

Appendix A

Review of 2014-15 AGS Action Plan – November 2015

	Issue	Progress to Date
1	<p>The Our North Tyneside Plan 2014-2018 identifies the priorities that the Council and partners will address over the next 4 years. To enable the objectives laid down in the Plan to be supported and met the Creating a Brighter Future Programme has been established. The Creating a Brighter Future Programme has been rolled out across the Authority and represents a new plan for delivery in addition to major culture change and new ways of working. To enable the objectives of the Programme to be met it is important that the current monitoring processes that are in place will enable robust financial and service challenges to continue during the year.</p>	<ul style="list-style-type: none"> • Senior Leadership Team (SLT) convenes monthly as the Programme Board for the Creating a Brighter Future Change Programme. They consider progress reports from Project Leads and provide strategic guidance and direction. • SLT monitor and control risk, issues and quality, and report progress to informal Cabinet. • Working with external partners to identify new ways of working. • The Our North Tyneside Plan was developed in 2013 and set out the Authority's policy direction and strategic priorities. It was developed with partners and has acted as both the Council Plan and the Sustainable Community Strategy for North Tyneside. As reported to Cabinet in September 2015 in order to build upon the achievements of the Our North Tyneside Plan, reflect local public opinion and the impact of changes in national policy the plan is being refreshed. The refreshed plan will provide the policy direction for the Authority's Financial Planning and Budget process for 2016-17 and the following two years.
2	<p>As part of the Creating a Brighter Future (CBF) programme a workforce development programme is being established to look at: reviewing the Individual Performance Review Process (IPR), moving towards competency based job descriptions, reviewing employee and management competencies, linking services to the CBF programme and working towards fewer layers/tiers/more generic roles to allow greater flexibility. To ensure that the Authority is able to deliver its statutory responsibilities and continue to be a fit for purpose organisation it is important that the workforce</p>	<ul style="list-style-type: none"> • A review of the IPR process was carried out in light of the CBF programme, the development of values and competencies and a revised process was rolled out in April 2015. The effectiveness of the revised process is currently being evaluated ready to inform IPR's for 2016-17. • Competency based job descriptions - there has been some preliminary work completed on this however it is in the very early stages of development and need to link to generic jobs, tiers and spans of control. • Competencies - a review has been carried out on the competency framework for employees and managers and this

Appendix A

	Issue	Progress to Date
	development programme is fully developed.	<p>has been revised to take account of the CBF programme. This was rolled out as part of the IPR process in April 2015.</p> <ul style="list-style-type: none"> • SLT agreed a framework of tiers/spans of control across frontline and corporate workforce. This is now being implemented as part of service redesign work across the Authority. • Work has been carried out on developing generic job roles for the tiers of managers/team leaders. These are due for sign off from SLT in November 2015. In addition a pilot piece of work is being carried out in Adult Social Care (ASC) to look at creating generic support worker roles, although this is at the very early stages of development. • The Authority has aligned the workforce development programme to each of the service redesign projects and is currently delivering against priority need.
3	<p>The Better Care Fund (BCF) created pooled budgets from April 2015 in each Health and Wellbeing Board area. It aims to support the integration and transformation of health and social care services to ensure that local people receive better care. Ongoing risk management of the BCF needs to be carried out in accordance with the Authority's risk management strategy, including regular review of the risk register by the Partnership Board to ensure that objectives are met and appropriate governance arrangements are in place. Reporting to the Health & Wellbeing Board and Cabinet as required. Alongside this the Authority will need to keep under consideration the wider health economy, the on-going financial pressures in commissioning services for health and any consequences of the introduction of the new emergency care facility at Cramlington.</p>	<ul style="list-style-type: none"> • There is a s75 Agreement in place between the Authority and North Tyneside Clinical Commissioning Group (CCG) which sets out a comprehensive set of financial and performance metrics which the BCF Partnership Board uses to monitor the implementation of BCF schemes, including the risk of overspends. • The BCF Partnership Board meets monthly to manage performance of the Better Care Fund. • The Board reviews the operation of the s75 Agreement and receives financial and activity information as well as providing strategic direction on individual services. • Risk management over-arching principles have been established by the Board and presented to the Adult Social Care, Health and Wellbeing Sub-Committee. • The CCG budget for 2015-16 indicates a planned deficit of £14.3m. This financial position could have implications for the

Appendix A

	Issue	Progress to Date
		<p>Authority's revenue budget for 2015-16 and future years. Over recent months the CCG has worked in partnership with healthcare providers, NHS England and senior officers of North Tyneside Council to develop a Financial Recovery Plan which aims to achieve a balanced position for 2016-17. The delivery of this plan could have implications for both Adults and Children's Social Care services and could impact on the assumptions included in the Authority's current and future year's budget and financial plans with regard to financial transactions with the CCG. Discussions are in progress at this time to manage the position for 2015-16.</p>
4	<p>Following a Peer Review in February 2015 of the Health & Wellbeing Board (HWB) by the LGA a number of recommendations were made which range from clarifying in consultation with partners the purpose, role, remit and scope of the HWB to putting in place robust programme management capacity with a clearly identified lead officer that is jointly owned and resourced. To meet the recommendations of the Peer Review Panel it is important that an action plan is developed and key milestones set out to enable the changes to be made.</p>	<p>Based on the Peer Review findings the following actions have been put in place.</p> <ul style="list-style-type: none"> • Vision - A new vision has been developed for the Board which sets out how members will work together to deliver against the priorities in the Joint Health & Wellbeing Strategy (JHWS). • Partnerships - A strategic review of all relevant partnerships and boards to provide greater clarity on their role and relationship with the HWB. This included a mapping exercise of all of the priorities and work of these other partnerships for 2015-16. Work will continue in 2015-16 to increase this understanding and refine how each of the partnerships works together. In particular the Board will continue to define its role and relationship with the North Tyneside Strategic Partnership and associated works streams. • Health and Social Care Integration - the Health and Social Care Integration Programme Board now routinely reports into every Board meeting to report progress. There are Community & Voluntary Sector (CVS) reps on all integration boards. • Work programme - a clear programme of priorities and work for the year ahead has been established. For the remainder of

Appendix A

	Issue	Progress to Date
		<p>2015-16, the Board will operate a mix of formal Board meetings and action days. Action days will enable the Board to reach out to residents, communities and services to help them understand specific topics in greater detail.</p> <ul style="list-style-type: none"> • Engagement and Involvement - the role of the CVS has been clarified both at Board planning level and as part of the Health and Social Care Integration Programme. The Board now holds all meetings in public venues and invites members of the public to attend. A bespoke communication and involvement plan has been developed by the Board. • The Board plans to carry out follow-up work with the LGA in the first quarter of 2016-17 to assess progress made following the Peer Review. This will coincide with Board planning and development for the following year.
5	<p>During 2014-15 the Local Government Association (LGA) carried out a Peer Challenge to help improve the adult safeguarding service. The review identified “many positive and creative services and support to safeguard adults at risk in the borough”. The feedback from the review is being used to identify where further improvements can be achieved. An action plan is being developed alongside the Safeguarding Adults Board (SAB) to ensure that all partners implement the changes in their organisation’s planning and practices. It is important that this action plan is developed to build on the existing safeguarding arrangements.</p>	<ul style="list-style-type: none"> • The Safeguarding Adults Board have included the learning from the Peer Review in the current Annual Plan for 2015-16. Implementation of this plan is closely monitored by the Board. • In 2014-15 the SAB introduced a Quality Assurance Framework (QAF), which all Partner agencies are required to complete. This is updated annually. This seeks assurance from all partner agencies that they have appropriate arrangements in place for all aspects of Safeguarding practice. • This year the findings from the QAF will be shared between all agencies at a development day to be held jointly with Northumberland SAB to ensure transparency and offer external challenge to all agencies.
6	<p>The Authority needs to continue to embed and review governance arrangements that are in place in respect of all partnerships to ensure required services are delivered satisfactorily, whilst also achieving and sustaining value for money. In addition the Authority needs to ensure that</p>	<ul style="list-style-type: none"> • Both the Capita and Cofely Partnerships and the Kier Joint Venture (JV) have robust governance structures in place as follows: <ul style="list-style-type: none"> - Client Lead meetings - Operational Sub Groups (Capita and Cofely)

Appendix A

	Issue	Progress to Date
	<p>boundaries and responsibilities remain clear and are robustly managed, recognising that operations and staffing in both partner organisations and the Authority change over time.</p>	<ul style="list-style-type: none"> - Client Group - Operational Partnership Board - Strategic Partnership Board • The Authority is also represented on the Board of the Kier Joint Venture and the Joint Venture itself has governance structures. The Board meets on a regular basis as an addendum to the Strategic Partnership Boards when required. • Contractual performance is governed through the monitoring and enforcement of the payment and performance mechanism. In addition, both operational and strategic risk registers for the Partnerships and the JV are maintained. These are reviewed and updated by risk owners and reported through to the Operational Partnership Board. Specific risks, as necessary, are highlighted to Strategic Partnership Board if they are thought to be sufficiently serious. The risk register for the Partnerships are regularly scrutinised by Finance Sub Committee. • Client Lead Meetings - regular one to one meetings take place between the client leads for each service in the Authority and their Cofely/Capita/Kier counterparts. The aim of these meetings is to discuss and resolve operational aspects of the Partnership/JV. • Operational Sub Groups - the objective of the Sub-Groups is to champion positive and proactive communications, ensure on-going continuous improvement in service delivery, oversee the performance management framework, and receive reports and direct the workings of any task groups set up to progress particular actions. • Each working group focuses on a particular service area enabling issues specific to those individual areas to be focussed upon and resolved.

Appendix A

	Issue	Progress to Date
		<ul style="list-style-type: none"> <li data-bbox="1144 233 2103 603">• The Groups report up to the Operational Partnering Board. Specific tasks may be delegated from the Operational Partnering Board. On direction/approval from Operational Partnering Board, the Sub-Groups may establish new task and finish groups to resolve particular issues. The Operational Sub Group directs and monitors outputs from these Task and Finish groups. The Kier Joint Venture does not have these groups on a formal permanent basis but do have informal sub groups for specific task and finish projects. <li data-bbox="1144 603 2103 973">• Client Group - this group involves the operational client leads from each service area within the Council that is part of each Partnership or that gives work to the JV. The Group meets monthly. The remit of the Group is to challenge performance against the KPIs and PIs, discuss key issues being managed and identify those that need to be escalated. Representatives from the Capita/Cofely Partner attend some of the meetings in order to update the Group on progress/developments. The forum also provides an opportunity for the Project Sponsor to update the Group on the Partnerships. <li data-bbox="1144 973 2103 1385">• Operational Partnership Board - the monthly Operational Partnership Board (OPB) is attended by key officers within the Council and the Partner. The Cabinet Member for Finance and Resources (for Cofely) and the Cabinet Member for Housing and Transport (for Capita and Kier) also attends the relevant meeting. The OPB is the main interface between North Tyneside Council and Cofely/Capita/Kier. It provides a forum for the day-to-day management of the Partnership and is responsible for ensuring that performance targets are met, that the payment and performance mechanism operates correctly, that a high-performance relationship and culture is developed

Appendix A

	Issue	Progress to Date
		<p>and that problems or issues and contract variations are resolved. The OPB reviews performance and budget reports from the relevant Partner and any risks or issues escalated to it by Cofely/Capita/Kier or the Commercial Services Team. The OPB escalates risks and issues to full Council, Cabinet or Cofely/Capita/Kier as appropriate. Reports to OPB incorporate relevant detail from the operational Sub-Groups.</p> <ul style="list-style-type: none"> • Strategic Partnership Board - this is a quarterly meeting of senior officers within the Council and the Partner. For the partnerships this is also attended by the Elected Mayor and Deputy Mayor. The Cabinet Member for Finance and Resources (for Cofely) and the Cabinet Member for Housing and Transport (for Capita) also attend the relevant meeting. The Strategic Partnering Board (SPB) serves as a forum to review at a strategic level issues relating to each Partnership. Each Board serves to facilitate the open exchange of ideas to enable the Authority, the OPB, other local stakeholders and the Partner to discuss the Authority's service delivery requirements to ensure an integrated co-ordinated approach across relevant workstreams to fulfilling such requirements and to develop, review and update the Delivery Plan. The Board receives reports from the OPB and Sub-groups as appropriate. Following consideration of the report the SPB may request the OPB to take action the SPB considers necessary to ensure service improvement.
7	Continue to embed the new health and safety framework and gain assurance that the framework is being followed across the Council.	<ul style="list-style-type: none"> • A corporate Health & Safety e-newsletter is sent out on a regular basis and the newsletter is also available on the Intranet. The newsletter contains updates on training that is available and articles on health and safety issues. • Mandatory health and safety training is in place for all managers, areas covered include health and safety legislation,

Appendix A

	Issue	Progress to Date
		<p>roles and responsibilities, risk assessment.</p> <ul style="list-style-type: none">• Specialist health and safety training is available, for example first aid, asbestos management.• A health and safety training plan has been developed which outlines training available and who is expected to attend.• A Health and Safety Executive Forum is in place which considers updates on training provided, health and safety issues etc. The Deputy Chief Executive attends the meetings.• E-learning training on health and safety is available via the Learning Pool on the Intranet.