

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

**2018/19 Finance and Performance Second Quarter Report – Health, Housing & Adult Social Care**

**Summary**

- 1 This report analyses the latest performance for 2018/19 and forecasts the financial outturn position by reference to the service plans and budgets for all of the services falling under the responsibility of the Corporate Director of Health, Housing & Adult Social Care.

**Financial Analysis**

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

**Table 1: HHASC Financial Summary 2018/19 – Quarter 2**

2018/19 Quarter One Variation £000		2018/19 Latest Approved Budget			2018/19 Projected Outturn Variation	
		Gross Spend £000	Income £000	Net Spend £000	£000	%
+31	ASC Prevent	7,507	1,622	5,885	-47	-0.8%
-214	ASC Reduce	11,800	4,242	7,558	+305	+4.0%
+110	ASC Delay	12,650	9,464	3,186	-43	-1.3%
+961	ASC Manage	49,927	16,357	33,570	+1,067	+3.2%
-400	ASC Mitigations				-696	
<b>+488</b>	<b>Adult Social Care</b>	<b>81,884</b>	<b>31,685</b>	<b>50,199</b>	<b>+586</b>	<b>+1.2%</b>
0	Public Health	7,605	8,211	-606	0	0%
+20	Housing and Community Safety	11,930	9,523	2,407	-10	-0.4%
<b>+508</b>	<b>HHASC GF Total</b>	<b>101,419</b>	<b>49,419</b>	<b>52,000</b>	<b>+576</b>	<b>+1.1%</b>
0	<b>Housing Revenue Account Total</b>	<b>39,839</b>	<b>33,423</b>	<b>6,416</b>	<b>+90</b>	<b>0.2%</b>

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

- 3 The following sections provide more details of the significant general fund outturn variations, which are predominantly within Adult Social Care budgets.
- 4 Pine Trees, a day support service for customers is forecast to underspend by £78k due in the main to securing additional Continuing Health Care (CHC) Income for two customers. Underspends are also forecast on the Supported Employment scheme at Yorkcraft (£97k) as places within the scheme have been held vacant pending a review of the supported employment offer.
- 5 The Personal Support Service, which provides care and housing support in the Council operated independent living communities, is forecast to overspend by £322k due to additional staffing costs. Work is ongoing to review the level of staffing required. There is an overspend of £214k on direct payments as there has been a reduction in the amount of unused payments recovered.
- 6 There is pressure on external Step Down beds (£170k). A small budget has been set previously to place people externally as the exception but there have been several high cost placements made to date this year and the use of these beds is increasing. Older people's residential care is forecast to overspend by £115k on permanent placements and £103k on short term places and older peoples nursing care is forecast to overspend by £127k due to an increase in the number of customers.
- 7 Two independent older person's homes have closed in the city. Moorlands and Amelia House recently gave notice to the council that they were shutting. The council successfully fulfilled its responsibility to find homes for over 50 residents. This is causing £431k of budget pressure as the capacity to provide homes for these people in the city was only available at a higher cost than previous placements. However the department is able to mitigate this pressure in 2018/19 from budget released by the closure of council run homes. The Adult Social Care commission team works closely with independent care home providers in the city to help improve quality and reduce the risk of home closures.
- 8 The Supported Living for Learning Disability customers continues to be a budget pressure. This is forecast to overspend by £374k. An action plan has been drawn up and is being implemented. A range of other minor variations make up the overall directorate position.
- 9 The directorate management team are committed to doing all they can to try and contain expenditure within the approved budget and are currently exploring the options available to further mitigate the forecast overspend. This includes reviewing that the capacity in all block contracts are maximised, reviewing the use of temporary and casual staff, and continued restrictions on all discretionary spending.

## **Housing Revenue Account**

- 10 The Housing Revenue Account budget for 2018/19 is a net cost of £6,416k due to the £10m investment from the working balance into providing new council houses. Overall, the account continues to be financially strong and is forecasting a nil variance at this early stage in the financial year meaning that the working balance will reduce to £22.9m at 31 March 2019 as outlined in the 2018/19 budget report. This compares to the balance forecast within the latest business plan of £22.3m.
- 11 The working balance is increasing in order to start repaying the £121.5m debt that the HRA incurred as part of self financing in 2012. The current business plan assumes that reserves are set aside to enable the debt to be repaid over the period 2023/24 to 2042/43. Following the decision by Members to fund new Housing Development initiatives through the HRA this will impact on the thirty year business plan and therefore an update of the business plan is due to be presented to members later in the year.

## **Performance Analysis**

### **ADULT SOCIAL CARE**

- 12 Much of the information in paragraphs 14 to 25 can also be found on CYC's "Open Data" website, which is available at

<https://data.yorkopendata.org/dataset/executive-member-portfolio-scorecards-2017-2018>

and by clicking on the "Explore" then "Go to" in the "Adult Social Care and Health Q2" section of the web page.

- 13 A summary of the information discussed in paragraphs 14 to 25 can be found in the table below:

Measure	Frequency	Latest	2015-16	2016-17	2017-18	2018-19 Q1	2018-19 Q2	Direction of Travel
Number of customers in long-term residential and nursing care at the period end (Snapshot)	Monthly	Sept 18	632	623	575	614	629	Deteriorating
Number of permanent admissions to residential and nursing care homes for older people (65+)	Monthly	Sept 18	260	248	246	91	56	Improving
Number of permanent admissions to residential and nursing care homes for younger people (18-64)	Monthly	Sept 18	22	16	22	8	2	Improving
Percentage of adults with a learning disability in paid employment	Monthly	Sept 18	9.70	8.33	8.30	9.31	9.18	Stable
Percentage of adults with a learning disability who live in their own home or with family	Monthly	Sept 18	82.60	82.26	82.00	78.28	77.96	Stable
Percentage of adults in contact with secondary mental health services in paid employment	Monthly	Sept 18	6.70	8.79	13.00	20.00	22.00	Improving
Percentage of adults in contact with secondary mental health services living independently, with or without support	Monthly	Sep-18	28.50	39.21	69.00	83.00	86.00	Improving
Average number of beds per day occupied by patients subject to delay transfers of care attributable to adult social care, per 100,000 adult population	Monthly	Sept 18	6.52	6.85	6.35	7.89	6.93	Improving
People supported to live independently through adult social care packages of care	Monthly	Sept 18	1,762	1,882	1,814	1,879	1,854	Neutral
People supported to live independently through adult social care prevention	Monthly	Sept 18	2,435	931	978	937	952	Neutral
Number of Supported self assessments completed	Quarterly	Sept 18	1,470	2,448	2,447	646	546	Neutral
Number of customers eligible to receive services following an assessment	Quarterly	Sept 18	1,200	1,814	1,879	501	402	Neutral
Percentage of people using adult social care who received self-direct support	Quarterly	Sept 18	97.60	99.93	99.90	99.92	99.92	Stable
Percentage of people using social care who receive direct payments	Quarterly	Sept 18	22.40	20.49	22.00	22.40	23.15	Stable
Number of completed safeguarding pieces of work	Quarterly	Sept 18	1,071	1,178	1,056	301	348	Neutral
Percentage of completed safeguarding S42 enquiries where report that they felt safe	Quarterly	Sept 18	94.57	93.38	96.85	97.96	83.33	Deteriorating

## Residential and nursing admissions

- 14 Avoiding permanent placements in residential and nursing care homes is a good measure of ensuring of how effective packages of care have been in ensuring that people regain control of their lives quickly. 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.
- 15 The number of people in long-term residential and nursing care rose to 623 at the end of 2018-19 Q2, compared with 612 at the end of 2018-19 Q1. There were two admissions of a younger adult (aged 18-64) and 52 admissions of older people to residential and nursing care in the second quarter of 2018-19. These are both lower than in 2018-19 Q1 for younger people (eight admissions) and for older people (89 admissions), so although fewer people are being admitted, numbers in residential and nursing care are increasing because they are being helped to live longer lives.

## **Adults with learning disabilities and mental health issues**

- 16 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. Being able to live at home, either independently or with friends / family, has also been shown to improve the safety and quality of life for individuals with learning disabilities and mental health issues.
- 17 Our performance level during 2018-19 Q2 (on average, 9.2% of adults with a learning disability were in paid employment), is slightly lower than reported during 2018-19 Q1 where 9.3% of adults with a learning disability were in paid employment. Additionally, during 2018-19 Q2 on average 79% of adults with a learning disability were living in their own home or with family, which is the same as the percentage reported in 2018-19 Q1. For those with mental health issues, on average 22% of this group were in paid employment during August 2018, which is an improvement on the corresponding 2018-19 Q1 figure of 20%. These figures are now taken from NHS Digital as they include people not known to CYC's main provider of MH services, TEWV. It was also reported that 86% of adults with mental health issues were in settled accommodation on average during 2018-19 Q2 (compared with an average of 83% during 2018-19 Q1).

## **Delayed Transfers of Care**

- 18 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. A delayed transfer of care (DToC) occurs when a patient has been clinically assessed as ready for discharge from hospital, but a care package (from either the NHS or Adult Social Care) is not available.
- 19 Approximately 12 beds were occupied per day by York-resident patients because of delayed transfers of care, attributable to ASC, during the second quarter of 2018-19. This is a decrease on the previous quarter (where, on average, 14 beds per day were occupied) and is mainly due to a decrease in waiting for places in nursing homes. We are working with health colleagues to enable assessments to happen outside hospitals to reduce delays for patients, and have recently introduced seven-day social working, a multi-disciplinary Integrated Complex Discharge Hub and Step Up Step Down beds. NHS England have set challenging targets for health and social care systems across the country to reduce DToC. DToC in the York system is considerably higher (i.e.

performing worse) than its target, but around two-thirds of health and social care systems nationally are higher than their targets; this is due to an exceptionally high number of non-elective admissions to York Hospital.

### **Independence of ASC service users**

- 20 It is important that social care service users have as much contact with others as possible as this maintains their health and independence. It is also a good proxy measure for the work done by Local Area Teams in terms of bringing people from all sectors of the various York communities together.
- 21 During the second quarter of 2018-19, on average 1,847 people were supported to live independently by CYC Adult Social Care packages of care. This is a 1.4% decrease on the corresponding number in the first quarter of 2018-19 (1,874). There was an increase in the number of those supported to live independently by the use of preventative measures: this averaged 952 during the second quarter of 2018-19, compared with 937 in the first quarter of 2018-19.

### **“Front door” measures and how adults are supported financially**

- 22 Under the Care Act 2014 Local Authorities have a responsibility to promote the wellbeing of those potentially in need of Adult Social Care support. The aim of this is to enable our citizens to live well for longer and maintain their independence; preventing, reducing and delaying the need for formal services. ASC in York is currently undertaking a remodel of the way in which information, advice and assessment are offered to our customers via the Future Focus programme, which focuses on a Community Led Support model. This aims to offer information and advice for people on living well in their communities at an earlier point than traditional “Care Management”, enabling self care, family and community support; where formal support is necessary, we aim to provide a proportionate response that enables self-determination and choice via means such as Direct Payments.
- 23 In the second quarter of 2018-19 we saw positive progress made in the implementation of our Future Focus programme with a total of 546 supported self-assessments were completed, a decrease from the number assessed in the previous quarter (646). Of these 546 people, 402 were eligible to receive a service from CYC, a decrease from the 501 that were given a service in the first quarter of 2018-19, demonstrating that we are supporting customers to meet their needs in alternative ways, using their own strengths and those of their communities, remaining independent for longer. Almost all (99.92%) of those using social care received self-directed support during the second quarter of 2018-19 – a percentage unchanged from the previous quarter.

The percentage receiving direct payments increased to 23.2% in the second quarter of 2018-19, compared with 22.4% in the first quarter of 2018-19.

### **Safety of ASC service users and residents**

- 24 The safety of residents, whether known or not to Adult Social Care, is a key priority for CYC. The ability of CYC to ensure that their service users remain safe is monitored in the annual Adult Social Care User Survey, and for all residents by the number of safeguarding concerns and enquiries that are reported to the Safeguarding Adults Board.
- 25 In the second quarter of 2018-19 there were 348 completed safeguarding pieces of work, which is a 16% increase on the number completed during the previous quarter (301). The percentage of completed enquiries where people reported that they felt safe as a result of the enquiry fell, from 98% during 2018-19 Q1 to 83% during 2018-19 Q2. This may be due to a number of factors. For example, the proportion of safeguarding concerns around both neglect and financial abuse increased quite considerably in 2018-19 Q2 (for neglect from 25% to 34% of all concerns and for financial abuse from 10% to 17% of all concerns). It might be that people who have experienced these types of abuse feel less safe than they did prior to the abuse happening, or feel less safe for longer after the safeguarding process has been carried out. Further analysis of the data will be undertaken to try to understand this.

### **PUBLIC HEALTH**

- 26 Further information relating to paragraphs 27-46 can be found on Public Health England's "Fingertips" site, which is available at

<https://fingertips.phe.org.uk/indicator-list/view/TBYIWbgJ6E>

A summary of the findings in paragraphs 25-44 is given in the table on the following page. As Public Health data publication lags behind that of Adult Social Care information, the directly commissioned data shown relates directly to 2018/19 Q2, because CYC holds this internally, but data regarding "Other Public Health Issues" is taken from external sources: the latest data available for these indicators is shown in the table along with the previous most directly comparable time period.

Measure	Previous data	Value	Latest data	Value	Detail
<b>Directly Commissioned Public Health services</b>					
Percentage of NHS Health Checks offered to the total eligible population in the quarter	2018-19 Q1	7.4	2018-19 Q2	3.5	Deteriorating
Percentage of NHS Health Checks offered which were taken up in the quarter	2018-19 Q1	2.0	2018-19 Q2	15.7	Improving
Percentage of opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	18 months to Jun 2018	5.5	18 months to Sep 2018	5.3	Stable
Percentage of non-opiate users in treatment who successfully completed drug treatment (without representation within 6 months)	18 months to Jun 2018	30.3	18 months to Sep 2018	26.6	Deteriorating
Percentage of alcohol users in treatment who successfully completed treatment (without representation within 6 months)	18 months to Jun 2018	30.1	18 months to Sep 2018	29.7	Stable
Number of first-time service users of specialist Sexual Health services	2018-19 Q1	1,229	2018-19 Q2	1,018	Neutral
Percentage of chlamydia tests that proved to be positive	2018-19 Q1	5.8	2018-19 Q2	7.7	Neutral
Number of women requiring contraception from Sexual Health Services	2018-19 Q1	2,200	2018-19 Q2	2,101	Neutral
<b>Other Public Health indicators</b>					
Percentage of adults classified as overweight or obese	2015-16	59.4	2016-17	60.4	Deteriorating
Percentage of adults estimated to be physically active	2015-16	66.7	2016-17	72.0	Improving
Percentage of women who smoke at the time of delivery (Vale of York CCG area)	2017-18 Q2 to 2018-19 Q1	10.1	2017-18 Q3 to 2018-19 Q2	10.5	Stable
Percentage of adults estimated to smoke	2016	12.6	2017	9.0	Improving
Percentage of adults employed in routine and manual occupations estimated to smoke	2016	26.4	2017	24.6	Improving
Number of admissions, per 100,000 adults, to hospital for treatment of alcohol-related conditions	2015-16	658	2016-17	687	Deteriorating
IAPT referrals: rate per 100,000 population aged over 18 (Vale of York CCG area)	2017-18 Q3	418	2017-18 Q4	454	Deteriorating
Number of people recorded as having died from suicide	July 2016 to June 2017	21	July 2017 to June 2018	18	Improving
Estimated percentage of people with dementia that have been diagnosed	2017	60.4	2018	62.2	Improving

## **Directly Commissioned Public Health services**

### **Wellbeing (NHS Health Checks)**

- 27 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.



- 28 During the second quarter of 2018-19, 3.5% of the eligible population were offered an NHS Health Check, which a lower percentage than that in the previous quarter, where 7.4% of the eligible population were offered one. Of those offered an NHS health check in 2018-19 Q2, 16% of them were taken up, which is a big increase from that reported in the previous quarter (2%). This percentage is expected to increase further following the introduction of text messaging from GP practices notifying people of their entitlement to health checks.

### **Successful completions of Drug and Alcohol Treatment (without representation)**

- 29 Individuals successfully completing drug / alcohol treatment programmes 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.
- 30 In the latest 18 month monitoring period to September 2018, 5.3% of opiate users who were in treatment successfully completed it and did not represent within six months; this is marginally lower than in the 18 months to June 2018 (5.5%). Of non-opiate users, 27% of clients successfully completed treatment and did not represent in that time period; this is lower than the rate reported at the end of the previous quarter (30%). Of those clients that had been in treatment for alcohol misuse, 30% of them had successfully completed it without representing within six months, the same rate as had been reported at the end of the previous quarter.
- 31 The service model is under review and may impact on the outcomes of those clients accessing drug and alcohol treatment programmes, and it will recommend a way forward that minimises the impact for residents. Work is also being undertaken, operationally, to mitigate the effect of the review with the aim of minimising the impact to recipients of the service, and ensure clinical safety is maintained for those receiving medical care. A greater emphasis on “full” recovery, thus living drug- and alcohol-free is the core aim, with a growth in local community support and the development of pathways into lifestyles that support abstinent living.

### **Sexual health**

- 32 Being sexually healthy enables people to avoid sexually transmitted infections, illnesses and that they are taking responsibility for ensuring that they protect themselves and others, emotionally and physically. It also ensures that unwanted pregnancies are less likely to occur.
- 33 In the second quarter of 2018-19 there were 1,018 first time service users of specialist Sexual Health services in York. This is a decrease

from 2018-19 Q1 (1,229). There were 442 chlamydia tests undertaken in 2018-19 Q2, of which 34 (8%) were positive; this is a decrease from the 719 tests undertaken in 2017-18 Q4, of which 42 (6%) were positive. There were 2,101 women who required contraception from Sexual Health services in 2018-19 Q2, a decrease from 2,200 in 2017-18 Q1.

## **Other Public Health Issues**

### **Adult Obesity / Participation in Sport and Active Leisure**

- 34 Obesity amongst the adult population is a major issue as it puts pressure on statutory health and social care services, and leads to increased risk of disease, with obese people being more likely to develop certain cancers, over twice as likely to develop high blood pressure and five times more likely to develop type 2 diabetes. Nationally, around 60% of adults are classified as obese or overweight according to the most recent (2016) Health Survey for England, with men being more likely to be obese than women. It is estimated that obesity costs wider society £27 billion, and is responsible for over 30,000 deaths each year.
- 35 In York, it is estimated that 60.4% of people aged 18 or over are overweight or obese. This is lower than the national (61.3%) and regional (65.3%) percentages and is based on the most recent “Active Lives” survey. The same survey produced an estimate that 72% of York’s adults were physically active, which is higher than the 2015-16 estimate (67%) and was also higher than the rates both regionally (65%) and nationally (66%).

### **Smoking: pregnant mothers**

- 36 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, which was achieved nationally, but not in York, so this indicator continues to be closely monitored.
- 37 In the Vale of York CCG area, in the last four quarters for which data is available (2017-18 Q3 to 2018-19 Q2), of the 3,036 live births that were reported, 319 (10.5%) of the mothers were reported as smoking at the time of delivery. This compares with 14.1% in Yorkshire and Humber and 10.5% nationally over the same time period. The rate has increased slightly compared with the previous recording period (2017-18 Q2 to 2018-19 Q1), where 311 (10.1%) of the 3,075 live births reported were to women recorded as smoking at the time of delivery.

## **Smoking: general population**

- 38 Smoking, amongst the general population, has a number of well-known detrimental effects, such as increased likelihood of certain cancers, increased likelihood of heart disease, diabetes and weaker muscles and bones. It is estimated that smoking-related illnesses contribute towards 79,000 premature deaths each year in England, and that the cost to the NHS is approximately £2.5bn each year, with almost 500,000 NHS hospital admissions attributable to smoking.
- 39 The latest (2017) estimated smoking prevalence amongst people aged 18 or over in York is 9%, which compares favourably with the rates nationally (14.9%) and in the Yorkshire and Humber region (17%). This is taken from the Annual Population Survey. It was 12.6% in 2016, so it is decreasing in York. Amongst those working in routine and manual occupations, the estimated current smoking prevalence is 24.6% in York, which is lower than both the national (25.7%) and regional (28.2%) rates. It is also decreasing – it was 26.4% in 2016.
- 40 During 2017-18, in York, 149 people were seen by a smoking cessation advisor. Of these, 92 went on to set a “quit” date and 52 had quit smoking at the four week follow-up.

## **Alcohol-related issues**

- 41 The effects of alcohol misuse are that it leads to poor physical and mental health, increased pressure on statutory health and social care services, lost productivity through unemployment and sickness, and can lead to public disorder and serious crime against others. It is estimated that harmful consumption of alcohol costs society £21 billion, with 10.8 million adults, in England, drinking at levels that pose some risk to their health.
- 42 During 2016-17, the latest time period for which data is available, there were 687 admissions, per 100,000 adults, to hospital of York residents for treatment of alcohol-related conditions. This compares with a regional rate of 701 per 100,000 adults, and a national rate of 636 per 100,000 adults. It has increased from the 2015-16 rate (658 admissions per 100,000 adults).

## **Mental health and suicide**

- 43 It is crucial to the overall well-being of a population that mental health is taken as seriously as (more visible) physical health. Common mental health problems include depression, panic attacks, anxiety and stress. In more serious cases, this can lead to thoughts of suicide and self-harm, particularly amongst older men and younger women. Dementia,

particularly amongst the elderly population, is another major mental health issue.

- 44 In the Vale of York CCG area, 1,325 people aged 18 or over were referred to Improving Access to Psychological Therapies (IAPT) in 2017-18 Q4. This is a rate of 454 per 100,000 adults, and is significantly lower than both the national (871 per 100,000 adults) and the regional (875 per 100,000 adults) rates. It is, however, a slight increase on the rate reported in 2017-18 Q3 (418 per 100,000 adults). This information is not reported at LA level.
- 45 There has been a fall in the number of deaths from suicide in York. In the year to June 2018, 18 people had died from suicide, compared with 21 in the year to June 2017.
- 46 It was estimated during 2018 that 62% of all people with dementia in York have been diagnosed. This is a lower percentage than found regionally (71%) and nationally (68%). It has increased from the 60% reported during 2017.

### Recommendations

- 47 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 2018/19.

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Report  
Approved



Date 7 January 2019

**Specialist Implications Officer(s)** None

**Wards Affected:** *List wards or tick box to indicate all*      **All**    **Y**

**For further information please contact the author of the report**

## **Background Papers**

2018/19 Finance and Performance Monitor 1 Report, Executive 29 November 2018

## **Abbreviations**

ASC - Adult Social Care

CCG – Clinical Commissioning Group

CYC- City of York Council

CHC Continuing Health Care

DToC – Delayed Transfer of Care

DWP – Department for Works and Pension

GP – General Practitioner

HHASC- Health Housing and Adult Social Care Policy and Scrutiny Committee

HRA- Housing Revenue Account

NHS - National Health Service

IAPT- Improving Access to Psychological Therapies

MH – Mental Health

Q1/2 – Quarter One/Quarter Two

TEWV Tees Esk Wear Valley NHS Foundation Trust