

Adult Social Care and Health Overview & Scrutiny Committee

14 March 2018

One Organisational Plan Quarterly Progress Report: April - December 2017

Recommendation

That the Overview and Scrutiny Committee: Considers and comments on the progress of the delivery of the One Organisational Plan 2020 for the quarterly period of April-December 2017 as contained in the report

1. Introduction

- 1.1. The One Organisational Plan Quarterly Progress Report April -December 2017 was considered and approved by Cabinet on 25th January 2018. It provides an 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, including detailed information on Business Units.
- 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. 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.
- 2.2. 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:** WCC makes the best use of available resources
- 2.3. The achievement of these Outcomes is measured through 83 Key Business Measures (KBMs) which grouped under and reported against & 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 KBMs	Adult, Social Care & Health OSC KBMS
Children are safe	11	-
Adult Social Care	6	6
Health & Wellbeing	6	6
Fire & Community Safety	15	-
OOP Outcome 2: Warwickshire's economy is vibrant and supported by the right jobs, training, skills and infrastructure.		
Economy, infrastructure & environment	18	-
Education & Learning	8	-
OOP Outcome 3: WCC makes the best use of available resources.		
Using resources well	19	-
Total	83	12

- 2.4 For this Committee, we report in detail on 12 KBMs. 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.
- 2.5 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.
- 3.0 **OOP Outcomes –Progress on performance for Adult Social Care & Health OSC**
- 3.1 Progress on the 12 KBMs relevant to this Committee is reported below through the Scorecards which draw on longer term trends and quarterly data in the appended 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. **Community Support/care** – The aim is to keep overall numbers receiving long term support as low as possible though this KBM has an inverse relationship to care home admissions. At Q3, admissions into residential/nursing care and into long term community care are forecasting to be within their yearly target which together with the one-off additional revenue monies, have helped the revenue position. However, future years are likely to feel the impact of growing demand and unit cost rises.

Direct payment/people buying their own support

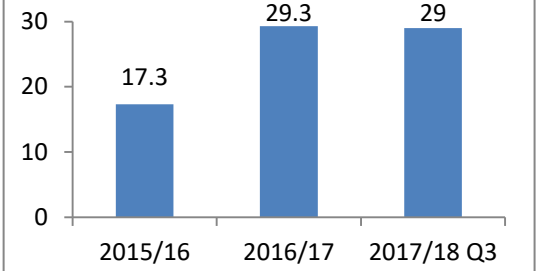
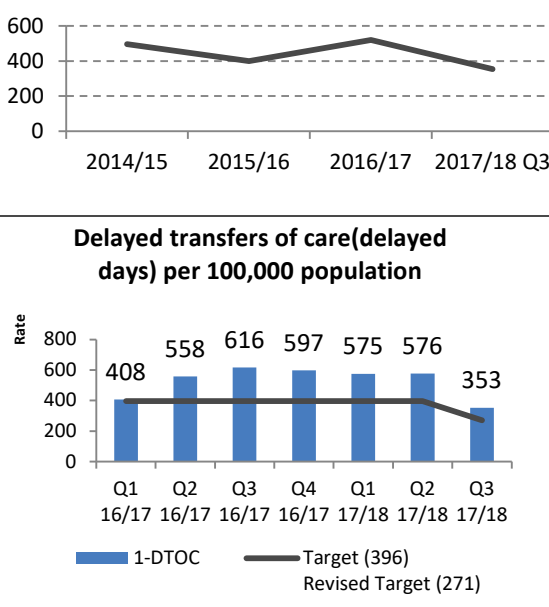
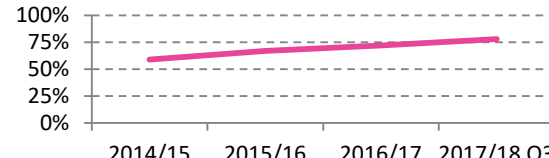
This is a key measure of people being able to express choice and control over their personal budget (their social care financial allocation) with a higher is better drive. Our challenge is to reduce the reasons for people not taking this level of control. We are ensuring that staff encourage people to buy their own support, support the recruitment of personal assistants, helping people with money management support and are developing different ways of getting the cash to the customer.

Delayed Discharge/Supporting people after hospital care –

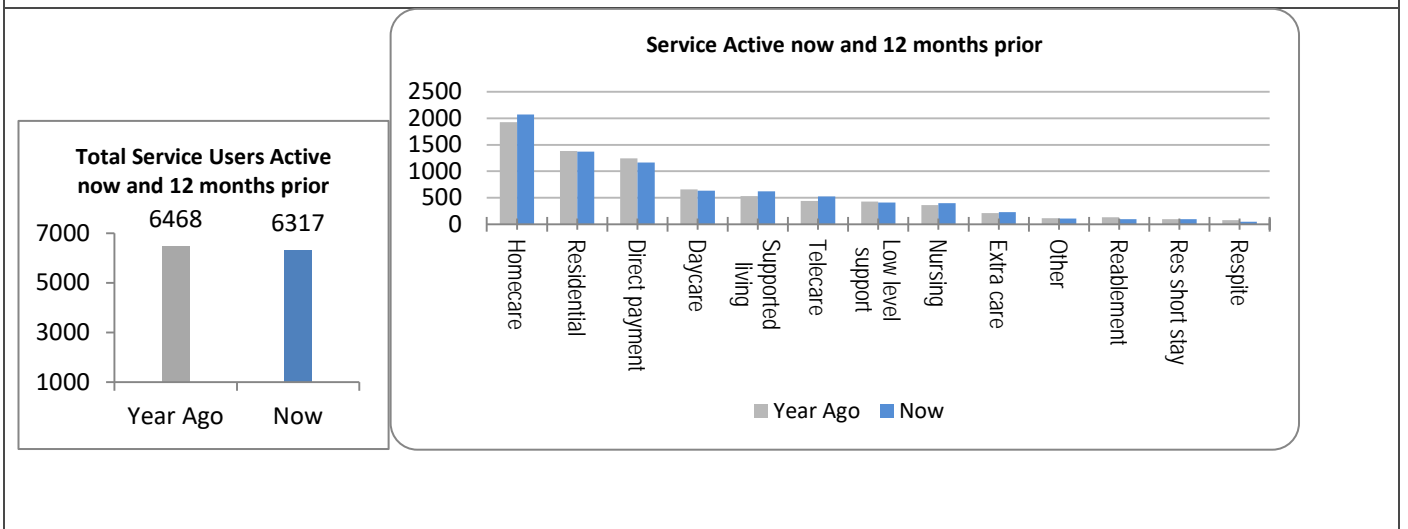
The target for delayed transfers of care (delayed days) per 100,000 population has been amended down from 396 to 271, following a target set by NHS England stating that by Nov '17, there should be no more than 40 beds occupied by a delay on an average day and to be maintained until March '19. Locally, the improvement project for this is focusing on key elements which impact on discharges across the County. Using a standard DToC Dashboard analysis tools and bespoke statistics which provides accurate and weekly reasons for delays, teams are able to be aware of issues causing the most problems, leading to actions to resolve delays quickly. This has had a very positive impact with the performance improving constantly and continually each month. There has been very positive input and support from Senior stakeholders over this period with strong support in identifying and engaging with key personnel across both Health and Social Care for supporting the workstreams.

% 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 Reablement service is key in delivering this. Our aim is to help as many people eligible for social care as possible through short term Reablement services and that we are 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.

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	629 (528)	552 (n/a)	662 (n/a)
No. of permanent admissions to residential and nursing care (18-64)	53 (33)	33 (n/a)	46 (na/)
No of admissions of 18+ to long term community care	1649 (2,600)	2,070 (n/a)	2,304 (n/a)

<p>% of adults receiving direct payment</p>	<p>29% (30%)</p>	<p>29.3% (28%)</p>	<p>17.3% (27)</p>	
<p>Delayed transfers of care (delayed days) from hospital per 100,000 <i>(2017/18 Target amended from 396)</i></p>	<p>353 (271)</p>	<p>519.3 (403)</p>	<p>399.6 (430)</p>	 <p>Delayed transfers of care (delayed days) per 100,000 population</p>
<p>% customers not needing ongoing social care 91 days after reablement episode*</p>	<p>78% (75%)</p>	<p>72.3% (62)</p>	<p>67.1% (62)</p>	

The data on long term admissions help to inform us on those being admitted into care at each quarter. However, in order to have a complete view of all those in receipt of services, we need to include 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 services.



One Organisational Plan KBM Scorecard 2017/18

Health & Wellbeing

Commentary:

This scorecard provides longer term trend and comparative data, where available, for the Key Business Measures (KBM) relevant to this policy area.

There is a significant time lag with a number of the Key Business Measures in Public Health. The actual figures often relate to previous reporting periods (e.g. the 2016/17 actual figures given for teenage conceptions is 2015 data as this is the most up-to-date available at that point. This time lag is included in the commentary on the KBM in Annex R) and there is considerable variation at District/Borough level with a number of the indicators which is not highlighted in the below Warwickshire analysis. However, despite these lags, the direction of travel for teenage pregnancy and childhood obesity are both moving in the right direction.

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)	19.6 (18)	19.5	22.9	
Percentage (%) children aged 11 years old who are obese	17.1 (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)	N/A - current reported at CCG level corporately			

How do we compare?

Measure	2017/18	2016			2015		
	Forecast	Warks	WM*	Nat *	Warks	WM*	Nat *
Teenage conception rate per 1,000 population (<i>Warwickshire</i>)	19.6	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	19.5	23.7	20.8
Percentage (%) children aged 10-11 years old who are obese (<i>data relates to academic years, 2016/17 and 2015/16</i>)	17.1	17.1	22.4	20.0	17.4	22.1	19.8
Alcohol-related hospital admissions per 100,000 (<i>data relates to financial years 2016/17 and 2015/16</i>)	625	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	594	728	647
Hospital admissions as a result of self-harm (children and young people 10-24 per 100,000) (<i>data relates to financial years 2016/17 and 2015/16</i>)	510.7	<i>n/a</i>	<i>n/a</i>	<i>n/a</i>	510.7	443.3	430.5
Percentage (%) of health check offers taken up (seen) by eligible population each year across all CCGs (<i>data relates to financial years 2016/17 and 2015/16</i>) – annual data not available at a national or WM level	40	45.4			27.0		
Cumulative % of eligible population aged 40-74 offered an NHS Health Check who received an NHS Health Check 2013/14-2016/17		32.2	45.3	48.9			
Percentage (%) smoking at the time of delivery (<i>data relates to financial years, 2016/17 and 2015/16</i>)	-	9.9	11.8	10.7	10.6	11.9	11
This key relates to the second 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 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	133,051	130,956	(2,095)	1.57% Underspent	(8,318)	(10,413)
SC	13,016	11,210	(1,806)	13.88% Underspent	(3,836)	(5,390)
PH	23,727	23,548	(179)	0.75% Underspent	(1,049)	(1,228)

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 current forecast for the Strategic Commissioning Business Unit highlights there are no major un-addressed risks. The Business unit is forecasting an under-spend due to the Mosaic Project. However any residual funding will need to be ring fenced for 18/19 to complete the implementation of Mosaic within Adult Social Care and to continue the development of Mosaic within Children's Services. 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 £'000	2017/18 Actual at Q3 £'000	2017/18 Forecast Outturn £'000	2017-20 Implementation Status
SCSS	5,343	4,383	4,878	Amber
SC	2,737	2,708	2,737	Green
PH	2,534	1,901	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 efficiencies being realised and the utilisation of other one off monies. However, in subsequent financial years delays in the achievement of efficiencies & demand management 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, and 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**
The forecast 2018/19 shortfall in the Drug & Alcohol Service will require Public Health to develop new savings proposals for the final year of OOP2020 as the full savings target of £1.3 million is not achievable. Delays in re-tendering services caused by the double purdah period in 2017, and the residual effect of previously imposed Public Health grant reductions, have led to a request to re-phase the remaining 2018/19 savings into 2019/20.

4.3 Reserves

Business Units are seeking approval to add £2.818 million to reserves for use in future years, including:

Strategic Commissioning (£1.008 million) - £1.008 million to fund post project development and support as planned and agreed with the Mosaic Board.

4.4 Capital Programme

4.4.1 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	0	0%	0	3,350	
SC	6,948	0	0%	0	6,948	
PH	24	(24)	-100%	0	24	Spending has slipped into later years.

5 Supporting Papers

5.1 A copy of the full report and supporting documents that went to Cabinet is available via the following link: [One Organisational Plan Q3 Progress Report April 2017- December 2017](#) and in each of the Group Rooms.

6 Background Papers

None

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