

## SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

<b>Date of Meeting</b>	Friday 22 <sup>nd</sup> April, 2016
<b>Report Subject</b>	Quarter 3 Improvement Plan Monitoring Report
<b>Cabinet Member</b>	Cabinet Member for Corporate Management
<b>Report Author</b>	Social Care Overview & Scrutiny Facilitator
<b>Type of Report</b>	Strategic

### EXECUTIVE SUMMARY

The Improvement Plan 2015/16 was adopted by the Council in June 2015. This report presents the monitoring of progress for the third quarter of 2015/16 focusing on the areas of under performance relevant to the Social & Health Care Overview & Scrutiny Committee.

This report is an exception based report and therefore detail focuses on the areas of under-performance.

### RECOMMENDATION

1	That the Committee consider the 2015/16 Quarter 3 Improvement Plan Monitoring Report, highlight concerns and feedback details of any challenge to the Corporate Resources Overview & Scrutiny Committee which is responsible for the overview and monitoring of performance.
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## REPORT DETAILS

1.00	<b>EXPLAINING THE QUARTER 3 IMPROVEMENT PLAN MONITORING REPORT</b>
1.01	The Improvement Plan monitoring report gives an explanation of the progress being made towards the delivery of the impacts set out in the 2015/16 Improvement Plan. The narrative is supported by performance indicators and/or milestones which evidence achievement. In addition, there is an assessment of the strategic risks and the level to which they are controlled.
1.02	The detailed sub-priority report, shown at Appendix 1, is in a new format, which has been generated from the new performance management solution, CAMMS.
1.03	<p>CAMMS has been purchased to provide benefits which include:</p> <ul style="list-style-type: none"> <li>• efficiencies by reducing duplication and data entry;</li> <li>• a single version of the truth;</li> <li>• improved visibility and accountability for performance and programme / project management objectives; including an audit trail; and</li> <li>• dynamic, exception based reporting with dashboards and standard reports.</li> </ul>
1.04	<p>Analysis of performance against the Improvement Plan measures is undertaken using the RAG (Red, Amber and Green) status. This is defined as follows:-</p> <p><b><u>Performance</u></b></p> <ul style="list-style-type: none"> <li>• RED – equates to a position of under-performance against target.</li> <li>• AMBER – equates to a mid-position where improvement may have been made but performance has missed the target.</li> <li>• GREEN – equates to a position of positive performance against target.</li> </ul> <p><b><u>Outcome</u></b></p> <ul style="list-style-type: none"> <li>• RED – equates to a forecast position of under-performance against target at year end.</li> <li>• AMBER – equates to a forecast mid-position where improvement may have been made but performance will miss target at year end.</li> <li>• GREEN – equates to a forecast position of positive performance against target at year end.</li> </ul>
1.06	The high level (RED) risk area identified for the Social & Health Care Overview & Scrutiny Committee, is as follows:-
1.06.1	<p><b>Priority: Living Well (Integrated Community Social and Health Services)</b>  <b>PI: Dementia Respect Empathy and Dignity (RED) project within GP surgeries</b></p>

	<p><b>Q3 Target 12 – Q3 Actual No Data</b></p> <p>No data has been received from the main parties involved in the project for quarter 3. This is currently being followed up. As a result the year to date performance reflects the combined performance for quarters one and two, compared with the year to date target, which is the combined target for the first three quarters of the year.</p>
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<b>2.00</b>	<b>RESOURCE IMPLICATIONS</b>
2.01	There are no specific financial implications for this report; however the Council's Medium Term Financial Plan is aligned to resource the priorities of the Improvement Plan.

<b>3.00</b>	<b>CONSULTATIONS REQUIRED / CARRIED OUT</b>
3.01	The Chief Officer Team and the Performance Leads from across the Authority have contributed to help shape the new approach to reporting.

<b>4.00</b>	<b>RISK MANAGEMENT</b>
4.01	Progress against the risks identified in the Improvement Plan have been reported on for quarter 3 and the detail is included in the report at Appendix 1.

<b>5.00</b>	<b>APPENDICES</b>
5.01	Appendix 1 – Quarter 3 Improvement Plan Progress Report – Living Well.

<b>6.00</b>	<b>LIST OF ACCESSIBLE BACKGROUND DOCUMENTS</b>
6.01	<p><b><u>Improvement Plan 2015/16</u></b></p> <p><a href="http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx">http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx</a></p> <p><b>Contact Officer:</b> Margaret Parry-Jones Environment &amp; Social Care Overview &amp; Scrutiny Facilitator</p> <p><b>Telephone:</b> 01352 702427</p> <p><b>Email:</b> <a href="mailto:margaret.parry-jones@flintshire.gov.uk">margaret.parry-jones@flintshire.gov.uk</a></p>

<b>7.00</b>	<b>GLOSSARY OF TERMS</b>
7.01	<b>Improvement Plan</b> – the document which sets out the annual priorities of the Council. It is a requirement of the Local Government (Wales) Measure 2009 to set Improvement Objectives and publish an Improvement Plan.
7.02	<b>CAMMS</b> – is an integrated planning, risk management and programme/project management and reporting software. It was purchased in April 2015 and work to commence implementation began in May; focusing initially on the Council’s Improvement Plan and the Portfolio of Social Services. The link below provides further information about CAMMS. <a href="http://cammsgroup.com/">http://cammsgroup.com/</a>
7.03	<b>Dementia Respect Empathy and Dignity (RED) project</b> – a North Wales project aimed at contributing to the development of dementia supportive communities.