

Health, Housing & Adult Social Care Policy & Scrutiny Committee

12 December 2017

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

2017/18 FINANCE AND PERFORMANCE SECOND QUARTER REPORT – HEALTH HOUSING & ADULT SOCIAL CARE

Summary

- 1 This report analyses the latest performance for 2017/18 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 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 2017/18 – Quarter 2

2016/17 Draft Outturn Variation £000		2017/18 Latest Approved Budget			2017/18 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+98	ASC Prevent	6,460	1,378	5,082	+88	+1.7%
-326	ASC Reduce	10,238	2,818	7,420	+63	+0.8%
-272	ASC Delay	11,129	7,064	4,065	-35	-0.9%
+1,476	ASC Manage	45,332	14,459	30,873	+657	+2.0%
-604	ASC Mitigations				-604	
+372	Adult Social Care	73,159	25,719	47,440	+169	+0.4%
0	Public Health	8,404	8,430	-26	0	0%
+75	Housing and Community Safety	11,973	9,432	2,541	+65	+2.6%
+447	HHASC GF Total	93,536	43,581	49,955	+234	+0.5%
+178	Housing Revenue Account Total	31,174	34,363	-3,189	+159	+0.5%

+ 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 (+£88k / +1.7%)

- 4 There is a continued pressure from 2016/17 of £32k to undertake Lifting Operations and Lifting Equipment Regulations 1998 (LOLER) checks on equipment the department has installed in customers' homes. The council has a statutory duty to check the equipment regularly and this projected overspend represents the ongoing pressure to maintain equipment in line with these regulations. In addition the original budget for 2017/18 included a proposed £52k reduction in the contract value of a local not for profit provider, which is not deemed appropriate to action at the present time.

Adult Social Care Reduce Budgets (+£63k / +0.8%)

- 5 There is a £151k overspend within the direct payment budget. The budgets were realigned at Quarter 1 to reflect customer numbers at 30 June 2017. There has been an increase of 5 customers since then. This is in line with the desired direction of the Future Focus transformation programme which is encouraging customers to self manage their care.
- 6 The Small Day Services, a series of council run day support options for customers, is forecast to underspend by £134k due mainly to staffing vacancies.
- 7 The Better Care Fund (BCF) for 2017/18 and 2018/19 has been agreed and submitted to NHS England. The plan is likely to be escalated as partners set the Delayed Transfers of Care metric at a realistic target rather than the lower, minimum target specified by NHSE. Partners have, however, agreed a programme of spend which assures funding for existing agreements pending their review whilst investing in new initiatives such as social prescribing and a project to look at implementing additional day services.

Adult Social Care Delay Budgets (-£35k / -0.9%)

- 8 The community support budgets were realigned at Quarter 1 and are now forecast to underspend by £74k, predominantly in the Older People customer group. We have not budgeted at this point for an increase in costs over the winter.
- 9 The remaining variance is comprised of small overspends in transporting LD customers to day services (£21k) and the customer access and assessment team (£18k).

Adult Social Care Manage Budgets (+£657k/ +2.0%)

- 10 There is a continuation of the 2016/17 overspend forecast for LD external residential placements of £474k as some high cost customers did not move into supported living schemes as expected. This is partially offset by an underspend in the P&SI residential care budget due to the legal successful finding of an individual the responsibility of another council (£177k) and recovering over two years' costs.
- 11 The Older Persons' Home budget is forecast to overspend by approximately £411k due to the reduction in customer income as the service is modernised and services reduce capacity pending the outcome of formal consultations regarding future use, but also due to staffing overspends where the establishment is exceeded due to general assistants, a deputy manager, 0.5 fte of a service manager and the cost of cooks regraded but not funded. This overspend will be met from the capital receipts generated by the sale of surplus homes in 2017/18 as permitted by new powers given to local authorities in last year's budget.
- 12 Several savings relating to the current and future years are expected to be delivered by the Future Focus programme. The programme has a target of achieving £1.8m recurrent savings by 2019/20. Phase 1 started in June 2017 resulting in a business case outlining areas potentially yielding savings. The implementation phase will be starting soon and no savings attributable to the programme have been factored into current projections for the sake of prudence. This creates a budget pressure of £295k in 2017/18.

Adult Social Care Mitigations (-£604k)

- 13 The directorate has identified some areas to mitigate the overspend and help to bring it back towards a balanced position. These are:
 - Review the level of support in the Supported Living Schemes with a view to reduce and restructure the schemes to create a cash saving (£150k).
 - Use the uncommitted base Care Act budget to offset some the pressures (£454k).

Public Health (£nil)

- 14 There are pressures of £124k within Public Health. However this can be funded within the overall Public Health grant. The main variation relates to the substance misuse contract (£128k) as the provider went into administration earlier in the year.

Housing and Community Safety General Fund (+£65 / +2.6%)

- 15 There is a forecast overspend in Private Sector Housing (£34k) due to lower than anticipated levels of income from Selby District Council and Landlord accreditation charges, these are offset by £36k over achievement of Disabled Facility Grant administration income and additional income from HMO licences.
- 16 The legal fees in relation to a section 106 dispute are expected to create a £35k pressure this year.

Housing Revenue Account (+£159k / +0.5% of gross expenditure budget)

- 17 The Housing Revenue Account (HRA) is budgeted to make an in year surplus of £3.2m. A review of the budgets in the area shows that, overall, a surplus of just over £3m is now forecast.
- 18 Repairs and maintenance is forecast to overspend by £300k. New processes have been implemented to ensure internal skilled workers pick up work previously allocated to subcontractors in order to reduce expenditure. It is expected that reductions will be made but it is again unlikely that the full savings will be achieved in this financial year. In addition, fire risk assessments have now been completed in all of the 420 communal areas of our properties following the Grenfell Tower fire creating a £20k pressure.
- 19 Within general management and special services, staffing underspends totalling £105k are projected due to vacant posts being held pending the implementation of staffing restructures. A range of smaller underspends make up the remaining variation.
- 20 The working balance position at 31 March 2017 was £22.6m. The projected outturn position outlined in the paragraphs above means that the working balance will increase to £25.6m at 31 March 2018.
- 21 The working balance is increasing in order to start repaying the £122m debt that the HRA incurred as part of self financing in 2012. An update to the 30 year HRA business plan was considered by the Executive last month. This set out latest information regarding rent determination and updated assumptions re right to buy and high value sales. This showed that a further £20m investment reserve can be created to continue the council's new build aspirations, the outstanding HRA can be repaid over the period and a prudent working balance can be maintained for each year through the plan.
- 22 There are still a number of uncertainties around the forthcoming changes to HRA legislation particularly regarding the implementation of the sales

of high value properties. This will continue to be monitored closely and, as and when details emerge, the implications will be reported to Members.

Performance Analysis

Adult Social Care

- 23 Much of the information in paragraphs 25 to 50 can also be found on CYC’s “Open Data” website, which is available at

<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2017-2018>

and by clicking on the “Explore” then “Go to” in the “Adult Social Care and Health Q2” section of the web page.

- 24 Some of this information also forms part of CYC’s overall “Service Delivery” suite of performance indicators, which are shown here.

Performance - Overview			2014-15	2015-16	2016-17	2017-18 Q1	2017-18 Q2	Latest Benchmark	DoT
Service Delivery	A Focus on Frontline Services	Average beds occupied each day in hospital which are attributable to adult social care DTOC, per 100,000 population	6.7	6.5	6.8	4.6	5.8	Above National and Regional Average	↓
		% of panel confident they could find information on support available to help people live independently	NC	NC	65.46	70.51	NC	Not known	↑
		Proportion of adults in contact with secondary mental health services living independently, with or without support	55.1	28.5	39.21	62.29	80.64	Not known	↑
		% of physically active and inactive adults - active adults	62.18	69.83	70.24	NC	NC	Above National and Regional Average	↑
		Number of days taken to process Housing Benefit new claims and change events (DWP measure)	5.91	5.87	5.58	4.00	3.82	Not known	↑
	A Council That Listens to Residents	% of panel who agree that they can influence decisions in their local area	NC	NC	25.65	28.41	NC	Not known	↑
		% of panel satisfied with their local area as a place to live	NC	NC	89.84	91.24	NC	Not known	↑
		% of panel satisfied with the way the Council runs things	NC	NC	65.54	64.76	NC	Above National Average	↓
	A Prosperous City for All	Overall Customer Centre Satisfaction (%) - CYC	58.15	91.54	92.48	93.23	92.51	Not known	⇒
		Net Additional Homes Provided (YTD)	507	1,121	977	NC	1,036	Not known	↑
	% of panel who give unpaid help to any group, club or organisation	NC	NC	64.30	66.44	NC	Above National Average	↑	

NC - Not due to be collected during that period

Residential and nursing admissions

- 25 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.

- 26 The number of people in long-term residential and nursing care rose to 607 at the end of 2017-18 Q2, compared with 599 at the end of 2017-18 Q1. There were five admissions of younger people and 63 admissions of older people to residential and nursing care in the second quarter of 2017-18. These are lower than 2017-18 Q1 for younger people (six) and higher for older people (59). This is partly due to the extension of Sheltered Housing with Extra Care facilities.

Adults with learning disabilities and mental health issues

- 27 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.
- 28 Our performance level during 2017-18 Q2 (on average, 7.8% of adults with a learning disability were in paid employment), is marginally improved from the 2017-18 Q4 position (7.7% of adults with a learning disability were in paid employment). Additionally, during 2017-18 Q2 on average 80.4% of adults with a learning disability were living in their own home or with family, which is a very minor deterioration on the 2017-18 Q1 position (the corresponding figure was 80.8%). For those with mental health issues, on average 12.6% of this group were in paid employment during 2017-18 Q2 (a marginal improvement on the corresponding 2017-18 Q1 figure of 12.5%). The previous report noted that there had been issues with TEWV in correctly recording the percentage of adults with mental issues in settled accommodation. TEWV have begun a data quality improvement exercise to provide more accurate information, and at the end of 2017-18 Q2 they were able to report that 81% of adults with mental health issues were in settled accommodation (it had been reported as 49% at the end of 2016-17 Q4). This figure may rise further once the exercise has been completed at the end of Q3.

Delayed Transfers of Care

- 29 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.

- 30 NHS England are moving towards a new method of measuring performance for this indicator, which involves calculating the average number of beds occupied each day, but have not yet made it an ASCOF measure, which explains why the scorecard shows “Not Collected” at the present time. Approximately 10 beds were occupied per day in York hospitals because of delayed transfers of care, attributable to ASC, during the second quarter of 2017-18. This is an increase on the previous quarter (8 beds per day occupied) and is largely due to a rise in waiting for care packages. We are working with health colleagues in a Community Response Team to enable assessments to happen outside hospitals to reduce delays for patients.

Social contact of ASC service users

- 31 It is important that social care service users have as much contact with others as possible as this maintains their health and independence. It is also a good proxy measure for the work done by Local Area Teams in terms of bringing people from all sectors of the various York communities together.
- 32 The Adult Social Care User Survey for 2016-17, published in October, reported that 49.5% of adult social care service users had “as much social contact as they would like”. This is an increase from the figure reported in 2015-16 (45.8%) and is also above the regional average (45.4%) and the national average (45.6%).

Satisfaction of service users with their care and support

- 33 Adult social care service users receiving timely care and support services is crucial to their overall well-being. The success, or otherwise, of this provision is monitored on an annual basis by responses given by service users to the adult social care user survey.
- 34 2016-17’s Adult Social Care User Survey reported that the percentage of those reporting that they were “extremely” or “very” satisfied with their provision from CYC fell from 64% in 2015-16 to 62.4%. This was largely due to older people, particularly in the community, reporting lower levels of satisfaction than they had in previous years. However the percentage of those people actively reporting “dissatisfaction” with their services remains low. This percentage is slightly below the levels reported

regionally (64.6%) and nationally (64.7%).

Safety of ASC service users

- 35 The safety of ASC service users is of paramount importance. The ability of CYC to ensure that their service users remain safe is monitored in the Adult Social Care User Survey.
- 36 The 2016-17 Adult Social Care User Survey showed an increase in the percentage of those who said they felt safe, from 67% in 2015-16 to 71%. This was slightly above the regional average (69%) and national average (70%) in 2016-17.

Public Health

Under 18 conceptions

- 37 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.
- 38 Data relating to conceptions is generally quite out-of-date because of the difficulties involved in verifying data from the relevant collection agencies. There were 20 per 1,000 conceptions amongst females aged 15-17 in York in the year to March 2016, which is an increase of 20% compared to the previous year. The Integrated Sexual Health service offers appointments and drop-in services to provide a comprehensive contraception service to all including Long Acting Reversible Contraception (LARC) which evidence shows supports young women in managing more effective long-term contraception. This is the same data as reported in the previous version of this report as there is no new data available.

Smoking

- 39 Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. Amongst the general population, 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.

- 40 The percentage of pregnant women who are recorded as smoking at the time of delivery has fluctuated in recent times, but has reduced in the last quarter. The figure was 10.1% in 2017-18 Q1 (the latest figure available), compared with 12.3% in 2016-17 Q4. The rate is below both the regional average (13.7%) and the national average (10.8%) for 2017-18 Q1. We work closely with GP surgeries and York District Hospital to advise pregnant women on the harmful effects of smoking on their baby.
- 41 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%). These are the same figures as reported previously as there is no new data available for 2017 at the current time.

Health Visiting

- 42 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.
- 43 Performance on some of these metrics has improved steadily, because of work done by the Healthy Child Service (HCS) to improve timeliness. The percentage of timely new birth visits (births that have a face-to-face NBV within two weeks) was 78% during Q4 compared with 74% during Q3. The percentage of timely 6-8 week reviews (by the time the baby is 8 weeks old) was 77% during Q4 compared with 78% during Q3. The prevalence of breastfeeding at 6-8 weeks has now reached 44% during Q4, compared with 36% during Q3. The percentage of children getting a “12 month” review by the time they turned 15 months old increased to 77% during Q4 from 75% during Q3. The percentage getting a “2-2.5 year” review improved to 19% during Q4 compared with 16% during Q3. However, these figures should be interpreted with some caution as local authorities self-report on performance and may interpret the indicator timescales / guidelines differently. The new HCS started operating from August 2017, and is centred around an integrated 0-19 model, which provides a universal offer for all children, young people and their families resident in York or attending school in York; with more

targeted services offered to those children, young people and families identified as having greater needs.

Chlamydia diagnosis

- 44 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.
- 45 During 2016-17 the Chlamydia diagnosis rate was 1,838 cases per 100,000 population, which is below national (1,882 cases per 100,000 population) and regional (2,072 cases per 100,000 population) averages. This is higher than the 2015-16 diagnosis rate (1,462 cases per 100,000 population). The sexual health service in York offers a comprehensive Chlamydia screening provision which follows national guidelines. It covers both universities and the local college of further education, where drop-in appointments are available, and long-standing clinics are available in the city centre and Acomb. This is the latest data available and remains unchanged from the previous version of this report.

NHS Health Checks

- 46 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.
- 47 During 2017-18 Q1, 120 checks were offered and the same number were carried out in York. The number of offers was lower than in 2016-17 Q4 (136) but the number of those carried out was higher than in 2016-17 Q4 (57).

Successful completions of Drug and Alcohol Treatment (without representation)

- 48 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.

- 49 In the latest 18 month monitoring period to September 2017, 8.79% of opiate users who were in treatment successfully completed it and did not represent within six months; this is a deterioration from the rate reported at the end of the previous quarter (9.39%), but is significantly above the national average rate of 6.77%. Of non-opiate users, 33.9% of them successfully completed treatment and did not represent within six months; this is lower than the rate reported at the end of the previous quarter (36.9%) and the national average of 37.2%. There has been a change in provider of drug and alcohol treatment in the city since June and most of the activity will relate to the previous provider, which had significant financial challenges and were decommissioned by CYC to provide these services.
- 50 In 2015-16, 11.3% of those booked to start an alcohol misuse treatment programme, and 7.3% of those booked to start a drug misuse treatment programme, had to wait more than three weeks to do so, rates which are higher than the national averages (4.1% and 2.1% respectively). The most recent data available on waiting times (April to June 2017) shows a significant improvement in that no clients, of the 162 booked, had to wait more than three weeks to start their treatment for substance misuse.

Corporate Priorities

- 51 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

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

Recommendations

- 53 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 2017/18.

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**Report
Approved**



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Wards Affected:

All ✓

For further information please contact the author of the report

Background Papers

2017/18 Finance and Performance Monitor 2 Report, Executive 15
November 2017

Abbreviations

ASC – Adult Social Care
ASCOF – Adult Social Care Outcome Framework
BCF – Better Care Fund
COPD – Chronic Pulmonary Obstructive Disease
CYC – City of York Council
DTCOC – Delayed Transfer of Care
FTE – Full Time Equivalent
HCP – Healthy Child Programme
HHASC – Health, Housing and Adult Social Care
HMO – House in Multiple Occupancy
HRA – Housing Revenue Account
LARC – Long Acting Reversible Contraception
LD – Learning Difficulties
LOLER – Lifting Operations and Lifting Equipment Regulations
NCSP – National Chlamydia Screening Programme
P&SI – Physical & Sensory Impairment
TEWV – Tees, Esk and Wear Valleys NHS Foundation Trust