

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

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

Summary

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

Financial Analysis

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

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

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

ADULT SOCIAL CARE

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

Older People and Physical & Sensory Impairment Services

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

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

Learning Disabilities and Mental Health Services

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

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

ASC In house services

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

ASC Commissioning and Early Intervention & Prevention

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

PUBLIC HEALTH

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

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

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

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

Performance Analysis

ADULT SOCIAL CARE

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

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

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

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

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

Residential and nursing admissions

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

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

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

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

Mental Health

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

Delayed Transfers of Care

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

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

Independence of ASC service users

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

Early Intervention and Prevention

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

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

Personalisation

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

Safety of ASC service users and residents

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

Sickness rates of Adult Social Care staff

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

PUBLIC HEALTH

- 45 The most recently available Public Health data (as at 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).
- 46 The Public Health data presented in the performance report relates to York residents. As an example, for data on hospital admissions, only people with a York postcode as their usual residence, regardless of which hospital they attend, will be included in the York figures. Attendances at York hospital by people who live outside the City are not counted in the York figures: they will appear against the data for their 'home' local authority. The same principle applies if the data is reported on a Vale of York CCG Footprint. There are some minor exceptions to this general rule for some indicators: people living outside York may be counted in the Health Check data if they are registered with a York GP. Also children living outside York attending a York school are included in some of the published National Child Measurement Programme (NCMP) measures.

Directly Commissioned Public Health services

Health Trainer Service (NHS Health Checks and Smoking Cessation)

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

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

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

Substance Misuse

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

improved parenting skills and improved physical and psychological health.

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

Sexual and Reproductive health

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

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

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

Healthy Child Service

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

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

Other Public Health Issues

Adult Obesity / Physical Activity

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

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

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

Smoking: pregnant mothers

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

Smoking: general population

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

Alcohol-related issues

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

Mental health and Learning Disabilities.

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

Life Expectancy and Mortality

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

Recommendations

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

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

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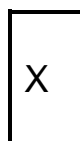
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Report
Approved



Date 6 February 2020

Wards Affected:

All Y

For further information please contact the author of the report

Background Papers

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

Annexes

Annex A – Scorecard February 2020