

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

REPORT AUTHOR: **HEAD OF DEVELOPMENT AND RESOURCES**  
 REPORT DATE: **APRIL 2012**  
 REPORT PERIOD: **QUARTER 4 (JANUARY – MARCH 2012)**

## 1. Foreword

Report highlights for this quarter are the following items:

<b>Supporting People</b>	Considerable time was spent in working the WG and other stakeholders to implement the recommendations of the national review of SP services.
	The Regional Planning Group agreed to commission a regional pilot service for people with HIV or AIDS. Flintshire has taken the lead for the procurement and management of this service.
<b>Business Services</b>	Preparations were made throughout the year for the introduction of the new Blue Badge scheme in April 2012.
	Paris was upgraded to version 4.4 in December.
<b>Partnerships, Planning &amp; Performance</b>	The new supporting structure for the implementation of the Strategy for Older People was put into place, with a streamlined Flintshire Older People's Partnership Management Group; a 50+ Action Group and an Executive Group.
	The service was restructured following a downsizing of the team due to the loss of specific grant.
	A new Carers' Commissioning Strategy was agreed.
<b>Workforce</b>	Workforce Development Plans for Social Services and Housing Services completed and SCWDP grant application submitted to WG. Completed Annual SCWDP monitoring Report and submitted to WG. Annual PLOF (Practice Learning Opportunities Funding) report completed and submitted to Care Council for Wales.
<b>Accountancy &amp; Finance</b>	Community Services have developed an approach for forecasting some of the key challenges that will shape the way in which we deliver services within our restricted resources in the future. To do this, we identified major external challenges such as Demography and Welfare Reforms and used assumptions based on intelligence both local and national. These assumptions provided us with a basis to look at scenarios to assess what the impact of best or worst case may mean in financial terms.

## 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: -

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

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

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



Council Priority	Target Date	Progress RAG	Outcome RAG	Commentary
<b>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.</b>				
6.10 Work on a North Wales approach to develop a shared methodology to determine Care Fees in the future	March 2012			
<b>7. To promote independent, healthy and fulfilled living in the community with the highest quality personalised and supportive social and health care services</b>				
7.2 Expand the Council's extra care housing provision by April 2013	April 2013			The Mold Extra Care Scheme should complete in early 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)	October 2012			See 3.1
7.7 To introduce locality working with Betsi Cadwaldr University Health Board in support of enhanced primary health care services	1 <sup>st</sup> Team July 2012			See 3.2

### 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			April 2013

### 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

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
<b>Key Improvement Priorities from the ACRF</b>		
We will implement the Commissioning Framework Guidance and Good Practice across all Service areas. (1)	✗	See 3.3
Introducing a system across the directorate to undertake Equality Impact Assessments. (2)	✓	
We will continue opportunities for efficiency savings, both locally and through collaboration with corporate and regional colleagues. (4)	✓	
We will closely monitor staff absence and set targets for reduction. (5)	✗	See 3.4

We will work in partnership with the BCU Health Board to ensure joined up service planning and delivery of health and social care services. (8)	✓	
We will build on Service User and Carer involvement across both Adult and Children's Services. (18)	✓	
<b>Areas for Improvement from Service Plan: -</b>		
<b>1 - Supporting People</b> 1a – Regional Collaboration 1b – SPRG Handover 1c – Outcome Based Commissioning 1d – Service User Involvement 1e – Young Peoples Accommodation Strategy	✓	
<b>2 - Business Services</b> 2a – Business Systems 2b – Business Continuity Planning 2e – Asset Management	✓	
<b>3 - Workforce Development</b> 3a – Qualification & Credit Framework 3b – Social Worker Training & Development 3c – Communication with Care Sector Providers 3d – Evaluation Strategy 3e – Coaching and Mentoring	✓	
<b>4 - Performance &amp; Planning</b> 4a – Performance Management 4b – Strategy Implementation 4c – Service Planning	✓	
<b>5 - Finance</b> 5a – Building a New Team 5b – Performance of Financial Management 5c – Budget Realignment 5d – Building Maintenance Trading Account 5e – Prompt Payment of Suppliers	✓	
<b>6 - People</b> 6a – Customer Focused Services 6b – Organisational Change 6c – Resource Management & Collective Working 6d – Performance Management and Learning & Development 6e – People Management Practice & Working in Partnership 6f – Corporate Projects / Programmes	✓	
<b>7 - Project Management</b>	✓	

7a – Supporting Housing 7b – Care Fees 7c – Charging Policy 7d – TSSA 7e – Review Family Placement Service		
<b>8 - Equalities</b>	✓	

## 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 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 considered the proposals as part of the corporate fees and charging project, but deferred a decision until 12/13. The target completion date has been revised to take account of this.

### 3.2 To introduce locality working with Betsi Cadwaldr University Health Board in support of enhanced primary health care services

Social Services for Adults is restructuring into three long-term locality teams and a first locality office is planned for Connah's Quay in Summer 2012, though there remains some practical issues to resolve.

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".

### 3.3 We will implement the Commissioning Framework Guidance and Good Practice across all Service areas.

As part of the TSSA project, a Commissioning Manager post has been created to lead on the implementation of the guidance. It is anticipated that the post will be filled by April 2012.

We have used the Framework Guidance to develop and implement a robust Carers Commissioning Strategy for 2012-2015.

A NE Wales model for calculating care home fees has been agreed with WCBC and DCC and with Care Forum Wales. Consultation has taken place with local care home owners and local data has been collected and validated. Care homes have been informed of the new rates for 12/13, which are within the Directorate's allocated budget.

Work has also commenced to develop a Commissioning Plan for Learning Disability Services with anticipated completion in April 2012. The target date for the completion of remaining commissioning plans is December 2012.

#### **3.4 We will closely monitor staff absence and set targets for reduction.**

Unfortunately, staff absence has increased in the division due a small number of staff with long-term health problems. These are being dealt with in line with the Council's policy.