

**Health & Adult Social Care Policy & Scrutiny
Committee**

1 December 2015

Report of the Director of Adult Social Care and the Director of Public Health

**2015/16 Finance and Performance Monitoring Report – Health & Adult
Social Care**

Summary

- 1 This report analyses the latest performance for 2015/16 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 Director of 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.

**Table 1 – Health & Adult Social Care Financial Summary 2015/16 –
Quarter 2 – September**

2015/16 Quarter 1 Variation £000		2015/16 Latest Approved Budget			2015/16 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-369	Adult Assessment & Safeguarding	42,398	15,090	27,308	-517	1.9%
-82	Adult Commissioning, Provision & Modernisation	29,344	6,512	22,831	+367	1.6%
+274	Director of Adult Social Care	4,372	4,753	-381	+283	74.3%
-59	Public Health	9,035	8,690	345	-127	36.8%
-236	Health & Wellbeing Total	85,148	35,045	50,103	+6	0.0%

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

- 3 The first financial monitoring report for 2015/16 showed a projected net underspend of £236k. The latest position at table 1 is now showing a very small net projected overspend of £6k across all Health & Wellbeing budgets, a worsening of £242k. The following sections provide more details of the significant projected outturn variations, and any mitigating actions that are proposed.

Adult Assessment & Safeguarding (-£517k / 1.9%)

- 4 There is a net projected underspend of £124k on staffing budgets, due mainly to some posts being held vacant pending a review of the service and the development of a new operating model.
- 5 Residential and nursing care budgets are projected to underspend by a net £205k. This is due to a projected increase in Continuing Health Care income being secured, and fewer Older Person's Nursing Care placements than budgeted, producing a £383k underspend. This is partially offset by additional costs being incurred in respect of placement costs at a residential home.
- 6 This home was judged as inadequate by the Care Quality Commission (CQC) in April 2015, and under threat of closure. Commissioners have worked to secure the continuity of care for the 17 CYC customers placed there. The customers could only continue to be supported at the home if additional care costing £178k for the remainder of 2015/16 was provided (2016/17 full year impact is £388k). Without this intervention it would have been necessary to move customers from this home to higher cost placements elsewhere.
- 7 In addition, based on the number of Deprivation of Liberty Safeguards (DoLS) assessments carried out to date, there is likely to be an underspend on this budget of £128k. A number of other more minor variations produce a net underspend of £60k.

Adult Commissioning, Provision & Modernisation (+£367k / 1.6%)

- 8 There is a projected overspend of £236k within Older Peoples Homes' budgets. This is mainly in respect of care assistant costs that have been maintained beyond the originally budgeted for dementia matters pilot period at Windsor House (+£143k), and additional service manager costs (+£57k). There is also a projected under recovery of income of £34k as occupancy levels are lower than assumed at the time the budget was set.

- 9 Small Day Service and Supported Employment budgets are projected to underspend by £109k, due mainly to staffing savings resulting from a number of vacant posts across the service.
- 10 Supported Living Schemes are expected to overspend by a net £254k. This is a significant change from the previous monitor when a net underspend of £146k was expected based on projected placement numbers and customer needs. However, projected costs have subsequently increased by £400k due to the Whittlestone legal judgement. The judgement finds that overnight (sleep in) staff must now be paid the same hourly rate as day staff, rather than a flat rate for the night as was the case in several of our schemes.
- 11 The potential Whittlestone issue was highlighted during the 2015/16 budget process. However, as the judgement was being challenged and not binding at that point, the financial impact of the decision was not built into the supported living schemes base budget. Instead it was expected to be addressed by a call on contingency if any costs could not be contained within the overall Adult Social Care directorate budget. This is an on-going issue that will continue into 2016/17.
- 12 A number of other more minor variations produce a net underspend of £14k.

Director of Adult Social Care and Central Budgets (+£283k / 74.3%)

- 13 The directorate's budget for 2015/16 includes a requirement to deliver savings totalling £1.3m from the on-going work being undertaken on service transformation. To date savings of £1,075k have been identified leaving further savings required of £225k. Other pressures within the director's staffing budget, and additional redundancy costs, account for the remaining £58k projected overspend.

Public Health (-£127k / 36.8% or 1.4% of gross expenditure budget)

- 14 The Public Health team budget is projected to underspend by £55k, mainly due to staffing vacancies. In addition there are projected savings from the redesign of the Substance Misuse (-£49k) and Contraception (-£28k) services. A number of other more minor variations produce a net overspend of £5k.
- 15 However, this does not take account of the proposed in year reduction in public health grant, as the government has yet to announce its final decision. If implemented in line with the Department of Health's recommendation this would mean a straight 6.2% reduction across all councils, equating to a £509k loss of public health grant for York in 2015/16.

Better Care Fund (BCF) Risk

- 16 The BCF is an £11m pooled budget between CYC and Vale of York Clinical Commissioning Group (VYCCG), and is a government initiative to transform local health and social care services so that they work together to provide better joined up care and support.
- 17 As a result of significant in year financial pressures NHS England has required VYCCG to produce a Financial Recovery Plan. This means that VYCCG will be reviewing the level of contribution that they are able to make to the BCF in 2015/16. At this stage the council is still awaiting confirmation of the funding it will receive and formal sign up by VYCCG to the accompanying Section 75 agreement.

Performance Analysis

Adult Social Care

- 18 The Adult Social Care Outcomes Framework 2014/15 was published on 6th October 2015. Appendix A provides a summary of York's performance on each measure and the comparison with national, regional and statistical neighbour averages.
- 19 Our statistical neighbours are a group of local authorities that share similarities with York on multiple statistical measures, including demographics, indices of deprivation, socio-economics, wealth and poverty. They differ depending on which care group is being compared. For example, our nearest statistical neighbours for measures on older people is Stockport, whereas for measures on those with a learning disability it is Rutland.
- 20 Key performance highlights and areas of concern from 2014/15 ASCOF indicators:
 - a) We have achieved good outcomes for carers and customers with needs in terms of satisfaction and quality of life: This will continued to be monitored throughout the financial year to check we are retaining these standards in light of the Care Act 2014 and the implications it has for carers' service and the increased expectations of customers accessing the services.
 - b) Measures for those with a Learning Disability and those in contact with secondary mental health services in paid employment are in the top quartile nationally. However, the proportion of adults in contact with secondary mental health services living independently is an area of weakness. We will look to address this by building a strong relationship with our new Mental Health Services provider, TEWV, and ensure we have the right data and services to improve.

- c) York has high numbers of customers who have reported they find it easy to find information about support. This is encouraging and we will look to build on this as we see advice and information take a greater role in preventing people's needs developing.
- d) Numbers of people receiving successful reablement and 'short term support to maximise independence' are amongst the poorest regionally and nationally. These poor Short Term Support and Reablement measures are being addressed jointly with NHS commissioners through the development of a reablement specification and plan for an integrated service.
- e) We need to improve on delayed transfers of care attributable to adult social care. As part of our strategic approach to addressing this, we have redrafted the policy for managing delayed transfers of care and we will now focus on delivering this to the new framework. We are also looking to establish how York's demographics play a part in our performance outcomes. Many of our statistical neighbours experience poor performance in this area too, so we will look to compare issues and learn from those who are doing better.
- f) The proportion of people who use services who feel safe and say that the services they use make them feel safe and secure has dropped to some of the worst in the region. To address this we will be looking at the way we administer this survey and further our understanding of our customer's perceptions of safety so that we can improve it.

Public Health Indicators.

- 21 Members questioned a number of issues from public health indicators in the Quarter1 performance report. Officers agreed to investigate further and provide responses:
- 22 Seasonal flu vaccine uptake, as the uptake fell for under 65's at risk, did other costs rise and had this been budgeted for? **Response:** Decreasing influenza vaccination coverage rates amongst under 65 'at risk' patients could potentially lead to increased winter pressure on primary care services and hospital admissions. Data is not readily available to enable the CYC public health team to quantify this potential impact. NHS England is responsible for commissioning the seasonal flu immunisation programme and they work with Public Health England in performance monitoring uptake
- 23 The detection rate for Chlamydia was lower in the city owing to a smaller % of young people being tested, could this be a problem? **Response:** There are some data quality issues with regards to the Chlamydia detection figures. These issues have been acknowledged by Public Health England and may have led to under reporting of activity. The CYC Public Health team are working with the newly commissioned provider of

the integrated sexual health services to provide a more targeted approach to Chlamydia testing, focusing on those young people who are at highest risk of infection.

- 24 The reasons for the lower take up of GP health checks in the city compared to the national average? **Response:** GPs in York have invited a higher % of the local eligible population for a Health Check compared with the national average in the 2^{1/4} years of the programme to date. The take up by those patients invited has been lower however. The way the GP Health Check programme is being offered is currently being reviewed by the CYC public health team.

A range of new / updated health indicators were published in November 2015.

- 25 New survey data on smoking amongst 15 year olds is available. 8.5% were current smokers in York (5.3% regular and 3.2% occasional) and this is similar to the national/regional averages. 23.3% reported using e-cigarettes in York which is average for our region but higher than the national figure of 18.4%. 9.2% reported use of other tobacco products (e.g. shisha pipe) in York. This is lower than the national / regional averages (15.2% & 13%).
- 26 Adult smoking prevalence in York (based on survey data) fell very slightly after having risen in the two previous years. It's currently 18.4% v 18.0% in England. Similarly, smoking prevalence in routine and manual occupations fell very slightly after having risen in the previous two years. It's currently 32.8% v 28% in England. There was no real change in smoking status at time of delivery: 10.8% in the Vale of York CCG, which is low within our region (15.6%) but similar to the England average (11.4%).
- 27 In relation to smoking cessation activity, the cost per 'quitter' in York (£887) is about double the national and regional figures (£420 & £484). The engagement rates of the cessation services were the 5th lowest in England (rate of people setting a quit date per 100,000 smokers). The existing contracts for stop smoking support services are due to end in March 2016 and the Public Health team are in the process of developing a new delivery model for an integrated wellness service post April 2016.
- 28 The % of low birth weight babies is increasing in York. It was 1.6% in 2011 but was 3.0% in 2014 and has now crept above the national average, although the actual numbers are still low.
- 29 The overall suicide rate in the 3 year period to 2014 in York is not significantly different to national average. We do know, however, that in 2013 there was a spike in male suicides in York and on a single year

measure of suicides in males of working age, York was fourth highest in the country (Press article). The 2013 peak of 25 male suicides in York has not been repeated to date (14 in 2014 and 11 in 2015 up to September). A case audit of coroner files is taking place at present, led by NYCC.

- 30 A new three year baseline measure for excess weight in adults was published and it is estimated that 56.9% of adults in York are classified as overweight or obese (v 64.6% nationally). This figure is based on 1,341 people in York responding to the Active People Survey, Sport England. Also from the Active People Survey, based on responses from 482 people in York, 54.9% of the 16+ population are estimated to consume the recommended '5 a day'. This is similar to national and regional averages.
- 31 Successful completions of drug treatment (Opiates and non Opiates) for 2014 are rated as similar to the national average however the opiate figure has not improved as anticipated and this is monitored on a monthly basis and discussed regularly with the commissioned providers.
- 32 Cancer Screening Coverage. A new measure on bowel cancer screening for eligible 60-74 yr olds shows that York's rate of 51.5% is significantly lower than national average of 57.1%. The breast cancer screening rate is falling in York, as it is nationally, but the rate remains higher in York (80%) v national (75.4%) and regional (75.6%) averages. Cervical cancer screening rates are similar to the England average but lower than the regional average. Rates are falling nationally.
- 33 There were 19 new cases of TB in York in 2012-14. This is a rate of 3.1 per 100,000 which is significantly lower than the England average of 13.5.
- 34 There were 16 people newly diagnosed with HIV in 2012-14 and 9 of these were classified as a late diagnosis (56.3%). The national aspiration is 25% or less for late diagnoses. The national average is currently 42.2%.
- 35 A range of mortality indicators were updated for the period 2012-14. The York figures look reasonable when compared with the national averages but do not compare as well within the group of local authorities with similar levels of deprivation. The headline indicator for Public Health purposes is the mortality rate from causes considered to be preventable (i.e. could potentially be avoided by public health interventions in the broadest sense). York's rate is the highest (worst) within our deprivation group, but the value did at least go down in this period after rising for the previous four periods. Some follow up work is planned looking at public health spends and outcomes for York v our comparator LAs.

Council Plan

- 36 The information included in this report is linked to the Focus on Frontline Services and A Council That Listens to Residents elements of the Council Plan 2015-19.

Implications

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

Recommendations

- 38 As this report is for information only there are no specific recommendations.

Reason: To update the committee on the outturn financial and performance position for 2015/16.

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Specialist Implications Officer(s) None

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

For further information please contact the author of the report

Appendix

Appendix A- Adults Social Care Outcomes Framework end of year outturn 2014/15

Background Papers

2015/16 Finance & Performance Monitor 2, Executive 26 November 2015

Glossary of abbreviations used in report

ASCOF- Adult Social Care Outcomes Framework

BCF- Better Care Fund

CQC- Care Quality Commission

CYC- City of York Council

GP- General Practitioner

HIV- Human Immunodeficiency Virus

NYCC- North Yorkshire County Council

NHS- National Health Service

TEWV- Tees, Esk and Wear Valleys NHS Foundation Trust

TB- Tuberculosis

VYCCG- Vale of York Clinical Commissioning Group

Adults Social Care Outcomes Framework end of year outturn 2014/15

Key	
1st Quartile	0 - 38
2nd Quartile	39 - 76
3rd Quartile	77 - 114
4th Quartile	115 - 152

Outcome Measure	Description		York Score	Position in 152 Councils	Position in 15 Regional Councils	Position in 16 Comparator Councils
1A	Social care-related quality of life score		19	78	10	9
1B	The proportion of people who use services who have control over their daily life		78	67	7	9
1C	The proportion of people who use services who receive self-directed support	Part 1a	95.8	43	3	5
	The proportion of carers who receive self-directed support	Part 1b	100	1	1	1
	The proportion of people who use services who receive direct payments	Part 2a	21.6	97	9	12
	The proportion of carers who receive direct payments	Part 2b	100	1	1	1
1D	Carer-reported quality of life score		8.3	18	2	3
1E	The proportion of adults with a learning disability in paid employment		13.7	9	1	1
1F	The proportion of adults in contact with secondary mental health services in paid employment		10.9	17	3	3

1G	The proportion of adults with a learning disability who live in their own home or with their family		91.8	5	1	1
1H	The proportion of adults in contact with secondary mental health services living independently, with or without support		55.1	113	14	13
1I	The proportion of people who use services who reported that they had as much social contact as they would like	Part 1	46.6	46	7	6
	The proportion of carers who reported that they had as much social contact as they would like	Part 2	44.7	30	6	5

Outcome Measure	Description		York Score	Position in 152 Councils	Position in 15 Regional Councils	Position in 16 Comparator Councils
2A	Long-term support needs of younger adults (aged 18-64) met by admission to residential and nursing care homes, per 100,000 population	Part 1	9.9	50	5	11
	Long-term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population	Part 2	630.8	72	6	8
2B	The proportion of older people (aged 65 and over) who were still at home 91 days after discharge from hospital into reablement/rehabilitation services	Part 1	81.5	92	11	9
	The proportion of older people (aged 65 and over) who received reablement/rehabilitation services after discharge from hospital	Part 2	0.9	147	15	15
2C	Delayed transfers of care from hospital, per 100,000 population	Part 1	11.6	102	11	11
	Delayed transfers of care from hospital that are attributable to adult social care, per 100,000 population	Part 2	6.3	133	14	5
2D	The outcome of short-term services: sequel to service		33.8	149	15	16
3A	Overall satisfaction of people who use services with their care and support		67.1	44	7	5
3B	Overall satisfaction of carers with social services		43.4	55	10	10
3C	The proportion of carers who report that they have been included or consulted in discussion about the person they care for		73.2	57	12	10
3D	The proportion of people who use services who find it easy to find information about support	Part 1	79.8	18	3	3
	The proportion of carers who find it easy to find information about support	Part 2	70.3	35	7	8
4A	The proportion of people who use services who feel safe		62.3	131	13	16
4B	The proportion of people who use services who say that those services have made them feel safe and secure		67.4	149	15	16