

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

27 February 2017

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

**2016/17 Third Quarter Finance & Performance Monitoring Report –
Health & Adult Social Care**

Summary

1. This report analyses the latest performance for 2016/17 and forecasts the financial outturn position by reference to the service plans and budgets for the relevant services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care and the Director of Public Health.

Financial Analysis

2. A summary of the service plan variations is shown at Table 1 below.

Table 1: Health & Adult Social Care Financial Summary 2016/17 – Quarter 3

2016/17 Quarter 2 Variation £000		2016/17 Latest Approved Budget			2016/17 Projected Outturn Variation	
		Gross Expen- -diture £000	Income £000	Net Expen- -diture £000	£000	%
+147	ASC Prevent	7,452	1,389	6,063	+167	+2.7%
+258	ASC Reduce	9,908	2,807	7,101	+199	+2.8%
+161	ASC Delay	12,745	7,624	5,121	-56	-1.1%
+1,169	ASC Manage	42,841	14,201	28,640	+1,501	+5.2%
+19	Public Health	9,094	8,717	377	0	0%
-1,500	Mitigation Options	-	-	-	-1,567	-
+254	Health & Adult Social Care Total	82,040	34,738	47,302	+244	+0.5%

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

3. The first quarter report for 2016/17 showed a projected net overspend of £341k, the second a £254k overspend and the latest position at Table 1 projects an overspend of £244k. This is an improvement of £97k since quarter one. The following sections provide more details of the significant projected outturn variations, and any mitigating actions that are proposed.

Adult Social Care Prevent Budgets (+£167k / 2.7%)

4. There is a net projected overspend of £96k on staffing budgets mainly due to additional senior practitioner hours within the Occupational Therapy service and additional hours in the Commissioning Team. An adjustment to the contract value for the services provided by Be Independent has not yet been made resulting in a pressure of £50k. A number of other more minor variations produce a net overspend of £21k.

Adult Social Care Reduce Budgets (+£199k / 2.8%)

5. A £159k pressure within direct payment budgets is forecast due to a higher number of customers than budgeted for, along with some short term delays earlier in the year in initiating the saving to reclaim unspent direct payments. Work on reconciling personal budgets has been undertaken and could help reduce this overspend. There is always some slippage in the resources allocated to support individuals, and actual spend, hence the reclaiming of any monies not used.
6. Small Day Services, a series of council run day support options for customers is forecast to underspend by £109k, mainly due to staffing vacancies. The hospital social work team is forecast to overspend by £125k due to additional posts being employed in a pilot to assess customers in the most appropriate setting with the aim of speeding up the discharge from hospital and improving the customers ability to remain independent. There is also a social worker committed to the Integrated Care hub which is being backfilled when the initial intention was to simply move the resource. The projection assumes these arrangements will continue until the year end. A number of other more minor variations produce a net overspend of £24k.

Adult Social Care Delay Budgets (-£56k / 1.1%)

7. The community support budget for Learning Disability customers is forecast to overspend by £196k.

This is offset by older people's home care forecasting a £91k underspend mainly due to an increase in Continuing Health Care (CHC) income and fewer customers with physical and sensory impairments than budgeted for (£173k). A number of other more minor variations produce a net overspend of £12k.

Adult Social Care Manage Budgets (+£1,501k / 5.2%)

8. There is a net projected overspend of £1,109k within external residential and nursing care placement budgets as a result of increased residential placements (+£543k) and delays in transferring some learning disability customers to supported living schemes (+£267k), partly offset by fewer than expected nursing placements (-£224k). There is a £147k pressure in the learning disability short stay budget due to greater use of Flaxman Avenue and an expensive mental health placement that was not budgeted for (+£92k).
9. Older People's Homes' budgets are projecting a net overspend of £204k, an improvement of £215k compared to quarter 1. The current overspend is mainly in respect of under recovery of income (£29k) and staffing (£169k). Income has been affected by a higher than budgeted number of vacant beds. Use of casual staff continues in the homes as permanent posts are kept vacant in order to allow flexibility within the reprovision programme, but the service is now increasing the use of additional hours and overtime as a more cost effective alternative. Staff sickness has also significantly reduced and the service continues in its commitment to bring spend back within budget by the year end.
10. There is a net projected underspend of £487k in supported living budgets. A number of places are being kept vacant in advance of the anticipated transfers of learning disability customers from external residential placements, and the service has also been successful in securing additional Continuing Health Care income.
11. Staffing budgets are projected to overspend by £133k due mainly to the temporary need for two group managers for the first half of the year. The half year saving expected from the deletion of two review manager posts has not been achieved and some social work vacancies have been difficult to fill on a permanent basis resulting in more expensive agency workers being employed to fill the void.

12. The directorate's budget for 2016/17 included a requirement to deliver savings totalling £3m from the on-going work being undertaken on service transformation. To date savings of £1,942k have been identified and implemented, leaving a shortfall of £1,058k. Plans are in place to deliver almost the entire shortfall from 2017/18, so this is a short term pressure.
13. The council's former £1,023k care act grant was transferred to mainstream funding from 2016/17. £507k is committed against this budget leaving £516k available to contribute towards other directorate pressures.

Public Health (£Nil / 0%)

14. Within Public Health there are net projected overspends on sexual health contracts (+£41k), substance misuse contracts (+£36k) and the healthy child programme (+£31k) due to one-off transition costs relating to the transfer of the school nurse and health visitor staff from York Hospital. These are offset by a projected underspend on staffing of £108k due to vacancies which were held prior to the implementation of the public health restructure.

Adult Social Care (ASC) Mitigations (-£1,567k)

15. ASC DMT committed at quarter 1 to look at several areas to bring down their projected overspend. Dealing with the budget pressures is a regular item at DMT meetings with all options available to further mitigate the current overspend projection being explored. To date mitigations totalling £1,567k have been identified including; bringing the existing OPH budget back into line (£204k); increasing Continuing Health Care contributions (£164k); reviewing Direct Payments (£120k); reviewing charging rates (£4k) and the use of the care act reserve (£1,075k).

Better Care Fund

16. The Better Care Fund has been agreed and the formal Section 75 agreement, setting out the legal basis for the operation of the £12m pooled budget, has been signed by the council and Vale of York Clinical Commissioning Group. Within the document is an agreement to share risk on a 50:50 basis between the two organisations on schemes that are expected to deliver savings of £1.2m.

Unfortunately these schemes are at serious risk of underperformance and it is possible that this will have a financial impact on the Council, although this is not currently included in the net outturn projection shown at Table 1.

Performance Analysis

Adult Social Care

17. Direct Payments: Direct payments are intended to give people direct control of their care. Studies show that direct payments and being in control of your care increase satisfaction with services.
18. At Q2 we remained under target and a lower position than at Q1. Our performance is lower than that of the National, Regional and Family averages. We are offering Direct Payments as Standard offer which is built into new systems and business processes. A workshop is planned to bring together Care Management, Commissioning and Supporting Organisations to create a joint plan on the delivery and support of people choosing to directly manage and pay for their own care.
19. Proportion of adults with a learning disability in paid employment: 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.
20. Our performance level is not on track to hit the 10% target, although improvements in the year which have exceeded last years position at the same point and maintain a higher level than regional or national outturns. The indicator remains a focus of the monthly performance clinics. Each client is subject to a review to review employment status. We are working jointly to improve opportunities for people who wish to work to have access to employment opportunities through commissioning and Learning City Partnerships strategy.
21. Proportion of adults with a learning disability who live in their own home or with family: Evidence shows that the nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion.
22. Our performance level is not on track to hit the 85% target, although improvements in the year which have exceeded last years position at the same point and maintain a higher level than regional or national outturns.

The indicator, as with Learning Disability (LD) in Employment, will remain a focus of the monthly performance clinics and a full list of people without suitable accommodation has been provided for LD colleagues to review.

23. Long-term support needs met by admission to residential and nursing care homes, per 100,000 of population (18-65) and (Older people 65+): Avoiding permanent placements in residential and nursing care homes is a good measure of delaying dependency. Research suggests that, where possible, people prefer to stay in their own home rather than move into residential care. 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. Our performance for 18-65 working age adults is on track and equates to a year end position of 6.09, achieving the required target of 9.9. This position is an improvement on the 15-16 data at this point and better than national and regional benchmarks. For older people (65+) the rates have fallen significantly over the year in Q3 and have brought performance to a better position than the national and regional average rates. We remain off our target of 238 new placements or less (a rate of 620 per 100k or less) by end of year. The target may be achieved if monthly admissions remain at or below 17 new entrants for the last quarter of 2016-17. A Residential Care Panel sits monthly and scrutinises new requests for Residential Care. The key is to ensure that this is the most appropriate option for the individual. Monthly targets are in place and exception reports will be taken to performance clinics where targets are exceeded.
25. Proportion of adults in Secondary Mental Health Services in paid employment and Proportion of adults in Secondary Mental Health Services who live in their own home or with family: Improving employment and accommodation outcomes for adults with mental health are linked to reducing risk of social exclusion and discrimination. Supporting someone to become and remain employed is a key part of the recovery process, while stable and appropriate accommodation is closely linked to improving people's safety and reducing their risk of social exclusion. There is no comparable position in the last year as data was unavailable at this time. Employment: The data provided show that performance has improved in year and at Q2 is on target for a year end. Accommodation: outturns are significantly lower than the targets and lower than the 2015/16 year end outturns. This is a deteriorating position.

26. A manager from this provider now attends our monthly performance clinics within the directorate. We have requested access to these records to bring ongoing monitoring of the client data within our oversight. This approach will allow us to drive out any recording and practice issues. Data access, and performance reporting remains an issue.
27. Delayed Transfers of Care: This measures the impact of hospital services and community-based care in facilitating timely and appropriate transfer from all hospitals for all adults. This indicates the ability of the whole system to ensure appropriate transfer from hospital for the entire adult population. It is an important marker of the effective joint working of local partners, and is a measure of the effectiveness of the interface between health and social care services. Discharges are made from Acute and Non Acute Care Pathways.
28. Discharges from Acute Care: Both Indicators are on Target. Performance has shown a steady improvement over the end of 2015-16 and into the first half of this year.
29. Discharges from Non Acute Care: Indicators here are not on Target. Performance had shown an improvement in the first quarter, however, from June 2016, an increase in Non Acute Delays, particularly in Mental Health has pushed the numbers back up and off target for the year.
30. Overall Position: Indicator is not on target due to the effect of Non Acute Delays in the System. We are taking the learning and processes from our success in Acute Care and applying these to the Non Acute pathway. Since June a Sitrep process has been put in place to monitor delays in Mental Health to mirror that of our Acute and Non Acute Hospital processes. In other areas of the Non-Acute pathway a similar approach to monitoring.

Public Health

31. Under 18 conceptions: 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.

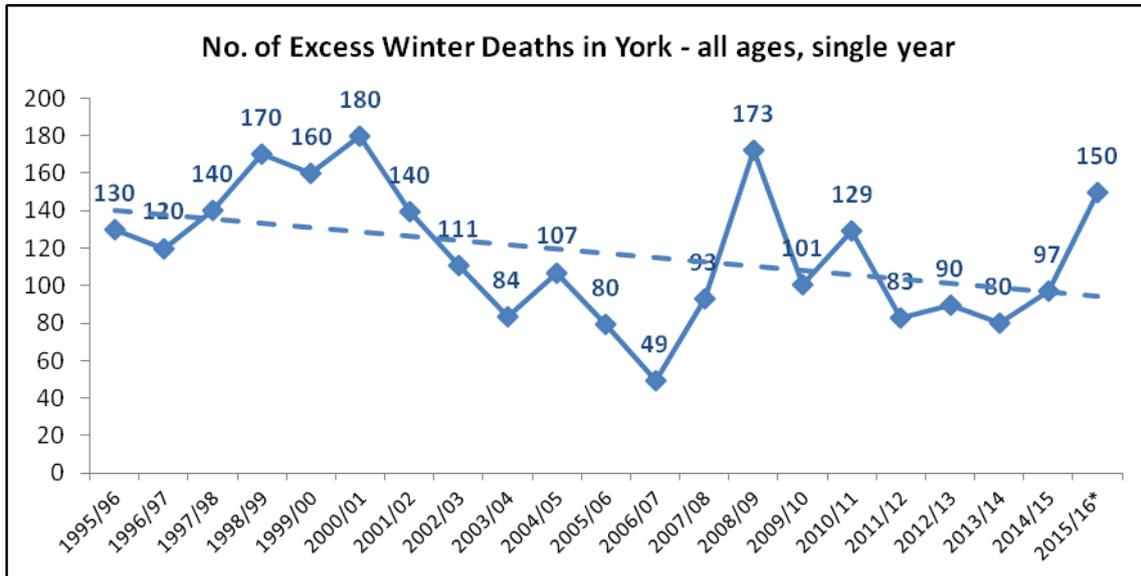
32. There were 58 under 18 conceptions in York in the year to September 2015 and 14 in the most recent quarter. The latest annual rate is 19.6 per 1,000 females aged 15-17 in York - lower than regional (24.3) and national (21.2) averages. The latest quarterly rate is 18.9 per 1,000 females aged 15-17 in York - lower than regional (22) and national (19.5) averages. The longer term trend shows falling rates in York. Ward level rates are available for the three year aggregated period 2012-2014. The rate in Westfield (43) is significantly higher than the York average (20). In 2014 in York 43.8% of under 18 conceptions lead to abortions - lower than regional (46%) and national (51.1%) averages.
33. Health Checks: 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.
34. The YorWellbeing service has started to deliver Health Checks to CYC staff at West Offices and Hazel Court. To date 37 checks have been booked in and 18 have been delivered. So far 3 clients have been referred to their GP and 6 have been advised to book in for a 3 month follow up with the YorWellbeing service. The service enables staff to learn about the risk of preventable but common health conditions and to be supported to live a healthier lifestyle to reduce the risk of future ill health.
35. Mortality Rate from Suicide and Injury of Undetermined intent: Suicide is a major issue for society and a leading cause of years of life lost. Suicide is often the end point of a complex history of risk factors and distressing events, but there are many ways in which services, communities, individuals and society as a whole can help to prevent suicides.
36. The annual number of registered deaths due to suicide in York fell slightly in 2016. There were 25 deaths in 2016 compared with 28 in 2015. There were 5 fewer deaths amongst men but 2 more deaths amongst women. The gender profile of those at risk from suicide seems to be changing: deaths amongst females now account for 40% of the total in York compared with 8% a decade ago.

37. Following the York suicide audit which was published recently, a Suicide Safer Community delivery group has been established to develop a programme of work to achieve 'Safer Suicide Community' accreditation by demonstrating the implementation and co-ordination of multi sector prevention initiatives on a sustainable and ongoing basis.
38. Smoking Status at the time of Delivery: Smoking in pregnancy has well known detrimental effects for the growth and development of the baby and health of the mother. The Tobacco Control Plan contained a national ambition to reduce the rate of smoking throughout pregnancy to 11% or less by the end of 2015.
39. In the year to December 2016, **11.5%** of mothers giving birth in York were smokers at the time of delivery (216 smokers out of 1,879 live deliveries). This is a slight improvement on the previous quarterly figure of 12%. The rate in York is below the regional average (**14.2%**) but higher than the national average (**10.4%**). There is a wide variation in smoking rates at the time of delivery across the City. Rates are over 4 times higher in some areas compared with others.
40. Pregnant smokers are able to access specialist stop smoking support through the Council's stop smoking service.
41. Successful Completions from Drug / Alcohol Treatment (without representation): Individuals achieving this outcome demonstrate a significant improvement in health and well-being in terms of increased longevity, reduced alcohol related illnesses and hospital admissions, reduced blood-borne virus transmission, improved parenting skills and improved physical and psychological health.
42. In the latest 18 month monitoring period to December 2016, 313 people left treatment successfully (without representation within 6 months) out of a total of 1,294 clients in treatment in York. This is a rate of 24.2% which is above the England rate of 21.6%. Broken down by type of substance used, York has a slightly lower rate of completions without re-presentation for alcohol users but a higher rate for Opiate and Non-Opiate users.
43. To promote sustained recovery from substance misuse and to prevent representation to services a number of community initiatives are in place in York including peer support, mutual aid, recovery support and aftercare.

The emphasis is on helping people to increase their social capital, build their resilience and develop links with abstinent communities in order that they become less reliant on treatment services.

44. Health Visitor Service Delivery Metrics: Evidence shows that what happens in pregnancy and the early years in life impacts throughout the course of life. Therefore a healthy start for all our children is vital for individuals, families, communities and ultimately society. The health visiting service leads on the delivery of the Healthy Child Programme (HCP), which was set up to improve the health and wellbeing of children aged 0-5 years.
45. The health visitor service delivery metrics currently cover the antenatal check, new birth visit, the 6-8 week review, the 12-month review and the 2-2½ year assessment. Performance remains below the national average, although there has been an improvement in the percentage of timely new birth visits (70%) and 6-8 week reviews (79%) carried out in York. The percentage of timely 12 month and 2.5 year visits carried out remains low (22% and 23% respectively).
46. The service is currently being reviewed following the TUPE transfer from York Teaching Hospital NHS Trust to the Council on 1 April 2016.
47. Excess Winter Deaths (EWD) – (Additional Information as requested): We monitor how many more people die in the winter months (December to March) compared with the number we would expect to die based on average mortality rates in the non winter months. The number of excess winter deaths depends on the temperature and the level of disease in the population as well as other factors, such as how well equipped people are to cope with the drop in temperature. Most excess winter deaths are due to circulatory and respiratory diseases, and the majority occur amongst the elderly population
48. Local Mortality data shows that in 2015/16 there were 149 excess winter deaths in York. This is an increase of over 50% on the 2014/15 figure of 97 excess deaths. The excess winter deaths 'index' for York for 2016/17 is 27.5% which is higher than the England average of 14.6%.
49. Over the last 20 years there has been a gradual reduction in the number of EWDs in York although there are peaks and troughs in individual years.

The latest ONS report on Excess Winter Deaths states that ‘Large fluctuation in EWDs is common and trends over time are not smooth’.



50. EWDs in York have not followed recent regional and national patterns. In 2014/15 the national rate was unusually high but the rate in York was low. In 2015/16 this appears to have been reversed.
51. Five-year aggregated data at ward level shows a large variation in the rate of excess winter deaths across the city. The wards with the highest rates are Guildhall, Micklegate, Fishergate, Clifton and Holgate. Four of these wards (Clifton being the exception) are priority wards for the ‘Better Homes’ programme which confirms that work is being focused in priority areas.
52. There is no obvious single explanation for the variation in excess winter deaths between wards. It is likely that there are multiple factors e.g. the age profile of the ward, the prevalence of underlying health conditions, the uptake of the influenza vaccine, the % of cold homes in the ward, rates of fuel poverty etc.
53. City of York Council conducted a Winter Health Promotion campaign (‘Stay Well This Winter’, including ‘Right Care First Time’). The campaign delivered some key messages about staying well in winter (including promotion of flu vaccinations) and preventing avoidable harm to health by alerting people to the negative health effects of cold weather.
54. The complete flu vaccination coverage rates for 2016/17 are not yet available.

In recent years the rate for patients aged 65+ has been above the England average but below the 75% target. The rate for under 65 at risk patients has been below the national average and also below the 55% target coverage rate.

55. City of York Council is also working with Better Homes Yorkshire to provide energy efficiency improvements to private sector domestic dwellings including a grant programme aimed at fuel poor households.

Council Plan

56. 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

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

Recommendations

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

Reason: To update the committee on the latest financial and performance position for 2016/17.

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Wards Affected:

All

For further information please contact the author of the report

Background Papers:

2016/17 Finance and Performance Monitor 3 Report, Executive 9 February 2017

Annexes

Annex A – 2016/17 Quarter 3 Performance Scorecard