

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

**2018/19 FINANCE AND PERFORMANCE OUTTURN REPORT – HEALTH AND ADULT SOCIAL CARE**

**Summary**

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

**Financial Analysis**

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

**Table 1: H&ASC Financial Summary 2018/19 – Draft Outturn**

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

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

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

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

## **Performance Analysis**

### **ADULT SOCIAL CARE**

15. Much of the information in paragraphs 17 to 28 can also be found on CYC's "Open Data" website, which is available at

<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2017-2018>

and by clicking on the "Explore" then "Go to" in the "Adult Social Care and Health Q4" section of the web page.

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

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

## Residential and nursing admissions

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

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

- 18 The number of people in long-term residential and nursing care rose to 621 at the end of 2018-19 Q4, compared with 575 at the end of 2017-18 Q4. There were 21 admissions of younger adults (aged 18-64) and 252 admissions of older people to residential and nursing care during 2018-19. These are lower than in 2017-18 for younger people (22 admissions) but higher for older people (246 admissions); this continues the recent trend of numbers in residential and nursing care increasing because they are being helped to live longer lives.

### **Adults with learning disabilities and mental health issues**

19. There is a strong link between employment and enhanced quality of life. Having a job reduces the risk of being lonely and isolated and has real benefits for a person's health and wellbeing. Being able to live at home, independently or with friends / family, has also been shown to improve the safety and quality of life for individuals with learning disabilities and mental health issues.
20. Our performance level during 2018-19 Q4 (on average, 8.4% of adults with a learning disability were in paid employment), is slightly higher than reported during 2017-18 Q4 where 8.3% of adults with a learning disability were in paid employment. Additionally, during 2018-19 Q4 on average 75% of adults with a learning disability were living in their own home or with family, which is lower than the percentage reported in 2017-18 Q4 (82%). For those with mental health issues, on average 22% of this group were in paid employment during November 2018, which is a vast improvement on the corresponding 2017-18 Q4 figure of 13%. These figures are now taken from NHS Digital as they include people not known to CYC's main provider of MH services, TEWV. It was also reported that 84% of adults with mental health issues were in settled accommodation on average at the end of 2018-19 Q4, a substantial increase on the figure reported at the end of 2017-18 Q4 (69%).

### **Delayed Transfers of Care**

21. This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all those with further care and support needs. This indicates the ability of the whole system to ensure appropriate transfer from hospital for those who need it. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. A delayed transfer of care (DToC) occurs when a patient has been clinically assessed as ready for

discharge from hospital, but the necessary support (from either, or both of, the NHS or Adult Social Care) is not available.

22. Approximately 30 hospital beds were occupied per day by York-resident patients because of DToC, during 2018-19. This is higher than in 2017-18, where 23 hospital beds were occupied each day by York-resident patients subject to DToC. The increase was mostly due to NHS-attributable delays in placing patients in non-acute care. We are working with health colleagues to enable assessments to happen outside hospitals to reduce delays for patients, and have recently introduced seven-day social working, a multi-disciplinary Integrated Complex Discharge Hub and Step Up Step Down beds. NHS England set challenging targets for health and social care systems across the country to reduce DToC. DToC in the York system is considerably higher (i.e. performing worse) than the target set by NHSE as part of their monitoring of the Better Care Fund, but around 60% of health and social care systems nationally performed higher than their targets in 2018-19.

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

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

### **“Front door” measures and how adults are supported financially**

25. Under the Care Act 2014 Local Authorities have a responsibility to promote the wellbeing of those potentially in need of Adult Social Care. The aim of this is to enable our citizens to live well for longer and maintain their independence; and to prevent, reduce and delay the need for formal services. The introduction of the co-produced Live Well York website and the increase of preventative services such as Local Area

Co-ordination aim to offer information, advice and a means of building sustainable networks of support to help people live well in their communities, delaying the need for adult social care services. The roll-out of the community-led support model by the Adult Social Care Community Teams is aimed at ensuring that those with care and support needs are well connected to their communities and that these opportunities are fully explored before formal assessments and services are provided. Where formal support is necessary, we aim to provide a proportionate response that enables self-determination and choice via means such as Direct Payments.

26. In 2018-19 we saw positive progress made in the implementation of community-led support through our Future Focus programme. There was a reduction in the number of supported self-assessments completed (2,301) in 2018-19, compared to 2,447 in 2017-18; community-led support played a part in this reduction. Of these 2,301 people, 1,705 were eligible to receive a service from CYC, a decrease from the 1,879 that were eligible to receive a service in 2017-18, demonstrating that we are supporting customers to meet their needs in alternative ways, using their own strengths and those of their communities, remaining independent for longer. Almost all (99.9%) of those using social care received self-directed support during the final quarter of 2018-19 – a percentage unchanged from the corresponding quarter in 2017-18. The percentage receiving direct payments increased to 23% by the end of the final quarter of 2018-19, compared with 22% by the end of 2017-18.

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

27. The safety of residents, whether known or not to Adult Social Care, is a key priority for CYC. The ability of CYC to ensure that their service users remain safe is monitored in the annual Adult Social Care User Survey, and for all residents by the number of safeguarding concerns and enquiries that are reported to the Safeguarding Adults Board.
28. During 2018-19 there were 1,206 completed safeguarding pieces of work, which is a 14% increase on the number completed during the previous year (1,056). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry fell, from 97% during 2017-18 to 90% during 2018-19. Although it has fallen, the percentage is still in line with what has generally been reported historically in York.

### **PUBLIC HEALTH**

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

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

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

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

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

31. The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health leading to opportunities for early interventions.
32. During 2018-19 in York a total of 14,028 people were invited for a health check and 1,291 checks were carried out. The total number of people in York who are eligible for a health check is 55,389. We are required to invite the eligible population for a check once over a five-year period. The figure above means that 2.3% of York's eligible population therefore received a check in 2018-19: a lower rate compared with the regional (7%) and national (8.1%) averages.
33. During 2018-19 in York, 154 people were seen by a smoking cessation advisor. Of these, 99 went on to set a "quit" date and 50 had quit smoking by the four week follow-up (including "spontaneous" quits). Nine of those quitting were pregnant smokers.

#### **Substance Misuse**

34. Individuals successfully completing drug / alcohol treatment programmes demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital



admissions, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.

35. A total of 1,072 adults in York were in structured treatment for substance misuse during 2018-19. The breakdown by substance is: 504 people for opiate use, 368 for alcohol use, 121 for alcohol and non-opiate use and 79 for non-opiate use. Wait times were good, with only one person out of 139 new starts having to wait longer than three weeks to commence treatment. A higher proportion of eligible clients had received an HCV test (87.5%) compared with the England average (84%). Of those people receiving substance misuse treatment, 10 died in the year: the number in 2016-17 was 20, so this has halved since then. A higher proportion of alcohol users entering treatment had concurring mental health and substance misuse issues (67.1%) compared with the England average (53.5%). This is also the case with alcohol and non-opiate users (71.4% v 58.3%). A higher percentage of opiate clients in treatment in 2018-19 in York (27.8%) were in contact with the criminal justice system compared with the national average (20.4%).
36. In the latest 18 month monitoring period to March 2019, 383 alcohol users were in treatment in York and 119 (31.1%) left treatment successfully and did not re-present within 6 months. The equivalent figures for opiate and non-opiate users were 4.7% (24 out of 507) and 29.2% (59 out of 202) respectively. The York rates are currently lower than the national averages (37.8% for alcohol users, 6% for opiate users and 35.2% for non-opiate users). The rates in York have fallen over the last few quarters. There is some evidence (from the previous paragraph) that the substance misuse caseload in York has more complex needs in terms of mental health issues and involvement with the criminal justice system and this may be impacting on the ability of the treatment system to produce a higher rate of successful outcomes.
37. The service model is under review and may impact on the outcomes of those clients accessing drug and alcohol treatment programmes, and it will recommend a way forward that minimises the impact for residents. Work is also being undertaken, operationally, to mitigate the effect of the review with the aim of minimising the impact to recipients of the service, and ensure clinical safety is maintained for those receiving medical care. A greater emphasis on “full” recovery, thus living drug- and alcohol-free is the core aim, with a growth in local community support and the development of pathways into lifestyles that support abstinent living.

### **Sexual and Reproductive health**

38. Being sexually healthy enables people to avoid sexually transmitted infections, illnesses and that they are taking responsibility for ensuring that they protect themselves and others, emotionally and physically. It also ensures that unwanted pregnancies are less likely to occur.

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

### **Healthy Child Service**

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

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

## **Other Public Health Issues**

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

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

### **Smoking: pregnant mothers**

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

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

### **Smoking: general population**

52. Smoking, amongst the general population, has a number of well-known detrimental effects, such as increased likelihood of certain cancers, increased likelihood of heart disease, diabetes and weaker muscles and bones. It is estimated that smoking-related illnesses contribute towards 79,000 premature deaths each year in England, and that the cost to the NHS is approximately £2.5bn each year, with almost 500,000 NHS hospital admissions attributable to smoking.
53. The latest (2018) estimated smoking prevalence amongst people aged 18 or over in York is 11.5%, which compares favourably with the rates nationally (14.4%) and in the Yorkshire and Humber region (16.7%). This is taken from the Annual Population Survey using a sample of 1,131 residents. Amongst those working in routine and manual occupations, the estimated current smoking prevalence is 18.6% in York, which is lower than both the national (25.4%) and regional (27.4%) rates. There have been statistically significant reductions in both rates since 2014, when the general rate was 17.2% and the routine and manual occupation rate was 32.8%.

### **Alcohol-related issues**

54. The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21 billion, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
55. During 2017-18, the latest time period for which data is available, there were 1,422 admissions to hospital (a rate of 724 admissions per 100,000 residents) of York residents of all ages for treatment of alcohol-related conditions. The rate is significantly higher for males (928 admissions per 100,000) than for females (545 admissions per 100,000). The York rate

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

## **Mental health and suicide**

56. It is crucial to the overall well-being of a population that mental health is taken as seriously as (more visible) physical health. Common mental health problems include depression, panic attacks, anxiety and stress. In more serious cases, this can lead to thoughts of suicide and self-harm, particularly amongst older men and younger women. Dementia, particularly amongst the elderly population, is another major mental health issue.
57. In the Vale of York CCG area, 1,415 people aged 18 or over were referred to Improving Access to Psychological Therapies (IAPT) in 2018-19 Q4. This is a rate of 482 per 100,000 adults, and is significantly lower than both the national (1,010 per 100,000 adults) and regional (990 per 100,000 adults) rates. In March 2019, 375 people entered IAPT. This represents 14.4% of the estimated population of people with anxiety / depression (2,605 people). This is a slightly lower rate compared with regional (18.4%) and national (19.1%) averages. This information is not reported at LA level.
58. The latest published data on deaths by suicide shows that there were 74 deaths in York (49 males and 25 females) between 2015 and 2017 which is a rate of 13.4 per 100,000 population. The York rate is higher than the national (9.6 per 100,000) and regional (10.4 per 100,000) rates. Unpublished data from the Primary Care Mortality Database (PCMD) suggests that the number of deaths in York reduced to 63 in the three year period 2016-18.
59. It was estimated during 2018 that 62% of all people with dementia in York have been diagnosed. This is a lower percentage than found regionally (71%) and nationally (68%). Local data from the Vale of York CCG shows the latest figures for York GP practices (May 2019) is that the diagnosis rate is 59.6%, with there being considerable variation between individual practices, ranging from 36.8% to 88.1%.
60. The number of admissions to hospital for self-harm by people aged 10-24 in York has fallen from 294 in 2015-16 to 254 in 2017-18. The rate per 100,000 in York (540) is still significantly higher than regional (404) and national (421) rates. The highest number of admissions occurs in the 15-19 age band (143 admissions) followed by the 20-24 age band (86 admissions) and the 10-14 age band (25 admissions). The rate for females is over three times that of the rate for males.

## **Life Expectancy and Mortality**

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

## **Recommendations**

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

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

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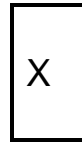
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### Chief Officer Responsible for the report:

Sharon Houlden  
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Sharon Stoltz  
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Report  
Approved



Date 17 July 2019

**Specialist Implications Officer(s)** None

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

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

## Background Papers

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

## Abbreviations

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

PCDM- Primary Care Mortality Database  
PS&I- Psychical and sensory impairment  
TEWV- Tees Eske Wear Valleys NHS Trust