

**Health, Housing & Adult Social Care Policy & Scrutiny  
Committee**
**19 February 2018**

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

**2017/18 FINANCE AND PERFORMANCE THIRD 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 3**

2017/18 Quarter 2 Variation £000		2017/18 Latest Approved Budget			2017/18 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+88	ASC Prevent	6,460	1,378	5,082	+7	+0.1%
+63	ASC Reduce	10,238	2,818	7,420	-157	-2.1%
-35	ASC Delay	11,129	7,064	4,065	+102	+2.5%
+657	ASC Manage	45,332	14,459	30,873	+1,005	+3.3%
-604	ASC Mitigations				-653	
<b>+169</b>	<b>Adult Social Care</b>	<b>73,159</b>	<b>25,719</b>	<b>47,440</b>	<b>+304</b>	<b>+0.6%</b>
<b>0</b>	Public Health	8,404	8,430	-26	<b>0</b>	0%
<b>+65</b>	Housing and Community Safety	11,973	9,432	2,541	<b>+44</b>	+1.7%
<b>+234</b>	<b>HHASC GF Total</b>	<b>93,536</b>	<b>43,581</b>	<b>49,955</b>	<b>+348</b>	<b>+0.7%</b>
<b>+159</b>	<b>Housing Revenue Account Total</b>	<b>31,174</b>	<b>34,363</b>	<b>-3,189</b>	<b>+243</b>	<b>+0.8%</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 (+£7k / +0.1%)**

- 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. These are offset by a projected £70k underspend on the vacant assistant director post, together with other minor underspends.

#### **Adult Social Care Reduce Budgets (-£157k / -2.1%)**

- 5 There is a £100k underspend within the direct payment budget due largely to additional reclaims received in the last quarter. In addition, the Small Day Services, a series of council run day support options for customers, is forecast to underspend by £160k due mainly to staffing vacancies.
- 6 The Better Care Fund (BCF) for 2017/18 and 2018/19 has been agreed and submitted to NHS England; the plan is still going through the assurance process. Partners have, however, agreed a programme of spend which assures funding for existing schemes pending their review whilst investing in new initiatives, such as social prescribing and a project to look at implementing 7 day services.
- 7 The department has also developed a plan to combat pressure expected over winter due to the hospital not opening an extra ward as would ordinarily be the case. Discussions are ongoing as to how this will be funded but the first call will be on any BCF schemes which are projected to underspend.

#### **Adult Social Care Delay Budgets (+£102k / +2.5%)**

- 8 The community support budgets are forecast to overspend by £107k, predominantly in the Older People customer group.

#### **Adult Social Care Manage Budgets (+£1,005k / +3.3%)**

- 9 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. In addition

Older Persons' external residential care is overspending by £321k due to a net increase of 20 new customers since quarter 2 (£236k), an underachievement of income due to fewer customers making contributions than was assumed in the budget (£64k), and a £21k bad debt write off.

- 10 The Older Persons' Home budget is forecast to overspend by approximately £294k 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.
- 11 Several savings relating to the current and future years are expected to be delivered by the Future Focus programme. A review of potential cashable savings delivered by the change has detailed an expectation of £909k to be delivered (cumulative) after 7 years. This is lower than the original targeted level of savings of £1.85m after 4 years but is reduced due to other pressures in the system and a conservative approach to expected savings derived from demand management. It is possible that these savings can be revised upwards at a point where more robust data is available from other authorities in relation to demand management from this approach. Phase 1 started in June 2017 and the business case outlining areas potentially yielding savings is nearing completion. The implementation phase will not start before autumn and no savings attributable to the programme have been factored into current projections for the sake of prudence. This creates a budget pressure of £212k in 17/18. In addition further one-off investment (in excess of the original £360k reported previously to the Executive) of £220k will be required to complete phase 2. However the funding to support this has been found from within the wider existing HHASC directorate budgets.
- 12 In addition there has been a permanent reduction in the funding received from Public Health towards voluntary sector and mental health services in adult social care of £75k.

### **Adult Social Care Mitigations (-£653k)**

- 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 (£427k).
- Securing additional CHC income which has not previously been accounted for (-£76k).

### **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 (+£44 / +1.7%)**

- 15 The projected overspend of £44k across Housing and Community Safety is due to a number of small variations.

### **Housing Revenue Account (+£243k / +0.8% of gross expenditure budget)**

- 16 The Housing Revenue Account Budget has been updated to reflect the most recent Business Plan, agreed at Executive on 15th November 2017. As a part of the Business Plan refresh the revenue contribution to capital schemes was reprofiled to reflect the spend profile in the capital budget on the IT replacement programme which increases the surplus budget in 2017/18 £3.186m to £5.246m. There were offsetting increases in expenditure in later years to reflect the new spend profile. A review of the budgets in the area shows that, overall, a surplus of just over £5m is now forecast.
- 17 Repairs and Maintenance is forecasting to overspend by £415k, an increase of £120k against quarter 2. Whilst work continues to reduce subcontractor spend (a reduction of £200k is expected from the 2016/17 subcontractor spend) further reductions are required to meet the savings target for 2017/18. The repairs team are seeing pressures from the number of void properties that require a substantial amount of work and are working to limit the number of days these properties are empty, as such the overspend on repairs is projected to be £0.5m.
- 18 Fire risk assessments on all communal areas will be completed by April 2018 at a cost of £5k above budget, which is £15k lower than previously forecast. Electrical testing is forecasting an under spend of £20k as it is unlikely that the full programme of work will be completed this financial year due to staffing resources and the external paint programme is under spending by £70k.

- 19 A range of smaller underspends make up the overall variation.
- 20 The working balance position at 31 March 2017 was £22.64m. The projected outturn position outlined in the paragraphs above means the working balance will increase to £27.64m at 31 March 2018. This compares to the balance forecast within the latest business plan of £27.886m.
- 21 The working balance is increasing in order to start repaying the £121.5m debt that the HRA incurred as part of self financing in 2012. The current business plan assumes that reserves are set aside to enable to the debt to be repaid over the period 2023/24 to 2042/43. The level of working balance also enabled the creation of a £20m budget for new Council Housing (£10m coming directly from the working balance) which is proposed to be spent over the next four years.
- 22 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**

- 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 Q2	2017-18 Q3	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	5.8	9.5	Above National and Regional Average	↓
		Percentage of panel confident they could find information on support available to help people live independently	NC	NC	65.46	NC	64.81	Not known	↓
		Proportion of adults in contact with secondary mental health services living independently, with or without support	55.10	28.50	39.21	80.64	93.13 (Nov)	Above National and Regional Average	↑
		Percentage 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	4.07	3.97	Lower than National Average	↓
	A Council That Listens to Residents	Percentage of panel who agree that they can influence decisions in their local area	NC	NC	25.65	NC	26.87	Above National Average	↑
		Percentage of panel satisfied with their local area as a place to live	NC	NC	89.84	NC	89.94	Above National Average	→
		Percentage of panel satisfied with the way the Council runs things	NC	NC	65.54	NC	62.13	Above National Average	↓
		Overall Customer Centre Satisfaction (%) - CYC	58.15	91.54	92.48	92.51	93.50	Not known	→
	A Prosperous City for All	Net Additional Homes Provided (YTD)	507	1,121	977	1,036	NC	Not known	→
Percentage of panel who give unpaid help to any group, club or organisation		NC	NC	64.30	NC	66.22	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 613 at the end of 2017-18 Q3, compared with 607 at the end of 2017-18 Q2. There were five admissions of younger people and 47 admissions of older people to residential and nursing care in the third quarter of 2017-18. These are lower than 2017-18 Q2 for younger people (six) and for older people (47). 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 Q3 (on average, 7.7% of adults with a learning disability were in paid employment), is marginally less from the 2017-18 Q2 position (7.8% of adults with a learning disability were in paid employment). Additionally, during 2017-18 Q3 on average 79.6% 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 Q2 position (the corresponding figure was 80.4%). For those with mental health issues, on average 14.3% of this group were in paid employment at the end of November 2017 (latest figures available) (an improvement on the corresponding 2017-18 Q2 figure of 12.9%). TEWV have now completed a quality improvement exercise to provide more accurate information, and at the end of November 2017 (latest figures available) they were able to report that 93% of adults with mental health issues were in settled accommodation (it had been reported as 82% at the end of 2017-18 Q2).

## **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 recently changed the way in which they measure performance for this indicator, which involves calculating the average number of beds occupied each day. Approximately 16 beds were occupied per day in York hospitals because of delayed transfers of care, attributable to ASC, during the third quarter of 2017-18. This is an increase on the previous quarter (where, on average 10 beds per day were occupied) and is largely due to a rise in waiting for care packages. We are working with health colleagues to enable assessments to happen outside hospitals to reduce delays for patients, and have

recently introduced seven-day social working, a multi-disciplinary Integrated Complex Discharge Hub and Step Up Step Down beds.

### **Independence 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 During the third quarter of 2017-18, on average 1,775 people were supported to live independently by CYC Adult Social Care packages of care. This is a decrease of 2% on the corresponding number in the second quarter (1,824). There was, however, an increase – continuing the recent upward trend – in the number of those supported to live independently by the use of preventative measures: this averaged 991 during the third quarter of 2017-18, compared with 984 in the previous quarter.

### **“Front door” measures and how adults are supported financially**

- 33 CYC has a responsibility to conduct appropriate risk assessments for those contacting it who state that they may have care needs. The purpose of the “Future Focus” transformation programme is to ensure that people are best informed about the choices available to them, and to provide timely, cost-effective, services for those requiring support.
- 34 In the third quarter of 2017-18 a total of 587 people were assessed, under the national eligibility framework, for CYC-funded adult social care services. This is a decrease from the number assessed in the previous quarter (621). Of these 587 people, 452 were eligible to receive a service from CYC, a decrease from the 484 that were given a service in the second quarter. Almost all (99.92%) of those using social care received self-directed support during the third quarter – a percentage unchanged from the second quarter – and the percentage receiving direct payments also remained stable, at 21% in the third quarter, as it was during 2017-18 Q2.

### **Safety of ASC service users and residents**

- 35 The safety of residents, whether known or not to Adult Social Care, is a key priority for CYC. The ability of CYC to ensure that their service users remain safe is monitored in the annual Adult Social Care User Survey, and for all residents by the number of safeguarding concerns and enquiries that are reported to the Safeguarding Adults Board.



- 36 In the second quarter of 2017-18 there were 265 completed safeguarding enquiries, which is a 7% increase on the number completed during the previous quarter (248). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry decreased, from 100% during 2017-18 Q1 to 94% during 2017-18 Q2.

## **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 15 per 1,000 conceptions amongst females aged 15-17 in York in the year to September 2016, which is a decrease of 26% compared to the rate in the year to March 2016. 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 increased in the last quarter. The figure was 12% in 2017-18 Q2 (the latest figure available), compared with 10.1% in 2017-18 Q1. The rate is below the regional average (14.5%), but above the national average (11%) for 2017-18 Q2. 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 84% during 2017-18 Q2 compared with 81% during 2017-18 Q1. The percentage of timely 6-8 week reviews (by the time the baby is 8 weeks old) was 83% during 2017-18 Q2, as it was during 2017-18 Q1. The prevalence of breastfeeding at 6-8 weeks reached 44% at the end of 2016-17 Q4; this is the latest data that is available. The percentage of children getting a “12 month” review by the time they turned 15 months old increased to 81% during 2017-18 Q2 from 80% during 2017-18 Q1. The percentage getting a “2-2.5 year” review remained at 20% during 2017-18 Q2 compared with 2017-18 Q1. 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 Q2, 38 checks were offered and the same number were carried out in York. The number of offers, and those carried out, was lower than in 2017-18 Q1 (120).

## **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 (July to September 2017) shows a significant improvement in that only one client, of the 174 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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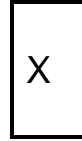
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**Report  
Approved**



**Date** 9 February 2018

**Specialist Implications Officer(s)** None

**Wards Affected:**

**All** Y

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

### Background Papers

2017/18 Finance and Performance Monitor 3 Report, Executive 8 February  
2018