

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

**2016/17 First Quarter Finance and Performance Monitoring Report - Health & Adult Social Care**

**Summary**

- 1 This report analyses the latest performance for 2016/17 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, with the following sections providing more details of the significant potential outturn variations and any mitigating actions that are proposed.

**Table 1: Health & Adult Social Care Financial Summary 2016/17 – Quarter 1**

2015/16 Draft Outturn Variation £000		2016/17 Latest Approved Budget			2016/17 Projected Outturn Variation	
		Gross Expen- -diture £000	Income £000	Net Expen- -diture £000	£000	%
-101	ASC Prevent	7,497	1,367	6,130	+122	+2.0
	ASC Reduce	9,834	2,802	7,032	+188	+2.7
	ASC Delay	12,671	7,548	5,123	+52	+1.0
	ASC Manage	42,433	14,364	28,069	+1,922	+6.8
-	ASC Mitigation Options	-	-	-	-2.000	-
+24	Public Health	9,176	8,799	377	+57	+15.1
<b>-77</b>	<b>Health &amp; Adult Social Care Total</b>	<b>81,611</b>	<b>34,880</b>	<b>46,731</b>	<b>+341</b>	<b>+0.7</b>

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

### **Adult Social Care Prevent Budgets (+£122k / 2.0%)**

- 3 There is a net projected overspend of £79k on staffing budgets mainly due to additional senior practitioner hours within the occupational therapy service. A number of other more minor variations produce a net overspend of £43k.

### **Adult Social Care Reduce Budgets (+£188k / 2.7%)**

- 4 The projected overspend is mainly due to a £176k pressure within direct payment budgets where there are currently 13 more customers than allowed for in the budget and some short term delays in initiating the saving to reclaim unspent direct payments. A number of other more minor variations produce a net overspend of £12k.

### **Adult Social Care Delay Budgets (+£52k / 1.0%)**

- 5 There is a net projected overspend of £77k within community support budgets mainly due to an increase in the number of customers on exception contacts. In addition learning disability transport budgets are projected to overspend by £31k. These overspends are being partly offset by holding posts vacant in the customer access and assessment team generating a saving of £56k.

### **Adult Social Care Manage Budgets (+£1,922k / 6.8%)**

- 6 There is a net projected overspend of £460k within external residential and nursing care placement budgets as a result of increased residential placements (+£487k) and delays in transferring some learning disability customers to supported living schemes (+£160k), partly offset by fewer than expected nursing placements (-£187k). In addition, the on-going negotiations with external providers to establish a 'fair price for care' from 1 April 2016 are expected to result in fee increases significantly in excess of the inflationary growth allocated in the 2016/17 budget process. This will be the subject of a report to the Executive later this month.
- 7 Older People Homes' budgets are projecting a net overspend of £422k. This is mainly in respect of under recovery of income (£190k) and staffing (£212k). Income has been affected by a higher than budgeted for number of vacant beds. Staffing costs are higher due to an increased use of casual staff in the homes as permanent posts are kept vacant in order to facilitate staff moves resulting from the re-provision programme. Windsor House staffing continues to form a significant element of the overspend as staffing has been maintained at Dementia Care Matters levels, although 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. As per the mitigations described at paragraph 13, work will be undertaken to try and achieve a balanced budget the end of 2016/17.

- 8 There is a net projected underspend of £191k in supported living budgets due mainly to a number of places being kept vacant in advance of the anticipated transfers of learning disability customers from external placements.
- 9 Staffing budgets are projected to overspend by a net £56k due mainly to the temporary need for additional group managers during the first half of the year.
- 10 The directorate's budget for 2016/17 included a requirement to deliver savings totalling £3m from the on-going work being undertaken on service transformation. To date savings of £1,942k have been identified and implemented, leaving a shortfall of £1,058k. Plans are in place to deliver almost all of the shortfall from 2017/18, so this is a short term pressure.
- 11 The council's former £1m care act grant was transferred to mainstream funding from 2016/17. Commitments and expenditure totalling c£600k are now expected to be made against the budget, leaving an uncommitted balance of £400k available to contribute towards other directorate pressures.
- 12 A number of other more minor variations produce a net overspend of £17k.

### **Adult Social Care (ASC) Mitigations (-£2,000k)**

- 13 ASC DMT are committed to doing all they can to try and contain expenditure within their budget for 2016/17 and reduce the projected overspend as far as possible by the year end. Dealing with the budget pressures is a regular item at DMT meetings with all options available to further mitigate the current overspend projection being explored. The current intention is to undertake action and explore options with the aim of reducing the projected overspend by a further £2m by the end of the year. Areas being considered include the following:
  - Bring the existing OPH budget back into line by the end of the year by making full use of vacant beds to reduce requirements for external long-term and respite placements.
  - Review direct payment values in light of the new Resource Allocation System and consider reductions where unspent balances have already been reclaimed.
  - Review the level of the care packages provided following reablement.
  - Review our fairer charging rates to customers.
  - Ensure top up contributions are being made where appropriate.
  - Continue the restrictions on all discretionary spend and hold recruitment to vacant posts wherever possible and safe to do so.

- Consider whether any of the existing 2016/17 efficiency savings proposals can be stretched to deliver additional short term and on-going savings.
- Consider whether any of the savings being developed for 2017-20 can be delivered earlier to generate a savings benefit in 2016/17.
- Review any potential to charge costs against capital schemes or reserves.

### **Public Health (+£57k / 15.1% or 0.7% of gross expenditure budget)**

- 14 Within Public Health there are net projected overspends on sexual health contracts (+£66k), and the healthy child programme (+£59k) due to one-off transition costs relating to the transfer of the school nurse and health visitor staff from York Hospital. These are partly offset by a projected underspend on staffing (-£57k) due to vacancies being held pending approval and implementation of the public health restructure. A number of other more minor variations produce a net underspend of £11k.

### **Performance Analysis**

#### **Adult Social Care**

- 15 Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. At the end of Q1, the rate for Younger Adults (aged 18-64) who were assessed as requiring future residential care was 1.52 per 100,000. This is half the rate of the same period last year. If the trend is maintained this will equate to an end year position of 9.89, achieving the required target of 10. For older people the rates of those assessed as needing to go into residential care in Q1 have improved and are significantly lower than the same position last year. At this early stage we are predicting that performance will exceed the target of 238 new placements or less (a rate of 620 per 100k or less) by end of year.
- 16 A review has been undertaken on the Actual Cost of Care, providing a proposed policy and level of resourcing between the council and independent sector residential and nursing care providers. This will determine the amount which the council pays for this provision whilst ensuring a sustainable care market in the city. A report will be sent to Executive in the Autumn.
- 17 Delayed transfers of care from hospital measures the impact of hospital services (acute, mental health and non-acute) and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care

services. Minimising delayed transfers of care and enabling people to live independently at home is one of the desired outcomes of social care. The level of delay appears to have increased in the last month of the quarter, which presents a worsening situation. This is due to larger reported delays from the mental health provider. These figures are currently being investigated as they are produced from a process which has not been agreed between the organisations. The number of delayed days per person from the acute setting is significantly lower.

- 18 There is a strong link between employment and enhanced quality of life, reducing the risk of social exclusion and evidenced benefits for health and wellbeing. The Q1 position for the proportion of adults with learning disabilities in paid employment is lower than the expected target and lower than the same position last year. This is rated as a deteriorating position. This indicator has been reviewed within the directorates performance clinic and at this stage it is thought that some aspects of lower performance against the target may reflect good work that the service has done to move people with learning disabilities out of statutory services so they no longer count on the indicator. A detailed analysis of the customer group and changes will be created by the service manager in charge as part of the monthly performance improvement framework.
- 19 Evidence shows that the nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion. The current outturn, while short of the year end target represents an improved position from end of year 2015/16.
- 20 The proportion of adults in contact with secondary mental health services in paid employment is a measure intended to improve employment outcomes for adults with mental health problem and accommodation status and is linked to reducing risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process. The performance is short of the year end target, but represents an improvement from last year.
- 21 The proportion of adults in contact with secondary mental health services who live in their own home or with family is a measure intended to improve outcomes for adults with mental health problems by demonstrating the proportion in stable and appropriate accommodation. This is closely linked to improving their safety and reducing their risk of social exclusion. There is no comparable position in the last year as data was unavailable at this time; however the outturns are significantly lower than the targets and lower than the 2015/16 year end outturns. This is a deteriorating position. The issue has been raised with our provider and ongoing monitoring of the data within monthly performance clinics as well as actively engaging with the provider is designed to drive out any recording and practice issues.

- 22 York Independent Living Network (YILN) - a local disabled people-led organisation - has received funding from the City of York Council to set up a steering group with representation from community organisations and local authorities to take the Safe Place Scheme forward in York. The nationally recognised Safe Place Scheme gives people a short term 'Safe Place' to go if they are feeling threatened when out and about in their local area. It enables public spaces (such as shops, cafés and libraries) to be designated as safe and supportive places where disabled people can go if they are having difficulty, feel lost or frightened. The steering group will develop resources for the scheme, recruit venues to become Safe Places and make recommendations to the council and the police to help maintain the Safe Place Scheme. The steering group aims to launch the York Safe Place Scheme by the end of the year.

## **Public Health**

- 23 The latest figures from the 2015 Annual Population Survey show that the adult smoking prevalence rate in York has reduced. York has a significantly lower proportion of adult smokers (14.6%) compared with the England average (16.9%). For certain population groups in York, however, the rates are slightly higher than the England average. The rate amongst adults working in routine and manual occupations is 27.8% in York compared with 26.5% in England. The percentage of women known to have been smokers at the time of delivery is 12% in the Vale of York Clinical Commissioning Group area compared with 10.2% nationally. Pregnant smokers and people with long term health conditions who smoke are able to access specialist stop smoking support through the Council's stop smoking service.
- 24 The new model for delivering health checks is currently being developed. In the interim period a small amount of activity is being reported for York using local data from the NHS England pilot programme which is delivering health checks in the workplace to YTHFT staff.
- 25 Public Health England released data for 2015 from the Active People Survey and this reports that York has the highest level of physical activity and the lowest level of physical inactivity in England. Amongst a sample of 527 adults taking part in the survey, 69.8% reported doing more than the recommended 150 minutes of at least moderate intensity physical activity per week (highest in England) and 17.5% reported doing less than 30 minutes per week (lowest in England). The activities included in the definition are: sport and active recreation including cycling and walking, walking and cycling for active travel purposes, dance and gardening.
- 26 People who have a physically active lifestyle have a 20-35% lower risk of cardiovascular disease, coronary heart disease and stroke compared to those who have a sedentary lifestyle. Regular physical activity is also associated with a reduced risk of diabetes, obesity, osteoporosis and

colon/breast cancer and with improved mental health. Whilst the overall figures are clearly positive, we know that participation in activity is not consistent across the City and there are some sectors of the population with lower rates of activity (women and girls, older people, those with a long term limiting disability and those on very low incomes).

- 27 Performance on the suite of health visitor indicators remains below the national average, although there has been an improvement in the percentage of timely new birth visits (74%) and 6-8 week reviews (75%) carried out in York. The percentage of timely 12 month and 2.5 year visits carried out remains low (24% and 22% respectively). The service is currently being reviewed following the TUPE transfer from York Teaching Hospital NHS Trust to the Council on 1 April 2016.
- 28 The latest data shows that over 8,000 young people aged 15 to 24 were tested for Chlamydia in York in 2015. The proportion receiving a test in York (22.3%) is in line with the national average (22.5%) but the number of people testing positive is lower in York. This suggests the underlying Chlamydia infection rate is lower in York.
- 29 The sexual health service in York offers a comprehensive Chlamydia screening provision which follows the National Chlamydia Screening Programme guidelines which are considered best practice. The service has established sexual health services for both Universities and the local FE college, where drop in and appointments are available. The service also has long standing clinics both in the city centre and in Acomb. Free Chlamydia postal kits are available with telephone or face to face triage available and self-sampling kits are available to pick up in a wide range of localities.
- 30 The latest quarterly under 18 conception figures (April to June 2015) show that the rate in York was above the national average and had risen in York for two consecutive quarters. The numbers are small and fluctuate widely from quarter to quarter. Based on the rolling annual rate overall York remains below the national average for teenage conceptions.
- 31 The rates of substance free discharge from treatment for alcohol, opiate and non opiate users in York are all similar to the national averages. The best outcomes in York are achieved for alcohol users, where 40% of all those people in treatment in a 12 month period are discharged from treatment alcohol free.

### **Corporate Priorities**

- 32 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

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

## Recommendations

- 34 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 2016/17.

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**Report  
Approved**

**Date** 20/09/16

**Specialist Implications Officer(s)** None

**Wards Affected:**

All  Y

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

## Background Papers

2016/17 Finance and Performance Monitor 1 Report, Executive 25 August 2016

## Annexes

Annex A: 2016/17 Quarter 1 Performance Scorecard