

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

**2016/17 Second 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 the relevant services falling under the responsibility of the Corporate Director of Health, Housing & 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 2

2016/17 Quarter 1 Variation £000		2016/17 Latest Approved Budget			2016/17 Projected Outturn Variation	
		Gross Expen- -diture £000	Income £000	Net Expen- -diture £000	£000	%
+122	ASC Prevent	7,429	1,299	6,130	+147	+2.4%
+188	ASC Reduce	9,908	2,874	7,034	+258	+3.7%
+52	ASC Delay	12,739	7,618	5,121	+161	+3.1%
+1,922	ASC Manage	42,424	14,229	28,196	+1,169	+4.1%
-2,000	ASC Mitigation Options	-	-	-	-1,500	-
+57	Public Health	9,094	8,717	377	+19	+5.0%
+341	Health & Adult Social Care Total	81,594	34,737	46,857	+254	+0.5%

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

- 3 The first quarter report for 2016/17 showed a projected net overspend of £341k. The latest position at table 1 is now showing a projected net overspend of £254k, an improvement of £87k. The following sections provide more details of the significant projected outturn variations, and any mitigating actions that are proposed

Adult Social Care Prevent Budgets (+£147k / 2.4%)

- 4 There is a net projected overspend of £96k on staffing budgets mainly due to additional senior practitioner hours within the Occupational Therapy service and additional hours in the Commissioning Team. A number of other more minor variations produce a net overspend of £51k.

Adult Social Care Reduce Budgets (+£258k / 3.7%)

- 5 A £245k pressure within direct payment budgets is forecast due to a higher number of customers than budgeted for, along with some short term delays in initiating the reclaiming of unspent direct payments. Work on reconciling personal budgets is being undertaken to significantly reduce this overspend. There is always some slippage in the resources allocated to support individuals, and actual spend, hence the reclaiming any monies not used. A number of other more minor variations produce a net overspend of £13k.

Adult Social Care Delay Budgets (+£161k / 3.1%)

- 6 There has been an increase in the number of customers on exception contracts within community support budgets and also an increase in the number of hours being commissioned through the framework contracts since quarter 1, to mitigate the rising demand for home care.

Adult Social Care Manage Budgets (+£1,169k / 4.1%)

- 7 There is a net projected overspend of £765k within external residential and nursing care placement budgets as a result of increased residential placements (+£651k) and delays in transferring some learning disability customers to supported living schemes (+£282k), partly offset by fewer than expected nursing placements (-£168k). 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 of £624k. The projection now assumes that this pressure is being met in full from growth allocated in the 2016/17 budget process and additional funding from corporate contingency agreed by the Executive on 13 October.
- 8 Older Peoples Homes' (OPH) budgets are projecting a net overspend of £219k, an improvement of £200k compared to quarter 1. The current overspend is mainly in respect of under recovery of income (£29k) and staffing (£161k).

Income has been affected by a higher than budgeted number of vacant beds. Use of casual staff continues in the homes as permanent posts are kept vacant in order to allow flexibility within the reprovision programme, but the service is now increasing the use of additional hours as a more cost effective alternative. Staff sickness has also significantly reduced (from 604 hours in May to 325 hours in September) and the service continues in its commitment to bring spend back within budget by year end.

- 9 There is a net projected underspend of £469k in supported living budgets. A number of places are being kept vacant in advance of the anticipated transfers of learning disability customers from external residential placements, but the service has also been successful in securing £347k of Continuing Health Care income for 3 customers.
- 10 Staffing budgets are projected to overspend by £74k due mainly to the temporary need for two group managers for the first half of the year. There are several vacancies in the social work teams which have been difficult to recruit to which may require the use of agency staff in the coming period, potentially increasing this overspend.
- 11 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 the entire shortfall from 2017/18, so this is a short term pressure.
- 12 The council's former £1,023k care act grant was transferred to mainstream funding from 2016/17. £532k is committed against this budget leaving £491k available to contribute towards other directorate pressures. A number of other more minor variations produce a net overspend of £13k.

Adult Social Care Mitigations (-£1,500k)

- 13 ASC DMT committed at quarter 1 to look at several areas to bring down the projected overspend. 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 table below shows the areas that have been investigated and what progress has been made since quarter 1:

Actions and Options	Progress to Date
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.	The overspend has been brought down significantly since Q1. Weekly meetings are now held to review the use of agency staff, and the service is working with care managers to encourage the use of beds in the short term to improve the income position.
Increase in Continuing Health Care (CHC) applications.	Successful applications have been made in respect of Supported Living customers, but more needs to be done for other customer groups. A joint meeting with health colleagues is planned to review, streamline and speed up the CHC process.
Review direct payment values in light of the new Resource Allocation System and consider reductions where unspent balances have already been reclaimed.	Recovery of unspent direct payments has been delayed by the transfer of support functions to a new provider. However a reconciliation of accounts is due at end of October which should inform whether there is potential to recover more unused payments than are currently budgeted for.
Ensure top up contributions are secured when customers choose a placement above the council's agreed standard rate.	Guidance has been re-issued to care managers to confirm the necessity to secure top up payments from third parties.
Review our fairer charging rates to customers.	To review the fair Charging policy to ensure it is equitable in particular in respect of charging for those with resources to pay the full fee
Continue the restrictions on all discretionary spend and hold recruitment to vacant posts wherever possible and safe to do so.	All vacancies have to be signed off by Assistant Directors, and are only filled where the operational risk is too great to leave vacant. In addition, budget managers have been asked to withhold any non-essential spend for the remainder of the financial year.

<p>Review any potential to charge costs against capital schemes or reserves.</p>	<p>Managers have been asked to consider any areas which may fall under this area. The Older Persons Accommodation Programme is already making use of new powers to use capital receipts to fund reform in order to minimise any pressure from the project on the revenue budget. In addition the costs of implementing the new operating model are being charged to the Care Act reserve.</p>
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Public Health (+£19k / 5.0% or 0.2% of gross expenditure budget)

- 14 Within Public Health there are net projected overspends on sexual health contracts (+£16k), substance misuse contracts (+£33k) and the healthy child programme (+£53k) due to one-off transition costs relating to the transfer of the school nurse and health visitor staff from York Hospital. These are offset by a projected underspend on staffing of £83k due to vacancies which were held prior to the implementation of the public health restructure.

Better Care Fund

- 15 The Better Care Fund has been agreed and the formal Section 75 agreement, setting out the legal basis for the operation of the pooled budget, has been signed by the council and Vale of York Clinical Commissioning Group. Within the document is an agreement to share risk on a 50:50 basis between the two organisations on schemes that are expected to deliver savings of £1.2m. The directorate is working with health colleagues to ensure the success of these schemes to prevent the council being exposed to a £600k budget pressure.

Performance Analysis

Adult Social Care

- 16 Proportion of adults with a learning disability in paid employment:
 We want to drive up employment for adults with a learning disability, because there is a strong link between employment and enhanced quality of life. Having a job also reduces the risk of being lonely and isolated, and has real benefits for people's health and wellbeing. As at Q2, Our performance level is on track to hit the 10% target. The indicator will remain a focus of the monthly performance clinics. When people reach a review stage, we will look at their employment status. We are working with colleagues to improve opportunities for people who wish to work to have access to employment opportunities.

- 17 Long-term support needs met by admission to residential and nursing care homes, per 100,000 of population (18-65). 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. As at Q2, Our performance is on track and equates to a year end position of 6.08, achieving the required target of 10.0. A Residential Care Panel sits monthly and scrutinises new requests for Residential Care. The key is to ensure that this is the most appropriate option for the individual. Monthly targets are in place and exception reports will be taken to performance clinics where targets are exceeded. 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.
- 18 Self Directed Support: Research has indicated that personal budgets impact positively on well-being, increasing choice and control, reducing cost implications and improving outcomes. As at Q2, the indicator is above benchmarks but below target. Both the Indicators for Service Users and Carers in receipt of Self-Directed Support levels are in excess of the National, Region and Family averages, but represent a fall from the end of 2015-16 position. The offer of Self Directed Support, the appropriate information and support as well a variety of options to make peoples care personalised is being rolled out across Adult Social Care. This includes increasing the availability and use of Individual Service Funds (ISFs), and support to manage Direct Payments.
- 19 Proportion of adults with a learning disability who live in their own home or with family: 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. As at Q2, the current outturn, while just short of the year end target represents an improved position from end of year 2015/16. The indicator, as with LD in Employment, will remain a focus of the monthly performance clinics. When people reach a review stage, we will look at their accommodation status and examine options for people who wish to live more independently within the community.
- 20 Long-term support needs met by admission to residential and nursing care homes (Actual numbers and per 100,000 population) (older people). Avoidable admissions into Residential Care are undesirable for the customer and expensive for the funder. In the first Quarter 2016/17 have improved and are lower than the same position last year. Despite this, the rates are higher than planned in Q2 and push the trend over the target of 238 new placements or less (a rate of 620 per 100k or less) by end of year.

The Residential Care Panel sits monthly and scrutinises all new requests for Residential Care. The key is to ensure that this is the most appropriate option for the individual. Monthly targets are in place and exception reports will be taken to performance clinics where targets are exceeded. The offer of supported living or alternatives to Residential Care will continue to be made for those where this is the best option.

- 21 Direct Payments: Studies have shown that direct payments increase satisfaction with services and are the purest form of personalisation, giving people direct control over their care. At Q2 we remain under target and a lower position than at Q1. Our performance is lower than that of the National, Regional and Family averages. Along side our other offers of Self Directed Support, we are offering Direct Payments as Standard offer which is built into new systems and business processes. We are also working with an organisation which will help to support people with Direct Payment, to manage, plan and utilise their direct payment for the best possible support. We will bring together a workshop of the key stakeholders in the Direct Payment process from Care Management, Commissioning and Supporting Organisations to have a joint plan on the delivery and support of people choosing to directly manage and pay for their own care.
- 22 Proportion of adults in Secondary Mental Health Services in paid employment: This measure is intended to improve employment outcomes for adults with mental health problem and accommodation status are link to reducing risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process. As at Q2, this indicator is on target for end of year performance. We have requested sight of data from our partners in TEWV about the individuals who they have in employment to cross check with our records and support people who are able to be employed but are not yet in employment into work.
- 23 Proportion of adults in Secondary Mental Health Services who live in their own home or with family: This measure is 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. As at Q2, the indicator is improving, however remains off target for 2016/17 end of year target. The issue has been raised with our provider and we are attempting to access their records to bring ongoing monitoring of the data within monthly performance clinics. To date this has not been provided. We intend to actively engage with the provider is designed to drive out any recording and practice issues. Data access, and performance reporting is being escalated at a senior level.

24 Delayed Transfers of Care: 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. Discharges are made from Acute and Non Acute Care Pathways. Discharges from Acute Care: Performance has shown a steady improvement over the end of 2015-16 and into the first half of this year and performance has been maintained as positive. Discharges from Non-Acute Care: Indicators here are not on Target. Performance had shown an improvement in the first quarter, however, from June 2016, an increase in Non Acute Delays, particularly in Mental Health has pushed the numbers back up and off target for the year. While the delays reported by Mental Health for the first months have been disputed, and there are still issues with the quality of information. Since June an agreed process has been put in place to monitor delays with Mental Health to mirror that of our Acute and Non Acute Hospital processes. Consequently the performance has improved, albeit there are still queries with the data In addition a workshop of stakeholders involved in the Non Acute Discharge Pathways is being convened to work through process and issues delaying discharges.

Public Health

25 Smoking Status at the time of Delivery: 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. In the year to September 2016, 12% of mothers giving birth in York were smokers at the time of delivery (227 smokers out of 1,887 live deliveries). This rate is below the regional average (14.24%) but higher than the national average (10.21%). York would need to have 19 fewer mothers per year smoking at the time of delivery in order to achieve the national target of 11% and 35 fewer in order to match the current national average. There is a wide variation in smoking rates at the time of delivery across the City. Rates are over 4 times higher in some areas compared with others. Pregnant smokers are able to access specialist stop smoking support through the Council's stop smoking service. Local data shows that an average of 47 pregnant women in York quit smoking each year between maternity booking and time of delivery (with or without the help of cessation services). Referral and engagement rates will be monitored to ensure the service is being accessed by mothers living in areas with the highest smoking rates.

- 26 Childhood Obesity - National Child Measurement Programme (NCMP) Why is this a Key Indicator? 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. At Q2, In York 8.6% of children in reception and 15.1% of children in Year 6 are obese. These figures are lower (better) than the national averages (9.3% and 19.8% respectively). Significantly fewer children in Year 6 in York have excess weight (overweight or obese) compared with the national average (28% v 34.2%). The NCMP programme has been running for 10 years now. Over this period, excess weight in year 6 children increased nationally from 31.7% to 34.2% but in York it fell from 29.5% to 28%. 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. Healthy weight is addressed as part of the multifaceted approach to health and wellbeing delivered by the CYC Healthy Child Service (0-19 universal offer). The service offers advice on healthy choices and the importance of being active and works closely with schools across the city to promote a healthy lifestyle.
- 27 Successful Completions from Drug / Alcohol Treatment 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. In the latest monitoring period (to September 2016) York is above the national average for the % of people in treatment who completed substance free without representation within 6 months (opiate users 8% v 6.6% nationally; non opiate users 37.9% v 36.9% nationally and alcohol users 39.3% v 38.2% nationally). Representations are monitored separately. In the latest monitoring year (to August 2016), 11.4% of people who successfully completed treatment re-presented to services within 6 months (20 people out of 176). This is slightly higher than the national average of 10.2%. Representation rates vary by substance use with opiate users being three times more likely to represent than non opiate users. 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.

- 28 Mortality Rate from Suicide and Injury of Undetermined intent. Suicide is a major issue for society and a leading cause of years of life lost. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides. The latest published rates are for the three year period 2013-2015. The rate in York is 14 suicides per 100,000 of population and this is significantly higher than the national and regional rates (10.1 and 10.7 per 100,000 respectively). In 2013-15 York had the highest suicide rate when compared to other local authority areas that have similar levels of deprivation. There were peaks in the numbers of suicides in York in 2013 (30 deaths) and 2015 (28 deaths) including a 'cluster' of suicides amongst students. A suicide audit has been conducted reviewing 60 deaths in York which took place between 2010 and 2014. The findings will inform suicide prevention plans and activities to be used to develop the local aspiration for York to become an accredited 'Suicide-Safer Community'. Further audit work will be carried out to include deaths by 'accident or poisoning of undetermined intent' which are included in the wider definition of suicide by ONS. A student health needs assessment is also being undertaken with a key focus on mental health.
- 29 Health Visitor Service Delivery Metrics: 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. Performance 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.
- 30 Excess Winter Deaths: To monitor how many more people die in the winter months (December to March) compared with the number we would expect to die based on average mortality rates in the non winter months. The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature.

Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population, Local Mortality data shows that in 2015/16 there were 149 excess winter deaths in York. This is an increase of over 50% on the 2014/15 figure of 97 excess deaths.

(Regional and National comparisons are not currently available). City of York Council is preparing a media campaign around staying well in winter and preventing avoidable harm to health by alerting people to the negative health effects of cold weather. Publicity campaigns have already been carried out in relation to flu vaccinations. City of York Council is also working with Better Homes Yorkshire to provide energy efficiency improvements to private sector domestic dwellings including a grant programme aimed at fuel poor households.

Council Plan

- 31 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

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

Recommendations

- 32 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

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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 Monitor 2 Report, Executive 24 November
2016 <http://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MId=9307>

Annexes

Annex A: 2016/17 Quarter 2 Performance Scorecard