

**CYNGOR SIR POWYS COUNTY COUNCIL.**

**CABINET EXECUTIVE**

**10<sup>th</sup> July 2018**

**REPORT AUTHOR: County Councillor Aled Davies  
Portfolio Holder for Finance, Countryside and Transport**

**SUBJECT: Corporate Improvement Plan 2017-18 Quarter 4  
performance report**

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**REPORT FOR: Decision**

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**1. Summary**

1.1 This report provides 2017-18 quarter 4 (and final) update against the Corporate Improvement Plan (CIP) 2016-20 which is based on the previous administration's priorities.

1.2 A detailed report is attached in appendix A which sets out progress against the 2017-18 CIP programmes which were;

Developing the economy  
Learning  
Services delivered for less  
Social Services Improvement

1.3 At the end of March 2018 (Q4), 75% of planned work contained within the Corporate Improvement Plan (CIP) and supporting plans received a BRAG status of blue or green with 25% indicating amber or red.

The overall RAG status of the CIP for the year 2017-18 is amber

Out of the 35 measures contained within the CIP only 32% met target. 57% were off target and 34% off target by more than 10%.

**2. Proposal**

1.1 It is proposed that Cabinet consider the detail within Appendix A and agree the Management Team remedial actions for the Critical Items to ensure that performance improves in these areas. The critical items are as follows;

**Corporate Measures**

**Measure - Sickness Absence (days lost per FTE)**

**Issue** - Targets were not met for People, Place and Resources Directorates

**Remedial action** - Overall the sickness figures appear to be positive when compared nationally, however, there is concern that there may be a low level recording of sickness onto Trent in Schools. Consequently this brings the overall accumulative figure down for the Council and therefore potentially masks the true level of sickness. We also need to explore the timescales allowed for adding retrospective sickness absence onto the Trent system. Delays in entries have a direct effect on the ability to report true figures.

**Measure** - % of IPRs undertaken

**Issue** - Targets have been missed for the whole organisation and all directorates

**Remedial action** - IPR levels are still a concern, especially with front line services and quarterly requirements are felt to be excessive.

Executive Management Team agreed to revise the Corporate IPR Policy to move to annual appraisal and undertake at least one monthly meaningful conversation per employee.

### **Developing the economy**

**Measure** - Percentage of planning applications determined within 8 weeks or within agreed time

**Issue** - Although the target for the year was met performance is still lower than the previous year and significantly lower than the 1<sup>st</sup> half of the year

**Remedial action** - Due to the LDP not being adopted in Powys, higher than normal numbers of applications were received during this period. This coincided with a lack of resources caused by one resignation and maternity leave of Planning Officers. It should be noted that the service is still classed as `Good` under the WG definitions and that the Planning performance was still above target. Enforcement activity was also focussed on which has resulted in a successful prosecution and several other investigations underway.

**Measure** - Achieve WHQS, no of elemental improvements carried out

**Issue** - Missed the target by more than 50%. Although there was an extended timeframe for completion of WHQS from March to December 2018 is this target going to be met by then?

**Remedial action** - The number of properties which have elements which don't achieve the WHQS will reduce far quicker now as surveys

are undertaken in properties where we had little or no stock condition data and where programmes of work are being undertaken. The windows and door replacement programme and heating system replacement programmes are now getting up to speed following the recent award of the framework contractors and we are about to re-tender for the reroofing contract in the south of the county, following delays caused by a legal challenge.

### **Learning**

**Measure** - The number of permanent exclusions in secondary schools (per 1,000 pupils)

**Issue** - target has been missed and RAG status is RED

**Remedial action** - Scrutiny and Cabinet have considered the 2018 rigorous self-evaluation (SER) of education services, which provides analysis on performance challenges. Cabinet have commenced a fundamental Additional Learning Needs (ALN) and Inclusion Transformation Programme. Key elements of this work include improving workforce skills and provision for Behaviour, Emotional and Social Difficulties (BESD) within schools and school support services.

**Measure** - The percentage of 15 year olds leaving full time education without a recognised qualification

**Issue** - target has been missed and RAG status is RED

**Remedial action** - Scrutiny and Cabinet have considered the 2018 self-evaluation (SER) of education services. The Secondary Schools Strategy and specific work with schools causing concern will impact on this indicator. The Additional Learning Needs (ALN) and Inclusion Transformation Programme will also positively impact on this indicator in relation to vulnerable learners.

**Measures** - The percentage of schools inspected that were categorised as 'good' or better by Estyn for prospects for improvement & The percentage of schools inspected that were categorised as 'good' or better by Estyn for current performance

**Issue** - target has been missed and RAG status is RED

**Remedial action** - The target as set was unrealistic given the profile of school performance and governance/ leadership capacity. Scrutiny and Cabinet have considered the 2018 self-evaluation (SER) of education services and a revised improvement plan will be presented to members following the SER and the Estyn improvement conference of April 2018.

**Measure** - Reduce the number of schools with deficit budgets

**Issue** - RED for Q3 and Q4

**Remedial action** - Scrutiny and Cabinet have considered the 2018 self-evaluation (SER) of education services and a revised improvement plan will be presented to members following the SER and the Estyn improvement conference of April 2018. Schools are being supported to take action where needed to reduce staffing. Progress has also been analysed in the recent Estyn improvement conference, for which the outcome letter is being presented formally to Cabinet and Scrutiny.

### **Services delivered for less & CLGP**

**Priority Improvement Area G:** Communications Strategy/Engagement

**Issue** - RED for Q4

**Remedial action** - Cabinet/Management Team exercise due to take place 05/06/2018 to review gold, silver and bronze campaigns. Findings from this session will inform the communications and engagement plan to be completed by September. The draft plan will go to EMT/Cabinet 31<sup>st</sup> July 2018.

Delays were due to action G1 (Comms review) not being completed in initial timescales due to inclement weather in March.

### **Social Services Improvement**

#### **Children's Improvement Plan**

##### **Measures:**

- % of LAC Statutory Visits carried out within timescale
- % of CP Statutory Visits carried out within timescale
- The percentage of assessments completed for children within statutory timescales
- % of operational staff who have had Case Supervision on a monthly basis

**Issue** – Targets not met

##### **Remedial action:**

- % of LAC Statutory Visits carried out within timescale - Performance for April 2018 is 92%. This is showing continued improvement.
- % of CP Statutory Visits carried out within timescale - Performance for April 2018 is 87%. This is showing continued improvement.
- The percentage of assessments completed for children within statutory timescales - Performance for April 2018 is 99%. This is showing continued improvement.

- Performance for April 2018 is 90%. This is showing continued improvement.

### **Adults Improvement Plan**

#### **Measures:**

- The number of persons (per 1000 population) aged 75 and over who experience a delay in returning to their own home or social care setting following hospital treatment decreases
- The Percentage of Carers identified offered an assessment

**Issue** – Targets not met

#### **Remedial action:**

- The main reasons for individuals not being able to return home from hospital for social care reasons are individuals not able to access their residential care home of choice and the lack of domiciliary care availability. The limited access to assessments has been addressed and the recruitment of more social workers and occupational therapists from the increased staffing budget has enabled swifter assessment and support. Work is ongoing in trying to increase the capacity in the domiciliary care market by developing the in-house domiciliary care service in the north of the county and by enabling the in-house service to become the service of 'last resort' (i.e. pick up packages that private agencies are unwilling/unable to pick up). Recently completed work on residential care home fees will ensure that there is less discussion around fees and should enable more efficient placements. A review of the reablement service is about to commence with the aim of increasing efficiency and effectiveness in reducing dependency upon domiciliary care, thus increasing the market's capacity. The use of My Care My Home was successful for a small number of service users in a pilot and work is ongoing to consider commissioning a home from hospital service that will support transfer of care. The Dynamic Purchasing System is being developed for domiciliary care with one of its aims to increase the domiciliary care market capacity.
- The increase in carers identified offered an assessment has been significant and the vast majority of carers now do receive the offer of an assessment. However, it is recognised that more work is required in order to promote the offer and take up of these assessments further, as well as ensuring that carers are identified in the first place. Training has been commissioned from Credu (Powys Carers) in order to increase awareness of carers issues and to support uptake of assessments. We also intend to commission (via the Integrated Care Fund) carers' rights booklets to support further uptake.

**3. Options Considered / Available**

N/A

**4. Preferred Choice and Reasons**

N/A

**5. Impact Assessment**

5.1 Is an impact assessment required? No

5.2 If yes is it attached? Yes/No

**6. Corporate Improvement Plan**

1.2 Appendix A sets out detailed performance against the CIP 2017-18

**7. Local Member(s)**

1.3 This report impacts all Members equally and does not affect local Members individually.

**8. Other Front Line Services**

Does the recommendation impact on other services run by the Council or on behalf of the Council? Yes

The Management Team remedial actions for the Critical Items are detailed in section 2.1 of this report and will be implemented by the relevant services.

**9. Communications**

Have Communications seen a copy of this report? Yes

No proactive communication action required

**10. Support Services (Legal, Finance, Corporate Property, HR, ICT, Business Services)**

10.1 Legal

The recommendation can be supported from a legal point of view

10.2 Finance

There are no financial implications relating specifically to the report.

**11. Scrutiny**

Has this report been scrutinised? No

11.1 The annual performance report 2017-18 currently being drafted will be presented to scrutiny for comment.

**12. Statutory Officers**

12.1 The Solicitor to the Council (Monitoring Officer) commented as follows: "I note the legal comments and have nothing to add to the report."

12.2 The Head of Financial Services (Deputy Section 151 Officer) notes the content of the report.

**13. Members' Interests**

The Monitoring Officer is not aware of any specific interests that may arise in relation to this report. If Members have an interest they should declare it at the start of the meeting and complete the relevant notification form.

<b>Recommendation:</b>	<b>Reason for Recommendation:</b>
<b>That Cabinet consider the detail within Appendix A and agree the Management Team remedial actions for the Critical Items to ensure that performance improves in these areas.</b>	<b>To ensure effective evaluation of progress in implementing the Council's Corporate Improvement Plan for the year 2017-18 and remedial action is understood and implemented</b>

<b>Relevant Policy (ies):</b>	CIP 2016-20; Performance Management and Quality Assurance Framework		
<b>Within Policy:</b>	<b>Yes</b>	<b>Within Budget:</b>	<b>Yes</b>

<b>Relevant Local Member(s):</b>	<b>All Members</b>
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<b>Person(s) To Implement Decision:</b>	<b>Executive Management Team</b>
<b>Date By When Decision To Be Implemented:</b>	

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**Background Papers used to prepare Report:**