

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Thursday 3 rd October, 2019
Report Subject	Year-end Council Plan 2018/19 Monitoring Report
Cabinet Member	Cabinet Member for Social Services
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

The Council Plan 2018/19 was adopted by the Council in June 2018. This report presents a summary of the monitoring of progress at the end of 2018/19 for the Council Plan priority 'Supportive Council' relevant to the Social & Health Care Overview & Scrutiny Committee.

This monitoring report for the 2018/19 Council Plan is a positive report, with 92% of activities being assessed as having made good progress, and 89% on track to achieve the desired outcome. Performance indicators show good progress with 70% on target, 20% are being monitored and 10% off track. Risks are also being successfully managed with the majority being assessed as moderate (64%), minor (14%) or insignificant (11%).

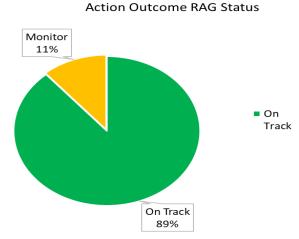
This report is an exception based report and therefore detail focuses on the areas of under-performance.

RECO	MMENDATIONS
	That the Committee consider the Year-end Council Plan Monitoring Report 2018/19 to monitor under performance and request further information as appropriate.

REPORT DETAILS

1.00	EXPLAINING THE COUNCIL PLAN 2018/19 MONITORING REPORT					
1.01	The Council Plan monitoring reports give an explanation of the progress being made toward the delivery of the impacts set out in the 2018/19 Council 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	This is an exception based report and detail therefore focuses on the areas of under-performance.					
1.03	Monitoring our Activities ACTIVITIES PROGRESS 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 ACTIVITIES OUTCOME A RAG 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. 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)					
1.04	In summary our overall progress against the high level activities is: -					
	ACTIVITIES PROGRESS:					
	Action Progress RAG Status					
	Monitor 8% On Track Monitor On Track 92%					

ACTIVITIES OUTCOME:

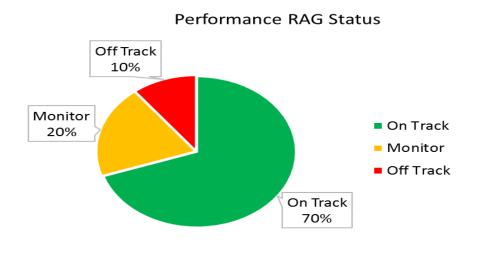


No activities have been assessed as 'red' for progress or outcome.

1.05 | Monitoring our Performance

Analysis of performance against the Improvement Plan performance indicators is undertaken using the RAG (Red, Amber Green) 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 made but performance has missed the target.
- GREEN equates to a position of positive performance against target.
- 1.06 Analysis of current levels of performance against the end of year target shows the following: -



1.07 The performance indicators (PI) which show a red RAG status for current performance against target, relevant to the Social & Health Care Overview & Scrutiny Committee are: -

The number of care homes that have achieved bronze standard who have also achieved silver standard for Progress for Providers

Target: 5 care homes; end of year performance: 0

14 Care homes have achieved Bronze standard. Following a 6 month consolidation period, all 14 homes are now working towards silver standard, and the first are expected to achieve by March 2020.

Number of people kept in hospital while waiting for social care per 1,000 population aged 75+

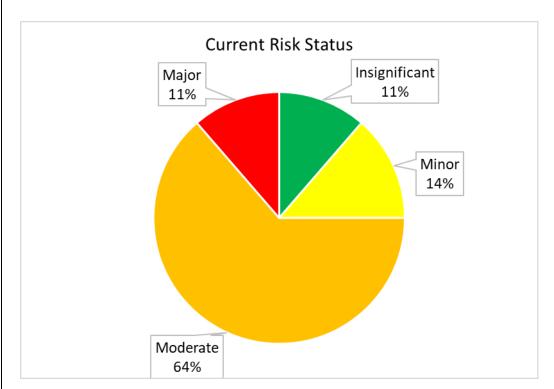
Target: 1.89 per thousand people; end of year performance: 2.94

Although performance has dipped this year, the rate of delays is still better than the All Wales average of 3.5. The Council and Betsi Cadwaladr University Health Board (BCUHB) continue to work together on a case by case basis to ensure prompt discharge.

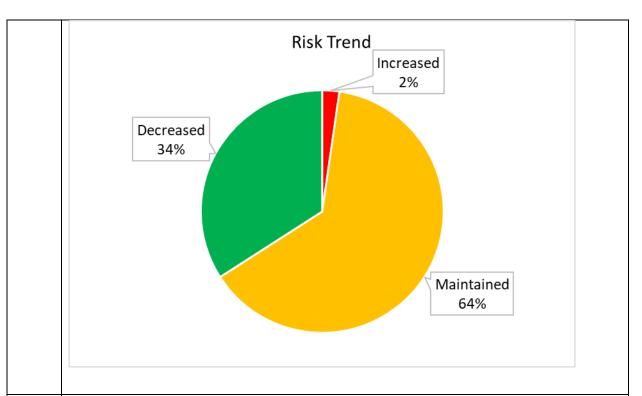
1.08 All performance indicators which show a red RAG status against target will continue to be monitored in-year. Similarly those with a downward trend will be reviewed to ascertain if performance can be improved in-year.

1.09 | Monitoring our Risks

Analysis of the current risk levels for the strategic risks identified in the Council Plan is as follows:



Analysis of the current direction of travel in significance of the strategic risks identified in the Council Plan is as follows:



1.10 The major (red) risk identified for the Social & Health Care Overview & Scrutiny Committee is: -

Risk: Demand outstrips supply for residential and nursing home care bed availability.

The expansion of Marleyfield House Care Home in Buckley to support the medium term development of the nursing sector continues. The re-phasing of Integrated Care Fund (ICF) capital to fit in with the Council's capital programme has been agreed by Welsh Government. Recommendations from Social & Health Care Overview and Scrutiny Committee were that the Committee support the ICF programme and the initiatives of utilising short term funding streams to deliver against strategic and operational priorities for the council and key partners. Workstreams from the Strategic Opportunity Review are continuing.

2.00	RESOURCE IMPLICATIONS
2.01	There are no specific resource implications for this report.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT					
3.01	The Council Plan 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
4.01	Progress against the risks identified in the Council Plan is included in the report at Appendix 1. Summary information for the risks assessed as major (red) is covered in paragraphs 1.07 and 1.10 above.

5.00	APPENDICES
5.01	Appendix 1 – Year-end Council Plan 2018/19 Monitoring Report – Supportive Council.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS					
6.01	Council Plan 2017/18: http://www.flintshire.gov.uk/en/Resident/Council-and-Democracy/Improvement-Plan.aspx					
	Contact Officer: Telephone: E-mail:	Margaret Parry-Jones 01352 702324 Margaret.parry-jones@flintshire.gov.uk				

7.00	GL	GLOSSARY OF TERMS							
7.01	Council 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 a Council Plan.								
7.02	management endorsed by Audit Committee in June 2015. The new approaincludes the use of a new and more sophisticated risk assessment may which provides greater opportunities to show changes over time.								
				_	_	_			
		Catastrophic	Υ	Α	R	R	В	В	
	Impact Severity	Critical	Υ	А	А	R	R	R	
	Impact	Marginal	G	Y	Α	Α	Α	R	
		Negligible	G	G	Υ	Υ	А	A	
			Unlikely (5%)	Very Low (15%)	Low (30%)	Significant (50%)	Very High (65%)	Extremely High (80%)	
	Likelihood & Percentage of risk happening								

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.

7.04 **CAMMS – An explanation of the report headings**

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). End date – 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).

Outcome RAG – Shows the level of confidence in achieving the outcomes for each action.

Measures (Key Performance Indicators - KPIs)

<u>Pre. Year Period Actual</u> – 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'. Period Actual – 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.

YTD Actual – 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.

Outcome RAG – 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

Risk Title – Gives a description of the risk.

Lead Officer – The person responsible for managing the risk.

Supporting Officer – 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.