Adult Social Care and Health Overview & Scrutiny Committee

11 July 2018

One Organisational Plan Progress Report:
April 2017 - March 2018

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 year 2017-18 as contained in the report.

1.   Introduction
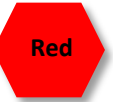
1.1.   The One Organisational Plan progress report April 2017-March 2018 was considered and approved by Cabinet on 14th June 2018. It provides an overview of progress on the OOP for the year 2017-18.

1.2.   This report is tailored to meet the remit of this Committee and draws on information extracted from that presented to the Cabinet.

2.   One Organisational Plan 2020: progress at end of 2017-18

Overall Progress of the OOP2020

2.1   2017/18 is the first year of the One Organisational Plan 2017-2020. The overall delivery of this Plan is assessed through seven key components and table 1 below shows the delivery status of these at the end of 2017/18 with a comparison to the 2016/17 year-end position.

Table 1

	OOP*1 Outcomes	Controllable Revenue Variance	Financial Standing*2	Savings Plan	Capital slippage to future years	Strategic Risks	Workforce
2017/18	Amber	Red+1	Green	Amber	Red	Amber	Amber
2016/17	Amber	Red+1	Green	Red	Red	Amber	Green
Notes	*1-The 2017-2020 OOP aims to deliver 2 high level Outcomes compared to the 5 Outcomes delivered by the 2014-17 OOP. *2 –Based on assessment of the year-end controllable revenue position against the level of general and business unit reserves (both of which are rated as 'Green'; General reserves are above the minimum specified by the Head of Finance's risk assessment of £25.213m.) +1-indicates an under-spend against revenue budgets.						

3.0 OOP Outcomes –Progress on performance

Progress on Outcomes and Key Business Measures (KBMs) for Adult Social Care & Health

3.1 Table 2 below shows the 2017/18 year-end RAG rating for the 12 KBMs relevant to the remit of this Committee; these are reported under the relevant OOP Outcomes and associated policy areas.

Table 2

Outcome 1: Warwickshire's communities are supported to be safe, healthy and independent				
	Red	Amber	Green	N/A
Adult Social Care: 6 KBMs	6	0	0	0
	Red	Amber	Green	N/A
Health & Wellbeing: 6 KBMs	1	1	4	0

3.2 The commentaries below provide an overview of the 2017/18 year-end performance of the KBMs and key focus for improvement in 2018 for adult social care and health and wellbeing.

Outcome 1: Warwickshire's communities are supported to be safe, healthy and independent
Adult Social Care   'Demand' pressures have also seen all 6 KBMs in this area unable to meet their 2017/18 targets. Hence, there have been above target increases in permanent admissions: of older people to residential and nursing homes (577 actual against target of 528); of people aged 16-64 to residential and nursing care (50 actual against target of 33), long term community care (2152 actual against target of 2000) and delayed transfers of care from hospital (342 per 100,000 of population against a target of 271). More customers have needed on-going social care 91 days after leaving reablement than the target. Despite this, there is continuing improvement in reducing delayed discharges from hosipital as detailed in Annex R.   In 2018/19 key areas of work to improve performance across our key indicators include: Considering the use of Assistive Technology to monitor customers within their homes and placing Reablement staff within hospitals to start assessments before customers' returns home.   Completing an "end-to-end" review of direct payments. This is a full review of all elements of the direct payment process with a view to exploring the current barriers to uptake of direct payments and consequently seeking to increase the number of customers opting to

source their support via this method.

Completing and implementing the "end-to-end" review of the Adult Social Care System and Process Review. This is trying to ensure that customers are supported to explore the strengths in themselves and their networks, including community connections, to meet their need.

Continuing to implement the county wide Delayed Transfer of Care (DTOC) project to reduce the number of delayed transfers of care from hospital.   The number of days delayed per 100,000 of the population has reduced from the start of the year; from 519 in April 2017 to 342 in March 2018.

Health & Wellbeing

Overall, 4 of the 6 KBMs achieved their yearly targets and 1 other almost did. The KBMs for the health and wellbeing of the Warwickshire population have continued to be better or equal to national averages with the exception of admissions as a result of self-harm for 10-24 year olds (which reflects a national trend) and the percentage of eligible population taking up the offer of an NHS Health Check.

The KBM not achieving its 2017/18 target is the percentage of women smoking at the time of delivery, with a forecasted year-end rate of 9.7% against the target of 9.1%. This target is set by the Department of Health and is a 0.1% reduction from the previous year's performance for each of the 3 Clinical Commissioning Groups in Warwickshire. Overall, there is a downward trajectory of the percentage of women smoking at the time of delivery in Warwickshire since 2013/14 and there are on-going initiatives to support the continuation of this. Public Health are working towards an ambitious target to reduce the rate to 5% by 2022/23 in Warwickshire.

The target of 100% of eligible people receiving an invitation for a Health Check has been achieved over the five year programme although take-up lags behind (40% in 2017/18). Work in 2018 will focus on improving the uptake offer with our NHS partners.

In relation to self-harm amongst young people, Warwickshire's rate at the end of 2016/17 was as forecasted, at 502.9 per 10,000 of 10-24 years of age (there is a time lag in the availability of this data from Public Health England) and was within target. Nonetheless, it is a focus for improvement by all partners.

The latest resources summarising community based mental health support have been distributed across the county and information are available via WCC website. Presentations have been delivered to Clinical Commissioning Groups to support GPs and Practice Nurses to signpost patients, including young people, to these services. During 2018/19, self-harm will also be looked at as part of the multi-agency suicide prevention strategy and work.

Rates for hospital admissions for alcohol related conditions are below the national average in Warwickshire but more can be done to prevent liver disease. In 2018 the newly commissioned and redesigned Drugs and Alcohol Service for adults and young people is being mobilised, including the 'ESH Works' (Experience, Strength and Hope) community residential rehabilitation facility to support people who are recovering from drugs and alcohol.

3.8 Table 3 shows the three year trend in performance of the KBMs relevant to this Committee. The attached Annex R provides full details on the 2017/18 performance of the KBMs relevant to this Committee.

Table 3

Outcome 1: Warwickshire's communities are supported to be safe, healthy and independent					
Service	**KBM**	**Aim**	**2015/16 YE Actual & RAG**	**2016/17 YE Actual & RAG**	**2017/18 YE Actual & (Target)**
SCS & SC⁺	No of permanent admissions of older people (aged 65 and over) to residential and nursing care homes, per 100,000 population.	Lower	662	552	577* (528)
			N/A	N/A	Red
SCS & SC	No. of permanent admissions of people to residential and nursing care homes per 100,000 population (aged 18-64)	Lower	46	33	50* (33)
			N/A	N/A	Red
SCS & SC	No. of admissions to long term community care (including both residential and community settings) (all ages 18+).	Lower	2304	2070	2152** (2000)
			N/A	N/A	Red
SCS & SC	Proportion of adults receiving a direct payment ASCOF 1C Part 2A	Higher	17.3	29.3	27.1* (30)
			Red	Green	Red
SCS & SC	Delayed transfers of care (delayed days) from hospital per 100,000 population (average per month) BCF.	Lower	399.6	519.3	342 (271)
			Green	Red	Red
SCS & SC	% of customers not needing on-going social care 91 days after leaving reablement (all ages).	Higher	67.1	72.3	67.2 (75)
			Green	Green	Red

(* Data is currently unverified; verified data will be available in October 2018).
(** Data is a snap shot at a particular time and which is affected by systems issues anddata cleasing is being undertaken to understand the extent to which these issues affect the year-end data).
(+=Social Care & Suppot and Strategic Commissioning)

Service	**KBM**	**Aim**	**2015/16 YE Actual & RAG**	**2016/17 YE Actual & RAG**	**2017/18 YE Actual & (Target)**
Public Health	% smoking at the time of delivery (Warwickshire whole) (*This is a forecasted figure for 2017/18)	Lower	N/A	N/A	9.7* (9.1)
			N/A	N/A	Red
Public Health	Teenage conception rate per 1,000 population (Warwickshire) (*Data is for 2016 which is latest available)	Lower	22.9	19.5	18.7* (18)
			N/A	Green	Amber
Public Health	% children aged 11 who are obese (*This is 2016/17 annual rate)	Lower	16.8	17.4	17* (17)
			N/A	N/A	Green
Public Health	Alcohol related admissions per 100,000 (KBM)	Lower	N/A	594	590 (625)
			N/A	N/A	Green
Public	Hospital admissions as a result of self-harm -	Lower	N/A	N/A	502.9*

Health	children and young people 10-24 per 100,000 (*2016 data is latest available)				(510.7)
			N/A	N/A	Green
Public Health	% health check offers taken up (seen) by eligible population each year across all CCGs (*data is cumulative to Q3 for 2017/18)	Higher	30	44	31.2* (40)
			N/A	N/A	Green

4.0 Financial Commentary

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. Table 4 below shows the position for the Business Units concerned.

Table 4

Business Unit	2017/18 Budget £'000	2017/18 Outturn £'000	Revenue Variance £'000	%	Retained reserve £'000	Financial Standing £'000
SCS	133,051	129,411	(3,640)	2.74% Underspent	(8,319)	(11,959)
SC	12,008	10,117	(1,831)	15.25% Underspent	(4,844)	(6,675)
PH	23,727	23,377	(350)	1.48% Underspent	(1,049)	(1,399)

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

- Social Care & Support
  The BCF and iBCF have been used in full in order to take some pressure off the NHS system. We have used some of this funding to offset savings and pressures on disability and older people budgets in year, it has left a one-off underspend against the base budget.

  For 2018 the expected demand increase is funded in the budget, with reserves now at a level which can fund demand increases beyond what is anticipated if these materialise. The ASC transformation programme has been reset to be directed at projects which maximise value and process efficiency, and are aligned to savings based on the same efficiency, rather than service reductions which would be detrimental to customers and to future demand.

- Strategic Commissioning
  The out-turn position 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 and early achievement in part for future OOP2020 savings. There may be the need to utilise some of the reserves for 18/19 to complete the implementation of Mosaic within Adult Social Care and to continue the development of Mosaic within Children's Services.

4.2   Delivery of the 2017-18 Savings Plan

4.2.1   The 2017/18 year-end outturn position in relation to savings targets is shown in Table 5:

Table 5

Service	2017/18 Target £'000	2017/18 Outturn £'000
Social Care & Support	5,343	4,978
Strategic Commissioning	2,737	2,737
Public Health	2,534	2,534

4.4.2   Commentary against the Savings Plan is shown below:

- Social Care & Support

    Overall the 2017/18 savings within the business unit do not present an issue to the bottom line budget. Where savings have not been made these were recognised as reducing services received by customers, and so were instead mitigated by efficiencies being realised elsewhere 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.

4.3   Capital Programme

4.3.1   Table 6 below shows the approved capital budget for the business units, any slippage into future years and the reasons for this where applicable.

Table 6

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)
Social Care & Support	3,350	(50)	100%	(0)	3,350
Strategic Commissioning	6,948	(510)	-9%	(102)	6,846
Public Health	24	10	-	0	24

4.3.2 Commentary on the outturn on Capital expenditure is as follows:

- Social Care & Support
  The capital budget is managed by Corporate ICT and there was no activity on projects in 17-18.

- Strategic Commissioning
  The spend in-year was assessed to be revenue thus reducing the required budget. Slippage in year was due to some providers not submitting application forms promptly and with adequate supporting evidence. There is scoping underway for future developments in Client Information Systems.

5 Supporting Papers

5.1 A copy of the full report and supporting documents that went to Cabinet on the 14th June 2018 is available via the following link: One Organisational Plan Year-End Report and can also be found in each of the Group Rooms.

6 Background Papers- None

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