

Health and Adult Social Care Policy & Scrutiny Committee 17 September 2019

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

**2019/20 FINANCE AND PERFORMANCE FIRST QUARTER REPORT –
HEALTH AND ADULT SOCIAL CARE**

Summary

- 1 This report analyses the latest performance for 2019/20 and forecasts the financial outturn position by reference to the service plans and budgets for 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: H&ASC Financial Summary 2019/20 – Quarter 1

2018/19 Outturn Variation £000		2019/20 Latest Approved Budget			2019/20 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-531	ASC Prevent	8,196	2,493	5,703	-21	-0.4%
-137	ASC Reduce	12,603	6,386	6,217	-46	-0.7%
-90	ASC Delay	10,992	9,495	1,497	+405	+27.1%
+1,795	ASC Manage	53,984	17,175	36,809	+3,084	+8.4%
	ASC Mitigations				-1,295	
+1,037	Adult Social Care	85,775	35,549	50,226	+2,127	+4.2%
0	Public Health	7,891	8,078	-187	0	0%
+1,037	H&ASC Total	93,666	43,627	50,039	+2,127	+4.3%

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

- 3 The following sections provide more details of the significant projected outturn variations, which are all within Adult Social Care budgets. The majority of the overspend relates to the continuation of existing 2018/19 pressures that have been previously reported. Although significant growth

was allocated to ASC in the 2019/20 budget, the majority of this was given to deal with new pressures such as 2019/20 contract price inflation and young adults transitioning from children's services.

- 4 Within external residential care, the average cost per residential care placement has increased by more than the inflationary increase allowed for in the budget. For example, in learning disabilities this has resulted in a net £8k pa increase in the average cost per client. In addition the number of customers requiring support continues to rise, whereas the assumptions made at the time the budget was set was that initiatives such as the future focus project would result, over time, in fewer customers needing higher level support packages. Together these issues result in a forecast overspend of £1,701k.
- 5 An overspend of £796k is forecast within residential nursing care due to the lack of vacancies in the city which means customers are having to be placed in more expensive placements. In addition, we are receiving contributions from 4 fewer customers than expected in the budget. This is offset by an increase in Continuing Health Care income due to having 3 more CHC customers and the average rate per customer being higher than budgeted for.
- 6 There is a forecast overspend on Supported Living (£763k) as the average cost per customer is higher than provided for in the budget and there is one additional customer since the start of the year. In addition there is an underachievement of CHC income largely due to budget savings not being achieved and the average rate being received per customer being less than budgeted for.
- 7 Community Support is forecasting an overspend of £263k due to an increase in the average hours of care being delivered and an increase in the numbers of customers being supported.
- 8 In order to help mitigate some of the pressures set out above the directorate is developing an action plan. To date potential mitigations totalling £1.1m have been identified including reviewing direct payment contingency levels, investing in improved training and enhanced reviews around securing CHC income and releasing uncommitted resources from the older persons accommodation programme.
- 9 Work is continuing to identify additional mitigations in order to increase the level of savings before the year end. The mitigations already identified include the expected impact of initiatives funded from the additional resource allocated to ASC within the supplementary budget proposals agreed by Council on 17 July. In recent years, the Government has allocated additional one off funding during the year to meet the financial challenges within ASC. Should this happen again this year, it may significantly reduce the forecast position.

Performance Analysis

ADULT SOCIAL CARE

- 10 Much of the information in paragraphs 14 to 25 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.

- 11 Many of the comparisons made below look at the difference between the end of the 2018-19 Q1 and 2019-20 Q1 periods, in order to avoid seasonal variations. A summary of the information discussed in paragraphs 14 to 25 can be found in the table below:

KPI No	Measure	2016-17	2017-18	2018-19 Q1	2019-20 Q1	Change from a year ago
PVP18	Number of customers in long-term residential and nursing care at the period end (Snapshot)	623	575	617	642	Deteriorating
PVP19	Number of permanent admissions to residential and nursing care homes for older people (18-64)	16	22	9	7	Improving
PVP02	Number of permanent admissions to residential and nursing care homes for younger people (18-64)	248	246	90	54	Improving
PVP12	Average number of beds per day occupied by patients subject to delayed transfers of care attributable to adult social care, per 100,000 adult population	6.85	6.35	7.81	5.87	Improving
PVP08	People supported to live independently through adult social care packages of care	1,882	1,814	1,884	1,679	Improving
PVP09	People supported to live independently through adult social care prevention	931	978	922	1,045	Improving
SGAD02	Number of completed safeguarding pieces of work	1,178	1,056	301	365	Neutral
PVP11	Percentage of completed safeguarding S42 enquiries where report that they felt safe	93.38	96.85	97.96	88.89	Deteriorating
ADASS07b	Number of Safeguarding Entrusting Enquiries initiated	174	159	54	44	Neutral
ADASS01a	Number of people assessed for council support (Carers)	313	276	88	58	Neutral
ADASS01b	Number of people eligible for services (Carers)	193	196	50	48	Neutral
ASCOF1E	Percentage of adults with a learning disability in paid employment	8.33	8.30	8.73	8.59	Stable
ASCOF1G	Percentage of adults with a learning disability who live in their own home or with family	82.26	82.00	76.82	73.84	Deteriorating
ASCOF1F	Percentage of adults in contact with secondary mental health services in paid employment	8.79	13.00	20.00	22.00	Improving
ASCOF1H	Percentage of adults in contact with secondary mental health services living independently, with or without support	39.21	69.00	83.00	80.00	Deteriorating
ADASS02a	Number of Supported self assessments completed	2,448	2,447	646	619	Neutral
ADASS02b	Number of customers eligible to receive services following an assessment	1,814	1,879	502	441	Neutral
ASCOF1C1a	Percentage of people using adult social care who received self-direct support	99.93	99.90	99.92	99.93	Stable
ASCOF1C2a	Percentage of people using social care who receive direct payments	20.49	22.00	22.40	25.33	Improving
STF08HHASC	Average sickness days per FTE - HHASC (rolling)	13.9	13.5	13.8	14.3	Stable
May 2019 figures						

Residential and nursing admissions

12 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.

- 13 The number of people in long-term residential and nursing care rose to 642 at the end of 2019-20 Q1, compared with 617 at the end of 2018-19 Q1. This is a reflection of the longer lives that people are living in residential and nursing care. There were seven admissions of younger adults (aged 18-64) and 54 admissions of older people to residential and nursing care during 2019-20 Q1. These are lower than in the corresponding period during 2018-19 for younger people (nine admissions) and for older people (90 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.

Adults with learning disabilities and mental health issues

- 14 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 learning disabilities and mental health issues.
- 15 Our performance level during 2019-20 Q1 (on average, 8.6% of adults with a learning disability were in paid employment), is slightly lower than reported during 2018-19 Q1 where 8.7% of adults with a learning disability were in paid employment. Additionally, during 2019-20 Q1 on average 74% of adults with a learning disability were living in their own home or with family, which is lower than the percentage reported in 2018-19 Q1 (77%). There is a known reporting issue with this indicator, in that the percentage is based on only those for whom accommodation reviews have been completed at the time this indicator is compiled; the “true” figure is generally around 6-7 percentage points higher. For those with mental health issues, on average 22% of this group were in paid employment during May 2019 (the latest data available), which is an improvement on the corresponding 2018-19 Q1 figure of 20%. 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 80% of adults with mental health issues were in settled accommodation on average at the end of May 2019 (again, the latest available data), a decrease on the figure reported at the end of 2018-19 Q1 (83%).

Delayed Transfers of Care

- 16 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.
- 17 Approximately 10 hospital beds were occupied per day by York-resident patients because of DToC attributable to adult social care, during 2018-19 Q1. This is lower than in 2018-19, where, on average, 14 hospital beds were occupied each day by York-resident patients subject to DToC. The decrease was mostly due to improvements in getting patients into nursing care placements. We are continuing to work with health colleagues to enable assessments to happen outside hospitals to reduce delays for patients, and seven-day social working, a multi-disciplinary Integrated Complex Discharge Hub and Step Up Step Down beds are contributing to that. DToC in the wider York system is considerably higher (i.e. performing worse) than in most other local authority areas – the NHS having continuing issues placing people into further non-acute care being a major reason for delays.

Independence of ASC service users

- 18 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.
- 19 During 2019-20 Q1, on average 1,679 people were supported to live independently by CYC Adult Social Care packages of care. This is a decrease of 11% on the corresponding number in 2018-19 (1,884). There was an increase in the number of those supported to live independently by the use of preventative measures: this averaged 1,045 during the first quarter of 2019-20, compared with 922 in the same period of 2018-19. 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

- 20 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.
- 21 The positive progress made in the implementation of community-led support through our Future Focus programme continues in 2019-20. There was a reduction in the number of supported self-assessments completed (619) in 2019-20 Q1, compared to 646 in 2018-19 Q1; community-led support played a part in this reduction. Of these 619 people, 441 (71%) were eligible to receive a service from CYC, a decrease from the 502 (78%) that were eligible to receive a service in 2018-19 Q1, demonstrating that we are supporting customers to meet their needs in alternative ways, using their own strengths and those of their communities, to remain independent for longer. There were also decreases in the number of carers assessed, and eligible for, support from CYC between 2018-19 Q1 and 2019-20 Q1. Almost all (99.9%) of those using social care received self-directed support during the first quarter of 2019-20 – a percentage unchanged from the corresponding quarter in 2018-19. The percentage receiving direct payments increased to 25% by the end of the first quarter of 2019-20, compared with 22% by the end of 2018-19 Q1.

Safety of ASC service users and residents

- 22 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.
- 23 During 2019-20 Q1 there were 365 completed safeguarding pieces of work, which is a 21% increase on the number completed during the 2018-19 Q1 period (301), and reflects the increasing number of safeguarding concerns reported to CYC. The increase has arisen because there has been a substantial rise in safeguarding concerns reported where service providers

are involved. The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry fell, from 98% during 2018-19 Q1 to 89% during 2019-20 Q1, but the percentage is still in line with what has generally been reported historically in York. There has also been a decrease in the number of Safeguarding Entrusting Enquiries initiated (44 in 2019-20 Q1 compared with 54 in 2018-19 Q1).

PUBLIC HEALTH

- 24 The most recently available Public Health data (as at 4th September 2019) has been used for this report. 2019-20 (q1) data is available for the healthy child service, substance misuse treatment, NHS health checks, smoking cessation, smoking in pregnancy and dementia diagnosis. IAPT data relates to 2018/19 (q4) and under 18 conceptions data relates to 2018-19 (q1). Sexual health and smoking prevalence data relates to the 2018 calendar year. The latest data for hospital admissions, NCMP, physical activity and obesity is for 2017-18. Data on suicides in York relates to the period 2016-18. The latest data for life expectancy and mortality indicators is for the three-year period from 2015-2017.
- 25 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. During 2019-20 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.
- 26 Geographical coverage of data. The public health data presented in the performance report relates to York residents. For 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 who attend 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)

- 27 The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Checks is important to identify early signs of poor health leading to opportunities for early interventions.
- 28 During 2019-20 Q1 in York a total of 2,000 people were invited for a health check and 385 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 0.7% of York's eligible population therefore received a check in the quarter: a lower rate compared with the regional (1.9%) and national (2.0%) averages.
- 29 Referrals to the stop smoking service increased to 89 in 2019-20 Q1 compared with 72 in 2018-19 Q1.
- 30 Activity in the first two quarters of 2019/20 has been lower due to a temporary reduction in available staff time, however following a restructure the capacity of the Health Trainer team has just been increased from 3.5 wte. to 8 wte. Allowing time for induction and training it is anticipated that the service will be running to full capacity during quarter 3. This will also involve sourcing new venues and purchasing new equipment to facilitate this additional capacity. 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.

Substance Misuse

- 31 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.
- 32 2018-19 overview of treatment system: 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% 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%).

- 33 In the latest 18 month monitoring period to June 2019, 377 alcohol users were in treatment in York and 122 (32.4%) left treatment successfully and did not re-present within 6 months. The equivalent figures for opiate and non-opiate users were 4.6% (23 out of 503) and 28.7% (58 out of 202) respectively. The York rates are currently lower than the national averages (37.8% for alcohol users, 5.9% for opiate users and 34.8% 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.
- 34 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 is to be reported on in October's meeting.

Sexual and Reproductive health

- 35 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.
- 36 In the period July 2017 to June 2018 there were 38 conceptions to those under the age of 18 in York. The rate of conceptions per 1,000 females aged 15-17 in York (13.7) is lower than regional (20.1) and national (16.9) averages.
- 37 In 2018, 6 people were newly diagnosed with HIV: a rate of 3.5 per 100,000 of population aged 15+ which is a significantly lower rate than regional (6.4) and national (8.8) averages and one of the lowest in England. 108 people in York in total are living with a diagnosed HIV infection and are accessing HIV care: a rate of 0.83 per 1,000 people aged 15-59 which is a significantly lower than regional (1.48) and national (2.37) averages.
- 38 Although the number of HIV cases in York is low there is an issue with the timeliness of the diagnoses. (A late diagnosis is defined by a low CD4 cell count, indicating that the viral infection has progressed and is harming the

person's immune system). The percentage of late diagnoses in York has been increasing since 2011-2013, which is not in line with the static trend for England. Over the three year period 2016-18, York had 60% of HIV cases with a late diagnoses; the England average is 42.5%. However the data appears to be flawed as 3 HIV cases are unaccounted for and we do not know if these were late or not. This data flaw has reduced since our last review when there were 9 cases unaccounted for. PHE have noted that further work will be undertaken by them to review the data on late diagnoses and have suggested that greater depth of understanding is more likely to be gained through a root cause analysis type approach for individual cases, this is something that we will explore the value of with our service provider. In York engagement rates with treatment following diagnosis are in line with national averages.

Healthy Child Service

- 39 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.
- 40 The provisional figures for 2018-19 for the NCMP in York show an obesity rate of 9.7% in Reception and 15.4% in Year 6. If these figures stay the same once the data has been through the validation process this would represent an increase in the obesity rate in Reception compared with 2017-18 (up from 9.3%) but a decrease in the obesity rate in Year 6 (down from 17.4%).
- 41 The provisional data for 2019-20 Q1 shows that 86.3% of children received a new birth visit within 14 days, 88.6% had a 6-8 week review within 56 days, 83.2% had a 1 year review before 12 months and 72.6% had a 2 year review before 30 months. The England figures are not yet available for comparison but the recent pattern has been that York has similar new birth visit rates, higher 6-8 week and 1 year visit rates but lower 2 year review rates. There are plans to hold integrated two year reviews within 2 local authority nurseries as a pilot in 2020.
- 42 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. The provisional data for 2019-20 Q1 shows that 86.9% of children in York reached the expected level of development on all 5 domains. The current England figure is not yet available for comparison but the most recent figure for England (for 2018-19 Q4) was 83.3%
- 43 The provisional data for 2019-20 Q1 show that 58% of children (with a feeding status recorded) were totally or partially breastfed at 6-8 weeks. The England figures are not yet available for comparison but the recent

pattern has been that York has had higher breastfeeding rates on average, although we know there is a wide variation in rates across the wards in the City.

Other Public Health Issues

Adult Obesity / Physical Activity

- 44 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.
- 45 No new data on Obesity or Physical Activity has been released since the previous report on 30th July 2019.

Smoking: pregnant mothers

- 46 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.
- 47 In the period July 2018 to June 2019 187 (11.26%) mothers out of 1,661 births in York were recorded as being smokers at the time of delivery. This represents a very small improvement on the 2018-19 Q4 figure (11.98%). There is a wide range in the rates between the different wards in York, from 0% to 24.3%. The rate in York is lower than the most recently published regional average of 14.2% but slightly higher than the national average of 10.9%. The Vale of York CCG average is 11.2%.
- 48 The number of smoking cessation referrals from midwives in 2019-20 Q1 was 47 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

- 49 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.

- 50 The latest (2018) data shows a reduction in the inequality gap in smoking prevalence between those in routine and manual occupations and the general population. The ratio in 2018 is 1.89 compared with 5.31 in 2017. This shows a smaller difference in smoking prevalence between residents in routine and manual occupations compared with other occupations. The latest smoking prevalence rate in York for people in routine and manual occupations was 18.6%.

Alcohol-related issues

- 51 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.
- 52 Public Health England have analysed the hospital data for York to help us better understand the rise in alcohol related admissions that has occurred over the last few years. The initial findings are: the increases have mainly occurred in older age groups (45+); there has been a rise in the number of people being admitted, not just a rise in repeat admissions; the rise is mainly due to an increase in conditions which are partly, rather than wholly, attributable to alcohol; the increases are mainly for chronic, rather than acute conditions; admissions for cancer have risen (particularly colorectal and breast cancer) although there have also been increases in admissions for respiratory infections and cardiovascular disease.
- 53 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

- 54 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.
- 55 The latest published data on deaths by suicide shows that there were 64 deaths in York (44 males and 20 females) between 2016 and 2018 which is a rate of 11.9 per 100,000 population. The York rate is above the national (9.6 per 100,000) and regional (10.7 per 100,000) rates. This represent an

improvement from the 2015-2017 period for York (74 deaths and a rate of 13.4 per 100,000).

- 56 It is estimated (August 2019) that 60.5% of all people with dementia in York have received a diagnosis. This is a lower percentage than found regionally (71.6%) and nationally (68.7%). Local data from the Vale of York CCG (May 2019) shows that there is considerable variation between individual GP practices, ranging from 36.8% to 88.1%.
- 57 In 2018-19, 60.8% of people aged 14+ (404 out of 665) who were on a learning disability register in a York based GP practice had a learning disability health check. This is higher than the national average of 53.5%. This represents a significant improvement on the position in 2016/17 where the rate achieved was 39.4%.

Life Expectancy and Mortality

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

Recommendations

- 59 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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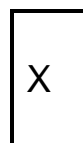
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Report
Approved



Date 5 September 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

Abbreviations

ASC- Adult Social Care

CCG – Clinical Commissioning Group

CHC- Continuing Health Care

CYC- City of York Council

DTOC- Delayed Transfer of Care

GP- General Practitioner

HIV- (Human immunodeficiency Virus)

HHASC – Health Housing and Adult Social Care

HRA - Housing Revenue Account

IAPT- Improving Access to Psychological Treatment

IBA- Alcohol and Brief Advice

MH- Mental Health

NCMP- Nation Child Measurement Programme

NHS- National Health Service

PHE- Public Health England

TEWV- Tees Esk Wear and Valley