

**Quarterly Performance Report
DEVELOPMENT & RESOURCES
(COMMUNITY SERVICES DIRECTORATE)**

REPORT AUTHOR: HEAD OF DEVELOPMENT AND RESOURCES
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REPORT PERIOD: QUARTER 2 (OCTOBER - DECEMBER 2012)

The report is produced on a quarterly basis and provided to Executive Members for review and assurance and will be available for Overview and Scrutiny Committees as part of their Forward Work Programmes.

The new approach is based on exception reporting and splits the reports into 3 distinct sections: -

1. **Foreword** – to summarise key information that the Head of Service feels Members should be aware of, including both good and poor performance. Emerging issues should also be highlighted in this section e.g. a new SARC identified (as agreed by CMT).
2. **Performance Summary** – This section contains an ‘at a glance’ summary of performance for the quarter against the following, in a tabular format for each: -
 - **Corporate Improvement Plan** – giving a summary of both RAG statuses for the progress and outcome.
 - **Strategic Assessment of Risks and Challenges (SARC)** – a summary of the risk RAG status at the end of the quarter
 - **Performance Indicators/ Outcome Measures** – as a minimum this section will include all (PIs) classified as Improvement Targets and those which are aligned to the Improvement Priorities for the purpose of measuring outcomes. The summary will show target and outturn performance with a RAG status and trend.
 - **Improvement Target Action Plan** – this section summarises whether actions to support the achievement of Improvement Targets are ‘on track’ or ‘behind schedule’.
 - **Key Actions from the Head of Service Plan** – summarises whether key actions / areas for improvement as identified in the service plan are ‘on track’ or ‘behind schedule’.
 - **Internal & External Regulatory Reports** – summarises regulatory work reported in the quarter and its outcomes and intended actions.
3. **Exception Reporting** – This section gives further detail of the emerging issues and exceptionally good or poor performance identified in Section 1 and also any exceptionally good or poorer performance identified in Section 2 e.g. items which have an amber or red RAG status or are ‘behind schedule’. The detail will include the reason for the issue / poor performance arising and what is to be done to rectify the situation.

1. Foreword

Report highlights for this quarter are the following items:

<p>Supporting People</p>	<p>The handover of SPRG from Welsh Government to the Local Authority has now been successfully completed.</p> <p>The Regional Collaborative Committee has now been established.</p> <p>Line management for SP has now transferred to the Head of Housing and so SP will be reported at the Community & Housing O&S Committee from Q4 onwards.</p>
<p>Business Services</p>	<p>The pilot for agile/mobile working using the latest technology has begun in Adult Social Services.</p> <p>The Financial Assessment and Charging Team is now part of this service and is at the very beginning of a Systems Thinking Review</p>
<p>Workforce</p>	<p>The new Housing Services Staff Training and Development Officer is now in post.</p> <p>Flintshire has agreed to join with the other North Wales local authorities to source its continuing professional learning for social workers from Porth Agored.</p>
<p>Partnerships, Planning & Performance</p>	<p>Older People's Strategy Co-ordinator now in post.</p> <p>We have launched a new training programme for front line managers to strengthen the management of complaints.</p>
<p>Commissioning & Contracting</p>	<p>We are continuing to refine the framework for the setting of fair & reasonable care home fees. This work is part of a regional partnership.</p> <p>We are also taking part in regional work to set fair & reasonable domiciliary care rates.</p> <p>The Learning Disability Commissioning Plan has been completed.</p>

2. Performance Summary

2.1 Improvement Plan Monitoring











The table below summarises the Progress and Outcome RAG status' for each of the secondary improvement priorities for the current quarter. A RAG status of 'R' or 'A' is discussed in more detail in section 3.

Progress RAG – Complete the RAG status using the following key: -

R	Limited Progress - delay in scheduled activity; not on track
A	Satisfactory Progress - some delay in scheduled activity, but broadly on track
G	Good Progress - activities completed on schedule, on track

Outcome RAG – Complete the RAG status using the following key: -

R	Low - lower level of confidence in the achievement of outcome(s)
A	Medium - uncertain level of confidence in the achievement of the outcome(s)
G	High - full confidence in the achievement of the outcome(s)

Council Priority	Target Date	Progress RAG	Outcome RAG	Commentary
6. To protect and grow the local and regional economy, to be a prosperous county and to provide help and support for those vulnerable to poverty.				
6.10 Work on a North Wales approach to maintain & modify a shared methodology to determine Care Fees. <i>* Target date revised from March 2013.</i>	March 2014			See 3.1
7. To promote independent, healthy and fulfilled living in the community with the highest quality personalised and supportive social and health care services				
7.2 Expand the Council's extra care housing provision by April 2013	April 2013			
7.4 Develop new Supporting People services to strengthen homeless prevention	March 2012			
7.5 Review the Charging Policy for social services and housing related support (as part of the corporate fees and charging project) <i>* Target date revised from December 2012.</i>	March 2013			See 3.2
7.7 To introduce locality working with Betsi Cadwaladr University Health Board in support of enhanced primary health care services <i>* Target date revised from March 2013</i>	April 2013			See 3.3



2.2 Strategic Assessment of Risks and Challenges (SARC)

The table below summarises the position of SARCs at the end of the reporting period.

Commentary is included in section 3 for those SARCS: -

- that are showing a Red RAG status
- where the RAG status has changed since the last reporting period
- where the Green Predictive Date has changed since the last reporting period

- where there has been considerable change or additions of secondary risks and activity

SARC	Previous RAG Status	Current RAG Status	Green Predictive
CL07 RELATIONSHIP WITH LOCAL HEALTH BOARD AND IMPACTS ON PUBLIC & PRIMARY HEALTH		 See 3.4	Uncertain

2.3.1 Performance Indicators and Outcome Measures

There are no statutory performance indicators in these services.

2.3.2 Improvement Target Action Plan Monitoring

There are no Improvement Targets in these services.

2.4 Key Actions from Service Plan Monitoring

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The following table shows which areas have incurred slippage or have been subject to a revised timetable and references the page number where commentary can be found to further explain the slippage/revised timescales: -

KEY - ✓ on track, ✘ behind schedule, C completed

Improvement Area	On-track?	Commentary
Key Improvement Priorities from the ACRF		
Become smarter Commissioners and have commissioning plans for all services by April 2013	✓	The Learning Disability Plan has been completed. Work is ongoing on mental health, children and older people with dementia.
Take up opportunities for collaboration where money will be saved	✓	Ongoing
Implement our Involvement Action Plan to improve involvement for all people who use our services and their carers, delivering on the overall outcome of the provision of better services.	✓	Implemented
A revised Complaints management system and training programme, which will lead to a more robust 'lessons learnt' process and improved services.	✓	Implemented

Strengthen the performance team by the recruitment of a Team Manager and additional performance assistant.	✓	Completed
Areas for Improvement from Service Plan: -		
1 Supporting People: a. Regional Collaboration b. Service User Involvement c. Efficiency Savings d. Strategic Review of Service Provision	✓ X ✓ ✓	See 3.5
2 Business Services a. Business Systems b. Business continuity planning c. Asset management d. Data Protection e. Health and Safety	✓ ✓ ✓ ✓ ✓	
3 Workforce a. Collaborative working around implementation of CPEL b. Implement Mental Health Measure Training c. Essential Skills for Housing Staff d. Reablement Training e. Service User / Carer Involvement in Training	✓ ✓ ✓ ✓ ✓	
4 Partnership Planning & Performance a. Performance Management b. Strategy implementation c. Service Planning d. Complaints e. Locality Working	✓ ✓ ✓ ✓ ✓	
5 Commissioning & Contracting a. Care home fees b. Domiciliary care fees c. Commissioning plans d. Regional Commissioning Hub	✓ ✓ ✓ ✓	
6 Finance & Accountancy a. Building a New Team b. Improvement in Financial Reporting	✓	

c. Implement TSSA realignment of Budget	✓	
d. Repairs and Maintenance Performance Monitoring	✓	
	✓	
7 Financial Assessment & Charging		
a. Lean Review	X	See 3.6
8 Equalities	✓	

2.5 Internal & External Regulatory Reports

The following internal or external audit/regulatory work has been completed during the quarter and the outcome of the work can be summarised as follows. Negative outcomes should be discussed in more detail in section 3 and page numbers are referenced in the table below.

Undertaken By	Title & Date Report Received	Overall Report Status
		None received in the quarter

3. Exception Reporting

3.1 Work on a North Wales approach to maintain & modify a shared methodology to determine Care Fees.

Work on the initial methodology was concluded in March 2012. Work is now ongoing to refine the methodology and amend it in the light of changing circumstances.

3.2 Review the Charging Policy for social services and housing related support (as part of the corporate fees and charging project)

The existing Charging Policy has been reviewed and a comparison with other local authorities has been undertaken. Options for change have been identified and the impact of changes on individuals has been assessed. Members will consider the proposals as part of the corporate fees and charging project in budget planning for 13/14. The target completion date has been revised to take account of this.

3.3 To introduce locality working with Betsi Cadwaladr University Health Board in support of enhanced primary health care services

Social Services for Adults has restructured into three long-term locality teams and there remains a plan to co-locate with Health although there are some practical issues to resolve such as lease arrangements and IT links. The anticipated date for the first move has now been put back to April 2013.

The Locality Leadership Teams have been set up and are working on agreed local plans. However, we do not have full confidence in achieving the intended outcome of “a more consistent, coordinated local service for service users in primary health in the 3 county localities” until we are clearer about the outcome of the BCU consultation on “changing health care in N Wales”.

3.4 SARC CL07 - Relationship with the Local Health Board and impacts on public & primary health

This SARC has been amended to Red and the Green Predictive marked “uncertain” until the outcome of the BCU consultation on the changes to community services is known.

3.5 Supporting People: Service User Involvement

We had contracted out this service, but have ended the contract due to some operating difficulties. Progress has therefore been slower than anticipated and we are considering the best way forward in the light of proposed regional collaboration on service user involvement.

3.6 Financial Assessment & Charging Team: Lean Review

A systems thinking approach will now be used rather than a lean review. Like a lean review, this will look at the efficiency of processes, but will also ensure these are the right processes, looked at from a customer viewpoint.