



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:** Wednesday, 23 October 2019
- Time:** 5.30 pm
- Venue:** The Snow Room - Ground Floor, West Offices (G035)

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 - 10)

To approve and sign the minutes of the meeting held on 17 September 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 22 October 2019.**

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4. Older Persons Accommodation Needs (Pages 11 - 42) Survey

Members are to receive a report which presents the results of a survey undertaken to better understand the needs of the city's older residents and to establish what is important to people about how and where they live in their later years. Approval is sought to implement the recommendations from the research.

5. Substance Misuse Review Implementation (Pages 43 - 74) Update

Members will receive the above report which provides their first update on the implementation of the approved recommendations arising from the Substance Misuse Scrutiny Review at Annex 1 completed by the former Health, Housing and Adult Social Care Policy and Scrutiny Committee (HHASC), during the previous administration.

6. Mental Health Update- Developing a Community Approach to Mental Health and Wellbeing (Pages 75 - 94)

Members are to receive a report which outlines plans to develop and 'pilot' a community approach to mental health and wellbeing in the northern sector of the City of York. The pilot is one of the York Mental Health Partnership's top four priorities.

7. Bootham Park Update (Pages 95 - 102)

Members will receive a report which provides an update on the Bootham Park site, the former Bootham Park Hospital, owned and currently being marketed for sale by NHS Property Services (NHSPS).

8. Work Plan (Pages 103 - 106)

9. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name – Michelle Bennett

Telephone – 01904 551573

E-mail – michelle.bennett@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

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City of York Council

Committee Minutes

Meeting	Health & Adult Social Care Policy & Scrutiny Committee
Date	17 September 2019
Present	Councillors Cullwick (Vice-Chair), Pearson, Perrett, Kilbane, Melly and Rowley (Chair)
Apologies	Councillors Waudby

17. Declarations of Interest

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

Councillor Rowley declared a personal non-prejudicial interest in item 4 of the agenda, the Unity Health Progress Update report, in that his wife had worked at Unity Health 4 years ago. There were no further declarations of interest.

18. Minutes

Resolved: That the minutes of the previous meeting of the committee held on Tuesday 30 July be approved and signed as a correct record.

19. Public Participation

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

20. Unity Health Progress Update report

Louis Johnston, Managing Partner, Unity Health and Dr Richard Wilcox from Unity Health were in attendance following the reporting of an independent patient survey for NHS England January 2019, where 60 per cent of patients rated their experience with Unity Health as "good", a significant drop from 80 per cent from 2018. Unity Health took the opportunity to provide an update report in more detail on the 2019 GP Patient Survey. A presentation of this survey was circulated and can be found at item 4 of this agenda. It was reported that the survey and plan of action arising from the survey would be

agreed by the Patient Participation Group (PPG) at the end of September. Responses had been received by 5% of the practice list.

The Managing Partner and Dr Richard Wilcox had attended previous scrutiny committees to address concerns further to an Ofsted inspection in May 2018, where the practice had been rated “inadequate”. Subsequent Care Quality Commission (CQC) follow up and reports in September 2018, January 2019, and July 2019 had been positive. They were keen to explain that the NHS England survey results reflected their position last year. Their in-house patient survey was undertaken in June 2019 and the results demonstrated the improvements that had been made in response to concerns raised at the previous scrutiny committee meetings which had included: telephone communication, lack of staff and negative publicity.

In response to questions from members, it was reported that the Patient Participation Group (PPG) had chosen a new telephone system which had been used successfully at the Elvington practice. The benefits of the system were that patients knew where they were in the queue. It directed the call to the correct area of service and calls were recorded, which had assisted with staff training.

A number of measures had been implemented to increase and maximise the staff resource. Particularly at busy times such as the intake of new students in September to December, these had included:

- an additional receptionist available for busy times.
- appointments made available online.
- two additional nurses able to deal with minor ailments.
- consideration had been given to making more appointments available on a daily basis.
- trained specialist nurse led clinics for specific areas such as: hypertension, diabetes and pulmonary disease
- improvements to the mental health provision. An eating disorder counsellor is available on Wednesday's, two Primary Care workers at the practice once a week. IAPT clinics later available from September onwards.
- additional staff training.
- increase in pharmacy hours to 50 hours as part of the Primary Care Network's shared resources. Pharmacists can prescribe for minor ailments, freeing up GP time.

To improve the perception of their health service, the Managing Partner highlighted their intention to:

- publicise the action plan arising from their patient survey, once it had been agreed with the PPG.
- capture good feedback particularly from the elderly and vulnerable groups, using Duty Managers to seek qualitative feedback.

Members queried whether the patient survey responses had been taken from a representative sample, noticing that three out of four of the responses received were female. Unity Health confirmed they had noted this and could not say why this was particularly the case and that they would ensure they have a representative sample in future. They assured members that vulnerable groups such as the elderly, had been accurately represented in this survey.

Speaking in support of Unity Health, Andrew Lee, Director of Primary Care and Population Health for the Vale of York Clinical Commissioning Group, spoke of the intense scrutiny Unity Health had been under, and commended their efforts in the face of public scrutiny to achieve the progress they had made which had been recognised by positive CQC since initial concerns were raised.

Resolved: The committee noted the improvements that had been made to date address CQC, Survey and Health Scrutiny concerns.

Reason: To ensure a good standard of medical care for the Hull Road ward.

21. Repeat Medicines Ordering

Dr Andrew Lee, Director of Primary Care and Population Health, Vale of York Clinical Commissioning Group (CCG) and Jamal Hussain, Senior Pharmacist, Vale of York CCG introduced the above report outlining how the NHS Vale of York CCG were implementing a project changing the way that repeat medicines were ordered.

It was reported that from the beginning of September 2019, following extensive communication with relevant parties, GPs

would no longer be accepting repeat prescription requests from dispensing or appliance contractors (DC) such as a community pharmacy. Exceptions would be made for some vulnerable patients or those unable to get to a GP practice. The purpose of these changes were to improve patient safety in terms of reducing the risk of errors in what is dispensed, and to reduce the number of unwanted medicines being received by patients.

In response to questions from members on how this new method of ordering would reduce waste Dr Lee explained that patients would be in charge of making their prescription request at the practice. The GP would then review the prescription, leading to less waste and improved ordering, as medication would not be from a third party and only ordered when needed. It had been a concern in the past that medication that was not required had been ordered. Once medication had been ordered for a patient, where it is not required, that medication cannot be re-issued. This had implications in terms of toxicity and disposal.

Members queried whether this process would increase GP workload. Dr Lee responded that all patients should receive an annual review of their medication, this process would lead to fewer prescriptions.

A member mentioned that whilst they had found the new NHS app to be excellent, they had experienced difficulty when installing the app. Dr Lee responded that GP reception staff were receiving training so that they would be able to assist patients with this.

In response to questions regarding learnings from other CCGs that had implemented this process, Dr Lee explained that there had been some initial resistance from patients, however, once patients had understood the reasoning behind this and had used this service for a year or so, the feedback had been positive.

Members shared the views and experiences of residents affected by the changes, along with the fear and uncertainty by vulnerable residents of the impact of the changes.

Members expressed concern that information regarding the changes had not come to scrutiny earlier, as this would have allowed members to share potential resident concerns, as well

as communicate changes proposed to residents in a timely manner. Dr Lee agreed to consult this committee on such matters at an earlier stage, to ensure that members would be in an informed position to support and advise residents in their wards.

Resolved: That the committee:

- (i) Considered the report on Repeat Medicines Ordering and appreciate and recognise the significant safety risks and costs associated with medicines waste and note how this project will work to reduce this waste.
- (ii) Support the Clinical Commissioning Group project.
- (iii) Will share details of the project with their wards and member constituents.

22. 2019/20 Finance And Performance First Quarter Report - Health And Adult Social Care

Members considered the report which analysed the latest performance for 2019/20 and forecasted the financial outturn position for all of the services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care. Sharon Houlden, Michael Wimmer, and Terry Rudden were in attendance to present the report and to respond to questions.

The following information was provided in response to questions from committee members:

Regarding the likelihood of receiving additional funding during the year to meet the financial challenges within ASC, the Corporate Director of Health, Housing & Adult Social Care reported that the Better Care Fund would continue and that there was a strong possibility that the CYC could expect Government funding in this year's allocation. The council would want to allocate funding towards invest to save allocation to produce more sustainable long-term programmes. If a Green Paper is received, trends indicate that it would be unlikely to address the funding shortfall. The service area would consider

solutions that relate to assets within York, such as the high proportion of self-funding ASC, capitalising on that and generating an income. There were several different ways to do that which would include considering investment in additional allocation.

Regarding NHS Checks to prevent heart disease, stroke, diabetes and kidney disease, it was reported that 0.7% of York's eligible population received a check which is a lower rate compared with the regional (1.9%) and national (2.0%) averages. This was due to staffing issues. Geographic information system (GIS) mapping work had been undertaken to identify wards with higher rates of cardiovascular disease but with no immediate health check venue within the ward. Officers reported that additional health staff had been appointed to deliver this service at locations within the city. This reduction in figures would appear in the next quarter and improvements would show in quarters three and four. Postal code data analysis had shown that it tended to be older males in wards with higher deprivation, with health check venues in their wards, who were not coming forward. They received a request to attend a health check via text or letter. Officers would consider ways to re-invite them.

Regarding placing people in nursing or residential care and whether or not insourcing, having and staffing nursing or residential care in York had been considered, officers explained that this current administration aspires to deliver the support required in the community or preferably in customers' home, even for high dependency care. Results from surveys undertaken in the city on older people's needs had shown that the vast majority of people do not want residential care and would prefer support within their home. There were a range of models for delivering and supporting care. This had include institutionalised care if that was the only option for that customer. Officers clarified that there was no direct correlation between the closure of private care homes or residential nursing care homes and overspend in that aspect of the budget. At the same time, the number needing to be placed is greater than the number of places available in York. It would not be viable to run nursing homes that were empty. The issue is beyond that of take-up, as some care homes close as the care is inadequate.

Officers reported that there was a slight reduction in the number of women smoking during pregnancy. The number of ladies that smoke during pregnancy were very low, however, there was some inconsistency between wards. An officer visits midwives and hospital based midwives to support them in understanding this issues. There had been a considerable increase of referrals from midwives sending pregnant ladies to the smoking cessation clinic. Where there was a high number in a particular ward, an officer worked within that community to build trust. Officers were working with our partners in the Tobacco Alliance. A members asked for data by ward which would support the committee in work to mitigate this. It was agreed that the officer would contact that member directly with the relevant information.

This committee had previously received a report on the Learning Disabilities Health Plan, delivered by the Vale of York (VOY) GPs. Previously uptake of health checks for those of any age with a learning disability who have an annual health and medication check had been low. This had significantly improved from 40% to 60% .

Officers reported that CYC figures were just below the national average in respect of uptake of the 2 year early years progress check. All eligible parents were offered a review, the up-take was 3 out of 4 parents. To address this a pilot would commence which would combine the two and a half year review with the two year old early years progress check to be delivered in Local Authority nurseries. A review would consider whether or not this improves the uptake of this measure.

Regarding the percentage of opiate users in treatment who successfully completed drug treatment (without representation within 6 months) it was reported that opiate and alcohol user numbers had reduced, however, there were a large number of people not accessing treatment. The committee were to receive a report for consideration at its next meeting in October.

Resolved: That the Committee considered and noted the 2019/20 Finance And Performance First Quarter Report for Health And Adult Social Care.

Reason: So that the committee is updated on the latest financial and performance position for 2019/20.

23. Six Monthly Quality Monitoring Report - Residential, Nursing and Homecare Services.

Sharon Houlden and Gary Brittain were in attendance to introduce the above report.

The following information was provided in response to questions from committee members:

- Care Homes are approximately 98% full in York and 70% nationally.
- There is no data on the number of people that are on waiting lists for Care. A number of people are on waiting lists years before they require this.
- Officers outlined various models of care in relation to supported living.
- Officers acknowledged the national shortfall in recruitment to the Care sector. It was hoped that the development of key worker housing would help to alleviate this concern. Members encouraged officers to consider using the Bootham Park Hospital site, due for closure in October, for development as homes for key workers.

Resolved: That the committee considered and noted the performance and standards of provision across care service in York.

Reason: So that the committee is updated on the performance and standards of provision across care service in York.

24. Safeguarding Adults at Risk Annual Assurance

Kyra Ayre, Head of Safeguarding CYC and Michael Melvin, Assistant Director of Adult Social Care CYC were in attendance to introduce the above report.

The following information was provided in response to questions from committee members:

- CYC are working with North Yorkshire to produce a self-neglect policy in the next few months.
- The team were working on examining links between crime and modern slavery.

- The team are processing a Corporate Safeguarding Policy underlining everyone's responsibility in terms of safeguarding. The committee requested to receive the draft policy at its next committee meeting.
- There has been an 11 per cent rise in safeguarding concerns in the last year. Head of Safeguarding explained that the team's role is to ensure that everyone understands and is involved with safeguarding concerns, not just adult care. Building more resilient communities where all can feel safe.

Resolved: That the committee:

- (i) Considered and noted this report and are assured that arrangements for safeguarding adults are satisfactory and effective.
- (ii) Will receive the draft Corporate Safeguarding Policy at its next committee in October.
- (iii) will receive the SAB annual report following its publication.
- (iv) will receive updates to this report on an annual basis.

Reason: So that the committee is updated and receives assurance on work undertaken regarding Safeguarding Adults at Risk in York.

25. Work Plan 2019-20

Members considered the work plan for 2019/20

It was noted that the draft Corporate Safeguarding Policy would be received at the October meeting.

Members requested that the scrutiny officer invite York Public Health to attend a future meeting for consideration of an item on emergency dental work.

The scrutiny officer confirmed that members would be re-invited to an Adult Social Care session. The previous session had been cancelled.

Finally, it was noted that an update on the Healthy Start Programme would be circulated to members.

Cllr Doughty, Chair

[The meeting started at 5.30 pm and finished at 8.00 pm].



**Health, & Adult Social Care Policy & Scrutiny
Committee****23 October 2019**

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

**Older Persons Accommodation Engagement Results and Future
Actions.****Summary**

1. To be able to better understand the accommodation needs of the city's older residents and to establish what is important to people about how and where they live in their later years, officers have carried out an engagement and consultation programme. This report presents the results of the survey and outlines how the research can shape the future work of the Older Person's Accommodation Programme. Approval is sought to implement the recommendations from the research.

Background

2. The Council's Executive received a report on 29 November 2018 setting out the current position in relation to older person's accommodation in the city. Previous assessments of supply and demand for the different accommodation types have been shaped by national benchmarks, which may not directly reflect the requirements for York. The Executive approved community consultation and engagement to gather local views of where and how our residents want to live in their later years. It was anticipated that this would inform the development of York specific supply targets for each type of accommodation.
3. The Older Person's Accommodation programme appointed a summer intern from the University of York's internship programme, who lead on the research and consultation. The research included an initial analysis of national data and research. With colleagues from across the council and partners from the housing and third sector a consultation programme and questionnaire were developed. Stakeholder groups and developers were contacted and asked what information would be of interest to them to help shape their work in the city. These responses were included in the research. The consultation included an on line and paper survey, individual interviews and group discussions. The questions were trialled on a group of residents, and refined. The survey was also shared with

members and partners at housing scrutiny committee, they made a number of recommendations which were incorporated into the research.

4. The survey was sent to the city’s Talkabout Panel and advertised through social media, a press release, direct emailing to partners and stakeholder groups and was made available in libraries and community hubs (eg St Sampson centre).
5. 406 survey responses were received, some representing the views of more than one resident. The majority of respondents were in the 60-70 age bracket. More in depth responses were received through community and stakeholder discussion groups and individual conversations. Throughout the process we were keen to engage with key stakeholders including Age UK, York Older People’s Assembly and the Joseph Rowntree Housing Trust - they helped us to raise awareness of the survey and in some cases gave opinions. This consultation period ran between the 15th of July and the 16th of August 2019.
6. The full results of the survey are attached at Annex 1. The initial results have been shared with key partners and they have been well received. The findings will be presenting to partners over the next few months, including the JRHT residents group and the Older Persons’ Accommodation Reference Group.

Results

7. Local population data suggests that the number of residents aged 75 plus will increase from 18,500 in 2019 to 23,600 by 2030 which is an increase of 5,100 or 21%. The 60 plus population is projected to increase by 19.6%, while the largest increases can be found in the 85 plus age group, this section of the population is projected to increase by 29%.
8. The research identifies that there is a significant demand for age friendly homes, with 67% of respondents expressing a preference for some form of smaller, single level and accessible property. Although the most popular option was for people to stay in their own homes.

Housing types	National Recommended rates of provision for residents aged 75+	Residents preferences for their later years. (up to 3 choices)
Existing home		29%
A smaller home, bungalow or apartment in the general community		22%

A smaller home, bungalow or apartment within a scheme specifically for people aged 65+		22%
An apartment in an independent living scheme with communal lounge and activities	12.5%	14%
An apartment in an independent living scheme with communal lounge and activities with 24 hour care on site (extra care accommodation)	4.5%	9%
A room or a suite in a residential care home, with all care, meals, cleaning and activities included.	11% (this figure includes both residential and nursing care accommodation)	4%
A self-build property within a multi-generational community		12%

9. It is clear that the city's residents are interested in alternative property types and are keen to consider a range of accommodation options. The Executive report in November 2018 highlighted that by 2030 the city is likely to have a significant shortage of both extra care and independent living accommodation. This research indicates that the demand for these properties is likely to be higher than had previously been estimated. These findings also indicate a demand for retirement communities and an increased number of age appropriate properties in the general community.
10. Residents were also unanimous that it was important for them to be able to make the decision on where and when to move home themselves rather than waiting for their family or careers to make choices for them when they are reliant on others.
11. Respondents also highlighted that if they were going to move then they would like to do this at a time when they were still able to enjoy their new home. Having access to outdoor and private space was considered very important.
12. While residents identified a range of barriers to moving, including cost as the most frequently mentioned, the most consistent message from almost all responses and conversations was that people are unaware of the options that are available to them. Many of the types of accommodation people spoke about wanting to see in York already exist in the City. People also spoke about services such as home packing assistance which are also already operating in the City. One of the most

significant findings of the research is that our residents are not aware of the different property types, or tenures and that there is not sufficiently accessible information about the rightsizing process and the support available.

13. Respondents were very receptive to the idea of assistive technology in their homes, with 83% saying that they would be comfortable with it. Respondents were particularly interested in automated reminders (for medication, drinks and meals), sensors to show movement and voice activated alarms for assistance. 73% of respondents said that they would be happy for the data from their sensors to be accessible to their family. This would help to give family member assurance that they had information about how their relatives were managing in their homes.
14. We are already responded to the results of the research as we have begun the process of updating the information about independent living schemes and extra care living which are available for residents.
15. There will continue to be a requirement for the provision of nursing care accommodation and specialist dementia care for those who need it. This survey aimed to assess how our residents would choose to live and clearly this is not a choice that people would hope to make.

Conclusions

14. There is a need for a mixed range of housing types and tenures specifically for older residents. While 81% of the city's residents aged 75+ are home owners there is currently no specific requirement in the city's planning policies which would require developers to provide small, accessible, age appropriate accommodation within their schemes. To meet the demand for these properties and address the significant demand for market sale properties it is recommended that work is done to share these results with developers wanting to build in the city and work is done to consider how planning policies could be amended to reflect this need.
15. To support and enable independent living for life opportunities to encourage the use of assistive technology should be explored both in new properties and in existing properties.
16. There is a need for more information, advice and assistance to inform people of the accommodation options available to them and their families and to help them make the move.

17. The consultation results report attached at annex 1 makes a number of detailed recommendations. These recommendations ought to be shared widely with partners and stakeholders across the city.

Action Plan

18. To address all of the points raised in this consultation the Council, developers and partners will have to work together to provide appropriate accommodation in suitable locations, designed specifically to meet the needs of older people. The Council can play a leading role in this work and the table below sets out how the Council can begin to take action in response to residents’ views.

Findings and Recommendation	CYC actions
67% of residents have expressed an interest in living in a small, safe manageable single storey property in their later years.	<ul style="list-style-type: none"> • Consider setting a 10% target of this type of housing in the Council’s Housing delivery programme schemes. • Work with Housing and planning policy teams to ensure that the need for older person’s accommodation is reflected in our planning policies. • Continue to develop independent living and extra care housing schemes to address the need for these properties. • Recommend York specific benchmarks for each accommodation type.
There is insufficient information available about the benefits of rightsizing and the opportunities available.	<ul style="list-style-type: none"> • Work has now begun to create general information about extra care apartments and how they can meet resident’s needs. This will then be accompanied by individual brochures for the Council’s extra care developments and those of our partners. • Share the results of the research with stakeholders and partners and encourage them to continue having conversations about accommodation with their members and customers. • Train front line staff about the accommodation opportunities for our older residents and

	<p>encourage them to share information widely.</p> <ul style="list-style-type: none"> • Ensure that printed and electronic information is easily accessible and jargon free.
<p>Residents have expressed an interest in taking advantage of assistive technology to support their independence.</p>	<ul style="list-style-type: none"> • Explore opportunities to promote the use of existing technology to support independence and delay the need to care support. • Consider how accommodation design should be adapted to integrate future technology to support independence. • Work with partners to attract funding and skills to develop technology to meet our residents' needs. • Provide staff training to support the use of everyday modern technology to support independence.

Equalities

19. The research was carried out to reach a wide cross section of the city's population. Responses were received from residents of all of the wards in the city. The consultation included questions about whether LGBTQ+ respondents would like to live in a community specifically with others from that community. Only 6% of this groups said yes, but the need for staff training to understand the community was specifically highlighted.
20. Each element of the programme will be accompanied by a best decision making assessment and wide consultation.

Recommendations

21. The committee is asked to
 - note and comment on the contents of the report and the results of the engagement work
 - consider how the consultation responses can be used to inform the future of the Older Person's Accommodation Programme.

Contact Details

Author:	Chief Officer responsible for the report:		
Vicky Japes Head of Older Persons' Accommodation Programme Tel: 01904 553382 vicky.japes@york.gov.uk Philip Pyke Older Person's Accommodation Programme Intern	Tom Brittain Assistant Director for Housing & Community Safety		
	Report Approved X		Date 9/10/2019
Wards Affected: All			

Annexes

Annex 1 - Draft Consultation results report.

Abbreviations

JRHT- Joseph Rowntree Housing Trust

LGBTQ- Lesbian Gay Bisexual Transgender Questioning

UK- United Kingdom

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Older Persons' Accommodation Survey and Consultation 2019

York has a long and proud tradition of providing older residents with the accommodation they need and want. From a 10th century almshouse and medieval St Leonard's hospital, the city is now home to a range of options including independent living schemes and Hartrigg Oaks, a European exemplar of a retirement village.

Support to live independently in the right kind of housing can keep people healthy for longer and can reduce the need for home care or residential care. City of York Council's Older Person's Accommodation Programme recognises that housing needs and preferences change with age and people may want or need to make adaptations to how and where they live. We also recognise that there is a need to generate York-specific data so that we can best meet the needs and aspirations of York residents in the future.

This summer, City of York Council talked to over 500 residents to gain a better understanding of the priorities and preferences of York residents when thinking about accommodation for later life. To refresh our Older People's Accommodation Programme, data was drawn from a survey as well as consultation and engagement events with advocacy groups, interest groups and community groups. We also conducted in depth interviews with a number of York residents to gain a deeper insight into their survey answers. We believe that this approach provided us with a rich source of data which can help to inform a practical and effective older persons' housing strategy.

National and local context

To best understand the findings of our research it is useful to first consider the national context of accommodation for older people and the UK's ageing population. By 2022 it is expected that 6.6 million people in the UK will be aged 75 or older. Predictions by the Office for National Statistics suggest that the number of people aged 65 and over will increase by more than 20% from 11.4 million in 2014 to 13.8 million by 2024. It has also been predicted that the 65+ age group will increase from 16% of the total UK population in 2004 to 25% by 2044. As a

consequence there will be further increases in demand for accommodation for older people in the very near future.

However, current demand already outstrips supply with figures for Age UK suggesting that of the 128,000 retirement homes built for private sale, there were over 1 million people who would consider moving into one. Furthermore research by the Elderly Accommodation Council (EAC) found that whilst there are currently around 520 000 units of specialist housing which offer some degree of support or care, there will be a national shortfall of around 400 000 units of specialist accommodation for older people by 2035.

Evidence from the 2011 census shows that York's older population has grown in recent years, specifically the 85+ age group. Whilst this is likely to be part due to people living longer there is also some suggestion that cuts to public transport in North Yorkshire and the East Riding has prompted older people from rural areas who no longer drive to move into towns, particularly those with hospital facilities. Consequently York has become a net importer of older people and the provision of accommodation for this age group has become more pressing over recent years.

Within an ageing population older people are now key players in the wider housing market. According to the Local Government Association older people live in around a third of all homes and the ageing population will account for around 60% of household growth with the greatest increase in the 85+ age group. Research by Age UK and Independent Age shows that as they age older people and their families face considerable problems accessing information on housing and care options.

According to the National House Building Council (NHBC) Foundation there is evidence to suggest that there is a willingness amongst older people to pay a premium for to gain the benefits of a good quality retirement home. It is thought that 72% of owner occupiers in this age group are living in homes with three or more bedrooms and nearly a third of whom are in single occupancy. Releasing these large dwellings back into available stock would cascade homes down through all age and need profiles. However, levels of retirement homes built for sale have been low and do not reflect the significant numbers of people who say they would consider moving to a retirement property. It is estimated that if people

lived in homes more suited to their needs then 50 000 fewer additional homes would need to be built each year.

Current data on the population of York suggests that the number of York residents aged 60+ will increase from 49 340 in 2019 to 58 300 in 2029. This increase of 8,960 represents a 19.6% increase in this population over the next ten years. Over the next twenty years this population is predicted to rise by 26.2% to 62 300. The 75+ age group is expected to increase from 18,500 in 2019 to 23 600, this is an increase of 5100 or 21% of this population. One of the largest increases can be found in the 85+ age group which is predicted to grow by 31% from 5,500 to 7,100 between 2019 and 2029.

Consequently it can be reasonably assumed that demand for age appropriate accommodation to meet the needs of the York's ageing population will continue to rapidly increase over the next decade and beyond.

Methodology

Data collection for the Older Person's Accommodation Survey took place from 15 July to 16 August 2019. A total of 406 people completed the questionnaire which was made available online and in paper format in order to reach as wide an audience as possible. Not all those who completed the questionnaire answered every question, the total number of respondents for each question is noted in the findings section below. In addition to the survey we also spoke to numerous community and interest groups as well as conducting interviews with individual York residents. Given the sensitivity and importance of the topic we felt that utilising both quantitative and qualitative research methods would enable us to explore beyond the limitations of the questionnaire. This allowed us to gain a greater insight into personal opinions and learn from lived experience.

Shown below are a series of definitions of different types of accommodation for older people which we provided as part of the survey. It became clear during the qualitative phase of the research process that prior to completing the survey many respondents were not aware of the distinctions between different types of accommodation for older people. This highlighted a need to make people more aware of the different types

of accommodation for older people, in particular the different types of independent living properties available and the opportunity for a range of tenures.

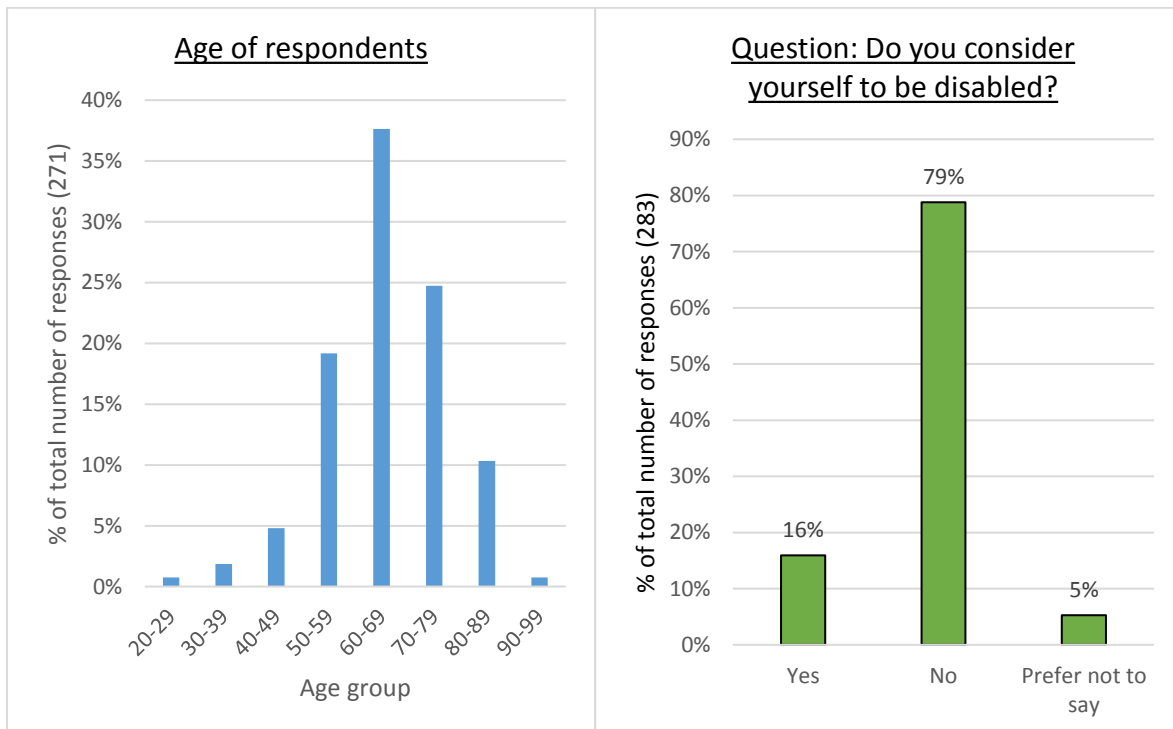
Definitions of different housing types for older people

Retirement Housing	Accommodation situated in either the general community or retirement community specifically for older people. These can be adapted to suit the needs of the occupant, such as level access, hand rails, wet rooms etc. Retirement housing allows older people to live completely independently. Available to buy or rent
Assisted Living/Sheltered Housing	A self-contained type of accommodation governed by a scheme manager and operates a 24-hour emergency call system. Communal areas and activities are often available. Available to buy or rent.
Extra Care	Aimed at the frailer population, provides a 24hr on-site personal care service, services subject to eligibility for those with existing care needs, communal facilities. Available for rent with additional monthly charges for use of communal facilities and care services.
Residential & Nursing Care	A private bedroom & en-suite for each resident, 24hr personal care available with meals served in a communal dining room, a shared recreational area for activities, paid for on a weekly basis via self-funding & top ups from the local authority.

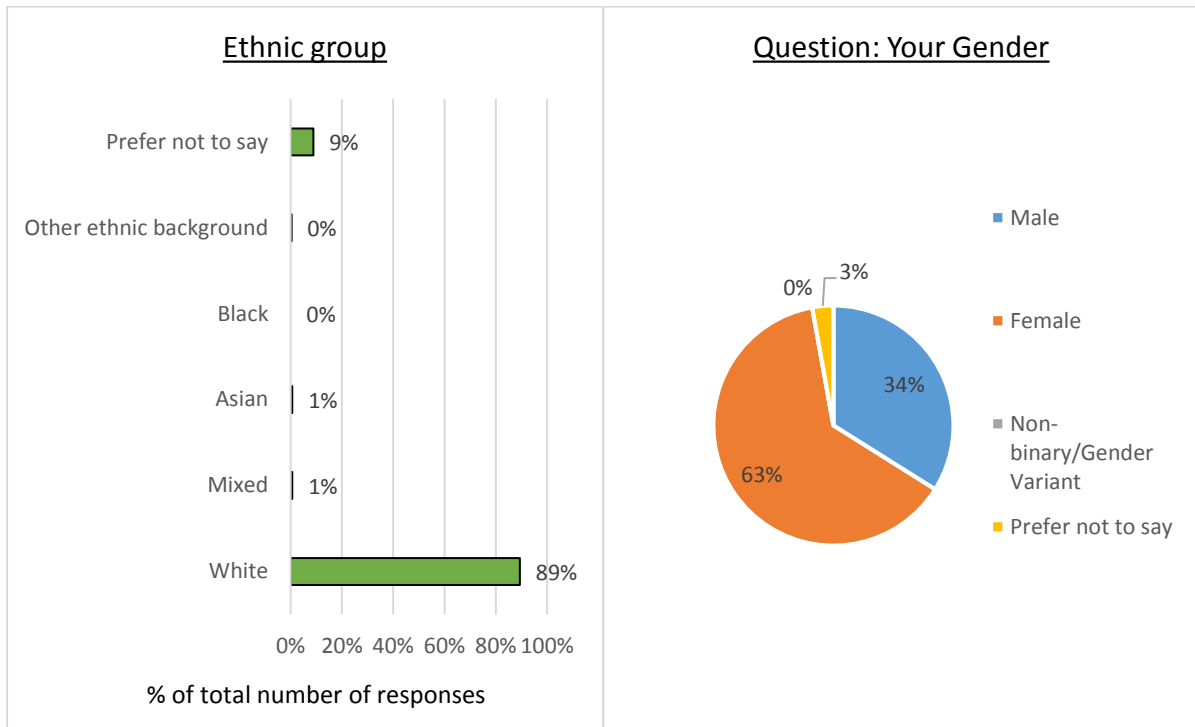
Demographics of the sample

The response rates for questions relating to demographic information varied from 227 to 293. This variation may be explained by a sensitivity towards disclosing personal information on certain topics.

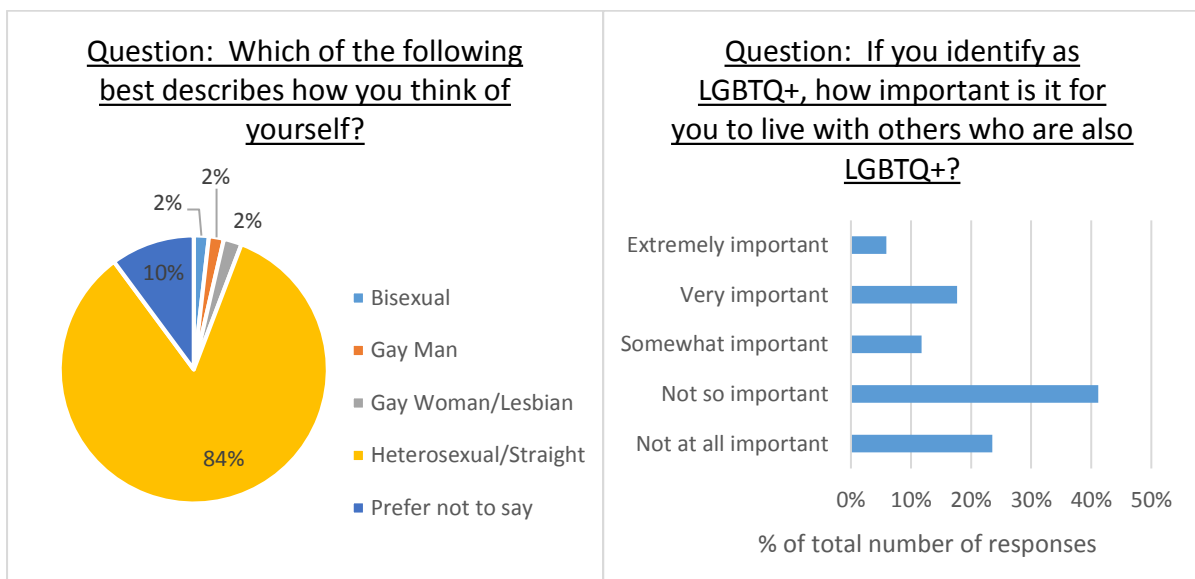
In terms of age, 73% of respondents were aged 60 or above. It could therefore be argued that the data collected by the survey as a whole is most representative of the views of older people. It is interesting to note that responses were received from all age ranges. Around 16% of those asked stated they considered themselves to have a disability, 79% stated they did not and 5% opted not to disclose.



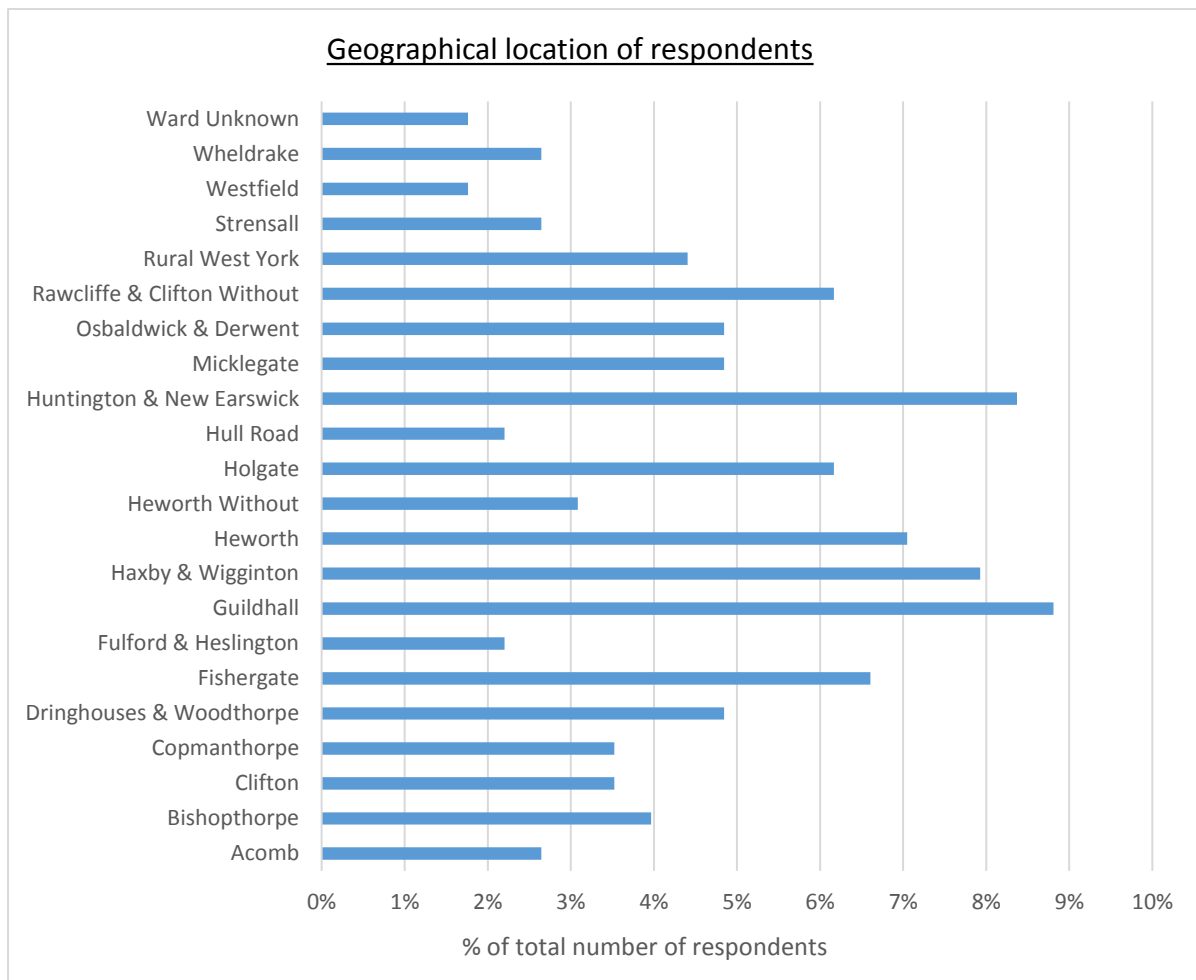
When asked about their ethnicity 89% identified as white, 1% identified as mixed, 1% identified as Asian and 9% opted not to disclose. The gender split of the sample was 63% female, 34% male, 0% non-binary and 3% opted not to disclose.



In terms of sexuality 84% stated they identified as heterosexual, 2% as bisexual, 2% as gay men, 2% as gay women and 10% opted not to disclose. When those who identified as LGBTQ+ were asked about the importance of living with other members of the LGBTQ+ community 6% stated it was extremely important, 18% stated it was very important, 12% stated it was somewhat important, 41% stated it was not important and 24% stated it was not important at all. Only one person identified as trans and 10 opted not to disclose.



When asked about where they lived, it can be seen from the chart below that all areas of the city were represented. There is some indication that areas with the highest response rate were areas with the highest number of older people living in them. As a result it could be argued that the survey was most representative of the views of older people.



Key Findings and Results

Question: There are lots of different types of accommodation available for older people. Thinking of your later years, what type of property would you like to live in?

When asked this question the most popular response was that they would like to live in their own home with care and support provided, if needed (26% of all responses). A number of additional points were raised in relation to this during the qualitative element of the research.

- The importance of futureproofing of homes was raised and the fact that if people are going to stay in their own homes then they may have to adapt them
- If older people carry out minor adaptations to their homes (such as grab rails, hand rails or easy access bathing) then they are more likely to feel safe in their homes and feel that these adaptations have a positive impact on their health
- Living in an unsuitable home can lead to fear and anxiety for older people, especially around using the bathrooms and stairs
- Some people said that they didn't know what services was available to them
- Another said that she had had some adaptations done to her property by the council, she highly praised the service and the way that the work was carried out

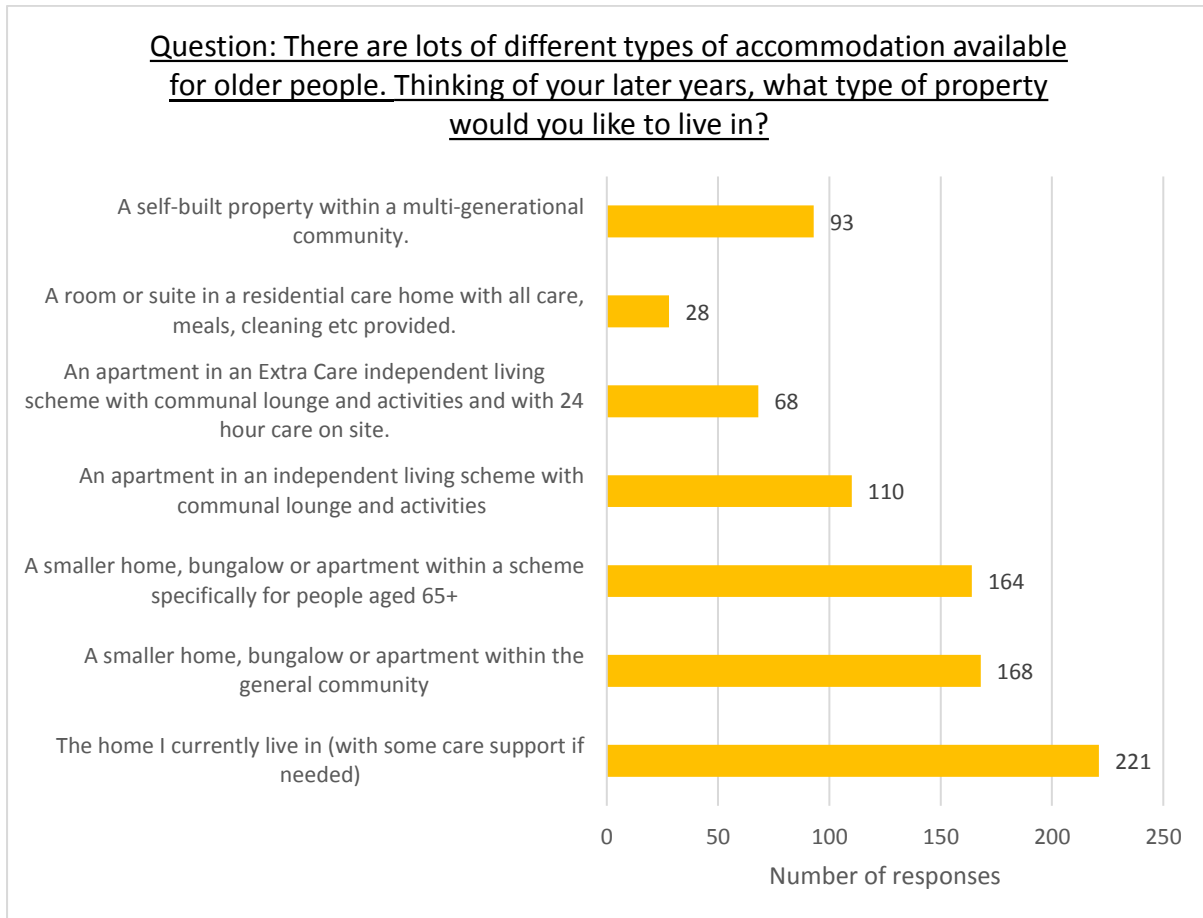
Sixty percent of all responses to this question showed a preference for some type of independent living apartment or bungalow, referred to by some of the respondents as “a small, safe and manageable home”. Within this category the most popular options were to live in a smaller home either within the general community or a smaller home within a scheme specifically designed for people aged 65+. The qualitative engagement highlighted the following points:

- A manageable home reduces the stress and cost of running a larger home. It also allows residents to move easily around their home. These benefits can support residents to keep healthy, support them to live independently and reduce the need for home care or residential care.
- When talking about these schemes people were very worried about a service charge - although people understood the need for it, they were worried about it increasing once they had moved into a property. One respondent spoke about a service charge being increased but the amount of services being offered decreasing.
- Many people spoke about resident participation in such schemes, they liked the idea of a residents' board and people getting a say in how the scheme is run
- Although people want a private home, the idea of having a community was seen as very important – all groups and individuals

spoken to brought this up, any scheme should be integrated into the local community

- The desire to live in a multigenerational community was strong
- This would help to combat social isolation as 24.2% said that they had days with no social contact
- Most people were open to the idea of downsizing as they saw the benefits of wanting a safe and manageable property.
- The major factors in this were the cost of running a larger property which did not appeal to them and stress of running a larger home
- People are receptive to the idea of self-build
- There must be provision of more specialist housing such as extra care apartments
- This option was selected by 9% of respondents and when care is needed this option was preferred to residential care.
- One man spoke about living in a bungalow which was within a care community complex: he liked that he could maintain his independence but he knew that he had the safety net of having care services which were easily available to him
- Many people spoken to fear going into a residential or nursing or care home, however well designed homes and flexible care can reduce the level of admissions into residential care and can enable lifelong independence.

During qualitative interviews it became apparent that although respondents' current homes were important because they were well known surroundings which held memories, home ownership and having something to pass on to relatives was also a key factor. It was also found that respondents were often reluctant to think about being in poor health or requiring care in later life.



Making decisions about where to live

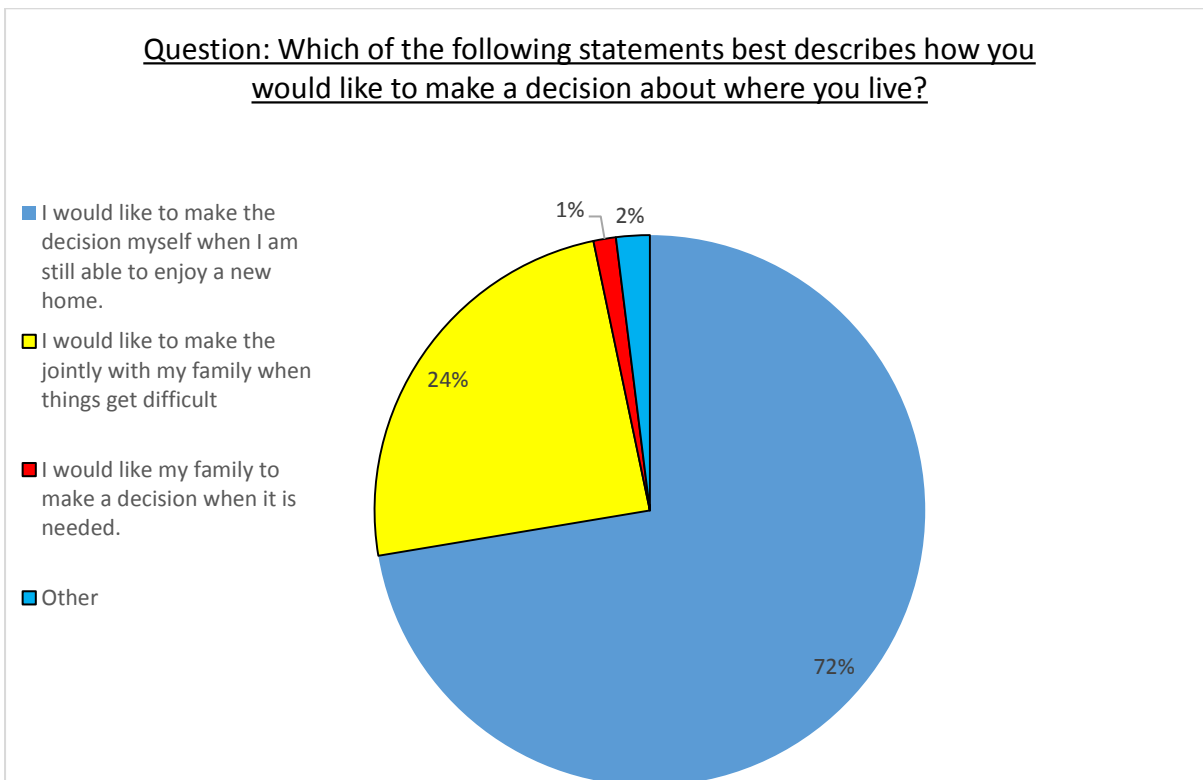
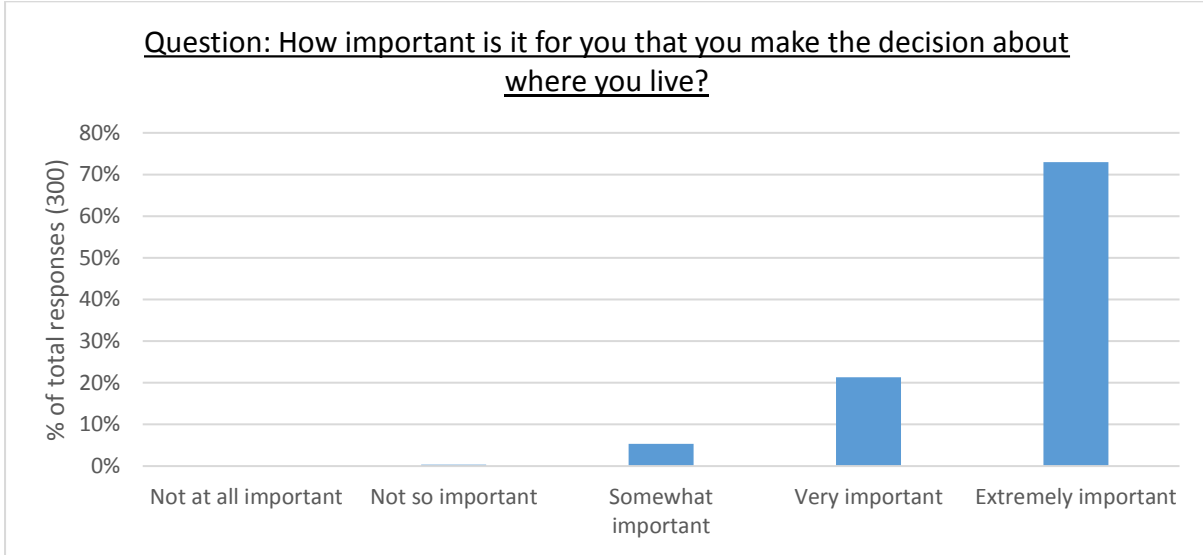
When asked how important it was for respondents to make the decision about where to live the vast majority felt that it was extremely important (73%) or very important (21%). 72% of respondents indicated that they would like to make the choice about where to live themselves when they are still able to enjoy a new home. Just under a quarter felt that they would like to make this decision with their family when things got difficult. From this it can be seen that personal choice and autonomy are felt to be crucial when making a decision about where to live.

“We should talk about moving house and getting the right size of home with our families. Moving should not become a taboo subject”

Alice, 73

The responses to these questions highlighted:

- the need for information and advice around the housing options that are available.
- that residents are keen to make informed choices about where to live and to find an age appropriate home that they can enjoy.

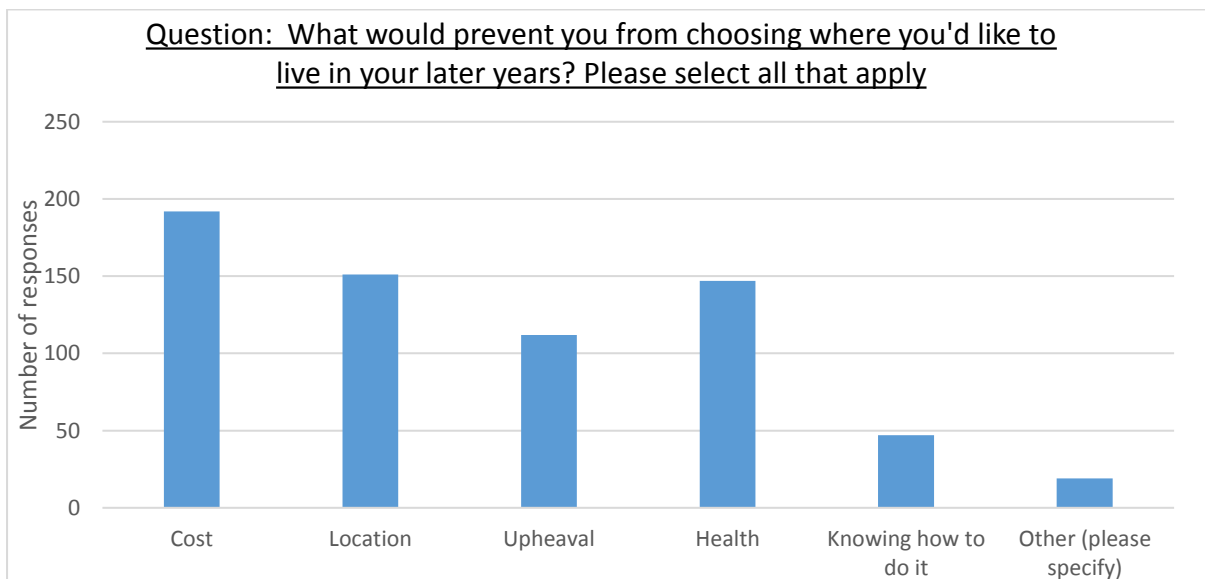


The main factors identified as barriers to people from choosing where to live in later life were cost, location and health. Upheaval was also

considered a significant issue. Around a sixth of those who answered also felt that knowing how to move could also be a barrier to them making a choice. Other factors that were identified as barriers included the availability of appropriate housing, a lack of outdoor space, having to care for other dependent family members and concerns regarding the loss of independence.

Through conversation it was clear that lots of these issues could be avoided if people had the most appropriate information available to them and people moved into a suitable property when the time was right for them

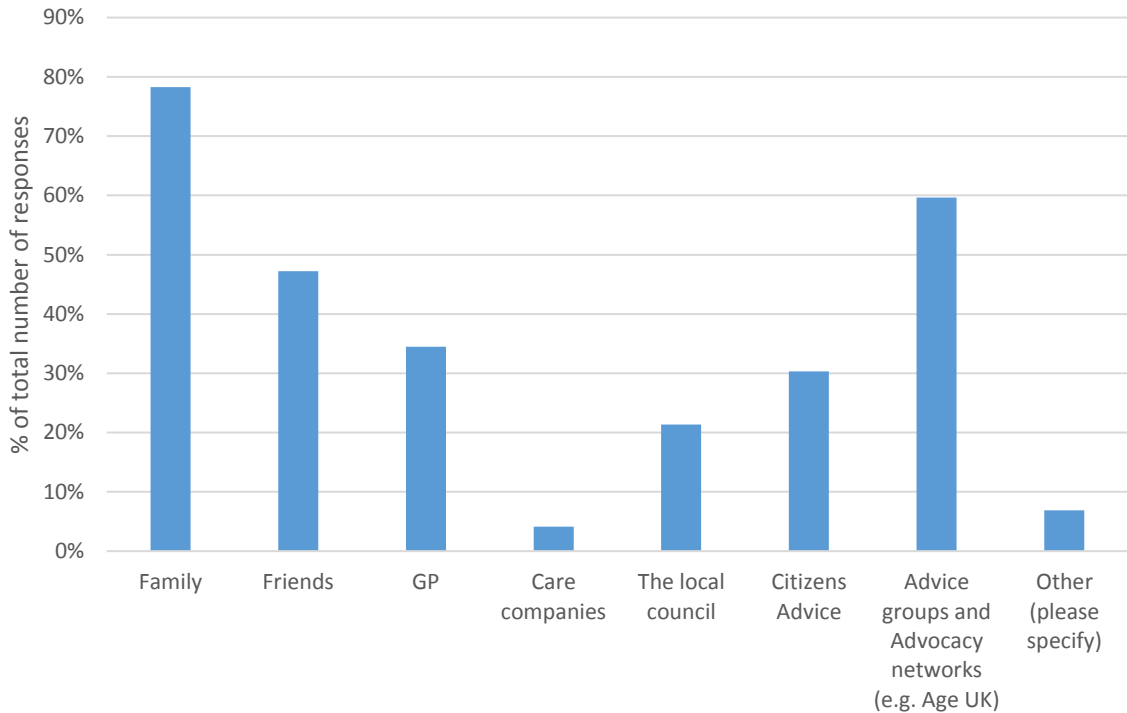
Within this a number of people that I spoke to brought up the issues of Stamp Duty and Land Tax and many people were worried about losing capital if they decided to right size or down size. Older people’s advocacy bodies have raised these issues on a national basis.



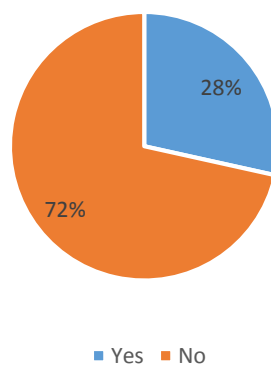
When looking to make an informed and positive choice about where to live, seeking advice from family was identified as the most preferable option. Advice and advocacy networks such as Age UK were seen as the second best source of advice followed by friends and GPs. Care companies themselves were seen as the least preferable option when seeking advice. This was also reflected by 72% of stating that they do not feel that care providers and stakeholders have their best interests at heart.

- The need to be able to trust those who are offering support and guidance was raised frequently in conversations.
- One group that we spoke to said that they wanted advice and planning when looking into changing accommodation and downsizing, they said that any change came with fear and uncertainty
 - They wanted checklists for moving and downsizing guides
 - Some people had seen Elderly care advisors, who provide advice and assistance with moving for a fee. Many liked the idea of such services although some were wary about the costs of them.
- Residents in one group recommended that the council should work out a way to ensure that people have good quality information about the types of accommodation, locations and costs so that people can make informed choices in a timely and considered way.
 - “It is all about nudging people in the right direction, it is not about new council policy, it is about supporting people to make their own choices”.

Question: There are a number of advice networks available for older people when they are looking into types of residential care. When making informed and positive choices, of the options below, who would you trust to help you make these choices?



Question: There are many different stakeholders and providers that play a role in the provision of care. Do you think that these stakeholders have your best interests at heart?



Home ownership

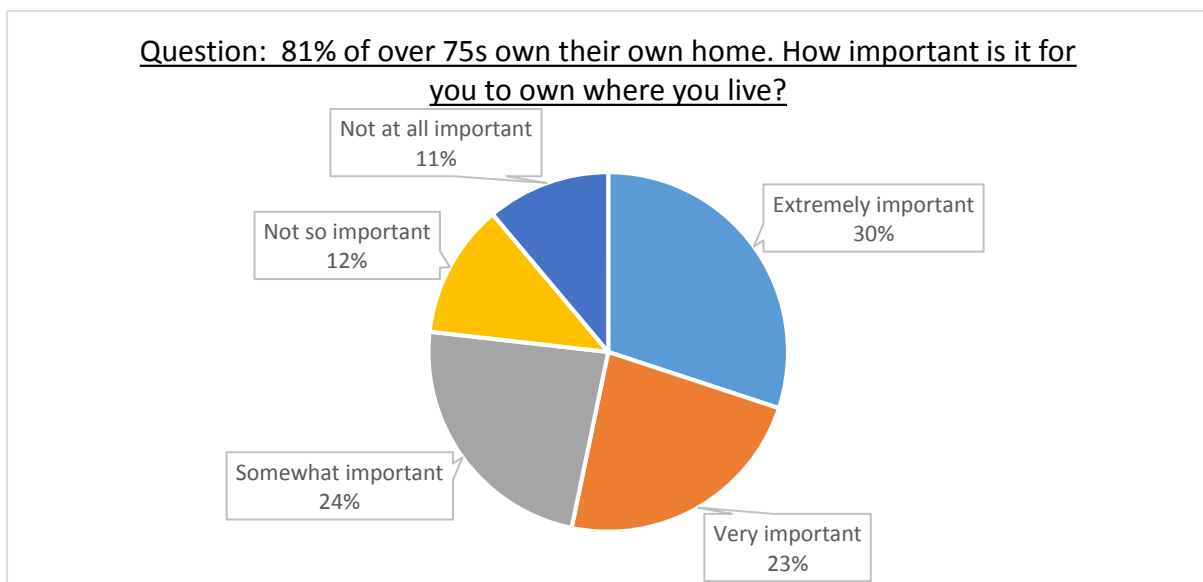
Given that 81% of York's over 75s own their own home, more people than expected were open to other types of tenure.

More than half of those who answered the question about home ownership stated that owning their own home was either extremely important (30%) or very important (23%). Around a quarter of respondents stated that home ownership was not so important (12%) or not important at all (11%). As previously discussed, having an asset to pass on to relatives was a key factor in home ownership, however knowledge of shared ownership schemes appeared relatively low.

A mixture of tenures is needed so that people have the opportunity to make a choice about where and how they live, these options could include shared ownership.

“I want to leave something behind for my children, if I rent then it is more difficult to do so”

Elizabeth, 65



Onsite facilities and services

The following section explores the opinions of respondents when asked to consider 15 facilities and services in accommodation for older people.

- Access to amenities and public transport is vital
 - Unsurprisingly it is vital for this age group to be close to both shops and public transport, having amenities close to older persons accommodation makes it easier for people to live independent lives for longer

- One group highlighted the importance of not being dependent on a car
- Being close to family and friends was identified as extremely important by over half of respondents. The main motivation was to avoid being dependent on a car due to concerns driving could become an issue in later life.

“Nowadays I want to drive less and less - even to places I know well”

Norman, 77

- Private space is of paramount importance – The issues raised included:
 - Having a safe and secure property
 - Facilities to cook own meals is part of this
 - An area where you can be totally yourself
 - This includes LGBTQ, there is a risk that people go back into the closet.
 - There should be schemes which are LGBTQ friendly
 - Care home training, nobody should be forced to go back into the closet
- A manageable home that is accessible and level – many respondents highlighted the benefits of having a home that is accessible and level.

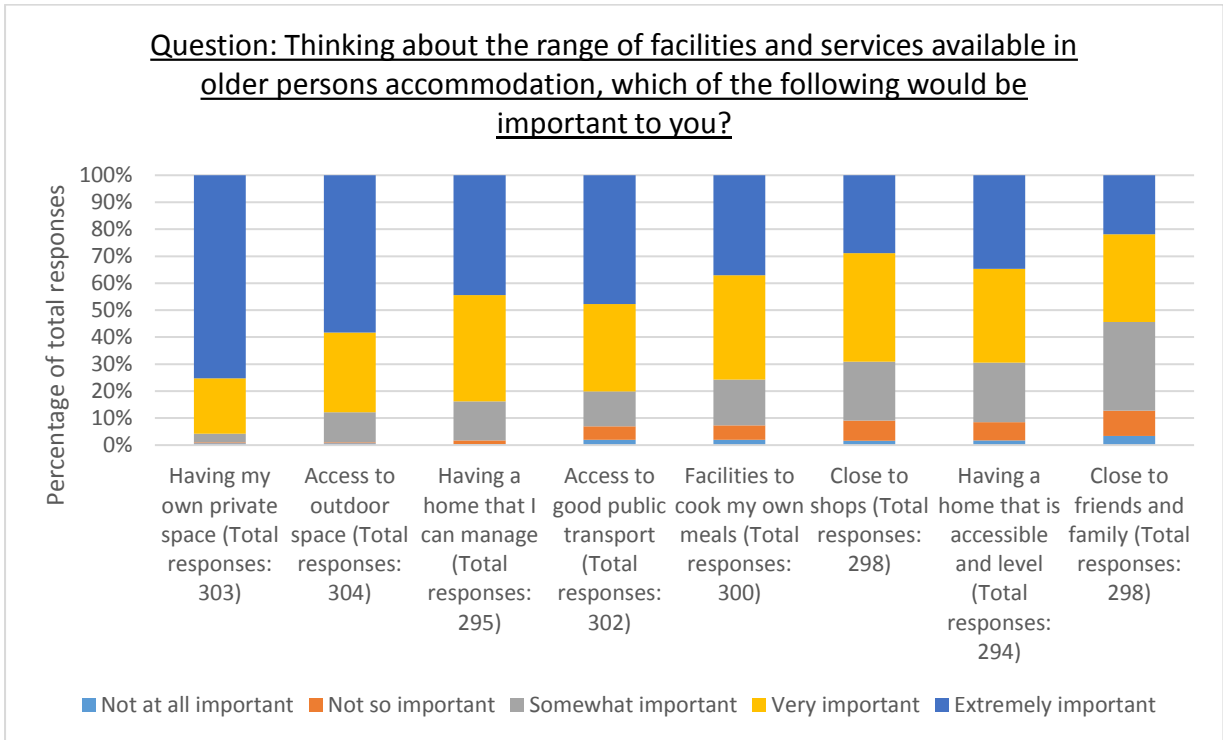
“One of my biggest fears is falling”

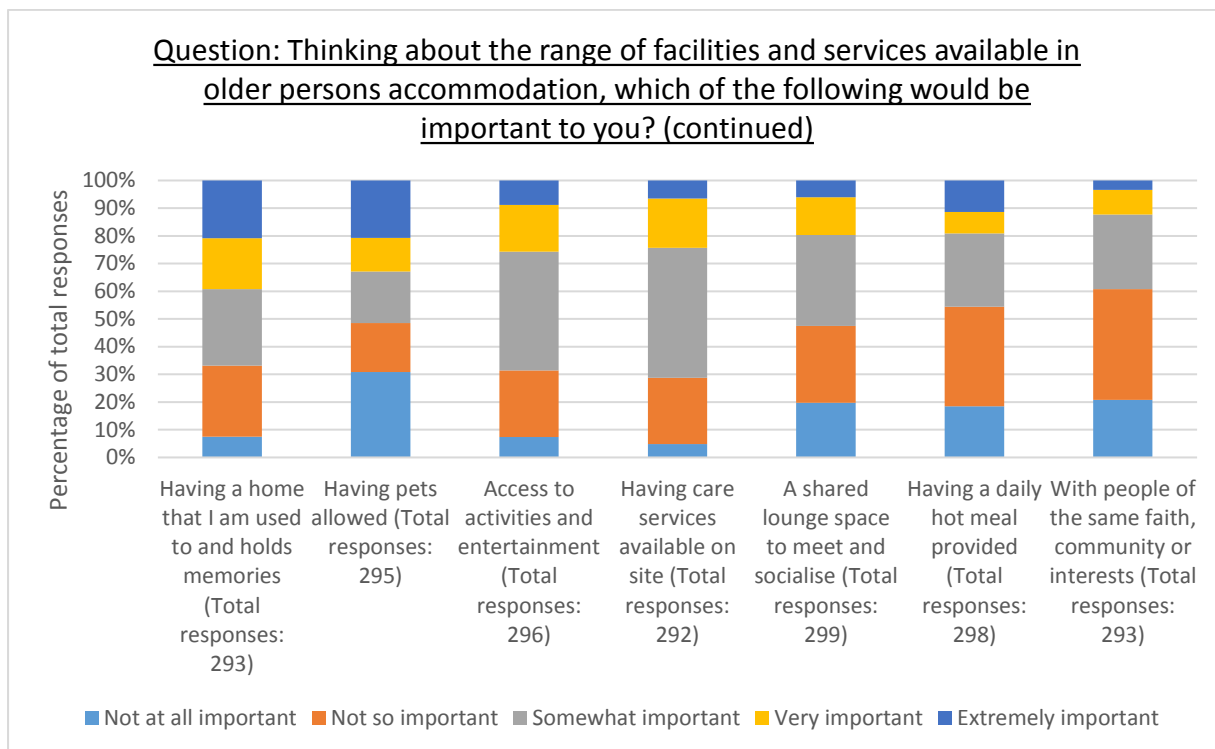
Mary, 80

- The benefits of a manageable and single storey home are plenty
- Everyone that we spoke to said this was important
 - This is more important for respondents than having a home that is familiar and holds memories
- Outdoor space is seen as very important, some people were keen to have a private garden and others were open to a communal garden or courtyard

- If people were living in a flat then many people were keen to have a balcony
 - The importance of not feeling trapped was significant
 - If people were unable to have any outdoor space then one group said that proximity to a park would be acceptable as an alternative
- Some people receive call rounds and reminders, they liked this as a non-intrusive way of checking up
- It was somewhat important for almost 50% of people that care services were available on site. If people have age friendly homes then elements of care provision can be built in
 - Although people want to live independent lives it is still important for people to have access to care
 - People must therefore have information readily available to them about the types of care services that are available to them
 - This links into having artificial intelligence and technology
 - Many people do not think it is their responsibility to pay for care themselves
- Respondents regularly raised the lack of appropriate information about older persons' accommodation – Information to enable positive choices
 - One of the views expressed the most when talking to people is that they did not know the types of accommodation that were available to them
 - People stay in their own homes which are often unsuitable because they don't know what is available to them
 - We spoke to a number of people who said if they knew what was available then they would have moved.
 - This was especially prevalent for home share, when asked in interview people had not heard of the scheme but many were receptive to the idea of it
 - In addition to this people don't know what is available to them and what they are entitled to

- People don't know what the council can offer them
- The local council was only trusted by 1/5th of respondents, this could be because many were unsure of the support available and believed that budget cuts meant that they couldn't get help.





Specific questions about cost and affordability were not included in the questionnaire but were topics that often came up during qualitative interviews. It was also identified that there was a need for affordable housing for older people that sat between social rented markets and luxury private developments.

Assistive technologies

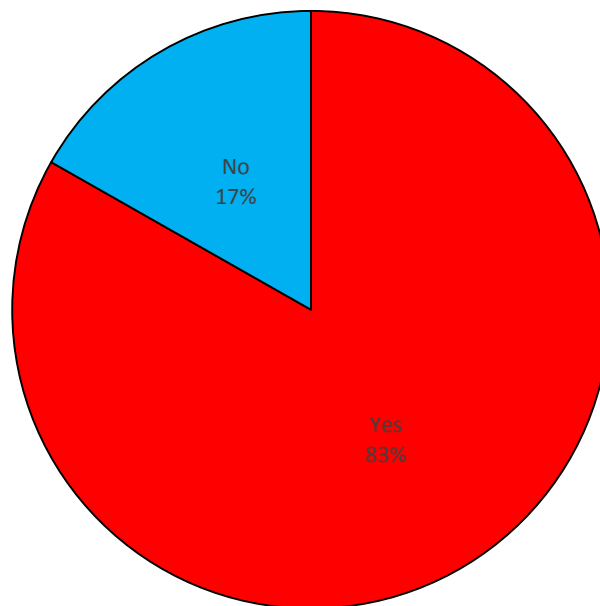
In addition to questions about the importance of onsite services and facilities respondents were also asked a series of questions about their thoughts and feelings towards the use of assistive technologies and the potential application of such technologies within their homes.

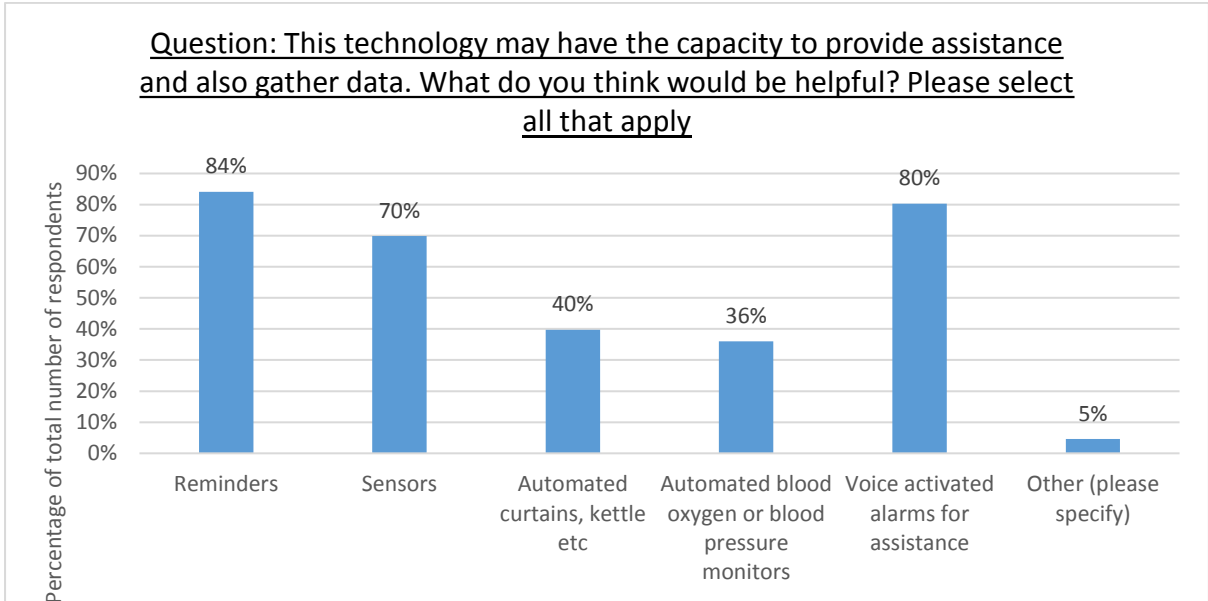
When asked for their opinion of assistive technologies such as sensors and prompts in their properties the vast majority (83%) of respondents stated that they would be comfortable with the presence of such technologies.

- People were open to the idea of having reminders, sensors and voice activated alarms for assistance
- Where people selected 'Other' types of technology responses included: Help with household maintenance e.g. cleaning robots grocery shopping, locating items (keys, glasses etc)

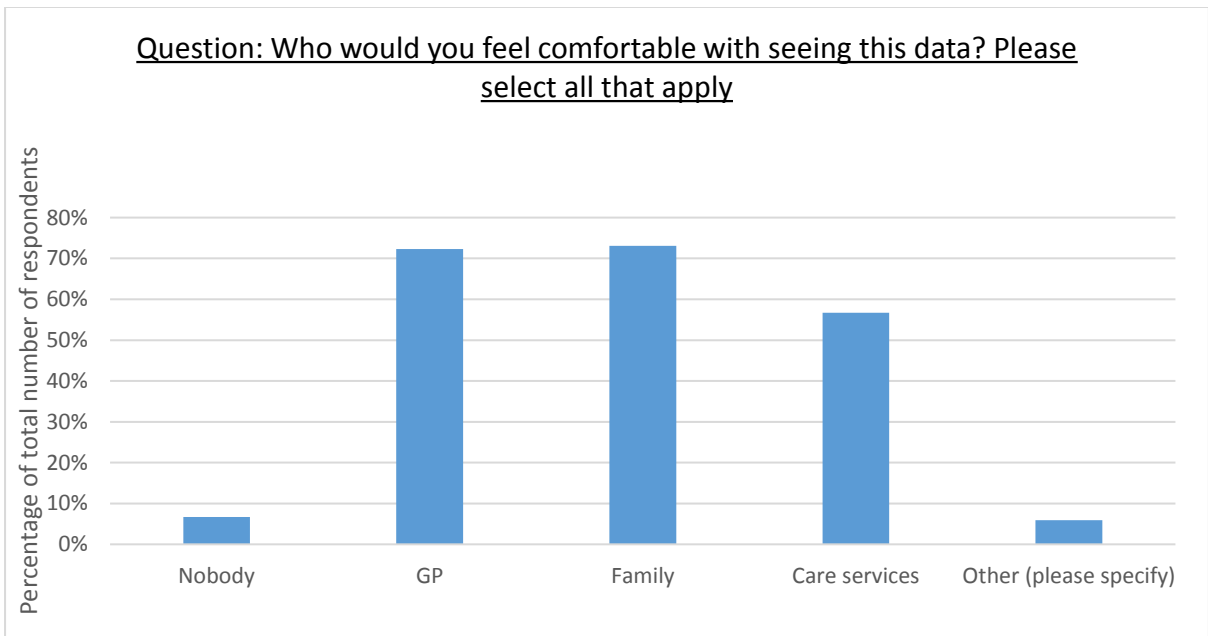
- Respondents were on the whole very comfortable with this data being seen by GPs, Families and to a slightly lesser extent to care companies
- One interviewee said that “if my information could be shared with my GP and that could save me a trip to the doctors, then that would be great”
- This area is the one with the most scope for development and innovation as it offers an exciting opportunity to enable independence

Question: Technology and artificial intelligence have advanced into assisting people with their lives and care. Would you feel comfortable with this type of technology (e.g. sensors and prompts) in your property?





When it came to who they felt comfortable seeing the data generated by assistive technology only 7% of respondents stated that they would not want anyone seeing the data. Additional suggestions of who this data may be shared with included friends and neighbours, anyone with a need for the data, companies that handle data, city planning departments, homebuilders and emergency services.



Conclusions

Autonomy when making decisions about where to live in later life is extremely important, however awareness of the types of accommodation and support available varies. Raising awareness of the types of accommodation available should be prioritised to enable people to make informed decisions and select the type of accommodation most suitable for them. Home ownership is also extremely important therefore opportunities for different types of tenure, including shared ownership should be made available and well publicised.

The most trusted sources for help and advice when making a decision about where to live are family and advocacy groups like Age UK, therefore making sure comprehensive up to date information is readily available through a variety of means should be a priority.

When thinking about accommodation in later life the most important factors are privacy, access to outdoor space and living in a manageable home. Being part of a community and the benefits of living in appropriate accommodation in the right location are also viewed as key factors.

York needs to adapt to changing demographics and preferences, it should address the lack of purpose built affordable accommodation for retirement living. There is a demand for homes which are safe, manageable and affordable within the city. The city should seek to support developers who can provide homes which are age friendly. Pursuing this would have knock on beneficial effects for the city, it would free up more family homes into the market.

There appears to be a strong appetite for assistive technologies with the potential benefits recognised by many. With this in mind pursuing opportunities to integrate assistive technologies into accommodation for older people would seem prudent. In the future further research targeted at minority groups within the city would be beneficial to ensure that views are represented and all needs are met.

Recommendations

In response to this research and to make sure that York's residents benefit from these findings the following actions are recommended:

- Considering the population increases that are expected over the next 10 years it is imperative that action is taken to ease the strain

on housing supply, the city should look to attract developers to help to increase the number of age friendly housing units.

- The provision of housing in the city should include a mix of housing types and tenures to meet the needs of our older residents.
 - A focus should be on age friendly apartments and bungalows, but options including independent living schemes and provision of extra care should also be available
 - Opportunities should be taken to ensure that major housing sites have a 10% provision for age friendly accommodation
- Alongside any development there should be an information campaign which shows older people the types of options and support that are available. This should be a joint campaign between council services and advocacy networks, so that all partners are providing similar information. This would be a cost effective way of informing people so that they know their options. This should include:
 - Training for front line staff about housing options and the benefits of manageable homes
 - Easily accessible information about the housing options, the process for moving house and the financial implications of moving home.
 - Greater cohesion between the council and advocacy networks to ensure that information is shared and advice and support is consistent.
- This research should only be a starting point and those involved in supporting people to live well in later life must listen to people throughout the process about what is important to them
- Opportunities to develop and introduce assistive technology to support independence should be explored.
- To help make life long independence a reality there should be an increase in specialist housing advisors and advocates to provide more support.
- Consider the development of Help to Move schemes.
- Ensure that developments have an accessible transport network close by to avoid isolation

Ends

With thanks to all of our consultees and partners who participated in this research.

Thank You to Age UK York who helped to distribute the survey questionnaires and who have given their backing to the results and recommendations in this report.

Abbreviations

EAC - Elderly Accommodation Council

GP – General Practice

LGBTQ- Lesbian Gay Bisexual Transgender Questioning

NHBC - National House Building Council

UK - United Kingdom



Health and Adult Social Care Policy and Scrutiny Committee**23 October 2019**

Report of the Assistant Director – Legal & Governance

Implementation of recommendations from the completed Substance Misuse Scrutiny Review**Summary**

1. This report provides Members with their first update on the implementation of the approved recommendations arising from the Substance Misuse Scrutiny Review at Annex 1 completed by the former Health, Housing and Adult Social Care Policy and Scrutiny Committee (HHASC), during the previous administration.
2. Members are asked to consider the Implementation Update report at Annex 2 and to sign off all recommendations considered to be fully implemented and are asked to agree whether they wish to receive further updates in six months' time on any outstanding recommendations.

Background

3. During the previous administration, Members of the then HHASC carried out a review into Substance Misuse. The review's Full Report was considered by the Executive at their meeting in March 2019 when all the recommendations from the review were approved.

Substance Misuse Scrutiny Review

4. In April 2018 HHACS considered and agreed a topic request into commissioned substance misuse services, submitted by Cllr Michael Pavlovic.
5. In the HHACS meeting in June 2018 CYC Public Health Officers presented a scoping report that provided further information on commissioned services. Members agreed to progress the topic to a review and set a remit for that review. It was agreed that Cllr Pavlovic

would Chair the Review Task Group, supported by Cllr Ian Cuthbertson and Cllr Tony Richardson.

6. In September 2018 the then HHACS agreed a slightly revised remit with an emphasis on alcohol and the Task Group proceeded with its scrutiny work, which it carried out over a series of meetings with identified experts in the topic area and those discussions formed the basis of the review's final recommendations.
7. The Executive approved the final scrutiny recommendations in March 2019, which broadly became the operational implementation responsibility of the Council's Director of Public Health.

Consultation

8. No consultation was necessary in the production of this report, other than seeking progress updates from appropriate Officers. The consultation undertaken in the Substance Misuse Scrutiny Review is detailed in the Final Review Report at Annex 1..

Options

9. Members may choose to sign off any individual recommendation where implementation has now been completed and can:
 - a. Request further updates and the attendance of the relevant officer at a further meeting to clarify any outstanding recommendations
 - b. Agree no further updates are required.

Analysis

10. There is no analysis in this report.

Council Plan

11. The Council is currently reviewing and consulting upon its new Council Plan for 2019-23. It is scheduled to be considered by the Executive at its meeting on 24 October. The Plan will, no doubt, contain suitable priorities for health and wellbeing.
- 12.

Implications

13. There are no known Financial, Human Resources, Equalities, Legal, ICT or other implications associated with the recommendations in this report. Implications arising from the Substance Misuse Review are detailed in the Final Report at Annex 1.

Risk Management

14. In compliance with the Council's risk management strategy, there are no known risks associated with this report. Risks associated with the review recommendations are included in the Final Report to Executive and attached at Annex 1, for information.

Conclusions

15. There are no conclusions in this report.

Recommendations

16. Members are asked to note the content of this report and the update report presented by CYC Public Health and:

- 1) Sign off recommendations from the Substance Misuse Review that have been fully implemented
- 2) Agree whether further updates are required in 6 months' time

Reason: To raise awareness of those recommendations which have been implemented or are yet to be properly implemented.

Author:

David McLean
Scrutiny Officer
Tel: 01904 551800
david.mclean@york.gov.uk

Chief Officer Responsible for the report:

Dawn Steel,
Head of Democratic Services.
Tel: 01904 551030
dawn.steel@york.gov.uk

Report Approved Date 9/10/2019

Wards Affected:

All

For further information please contact the author of the report

Annexes

Annex 1 – Substance Misuse Scrutiny Review Final Report

Annex 2 – Update of Recommendations from Substance Misuse Scrutiny Review

Abbreviations

CYC- City of York Council

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

Contact Details

Annexes

Annex 1 – Substance Misuse Scrutiny Review Final Report

Annex 2 – Update of Recommendations from Substance Misuse Scrutiny Review

Abbreviations

CYC- City of York Council

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

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

Report of the Substance Misuse Scrutiny Review Task Group

Substance Misuse Scrutiny Review Final Report**Summary**

1. This report presents the findings of the Task Group set up to undertake the Substance Misuse Scrutiny Review and provides information on the impact and potential outcomes of planned reductions, particularly in funding to alcohol services in York.

Background

2. At a meeting in December 2017, the Committee considered a report on the implementation of recommendations from the Public Health Grant Spending Scrutiny Review and the implications of a reduced budget in coming years were discussed by the Committee.
3. In April 2018 the Committee received a topic review request from Cllr Pavlovic (Annex A) to look at the potential impact and outcomes of the Substance Misuse (Drug and Alcohol) contract under a reduced budget and to consider the implications on service delivery. At the same meeting, the Director of Public Health gave a brief update on work already being undertaken in this area which could assist a review.
4. In June 2018 a scoping report was presented to this Committee, providing Members with data on drugs and alcohol and the current situation in York. The Committee agreed this was a topic worthy of review and that a cross party Task Group consisting of Cllr Pavlovic, Cllr Cuthbertson and Cllr Richardson be established to carry out this work on the Committee's behalf. In October 2018 this Committee agreed the following revised remit for the review:

Remit

Aim

To identify the potential impact of planned budget reductions in alcohol services on current service users, future users and the public.

Objectives:

- i. To investigate the impact of the proposed changes to alcohol service provision.
- ii. To investigate the current use of the public health grant to support the required functions around alcohol services.
- iii. Investigate and analyse the whole system of treatment for alcohol service users beyond the contracted specialist service.

Current Situation

5. The provision of alcohol and drug specialist treatment services is the legal responsibility of the Council. In York, drug and alcohol services are predominately funded from the public health grant. A small additional contribution from the Office of the Police Crime Commissioner (OPCC) covers the criminal justice element of the service.

	2017/18	2018/19	2019/20	2020/21	2021/22
	£000	£000	£000	£000	£000
Expected reduction in Grant	2.5%	2.6%	2.6%	0.0%	0.0%
Projected grant excluding 0-5 services	6,465	6,297	6,133	6,133	6,133
Proposed Substance Misuse Budget	2,310	2,210	1,998	1,860	1,835
Budget Savings	75	100	213	137	25

6. The table above shows the budget for the whole substance misuse service. The Public Health Directorate has undertaken rationalisation of fixed costs through reductions in staff, equipment, procurement and infrastructure spending. In July 2017 Changing Lives and Spectrum Community Health CIC took over the CYC contract for drug and alcohol services in York. The contract was awarded for 3 years with an option to extend by up to 4 years based on performance. The contract contained conditions that required savings of £550,000 over the first 5 years of the contract.

Consultation

7. To progress the review the Task Group has met with academics, GPs, Vale of York Clinical Commissioning Group (CCG), York Teaching Hospital NHS Foundation Trust, CYC Finance Officer, CYC Public Health Practitioner, the Police and Probation services. The Task Group also met with Changing Lives twice, once at the beginning of the process and again after meetings with all other partners had taken place.

Information gathered

8. The Task Group met with a University Research Fellow in Mental Health & Addiction and a CYC Public Health Specialist Practitioner on November 1st. The Task Group heard that Central Government support for alcohol prevention has declined in recent years due to austerity. Clinically, drinkers fall into three main groups: 'Hazardous', 'Harmful' and 'High Risk' drinkers. Harmful and High risk drinkers usually present multiple complex needs and are likely to be referred to Changing Lives.
9. Members heard that planned reductions are likely to affect access to services and key worker support for current and future users at a time of increased demand for substance misuse services. At the local level, barriers to early referrals for support services include multi-factored client issues and the Alcohol Use Disorder Identification Test (AUDIT) not being utilised consistently in GP and A&E services. In the wider context it is estimated that up to 7% of York residents (c15,000) are likely to be drinking hazardously. This

group comprises mainly high functioning individuals¹ who in time may need to access services of various kinds. A problem for York's medical and other services is that many people drinking at hazardous and harmful levels exhibit little or no motivation to seek help until they develop serious health or social problems.

10. On the 6th November the Task Group met the GP lead for Spectrum² and Changing Lives. Members were informed that referrals to services come mainly from self referrals, drop-ins or by phone; a small number of referrals come from GPs. A lot of patients find the environment and potential stigma associated with attending the service off-putting and do not attend; these are usually high functioning patients who are often still working. There is also a small pocket of high need drinkers who do not access alcohol treatment; they may slip through the net due to missed opportunities for co-ordination between services. The GP lead reported to Members a perceived rise in patients with alcohol related dementia, hypertension, stomach cancer and indigestion. It is expected that incidences of these illnesses will increase without proactive action.
11. The Task Group heard there is a general problem in society and even among medical professionals of not challenging alcohol misuse until it is too late. It was the opinion of the GP lead that harmful or hazardous drinkers may be prepared to access and respond better to an anonymous service in a GP surgery or community building separate from the formal commissioned service building. There is limited capacity for home visits to multiple complex needs patients; visits do occur but would be lessened by the planned reductions due to the impact of reduced staffing levels.
12. The GP Lead stated the impact to proposed changes will be negative for those already accessing services and access will become harder for those not accessing the service but may need it, such as high functioning drinkers who recognise they may have a problem. There is also no clear integrated service among health partners and community groups for patients with multiple complex needs.

¹ High Functioning drinkers often seem to have stable lives, they drink too much, but they may excel at work or have good relationships with family and friends.

² Spectrum Community Health CIC is a social enterprise that delivers a range of community and offender healthcare services. Spectrum works in partnership with Changing Lives to provide drug and alcohol services in York.

13. On November 7th, the Task Group met with the CYC Finance Manager and received a briefing on the Public Health Expenditure 2016-2020 (see Annex B for a breakdown of expenditure for this period).
14. Members heard that York has seen a reduction in the Public Health Grant in cash terms from last year of around 2.5%, from £8.7m to £8.5m. With inflation factored in it is more likely to be 4% or 5%. Members were told that decisions on how much is spent within the Public Health budget are primarily made by the Executive, based on officer assessments.
15. Any option to cut back Public Health services will have trade-offs. Nevertheless, opportunities can be found in joint ventures or by applying for funds for pilot projects. The wider financial issue is that there is little money in the Health Economy in York with Vale of York CCG managing a deficit, adding pressure to the Public Health budget and the overall impact of Government austerity.
16. In early November the Task Group met with the Head of Transformation and Delivery, Out of Hospital Care and the Head of Partnerships at the Vale of York CCG. The Task Group heard that alcohol has a significant impact on emergency services and unplanned care provision. They felt that there was a likelihood that pressure is likely to increase as a result of planned reductions to alcohol services in particular and substance misuse services generally.
17. Members heard that alcohol related cases centre around one-off cases (e.g. binge drinking related fighting/ accidents), violent crimes and frequent admissions. While such one-offs are a problem, repeat admissions or criminal cases are most likely to put a strain on services. The CCG would like to see interventions set up for those who present more than 4 times a month or 12 times a quarter. Such frequent users are time- and resource-consuming and there is currently limited provision to support these individuals in cutting down or ceasing to use alcohol. Other issues such as homelessness and/or mental health problems are factors in such cases. Successful interventions with these individuals would offer significant benefits to the local health and care economy.

18. It was suggested that a lack of joined up work between community groups and health partners make it difficult for the hospital in York to effectively signpost patients after treatment. Similar to what the Members heard from the GP, the Hospital is seeing significant problems with stomach and liver ailments from high functioning drinkers who are presenting very late in their illness. The CCG advised that early intervention through routine liver testing can detect early signs of problems. Gastro-intestinal and neurological diseases arising from dangerous alcohol consumption are increasing. Because better medical treatment options are available than in the past, such patients now remain a drain on medical resources for longer.
19. Members were told that alcohol related neurological conditions, such as dementia and brain damage, have social care implications and often lead to delayed transfers of care due to complexity of the care placements.
20. The CCG has been involved in interdisciplinary meetings among health professionals, but these are not formal structures and depend very much on individuals. It was suggested to members that formalising this process could figure in a long-term robust model of joined-up working.
21. There is a need for additional specialist services for high functioning drinkers; the CCG agreed with the estimate of 7% of residents likely to be drinking hazardously in York. The CCG suggested that there is a strong business case for more investment into alcohol services as it will save money in the long run.
22. On the 8th November the Task Group met with a Hepatology Consultant and a Substance Misuse Nurse both from York Teaching Hospital NHS Foundation Trust. Members were told that, due to a rise in hazardous drinkers, there is a current un-met need in alcohol treatment and support. Members again heard about the lack of both coordination and capacity among health and community partners in supporting such patients with multiple complex needs which include substance misuse.
23. Members were told of the lack of hospital staff capacity to implement preventative measures and that hospital services and partners are only able to prioritise limited resources toward people with multiple complex needs. Members heard of the significant gap

in service provision to address alcohol related harm in secondary care, resulting in increasing re-admission rates, increased length of stay and poorer outcomes for those with alcohol related problems. The witnesses' view was that the situation is likely to worsen as a result of the planned reductions - if less people can access the service until later or more progressed in their drinking patterns, the health implications are likely to be more advanced.

24. A comprehensive study on the burden of alcohol on York Emergency Department in 2013 (see Annex C), showed that some 10% (c7255) of hospital admissions from A&E were alcohol-related. Both specialists believed that these numbers are likely to be similar to the volume of alcohol related admissions seen by the hospital today.
25. Members learned that alcohol consumption is the leading cause of death among working men and has links to other health conditions, including breast cancer. Generally, the hospital is seeing more cases of ailments mentioned by the CCG, including cardiovascular diseases. Substance misuse nurses' view is that it would be helpful to provide a service of early prevention support in the community linked to hospital discharge.
26. The Task Group met a Drug Policy Specialist from the University of York on 12 November. Members heard that the greatest impact of planned reductions will likely be on alcohol services. The likelihood of some 7% of York residents drinking hazardously was acknowledged to be a fair assumption. Members were told that, if hazardous drinking is not quickly and effectively addressed, the cost and pressure on local health services in 10-15 years from now may be significant.
27. Members were informed that alcohol issues can be detected through 'Identification Brief Advice' (IBA) and 'short audits'. While research has shown varying positive results, trials showed that, on average, IBA was associated with a reduction equivalent to 5 units of alcohol per week (or 40g) in a patient's consumption.
28. The specialist warned that, without a responsive treatment regime, people who reach a stage where they are ready to change but won't be able to access support, will carry on drinking. When an individual is at 'rock bottom', there is a real opportunity to make positive changes through accessing treatment. However, if they cannot then

access a service, the negative impact on them and those around them can be profound and long lasting.

29. Members heard that there are no known academic studies on the impact of cutting alcohol services, however there are several studies quoted about the effectiveness of alcohol interventions. Members were told of research which suggests that public health spending on drug/alcohol education and media campaigns is less than effective; restrictions through licensing of alcohol premises and pricing have, however, been shown to reduce alcohol use.
30. On the same day, the Task Group met North Yorkshire Police's Area Commander for York and Selby who said that a recent study in Scarborough showed that two-thirds of those arrested had alcohol-related problems, either dependent or intoxicated. Members heard that the situation in York is likely to be similar.
31. During the period 1/11/17 – 31/10/18 there were 4520 crimes (35%) in which alcohol was flagged as an influencing factor out of a total of 13025 during an arrest or encounter with police officers in York. Further, 1077 of 4957 (or 22%) of people brought into the detention unit self-declared to be dependent on drugs or alcohol. The Commander believed this to be a significant under-representation of the true amount. A breakdown of these figures and several case studies are provided in Annex D.
32. It was suggested that to have substance misuse workers in custody suites offering early help and intervention can help engage offenders with support services. Members learned that some 75% of children who have parents in prison will go to prison themselves. The Task Group heard that there is a need for a service which takes a co-ordinated approach with agencies across a range of disciplines and that is person- centric and trauma-informed.
33. On the 4th December the Task Group met the Network Developer and Interchange Manager from the Probation Service's Community Rehabilitation Company³ (CRC). The CRC has seen a rise in people requiring alcohol treatment, which they found concerning at a point when the budget for alcohol services is to be reduced. They explained that, in the past, the threshold for accessing services

³ Community Rehabilitation Companies are private-sector suppliers of Probation and Prison-based rehabilitation services

required an AUDIT score of 16; now that score is likely to rise to 20, locking more people out of accessing the substance misuse service.

34. The CRC stated that they felt there was a lack of a shared vision of what a city-wide service for a client should be. This presents a significant coordination challenge for partners, as all are working to their own priorities, KPIs and resources.
35. It was suggested that having key workers based in custody suites would be helpful to ensure timely support. While a majority of hazardous drinkers do not offend, the CRC recognise a clear association between being under the influence of alcohol and criminal behaviour
36. Because services often share clients, the CRC would like to see more joined-up working among partners, particularly around information sharing. It was the CRC's view that a memorandum of understanding between partners would be helpful; to bring back Drug and Alcohol teams (DAATS). The CRC also felt Partners need to co-ordinate budgets to develop services for shared clients.
37. On 5th December the Task Group met the CCG Clinical Lead for Primary Care and Population Health. The Task Group learned that a study had found that some 33% of all hospital admissions in York present heavy drinking (ie drinking above Public Health recommended levels) as an indirect factor in their clinical profile. As patients are predominantly admitted for other reasons, the alcohol issue is usually not addressed with patients. Additionally, Members had heard that 10% of emergency admissions (see para. 24) were based on alcohol clearly being identified as a direct or major cause for a patient's admission.
38. The CCG Clinical Lead expressed concern that it appeared that there were no risk or impact assessments completed when decisions were made to cut Public Health services. This could result in unintended consequences that have serious implications for delivering quality care and support to residents.
39. It was also stated that the lack of key workers is a major problem. GPs and workers at Changing Lives do not have the capacity to make regular home visits; thus, the danger is that the planned reductions would see GPs and remaining key workers left to support harmful and hazardous drinkers with increasingly-stretched

resources and a limited offer of psycho-social support, exacerbating the current situation.

40. The CCG Clinical Lead added that integrated, co-located working of GPs with Alcohol Specialist Services with the lower risk groups, would have many benefits to support integration of care and progress of recovery. This is a cost-effective model of care, but needs careful commissioning to ensure it is outcome-focused. Asking recovering drinkers to attend clinics alongside chaotic drinkers is viewed to be counter-productive. Re-integration with mainstream primary care services after a period of specialist input is seen as key in establishing longer term support and preventing relapse
41. The CCG Clinical Lead linked what members had heard from the Police, that childhood trauma, eg a parent in prison, can be a factor for alcohol abuse in later life. Whilst improvements in safeguarding of vulnerable children and identifying problems within families at an earlier stage is having a positive impact, the health and other benefits of this will not be seen for many years.
42. It was suggested that good examples of joined-up working include the Personality Disorder Network and the current integration of Elderly services in York. Systematic multi-disciplinary coordination is, however, expensive to set up. York has to consider how partners can integrate their budget pools to meet demand, so that a return on investment comes back through reduced demand on the service in the long term. The Task Group heard that utilising community assets by encouraging problem drinkers to join social clubs and community networks can play a positive role in rehabilitation.
43. Finally, the Task Group met with Changing Lives' Area Manager for Yorkshire on 6th December. Changing Lives, who had 366 clients (see Annex E) in effective Alcohol treatment from August 17-July 18, are currently developing a new working model that will take effect on the 1st July 2019. The model will have an emphasis on co-production and co-design as per the requirement of the contract and will focus on ensuring the clinical element is protected as it is the starting point for creating stability for clients. However, early projections of the impact of the planned budget reductions are likely to be:

- Increased caseloads of between 20-35% (38- 50 clients)
 - Increased waiting times (currently two weeks) to access support from first referral of approx. 20-30%
 - Changed alcohol audit score to run in line with national standards, which would restrict access to service; this will emphasise what support is not available outside the specialist treatment offer
 - Negative impact on successful completions and non-representation data
 - Less frequent psycho-social appointments from 1 a week to potentially 1 a month, limiting impact of the treatment offer with an increased risk of becoming a crisis management service.
 - Higher caseloads in working with complex needs clients having an impact on staff wellbeing
 - Restricted staffing levels will impact on the capacity to work responsively and within the time when motivation is highest for people accessing the service
 - Increased drop out rates and levels of relapse
44. Members heard that Key Workers are likely to become stretched and will limit their appointments in an effort to cope with demand; in addition, if left unchecked, the 7% of residents likely to be drinking hazardously in York may then have a serious impact on the city. To mitigate the potential impact, Changing Lives are looking at how to reach people where they are best likely to respond, taking advantage of the well developed space and community groups that exist in York.

Analysis

Impact of proposed changes

45. The Task Group accepted that changes to the substance misuse contract are likely to have the most significant impact on alcohol treatment, in particular access to services and key workers provided by Changing Lives for current and future users. Full time workers currently have a workload of around 50 clients and part-time workers around 38 clients. Caseload numbers are likely to increase by 25-30%. There will be a similar percentage increase in the waiting time for initial assessments after referral, which currently averages two weeks. Members noted the widely-shared view that,

without a responsive treatment and recovery service, the planned reductions would have negative impacts and worse outcomes. Service users would either not be able to access a service when they are motivated to change, or would not have sufficient support to help them make long-term changes to their drinking patterns.

46. Members acknowledged that numerous issues can also affect the outcomes in relation to alcohol use and can form barriers to recovery. Those with least resources (eg insecure housing, no employment or family support) will also be the group most likely to be affected by changes or diminution in alcohol support services.
47. The Task Group noted that reducing access to key workers and commissioned support mechanisms is likely to result in a dilution of service, thereby reducing successful treatment completion rates and leading to higher drop-out and relapse rates in service users. However, Members acknowledged that other community assets such as voluntary organisations can also play a positive role in supporting people to strengthen “social capital” and can encourage a healthier lifestyle.
48. Members expressed concern at the potential number of people in York drinking at hazardous levels, and acknowledged a potential “ticking time-bomb” around this issue for health, criminal justice and social care.

Current use of the public health grant

49. Around 27% of the public health grant is allocated to substance misuse. Other areas in the Public Health Grant include Sexual Health, Wellness Service, Healthy Child Grant, an Adult Social Care element, Air Quality grant, core team and internal support costs. Members acknowledged that the variations in expenditure are essentially operational decisions based on varying priorities.
50. After concerns were expressed by external stakeholders (see para. 38) about the provision of risk assessments relating to the decision to reduce funding, it was asked if such risk assessment work had been undertaken in this case. It was found that a risk assessment (see Annex F) had been prepared by CYC officers in 2014/15 in line with CYC process, but it was not presented as part of the savings proposals by previous officers and was not made available to the

Executive Member when the savings approach was decided at that time.

51. Members noted that the Joint Strategic Needs Assessment (JSNA) describes the current and emerging health and wellbeing needs for people who live in York and that it is used by CYC Public Health to plan and budget its activities. It is used by the Health & Well Being Board as a planning and monitoring tool and is referred to by CQC.
52. The Commissioned Substance Misuse Service currently supports some 366 people accessing alcohol services in York through contracts with Changing Lives and Spectrum Community Health CIC. They specialise in offering recovery and treatment options with support underpinned by clinical and psycho-social interventions. The contract uses experienced professionals and practitioners from both organisations to provide holistic support to address the complex mix of physical, emotional, mental and social issues that can lead to addiction.

Beyond the contracted specialist service

53. The Task group acknowledged that GPs/doctors in primary and acute care have a key referral role in the whole system. However, due to a combination of workload, limited resources and (notably in emergency hospital visits) concentration on the immediate illness/injury, identification of underlying alcohol problems could be improved.
54. However even when an alcohol problem is identified and referred to the Substance Misuse service, a significant number of individuals do not access it. A range of cognitive and practical reasons were highlighted to the Task Group – these include denial of a problem, unwillingness to be perceived as an addict, embarrassment at being seen at the Changing Lives building, work commitments and a lack of time to attend daytime appointments. For those, however, who are prepared to access or are currently attending the service, the planned reductions would result in a reduced service offering a narrower range of interventions, more rigid thresholds for acceptance for treatment and longer waiting times.
55. Members were informed of an increased frequency of a range of alcohol related ailments in York (see paras. 10, 18 & 25). The Alcohol Charter of the Drugs, Alcohol & Justice Cross-Party

Parliamentary Group and APPG on Alcohol Harm (see Annex G) highlights the national context: every year there are over 1 million alcohol-related hospital admissions in England and 12,800 cancer cases linked to alcohol. Unless trends change, linked cases of cancer are expected to lead to 1.2 million hospital admissions and 135,000 deaths over the next 20 years. Since 1970, deaths from liver disease have increased by 400% and this is now the only rising major cause of death in the UK.

56. Members noted that there is already a significant gap (see para. 23) in secondary care services addressing alcohol-related harm. It is likely that this will be exacerbated in the future, to be characterised by higher readmission rates, increased lengths of stay and poorer outcomes for patients.
57. The Task Group heard that, in the Criminal Justice System, the planned cuts and changes to alcohol treatment may result in the threshold to access services increasing. This is likely to result in some people who would previously have been referred to the service being refused treatment. If such drink-related poor decision making by offenders continues, the potential for re-offending is increased. Members heard that the police are already dealing with many issues relating to complex needs such as mental illness and they fear the planned reductions would see their workload increase. Both Police and Probation Services felt an initial point of contact in custody suites with a specialist drug and alcohol worker would be beneficial in reducing time assessing and referring offenders.
58. Whilst it appears to be agreed that many entrenched and high risk alcohol users function well (i.e. they hold down jobs, have family lives and may only come to the attention of medical practitioners or have irregular police contacts), there are others who are more chaotic and have complex and multiple problems. The broad consensus among the specialists interviewed was that both groups, though particularly the latter group, are extremely resource-intensive across a range of disciplines. The specialists felt that more joined-up work is required to ensure an integrated care service and they suggested creating a Substance Misuse Commissioning Strategy Board. However Members acknowledged that simply working better together would not remedy the impact of planned reductions. In addition, there was a lack of clarity as to who would be best placed to lead an integrated approach. Members acknowledged that, while there are shared problems among

agencies, there seems to be no common agenda as how best to address them, due to the current “silo” approach under which budgets and working practices are organised.

59. Members noted whilst models of good practice exist, more work is needed to determine whether these would be relevant to York (see Annex H).
60. Members noted comments made by the academic drug specialist that licensing restrictions have been shown to reduce alcohol use. As of March 2015, York had some 799 premises licensed to sell or supply alcohol. With a population of approximately 160,000 adults aged 18 or over, this equates to one venue selling alcohol for every 200 adults.

Conclusions

61. In a financially-constrained local health economy, how York responds to changes in funding for alcohol services is one of the most important challenges our city faces.
62. Overall conclusions

From the evidence provided:

- Alcohol misuse has a direct and profound effect on users, their families and society as a whole. Reductions in budget for alcohol and drug treatment will not just impact those who need specialist intervention but will have wider socio-economic consequences and impacts. Without exception, all the specialists consulted anticipated that there will be a negative impact for all residents.
- Alcohol misuse places a considerable and increasing pressure on the workload of the NHS. A reduced budget for alcohol treatment suggests that these pressures are likely to increase as provision decreases and would exclude individuals who may have previously accessed the commissioned service.
- One area of concern which was a common thread is the support received by residents with multiple complex needs. There is a lack of effective joined-up mechanisms to address such residents' needs. Most of the specialists interviewed argued that providing a formal joint approach to working with substance misusers who have

additional and often complex needs would deliver positive and effective outcomes. However, there was no consensus on any one particular model.

- There is an impending gap in the service for harmful and hazardous drinkers, who may reach a stage where they are motivated to seek help. There could, however, be no service for them, as resources may be prioritised for the highest risk drinkers with multiple and complex needs.
- There appears to have been some past weakness in the process of assessing the impact and risk to residents' health when considering reductions to public health budgets. This has led to decisions being made without all the relevant evidence for a robust approach. There would therefore be a need for closer scrutiny on the part of Members, including those in specialist Scrutiny Committees to ensure they are aware of the implications of planned decisions.
- A needs assessment has been produced and published as part of the Health & Well Being Board's JSNA process. Whilst this gives a general understanding of the global burden of alcohol misuse, it was difficult to negotiate. The report is long and complicated.
- There appears to be a lack of impetus in society towards tackling alcohol abuse along with a culture which seems not to challenge harmful and hazardous drinking. The proposed budget reduction would impact York's ability to deliver clear prevention and early intervention initiatives or campaigns for our residents and children.
- Members are aware that the use of the Public Health Grant is a complicated equation, balancing the range of residents' health needs across a complex area of expertise. However this Task Review has identified clear evidence of the negative impact on some of the city's most vulnerable residents which would add to the burden of ill health and serve to widen the health inequality gap.
- Bearing in mind what has been heard, Members have concerns that the contracted outcomes may not be deliverable by the commissioned providers on a greatly-reduced budget. This may generate further costs elsewhere in the system in coming years.

Task Group Recommendations

63. The Task Group therefore proposes the following recommendations:
1. The financial cut to the substance misuse budget should be re-assessed with immediate effect, with the intention of returning funding to substance misuse provision, and that this include a review of the current budget for 2018-19, highlighting any changes for 2019-20 accompanied with a rationale and clear risk assessment.
 2. Future proposals for changes to the funding available to provide Public Health services should be accompanied by a clear risk and impact assessment, which is also made available to Health Scrutiny. Scrutiny should receive regular detailed updates on changes to mandated and prescribed Public Health functions.
 3. The needs assessment for the range of alcohol service provision should be reviewed, with the aim of providing a user-friendly and accessible document which can easily be understood by non-specialists. This assessment should enable the Council to make informed decisions around the needs of York residents and tailor future service provision to meet this need.
 4. To meet the needs of residents with multiple complex needs, we recommend partners adopt a joint commissioning approach across a range of specialist areas so as to produce a joined-up wrap-around support network; such an approach should be led by the Director of Public Health. It should include the CCG, CYC Public Health, North Yorkshire Police, OPCC and CYC. The approach should also involve a range of commissioned delivery partners such as Mental Health (TEWV), primary care (GP's), secondary care (hospitals, liver unit, A&E, ambulance service), the Probation Service, specialist substance misuse services, housing, MEAM, Pathways, Salvation Army and voluntary sector community groups.
 5. In order to implement such an approach, we recommend a senior commissioning level strategic group be convened, facilitated by the Director of Public Health, to provide a cohesive approach. This should include the pooling of budgets

for joint commissioning. The aim should be to meet needs in one single joined-up service offer rather than a patchwork approach to provision. A proposed model for a *York Substance Misuse Commissioning Strategy Board* can be found in Annex I.

Implications

64. **Financial** This report is scrutinising financial information. The Executive is considering the 2019/20 budget proposals at the Executive meeting on 14 February 2019 and its budget recommendations will be considered at Budget Council on 28 February 2019. Whilst that is the annual process for Members to agree their budget priorities for resourcing Council services in the year ahead, the Executive can approve additional sums for services outside of the budget process to commit funds to services by releasing contingency funds, subject to resources being available. Given that the recommendations of this report will be considered by the Executive too late for consideration as part of the current budget setting process, the Executive would need to consider how it might wish to address the request for review of funding for substance misuse;
65. **Human Resources (HR)** There are no HR implications associated with the recommendations in the report
66. **Equalities** – The Task Group acknowledged that some form of Health Equity Audit could be appropriate in the future.
67. **Legal** – There are no legal implications associated with the recommendations of this report.
68. **Crime and Disorder** – Whilst there are no direct crime and disorder implications associated with the recommendations in this report, the resource implications associated with substance misuse have been considered in preparing this report.
69. **Information Technology (IT)** There are no IT implications associated with the recommendations in the report.
70. **Property** – There are no property implications, associated with the recommendations in the report.

Risk Management

71. It is clear from findings that alcohol misuse is putting a considerable and increasing pressure on the workload of the NHS, the Police and emergency services in York. If there is no effective service supported by a cohesive approach to support substance misuse, there is a risk that the increased pressure within the system could have further negative effects on York services.'

Council Plan

72. The Review directly relates to A Focus on Frontline Services priority in the Council Plan 2015-19 in that it will help ensure all residents particularly the least advantaged, can access reliable services and community facilities.

Recommendations

73. Having considered the findings from this review, the Health Housing and Adult Social Care Policy and Scrutiny Committee are recommended to endorse the draft review recommendations shown at paragraph 63.
74. Reason: To conclude the review in line with scrutiny procedures and protocols and to enable the review final report to be presented to the Executive in March 2019.

For further information please contact the author of the report

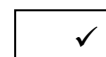
Author:

David McLean
Scrutiny Officer
Tel: 01904 551800
david.mclean@york.gov.uk

Chief Officer Responsible for the report:

Dawn Steel
Head of Civic and Democratic Services
Tel: 01904 551004
Dawn.steel@york.gov.uk

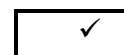
Report Approved



Date 5/02/19

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

All



Background Papers:

1. CYC JSNA process
2. Drug & Alcohol Findings www.findings.org.uk
3. Ministry of Justice: The impact of community- based drug and alcohol treatment on re-offending
4. A Rapid evidence Review of the Effectiveness and cost-effectiveness of alcohol control policies: an English Perspective
5. Adverse Childhood experiences: retrospective study to determine their impact on adult behaviours and health outcomes in a UK population
6. York Alcohol Needs Assessment 2016

Annex A: Topic Request Form

Annex B: Substance Public Health Expenditure 2016-2020

Annex C: Emergency Department statistics [**Online only**]

Annex D: Police Alcohol Drug Information

Annex E: Changing Lives Data

Annex F: Summary of Risk Assessment 2014/15

Annex G: Alcohol Charter: Drugs, Alcohol & Justice Cross-Party Parliamentary Group an APPG on Alcohol Harm.

Annex H Patient Safety Conference 2017

Annex I: Substance Misuse Commissioning Strategy Board

Abbreviations

A&E- Accidents and Emergency

AUDIT- Alcohol Use Disorder Identification Test

APPG – All party Parliamentary Group

CCG - Clinical Commissioning Group

CIC – Community Interest Company

CRC – Community Rehabilitation Company

CYC - City of York Council

DAATS – Drug and Alcohol Teams

GDPR – General Data Protection Regulations

GPs - General Practitioners

IBA- Identification and Brief Advice

JSNA-Joint Strategic Needs Assessment

KPI – Key Performance Indicator

MARB – Multi-Agency Review Board

MEAM- Making Every Adult Matter

NHS- National Health Service

NICE – National Institute for Health and Care Excellence

OPCC- Office of the Police Crime Commissioner

PCC – Police Crime Commissioner

UK- United Kingdom

TEWV- Tees Esk Wear Vale Foundation Trust

Glossary

Harmful drinking (High risk drinking) – A pattern of alcohol consumption that is causing mental or physical damage. Consumption (units p/w): 35 or more for women, 50 or more for men.

Hazardous drinking (Increasing risk drinking) – A pattern of alcohol consumption that increases someone’s risk of harm. This includes physical, mental and social consequences, the term is used by the World Health Organisation, it is not a diagnostic term. Consumption (units p/w): 14 unit or more for women but less than 35. 14 units for men but less than 50 units

High risk drinker Regularly consuming over 50 alcohol units per week (adult men) or over 35 units per week (adult women).

Social Capital –broadly refers bonds between individuals, both in intimate relationships and in voluntary groups that include such things as interpersonal relationships, a shared sense of identity, a shared understanding, such bonds are claimed to have health promoting effects.

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Health & Adult Social Care Policy & Scrutiny Committee

Report of the Office of The Director Of Public health

Substance Misuse Scrutiny Review Recommendations follow up Report

Summary

1. This report presents the progress against the recommendations supported at Executive on 18th March 2019 following the Substance Misuse Scrutiny Review undertaken by members.

Background

2. A full review of the Substance Misuse (Alcohol and Drugs) offer in City of York was undertaken in 2018/19 by members. This review was undertaken in the context of budget cuts to services and analysing the impact of those cuts.
3. The review was widely consulted on meeting with academics, GPs, Vale of York Clinical Commissioning Group (CCG), York Teaching Hospital NHS Foundation Trust, CYC Finance Officer, CYC Public Health Practitioner, the Police and Probation services and the Specialist provider and contract holder Changing Lives.
4. The full report identified a number of areas which would have a negative impact on residents and impacted on the ability to provide services. The report proposed recommendations to mitigate the impact of savings.

Progress against recommendations:

5. The following template outlines the five supported recommendations and the progress against them.

Recommendation		Implementation September 2019
1.	The financial cut to the substance misuse budget should be reassessed with immediate effect, with the intention of returning funding to substance misuse provision, and that this include a review of the current budget for 2018-19, highlighting any changes for 2019-20 accompanied with a rationale and clear risk assessment.	<p>Three separate work streams have taken place.</p> <ul style="list-style-type: none"> a. A release of £100k non recurrent PH reserve funding was passed to the provider within the terms of the existing contract b. A one off release of £100k emergency fund has been agreed subject to a business case from the provider c. Discussion with counsellors regarding the longer term sustainable funding position which is subject to agreement.
2.	Future proposals for changes to the funding available to provide Public Health services should be accompanied by a clear risk and impact assessment, which is also made available to Health Scrutiny. Scrutiny should receive regular detailed updates on changes to mandated and prescribed Public Health functions.	<p>A clear risk/impact assessment process is in place for public health services and these are shared with key documents where changes are proposed.</p> <p>Any changes to the Public Health offer would be discussed as part of change management process within CYC policy and procedure. This would form part of any member briefing/update and where deemed necessary would form part of the scrutiny work plan.</p>
3.	The needs assessment for the range of alcohol service provision should be reviewed, with the	The Joint Strategic Needs Assessment steering group will be leading this process and are considering the

	aim of providing a user-friendly and accessible document which can easily be understood by non specialists. This assessment should enable the Council to make informed decisions around the needs of York residents and tailor future service provision to meet this need.	resources required within CYC and partner organisations to undertake this task.
4.	To meet the needs of residents with multiple complex needs, we recommend partners adopt a joint commissioning approach across a range of specialist areas so as to produce a joined-up wraparound support network; such an approach should be led by the Director of Public Health. It should include the CCG, CYC, North Yorkshire Police, Office of the Police and Crime Commissioner (OPCC) and CYC Adult Social Care. The approach should also involve a range of commissioned delivery partners such as Mental Health (TEWV), primary care (GPs), secondary care (hospitals, liver unit, A&E, ambulance service), the Probation Service, specialist substance misuse services, housing, Making Every Adult Matter (MEAM), Pathways, Salvation Army and voluntary sector community groups.	<p>A multiple complex needs group was formed by a number of partners to address this issue at the same time the recommendation was made.</p> <p>A decision was taken to actively engage in the existing network and work plan rather than duplicate. After discussion the partnership was expanded to include criminal justice partners.</p> <p>The long term aim is to unpack the strands, develop cohesive operating models for front line delivery alongside joined up commissioning, retaining focus on this vulnerable resident group.</p>
5.	In order to implement such an approach, we recommend a senior commissioning level strategic group be convened, facilitated by the	See above

<p>Director of Public Health, to provide a cohesive approach. This should include the pooling of budgets for joint commissioning. The aim should be to meet needs in one single joined-up service offer rather than a patchwork approach to provision.</p>	
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Author:

Leigh Bell
Public Health Practitioner
Advanced
Tel: 01904 554373
leigh.bell@york.gov.uk

Chief Officer Responsible for the report:

Fiona Phillips,
Assistant Director CYC Public Health
Tel:0190455114
fiona.phillips@york.gov.uk



**Health & Adult Social Care Policy & Scrutiny
Committee****23 October 2019**

Report of the Assistant Director – Adult Social Care

Developing a community approach to mental health and wellbeing**Summary**

1. The report attached at Annex 1 outlines plans to develop and ‘pilot’ a community approach to mental health and wellbeing in the northern sector of the City of York. The pilot is one of the York Mental Health Partnership’s top four priorities, as recently presented to the Health and Wellbeing Board in its Annual Report on 11 September 2019.
2. The report:
 - explains the background to the pilot – why and how it has come about
 - outlines what the pilot is likely to involve and what we hope it will achieve
 - Provides opportunity for Committee members to engage with the pilot.

Background

3. As highlighted above, the York Mental Health Partnership has identified developing a community approach to mental health and wellbeing as one of its top four priorities. Given its importance, it was felt the Policy and Scrutiny Committee would welcome early sight of plans for a pilot in the northern sector of the city, in order that its members could input to these plans as they develop.

Consultation

4. The attached report includes feedback collated from just over half of the 140 stakeholders who attended the York Mental Health Partnership’s ‘Connecting Our City’ Conference in April 2019. The York Mental Health Partnership’s vision (and design principles) for developing a community

approach to mental health and wellbeing, also included in the report, represent a synthesis of the key messages received from a range of stakeholder engagement and feedback in York over 2-3 years.

Council Plan

5. Developing a community approach to mental health and wellbeing is one of the York Mental Health Partnership's top four priorities.

It is also relates directly to priorities highlighted in York's All Age Mental Health Strategy for York 2018-2023:

"York's long-term ambition (page 4). In the long term we aspire to a whole person, whole life, whole community approach appropriate for York and modelled on that in Trieste, Italy, where there has been 40 years of development towards social inclusion, empowerment and citizenship in mental health."

And York's Joint Health and Wellbeing Strategy 2017-2022:

"We want to see people in York enjoying good mental health throughout their lives, with the confidence to promote their own wellbeing, supported by excellent, integrated services should they need it." (page 8)

Implications

6. The development of a community approach to mental health and wellbeing will have range of implications. The programme of work is just starting and as the plans and scope of the pilot become clearer, these implications will be considered.
 - Financial
 - Human Resources (HR)
 - Equalities
 - Legal
 - Crime and Disorder
 - Information Technology (IT)
 - Property
 - Other

Risk Management

7. As with 6 above.

Recommendations

8. Members are:

- a) Asked to note this report and the work that is underway to develop a plan for how a place-based community approach to mental health and wellbeing might work, initially in the northern sector of the city.
- b) Invited to engage with the development of the pilot as it develops. Members of this Health & Adult Social Care Policy & Scrutiny Committee will be invited to engagement events arranged in the northern sector of the city as and when they happen.

Reason:

To support a co-produced, community led approach to mental health and wellbeing in York.

Contact Details

Author:

Michael Melvin
Assistant Director –
Adult Social Care
Tel: 01904 554155

Chief Officer responsible for the report:

Sharon Houlden
Corporate Director – Health, Housing and Adult
Social Care
Tel: 01904 553251

Report Approved **Date** 10/10/2019

Specialist Implications Officer(s)

Not applicable

Wards Affected:

A community approach to mental health and wellbeing will ultimately need to be adopted city-wide but, initially, the plan is to ‘pilot’ the development of our thinking and approach in the northern sector of the city. This will include the following wards:

- Clifton

- Guildhall
- Haxby & Wigginton
- Heworth
- Heworth Without
- Huntington & New Earswick
- Rawcliffe & Clifton Without
- Strensall

For further information please contact the author of the report.

Background Papers:

- Annual Report 2018/19 of the York Mental Health Partnership, taken to Health & Wellbeing Board on 11 September 2019.
- Conference Report – ‘Connecting Our City’ Conference – 8 April 2019, held at York St John University.

Annexes

- Annex 1 – Developing a community approach to mental health and wellbeing.
- Annex 2 - Design Principles- Developing a community approach to mental health and wellbeing
- Annex 3 - The Community Mental Health Framework for Adults and Older Adults (*NHS England and National Collaborating Centre for Mental Health*)

Abbreviations

NHS- National Health Service

TWEV- Tees Esk Wear Valleys

Annex1

Health and Adult Social Care
Policy and Scrutiny Committee

23 October 2019

Developing a community approach to mental health and wellbeing

Summary

1. This report outlines plans to develop and 'pilot' a community approach to mental health and wellbeing in the northern sector of the City of York. The pilot is one of the York Mental Health Partnership's top four priorities, as recently presented to the Health and Wellbeing Board in its Annual Report on 11 September 2019.
2. The report aims to:
 - explain the background to the pilot – why and how it has come about
 - outline what the pilot is likely to involve and what we hope it will achieve
 - Provide an opportunity for committee members to engage with the pilot

Background

3. Developing a community approach to mental health and wellbeing was identified very early on as a key priority for the Mental Health Partnership after it formed in early 2018, with the acknowledgement that it would be a long term project. Following on from a variety of discussions and conversations over a number of months it was agreed that developing this community approach should, amongst other things, encompass our aim to learn from the best practice in Trieste, Italy; our work on the Prevention Concordat for Better Mental Health; our commitment to co-production; and our commitment to a strengths-based approach that focusses and builds on individuals' and communities' strengths.
4. A sub-group was established to lead the work; the membership of which has evolved over time according to the immediate task at hand. To date it has been instrumental in the following work:

Workshop with NHS England: Community Mental Health Framework

5. Arranging an engagement workshop in November 2018, which enabled us to link with NHS England colleagues who were developing a Community Mental Health Framework, since published on 30 September 2019. The feedback from NHS England colleagues was very positive. They took away valuable insights from the session, both in terms of what is already going on in York and feedback on their draft Community Mental Health Framework.

'Connecting Our City' Conference – April 2019

6. Organising the Partnership's 'Connecting Our City' Conference in April 2019, hosted by York St John University. The purpose of the day was to launch a programme of work that, over the next five to ten years, will aim to transform the way we support people's mental health and wellbeing in York. Mental health and wellbeing needs to be everybody's business. As individuals, as organisations and as communities we need to be doing all we can to help ourselves and others to achieve the best possible levels of mental health and wellbeing that we can.
7. In developing our community approach to mental health and wellbeing, we wanted to learn from best practice elsewhere, and much of the thinking behind the conference and the Partnership's work programme has been influenced by the approach taken in Trieste, Italy. At the conference we were privileged to hear from Roberto Mezzina, who gave a brief overview of the journey Trieste has been on since the 1970s, painting a picture of the support that is now provided in Trieste, and outlining the philosophy and culture that underpins their approach.
8. System leaders from Tees, Esk and Wear Valleys NHS Foundation Trust, NHS Vale of York Clinical Commissioning Group, York Centre for Voluntary Service, City of York Council, Cornwall Partnership NHS Foundation Trust and the International Mental Health Collaborating Network then pledged their organisations' commitment to a collaborative learning partnership between York, Trieste, Cornwall and the International Mental Health Collaborating Network.
9. The conference also included a number of personal stories and presentations (including from service users and carers), as well as a number of workshop sessions and a Question Time style panel.

10. The link below will take you to an excellent short (8 minute) video produced by the Converge Film Group, which captures the key messages from the conference.
<https://www.youtube.com/watch?v=pqe0OcaL1Fg>
11. A full report from the conference was also produced and is available on request. It includes post-event feedback from 74 of the 140 delegates who attended.
12. One of the questions in the post-event online survey asked “What do you believe is the one key thing or action that the York Mental Health Partnership should be progressing in the near future to build momentum in progressing a community approach to mental health and wellbeing in York?”
13. Delegates’ responses to this questions are summarised below, and are integrated with relevant feedback from the Question Time Panel discussion on 8 April.
 - **Develop a clear implementation plan and delivery group.** 13 people felt that the priority should be to put in place a clear project plan and delivery group, with appropriate resources, to progress the vision in practical ways. In a similar vein, when asked what could have been improved at the event, or was missing from the event, 17 people replied that there could have been a clearer sense at the end of the day of how this whole agenda was going to be taken forward. What practical steps are going to be taken to help us realise the vision of a more community based approach to mental health?
 - **Co-production and involving communities, services users, and carers.** 16 people made comments relating to the need to engage with people from all parts of the community, and the importance of language was recognised within the Question Time Panel discussion on 8 April – e.g. service users/people who use services/patients/citizens. We need to be sensitive in the language we use and to listen carefully to individuals as to what is important to them. Such conversations will be crucial if we are to move forward in a completely co-produced fashion, with a level playing field where everyone has an equal opportunity and say in how we develop and shape the way we support mental health and wellbeing in the city.

- **Secure ongoing commitment of system leaders.** 7 people stressed the importance of getting system leaders to follow through on their pledge and to co-produce and co-fund, and to support doing things differently. Unsurprisingly, funding for mental health was a key area on which delegates had quizzed the Question Time Panel at the 8 April event. The panel discussed how and when funding might be shifted out of statutory acute services and into voluntary and community sector support, to support a more community based approach to mental health and wellbeing.
- **Partnership working.** 10 people commented on the need for improved partnership working, name-checking the Primary Care Network, the police, and voluntary sector as key players that need to be engaged. How to “burst bubbles” and tackle silo working was another key theme of the Question Time Panel discussion on 8 April. Co-production and collaboration were key words repeated time and again. We are all in this together. York has a strong history of community development and we will need to harness all of York’s infrastructure, energy and potential to develop a community approach to mental health and wellbeing.
- **Improve access to services.** 5 people commented on the need to improve 24/7 access to community mental health support.
- **The new hospital.** 5 people reflected on how we might use the new hospital facility in the light of our vision for a more community based approach to mental health and wellbeing. The new hospital was a ‘hot topic’ too in terms of the questions asked of the Question Time Panel in the afternoon session at the 8 April event. How can we use it as a positive tool?
- **Working with employers.** 4 people’s comments related to working with employers in the city, both in terms of what they could be doing to support the mental health and wellbeing of their staff, and what job opportunities and support they could maybe offer people recovering from mental ill health.
- **Raise awareness of, and better promote, existing services/support.** 3 people felt that we still need to be doing more to raise awareness of the great support that already exists across the city.

- **Keeping the conversation going.** 3 people commented on the importance of creating the time and space for people to meet and discuss this agenda, in the way we had at the 'Connecting Our City' conference.

Developing a place-based, community approach to mental health and wellbeing

14. Reflecting on the post-event feedback summarised above, the Mental Health Partnership decided that it needed to start trying to make real the vision of a community approach to mental health, and that the quickest way to do that would be to focus its efforts initially on one part of the city. To get the right people and organisations involved and to start trying things, to learn as we go and to share that learning – what works and what doesn't – both within the Partnership and its represented organisations and also across the city.
15. We chose to start in the northern sector of the city because there is already a wealth of community assets running along the 'corridor' from Haxby, through New Earswick, and into the city centre. These include the Folk Hall, the new Foss Park Hospital (opening Spring 2020), The Hut, 30 Clarence Street/The Haven, York St John University/Converge and York Explore. The area is also well served by a number of 'community connector' roles such as Local Area Coordinators and Ways to Wellbeing Workers. In working with local people and communities we would hope to be able to build on these strengths, and better connect people to these and other such assets in the area.
16. The working group charged with developing a plan for how the placed-based pilot might work has met once so far. The current membership of the group is a mix of people who helped shape, plan and deliver the 'Connecting Our City' conference; people who have expressed an interest in being involved; and people who have been approached to join the group so as to ensure that all key partner organisations are 'around the table'. The membership is not fixed and we are keen to welcome anyone who wants to be involved – either in the working group or the range of sub-groups that will inevitably be created as a clearer project plan develops.
17. At its first meeting on 25 September the group:
 - a. Discussed the geography of the 'patch' – we are anxious to link in, and ensure there are synergies, with the relevant Primary Care Networks, Community Mental Health Teams, Adult Social Care

Teams and relevant support services for Children & Young People.

- b. Received a brief overview of Tees, Esk & Wear Valleys NHS Trust's (TEWV) 'Right Care, Right Place' approach, which is TEWV's organisation-wide brand for developing the sort of community approach to mental health and wellbeing that we aspire to here in York.
- c. Reminded itself of the York vision for community mental health and wellbeing that was developed for the 'Connecting Our City' conference in April – see below. This vision, and the accompany design principles (see Appendix 1) represent a synthesis of the key messages received from a wide range of stakeholder engagement and feedback over the past 2-3 years. The group looked at the three elements of York's vision in order to break them down into tangible tasks and actions that could be assigned to progress.

York Mental Health Partnership
'Connecting our City'

Working together to support our mental health and wellbeing

Our vision for York is of a city where:

- We all feel valued by our community, connected to it, and can help shape it.
- We are enabled to help ourselves and others build on our strengths and can access support with confidence.
- We are proud to have a Mental Health Service that is built around our lives, listens to us, is flexible and responds to all our needs.

See also the Design Principles at Annex 2

Next steps

18. As we move from the aspiration for a better approach to mental health into planning and making changes, we have indicated some of the key things that the pilot is likely to involve which will form part of the plan of work. These include:

- a. **Developing a clear and simple narrative about what we are hoping to achieve and why.** The need to develop a shared language has been a common theme to date, and this includes developing a shared understanding of what we mean by mental health and wellbeing as an issue that affects us all.
- b. **Engaging with Elected Members** – engaging with members from wards within the northern sector of the city, with members of this Health and Adult Social Care Policy and Scrutiny Committee, and with other members who have a particular interest in this agenda
- c. **Holding engagement events in the northern sector of the city** so that citizens and communities, service users and carers, staff, third sector organisations and local businesses are engaged in the development of a community approach from the outset.
- d. **Mapping both the physical and social assets in the northern sector of the city** and developing ways to share this information in different and creative ways so that people know what is happening and available in their community and how to access it.
- e. **Understanding (and then supporting/promoting) mental health protective factors** in the northern sector of the city (e.g. demographic profiles, social experiences or environmental contexts that enhance the chances of positive mental wellbeing and reduce the risk of mental ill health as a result of exposure to harmful risk factors).
- f. **Carrying out research** within the northern sector of the city to understand who and where people currently look to for support with their mental health and wellbeing.
- g. **Linking the new hospital to the community, and vice versa.**
- h. **Improving access to services including 24/7 access to community mental health support.** Part of this may involve looking to establish a Community Mental Health Centre along the lines of those established in Trieste.
- i. **Exploring ways to improve partnership working** in the northern sector of the city, to “burst bubbles”, tackle silo working, and join things up - so that people can access support easily if they need it, and we can ensure that that support will be consistent and well co-ordinated, working to one collective plan

rather than different agencies each having their own individual plan.

- j. **Linking into other developments going on within the city** that will help deliver our vision of a community approach to mental health and wellbeing – e.g. Mental Health Housing and Support, Multiple Complex Needs Network, the York Suicide Safer Community Strategy, and Time to Change.

- k. **Linking into the recently published Community Mental Health Framework for Adults and Older Adults.** This framework has been developed by NHS England, NHS Improvement and the National Collaborating Centre for Mental Health. Our community approach to mental health and wellbeing will need to incorporate the framework and we must ensure we link into all of the right local, regional, and national networks that will support the implementation of the framework over the coming months and years. There is a great synergy between the vision and design principles of the national, community mental health framework (see Appendix 2 for the key aims of the framework), and that of our own locally produced vision for community mental health and wellbeing.

**The Community Mental Health Framework
for Adults and Older Adults**

(NHS England & National Collaborating Centre for Mental Health)

Through the adoption of this Framework, people with mental health problems will be enabled to:

1. **Access mental health care where and when they need it**, and be able to move through the system easily, so that people who need intensive input receive it in the appropriate place, rather than face being discharged to no support.

2. **Manage their condition or move towards individualised recovery on their own terms**, surrounded by their families, carers and social networks, and supported in their local community.

3. **Contribute to and be participants in the communities** that sustain them, to whatever extent is comfortable to them.

19. This is an ambitious system-wide transformation journey. Co-production with citizens is at the heart of this and all partners involved are committed to making it a success.

Michael Melvin
Assistant Director – Adult Social Care
10 October 2019

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Design Principles – Developing a community approach to mental health and wellbeing

- A focus on supporting protective factors and preventing people entering mental health services.
- A commitment to a strengths-based approach – focusing and building on individuals' and communities' strengths.
- A commitment to challenge stigma and discrimination against people with mental health issues, and to promote and advocate for their human rights.
- When it is needed, the support for people with mental ill health will be:

<ul style="list-style-type: none"> • Easy to access 	<ul style="list-style-type: none"> • Single point of access • No wrong door • Available 7 days a week and out of hours • Local community settings
<ul style="list-style-type: none"> • Warm and welcoming 	<ul style="list-style-type: none"> • Friendly and supportive staff • Family and friends welcomed and involved
<ul style="list-style-type: none"> • Built on freedom and trust 	<ul style="list-style-type: none"> • No compulsory treatment • No locked doors • Taking risks for positive outcomes
<ul style="list-style-type: none"> • Tailored to your individual needs and wishes 	<ul style="list-style-type: none"> • You should feel listened to • You should feel you are seen as a whole person and not a set of symptoms or a diagnosis • Support will take account of all aspects of your life and support you to live as independent a life as you can • You should feel recognised as the expert in your own life • You should feel supported in pursuing the goals that are important to you • You should feel supported in connecting with your community – e.g. through education, volunteering, work, culture, sport etc.

<ul style="list-style-type: none">• Flexible and responsive	<p>Page 90</p> <ul style="list-style-type: none">• Support can be easily increased/reduced depending on how you are feeling
<ul style="list-style-type: none">• Consistent and well-co-ordinated	<ul style="list-style-type: none">• There will be continuity of care• There will be one collective plan

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Annex 3

The Community Mental Health Framework for Adults and Older Adults
(NHS England and National Collaborating Centre for Mental Health)

Key aims of the framework

People with mental health problems will be enabled as active participants in making positive changes, rather than passive recipients of disjointed, inconsistent and episodic care. Delivering good mental health support, care and treatment in the community is underpinned by the following six aims:

1. Promote mental and physical health and prevent ill health.
2. Treat mental health problems effectively through evidence-based psychological and/or pharmacological approaches that maximise benefits and minimise the likelihood of inflicting harm, and use a collaborative approach that:
 - builds on strengths and supports choice; and
 - is underpinned by a single care plan accessible to all involved in the person's care.
3. Improve quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities and create or fulfil hopes and aspirations in line with their individual wishes.
4. Maximise continuity of care and ensure no "cliff-edge" of lost care and support by moving away from a system based on referrals, arbitrary thresholds, unsupported transitions and discharge to little or no support. Instead, move towards a flexible system that proactively responds to ongoing care needs.
5. Work collaboratively across statutory and non-statutory commissioners and providers within a local health and care system to address health inequalities and social determinants of mental ill health.
6. Build a model of care based on inclusivity, particularly for people with coexisting needs, with the highest levels of complexity and who experience marginalisation.

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Health, & Adult Social Care Policy & Scrutiny Committee**23 October 2019**

Report of the Assistant Director – Legal & Governance

Bootham Park Site Update Report**Summary**

1. This report provides the Health and Adult Social Care Policy and Scrutiny Committee with an update on the Bootham Park site, the former Bootham Park Hospital, owned and currently being marketed for sale by NHS Property Services (NHSPS). The City of York Council (CYC) completed a consultation exercise that ended on the 11th October on a Site Development Master Plan in partnership with York Teaching Hospital NHS Foundation Trust (YTHT), indicating future uses for the site and its surrounding areas.

Background

2. The former Bootham Park Hospital provided mental health and learning disability services in the Vale of York, delivered by Leeds and York Partnership NHS Foundation Trust (LYPFT). Initial concerns regarding the safety of the building and management risks in delivering the service highlighted in a 2013 Care Quality Commission (CQC) inspection.
3. Following an announced CQC visit in September 2015 of the psychiatric inpatient services, the inspection concluded that Bootham Park Hospital was not fit for purpose and services should be relocated. In October 2015 responsibility for services transferred from LYPFT to Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV).
4. In October 2015 this Committee heard evidence from NHSPS S, LYPFT, TEWV, CQC and the Vale of York Clinical Commissioning Group (VYCCG) regarding the circumstances leading up to the closure of the Hospital. As a consequence the Committee wrote to the Secretary of State calling for an inquiry or urgent investigation into the Hospital's closure.

5. At the November 2015 meeting of this Committee, it was agreed that a review of the Bootham Park Hospital closure by this Committee be carried out. In 2016 this Committee completed a review that set out to:

“To understand the circumstances leading to the closure of Bootham Park Hospital, to establish what could have been done to avoid the gap in services in York, in Particular for in patients and their families, and identify any appropriate actions for relevant partners.”

6. A link to the Full Report and recommendations of the Bootham Park Hospital Scrutiny Review can be found under background documents of this report. Following the review Bootham Park Site became vacant and the NHSPS placed the site on the open market.
7. In addition to the letter sent in October to the Secretary of State, the Full Report of the review was also sent in support of the request for an inquiry, however the request was denied and Members expressed their disappointment of this outcome at a meeting in September 2016.

New Site Development Plan

8. Despite not owning the Bootham Park site, the council and health partners in York continue to work together to make sure that any future development respects the site’s significance to the community and meets York’s needs.
9. After Securing government grant funding from the Cabinet Office One Public Estate programme (OPE), (which supports public bodies to use public land and property to boost economic growth, supply housing and regeneration, and integrated public services), YTHT hired IBI Group and a project manager using the OPE funding to develop a Master Plan study of the Bootham site and the land along the Northern edge of the former hospital owned by YTHT and a car/ coach park immediately to the east of the former hospital site owned by CYC, see figure 1.

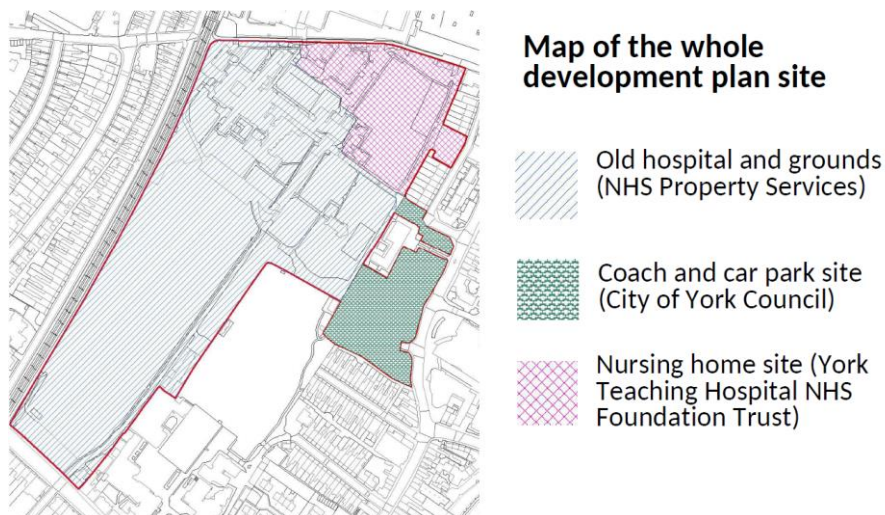


figure 1

10. An outline brief was written in March 2018 entitled “A New Life for the Bootham Park Site” this sought to commission a jointly supported “tested in public” Master Plan to enhance the re-use value of the site with the key message being that the site is in the heart of the city and, subject to sensitive and imaginative redevelopment, is a valuable asset that should be realised for the social and economic benefit of York namely:
- Provision for facilities which benefit the York Teaching Hospital Trust next door
 - Potential for shared ownership, microflat dwellings for key work accommodation
 - Continued use of the site for health use
 - Improved emergency transport access to the Hospital site via a new road
 - A new public park
11. In July 2018 the Chair of this Committee wrote to Rt Hon Matt Hancock MP, Secretary of State for Health on a cross party basis in support of the site Development Plan for Bootham Park and the proposal for a delay in the sale process.
12. The letter requested that sufficient time be given to develop a more detailed business case on how the site could be used to benefit the health and wellbeing of local people. The Chair stated in his letter that key health and care organisations and York resident’s deserved a strong voice in deciding the future uses for the valuable and historic facility, after the city clearly stated that a continuing health and care use should be found for at least part of the site

13. The Chair expressed his views that the city needed and should plan for:
 - an urgent care centre located close to A&E. The best place to put this is being the Bootham Park Hospital site.
 - continuing residential, nursing and extra care accommodation delivered on the site to help meet the needs of our growing older persons' population, particularly those living with dementia.
 - homes for key workers to be located on the site, close to the hospital, enabling us to attract and retain health care staff to York by providing homes that they could afford.
 - a playing field / public park, given the historic parkland at Bootham Park. to turn this parkland into
 - improvements to the connections to York District Hospital - by foot, bicycle and bus –

14. The request for delay in selling the site was not taken forward by the Secretary of State.

15. In October 2018 a public consultation including a 1 day event and exhibition sessions held at York District Hospital, West Offices and the Citadel took place. An Online questionnaire and social media were also incorporated and resulted in an Open Community Brief which identified important themes and preferred uses of the site which included:
 - Resistance to the site not being used for the local population-for example hotels or upmarket housing
 - Clear support for improved playing facilities, although some scepticism about Bootham school taking any form of “ownership” of the front open spaces” was expressed
 - Main building seen as a “gem” and must be kept intact, setting and frontage also seen as important
 - Role of the site in developing mental health care and wellbeing seen as important
 - Therapeutic benefits of green space, sport, culture and the arts seen as important

- The value of the site for pedestrian and cycle routes, both now and in the future was seen as important.
- Broad support for more general affordable housing and the creation of homes for key workers and health staff.

16. Based on the consultation that took place in 2018, a Site Development Report was published in July 2019. The following is an indication from the report of what could be achieved on the combined site and was put out to consultation, open to residents and elected Members :

- 147 dwellings
- 52 key worker apartments
- New physiotherapy suite, medical training and research centre of excellence
- 70 bed care home
- 60 assisted living/supported living apartments
- New children's nursery
- 250 space multi storey car park
- extensive public open space

17. As the Site Development Report was being finalised, NHSPS announced the appointment of a preferred bidder for the Bootham Park hospital site in April 2019. CYC had hoped to discuss this report with the bidder but CYC were advised by NHSPS in July 2019, that discussions with the bidder been terminated and the site was once again placed on the market with a deadline for bids by the end of September.

18. CYC are currently reviewing the results of the final site development consultation and evaluating options available to the council to influence the future of the site. This will be reported to the Executive in the New Year.

Consultation

19. No specific consultation has been undertaken or necessary on this update report.

Analysis

20. Members are reminded that neither CYC or YTHT own the Bootham Park Site and NHSPS remain committed to a private sale and the desired use of the site reflected in the above Site Development Plan may not reflect the eventual use of the site by a future landlord of the site.

Options

21. Whilst, officially, the survey monkey deadline for consultation on the Site Development Plan has expired, Members can still comment upon the health and wellbeing priorities and benefits (that might be achieved on the site through a comprehensive approach to development of the combined site at figure 1), or not (and just simply note the information).

Council Plan

21. 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.

Implications

22. There are no Financial, Human Resources, Equalities, Legal, Crime and Disorder, IT, property or other implications arising from the recommendations in this report, which is for information.

Risk Management

23. In compliance with the Council's risk management strategy, there are no known risks associated with the recommendations in this information report.

Recommendations

24. Members are asked to note the report and consider whether they wish to comment upon the health and wellbeing benefits that might be achieved from a future development on the site and as set out in the Site Development Plan at paragraph 16. Comments from Members will be reported to Executive alongside the result of the consultation.

Reason: To keep the committee up to date with the ongoing developments of the Bootham Park site and its future use.

Contact Details

Author:

Chief Officer responsible for the report:

David McLean
Scrutiny Officer
Tel: 01904 551800

Dawn Steel
Head of Civic and Democratic Services
Tel: 01904 551030

Report Approved **Date** 09.10.19

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

All

For further information please contact the author of the report

Background Papers:

Bootham Park Hospital, York Site Development Report

https://www.york.gov.uk/info/20048/major_developments/2247/bootham_park_site

Bootham Park Open Briefing Notes

<https://myfutureyork.org/2018/11/22/bootham-park-open-briefing-notes/>

Bootham Park Hospital Scrutiny Review Final Report

<https://democracy.york.gov.uk/ielIssueDetails.aspx?IId=47100&Opt=3>

Abbreviations

A&E – Accidents and Emergency

CCG- Clinical Commissioning Group

CQC- Care Quality Commission

CYC- City of York Council

IBI Group- Intelligence, Buildings, and Infrastructure Group

MP- Member of Parliament

NHS- National Health Service

NHSPS- National Health Services Property Services (NHSPS)

LYPFT- Leeds and York partnership NHS Foundation Trust

TWEV- Tees Esk Wear Valleys NHS Trust

YTHT- York Teaching Hospital Trust

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"> 1. Scrutiny Arrangement Overview Report 2. Presentation of Public Health Directorate-Sharon Stoltz 3. Work Plan
<p>Tuesday 30 July 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> 1. Healthwatch York Six Monthly Performance Report 2. Executive Member for Health & Adult Social Care, Cllr Runciman, Executive Member 3. Health and Wellbeing Board Annual Report Cllr Runciman, Chair HHWB 4. Year End Finance and Performance Monitoring Report 5. Overview of Health and Adult Social Care Directorate, Sharon Houlden, Director 6. CSMC Food Poverty Review 7. Work Plan
<p>Tuesday 17 September 2019 @ 5.30pm</p>	<ol style="list-style-type: none"> 1. Unity Health Progress Update 2. CCG: Repeat Medicines Ordering Update 3. 1st Quarter Finance and Performance Monitoring Report 4. Six Monthly Quality Monitoring Report – Residential, Nursing and Homecare services 5. Safeguarding Vulnerable Adults Annual Assurance Report 6. Work Plan
<p>Wednesday 23 October 2019</p>	<ol style="list-style-type: none"> 1. Older Persons Accommodation Needs Survey 2. Substance Misuse Review Implementation Update

@ 5.30pm	<ul style="list-style-type: none"> 3. Mental Health Update- Developing a Community approach to Mental Health and Wellbeing 4. Bootham Park Update 5. Work Plan
Monday 11 November 2019 @ 5.30pm	<ul style="list-style-type: none"> 1. CCG- Mental Health GP Services closure 2. Annual Health Protection Assurance Report 3. Review of Adult Safeguarding Policy 4. Work Plan
Tuesday 17 December 2019 @ 5.30pm	<ul style="list-style-type: none"> 1. Multiple Complex Needs Network Update 2. 2nd Quarter Finance and Performance Monitoring report 3. Work Plan
Tuesday 21 January 2020 @ 5.30pm	<ul style="list-style-type: none"> 1. Healthwatch York six-monthly Performance Report 2. Health and Wellbeing Board Bi-annual Report 3. Work Plan
Tuesday 18 February 2020 @ 5.30pm	<ul style="list-style-type: none"> 1. Six Monthly Quality Monitoring Report – Residential, nursing and homecare services 2. Workplan
Tuesday 19 March 2020 @ 5.30pm	<ul style="list-style-type: none"> 1. 3rd Quarter Finance and Performance Monitoring Report 2. Work Plan

Tuesday 23 April 2020 @ 5,30pm	1. Work Plan
Tuesday 19 May 2020 @ 5.30pm	1. Work Plan

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