

## **HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE, 4 DECEMBER 2018**

<b>Subject Heading:</b>	Quarter 2 2018/19 performance information
<b>SLT Lead:</b>	Jane West, Chief Operating Officer
<b>Report Author and contact details:</b>	Lucy Goodfellow, Policy and Performance Business Partner (Children, Adults and Health) (x4492)
<b>Policy context:</b>	The report sets out Quarter 2 performance against indicators relevant to the Health Overview and Scrutiny Sub-Committee.
<b>Financial summary:</b>	There are no direct financial implications arising from this report which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.

### **The subject matter of this report deals with the following Council Objectives**

Communities making Havering	<input checked="" type="checkbox"/>
Places making Havering	<input checked="" type="checkbox"/>
Opportunities making Havering	<input type="checkbox"/>
Connections making Havering	<input type="checkbox"/>

## **SUMMARY**

This report supplements the presentation attached as **Appendix 1**, which sets out the Council's performance against indicators within the remit of the Health Overview and Scrutiny Sub-Committee for Quarter 2 (July 2018 – September 2018).

## **RECOMMENDATION**

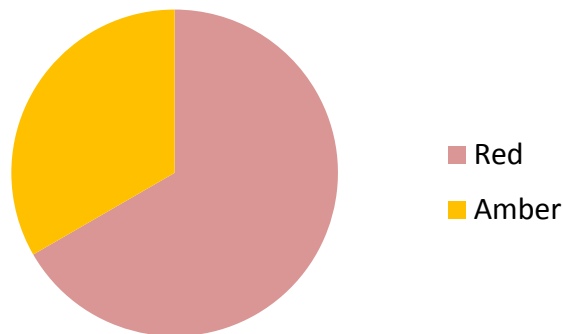
That the Health Overview and Scrutiny Sub-Committee notes the contents of the report and presentation and makes any recommendations as appropriate.

## **REPORT DETAIL**

1. The report and attached presentation provide an overview of the Council's performance against the performance indicators selected for monitoring by the Health Overview and Scrutiny Sub-Committee. The presentation highlights areas of strong performance and potential areas for improvement.
2. Tolerances around targets (and therefore the amber RAG rating) have been reinstated for 2018/19 performance reporting. Performance against each performance indicator has therefore been classified as follows:
  - **Red** = outside of the quarterly target and outside of the agreed target tolerance, or 'off track'
  - **Amber** = outside of the quarterly target, but within the agreed target tolerance
  - **Green** = on or better than the quarterly target, or 'on track'
3. Where performance is rated as '**Red**', '**Corrective Action**' is included in the report. This highlights what action the Council and/or its partner organisations will take to improve performance.
4. Also included in the presentation are Direction of Travel (DoT) columns, which compare:
  - Short-term performance – with the previous quarter (Quarter 1, 2018/19)
  - Long-term performance – with the same time the previous year (Quarter 2, 2017/18)

5. A green arrow (↑) means performance is better and a red arrow (↓) means performance is worse. An amber arrow (→) means that performance has remained the same.
6. In total, three performance indicators have been selected for the sub-committee to monitor. Performance data is available for all three indicators this quarter, and these have all been given a RAG status.

### **Q2 Indicators Summary**



In summary, of the 3 indicators:

1 (33%) has a status of **Amber**

2 (67%) have a status of **Red**

This is consistent with the position at the end of Quarter 1.

### **IMPLICATIONS AND RISKS**

#### **Financial implications and risks:**

There are no financial implications arising directly from this report, which is for information only. However adverse performance against some performance indicators may have financial implications for the Council.

All service directorates are required to achieve their performance targets within approved budgets. The Senior Leadership Team (SLT) is actively monitoring and managing resources to remain within budgets, although several service areas continue to experience significant financial pressures in relation to a number of demand led services, such as adults' social care. SLT officers are focused upon controlling expenditure within approved directorate budgets and within the total General Fund budget through delivery of savings plans and mitigation plans to address new pressures that are arising within the year.

**Legal implications and risks:**

Whilst reporting on performance is not a statutory requirement, it is considered best practice to regularly review the Council's progress.

**Human Resources implications and risks:**

There are no HR implications or risks arising directly from this report.

**Equalities implications and risks:**

Equality and social cohesion implications could potentially arise if performance against the following indicator currently rated as Red does not improve:

- Obese Children (4-5 years)

The attached presentation provides further detail on steps that will be taken to improve performance and mitigate these potential inequalities.

**BACKGROUND PAPERS**

Appendix 1: Quarter 2 Health OSSC Performance Presentation 2018/19