

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

**2016/17 Finance and Performance Draft Outturn Report – Health,
Housing & Adult Social Care**

Summary

1. This report analyses the financial outturn position and performance data for 2016/17 by reference to the service plans and budgets for all of the 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: HHASC Financial Summary 2016/17 – Draft Outturn

2016/17 Quarter 3 Variation £000		2016/17 Final Approved Budget			2016/17 Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+167	ASC Prevent	7,157	1,389	5,768	+245	+4.2%
+199	ASC Reduce	9,912	2,802	7,110	-48	-0.7%
-56	ASC Delay	13,316	7,598	5,718	+24	+0.4%
-66	ASC Manage	46,847	14,704	32,143	-45	-0.2%
+244	Adult Social Care Total	77,232	26,493	50,739	+176	+0.3%
+0	Public Health	9,161	8,673	488	-49	-10.0%
+159	Housing and Community Safety	11,932	9,408	2,524	+66	+2.6%
+403	HHASC General Fund Total	98,325	44,574	53,751	+193	+0.4
-127	Housing Revenue Account Total	31,345	34,344	-2,999	-1,276	-4.1

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

- 3 The following sections provide more details of the significant outturn variations.

Adult Social Care Prevent Budgets (+£245k / +4.2%)

- 4 Staffing overspent by £43k. This is predominantly due to the Occupational Therapy service (+£33k) as the full year saving from removing a senior practitioner post was only implemented part way through the year.
- 5 Externally commissioned care contracts overspent by £59k as the needs of individuals accessing these services increased over the year.
- 6 The directorate did not recover £55k from Be Independent (BI) regarding the support services budget. A £205k budget was transferred when BI spun out; this was acknowledged as being an apportionment of the costs of Finance, HR, IT etc, and work would be done to determine the true cost of the support. This was calculated at £150k but the contract value was not reduced to reflect this revised offer and it was felt inappropriate to pursue as this may have destabilised BI's financial position.
- 7 The cost of LOLER (Lifting Operations and Lifting Equipment Regulations) 1998 checks have increased by 50% from 2015/16 and has caused a £32k overspend.

Adult Social Care Reduce Budgets (-£49k / -0.7%)

- 8 There is a £154k pressure within the direct payment budget as more customers than budgeted for took up the option, and recovery of overpayments was not as great as expected.
- 9 The Small Day Services, a series of council run day support options for customers, is forecast to underspend by £239k due mainly to staffing vacancies.
- 10 Staffing budgets overspent by £48k, an improvement of £99k from quarter 3. The Hospital Social Work Team overspent by £96k. Two discharge to assess posts were employed over the approved structure in a pilot to assess customers in the most appropriate setting to speed up discharge from hospital and to improve customers' ability to remain independent. There is also a social worker committed to the Integrated Care hub which is being backfilled when the initial intention was to simply move the resource.
- 11 The Intensive Support Service underspent by £49k, an improvement of £75k from quarter 3. The service expected to recruit to a couple of vacant posts but was unable to fill them by the year end.

- 12 The Better Care Fund (BCF) contribution from the Vale of York Clinical Commissioning Group (VoYCCG) was expected to be £5.3m but some schemes that were expected to deliver cashable benefits in 2016/17 were delayed in starting, or didn't deliver to the full value expected. This meant the contribution was reduced to £5.0m resulting in a £285k pressure in 2016/17. Work is ongoing to agree the fund for 2017/18.

Adult Social Care Delay Budgets (+£24k / +0.4%)

- 13 The community support budget for Learning Disability customers overspent by £155k. This was due to having four more customers at a higher than forecast weekly rate (+£374k), but offset by receiving higher than expected Continuing Healthcare (CHC) income for several customers (-£219k).
- 14 Spend/income on the framework home care contracts was £213k under budget as the department was successful in securing CHC income above expectations, particularly regarding physically and sensory impaired customers.

Adult Social Care Manage Budgets -£45k/ -0.2%)

- 15 There was a net overspend of £1,360k within external residential placement budgets, mainly as a result of increased older people residential placements (£479k) and delays or decisions not to transfer some learning disability (LD) customers to supported living schemes (£691k). This budget will be realigned alongside the supported living budget in 2017/18 to reflect the customers' decisions.
- 16 The position has improved since quarter 3 as a customer was being charged for on a spot basis at Lifeways when the placement was covered by the block contract. The LD short stay budgets still overspent by £67k but this has reduced by £190k from quarter 3.
- 17 The Mental Health working age residential care customer group overspend has increased markedly since quarter 3 from £124k to £296k. This is due to one customer having a significant backdated increase to their care package and a new customer who was placed in October 2016 but not put on the system and paid until January 2017.
- 18 Nursing Care budgets underspent in total by £117k. Older People budgets underspent by £56k and Physical & Sensory Impaired customer budgets underspent by £86k due to an increase in CHC income.
- 19 External Care provision presents a significant challenge in 2017/18 and beyond. Significant savings are expected from these areas and we are under pressure to find capacity for those with dementia in particular as well as Learning Disability customers transitioning from children's

services, for which no growth was received. The improved Better Care Fund (iBCF) may assist with some of these pressures but this may be tempered by the VoYCCG's financial position and other system pressures.

- 20 The teams have also been very successful in CHC applications over the last year, several of which have been backdated beyond activity in 2016/17. The continued success of application may again be restricted by VoYCCG's strategy of reducing spend in this area over the next four years.
- 21 Older People's Homes budgets overspent by £159k which has improved slightly from £197k at Quarter 3. The current overspend is mainly in respect of staffing (£280k) where staff to customer ratios were maintained at relatively high levels to ensure a smooth transition for residents whilst the accommodation programme continues. This has partially been offset by over recovery of income (£121k). Use of casual staff continued as some permanent posts were kept vacant in order to allow flexibility within the accommodation programme but this will lessen following the closure of Willow House as permanent staff moved to fill those vacancies.
- 22 This overspend will be met from the capital receipts generated in 2016/17 by the sale of Oliver House. The 2016/17 Local Government settlement gave councils flexibility to use capital receipts to fund reform of its services, which the Older Persons' Accommodation Programme clearly does. This has been shown as mitigation throughout the 2016/17 reporting framework to members. £150k of receipts will also be used to fund other revenue transitional costs such as securing sites, employing a social worker to ensure customers move homes safely etc.
- 23 There is an underspend of £721k in LD supported living budgets. This is largely due to increased CHC contributions as a result of the Transforming Care Program, but also due to customers not moving as expected from LD residential placements (see para 15). There has also been a delayed start on some new schemes to ensure successful transition of customers returning to services in York which also contributed to the underspend in this area.
- 24 The Independent Mental Capacity advocacy budget has underspent by £83k as the volume of best interest assessments and doctors' assessments did not materialise as expected by the year end. The department has also trained in house best interest assessors which has helped avoid more expensive external assessments.
- 25 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 £2,027k have been identified and implemented, leaving a shortfall of £977k. This is a short term pressure

as plans are in place to deliver the majority of the shortfall from 2017/18 onwards.

- 26 The council's former £1,023k care act grant was transferred to mainstream funding from 2016/17. £391k is committed against this budget leaving £632k available to contribute towards other directorate pressures.
- 27 There is a Care Act reserve of £765k that the department has also used to mitigate this year's overspend.

Public Health (-£49k / -10% or -0.53% of gross expenditure budget)

- 28 Within Public Health there is an underspend on Substance Misuse contracts of £94k following lower than expected claims from pharmacies. The Healthy Child programme underspent by £103k due to one-off transition costs relating to the transfer of the school nurse and health visitor staff from York Hospital. The Integrated Wellness Service underspent following restructuring of the team and from additional grant income (-£50k).
- 29 In addition there are underspends on staffing in the Public Health Team (-£47k) and on operating expenditure (-£73k). These are offset by an overspend on sexual health contracts of £52k due to higher LARC costs (contraception services) and sexual health service cross charging from outside the York area.
- 30 As the Public Health Grant is ringfenced it is necessary to carry forward the unspent budgets. The underspend relating to grant funded activities of £243k has been transferred into an earmarked reserve. This will be used to contribute to the expected restructuring costs of the Healthy Child Service and procurement issues in Sexual Health and Substance Misuse in 2017/18. The remaining £49k underspend comes from the council's contribution to public health and fitness activities.

Housing and Community Safety General Fund (+£66 / +2.6%)

- 31 Overall there is a year end overspend of £66k. The service has funded £60k legal fees relating to a long-standing legal dispute between the council and a housing developer regarding the obligation to pay a commuted sum in lieu of on site affordable housing. The first case has been found in favour of the council however there is a further appeal by the developer surrounding the s106 obligation.
- 32 There are also a number of other variances including overspends on managing the Travellers' sites (£56k) as well as the residual costs of dealing with flooding at James St Site (+£26k), additional income from managing Housing Association properties (-£34k), some staffing

vacancies within housing (-£45k) and savings across Community Safety (-£41k).

Housing Revenue Account (-£1,276k / -4.1% of gross expenditure budget)

- 33 The projected outturn position for the Housing Revenue Account for 2016/17 is an overall net underspend of £1,276k. The table below provides more detail on this position.

Activity area	2016/17 Net Budget	Outturn 2016/17	Draft Variance
	£000	£000	£000
Repairs & Maintenance	6,352	6,630	+278
General Management	5,790	4,993	-797
Special Services	2,196	2,057	-139
Other Expenditure	17,059	18,825	-1,766
Dwelling rents	-32,067	-32,234	-167
Non Dwelling Rents	-338	-348	-10
Charges for Services	-904	-975	-70
Other Income	-1,087	-3,223	-2,137
Total	-2,999	-4,275	-1,276

Repairs & Maintenance

- 34 Repairs and maintenance have overspent by £278k. This is lower than that forecast at quarter 3, partly due to an additional charge of void works to capital. There has been an initial increase in the productivity of the workforce following the introduction of mobile working and improvements in management controls. The service anticipates being able to use this increased capacity to pick up some of the work currently allocated to subcontractors. There has been a reduction in the use of subcontractors of £1.2m in 2016/17, however this needs to reduce further in order for the service to be within budget in 2017/18.

General Management

- 35 Prudent assumptions were made when the budget was set about the levels of recharges that would be made. Savings have been identified across this area in 2017/18. Recharges will continue to be reviewed and this will feed into the next update of the HRA Business Plan.

Special Services

- 36 There was an underspend of £139k (6.3%) primarily due to underspends on utility costs arising from voids and sheltered housing.

Other Expenditure

- 37 Slippage arising from the capital IT and Water Mains programmes will mean that the expected contribution to the capital programme from the revenue budget has been reduced by £393k. Lower than forecast levels of arrears required a reduced contribution to the bad debt provision of £326k).

Dwelling Rents

- 38 There was additional income from dwelling rents totalling £160k. The original budget did not reflect the 0.9% rent increase for supported housing as this exemption from the 1% decrease had not been announced at the time of budget setting. In addition, delays to the implementation of the high value sales policy have led to a small increase in rents recovered compared to budget.

Charges for Services

- 39 Leaseholder charges out-turned £70k higher than budget.

Working Balance

- 40 The working balance position at 31 March 2017 is £22.6m. This is higher than forecast in the latest business plan (£20.2m) due to the underspend achieved in 2015/16 and 2016/17. The working balance is due to increase to £46m by 2024/25 when the first tranche of debt taken out as part of the self financing settlement is due to be repaid.
- 41 It is proposed that £220k of the additional level of working balance will fund two initiatives:
- Stock Conditions Surveys £100k
 - Executive (October 2016) agreed to HRA funding stock condition appraisal as part of review of Housing Stock Options
 - Building Services Business Change £120k
 - Additional fixed term post over 2 years to support new ways of working within Building Services

Performance Analysis

- 42 This performance analysis relates to the previously agreed scorecard for Health and Social Care Policy and Scrutiny Committee. It is suggested that there is a separate discussion on the indicators to be included for

future performance updates to ensure appropriate coverage for the scope of the new committee.

Adult Social Care

Residential and nursing admissions

- 43 Avoiding permanent placements in residential and nursing care homes is a good measure of ensuring of how effective packages of care have been in ensuring that people regain control of their lives quickly. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. It is important that even with lower numbers going into Residential Care, we can balance the system through ensuring that equal or greater numbers are moved on. This means offering alternatives such as Supported Living for people who would otherwise stay in Residential Care for long periods.
- 44 There were 623 people in long-term residential and nursing care at the end of 2016/17). This is lower than the 632 at the end of 2015/16. During 2016/17 there were 248 admissions of older people (aged 65 or over) to residential and nursing care homes (a rate of 656 per 100,000) and 16 admissions of younger adults (aged 18-64) to residential and nursing care homes (a rate of 11 per 100,000). Both these figures were lower than the corresponding figures for 2015/16 (260 and 22 admissions respectively), indicating more success in efforts to ensure that people live independently.

Adults with learning disabilities and mental health issues

- 45 There is a strong link between employment and enhanced quality of life. Having a job reduces the risk of being lonely and isolated and has real benefits for a person's health and wellbeing. Being able to live at home, either independently or with friends / family, has also been shown to improve the safety and quality of life for individuals with learning disabilities and mental health issues.
- 46 Our performance level during 2016/17 (on average, 8.3% of adults with a learning disability were in paid employment), is a slight decrease from that of 2015/16 (9.7% of adults with a learning disability were in paid employment). Additionally, during 2016/17 on average 82.3% of adults with a learning disability were living in their own home or with family, which is a minor decrease from 2015/16 (the corresponding figure was 82.6%). For those with mental health issues, on average 39.2% of this group were living independently, with or without support during 2016/17, an increase from 28.5% of this group in the previous year.

Adult Social Care Survey user results

- 47 The Adult Social Care User Survey asks, every year, users of adult social care services in the city a number of questions which include how satisfied they are with the services they receive, whether they feel safe and whether they have more social interaction.
- 48 In the 2016/17 Survey, 50% of those surveyed reported that they had “as much social contact as they would like”. This is an increase from the corresponding figure reported in the 2015/16 Survey (46%). The percentage of those service users reporting that they “felt safe” also increased during 2016/17, to 71%, from 67% in 2015/16. However, the number who said they were “extremely or very satisfied” with their care and support as a result of using services fell to 62% in 2016/17 from 64% in 2015/16, although the proportion who expressed some level of dissatisfaction remains low (3%).

Delayed Transfers of Care

- 49 This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. A delayed transfer of care (DToC) occurs when a patient has been clinically assessed as ready for discharge from hospital, but a care package (from either the NHS or Adult Social Care) is not available.
- 50 The number of DToC at hospitals attributable to both NHS and social care rose during 2016/17 to 16.85 per 100,000 population from 13.2 per 100,000 population in 2015/16. The number of DToC attributable solely to social care rose also, but at a slower rate: from 6.9 per 100,000 population in 2015/16 to 7.5 per 100,000 population during 2016/17, although the rate actually fell from Q1 onwards following a considerable rise in that quarter.
- 51 NHS England have advised that the Adult Social Care Outcome Framework measures associated with DToC will change during 2017/18, but have yet to provide information about how they will change.

Public Health

Under 18 conceptions

- 52 Most teenage pregnancies are unplanned and around half end in an abortion. While for some young women having a child when young can represent a positive turning point in their lives, for many more teenagers

bringing up a child is extremely difficult and often results in poor outcomes for both the teenage parent and the child, in terms of the baby's health, the mother's emotional health and well-being and the likelihood of both the parent and child living in long-term poverty.

- 53 There were 55 under 18 conceptions in York in the year to March 2016 and 11 in the most recent quarter. The latest annual rate is 18.8 conceptions per 1,000 females aged 15-17 in York - lower than regional (23.5) and national (20.4) averages. The latest quarterly rate is 15.2 per 1,000 females aged 15-17 in York - lower than regional (23.7) and national (19.8) averages. The longer term trend shows falling rates in York. In 2015 in York 51.7% of under 18 conceptions lead to abortions – similar to the national average (51.2%) but higher than the regional average (43.4%).
- 54 Ward level rates are available for the three year aggregated period 2012-2014. The rate in Westfield (43) is significantly higher than the York average (20).

Smoking Status at the time of Delivery

- 55 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 contained a national ambition to reduce the rate of smoking throughout pregnancy to 11% or less by the end of 2015.
- 56 The percentage of women who are recorded as smoking at the time of maternity booking is falling in York. The figure was 13.3% in September 2015 and the most recent figure was 10.9% in May 2017. In the year to May 2017, 11% of mothers giving birth in York were smokers at the time of delivery (201 smokers out of 1,832 live deliveries). This is an improvement compared with the May 2016 figure of 11.9%. The rate in York is below the regional average (14.3%) but slightly higher than the national average (10.8%).
- 57 There is a wide variation in smoking rates at the time of delivery across the City. Rates are over 6 times higher in some areas compared with others.
- 58 Pregnant smokers are able to access specialist stop smoking support and free Nicotine Replacement Therapy through the Council's stop smoking service. Referral rates into the service are high but there is a relatively high drop out rate. Reductions in smoking rates at the time of delivery appear therefore to be a result of fewer women smoking at the time of booking rather than cessation occurring between booking and delivery.

Smoking Prevalence in the General Population

- 59 Smoking is the most important cause of preventable ill health and premature mortality in the UK. Smoking is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease (COPD) and heart disease. Smoking is a modifiable lifestyle risk factor; effective tobacco control measures can reduce the prevalence of smoking in the population.
- 60 York has a significantly lower percentage of current smokers (12.6%) compared with regional (17.7%) and national (15.5%) averages. Smoking prevalence in York has fallen from 18.7% in 2013 to the current level of 12.6% in 2016. Smoking prevalence amongst people working in routine and manual occupations in York is also falling. In 2013 the rate was 34.3% and this fell to 26.4% in 2016. Smoking rates amongst people working in routine and manual occupations in York are in line with national (26.5%) and regional averages (28.9%).
- 61 The specialist stop smoking service in York is now open to self-referrals from the general population (previously it had only been open to pregnant smokers and those with long term health conditions).

Health Visitor Service Delivery Metrics

- 62 Evidence shows that what happens in pregnancy and the early years in life impacts throughout the course of life. Therefore a healthy start for all our children is vital for individuals, families, communities and ultimately society. The health visiting service leads on the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged 0-5 years. The health visitor service delivery metrics currently cover the antenatal check, new birth visit, the 6-8 week review, the 12-month review and the 2-2½ year assessment.
- 63 Performance on a number of these metrics has improved steadily over the last two years. The percentage of timely new birth visits is now 78% compared with 89% nationally. The percentage of timely 6-8 week reviews is 77% compared with 84% nationally. The prevalence of breastfeeding at 6-8 weeks has now reached the national average of 44%. The percentage of 2.5 year visits carried out has improved to 42% but this remains below the national average of 75%. The national benchmarking figures should be interpreted with some caution as local authorities self report on performance and may interpret the indicator timescales / guidelines differently.
- 64 6-8 week breastfeeding rates are not currently broken down into smaller areas of York however we know from Maternity data that breastfeeding initiation rates are lower in some parts of the City.

Childhood Obesity - National Child Measurement Programme (NCMP)

- 65 There is concern about the rise of childhood obesity and the implications of such obesity persisting into adulthood. The risk of obesity in adulthood and risk of future obesity-related ill health are greater as children get older. Under the NCMP, Local Authorities are required to weigh and measure all children in Reception and Year 6.
- 66 Provisional data for 2016/17 indicates that there has been no change in the obesity rate in Reception year (8.6%) compared with 2015/16. The most recently published national figure is 9.3% so York continues to have a lower level of obesity amongst reception aged children. The obesity rate in year 6 children in York appears to have increased slightly from 15.1% to 15.9% but this remains significantly lower than the national average of 19.8%
- 67 Whilst the overall picture for childhood obesity in York is positive, we know that there are inequalities within the City. For Year 6 children, rates are higher for boys and there is a clear inequality 'gradient' i.e. the prevalence of obesity rises as the level of deprivation increases. Obesity rates are higher for children from Black and Asian ethnic groups, for both reception and year 6.
- 68 The YorWellbeing service is carrying out some work promoting the Daily Mile programme in York schools. An audit of schools is currently being undertaken to see who is already running the initiative with a view to having a co-ordinated promotion of the scheme. In addition a Healthy Lunchbox Guidance Document is being finalised and is to be approved by the head teacher at Westfield before its launch. This area was selected due to its high deprivation. The school highlighted a need for more information around healthy eating for parents. Once implemented, we will look to track the impact of the guidance document before using this working model in other educational establishments.

Chlamydia detection

- 69 Chlamydia is the most commonly diagnosed bacterial sexually transmitted infection in England, with rates substantially higher in young adults than any other age group. It causes avoidable sexual and reproductive ill-health. The National Chlamydia Screening Programme (NCSP) recommends screening for all sexually active young people under 25 annually or on change of partner. This indicator monitors progress in controlling Chlamydia and delivering accessible, high-volume Chlamydia screening.
- 70 In 2016 in York a significantly higher proportion of the 15-24 population (22.5%) were screened for Chlamydia compared with regional (19.5%) and national (20.7%) averages. Given the large student population in

York and the pressure on the Sexual Health budget this represents an achievement for the service. The Chlamydia detection rate in York (1,828 cases per 100,000 of population aged 15-24) is similar to the national average of 1,882.

- 71 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.

Physical Activity

- 72 Why is this a Key Indicator? 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.
- 73 The Active Lives Survey carried out by Sport England shows that in 2015/16 York had: a lower % of people (19.7%) who are physically inactive compared with the national (22%) and regional (24%) averages; a higher % of people who are physically active (67.9%) compared with the national (65.4%) and regional (64%) averages and a higher % of people who have taken part in sport and physical activity at least twice in the last 28 days (82.7%) compared with the national (77.2%) and regional (75%) averages.
- 74 Whilst the overall figures are clearly positive, we know from national data that some sectors of the population are likely to have lower levels of activity (e.g. females, older people, those with a long term limiting disability and those living in more deprived areas).
- 75 In York a number of physical activity schemes are aimed at those with a disability or a long term condition.

Health Checks

- 76 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 leading to opportunities for early interventions.

- 77 In 2016/17, 434 checks were offered in York and 93 were carried out. The low numbers were due to the fact that in 2016/17 we made the transition from a GP commissioned service to one provided in house by the YorWellbeing service. To date, about 150 checks have been delivered by the YorWellbeing service and more detailed feedback on the outcomes of these checks will be provided in the 2017/18 quarter one performance report.

Successful Completions from Drug / Alcohol Treatment (without representation)

- 78 Individuals achieving this outcome 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.
- 79 In the latest 18 month monitoring period to March 2017, 326 people left treatment successfully (without representation within 6 months) out of a total of 1,288 clients in treatment in York. This is a rate of 25.3% which is above the England rate of 21.6%. Broken down by type of substance used, York has a slightly lower rate of completions without re-representation for alcohol users but a higher rate for Opiate and Non-Opiate users.
- 80 To promote sustained recovery from substance misuse and to prevent representation to services a number of community initiatives are in place in York including peer support, mutual aid, recovery support and aftercare. The emphasis is on helping people to increase their social capital, build their resilience and develop links with abstinent communities in order that they become less reliant on treatment services.

Corporate Priorities

- 81 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

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

Recommendations

83 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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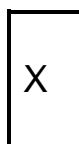
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Report
Approved



Date 14 July 2017

Specialist Implications Officer(s) None

Wards Affected:

All ✓

For further information please contact the author of the report

Background Papers

2016/17 Finance and Performance Draft Outturn Report, Executive 29 June 2017

Annexes

Annex A: 2016/17 Outturn Performance Scorecard

Abbreviations

ASC – Adult Social Care

BCF – Better Care Fund

BI – Be Independent

CHC – Continuing Health Care

COPD – Chronic Obstructive Pulmonary Disease

DToC – Delayed Transfer of Care

HCP – Healthy Child Programme

HHASC – Health, Housing and Adult Social Care

HR – Human Resources

HRA – Housing Revenue Account

iBCF – Improved Better Care Fund

IT – Information Technology

LD – Learning Difficulties

LOLER – Lifting Operations and Lifting Equipment Regulation

NCMP – National Child measurement Programme

NCSP – National Chlamydia Screening Service

NHS – National Health Service

VOYCCG – Vale of York Clinical Commissioning Group