Quarterly Performance Report DEVELOPMENT & RESOURCES (COMMUNITY SERVICES DIRECTORATE)

REPORT AUTHOR: HEAD OF DEVELOPMENT AND RESOURCES

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REPORT PERIOD: QUARTER 1 (APRIL – JUNE 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:

	The handover of SPRG from Welsh Government to the Local Authority has been delayed until 1 st August, 2012. Work is ongoing with Legal and Finance sections in order to prepare for the transition.
Supporting People	Mandatory Outcome Reporting was introduced to all SP projects from 1 st April. SP officers have been working closely with providers to ensure that the new procedure is implemented correctly.
	Further work has been undertaken in relation to regional collaboration. Flintshire has identified a number of contracts that could be commissioned on a sub-regional basis, and together with neighbouring authorities, further work is being undertaken to develop a business case.
Business Services	The new Blue Badge scheme became operational in April. There have been one or two teething problems, but the system is now fully implemented.
Workforce	We have appointed a new Workforce Manager, Jane Davies. Housing Services have signed up to the Employer Pledge, a Welsh Government scheme to enhance basic Numeracy, Literacy and ICT skills in the workplace. We are working in partnership with Deeside College and the trade unions to offer these courses to all staff. The QCF team have a new member — Terry the Torso (a medical torso model) has joined the team and will be used to assist delegates in their understanding of Health Conditions and Infection Control.
	Successful completion of both the Annual Performance Report and the Directorate Plan in new easier to read formats
Partnerships, Planning & Performance	Maximising efficiency through the amalgamation of both the Health Social Care and Well Being and Children and Young People Partnership Boards and by merging the Flintshire Well Being Network and FLVC Bridges network
	Complaints and Performance element of restructure fully implemented with all posts filled, and services strengthened.
Accountancy & Finance Statutory Year End Accounts for 2011/12 completed on the New accounting arrangements agreed post TSSA to be implemented by 1st September.	
Commissioning & Contracting	We have appointed a Commissioning Manager.

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

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)

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 develop a shared methodology to determine Care Fees in the future	March 2012	G	G	
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	G	G	
7.4 Develop new Supporting People services to strengthen homeless prevention	March 2012	G	G	
7.5 Review the Charging Policy for social services and housing related support (as part of the corporate fees and charging project)	October 2012	A	A	See 3.1
7.7 To introduce locality working with Betsi Cadwaldr University Health Board in support of enhanced primary health care services	1 st Team July 2012	G	A	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	A	A	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, **x** behind schedule, **C** completed

On-track?	Commentary	
√		
√	Ongoing	
✓	- Origonia	
✓		
✓	Completed	
	On-track? ✓ ✓	

Ar	eas for Improvement from Service Plan: -		
1	Supporting People:	✓	
a.	Regional Collaboration		
b.	Service User Involvement		
C.	Efficiency Savings		
d.	Strategic Review of Service Provision		
2	Business Services	✓	
a.	Business Systems		
b.	Business continuity planning		
C.	Asset management		
d.	Data Protection		
e.	Health and Safety		
3	Workforce	\checkmark	
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		
1			
d.	Regional Commissioning Hub		
d. 6	Regional Commissioning Hub Finance & Accountancy	✓	
		✓	
6	Finance & Accountancy	✓	
6	Finance & Accountancy Building a New Team	✓	
6 a. b.	Finance & Accountancy Building a New Team Improvement in Financial Reporting	✓	
6 a. b. c.	Finance & Accountancy Building a New Team Improvement in Financial Reporting Implement TSSA realignment of Budget Repairs and Maintenance Performance	✓	

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 are 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 Cadwaladr 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".