

## SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

<b>Date of Meeting</b>	Thursday 15 <sup>th</sup> September, 2016
<b>Report Subject</b>	Improvement Plan 2015/16 Year-end Progress
<b>Cabinet Member</b>	Cabinet Member for Corporate Management
<b>Report Author</b>	Social & Health 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 fourth quarter/year end 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 4/Year End 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 4/YEAR END 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>
1.05.	<p>Trend analysis was also undertaken, comparing risk levels at the end of the year with those at the start of the year. The overall analysis showed that:-</p> <p>One risk increased slightly in significance during 2015/16:</p> <ul style="list-style-type: none"> <li>• Living Well: Funding between Health and the Council does not transfer smoothly e.g. Continuing Health Care, Integrated Care</li> </ul>

	<p>Fund and Primary Care Funds.</p> <p>The refreshed strategic direction and locality focus for the Betsi Cadwaldr Health Board should improve this risk over time.</p>
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<b>2.00</b>	<b>RESOURCE IMPLICATIONS</b>
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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.
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<b>3.00</b>	<b>CONSULTATIONS REQUIRED / CARRIED OUT</b>
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3.01	The Chief Officer Team and the Performance Leads from across the Authority have contributed to help shape the new approach to reporting.
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<b>4.00</b>	<b>RISK MANAGEMENT</b>
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4.01	Progress against the risks identified in the Improvement Plan have been reported on for quarter 4/year end and the detail is included in the report at Appendix 1.
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<b>5.00</b>	<b>APPENDICES</b>
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5.01	Appendix 1 – Quarter 4/Year End Improvement Plan Progress Report – Living Well.
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<b>6.00</b>	<b>LIST OF ACCESSIBLE BACKGROUND DOCUMENTS</b>
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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>
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<b>7.00</b>	<b>GLOSSARY OF TERMS</b>
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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.
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7.02	<p><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.</p> <p><a href="http://cammsgroup.com/">http://cammsgroup.com/</a></p>
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