



## Notice of a public meeting of

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

- To:** Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Perrett, Waudby, Kilbane and Melly
- Date:** Tuesday, 18 February 2020
- Time:** 5.30 pm
- Venue:** The George Hudson Board Room - 1st Floor West Offices (F045)

### AGENDA

- 1. Declarations of Interest**  
At this point in the meeting, members are asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests which they may have in respect of business on this agenda.
- 2. Minutes** (Pages 1 - 6)  
To approve and sign the minutes of the meeting held on 21 January 2020.
- 3. Public Participation**  
At this point in the meeting, members of the public who have registered their wish to speak regarding an item on the agenda or an issue within the Committee's remit can do so. The deadline for registering is **5:00pm on Monday 17 February**.

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**4. Half Yearly Report of the Chair of Health and Wellbeing Board** (Pages 7 - 16)

This report provides the Health and Adult Social Care Policy and Scrutiny Committee with an update from the Chair of the Health and Wellbeing Board (**Annex A refers**). The Chair of the Health and Wellbeing Board will be in attendance at the meeting to present the report.

**5. 2019-20 Finance and Performance Third Quarter Report - Health and Adult Social Care** (Pages 17 - 48)

This report analyses the latest performance for 2019-20 and forecasts the financial outturn position by reference to the service plans and budgets for all the relevant Health and Adult Social Care services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.

**6. Lowfield Green: Responding to Older Persons' Accommodation Needs** (Pages 49 - 54)

At the meeting of this committee in December, officers were asked to provide further information regarding the progress being made on the development of older persons' accommodation on the Lowfield Green site and on the Oakhaven site. This report asks the Committee for their views on how these sites should be used to support the accommodation needs of our older residents. This input will be reflected in the Executive reports.

**7. Work Plan** (Pages 55 - 60)  
The Committee will consider the draft work plan for the year.

**Democracy Officer:**

Name – Michelle Bennett  
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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

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

- Registering to speak
- Business of the meeting
- Any special arrangements
- Copies of reports and
- For receiving reports in other formats

Contact details are set out above.

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

**我們也用您們的語言提供這個信息 (Cantonese)**

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

**☎ (01904) 551550**

City of York Council

Committee Minutes

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Meeting	Health & Adult Social Care Policy & Scrutiny Committee
Date	21 January 2020
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Waudby, Kilbane, K Taylor (substitute for Cllr Perrett) and Melly
Apologies	Councillor Perrett

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## 52. 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 Melly declared a personal non prejudicial interest in agenda item 5 (Multiple Complex Needs Network Update) in that she was involved in Food not Bombs.

Later in the meeting, Cllr Waudby declared a personal, non-prejudicial interest in agenda item 4, (Healthwatch York: Performance Monitoring/Six Monthly Review) in that her sister in-law worked for Healthwatch York.

There were no further declarations of interest.

## 53. Minutes

Resolved: That the minutes of the previous meeting of this Committee held on 17 December 2019 be approved as a correct record and then signed by the Chair.

The Chair took this opportunity to inform the Committee that the Older Persons Accommodation update report would now be considered at the 18 February meeting and the proposed options at Oakhaven would be considered at the 19 March meeting.

The Chair also read out a statement regarding the Schoen Clinic. Members were informed that in January 2019 the Schoen Clinic took over operations at The Retreat for its two

inpatient eating disorder services and dissociative identity disorder service. Members noted that they were proposing to build a new 46 bed modern facility and transfer current services to treat patients suffering with complex diagnoses of eating and personality disorders.

#### **54. Public Participation**

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

#### **55. Healthwatch York: Performance Monitoring / Six Monthly Review**

Members considered a report that highlighted Healthwatch York's performance monitoring and their six monthly review process, which was to:

- Review the achievements of the Service in delivering the agreed outcomes.
- Consider how the Service might be developed going forward.
- Identify how beneficiary needs were being delivered.
- Establish that the Service was being managed in accordance with the Agreement.

The Manager of Healthwatch York provided an update and she made reference to the new sections within the report:

- Responses received from statutory organisations
- Personal impact stories
- Media communication, engagement and reach

Members noted that:

- Community engagement activities would continue and discussions would take place over the next year to discover what communities thought about health and social care services.
- Work would continue to ensure good access to services for deaf people.
- Discussions would take place with NHS England regarding the recent changes made to the online search facility used to locate an available NHS dentist.

In answer to Members questions, Healthwatch York confirmed they:

- had received an official confirmation that their contract would extend for a further 2 years.
- would hold further conversations and challenge the organisations that were not engaging or responding to their recommended actions.
- would continue to support and develop their volunteers and would always welcome any additional volunteers.
- had not identified any specific GP practices where there was a recurring theme of complaints but that a richer picture could be produced if all partner organisations shared their complaints data.
- would continue to work with and strengthen relationships and partnerships with organisations within Health and Social Care and would engage with the Clinical Commissioning Group to improve a process of sharing information with GP services.
- would continue to generate a mechanism that would ensure a joint response was provided to recommended actions that crossed a number of service providers.
- passed all compliments received to the relevant service provider.
- had an ongoing working relationship with York College.
- had access to a market stall every Tuesday to engage with residents of York.

Following further discussion around access to GP services, Members were informed that NHS England had recently published national data which indicated that generally satisfaction with GP surgeries was good in most places.

The Director of Public Health gave an update on smoking cessation where Members noted that a new holistic approach to deliver this service was introduced in 2016 and she suggested that the Committee may want to scrutinise the performance of this service.

Members were also informed that the Healthy Weight Steering Group brought partners together to focus on ensuring better communication and shared pathways for residents. Members noted that this service should be scrutinised at a later date to allow the new citywide healthy weight strategy to be embedded.

Members congratulated the Manager for the extension to their contract and thanked all the staff and volunteers for delivering an exceptional service.

Resolved: That the update be noted.

Reason: To keep the Committee updated on going work.

## **56. Multiple Complex Needs Network Update**

Members considered a report that updated them on The York Multiple Complex Needs (MCN) network.

Officers from Healthwatch York were in attendance to provide the update and Members noted that the MCN network had been meeting for just over a year and a half, bringing together people with lived experience, frontline workers and strategic leads to think collectively about how they could work better together to support people with complex needs. Members were informed of the ongoing coordination of the network and the surrounding programmes of work. Officers also highlighted the recommendations within the report and in answer to Members questions it was confirmed that:

- The current contract was being reviewed and it would be clarified by the end of March 2020 if funding had been secured for a further 2 years.
- The Mental Health Partnership involved various public sector statutory bodies who were meeting to progress the complex processes.
- The outcomes from the research and evidence gathered was now ready to share with the network to create tangible results.
- The network brought together professionals from across the sector, who would not necessarily work together, to influence decisions that would have a positive impact on the people it was intending to help.

Following further discussions, Members thanked officers for their work and agreed that working collectively would generate systematic change and they hoped funding would be secured for a further 2 years.

Resolved: That the update be noted.

Reason: To keep the Committee updated on going work.

## 57. Work Plan

The Committee considered its draft work plan for the municipal year 2019/20.

The Director of Public Health suggested that the Committee may want to scrutinise:

- the performance and effectiveness of City of York Council's public health services.
- the primary care provision for rough sleepers and individuals staying in hostels or temporary accommodation.

Following discussion, Members agreed to update the work plan with the following:

### Tuesday 18 February 2020

- Lowfields Older Person Accommodation

### 19 March 2020

- Oakhaven options appraisal
- An overview report highlighting the public health services provided by the Council.
- A comprehensive update report on smoking cessation.

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

Reason: To keep the Committee's work plan updated.

Cllr Doughty, Chair

[The meeting started at 5.30pm and finished at 7.20pm].

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18 February 2020

## Health and Adult Social Care Policy & Scrutiny Committee

Report of the Chair of the Health and Wellbeing Board

### Half Yearly Report of the Chair of Health and Wellbeing Board

#### Summary

1. This report provides the Health and Adult Social Care Policy and Scrutiny Committee with an update from the Chair of the Health and Wellbeing Board (**Annex A refers**). The Chair of the Health and Wellbeing Board will be in attendance at the meeting to present the report.

#### Background

2. It was agreed as part of the working protocol between Health and Adult Social Care Policy and Scrutiny Committee, the Health and Wellbeing Board (HWBB) and Healthwatch York that the Chair of the HWBB would bring an annual report and a half yearly report to this Committee.

#### Consultation

3. Not applicable to this report.

#### Options

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

#### Analysis

5. This report is for information only.



[2F18399%2Fmental\\_health\\_partnership\\_annual\\_report\\_2018-2019.pdf&usg=AOvVaw1dlgkfolRz5LGqQ8Wo-PtV](#)

**Annexes**

Annex A – Report of the Chair of the Health and Wellbeing Board

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## Update from Councillor Carol Runciman - Chair of Health and Wellbeing Board (HWBB)

### February 2020

1. At the end of July 2019 I brought the Health and Wellbeing Board's Annual Report to the Health and Adult Social Care Policy and Scrutiny Committee. This half-yearly report provides a snapshot of work undertaken by the HWBB since then.
2. **Membership:** It is good to note that membership of the Health and Wellbeing Board has been much more stable throughout 2019 having been through a series of significant membership changes prior to that as reported in December 2018.
3. Since July 2019, there has only been once change to the membership of the HWBB. Mike Proctor, the Chief Executive at York Teaching Hospital NHS Foundation Trust retired at the end of July 2019 and thus stood down from the HWBB. He was replaced by Simon Morritt who we recently welcomed as the new Chief Executive at the hospital and also as the new hospital representative on the HWBB.
4. **Formal Meetings:** The HWBB have met three times since July 2019 (August 2019, September 2019 and December 2019) and has discussed a range of items. A summary of some of the key items discussed is set out below.
5. **Refocussing the HWBB and Joint Health and Wellbeing Strategy:** After a series of informal meetings between myself and all HWBB members a presentation was given at the August meeting of the HWBB. This brought together the key points raised at the informal meetings and suggested a number of things we could do to refocus the HWBB.
6. **Priorities:** Key to this is that our current joint health and wellbeing strategy is about half way through its lifespan and as a board we are keen to set a focus for its final 18 to 24 months. We held a priority setting workshop for members in October 2019 which led to the following priorities being set:

Starting and Growing Well: The YorOK Board (as a sub-group of the Health and Wellbeing Board) are developing a new Children and

Young People's Plan. The HWBB will wait until the draft of the new plan is received and priorities it identifies before identifying priorities for the starting and growing well theme.

Living and Working Well: The board will bring housing and financial inclusion into the business of the board in order to minimise the impact of poverty, isolation, poor housing or homelessness on health and wellbeing

Ageing Well: The board's ambition is that York will be the most age friendly city that it can be to connect our Age Friendly programme of work across all ages and parts of society.

Mental Health: The board will promote awareness and understanding of the protective factors that support good mental wellbeing and ensure that compassionate, strength-based approaches in communities are developed.

7. **Focus**: The four proposed new areas of focus fit well with the current overarching priorities of the joint health and wellbeing strategy but are more specific and give greater focus to areas where more work is needed and where the HWBB can add value.
8. **Sub-structures** It was agreed that the current YorOK Board, Ageing Well Partnership, Mental Health Partnership and Learning Disabilities Partnership should continue to ensure delivery of the strategy and its priorities on behalf of the HWBB. However, there is still work to do to identify a lead group for the work on the living and working well priority.
9. **Changes**: We have disbanded our HWBB Steering Group as the work it undertook now takes place in a variety of other arenas. This means that the JSNA Working Group will now report directly to the HWBB. We are considering holding an interactive workshop later in the year to hear about the work it has been undertaking.
10. **Supplementary Document**: The next steps in this refocussing work are firstly to produce a supplementary document to sit alongside our current joint health and wellbeing strategy. This will detail our new priorities, our values and explain how the national, regional and local health and social care system landscape has changed since we produced our current joint health and wellbeing strategy.
11. **Working with HCV**: Work will be progressed with early discussions about how best the HWBB can work with the Humber, Coast and

Vale Integrated Care System and the new Primary Care Networks. It will be important to align values and strategic objectives between all of the system organisations and geographical areas.

12. **Healthwatch York** have presented a number of reports to us over the course of the three formal meetings and these were:
- Healthwatch York annual report and 2019/20 work plan
  - Changes to services: the anticoagulation warfarin monitoring service in York
  - Changes to services: understanding people's experience of thresholds for elective surgery in York
  - An update on CAMHS<sup>1</sup> services 2019
  - What's happened since the closure of Archways? An update report
  - Understanding people's experiences of the sight support service provided by the Eye Clinic Liaison Officers (ECLO) at York Teaching Hospital NHS Foundation Trust
13. Members of the HWBB welcomed the reports and agreed to respond to their recommendations.
14. **Mental Health:** The independent Chair of the HWBB's Mental Health Partnership gave a progress report to the board at its September 2019 meeting. This gave an oversight of the work the partnership have been doing and assurance in relation to strategy delivery. Borrowing the words of the Independent Chair of the partnership
- 'Tackling some of the fundamental things such as transforming how we deliver services and ensuring that the human rights of all individuals are met within that service provision are long term pieces of work. Similarly, engagement with everybody who has a voice about mental health in the city will take time. As part of this transformation we need to understand that some of this work may increase demand for services and this will need to be managed.*
- Despite these challenges we have had a very positive year and this report highlights significant progress to date as well as highlighting the challenges and priorities for partners over the coming year. It demonstrates a collective approach to taking forward the All Age Mental Health Strategy 2018-2023 supporting local innovation and delivery.'*

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<sup>1</sup> Child and Adolescent Mental Health Services

15. The Mental Health Partnership have identified four key priorities to focus on:

**Priority 1:** A community approach to mental health and wellbeing

**Priority 2:** Self harm

**Priority 3:** Mental health housing and support

**Priority 4:** Multiple complex needs

16. Work around all of these is underway and for more details around each of these please refer to the Independent Chair's [progress report](#).

17. The partnership is at the start of its journey and it is only one part of a wider health and social care system that is working at local, regional and national levels to improve the mental health of our population. However, the part it plays here in York is significant.

18. **Better Care Fund (BCF):** The HWBB continues to consider carefully the details of the BCF and has received two updates in relation to this. These were the annual overview of the York BCF 2018-19 and an update on the Better Care Fund Plan for York 2019-20.

19. **York Carer's Strategy 2019-2024:** The HWBB approved the new Carer's Strategy on behalf of all HWBB partner organisations. It acknowledged the significant and important work undertaken in the city by carers, including the many young carers.

20. **Humber, Coast and Vale Health and Care Partnership Long Term Plan:** The board received a briefing paper in September 2019 in relation to the HCV long term plan. The plan had been produced after an extensive programme of engagement with stakeholders. It was agreed that the HWBB would hold a workshop in order to contribute more to the plan prior to it being submitted to NHS (England) Improvement. This workshop took place in November 2019 and was well attended by all partner organisations from the HWBB.

21. **Physical Activity and Sport Strategy for York:** The board considered an update on the work that had been undertaken to date to develop a physical activity and sport strategy for York. The board endorsed the direction of travel and its ambition and themes.

22. **Looking forward:** In March 2020 the Health and Wellbeing Board will be considering the refreshed Local Transformation Plan which reflects the aims and ambitions for children's emotional wellbeing in the local area and describes how it is working collaboratively to deliver them. The plan is refreshed annually and endorsed by the Chair of the Health and Wellbeing Board before being submitted to NHS England. We will also receive a progress report from the Chair of our Ageing Well Partnership and have invited Professor Stephen Eames, the Chair of the HCV Health and Care Partnership to come and talk with us about Integrated Care Systems and their relationship to both the HWBB and their plans for improving the health and wellbeing of York's residents.
23. **Later in the year:** There will be a workshop around York Central and how partner organisations of the HWBB can influence the plans so that it is a healthy place for York residents to live and work.
24. **Building Relationships:** As Chair of the HWBB, I continue to meet with key partners in the city including, the Chairs of the CCG, York Teaching Hospital NHS Foundation Trust, Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) and the Chairs of both the Adults Safeguarding Board and the Children's Safeguarding Board. Additionally I meet with other senior colleagues across all organisations, both statutory and voluntary, associated with the health and care system as and when needed.
25. **Communications** – The Health and Wellbeing Board will be resurrecting their newsletter with the aim of producing this every few months.

**Cllr Carol Runciman**

**Chair of Health and Wellbeing Board**

**February 2020**

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

18 February 2020

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

**2019-20 FINANCE AND PERFORMANCE THIRD QUARTER REPORT –  
HEALTH AND ADULT SOCIAL CARE**
**Summary**

- 1 This report analyses the latest performance for 2019-20 and forecasts the financial outturn position by reference to the service plans and budgets for all the relevant Health and Adult Social Care services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.

**Financial Analysis**

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

**Table 1: Health & Adult Social Care Financial Summary 2019/20 – Quarter 3**

2019/20 Qtr 2 variation £000		2019/20 Latest Approved Budget			2019/20 forecast outturn	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
	ASC Older People and Physical & Sensory Impairment	35,518	17,178	18,340	+1,058	+6%
	ASC Learning Disabilities and Mental Health	32,075	8,002	24,073	+2,739	+11%
	ASC In house services	7,781	2,801	4,980	+293	+6%
	ASC Commissioning and Early Intervention & Prevention	6,978	4,980	1,998	-171	-9%
	Central Directorate Budgets	3,065	2,587	478	-286	-60%
<b>+2,372</b>	<b>Adult Social Care Total</b>	<b>85,417</b>	<b>35,548</b>	<b>49,869</b>	<b>+3,633</b>	<b>+7%</b>
<b>0</b>	<b>Public Health</b>	<b>7,861</b>	<b>8,078</b>	<b>-217</b>	<b>0</b>	<b>0%</b>
<b>+2,372</b>	<b>Health and Adult Social Care Total</b>	<b>93,278</b>	<b>43,626</b>	<b>49,652</b>	<b>+3,633</b>	<b>+7%</b>

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

## **ADULT SOCIAL CARE**

- 3 Adult Social Care (ASC)'s monitoring information has been reported under the headings 'prevent, reduce, delay, manage' in recent years to reflect the overarching goal of the investments being made in service areas. From this quarter onwards, the reports will reflect budget manager responsibility more clearly, on the instruction of the corporate director.
- 4 A net over spend of £3,633k is forecast for the directorate, mainly due to pressures within Adult Social Care. The majority of the overspend relates to the continuation of existing 2018/19 pressures that have been previously reported. Although significant growth was allocated to ASC in the 2019/20 budget, the majority of this was given to deal with new pressures such as 2019/20 contract price inflation and young adults transitioning from children's services.
- 5 As previously reported, ASC is operating in an extremely challenging environment. NHS partners in the city are operating with significant deficits. Independent sector care provision is in high demand and is high cost, partly as a consequence of the high proportion of people (65%) who fully fund their care without recourse to the Council, or until their funds are exhausted. Care providers in York have very high occupancy rates compared with most other areas of the country, and they are able to sustain their business without relying on council funded placements. The high employment rate in York also limits the health and care system's ability to attract a sustainable workforce into the sector.

## **Older People and Physical & Sensory Impairment Services**

- 6 Permanent residential care is forecast to overspend by £397k in part due to the increasing cost of placements. The Older Person's Accommodation programme has been successful in re-providing care for residents in eight out of our nine homes however the transition to a model more strongly focused on independent living has been slower than anticipated, and some of the new capacity is still in development.
- 7 We are implementing an ethos of "No Permanent Placements" whereby we do not discharge people direct to new permanent residential or nursing placements from hospital but work intensively with individuals in their own home or temporary settings with the ambition that they will return and remain independent in their community for the longer term. An example of this is an elderly person who was discharged from York hospital to a residential home in September. Rather than being admitted as a permanent resident, additional support was provided so that by December he was able to go home. Initially this was with 24 hour care in his own home for 2 weeks while a strengths based assessment was undertaken. The support has now reduced to 4 calls per day, supplemented by a range of community help including telecare, the charitable sector and local area coordination.

- 8 The forecast overspend for Older People's nursing care is £531k, mainly due to an increase in the cost of this care. The council is working in partnership with North Yorkshire Council and the Independent Care Group to carry out an Actual Cost of Care (ACOC) exercise this spring, through an independent agency. This should improve transparency in the system and develop a shared view of appropriate fee levels for care.
- 9 As part of our shift towards supporting as many older and disabled people as possible in their own homes, we have increased the number of home care support hours per week by about 400. The cost of this is approximately £8k more per week now than was the case at the end of May. If this level of investment is sustained, the budget is forecast to overspend by £303k. Recent benchmarking work indicates that York provides higher than average levels of home care to individuals, and we recognise the needs for regular reviews of people's support needs and are now piloting intensive review in reablement to ensure we maximise their independence. Community led social work and asset based community development are critical to achieving our transformation goals.
- 10 PSI Supported Living schemes are forecast to overspend by £292k due to a small increase in customer numbers. The schemes are being reviewed alongside the learning disability schemes.

### **Learning Disabilities and Mental Health Services**

- 11 Learning disability residential budgets are forecast to overspend by £1,129k. The numbers placed have risen slightly above budget and the cost of placing each individual has risen by approx. £20k per annum. We have also made more 'spot purchased' temporary placements than budgeted.
- 12 There have also been several cases where customers have been reviewed by the CCG as no longer qualifying for 100% Continuing Health Care (CHC) funding, and responsibility being passed across from Health to ASC. The council has employed more specialist staff in response to this to ensure all people who are eligible receive the correct amount of CHC. An example of this is a person with dementia who moved to a new care home. The move to a more specialist home was recommended by NHS providers in order to avoid the need to detain the person in a mental health hospital. Initially NHS commissioners turned down the request to fund the new provision but following further work between the council and NHS commissioners, this is now fully NHS funded. As an illustration, this type of placement would be likely to have cost the council £1,500 per week if the initial decision had not been challenged successfully.

- 13 Supported Living for Learning Disabilities customers continues to be a pressure, with a forecast overspend of £640k. We have an ongoing programme of work to address support costs which is having a positive impact on the budget. The initial projection for the LD Supported Living budget was to overspend by £1.1m. The review to date has, to date realised significant efficiencies through closer management of voids, reduced support packages, increased use of technology and appropriate overnight support.
- 14 The Mental Health budgets are also becoming an area of increased pressure. Across all the budgets they are forecast to overspend by £828k. Overspends are as follows:
- |  |       |
|--|-------|
| • Residential Care                           | £275k |
| • Nursing Care                               | £116k |
| • Community Support (incl Supported Living)  | £229k |
| • Deprivation of Liberty Safeguarding (DoLS) | £118k |
| • Other minor variations                     | £90k  |
- 15 There is a national upward trend in people with mental health needs requiring support from social care. York is not exempt from this. Our focus on prevention and independent living is expected to contain some of the costs of care for the future.
- 16 There is an overspend of £126k in the Personal Support Service (PSS). Work is being done to improve rota management and we are piloting a technology called Grandcare, which will enable us to review support going into customers' homes, with the intention of being able to reduce ongoing care packages.
- 17 In order to help mitigate some of the pressures set out above the directorate has developed an action plan. To date potential mitigations totalling £0.9m have been identified including reviewing direct payment contingency levels, investing in improved training and enhanced reviews around securing CHC income and releasing uncommitted resources from the older persons accommodation programme. Work is continuing to identify additional mitigations in order to increase the level of savings before the year end. The mitigations already identified include the expected impact of initiatives funded from the additional resource allocated to ASC within the supplementary budget proposals agreed by Council on 17 July. In recent years, the Government has allocated additional one off funding during the year to meet the financial challenges within ASC. Should this happen again this year, it may significantly reduce the forecast position.

**ASC In house services**

- 18 There is an overspend of £126k in the Personal Support Service (PSS). Work is being done to improve rota management and we are piloting a technology called Grandcare, which will enable us to review support going into customers' homes, with the intention of being able to reduce ongoing care packages.
- 19 Small Day and Supported Employment services are forecast to overspend by £29k, predominantly due to a pressure on staff costs and underachievement of income in Yorkcraft.
- 20 22 The Avenue is forecast to overspend by £50k due to underachievement of income. A review of the model of care has been undertaken. This, together with the "satellite" site of Evelyn crescent becoming available for use may mitigate some of the overspend by the year end.

**ASC Commissioning and Early Intervention & Prevention**

- 21 There is a £114k underspend across contracted and commissioned services largely due to one contract coming to an end and a delay in starting two further contracts.
- 22 The budget for the Assistant Director for Joint Commissioning post is for a full time post but we currently have an arrangement with Vale of York Clinical Commissioning Group that this resource will be used and funded jointly. This is realising a £59k underspend in 2019/20.

**PUBLIC HEALTH**

- 23 Public Health is expected to overspend by £200k but this can be funded by the earmarked Public Health reserves.
- 24 The table below provides a more detailed breakdown for the services within Public Health:

Service Area	Net Budget £'000's	Outturn Variance £'000's	Comments
Public Health General	1,287	+76	Additional Mental Health (£25k), salary costs (£66k) offset by misc savings (£15k)
Sexual Health	1,719	+49	Additional Long Acting Reversible Contraception(LARC) recharges
Substance Misuse	1,932	+75	Additional contract expenditure funded by reserve
Health Trainer Service	357	0	
Healthy Child Service	2,289	0	
Public Health grant	-7,801	0	

<b>Total Public Health</b>	<b>-217</b>	<b>+200</b>	
Transfer from Reserves		-200	Total reserves (£553k)
<b>Reported Position</b>		<b>0</b>	

- 25 Additional staff resources (£66k) to deal with service issues and a further extension to the Time to Change contract (25k) can be funded from the Public Health reserve.
- 26 Based on 2018/19 expenditure it expected that LARC contraception charges will increase again resulting in £49k overspend.
- 27 A £75k budget has been added to the current substance misuse contract in July (with a further £25k earmarked for 2020/21). A further £100k funded from a corporate reserve has also been approved and options over how to spend this are being considered.
- 28 The Health Trainer Service and Healthy Child Service have transferred back to Public Health and are being reviewed and restructured.
- 29 There was £333k in the Public Health Reserve at 31st March 2019. Since then reserve funding of £100k (Substance Misuse) and £120k (Health Trainers) has been received. Based on current estimates total reserves will reduce to £353k.

## Performance Analysis

### ADULT SOCIAL CARE

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

<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2019-2020>

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

- 31 Many of the comparisons made below look at the difference between the end of the 2018-19 Q3 and 2019-20 Q3 periods, in order to avoid seasonal variations. A summary of the information discussed in paragraphs 32 to 44 can be found in the table on the next page:

KPI No	Measure	2016-17	2017-18	2018-19 Q2	2018-19 Q3	2019-20 Q2	2019-20 Q3	Change from a year ago
PVP18	Number of customers in long-term residential and nursing care at the period end (Snapshot)	623	575	638	638	666	624	Improving
PVP19	Number of permanent admissions to residential and nursing care homes for older people (18-64)	16	22	3	7	7	2	Improving
PVP02	Number of permanent admissions to residential and nursing care homes for younger people (65+)	248	246	60	63	64	29	Improving
PVP12	Average number of beds per day occupied by patients subject to delayed transfers of care attributable to adult social care, per 100,000 adult population	6.85	6.35	6.87	6.78	5.28	3.53	Improving
PVP08	People supported to live independently through adult social care packages of care	1,882	1,814	1,868	1,758	1,705	1,646	Improving
PVP09	People supported to live independently through adult social care prevention	931	978	929	986	1,074	1,078	Improving
SGAD02	Number of completed safeguarding pieces of work	1,178	1,056	348	297	374	340	Neutral
PVP11	Percentage of completed safeguarding S42 enquiries where report that they felt safe	93.38	96.85	83.33	92.53	97.56	91.30	Deteriorating
ADASS07b	Number of Safeguarding Entrusting Enquiries initiated	174	159	32	26	48	40	Neutral
ADASS01a	Number of people assessed for council support (Carers)	313	276	81	78	71	72	Neutral
ADASS01b	Number of people eligible for services (Carers)	193	196	56	59	49	48	Neutral
ASCOF1F	Percentage of adults in contact with secondary mental health services in paid employment	8.79	13.00	21.00	22.00	23.00	22.00	Stable
ASCOF1H	Percentage of adults in contact with secondary mental health services living independently, with or without support	39.21	69.00	84.00	84.00	80.00	80.00	Deteriorating
ADASS02a	Number of Supported self assessments completed	2,448	2,447	551	578	566	585	Neutral
ADASS02b	Number of customers eligible to receive services following an assessment	1,814	1,879	407	427	397	405	Neutral
ASCOF1C1a	Percentage of people using adult social care who received self-direct support	99.93	99.90	99.92	99.92	99.93	99.93	Stable
ASCOF1C2a	Percentage of people using social care who receive direct payments	20.49	22.00	23.15	24.96	26.72	27.08	Improving
STF100HHASC	Average sickness days per FTE - HHASC (rolling)	13.9	13.5	14.0	13.8	13.1	12.9	Improving
October 2019 data								
October and November 2019 combined								
November 2019 data								

## Residential and nursing admissions

32 Avoiding permanent placements in residential and nursing care homes is a good measure of ensuring of how well CYC and its partners are doing in ensuring that those with the most complex needs retain as much control over their lives as possible. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. The quality of residential and nursing care in York remains good and as reported to this committee in the quality of care monitoring report. Even with lower numbers of people entering residential and nursing care, the number of permanent residents in these homes may increase as residents live longer. We are mitigating against this through the development of initiatives such as supported living schemes and intensive short-term support for people who would otherwise live in residential and nursing care homes. Organisations in the health and social care system in York have signed up to a “Home First” Model which means that anyone who can go home with support does by ensuring that the right services are in place for this to happen. Where we do place people directly into a residential home from hospital, we now only do so on a temporary basis with a view to supporting them to return home where this is possible.

33 The approach of temporary rather than permanent placements from hospital appears to be having an impact on the number of people

in long-term residential and nursing care. This fell to 624 at the end of 2019-20 Q3, compared with 638 at the end of 2018-19 Q3, and represents a substantial fall from the 2019-20 Q2 figure (666).

- 34 There were two admissions of younger adults (aged 18-64) and 29 admissions of older people to residential and nursing care during 2019-20 Q3. These are lower than in the corresponding period during 2018-19 for older people (63 admissions) and for younger people (seven admissions); this reflects the progress made by CYC in ensuring that people are helped to live more independent lives that would otherwise have entered residential and nursing care.

### **Mental Health**

- 35 There is a strong link between employment and enhanced quality of life. Having a job reduces the risk of being lonely and isolated and has real benefits for a person's health and wellbeing. Being able to live at home, either independently or with friends / family, has also been shown to improve the safety and quality of life for individuals with mental health issues. York continues to perform well in supporting those people with the most serious long-term mental health issues who are in contact with specialist services to be in employment. In October 2019 - the latest published data available - 22% of York's adults in contact with secondary mental health services were in employment. This is substantially above the latest published Y & H region (11%) and national (9%) rates for this indicator. Although there has been a decline in the percentage of people in contact with secondary services living independently, it remains high in comparison with other authorities. In October 2019 – again, the latest published data available – 80% of York's adults were living independently, compared with 67% in the Y & H region and 59% in England as a whole.

### **Delayed Transfers of Care**

- 36 CYC and its partners are continuing to improve the way we support people to access the support they need in the community when they no longer need hospital care. Delayed transfers of care (DToC) are an important marker of the effective joint working of local partners, and are one measure of the effectiveness of the interface between health and social care services. A delayed transfer of care (DToC) occurs when a patient has been clinically assessed as ready for discharge from hospital, but the necessary support (from either, or both of, the NHS or Adult Social Care) is not available.
- 37 The overall yearly rate of DToC has been on a downward trend since the summer of 2019. The number of people delayed in hospital due to issues with social care in this quarter is approximately half of what it was in the same quarter for 2018/19. This is due to a number of factors

including the integration of health and care reablement and rehabilitation services into one team, which has created greater capacity to support people out of hospital, the introduction of a new 'why not home why not today' discharge policy and the introduction of short term intensive support services in the community. York continues to be a challenged system and although we are improving, DToC still remains comparatively high. We have enlisted further support through local government association and NHS Better Care Team to develop and implement more of these innovative approaches.

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

- 38 It is important that people with care and support needs are involved with and are well supported by the communities in which they live as this supports their health and wellbeing. The Adult Social Care Community Teams have been redesigned to deliver a model of community-led support. An aim of this is to increase the number of people supported through universal and preventative services and reduce the numbers dependent on commissioned care packages. There are indications that this approach appears to be having an impact. There was an increase in the number of those supported to live independently by the use of preventative measures: this averaged 1,078 during the second quarter of 2019-20, compared with 986 in the same period of 2018-19. There was also a decrease in the number of people supported through commissioned care packages of 6% from 1,758 in Quarter 3 2018-19 to 1,646 in Quarter 3 2019-20.

### **Early Intervention and Prevention**

- 39 Under the Care Act 2014 local authorities have a responsibility to promote the wellbeing of those potentially in need of Adult Social Care. The aim of this is to enable our citizens to live well for longer and maintain their independence; and to prevent, reduce and delay the need for formal services.
- 40 Although there is an increasing older population with more complex needs, the number of people approaching the council who require further social care assessment and are eligible for support remains largely unchanged from the equivalent quarter last year. The number of assessments completed in 2019-20 Q3 was 585 compared to 578 in 2018-19 Q3. Of these 585 people, 405 were eligible to receive a service from CYC compared to 397 in the equivalent quarter of the previous year. The introduction of the co-produced Live Well York website and the increase of preventative services such as Local Area Co-ordination and social prescribing offer information, advice, guidance and a means of building sustainable networks of support to help people live well in their communities, delaying the need for adult social care services. The roll-out of the community-led support model by the Adult Social Care

Community Teams is aimed at ensuring that those with care and support needs are well connected to their communities and that these opportunities are fully explored before formal assessments and services are provided.

### **Personalisation**

- 41 Almost all (99.9%) of those using social care received self-directed support during the third quarter of 2019-20 – unchanged from the corresponding quarter in 2018-19. The percentage receiving direct payments increased to 27% by the end of the third quarter of 2019-20, compared with 25% by the end of 2018-19 Q3.

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

- 42 The safety of residents, whether known or not to Adult Social Care, is a key priority for CYC. The ability of CYC to ensure that their service users remain safe is monitored in the annual Adult Social Care User Survey, and for all residents with care and support needs by the number of safeguarding concerns and enquiries that are reported to the Safeguarding Adults Board.
- 43 During 2019-20 Q3 there were 340 completed safeguarding pieces of work, which is a 14% increase on the number completed during the 2018-19 Q3 period (297), and partly reflects the increasing number of safeguarding concerns reported to CYC. The increase has arisen because there has been a substantial rise in safeguarding concerns reported where service providers are involved. CYC encourages the reporting of concerns by service providers and as stated in paragraph 32 the quality of care in York remains good. The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry continues to be high, although slightly down from 93% during 2018-19 Q3 to 91% during 2019-20 Q3, but this remains consistent with what has been reported historically in York. Recognising the expertise of our NHS partners in their particular fields, there has also been an increase in the number of Safeguarding Enquiries entrusted to partners which are then reported back to the council (40 in 2019-20 Q3 compared with 26 in 2018-19 Q3).

### **Sickness rates of Adult Social Care staff**

- 44 In the HHASC directorate, which includes Adult Social Care, the number of sickness days taken per full-time employee fell from 13.8 in the year to December 2018 to 12.9 in the year to November 2019 (the latest data available). Work continues to reduce this further.

## **PUBLIC HEALTH**

- 45 The most recently available Public Health data (as at 3<sup>rd</sup> February 2020) has been used for this report. Since the previous performance report new data has become available on: NHS health checks, smoking in pregnancy; smoking cessation and substance misuse treatment (relating to 2019-20 Q3); IAPT and the Healthy Child service (2019-20 Q2), child obesity and physical activity (2018-19), under 18 conceptions (2018-19 Q3) and alcohol specific mortality rates (2016-18).
- 46 The Public Health data presented in the performance report relates to York residents. As an example, for data on hospital admissions, only people with a York postcode as their usual residence, regardless of which hospital they attend, will be included in the York figures. Attendances at York hospital by people who live outside the City are not counted in the York figures: they will appear against the data for their 'home' local authority. The same principle applies if the data is reported on a Vale of York CCG Footprint. There are some minor exceptions to this general rule for some indicators: people living outside York may be counted in the Health Check data if they are registered with a York GP. Also children living outside York attending a York school are included in some of the published National Child Measurement Programme (NCMP) measures.

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

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

- 47 The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Checks is important to identify early signs of poor health, and lead to opportunities for early interventions.
- 48 The total number of people in York who are estimated to be eligible for a health check is 54,783. We are required to invite the eligible population for a check once over a five-year period (April 2018 to March 2023). To date, a total of 17,528 people have been invited in York and 1,991 people have received a health check (April 2018 to September 2019). This means that 32% of the eligible population have received an invite (compared with 27% nationally) and 3.6% have received a

health check (compared with 12% nationally). Of those invited, 11% went on to have a check (compared with 44% nationally).

- 49 Closer work with Primary Care Networks is being undertaken, which will see health checks being delivered in a primary care setting leading to a more joined up service for the patient. Health Checks are delivered from various locations across the City. We aim to target this service to those most at risk. Our approach is more than just identifying risk, and that is why we now deliver a Health Trainer Service, which aims to provide individuals with advice and support to tackle the things that increase their risk, such as excess weight, high blood pressure, lack of exercise and poor diet. The Health Trainers put the individual at the centre and work with them to help achieve the health goals that matter to them.
- 50 The Health Trainer service also provides support for people that want to stop smoking. This includes one-to-one advice as well as access to medications that make the journey to being smoke free easier. We have recently formed a Tobacco Alliance in York so that we can ensure that we tackle some of the wider issues that lead to people taking up smoking, such as ease of access to cheap illicit tobacco products.
- 51 In 2018/19 the Health Trainer service received 331 referrals or self-referrals for smoking cessation support, and 28% of clients who were seen by an advisor had successfully quit for four weeks. As a proportion of York's smoking population (an estimated 19,000 smokers), the number of referrals was low. The service has recently created extra capacity to see more smokers per year in an increased number of community venues, and by raising awareness of the service and through multi-agency work with the recently established York Tobacco Control Alliance, referrals were expected to rise.
- 52 In the first three quarters of 2019-20 there have been an improvement in referral and quit rates. Referrals increased from 94 in 2019-20 Q2 to 133 in 2019-20 Q3. There have been 316 referrals in the three quarters to date. The percentage of clients that were seen by an advisor who successfully quit at four weeks has risen to 48%. In the first three quarters of 2019-20, a total of 88 smokers set a quit date and 50 of those (57%) had quit smoking at the four week follow up. Of the smokers who set a quit date, 21 were pregnant and 10 of these (48%) had quit smoking at the four week follow up.

### **Substance Misuse**

- 53 Individuals successfully completing drug / alcohol treatment programmes demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, reduced blood-borne virus transmission,

improved parenting skills and improved physical and psychological health.

- 54 A total of 1,072 adults in York were in structured treatment for substance misuse during 2018-19. The breakdown by substance is: 504 people for opiate use, 368 for alcohol use, 121 for alcohol and non-opiate use and 79 for non-opiate use. Wait times were good, with only one person out of 139 new starts having to wait longer than three weeks to commence treatment. A higher proportion of eligible clients had received a Hepatitis C antibody test (87.5%) compared with the England average (84%). Of those people receiving substance misuse treatment, 10 died in the year: the number in 2016-17 was 20, so this has halved since then. A higher proportion of alcohol users entering treatment had concurring mental health and substance misuse issues (67%) compared with the England average (54%). This is also the case with alcohol and non-opiate users (71% in York, 58% in England). A higher percentage of opiate clients in treatment in 2018-19 in York (28%) were in contact with the criminal justice system compared with the national average (20%).
- 55 In the latest 18 month monitoring period to December 2019, 348 alcohol users were in treatment in York and 108 (31%) left treatment successfully and did not re-present within six months. The equivalent figures for opiate and non-opiate users were 5% (26 out of 504) and 32% (57 out of 179) respectively. The York rates are currently lower than the national averages (38% for alcohol users, 6% for opiate users and 34% for non-opiate users). There is some evidence (from the previous paragraph) that the substance misuse caseload in York has more complex needs in terms of mental health issues and involvement with the criminal justice system and this may be impacting on the ability of the treatment system to produce a higher rate of successful outcomes.

### **Sexual and Reproductive health**

- 56 Being sexually healthy enables people to avoid sexually transmitted infections and illnesses, and means that they are taking responsibility for ensuring that they protect themselves and others, emotionally and physically. It also ensures that unwanted pregnancies are less likely to occur.
- 57 In the period October 2017 to September 2018, there were 44 conceptions to those under the age of 18 in York. The rate of conceptions per 1,000 females aged 15-17 in York (15.8) is lower than regional (19.8) and national (16.8) averages. The long-term trajectory is downwards in York, in line with national and regional averages, although there has been a rise in York in the two most recent 12 month rolling periods. Ward-level data on under-18 conceptions is available for

the period 2015-17. Westfield and Guildhall have rates which are significantly higher than the England average. Acomb, Rural West York, Osbaldwick and Derwent, Wheldrake and Haxby and Wiggington have significantly lower rates. Of under-18 conceptions in York, 54% of them result in termination (in line with the national average).

- 58 As a result of an identified need, an emergency contraception clinic was established in Westfield ward. This ward had significantly higher teenage conception rates than the York average and high termination rates, which strongly indicates that they were unwanted pregnancies. In September 2018, a collaboration between the secondary school, primary care services, the specialist sexual health service and Public Health established an emergency contraceptive clinic at the GP surgery adjacent to the school, to help support young women in considering their immediate and longer term contraception needs.

### **Healthy Child Service**

- 59 There was an above-average participation rate in the National Child Measurement Programme (NCMP) in York during 2018-19: 97% of reception children and 98% of Year 6 children were measured, compared with 95% of reception children and 95% of Year 6 children nationally. The 2018-19 NCMP found that 9.5% of reception children in York were obese, which is not significantly different from the England average (9.7%), although the York figure has risen slightly from the 2017-18 level (9.3%). Of Year 6 children in York, 15.1% were found to be obese in 2018-19, which is significantly lower than the England average (20.1%) and represents a decrease of 2.3 percentage points from the 2017-18 level. There is a wide variation in obesity rates at ward level, and a strong correlation between obesity and deprivation at ward level.
- 60 A York Healthy Weight Steering Group has been established and has developed a Healthy Weight Strategy for the City. This takes a life course approach to tackling unhealthy weight. Much of our focus is on how we can improve the environment in which we live, in order to support people to achieve and maintain a healthy weight. The key element within that has been signing up to the Local Authority Declaration on Healthy Weight. In terms of what we can do to support people who need help with managing their weight, much progress has been made in terms of the service offer and pathways for adults. However, a gap still remains for young people, particularly the pathway from identifying a child as being above a healthy weight in the school based child measurement programme. The Public Health Team are working to develop a model with the Health Trainer Service whereby Health Trainers can receive a direct referral and where additional support is needed, work with the family to provide advice and ongoing support.

- 61 In 2019-20 Q2, in York 87.4% of children received a new birth visit within 14 days, A 6-8 week review within 56 days took place for 88.9% of children, and 83.9% had a one-year review before 12 months; 71.4% had a two-year review before 30 months. The corresponding England figures for the quarter were 87.8%, 84.9%, 78.4% and 79% respectively. This means that York has similar new birth visit rates, higher 6-8 week and one-year visit rates but lower two-year review rates compared with the England average.
- 62 To increase the take up of two-year visits, an initiative was piloted in the West LAT where home appointment letters were sent out to those parents who had not responded to the initial invite letters. This led to an increase in take-up as only a small number cancelled the appointments offered. In addition there are plans to hold integrated two-year reviews within two local authority nurseries as a pilot in 2020.
- 63 At the 2.5 year review, each child's level of development on five domains (communication, problem solving, personal and social, gross motor and fine motor function) is measured using the ages and stages questionnaire. In 2019-20 Q2, 89.4% of children in York reached the expected level of development on all five domains compared with 82.1% in England.
- 64 In 2019-20 Q2, 56.7% of children (with a feeding status recorded) were totally or partially breastfed at 6-8 weeks compared with an England average of 55.2%.

### **Other Public Health Issues**

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

- 65 Obesity amongst the adult population is a major issue as it puts pressure on statutory health and social care services, and leads to increased risk of disease, with obese people being more likely to develop certain cancers, over twice as likely to develop high blood pressure and five times more likely to develop type 2 diabetes. It is estimated that obesity costs wider society £27 billion, and is responsible for over 30,000 deaths each year in England.
- 66 The latest data from the Adult Active Lives Survey for the period from May 2018 to May 2019 was published in October 2019. In York, 487 people aged 16 and over took part in the survey, and they reported higher levels of physical activity, and lower levels of physical inactivity, compared with the national average. Positively, 75% of people in York did more than 150 minutes of physical activity per week compared with 63% nationally and 62% regionally. This is a higher rate than in the previous survey (73%), held between November 2017 and November 2018. In York, 14% of people did fewer than 30 minutes per week

compared with 25% nationally and 26% regionally. This figure is broadly the same as the 14.4% reported for the period November 2017 to November 2018. The previous Active Lives survey showed that 84% of adults aged over 16 in York took part in sport and physical activity at least twice in the previous 28 days. This is above the national (78%) and regional (76%) averages. More up to date information relating to this was not published in the most recent survey (May 2018 to May 2019). The Active Lives Children and Young People survey for 2018-19 was published in December 2019. Of children in York in school years 1-11, 17% were active for more than 60 minutes each day. This is slightly lower than the England average of 20%.

- 67 The Public Health Team commissioned North Yorkshire Sport to develop a Physical Activity Strategy for the City. This work is currently underway and has involved engaging with many partners across the City. The strategy will be launched at the beginning of 2020 and will sit alongside our Healthy Weight Strategy.

### **Smoking: pregnant mothers**

- 68 Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. The Tobacco Control Plan contains a national ambition to reduce the rate of smoking throughout pregnancy to 6%, or less, by the end of 2022.
- 69 In the 2019 calendar year, there were 168 (10.3%) mothers out of 1,631 births in York who were recorded as being smokers at the time of delivery. This represents an improvement on the 2018 figure of 12.3%. The rate in York is in line with the most recently published national average of 10.4% (2019-20 Q2).
- 70 The number of smoking cessation referrals from midwives in 2019-20 Q3 was 55 compared with 29 in 2018-19 Q1. This has come about as a result of improved communication and liaison between the Health Trainer service and the midwifery department.

### **Smoking: general population**

- 71 Smoking, amongst the general population, has a number of well-known detrimental effects, such as increased likelihood of certain cancers, increased likelihood of heart disease, diabetes and weaker muscles and bones. It is estimated that smoking-related illnesses contribute towards 79,000 premature deaths each year in England, and that the cost to the NHS is approximately £2.5bn each year, with almost 500,000 NHS hospital admissions attributable to smoking.
- 72 No new data on smoking prevalence has been released since the previous report on 17<sup>th</sup> September 2019.

## **Alcohol-related issues**

- 73 The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21 billion, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
- 74 In the three-year period from 2016-18, 38 men from York died from alcohol specific conditions (deaths caused wholly by alcohol consumption): a rate of 14.3 per 100,000 of population. This rate is lower than regional and national averages (17.0 and 14.7 per 100,000 population) and represents an improvement on the 2015-17 figures (43 deaths, a rate of 16.1 per 100,000). Alcohol specific mortality amongst females in York has halved, from 16 deaths during 2014-16 to eight deaths during 2016-18.
- 75 The Public Health team in York are continuing to deliver Alcohol IBA (Identification and Brief Advice) training to health professionals and frontline staff across the city. The training is aimed at staff that have regular contact with residents, to equip them with the skills to measure drinking levels and offer simple advice on how to reduce alcohol consumption. To date, 180 frontline staff and health professionals have received the training.

## **Mental health and Learning Disabilities.**

- 76 It is crucial to the overall well-being of a population that mental health is taken as seriously as (more visible) physical health. Common mental health problems include depression, panic attacks, anxiety and stress. In more serious cases, this can lead to thoughts of suicide and self-harm, particularly amongst older men and younger women. Dementia, particularly amongst the elderly population, is another major mental health issue.
- 77 The 2019/20 Q2 data on improving access to psychological therapies (IAPT) in the Vale of York CCG area shows the following: referrals to IAPT (504 per 100,000) are lower than the England average (953 per 100,000). The percentage of the estimated population with anxiety and depression who enter IAPT (18%) is comparable with the England average (18.3%), and the percentage leaving treatment who has achieved reliable improvement (70.4%) is similar to the England average (71.8%).

## **Life Expectancy and Mortality**

- 78 No new data on Life Expectancy or Mortality has been released since the previous report on 30<sup>th</sup> July 2019.

## Recommendations

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

Reason: To update the committee on the latest financial and performance position for 2019-20.

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Report  
Approved



Date 6 February 2020

**Wards Affected:**

All Y

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

### Background Papers

2019/20 Finance and Performance Monitor 3 Report, Executive 13<sup>th</sup> Feb 2020

### Annexes

Annex A – Scorecard February 2020



# Health & Adult Social Care 2019/2020

No of Indicators = 67 | Direction of Travel (DoT) shows the trend of how an indicator is performing against its Polarity over time.  
Produced by the Business Intelligence Hub February 2020

			Previous Years			2019/2020						
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
00. Council Plan Indicators	PHYS06	% of adults (aged 16+) that are physically active (150+ moderate intensity equivalent minutes per week, excl. gardening)	Annual	71.01%	70.20%	74.90%	-	-	-	-	-	Up is Good Neutral
	NCMP01	% of reception year children recorded as being obese (single year)	Annual	8.52%	9.28%	9.50%	-	-	-	-	-	Up is Bad Red
	ASCOF3A	Overall satisfaction of people who use services with their care and support	Annual	62.40%	62.90%	63.80%	-	-	-	-	-	Up is Good Neutral
	PHOF17	Slope index of inequality in life expectancy at birth - Female - (Three year period)	Annual	4.2	5.2	-	-	-	-	-	-	Up is Bad Neutral
	PHOF37	Slope index of inequality in life expectancy at birth - Male - (Three year period)	Annual	7.7	8.9	-	-	-	-	-	-	Up is Bad Red
	ASCOF1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	Monthly	39.21%	69.00%	84.00%	80.00%	80.00%	-	-	-	Up is Good Neutral
	ASCOF2C2	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (New definition from 2017/18) - (YTD Average)	Monthly	7.49	6.4	6.6	5.9	5.6	-	-	-	Up is Bad Neutral
Adult Social Care	PVP02	Number of permanent admissions to residential & nursing care homes for older people (65+)	Monthly	248	246	252	68	64	29	-	-	Up is Bad Neutral
	PVP18	Number of customers in long-term residential and nursing care at the period end - (Snapshot)	Monthly	623	575	621	655	666	624	-	-	Neutral Neutral
	PVP19	Number of permanent admissions to residential & nursing care homes for younger people (18-64)	Monthly	16	22	21	8	7	2	-	-	Up is Bad Neutral

		Collection Frequency	Previous Years			2019/2020				Target	Polarity	DOT
			2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4			
ASCOF1E	Proportion of adults with a learning disability in paid employment	Annual	8.33%	8.30%	8.30%	-	-	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Annual	5.70%	6.00%	5.90%	-	-	-	-	-		
	Benchmark - Regional Data	Annual	6.68%	7.40%	5.70%	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	40	46	42	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	5	5	4	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	7	7	6	-	-	-	-	-		
ASCOF1G	Proportion of adults with a learning disability who live in their own home or with family	Annual	82.26%	82.00%	81.40%	-	-	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Annual	76.21%	77.20%	77.40%	-	-	-	-	-		
	Benchmark - Regional Data	Annual	79.40%	80.90%	79.50%	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	50	54	55	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	7	9	8	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	9	9	10	-	-	-	-	-		
ASCOF1H	Proportion of adults in contact with secondary mental health services living independently, with or without support	Monthly	39.21%	69.00%	84.00%	80.00%	80.00%	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Annual	-	57.00%	58.00%	-	-	-	-	-		
	Benchmark - Regional Data	Annual	-	69.00%	70.00%	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	-	59	8	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	-	9	2	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	-	9	2	-	-	-	-	-		

			Previous Years			2019/2020						
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
Adult Social Care Outcomes Framework	ASCOF11	Proportion of people who use services who reported that they had as much social contact as they would like	Annual	49.50%	44.50%	43.40%	-	-	-	-	-	Up is Good ▼ Red
		Benchmark - National Data	Annual	45.40%	46.00%	45.90%	-	-	-	-	-	
		Benchmark - Regional Data	Annual	45.60%	47.50%	48.00%	-	-	-	-	-	
		National Rank (Rank out of 152)	Annual	28	94	107	-	-	-	-	-	
		Regional Rank (Rank out of 15)	Annual	6	12	14	-	-	-	-	-	
		Comparator Rank (Rank out of 16)	Annual	2	11	12	-	-	-	-	-	
	ASCOF2A 1	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (younger adults) (New definition from 2015/16) - (YTD Cumulative)	Monthly	11.18	15.7	10.4	5.96	11.18	12.67	-	-	Up is Bad ▲ Red
		Benchmark - National Data	Annual	12.81	14	13.9	-	-	-	-	-	
		Benchmark - Regional Data	Annual	13.76	14.5	15.1	-	-	-	-	-	
		National Rank (Rank out of 152)	Annual	68	102	58	-	-	-	-	-	
		Regional Rank (Rank out of 15)	Annual	6	9	5	-	-	-	-	-	
		Comparator Rank (Rank out of 16)	Annual	8	11	7	-	-	-	-	-	
	ASCOF2A 2	Long-term support needs met by admission to residential and nursing care homes, per 100,000 population (older people) (New definition from 2015/16) - (YTD Cumulative)	Monthly	647.8	649.4	668.6	181.28	351.9	429.21	-	-	Up is Bad ◀▶ Neutral
		Benchmark - National Data	Annual	610.7	585.6	579.4	-	-	-	-	-	
		Benchmark - Regional Data	Annual	658.4	632.6	644.3	-	-	-	-	-	
		National Rank (Rank out of 152)	Annual	87	95	108	-	-	-	-	-	
		Regional Rank (Rank out of 15)	Annual	7	9	10	-	-	-	-	-	
		Comparator Rank (Rank out of 16)	Annual	9	8	13	-	-	-	-	-	

			Previous Years			2019/2020						
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
ASCOF2C 1	Delayed transfers of care from hospital, per 100,000 population (New definition from 2017/18) - (YTD Average)	Monthly	16.85	13.5	17.3	20.3	17.3	-	-	-	Up is Bad	▲ Red
	Benchmark - National Data	Annual	14.9	12.3	10.3	-	-	-	-	-		
	Benchmark - Regional Data	Annual	11.1	10.9	10.2	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	111	109	143	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	14	12	15	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	10	13	15	-	-	-	-	-		
ASCOF2C 2	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (New definition from 2017/18) - (YTD Average)	Monthly	7.49	6.4	6.6	5.9	5.6	-	-	-	Up is Bad	◀▶ Neutral
	Benchmark - National Data	Annual	6.3	4.3	3.1	-	-	-	-	-		
	Benchmark - Regional Data	Annual	4.8	3.4	2.4	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	111	130	142	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	13	14	15	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	12	14	14	-	-	-	-	-		
ASCOF3A	Overall satisfaction of people who use services with their care and support	Annual	62.40%	62.90%	63.80%	-	-	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Annual	64.70%	65.00%	64.30%	-	-	-	-	-		
	Benchmark - Regional Data	Annual	64.60%	65.00%	64.70%	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	98	91	79	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	11	10	9	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	13	11	9	-	-	-	-	-		

		Previous Years				2019/2020						
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
ASCOF4A	Proportion of people who use services who feel safe	Annual	71.00%	70.30%	66.70%	-	-	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Annual	70.10%	69.90%	70.00%	-	-	-	-	-		
	Benchmark - Regional Data	Annual	69.10%	69.60%	71.60%	-	-	-	-	-		
	National Rank (Rank out of 152)	Annual	63	80	116	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	8	9	14	-	-	-	-	-		
	Comparator Rank (Rank out of 16)	Annual	8	9	13	-	-	-	-	-		
LAPE03	Alcohol-specific mortality: Males, all ages (per 100,000 population)	Annual	11.59	16.1	14.3	-	-	-	-	-	Up is Bad	◀▶ Neutral
	Benchmark - National Data	Annual	14.27	14.5	14.7	-	-	-	-	-		
	Benchmark - Regional Data	Annual	15.69	16.7	17	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	3	6	4	-	-	-	-	-		
LAPE04	Alcohol-specific mortality: Females, all ages (per 100,000 population)	Annual	5.62	4.2	-	-	-	-	-	-	Up is Bad	▼ Green
	Benchmark - National Data	Annual	6.84	7	7	-	-	-	-	-		
	Benchmark - Regional Data	Annual	7.51	8.2	8.1	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	2	1	-	-	-	-	-	-		
LAPE17	Admitted to hospital episodes with alcohol-related conditions (Narrow): Persons, all ages (per 100,000 population)	Annual	691	724	-	-	-	-	-	-	Up is Bad	▲ Red
	Benchmark - National Data	Annual	636.4	632	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	700.56	697	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	8	10	-	-	-	-	-	-		

			Previous Years			2019/2020						
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
	LAPE22	% of alcohol users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	38.19%	33.50%	31.07%	32.36%	30.62%	31.03%	-	-	Up is Good Neutral
		Benchmark - National Data	Quarterly	38.29%	38.60%	37.85%	37.76%	38.17%	38.03%	-	-	
Employment	PHOF40	Gap in employment rate for mental health clients and the overall employment rate	Annual	68.50%	63.90%	-	-	-	-	-	-	Up is Bad Neutral
		Benchmark - National Data	Annual	67.40%	68.20%	-	-	-	-	-	-	
		Benchmark - Regional Data	Annual	63.80%	64.50%	-	-	-	-	-	-	
		Regional Rank (Rank out of 15)	Annual	14	6	-	-	-	-	-	-	
Life Expectancy	PHOF16	Life Expectancy at birth - Female	Annual	83.5	83.5	-	-	-	-	-	-	Up is Good Neutral
		Benchmark - National Data	Annual	83.1	83.1	-	-	-	-	-	-	
		Benchmark - Regional Data	Annual	82.4	82.4	-	-	-	-	-	-	
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-	
	PHOF17	Slope index of inequality in life expectancy at birth - Female - (Three year period)	Annual	4.2	5.2	-	-	-	-	-	-	Up is Bad Neutral
		Regional Rank (Rank out of 15)	Annual	3	3	-	-	-	-	-	-	
	PHOF36	Life Expectancy at birth - Male	Annual	80.4	80.2	-	-	-	-	-	-	Up is Good Neutral
		Benchmark - National Data	Annual	79.5	79.6	-	-	-	-	-	-	
		Benchmark - Regional Data	Annual	78.7	78.7	-	-	-	-	-	-	
		Regional Rank (Rank out of 15)	Annual	2	2	-	-	-	-	-	-	
PHOF37	Slope index of inequality in life expectancy at birth - Male - (Three year period)	Annual	7.7	8.9	-	-	-	-	-	-	Up is Bad Red	
	Regional Rank (Rank out of 15)	Annual	3	2	-	-	-	-	-	-		

			Previous Years			2019/2020							
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Mental Health	CMHD02	IAPT Referrals (18+), per 100,000 population - (VoY CCG)	Quarterly	538	454	482	443	504	-	-	-	Up is Good	▲ Green
		Benchmark - National Data	Quarterly	869	871	1,010	947	953	-	-	-		
		Benchmark - Regional Data	Quarterly	872	890	990	-	-	-	-	-		
	CMHD03	% of people who have completed IAPT treatment who achieved "reliable improvement" - (VoY CCG)	Quarterly	67.80%	65.10%	70.40%	-	-	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	66.30%	71.60%	71.80%	-	-	-	-	-		
		Benchmark - Regional Data	Quarterly	68.20%	71.50%	73.70%	-	-	-	-	-		
	CMHD05	People entering IAPT (in month) as % of those estimated to have anxiety/depression (VoY CCG) - (Snapshot)	Monthly	7.50%	15.50%	14.40%	13.40%	18.00%	-	-	-	Neutral	◀▶ Neutral
		Benchmark - National Data	Monthly	17.20%	17.20%	19.10%	17.70%	18.30%	-	-	-		
		Benchmark - Regional Data	Monthly	16.30%	15.70%	18.40%	-	-	-	-	-		
	PHE11	Estimated dementia diagnosis rate (%) for people aged 65+ as recorded on practice disease registers	Annual	N/A	60.40%	62.20%	-	60.50%	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Annual	N/A	67.90%	67.50%	-	68.70%	-	-	-		
		Benchmark - Regional Data	Annual	N/A	71.30%	71.20%	-	71.60%	-	-	-		
		Regional Rank (Rank out of 15)	Annual	N/A	15	15	-	15	-	-	-		
	PHOF32	Suicide rate (per 100,000 population)	Annual	12.7	13.4	11.9	-	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	9.9	9.6	9.6	-	-	-	-	-		
		Benchmark - Regional Data	Annual	10.4	10.4	10.7	-	-	-	-	-		
Regional Rank (Rank out of 15)		Annual	13	13	11	-	-	-	-	-			
POPPI01	Total population aged 65 and over predicted to have dementia	Annual	2,788	2,788	2,779	-	-	-	-	-	Up is Bad	◀▶ Neutral	

		Previous Years				2019/2020							
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Mortality	CHP02	Child mortality rate (1-17 years), per 100,000 population	Annual	12.3	12.5	-	-	-	-	-	-	Up is Bad Bad	◀▶ Neutral
		Benchmark - National Data	Annual	11.6	11.2	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	13.2	12.4	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	8	8	-	-	-	-	-	-		
	PHOF33	Excess Winter Deaths Index (all ages single year)	Annual	31	31.9	-	-	-	-	-	-	Up is Bad Bad	▲ Red
		Benchmark - National Data	Annual	21.6	30.1	-	-	-	-	-	-		
		Benchmark - Regional Data	Annual	24.9	31.1	-	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	12	5	-	-	-	-	-	-		
	PHOF46	Mortality rate from causes considered preventable (per 100,000 population)	Annual	162.85	168.9	175	-	-	-	-	-	Up is Bad Bad	▲ Red
		Benchmark - National Data	Annual	182.84	181.5	180.8	-	-	-	-	-		
		Benchmark - Regional Data	Annual	197.21	197.2	196.1	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	3	3	-	-	-	-	-		
Obesity	NCMP01	% of reception year children recorded as being obese (single year)	Annual	8.52%	9.28%	9.50%	-	-	-	-	-	Up is Bad Bad	▲ Red
		Benchmark - National Data	Annual	9.61%	9.53%	9.50%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	9.72%	9.94%	10.20%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	4	4	-	-	-	-	-		
	NCMP02	% of children in Year 6 recorded as being obese (single year)	Annual	16.13%	17.41%	15.10%	-	-	-	-	-	Up is Bad Bad	◀▶ Neutral
		Benchmark - National Data	Annual	19.98%	20.14%	20.20%	-	-	-	-	-		
		Benchmark - Regional Data	Annual	20.42%	20.63%	21.00%	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	4	1	-	-	-	-	-		

			Previous Years			2019/2020						
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
PHOF44a	% of adults (aged 18+) classified as overweight or obese (new definition)	Annual	60.44%	54.40%	-	-	-	-	-	-	Up is Bad	◀▶ Neutral
	Benchmark - National Data	Annual	61.29%	62.00%	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	65.27%	64.10%	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	2	1	-	-	-	-	-	-		
PHOF01a	% of adults (aged 19+) that meet CMO recommendations for physical activity (150+ moderate intensity equivalent minutes per week)	Annual	72.03%	76.40%	-	-	-	-	-	-	Up is Good	▲ Green
	Benchmark - National Data	Annual	66.00%	66.30%	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	64.60%	64.00%	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-		
PHOF02a	% of adults (aged 19+) that are physically inactive (<30 moderate intensity equivalent minutes per week)	Annual	18.28%	13.80%	-	-	-	-	-	-	Up is Bad	◀▶ Neutral
	Benchmark - National Data	Annual	22.24%	22.20%	-	-	-	-	-	-		
	Benchmark - Regional Data	Annual	24.08%	24.10%	-	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	1	1	-	-	-	-	-	-		
PHYS08	% of children in school years 1-11 that are active for 60+ minutes everyday	Annual	NC	26.40%	17.40%	-	-	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Annual	NC	17.50%	19.60%	-	-	-	-	-	Up is Good	◀▶ Neutral
YH13	% of mothers smoking at time of delivery - (Rolling 12 Month)	Quarterly	11.26%	NC	11.98%	11.26%	10.44%	10.30%	-	-	Up is Bad	◀▶ Neutral
CORP10L	Large Project - Adult Social Care Future Focus	Quarterly	-	Green	Green	Green	Green	Green	-	-	Neutral	◀▶ Neutral
EH1	Chlamydia diagnoses (15-24 year olds), per 100,000 population	Annual	1,864.3	1,985.3	1,712	-	-	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Annual	1,916.9	1,881.9	1,975	-	-	-	-	-		
	Benchmark - Regional Data	Annual	2,132.3	2,244.3	2,096	-	-	-	-	-		
	Regional Rank (Rank out of 15)	Annual	11	11	11	-	-	-	-	-		

			Previous Years			2019/2020						
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
EH2	Proportion of population aged 15 to 24 screened for chlamydia	Annual	22.50%	26.40%	23.90%	-	-	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Annual	20.70%	19.30%	19.60%	-	-	-	-	-		
	Benchmark - Regional Data	Annual	19.50%	20.20%	20.00%	-	-	-	-	-		
HV01	% of births that receive a face to face New Birth Visit (NBV) by a Health Visitor within 14 days	Quarterly	78.30%	85.61%	85.90%	86.33%	87.39%	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Quarterly	88.30%	88.50%	87.50%	86.90%	87.80%	-	-	-		
	Benchmark - Regional Data	Quarterly	86.20%	84.00%	84.70%	83.80%	83.60%	-	-	-		
HV02	% of face-to-face NBVs undertaken by a health visitor after 14 days	Quarterly	12.77%	9.91%	11.70%	12.23%	11.04%	-	-	-	Up is Bad	◀▶ Neutral
	Benchmark - National Data	Quarterly	9.90%	9.70%	10.70%	11.00%	10.00%	-	-	-		
	Benchmark - Regional Data	Quarterly	11.60%	14.40%	13.00%	14.70%	14.90%	-	-	-		
HV03	% of infants who received a 6-8 week review by the time they were 8 weeks	Quarterly	77.09%	82.46%	89.20%	88.55%	88.89%	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Quarterly	83.60%	84.30%	85.90%	86.50%	84.90%	-	-	-		
	Benchmark - Regional Data	Quarterly	87.10%	84.40%	87.30%	88.90%	87.80%	-	-	-		
HV05	% of children who received a 12 month review by the time they turned 12 months	Quarterly	41.65%	72.21%	81.80%	83.15%	83.86%	-	-	-	Up is Good	▲ Green
	Benchmark - National Data	Quarterly	75.90%	77.60%	77.50%	78.30%	78.40%	-	-	-		
	Benchmark - Regional Data	Quarterly	82.70%	85.50%	86.80%	86.90%	86.00%	-	-	-		
HV06	% of children who received a 12 month review by the time they turned 15 months	Quarterly	76.92%	81.52%	84.70%	86.49%	84.60%	-	-	-	Up is Good	◀▶ Neutral
	Benchmark - National Data	Quarterly	82.70%	82.10%	84.40%	82.20%	83.80%	-	-	-		
	Benchmark - Regional Data	Quarterly	86.70%	88.70%	90.40%	91.40%	91.50%	-	-	-		

			Previous Years			2019/2020							
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Public Health and Wellbeing	HV07	% of children who received a 2-2½ year review	Quarterly	18.55%	62.64%	71.20%	72.61%	71.37%	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	77.40%	76.40%	78.00%	76.80%	79.00%	-	-	-		
		Benchmark - Regional Data	Quarterly	80.70%	78.60%	83.30%	85.30%	82.50%	-	-	-		
	HV10	% of infants totally or partially breastfed at 6-8 weeks (of those with a known feeding status)	Quarterly	59.40%	54.73%	59.40%	58.04%	56.65%	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	50.00%	49.80%	52.90%	54.15%	55.19%	-	-	-		
	HV12	% of children who were at or above the expected level of development at the 2-2½ year review	Quarterly	-	-	90.55%	86.90%	89.34%	-	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	-	-	83.30%	83.40%	82.10%	-	-	-		
		Benchmark - Regional Data	Quarterly	-	-	88.30%	87.10%	86.80%	-	-	-		
	PHOF144	Cumulative % of eligible population aged 40-74 offered an NHS Health Check (5 year period April 2018 to March 2023)	Quarterly	-	-	25.61%	29.26%	32.00%	36.67%	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	-	-	17.49%	22.35%	27.24%	-	-	-		
	PHOF145	Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check (5 year period April 2018 to March 2023)	Quarterly	-	-	9.20%	10.46%	11.36%	11.80%	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	-	-	45.93%	44.99%	44.42%	-	-	-		
	PHOF146	Cumulative % of eligible population aged 40-74 who received an NHS Health Check (5 year period April 2018 to March 2023)	Quarterly	-	-	2.36%	3.06%	3.63%	4.33%	-	-	Up is Good	▲ Green
		Benchmark - National Data	Quarterly	-	-	8.03%	10.05%	12.10%	-	-	-		
	PHOF31	% of eligible population aged 40-74 who received an NHS Health Check	Quarterly	0.20%	0.50%	2.30%	0.70%	0.60%	0.69%	-	-	Up is Good	▼ Red
Benchmark - National Data		Quarterly	8.50%	8.30%	8.00%	2.00%	2.00%	-	-	-			
Benchmark - Regional Data		Quarterly	7.40%	7.20%	6.90%	1.90%	2.10%	-	-	-			

			Previous Years			2019/2020								
			2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT		
Coroner	PHOF79	HIV late diagnosis	Annual	45.00%	60.90%	60.00%	-	-	-	-	-	Up is Bad	◀▶ Neutral	
		Benchmark - National Data	Annual	40.10%	41.00%	42.50%	-	-	-	-	-			
		Benchmark - Regional Data	Annual	45.78%	48.20%	49.20%	-	-	-	-	-			
		Regional Rank (Rank out of 15)	Annual	10	12	14	-	-	-	-	-			
	PHOF91	% of eligible population aged 40-74 offered an NHS Health Check	Quarterly	0.80%	0.50%	25.30%	3.70%	2.70%	4.67%	-	-	Up is Good	▼ Red	
		Benchmark - National Data	Quarterly	16.90%	17.20%	17.60%	4.80%	4.90%	-	-	-			
		Benchmark - Regional Data	Quarterly	14.50%	13.70%	17.70%	6.30%	6.50%	-	-	-			
	PHOF92	% of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check	Quarterly	21.40%	100.00%	9.20%	19.30%	21.00%	14.80%	-	-	Up is Good	▲ Green	
		Benchmark - National Data	Quarterly	49.90%	47.90%	45.90%	41.00%	41.80%	-	-	-			
		Benchmark - Regional Data	Quarterly	51.20%	52.50%	39.90%	29.50%	31.60%	-	-	-			
	Resident and Carer	TAP09	% of panel confident they could find information on support available to help people live independently	Quarterly	65.46%	64.81%	72.52%	71.52%	NC	74.74%	NC	-	Up is Good	▲ Green
	Safeguarding (Young)	CHP32	Hospital admissions as a result of self harm (10-24 years), per 100,000 population	Annual	633.5	539.9	-	-	-	-	-	-	Up is Bad	▼ Green
Benchmark - National Data			Annual	407.1	421.2	-	-	-	-	-	-			
Benchmark - Regional Data			Annual	401.3	404.4	-	-	-	-	-	-			
PHOF06a		Under 18 conceptions (per 1,000 females aged 15-17) (Rolling 12 Months)	Quarterly	16.8	13	-	-	-	-	-	-	Up is Bad	◀▶ Neutral	
		Benchmark - National Data	Quarterly	18.5	17.3	-	-	-	-	-	-			
		Benchmark - Regional Data	Quarterly	21.3	20.4	-	-	-	-	-	-			

			Previous Years			2019/2020						
		Collection Frequency	2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT
People	PHOF27	Under 18 conceptions: conceptions in those aged under 16 (per 1,000 females aged 13-15) (Calendar Year)	Annual	5.1	2.5	-	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	3	2.7	-	-	-	-	-		
		Benchmark - Regional Data	Annual	4	3.3	-	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	12	5	-	-	-	-	-		
Smoking	PHOF10	% of women who smoke at the time of delivery - (VoY CCG)	Quarterly	11.01%	10.40%	11.60%	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Quarterly	10.50%	10.80%	10.60%	-	-	-	-		
		Benchmark - Regional Data	Quarterly	14.19%	14.20%	14.40%	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	1	1	2	-	-	-	-		
	PHOF162	Smoking prevalence in adults (18-64) - socio-economic gap in current smokers (APS) Ratio	Annual	3.43	5.31	1.89	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	2.43	2.44	2.47	-	-	-	-		
		Benchmark - Regional Data	Annual	2.57	2.49	2.32	-	-	-	-		
	PHOF20	% of population smoking (routine and manual workers) (APS)	Annual	26.40%	24.60%	18.60%	-	-	-	-	Up is Bad	▼ Green
		Benchmark - National Data	Annual	26.50%	25.70%	25.40%	-	-	-	-		
		Benchmark - Regional Data	Annual	28.90%	28.20%	27.40%	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	4	3	1	-	-	-	-		
	PHOF45	% of population smoking (APS)	Annual	12.60%	9.00%	11.50%	-	-	-	-	Up is Bad	◀▶ Neutral
		Benchmark - National Data	Annual	15.50%	14.87%	14.40%	-	-	-	-		
		Benchmark - Regional Data	Annual	17.70%	16.99%	16.70%	-	-	-	-		
		Regional Rank (Rank out of 15)	Annual	2	1	1	-	-	-	-		

			Previous Years			2019/2020							
			2016/2017	2017/2018	2018/2019	Q1	Q2	Q3	Q4	Target	Polarity	DOT	
Substance Misuse	PHOF76	% of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	9.39%	6.30%	4.70%	4.57%	4.55%	5.16%	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	6.63%	6.61%	6.00%	5.85%	5.79%	5.77%	-	-		
	PHOF77	% of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	Quarterly	38.08%	32.11%	29.20%	28.71%	32.49%	31.84%	-	-	Up is Good	◀▶ Neutral
		Benchmark - National Data	Quarterly	37.13%	36.61%	35.20%	34.78%	34.45%	34.17%	-	-		



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**Health & Adult Social Care Policy & Scrutiny Committee****18 February 2020**

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

Portfolio of the Executive Members for Health & Adult Social Care and Housing & Safer Neighbourhoods

**Lowfield Green: Responding to older persons' accommodation needs****Summary**

1. At the meeting of this committee in December, officers were asked to give further information on the progress being made on the development of older persons' accommodation on the Lowfield Green site and on the Oakhaven site.
2. Officers are making good progress to narrow down the options for the sites to be presented to the Executive in March and in April.
3. This report asks the committee for their views on how these sites should be used to support the accommodation needs of our older residents. This input will be reflected in the executive reports.

**Background****Lowfield Green**

4. On 7<sup>th</sup> December 2016, Executive agreed that the Older Persons' Accommodation Programme should include the procurement of a new residential care facility on the Lowfield Green development site.
5. At the meeting it was agreed to procure an independent sector care provider to construct and operate a Care Home and that the care provider be chosen through a competitive process.
6. Integral to this procurement was that the care provider should enter into a contract with the Council for the purchase of 25 beds in the Care

Home at Actual Cost of Care (ACOC) for ten years (with a possible 5 year extension)

7. The opportunity to develop, construct and operate a care home on the site was advertised in the Official Journal of the European Union on 3<sup>rd</sup> May 2019. Two bidders expressed an interest in this opportunity and, following an initial assessment of the quality of care provision through a Selection Questionnaire stage, only one was invited to tender.
8. However, prior to the submission deadline, that bidder advised the Council that the proposal was not commercially viable and that they would withdraw from the procurement. In the absence of any interest in the opportunity, the procurement has been terminated.

### **Oakhaven**

9. On 30<sup>th</sup> October 2015 Executive agreed to seek “the building of a new Extra Care scheme on the site of an existing Older Persons Home”. On 29<sup>th</sup> October 2015 Executive agreed to close Oakhaven Older Persons’ Home on Acomb Road and agreed to “the procurement of a partner to develop the Oakhaven site as an Extra Care facility for Acomb”.
10. Following a procurement process, a developer was selected as Preferred Bidder who proposed to deliver 56 apartments. At their meeting in March 2017, Executive were asked to note the appointment of the Preferred Bidder and to approve the sale of the site.
11. The developer submitted a planning pre-application in October 2017. The response was not supportive of the proposal, due primarily to its impact on the street scene. An attempt was made to amend the design, though this reduced the number of apartments to 40. This in turn caused the development not to be financially viable to the care provider, who would operate the site on completion.

### **Resident consultation**

11. During summer 2019, the Council talked to over 500 people 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 programme.

12. In summary, this report has told us that:

- i. 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 tenures, including shared ownership should be made available and well publicised.
- ii. 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.
- iii. 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.
- iv. 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 as it would free up more family homes into the market.
- v. 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.

13. Our consultation regarding these two sites also includes soft market testing and structured conversations with Registered Social Landlords and commercial developers to gauge the level of interest in developing older person's accommodation on the sites.
14. This work is ongoing but current feedback indicates that there is interest in both sites with a range of different options coming forward. Further work is needed to understand the viability and desirability of each of these options.

### **Review of requirements**

15. Given the lack of responses to the care home procurement and the inability to develop the Oakhaven site for extra care, and the conclusions from our consultation, it was clear that there was an opportunity to review our requirements of the two sites.
16. In reviewing the use of the sites, we are taking into account the proximity of the two sites, the community interest in the sites, and on Lowfield Green the surrounding residential development, both in terms of programme and tenure mix. The housing development is progressing well with infrastructure including roads and utilities being provided as part of the housing delivery contract.
17. From this information it is evident that:
  - i. Our older residents would like to be able to live in a home which is "small, safe and manageable" while having care and support available when required.
  - ii. While there is still an ongoing commitment to provide older persons' accommodation on the Lowfield Green site, any attempt to re-procure a care home on the Lowfield Green site with similar criteria is unlikely to generate any viable bids.
  - iii. Housing development is underway on Lowfield Green and to ensure the occupation of these properties and the creation of a new community, it is important that a clear alternative plan for the Older Persons' Accommodation plot is progressed.
  - iv. There is local interest and drive to see development on the Oakhaven site.
  - v. There is interest in the market to develop on the sites.

**For consideration**

18. The committee are asked to consider the options available for development of the Lowfield Green Older Persons' Accommodation site and the Oakhaven site and give their views to inform the recommendations to the Executive. Options for the sites include, but are clearly not limited to:
- a) Repeat the exercise to procure a care home developer and operator on the Lowfield Green site.
  - b) Repeat the exercise to procure an extra care developer on the Oakhaven site.
  - c) Undertaking a procurement exercise to secure a developer and future operator of extra care accommodation on the Older Persons' Accommodation plot within the Lowfield Green development.
  - d) Appropriate the older persons' accommodation plot on Lowfield Green into the HRA and for the Council itself to develop extra care accommodation within the housing delivery programme.
  - e) Appropriate the Oakhaven site into the HRA and for the Council itself to develop independent living accommodation within the housing delivery programme.
19. The committee are also asked to give their views on what they consider to be important to include within any brief for the sites.

**Contact Details**

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Tel No. ext 3382

**Chief Officer Responsible for the report:**  
Sharon Houlden  
Director of Health, Housing & Adult Social  
Care.

**Report Approved**  **Date** 10/02/2020

**Wards Affected:** All

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

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## Health and Adult Social Care Policy and Scrutiny Committee

### Work Plan 2019-20

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

@ 5.30pm	<ul style="list-style-type: none"> <li>3. Mental Health Update- Developing a Community approach to Mental Health and Wellbeing</li> <li>4. Bootham Park Update</li> <li>5. Work Plan</li> </ul>
Monday 11 November 2019 @ 5.30pm	<ul style="list-style-type: none"> <li>1. Review of Adult Safeguarding Policy</li> <li>2. Annual Health Protection Assurance Report</li> <li>3. Oral Services Update</li> <li>4. Work Plan</li> </ul>
Tuesday 17 December 2019 @ 5.30pm	<ul style="list-style-type: none"> <li>1. Older Persons Accommodation Update Report</li> <li>2. CCG - Mental Health GP Services closure</li> <li>3. Multiple Complex Needs Network Update</li> <li>4. Food Poverty Corporate Review</li> <li>5. Work Plan</li> </ul>
Tuesday 21 January 2020 @ 5.30pm	<ul style="list-style-type: none"> <li>1. Healthwatch York six-monthly Performance Report</li> <li>2. Multiple Complex Needs Network Update</li> <li>3. Work Plan</li> </ul>
Tuesday 18 February 2020 @ 5.30pm	<ul style="list-style-type: none"> <li>1. Health and Wellbeing Board Bi-annual Report</li> <li>2. 2<sup>nd</sup> &amp; 3<sup>rd</sup> Quarter Finance and Performance Monitoring reports</li> <li>3. Update Report on Lowfields Extra care Accommodation.</li> <li>4. Work Plan</li> </ul>

<p>Thursday 19 March 2020 @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. CCG Repeat Prescription Update</li> <li>2. Update report on Oakhaven Options Appraisal</li> <li>3. Overview Report on Public Health Services</li> <li>4. Update Report on Smoking Cessation</li> <li>5. Work Plan</li> </ol>
<p>Thursday 23 April 2020 @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. Six Monthly Quality Monitoring Report – Residential, nursing and homecare services</li> <li>2. Work Plan</li> </ol>
<p>Tuesday 19 May 2020 @ 5.30pm</p>	<ol style="list-style-type: none"> <li>1. Work Plan</li> </ol>

**Council Plan Priorities relating to Health and Adult Social Care**

**Good Health and Wellbeing**

- Contribute to mental Health, Learning Disabilities and Health and Wellbeing strategies
- Improve mental health support and People Helping People scheme
- Support individual's independence in their own homes
- Continue the older persons' accommodation programme
- Support substance misuse services
- Invest in social prescribing, Local Area Coordinators and Talking Points
- Open spaces available to all sports and physical activity
- Make York an Autism friendly city
- Embed Good help principles into services
- Safeguarding a priority in all services

**Creating Homes and World-class infrastructure**

- Deliver housing to meet the needs of older residents

**A Better Start for Children and Young People**

- Tackle rise in Mental Health issues

**Safe Communities and Culture for All**

- Explore social prescribing at local level to tackle loneliness

- Expand People Helping People scheme

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