during the final quarter of 2018-19 – a percentage unchanged from the corresponding quarter in 2017-18. The percentage receiving direct payments increased to 23% by the end of the final quarter of 2018-19, compared with 22% by the end 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. During 2018-19 there were 1,206 completed safeguarding pieces of work, which is a 14% increase on the number completed during the previous year (1,056). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry fell, from 97% during 2017-18 to 90% during 2018-19. Although it has fallen, the percentage is still in line with what has generally been reported historically in York.

### **PUBLIC HEALTH**

29. The most recently available Public Health data (as at 15<sup>th</sup> July 2019) has been used for this report. 2018-19 data is available for the healthy child service, substance misuse treatment, NHS health checks, IAPT, dementia diagnosis, smoking cessation and smoking in pregnancy.

Sexual health data and smoking prevalence data relates to the 2018 calendar year. The latest data for hospital admissions, under 18 conceptions, NCMP, physical activity and obesity is for 2017-18. The latest data for life expectancy and mortality indicators is for the three-year period from 2015-2017.

30. The scorecard which accompanies this report at annex 1 is the 'Health and Adult Social Care draft scorecard. This is based upon the Performance Framework for the Council Plan (2015-19) which was launched in July 2016 and built around the three priorities that put residents and businesses at the heart of all Council services. From 2019-20 Q1 onwards the scorecard will be updated in line with the new Performance Framework based on the new Council Plan (2019-2023) which has been approved by Executive.

### **Directly Commissioned Public Health services**

#### **Health Trainer Service (NHS Health Checks and Smoking Cessation)**

31. 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.
32. During 2018-19 in York a total of 14,028 people were invited for a health check and 1,291 checks were carried out. The total number of people in York who are eligible for a health check is 55,389. We are required to invite the eligible population for a check once over a five-year period. The figure above means that 2.3% of York's eligible population therefore received a check in 2018-19: a lower rate compared with the regional (7%) and national (8.1%) averages.
33. During 2018-19 in York, 154 people were seen by a smoking cessation advisor. Of these, 99 went on to set a "quit" date and 50 had quit smoking by the four week follow-up (including "spontaneous" quits). Nine of those quitting were pregnant smokers.

#### **Substance Misuse**

34. 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.

35. A total of 1,072 adults in York were in structured treatment for substance misuse during 2018-19. The breakdown by substance is: 504 people for opiate use, 368 for alcohol use, 121 for alcohol and non-opiate use and 79 for non-opiate use. Wait times were good, with only one person out of 139 new starts having to wait longer than three weeks to commence treatment. A higher proportion of eligible clients had received an HCV test (87.5%) compared with the England average (84%). Of those people receiving substance misuse treatment, 10 died in the year: the number in 2016-17 was 20, so this has halved since then. A higher proportion of alcohol users entering treatment had concurring mental health and substance misuse issues (67.1%) compared with the England average (53.5%). This is also the case with alcohol and non-opiate users (71.4% v 58.3%). A higher percentage of opiate clients in treatment in 2018-19 in York (27.8%) were in contact with the criminal justice system compared with the national average (20.4%).
36. In the latest 18 month monitoring period to March 2019, 383 alcohol users were in treatment in York and 119 (31.1%) left treatment successfully and did not re-present within 6 months. The equivalent figures for opiate and non-opiate users were 4.7% (24 out of 507) and 29.2% (59 out of 202) respectively. The York rates are currently lower than the national averages (37.8% for alcohol users, 6% for opiate users and 35.2% for non-opiate users). The rates in York have fallen over the last few quarters. There is some evidence (from the previous paragraph) that the substance misuse caseload in York has more complex needs in terms of mental health issues and involvement with the criminal justice system and this may be impacting on the ability of the treatment system to produce a higher rate of successful outcomes.
37. 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 and Reproductive health**

38. 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.

39. In the period April 2017 to March 2018 there were 36 conceptions to those under the age of 18 in York. This is the lowest ever reported figure for York over a 12-month period (the data set goes back to 1998). The number has approximately halved in the last six years: in the year to June 2012 there were 74 conceptions. The rate of conceptions per 1,000 females aged 15-17 in York (13) is lower than regional (20.4) and national (17.3) averages. Ward-level data on under 18 conceptions is available but is out-of-date (2014-16 being the latest information available). Although the rate in Westfield Ward had fallen, it was still significantly higher than the York and national rates. 53.5% of under-18 conceptions in York result in termination (in line with the national average).
40. In 2018, 8,833 tests for Chlamydia for people aged 15-24 were conducted for York residents. This represents 23.9% of the 15-24 population (36,908). This is higher than the regional (20%) and national (19.6%) screening rates. A total of 632 people aged 15-24 were diagnosed with Chlamydia which is a rate of 1,712 per 100,000 of population aged 15-24. This is lower than the regional (2,096) and national (1,975) detection rate. The detection rates are higher for females (2,258) in York than for males (1,120). This reflects the national pattern. The combination of the two indicators (higher testing rate but lower detection rate) suggests the underlying prevalence of Chlamydia infection may be lower in York.
41. In 2018, 3,985 people in York had a test for HIV out of 6,441 eligible new attendees accessing specialist sexual health services, a percentage testing rate of 61.9%. The testing rate in York has increased over the last four years and is above the regional average (59.8%) but below the England rate (64.5%). The testing rate for the “men who have sex with men” (MSM) group is 89.4%, which is above the England rate of 87.8%.

### **Healthy Child Service**

42. There is an above-average participation rate in the National Child Measurement Programme (NCMP) in York. Of children in York (reception and year 6 combined), 98.4% were measured in 2017-18, compared with 94.7% in England. York's obesity rates are lower than national averages, although obesity is rising in reception-age children. There is a wide variation in obesity rates at ward level, and a strong correlation between obesity and deprivation at ward level.
43. In 2018-19 Q3, York had a similar percentage of children receiving a new birth visit within 14 days, a higher percentage of children receiving a 6-8 week visit and a 12 month visit (by 12 months) but a lower percentage of children receiving a 2.5 year visit than in England as a whole.

44. At the 2.5 year review, each child's level of development on 5 domains (communication, problem solving, personal and social and gross and fine motor function) is measured using the ages and stages questionnaire. York has a higher percentage of children reaching the expected level of development on each individual domain as well on all 5 domains together than in England as a whole.
45. There are higher rates of breastfeeding at 6-8 weeks (of those with a reported feeding status) in York (59%) compared with the England average (54%) in 2018-19 Q3. There is a wide variation in breastfeeding rates at ward level ranging from 40% to 79%.

### **Other Public Health Issues**

#### **Adult Obesity / Physical Activity**

46. Obesity amongst the adult population is a major issue as it puts pressure on statutory health and social care services, and leads to increased risk of disease, with obese people being more likely to develop certain cancers, over twice as likely to develop high blood pressure and five times more likely to develop type 2 diabetes. It is estimated that obesity costs wider society £27 billion, and is responsible for over 30,000 deaths each year.
47. In York, it is estimated that 54.4% of people aged 18 or over are overweight or obese. This is lower than the national (62%) and regional (64.1%) percentages, and is based on the most recent "Active Lives" survey using a sample of 426 York residents.
48. York has the 5<sup>th</sup> highest physical activity rate in England based on the latest Active Lives Survey (2017-18). Of the 19+ population, 76.4% do at least 150 minutes of moderate intensity physical activity per week compared with 66.3% nationally and 64% regionally. York also has the 3<sup>rd</sup> lowest rate of physical inactivity in England. Of the 19+ population, only 13.8% do less than 30 minutes of moderate intensity physical activity per week, compared with 22.2% nationally and 24.1% regionally. York also has a high rate of participation in sport, with 84% of the 16+ population having taken part in sport / physical activity at least twice in the previous 28 days, compared with 77% nationally and 76% regionally.

#### **Smoking: pregnant mothers**

49. Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6% or less by the end of 2022.

50. In 2018-19, 205 (12%) mothers out of 1,711 births in York were recorded as being smokers at the time of delivery. There is a wide range in the rates between the different wards in York, from 0% to 24%. The rate in York is lower than the regional average of 14.4% but higher than the national average of 10.6%. The Vale of York CCG average is 11.6%.
51. As a result of improved communication and liaison between the Health Trainer service and the midwifery department the number of smoking cessation referrals from midwives has doubled from an average of 24 per quarter between April 2018 and December 2018 to 49 per quarter between January 2019 and June 2019.

### **Smoking: general population**

52. 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.
53. The latest (2018) estimated smoking prevalence amongst people aged 18 or over in York is 11.5%, which compares favourably with the rates nationally (14.4%) and in the Yorkshire and Humber region (16.7%). This is taken from the Annual Population Survey using a sample of 1,131 residents. Amongst those working in routine and manual occupations, the estimated current smoking prevalence is 18.6% in York, which is lower than both the national (25.4%) and regional (27.4%) rates. There have been statistically significant reductions in both rates since 2014, when the general rate was 17.2% and the routine and manual occupation rate was 32.8%.

### **Alcohol-related issues**

54. 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.
55. During 2017-18, the latest time period for which data is available, there were 1,422 admissions to hospital (a rate of 724 admissions per 100,000 residents) of York residents of all ages for treatment of alcohol-related conditions. The rate is significantly higher for males (928 admissions per 100,000) than for females (545 admissions per 100,000). The York rate

is significantly higher than the England rate (632 admissions per 100,000) but not significantly different from the regional rate (697 admissions per 100,000). There has been a rising trend in the rate in recent years in York.

### **Mental health and suicide**

56. 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.
57. In the Vale of York CCG area, 1,415 people aged 18 or over were referred to Improving Access to Psychological Therapies (IAPT) in 2018-19 Q4. This is a rate of 482 per 100,000 adults, and is significantly lower than both the national (1,010 per 100,000 adults) and regional (990 per 100,000 adults) rates. In March 2019, 375 people entered IAPT. This represents 14.4% of the estimated population of people with anxiety / depression (2,605 people). This is a slightly lower rate compared with regional (18.4%) and national (19.1%) averages. This information is not reported at LA level.
58. The latest published data on deaths by suicide shows that there were 74 deaths in York (49 males and 25 females) between 2015 and 2017 which is a rate of 13.4 per 100,000 population. The York rate is higher than the national (9.6 per 100,000) and regional (10.4 per 100,000) rates. Unpublished data from the Primary Care Mortality Database (PCMD) suggests that the number of deaths in York reduced to 63 in the three year period 2016-18.
59. 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%). Local data from the Vale of York CCG shows the latest figures for York GP practices (May 2019) is that the diagnosis rate is 59.6%, with there being considerable variation between individual practices, ranging from 36.8% to 88.1%.
60. The number of admissions to hospital for self-harm by people aged 10-24 in York has fallen from 294 in 2015-16 to 254 in 2017-18. The rate per 100,000 in York (540) is still significantly higher than regional (404) and national (421) rates. The highest number of admissions occurs in the 15-19 age band (143 admissions) followed by the 20-24 age band (86 admissions) and the 10-14 age band (25 admissions). The rate for females is over three times that of the rate for males.

## **Life Expectancy and Mortality**

61. Average Life Expectancy (LE) and Healthy Life Expectancy (HLE) for males in York (80.2 years and 65.3 years) is above than the England average (79.6 years and 63.4 years). Average LE and HLE for females in York (83.5 years and 64.7 years) is also above than the England average (83.1 years and 63.8 years). The “slope index” measures the inequality in LE across a geographical area: a higher figure represents a greater disparity in LE between more and less deprived areas. In York, the slope index of inequality in LE at birth is 8.9 years for males and 5.2 years for females. These are lower (better) than the England values (9.4 years and 7.4 years) although the value is increasing for males in York.
62. York has significantly lower mortality rates from causes considered preventable and from cardiovascular disease (aged 75 or younger), compared with national averages. The rates in York for excess winter deaths, child mortality, premature deaths from cancer, liver disease and respiratory disease and deaths from alcohol specific conditions are all similar to the national averages.

### **Recommendations**

63. 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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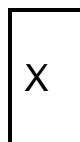
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**Chief Officer Responsible for the report:**

Sharon Houlden  
 Corporate Director of Health, Housing and Adult  
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Sharon Stoltz  
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**Report  
 Approved**



**Date** 17 July 2019

**Specialist Implications Officer(s)** None

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

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

**Background Papers**

Finance and Performance Outturn 2018/19 Report, Executive 27 June 2019

**Abbreviations**

CCG- Clinical Commissioning Group  
 CYC- City of York Council  
 CHC- Continuous Health Care  
 CSB- Community Support Budget  
 DToC- Delayed Transfer of Care  
 GP- General Practitioner  
 H&ASC GF- Health and Adult Social Care general Fund  
 IAPT- Improving Access to Psychological Therapies  
 LA- Local Authority  
 LE- Life Expectancy  
 NCMP- National Child Measurement Programme (NCMP)  
 NHS- National Health Service

PCDM- Primary Care Mortality Database

PS&I- Psychical and sensory impairment

TEWV- Tees Eske Wear Valleys NHS Trust





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			Previous Years			2018/2019						
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Adult Social Care	PVP02	Number of permanent admissions to residential & nursing care homes for older people (65+)	Monthly	248	246	252	90	60	63	39	-	Up is Bad Neutral
	PVP18	Number of customers in long-term residential and nursing care at the period end - (Snapshot)	Monthly	623	575	621	617	638	638	621	-	Neutral Neutral
	PVP19	Number of permanent admissions to residential & nursing care homes for younger people (18-64)	Monthly	16	22	21	9	3	7	2	-	Up is Bad Green
ASCOF1E		Proportion of adults with a learning disability in paid employment	Monthly	8.33%	8.30%	-	8.73%	8.60%	8.42%	8.36%	-	Up is Good Neutral
		Benchmark - National Data	Annual	5.70%	6.00%	-	-	-	-	-	-	
		Benchmark - Regional Data	Annual	6.68%	7.40%	-	-	-	-	-	-	
		National Rank (Rank out of 152)	Annual	40	46	-	-	-	-	-	-	
		Regional Rank (Rank out of 15)	Annual	5	5	-	-	-	-	-	-	
		Comparator Rank (Rank out of 16)	Annual	7	7	-	-	-	-	-	-	
ASCOF1G		Proportion of adults with a learning disability who live in their own home or with family	Monthly	82.26%	82.00%	-	76.82%	76.36%	76.15%	74.93%	-	Up is Good Neutral
		Benchmark - National Data	Annual	76.21%	77.20%	-	-	-	-	-	-	
		Benchmark - Regional Data	Annual	79.40%	80.90%	-	-	-	-	-	-	
		National Rank (Rank out of 152)	Annual	50	54	-	-	-	-	-	-	
		Regional Rank (Rank out of 15)	Annual	7	9	-	-	-	-	-	-	
		Comparator Rank (Rank out of 16)	Annual	9	9	-	-	-	-	-	-	



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ASCOF1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	Monthly	39.21%	69.00%	84.00% (Prov)	83.00%	84.00%	84.00%	84.00%	-	Up is Good	▲ Green
	Benchmark - National Data	Annual	-	57.00%	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	-	69.00%	-	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	-	59	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	-	9	-	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	-	9	-	-	-	-	-	-		
ASCOF111	Proportion of people who use services who reported that they had as much social contact as they would like	Annual	49.50%	44.50%	-	-	-	-	-	-	Up is Good	◄ Neutral
	Benchmark - National Data	Annual	45.40%	46.00%	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	45.60%	47.50%	-	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	28	94	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	6	12	-	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	2	11	-	-	-	-	-	-		



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			Previous Years			2018/2019							
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Adult Social Care Outcomes Framework	ASCOF2A 1	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) (New definition from 2015/16) - (YTD Cumulative)	Monthly	11.18	15.7	-	6.71	8.95	14.16	15.65	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	12.81	14	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	13.76	14.5	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	68	102	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	6	9	-	-	-	-	-	-		
		Comparator Rank (Rank out of 16)	Annual	8	11	-	-	-	-	-	-		
	ASCOF2A 2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (New definition from 2015/16) - (YTD Cumulative)	Monthly	647.8	649.4	-	239.93	399.88	567.83	671.8	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	610.7	585.6	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	658.4	632.6	-	-	-	-	-	-		
		National Rank (Rank out of 152)	Annual	87	95	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	7	9	-	-	-	-	-	-		
Comparator Rank (Rank out of 16)	Annual	9	8	-	-	-	-	-	-				



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			Previous Years			2018/2019						
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
ASCOF2C 1	Delayed transfers of care from hospital, per 100,000 population (New definition from 2017/18) - (YTD Average)	Monthly	16.85	13.5	17.5 (Prov)	19.2	17.7	17.7	17.5	-	Up is Bad	◀▶ Neutral
	Benchmark - National Data	Annual	14.9	12.3	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	11.1	10.9	-	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	111	109	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	14	12	-	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	10	13	-	-	-	-	-	-		
ASCOF2C 2	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (New definition from 2017/18) - (YTD Average)	Monthly	7.49	6.4	6.6 (Prov)	7.9	7.4	7.2	6.6	-	Up is Bad	◀▶ Neutral
	Benchmark - National Data	Annual	6.3	4.3	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	4.8	3.4	-	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	111	130	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	13	14	-	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	12	14	-	-	-	-	-	-		



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		Collection Frequency	Previous Years			2018/2019				Target	Polarity	DOT
			2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4			
ASCOF3A	Overall satisfaction of people who use services with their care and support	Annual	62.40%	62.90%	-	-	-	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Annual	64.70%	65.00%	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	64.60%	65.00%	-	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	98	91	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	11	10	-	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	13	11	-	-	-	-	-	-		
ASCOF4A	Proportion of people who use services who feel safe	Annual	71.00%	70.30%	-	-	-	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Annual	70.10%	69.90%	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	69.10%	69.60%	-	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	63	80	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	8	9	-	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	8	9	-	-	-	-	-	-		
LAPE03	Alcohol-specific mortality: Males, all ages (per 100,000 population)	Annual	11.59	16.1	-	-	-	-	-	-	Up is Bad	◀▶ Neutral
	Benchmark - National Data	Annual	14.27	14.5	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	15.69	16.7	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	3	6	-	-	-	-	-	-		



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		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Alcohol	LAPE04	Alcohol-specific mortality: Females, all ages (per 100,000 population)	Annual	5.62	4.2	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	6.84	7	-	-	-	-	-		
		Benchmark - Regional Data	Annual	7.51	8.2	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	1	-	-	-	-	-		
	LAPE17	Admitted to hospital episodes with alcohol-related conditions (Narrow): Persons, all ages (per 100,000 population)	Annual	691	724	-	-	-	-	-	Up is Bad	▲ Red
		Benchmark - National Data	Annual	636.4	632	-	-	-	-	-		
		Benchmark - Regional Data	Annual	700.56	697	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	8	10	-	-	-	-	-		
	LAPE22	% of alcohol users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	38.19%	33.50%	31.07%	30.10%	29.65%	33.07%	31.07%	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	38.29%	38.60%	37.85%	38.92%	38.96%	38.53%	37.85%		
Employment	PHOF40	Gap in employment rate for mental health clients and the overall employment rate	Annual	68.50%	63.90%	-	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	67.40%	68.20%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	63.80%	64.50%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	14	6	-	-	-	-	-		



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			2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
		Collection Frequency											
Life Expectancy	PHOF16	Life Expectancy at birth - Female	Annual	83.5	83.5	-	-	-	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Annual	83.1	83.1	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	82.4	82.4	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
	PHOF17	Slope index of inequality in life expectancy at birth - Female - (Three year period)	Annual	4.2	5.2	-	-	-	-	-	-	Up is Bad	◄► Neutral
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
	PHOF36	Life Expectancy at birth - Male	Annual	80.4	80.2	-	-	-	-	-	-	Up is Good	◄► Neutral
		Benchmark - National Data	Annual	79.5	79.6	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	78.7	78.7	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	2	-	-	-	-	-	-		
	PHOF37	Slope index of inequality in life expectancy at birth - Male - (Three year period)	Annual	7.7	8.9	-	-	-	-	-	-	Up is Bad	▲ Red
		Regional Rank (Rank out of 15)	Annual	3	2	-	-	-	-	-	-		
CMHD02	IAPT Referrals (18+), per 100,000 population - (VoY CCG)	Quarterly	538	454	482	412	455	435	482	-	Up is Good	◄► Neutral	
	Benchmark - National Data	Quarterly	869	871	1,010	841	868	929	1,010	-			
	Benchmark - Regional Data	Quarterly	872	890	990	848	852	897	990	-			



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		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Mental Health	CMHD03	% of people who have completed IAPT treatment who achieved "reliable improvement" - (VoY CCG)	Quarterly	67.80%	65.10%	70.10%	74.60%	71.70%	63.00%	70.10%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	66.30%	71.60%	72.50%	72.10%	71.10%	71.60%	72.50%	-		
		Benchmark - Regional Data	Quarterly	68.20%	71.50%	73.70%	71.60%	70.00%	71.50%	73.70%	-		
	CMHD05	People entering IAPT (in month) as % of those estimated to have anxiety/depression (VoY CCG) - (Snapshot)	Monthly	7.50%	15.50%	14.40%	14.80%	13.40%	16.70%	14.40%	-	Neutral	◀▶ Neutral
		Benchmark - National Data	Monthly	17.20%	17.20%	19.10%	17.00%	16.70%	14.90%	19.10%	-		
		Benchmark - Regional Data	Monthly	16.30%	15.70%	18.40%	16.10%	17.40%	14.20%	18.40%	-		
	PHE11	Estimated dementia diagnosis rate (%) for people aged 65+ as recorded on practice disease registers	Annual	N/A	60.40%	62.20%	-	-	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Annual	N/A	67.90%	67.50%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	N/A	71.30%	71.20%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	N/A	15	15	-	-	-	-	-		
	PHOF32	Suicide rate (per 100,000 population)	Annual	12.7	13.4	-	-	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	9.9	9.6	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	10.4	10.4	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	13	13	-	-	-	-	-	-		
	POPPI01	Total population aged 65 and over predicted to have dementia	Annual	2,788	2,788	2,779	-	-	-	-	-	Up is Bad	◀▶ Neutral





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			2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4				
Mortality	CHP02	Child mortality rate (1-17 years), per 100,000 population	Annual	12.3	12.5	-	-	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	11.6	11.2	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	13.2	12.4	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	8	8	-	-	-	-	-	-		
	PHOF33	Excess Winter Deaths Index (all ages single year)	Annual	31	31	-	-	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	21.6	21.6	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	24.9	24.9	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	12	12	-	-	-	-	-	-		
	PHOF46	Mortality rate from causes considered preventable (per 100,000 population)	Annual	162.85	168.9	-	-	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	182.84	181.5	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	197.21	197.2	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	3	-	-	-	-	-	-		
PHOF49	Under 75 mortality rate from all cardiovascular diseases (per 100,000 population)	Annual	65	64.9	-	-	-	-	-	-	Up is Bad	◀▶ Neutral	
	Benchmark - National Data	Annual	73.5	72.5	-	-	-	-	-	-			
	Benchmark - Regional Data	Annual	83.3	82.6	-	-	-	-	-	-			
	Regional Rank (Rank out of 15)	Annual	2	2	-	-	-	-	-	-			



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			2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4			
PHOF55	Under 75 mortality rate from cancer (per 100,000 population)	Annual	130.8	133.1	-	-	-	-	-	-	Up is Bad	◄► Neutral
	Benchmark - National Data	Annual	136.8	134.6	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	146.2	143.5	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
PHOF61	Under 75 mortality rate from liver disease (per 100,000 population)	Annual	16.5	16.6	-	-	-	-	-	-	Up is Bad	◄► Neutral
	Benchmark - National Data	Annual	18.3	18.5	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	18.1	19.1	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	4	3	-	-	-	-	-	-		
PHOF66	Under 75 mortality rate from respiratory disease (per 100,000 population)	Annual	28.4	29.5	-	-	-	-	-	-	Up is Bad	◄► Neutral
	Benchmark - National Data	Annual	33.8	34.3	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	39	39.7	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-		
NCMP01	% of reception year children recorded as being obese (single year)	Annual	8.52%	9.28%	-	-	-	-	-	-	Up is Bad	◄► Neutral
	Benchmark - National Data	Annual	9.61%	9.53%	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	9.72%	9.94%	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	4	4	-	-	-	-	-	-		



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			Previous Years			2018/2019							
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Obesity	NCMP02	% of children in Year 6 recorded as being obese (single year)	Annual	16.13%	17.41%	-	-	-	-	-	Up is Bad	▲ Red	
		Benchmark - National Data	Annual	19.98%	20.14%	-	-	-	-	-			
		Benchmark - Regional Data	Annual	20.42%	20.63%	-	-	-	-	-			
		Regional Rank (Rank out of 15)	Annual	1	4	-	-	-	-	-			
	PHOF44a	% of adults (aged 18+) classified as overweight or obese (new definition)	Annual	60.44%	54.40%	-	-	-	-	-	-	Up is Bad	◄► Neutral
		Benchmark - National Data	Annual	61.29%	62.00%	-	-	-	-	-			
		Benchmark - Regional Data	Annual	65.27%	64.10%	-	-	-	-	-			
		Regional Rank (Rank out of 15)	Annual	2	1	-	-	-	-	-			
Physical Activity	PHOF01a	% of adults (aged 19+) that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week)	Annual	72.03%	76.40%	-	-	-	-	-	Up is Good	▲ Green	
		Benchmark - National Data	Annual	66.00%	66.30%	-	-	-	-	-			
		Benchmark - Regional Data	Annual	64.60%	64.00%	-	-	-	-	-			
		Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-			
	PHOF02a	% of adults (aged 19+) that are physically inactive (<30 moderate intensity equivalent minutes per week)	Annual	18.28%	13.80%	-	-	-	-	-	-	Up is Bad	◄► Neutral
		Benchmark - National Data	Annual	22.24%	22.20%	-	-	-	-	-			
		Benchmark - Regional Data	Annual	24.08%	24.10%	-	-	-	-	-			
		Regional Rank (Rank out of 15)	Annual	1	-	-	-	-	-	-			



## Health & Adult Social Care (DRAFT) 2018/2019

No of Indicators = 67 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub July 2019

			Previous Years			2018/2019									
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT			
v and   are	Prog   Proj nanc   ds - v and   are	YH13	% of mothers smoking at time of delivery - (Rolling 12 Month)	Quarterly	11.26%	NC	11.98%	10.90%	11.45%	12.25%	11.98%	-	Up is Bad	◀▶ Neutral	
		CORP10L	Large Project - Adult Social Care Future Focus	Quarterly	-	Green	Green	Green	Green	Green	Green	-	Neutral	◀▶ Neutral	
	EH1		Chlamydia diagnoses (15-24 year olds), per 100,000 population	Annual	1,864.3	1,985.3	1,712	-	-	-	-	-	Up is Good	◀▶ Neutral	
			Benchmark - National Data	Annual	1,916.9	1,881.9	1,975	-	-	-	-	-			
			Benchmark - Regional Data	Annual	2,132.3	2,244.3	2,096	-	-	-	-	-			
			Regional Rank (Rank out of 15)	Annual	11	11	11	-	-	-	-	-			
	EH2		Proportion of population aged 15 to 24 screened for chlamydia	Annual	22.50%	26.40%	23.90%	-	-	-	-	-	-	Up is Good	◀▶ Neutral
			Benchmark - National Data	Annual	20.70%	19.30%	19.60%	-	-	-	-	-	-		
			Benchmark - Regional Data	Annual	19.50%	20.20%	20.00%	-	-	-	-	-	-		
	HV01		% of births that receive a face to face New Birth Visit (NBV) by a Health Visitor within 14 days	Quarterly	78.30%	85.61%	85.90%	87.00%	88.20%	88.70%	85.90%	-	-	Up is Good	◀▶ Neutral
			Benchmark - National Data	Quarterly	88.30%	88.50%	-	88.32%	89.60%	88.80%	-	-	-		
			Benchmark - Regional Data	Quarterly	86.20%	84.00%	-	85.43%	86.20%	84.90%	-	-	-		
	HV02		% of face-to-face NBVs undertaken by a health visitor after 14 days	Quarterly	12.77%	9.91%	11.70%	11.70%	10.50%	9.60%	11.70%	-	-	Up is Bad	◀▶ Neutral
			Benchmark - National Data	Quarterly	9.90%	9.70%	-	9.17%	8.70%	9.30%	-	-	-		
		Benchmark - Regional Data	Quarterly	11.60%	-	-	13.10%	12.30%	13.70%	-	-	-			



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Produced by the Business Intelligence Hub July 2019

			Previous Years			2018/2019							
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Public Health and Wellbeing	HV03	% of infants who received a 6-8 week review by the time they were 8 weeks	Quarterly	77.09%	82.46%	89.20%	85.30%	86.40%	88.40%	89.20%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	83.60%	84.30%	-	85.49%	85.40%	85.50%	-	-		
		Benchmark - Regional Data	Quarterly	87.10%	84.40%	-	86.08%	85.50%	86.40%	-	-		
	HV05	% of children who received a 12 month review by the time they turned 12 months	Quarterly	41.65%	72.21%	81.80%	78.40%	79.80%	83.80%	81.80%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	75.90%	77.60%	-	77.03%	76.80%	75.50%	-	-		
		Benchmark - Regional Data	Quarterly	82.70%	85.50%	-	84.38%	84.40%	86.50%	-	-		
	HV06	% of children who received a 12 month review by the time they turned 15 months	Quarterly	76.92%	81.52%	84.70%	78.50%	80.50%	82.40%	84.70%	-	Up is Good	▲ Green
		Benchmark - National Data	Quarterly	82.70%	82.10%	-	81.88%	82.40%	82.20%	-	-		
		Benchmark - Regional Data	Quarterly	86.70%	-	-	89.24%	90.20%	89.50%	-	-		
	HV07	% of children who received a 2-2½ year review	Quarterly	18.55%	62.64%	71.20%	60.80%	70.60%	69.80%	71.20%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	77.40%	76.40%	-	76.45%	78.20%	77.90%	-	-		
		Benchmark - Regional Data	Quarterly	80.70%	78.60%	-	78.82%	81.00%	82.60%	-	-		
	HV10	% of infants totally or partially breastfed at 6-8 weeks (of those with a known feeding status)	Quarterly	59.40%	54.73%	59.40%	56.60%	57.00%	58.70%	59.40%	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	50.00%	49.80%	-	52.09%	53.43%	54.00%	-	-		
	PHOF31	% of eligible population aged 40-74 who received an NHS Health Check	Quarterly	0.20%	0.50%	2.30%	0.10%	0.60%	0.70%	0.90%	-	Up is Good	▲ Green
Benchmark - National Data		Quarterly	8.50%	8.30%	8.00%	1.90%	1.90%	1.90%	2.30%	-			
Benchmark - Regional Data		Annual	7.40%	7.20%	6.90%	1.60%	1.70%	1.60%	2.00%	-			



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Produced by the Business Intelligence Hub July 2019



			Previous Years			2018/2019							
			2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
		Collection Frequency											
Camorra	PHOF79	HIV late diagnosis	Annual	45.00%	52.60%	-	-	-	-	-	-	Up is Bad Neutral	
		Benchmark - National Data	Annual	40.10%	41.10%	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	45.78%	47.80%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	10	12	-	-	-	-	-	-		
	PHOF91	% of eligible population aged 40-74 offered an NHS Health Check	Quarterly	0.80%	0.50%	25.30%	9.20%	3.60%	6.30%	6.20%	-	Up is Good Neutral	
		Benchmark - National Data	Quarterly	16.90%	17.20%	17.60%	4.30%	4.40%	4.10%	4.80%	-		
		Benchmark - Regional Data	Quarterly	14.50%	13.70%	17.70%	4.20%	3.80%	4.20%	5.50%	-		
	PHOF92	% of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Quarterly	21.40%	100.00%	43.10%	1.60%	15.70%	11.70%	14.10%	-	Up is Good Neutral	
		Benchmark - National Data	Quarterly	49.90%	47.90%	181.80%	42.80%	43.40%	46.50%	49.10%	-		
		Benchmark - Regional Data	Quarterly	51.20%	52.50%	156.70%	38.90%	43.60%	37.50%	36.70%	-		
	Safeguarding (Young)	TAP09	% of panel confident they could find information on support available to help people live independently	Quarterly	65.46%	64.81%	72.52%	66.11%	NC	72.52%	NC	-	Up is Good Neutral
		CHP32	Hospital admissions as a result of self harm (10-24 years), per 100,000 population	Annual	631	539.9	-	-	-	-	-	-	Up is Bad Green
Benchmark - National Data			Annual	404.6	421.2	-	-	-	-	-	-		
Benchmark - Regional Data			Annual	401.2	404.4	-	-	-	-	-	-		
PHOF06a		Under 18 conceptions (per 1,000 females aged 15-17) (Rolling 12 Months)	Quarterly	16.8	13	-	-	-	-	-	-	Up is Bad Neutral	
		Benchmark - National Data	Quarterly	18.5	17.3	-	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	21.3	20.4	-	-	-	-	-	-		



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Produced by the Business Intelligence Hub July 2019

			Previous Years			2018/2019							
			2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
People	PHOF27	Under 18 conceptions: conceptions in those aged under 16 (per 1,000 females aged 13-15) (Calendar Year)	Annual	5.1	2.5	-	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	3	2.7	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	4	3.3	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	12	5	-	-	-	-	-	-		
Smoking	PHOF10	% of women who smoke at the time of delivery - (VoY CCG)	Quarterly	11.01%	10.40%	-	-	-	-	-	-	Up is Bad	◄► Neutral
		Benchmark - National Data	Quarterly	10.50%	10.80%	-	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	14.19%	14.20%	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-		
	PHOF162	Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS) Ratio	Annual	3.43	5.31	1.89	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	2.43	2.44	2.47	-	-	-	-	-		
		Benchmark - Regional Data	Annual	2.57	2.49	2.32	-	-	-	-	-		
	PHOF20	% of population smoking (routine and manual workers) (APS)	Annual	26.40%	24.60%	18.60%	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	26.50%	25.70%	25.40%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	28.90%	28.20%	27.40%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	3	1	-	-	-	-	-		



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No of Indicators = 67 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.

Produced by the Business Intelligence Hub July 2019

			Previous Years			2018/2019							
			2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
	PHOF45	% of population smoking (APS)	Annual	12.60%	9.00%	11.50%	-	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	15.50%	14.87%	14.40%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	17.70%	16.99%	16.70%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	1	1	-	-	-	-	-		
Sport	PHYS05	Adults (aged 16+) who have taken part in sport and physical activity at least twice in the last 28 days	Annual	84.80%	84.01%	-	-	84.00%	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Annual	77.18%	77.45%	-	-	77.50%	-	-	-		
		Benchmark - Regional Data	Annual	74.96%	75.80%	-	-	75.80%	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	-	-	-	-	-	-	-		
Substance Misuse	CSB17	Number of mothers recorded by Midwifery Services in regard to alcohol or substance misuse (by Estimated Delivery Date)	Quarterly	-	-	-	-	-	-	-	-	Up is Bad	◀▶ Neutral
		% of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	9.39%	6.30%	4.70%	5.52%	5.29%	4.70%	4.70%	-	Up is Good	◀▶ Neutral
	PHOF76	Benchmark - National Data	Quarterly	6.63%	6.61%	6.00%	6.50%	6.28%	6.10%	6.00%	-		
		% of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	38.08%	32.11%	29.20%	30.33%	26.61%	31.50%	29.20%	-	Up is Good	◀▶ Neutral
PHOF77	Benchmark - National Data	Quarterly	37.13%	36.61%	35.20%	36.90%	36.37%	35.70%	35.20%	-			





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**Health & Adult Social Care Policy & Scrutiny Committee****30 July 2019**

Report of the Corporate Director – Health, Housing and Adult Social Care

**Health, Housing, Adult Social Care Directorate Challenges and Priorities as at July 2019****Summary**

1. This short paper reports on my “look, listen, learn” discovery phase from February to May, following my appointment as Corporate Director for health, housing, and adult social care. It’s a temperature check of the directorate in terms of statutory compliance and safety and fitness for purpose; as well as a summary of the priority areas for the directorate to focus on in the short/immediate/long term.
2. These priority areas will be aligned with the emerging Council Plan priorities as the new political administration is established and we enter a new 4 year democratic cycle. At the point of publication of the Council Plan we will have established timescales for the delivery of immediate and long-term plans for the directorate. Priority plans can be expected to focus on areas such as housing delivery, mental health partnership, STP/ICS and health and social care integration, financial sustainability of the directorate, and a new financial and practice model of social care delivery for the directorate to refine in the next 2-4 years.
3. Alongside this report at Annex 1 is a visual structure of the health, housing and adult and social care directorate.

**What needs to be done?**

4. York is a place where:
  - Finances are relatively stable

- Health of the population is good
- There' s virtually full employment
- Business, economy, culture, learning is thriving
- There's an ambition to build on all of the above; and a commitment to, and thirst for, continuous improvement
- Partnership is in place
- There's recognition that a "place based" corporate agenda will take us forward.

**What aspects of this can we influence? Integration – Partnership – Leadership – Culture shift – Digitalisation/Technology – Innovation**

5. Relationships exist in all key areas. Where trust needs to be built, we can do this through collaboration and transparency.
6. Mechanics are in place to ensure that operational management is safe and smooth, giving me confidence and assurance.
7. For the corporate director, the focus will be on strategic leadership and direction and creating the conditions that support staff to perform well in their various roles. The development of strengths-based leadership will be a key area for attention.
8. A shared vision for our City needs further development across all stakeholders. This will enable us to get from information to action in all of our key workstreams.
9. In this context, the challenge for the corporate director, and the directorate, is to:
  - Maintain and build on these foundations and achievements
  - Build a credible evidence base and business case for further service development
  - Use financial stability to invest and generate growth and income

- Tap in to corporate and democratic power to shape the place and develop markets
- Build partnerships with the business sector, academia, and industry
- Drive forward health partnerships by leading them directly, using public health as an enabler
- Improve the quality of service delivery across the STP/ICP, taking account of the recommendations of the CQC system review
- Examine and explore ever more efficient operational models based on personal responsibility and control....
- .....whilst keeping services safe and compliant with legislative and regulatory requirements
- Work to close the gap between those with good health and wellbeing outcomes, and those without
- Innovate!

**How are we going to do it? Specifics/priorities: including, but not exclusively :(Digital/technology agenda needs to run through, and be at the forefront of, all of the below)**

10. Application of human design principles to determine our strategic approach to the work of the directorate, and the means by which we seek to deliver our objectives.
11. Cultural change that's needed corporately in order to become the council we need to be.
12. Development of the Health and Wellbeing Board into a sharp delivery vehicle for the implementation of social care and health integration at scale and pace. Work has already begun on re-modelling and re-stating of purpose. Mental Health and Wellbeing as a priority agenda needs to be brought into this work and also the embedding of public health principles and approaches in everything we do – the need to deliver and fund “prevention” in a different way.

13. Development of place based partnership at a strategic level so that we set the direction of travel in order to achieve social care/health integration at scale and pace. Determining how the STP and integrated care partnerships will drive us towards accelerated integration of health and social care is a key priority.
14. Maintenance of a robust approach to ASC budget management alongside a bold and exploratory approach to develop funding solutions that meet the need of the particular York demographic; with a sharp focus needed on whole-system market shaping and development.
15. Establishment of a transformed ASC practice model in the final year of Future Focus as a programme. We need to be developing long term approaches to commissioning (rather than short term solutions to immediate problems).
16. There is scope to explore the development of models that will promote independent living in tandem with bed-based care; one that directly links to locality-based domiciliary care/health care and the development of hybrid workers. Ask the question: how do we use information/reports/projects/products (e.g. performance data/HR data/financial data & mitigation plans) to move from where we are now to where we want to be?
17. Market development is something we need to do in partnership with colleagues in economic development, local and national business, voluntary sector, and education/training sectors. Active exploration of the potential of technology and robotics to address the workforce challenges in adult social care is a crucial element of this work
18. Promotion of the housing delivery programme across CYC and partners to ensure whole system ownership and support at senior level of the principles and ethos of our approach to housing
19. Development of the Safer York Partnership into a responsive delivery vehicle for our strategies relating to safety and safeguarding communities.

## **Consultation**

20. This report is purely to help inform the Committee in the preparation of its work plan at the onset of the new Municipal Year. As such wider consultation has not been necessary at this stage.

## **Analysis**

21. The Corporate Director will attend the meeting to respond to the challenges and approach she has outlined in this report.

## **Options**

22. Members of the committee can:
- (i) Receive and comment on the content of this report.
  - (ii) Consider whether they wish to receive further information or undertake further work at future meetings relating to any of the issues raised in this report.

## **Council Plan**

23. Following the recent local elections in York, the Council is currently consulting on a framework for a new Council Plan covering the four year period from 2019-2023. The proposed framework includes outcomes prioritising the services of health, housing and adult social care and addressing in particular good health and wellbeing, building homes and safe communities.

## **Implications**

24. There are no known Legal, HR, Finance, Equalities, Crime & Disorder, Property or other implications associated with the recommendation in this report and there are no known risks associated with the recommendations in this report.

## **Recommendations**

24. Members are asked note and comment on the content of this report and identify any further areas for consideration, as required.

Reason: To inform Members of issues and priorities of the directorate under their remit and assist them in identifying future priorities for their work plan.

**Contact Details**

**Author:**

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Corporate Director of  
Health, Housing and  
Adult Social Care  
Tel: 01904 553251

**Chief Officer responsible for the report:**

Sharon Houlden

**Report Approved**

**Date** 22/07/2019

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

**All**

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

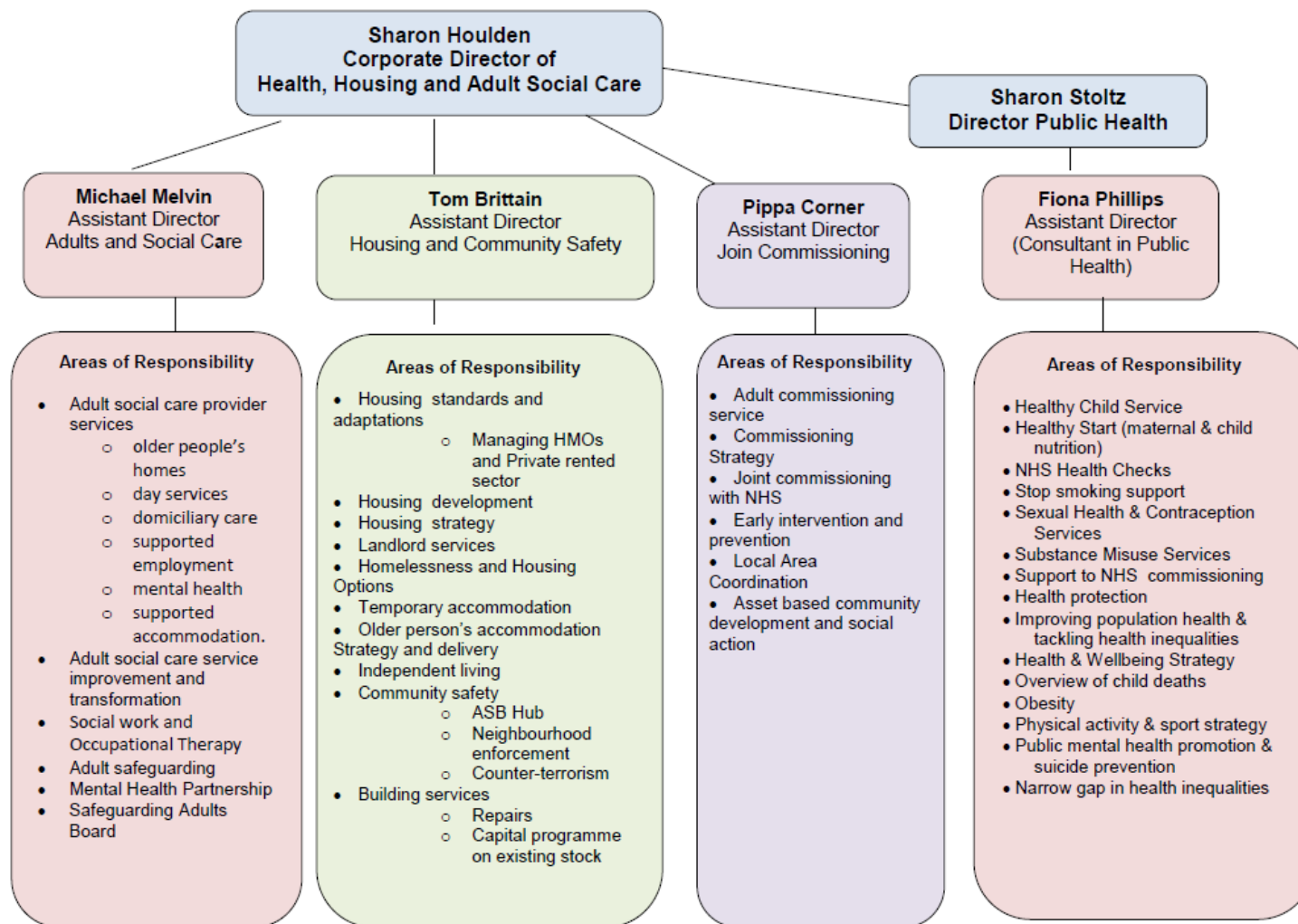
**Abbreviations**

ASC- Adult Social Care  
CQC- Care Quality Commission  
CYC – City of York Council  
HHASC- Health, Housing and Adult and Social Care  
HR- Human Resources  
ICS- Integrated Care Systems  
STP- Sustainability and Transformation partnerships

**Annexes**

**Annex 1 – Directorate structure**

Directorate of Health, Housing and Adult Social Care – Functions Chart



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## Health and Adult Social Care Policy and Scrutiny Committee

30 July 2019

Report of the Assistant Director – Legal & Governance

### Food Poverty Scrutiny Review

#### Summary

1. This report invites the Health and Adult Social Care Policy and Scrutiny Committee to nominate a Member to sit on an Ad-Hoc Scrutiny Committee established by the Customer and Corporate Services Scrutiny Committee (CSMC) to investigate food poverty in York.

#### Background

2. During the previous administration, CSMC agreed to carry out a scrutiny review into Financial Inclusion in York with the aim of understanding the impact of Universal Credit on the city's citizens and the activities being run to promote Financial Inclusion.
3. In September 2018 CSMC agreed an initial remit for the review. However, in November 2018 CSMC considered a request that a 19 July 2018 Motion to Council on Food Poverty be added to the review remit. This was agreed and the following objectives were added:
  - i. To understand how the above issues are linked to apparently increasing levels of food poverty in York, including work on the following:
    - the background to food poverty in York including any available local statistics and how local measurement might be improved;
    - the current role of crisis support in York in mitigating food poverty;
    - a range of options for the Council and its partners to improve the city wide response to food poverty in York.

4. The Financial Inclusion Scrutiny Review Task Group had its final meeting on 13 February 2019 when it was agreed that issues around increasing food poverty in the city were complex and this should be the subject of a separate piece of work which could be picked up by the new administration after May's elections.
5. The review recommendations were agreed by Executive in March 2019 and these included a recommendation to the new administration that a deeper scrutiny review into the causes of and responses to food poverty is considered.
6. The topic was first considered by the new CSMC in June 2019 and again in July 2019 when Members agreed that as this subject cuts across the remits of other scrutiny committees the review should be carried out by an Ad-Hoc Scrutiny Committee involving Members of other scrutiny committees. As a result CSMC agreed to invite a nominee from the Children, Education and Communities Policy and Scrutiny Committee and the Health and Adult Social Care Policy and Scrutiny Committee to take part in this piece of work, along with CSMC nominees Cllrs Fenton and Rowley.
7. CSMC also agreed the following remit for the review:
  - i. Identify indicators and measures for York to monitor the impact of food poverty
  - ii. Identify areas of best practice within these activities.
  - iii. Identify opportunities to coordinate activities to increase impact and carry out an assessment of current service provision and sustainability
  - iv. Identify opportunities to target activities at the lowest income households to more effectively prevent food poverty

### **Consultation**

8. A scoping report considered by CSMC in July (Annex 1) was written in consultation with officers from teams across the Council engaged in work to reduce poverty. For the review into food poverty to be successful Ad-Hoc Scrutiny Committee Members will need to engage with organisations such as York Foodbank, York Food Poverty Alliance and informal providers of food aid.

## **Options**

9. Member can consider the information in this report and its annex and can:
  - i. Agree to nominate a Member of this Committee to sit on the Ad-Hoc Scrutiny Committee looking into food poverty in York, or;
  - ii. Agree that food poverty is not a priority of this Committee and inform CSMC is does not wish to be involved in this review.

## **Analysis**

10. There is no analysis in this report.

## **Council Plan**

11. This report is linked to ‘a prosperous city for all’ and ‘a Council that listens to residents’ priorities in the Council Plan.

## **Implications**

12. There are no implications associated with the recommendation in this report. However, if the Committee decide not to participate in this review CSMC will most likely proceed without representation from this Committee.

## **Risk Management**

13. There are no risks associated with the recommendation in this report. However, while York may appear to be a rich city with a buoyant tourist industry, poverty is real – and growing – in a climate where food prices continue to rise and many incomes remain stagnant and this could present a significant risk to sections of the community unless there is a coordinated response to food poverty in York.

## **Recommendations**

14. Members are asked to note the content of this report and its annex and nominate a Member to sit on the Ad-Hoc Scrutiny Committee investigating food poverty in York.

Reason: To understand and help tackle issues related to food poverty in York

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**Report Approved**  **Date** 9/07/2019

**Wards Affected:**

**All**

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**Annexes**

**Annex 1 – CSMC Scoping report into food poverty**



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**Customer and Corporate Services Scrutiny  
Committee****8 July 2019**

Report of the Assistant Director of Communities and Equalities

**Food Poverty Scrutiny Review Scoping Report****Summary**

1. This report proposes a focus for the Food Poverty Scrutiny Review agreed at the 10<sup>th</sup> June 2019 meeting of the Customer and Corporate Services Scrutiny Management Committee (CSMC). Members of the Committee are asked to agree a suitable remit for a scrutiny review and identify the most cost effective actions City of York Council can take to minimise food poverty within the city.

**Background**

2. A Food Poverty Scrutiny Review Scoping Report was considered by this Committee on the 10<sup>th</sup> June 2019. The Committee requested that further work was conducted to define the focus of the review. The previous administration's CSMC proposed food poverty as a potential topic for a more detailed scrutiny review.
3. During the previous administration, CSMC agreed to carry out a scrutiny review into Financial Inclusion in York with the aim of understanding the impact of Universal Credit on the city's citizens and the activities being run to promote Financial Inclusion.
4. In September 2018 CSMC agreed an initial remit for the review. However, in November 2018 CSMC considered a request that a 19 July 2018 Motion to Council on Food Poverty be added to the review remit. This was agreed and the following objectives were added:
  - i. To understand how the above issues are linked to apparently increasing levels of food poverty in York, including work on the following:

- the background to food poverty in York including any available local statistics and how local measurement might be improved;
  - the current role of crisis support in York in mitigating food poverty;
  - a range of options for the Council and its partners to improve the city wide response to food poverty in York.
5. The Financial Inclusion Scrutiny Review Task Group had its final meeting on 13 February 2019 when it was agreed that issues around increasing food poverty in the city were complex and this should be the subject of a separate piece of work which could be picked up by the new administration after May's elections.
  6. The review recommendations were agreed by Executive in March 2019 and these included a recommendation to the new administration that a deeper scrutiny review into the causes of and responses to food poverty is considered, taking into account key elements of the York Food Poverty Alliance report.

### **Consultation**

7. This report was written in consultation with officers from teams across the council engaged in work to reduce poverty.

### **Analysis**

#### **An overview of food poverty in York**

8. There is no official measurement of food poverty in the UK. The UK government has adopted a relative measure of household poverty, defining households within income of 60% below the median as being poor.
9. Tackling food poverty can be divided into preventative measures, which seek to increase household income amongst low income families, through tools such as encouraging claiming of statutory benefits, and remedial interventions, such as providing food aid.
10. The previous scoping report identified that food aid provision in York can be divided into two separate models.
11. The first model can be characterised as targeted assistance. An example is the Trussell Trust, which runs four distributions centres in the city on a referral-only basis. Individuals are referred to the Foodbank

from a variety of agencies which have identified that the individual is unable to buy food for their family. The referring agencies will also provide advice to the individual to support the underlying cause of their poverty, for example helping them to establish a benefits claim or providing them with Financial Conduct Authority regulated debt advice, if they report household debts.

12. The second model of food provision has grown rapidly in recent years and is delivered by community groups across the city. Models vary, but are often characterised by being universal access, offering social and emotional support in addition to food aid and making use of food diverted from waste. The universal model means this provision is not targeted purely at people in crisis or meeting the definition of households in poverty. This means that the social value created by these projects accrues in several areas, for example alleviating food poverty, reducing social isolation and reducing food waste.
13. Analysis carried out by the Foodbank of the primary reason referral to a Foodbank for the period April to September 2017 found the top three referral reasons, amounting to two thirds of all reasons:
  - Low income 26.52%
  - Benefit delays 24.71%
  - Benefit changes 17.90%
14. Data also shows significant use among families. Between April 1st and November 30<sup>th</sup> 2018, York Foodbank served 2623, of whom 1008 were children. The previous year 1647 children had used the service out of a total 4262 people.
15. The data shows significant increase in demand for the services of the Foodbank. Increases in Foodbank use over recent years have been attributed to changes to the benefits system and in particular the transition to Universal Credit.
16. Given this link between changes in the benefits system and increase demand for food aid, it is likely that further increases are seen in forthcoming year. DWP intend to transition remaining legacy benefits claimants to Universal Credit between November 2020 and December 2023. In York an estimated 5,600 individuals claiming housing benefit, approximately 3,500 with children, are due to transition. This period of 'managed migration' has potential to cause significant new demand for food aid within the city.

16. The Council plays a significant role in the city in services which alleviate poverty and prevent recourse to food aid. These directly delivered services and funding of external delivery. For City of York Council provision which alleviate poverty and prevents use of food aid include:

- Promotion of the take up of statutory benefits (for example Council Tax Benefit)
- Provision and promotion of discretionary benefits and grant for households in crisis (for example Discretionary Housing Payments and the York Financial Assistance Scheme)
- Promotion of the take up of Free School Meals
- Promotion of the take up of early years places for 2 and 3 year olds (many of which offer meals as part of the entitlement)
- Promotion and provision of training and education to increase skills, increase employment and support individuals to secure higher paid work
- Support to advice providers to support individuals to maximise household income and access crisis support

### **Options**

17. It is likely that the further migration of benefits claimants to Universal Credit is likely to create significant demand for food aid, unless additional preventative measures are introduced.

18. It is suggested that the scrutiny review focus on preventative measures which can be taken to prevent demand for food aid within the city reaching unsustainable levels.

19. It is suggested that the review focus on the follow:

- i. Identifying indicators and measures for York to monitor the impact of food poverty
- ii. Identifying areas of best practice within these activities
- iii. Identifying opportunities to coordinate activities to increase impact
- iv. Identifying opportunities to target activities at the lowest income households to more effectively prevent food poverty

20. Given the high proportion of children using food bank provision. It is proposed that preventative measures aimed at households with children are prioritised by the committee. Focus areas could be:

- Take up of Free School Meals
- Take up of Council Tax Support



- Commissioned services which support benefits take up
- Promotion of the take up of early years places for 2 and 3 year olds

21. Potential areas to investigate include:

- The introduction of a swipe card system at All Saints secondary school, which has minimised stigma associated with free school meals
- Take up rates for CTS and work carried out to promote claiming CTS
- Take up rates for early years places for 2 and 3 years olds in areas of deprivation within the city and work carried out to promote take up

### **Council Plan**

22. Work to prevent food poverty is central to delivering the first goal of the Council Plan 2015-19 'A Prosperous City for All'.

### **Implications**

23. **Financial** There are no financial implications

- **Human Resources (HR)** There are no HR implications
- **Equalities** There are no equalities implications
- **Legal** There are no legal implications
- **Crime and Disorder** There are no crime and disorder implications
- **Information Technology (IT)** There are no IT implications
- **Property** There are no property implications
- **Other**

### **Risk Management**

25. There are no known risks.

### **Recommendations**

26. It is recommended that Members consider the contents of this report, and consider recommending areas for future work by this Committee or an Ad Hoc Scrutiny Committee.

Reason: To inform Members of opportunities to help tackle food poverty.

**Contact Details**

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**Report Approved**

**Date** 18/02/19

Julie Hood  
Housing Engagement  
and Equalities Facilitator

**Wards Affected:**

All

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

## Health and Adult Social Care Policy and Scrutiny Committee

### Draft Work Plan 2019-20

<p>Tuesday 18 June 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. Scrutiny Arrangement Overview Report</li> <li>2. Presentation of Public Health Directorate-Sharon Stoltz</li> <li>3. Work Plan</li> </ol>
<p>Tuesday 30 July 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. Healthwatch York Six Monthly Performance Report</li> <li>2. Executive Member for Health &amp; Adult Social Care, Cllr Runciman, Executive Member</li> <li>3. Health and Wellbeing Board Annual Report Cllr Runciman, Chair HHWB</li> <li>4. Year End Finance and Performance Monitoring Report</li> <li>5. Overview of Health and Adult Social Care Directorate, Sharon Houlden, Director</li> <li>6. CSMC Food Poverty Review</li> <li>7. Work Plan</li> </ol>
<p>Tuesday 17 September 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. 1<sup>st</sup> Quarter Finance and Performance Monitoring Report</li> <li>2. Six Monthly Quality Monitoring Report – Residential, nursing and homecare services</li> <li>3. Safeguarding Vulnerable Adults Annual Assurance Report</li> <li>4. Work Plan</li> </ol>
<p>Wednesday 23 October 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. Work Plan</li> </ol>
<p>Tuesday</p>	<ol style="list-style-type: none"> <li>1. Work Plan</li> </ol>

19 November 2019 @ 5.30pm	
Tuesday 17 December 2019 @ 5.30pm	<ol style="list-style-type: none"> <li>1. 2<sup>nd</sup> Quarter Finance and Performance Monitoring report</li> <li>2. Work Plan</li> </ol>
Tuesday 21 January 2020 @ 5.30pm	<ol style="list-style-type: none"> <li>1. Healthwatch York six-monthly Performance Report</li> <li>2. Work Plan</li> </ol>
Tuesday 18 February 2020 @ 5.30pm	<ol style="list-style-type: none"> <li>1. Six Monthly Quality Monitoring Report – Residential, nursing and homecare services</li> <li>2. Workplan</li> </ol>
Tuesday 17 March 2020 @ 5.30pm	<ol style="list-style-type: none"> <li>1. 3<sup>rd</sup> Quarter Finance and Performance Monitoring Report</li> <li>2. Work Plan</li> </ol>
Tuesday 14 April 2020 @ 5,30pm	<ol style="list-style-type: none"> <li>1. Work Plan</li> </ol>
Tuesday 19 May 2020 @ 5.30pm	<ol style="list-style-type: none"> <li>1. Work Plan</li> </ol>