

Report of the Directors of Adult Social Care and Public Health

**2021-22 Finance and Performance Third Quarter Report – Health and Adult Social Care**

**Summary**

1. This report analyses the latest performance for 2021-22 and forecasts the financial outturn position by reference to the service plans and budgets for all relevant Adult Social Care and Public Health services falling under the responsibility of the Directors of Adult Social Care and Public Health.

**Financial Analysis**

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

**Table 1: Health & Adult Social Care Financial Summary 2021/22 Qtr 3**

2020/21 Outturn £000		2021/22 Latest Approved Budget			2021/22 Forecast Outturn	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-3,189	ASC Centrally held directorate budgets	4,271	-2,891	1,380	-82	-5.9%
+830	ASC Older People and Physical & Sensory Impairment	37,668	-20,208	17,460	+2,747	+15.7%
+1,551	ASC Learning Disabilities and Mental Health	36,770	-8,987	27,783	+788	+2.8%
+68	ASC In house services	6,770	-2,123	4,647	+379	+8.2%
-97	ASC Commissioning and Early Intervention & Prevention	7,486	-8,875	-1,389	-13	-0.9%
	ASC Mitigations				-780	
<b>-837</b>	<b>Adult Social Care Total</b>	<b>92,965</b>	<b>-43,084</b>	<b>49,881</b>	<b>+3,039</b>	<b>+6.1%</b>

<b>0</b>	<b>Public Health</b>	<b>9,065</b>	<b>-9,181</b>	<b>-116</b>	<b>0</b>	<b>0%</b>
<b>-837</b>	<b>Health and Adult Social Care Total</b>	<b>102,030</b>	<b>-52,265</b>	<b>49,945</b>	<b>+3,039</b>	<b>+6.1%</b>

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

### **ADULT SOCIAL CARE**

3. The projected outturn position for Adult Social Care is an overspend of £3,039k. This assumes that £812k of savings will be made by the year-end and that £596k of costs relating to unachievable savings and staffing working on the Hospital Discharge Programme will be covered by Covid funding. The position has worsened from Q2 by £739k. There are more explanations in the details below but the table below describes the major movements since Q2 (figs in £k)

Forecast overspend at Q2	+3,080
Increase in Step Up Step Down placements	+305
Increase in Mental Health Residential placements	+227
Increase in Older People Nursing placements	+164
Other minor movements	+43
Initial Forecast Overspend	+3,819
Mitigation (see para 28 to 32)	-780
Overspend after Mitigation	3,039

4. The residential and nursing budget is being influenced by the current discharge requirements. People are being discharged sooner and with a higher level of care and support needs than previously.
5. There is funding available to support the first 4 weeks following discharge but after that time people are still requiring 24 hour care for a period of time or are prevented from returning home due to higher care needs or lack of home care capacity in the city. Discussions are taking place with Health to see if there's any resource across the system that could be redirected to address this growing pressure.
6. Commissioners are also exploring alternative options of access to other regional care provider frameworks.

7. The projections in ASC also assume that a further £812k of savings will be made between now and the year end: non delivery of these savings will exacerbate the overspend.
8. External Care budgets are projected forward based on current customer numbers. There is a small contingency set aside in the Better Care Fund for additional costs over Winter should the total number of individuals increase beyond current levels. System wide discussions have considered what needs to be in place to be ready for the anticipated difficult Winter ahead and the Council has access to £273k of the Humber Coast & Vale Integrated Care System funding which will be used to secure additional discharge beds and home care.
9. It is clear that the impact of the pandemic is still being felt in the health and social care sector. Several factors are causing considerable pressures on the workforce and budget including but not limited to:
  - The individuals approaching ASC have more complex needs giving the paucity of available services over the last 18 months
  - A significant increase in the volume of referrals compared to pre-pandemic
  - A lack of social workers resulting in high use of agency and attendant high costs
  - A lack of care workers resulting in reduced market capacity at higher prices, particularly in the home care sector
  - A rise in provider failure and packages being passed back to the council

**ASC Centrally held directorate budgets (-£82k / -5.9% of net budget)**

10. No material variances. The majority of these budgets are on line. The Director has a contingency budget of £100k which has been put towards the overspend so any unexpected costs (such as expensive legal cases) will need to be funded from elsewhere or add to the position.

**ASC Older People (OP) and Physical & Sensory Impairment (P&SI) budgets (+£2,747k / +15.7% of net budget)**

11. OP permanent residential and nursing is projected to overspend by £645k, a movement of £133k since Q2. This is largely due to an increase in the average cost per customer of an OP residential placement (currently around £8k more than assumed in the budget).
12. Placements in residential and nursing step up step down (SUSD) beds have increased over the last three months and this budget is now expected to overspend by £604k (compared to £249k at Q2). Customers are being discharged from hospital into discharge to assess beds more quickly than was previously the case, and are also staying in SUSD beds for longer. The lack of capacity in the home care market has made it harder to source the necessary care to meet the needs of these customers.

13. P&SI residential placements are expected to overspend by £205k due to having three more customers than in the budget, and in addition the average cost per customer is higher than budgeted for.
14. P&SI Supported Living schemes are projected to overspend by £616k in 2021/22. This is in line with previous years and is largely due to the cost per customer being around £7.5k p.a. higher than when the budget was last rebased. In addition there are currently three more customers than budgeted for. The main provider has built a new facility to replace / expand existing smaller facilities and the service is actively working with them to ensure the care provided is appropriate and proportionate to the customers' needs. The new facility comes on line in April 2022.
15. OP and P&SI Community Support budgets are expected to overspend by £372k in 2021/22. This is largely due to the average hourly rate for homecare being higher than in the budget and there are also 16 more customers on exception contracts.
16. OP and P&SI Direct Payments budgets are projected to overspend by £295k. This is due to having 4 more customers utilising P&SI DPs and the average direct payment per OP customer is £4k higher than assumed in the budget.

**ASC Learning Disabilities (LD) and Mental Health (MH) budgets  
(+£788k / +2.8% of net budget)**

17. Learning disability residential budgets are projected to overspend by £178k (an increase of £305k since Q2). There are currently three more customers in working age residential placements than in the budget, and there has been a backdated increase of costs amounting to £80k for another customer.
18. LD Supported Living schemes are projected to underspend by £310k due to having 8 fewer customers in placement than was assumed in the budget. The underspend has reduced by £155k since Q2, largely due to the average cost per customer having increased in the third quarter.
19. LD CSB budgets are projected to overspend by £270k. This is largely due to the average cost of a homecare placement being higher than in the budget.
20. There is a projected overspend of £240k on the LD Social Work team. This is due to the use of temporary WWY posts which have now been extended to the end of the financial year.
21. The Safeguarding and Mental Health budgets are projected to overspend by £501k in total, broken down as follows:

• Residential Care	£250k
• Nursing Care	-£101k
• Community Support (incl Supported Living)	£36k
• Direct Payments	-£48k
• Safeguarding	£140k
• Social Work Team	£204k

- Other minor variations £20k

22. The main overspends are on the MH Social Work and Safeguarding staffing budgets due to being over establishment on the Safeguarding Service Manager post, the use of agency staff to cover vacancies and additional unfunded WWY staff which have now been extended to the end of the financial year (£344k).
23. MH residential placements are projected to overspend by £250k largely due to an increase in working age customers being placed, including one backdated to the start of the year.
24. The MH budget pressures were more significant in 2020/21. Budget growth given in 2021/22 allowed us to rebase most of the external care budgets so the variances in MH are not as marked as last year. MH spend is, however, an area that is growing faster than the budget we have to support it so we will continue to see if there are better ways of supporting individuals.

**ASC commissioning and contracting budgets (-£13k / -0.9% of net budget)**

25. There are no major variances to report in this area.

**ASC In house services Budgets (+£379k / +8.1% of net budget)**

26. Be Independent is projected to overspend by £295k. There is still a budget gap of £130k relating to the financial position of the service when brought back into the Council, together with an ongoing historical overspend on recharges (£50k). In addition to this there is a projected underachievement of income on sales (£49k), a projected overspend IT systems (£46k), and other overspends across the budget. We are investigating whether some of these costs can be capitalised against existing capital budgets.
27. Yorkcraft is projected to overspend by £95k. This is largely due to a budget saving of £62k agreed in 2020/21, which has not been achieved. In addition based on actuals to date it is expected that there will be a shortfall of income in 2021/22. A project team currently looking at future directions for the Yorkcraft service who will also review how this saving can be made by the end of the year.
28. Small Day Services are projected to underspend by £223k. This is largely due to vacancies at Pine Trees, Community Base and the Community Support Assistants as some of the services have not been operating at full capacity due to Covid restrictions.
29. There is currently projected to be an overspend of £230k on the Community Care team arising from Riccall Carers going into administration and the subsequent transfer of staff to the Council.

## **Budget Overspend mitigations**

30. Adult Social Care have developed a plan to look at several areas where we feel there is scope to bring the overspend down by the year end. The four key areas that will be focussed on are:
  - Review short term discharge arrangements to reduce numbers
  - Continuing Health Care income
  - Focus on reviewing customers more quickly and frequently
  - Ensure delivery of 21/22 savings to be achieved by year end
31. The above actions are likely to yield approx. £100k in a reduction to the overspend by the year end.
32. There is also likely to be some slippage on the Better Care Fund schemes of approx. £250k which can be redirected to support care packages in the Council.
33. There is likely to be £350k slippage on the budget set aside to fund the staffing needed at Marjorie Waite Court due to difficulties recruiting currently.
34. There are some instances where we have been paying for customers when the responsibility for which public body should fund the placement is in dispute. There is one MH customer where there is potential to recover £80k if that individual is deemed as another authority's responsibility. We are reviewing our process to ensure that responsibility is clarified at the outset to stop this from happening in the future.
35. The total of these mitigations is £780k.

## **Performance Analysis**

### **ADULT SOCIAL CARE**

36. 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-2021-2022>

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

37. Many of the comparisons made below look at the difference between the end of the 2020-21 Q3 and 2021-22 Q3 periods, in order to avoid seasonal variations. A summary of the information discussed in paragraphs 38 to 50 can be found in the table on the next page.

KPI No	Measure	2018-19	2019-20	2020-21 Q3	2021-22 Q3	Change from a year ago
ASC01	Number of contacts to ASC Community Team	10,250	10,957	5,080	4,144	Improving
ASC01a	Percentage of initial contacts to ASC Community Team that are resolved with information/advice or guidance (IAG)	27	26	35	27	Deteriorating
PVP18	Number of customers in long-term residential and nursing care	621	609	550	570	Deteriorating
PVPO2	Number of permanent admissions to residential and nursing care for older people (aged 65 and over)	252	201	53	45	Improving
ASC03b	Number of customers receiving home care services	675	676	743	585	Improving
PVP31	Number of clients receiving paid services for first time	530	583	183	125	Improving
PVP32	Number of clients returning to ASC to receive a paid service	376	404	134	93	Improving
ASCOF1F	Percentage of adults in contact with secondary mental health services in paid employment	22	23	20	19	Deteriorating
ASCOF1H	Percentage of adults in contact with secondary mental health services living independently, with or without support	84	80	74	65	Deteriorating
ASCOF3A	Percentage of service users 'extremely or very satisfied' with care and support*	64	68	72	N/A	Improving
ASCOF4A	Percentage of service users reporting that they feel "as safe as they want"*	67	71	76	N/A	Improving
SGAD02	Number of Adult Safeguarding pieces of work completed	1,206	1,458	307	428	Neutral
SGAD01	Number of Adult Safeguarding concerns reported	1,172	1,404	316	416	Deteriorating
PVP11	Percentage of completed safeguarding enquiries where people reported that they felt safe	90	94	100	99	Deteriorating
STF100 - People	Average sickness days per FTE - People directorate (rolling 12 month average)	N/A	N/A	12.3	12.5	Deteriorating

\* 2020-21 overall figures

N/A - Not yet available for 2021-22

### **Demand for, and numbers receiving, adult social care services**

38. There has been a decreasing number of initial contacts to adult social care (ASC) during the past year, as demand for services caused by the COVID-19 pandemic has eased. Our Customer Contact Workers record the number of contacts received to ASC, whether made by email, telephone or other methods. During 2021-22 Q3, they received 4,144 contacts, which is 18% lower than the number received during 2020-21 Q3 (5,080). Around 27% of the contacts during 2021-22 Q3 were resolved using Information, Advice and Guidance (IAG), which is lower than the percentage that were resolved using IAG during 2020-21 Q3 (35%); this reflects the increasing complexity of issues that are dealt with by them, and a change in recording practice to record clients who 'only' received IAG; most clients will receive an element of IAG during their contact, regardless of the outcome of it.
39. The number of individuals in residential/nursing care placements fell rapidly during 2020-21, mainly due to the Covid-19 pandemic, rose again during the early part of 2021-22, and then fell again during the winter. At the end of 2021-22 Q3, this number was 570, compared to 550 at the end of 2020-21

Q3. CYC have reduced the number of new admissions to residential/nursing care in recent years, partly because of the policy that people should no longer be placed in residential/nursing care directly following hospital discharge, but this number is beginning to increase because of issues with the home care market. During 2021-22 Q3 the number of new admissions of older people to residential/nursing care was 45, a decrease of 15% on the 2020-21 Q3 figure of 53.

40. There has been a rapid fall over the last year in the number of people placed with home care providers. At the end of 2021-22 Q3 there were 585 people in receipt of a home care service; this is 21% lower than the corresponding figure at the end of 2020-21 Q3 (743).
41. In 2021-22 Q3, there were 125 clients that received a service ASC paid for the first time (“new starters”). This is a significant reduction from the number in the corresponding three months of 2020-21 (183). There has also been a decrease in the number during 2021-22 Q3 (93) that have returned to ASC for a paid service compared with the number during 2020-21 Q3 (134). This suggests that we are doing well in keeping the number of first-time entrants low, and that we are also doing well in preventing those returning to the ASC system after they have left, but making sure that as few people enter the system as possible remains an ongoing challenge.

### **Mental Health**

42. The percentage of adults in contact with secondary mental health services living independently, with or without support, has fallen over the last year. Provisional results for 2021-22 Q3 show that 65% of them were doing so, compared with 74% a year earlier. The 2020-21 ASCOF results showed that York is a “top quartile performer” in the country with a performance of 73% on this measure, compared with 58% in England and 65% in the Yorkshire and the Humber region. However, it should be noted that “in-year” performance is often lower than the final outturn for the financial year, as many assessments of whether people are living independently are conducted towards the end of the financial year.
43. During 2021-22 Q3, 19% of all clients in contact with secondary mental health services were in employment – a figure that has consistently been above the regional and national averages, and the same as a year earlier. Based on the 2020-21 ASCOF results, York is the 3rd best performing LA in England on this measure, with 22% of all those in contact with secondary mental health services in employment, compared with 9% in England and 11% in the Yorkshire and the Humber region. Again, “in-year” performance on this measure can be lower than the final financial year outcome due to people only being assessed to see whether they are in employment towards the end of the period.

## **Overall satisfaction of people who use services with their care and support**

44. The 2020-21 Adult Social Care User Survey was a national survey of adult social care users that sought their opinions on aspects of their life and the care provided to them, whether from LAs, the voluntary sector or other providers. Only 18 LA areas, including York, participated, as doing so was voluntary due to the Covid-19 pandemic.
45. The results for 2020-21 showed that 72% of ASC users in York were “extremely or very satisfied” with the care and support services they received. It is an increase from the 2019-20 level (68% gave this response), and was the highest of the 18 LA areas that participated.
46. The 2021-22 Adult Social Care User Survey has taken place and provisional results for York will be available during 2022-23 Q1, although the actual figures cannot be reported until the results for all LAs in England later in the year.

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

47. 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.
48. Results from the 2020-21 ASC Survey showed that 76% of York’s ASC users responded that they were “feeling as safe as they want”, and is an increase from the 2019-20 level (71%).
49. During 2021-22 Q3 there were 428 completed safeguarding pieces of work, which is a 39% increase on the number completed during the 2020-21 Q3 period (307) – this is a partial reflection in the increase in the number of safeguarding concerns reported during this time (416 in 2021-22 Q3 compared with 316 in 2020-21 Q3). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry continues to be high - 99% during 2021-22 Q3, 100% during 2021-22 Q3 - and remains consistent with what has been reported historically in York.

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

50. In the People directorate, which includes Adult Social Care, the number of sickness days taken per full-time employee rose from 12.3 in the year to 31 December 2020 to 12.5 in the year to 31 December 2021.

## **PUBLIC HEALTH**

51. Public Health is expected to underspend by £224k but this can be transferred the earmarked Public Health reserves to fund future budget commitments.

52. The pandemic has had a significant impact on the Public Health Team with resources diverted into supporting the response to the pandemic. The Healthy Child Service, Healthchecks and Sexual Health services have all had impact on demand for services that is leading to savings in year. However, these are assumed to return to more usual activity later in the year, which will lead to spend closer to budget.
53. The table below provides a more detailed breakdown for the services within Public Health.

<b>Service Area</b>	<b>Net Budget £'000's</b>	<b>Outturn Variance £'000's</b>	<b>Comments</b>
Public Health General	1,428	-104	Delayed recruitment to the new staff structure & use of COMF funding to cover additional staff costs. £25k saving due to delay in Children's Weight Management initiative
Sexual Health	1,778	-10	Anticipated £10k reduction in GUM recharges
Substance Misuse	1,772	+0	
Wellness Service	346	-17	Underspend arising from staff vacancies
Healthy Child Service	2,530	-93	Underspend arising from staff vacancies
Domestic Abuse	173	0	
Public Health grant	-8,143	0	
<b>Total Public Health</b>	<b>-116</b>	<b>-224</b>	
Transfer to Reserves		+224	Total reserves (£1m)
<b>Reported Position</b>		<b>0</b>	

54. A new staff structure has been approved but recruitment to some of the new posts is not expected until later in the summer. In addition, some staff dealing with Covid issues are being funded by Control the Outbreak Management Grant (COMF) grant.
55. Despite lower activity due to Covid in 2020/21 and again in Quarter 1 of 2021/22 it is anticipated that LARC contraception costs will return to normal over the rest of the year. However, Genitourinary Medicine (GUM) recharges from out of area treatment are expected to be lower due to reduced tariffs and activity resulting in £10k underspend.

56. Due to a number of vacancies, the Health Trainer Service is expected to underspend by £17k.
57. Healthy Child Service is still recruiting to the new structure and with further staff turnover it is expected to underspend by £93k.
58. There is £2.4m unspent 2020/21 Control Outbreak Management Funding with a further £1.1m awarded for 2021/22. This is being used to manage the additional resources and cost pressures resulting from the pandemic across the council and is expected to be spent by the end of the year. In addition, DHSC are providing separate funding so the council can operate a number of Covid testing sites around the city, including LFT test kit collection points and delivery of kits.
59. Responsibility for Domestic Abuse has transferred to Public Health following the award of £334k New Burdens funding for 2021/22 to provide support in safe accommodation. The budget for existing support from NYCC and the police also transferred from Adult Social Care
60. There was £776k in the Public Health Reserve at 31<sup>st</sup> March 2021. Based on current estimates total reserves will increase to £224k to £1m. This is not unexpected and the planned additional growth and restructuring in Public Health services over the next 3 to 4 years will ensure these savings are re-invested.

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

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

61. The Health Check programme aims to help prevent heart disease, stroke, diabetes and kidney disease. Everyone between the ages of 40 and 74, who has not already been diagnosed with one of these conditions, will be invited (once every five years) to have a check to assess, raise awareness and support them to manage their risk of cardiovascular disease. A high take up of NHS Health Check is important to identify early signs of poor health, and lead to opportunities for early interventions.
62. The Health Check programme was halted for safety reasons during the COVID-19 pandemic period. Nimbuscare started to deliver health checks towards the end of 2021 and a total of 334 health checks were carried out for CYC residents during 2021-22 Q3.
63. 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.

64. The Health Trainer service is currently mainly dedicated as a support service 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.
65. In the most recent quarter (2021-22 Q3) the Health Trainer Service's stop smoking team had received 103 referrals from those wishing to quit smoking. Of these, 64 (62%) went on to engage with an advisor. Subsequently, 44 went on to set a quit date and 33 (75%) had quit smoking after four weeks. There were 20 pregnant smokers who were in the group of 103 referrals. Of these, 17 (85%) went on to engage with an advisor. Subsequently, 10 went on to set a quit date and all of them had quit smoking after four weeks.

### **Substance Misuse**

66. 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.
67. In the latest 18 month monitoring period, to the end of 2021-22 Q3, 295 alcohol users were in treatment in York and 84 (29%) left treatment successfully and did not re-present within six months. The equivalent figures for opiate and non-opiate users were 4% (17 out of 473) and 29% (52 out of 181) respectively. The York rates are currently lower than the national averages (37% for alcohol users, 5% for opiate users and 35% for non-opiate users).

### **Healthy Child Service**

68. The full National Child Measurement Programme (NCMP) is in progress in York for 2021-22 after a partial programme in the previous two measurement years due to the Covid-19 pandemic. To date 58% of reception aged children and 28% of Year 6 children have been measured. In 2020-21 only five schools in York were measured as part of a limited programme to provide data at regional and national level. No local authority level obesity prevalence data was published for 2020-21. The 2019-20 programme was discontinued in March 2020 due to the COVID-19 pandemic. The data submitted for children measured prior to lockdown was published with appropriate local data quality flags. The coverage rates for York for 2019-20 were 38% for year 6 pupils and 57% for reception (annual coverage rates are usually in excess of 95%). As a result of this, the York values were flagged as 'fit for publication but interpret with caution'. The 2019-20 NCMP found that 8% of reception children in York were obese, which is significantly lower than the England

average (10%). The York figure has fallen from the 2018-19 level (10%). Of Year 6 children in York, 22% were found to be obese in 2019-20, which is not significantly different from the England average (21%). The York figure has increased from the 2018-19 level (15%). There is a wide variation in obesity rates at ward level, and there is a strong correlation between obesity and deprivation at ward level.

69. The key performance indicators for the Healthy Child Service in York for 2021-22 Q3 are presented below. The national benchmark figures for this quarter are not yet available, however the national figures for 2021-22 Q2 are presented to provide some context for local performance. 84% of new-born children in York received a new birth visit within 14 days (compared with the average in England as a whole of 83%). 87% of new-born children in York received a 6-8 week review within 56 days (compared with the average in England as a whole of 86%). 93% of children in York had a one-year review before 12 months (compared with the England average of 87%). 83% of children in York had a two-year review before 30 months (compared with the England average of 76%).
70. At the 2.5 year review, each child's level of development on five domains (communication, problem solving, personal and social development, gross motor and fine motor function) is measured using the ages and stages questionnaire. In 2021-22 Q3, 90% of children in York reached the expected level of development on all five domains, compared with the average for England of 83%.
71. In 2021-22 Q3, 59% of children in York (with a feeding status recorded) were totally or partially breastfed at 6-8 weeks, compared with the average for England as a whole of 55%.

### **Sexual and Reproductive health**

72. 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.
73. In the period October 2019 to September 2020, the rate of conceptions per 1,000 females aged 15-17 in York (12.8) was lower than the regional (16.9) and national (13.6) averages. There has been a gradual fall in this rate in York over recent measuring periods (for example, the rate in York during October 2018 to September 2019 was 16.8).

### **Other Public Health Issues**

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

74. 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.

75. The latest data from the Adult Active Lives Survey for the period from mid-May 2020 to mid-May 2021 was published in October 2021. The period covered by the survey includes three months of full national lockdowns, six months of significant restrictions and three months of limited restrictions. In York, 435 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 and regional averages. Positively: 63% of people in York did more than 150 minutes of physical activity per week compared with 61% nationally and 60% regionally. There has been no significant change in the York value from that 12 months earlier. In addition 26% of people in York did fewer than 30 minutes per week compared with 28% nationally and 29% regionally. There has been no significant change in the York value from that 12 months earlier.

#### **Smoking: pregnant mothers**

76. 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.
77. For the latest 12 month period for which figures are available (October 2020 to September 2021), 9% of mothers that gave birth in York were recorded as being smokers at the time of delivery. This represents an improvement on the figure (12%) for the previous 12 month period (October 2019 to September 2020). However, there is considerable variation within the wards in York on this figure, ranging from 2% to 20% of mothers being recorded as smoking at the time of delivery in the latest 12 month period.

#### **Smoking: general population**

78. 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.
79. Information on smoking prevalence amongst the general population comes from the Annual Population Survey (APS). The data for 2020 shows that 10% of the 18+ population in York were reported as smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (13%) and in England as a whole (12%). The survey methodology changed in 2020 and therefore comparisons with data published in previous

years are not valid. Amongst those who work in “routine and manual occupations”, 18% of people aged 18-64 in York were reported as smokers, which is a lower percentage when compared with adults in the Yorkshire and Humber region (22%) and in England as a whole (21.4%).

### **Alcohol-related issues**

80. 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.
81. In 2020, there were 69 deaths from alcohol-related conditions in York (53 males and 16 females); a rate of 35 per 100,000 population. This rate is lower than regional and national averages (41 and 38 per 100,000 population respectively).
82. The newly commissioned Changing Habits service is for people who have started to develop unhealthy drinking habits or whose alcohol consumption may be causing health or relationship problems. The service offers help to change unhelpful drinking patterns and build new ways of coping with life's challenges. It is anticipated that later in 2022 the Public Health team in York will be able to resume delivery of the 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

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

83. 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.
84. The latest published data on deaths by suicide in York shows that in the three year period from 2018-20 there were 70 deaths by suicide for York residents, which represents an increase of nine deaths by suicide from the previous three year period (2017-2019). The rate per 100,000 of population in York (13) is above, but not significantly different from, the national average (10) and is in line with the regional average (13). Published data for the three year period 2018-20 shows that there were 55 deaths by suicide for male York residents which represents an increase of nine deaths by suicide from the previous three year period (2017-2019). The rate per 100,000 of population in York (21) is significantly above the national average (16). Published data for the three

year period 2018-20 shows that there were 15 deaths by suicide for female York residents which represents no change compared with the previous three year period (2017-2019). The rate per 100,000 of population in York (6) is above, but not significantly different from, the national average (5). A more up-to-date indication of the number of suicides in York is available from the Primary Care Mortality Database (PCMD). This dataset shows that in the most recent rolling three year period (2019-2021) there were 70 deaths (56 male and 14 female) i.e. no change from the published total number of deaths in the previous three year period (2018-2020).

### **Life Expectancy and Mortality**

85. Average Life Expectancy and Healthy Life Expectancy for males in York (79.9 years and 65.8 years) is above the England average (79.4 years and 63.2 years). Average Life Expectancy and Healthy Life Expectancy for females in York (83.6 years and 66.4 years) is also above the England average (83.1 years and 63.5 years). The inequality in life expectancy for men in York for the measurement period 2018-20 is 8.4 years. This means there is around an eight-year difference in life expectancy between men living in the most and least deprived areas of the City. This inequality has been fairly stable in recent periods (8.4 years in 2016-18 and 8.3 years in 2017-19). The inequality in life expectancy for women in York for the measurement period 2018-20 is 5.7 years. This means there is around a six-year difference in life expectancy between women living in the most and least deprived areas of the City. This figure has fallen (improved) compared with the figure of 6.2 years in the period 2017-19. The inequality in York is below the national average for men (9.7 years) and for women (7.9 years).

### **Recommendations**

86. 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 2021-22.

## Contact Details

### Authors:

Steve Tait  
Finance Manager: Adult  
Social Care  
Phone: 01904 554225  
[Steve.Tait@york.gov.uk](mailto:Steve.Tait@york.gov.uk)

Terry Rudden  
Strategic Support Manager  
(Adults and Public Health)  
Phone: 01904 551655  
[terry.rudden@york.gov.uk](mailto:terry.rudden@york.gov.uk)

Mike Wimmer  
Senior Business Intelligence  
Officer, Public Health  
Phone: 01904 554646  
[michael.wimmer@york.gov.uk](mailto:michael.wimmer@york.gov.uk)

### Chief Officers Responsible for the report:

Michael Melvin  
Director, Adult Social Care

Sharon Stoltz  
Director of Public Health

**Report  
Approved**



**Date** 7 April 2022

**Specialist Implications Officer(s)** None

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

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