

Health, Housing and Adult Social Care Policy and Scrutiny Committee

25 July 2018

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

2017/18 FINANCE AND PERFORMANCE OUTTURN REPORT – HEALTH, HOUSING & ADULT SOCIAL CARE

Summary

- 1 This report analyses the latest performance for 2017/18 and presents 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 – Draft Outturn

2017/18 Quarter 3 Variation £000		2017/18 Latest Approved Budget			2017/18 Draft Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+7	ASC Prevent	7,423	2,090	5,333	-165	-3.1%
-157	ASC Reduce	10,456	3,446	7,010	-93	-1.3%
+102	ASC Delay	12,617	8,780	3,837	-85	-2.2%
+352	ASC Manage	47,664	13,976	33,688	+744	+2.2%
+304	Adult Social Care	78,160	28,292	49,868	+401	+0.8%
0	Public Health	8,635	8,388	247	0	0.0%
+44	Housing and Community Safety	14,751	12,066	2,685	-116	-4.3%
+348	HHASC GF Total	104,546	48,746	52,800	+285	+0.5%
+243	Housing Revenue Account Total	28,784	34,030	-5,246	-1,535	-5.3%

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

- 3 The general fund outturn position shows a net overspend of £285k, a small decrease from the quarter 3 report. The following sections provide more details of the significant outturn variations.
- 4 The hospital was unable to open and staff extra wards as it would ordinarily over the winter period and, along with an unusually bad flu season, this presented a difficult time for ASC. We assisted the system by block booking 8 residential beds (£98k), putting extra staff on over the weekend to facilitate customer discharge (£28k) and securing additional home care (£28k). This allowed capacity to be released in the hospital to accommodate the additional numbers attending Accident & Emergency.
- 5 Some of these interventions will continue into 2018/19, funded through the Improved Better Care Fund (IBCF) or from the £800k contingency set aside in the budget for adult social care. The council has received a letter from the DCLG directing us to use £690k of next year's IBCF on easing pressures on the NHS so these initiatives will help us clearly demonstrate that we are committed to this goal.
- 6 There was a small underspend on the carers' budget of £149k. This was due to some spend formerly paid as a contract being procured on an individual basis from the home care budget.
- 7 The Small Day Services, a series of council run day support options for customers, underspent by £179k due mainly to staffing vacancies (£109k), running costs (£29k) and an overachievement of income across the services (£41k). This area is expected to make £200k in savings over the next two financial years so the same value of underspend will not be available to offset other departmental pressures in the future.
- 8 There is an overspend of £194k on staffing in the Independent Living Community budget due to use of Work with York and external agency staff. Some of the beds have been used as intermediate care beds to alleviate the pressure on the hospital and this is in addition to Step Down beds funded through the Better Care Fund (BCF) in Haxby Hall and externally provided. We are reviewing the staffing structures to ensure the correct level of budget has been transferred from that released by re-providing our older person accommodation.
- 9 There is a continuation of the 2016/17 overspend forecast for Learning Difficulties (LD) external residential placements of £444k. Some high cost customers did not move into supported living schemes as expected. In addition Older Persons' external residential care overspent by £374k due to having more customers than budgeted for and securing 8 beds over winter to ensure people could be discharged in a timely manner from hospital.

- 10 The Older Persons' Home budget overspent by £273k due to a reduction in customer income as the service is modernised and as services reduced their capacity pending the outcome of formal consultations regarding future use. This overspend has been funded from the capital receipts generated by the sale of homes in 2017/18, as permitted by new powers introduced in 2016/17's budget. This was always assumed in the financial planning around the Older Person's Accommodation Project and does not affect the anticipated saving when the project is complete.
- 11 The Supported Living budgets overspent by £151k, largely due to the average cost per customer in Physical and Sensory Impairment (P&SI) supported living placements being £3k p.a. higher than was assumed when the budget was set.
- 12 The Deprivation of Liberty Safeguarding (DOLS) budget underspent by £142k. The Council now employs Best Interest Assessors and has reduced its reliance on more expensive, external providers.
- 13 There was a net projected overspend on substance misuse contracts following Lifeline going into Administration at the end of May 2017 (£121k for June contract costs). Until we know whether there will be a return of funding from the Administrator we are using reserves to cover the additional cost.
- 14 A number of other more minor variations make up the overall directorate position.

Housing Revenue Account

- 15 The Housing Revenue Account budgeted to make a surplus of £5.2m in 2017/18 and the draft outturn position shows a surplus of £6.7m, an increase of £1.5m.
- 16 There has been an overspend of £182k on repairs and maintenance. This is lower than that forecast at Monitor 3 and is partly due to an additional charge of void works to capital (£252k) and underspends on project work, surveys and decorating allowances. There has been a further reduction in the use of subcontractors £1m in 2017/18 compared to £1.2m in 2016/17. However this needs to reduce further in order for the service to be within budget in 2018/19.
- 17 General management costs have underspent by £440k, of which £139k relates to support services, £100k for stock condition surveys because work was not completed within the year due to workload pressures, £86k on one off income from works on leasehold properties and £115k saving on utilities. Slippage of capital expenditure has resulted in the expected contribution to the capital programme from the revenue budget being reduced by £1m. Whilst there has been an increase in the level of

arrears and the bad debt provision has increased, this was still £210k lower than budget.

- 18 Rental income was £152k lower than budgeted, £30k of which related to Ordnance Land due to a higher number of voids pending the opening of James House.
- 19 As a result of these variations, the working balance position at 31 March 2018 is £29.4m compared to the £27.8m forecast in the latest business plan. The working balance is due to increase to £46m by 2024/25 when the first tranche of debt taken out as part of the self financing settlement is due to be repaid.
- 20 The increased working balance will fund the reprofiled capital programme work of £599k and £100k on stock condition survey work.

Performance Analysis

ADULT SOCIAL CARE

- 21 Much of the information in paragraphs 25 to 36 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. Further information relating to paragraphs 37-53 can be found on Public Health England's "Fingertips" site, which is available at

<https://fingertips.phe.org.uk/indicator-list/view/TBYIWbgJ6E>

- 22 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 Q3	2017-18 Q4	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	9.0	6.0	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	64.81	NC	Not known	↓
		Percentage of adults in contact with secondary mental health services living independently, with or without support	55.10	28.50	39.21	68.73	72.75	Above National and Regional Average	↑
		Percentage of physically active and inactive adults - active adults	62.18	69.83	70.20	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	3.97	1.84	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	26.87	NC	Above National Average	↑
		Percentage of panel satisfied with their local area as a place to live	NC	NC	89.84	89.94	NC	Above National Average	→
		Percentage of panel satisfied with the way the Council runs things	NC	NC	65.54	62.13	NC	Above National Average	↓
		Overall Customer Centre Satisfaction (%) - CYC	58.15	91.54	92.48	93.50	93.63	Not known	→
	A Prosperous City for All	Net Additional Homes Provided (YTD)	507	1,121	977	NC	260	Not known	↑
		Percentage of panel who give unpaid help to any group, club or organisation	NC	NC	64.30	66.22	NC	Above National Average	↑

NC - Not due to be collected during that period

Residential and nursing admissions

- 23 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.
- 24 The number of people in long-term residential and nursing care fell to 575 at the end of 2017-18 Q4, compared with 613 at the end of 2017-18 Q3. There were three admissions of younger people and 35 admissions of older people to residential and nursing care in the third quarter of 2017-18. These are lower than 2017-18 Q3 for younger people (eight) and for older people (70). This is partly due to the extension of Sheltered Housing with Extra Care facilities.

Adults with learning disabilities and mental health issues

- 25 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.

- 26 Our performance level during 2017-18 Q4 (on average, 8.3% of adults with a learning disability were in paid employment), is marginally less from the 2017-18 Q3 position (8.4% of adults with a learning disability were in paid employment). Additionally, during 2017-18 Q4 on average 77.2% of adults with a learning disability were living in their own home or with family, which is a minor deterioration on the 2017-18 Q3 position (the corresponding figure was 78.3%). For those with mental health issues, on average 18.2% of this group were in paid employment at the end of February 2018 (latest figures available), which is an improvement on the corresponding 2017-18 Q3 figure of 12.8%. These figures are now taken from NHS Digital as they include people not known to CYC's main provider of MH services, TEWV. It was also reported that 86% of adults with mental health issues were in settled accommodation at the end of January 2018 (compared with an average of 69% during 2017-18 Q3).

Delayed Transfers of Care

- 27 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.
- 28 Approximately 10 beds were occupied per day in York hospitals because of delayed transfers of care, attributable to ASC, during the fourth quarter of 2017-18. This is a decrease on the previous quarter (where, on average 15 beds per day were occupied) and is largely due to a decrease 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

- 29 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.

- 30 During the final quarter of 2017-18, on average 1,795 people were supported to live independently by CYC Adult Social Care packages of care. This is a 1% increase on the corresponding number in the second quarter (1,775). There was, however, a decrease – counter to the recent upward trend – in the number of those supported to live independently by the use of preventative measures: this averaged 979 during the final quarter of 2017-18, compared with 991 in the third quarter.

“Front door” measures and how adults are supported financially

- 31 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.
- 32 In the final quarter of 2017-18 a total of 619 people were assessed, under the national eligibility framework, for CYC-funded adult social care services. This is an increase from the number assessed in the previous quarter (587). Of these 619 people, 469 were eligible to receive a service from CYC, an increase from the 452 that were given a service in the second quarter. Almost all (99.92%) of those using social care received self-directed support during the final quarter – a percentage unchanged from the third quarter – and the percentage receiving direct payments also remained stable, at 21% in the final quarter, as it was during 2017-18 Q3.

Safety of ASC service users and residents

- 33 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.
- 34 In the final quarter of 2017-18 there were 277 completed safeguarding enquiries, which is a 5% increase on the number completed during the previous quarter (265). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry increased, from 94% during 2017-18 Q3 to 97% during 2017-18 Q4.

PUBLIC HEALTH

NHS Health Checks

- 35 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.

- 36 Up to the end of 2017-18 Q3, 72.7% of those eligible for an NHS health check (those aged 40-74) had been offered one over a five-year period. This is virtually unchanged from the Q2 position (72.6%). Of those eligible for an NHS health check in the last five years, 27.4% had received one at the end of Q3, which is, similarly, virtually unchanged from the position at the end of Q2 (27.3%). This is below the regional average (37%) level of health checks that have been received.

Adult Obesity

- 37 Obesity amongst the adult population is a major issue as it puts pressure on statutory health and social care services, and leads to increased risk of disease, with obese people being more likely to develop certain cancers, over twice as likely to develop high blood pressure and five times more likely to develop type 2 diabetes. Nationally, around 60% of adults are classified as obese or overweight according to the most recent (2016) Health Survey for England, with men being more likely to be obese than women. It is estimated that obesity costs wider society £27 billion, and is responsible for over 30,000 deaths each year.
- 38 In York, it is estimated that 60.4% of people aged 18 or over are overweight or obese. This is lower than the national (61.3%) and regional (65.3%) percentages and is based on the most recent "Active Lives" survey.

Smoking

- 39 Smoking, amongst the general population, has a number of well-known detrimental effects, such as increased likelihood of certain cancers, heart disease, diabetes, weaker muscles and bones. For pregnant mothers, it can lead to detrimental effects in their child's development and their health. It is estimated that smoking-related illnesses contribute towards 79,000 premature deaths each year in England, and that the cost to the NHS is approximately £2.5bn each year, with almost 500,000 hospital admissions directly attributable to smoking.
- 40 The estimated current smoking prevalence amongst people aged 18 or over in York is 12.6%, which compares favourably with the rates nationally (15.5%) and in the Yorkshire and Humber region (17.7%). This is taken from the Annual Population Survey, which sampled 1,298 adults in York. Amongst those working in routine and manual occupations, the estimated current smoking prevalence is 26.4% in York, which is lower than both the national (26.5%) and regional (28.9%) rates.

- 41 The percentage of pregnant women who are recorded as smoking at the time of delivery was 7.5% in 2017-18 Q3, compared with 12% in 2017-18 Q2. These figures are for the Vale of York CCG area; it is believed that the percentage in the City was around 10% in Q3.

Alcohol prevalence

- 42 The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21bn each year, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
- 43 Public Health England estimate, using 2011-14 Health Survey data, that 30% of adults in York drink over 14 units of alcohol each week. This is higher than both the regional and national average levels (both 26%). Around 1.4% of the city's adult population are estimated to be dependent on alcohol. This is the same as the national average level, and slightly below the regional average level (1.5%). York has fewer people who abstain from drinking alcohol (8.1%) compared with regional (16.8%) and national (15.5%) averages.

Successful completions of Drug and Alcohol Treatment (without representation)

- 44 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.
- 45 In the latest 18 month monitoring period to December 2017, 7.75% 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 (8.79%), but remains significantly above the national average rate of 6.7%. Of non-opiate users, 29.96% 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 (33.91%) and the national average of 36.85%. 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.

- 46 In 2017-18 only one (0.6%), out of the 172 new starters on substance misuse programmes, had to wait more than three weeks to start their programme. This is a lower percentage than national averages, where, depending on the programme, between 1.3% and 2.3% of new starters have to wait more than three weeks before they start their treatment.

Sexual health

- 47 Being sexually healthy enables people to avoid sexually transmitted infections, illnesses and that they are taking responsibility for ensuring that they protect themselves and others, emotionally and physically. It also ensures that unwanted pregnancies are less likely to occur.
- 48 In 2017, 26,599 York people aged 15-64 had a test for a sexually transmitted infection, which is equivalent to a rate of 19,172 per 100,000 population. This is higher than the national (16,730 per 100,000) and regional (13,204 per 100,000) rates. There were 8,945 people aged between 15 and 24 that were screened for chlamydia – 25% of that age group. This is higher than occurs nationally (19%) and regionally (20%). The detection rate of 1,985 cases per 100,000 is higher than the England average (1,882 per 100,000). In 2016, 12 people in York were diagnosed with HIV – a rate of 6.8 per 100,000 aged 15 or over. The England rate was 10.3, and the regional rate 6.0.

Mental health and suicide

- 49 It is crucial to the overall well-being of a population that mental health is taken as seriously as (more visible) physical health. Common mental health problems include depression, panic attacks, anxiety and stress. In more serious cases, this can lead to thoughts of suicide and self-harm, particularly amongst older men and younger women.
- 50 In the Vale of York CCG area, 1,220 people aged 18 or over were referred to Improving Access to Psychological Therapies (IAPT) in 2017-18 Q3. This is a rate of 418 per 100,000, and is significantly lower than both the national (819 per 100,000) and the regional (848 per 100,000) averages.
- 51 Between 2014 and 2016, 70 people in York died by suicide, a rate of 12.7 per 100,000 population each year. This is a higher rate than nationally (9.9 per 100,000) and regionally (10.4 per 100,000). Local, unpublished, data shows that the number of suicides between 2015 and 2017 rose slightly during that period.

Corporate Priorities

- 52 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

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

Recommendations

- 54 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**

Date 11 July 2018

Specialist Implications Officer(s) None

Wards Affected: *List wards or tick box to indicate all* **All** Y

For further information please contact the author of the report

Background Papers

2017/18 Finance and Performance Monitor 3 Report, Executive 21 June 2018

Abbreviations

ASC – Adult Social Care

BCF – Better Care Fund

CYC – City of York Council

DCLG – Department for Communities and Local Government

DOLS – Deprivation of Liberty Safeguarding

DToC – Delayed Transfer of Care

HHASC – Health, Housing & Adult Social Care

IBCF – Improved Better Care Fund

IAPT – Improving Access to Psychological Therapies

LD – Learning Difficulties

MH – Mental Health

P&SI – Physical and Sensory Impairment

TEWV – Tees, Esk and Wear Valleys NHS Foundation Trust