



Notice of a public meeting of

Health and Adult Social Care Policy and Scrutiny Committee

- To:** Councillors Doughty (Chair), Cullwick (Vice-Chair), Hook, Norman, Perrett, Waudby and K Taylor
- Date:** Tuesday, 10 November 2020
- Time:** 5.30 pm
- Venue:** Remote Meeting

AGENDA

1. Declarations of Interest

At this point in the meeting, members are asked to declare any personal interests not included on the Register of Interests, any prejudicial interests or any disclosable pecuniary interests which they may have in respect of business on this agenda.

2. Minutes (Pages 1 - 10)

To approve and sign the minutes of the meeting held on 18 February 2020.

3. Public Participation

At this point in the meeting members of the public who have registered to speak can do so. Members of the public may speak on agenda items or on matters within the remit of the committee.

Please note that our registration deadlines have changed to 2 working days before the meeting, in order to facilitate the management of public participation at remote meetings. The deadline for registering at this meeting is 5:00pm on Friday 6 November 2020.

To register to speak please visit www.york.gov.uk/AttendCouncilMeetings to fill out an online registration form. If you have any questions about the registration form or the meeting, please contact the relevant Democracy Officer, on the details at the foot of the agenda.

Webcasting of Remote Public Meetings

Please note that, subject to available resources, this remote public meeting will be webcast including any registered public speakers who have given their permission. The remote public meeting can be viewed live and on demand at www.york.gov.uk/webcasts.

During coronavirus, we've made some changes to how we're running council meetings. See our coronavirus updates (www.york.gov.uk/COVIDDemocracy) for more information on meetings and decisions.

- 4. Verbal update on how GP practices are coping with the Covid emergency**
Dr Nigel Wells, Chair of NHS Vale of York Clinical Commissioning Group will provide a verbal update outlining how GP Practices have been coping with the Covid emergency.

- 5. 2020/21 Finance and Performance First Quarter Report Health and Adult Social Care** (Pages 11 - 26)
This report analyses the latest performance for 2020/21 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. Winter Care Plans (TO FOLLOW)**
Members will receive the Winter Plan for the City of York Council, developed in response to the Government policy paper *Adult social care: our COVID-19 winter plan 2020 to 2021*, published in September. This plan has been prepared with the support of partners across the health and social care system.

7. Urgent Business

Any other business which the Chair considers urgent.

Democracy Officer:

Name – Michelle Bennett

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

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

This information can be provided in your own language.

我們也用您們的語言提供這個信息 (Cantonese)

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

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

Bu bilgiyi kendi dilinizde almanız mümkündür. (Turkish)

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

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City of York Council

Committee Minutes

Meeting	Health & Adult Social Care Policy & Scrutiny Committee
Date	18 February 2020
Present	Councillors Doughty (Chair), Cullwick (Vice-Chair), Pearson, Perrett, Waudby, Kilbane and Melly

58. 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 Perrett declared a personal non-prejudicial interest in item 7 of the Agenda, the 'Work Plan', in that she had suggested that the Committee considered looking at the 'Learning Disability Strategy', a strategy she had been involved in drafting during her time working for York CVS.

During discussion of item 7 of the Agenda, the 'Work Plan', the Chair, Councillor Doughty, declared a non-prejudicial interest in an item on 'Dying Well' suggested for consideration at a future meeting of the Committee, in that his partner is a CEO of a hospice.

There were no further declarations of interest.

59. Minutes

Subject to the following amendments:

- (1) Page 2 of the Agenda, Minute 53 'Minutes'
...at The Retreat for its two 'impatient' eating disorder services...
This should read two 'in-patient'....
- (2) Page 5 of the Agenda, Minute 57 'Work Plan' the addition of the following emboldened wording:

- The performance and effectiveness of City of York Council's public health services '**specifically work undertaken in relation to smoking cessation and health checks which were areas the committee wanted to consider in more detail**'.

Resolved: That the Minutes of the previous meeting of the committee held on 21 January 2020 be approved and signed as a correct record.

60. Public Participation

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

61. Half Yearly Report of the Chair of Health and Wellbeing Board (HWBB)

Members considered a mid-year update report from the Chair of the Health and Wellbeing Board (HWBB), Cllr Runciman. Cllr Runciman and the Director of Public Health were in attendance to present the report and to respond to questions.

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

- Regarding sub-structures and the need to identify a lead group for work on the living and working well priority, Cllr Runciman explained that this was a broad theme and that there were various groups that were working on different aspects of this such as Health Trainers in relation to healthy weight.
- Confirmed that the Ageing Well priority would also include 'dying well'. NHS colleagues had undertaken work on this as it had been recognised from surveys that people were not wanting to die in hospital. Members were interested in receiving a report on dying well and mentioned work undertaken by St Leonard's Hospice who were involved in organising 'York's Dead Good Festival' last year, an event organised with the aim of encouraging people to be more open about dying, death and bereavement.
- It was noted that further to extensive consultation with Healthwatch and the Older Persons Assembly, the HWBB priorities had remained similar to that set previously.

- The HWBB Chair spoke about GP's in their commissioning role and how this was evolving to joint commissioning with other practices within Primary Care Networks.
- GPs were increasingly drawing from a broader spectrum of treatment options, which included social prescribing, where appropriate.
- In response to concern regarding access to GP's and gaps in some areas in relation to the supply of GP's, it was explained that the role of the HWBB was to raise these concerns to the clinical representation on the Board.
- The HWBB recognised that if it was going to improve the health of the city in terms of its living and working well priority, all things such as: homelessness, economic concerns and work strategies etc. had an impact on health. The role of Board was to have good communication and links with the relevant decision makers so that the Board could influence and challenge those responsible.
- The Council and our NHS partners appreciated and understood the vital role of carers. The subgroups, on behalf of the HWBB, were undertaking work to support them.
- The HWBB Co-ordinator works with Healthwatch and will write to partner organisations on the Board asking them to respond to recommendations within a set amount of time. This scrutiny committee would be notified should an organisation fail to respond.

Resolved: Members considered and noted the report.

Reason: To keep Members of Health and Adult Social Care Policy and Scrutiny Committee up to date with the work of the Health and Wellbeing Board (HWBB).

62. 2019-20 Finance and Performance Third Quarter Report - Health and Adult Social Care

Members considered a report which analysed the latest performance for 2019-20 and forecasted 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. The Corporate Director of Health, Housing and Adult Social Care, the Head of Finance: Adults, Children & Education and the Strategic Support Manager (Adults and Public Health), were in attendance to present the report and to respond to questions.

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

- Officers provided assurances that the budget set for 20/21 would be sufficient given predicted overspend on a range of the 19/20 accounts. £4.8m revenue would be directed to the Adult Social Care budget. Some of that would mitigate some of the pressures in existing growth in the 20/21 budget. Officers would consider underlying causes of these pressures.
- The Corporate Director along with colleagues in the Finance team held weekly monitoring meetings to consider pressure points in budgets across the whole directorate and was confident that areas of her directorate were under control. However, noted that York had a markedly high number of self-funders which drives up the cost of care in this area. Further work needed to be undertaken in influencing how care was provided.
- In relation to the length of time it had taken to transition to a model more focused on independent living, officers explained that one obstacle had been that the term 'independent living' had encompassed a range of differing definitions and approaches and had varied between different care settings.
- Members were very interested to hear about The Grand Care Pilot and requested further information on this in due course. Officers explained that twenty service users were trialling different technologies apps and sensors which would help pick up vital signs and inform carers. The feedback had been positive. The City of York Council had the opportunity to be at the forefront of this kind of project.
- Regarding Continuing Health Care funding and whether the Council or the NHS pay for this and the implications for patients if funding were to be denied, the Corporate Director assured Members that staff had been employed to undertake these assessments working alongside colleagues in the health service to ensure a completely integrated assessment of health care based on patient need and without delay.
- Regarding mitigations totalling £0.9m and some of that sum arising from direct payment contingency levels, officers clarified that there had been a concern regarding the Council not being able to reclaim payments to client accounts which had not been spent. A system had been put in place this

year which had allowed the Council to reclaim £600k. Work was being undertaken to put a permanent technological solution in place.

- Officers confirmed that overspend and underspend can be balanced out between the different directorates and all directorates consider where savings could be made.
- Officers confirmed that where single patient use equipment such as crutches, frames etc. were no longer required by that patient, they were not necessarily collected and re-issued for use to another service user. Officers agreed to give this consideration and to report back to this Committee in due course.
- In relation to forecast overspend at: The Small Day, Supported Employment services and The Avenue, officers explained that they were working with services to increase efficiency and make improvements. Members requested further information on the help offered.
- Regarding supporting those with mental health issues to live independently, this depended upon the degree to which service users could live independently. This could be about physical or mental health problems, the living environment and a range of variables. Sometimes people struggle even with a lot of help. Support services listen and are responsive and flexible.
- Key performance Indicator: ASCOF1H regarding percentage of adults in contact with secondary mental health services living independently had indicated that this aspect was deteriorating. Paragraph 34 of the report had explained this. There had been a slight deterioration which would represent 6 people. This indicator had also been due to a recording issue regarding the source of data as originally the information had been provided by Tees, Esk and Wear Valleys (TEWV), and then from NHS England.
- Members requested further information on spend options under consideration for the additional budget allocations to the current substance misuse contract totalling £200k.
- Officers clarified that planned budgetary reductions in relation to Substance Misuse were likely to go ahead. The Council would usually know the amount of allocation regarding the Public Health budget in November. As this was not known, officers were not in a position to make plans regarding this funding. If an uplift was received that was significantly higher than estimated, there may be an opportunity for Executive to review this.

- Regarding £49k overspend on long active reversible contraceptive (LARC) there had been higher than expected take up. This is jointly commissioned with VOY CCG. This is a free choice based service that both the Council and NHS are legally obliged to offer. There may be other budgets the service could draw from to support this.
- Regarding alcohol and substance misuse and the York rates being lower than the national average, the figures do not take into account local factors which are complex in terms of mental health and involvement with the criminal justice system. Changing Lives were working with TEWV and North Yorkshire Police on this aspect. This was discussed regularly within the CCG and is a priority of the Health and Wellbeing Board (HWBB).
- Childhood Obesity – the Healthy Child service will weigh and measure every child in reception year and year 6. It was noted that work needed to be undertaken for young people on the pathway from identifying a child as being above a healthy weight in the school based child measurement programme. This was a cultural issue and a complex area of health. York does not have a dedicated service to work with families, although health workers cover mandatory requirements and many aspects of this work unintentionally, such as: weaning, what is a healthy diet and exercise.
- Regarding The 2019/20 Q2 data on improving access to psychological therapies (IAPT) in the Vale of York CCG area shows referrals to IAPT (504 per 100,000) are lower than the England average. Members requested further information regarding why there was a lower rate of referral.

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

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

63. Lowfield Green: Responding to Older Persons' Accommodation Needs

Further to the meeting of this committee in December, where 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. Members considered options on how these

sites should be used to support the accommodation needs of our older residents. The Director of Health, Housing & Adult Social Care and the Head of the Older Person's Accommodation Programme were in attendance to present the report and to respond to questions.

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

- Although they had provided specific information within their report regarding the Lowfield Green site, this hadn't been possible in relation to the Oakhaven site as the situation was changing all of the time and needed to remain flexible.
- Information regarding the Oakhaven site would be received at Executive in April as part of another report. Officers confirmed that this Committee would receive an update on Oakhaven at their next Committee meeting in March.
- In a procurement exercise, the Council would set a criteria and score bidders in accordance with specific identified priorities agreed at Executive.
- These dwellings would be specialist older persons accommodation, which therefore would fall outside 'Right to Buy' legislation and would remain in social rented stock.
- Officers had kept an open dialogue with private landlords, and independent industry experts regarding a delivery model aligned to the Council's priorities.

Members discussed a range of options outlined in the officer report and considered the following concerns to be relevant to any brief for the sites:

- Concerned about meeting need and having the right balance of housing and care provision in each part of the City.
- Access to shops and services, particularly at Lowfield Green location.
- A variety of tenure, particularly at Lowfield Green site where there were opportunities to have a broader range of options.
- Dwellings built to passivhaus standard in line with the housing delivery programme.
- Members were supportive of adaptable, technologically smart housing, which enabled service users to remain in their home.

Members agreed that option (d), to "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,” was the closest to what they would support and considered that there would be no benefit to pursuing options (a) and (b).

Resolved:

- (i) The Committee noted the report.
- (ii) That the comments of Committee Members would be reflected in the Executive reports.

Reason: So that Members are kept informed of options for this site and so that the views of the Committee are communicated to the Executive.

64. Work Plan

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

March :

- Update on Oakhaven
- Update on the situation regarding rough sleepers
- Poverty review sub-committee scoping report

Suggested items for consideration at future meetings:

1. The NHS led provider collaborative will be in place from April 2020. It would be beneficial to invite relevant colleagues to a future meeting to gain an understanding of these changes.
2. The ‘All Age Learning Strategy’ York CVS to be considered in future.
3. ‘Dying Well’ – a theme arising from a discussion earlier in the meeting (Minute 61). Under this broad heading would include consideration of hospices. The Chair mentioned that they are not supported financially by the Health Service and raise almost all of their own funding. At this point, the Chair declared a non-prejudicial interest in that his partner is a CEO of a hospice.
4. Blue Badge Guidance for implementation
5. Childhood Obesity - for consideration on what other Authorities do to address this concern. It had been noted that Leeds had success in this area. This report would need to cover identifying funding streams to support work on this aspect.

6. 'Children's Dental Health' - an item for allocation to a future committee.

The Scrutiny Officer suggested the addition of an extra box on the Work Plan to note pending items where the Committee had requested further reports yet to be allocated to a future committee meeting.

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 5.30 pm and finished at 8.30 pm].

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Health and Adult Social Care Policy & Scrutiny Committee 10 November 2020

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

**2020/21 FINANCE AND PERFORMANCE FIRST QUARTER REPORT –
HEALTH AND ADULT SOCIAL CARE**
Summary

- 1 This report analyses the latest performance for 2020/21 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 2020/21 – Quarter 1

2019/20 Outturn £000		2020/21 Latest Approved Budget			2020/21 Forecast Outturn	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+2,982	ASC Older People and Physical & Sensory Impairment	36,260	-18,461	17,799	+1,677	+9.4%
+3,256	ASC Learning Disabilities and Mental Health	34,085	-8,615	25,470	+2,861	+11.2%
+351	ASC In house services	7,378	-2,596	4,782	+904	+18.9%
-670	ASC Commissioning and Early Intervention & Prevention	9,204	-10,193	-989	-48	-4.9%
-255	Central Directorate Budgets	5,045	-2,871	2,174	-264	-12.1%
-1,896	ASC Mitigations				-2,500	
3,768	Adult Social Care Total	91,972	-42,736	49,236	2,630	+5.3%
0	Public Health	8,014	-8,499	-485	0	0%
3,768	Health and Adult Social Care Total	99,986	-51,235	48,751	2,630	+5.4%

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

ADULT SOCIAL CARE

- 3 A net over spend of £2,630k is forecast for the directorate, mainly due to pressures within Adult Social Care. The majority of the overspend relates to the continuation of existing 2019/20 pressures that have been previously reported.
- 4 Permanent residential care is forecast to overspend by £223k based on current customer numbers. This is mainly due to the average cost of working age Physical & Sensory Impairment placements being around £11k higher than was planned for in the budget. Older People residential care is currently projected to be on budget having overspent in 2019/20 due to a reduction in the number of residential customer care packages over the first quarter of 2020/21. Permanent nursing care is forecast by underspend by £340k based on current customer numbers.
- 5 However, in addition to the above there are a number of customers in residential and nursing placements which are currently being paid for by Heath under the COVID-19 regulations. The current assumption is that responsibility for these customers will transfer to the Council from 1st October, which is projected to increase the net cost of residential and nursing placements by around £780k by the end of the year.
- 6 Home care is projected to overspend by £581k mainly due to the weekly number of hours for homecare contracts being more than was assumed when the budget was set.
- 7 Physical and Sensory Impairment Supported Living schemes are forecast to overspend by £671k due to there currently being eight more customers in schemes than assumed in the budget, and in addition the net cost is £8k per annum higher than budgeted for. This is offset by a projected underspend of £390k in direct payments.
- 8 Learning disability residential budgets are forecast to overspend by £996k. The numbers placed are in line with budget, however the net cost per placement is currently £16k more than budget. This is partially due to ongoing issues of customers no longer qualifying for 100% continuing health care (CHC) funding and responsibility passing across from Health to ASC. This appears to be an increasing trend which calls for a response from the Council, in terms of validating the decision where appropriate and redesigning the ongoing package of care if the person's needs have changed.
- 9 Supported Living for Learning Disability customers is forecast to overspend by £282k. This partially due to having 5 more customers than in the budget, and also the average amount of CHC funding per customer is £7k less than was assumed when the budget was set.
- 10 Direct Payments for LD customers is forecast to overspend by £446k as the average direct payment per customer is around £4k more than in the budget.

- 11 Mental Health budgets are forecast to overspend by £942k, predominantly due to an increase in the number of residential care placements needed.
- 12 Be Independent is currently projected to overspend by £130k. The financial position of the service has been recovered significantly since being transferred back to the Council, but there is still work to be done in order to balance the budget.
- 13 There is a projected overspend of £509k on Haxby Hall. Transfer of the service to an external provider has been delayed due to COVID-19 and there is a substantial overspend on staffing due to the use of Work with York and external agency staff to cover staff vacancies pending the transfer going ahead. In addition income is down due to there being a reduced number of customers currently being placed in the home.
- 14 The service is working on a detailed, costed mitigation plan. This will include a continuation of the Home First principle to reduce the numbers of people needing long term residential care, continued implementation of the operating model for social care along with a review of the Better Care Fund commitments and use of health funding where appropriate.
- 15 Mitigation work is being focussed on reducing admissions to care, reducing the hospital length of stay and improving reablement potential. Further work is ongoing to improve business processes and upskilling frontline teams in strengths based conversations along with improving the efficiency of placements in Independent Living Schemes, improved access to information and advice, and maximising the uptake of community capacity to tackle isolation and improve resilience.

Performance Analysis

ADULT SOCIAL CARE

- 16 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.

- 17 Many of the comparisons made below look at the difference between the end of the 2019-20 Q1 and 2020-21 Q1 periods, in order to avoid seasonal variations. A summary of the information discussed in paragraphs 32 to 44 can be found in the table below:

KPI No	Measure	2017-18	2018-19	2019-20 Q1	2020-21 Q1	Change from a year ago
PVP18	Number of customers in long-term residential and nursing care at the period end (Snapshot)	575	621	657	565	Improving
PVP19	Number of permanent admissions to residential and nursing care homes for older people (18-64)	22	21	10	7	Improving
PVP02	Number of permanent admissions to residential and nursing care homes for younger people (18-64)	246	252	68	26	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	6.29	6.55	5.87	N/A	N/A
PVP08	People supported to live independently through adult social care packages of care	1,881	1,733	1,719	1,745	Deteriorating
PVP09	People supported to live independently through adult social care prevention	857	917	927	919	Stable
SGAD02	Number of completed safeguarding pieces of work	1,056	1,206	365	304	Neutral
PVP11	Percentage of completed safeguarding S42 enquiries where the person reported that they felt safe	96.85	90.18	88.89	98.80	Improving
ADASS07b	Number of Safeguarding Entrusting Enquiries initiated	159	147	44	45	Neutral
ADASS01a	Number of people assessed for council support (Carers)	276	311	58	58	Neutral
ADASS01b	Number of people eligible for services (Carers)	196	213	48	41	Neutral
ASCOF1F	Percentage of adults in contact with secondary mental health services in paid employment	13.00	22.00	22.00	19.00	Deteriorating
ASCOF1H	Percentage of adults in contact with secondary mental health services living independently, with or without support	69.00	84.00	80.00	72.00	Deteriorating
ADASS02a	Number of Supported self assessments completed	2,447	2,301	621	601	Neutral
ADASS02b	Number of customers eligible to receive services following an assessment	1,879	1,705	443	392	Neutral
ASCOF1C1a	Percentage of people using adult social care who received self-direct support	99.90	99.90	99.93	99.93	Stable
ASCOF1C2a	Percentage of people using social care who receive direct payments	22.00	23.10	25.33	26.87	Improving
STF100HHASC	Average sickness days per FTE - HHASC (rolling)	13.5	14.3	13.4	12.8	Improving
N/A - Not available as DToC counting suspended (para 37)						

Residential and nursing admissions

18 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. We are seeing lower numbers of people entering residential and nursing care, but they are spending more time in them 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.

- 19 The approach of temporary rather than permanent placements from hospital has had an impact on the number of people in long-term residential and nursing care. This fell to 565 at the end of 2020-21 Q1, compared with 657 at the end of 2019-20 Q1. However, it cannot be overlooked that the impact of the COVID-19 pandemic in care homes, which resulted in a much higher than average number of deaths in 2020-21 Q1 across the city, also contributed to this lower figure.
- 20 There were seven admissions of younger adults (aged 18-64) and 26 admissions of older people to residential and nursing care during 2020-21 Q1. These are lower than in the corresponding period during 2019-20 for older people (68 admissions) and for younger people (10 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

- 21 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. At the end of 2020-21 Q1 19% of York's adults in contact with secondary mental health services were in employment, although this represents a slight decline from the level seen a year earlier (22% at the end of 2019-20 Q1). Although there has also been a decline in the percentage of people in contact with secondary services living independently, it remains relatively high. At the end of 2020-21 Q1 72% of York's adults were living independently, compared with 80% at the end of 2019-20 Q1.

Delayed Transfers of Care

- 22 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 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.
- 23 The overall yearly rate of DToC had been on a downward trend since the summer of 2019. However, the counting of DToC has been suspended since February

2020, as the COVID-19 pandemic began in the United Kingdom, and there has been no official confirmation from the Department of Health and Social Care that it will resume. The current expectation CYC has is that it is very unlikely to do so.

Independence of ASC service users

24 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 a decrease in the number of those supported to live independently by the use of preventative measures: this was 919 at the end of the first quarter of 2020-21, compared with 927 in the same period of 2019-20. There was also an increase in the number of people supported through commissioned care packages of 1.5% from 1,719 in Quarter 1 2019-20 to 1,745 in Quarter 1 2020-21. However, we expect that demand for services will increase during 2020-21 Q2, partly as a result of the COVID-19 pandemic.

Early Intervention and Prevention

25 Under the Care Act 2014 local authorities have a responsibility to promote the wellbeing of those potentially in need of Adult Social Care. The aim of this is to enable our citizens to live well for longer and maintain their independence; and to prevent, reduce and delay the need for formal services.

26 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 supported self-assessments completed in 2020-21 Q1 was 601 compared to 621 in 2019-20 Q1. From these 601 self-assessments, 392 (65%) were eligible to receive a service from CYC compared to 443 (71%) in the equivalent quarter of the previous year. In 2020-21 Q1, 41 (71%) of the 58 assessments for carers completed resulted in carers getting services; this is lower than the percentage (83%) in 2019-20 Q1, when 48 carers got services after 58 assessments had been completed. 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

- 27 Almost all (99.9%) of those using social care received self-directed support during the first quarter of 2020-21 – unchanged from the corresponding quarter in 2019-20. The percentage receiving direct payments increased to 27% by the end of the first quarter of 2020-21, compared with 25% by the end of 2019-20 Q1.

Safety of ASC service users and residents

- 28 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.
- 29 During 2020-21 Q1 there were 304 completed safeguarding pieces of work, which is a 17% decrease on the number completed during the 2019-20 Q1 period (365) – this partly reflects a decrease in the number of safeguarding concerns reported during this time. 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, and has increased, from 89% during 2019-20 Q1 to 99% during 2020-21 Q1, and 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 a small increase in the number of Safeguarding Enquiries entrusted to partners which are then reported back to the council (45 in 2020-21 Q1 compared with 44 in 2019-20 Q1).

Sickness rates of Adult Social Care staff

- 30 In the HHASC directorate, which includes Adult Social Care, the number of sickness days taken per full-time employee fell from 13.4 in the year to June 2019 to 12.8 in the year to June 2020. Work continues to reduce this further, and to be able to separate out information for ASC staff only once the People directorate (to be created on an interim basis later in the year) is in operation.

PUBLIC HEALTH

- 31 The most recently available Public Health data (as at 3rd 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).
- 32 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)**

- 33 The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health, and lead to opportunities for early interventions.
- 34 During 2019-20 Q2 in York a total of 1,500 people were invited for a health check and 315 checks were carried out. 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. The figure above means that 0.6% of York's eligible population therefore received a check in the quarter: a lower rate compared with the regional (2.1%) and national (2.0%) averages. In 2019-20 Q3 the number of checks carried out increased to 379 (out of 2,560 invites) which means that 0.7% of York's eligible population therefore received a check in the quarter. The regional and national comparisons for 2019-20 Q3 were not available at the time this report was written (5 February 2020).
- 35 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.

- 36 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.
- 37 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 were successfully quit at 4 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.
- 38 In the first three quarters of 2019-20 there has 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

- 39 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.
- 40 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 (67.1%) compared with the England average (53.5%). This is also the case with alcohol and non-opiate users (71.4% in York, 58.3% in England). A higher percentage of opiate clients in treatment in 2018-19 in York (27.8%) were in contact with the criminal justice system compared with the national average (20.4%).

- 41 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 represent within six months. The equivalent figures for opiate and non-opiate users were 5.2% (26 out of 504) and 31.8% (57 out of 179) respectively. The York rates are currently lower than the national averages (38% for alcohol users, 5.8% for opiate users and 34.2% 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.
- 42 The revised model of treatment has now been implemented after an extensive consultation period. This has been accompanied by a review of the impact of financial cuts undertaken by scrutiny members with recommendations approved by Executive earlier this year. This was undertaken as part of the scrutiny work plan and was reported on in October's meeting.

Sexual and Reproductive health

- 43 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.
- 44 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, 53.5% of them result in termination (in line with the national average).
- 45 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

- 46 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. The NCMP programme for 2019-20 was discontinued due to the COVID-19 pandemic. Whilst some partial data is available for 2019-20, a robust update on child obesity in York may not be available until the end of the 2020-21 measurement year.
- 47 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.
- 48 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.
- 49 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.

- 50** 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.
- 51** 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

- 52** 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.
- 53** 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, 74.9% of people in York did more than 150 minutes of physical activity per week compared with 63.2% nationally and 62.2% regionally. This is a higher rate than in the previous survey (73.1%), held between November 2017 and November 2018. In York, 14.2% of people did fewer than 30 minutes per week compared with 24.8% nationally and 26.4% 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 (77.5%) and regional (75.8%) 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, 17.4% were active for more than 60 minutes each day. This is slightly lower than the England average of 19.6%.
- 54** 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

- 55 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.
- 56 At the end of 2020-21 Q1, 11.5% of mothers that gave birth in York were recorded as being smokers at the time of delivery in the 12 months to that time. This represents a slight deterioration from the 2019-20 Q1 figure of 11.3%.
- 57 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

- 58 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.
- 59 No new data on smoking prevalence has been released since the previous report on 17th September 2019.

Alcohol-related issues

- 60 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.
- 61 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.

62 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 who have regular contact with residents, to equip them with the skills to measure drinking levels and offer simple advice on how to reduce alcohol consumption. To date, 180 frontline staff and health professionals have received the training.

Mental health and Learning Disabilities.

63 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.

64 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 have achieved reliable improvement (70.4%) is similar to the England average (71.8%).

Life Expectancy and Mortality

65 No new data on Life Expectancy or Mortality has been released since the previous report on 30th July 2019.

Recommendations

66 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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Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Background Papers

2020/21 Finance and Performance Monitor 1 Report, Executive 1 October 2020

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