

Adult Social Care and Health Overview & Scrutiny Committee

22 November 2017

One Organisational Plan Quarterly Progress Report: April - September 2017

Recommendation

That the Overview and Scrutiny Committee:

- (i) Considers and comments on the progress of the delivery of the One Organisational Plan 2020 for the quarterly period of April-September 2017 as contained in the report

1. Introduction

- 1.1. The One Organisational Plan Quarterly Progress Report April -September 2017 was considered and approved by Cabinet on 9th November 2017. It provides Members with a strategic overview of progress of the key elements of the OOP, specifically in relation to performance against key business measures, strategic risks, workforce management, revenue and capital budgets, reserves and savings targets. The report also provides detailed information on the financial aspects at a Business Unit level.
- 1.2. This report draws on financial and performance information extracted from the Cabinet report and provides Members of this Committee with information relevant to the remit of the Committee.
- 1.3. The content and style of this report has been revised and will continue to be improved in response to Member feedback and aims to provide:
 - (i) Contextual information on service objectives in order to enable a better understanding of performance measures, including where appropriate, the key interventions being taken to achieve specific outcomes.
 - (ii) Quarterly (most up-to date) performance information of the relevant key business measures.
 - (iii) Improved commentary on key business measures which are not performing well to enable a better understanding of the reasons and the actions being taken to address these.
- 1.4. This report covers services which are the responsibility of the following business units:
 - People Group – Social Care & Support; Strategic Commissioning
 - Communities Group- Public Health

2. One Organisational Plan 2020: Strategic Context

- 2.1 The One Organisational Plan 2020 is the Council's Corporate Plan which sets out the Council's ambitions to make Warwickshire the best it can. This Plan describes the Council's vision for shaping the future of a very different County Council and different

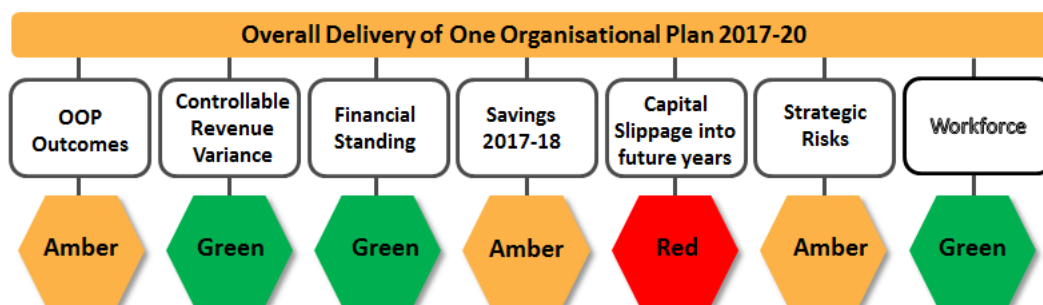
public service provision in Warwickshire by 2020 as it faces the challenge of making further savings of £67 million. The key elements of this Plan are set out below.

- 2.2 The Council is clear that the reduction in resources does not diminish its ambition for the County and priorities which are:
- Warwickshire’s communities and individuals to be supported so they are safe, healthy and independent with priority focused on the most vulnerable.
 - Warwickshire’s economy to be vibrant and supported by the right jobs, training, skills and infrastructure. We will seek to build our economy by attracting more investment, maximising business opportunities and encouraging job creation.
- 2.3 To achieve this, we need to ensure our services are more efficient, integrated and that we make best possible use of new technologies and innovation. This means better access and information. We cannot do this alone and we are continuing to look to our residents and partners in the public, private and voluntary communities to open up a new conversation with us to find solutions and different ways of working. This plan sets out the journey we face - and begins to describe how we can work together to make Warwickshire the best it can be for everyone.
- 2.4 The OOP 2020 Plan also sets out the Council’s vision for an integrated health and care model (page 6) which provide the context for the reporting of performance to this Committee.
- 2.5 The OOP 2020 Plan aims to achieve three high level Outcomes, which are:
- Outcome 1:** Warwickshire’s Communities and Individuals are supported to be safe, healthy and independent
- Outcome 2:** Warwickshire’s economy is vibrant and supported by the right jobs, training and skills.
- Outcome 3:** Resources and services are targeted effectively and efficiently whether delivered by the local authority, commissioned or in partnership.
- 2.6 The achievement of these Outcomes is measured through 83 Key Business Measures (KBMs) which underpin the 3 Outcomes and the progress of all 83 is reported to Cabinet. The 83 KBMs are also reported by one of seven policy/service areas under the relevant OOP Outcome.
- 2.7 The 83 KBMs are attributed to the seven policy/service areas as follows:

OOP Outcome 1: Warwickshire’s communities and individuals are supported to be safe, healthy and independent	
Policy/service area	Number of KBM
Children are safe	11 KBMs
Adult Social Care	6 KBMs
Health & Wellbeing	6 KBMs
Fire & Community Safety	15 KBMs
OOP Outcome 2: Warwickshire’s economy is vibrant and supported by the right jobs, training,skills and infrastructure.	
Economy,infrastructure & environment	18 KBMs
Education & Learning	8 KBMs
OOP Outcome 3: WCC makes the best use of available resources.	
Using resources well	19 KBMs

2.8 Each KBM has a target which the relevant service will aim to attain by the year end. Each KBM is rated through a RAG system at each quarter and at year-end. For Quarters 1-3 of the year, the RAG rating is based on a forecast by the service of the likely year-end position. At the year-end, the RAG rating is based on the actual performance attained for most KBMs. A very small number of KBMs do not have confirmed year-end figures until after the Cabinet meeting in July; however these are usually available by the time each Overview & Scrutiny Committee considers the year-end reports. A Green rating indicates that the KBM has attained or exceeded its target; an Amber rating indicates that the target was missed/within a tolerance level, generally of 5% of the target (though a few KBMs have a tolerance level of 2% or none) and a Red rating indicates that the target has not been attained. In exceptional cases, a RAG rating may not be available for a variety of reasons- usually due to the data not being available or a target not having been established.

2.9 The OOP 2020 Plan is assessed in terms of the achievement of: the OOP Outcomes, the key elements of our Medium Term Financial Plan (Revenue Budget, reserves/financial standing, meeting savings target, and use of capital resources), Strategic Risks and Workforce management. Each of these components is assessed through a RAG rating every quarter. At the end of quarter 2, the overall forecast for the delivery of the Authority's Plan is at Amber which is informed by the RAG rating for the components as shown in the chart below. Overall, there is little change from the forecasts at quarter 1.



3.0 **OOP Outcomes –Progress on performance for Adult Social Care & Health OSC**

3.1 This Committee's remit is:

To review and scrutinise the provision of public services in Warwickshire relating to adult social care services including social care to older people and people with disabilities, policies and services for safeguarding adults and any matter relating to the planning provision and operation of health services for adults and children in Warwickshire.

3.2 For the remit of this committee, we are reporting progress on 12 KBMs which are attributed to the following policy areas:

OOP Outcome 1: Warwickshire's communities and individuals are supported to be safe, healthy and independent	
Policy/service area	Number of KBM
Adult Social Care	6 KBMs
Health & Wellbeing	6 KBMs

3.3 Progress on these KBMs is reported below through the Scorecard which draw on the longer term trend data charts within the Scorecard and Quarter 2 data in Annex R.

One Organisational Plan KBM Scorecard 2017/18

Adult Social Care

Commentary

The six measures we have identified as a part of our key business measures are ones which almost all authorities consider and we also report on these as part of our statutory reporting.

These 6 Measures help us understand the numbers entering **care homes (residential & nursing), new customers receiving community support, people buying their own support through direct payment, supporting people after hospital care and supporting people to be as independent as possible.** The data and graphs in the tables below show the trend data on these KBMs with the 2017/18 forecasts.

Admissions to residential & nursing care (under & over age 65+) – The main aim is to reduce inappropriate admissions of people into care homes. Achieving this end is impacted by the complex nature of the person’s needs and the availability and the cost of supporting someone in the community. Warwickshire’s performance is good in this area, due to a number of community based services but especially Extra Care Housing.

Community Support/care – The aim is to keep overall numbers receiving long term support as low as possible; this KBM has an inverse relationship to care home admissions-i.e. the lower the number of admissions to care homes will most likely mean higher the likely number of people in community support. However, higher is not always better as we still need to ensure that we are only supporting through ‘specialist services’ people who meet the threshold and that those who don’t are supported via ‘universal support services’.

Direct payment/people buying their own support

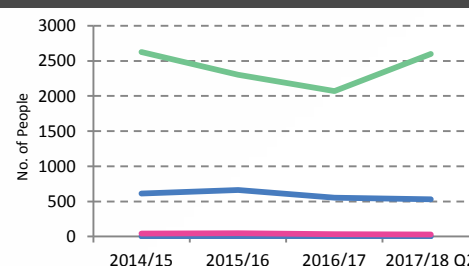
This is a key measure of people being able to express choice and control over their personal budget (their social care financial allocation) with a higher is better drive. There are a number of challenges in relation to this aim and we are trying to reduce the reasons for people not taking this level of control. We are: ensuring that staff are encouraging people to buy their own support, supporting the recruitment of personal assistants, helping people with care needs with money management support and are developing different ways of getting the cash to the customer.

Delayed Discharge/Supporting people after hospital care – This is a local and national driver and remains a challenging area for improvement. Locally, the reasons are due to both delays in assessments being completed and delays in care being sourced. A Countywide Delayed Transfers of Care (DTOC) Project has started to address/improve this. A Hospital Social Care Team Improvement Plan has been developed and additional staff have been employed in hospital social care teams and the re-ablement service to improve social care response to hospital discharges.

% of customers not needing on going social care/Supporting people to be as independent as possible – Often people with care needs may only need short term support in achieving a better level of independence. Our Re-ablement service is key in delivering this. Our aim is to help as many people eligible for social care as possible through short term Re-ablement services and that we’re enabling people to be as independent as possible – not drawing them into our longer term services; and in doing so managing the demand and expenditure for services.

KBM trend data:

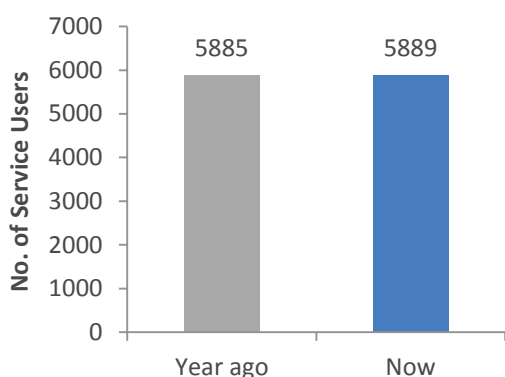
Measure	2017/18 Forecast (Target)	2016/17 Actual at Year End	2015/16 Actual at Year End
No. of permanent admissions of older people (65 and over) to residential and nursing care	528 (528)	552	662
No. of permanent admissions to residential and nursing care (18-64)	33 (33)	33	46
No of admissions of 18+ to long term community care	2,600 (2,600)	2,070	2,304



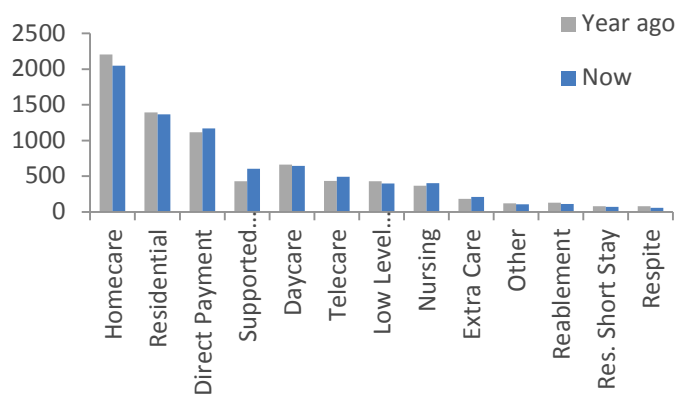
% of adults receiving direct payment	26.7% (30%)	29.3%	17.3%	
Delayed transfers of care (delayed days) from hospital per 100,000	550 (396)	597	426	
% customers not needing on-going social care 91 days after reablement episode*	75% (75%)	72.3%	67.1%	

The KBMs on admissions help to inform us on new customers being admitted into care but do not give a whole picture of the total numbers receiving services as it excludes those already in receipt of services. The two charts below show the total numbers of people receiving a long term service and the types of adult social care services in Warwickshire.

Total Service Users Active now (30/09/17) and 12 months prior



Services Active now (30/09/17) and 12 months prior



The impact of demand on available is also affected by the length of stay in different types of care by service users. Our data shows that for both residential and nursing care and community services, there are a growing number of service users who have been receiving services for over 5 years. For residential and nursing packages of care, mental Health has the highest average stay of 7 years, followed closely by those with a learning disability at 6.5 years of average stay. For community packages of care, the average length of stay is fairly low with only PDSS and learning disabilities having averages of over 3 years.

How do we compare?							
Measure	2017/18 Forecast	2016/17			2015/16		
		Warks	SN*	Nat*	Warks	SN*	Nat*
Permanent admissions of older people (aged 65+) to residential & nursing care per 100,000 population		474.2**	n/a	n/a	489.9	652.2	668.8
Admissions to residential care homes per 100,000 population ASCOF 2A - part 1 (aged 18-64)		8.8**	n/a	n/a	11.2	13.1	546.2
No. of admissions to long term community care-per 100,000?	This is not a national Measure and so comparative data is unavailable						
Key: *SN= Statistical Neighbours; * Nat= National average							
**-this data is provisional and final figures will be released by Department of Health at the end of October 2017							

One Organisational Plan KBM Scorecard 2017/18

Health & Wellbeing

Commentary- There is a significant time lag in data in many of the KBMs; figures reported under specific years often relate to earlier periods.

Teenage conception rates

2017/18 figures are actually for 2015 period. Overall, Warwickshire's rate continues to be below the national rate though there are variations at District/Borough levels. Thus the rates in Stratford-upon Avon and Nuneaton & Bedworth have come down though that in Warwick District & North Warwickshire has increased from previous year. An 'Acting on Teen Pregnancy' group in the north of the County is established to address this. However, the direction of travel for teenage pregnancy and childhood obesity are both moving in the right direction.

Childhood obesity

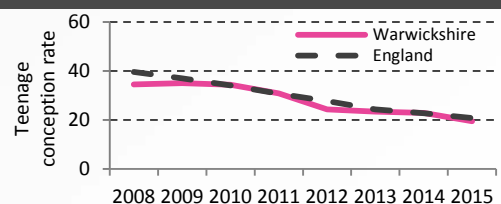
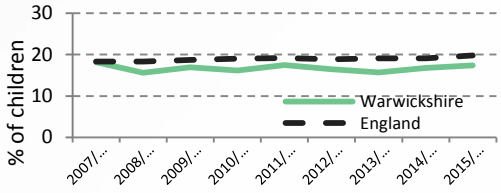
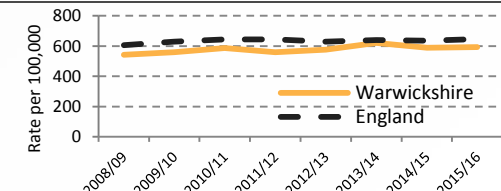
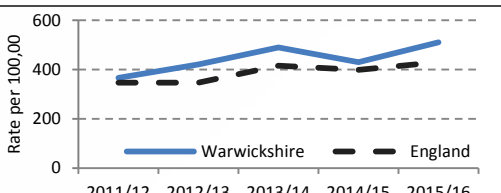
The Warwickshire Fitter Future service aims to address this; referrals are made by other agencies, with results showing a positive improvement for participants through increases in: intake of fruit & vegetables, physical activity and self-esteem score.

Women smoking in pregnancy

The target for this KBM is set by the Department of Health and is a 0.1% reduction from the previous year's performance for each of the 3 CCGs in Warwickshire. Rates have been declining across all CCGs but the accuracy is affected by the number of unknown (where a midwife has not recorded the woman's status). Additional training of midwives has been implemented on this. Also the implementation of the Risk Perception Intervention, delivered to expectant women at scanning, has led to an increase in referrals to the quit service; this service is an 'opt out' rather than opt in and will improve performance across Warwickshire.

Children & young people hospital admission as a result of self-harm

The School Health & Wellbeing Service is identifying young people who have concerns about self-harm and proactively supporting them. They will be reviewing the data for local hotspots to guide resources and are also embedding an Emotional Health & Wellbeing Lead within the service who will focus on this type of activity in conjunction with CAMHS.

Measure	2017/18 Forecast (Target)	2016/17 Actual at Year End	2015/16 Actual at Year End	Trends
Teenage conception rate per 1,000 population (Warwickshire)	19.5 (22.8)	19.5	22.9	
Percentage (%) children aged 11 years old who are obese	17.4 (17)	17.4	16.8	
Alcohol-related hospital admissions per 100,000	625 (625)	594	-	
Hospital admissions as a result of self-harm (children and young people 10-24 per 100,000)	510.7 (510.7)	-	-	

Percentage (%) of health check offers taken up (seen) by eligible population each year across all CCGs	40 (40)	44	30	
Percentage (%) smoking at the time of delivery (Warwickshire)	The current targets and forecasts are set at a CCG level for this Measure and performance on at this level is reported at Annex R			

How do we compare? It is important to note that comparative data relates to the published time periods for the data and offers a benchmark based on those time periods.

Measure	2017/18 Forecast	2016			2015		
		Warks	WM*	Nat *	Warks	WM*	Nat *
Teenage conception rate per 1,000 population (Warwickshire)	19.5	n/a	n/a	n/a	19.5	23.7	20.8
Measure	2017/18 Forecast	2016/17			2015/16		
		Warks	WM*	Nat *	Warks	WM*	Nat *
Percentage (%) children aged 11 years old who are obese	17.4	n/a	n/a	n/a	17.4	22.1	19.8
Alcohol-related hospital admissions per 100,000	625	n/a	n/a	n/a	594	728	647
Hospital admissions as a result of self-harm (children and young people 10-24 per 100,000)	510.7	n/a	n/a	n/a	510.7	443.3	430.5
Percentage (%) of health check offers taken up (seen) by eligible population each year across all CCGs	40	50.2	45.9	55	26.9~	46.1~	52.5
Percentage (%) smoking at the time of delivery (Warwickshire, this relates to financial years, 2016/17 and 2015/16)	-	9.9	11.8	10.7	10.6	11.9	11

This key relates to the above table only

Key: WM*= West Midlands; Nat*= National average (England)

~no significance calculated

	Warwickshire or West Midlands is significantly above/worse than the England average
	Warwickshire or West Midlands is not significantly different to England average
	Warwickshire or West Midlands is significantly below/better than the England average

4. Financial Commentary

4.1 Revenue Budget

4.1.1 The Council has set the following performance threshold in relation to revenue spends: a tolerance has been set of zero over-spend and no more than a 2% underspend. The following table shows the quarter 1 position for the Business Units concerned.

Business Unit	2017/18 Budget	2017/18 Outturn	Revenue Variance		Retained reserve	Financial Standing
	£'000	£'000	£'000	%	£'000	£'000
SCSS	133,034	132,023	(1,011)	0.76% (Underspent)	(8,319)	(9,330)
SC	13,034	11,480	(1,554)	11.92% (Underspent)	(3,836)	(5,390)
PH	23,721	23,687	(34)	0.14% (Underspent)	(1,049)	(1,083)

SCSS=Social Care & Support Services; SC = Strategic Commissioning; PH= Public Health. All overspends are shown as dark Red, as are any underspends of more than 2% (which are outside of corporate tolerance levels). Underspends of less than 2% are shown as Green. Financial Standing is the level of reserves a business unit is forecast to have at the end of the financial year. Any overdrawn position is shown as Red

4.1.2 The reasons for any over-spends and under-spends of more than 2% are given below

- Strategic Commissioning
The Business unit is forecasting an under-spend due to staff vacancies and/or planned early delivery of savings.

4.2 Delivery of the Savings Plan

4.2.1 The savings target for the Business Units is shown in the table below:

Business Unit	2017/18 Target	2017/18 Actual at Q2	2017/18 Forecast Outturn	2017-20 Implementation Status
	£'000	£'000	£'000	
SCSS	5,343	3,591	4,706	Amber
SC	2,737	2,502	2,737	Green
PH	2,534	1,267	2,534	Amber

- **Social Care & Support**
Overall the 2017/18 savings within the business unit do not present an issue to the overall bottom line budget. This is due to other efficiencies achieved and unexpected income from the supplementary iBCF. However, in subsequent financial years this delay in the achievement of efficiencies may start to present a challenge, especially if the 'redesign' doesn't achieve the expected savings, or that increased demand utilises the capacity created. Achieving a reduction in expenditure in transport continues to be an area where there is unlikely to be delivery. This continues to be a cross cutting issue and is the subject of discussion across the service areas.
- **Strategic Commissioning**
All relevant restructuring to achieve 17/18 savings are delivered. All Commissioned

Services have been redesigned and delivered e.g. housing related support/advocacy services to achieve savings. Plans are in place to achieve current savings targets for 18/19 and 19/20.

- Public Health
Savings targets for this year are being supported from reserves on a one-off basis. The Public Health Grant Ring-fence has been extended to 2018/19 which may mean there is a need to reconsider phasing of targets as part of the 2018/19 OOP refresh. An application has been submitted to COLT to support this option.

4.3 Capital Programme

4.3.1 The table below shows the approved capital budget for the business units, any slippage into future years and the reasons for this where applicable.

Service	Approved budget for all current & future years (£'000)	Slippage from 2017/18 into Future Years (£'000)	Slippage from 2017/18 into Future Years %	Current quarter - new approved funding / schemes (£'000)	All Current and Future Years Forecast (£'000)	Comments
SC&S (Adults)	3,350	(300)	-86%	0	3,350	The slippage of £300k is due to emerging transformation deliverables
SC*	4,886	1	0%	2,062	6,948	Transfer into Strategic Commissioning of Professional Practice & Assurance Project which has also slipped and reduced by £260k
PH	24	0	0%	0	24	

* Capital Funds may not all be related to Adult Social Care activities.

5 Supporting Papers

5.1 A copy of the full report that went to Cabinet on the 9th November 2017 is available via the following link: [One Organisational Plan Mid Year Progress Report April 2017- September 2017](#) and the supporting Business Unit Background Information relevant to the remit of this Committee, which also went to Cabinet on 7th September, is available in each of the Group Rooms.

6 Background Papers

None

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