Lancashire County Council

Cabinet Committee on Performance Improvement

Thursday, 6th June, 2019 at 2.00 pm in Cabinet Room 'B' - The Diamond Jubilee Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No.   Item

1.   Apologies for Absence

2.   Disclosure of Pecuniary and Non-Pecuniary Interests

Members are asked to consider any Pecuniary and Non-Pecuniary Interests they may have to disclose to the meeting in relation to matters under consideration on the Agenda.

3.   Minutes of the Meeting held on 26th February 2019   (Pages 1 - 6)

4.   Withdrawal from the European Union - Lancashire County Council Preparations

Powerpoint presentation.

5.   Adult Social Care Survey 2017-18   (Pages 7 - 42)

6.   Quarterly Corporate Performance Monitoring Report – Quarter 4 2018/19   (Pages 43 - 54)

7.   Corporate Risk and Opportunity Register Quarter 1 2019/20   (Pages 55 - 72)

8.   Urgent Business

An item of Urgent Business may only be considered under this heading where, by reason of special circumstances to be recorded in the minutes, the Chairman of the meeting is of the opinion that the item should be considered at the meeting as a matter of urgency. Wherever possible, the Chief Executive should be given advance warning of any Members' intention to raise a matter under this heading.

Lancashire
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9. **Date of Next Meeting**

The next meeting of the Cabinet Committee on Performance Improvement will be held at 2.00pm on Thursday 12th September 2019 in Committee Room B – The Diamond Jubilee Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Lancashire County Council

Cabinet Committee on Performance Improvement

Minutes of the Meeting held on Tuesday, 26th February, 2019 at 2.30 pm in Cabinet Room 'B' - The Diamond Jubilee Room, County Hall, Preston

Present:

County Councillor Geoff Driver CBE (Chair)

County Councillors

A Atkinson	G Gooch
C Crompton	K Iddon
P Buckley	S Turner
Mrs S Charles	

1. Apologies for Absence

Apologies for absence were received from County Councillor Michael Green and County Councillor Hasina Khan.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

No pecuniary or non-pecuniary interests were disclosed.

3. Minutes of the Meeting held on 5th December 2018

Resolved: That the minutes of the meeting held on 5th December 2018 be confirmed and signed by the Chair.

4. Quarterly Corporate Performance Monitoring Report – Quarter 3 2018/19

A report was presented by Donna Talbot, Head of Service, Business Intelligence, providing an overview of performance activity across the Council for Quarter 3 of 2018/19.

Education and Children's Services

It was reported that referrals to children's social care had decreased. The percentage of assessments completed for this quarter which took over 45 days was higher than other comparators. However, up to date information for January 2019 showed that the timeliness of assessments had improved.

The number of children looked after and rate per 10k has continued to increase and the latest rate of children subject to a child protection plan remained significantly higher than the national rate. Sally Allen reported that officers were

working on reducing these figures and that a number of initiatives were being taken forward. For example, for children looked after, officers were looking at those children who were subject to a Care Order living at home with parents, and whether they still needed to be, and also looking into which children could be safely returned to their parents care. Officers were also working on reducing permanence timescales.

In relation to the edge of care offer, more preventative and strengths based approaches to working with families were currently being explored including the use of Family Group Conferencing.

The Committee noted that average caseloads had remained stable, but that some social workers had very high caseloads. An audit of caseloads had been completed and actions agreed to address this. This was being closely monitored.

It was reported that the average time taken between a child entering care and moving in with their adoptive family had reduced significantly.

A query was raised in relation to out of County placements and where the responsibility lay for these children. It was confirmed that Lancashire would be responsible for investigating any safeguarding concerns for children placed within the County, but that the Authority who had placed the children here would have statutory responsibility for the child including funding and social work involvement.

In relation to school improvement, work was ongoing in certain areas of Lancashire where educational attainment was not as good as in other areas. However, it was noted that attainment had improved at Key Stages 2 and 4 in 2017/18 compared to the previous year.

Growth, Environment, Transport and Community Services

The Committee were informed that, since monitoring against the new response standard for highways defect repairs, a defect reporting issue had been identified with the 4 hour and 2 day defects which had affected response times. However, it was noted that this issue had now been addressed and that future performance figures should now start to improve.

It was reported that many of the 5 day defects required extensive traffic management, due to the road type and location. However, in order to improve response times, countywide meetings had been scheduled each month between operations staff and Highways Safety inspectors, to plan the inspection programme for the month and to identify defects requiring traffic management. The countywide traffic management contract had recently be renewed following a procurement exercise, which would improve the availability of traffic management.

The Cabinet Committee noted that over the next 18 months, the number of street lighting faults would reduce as the remaining 38,000 conventional units were converted to LED.

Mass loss operations had resulted in better performance at Thornton Waste Treatment facility with less tonnes to landfill and increased diversion. An outlet had been secured for the processed material allowing the throughput to be increased at Farington Waste Treatment facility.

It was reported that visits to libraries and museums, in addition to e-book downloads had fallen slightly in December 2018, due to seasonal trends and Christmas closing. In addition, 3 museums had been returned to Lancaster City Council in October 2018 and Helmshore Museum had closed at the end of it's summer season in October 2018 but was due to re-open on 29 March 2019.

Adult Services and Public Health

It was reported that the proportion of adults receiving direct payments was now higher than the national average and that high numbers of people were receiving reablement.

The Cabinet Committee noted that, despite the recent improvement, concerns remained about the level of residential admissions for older people. North West residential care admission rates needed addressing as these were significantly higher than the national average. Work with colleagues was ongoing to address these concerns as part of the North West Association of Directors of Adult Social Services Sector Led Improvement work. It was reported that targets had been set for these improvements over the next 4 years, which would also deliver significant financial savings.

The number of people waiting for OT assessments continued to reduce and showed a dramatic improvement over recent years. In addition, there was an increase in the quality rating of Lancashire care homes and community care services.

The number of Troubled Families attached to the national programme had increased from 12,498 to 14,164 as at 31 December 2018. This had been a noticeable increase compared to other months, due to the implementation of a new process which was better at identifying families in need. The figures showed we were not just finding families in need but were sustaining a service to them.

The cumulative total of payments by results claims for quarter 3 was ahead of target. Maximising our claims by accelerating progress with partners and getting them to share this responsibility was an identified action in the children's services 'Getting to Good' plan.

Resolved: That the Cabinet Committee on Performance Improvement note the reported performance for Quarter 3 of 2018/19.

5. Corporate Risk and Opportunity Register - Quarter 4

A report was presented by Paul Bond, Head of Legal and Democratic Services, providing an updated (Quarter 4) Corporate Risk and Opportunity Register for the Cabinet Committee to consider and comment upon.

The Cabinet Committee noted that the Register would be presented to the Audit, Risk and Governance Committee on 20th May 2019. In addition, Corporate Management Team were due to review the Register in March so revisions and format changes may be seen for future meetings.

It was reported that, for this quarter, there were no new entries to the Register and two deletions. The deletions were:

- CR10 – 'Adult social provision is adequate and responsive to meet current and future demand'.

- CR12 – 'Unlawful disclosure of personal or commercial data caused by a deliberate or accidental or technical breach, resulting in a risk to the rights and freedoms of the data subject or the intellectual property of the county council'.

The reasons for the deletions were provided within the report. It was noted that CR12 would continue to be monitored on a quarterly basis by Corporate Management Team.

It was reported that Corporate Management Team had agreed to a second phase of the service challenge process and that it would be developed to include:

- Further challenge for some phase 1 services based on updated benchmarking data;
- Cross cutting themes (Organisational/Finance & Commercial/Health & Care)

The Cabinet Committee noted that phase 2 would be completed by Autumn 2019 and would then be fed into the next budget setting process.

Paul provided an update of the risks that remained on the Register.

Resolved: That the Cabinet Committee on Performance Improvement note the updated Corporate Risk and Opportunity Register.

6. Urgent Business

There were no items of Urgent Business.

7.   Date of Next Meeting

The next meeting of the Cabinet Committee on Performance Improvement would be held at 2.00pm on Tuesday 23rd April 2019 in Committee Room B – The Diamond Jubilee Room, County Hall, Preston.

8.   Notice of Intention to Conduct Business in Private

Resolved: That the Notice of Intention to Conduct Business in Private be noted.

9.   Exclusion of the Press and Public

Resolved: That under Section 100A(4) of the Local Government Act 1972, the press and public should be excluded from the meeting during consideration of the following item of business on the grounds that there would be a likely disclosure of exempt information as defined in the appropriate paragraph of Part 1 of Schedule 12A to the Local Government Act 1972, and that in all circumstances of the case, the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

10.   Update report on the performance of Lancashire County Council's Waste Processing Facilities

William Maxwell, Service Development Manager – Waste Management, presented an update report on the performance of Lancashire County Council's waste processing facilities.

Information was provided to the Cabinet Committee on the following:

- Residual waste – production of refuse derived fuel
- Residual waste – mass loss operations
- Residual waste performance summary
- Recyclables – Materials Recovery Facility
- Transport contract
- Financial summary
- Service challenge
- Governance
- Continuous improvement and future processing

Resolved: That the report and the information provided at Appendix 'A' be noted.

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L Sales
Director of Corporate Services

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County Hall
Preston

Cabinet Committee on Performance Improvement
Meeting to be held on Thursday, 6 June 2019

Report of the Director of Adult Services

Electoral Division affected: All Divisions

Adult Social Care Survey 2017-18
(Appendix 'A' refers)

Contact for further information:
Tony Pounder, Tel: 01772 536287, Director of Adult Services,
tony.pounder@lancashire.gov.uk

Executive Summary

The Adult Social Care Survey is a national survey that has been used to collect the views of adult social care service users every year since 2010/11.

The main purpose of the survey is to provide assured, benchmarked local data to support local decision making in a challenging financial climate. The survey provides an overall quality of life index and intelligence to identify if different types of service user experience different outcomes and whether services are meeting service users' needs.

The Adult Social Care Survey includes service users in residential and nursing care, as well as those who receive services in the community. However, service users who lack the capacity to consent to take part are not included.

For the 2017-18 Adult Social Care Survey, 1,164 self-completion postal questionnaires were sent to a stratified random sample of adult social care service users during February 2018. Reminder letters were sent during March 2018. In total, 411 questionnaires were returned, giving an overall response rate of 38%.

Recommendation

The Cabinet Committee on Performance Improvement is asked to note:

(i) the report's summary and findings from the Adult Social Care Survey 2017-18 contained in the Executive Summary of Appendix 'A'.

(ii) that the 2017/18 survey results are statistically very similar to those of the previous two years but with a statistically significant improvement in the numbers of people who use services who say they feel safe.

(iii) that Lancashire's survey results are statistically broadly comparable to those

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Lancashire County Council

of other North West Councils and of other County Councils.

Background and Advice

The Adult Social Care Survey is a national survey that has been used to collect the views of adult social care service users every year since 2010/11. The main purpose of the survey is to provide assured, benchmarked local data to support local decision making in a challenging financial climate. The survey provides an overall quality of life index and intelligence to identify if different types of service user experience different outcomes and whether services are meeting service users' needs.

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For the 2017-18 Adult Social Care Survey, 1,164 self-completion postal questionnaires were sent to a stratified random sample of adult social care service users during February 2018. Reminder letters were sent during March 2018. In total, 411 questionnaires were returned, giving an overall response rate of 38.

Key findings

Overall satisfaction
Overall, nine-tenths of respondents (90%) were satisfied with the care and support services they receive. However, one in twenty respondents (4%) were dissatisfied.
About two-thirds of respondents (65%) rated their quality of life as good. One in ten respondents (10%) rated their quality of life as bad.

Having choice over care and support
Seven-tenths of respondents (70%) said that they have enough choice about the care and support services they receive. However, a quarter of respondents (25%) said that they don't have enough choice.

Social care related quality of life
About a third of respondents (34%) said that they have as much control over their daily life as they want. Almost one in twenty respondents (4%) said that they have no control over their lives.

Nine-tenths of respondents (90%) agree that care and support services help them in having control over their daily lives.

About three-fifths (58%) of respondents said that they feel clean and they are able to present themselves the way they like. One in a hundred respondents (1%) said that they don't feel clean or presentable.

Over four-fifths of respondents (83%) agree that care and support services help them in keeping clean and presentable in appearance.

About two-thirds of respondents (68%) said that they get all the food and drink they like when they want. One in a hundred respondents (1%) said that they don't always get adequate or timely food and drink, and they think there is a risk to their health.

About four-fifths of respondents (82%) agree that care and support services help them get food and drink.

Three-quarters of respondents (75%) said that their home is as clean and comfortable as they want. Less than one in a hundred respondents (<1%) said that their home is not at all clean or comfortable. Three-quarters of respondents (75%) agree that care and support services help them in keeping their home clean and comfortable.

About three-quarters of respondents (76%) said that they feel as safe as they want. About one in fifty respondents (2%) said that they don't feel at all safe.

About nine-tenths of respondents (88%) agree that care and support services help them in feeling safe.

About half of respondents (49%) said that they have as much social contact as they want. However, about one in twenty respondents (5%) said that they have little social contact with people and feel socially isolated.

Three-quarters of respondents (75%) agree that care and support services help them in having social contact with people.

About two-fifths of respondents (42%) said that they are able to spend their time as they want, doing things they value or enjoy. However, about one in twenty respondents (6%) said that they don't do anything they value with their time.

About seven-tenths of respondents (71%) agree that care and support services help them in the way they spend their time.

About two-thirds of respondents (65%) said the way that they are helped and treated makes them think and feel better about themselves. One in a hundred respondents (1%) said the way that they are helped and treated completely undermines the way they think and feel about themselves.

About nine-tenths of respondents (92%) agree that care and support services help them to have a better quality of life.

Information
Of those respondents who have tried to find information or advice about support, services or benefits in the past year, about three-quarters (74%) said it was easy to find and about a quarter (26%) said it was difficult to find.

Health
About two-fifths of respondents (39%) said that in general their health is good, about a further two-fifths (43%) said that their health in general is fair and about a fifth (19%) said it is bad.

About a third of respondents (35%) said that they had no pain or discomfort on the day they responded to the questionnaire, about half of respondents (51%) said that they had moderate pain or discomfort, and about a sixth of respondents (15%) said that they had extreme pain or discomfort.

Nearly half of respondents (46%) said that they were not anxious or depressed on the day they responded to the questionnaire, almost half of respondents (47%) said that they were moderately anxious or depressed and about one in fourteen respondents (7%) said that they were extremely anxious or depressed.

Doing things for myself
About two-thirds of respondents (67%) said that they can't deal with finances and paperwork – for example, paying bills, writing letters – by themselves.

More than two-fifths of respondents (46%) said that they can't manage to wash all over by themselves, using either a bath or a shower.

A third of respondents (33%) said that they can't manage to get dressed and undressed by themselves.

Getting around in my local area
About three-tenths of respondents (29%) said that they can get to all the places in their local area that they want. About a quarter (23%) said that they find it difficult to get to all the places in their local area that they want. About half of respondents (48%) said that they are unable to get to all the places in their local area that they want or that they do not leave their home.

Type of help and support received
About four-fifths of respondents (79%) were in a community support setting, about one in six respondents (16%) were in residential care and almost one in twenty (4%) were in nursing care.

Over two-fifths of respondents (44%) had a local authority managed personal budget, about one in six (17%) had local authority commissioned support only, about one in seven had direct payment only (15%) and about one in fifty (2%) had part direct payment.

About one in seven respondents (14%) don't receive any practical help on a regular basis from their husband/wife, partner, friends, neighbours or family members. Over two-fifths of respondents (46%) receive help from someone living in their household and about half (52%) receive help from someone living in another household.

Two-thirds of respondents (66%) don't buy any additional care or support privately or pay more to 'top up' their care and support. Over a quarter of respondents (28%) buy some more care and support with their own money and a one in ten (10%) have family that pays for some more care and support for them.

Suitability of home
About three-fifths of respondents (58%) said that their home meets their needs very well.

About two-fifths of respondents (41%) said that their home meets most or some of their needs. However, one in fifty respondents (2%) said that their home is totally inappropriate for their needs.

Demographics

About three-fifths of respondents (58%) were female and about two-fifths of respondents (42%) were male.

More than nine-tenths of respondents (92%) were white and about one in twenty respondents (6%) were non-white.

Over half of respondents (56%) were aged 65 and over and more than two-fifths of respondents (44%) were aged 18-64.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

No significant risks have been identified in relation to the proposals contained within this report.

Financial

There are no immediate financial implications in relation to this survey.

Equality and Cohesion

This annual survey provides a useful indicator of the overall impact of the Council's policies on those who use its services.
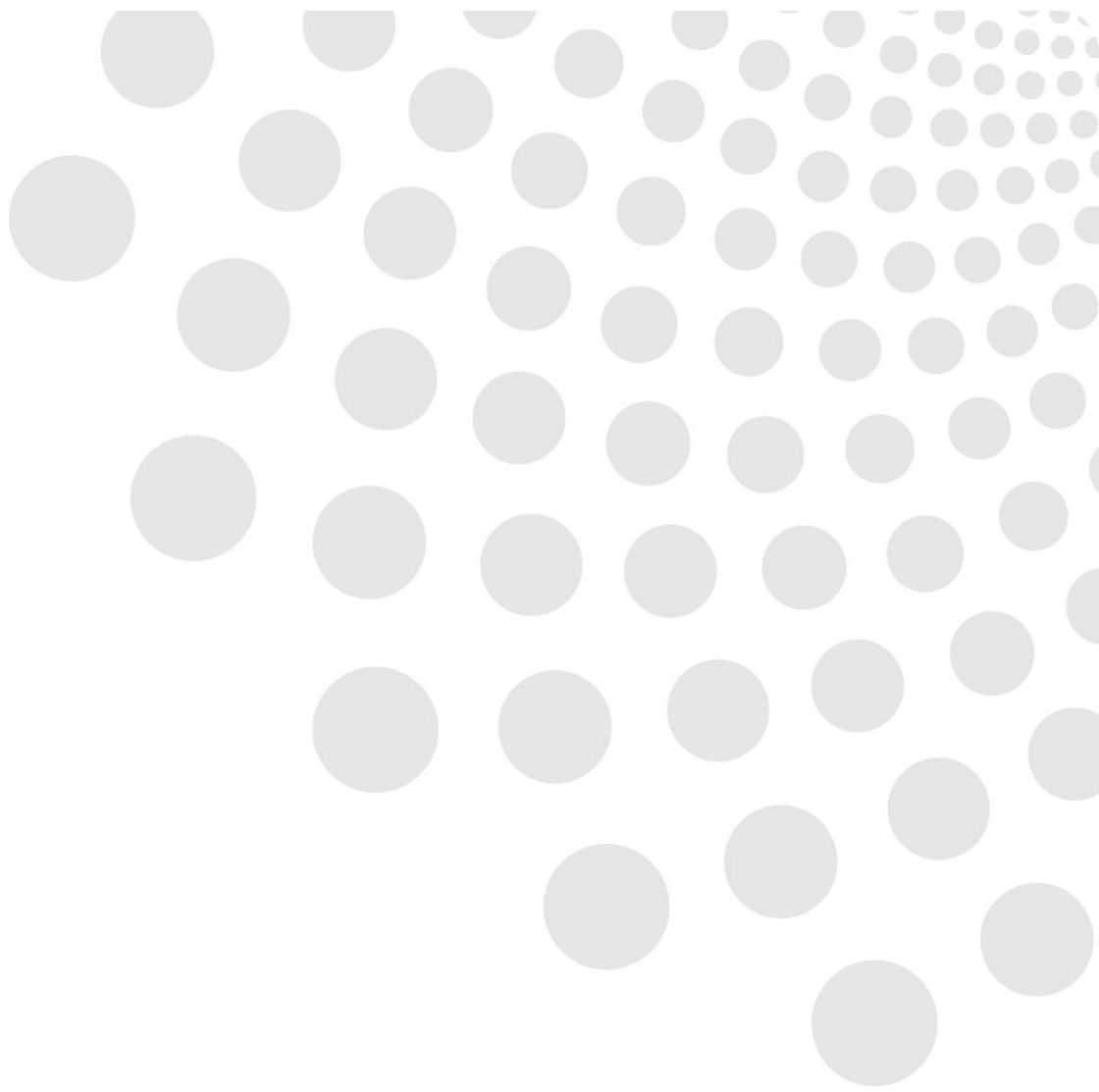
List of Background Papers

Paper	Date	Contact/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A

Adult Social Care Survey 2017-18

Lancashire County Council summary report

www.lancashire.gov.uk

Lancashire
County
Council

Mick Edwardson and Melissa Sherliker

February 2019

Contents

1. Executive summary

The Adult Social Care Survey (ASCS) is a national survey that has been used to collect the views of adult social care service users every year since 2010/11. The main purpose of the survey is to provide assured, benchmarked local data to support local decision making in a challenging financial climate. The survey provides an overall quality of life index and intelligence to identify if different types of service user experience different outcomes and whether services are meeting service users' needs.

The ASCS includes service users in residential and nursing care as well as those who receive services in the community. However, service users who lack the capacity to consent to take part aren't included.

For the 2017-18 ASCS 1,164 self-completion postal questionnaires were sent to a stratified random sample of adult social care service users during February 2018. Reminder letters were sent during March 2018. In total, 411 questionnaires were returned, giving an overall response rate of 38%.

1.1 Key findings

1.1.1 Overall satisfaction

- Overall, nine-tenths of respondents (90%) were satisfied with the care and support services they receive. However, one in twenty respondents (4%) were dissatisfied.
- About two-thirds of respondents (65%) rated their quality of life as good. One in ten respondents (10%) rated their quality of life as bad.

1.1.2 Having choice over care and support

- Seven-tenths of respondents (70%) said that they have enough choice about the care and support services they receive. However, a quarter of respondents (25%) said that they don't have enough choice.

1.1.3 Social care related quality of life

- About a third of respondents (34%) said that they have as much control over their daily life as they want. Almost one in twenty respondents (4%) said that they have no control over their lives.

- Nine-tenths of respondents (90%) agree that care and support services help them in having control over their daily lives.

- About three-fifths (58%) of respondents said that they feel clean and they are able to present themselves the way they like. One in a hundred respondents (1%) said that they don't feel clean or presentable.

- Over four-fifths of respondents (83%) agree that care and support services help them in keeping clean and presentable in appearance.

- About two-thirds of respondents (68%) said that they get all the food and drink they like when they want. One in a hundred respondents (1%) said that they don't always get adequate or timely food and drink, and they think there is a risk to their health.

- About four-fifths of respondents (82%) agree that care and support services help them get food and drink.

- Three-quarters of respondents (75%) said that their home is as clean and comfortable as they want. Less than one in a hundred respondents (<1%) said that their home is not at all clean or comfortable.

- Three-quarters of respondents (75%) agree that care and support services help them in keeping their home clean and comfortable.

- About three-quarters of respondents (76%) said that they feel as safe as they want. About one in fifty respondents (2%) said that they don't feel at all safe.

- About nine-tenths of respondents (88%) agree that care and support services help them in feeling safe.

- About half of respondents (49%) said that they have as much social contact as they want. However, about one in twenty respondents (5%) said that they have little social contact with people and feel socially isolated.

- Three-quarters of respondents (75%) agree that care and support services help them in having social contact with people.

- About two-fifths of respondents (42%) said that they are able to spend their time as they want, doing things they value or enjoy. However, about one in twenty respondents (6%) said that they don't do anything they value with their time.

- About seven-tenths of respondents (71%) agree that care and support services help them in the way they spend their time.

- About two-thirds of respondents (65%) said the way that they are helped and treated makes them think and feel better about themselves. One in a hundred respondents (1%) said the way that they are helped and treated completely undermines the way they think and feel about themselves.

- About nine-tenths of respondents (92%) agree that care and support services help them to have a better quality of life.

1.1.4 Information

- Of those respondents who have tried to find information or advice about support, services or benefits in the past year, about three-quarters (74%) said it was easy to find and about a quarter (26%) said it was difficult to find.

1.1.5 Health

- About two-fifths of respondents (39%) said that in general their health is good, about a further two-fifths (43%) said that their health in general is fair and about a fifth (19%) said it is bad.

- About a third of respondents (35%) said that they had no pain or discomfort on the day they responded to the questionnaire, about half of respondents (51%) said that they had moderate pain or discomfort, and about a sixth of respondents (15%) said that they had extreme pain or discomfort.

- Nearly half of respondents (46%) said that they were not anxious or depressed on the day they responded to the questionnaire, almost half of respondents (47%) said that they were moderately anxious or depressed and about one in fourteen respondents (7%) said that they were extremely anxious or depressed.

1.1.6 Doing things for myself

- About two-thirds of respondents (67%) said that they can't deal with finances and paperwork – for example, paying bills, writing letters – by themselves.

- More than two-fifths of respondents (46%) said that they can't manage to wash all over by themselves, using either a bath or a shower.

- A third of respondents (33%) said that they can't manage to get dressed and undressed by themselves.

1.1.7 Getting around in my local area

- About three-tenths of respondents (29%) said that they can get to all the places in their local area that they want. About a quarter (23%) said that they find it difficult to get to all the places in their local area that they want. About half of respondents (48%) said that they are unable to get to all the places in their local area that they want or that they do not leave their home.

1.1.8 Type of help and support received

- About four-fifths of respondents (79%) were in a community support setting, about one in six respondents (16%) were in residential care and almost one in twenty (4%) were in nursing care.

- Over two-fifths of respondents (44%) had an LA managed personal budget, about one in six (17%) had LA commissioned support only, about one in seven had direct payment only (15%) and about one in fifty (2%) had part direct payment.

- About one in seven respondents (14%) don't receive any practical help on a regular basis from their husband/wife, partner, friends, neighbours or family members. Over two-fifths of respondents (46%) receive help from someone living in their household and about half (52%) receive help from someone living in another household.

- Two-thirds of respondents (66%) don't buy any additional care or support privately or pay more to 'top up' their care and support. Over a quarter of respondents (28%) buy some more care and support with their own money and a one in ten (10%) have family that pays for some more care and support for them.

1.1.9 Suitability of home

- About three-fifths of respondents (58%) said that their home meets their needs very well. About two-fifths of respondents (41%) said that their home meets most or some of their needs. However, one in fifty respondents (2%) said that their home is totally inappropriate for their needs.

1.1.10 Demographics

- About three-fifths of respondents (58%) were female and about two-fifths of respondents (42%) were male.

- More than nine-tenths of respondents (92%) were white and about one in twenty respondents (6%) were non-white.

- Over half of respondents (56%) were aged 65 and over and more than two-fifths of respondents (44%) were aged 18-64.

2.Introduction

The Adult Social Care Survey (ASCS) is a national survey that has been used to collect the views of adult social care service users every year since 2010/11.

The main purpose of the survey is to provide assured, benchmarked local data to support local decision making in a challenging financial climate. The survey provides an overall quality of life index and intelligence to identify if different types of service user experience different outcomes and whether services are meeting service users' needs.

The ASCS includes service users in residential and nursing care as well as those who receive services in the community. However, service users who lack the capacity to consent to take part aren't included.

The ASCS is used to populate the following outcome measures in the Adult Social Care Outcomes Framework (ASCOF):

- 1A Social care related quality of life.
- 1B The proportion of people who use services who have control over their daily life.
- 1I1 The proportion of people who use services and their carers, who reported that they had as much social contact as they would
- 1J Adjusted Social care-related quality of life - impact of Adult Social Care services
- 3A Overall satisfaction of people who use services with their care and support.
- 3D1 The proportion of people who use services and carers who find it easy to find information about services.
- 4A The proportion of people who use services who feel safe.
- 4B The proportion of people who use services who say that those services have made them feel safe and secure.

3. Methodology

A sample of 1,164 people was selected from the eligible population on 5 December 2017. The eligible population for the Adult Social Care Survey (ASCS) 2017-18 was adult social care users in receipt of long-term support services funded or managed by the local authority following a full assessment of need. It included part-funded and full cost paying clients, and was the same population of service users as those who would be reported in table LTS001b of the SALT return.

The ASCS covers a range of different service users, those with learning disabilities and those without, those in residential or nursing care and those receiving services in the community as well as older and younger service users. To reduce the sampling error of the population statistics estimated from the survey data, the sample was selected using stratified random sampling. This technique has been shown to produce better population estimates when there is considerable variation between different groups within the population. Stratified random sampling involves splitting different groups within an eligible population into separate strata and drawing an independent random sample within each strata.

The four strata in the sample were

1.   Learning disabilities – all ages
2.   Non learning disabilities aged 18-64
3.   Non learning disabilities aged 65+ in residential and nursing care
4.   Non learning disabilities aged 65+ receiving community based services

After checks were undertaken to exclude those service users who lack the capacity to consent to take part. All services users within each of the four selected samples were sent a self-completion questionnaire in the post.

Each type of service users was sent a questionnaire in a format appropriate to their needs. For example, those who were identified as having learning disabilities were sent questionnaires in an easy read format. The different questionnaires asked the same questions. However, the responses for question 1 and question 2 in the easy read versions consisted of five response options, not seven responses options like the standard questionnaires.

1,164 self-completion postal questionnaires were sent to the service users in the sample during February 2018. Reminder letters were sent during March 2018. In total, 411 questionnaires were returned, giving an overall response rate of 38%. The returned questionnaires were processed and compiled on a datasheet provided by NHS Digital, this completed datasheet was returned to NHS Digital for validation. The final validated survey result for all councils in England, along with several other related publications including the 2017-18 ASCOF score, are published by NHS Digital at https://digital.nhs.uk/data-and-information/publications/statistical/personal-social-services-adult-social-care-survey.

The final validated data is weighted to account for non-response (further details can be found the NHS Digital publication, *Personal Social Services Adult Social Care. Survey, England - 2017-18: Methodology and further information*).

The survey has remained unchanged for the 12/13, 13/14, 14/15, 15/16, 16/17 and 17/18. Therefore, like for like comparisons can be made between the data for these years.

The analysis of question 1 and question 2 combines the responses to the easy read questionnaire (five response options) and standard questionnaire (seven responses options).

3.1 Limitations

The table below shows the sample tolerances that apply to the results in this survey. Sampling tolerances vary with the size of the sample as well as the percentage results.

Number of respondents	50/50 + / -	30/70 + / -	10/90 + / -
100	10%	9%	6%
200	7%	6%	4%
300	6%	5%	3%
400	5%	5%	3%
500	4%	4%	3%

In a sample of 400 respondents where 50% of respondents give a particular answer to a question, we would expect that in the same population if 100 different samples of 400 respondents were asked the same question then in 95 of those samples the response would be between 45% and 55% (ie +/- 5%). Therefore, we can be 95% confident that the population (Adult Social Care users) would provide a response to the same question somewhere between 45% and 55%.

It should also be noted that the eligible population of adult social care users for the Adult Social Care Survey changed from the 2013-14 survey to 2014-15 survey. In the 2013-14 survey it had been those in receipt of local authority funded services following a full assessment of need. The key changes to the eligible population for the 2013-14 survey and the 2014-15 survey are that:

- Service users whose only services are the provision of equipment, professional support or short-term residential care who were included in previous years are not included this year. The exception to this is that service users receiving professional support for their mental health needs are included even where this support is the only service they receive.

- 'Full-cost clients' (those who pay for the full costs of their services, but whose care needs are assessed and supported through the local authority) were not eligible for inclusion in years prior to 2014-15.

In charts or tables where responses do not add up to 100%, this is due to multiple responses or computer rounding.

All unweighted base figures are rounded to multiples of five.

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4. Main findings

4.1 ASCOF summary

The ASCS data is used for eight ASCOF indicators. Lancashire's 2017-18 scores for these indicators are presented in the table below.

The only statistically significant difference between the figures for 2017-18, 2016-17 and 2015/16 is for the indicator 4A. Between the 2016/17 and 2017/18 survey there is a statistically significant increase in the proportion of people who use services who feel safe (76% in 2017/18 and 70% in 2016/17).

Table 1 - ASCOF measures from the Adult Social Care Survey – year on year comparison

	2017/18	2016/17	2015/16
(1A) Social Care - related quality of life	19.6	18.8	19.5
(1B) The proportion of people who use services who have control over their daily Life	78%	79%	77%
(1I part 1) service users - Proportion of people who use services and their carers, who reported that they had as much social contact as they would like	49%	43%	47%
(1J) Adjusted Social care-related quality of life - impact of Adult Social Care services	0.421	0.376	-
(3A) Overall satisfaction of people who use service with their care and support	68%	68%	68%
(3D1) The proportion of people who use services and carers who find it easy to find information about services	74%	69%	71%
(4A) The proportion of people who use services who feel safe	76%	70%	74%
(4B) The proportion of people who use services who say that those services have made them feel safe and secure	88%	87%	88%

4.1.1 Comparing different councils' ASCS ASCOF scores

The ASCS ASCOF measures are calculated using survey data and are therefore subject to confidence intervals.

With survey data, confidence intervals express the range of values that we would expect the response to fall between if the survey was repeated numerous times. The confidence intervals published by NHS Digital for this survey are the 95% confidence intervals. Therefore, if the survey was repeated in the exact same way 100 times we would expect that 95 times the value would be somewhere between the range given by the confidence intervals.

When comparing the survey results of different councils each council's confidence intervals need to be taken account before it can be said if they differ statistically from each other. One way to do this is to test if their confidence intervals don't overlap each other. If they don't overlap they can be said to be statistically significantly different from each other. This method is used for comparing 1A, 1D and 1J as these indicators are derived scores. For all other ASCOF indicators, a z-score test has been used to determine where statistically significant differences exist.

4.1.2 North West councils

There are 23 councils in North West England with responsibly for adult social care. They are

- Blackburn with Darwen
- Blackpool
- Bolton
- Bury
- Cheshire East
- Cheshire West and Chester
- Cumbria
- Halton
- Knowsley
- Lancashire
- Liverpool
- Manchester
- Oldham
- Rochdale
- Salford
- Sefton
- St. Helens
- Stockport
- Tameside
- Trafford
- Warrington
- Wigan
- Wirral

Table 2 - Lancashire's ASCS 2017-18 ASCOF scores compared to other North West councils

	1A	1B	1I1	1J	3A	3D1	4A	4B
Higher score than LCC	0	1	0	0	2	2	0	3
Same score as LCC	18	19	19	20	18	18	13	11
Lower score than LCC	4	2	3	2	2	2	9	8

There is little statistical difference between Lancashire's ASCS 2017-18 ASCOF scores and the scores of the other North West councils, with Lancashire scoring statistically identical scores to the other councils for most of the indicators. The main differences occurring in indicators 4A and 4B.

For the indicator '1B: The proportion of people who use services who have control over their daily life' Sefton achieved a score that is statistically significantly higher than Lancashire's score.

For the indicator '3A: Overall satisfaction of people who use services with their care and support' both Rochdale and Liverpool achieved scores that are statistically significantly higher than Lancashire's score.

For the indicator '3D1: The proportion of people who use services who find it easy to find information about support' both St. Helens and Liverpool achieved scores that are statistically significantly higher than Lancashire's score. St' Helen's also achieved a score that was statistically significantly higher than Lancashire's score for this indicator in the ASCS 2016-17.

For the indicator '4B: The proportion of people who use services who say that those services have made them feel safe and secure' Sefton, Wirral and Blackburn with Darwen achieved scores that are statistically significantly higher than Lancashire's score. Both Sefton and Blackburn with Darwen also achieved scores that were statistically significantly higher than Lancashire's score for this indicator in the ASCS 2016-17.

4.1.3 Peer group councils

There are 15 other councils in Lancashire peer group. They are

- Cumbria
- Derbyshire
- Essex
- Gloucestershire
- Kent
- Leicestershire
- Lincolnshire
- Norfolk

- North Yorkshire
- Northamptonshire
- Nottinghamshire
- Staffordshire
- Suffolk
- Warwickshire
- Worcestershire

Table 3 -   Lancashire's ASCS 2017-18 ASCOF scores compared to its peer group councils

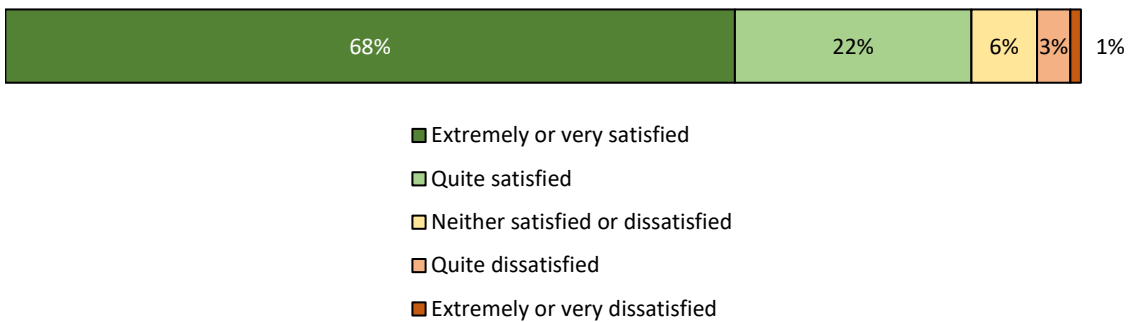|	1A	1B	1I1	1J	3A	3D1	4A	4B
Higher score than LCC	0	0	0	0	0	0	0	2
Same score as LCC	14	15	11	15	14	15	7	10
Lower score than LCC	1	0	4	0	1	0	8	3

There is very little statistical difference for the ASCS 2017-18 ASCOF scores between Lancashire and the councils in its peer group, with Lancashire scoring statistically identical scores to the other councils for most of the indicators. The main differences occurring in indicators 1I1, 4A and 4B.

For the indicator '4B: The proportion of people who use services who say that those services have made them feel safe and secure' both Gloucestershire and Worcestershire achieved scores that are statistically significantly higher than Lancashire's score. Both Gloucestershire and Worcestershire achieved scores that are statistically significantly higher than Lancashire's score for this indicator in the ASCS 2016-17.

4.2 Overall satisfaction

The questionnaire began by asking respondents how satisfied or dissatisfied they are with the care and support services they receive. Overall, nine-tenths of respondents (90%) were satisfied[1] with the care and support services they receive. However, about one in twenty respondents (4%) were dissatisfied[2].
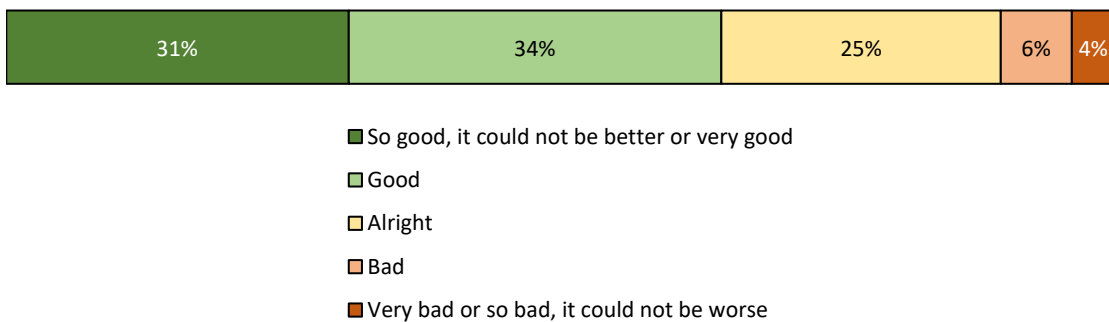
Chart 1 - Overall, how satisfied or dissatisfied are you with the care and support services you receive?

68%	22%	6%	3%	1%

- ■ Extremely or very satisfied
- ■ Quite satisfied
- ■ Neither satisfied or dissatisfied
- ■ Quite dissatisfied
- ■ Extremely or very dissatisfied

Base: all respondents (unweighted 405)

Respondents were then asked how they rate their quality of life as a whole. About two-thirds of respondents (65%) rated their quality of life as good[3] and one in ten respondents (10%) rated their quality of life as bad[4].

Chart 2 - Thinking about the good and bad things that make up your quality of life, how would you rate the quality of your life as a whole?

31%	34%	25%	6%	4%

- ■ So good, it could not be better or very good
- ■ Good
- ■ Alright
- ■ Bad
- ■ Very bad or so bad, it could not be worse

Base: all respondents (unweighted 405)

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[1] Either 'extremely satisfied', 'very satisfied' or 'quite satisfied'.
[2] Either 'extremely dissatisfied', 'very dissatisfied' or 'quite dissatisfied'.
[3] Either 'so good it could not be better', very good' or 'good'.
[4] Either 'so bad it could not be worse', 'very bad' or 'bad'.

4.2.1 Having choice over care and support

Respondents were then asked which of three statements best described how much choice they have over the care and support services they receive. Seven-tenths of respondents (70%) said that they have enough choice, a quarter of respondents (25%) said that they don't have enough choice and about one in twenty respondents (6%) said they don't want or need choice about the care and support services they receive.

Chart 3 - Which of the following statements best describes how much choice you have over the care and support services you receive?

70%	25%	6%

■ I do have enough choice over care and support services

■ I don't have enough choice over care and support services

■ I don't want or need choice about care and support services

Base: all respondents (unweighted 200)

4.3 Social care related quality of life (1A)

The ASCOF measure social care related quality of life (1A) is constructed from eight domains. This indicator aims to give an overarching view of the quality of life of social care users. The eight domains are control, personal care, food, accommodation, personal safety, social life, occupation, and dignity.

For each domain respondents were presented a question and asked to choose which description from four different options best matched their situation. For example, for the personal safety domain, respondents were asked which of the following statements best described how safe they feel, 'I feel as safe as I want', 'I generally feel adequately safe, but not as safe as I would like', 'I feel less than adequately safe' and 'I don't feel at all safe'.

The following table shows the full response to all eight questions.

Table 4 - Responses in full for the questions that make up the ASCOF measure Social care related quality of life (1A)
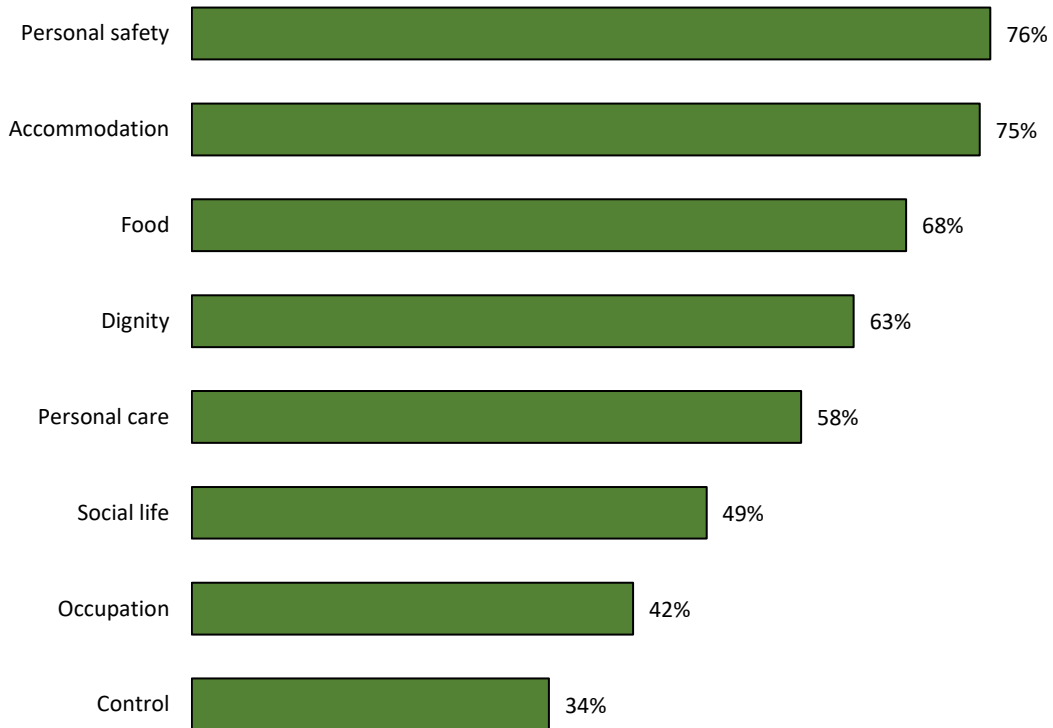
Domain - question	Response	(%)
Control - Which of the following statements best describes how much control you have over your daily life? I have…	…as much control over my daily life as I want	34%
	…adequate control over my daily life	44%
	…some control over my daily life but not enough	18%
	…no control over my daily life	4%
Personal care - Thinking about keeping clean and presentable in appearance, which of the following statements best describes your situation?	I feel clean and am able to present myself the way I like	58%
	I feel adequately clean and presentable	37%
	I feel less than adequately clean or presentable	4%
	I don't feel at all clean or presentable	1%
Food - Thinking about the food and drink you get, which of the following statements best describes your situation?	I get all the food and drink I like when I want	68%
	I get adequate food and drink at OK times	27%
	I don't always get adequate or timely food and drink	4%
	I don't always get adequate or timely food and drink, and I think there is a risk to my health	1%
Accommodation - Which of the following statements best describes how clean and comfortable your home is? My home is…	... as clean and comfortable as I want	75%
	… is adequately clean and comfortable	22%
	…not quite clean or comfortable enough	2%
	…not at all clean or comfortable	<1%
Personal safety - Which of the following statements best describes how safe you feel?	I feel as safe as I want	76%
	Generally I feel adequately safe, but not as safe as I would like	20%
	I feel less than adequately safe	2%
	I don't feel at all safe	2%
Social life - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? I have…	…as much social contact as I want with people I like	49%
	…adequate social contact with people	29%
	… some social contact with people, but not enough	16%
	…little social contact with people and feel socially isolated	5%
Occupation - Which of the following statements best describes how you spend your time?	I'm able to spend my time as I want, doing things I value or enjoy	42%
	I'm able to do enough of the things I value or enjoy with my time	29%
	I do some of the things I value or enjoy with my time but not enough	23%
	I don't do anything I value or enjoy with my time	6%

Domain - question	Response	(%)
Dignity - Which of these statements best describes how the way you are helped and treated makes you think and feel about yourself? The way I'm helped and treated…	…makes me think and feel better about myself	65%
	…does not affect the way I think or feel about myself	27%
	…sometimes undermines the way I think and feel about myself	6%
	…completely undermines the way I think and feel about myself	1%
Dignity - Which of these statements best describes how having help to do things makes you think and feel about yourself? Having help…	…makes me think and feel better about myself	63%
	…does not affect the way I think and feel about myself	28%
	…sometimes undermines the way I think and feel about myself	7%
	…completely undermines the way I think and feel about myself	2%

For each domain respondents can be described as having either 'no needs', 'low-level needs' or 'high-level needs'. Shown in the chart below is the proportion of respondents in each of the eight domains with 'no needs'.

Of the eight domains, respondents were most likely to have 'no needs' for personal safety (76%) and accommodation (75%). Respondents were least likely to have 'no needs' for control (34%) and occupation (42%).

Chart 4 - Social care related quality of life (1A) – 'no needs'

Domain	%
Personal safety	76%
Accommodation	75%
Food	68%
Dignity	63%
Personal care	58%
Social life	49%
Occupation	42%
Control	34%

Base: all respondents (unweighted 395-405)

Table 5 shows the eight domains over time, from 2012-13 to 2017-18.

Between the 2016-17 and 2017-18 surveys there was a statistically significant improvement in the domains: food (59% in 2016/17 to 68% in 2017-18), accommodation (64% in 2016/17 to 75% in 2017/18), personal safety (70% in 2016/17 to 76% in 2017/18) and occupation (34% in 2016/17 and 42% in 2017/18).
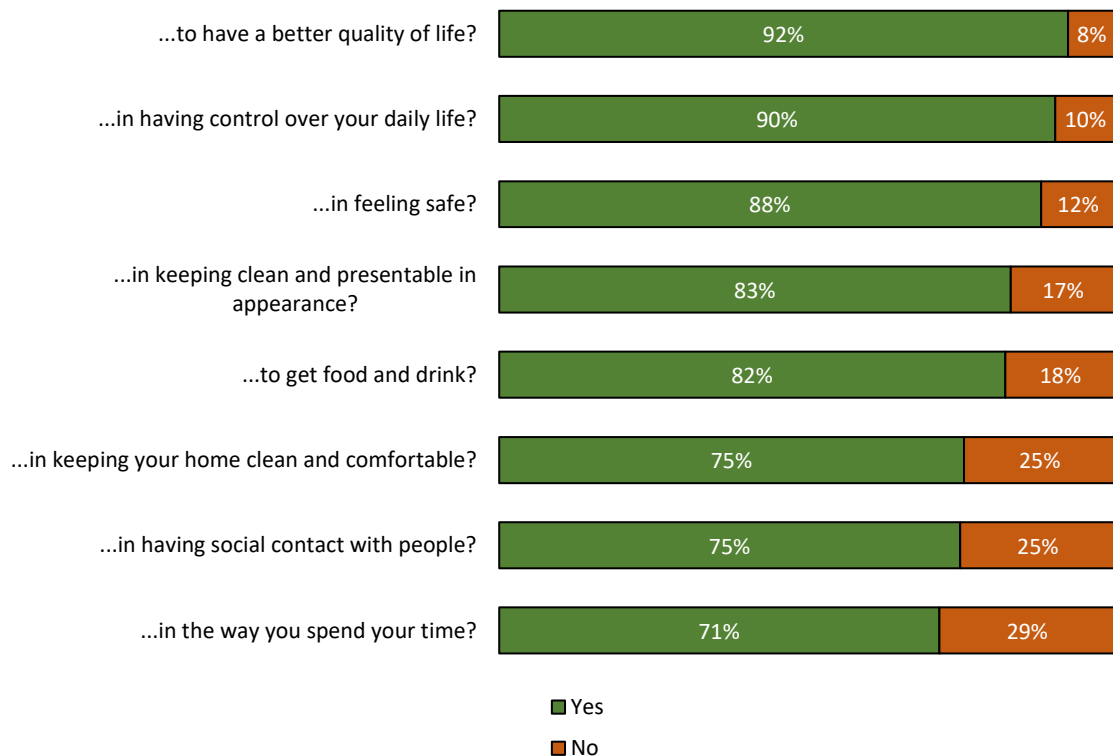
Table 5 - ASCOF measure Social care related quality of life (1A) domains over time (2012/13 – 2017/18)

Domain - question	12/13	13/14	14/15	15/16	16/17	17/18
Control - Which of the following statements best describes how much control you have over your daily life? *I have as much control over my daily life as I want*	36%	31%	36%	34%	29%	34%
Personal care - Thinking about your personal care, by which we mean being clean and presentable in appearance, which of the following statements best describes your situation? *I feel clean and am able to present myself the way I like*	59%	56%	61%	60%	59%	58%
Food - Thinking about the food and drink you get, which of the following statements best describes your situation? *I get all the food and drink I like when I want*	63%	65%	61%	65%	59%	68%
Accommodation - Which of the following statements best describes how clean and comfortable your home is? *My home is as clean and comfortable as I want*	63%	65%	69%	69%	64%	75%
Personal safety - Which of the following statements best describes how safe you feel? *I feel as safe as I want*	67%	66%	73%	74%	70%	76%
Social life - Thinking about how much contact you've had with people you like, which of the following statements best describes your social situation? *I have as much social contact as I want with people I like*	46%	49%	45%	47%	43%	49%
Occupation - Which of the following statements best describes how you spend your time? *I'm able to spend my time as I want, doing things I value or enjoy*	36%	38%	35%	36%	34%	42%
Dignity - Thinking about the way you are helped and treated and how that makes you think and feel about yourself, which of these statements best describes your situation? *The way I'm helped and treated makes me think and feel better about myself*	57%	63%	65%	67%	61%	63%

For each of the eight domains a follow up question was asked about whether or not the care and support services they receive help them in that area. For example, in the personal safety domain respondents were asked if care and support services help them in feeling safe.

Of these eight follow up questions, respondents were most likely to say 'yes' that care and support services help them to have a better quality of life (92%), in having control over their daily life (90%) and in feeling safe (88%). Respondents were least likely to say 'yes' that care and support services help them in the way they spend their time (71%).

Chart 5 - Do care and support services help you…

...to have a better quality of life? — 92% Yes, 8% No
...in having control over your daily life? — 90% Yes, 10% No
...in feeling safe? — 88% Yes, 12% No
...in keeping clean and presentable in appearance? — 83% Yes, 17% No
...to get food and drink? — 82% Yes, 18% No
...in keeping your home clean and comfortable? — 75% Yes, 25% No
...in having social contact with people? — 75% Yes, 25% No
...in the way you spend your time? — 71% Yes, 29% No

■ Yes
■ No

Base: all respondents (unweighted 390-405)

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4.4 Information

Respondents were asked if, in the past year, they had generally found it easy or difficult to find information and advice about support, services or benefits. About a quarter of respondents (27%) said that they hadn't tried to find any information or advice.

Of those respondents who have tried to find information or advice, about three-quarters (74%) said it was easy[5] to find and about a quarter (26%) said it was difficult to find[6].

Chart 6 - In the past year, have you generally found it easy or difficult to find information and advice about support, services or benefits?

28%	47%	14%	12%

■ Very easy to find

■ Fairly easy to find

■ Fairly difficult to find

■ Very difficult to find
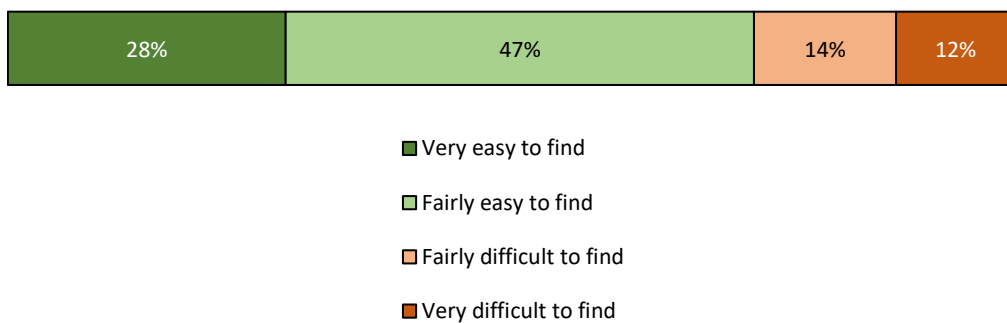
Base: respondents who have tried to find information or advice (unweighted 285)

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[5] Either very easy to find or fairly easy to find
[6] Either very difficult to find or fairly difficult to find

4.5 Health

About two-fifths of respondents (39%) said that in general their health is good, about a further two-fifths (43%) said that their health in general is fair and about a fifth (19%) said it is bad.

Table 6 - How is your health in general?

Very good	16%
Good	23%
Fair	43%
Bad	14%
Very bad	5%

About a third of respondents (35%) said that they had no pain or discomfort on the day they responded to the questionnaire, about half of respondents (51%) said that they had moderate pain or discomfort, and about a sixth of respondents (15%) said that they had extreme pain or discomfort.

Table 7 - Which statements best describe your own health state today

I have no pain or discomfort	35%
I have moderate pain or discomfort	51%
I have extreme pain or discomfort	15%

Nearly half of respondents (46%) said that they were not anxious or depressed on the day they responded to the questionnaire, nearly half of respondents (47%) said that they were moderately anxious or depressed and less than one in ten (7%) said that they were extremely anxious or depressed.

Table 8 - Which statements best describe your own health state today

I am not anxious or depressed	46%
I am moderately anxious or depressed	47%
I am extremely anxious or depressed	7%

4.5.1 Doing things for myself

Respondents were presented with eight statements such as, do you usually manage to feed yourself, and asked if it is something they can do it easily by themselves, if they have difficulty doing it by themselves or if they can't do it by themselves.

Of the eight statements, the things that respondents were most likely to say they can't do by themselves were deal with finances and paperwork (67%), manage to wash all over (46%) and manage to get dressed and undressed (33%).

Table 9 - Do you usually…?

	I can do this easily by myself	I have difficulty doing this myself	I can't do this by myself
...manage to get around indoors (except steps) by yourself	51%	29%	20%
...manage to get in and out of a bed (or a chair) by yourself	53%	24%	23%
...manage to feed yourself	74%	18%	8%
...deal with finances and paperwork - for example, paying bills, writing letters - by yourself	18%	15%	67%
...manage to wash all over by yourself, using either a bath or shower	29%	25%	46%
...manage to get dressed and undressed by yourself	39%	29%	33%
...manage to use the WC/toilet by yourself	58%	21%	22%
...manage to wash your face and hands by yourself	68%	17%	15%

4.5.2 Getting around in my local area

Respondents were asked about getting around in their local area. About three-tenths of respondents (29%) said that they can get to all the places in their local area that they want. About a quarter (23%) said that they find it difficult to get to all the places in their local area that they want. About half of respondents (48%) said that they are unable to get to all the places in their local area that they want or that they do not leave their home.

Table 10 -   Thinking about getting around outside of your home, which of the following statements best describes your present situation?

I can get to all the places in my local area that I want	29%
At times I find it difficult to get to all the places in my local area that I want	23%
I am unable to get to all the places in my local area that I want	25%
I do not leave my home	23%

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4.6 Type of help and support received

About four fifths of respondents (79%) were in a community support setting, about one in six respondents (17%) were in residential care and just under one in twenty (4%) were in nursing care.

Table 11 -   Support setting

Community	79%
Residential care	17%
Nursing care	4%

Over two-fifths of respondents (44%) had an LA managed personal budget, about one in six (17%) had LA commissioned support only, about one in seven had direct payment only (15%) and about one in fifty (2%) had part direct payment.

Table 12 -   Mechanism of delivery

Direct payment only	15%
Part direct payment	2%
LA managed personal budget	44%
LA commissioned support only	17%
Missing	21%

About one in seven of respondents (14%) don't receive any practical help on a regular basis from their husband/wife, partner, friends, neighbours or family members. Over two-fifths of respondents (46%) receive help from someone living in their household and just over half (52%) receive help from someone living in another household.

Table 13 - Do you receive any practical help on a regular basis from your husband/wife, partner, friends, neighbours or family members?

Yes, from someone living in my household	46%
Yes, from someone living in another household	52%
No	14%

Two-thirds of respondents (66%) don't buy any additional care or support privately or pay more to 'top up' their care and support. About three-tenths of respondents (28%) buy some more care and support with their own money and a tenth (10%) have family that pays for some more care and support for them.

Table 14 - Do you buy any additional care or support privately or pay more to 'top up' your care and support?

Yes, I buy some more care and support with my own money	28%
Yes, my family pays for some more care and support for me	10%
No	66%

4.7 Suitability of home

About three-fifths of respondents (58%) said that their home meets their needs very well. Over two-fifths of respondents (41%) said that their home meets most or some of their needs. However, one in fifty respondents (2%) said that their home is totally inappropriate for their needs.

Table 15 - How well do you think your home is designed to meet your needs?

My home meets my needs very well	58%
My home meets most of my needs	29%
My home meets some of my needs	12%
My home is totally inappropriate for my needs	2%

4.8 Demographics

About three-fifths of respondents (58%) were female and about two-fifths of respondents (42%) were male.

Table 16 - Gender

Male	42%
Female	58%

About nineteen in every twenty respondents (93%) were white and just over one in twenty respondents (6%) were non-white.

Table 17 - Ethnicity

White	92%
Non-white	6%
Refused/not stated	2%

Over half of respondents (56%) were aged 65 and over and more than two-fifths of respondents (44%) were aged 18-64.

Table 18 - Age group

18-64	44%
65 and over	56%

Appendix

ASCOF measures definitions

Measure	1A. Social care-related quality of life
Domain/ Outcome statement	1. Enhancing quality of life for people with care and support needs *(Overarching Measure)*
Rationale	This indicator gives an overarching view of the quality of life of users based on outcomes identified through research that are relevant to adult social care.
Definition	This is a composite measure using responses to questions from the Adult Social Care Survey covering eight domains (control, how people are treated, personal care, food and nutrition, safety, occupation, social participation and accommodation). Questions indicate whether the individual has unmet needs in any of the eight areas. It is proposed that the domains are given equal weight, with the measure calculated using a simple cumulative score based on responses to each question. *Source: Adult Social Care Survey*

Measure	1B. The proportion of people who use services who have control over their daily life
Domain/ Outcome statement	1. Enhancing quality of life for people with care and support needs *People manage their own support as much as they wish, so that are in control of what, how and when support is delivered to match their needs.*
Definition	**Numerator**: In response to Question 3a, those individuals who selected the response 'I have as much control over my daily life as I want and "I have adequate control over my daily life"'. **Denominator**: All those that respond to question 3a *Source: Adult Social Care Survey*

Measure	1I. The proportion of people who use services and their carers, who reported that they had as much social contact as they would like
Domain/ Outcome statement	*1. Enhancing quality of life for people with care and support needs.*
Definition	**Numerator**: In response to Question 8a, those individuals who selected the response "I have as much social contact as I want with people I like". **Denominator**: All those that responded to question 8a. *Source: Adult Social Care Survey*

Measure	1J. Adjusted Social care-related quality of life – impact of Adult Social Care services
Domain/ Outcome statement	*1. Enhancing quality of life for people with care and support needs (Overarching Measure)*
Definition	This measure is based on the quality of life scores arising from responses to the Adult Social Care Survey. It is a composite measure using responses to survey questions covering the eight domains identified in the ASCOT; control, dignity, personal care, food and nutrition, safety, occupation, social participation and accommodation. *Source: Adult Social Care Survey*

Measure	3A. Overall satisfaction of people who use service with their care and support
Outcome statement	3. Ensuring people have a positive experience of care and support. *People who use social care and their carers are satisfied with their experience of care and support services. (Overarching measure)*
Definition	**Numerator**: In response to Question 1, those individuals who selected the response "I am extremely satisfied" or "I am very satisfied" and for the easy read version for those with learning disabilities, those individuals who selected "I am very happy with the way staff help me, it's really good". **Denominator**: All those that answered question 1. *Source: Adult Social Care Survey*

Measure	3D. The proportion of people who use services and carers who find it easy to find information about services
Domain/ Outcome statement	3. Ensuring people have a positive experience of care and support. *People know what choices are available to them locally, what they are entitled to, and who to contact when they need help.*
Definition	**Numerator**: In response to Question 12, "In the past year, have you found it easy or difficult to find information and advice about support, services or benefits" those individuals who selected the response "Very easy to find" and "fairly easy to find". **Denominator**: All those that respond to question 12 minus those who responded "I've never tried to find information or advice" *Sources: Adult Social Care Survey and Carers Survey*

Measure	**4A. The proportion of people who use services who feel safe**
Domain/ Outcome statement	4. Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm *(Overarching measure)*
Definition	**Numerator**: In response to the question 7a "Which of the following statements best describes how safe you feel?" the number of people who respond, "I feel as safe as I want". **Denominator**: All those that respond to question 7a. *Source: Adult Social Care Survey*

Measure	**4B. The proportion of people who use services who say that those services have made them feel safe and secure**
Domain/ Outcome statement	4. Safeguarding people whose circumstances make them vulnerable and protecting from avoidable harm *Everyone enjoys physical safety and feels secure.* *People are free from physical and emotional abuse, harassment, neglect and self-harm.* *People are protected as far as possible from avoidable harm, disease and injury.* *People are supported to plan ahead and have the freedom to manage risks the way that they wish.*
Definition	**Numerator**: In response to the "Do care and support services help you in feeling safe?" **Denominator**: Those individuals who selected the response "yes" to question 7b. *Source: Adult Social Care Survey*

Cabinet Committee on Performance Improvement
Meeting to be held on Thursday, 6 June 2019, 2pm

Report of the Chief Executive

Part I

Electoral Division affected:
All Divisions

Quarterly Corporate Performance Monitoring Report – Quarter 4 2018/19

Contact for further information:
Michael Walder, 01772 533637, Business Intelligence,
Michael.Walder@lancashire.gov.uk

Executive Summary

This Corporate Performance Monitoring Report provides an overview of performance activity across the Council for quarter 4 of 2018/19 and where appropriate/available compares 2018/19 year-end performance with 2017/18.

Highlights:
- Timeliness of undertaking children's social care assessments improved in quarter 4. However, assessments completed during 2018/19 that took over 45 days to complete is still higher than all the comparator averages.
- The rate of first time entrants to the youth justice system in Lancashire is lower than that nationally.
- Attainment improved amongst pupils at key stages 2 and 4 in 2017/18 compared to 2016/17.
- The proportion of adults receiving direct payments again increased and Lancashire is higher than the national average.
- High numbers of people are receiving reablement and effectiveness is high.
- Waiting lists in adult social care are improving, especially so for those awaiting Occupational Therapy assessments.
- We are seeing an increase in the quality rating of Lancashire care homes and community care services.
- The average time taken to repair highway street lighting faults decreased.

However:
- The number and rate of children looked after continued to increase.
- The time taken to repair some highway defects is above the number of days targeted.
- Concerns remain about the level of residential admissions for older people.
- Delayed transfers of care from hospital (delayed days) have increased in 2019 and Lancashire is no longer achieving our targets.

Lancashire
County
Council

Performance Summary
Education and Children's Services

Key for performance:

On track/good	Slightly below desired level	Requires improvement

Children's Social Care

Performance Measure	Good is High or Low	2017/18	Q1 18/19	Q2 18/19	Q3 18/19	Q4 18/19	2018/19	England Average
Number and rate (per 10k) of referrals during the year	L	10,337/ 419.4	3,377/ 136.8	2,605/ 105.1	2,482/ 100.0	3,198/ 129.0	11,662/ 471.1	552.5
Number and percentage of referrals that are re-referrals during the year	L	1,937/ 19.0%	660/19.5%	568/ 21.8%	511/ 20.5%	628/ 19.6%	2,367/ 20.2%	21.9%
Percentage of assessments completed during the year which took over 45 days	L	25.0%	23.7%	26.6%	25.0%	15.3%	22.3%	17.3%
Number and rate (per 10k) of children with a Children in Need Plan (snapshot as at 31/03/19)	L	1,660/67.2	1,716/ 69.2	1,754/ 70.7	1,720/ 69.4	1,799/ 72.5	-	-
Number and rate (per 10k) of children with a child protection plan (snapshot as at 31/03/19)	L	1,243/50.4	1,221/ 49.5	1,351/ 54.5	1,329/ 53.6	1,368/ 55.2	-	45.3
Percentage of children with a repeat child protection plan over last 12 months (snapshot as at 31/03/19)	L	6.2%	6.6%	6.0%	6.7%	7.5%	-	-
Rate of Children Looked After (CLA) number/per 10,000 (snapshot as at 31/03/19)	L	1,968/79.7	2,021/ 81.9	2,053/ 82.8	2,083/ 84.0	2,128/ 85.9	-	64.0
Percentage of CLA in 3 or more placements over last 12 months	L	7.9%	9.1%	9.8%	9.2%	8.8%	-	10%

	Good is High or Low	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	England Average
(snapshot as at 31/12/19)								
Percentage of staff on Assessed and Supported Year in Employment (ASYE) (snapshot as at 31/03/19)	L	27.2%	23.8%	29%	30.5%	27.9%	-	-
Percentage of staff who are experienced social workers (3+ years) (snapshot as at 31/03/19)	H	26.0%	31.9%	30.0%	35.9%	33.7%	-	-
Average caseload per social worker (snapshot as at 31/03/19)	L	22.0	22.9	20.0	19.8	22.3	-	-

Lancashire has experienced an increased level of demand placed on its social care service for children. There has been a 12.8% increase in referrals received during 2018/19, when compared to the previous year. However the referral rate (471.1 per 10,000) remained below the national (552.5) rate.

The latest rate of children with child protection plans (55.2 per 10,000) and looked after children rate (85.9) remains significantly higher than the comparators with both indicators increasing again on the previous year.

Average caseloads have stabilised but continue to be too high for many workers. Successful recruitment events were held in February and March 2019, which will reduce vacancy rates as staff are gradually coming into post.

Around 22% of assessments completed during 2018/19 took over 45 days to complete which is still higher than all the comparator averages (national 17.3% and regional 16.3%). However this is an improvement on the previous year (25%). The quarter 4 performance (15.3%) was much improved on the previous quarters.

Adoptions

Performance Measure	Good is High or Low	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19	2018/19	England Average
Average time between a child entering care and moving in with their adoptive family, for children who have been adopted (days)	L	428	386	557	372	395	429	520 (2014-17)
Days between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family (days)	L	157	148	218	136	90	169	220 (2014-17)

Quarter four of 2018/19 recorded an increase in the average time between a child entering care and moving in with their adoptive family. The current rolling year figure for April 2018 to March 2019 is 429 days which is better than the latest national

average figure (520 days). 68 children were placed for adoption during 2018/19, which is a reduction compared to 2017/18 (86).

Youth Offending Team

Performance Measure	Good is High or Low	Previous Period	Latest Available	England Average
Rate per 100,000 local youth of first time entrants to youth justice system	L	200 (Jul 17 - June 18)	207 (Oct 17 - Sept 18)	248 (Oct 17 - Sept 18)
% of Young People reoffending	L	38.7% (Oct 16 - Dec 16)	45.5% (Jan 17 - Mar 17)	39.9% (Jan 17 - Mar 17)

There were more first time entrants to the youth justice system in Lancashire for the last reported period, but the Lancashire rate of first time entrants remains lower than the national and regional rates. Lancashire dropped into the second quartile nationally against this indicator. Lancashire youth re-offending levels have also increased and are now higher than the national and regional rates. Lancashire dropped into the third quartile nationally against this indicator.

School Improvement

Performance Measure	Good is High or Low	Previous Period	Latest Available	England Average
Percentage of looked after children pupils reaching the expected standard in reading, writing and mathematics at KS2	H	36% (2016/17)	39% (2017/18)	35.0%
Average Attainment 8 score at GCSE looked after children	H	14.8 (2016/17)	18.2 (2017/18)	18.9
% Absence levels in primary, secondary, and special schools	H	4.3% (2016/17)	4.5% (2017/18)	4.8%
% Education settings rated Good/Outstanding	H	90% (Mar 18)	89.5% (Mar 19)	85.0% (Mar 19)

Revised data published by the Department for Education for 2017/18 shows an improvement in the proportion of looked after pupils reaching the expected standard in reading, writing and mathematics by the end of primary school (Key Stage 2). At Key Stage 4 level, the average Attainment 8 score per looked after pupil for Lancashire (18.2) also improved. However, this was lower than the national (18.9), regional (19.6) and statistical neighbours (18.9) averages. Levels of overall absence in Lancashire (4.5%) remain lower than the national (4.8%), regional (4.9%), and statistical neighbours (4.8%) averages. Lancashire was positioned in the top quartile and ranked 21 of 152 authorities against this indicator.

The number of schools in Lancashire judged to be good or better has consistently been above the national average in recent years (565 out of 631 total settings). Settings include Nursery, Primary, Secondary, Special Schools and Pupil Referral Units. However the breakdown analysis suggests 73.8% (or 62 of 84) of secondary establishments were rated Outstanding or Good at the end of April, lower than the national average (75%). The Primary breakdown of Outstanding or Good schools was 91.5% (or 442 of 483), this was higher than the national average (87%).

Growth, Environment, Transport and Community Services

Performance Measure	Good is High or Low	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19
Highways						
Safety Carriageway Defects repaired within 4 hours (emergency) target 95%	H	-	-	-	96.77%	95.65% (Q4 18/19)
Safety Carriageway Defects repaired within 2 working days (urgent) target 95%	H	-	-	-	90.32%	94.14% (Q4 18/19)
Safety Carriageway Defects repaired within 5 working days (non-urgent) target 90%	H	-	-	-	80.77%	81.47% (Q4 18/19)
Safety Carriageway Defects repaired within 20 working days (non-urgent) target 90%	H	-	-	-	95.72%	96.05% (Q4 18/19)
Street lighting						
Average number of working days to repair a LCC street lighting fault (including traffic management) target 5 days	L	7	7.61	5.90	7.00	6.34 (Q4 18/19)
Waste management						
% of recycling, re-use and composting	H	42%	43%	42%	42%	43% (2018/19 provisional)*
% diversion of municipal waste away from landfill (including recovery)	H	51%	55%	56%	60%	61% (2018/19 provisional)*
Libraries and museums						
Number of visits to libraries each quarter	H	3,573,465	879,387	924,536	877,167	928,172 (Q4 18/19)
Number of visits to museums each month	H	244,365	58,544	59,032	23,140	17,316 (Q4 18/19)
Number of E-Book downloads each month	H	212,925	58,659	64,857	64,779	67,277 (Q4 18/19)
Number of library public issues each month	H	3,622,043	891,108	967,543	873,920	902,851 (Q4 18/19)
Planning applications						
% of minerals and waste planning applications determined within 13 weeks	H	67%	50%	57%	71%	80% (Q4 18/19)
% of Regulation 3 planning applications determined within 8 weeks	H	78%	60%	80%	45%	37.5% (Q4 18/19)

* Provisional figure to be approved by Defra in November 2019

Highway defects
The approved highways defect repair policy was implemented during quarter 2 2018/19, meaning that reporting changed in accordance with that policy. As a result, there is no Q1 or Q2 data in respect of highway safety carriageway defects repaired within the new policy response time standards.

Since monitoring against the new response standard a defect reporting issue was identified with the 4hr and 2 day defects which affected response times. However, this has now been addressed which should improve future performance figures.

Many of the five day defects require extensive traffic management due to the road type and location. In order to improve response times, meetings are now scheduled each month countywide between operations staff and Highways Safety Inspectors to plan the inspection programme for the month and identify defects requiring traffic management. The countywide traffic management contract is now underway and this should increase the numbers of contractors available to provide traffic management thus improve the 5 day response time.

Street lighting
The combination of changes to inspections, routine maintenance and public reporting have resulted in changes to the profile of faults resulting in different resourcing requirements. Changes to the resourcing and procurement arrangements have been made to better match this profile e.g. traffic management contracts have been amended to have additional providers available for peaks in faults over the winter period. In addition, over the next 18 months the number of faults will reduce as the remaining 38,000 conventional units are converted to LED (Light-Emitting Diodes).

Waste management
Recycling collected as a percentage of overall waste arising remains supressed. The largest fall in a doorstep collected recyclable material stream is garden waste. This may have been due to last year's hot summer, reducing growth and the weight of garden waste collected. It does though appear to be linked to the trend of charging for garden waste, now practiced by all but one district, which continues, year-on-year, to impact on overall recycling tonnages collected.

In terms of the processing of residual waste at Thornton, the plant continues to be successful in mass loss and landfill diversion, and is now looking at some of the processed material becoming certified as a 'compost like output'. This further pushes some of the processed residual waste further up the waste hierarchy. This is currently just a trial though, and volumes of material processed this way are low.

Libraries and museums
Visitor numbers to libraries and museums as well as e-book downloads and library public issues have increased in quarter 4 of 2018/19, with this recovery being in line with expected seasonal trends.

The main factor for the significant fall in museum visits was the return of 3 museums (Lancaster City Museum, Lancaster Maritime Museum and the Cottage Museum) to Lancaster City Council on 1 October 2018 at the end of the management agreement that had been in place between both councils since 2003. The City Museum has high footfall throughout the year and will account for most of the reduction in numbers. In addition, Helmshore Museum closed at the end of October 2018 at the end of its summer opening season and re-opened on 29 March 2019.

Planning

In quarter 4 of 2018-19, a total of 5 County matter applications were determined, of which 4 (80%) were determined within the 13 week decision period.

3 applications for Lancashire County Council's own Regulation 3 development were determined in quarter 4 of 2018-19. 5 (62.5%) of the applications were determined outside 8 weeks.
The 8 week target is a discretionary target used for district schemes but applied to LCC's own schemes in the absence of a national target.

Adult Services and Public Health
Note: ASCOF refers to the Adult Social Care Outcomes Framework which is a suite of national performance indicators. The 2018/19 figures are provisional and may change.

Performance Indicator	Good is: H/L	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	2018/19	England Average
Adult social care – personalisation							
Adults receiving direct payments (ASCOF) snapshot as at period end	H	25.1%	26.5%	28.0%	29.6%	30.4%	28.5%
Support for carers							
Carers receiving direct payments for support direct to carer (ASCOF) during the period	H	98.6%	99.4%	99.3%	99.0%	99.2%	74.1%
Support for people with learning disabilities							
Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF) during the period	H	85.3%	85.1%	84.0%	83.0%	80.9%	77.2%
Support for people to remain independent							
Permanent admissions to residential and nursing care homes per 100,000 pop aged 18-64 (ASCOF) during the period	L	19.2	19.6	17.5	17.2	16.5	14.0
Permanent admissions to residential and nursing care homes per 100,000 pop aged 65+ (ASCOF) during the period	L	728.9	731.7	729.7	709.3	**722.7**	585.6
Number of permanent admissions to residential and nursing care homes pop aged 65+ during the period	L	1,761	1,792	1,787	1,737	**1,770**	-
Waiting times for OT assessments (snapshot number of clients in OT allocation work tray)	L	1,384	1,140	745	320	398	-
Number of reablement referrals during the period	H	7,392	2,079	2,037	1,811 (3 month average)	7,967	-
Number of completed reablement support plans during the period	H	6,657	1,851	1,646	1,643 (3m ave.)	7,301	-
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/	H	88.1%	88.2%	88.2%	86.3% (3m ave.)	82.6% (Q4)	82.9%

rehabilitation services (ASCOF) during the period						
Timeliness of assessment and support						
Assessments completed within 7 days during the period	H	85.1%	87.6%	87.1%	86.6% (3m ave.)	86.5%	-
Assessments completed within 28 days during the period	H	95.6%	96.1%	96.3%	96.5% (3m ave.)	95.8%	-
Delayed transfers of care from hospital (DToC) – total delayed days due to social care in month as detailed each period	L	1,232 (Mar 18)	1,093 (Jun 18)	1,102 (Sep 18)	1,094 (Nov 18)	**1,958 (Mar-19)**	-
Quality of services						
Care Quality Commission (CQC) – Care Home ratings good/outstanding snapshot as at period end	H	75.9%	78.8% (Jun 18)	80.4% (Sep 18)	82.4% (Dec 18)	83.1% (Mar-19)	81.6%
CQC Community Care Service ratings snapshot as at period end	H	91.0%	92.8% (Jun 18)	94.0% (Sep 18)	95.0% (Dec 18)	94.5% (Mar-19)	87.1%

Adult social care - personalisation
There is a further increase in the proportion of people receiving direct payments, which keeps Lancashire higher than the national average. This increase is primarily due to service users choosing to take direct payments when their home care provision was reviewed, and so it may prove challenging to sustain that performance through 2019/20. Direct payments allow people to choose their own provider of services, rather than receiving services from a provider commissioned by the Local Authority.

Support for people to remain independent
The focus on maximising people's independence continues to be demonstrated by the number of people who are receiving reablement and its effectiveness. We are now starting to see an improvement too in the decreasing proportion of requests for support from new clients who were then given long term support community based services. However, we are still providing too much ongoing long term support and are not signposting sufficiently to universal services.

There has been a gradual reduction in the number of adults and older people admitted to residential care, but concerns still remain about the medium term level of admissions. Residential care admission rates across the North West are generally significantly higher than the national average, and this suggests this is a strategic commissioning challenge the whole North West region must address. We are therefore committed to working with colleagues to bring in additional expertise to address the concerns as part of North West Association of Directors of Adult Social Services Sector Led Improvement work. Lancashire's own admission rate is itself considerably higher than the national average, and so it is a key service challenge for us to address the causes of this high rate and drive sustained improvement by learning from other Councils and from testing different approaches and specific measures. Targets have been set for these improvements over the next 4 years, which will also deliver significant financial savings. However not all the necessary measures are yet in place to ensure improvements are sustainable, and the admission rates may also have some in year seasonal fluctuations that will mask the scale and even the direction of change over the medium to long term.

The number of people waiting for Occupational Therapy assessments shows a dramatic improvement from last year. The numbers of service users waiting for an occupational therapy assessment has reduced by 981 from the end of Q4 last year (1363 to 382). This means waiting times are much lower than in previous years and are well managed and likely to reduce further. All urgent referrals are seen within 7 working days (or less in some cases) and are often associated with hospital discharge or hospital avoidance, High priority assessments are now typically completed within 10 weeks, and for other assessment the lengthiest wait is around 18 weeks.

Timeliness of assessments and support
Nearly 96% of social work assessments were completed within 4 weeks and that is the indicator that will reflect the experience of the public.

There are still currently around 1100 people waiting for a social work assessment and this figure is remaining fairly steady and this is much harder to shift sustainably downwards. Waiting lists are influenced partly by front door demand management, and this is an area where we know from a recent Peer Review we need to improve. In addition, it is also impacted by the consequences of having to manage provider failure and competing operational priorities within other service areas. However, all cases have been screened and temporary services commissioned where appropriate.

Ensuring people have the right response and are able to find appropriate information when they enquire about adult social care is a priority, and a programme of work is underway to improve the options available for people who express a desire for support. The website and the way enquiries are dealt with at the customer services centre are both under review.

Delayed transfers of care from hospital (delayed days) have increased in 2019 and Lancashire is no longer achieving our September 2018 targets, which were published for all authorities as part of the Better Care Fund 2018/19 Operational Guidance. The figures used here are those published by NHS Digital and tend to be higher than reported by our own internal monitoring. Investigations are under way as to why this might be so and the variable performance across the acute hospital trusts.

Quality of services
The percentage of care homes being rated good or outstanding continues to improve, and still exceeds the national average.

Of the 402 Lancashire care homes rated, 17 are in-house residential services for older people and 82.4% (14) of these were rated good or outstanding. The other 3 were rated as requires improvement. 8 are in-house disability short break services and 100% of these were rated good or outstanding.

The percentage of community care services rated good or outstanding continues to be high and performance is significantly above the national average. Of the total 201 community care services rated, 9 services are in-house disability services (8

domiciliary services and 1 shared lives service) and 100% of these were rated good or outstanding.

In addition, our results of the 2018/19 annual Adult Social Care survey will soon be made available and comparative information against other local authorities becomes available at the end of the year (a report on our 2017/18 comparative results is on this meeting's agenda).

Performance Measure	Good is High or Low	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19 (or 2018/19)	England Average
Health Checks							
Number of NHS Health Checks offered to eligible population	H	96,920	29,348	26,286	24,517	24,078 (Q4) 104.229 (2018/19)	-
Number of NHS Health Checks completed	H	51,486	11,928	12,827	14,274	13,237 (Q4) 52,266 (2018/19)	-
% completed of NHS Health Checks offered	H	53.1%	40.6%	48.8%	58.2%	55.0% (Q4) 50.1% (2018/19)	44.2% (Q3 2018/19)
Alcohol							
Percentage of alcohol users that left alcohol treatment successfully who do not re-present to treatment within 6 months	H	54.7% (rolling year April 17 to March 18)	54.4% (rolling year July 17 to June 18)	52.1% (rolling year Oct 17 to Sept 18)	n/a	n/a	38.8%
Drug use							
% of opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	H	7.1% (rolling year April 17 to March 18)	6.9% (rolling year July 17 to June 18)	6.6% (rolling year Oct 17 to Sept 18)	n/a	n/a	6.0%
% of non-opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months	H	52.7% (rolling year April 17 to March 18)	52.2% (rolling year July 17 to June 18)	51.1% (rolling year Oct 17 to Sept 18)	n/a	n/a	35.2%
Children & Family Wellbeing service							
	Good is High or Low	2017/18	Q1 2018/19	Q2 2018/19	Q3 2018/19	Q4 2018/19 (rolling figures)	England Average
- Number of families attached to the programme	H	8,647	10,169	12,498	14,164	14,949	n/a
- Payment by results claims (submitted to the DCLG)	H	2,097 (rolling figure)	2,409	2,740	3,158	4,113	n/a

Health Checks
Across the lifetime of the NHS Health Check programme, 251,931 of the current eligible population aged 40 – 74 years of 354,935 have had an NHS Health Check which equates to 71.0%. Although invites to and uptake of appointments in quarter 4

of 2018/19 were lower than in the previous quarter, numbers for both were greater in 2018/19 than in 2017/18.

Alcohol
Rolling data for the year from October 2017 to September 2018 published in May 2019 showed that the proportion of alcohol users that left alcohol treatment successfully who do not re-present to alcohol treatment within 6 months decreased compared to the previous month and is still considerably higher than that nationally.

Drug use
Rolling data for the year from October 2017 to September 2018 published in May 2019 that the proportions of both opiate and non-opiate drug users that left drug treatment successfully who do not re-present to treatment within 6 months were lower when compared to the previous quarter, however they were higher than those nationally.

Children and Family Wellbeing service
Following the implementation of a new process in December 2018, which significantly increased attachments for the month, the number of assignments has now stabilised and continues to increase in line with other previous months. As a result, a further 785 Troubled Families were attached to the programme in quarter 4 of 2018/19, increasing the number to 14,949 as at 31 March 2019.

The cumulative total of 'payments by results' claims which are submitted to the Ministry for Housing, Communities and Local Government on a quarterly basis achieved by the claim window closure as at 31 March 2019 – end of quarter 4 - was 7 behind (4,113) the targeted position (4,120). Despite not achieving this target, the positivity from the September and December 2018 claim windows continued into the March 2019 submission. The claims have been back loaded for the programme and there are significant increases in the targets that the team are working towards from now through to March 2020.

It is anticipated that that the target of 8,620 payments by results claims will be achieved by the time the 5 year programme ends in 2019/20.

From quarter 1 of 2019/20, the Children and Family Wellbeing service will be part of Education and Children's Services.

Consultations

Members of Management Team(s) have previously received the information in this report.

Implications:
This item has the following implications, as indicated:

Risk management

No significant risks have been identified in relation to the proposals contained within this report.

Local Government (Access to Information) Act 1985

List of Background Papers

None

Reason for inclusion in Part II, if appropriate

N/A

Cabinet Committee on Performance Improvement
Meeting to be held on Thursday, 6 June 2019

Report of the Head of Legal & Democratic Services

| Electoral Division affected: |
| (All Divisions); |

Corporate Risk and Opportunity Register Quarter 1 2019/20
(Appendix 'A' refers)

Contact for further information:
Paul Bond, Head of Legal and Democratic Services, 01772 534676
Paul.bond@lancashire.gov.uk

Executive Summary

This report provides an updated (Quarter 1) Corporate Risk and Opportunity Register for the Cabinet Committee to consider and comment upon.

Recommendation

The Cabinet Committee on Performance Improvement is asked to note the updated Corporate Risk and Opportunity Register as set out at Appendix 'A'.

Background and Advice

Following the corporate approach to reporting on risk and opportunity, Corporate Management Team have completed the annual review of the register. The register has now been updated to reflect changing priorities and is aligned to the Annual Governance Statement. Therefore, the register acts as the action plan and main document to monitor progress on the issues raised in the Annual Governance Statement during 2019/20. The register was presented to the Audit, Risk and Governance Committee on 20th May 2019. An updated Corporate Risk and Opportunity Register is attached at Appendix 'A'.

A summary of the key changes and updates to the register is set out below.

CR1 Reshaping the County Council – 16 (Major/Likely)

This risk replaces the previous risk on delivering the operational plan and focuses on having the right workforce plans, capacity and skills to ensure we are sufficiently innovative/radical to transform services at the required pace in order to achieve the scale of change needed to deliver a balanced budget.

It also covers further embedding a focus on service delivery though a second phase of the service challenge process.

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CR 2 Protect and safeguard children – 12 (Major/Possible)

This has been updated in the context of the Getting to Good plan and new multi-agency safeguarding arrangements.

CR 3 Complying with statutory requirements and duties relating to children looked after, children in need and children leaving care - 12 (Major/Possible)

This has been updated in the context of the Getting to Good plan, sufficiency strategy and preparations for the peer review on permanence.

CR4 Increase in demand, including rise in number of contacts and referrals and an increase in Children Looked After numbers - 16 (Major/Likely)

This provides updates on the sufficiency strategy, the permanence action plan and the work being carried out to improve processes and procedures within children's social care.

CR5 Recruit and retain experienced staff across the organisation - 12 (Major/Possible)

This risk replaces the risk that focused on Children's services and is now authority wide. It sets out what has and what is being done corporately to both retain and recruit staff.

CR6 Managing our data well and producing effective management information - 12 (Major/Possible) (Responsibility for this risk transferred to the Director of Strategy & Performance)

Work in this area is on-going. However, the Business Intelligence team have now put in place a process to prioritise requests so that they can support core system testing.

CR7 Implement/maintain core systems that support the organisation, deliver transformational change and deliver efficiencies, cost reductions and produce effective management information that supports management decision making - 12 (Major/Possible) (Responsibility for this risk transferred to the Director of Strategy & Performance)

For this risk there are updates on the support work around service challenge and highways.

CR8 Delivering major projects/schemes on time and within budget - 12 (Major/Possible)

Update on project and programme management for the 2019/20 delivery programme.

CR9 Delivering a statutory service for children and young people with special educational needs and/or disabilities - 12 (Major/Possible)

This risk has been updated in line with the service risk register.

CR10 Supporting disadvantaged families to fulfil their potential (Troubled Families Programme) - 16 (Major/Likely)

Update on current claims trajectory and challenges faced by savings targets to the service.

CR 11 Future provision of ICT services - 12 (Major/Possible)

This is new risk relating to the current ICT contract with BTLS and the work Society of IT Management are undertaking.

CR12 Intermediate care for older people in a residential setting - 12 (Major/Possible)

Provides an update on the review of intermediate care and next steps.

Opportunities

CO1 Delivering growth and prosperity for the whole of Lancashire - 16 (Major/Likely)

Update on Local Enterprise Partnership activity, European structural funds and pan-Lancashire collaborative working arrangements.

CO2 Apprenticeship Levy and Apprentice % in Public Sector – 15 (Outstanding/Possible)

Includes an update on transactional spend.

CO3 Fair Funding and Business Rate Retention - 12 (Major/Possible)

This is a new opportunity that provides an update on the fair funding review and the business rate retention pilot in Lancashire.

CO4 Working collaboratively with key health partners – 15 (Outstanding/Possible)

This is a new opportunity that sets out what initial work is being undertaken to develop an LCC offer to the health economy.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

Good governance enables an authority to pursue its vision effectively as well as underpinning that vision with sound arrangements for control and management of risk. An Authority must ensure that it has a sound system of internal control which

includes effective arrangements for the management of risk. Failure to develop and maintain a Corporate Risk and Opportunity Register means the Council would be negligent in its responsibilities for ensuring accountability and the proper conduct of public business.

List of Background Papers

Paper   Date   Contact/Tel

None

Reason for inclusion in Part II, if appropriate

N/A

Corporate Risk & Opportunity Register Q1 2019/20

Risk Identification Number (RIN)	Description	Risk Type	Possible Risk Consequences	Current Controls	Risk Score	Mitigating Actions	Residual Score	Risk Owner	Direction of Travel
CR1	**Reshaping the County Council**		• Inability to deliver a balanced budget post 2022/23	• Service Challenge Board has been established chaired by the Director of Strategy & Performance • Financial Monitoring Boards have been established that are each chaired by the relevant Executive Director • Programme Office is managing the overall programme of activity	20		16 (Major/ Likely)	Overall Risk Owner is CMT however there is a lead officer for each work stream	This risk is being monitored by the Service Challenge Board, Financial Monitoring Boards and CMT
	1. Through our People Strategy, ensuring adequate workforce plans, capacity and skills are in place across the organisation	Organisational	• That the council will not be sufficiently radical or innovative to transform services at the required pace to achieve the scale of change needed over the next 12 months and beyond • Change opportunities will be missed that may result in us not meeting the needs of service users or delivering a balanced budget. • Lack of buy-in/engagement from staff • Managers do not possess the leadership skills required, leading to demotivated staff and poor service delivery • The organisation does not have the right people in the right jobs leading to service failure • Staff do not know what is expected of them and they do not possess the skills to adequately do their job	• Vision and Values communicated and plan to further embed • Inspirational speakers – programme on going • Introduction of new suite of Leadership and management modules to support development of LCC managers, linked to national occupational standards and apprenticeships. • MSc, MBA senior Leaders Apprenticeship being rolled out. • Research work on Induction Programme has commenced and scope is under development • Management Style Questionnaire and Colleague Feedback Questionnaire - new format rolled out		• Develop a new behavioural framework as the basis from which to drive organisational change • Commence development for new Lancashire Induction • Continue new suite of leadership and management modules to support development of LCC managers, linked to national occupational standards and apprenticeships • Staff survey findings rolled out to Head of Service for action planning • Staff Survey 'pulse surveys' to evaluate progress against baseline • Cross organisational themes to be assessed and links to People Strategy • Development of 'Inspiration matters' short briefings will link to the newly communicated Values to support the embedding in the organisation. • Information sessions with staff, managers and universities in respect of MSc and MBA via Apprenticeship Levy now in place.			Draft People Strategy to be informed by outcome of staff survey Service Challenge Phase 2 programme to be completed by Autumn 2019

	Objective	Category	Risk	Controls	Score	Further Actions	Score	Owner	Commentary

	2. Further embed a focus on service delivery	Organisational	• Unable to meet Terms and Conditions savings targets
			
			• Services become unsustainable and we cannot fulfil our statutory duties
			• Compounds ability to set balanced budget and unable to deliver a balanced budget post 2022/23
			• Insufficient reserves
				• New governance structure established. Phase 1 savings being monitoring by Service Challenge Board and Financial Monitoring Boards
				• Continue to work with staff to develop new options and revisit options
				• Continue to seek out, learn from and adapt services to follow best practice
				• Corporate Management Team have agreed to a second phase of the service challenge process
				• Treasury Management / Investment and Capital Strategy agreed at January Audit, Risk & Governance Committee
						• Develop process for further challenge. This will include:
						  o Further challenge for some phase 1 services based on updated benchmarking data
						  o Cross cutting themes
						    ▪ Organisational
						    ▪ Finance & Commercial
						    ▪ Health & Care
						  There will be a number of work streams under each crosscutting theme with a named lead.
						
						• Business Rate pilot - progress with district council partners - governance arrangements and implementation.
						• Progress further work / analysis of a small number of proposals identified within service challenges but not sufficiently developed to make December Cabinet.			

CR2	Protect and safeguard children	People/Service delivery	• Children are put at risk of harm.
			
			• High profile safeguarding incidents can attract national media attention and trigger an early inspection by Ofsted and ultimately Department for Education intervention
				• The protection and safeguarding of children, and oversight, is at all levels from Chief Executive to front-line managers to ensure there is an accurate understanding of the quality of practice.
				• Clear governance and accountability arrangements are in place via the Getting to Good Board and the six boards which report to it:
				  o Workforce Development Board
				  o Purposeful Practice Board
				  o Multi-Agency Safeguarding Hub and Demand Management Board
				  o Permanence and Children In Our Care Board
				  o Data Quality and Performance Board
				  o Children's Partnership Board
				• There are effective partnership arrangements at a strategic and operational level.
				• External reviews of front-line practice is provided by Ofsted, Department for Education, Local Government Association and North West Association of Directors of Childrens Services to provide external, independent evaluation of the quality of practice.
					12	• In line with revised "Working Together" new multi-agency safeguarding arrangements are being established, to ensure there is a shared responsibility for safeguarding and promoting the welfare of children.
						• Getting to Good Plan is now completed following the Ofsted inspection to ensure continued improvement.
							12 (Major/ possible)	Director of Children's Services	Safeguarding arrangements have been strengthened. Ofsted inspection (June 2018) - Inspectors broadly agreed with our self-assessment.
									
									There has been a 2.9 % increase in the number of children on a Child Protection Plan since the last quarter (Q3 - 1329, Q4 - 1368).
									
									The risk remains static, and work continues via the Getting to Good Board, and the six Boards which feed into it.

| CR3 | Complying with statutory requirements and duties relating to children looked after, children in need and children leaving care. | People/service delivery | Local authority is legally and financially liable, and may be subject to judicial review if found in breach of its statutory responsibilities.

Further Department for Education intervention if Ofsted judge Children's Services to be inadequate. | • The protection and safeguarding of children, and oversight, is at all levels from Chief Executive to front-line managers to ensure there is an accurate understanding of the quality of practice.
• Clear governance and accountability arrangements are in place via the Getting to Good Board and the six boards which report to it:
   o Workforce Development Board
   o Purposeful Practice Board
   o Multi Agency Safeguarding Hub and Demand Management Board
   o Permanence and Children In Our Care Board
   o Data Quality and Performance Board
   o Children's Partnership Board
• There are effective partnership arrangements at a strategic and operational level.
• External reviews of front-line practice is provided by Ofsted, Department for Education, Local Government Association and North West Association of Directors of Children's Services to provide external, independent evaluation of the quality of practice. | 16 | • The Getting to Good Plan has been produced to address the recommendations from the inspection and progress will be monitored via the Getting to Good Board.

• Sufficiency strategy: both the Bungalow (complex needs unit) and Slyne Road (Adolescent Support Unit) are now registered with Ofsted. Building work at South Avenue (the crisis unit) is not yet complete.

• Children's services will be re-inspected in 2019 under the Inspection of Local Authority Children's Services framework. The focus will be on permanence. Preparation for this inspection has commenced and will include an external peer review by the Local Government Association in May/June 2019. | 12 (Major/ possible) | Director of Children's Services | There has been some positive improvement in performance which have included Children Looked After visits within timescale improved (Q3 82%, Q4 87%), Children Looked After Reviews in timescales have improved - (Q3 90%, Q4 91%).

Some areas for further improvement Care Leavers in Education, Employment, education or training declined slightly - (Q3 93%, Q4 92%) and Care Leavers in suitable accommodation has also deteriorated - (Q3 51%, Q4 49%)

The focus continues to be on a cultural shift from compliance with statutory requirements to improving the quality of practice.

Further work is required to address variability in the quality of practice, to ensure that all children in need receive a consistently good service.

The pace of change needs to accelerate as part of our continuing improvement journey from requires improvement to be |

									good. The Getting to Good Plan sets out agreed priorities and timescales.
CR4	Increase in demand, including rise in number of contacts and referrals and an increase in Children Looked After numbers	People	• Potential drift and delay - impact on timeliness of assessment, plans and interventions with children & families. • Financial implications.	• Clear governance and accountability arrangements are in place via the Getting to Good Board and the six boards which report to it. • The Multi Agency Safeguarding Hub and Demand Management Board and Children in Our Care Board has the main function of monitoring Demand Management and Children Looked After numbers.	16	• Permanence Action Plan has been developed to help reduce the Children Looked After numbers. • Sufficiency Strategy includes targets to reduce Children Looked After numbers through prevention of S20 accommodation and children exiting from care. • Successful life chances bid will support children on the edge of care. • Increased use of Family Group Conferencing as a demand management strategy. • Adolescent Support Unit and Outreach Service help to prevent the need for accommodation. • Amendment to pre proceedings protocol, and introduction of permanence protocol guidance and toolkit.	16 (Major/ Likely)	Director of Children's Services	The number of referrals to Children's Social Care has greatly increased by 28.8% in the last quarter. (Q3 - 2482, Q4 - 3198). The number of CLA has increased by 45 which is a 2.2% increase on the last quarter (Dec - 2083, Mar - 2128). Average social worker caseloads have increased in the last quarter, from 19.8 as at the end of Q3 to 22.6 as at the end of Q4. The risk is being managed via the Getting to Good Board, and the six Boards which feed into it.
CR5	Recruit and retain experienced staff across the organisation	People/service delivery	• Inability to deliver effective services • Shortage of skilled staff in specific service areas • High caseloads • Increased staff turnover Increased agency spend • Lack of succession planning • Low morale • Negative impact on productivity levels	• Revised recruitment policy and procedures implemented including new recruitment software • Vision and values being embedded • Developed brand as an employer • Use of new technology to aid recruitment such as apps on smartphones • Introduced a guided application process for jobs • Lancashire CC Career website launched to promote brand and improve recruitment rates • Workforce Group established in Children's Social Care to ensure strong focus on recruitment and retention and workforce development.	16	• A strategic approach is planned to further develop council-wide succession planning requirements, to include the recruitment to 'Hard to fill' posts and reduce the reliance on costly agency staff. This will include career pathways. • Proposals will be presented to Corporate Management Team on reshaping the apprenticeship programme to maximise the apprenticeship levy and support the delivery of the People's Strategy • Continue to improve staff engagement through regular pulse surveys • Introduce leadership and management module courses • Corporate induction programme to be reviewed • Develop a more focused graduate offer • Improve the health and wellbeing of staff through initiatives such as the 'time to change' programme	12 (Major/ possible)	Director of Corporate Services	Level

			• Revised supervision policy now in place to support staff retention in Children's Social Care. • Social Work Academy established providing robust induction and continuous professional development for social workers, including newly qualified staff. • In Children's Social Care Advanced Practitioner posts established to support social workers to aid staff retention. • Leadership Academy in Children's Social Care now in place with particular focus on up-skilling first line managers to strengthen leadership of practice.		

| CR6 | Managing our data well and producing effective management information | Organisatio nal | • Ineffective collection, collation and input of data
• Failure to improve quality of data in council systems including those that have already been implemented and those that are being implemented.
• Ineffective use of business intelligence, resulting in the inability to identify and respond to changing trends and inform strategic decisions.
• Impact on strategic planning, understanding demand management e.g. around demographics and ageing population profile
• Ineffective reporting arrangements.
• Statutory returns will be compromised, so incorrect performance will be reported nationally, with potential for negative financial consequences
• OFSTED/Care Quality Commission/Local Government Association and other external organisations will be using inaccurate | • Information Management Strategy.
• Accuracy Steering Group chaired by Director of Adult Services oversees a programme of work to improve data quality within systems used by Adult Services
• Data Quality and Performance Group oversees quality of information in systems for children's services
• Regular provision of management information to staff at all levels across adults and children's services helps to embed ownership of data and improve recording.
• Use of 'exception reports' which proactively highlights data anomalies and inconsistencies.
• Development of a Corporate Performance Dashboard is facilitating a council-wide view of all services, which will improve the quality of reported data as anomalies will be highlighted.
• Performance and Data Quality Group (Children's Services) is a well-established group facilitated by the Practice Improvement Officer. Heat maps have been designed to monitor Annex A data quality.
• Clear governance structure in place to ensure a continued focus on data quality/accuracy:
   o Data Quality and Performance Group.
   o Practice Improvement Meetings looking at performance and data quality.
   o Children's Portfolio Review Boards have oversight of development of systems
   o Governance Boards established for Early help Module, | 16 | • 'Project Accuracy' for Adults Services focussing on procedures and data quality is now underway.
• Draft Digital Strategy – the developing strategy has a work stream relating to data and developing an information architecture across the core systems.
• A strategy for Business Intelligence and reporting is being developed and will be presented to Corporate Management Team
• A Performance Management Framework is being developed to supplement the proposed new 'Our Vision for Lancashire' document. This will involve scrutiny committees
• Workshops have taken place with the Business Intelligence Service to identify Corporate Reporting. The outcome of these workshops will form the basis of requirements for how the council manages reporting in the future. This will be an integral part of the Digital Strategy.
• All requests to Business Intelligence team for new reports are made using Redmine and closely monitored.
• Requests will be challenged/prioritised and potentially refused in order to provide capacity in Business Intelligence team to test the core systems at peak periods. | 12 (Major/ possible) | CMT | Children's - Regular meetings with Deputy Director Children's Services and Executive Director Escalation via Improvement and Accountability Board. |

				information to judge performance. • Service planning and management will be severely compromised. • Potential for incorrect payment of providers, staff etc	Education, Health and care Plans module and the Education Management System.				
CR7	Implement/maintain core systems that support the organisation, deliver transformational change and deliver efficiencies, cost reductions and produce effective management information that supports management decision making.	Organisational/Reputational	• Failure to deliver transformational change. Failure to deliver efficiencies and cost reductions. • Failure to produce the information needed to support management decision making. • Lack of management buy-in from service areas to drive forward change. • Failure to ensure that services work to new practices in a consistent way so as to maximise the benefit from investment in new technology. • Ineffective reporting arrangements. Statutory returns will be compromised, so incorrect performance will be reported nationally. • Ineffective working practices and targeting of resources to work priorities. • May impact on response times. • OFSTED/Care Quality Commission/Local Government Association and other external organisations will be using inaccurate	• Roadmaps have been developed for all key major systems. Governance arrangements in place with full impact assessment carried out for all system changes. • Central co-ordination, control and monitoring in place which assists in performance management of BTLS. Corporate wide approach implemented for all system changes involving services, Learning and Development, Business Intelligence etc. on wider impacts and how system changes are managed into the business. • The service challenges require significant additional resources and the prioritisation of the service challenges alongside existing work plans are being worked on in detail to understand just what can be delivered and when. • Service Challenges demand being evaluated and a programme of work alongside existing work plans is being considered including the additional resource demand to deliver alongside how best to maintain the savings profile. • Delivery of Early Help Module Educational Health and Care Plans/Multi Agency Safeguarding Hub was successfully completed through the period of October 2018 to February 2019 including the Early Action module in conjunction with Lancashire Constabulary. • Information management strategy and approach being rolled out with all new systems. • Digital First strategy and action plan being developed which includes a data strategy as a fundamental building block for the Business Intelligence and Reporting strategy. • Performance Data on projects supplied to the Corporate Dashboard	16	• Continued monitoring of data within Lancashire Children's Service. • Internal Audit have given substantial assurance over the effectiveness of controls operating over the Systems Support function within Core Systems. • New system roadmaps developed to provide more control over system changes. Core Systems are continually reviewing request against council priorities and strategies. • Working closely with services, Programme Office and BTLS to firm up the detailed requirements of the service challenges and the resourcing of this additional work. Issues and implications logged at FMBs and overarching approach has been escalated to CMT for consideration • Monthly meetings with Highways Service continue, with focus on discussing and managing operational issues, with a continuous tracking of issues and timescales for rectifying these. • After comprehensive work with the service and a review by audit, a programme of work has been identified and underway. A Highways Improvement Board has been established which includes a comprehensive training and support plan for the service. Which has now begun.	12 (Major/ possible)	Director of Programmes & Project Management	Risk being managed downwards On-going review and control of development work plans and roadmaps through relevant Portfolio Review Boards Establishment of overarching review and control of Work Plans and Roadmaps by Digital Board. This needs to take full account of the demand that service challenges are placing on work plans and resourcing. As part of the new emerging Digital Strategy there is a work stream looking at the technologies that will underpin the delivery of digital. The development of an architectural vision for the digital strategy is underway, working closely with BTLS. This includes a landscape review of existing technologies and is due to be presented at the next Digital Board on 15 April.

ID	Risk	Category	Cause	Controls	Score	Mitigating Actions	Target	Owner	Trend
			information to judge performance. • Service planning and management will be severely compromised. • The activity and changes required to enable delivery of the service challenges presents a risk to delivery of both the necessary changes but importantly the savings.	from Project and Programme Management System.					Programme delivery model for Early Help Module/Education, Health and Care Plan to be replicated across new system delivery projects and programmes – demonstrates effective service participation and ownership of system development.

CR8	Delivering major projects/schemes on time and within budget	Development & regeneration	• Scheme viability in doubt due to speculative estimating and project management
			• Pressure on capital programme
				• Capital Programme reports to Cabinet
				• Improved approach adopted regarding the deliverability of current and future schemes. These include:
				  o Reporting of cost ranges for new schemes
				  o Routine updating of cost estimates
				  o Inclusion of contingency at industry standards and benchmarks
				• Governance of the capital programme has been strengthened under the auspices of the Capital Board where responsibility for oversight and challenge of cost estimates and capital budgets sits.
				• Restructuring to ensure the service has the resources with the right skill sets
				• Update reports to Audit, Risk & Governance Committee
					16	• Active project and programme management including:
						  o Detailed monitoring of the delivery programme through 2019/20 to ensure slippage is reported in a timely manner and a robust level of challenge is provided to programme and project managers to ensure delivery remains on track.
						  o Performance reports developed to enable the Capital Board to undertake this monitoring and challenge.
							12 (Major/ possible)	Exec Director Growth, Transport and community services	Level

CR9	Delivering a statutory service for children and young people with special educational needs and/or disabilities.	People/Organisational	• Not providing adequate service which places the local authority at risk of appeals to Special Educational Needs and Disability Tribunals (SENDIST), increased reputational risk via complaints corporately and to Local Government Ombudsman.
			• Unmet need will result in children and young people failing to meet their potential and therefore not be supported as positively
				• Following the SEND Local Area Inspection a Written Statement of Action has been submitted identify improvements to the service offered by LCC and the Clinical Commissioning Groups. The following areas were identified as requiring action:
				  o The lack of strategic leadership and vision across the partnership
				  o Leaders' inaccurate understanding of the local area
				  o Weak joint commissioning arrangements that are not well developed or evaluated
				  o The failure to engage effectively with parents and carers
				  o The confusing, complicated and arbitrary systems and processes of identification
					25	• Recruitment of qualified staff funded by the SEND reform grant.
						• Commissioning arrangements with Health being reviewed.
						• The actions to implement the SEND improvement plan.
						• Strategic reporting and monitoring of improvement plan at Cabinet and CMT level.
						• Active leadership of Health and Wellbeing Partnership is leading SEND improvement plan.
							12 (Major/ possible)	Director of Education & Skills	

				• The failure to recruit and retain staff. • Lack of confidence in council services. • The lack of accessibility and quality of information on the local offer	○ The endemic weaknesses in the quality of Education Health and Care plans ○ The absence of effective diagnostic pathways for Autistic Spectrum Disorder across the local area, and no diagnostic pathway in the north of the area ○ No effective strategy to improve the outcomes of children and young people who have special educational needs and/or disabilities ○ Poor transition arrangements in 0–25 healthcare services ○ The disconcerting proportion of children and young people who have an Education Health and Care plan or statement of Special Educational Needs who are permanently excluded from school ○ The inequalities in provision based on location				
CR10	Supporting disadvantaged families to fulfil their potential (Troubled Families Programme)	People/Organisational	• Failure to achieve Payment by Results targets due to specific requirements of the programme. • Failure to accrue maximum income from the programme for the authority. • Failure to meet savings target attributed to the service for current financial year. • Possible reputational risk as a result of missing a national target. • Possible reputational risk if progress not made with the Troubled Families Unit Maturity Model and service transformation with partners. • Risk of additional scrutiny of programme	• No governance procedures in place with responsibility for Troubled Families Unit oversight. Robust tracking processes in place with view to maximising payment by result claim opportunities. • Ongoing data matching to identify new eligible families • Robust tracking processes in place with view to maximising payment by result claim opportunities. However, no governance procedures in place with responsibility for Troubled Families Unit oversight. • Ongoing data matching to identify new eligible families • The target in the medium term financial strategy for Troubled Families Unit Payment by Results claims for 2017/18 was for 1,500 payment by results claims to be made and this target has been exceeded. As at 29 March 2019 payment by results claims had been made for 4,035 families (47% of the target for the life of the programme) where significant and sustained progress was evidenced. • The current positive trajectory is anticipated to continue to improve with the team ensuring that all available data and information systems are fully	20	• Development of reporting processes to ensure monthly progress checks against targets • Redesigning of outcomes plan to set more achievable/realistic targets • Review of governance arrangements commissioned. • Districts supported to identify families where potential claims can be made • Workforce development complete for shared assessment. Lead professional and risk sensible approach. • Revised Common Assessment Framework documentation, quality assurance and processes to assist in meeting requirements. • Troubled Families Unit Maturity Model self-assessment completed and developed action plan to support delivery and improvement.	16 (Major/ Likely)	Director of Public Health	Level

Ref	Risk	Category	Cause	Controls	Score	Further Actions	Residual	Owner	Direction
				utilised to maximise payment by results claim opportunities. • The service has a reduced capacity to meet the Troubled Families Unit targets since the implementation of a £1.25m budget reduction to the Children and Family Wellbeing service. This has reduced caseload capacity from 10k families a year to 7k families a year. The Troubled Families Unit target is to 'turn around' 8620 families.					
CR11	Future provision of ICT services	Organisational	• The BTLS contract has an expiry date of 31 March 2021 and covers ICT and transactional payroll services. Failure to put in place suitable arrangements will impact on organisational effectiveness and service delivery • May impact on the service challenge savings options that need ICT solutions • If any potential renegotiations are unsuccessful need to consider how the services will be transferred successfully back to the authority.	• The Society of IT Management have undertaken an independent review of our options that considered current BTLS service performance, how it benchmarks with other local authority services, particularly with regard to cost, and to consider the best options available to the council with regard to future service requirements	16	• The Society of IT Management are providing expert consultancy services to the county council for the contract renegotiation process with the outcome to be reported back for approval at a future Cabinet meeting.	12	Director of financial services	Risk is reducing
CR12	Intermediate care for older people in a residential setting	People/Organisational	• Operational issues leading to service failures • Unavailability of community beds for older people on a short term basis • Prolonged period of rehabilitation and recuperation before the person goes home • Delayed transfer from hospital • Reputational challenge for the Council if care homes operated by the council are judged by Care Quality Commission as	• A review of the Lancashire intermediate care system was commissioned using money from the Better Care Fund, and included consideration of the best practice model for each service area including the community beds. Consultants have now been appointed and are undertaking initial investigatory work. • Working with NHS colleagues to agree joint action plans • Discussion with Care Quality Commission on lessons learnt and action plans • County Council care homes will formally be part of Radar and Quality Improvement Planning safeguarding systems • A quarterly Quality Assurance Panel will be set up with Director of Adult Services	16 (Major/ Likely)	• The Carnall Farrer Review of Intermediate Care is scheduled to conclude imminently with final sign off of the report at the end of May 2019. • Reports or presentations to partnership meetings with the NHS including the Health and Wellbeing Board (HWB) are being scheduled accordingly, and it will come to LCC CMT in June for consideration. • Earlier drafts of this work suggest opportunities for significant improvement and cost savings across the NHS – local government system. • The findings of this report will not by themselves provide definitive answers as to whether Lancashire County Council should continue to be a provider of some these services, but it will provide important context for more in-depth local discussions with NHS partners to determine answers to those questions.	12(Major/Possible)	Executive Director for Adult Services and Health & Wellbeing	Following the implementation of the mitigating actions Care Quality Commission ratings have improved.

			'Requires Improvement'	and Head of Service presenting a progress report against the action plans the Executive Director, Head of Safeguarding and an external NHS representative.				
Opportunity Identification Number	Opportunity Description	Opportunity Type	Possible Benefits	Progress to date	Opportunity Score	Maximising Actions	Residual Opportunity Score	Opportunity Owner	Direction of Travel
C01	Delivering growth and prosperity for the whole of Lancashire To fully and effectively utilise the remaining European Structural Funds available to Lancashire and to position the County to benefit from future regional funding regimes.	Development & regeneration	• Continued successful delivery of the Lancashire Enterprise Partnership's current strategic economic growth programmes. • Successfully securing new resources for Lancashire to support job and business creation, housing growth and the delivery of strategic transport infrastructure linking to drive economic growth and regeneration, linking residents and businesses with economic opportunities. It is looking increasingly likely that the current European Structural and Investment Fund programme will run through to its planned conclusion at the end of 2020. Some early policy announcements have been made around a replacement UK Shared Prosperity Fund but it is unclear how this will compare to EU funding in	• Lancashire Enterprise Partnership has secured and is delivering through partners almost £1 billion of national resources to deliver a transformational programme of economic growth which see the delivery of new jobs, business and housing growth and strategic transport infrastructure. Key programmes/projects secured include the Preston, South Ribble and Lancashire City Deal, Growth Deal, three Enterprise Zones, Growing Places Funding, Boost Business Lancashire and Superfast Broadband. The national policy framework is being shaped by a new Industrial Strategy with priorities and funding streams in development. • European Structural and Investment Fund monies, both Regional Development Funds and Social Funds, totalling circa £200m are currently ring-fenced for use in Lancashire (LEP area) over the next 5 years. This supports business support initiatives, innovation investment, environmental and flood mitigation measures as well as skills development and employability work. Post Brexit vote, projects which have been through the full approval process are not able to sign a final contract with Ministry of Housing, Communities and Local Government (MHCLG) and project funding is being restricted to spend prior to end	12	• Work with the Lancashire Enterprise Partnership and local authority partners to ensure national resources to support growth and regeneration are secured. • Maximise the support from key local and national public and private sector stakeholders outside the county council. • The county council to give greater consideration to using its investment and prudential borrowing capacity and investment funds to bring forward a portfolio of strategic development opportunities. • Economic Development's main European Regional Development Fund project Boost, has secured a Grant Funding Agreement and is applying for funding to the end 2021. Business Growth Service staff will, as far as possible, seek to frontload activity and spend within this project in-case funding or activity is prematurely curtailed. For the programme as a whole, we have issued calls in all measures in an effort to defray as much of the programme as early as possible. We are now looking to a further bid which could take the project to 2021.	16 (Major/likely)	CMT	The Lancashire Enterprise Partnership Review will present some significant challenges for local partners as the Lancashire Enterprise Partnership is required to establish it's own legal entity and further distance itself from any local authority support. We are now looking to move forward with the production of a Local Industrial Strategy to maximise new funding opportunity. New national housing and transport infrastructure funds will be targeted in support of local strategic priorities. Whilst the opportunity to secure EU funds (underwritten by HMG) looks more positive in the medium term, we are also preparing in the event that EU Structural funds are replaced with competitive rounds

Ref		Risk	Category	Cause	Current Position	Score	Mitigating Actions	Target	Owner	Comments
		Establishment of robust pan-Lancashire collaboration arrangements.		terms of scale, focus and priorities. Uncertainty over potential securing of a Devolution Deal or allocation of national resources and freedoms/flexibilities to the Lancashire level.	2018. Significant beneficiaries include the Council, other local authorities, Higher Education Institutes' and Colleges. • Local authorities across Lancashire are reviewing their collective approach to establishing effective joint working. Agreement on the way forward will enable swifter progress to be made on identified priorities.		• Local authorities across Lancashire are reviewing their collective approach to establishing effective joint working. Agreement on the way forward will enable swifter progress to be made on identified priorities.			of regional productivity funding. More may be signalled on this as the government's Industrial Strategy is confirmed. The County Councils' political and officer leadership will play a full and active role in shaping and accelerating arrangements in Lancashire.
CO2		Apprenticeship Levy and Apprentice % in Public Sector	People/org anisational	Increase in Apprentices in the workforce and use the Apprenticeship levy to its maximum benefit to support critical development needs in the County Council	The Apprenticeship Levy was live from April 2017 and the first payment from the digital account was in May 2017. Work is being undertaken across Lancashire County Council with Heads of service or their representatives to discuss their overall workforce development and what part the Levy could play in this.	12	• Maximise the benefits of the Apprenticeship Levy within Lancashire County Council by working in conjunction with Management Team, Finance and Human Resources to embed this into structures across the organisation. • Working with services to identify the quick wins where these suit their business need and to thus eliminate training expenditure where we can, and link to Levy fund. • Learning & Development are speaking to Heads of Service to see how their training needs can be creatively addressed to link with the Levy, where possible. • Heads of Service have been asked to report to Learning &Development any current areas of training expenditure commitment that they have entered into. Heads of Services have been asked not to enter into any further financial commitments without speaking to L&D. • Close working relationship with the Local Government Association and we are focussing currently on Higher degree apprenticeships. LGA will be supporting LCC in developing a strategy and future spending plan. • Recent work with Finance looking at transactional spend in Services on training has not identified anything which could have been Levy based.	15 (Outsta nding/p ossible)	Dir of Corporate Services	We now have more Standards available to us, which we have been waiting for and we have developed a draft strategy with the Local Government Association support which we intend to share with Director, HR, Finance , CMT

| CO3 | Fair Funding and Business rate Retention | Organisational/Financial | Potential increase in funding to help balance the budget post 22/23

However, several grants will end in 2020

Business rate baseline applied from 2020 and councils encouraged to try to increase their rate revenues instead of being dependent on Government grants. However the impact may depend on technical decisions within rate retention e.g. how to divide revenue between counties and districts (tier splits) | • Implemented business rate pilot with Lancashire district and unitary councils
• Proportion of business rate retention is 75%
• Responded to consultations on Fair Funding Review | 12 | • Fair Funding Review continue to lobby through the LGA and respond to further consultations up until summer 2019
• Work with Lancashire councils to embed the business rate retention pilot | 12
(Major/possible) | Dir of Finance | March 2020 |
| CO4 | Working collaboratively with key health partners | Organisational/financial | Opportunity to work more closely with Health partners to align plans, strategies and budgets as part of the Integrated Care System for Lancashire and South Cumbria and Integrated Care Partnerships.

The opportunity needs to be balanced against the risk of lessened control over County Council budgets and the delivery models which may be put in place, with our health partners, to achieve our intended outcomes for people in Lancashire | • Engagement through Lancashire-wide forums eg Integrated Care System Board, Joint Committee of Clinical Commissioning Groups, Collaborative Commissioning Board, Children & Maternity Commissioners Network. | 12 | • Develop a clear "offer" to the health economy for discussion and agreement with Cabinet | 15
(outstanding/possible? | Executive Director of Adult Services & Health & Wellbeing | Level |

Key to Scores

	CATASTROPHIC (for risk) OUTSTANDING (for opportunity)	5	10	15	20	25
	MAJOR	4	8	12	16	20
	MODERATE	3	6	9	12	15

IMPACT	MINOR	2	4	6	8	10
	INSIGNIFICANT	1	2	3	4	5
		RARE	UNLIKELY	POSSIBLE	LIKELY	CERTAIN
			LIKELIHOOD			