

**Health, Housing and Adult Social Care  
Policy & Scrutiny Committee**

13 September 2017

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

**2017/18 Finance and Performance First 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 1**

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	%
+245	ASC Prevent	6,460	1,378	5,082	+98	+1.9%
-48	ASC Reduce	10,238	2,818	7,420	-326	-4.4%
+24	ASC Delay	11,129	7,064	4,065	-272	-6.7%
-45	ASC Manage	45,332	14,459	30,873	+1,476	+4.8%
-	ASC Mitigations				-604	
<b>+176</b>	<b>Adult Social Care</b>	<b>73,159</b>	<b>25,719</b>	<b>47,440</b>	<b>+372</b>	<b>+0.8%</b>
-49	Public Health	8,404	8,430	-26	0	0%
+66	Housing and Community Safety	11,973	9,432	2,541	+75	+3.0%
<b>+193</b>	<b>HHASC GF Total</b>	<b>93,536</b>	<b>43,581</b>	<b>49,955</b>	<b>+447</b>	<b>+0.9%</b>
<b>+176</b>	<b>Housing Revenue Account Total</b>	<b>31,174</b>	<b>34,363</b>	<b>-3,189</b>	<b>+178</b>	<b>+5.6%</b>

+ 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 (+£98k / +1.9%)**

- 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.
- 5 Be Independent were supposed to have their contract value reduced by £52k to reflect the difference in the cost of providing support services to them at the time of spinning out, against an amount nominally allocated them whilst they retained all CYC support services in their first year. It is not deemed appropriate to recover this at the present time.

### **Adult Social Care Reduce Budgets (-£326k / -3.4%)**

- 6 There is a £274k projected underspend within the direct payment budget. Spend has gone up by £101k but this has been offset by increased customer contributions (£254k) and increased Continuing Health Care (CHC) income (£122k). The new operating model will increase the spend in this area as the year progresses but this will be more than offset by savings in other areas, predominantly the community support budgets, as local communities can offer individuals a greater choice in how their needs are met.
- 7 The Small Day Services, a series of council run day support options for customers, is forecast to underspend by £97k due mainly to staffing vacancies.
- 8 The Better Care Fund (BCF) for 2017/18 and 2018/19 is close to being agreed and recommendations made to the Health and Wellbeing Board. There is unlikely to be a significant change in the overall investment in 2017/18 as the improved Better Care fund is largely needed to support stabilise existing commitments which would otherwise cease due to the NHS financial position and have a negative impact on the broader system, but there is greater scope for investment in 2018/19 and the council and the Vale of York Clinical Commissioning Group (VoY CCG) are evaluating the options.

### **Adult Social Care Delay Budgets (-£272k / -6.7%)**

- 9 The Older Persons' community support budget is forecast to overspend by £184k. The cost and volume of the tiered contracts is £302k more than budgeted but this is offset by an increase in expected CHC income

of £118k. The projection assumes that none of the £241k saving will be achieved at this point in the year (£116k from reducing packages, £125k part year benefit expected from £150k investment in Carers support). The new reablement contract and potential investment from the BCF to get customers reabled more effectively has not yet been proven and as such no savings have been factored into the projection.

- 10 The community support for Learning Disability (LD) customers is forecast to underspend by £320k. CHC income is forecast to be above expectations by £214k. Whilst there are fewer customers than budgeted (£106k). No additional budget was allocated for children transitioning to adult services, and this projection assumes that any additional costs for these customers will be offset by older customers no longer requiring services.

### **Adult Social Care Manage Budgets (+£1,476k/ +4.8%)**

- 11 There is a continuation of the 2016/17 overspend forecast for LD external residential placements of £714k as some high cost customers did not move into supported living schemes as expected. There is also an overspend forecast on Supported Living schemes (£370k). Whilst this increase in expenditure was expected, it was intended it would be mitigated by reviewing the level of support required in the schemes. This review is now being progressed.
- 12 The Older Persons' Home budget is forecast to overspend by approx £437k 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, 0.5FTE 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.
- 13 The pressure from the Mental Health working age residential care customer group increase continues into 2017/18 (£204k). Work is being taken forward with Tees, Esk and Weir Valley NHS provider to develop the service model to reduce dependence on a bed based approach.
- 14 There is a saving of £295k expected from the implementation of a new operating model. This was initially based on reducing staffing levels but has since been wrapped up in a larger challenge to deliver £1.8m of savings across the external care budgets and care management function. The assumption is that these savings will not be achieved in year due to a delay in starting the programme of work and the implementation phase not now expected to start before Autumn.

## **Adult Social Care Mitigations (-£604k)**

- 15 The Department has identified 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/restructure the schemes to create a cash saving (£150k).
  - Use the uncommitted base Care Act budget (£454k) to offset some of the pressures.

## **Public Health (£nil)**

- 16 There are pressures of £140k within Public Health. However this can be funded within the overall Public Health grant balance carried forward from 2016/17. The main variation relates to the substance misuse contract (£121k) as the provider went into administration earlier in the year and it is not yet known whether any council funding will be returned by the administrator.

## **Housing and Community Safety General Fund (+£66 / +2.5%)**

- 17 There is a forecast overspend in Private Sector Housing (£34k) due to lower than anticipated levels of income from Selby District Council (£30k) and Landlord Accreditation (£40k) charges, these are offset by £36k over achievement of Disabled Facility Grant admin income and additional income from Houses in Multiple Occupation (HMO) licences.
- 18 The legal fees in relation to a section 106 dispute are expected to create a £35k pressure this year.

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

- 19 The Housing Revenue Account is budgeted to make an in year surplus of £3.1m. A review of the budgets in the area shows that, overall, a surplus of just under £3m is now forecast.
- 20 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.
- 21 Fire risk assessments are currently being undertaken in all of the 420 communal areas of our properties following the Grenfell Tower fire. The value of such work is not yet known until the assessments are complete but will most likely have a further pressure on the repairs and maintenance budget.

- 22 A range of smaller underspends make up the overall variation.
- 23 The working balance position at 31 March 2017 was £22.64m. This is higher than forecast in the latest business plan (£20.2m) due to underspends achieved in previous years.
- 24 The projected outturn position outlined in paragraph 20 means the working balance will increase to £25.6m at 31 March 2017. This compares to the balance forecast within the latest business plan of £25.8m.
- 25 Detailed information and regulations are still awaited regarding forthcoming changes to HRA legislation including the sale of high value properties. While the full extent of the impact of these changes is not yet known, the HRA will be required to make significant efficiencies in order to mitigate the reduction in income without reducing the HRA balance below prudent and sustainable levels.

## **Performance Analysis**

### **Adult Social Care**

- 26 The information in paragraphs 28 to 46 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 Q1" section of the web page.
- 27 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	Q1	Benchmark	DoT
Service Delivery	A Focus on Frontline Services	Delayed transfers of care from hospital which are attributable to adult social care, per 100,000 population (YTD Average)	6.3	6.9	7.49	NC	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	↑
		Proportion of adults in contact with secondary mental health services living independently, with or without support	55.10%	28.50%	39.21%	49.35%	Below National and Regional Average	→
		% of physically active and inactive adults - active adults	62.18%	67.90%	(Avail Feb 18)	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	Above National Average	→
	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%	Above National Average	↑
		% of panel satisfied with their local area as a place to live	NC	NC	89.84%	91.23%	Above National Average	↑
		% of panel satisfied with the way the Council runs things	NC	NC	65.54%	64.76%	Above National Average	→
		Overall Customer Centre Satisfaction (%) - CYC	58.15%	91.54%	92.48%	93.23%	NC	→
	A Prosperous City for All	Net Additional Homes Provided - (YTD)	507	1,121	977	NC	NC	→
		% of panel who give unpaid help to any group, club or organisation	NC	NC	64.30%	66.44%	Above National Average	↑

NC = Not due to be collected during that period,

## Residential and nursing admissions

- 28 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.
- 29 The number of people in long-term residential and nursing care fell to 607 at the end of 2017/18 Q1, compared with 623 at the end of 2016/17 Q4. There were four admissions of younger people and 56 admissions of older people to residential and nursing care in the first quarter of 2017/18, which is lower than the corresponding period in 2016/17. This is partly due to the extension of Sheltered Housing with Extra Care facilities.

## Adults with learning disabilities and mental health issues

- 30 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.

- 31 Our performance level during 2017/18 Q1 (on average, 8.5% of adults with a learning disability were in paid employment), is improved from the 2016/17 Q4 position (7.6% of adults with a learning disability were in paid employment). Additionally, during 2017/18 Q1 on average 81.4% of adults with a learning disability were living in their own home or with family, which is an improvement on the 2016/17 Q4 position (the corresponding figure was 79.9%). For those with mental health issues, on average 10.45% of this group were in paid employment during 2017/18 Q1 (an improvement on the corresponding 2016/17 Q4 figure of 10.39%). At the present time, although the scorecard indicates that 49% of adults are in settled accommodation, we are aware that there is a recording issue in the reporting of those adults with mental health issues and their accommodation status; we are working with TEWV to ensure that this is reported correctly in subsequent scrutiny reports.

### **Delayed Transfers of Care**

- 32 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.
- 33 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 6.7 beds were occupied per day in hospital because of delayed transfers of care, attributable to ASC, during the first quarter of 2017/18. This is a reduction on the previous quarter (7 beds per day occupied). We are working with health colleagues in a Community Response Team to enable assessments to happen outside hospitals to reduce delays for patients.

### **Public Health**

#### **Under 18 conceptions**

- 34 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.

- 35 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.

### **Smoking**

- 36 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.
- 37 The percentage of pregnant women who are recorded as smoking at the time of delivery has fluctuated in recent times. The figure was 12.3% in 2016/17 Q4 (the latest figure available), compared with 10.3% in Q3. However, the rate is below the regional average (14.3%) but slightly higher than the national average (10.8%) for Q4. We work closely with GP surgeries and York District Hospital to advise pregnant women on the harmful effects of smoking on their baby.
- 38 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%).

### **Health Visiting**

- 39 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.

- 40 Performance on some of these metrics has improved steadily. 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. Since January 2017 the Health Visiting and School Nursing teams have been consulted with around the proposals for a new model for delivery of the HCP. The new Healthy Child Service will be operational 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**

- 41 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.
- 42 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.

### **NHS Health Checks**

- 43 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.
- 44 During the whole of 2016-17, 434 checks were offered in York and 93 were carried out, with 136 offered and 57 carried out in Q4 – both improvements on the Q3 figures (29 and 29 respectively). The relatively low numbers were due to the decision to transition health checks from being a GP-commissioned service to one provided in-house by the YorWellbeing service.

### **Successful completions of Drug and Alcohol Treatment (without representation)**

- 45 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.
- 46 In the latest 18 month monitoring period to March 2017, 9.39% of opiate users who were in treatment successfully completed it and did not represent within six months; this is an improvement from the rate reported at the end of the previous quarter (8.05%). Of non-opiate users, 38.1% of them successfully completed treatment and did not represent within six months; this is broadly similar to the rate reported at the end of the previous quarter (37.9%). 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

- 47 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

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

## Recommendations

- 49 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 1 Report, Executive 31 August 2017

## **Abbreviations**

ASC – Adult Social Care

BCF – Better Care Fund

CHC – Continuing Health Care

COPD – Chronic Obstructive Pulmonary Disease

CYC – City of York Council

DToC – Delayed Transfer of Care

FTE – Full Time Equivalent

HCP – Healthy Child Programme

HHASC – Health, Housing and Adult Social Care

HMO – Houses in Multiple Occupation

HRA – Housing Revenue Account

LARC – Long Acting Reversible Contraception

LD – Learning Disability

LOLER – Lifting Operations and Lifting Equipment Regulations

NCSP – National Chlamydia Screening Programme

VoYCCG – Vale of York Clinical Commissioning Group