

SOCIAL & HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

| Date of Meeting | Thursday 16 th November, 2017 |
|-----------------|---|
| Report Subject | Mid-Year Council Plan 2017/18 Monitoring Report |
| Cabinet Member | Cabinet Member for Social Services |
| Report Author | Chief Officer (Social Services) |
| Type of Report | Operational |

EXECUTIVE SUMMARY

The Council Plan 2017/23 was adopted by the Council in September 2017. This report presents the mid-year monitoring of progress for the Council Plan priority 'Supportive Council' relevant to the Social & Health Care Overview & Scrutiny Committee.

Flintshire is a high performing Council as evidenced in previous Council (Improvement) Plan monitoring reports as well as in the Council's Annual Performance Reports. This first monitoring report for the 2017/18 Council Plan is a positive report, with 88% of activities being assessed as making good progress, and 67% likely to achieve the desired outcome. In addition, 65% of the performance indicators met or exceeded target. Risks are also being successfully managed with the majority being assessed as moderate (67%) or minor (8%).

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

Recommendations

That the Committee consider the Council Plan 2017/18 mid-year monitoring report to monitor under performance and request further information as appropriate.

REPORT DETAILS

| 1.00 | EXPLAINING THE COUNCIL PLAN 2017/23 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 2017/23 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 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 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: - |
| 1.04 | ACTIVITES PROGRESS • We are making good (green) progress in 51 (88%). • We are making satisfactory (amber) progress in 7 (12%). |
| | ACTIVITIES OUTCOME |
| | We have a high (green) level of confidence in the achievement of 39 (67%). |
| | We have a medium (amber) level of confidence in the achievement of 19 (33%). |
| | We have a low (red) level of confidence in the achievement of 0 (0%). |
| 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 shows the following: -
 - 46 (65%) had achieved a green RAG status
 - 18 (25%) had achieved an amber RAG status
 - 7 (10%) had achieved a red RAG status
- 1.07 The performance indicator (PI) which showed a red RAG status for current performance relevant to the Social & Health Care Overview & Scrutiny Committee is: -

PI: Percentage of child protection referrals that result in 'no further action'

55% of child protection referrals received by Children's First Contact currently have no action taken after screening. These referrals are now being considered for early support below the child protection threshold, through the newly implemented Early Help Hub. This should reduce the number of referrals with no action taken, and provide low level multi agency early intervention to more families who do not meet the threshold for statutory services.

1.08 | Monitoring our Risks

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

- 1 (2%) is insignificant (green)
- 4 (8%) are minor (yellow)
- 32 (67%) are moderate (amber)
- 11 (23%) are major (red)
- 0 (0%) are severe (black)
- 1.09 The major (red) risks identified for the Social & Health Care Overview & Scrutiny Committee are: -

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

A report has been prepared around the potential expansion of the care sector, and presented to Programme Board. Recommendations have been approved to explore further the extension of Marleyfield (32 beds for intermediate care and discharge to assess). This expansion will also help to support the medium term development of the nursing sector. A Strategic Opportunity Review has been completed, with a report being presented to Cabinet in October. A lobbying letter to Welsh Government has been drafted subject to cabinet approval, highlighting the risks and areas for concern. There are several active workstreams, including the development of resources to

support the sector, such as a provider portal.

Risk: Annual allocation of Integrated Care Funding (ICF) - Short term funding may undermine medium term service delivery.

We have reached agreement in principal for ICF capital funding to be allocated for the expansion over the next 3 years (£415K per year). However, we are still awaiting confirmation that the full funding will continue. The Minister has announced a further review of ICF; this risk remains Red.

Risk: Knowledge and awareness of safeguarding not sufficiently developed in all portfolios.

The Corporate Safeguarding Policy was approved by Cabinet in October 2017 and will be promoted widely to the workforce to ensure everyone understands their responsibilities. The first Corporate Safeguarding newsletter has been published, this will help raise knowledge and awareness of safeguarding.

Risk: Failure to implement safeguarding training may impact on cases not being recognised at an early stage.

Social Services Workforce Development Team are updating and reviewing the Safeguarding e-learning modules which will be re-launched to the workforce. Safeguarding will be included in induction ensuring all new employees have a basic understanding.

1.10 Areas within the 'Supportive Council' priority, not relevant to the Social & Health Care Overview & Scrutiny Committee, have been removed and will be reported to the relevant Overview & Scrutiny Committees going forward. Measures within the sub-priority 'Safeguarding' will also be reported to the Corporate Resources Overview & Scrutiny Committee who have responsibility for monitoring corporate safeguarding measures.

| 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 |
|------|--|
| | 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 1.09 above. |
|------|--|
| 5.00 | APPENDICES |
| 5.01 | Appendix 1 - Council Plan 2017/18 Mid-Year Progress Report – Supportive Council. |

| 6.00 | LIST OF ACCESS | IBLE BACKGROUND DOCUMENTS |
|------|---|--|
| 6.01 | | 7/18: http://www.flintshire.gov.uk/en/Resident/Council-mprovement-Plan.aspx |
| | Contact Officer: Telephone: E-mail: | Margaret Parry-Jones 01352 702324 Margaret.parry-jones@flintshire.gov.uk |

| 7.00 | 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 7.03 | man inclu whice | ks: These lagement end lagement end lages the use ch provides g | dorsed by e of a nev reater opp | Audit Con w and mo portunities | nmittee in re sophis | June 2015 ticated risl | 5. The new k assessn | v approac |
| | | | | _ | _ | _ | | |
| | | Catastrophic | Υ | Α | R | R | В | В |
| | Severity | Critical | Y | Α | А | R | R | R |
| | | | | | | | | |
| | Impact Severity | Marginal | G | Υ | А | А | А | R |
| | Impact 5 | Marginal Negligible | G | Y G | A Y | A Y | A A | R A |
| | Impact 5 | | | | | | | |

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.