

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

2015/16 FINANCE AND PERFORMANCE DRAFT OUTTURN REPORT – HEALTH & ADULT SOCIAL CARE

Summary

- 1 This report analyses the financial outturn position and performance data for 2015/16 by reference to the service plans and budgets for all of the relevant 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 Financial Summary 2015/16 – Draft Outturn

2015/16 Qtr 3 Variation £000		2015/16 Latest Approved Budget			2015/16 Draft Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
-569	Adult Assessment & Safeguarding	42,098	15,144	26,954	-515	1.9%
+328	Adult Commissioning, Provision & Modernisation	29,280	6,366	22,914	+210	0.9%
+258	Director of Adult Social Care	5,249	4,608	640	+204	31.9%
+230	Public Health	9,126	8,714	413	+24	5.8%
+247	Health & Adult Social Care Total	85,753	34,832	50,920	-77	0.2%

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

- 3 The third financial monitoring report for 2015/16 showed a projected overspend of £247k. The latest position at table 1 is now showing a net draft outturn underspend of £77k, an improvement of £324k. Adult Social Care is projecting an underspend of £101k and Public Health a small overspend of £24k.

This is against the backdrop of the Department of Health clawing back £509k of Public Health Grant in year, and managing the Better Care Fund (BCF) financial pressure caused by the Vale of York Clinical Commissioning Group's (VoY CCG) challenging financial position. The following sections provide more details of the significant outturn variations and highlights any issues that may continue into 2016/17.

Adult Assessment & Safeguarding (-£515k / 1.9%)

- 4 There is a net underspend of £168k on staffing budgets. This is mainly due 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 underspent by a net £117k. This is due to an increase in Continuing Health Care income being secured, and fewer Nursing Care placements for Older People and Mental Health Customers than budgeted. This is partially offset by additional costs incurred in supporting a residential home classed as inadequate by the Care Quality Commission (CQC), and delays in moving Learning Disability Customers from residential care to supported living settings.
- 6 A residential home in York was judged as inadequate by the 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 Learning Disability customers transitioning to adults did not cost as much as anticipated and the budget underspent by £448k. This was due to more customers staying in education (£34k), some having cheaper than forecast care packages (£254k) and the securing of additional Continuing Health Care funding (£160k).
- 8 The BCF pooled budget did not contribute as much as was expected to the schemes commissioned by the Council. There was a shortfall of £397k which is significantly less than could have been the case had the Council and VoY CCG not worked together to mitigate the financial risk to both organisations. This was done by restricting spend on some schemes and securing other sources of funding. The BCF will continue to be a pressure in 2016/17.
- 9 A number of other more minor variations contribute to a net underspend of £179k on the other Assessment and Safeguarding budgets.

Adult Commissioning, Provision & Modernisation (+£210k / 0.9%)

- 10 Older People Homes' budgets overspent by £440k. This was in respect of staffing (£316k), under recovery of income (£79k) and the employment of an additional service manager (£35k).
- 11 There was a high use of casual staff in the homes as permanent posts were kept vacant in order to facilitate staff moves resulting from the re-provision programme. Windsor House staffing formed a significant element of the staff overspend (£125k) as staffing had been maintained at Dementia Care Matters levels. The home also provided short term care for those leaving hospital to ensure York's health and social care sector was resilient over winter. Rotas are being reduced as the customer group is changing from a full dementia unit to a mix of customers with dementia and short term care needs. The intention is to achieve a balanced staffing budget in 2016/17.
- 12 Small Day Service and Supported Employment budgets underspent by £195k due mainly to staffing savings resulting from a number of vacant posts across the service and a reduction in the fleet recharge (£45k).
- 13 A number of other more minor variations produce a net underspend of £35k across the other commissioning and provider budgets.

Director of Adult Social Care and Central Budgets (+£204k / 31.9%)

- 14 The directorate's budget for 2015/16 included a requirement to deliver savings totalling £1.3m from the on-going work being undertaken on service transformation. Savings of £1,155k have been achieved leaving a shortfall of £145k. This shortfall will recur in 2016/17, in addition to the £1.7m already deferred from the 2014/15 budget into 2016/17. There was also a £50k pressure on the directorate's redundancy budget arising from the Older Persons' Accommodation Project. However, the overall directorate position has meant that this can be contained within the existing budget without the need to borrow from the Venture Fund. This will enable that project to deliver some revenue savings earlier than originally anticipated.

Public Health (+£230k / +66.7%)

- 15 The Public Health team budget overspent by £24k, an improvement of £206k from Quarter 3. This was in spite of the government reducing the Public Health Grant in year by £509k following consultation.
- 16 This issue has been mitigated by savings in other areas. Spend on substance misuse services (£200k) has been held back as the service is redesigned. Smoking and tobacco cessation services also underspent by £125k as activity in GPs and pharmacies was less than budgeted for.

- 17 A long standing dispute with North Yorkshire County Council over the Sexual Health – STI testing and treatment service was resolved in CYC's favour and benefitted the budget by £125k in 2015/16.
- 18 The Council incorporated the Health Visiting and School Nursing service into the directorate in preparation for the transfer of the services from 1st April 2016. This incurred one off costs of £40k in 2015/16 in respect of IT equipment needed to integrate the service within the Council.
- 19 A number of minor variations in the remaining Public Health budgets result in a combined net £75k underspend.

Performance Analysis

Adult Social Care

- 20 This commentary is based on provisional year end figures, which could change but it is not expected that this will not significantly affect the outturns unless stated. Bench-marking has been made in respect of 2014/15 national and regional outturns as data will not be publicly available until September 2016. As is evident from the financial analysis above, the backdrop is one of decreasing funding and increasing demand. The overall performance picture, whilst largely neutral, represents a significant effort to maintain performance in the context of increasing demands and complexity within services.
- 21 The measure for social care related quality of life, which was undertaken in the annual survey of Social Care Users, has continued to improve steadily over the last 3 years and now takes York performance above the national, regional and comparator authorities" average position with an estimated top quartile position for 2015/16.
- 22 The proportion of people who use services who feel safe and the proportion of people who use services who say that those services have made them feel safe and secure have seen good improvements since 2014/15. Especially encouraging is positive feedback from people who say they have felt more safe and secure due to the services provided. This indicator has moved from the lower to the top quartile and is now well above national, family and regional averages.
- 23 Both the proportion of people using social care who receive self-directed support (Adults 18+) and the proportion of people using community based services and receive their self-directed support as a direct payment have seen a rise since last year with direct payments rising for the 3rd consecutive year. However, the proportion of people in receipt of a direct payment would still likely leave York in the bottom quartile for this measure and below average regional, national and comparator authorities" positions.

- 24 The proportion of adults with learning disabilities in paid employment and the proportion of adults with learning disabilities who live in their own home or with their family have fallen since 2014/15; albeit as a result in a change in the customer types which are able to be included in this indicator. We have removed people from the count who are not subject to certain long term services. The performance still leaves York higher than the regional and national averages and average for CIPFA family authorities for these indicators.
- 25 The proportion of adults in contact with secondary mental health services in paid employment and the proportion of adults in contact with secondary mental health services who live independently, with or without support have dropped significantly since 2014/15 with data issues rather than underlying performance being the main factor. During the last financial year the change in Mental Health provider to Tees, Esk and Wear Valley NHS Trust (TEWV) meant a change in data recording systems. During the year the former provider was extracting data from its systems for TEWV, who in turn interrogated and reported against this. In December the LA requested in year access to the data and noted a substantial under reporting against these measures and data extraction issues were identified as the cause. This has now been partially addressed and the Health and Social Care Information Centre (HSCIC) has agreed to flag the known issues in its statistical releases. Senior managers in York will meet with TEWV in the coming months to gain assurance and commitment to ongoing data quality and management of data.
- 26 Delayed transfers of care from hospital, and those which are attributable to adult social care of NHS care and those which are attributable to adult social care have risen slightly since last year and, although they have not returned to poor levels seen 2013/14, York remains above (worse than) the national, family and regional average for these indicators. However, early indications from quarter 1 suggest an improved position will be reported in the next quarter.
- 27 The overall satisfaction of people who use services with their care and support shows a decrease from last year (64% down from 67% in 2014/15) and a sustained fall since 2013/14, with York performance now slightly below the regional and national averages.
- 28 The Adult Social Services Directorate was awarded the Government Standard for Customer Service Excellence. Teams across the directorate were rigorously assessed against the standard's 57 elements using a number of criteria which cover all aspects of excellent customer services.

Public Health

- 29 The Public Health England Child Health Profile was released in March 2016. There were a number of indicators where York's children and young people had significantly better health and wellbeing outcomes compared with the England average, including higher levels of school readiness, lower obesity levels, fewer

0-4 A&E admissions, fewer 0-19 asthma admissions and fewer 15-24 admissions for injury or substance misuse.

- 30 There were two indicators where York had significantly worse outcomes compared with the England average: hospital admissions for self harm for people aged 10-24 and hospital admissions for tooth decay for children aged between 1 and 4 years. Available local data on self harm for this age range shows that 80% of admissions were females, the largest group were females aged 15-19 and there were a number of young people with multiple admissions in the year. A self harm needs assessment has recently been carried out to enhance understanding of this issue within the City. There were 117 admissions for tooth decay in York over a three year period and based on the England average only 83 would have been expected.
- 31 The Public Health England Ageing Well Pack was published in March 2016, pulling together a range of indicators and comparing York to its CIPFA „nearest neighbour“ benchmarking group. York is in the top 3 for a range of indicators including the percent of life spent in good health for women, a lower prevalence of hypertension, heart failure and diabetes and fewer injuries due to falls for ages 65-79. Indicators where York is ranked in the bottom 3 include higher rates of sight loss due to glaucoma (ages 65+) and age related macular degeneration, the percent of life spent in good health for men and a lower offer of re-enablement services.
- 32 An update on a range of indicators relating to mental health was provided to the Mental Health and Learning Disabilities Partnership Board in March 2016. The use of mental health care bed days in the Vale of York is continuing to decrease following the significant peak in bed days which occurred between December 2014 and March 2015, although remains higher than the national average. Referral rates to psychological therapy services (IAPT) in the Vale of York are increasing but remain much lower than national and regional averages. Once patients are engaged with IAPT services, reliable improvement rates for patients leaving treatment are comparable with regional and national averages. The gap in the employment rate between mental health patients and the overall employment rate appears to be widening in York.
- 33 A range of work is ongoing within City of York Council to improve suicide prevention. Information has been released to raise awareness of support available for people with thoughts of suicide and those who are concerned about someone else, as part of its continuing work to improve mental health in the city. The free “Stay Alive” app is part of the Grassroots Suicide Prevention work which looks to teach suicide alertness and intervention skills to community members and professionals.
- 34 In York the most recent figures show that a total of 30 people died by suicide in York in 2013, decreasing to 16 in 2014 before increasing again to 28 in 2015.

- 35 City of York Council, North Yorkshire Police and other agencies are working together to develop a strategy to reduce the number of suicides across the city. A suicide prevention task group with representatives from key public, private and voluntary organisations has been established to develop plans for preventing suicide and working with bereaved families and friends of those who do take their own lives. A suicide audit is currently underway to understand and learn from previous deaths within the city in order to develop better ways to help prevent suicide and risk of suicide. Specialist training to help front line staff across the city to be better able to identify and safeguard those at risk of suicide will be commissioned during 2016.
- 36 The latest Active People survey for 2015-16 shows that York has a significantly higher participation in 30 minutes moderate intensity sport per week (47% v 37% nationally). This is the 9th highest rate in England out of 326 upper and lower tier local authorities. York also has a significantly higher % of physically active people (62% v 57%) and a lower % of physically inactive people (22% v 28%) compared with the England average. Whilst the overall figures are positive we know that participation in activity is not consistent and there are some sectors of the population with significantly higher rates of inactivity. In York these are women and girls, older people, those with a long term limiting disability and those on very low incomes.
- 37 The rates of substance free discharge from treatment for alcohol, opiate and non opiate users in York are all similar to the national averages. The successful completion rate from alcohol treatment has increased from 24% to 40% over the last three years since the integration of drug and alcohol services within Lifeline and the introduction of the Oaktrees rehabilitation programme.
- 38 The York alcohol strategy has been written by people from: City of York Council; Public Health England; Vale of York Clinical Commissioning Group; Safer York Partnership; Lifeline; North Yorkshire Police; York Hospital Trust. It covers a 5 year time period and the York Health & Wellbeing Board will be responsible for it.
- 39 Through this strategy, we want to tackle a range of issues associated with alcohol that are not just specific to York but are seen in all communities across the country. Our vision is that local stakeholders work together to reduce and prevent the alcohol related harms that people might experience within their lifetime. We want to achieve this by encouraging responsible drinking and positive behaviour. By providing those who are drinking at risky and harmful levels with the right information, effective support or treatment we want to see alcohol related harm reduced.
- 40 The rates for smoking at the time of delivery have increased recently in the Vale of York CCG area and are now significantly higher than the national average (13.5% v 10.7%). Local data obtained from York NHS trust suggests the rate in the City of York Council is slightly lower (12.7%) however there is significant

variation across different children's centre reach areas (7% to 28%). This data can be used to target smoking cessation services more effectively.

- 41 Whilst performance on the suite of health visitor metrics remains below the national average, there has been a significant improvement in two of the indicators: % of births receiving a face to face visit within 14 days increased from 23% in Q1 to 74% in Q4 and % of children receiving a 12 month review by the time they turned 15 months increased from 22% in Q1 to 70% in Q4. Performance on other indicators remains low e.g. only 12% of children received a 2-2½ year review.
- 42 Data for the period April 2013 to March 2016 shows that York invited a higher proportion of the eligible population but had a lower take up rate compared with the England average. The existing arrangements for delivering health checks through GP practices ceased on 31/3/2016 and a new model for 2016/17 is being developed as part of the Integrated Wellness Service. In the interim period, activity will still be reported for York using local data from the NHS England pilot programme which is delivering health checks in the workplace to YTHFT staff.
- 43 The chlamydia diagnostic rate in York is not significantly different from the national average for 15-19 year olds but is significantly lower for 20-24 year olds (for both males and females). This breakdown by age band will help the sexual health service to target appropriate testing activity.

Council Plan

- 44 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

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

Recommendations

- 46 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 2015/16.

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Report
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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

Background Papers

2015/16 Draft Outturn Finance & Performance Report, Executive 30 June 2016
<http://democracy.york.gov.uk/ieListDocuments.aspx?CId=733&MId=9191&Ver=4>

Annexes

Annex A – 2015/16 Outturn Performance Scorecard