

Health & Adult Social Care Policy & Scrutiny Committee

23 February 2016

Report of the Director of Adult Social Care and the Director of Public Health

2015/16 Third Quarter Finance and Performance Monitoring Report- Health & Adult Social Care

Summary

1. This report analyses the latest performance for 2015/16 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Director of Adult Social Care and the Director of Public Health.

Financial Analysis

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

Table 1 – H&WB Financial Projections Summary 2015/16 - Monitor 7 (Quarter 3) December 2015

2015/16 Qtr 2 Variation £000		2015/16 Latest Approved Budget			2015/16 Projected Outturn	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-517	Adult Assessment & Safeguarding	41,968	15,144	26,824	-569	-2.1%
+367	Adult Commissioning, Provision & Modernisation	29,078	6,512	22,566	+328	+1.2%
+283	Director of Adult Social Care	5,121	4,753	368	+258	+70.0%
-127	Public Health	9,035	8,690	345	+230	+66.7%
+6	Health & Wellbeing Total	85,202	35,099	50,103	+247	+1.4%

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

3. The first financial monitoring report for 2015/16 showed a projected net underspend of £236k, the second showed a £6k overspend and the latest position at table 1 shows a small overspend of £247k across all Health & Wellbeing budgets; a decline of £241k from the last monitor. Adult Social Care is projecting a minor overspend of £17k and Public Health an overspend of £230k. This is predominantly due to the Dept of Health clawing back £509k of Public Health Grant in this financial year. The following sections provide more details of the significant projected outturn variations, and any mitigating actions that are proposed.

Adult Assessment & Safeguarding (-£569k / -2.1%)

4. There is a net projected underspend of £81k on staffing budgets, due mainly to some posts being held vacant pending a review of the service and the development of a new operating model.
5. Residential and nursing care net budgets are projected to underspend by £280k. This is due to a projected increase in Continuing Health Care income being secured, and fewer Nursing Care placements for Older People and Mental Health Customers than budgeted, producing a £386k underspend. This is partially offset by additional costs being incurred in supporting a residential home classed as inadequate by the Care Quality Commission (CQC) and also delays in moving Learning Disability Customers from residential care to supported living settings.
6. A residential home in York was judged as inadequate by the CQC in April 2015, and under threat of closure. Commissioners have worked to secure the continuity of care for the 17 CYC customers placed there. The customers could only continue to be supported at the home if additional care costing £178k for the remainder of 2015/16 was provided (2016/17 full year impact = £388k). Without this intervention it would have been necessary to move customers from this home to higher cost placements elsewhere.
7. Learning Disability customers transitioning to adults have not cost as much as previously forecast and the budget is estimated to underspend by £268k. This is due to more customers staying in education (£34k), some having cheaper than forecast care packages (£104k) and the securing of additional Continual Health Care funding (£130k).
8. A number of other more minor variations contribute to a net underspend of £89k on the other Assessment and Safeguarding budgets.

Adult Commissioning, Provision & Modernisation (+£328k / +1.2%)

9. There is a projected overspend of £463k within Older People Homes' budgets.

This is mainly in respect of staffing (£300k), under recovery of income (£68k) and employment of an additional service manager costs (+£57k).

10. There is a high use of casual staff in the homes as posts are kept vacant in order to facilitate staff moves resulting from the reprovision programme. The overspend will not carry through to 2016/17 as permanent staff fill these vacancies.
11. Windsor House staffing forms a significant element of the staff overspend (£118k) as staffing had been maintained at Dementia Care Matters levels. The home is also providing short term care for those leaving hospital to ensure York's health and social care sector is resilient over winter. Rotas are being reduced as the customer group is changing from a full dementia unit to a mix of customers with dementia and short term care needs. The overspend will come down by year end with the intention of achieving a balanced staffing budget in 2016/17.
12. Small Day Service and Supported Employment budgets are projected to underspend by £98k, due mainly to staffing savings resulting from a number of vacant posts across the service.
13. Supported Living Schemes are expected to overspend by £7k. This is a significant change from the previous monitor when a net underspend of £264k was expected based on projected placement numbers and customer needs. However, costs subsequently increased due to the Whittlestone legal judgement. The judgement found that overnight (sleep in) staff must now be paid the same hourly rate as day staff, rather than a flat rate for the night as was the case in several of our schemes.
14. The Commissioning team has worked with providers to reshape services, reducing cost whilst maintaining customer safety and choice. The majority of providers have submitted their claims re the judgement and there is £141k set aside for any further submissions. This is a pressure that will continue into 2016/17 and has been recognised in the budget process.
15. A number of other more minor variations produce a net underspend of £44k.

Director of Adult Social Care and Central Budgets (+£258k / 70.1%)

16. The directorate's budget for 2015/16 includes a requirement to deliver savings totalling £1.3m from the on-going work being undertaken on service transformation. To date savings of £1,095k have been identified leaving further savings required of £205k. Other pressures within the director's staffing budget, and additional redundancy costs, account for the remaining £53k projected overspend.

Public Health (+£230k / +66.7%)

17. The Public Health team budget is projected to overspend by £230k, a £357k worse position than last reported. This is primarily due to the government reducing the Public Health Grant by £509k in year following its consultation.
18. This issue has been mitigated by projected savings in other areas. Spend on alcohol services (£184k) has been held back as the service is redesigned. Smoking and tobacco cessation services are also projected to underspend by £85k as activity in GPs and pharmacies is less than budgeted for.
19. The Council is currently aligning the Health Visiting and School Nursing services with other local authority processes in preparation for the transfer of the services to CSES from 1 April 2016. This may mean incurring one off costs relating to the IT equipment etc needed to integrate the service within the Council. The various one-off costs are currently being quantified but should any of these costs be borne by the Council it will increase the departmental overspend.
20. There are a series of minor variations in the remaining Public Health budgets which forecast a combined £10k net underspend.

Better Care Fund (BCF) Risk

21. The BCF is a £12m pooled budget between CYC and Vale of York Clinical Commissioning Group (VYCCG), and is a government initiative to transform local health and social care services so that they work together to provide better joined up care and support.
22. At Quarter 2 we reported that as a result of significant in year financial pressures NHS England required VYCCG to produce a Financial Recovery Plan and this proposed VYCCG would substantially reduce the amount they contribute to the BCF pooled budget in 2015/16. This is still the case; a significant proportion of the pooled budget is earmarked to be spent on protecting Adult Social Care services and if the proposal is implemented it could create a budget pressure of up to £3m within Adult Social Care budgets. Senior managers within both organisations continue negotiating and developing a plan to prevent or mitigate the impact of this proposal. However, it still remains a real financial risk to CYC.

Performance Analysis

Adult Social Care

23. Information is shown in Annex A. York continues to steadily improve its performance on People supported through **personal budgets** or **direct payments** receiving community-based services with the Q3 figure at 94.3% against a 14/15 year outturn of 91.2%.
24. Quarterly figures in 2015/16 for those people who experienced a **delay in their transfer of care from hospital to adult social care services** show that there remain challenges in minimising delayed transfer. As part of our approach to addressing this, we have redrafted the policy for managing delayed transfers of care and are focussing on delivering this to the new framework. Alongside this, Health and Social Care managers are reviewing areas of the whole system that produce a high impact on delayed transfers of care, and through collaboration with colleagues in North Yorkshire and regional colleagues, will produce a much wider and more holistic view of the issues that impact the figures to inform partnership working. We have utilised additional beds to bolster step down capacity and we are also seeking to ensure a robust escalation policy and practices are in place.
25. There is also a focus on ensuring the accuracy of the figures and correct categorisation. Already, we are seeing a significant reduction in the number of delays noted in daily updates, even during what would be expected to be one of the most challenging periods. This improvement is expected to be seen in Quarter 4 figures and a more positive year-end position in relation to regional and national benchmarks.
26. The latest quarter shows another reduction in the **reablement assessment** timeliness figures which has been brought about by significant staffing issues in this team. This issue was identified by management and as a result the team has received additional resource until March 2016 to create capacity for assessments within the team. Indications are that this is already having a positive impact in Q4.
27. York continues to perform strongly on **Proportion of completed safeguarding referrals** where people report that they feel safe which at Q3 has outperformed the 2014/15 year end position.

Public Health

28. Performance is monitored on a number of key indicators relating to services commissioned directly by the Public Health team (substance misuse, health checks, smoking cessation, sexual health, physical activity and health visiting).

The latest quarterly data is for the period ending 30th September 2015, apart from teenage conceptions which are reported a year in arrears. The attached scorecard (Annex B) shows the latest figures. York is benchmarked against the national average and is rated as 'better', 'similar' or 'worse' based on statistical significance.

29. **Health Visiting:** performance on all the indicators relating to milestone visits was significantly lower in York compared with the national average. Breastfeeding at 6-8 weeks is also lower in York. The data has been obtained from 'SystmOne' which has been used by the service for the first time in 2015/16. Data quality issues have been highlighted as a potential reason why the figures are so low. The service has only been commissioned by the City of York Council since October 2015. Monitoring of the service and the data quality will be easier from 1 April 2016 when the service comes across to the council.
30. **Substance Misuse:** successful completions from treatment without representation within 6 months were not significantly different from the national average for both opiate and non opiate users. Successful completions from treatment for alcohol users, however, were significantly lower than the national average.
31. **Sexual Health:** a further age breakdown of the Chlamydia detection rate for 15-24 year olds is available. The latest quarterly data shows that York has a similar detection rate for the 15-19 age range but a significantly lower detection rate for 20-24 year olds. This information will help the provider to target the right population group to improve the overall detection rate. Under 18 conceptions continue to fall in York. The latest figures are similar to the national average.
32. **NHS health checks:** a significantly higher percentage of people are invited in York but a significantly lower percentage of people take up the offer compared with the national average.
33. **Smoking:** the percentage of women smoking at the time of delivery, whilst similar to the national average, has increased very slightly in recent quarters in the Vale of York area.
34. **Physical activity:** The percentage of adults who undertake at least 30 minutes of moderate intensity sport per week in York is significantly higher than the national average for both the 14+ and 16+ population based on the latest Active Living Survey.

Council Plan

35. The information included in this report is linked to the council plan priority of “A focus on frontline services to ensure all residents, particularly the least advantaged, can access reliable services and community facilities.”

Implications

36. The financial implications are covered within the main body of the report. There are no other direct implications arising from this report.

Recommendations

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

Reason: To update the committee on the financial and performance position at Quarter 3 for 2015/16.

Contact Details

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**Report
Approved**

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Date 12 February 2016

Specialist Implications Officer(s) None

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

All

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For further information please contact the author of the report

Background Papers

2015/16 Finance & Performance Monitor 3, Executive 11th February 2016

Annex A – Adult Social Care Scorecard
Annex B – Public Health Scorecard