

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

| Date of Meeting | Thursday 2 nd March, 2017 |
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| Report Subject | Quarter 3 Improvement Plan 2016/17 Monitoring Report |
| Cabinet Member | Cabinet Member for Social Services |
| Report Author | Chief Officer (Social Services) |
| Type of Report | Operational |

EXECUTIVE SUMMARY

The Improvement Plan for 2016/17 was adopted by the Council on 14th June, 2016.

This report presents the monitoring of progress for the third quarter of the Improvement Plan 2016/17 priority 'Living Well' relevant to the Social & Health Care Overview and Scrutiny Committee.

Flintshire is a high performing Council as evidenced in previous Improvement Plan monitoring reports as well as in the Council's Annual Performance Reports. This third quarter monitoring report for 2016/17 is another positive report with 95% of agreed actions being assessed as making good progress and 58% likely to achieve the desired outcome. In addition, 72% of the performance indicators met or exceeded target for the quarter. Risks are also being successfully managed with the majority being assessed as moderate (55%) or minor/insignificant (34%).

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

| RECO | MMENDATIONS |
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| 1 | That the Committee consider the Quarter 3 Improvement Plan monitoring report for the 'Living Well' priority to monitor under performance and request further information as appropriate. |

REPORT DETAILS

| 1.00 | EXPLAINING THE IMPROVEMENT PLAN MONITORING REPORT |
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| 1.01 | The Improvement Plan monitoring reports give an explanation of the progress being made toward the delivery of the impacts set out in the 2016/17 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 being controlled. |
| 1.02 | Monitoring our Activities Each of the sub-priorities have high level activities which are monitored over |
| | time. 'Progress' monitors progress against scheduled activity and has been categorised as follows: - |
| | RED: Limited Progress – delay in scheduled activity; not on track |
| | AMBER: Satisfactory Progress – some delay in scheduled activity, but broadly on track |
| | GREEN: Good Progress – activities completed on schedule, on track |
| | A RAG (Red/Amber/Green) status is also given as an assessment of our level of confidence at this point in time in achieving the 'outcome(s)' for each sub-priority. Each outcome has been categorised as: - |
| | RED: Low – lower level of confidence in the achievement of the outcome(s) |
| | AMBER: Medium – uncertain level of confidence in the achievement of the outcome(s) |
| | GREEN: High – full confidence in the achievement of the outcome(s). |
| 1.03 | In summary our overall progress against the high level activities is: - |
| | ACTIONS PROGRESS |
| | We are making good (green) progress in 54 (95%) actions. |
| | • We are making satisfactory (amber) progress in 3 (5%) actions. |
| | ACTIONS OUTCOME |
| | • We have a high (green) level of confidence in the achievement of 33 (58%) action outcomes. |
| | • We have a medium (amber) level of confidence in the achievement of 24 action outcomes (42%). |
| | None of our actions have a low (red) level of confidence in achievement of outcomes. |
| 1.04 | Monitoring our Performance |
| | Analysis of performance against the Improvement Plan performance indicators is undertaken using the RAG status. This is defined as follows: - |
| | RED equates to a position of under-performance against target AMBER equates to a mid-position where improvement may have been |
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| | made but performance has missed the target | | | | |
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| | GREEN equates to a position of positive performance against target. | | | | |
| 1.05 | Analysis of current levels of quarterly performance shows the following: - | | | | |
| | 36 (75%) had achieved a green RAG status | | | | |
| | 10 (21%) have an amber RAG status | | | | |
| | • 2 (4%) have a red RAG status | | | | |
| 1.06 | Monitoring our Risks Analysis of the current strategic risks identified in the Improvement Plan are as follows: - | | | | |
| | 8 (16%) are insignificant (green) | | | | |
| | • 9 (18%) are minor (yellow) | | | | |
| | • 28 (55%) are moderate (amber) | | | | |
| | • 6 (12%) are major (red) | | | | |
| | There are no severe (black) risks. | | | | |
| 1.07 | The one major (red) risk area identified for the Social & Health Care Overview & Scrutiny Committee is:- Priority: Living Well Risk: Fragility and sustainability of the care home sector. | | | | |
| | A five day summit with Betsi Cadwaldwr University Health Board, the six North Wales Authorities and Independent Providers was held to discuss the fragility of the market, the impact on admissions into acute hospitals and the facilitation of early discharge out of acute hospitals. A follow up session took place in the East area (Flintshire and Wrexham) 16 th February to take forward the agreed actions. Future meetings have been arranged monthly to ensure progress on the agreed actions is maintained and Independent Providers have been invited to these follow-up meetings. Fee setting conversations with providers were completed in early February and care home providers have also been given support with equipment made available through the Intermediate Care Fund. | | | | |
| | The project manager has undertaken initial research and identified quick wins and medium to long term opportunities to support the sector. The postholder will change in April however work will continue. | | | | |
| | The conversations with Welsh Government to increase the cap on day care has resulted in an increase from $\pounds 60$ to $\pounds 70$ with a view to a further increase incrementally to $\pounds 100$ over the coming years. | | | | |
| | Whilst progress is being made the level of risk remains red due to the continued fragility of the sector. | | | | |
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| 2.00 | RESOURCE IMPLICATIONS |
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| 2.01 | There are no specific resource implications for this report. |

| 3.00 | CONSULTATIONS REQUIRED / CARRIED OUT |
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| 3.01 | The Improvement Priorities are monitored by the appropriate Overview and Scrutiny Committees according to the priority area of interest. |
| 3.02 | Chief Officers have contributed towards reporting of relevant information. |

| 4.00 | RISK MANAGEMENT |
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| 4.01 | Progress against the risks identified in the Improvement Plan is included in the report at Appendix 1. Summary information for the risks assessed as major (red) is covered in paragraph 1.07 above. |

| 5.00 | APPENDICES |
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| 5.01 | Appendix 1 – Quarter 3 Improvement Plan Monitoring Report – Living Well |

| 6.00 | LIST OF ACCESSIBLE BACKGROUND DOCCUMENTS | | | | |
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| 6.01 | None. | | | | |
| | Contact Officer: Telephone: | Margaret Parry-Jones 01352 702427 | | | |
| | E-mail: | margaret.parry-jones@flintshire.gov.uk | | | |

| 7.00 | GLOSSARY OF TERMS |
|------|---|
| 7.01 | Improvement Plan: 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 | Risks: These are assessed using the improved approach to risk management endorsed by Audit Committee in June 2015. The new approach, includes the use of a new and more sophisticated risk assessment matrix which provides greater opportunities to show changes over time. |

| | Catastrophic | Y | A | R | R | В | В |
|---|--------------|------------------|-------------------|--------------|----------------------|--------------------|----------------------------|
| Severity | Critical | Y | A | A | R | R | R |
| Impact Severity | Marginal | G | Y | A | A | А | R |
| | Negligible | G | G | Y | Y | A | A |
| | | Unlikely (5%) | Very Low (15%) | Low (30%) | Significant (50%) | Very High (65%) | Extremely High (80%) |
| | | | Likelihoo | od & Percent | age of risk ha | ppening | |
| The new approach to risk assessment was created in response to recommendations in the Corporate Assessment report from the Wales Audit Office and Internal Audit. | | | | | | | |

| 7.05 | CAMMS – An explanation of the report headings |
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| | Actions: <u>Action</u> – Each sub-priority have high level activities attached to them to help achieve the outcomes of the sub-priority. <u>Lead Officer</u> – The person responsible for updating the data on the action. <u>Status</u> – This will either be 'In progress' if the action has a start and finish date or 'Ongoing' if it is an action that is longer term than the reporting year. <u>Start date</u> – When the action started (usually the start of the financial year). <u>End date</u> – When the action is expected to be completed. <u>% complete</u> - The % that the action is complete at the time of the report. This only applies to actions that are 'in progress'. An action that is 'ongoing' will not produce a % complete due to the longer-term nature of the action. <u>Progress RAG</u> – Shows if the action at this point in time is making limited progress (Red), satisfactory progress (Amber) or good progress (Green). <u>Outcome RAG</u> – Shows the level of confidence in achieving the outcomes for each action. |
| | Measures (Key Performance Indicators - KPIs): Pre. Year Period Actual – The period actual at the same point in the previous year. If the KPI is a new KPI for the year then this will show as 'no data'. <u>Period Actual</u> – The data for this quarter. <u>Period Target</u> – The target for this quarter as set at the beginning of the year. <u>Perf. RAG</u> – This measures performance for the period against the target. It is automatically generated according to the data. Red = a position of under performance against target, Amber = a mid-position where improvement may have been made but performance has missed the target and Green = a position of positive performance against the target. <u>Perf. Indicator Trend</u> – Trend arrows give an impression of the direction the performance is heading compared to the period of the previous year: |

| A 'downward arrow' always indicates poorer performance regardless of whether a KPI figure means that less is better (e.g. the amount of days to deliver a grant or undertake a review) or if a KPI figure means that more is better (e.g. number of new jobs in Flintshire). Similarly an 'upward arrow' always indicates improved performance. |
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| <u>YTD Actual</u> – The data for the year so far including previous quarters. <u>YTD Target</u> – The target for the year so far including the targets of previous quarters. <u>Outcome RAG</u> – The level of confidence of meeting the target by the end of the year. Low – lower level of confidence in the achievement of the target (Red), medium – uncertain level of confidence in the achievement of the target (Amber) and high-full confidence in the achievement of the target (Green). |
| Risks: <u>Risk Title</u> – Gives a description of the risk. <u>Lead Officer</u> – The person responsible for managing the risk. <u>Supporting Officer</u> – The person responsible for updating the risk. <u>Initial Risk Rating</u> – The level of the risk at the start of the financial year (quarter 1). The risks are identified as follows; insignificant (green), minor (yellow), moderate (amber), major (red) and severe (black). <u>Current Risk Rating</u> – The level of the risk at this quarter. <u>Trend Arrow</u> – This shows if the risk has increased (upward arrow), decreased (downward arrow) or remained the same between the initial risk rating and the current risk rating (stable arrow). <u>Risk Status</u> – This will either show as 'open' or 'closed'. If a risk is open then it is still a relevant risk, if the risk is closed then it is no longer a relevant risk; a new risk may be generated where a plan or strategy moves into a new phase. |