Lancashire County Council

Cabinet Committee on Performance Improvement

Monday, 5th October, 2015 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.

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.

9.   **Date of Next Meeting**

Lancashire
County
Council

The next meeting of the Cabinet Committee on Performance Improvement will be held on Thursday, 10 December 2015 at 10 a.m, in Cabinet Room 'B', the Diamond Jubilee Room, County Hall, Preston.

10.   Notice of Intention to Conduct Business in Private   (Pages 81 - 82)

Notice is hereby given in accordance with Regulations 5(4) and 6 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that this meeting is likely to move into private session to consider the item listed as Update Report on the Performance of Lancashire County Council's Waste Management Company.

11.   Exclusion of the Press and Public

The Committee is asked to consider, whether, under Section 100A(4) of the Local Government Act, 1972, it considers that the public should be excluded from the meeting during consideration of the following items 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 12 to the Local Government Act, 1972 as indicated against the heading to the items, and that in all circumstances of the case the public interest in maintaining the exemption outweighs the public interest in disclosing the information.

Part II (Not Open to Press and Public)

12.   Update Report on the Performance of Lancashire   (Pages 83 - 98)
County Council's Waste Management Company

I Young
Director of Governance,
Finance and Public Services

County Hall
Preston

Lancashire County Council

Cabinet Committee on Performance Improvement

Minutes of the Meeting held on Tuesday, 28th July, 2015 at 2.00 pm in Cabinet Room 'B' - The Diamond Jubilee Room, County Hall, Preston

Present:

County Councillor Jennifer Mein (Chair)

County Councillors

B Winlow	M Tomlinson
G Driver	T Martin

1.   Apologies for Absence

Apologies for absence were received from County Councillor Borrow.

2.   Disclosure of Pecuniary and Non-Pecuniary Interests

None.

3.   Minutes of the Meeting held on 8 June 2015

Resolved: - That the minutes of the meeting held on 8 June 2015 be agreed as a true and accurate record and be signed by the Chair.

4.   NHS Health Check Performance Update

Aiden Kirkpatrick, Consultant in Public Health, and Lee Girvan, Public Health Specialist (Wellbeing, Prevention and Early Help), attended and presented a report giving an update on the performance of the NHS Health Checks programme in Lancashire in 2014/15 and described improvement initiatives that are taking place.

It was reported that the NHS Health Checks programme is a national mandated service which is aimed at detecting people at risk of developing heart disease, stroke, diabetes, kidney disease and certain types of dementia, in order to help prevent these conditions occurring or to provide early diagnosis and treatment. People who are aged between 40 and 74 years who do not already have a diagnosed condition, are eligible to receive an NHS Health Check every 5 years. The national ambition is that 20% of the eligible population are invited each year (i.e. 100% invited every 5 years) and that 75% of those invited take up the offer.

The main vehicle for delivery of NHS Health Checks in 2014/15 was via GP practices which are commissioned to provide the services for their eligible patients and are paid on a tariff basis for each NHS Health Check carried out.

Currently 96% of practices are signed up to deliver NHS Health Checks across the authority. This is an improvement since the November 2013 report where only 72% of practices were signed up.

Data from Lancashire GP practices indicated that 9.29% of the eligible individuals received an NHS Health Check compared with the national average of 9.61%.

It was reported that in an attempt to widen the reach of NHS Health Checks in Lancashire, a number of initiatives have commenced this year including the delivery of NHS Health Checks in community and workplace settings by Wellness International which commenced in April 2015. The delivery plan for this element of work allows for an additional 20,000 NHS Health Checks across Lancashire per annum. Also Lancashire is the first authority to deliver NHS Health Checks within prisons, substance misuse services and Healthy Living Pharmacies, which aim to further improve the volume and quality of Health Checks over the forthcoming year.

An analysis of NHS Health Checks performance over the last three years was presented in Appendix 'A' to the report.

Resolved: - That:

(i) The report now presented be noted:
(ii) The actions outlined in the report be approved.

5.   2014 Adoption Scorecard and 2014/15 In-year Performance

Bob Stott, Director for Universal and Early Support Services, and Barbara Bath, Head of Service Adoption, Fostering and Residential Youth Offending attended and presented a report giving the latest Adoption Scorecard published by the Department for Education (DfE) in December 2014, covering the period April 2011 to March 2014

It was reported that Lancashire's adoption performance has been mixed compared with the last published scorecard which covered the period April 2010 to March 2013. The scorecard looks at three key indicators and aggregates performance across a three-year bracket.

The latest Lancashire Adoption Scorecard analysis for 2011-14 and recent 2014/15 performance was presented in Appendix 'A'.

It was noted that more Lancashire children than ever were adopted in the last financial year. 121 children received an adoption order in 2014/15, over 50% more than in 2013/14 (83) which was a further increase on 2012/13 performance of 75.

It was reported that Dr Carol Homden from the national Adoption Leadership Board and the DfE had visited Lancashire. Dr Homden reported favourably on the narrative put forward by the authority in getting 'behind the data' and the progress

being achieved by the authority at both a region adoption conference and at the North West Adoption Leadership Board. Dr Homden and the DfE were impressed with Lancashire's multiple approaches to securing adoptive placements for some of the more difficult to place children. Dr Homden has suggested that as the authority with the largest number of adopters, Lancashire would be a logical addition to the board.

Resolved: - That the report now presented be noted.

6.   Deprivation of Liberty Safeguards (Dols)

Tony Pounder, Director Adult Services, and Nick Clifton, Team Manager Deprivation of Liberty Safeguards (DoLS), Safeguarding Adults attended and presented a report setting out an overview of the current situation regarding the DoLS and the legal requirements of the Local Authority in this process and with respect to Court of Protection applications.

The report outlined the pressures we are facing since the Supreme Court ruling of March 2014 (known as the Cheshire West ruling) which dramatically increased the number of people who now come within the remit of Deprivation of Liberty legislation. The financial pressures on Lancashire as a result of this ruling are still being assessed but they will be significant and ongoing.

It was reported that numbers of applications had risen from around 350 in 2013/14 to over 3,000 in 2014/15 when the impact of the Supreme Court ruling began to take effect. The process for DoLS is complex and specialist knowledge and skills are required.

Nationally the consensus is that local authorities will face severe financial burden as a result of the increased activity, which is likely to continue to increase over coming years.

It was noted that the Government asked the Law Commission to design a new scheme amid concerns that the current system was not fit for purpose and was failing to cope with a tenfold rise in deprivation of liberty cases. The Law Commission published its proposals on 7th July 2015 which are open to consultation, with final proposals being presented to Government at the end of 2016.

It was reported that in March 2015, the Minister for Care and Support announced an additional £25m would be made available to local authorities for DoLS, with the County Council being awarded £588,603. The grant is designed to help address the significant increase in DoLS applications resulting from the Supreme Court ruling and to improve staff and partner understanding of the DoLS and the wider mental capacity Act.

Resolved: - That the report now presented be noted.

7.   Debt Management Recovery Plan Update Report

Kate Lee, Head of Exchequer Services attended and presented a report giving an update on the Debt Management Recovery Plan.

An update was presented on the Debt Management Performance Indicator Recovery Plan:
- A new Income and Debt Management Policy, Processes and Responsibilities document was approved by the Deputy Leader with effect from 1st April 2015. The document has been shared and publicised with key stakeholders involved in ensuring its successful implementation.
- A new charging policy for care will be developed as part of the County Council's timetable for the implementation of the Care Act and will include consideration of the avenues available for limiting the incidence of debt and preventing payment arrears from escalating.
- The new Accounts Receivable IT system was due to go live on 17th July 2015. It is anticipated that the automated system for sending out reminders, statement and letters, combined with the improved classification of debtors using the newly developed debt strategies, should enable the Authority to recover debts more promptly which subsequently will improve the probability of collection.
- A key factor in the collection of care debt is the take up of direct debits.A full review of the Direct Debit process has recently commenced and is part of a larger project looking into methods of payment in and out of the County Council.
- The speed of financial assessments is another key factor in ensuring that clients are aware of care costs as early as possible and that they are charged accordingly. A process review within the service area will commence once the IT system is implemented.
- Paperless direct debits are currently under development and will be progressed in conjunction with the payments and income methods project detailed above.
- The implementation of the new debt strategies will result in an increased and automated referral to Legal Services for appropriate cases.

An update was given on additional action points and support to the recovery Plan:
- The Debt Management Board has continued to meet on a fortnightly basis to ensure that key milestones are achieved.
- Additional resources have been allocated to the Debt Management Team to complete a "cleanse and migrate" process prior to moving existing debt information from the current Accounts receivable system to the newly implemented system.
- The Income and Debt Management Policy, Processes and Responsibilities highlights the importance of Budget Holders/heads of Service as a key stakeholder, accountable for debt recovery in their service area. Heads of Service have a copy of the Policy document and have received follow up

mandatory training. Budget holders will be provided with reports that provide clear information on their outstanding debt position.

Additional information was provided as appendix 'B' on the current position of key performance indicators in relation to debt management including:
- Outstanding Debt Balance Analysis
- Outstanding Debts over 180 days (6 months)
- Bad Debt Provision Analysis

Resolved: - That the report now presented be noted.

8.   Corporate Human Resources - Health Check Report

Deborah Barrow, Head of Service Human Resources attended and presented a report setting out details of the County Council's performance against key metrics regarding workforce information for both the 4th quarter in 2014/15 and the final year outturn for 2014/15.

It was reported that the Corporate Human resources key metrics regularly monitor and report against workforce data, including: sickness absence, the numbers of starters and leavers, reasons for leaving, redeployment activity, vacancy numbers, recruitment costs, new starts onto employment programmes and ex service personnel mentoring in schools. This data was circulated at the meeting as Appendix 'A'.

Highlights reported for the 4th quarter of 2014/15 included:

- The number of FTE days lost per employee due to sickness absence was 2.51 against a Q4 target of 2.43 days.
- The number of starters increased by 1.45% in Q4 of 2014/15 compared with Q4 of 2013/14.
- The number of leavers was down by 29% in Q4 of 2014/15 compared with Q4 of 2013/14.
- Turnover increased from 9% in Q3 to 28% in Q4 of 2014/15.
- The number of recruitment adverts remained the same in Q4 of 2014/15 compared with 2013/14.

It was noted that, in respect of the increase in new starters in Q4 of 2014/15, this could be attributed to additional posts in Lancashire County Commercial Group relating to Free School Meals.

It was reported that in Q4 of 2014/15 the top three reasons for absence across all service areas were mental health at 25%, respiratory at 12.5% and musculoskeletal at 11.8%.

Highlights reported for the full year 2014/15 included:

- The number of FTE days lost per employee due to sickness absence was 8.41 against a target of 8 days, a variance of +5.1%.

- Employee turnover was 17%.
- The number of starters in the full year was down 17% from 2013/14.
- The number of leavers in the full year was down 27% from 2013/14.
- Voluntary redundancies accounted for 24% of all leavers. This is down 19% from 2013/14.
- Recruitment advertising spend continues to reduce year on year and is down by £17.4k in 2014/15.
- The Employment and Support Team met the target to deliver 1,000 new starts onto employment programmes for 2014/15.

It was suggested that the failure to achieve the target number of FTE days lost per employee due to sickness absence for Q4 and the full year 2014/15 may be related to the County Council's ongoing transformation process.

It was reported that for the full year 2014/15, the top three reasons for absence across all service areas were mental health at 25%, musculoskeletal at 12.7% and medical at 12.6%.

Resolved: - That the report now presented be noted.

9.   Urgent Business

There was no urgent business to be considered.

10.   Date of Next Meeting

The Cabinet Committee noted that the next meeting would be held on Monday 5 October 2015 at 2.00pm in Cabinet Room 'B' – The Diamond Jubilee Room, County Hall.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Cabinet Committee on Performance Improvement
Meeting to be held on Monday 5 October 2015

Electoral Division affected: All

Lancashire Adult Learning
(Appendices 'A' and Appendix 'B' refer)

Contact for further information:
Amanda Melton, 01282 440204, Interim Principal Lancashire Adult Learning College
a.melton@nelson.ac.uk

Executive Summary

The report provides an update for the Cabinet Committee on Performance Improvement on the County Council's response to the Ofsted inspection of Lancashire Adult Learning.

Recommendation

The Cabinet Committee on Performance Improvement is recommended to note the progress to date in responding to the Ofsted inspection of Lancashire Adult Learning.

Background and Advice

1. FE Commissioner

Following the inadequate inspection result in November 2014, the Minister for Skills and Enterprise decided that the FE Commissioner should assess the position of the service in line with the government's intervention policy set out in *Rigour and Responsiveness in Skills*.

The FE Commissioner conducted his assessment between 19 January and 23rd January 2014. He considered; the capacity and capability of the service's leadership and governance to deliver quality improvement within an agreed timeframe; any action that should be taken by the Minister and/or the Chief Executive of the funding agencies to ensure the delivery of quality improvement (considering the suite of interventions set out in 'Rigour and Responsiveness in Skills)'; and how progress should be monitored and reviewed taking into account the Agency's regular monitoring arrangements and Ofsted's monitoring visits.

Two FE Advisers contributed to the assessment. In summary the FE Commissioner made seven recommendations – namely:

- The Lancashire Adult Learning Service should restrict its activities to Adult and Community Learning.

- The Skills Funding Agency ("Skills Funding Agency") should consider more appropriate ways of delivering the skills programmes currently being offered through the Lancashire Adult Learning Service by using colleges and providers with greater experience and success in the delivery of the provision.

- Governance arrangements for the Adult Learning Service should be introduced that involve both council and non-council representatives to determine the strategy for the service going forward and to provide suitable monitoring and challenge of the executive.

- The Council should ensure that there is sufficient management time and an appropriate structure to deliver a high quality Adult and Community Service.

- New arrangements for quality assurance should be introduced as a matter of urgency that prioritise the improvement of teaching and learning and the production of an appropriate self-assessment report and quality improvement plan.

- The post Inspection Action Plan should be revised by aligning it more closely with the weaknesses identified by Ofsted and with clear responsibilities, actions, milestones and monitoring arrangements.

- The FE Commissioner should undertake a monitoring visit at the end of the summer term to review progress.

The monitoring visit was carried out by a Further Education Adviser over the period 23/24 June 2015 to consider the progress that had been made in line with these recommendations.

The report from the FE Commissioner is set out at Appendix 'A' together with the covering letter from Nick Boles MP, Minister of State for Skills. The FE Commissioner has concluded that Lancashire Adult and Community Learning is being transformed, and the practical partnership between the local authority and the Board of Nelson and Colne College in introducing interim arrangements is to be applauded. There is clear evidence of a changing culture. A strong Governing Body with appropriate experience and autonomy has been complemented by an equally strong Senior Leadership Team which has maintained an inexorable focus on quality improvement. It is hoped that these arrangements can translate into a permanent arrangement.

The FE Commissioner has recommended that in the light of the service's performance, the service should no longer be subject to a review by the FE Commissioner but be included in the normal SFA monitoring procedures.

2. Ofsted

Ofsted carried out a third follow up re-inspection monitoring visit to Lancashire Adult learning on 17 March 2015. A copy of Ofsted's follow up re-inspection monitoring visit report is set out at Appendix 'B'.

We expect a further one day monitoring visit in October. This visit will be carried out by a single HM Inspector. We will learn more when a full re-inspection is likely to happen at that visit.

3. Appointment of the Principal

In July, there were a number of announcements and publications which led to the Governing Body agreeing to the recommendation of the acting Principal that it would be sensible to defer the Principal appointment until we can understand better the impact on Adult and Community Learning (ACL) funding of the Comprehensive Spending Review in November. We understand that the national ACL budget will be reviewed, and whilst we anticipate that there will remain some sort of funding for our learners in the medium term, we don't know the shape or size of that funding. We could progress with the recruitment process but we would be unlikely to actually appoint any successful candidate at a time of such great change and uncertainty.

In addition, the announcement of Area Reviews of all provision for learners over 16, essentially reshaping the FE College sector to align to different priorities and specialisms both locally and nationally, makes it sensible to await further guidance before firmly establishing our independence through the appointment of a Principal.

As far as the leadership of the College goes, and preparation for Ofsted, the present arrangement under which we are supported by the Principal and Deputy Principal of Nelson and Colne College will continue Ofsted will, however, want to be satisfied that there is long-term leadership stability in our planning.

4. Restructuring and voluntary means process

The recent restructuring exercise has resulted in the appointment of a new middle leadership team, with the skills and enthusiasm to take the College forward. A leadership development programme was undertaken with the team at the end of the last term, sharing objectives and standards and providing a sound base for the start of the `15/16 Academic year.

Many of the teaching posts have also now been filled. In the light of the expected funding cuts, we have retained some teachers on hourly paid teaching posts rather than open up vacancies to those people. We are satisfied however that we have a strong complement of established teachers to be the core of our delivery team, and strong hourly paid teachers who we will invite to apply for established posts once our future funding picture is clearer. In all cases, we are ensuring that teachers are able to participate in all training to secure even more improvements in our Teaching and Learning profile.

Consultations

The County Council is consulting Ofsted and the SFA on the response to the Ofsted inadequate assessment.

Implications:

This item has the following implications, as indicated:

Risk management

Following the Ofsted inadequate assessment in November 2015 , the County Council has put in place a series of measures to ensure that the Lancashire Adult Learning is able to respond positively to the planned Ofsted re –inspection.

List of Background Papers

Paper   Date   Contact/Tel

Nil

Reason for inclusion in Part II, if appropriate

N/A

Further Education Commissioner
Lancashire Adult Learning
Stock-take Assessment
June 2015

Background

1. Following the inadequate inspection result in November 2014, the Minister for Skills and Enterprise decided that the FE Commissioner should assess the position of the service in line with the government's intervention policy set out in *Rigour and Responsiveness in Skills*.

2. The FE Commissioner conducted his assessment between 19 January and 23rd January 2014. He considered; the capacity and capability of the service's leadership and governance to deliver quality improvement within an agreed timeframe; any action that should be taken by the Minister and/or the Chief Executive of the funding agencies to ensure the delivery of quality improvement (considering the suite of interventions set out in 'Rigour and Responsiveness in Skills'; and how progress should be monitored and reviewed taking into account the Agency's regular monitoring arrangements and Ofsted's monitoring visits.

3. Two FE Advisers contributed to the assessment. In summary the Commissioner made seven recommendations – namely:

    i.   The Lancashire Adult Learning Service should restrict its activities to Adult and Community Learning.

    ii. The SFA should consider more appropriate ways of delivering the skills programmes currently being offered through the Lancashire Adult Learning Service by using colleges and providers with greater experience and success in the delivery of the provision.

    iii. Governance arrangements for the Adult Learning Service should be introduced that involve both council and non-council representatives to determine the strategy for the service going forward and to provide suitable monitoring and challenge of the executive.

    iv. The Council should ensure that there is sufficient management time and an appropriate structure to deliver a high quality Adult and Community Service.

    v.   New arrangements for quality assurance should be introduced as a matter of urgency that prioritise the improvement of teaching and learning and the production of an appropriate self-assessment report and quality improvement plan.

vi.   The post Inspection Action Plan should be revised by aligning it more closely with the weaknesses identified by Ofsted and with clear responsibilities, actions, milestones and monitoring arrangements.

vii.   The FE Commissioner should undertake a monitoring visit at the end of the summer term to review progress.

4. A monitoring visit was carried out by a Further Education Adviser over the period 23rd/24th June 2015 to consider the progress that had been made in line with these recommendations.

Response to the FE Commissioner's Recommendations

The Lancashire Adult Learning Service should restrict its activities to Adult and Community Learning.

Lancashire Adult Learning Service and Lancashire County Council has confirmed its commitment to restrict its focus to Adult and Community Learning following a review of the current skills programme. As a matter of pragmatism, a few ASB learners will complete their courses in early15/16.

The SFA should consider more appropriate ways of delivering the skills programmes currently being offered through Lancashire Adult Learning Service by using colleges and providers with greater experience and success in the delivery of this provision.

This has been successfully managed with the process being handled through the appointment of the Principal of Nelson and Colne College as interim Principal working with the Skills Funding Agency. The process has included identifying providers in the region who are best placed to support existing learners, communicating to pre-start learners their options with other providers and developing new and extending existing partnerships across the County to meet the needs off ACL learners.

Governance arrangements for the Adult Learning Service should be introduced that involve both council and non-council representatives to determine the strategy for the service going forward and to provide suitable monitoring and challenge of the executive.

The initial assessment of governance arrangements concluded that these were poor, offering little or no challenge or scrutiny of what the service offers, and staff felt that the need to save money had taken precedence over the need to serve learners. This situation has been transformed.

The new Board of Governors is strongly constituted. It comprises 9 members drawn from the local authority, further education and the private sector and includes members with significant financial, legal and human resource expertise. It has met four times since March, including a strategic visioning event in April. The new Senior Leadership Team has presented it with a data dashboard which enables the Board to effectively support and challenge progress. The minutes of meetings reflect an inexorable focus on quality improvement and a strategy for the future. In a relatively short time it has developed a cohesion of purpose which matches the best.

Moving forward, the Board, initially set up for one year, is considering how best to engage in a permanent arrangement, including a scheme of delegation which clearly identifies the responsibilities of the board and its delegated authority from Lancashire County Council, in a similar way to the delegation to the local governing bodies of schools and academies in local authority control.

The Council should ensure that there is sufficient management time and an appropriate structure to deliver a high quality Adult and Community Service.

The service is undergoing a radical restructure. The appointment of the Principal and Deputy Principal (Quality) of Nelson and Colne College in an interim capacity has resulted in significant improvement and, in consultation with the Board, they have undertaken a 'root and branch' review of the service.

New Heads of Curriculum have recently been appointed and they evidence a new determination to refocus the service on a curriculum planning process which is reflective of community needs. They are relatively new to post but have been given the appropriate tools and time to enable them to manage. This includes significant investment in monitoring systems and staff development

The new structure, which has also resulted in more permanent teaching appointments, has clear lines of accountability and, coupled with a clear vision, bodes well for the future.

The Board is engaged in the appointment of a new Principal although there is a commitment to continue support from the interim senior leadership team during 2015/16.

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New arrangements for quality assurance should be introduced as a matter of urgency that prioritise the improvement of teaching and learning and the production of an appropriate self-assessment report and quality improvement.

Quality assurance has been transformed. Self-assessment is rigorous, with a new template to reflect the revised common inspection framework. SAR writing surgeries are planned following the leadership and management recruitment process.

The Post Inspection Action Plan is now a comprehensive working document with clear milestones and outcomes. It remains a key focus for governors, managers and tutors.

The new management structure has a Quality team headed by an Assistant Principal, Quality, Resources and Learning Support Services.

The use of data in quality assurance processes has improved significantly. Investment in new data systems coupled with much staff development has ensured that managers can use data more effectively.

Teaching, learning and assessment has improved considerably and was judged to have made **significant** progress following the latest Ofsted monitoring visit on 18th June.

Teaching and learning observation has been rigorous and almost all teachers have had at least one observation. Good or outstanding observations currently stand at 83%.

Retention has increased and the decline in success rates has been arrested with an expectation of significantly improvedM success rates

A significant investment in continuing professional development in teaching and learning has produced demonstrable results. This has included ILT training.

The Post Inspection Action Plan should be revised by aligning it more closely with the weaknesses identified by Ofsted and with clear responsibilities, actions, milestones and monitoring arrangements.

This has been successfully achieved.

Overall View

5. Lancashire Adult and Community Learning is being transformed, and the practical partnership between the local authority and the Board of Nelson and Colne College in introducing interim arrangements is to be applauded. There is clear evidence of a changing culture. A strong Governing Body with appropriate experience and autonomy has been complemented by an equally strong Senior Leadership Team which has maintained an inexorable focus on quality improvement. It is hoped that these arrangements can translate into a permanent arrangement.

Recommendation

6. In the light of the service's performance, the service should no longer be subject to a review by the FE Commissioner but be included in the normal SFA monitoring procedures.

Report prepared by

John Hogg FE Adviser

Meetings held

Amanda Melton   Interim Principal

Tracey Baron   Interim Deputy Principal

Board Members

Antoinette Lythgoe   Chair

Ian Clinton   Board member

Councillor Tony Martin   Board member

Curriculum Heads

Nicola Hall

Karen Wignall

Leyanne Fitzmaurice

Linda Carter

Teachers

Will Oldham   Personal Social Development

Sarah Haworth   Family Learning

Lyn Butcher   Health and Wellbeing

Helene Purcell   Languages

Chris Speight   English and mathematics

Department for Education

Department for Business Innovation & Skills

Nick Boles MP
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Jo Turton
Chief Executive
Lancashire County Council
PO Box 78
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Preston
Lancashire
PR1 8XJ

2 September 2015

Dear Mr Turton

I am writing to inform you of the Government's view of Lancashire Adult Learning Services position in the light of the FE Commissioner's stocktake assessment.

As you will be aware the FE Commissioner's assessment in January 2014 identified weaknesses in the governance of Lancashire Adult Learning Service and the need for Lancashire Adult Learning Service to restrict its focus to Adult and Community Learning. The assessment included a number of recommendations. In June 2015 one of the FE Commissioner's advisers conducted a short assessment in order to review the progress your Adult Learning Service had made against the recommendations.

I have now received the FE Commissioner's assessment report. A copy of the report is provided alongside this letter.

As you will see, the assessment concludes that Lancashire Adult Learning Service has fully addressed all the areas of concern that were identified in the initial visit from the FE Commissioner and in the subsequent stocktake assessments. The formal FE Commissioner intervention process is thus now at an end. The Skills Funding Agency will write to you shortly about its continuing monitoring process.

I am encouraged by the actions taken by Lancashire Adult Learning Service to implement the necessary improvements and welcome the FE Commissioner's recognition of the positive change of culture while the refreshed governing body now provides confidence that the Board can sustain improvement. I wish you every success with the continued improvement of Lancashire Adult Learning Service.

You should note that we do not plan to publish either this letter or the attached report.

With best wishes

NICK BOLES MP

Lancashire Adult Learning

Follow up re-inspection monitoring visit report

Unique reference number:	52911
Name of lead inspector:	Bob Busby HMI
Last day of inspection:	18 June 2015
Type of provider:	Local authority
Address:	Lancashire Adult Learning, Lancashire County Council, PO BOX 61, Preston, PR1 8RJ
Telephone number:	01257 276719

Monitoring visit: main findings

Context and focus of visit

This is the third follow up re-inspection monitoring visit to Lancashire Adult Learning (LAL) following publication of the inspection report on 11 December 2014, which found the provider to be inadequate overall.

LAL is the service in Lancashire County Council that receives funding from the Skills Funding Agency to provide learning for social and personal development, learning for qualifications and employer provision, which are mainly apprenticeships. It provides learning at three main centres and over 400 community based venues throughout the county. It provides courses in 15 subject areas as well as family learning and community development.

Non-accredited provision makes up around four fifths of provision. Apprenticeships are mainly in business administration and law, health, public services and care, and in education and training. A large number of accredited and non-accredited employability programmes are provided for adult learners. The provider delivers training throughout Lancashire and recruits learners from a very diverse range of backgrounds including from areas of relatively high unemployment and socio-economic deprivation.

Themes

What progress has been made in ensuring that Lancashire Adult Learning (LAL) has strong leadership and management and effective governance?   **significant improvement for learners**

The Council and governing body have agreed a new structure for the college. A new Principal will lead the organisation supported by two assistant principals, one with responsibility for curriculum and the other with responsibility for quality, resources and learning support services. The curriculum management has been restructured to reflect the changes in LAL's provision. The number of permanent teaching posts is being increased from 15 currently to 52.5 in the new structure in order to ensure a more stable teaching pool. All new posts have been advertised and many have now been filled. Meanwhile, the current interim Associate Principal and Interim Principal have been confirmed in post until June 2016 to ensure progress in improving the quality of provision is maintained until an effective handover occurs.

LAL managers have consulted with the Skills Funding Agency and agreed to withdraw from the direct delivery of apprenticeships. Plans are well established to migrate the apprenticeship provision to other providers before September 2015. LAL will continue to support existing apprentices until the handover is complete, by which time many will have already completed their apprenticeship. New business plans demonstrate how LAL will focus on increasing the direct provision of community learning, in line

with council priorities, to meet the needs of disadvantaged communities across the twelve districts of Lancashire. Business planning has been informed by the specific needs of each district and the planned provision has been designed accordingly.

LAL has made significant improvements in providing tutors with increased access to improved teaching resources. Managers have improved communications and the sharing of good practice is now effective. Staff report feeling more accountable and empowered to improve provision for learners.

The new governing body is now established and has had three meetings and a training event in April 2015. The board is comprised of experienced leaders in education, business and the voluntary sector as well as council members to provide the breadth of expertise necessary. The role of the board as a decision making body with a critical role to play in leading LAL and setting the future strategy has been agreed with Lancashire County Council. The board has considered qualitative documents including the Ofsted inspection report (November 2014), the re-inspection visit reports (January 2015 and March 2015), the Minister's letter and recommendations and the FE commissioners report as well as SFA case conference notes and reports from the interim principal covering progress since the previous inspection. The agreed key performance indicators, reported to the board at each meeting, critically include information on lesson observation grades, attendance at sessions, and outcomes for learners in terms of progression and achievement of personal goals. All indicate an improving trend. Plans are in place to ensure that governors are highly visible through participation in walkthrough observations and in joint lesson observations.

What progress has been made to improve the quality of provision through accurate self-assessment informed by strong evidence, and thorough and frequent monitoring of challenging and measurable quality improvement plans, which contain clear targets and milestones?   **reasonable improvement for learners**

The overarching post inspection action plan now has clearer targets and milestones. Senior managers and the newly established governing body monitor regularly the progress towards completion of targets. The action plan is underpinned by curriculum area self-assessment reports and associated action plans for each area. Curriculum self-assessment reports have been validated and accurately identify strengths and areas for improvement. The curriculum action plans have been revised since the previous re-inspection monitoring visit. Although some identify the intended impact they do not provide sufficient detail on how actions taken have improved outcomes or other aspects of learners' experience.

Quality assurance and improvement plays a more prominent role in the new structure with clearly defined roles and responsibilities in the new quality management team. The new quality cycle is now fit for purpose and has been approved by the governing body. The self-assessment reports and action plans

reference the quality of teaching, learning and assessment but do not yet summarise the key characteristics of teaching, learning and assessment in each curriculum area. Progress reports in the action plans still focus too much on process rather than impact. The process to quality assure teaching, learning and assessment still focuses solely on teaching and learning sessions. Other aspects of the learner experience, such as initial assessment, support, reviews and exit interviews are not yet subject to the same scrutiny. Themed walkthrough observations to lessons have provided an additional source of learner views to improve the quality of provision.

The monitoring of quality in subcontracted provision has been improved. New service level agreements include specific requirements regarding staff qualifications and experience along with the necessity to follow LAL's new quality assurance processes.

What progress has been made in improving the use of data and feedback as an effective tool to manage and improve the provision and to provide frequent measures of learners' achievements and, in particular, the wider impact of community learning?	**reasonable improvement for learners**

Managers and staff in LAL now make better use of data. A new proprietary data system allows managers to have good access to robust data to monitor in-year performance. Managers have received appropriate training in the use of the new system and are confident in using it to interpret data more effectively. For example, reports are now produced which show the impact of support interventions in raising success rates for learners receiving support. Staff at all levels recognise the importance of data and achievement as an indicator of the college's success. Managers are refining how the data system is being used, for example, more detailed analysis of learner data and the use of trend data to support improvements from the start of next academic year.

Data produced immediately prior to the re-inspection monitoring visit indicate that success rates are improving in classroom-based learning. The in-year retention and the predicted success rates are closely monitored and support actions put in place where necessary. Data are used well at curriculum reviews, curriculum manager meetings and team meetings, which ensure improved communication and team working.

What progress has been made in improving the quality of teaching, learning and assessment, particularly in recognising and recording progress and achievement on non-accredited provision?	**significant improvement for learners**

The revised process to check the quality of teaching, learning and assessment is now an integral part of the improvement culture of the college. The vast majority of teachers have been observed this year, with many receiving a second observation. Managers are focussing on the observation of classroom delivery and have not yet

extended the observation programme to include other activities such as induction, advice and guidance, and the review of learner's progress. Many teachers have been observed in walkthrough and ungraded developmental observations. A themed walkthrough by managers to gather learners' views of the provision has been used very effectively to inform further improvements.

A small team of curriculum managers carry out dual observations to improve consistency. The key findings from the joint observations completed with inspectors and LAL managers during the visit are very similar. Managers are quick to identify where discrepancies occur in grading and moderation is effective. The percentage of sessions observed by the college that are good or better has increased from 74% in March to 83% in June but not enough teaching is outstanding. Increased rigour in action planning and monitoring, combined with one-to-one support for teachers graded as less than good is resulting in improvement, with a reduction in the proportion of inadequate teaching from 8% to 3% in the same period. In an increasing number of sessions, learning is planned well to meet individual learner's needs and learners can clearly describe the progress they are making.

Teachers recognise the value of additional observations and the subsequent support to improve their practices. Developmental, ungraded observations form part of the support for teachers who are not yet judged as good. The best examples of observation reports have very precise specific actions and examples to aid teachers' improvements. Advanced practitioner and peer support has been effective in improving the quality of teaching and learning. Teachers who have not responded positively to the support and improved the quality of their delivery have now left the college.

Managers have a very clear insight into the aspects of teaching, learning and assessment that still require improvement, for example, individual learner target setting and the use of information technology. The introduction of weekly staff training sessions provides an effective starting point to develop teachers' skills. Attendance at two of the sessions covering "What makes an outstanding lesson?" was mandatory but attendance at other sessions has been voluntary. Attendance at voluntary sessions has been low due to other commitments of part-time staff and the location of the venues for the staff training. Staff development is not yet linked to the observation process.

Analysis of observation records indicates that there is some correlation between attendance at staff training sessions and improved observation grades but college managers do not systematically monitor this. Lesson observations do not sufficiently drive targeted staff development. Staff complete anonymous questionnaires on how they will use what they have learned in staff development sessions to improve their teaching practice. However, the impact of the training is not systematically followed up or evaluated fully; consequently good practice is not shared sufficiently.

The recognition and recording of learners' attainment on entry has improved. Initial target setting is much improved and many learners have precise relevant targets. However, for a significant minority of learners, targets are still not detailed enough

and refer to broad sweeping statements, for example, 'improve personal CV'. Walkthrough observations carried out by managers identified that 79% of staff are using effective targets and those who are not have action plans to improve. The revised documentation supports improved target setting but there needs to be more focus in staff development on ensuring that all staff understand the fundamental importance of setting specific and meaningful short-term targets.

A review of provision for learners with learning disabilities has identified that the range of needs of learners in sessions is too great. Information, advice and guidance for this group of learners is poor and does not fully consider suitability and long-term aims to enter further education or employment. Improvement in the use of external support assistants to ensure they are supporting learners in class is a temporary, but effective measure. Plans are in development to realign provision with local partners from social and health services, employers and further education provision to better meet individual learner's needs.

LAL managers have upgraded the online interactive learning environment. LAL staff are supported by the staff of Nelson and Colne College to populate and improve this resource. Some courses, for example, British Sign language, have developed their online resources well, but very few learners in other subject areas are benefitting from using online learning resources. The new management structure contains a specific post to develop and promote the use of the online learning environment.

Managers continue to review learning venues to assess their suitability and provide better online resources. LAL managers have purchased 20 'popup classrooms' to improve the accessibility to broadband facilities and provide laptops for use in community venues.

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Cabinet Committee on Performance Improvement
Meeting to be held on 5 October 2015

| Electoral Division affected: |
| All |

Implementation of the Procurement Service Improvement Plan
(Appendices 'A' and 'B' refer)

Contact for further information:
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Executive Summary

This report provides information on the progress made to date in implementing the Procurement Service improvement plan and the current performance of the service against the key performance indicators aligned to the procurement strategy.

Recommendation

The Cabinet Committee on Performance Improvement is asked to note the report and comment as appropriate.

Background and Advice

The Procurement Service has been subject to a service improvement plan since transferring back to the County Council in 2014. The Cabinet Committee on Performance Improvement received reports in December 2014 and March 2015 where updates against the plan were presented.

Following the design of the County Council's new organisational structure, the service has split into two services: the Procurement Service and Exchequer Services and new Heads of Service have been in post since 1 April 2015. This report focuses on the performance of the Procurement Service, and the related actions within the existing service improvement plan.

Under the new organisational structure the Procurement Service sits within the wider Corporate Commissioning function and is responsible for the buying of goods, services and works for the County Council. There are three Category Management Teams that look after three main categories of expenditure; care and public health, construction and assets and corporate goods. Whilst each team buys different types of goods and services they all follow the same processes in relation to developing specifications, tendering and contract award processes. These teams are also combined with low value sourcing activity to ensure compliance with procurement regulations, working within existing frameworks, contracts and catalogues.

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In addition to the three Category Management Teams, is a Procurement Information Management (PIM) Team which is responsible for the management and control of data within the Oracle suite of systems and supporting operational systems.

Service Improvement Plan

As reported previously a service improvement plan was introduced to cover the diverse range of activities provided by the former service including tendering, procurement management information, supplier relationship management, sourcing of goods and the payment of invoices. Whilst progress had been made in a number of key areas, a review of the position under the new service management arrangements has highlighted that not all actions had been implemented as anticipated by March 2015. The actions relating to the service going forward and the current position, including revised timescales where appropriate, is attached at Appendix A. It is acknowledged that a number of actions were deferred to allow the newly appointed Head of Procurement, and the newly formed Procurement Board to have input into any decisions and or changes to procedures and policies going forward. This includes the revision of the new procurement rules and developing the County Council's approach to Social Value in procurement.

The position on two of the key areas included within the improvement plan is set out below:

- **Procurement Strategy**

The County Council's procurement strategy was approved by Cabinet in October 2014. The strategy which encompasses all aspects of the County Council's procurement-related activity is a key tool in assisting the County Council to improve procurement activity across the County Council and to help the organisation achieve its objectives, particularly trying to overcome barriers in current processes that prevent some smaller and voluntary organisations from working with the Council. The performance indicators attached at Appendix 'B' show progress against the strategy for some key performance areas.

- **Procurement Board**

To be successful and to drive forward policies and working practices that will support the achievement of the broad objectives of the procurement strategy a Procurement Board was re-established in May 2014. The membership of the Board was changed in April 2015 to reflect the new County Council structure, ensuring appropriate director level representation. The Board has met on a bi-monthly basis since April 2015.

Performance Dashboard

In addition to the service improvement plan, a dashboard of performance indicators for key activity aligned to the procurement strategy was produced and presented to the Cabinet Committee in December 2014 and March 2015. The objective of the dashboard is to establish and monitor the County Council's performance against

objectives set out in the procurement strategy. A dashboard showing the related service performance to the end of July 2015 is attached at Appendix B.

It is anticipated that the service will build on the work already undertaken in this area to demonstrate more effectively how the procurement strategy is being embedded within operational practices, particularly around overcoming the barriers in current processes that prevent some smaller and voluntary organisations from working with the Council. A specific action has been included in the service improvement plan to support this development with the cleanse and update of the supplier database to enable procurement activity to be reported against organisational classifications, i.e. SME, and the Voluntary, Community and Faith Sector (VCFS). Work on this area is at a preliminary stage and is not anticipated to be completed until the end of the financial year.

Procurement Performance

Prior to the transfer of the service to the County Council there were many examples of contracts being extended as procurement processes weren't completed in a timely manner and previous progress reports to the Committee have indicated an improvement in awarding contracts on time up to the end of 2014/15. Following a review of the ongoing procurement activity at the start of this financial year, a number of contracts were identified that had either expired or were expiring before the completion of the ongoing procurement process and it was necessary to request formal approval to extend these contracts in line with the County Council procurement rules. The associated contracts focussed on two specific Category Management Teams; care and public health and construction and assets. The table below indicates the number of contracts involved and the total value of the contract extensions.

Category Management Team	Number of Contracts	Extension Value £
Care and Public Health	13	1,384,573
Construction and Assets	3	1,274,667

Whilst procurement exercises were underway in relation to these contract extensions, it was recognised that further work was required as a priority to reinforce and build upon the operational arrangements already in place to help prevent this situation re-occurring. Notwithstanding these new arrangements, there will inevitability be an ongoing, occasional need for contract extensions brought about by circumstances which the Council acting as a diligent contracting authority could not have foreseen.

A number of key activities have been undertaken since the start of the financial year or are ongoing to support this, including :

- Heads of Service training which was completed in July 2015, to highlight in particular the need for planned procurement activity to be shared with the Procurement Service at the earliest opportunity;
- An ongoing review of the current contracts register to highlight any potential gaps in contract information; and

- The reintroduction of timely management reviews of current procurement activity.

The further development of the contacts register, which includes the end dates of all contracts listed together with the refresh of the service plans will help to highlight more effectively the lead in times for procurement exercises to be completed on time.

This activity is also closely monitored by the Procurement Board.

An analysis of the contracts let in the current financial year (up to and including July 2015) shows that within these contracts, 34 contractors within Lancashire have been engaged with a contract value of £11m and a further 37 contractors within the North West have been engaged with a contract value of £6m. At this stage we have defined Lancashire and the North West as those companies that are either based here or who are known to be national but work from a local base. This does not necessarily mean that the work is carried out in Lancashire though currently we have no other way of measuring this. The completion of the data cleanse and organisational classification will assist in providing more meaningful data in the future.

Whilst the service has not seen a rise in the receipt of formal challenges around procurement activity, it is important to understand that a number of queries are received generally in relation to procurement exercises, which have been categorised as informal challenges in the performance dashboard data. The appropriate resolution and response to these queries by the service, in liaison with colleagues from Legal Services, assists in ensuring that such queries do not escalate into formal challenges and helps to demonstrate the robust nature of the procurement activity undertaken.

The service has made significant progress in registering social care providers to use the Care Portal, which allows them to send invoices through electronically for payment. Further work is required to encourage providers to make use of this portal and this is being taken forward in liaison with our colleagues from Exchequer Services.

Supporting Suppliers

Many suppliers contact the County Council through dedicated customer support lines. Arrangements had been put in place with the assistance of the Customer Access Service, which had improved this area of activity in the previous year. The figures for the year to date indicate that performance continues to improve and the target set for the service has been exceeded.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

Failure to act on the service improvement plan will mean that the County Council does not achieve its objectives in relation to procurement, and may not comply with legislation around procurement. This could lead to costly legal challenges.

List of Background Papers

Paper	Date	Contact/Directorate/Tel
Report to Cabinet - 'Approval of the County Council's Procurement Strategy'	9 October 2014	Dave Gorman, Office of the Chief Executive, (01772) 534261

Procurement Service Improvement Plan

Action	Timescale	Progress	Status
1. Our Approach to Procurement			
1.1 Effective leadership is embedded within the service to take forward and improve service delivery and meet the needs of the County Council.	Ongoing	Head of Procurement took up post on 1 April 2015, within the wider Commissioning Group. A quality of service/dashboard report for the service has been developed and is produced quarterly. The focus of the report is on activity that supports the achievement of the aims and objectives of the procurement strategy.	Green
1.2 Set out an approach to category management that maximises the use of financial and non-financial data and that ensures off contract spend is minimised.	March 2015 **Revised Jan 2015**	An approach to category management has been introduced which will be further developed as management information reports are introduced and used more widely within the service.	Amber

Action	Timescale	Progress	Status
1.3 Develop Procurement Plans for every category of spend to reflect service priorities	Ongoing	Service plans are being refreshed for 2015/16. Regular meetings with operational and commissioning staff will be held as appropriate to ensure these remain up to date and relevant and to ensure ongoing engagement/discussion on procurement activity at a senior level across the County Council.	Amber
1.4 Regularly review management information on high and low value spend, off-contract spend (both where there is a contract and where there isn't a contract), and retro-ordering.	June/July 2015 **Revised Oct 2015**	Final testing and amendments to the reports are being completed in liaison with BTLS.	Amber
1.5 Revise procurement rules and contract standing orders to ensure they reflect current legislation and support business need	May 2015 **Revised October 2015**	Draft procurement standing orders have been considered by the Procurement board and have been shared with Legal Services for comments. It is intended to share the revised document for Procurement Board approval by the end of September 2015, with a view to formal adoption by the end of October 2015.	Amber
1.6 Review standard tender documentation for suppliers to ensure they are proportionate to level of spend (including considering a revised approach to ppq, and link with electronic systems).	April 2015	Adequate documentation is in place – potential for further rationalisation to be considered later in 2015/16.	Green

Action	Timescale	Progress	Status
1.7 Develop and implement a Contracts Register that is made publicly available.	March 2015 **Revised November 2015**	A contracts register has been published via a spreadsheet, but further work is required to utilise the Oracle Contracts Register functionality. Problems have been experienced with uploading the information electronically and work is ongoing to resolve the issues. In addition, given the situation of expiring contracts in April 2015, a further review of the document is ongoing with key service areas to identify any gaps in contract information.	Amber
1.8 Review approach to contract monitoring (including consideration of monitoring by organisation, not contract)	March 2015	A decision has been made that contract monitoring will sit within Operations & Delivery, and not within the Procurement Service as part of the County Council's restructure.	Green
1.9 Develop and deliver new training programme to ensure all relevant staff are fully trained in procurement and governance requirements.	September 2014 **Revised** **Ongoing**	Implemented. Training has been provided by Democratic Services and Legal Services. Slides have been made available on the website. The quality of reports to members and Chief Officers has improved significantly. Ongoing training from the legal services team is also in place with the establishment of legal surgeries' in relation to procurement activity. Training has also been provided by procurement service staff to other Directorates that currently conduct their own procurement work. Training on a new EU Directive on Procurement has been delivered to the Procurement Service in February 2015. Training of the new Heads of Service took place in July 2015. Further guidance will be provided to Heads of Service on the approval of the County Council's revised procurement regulations.	Green

Action	Timescale	Progress	Status
1.10 Develop an approach to maximise the benefits to the County Council of increasing supplier use of electronic systems.	March 2015 **Revised** **Ongoing**	The number of suppliers engaging with the County Council's new systems is increasing as a result of the steps taken by the Service and BTLS to improve this position. Several working groups involving key stakeholders have been established to review systems, and to try and streamline access and processes.	Amber
1.11 Develop a performance management framework to manage key risks and activities and ensure regular monthly reporting that is embedded within the County Council's performance management framework.	December 2014 **Revised** **Ongoing**	A report for the Cabinet Committee for Performance Improvement has been prepared and will be reported on a quarterly basis. In addition the Procurement Board will receive regular updates on performance for key activities. These will be reflected in a performance dashboard, which will be reviewed on an ongoing basis and further developed as necessary to capture the most appropriate service information. Monitoring of the Service Improvement Plan is also carried out by the procurement service Senior Management Team.	Green
1.12 Cleanse supplier data base and apply agreed organisational classifications, i.e. SMEs, VCFS, to all suppliers.	December 2015 **Revised** **March 2016**	Preparatory work has commenced on this exercise. Given the large volume of data and the requirement to agree definitions for the organisational classifications this exercise will require significant resources and an achievable timeframe to complete.	Amber
2. Sustainable Procurement			
2.1 Ensure internal processes proportionate to level of spend (including considering the Gateway Process)	March 2015	A consistent approach using consolidated Gateway documents has been introduced across the three Category Management Teams.	Green

Action	Timescale	Progress	Status
3. Social Value			
3.1 Develop the County Council's approach to Social Value in Procurement	May 2015 **Revised March 2016**	A task and finish group was established and initial reports and suggested approaches were discussed with the Procurement Board in 2014. This area has not had the attention or focus as initially intended given more immediate issues which needed to be worked on during the year. A draft policy will be considered at the next Procurement Board in November 2015.	Amber
4. Doing Business with the County Council			
4.1 Ensure customer access and support is appropriate and enables customers to communicate with the service in a way that is accessible and appropriate for business needs.	March 2015 Ongoing	Dedicated customer helpdesks have been established. Further work is continuing to increase uptake.	Amber
5. Electronic Procurement			
5.1 Implement the corporate e-tendering system, Oracle Sourcing, across all procurement categories.	March 2015 **Revised** **March 2016**	This is in use across all procurement categories. Problems are still being experienced with the systems which are impacting on the effectiveness of the Service a year after implementation. A post implementation review is underway and issues will be taken forward as appropriate.	Amber

Action	Timescale	Progress	Status
6. Performance Management			
6.1 Culture change, consistent and effective working practices and models are embedded.	March 2015	Working practices are being reviewed particularly for the new systems. Additional technical, systems and also management training has been implemented as have the principles of the Lancashire Way. Documentation has been reviewed for procurement processes to try and standardise as much as possible. Workforce development activity has been undertaken including; • Management training • Cross training between teams to address resilience issues and overcome knowledge gaps • Application of LCC policies in a standardised way across the whole of the service, i.e. sickness.	Green
6.2 Establish a Procurement Board with agreed Terms of Reference that supports the delivery of the County Council's Procurement Strategy.	May 2014 **Revised** **April 2015**	Procurement Board has been established and has met on a bi-monthly basis. New Procurement Board and membership now in place to reflect the County Council's restructure from 1 April 2015.	Green
7. Our Suppliers			
7.1 Ensure supplier access and support is appropriate and enables suppliers to communicate with the service in a way that is accessible and appropriate for business needs.	Ongoing	The PIM Team provides effective support to suppliers and potential suppliers.	Green

Procurement Function Performance Dashboard

July 2015

Lancashire County Council

Contracts and Challenges Overview

Performance monitored through comparing figures of contracts let to targets assigned by the Procurement Plan.

	2014/15	Q1	July	Trend
Value of contracts let	£98.7m	£13.85m	£3.47m	N/A
No. contracts let	119	50	3	N/A
Contracts let on time	99%	68%	100%	Back on Track

	2014/15	Q1	July	Trend
Challenges received	N/A	0	0	Positive
Challenges successfully responded to	N/A	0	0	Positive
Informal Challenges received	N/A	1	5	N/A
Informal challenges successfully responded to	N/A	1	5	Positive

Care Portal

The Care Portal was introduced from July 2014 to allow care providers to submit their invoices to the County Council electronically. Figures show % of providers registered to use the portal and % of providers currently using the portal to submit invoices.
Work is continuing to encourage providers to register for and use the portal.

	2014/15	Q1	July	Target	Trend
Registered to use Portal	73.6%	82%	82.9%	100%	Positive
Submitting invoices via the portal	53.7%	58.3%	58.3%	100%	Positive

Call Handling Times

Performance monitored through tracking average call waiting and handling times, in minutes, for calls to the County Council's PIM support line.

PIM Phone Activity	Q1	July '15	Year to Date
Average Call Wait	00.14	00:11	00.13
Average Call Handling	03.57	03:39	03.52

Geographic Locations of Contractors

This information shows where suppliers who have been awarded contracts by the County Council in 2014/15 and so far this year have their base either Lancashire or the North West.

Contractor Location	2014/15		2015/16	
	Contractors	Annual Value £m	Contractors	Annual Value £m
Lancashire	82	22.58	34	11.15
North West	30	8.93	37	5.76

Call Answer Times

Performance monitored through tracking volume of incoming calls to the County Council's PIM support line, and how many are answered

PIM Phone Activity	Q1	July '15	Year to Date	Target
% Calls Answered	97.53%	97.20%	97.45%	90%
Volume Calls Offered	1,817	662	2,479	
Volume Calls Answered	1,771	644	2,415	

Key: Blue – For Information. Green - On Target. Amber – Issues that may Affect Target. Red – Missed Target.

Cabinet Committee on Performance Improvement
Meeting to be held on 5th October 2015

| Electoral Division affected: |
| All |

Report on the Attainment of Children Looked After 2014-2015
(Appendix 'A' refers)

Contact for further information:
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Executive Summary

The report provides information on the attainment, progress and achievements of Lancashire Children Looked After (CLA) in 2015. The findings for Key Stage 1 and Key Stage 2 are based on unvalidated assessment information released by the Department for Education (DfE) and local authority information on CLA. The Key Stage 4 data is school reported data and is therefore provisional at this point. The data shows that there are improvements in achievement at the end of Key Stages 1 and 2, but achievement for CLA remains well below that of other pupils in Lancashire. At the end of Key Stage 4, the information indicates that levels of attainment rose in 2015 but remain very low when compared with other pupils. The report also highlights pupil progress in key areas of development and the steps taken to implement the Recovery Plan developed in Autumn 2014 are set out at Appendix 'A'.

Recommendation

The Cabinet Committee on Performance Improvement is asked to consider and comment on the report.

Report on the Progress and Attainment of Lancashire Children Looked After 2014-15.

Background
Size of cohort

In June 2015 numbers of CLA of statutory school age were as follows: **This is a snapshot on a set day in June.**

Year Group	Number	Lanc Mainstream	Out of county mainstream	Special Education In or out of county.	PRU/AP In or out of county
Reception	65	61+ 1 nursery		3	
Year 1	85	74	9	2	
Year 2	94	73	14	7	

Year 3	86	67	17	2	
Year 4	86	65	13	8	
Year 5	116	89	17	10	
Year 6	104	81	11	9	3
Year 7	75	53	13	7	2
Year 8	88	68	9	9	2
Year 9	126	79	10	24	13
Year 10	152	101	17	13	21
Year 11	172	115	17	23	17
Total	1249	927	147	117	58

Educational Placements:

The above table shows a snapshot of placements for the June cohort of CLA.
- The great majority of CLA are placed in mainstream schools within Lancashire.
- A number reside in Lancashire but attend out of county schools close to Lancashire i.e. Wigan.
- A number of CLA, placed out of Lancashire through their Care Plan, attend more distant out of county schools.
- A statistically significant number of CLA are placed in special schools, within or out of the county. A small number are residential placements.
- A small proportion of CLA may be placed in Alternative Provision i.e. a Short Stay School/Pupil Referral Unit (PRU)
- CLA are often subject to more changes of school placement than children who are not looked after- this is usually linked to changes in home placement and occasionally for safeguarding reasons.
- All schools are required to prioritise the admission of CLA.
- Currently 75.1% of CLA are attending at least Good or better schools as rated by Ofsted.

Data
- For national statistics in respect of end of Key Stage attainment and progress, the DFE include those CLA looked after on 31st March 2015 who had been looked after continuously for a minimum of 12 months.
- There is currently a focus on attainment (GCSE performance) but in future national assessment has an increased focus on progress.
- As an authority we monitor the progress of all our looked after children on a termly basis, and the progress data included in this report is based on all CLA at the time of the assessment.
- Progress is collected for all CLA against the following 5 indicators: achievement, attendance, wellbeing, behaviour, exclusion from school.
- Each indicator is assessed on a rag rated system:

Indicator	Green	Amber	Red
Achievement	good progress against targets/above expectations	on track to achieve targets	below expected progress
Attendance	95% +	85%- 94% *	Below 84%
Well Being	Emotionally strong/happy	Some emotional issues/fragility	Emotionally insecure.
Behaviour	No issues	Occasional incidents/concerns	Frequent incidents/concerns.
Exclusions	No exclusions	Less than 5 days in total	Over 5 days in total

- From September 2015, attendance between 90-94% will be rated as Amber in response to changes in persistent absence definition.

- The assessments in relation to the areas above are made by the child's school and collected/collated by the Virtual School for CLA supported by School Advisors.

Funding to support educational outcomes for CLA

Pupil Premium Grant (PPG)

- The Head of the Virtual School for CLA in each Local Authority is responsible for the management and allocation of Pupil Premium Grant.
- The Head Teacher has to ensure that the grant is proportionate to the needs of the young person and that it is used to improve educational outcomes.
- In Lancashire £1800 of the PPG is available for maintained and academy schools for each CLA on roll. A Personal Education Plan (PEP) and Educational Provision Map (EPM) has to be provided for each CLA to demonstrate that the child's needs are identified, targets set and strategies in place to support positive outcomes. This will include information on the proposed use of the PPG. PEPs and EPMs are reviewed every 6 months**. (From September 2015 reviews are every term- therefore 3 reviews per year).**
- The Head of the Virtual School quality assures each PEP and EPM, rating them as either Outstanding, Good, Requires Improvement or Inadequate. If a Personal Education Plan (PEP) or Education Provision Map (EPM) is considered as Inadequate it is returned to the Designated Teacher with advice on how to improve and it is required to be resubmitted before funding is authorised. For those that Require Improvement advice is provided to the Designated Teacher to ensure further plans are at least GOOD. Only 2 EPMs have been assessed as Inadequate in 2014-15. The writing of quality PEPs and EPMs are an important element of Designated Teacher training provided by the Virtual School.

High Support Funding

- In order to provide funding to respond to those CLA with additional needs, a portion of PPG allocated to the LA is used for High Support Funding. All maintained and academy schools are able to apply for high support funding. Applications are assessed and authorised by the Head Teacher of the Virtual School.
- A report on the use of PPG is provided by the Virtual Head Teacher annually for School Forum.

PEPSA – Personal Education Plan Support

- Funding to provide activities and resources outside of the school/in the home, to support educational engagement and outcomes for CLA. These can include extra curricula activities and equipment, clubs memberships, additional tutoring, lap tops etc. There is a maximum of £ 600.
- These are identified as part of a PEP review and applications made by the Social Worker. Virtual School officers assess each application.

Attainment

Key Stage 1
The provisional attainment of CLA at the end of Key Stage 1 is as follows:

Table 1
The proportion of CLA reaching the expected level 2 or above at the end of Key Stage 1

	Lancashire 2014 CLA pupils	Lancashire 2015 CLA pupils	Lancashire 2015 all pupils	England 2014 CLA pupils
Reading level 2 or above	67%	76%	90%	71%
Writing level 2 or above	56%	66%	87%	61%
Mathematics level 2 or above	73%	78%	93%	72%

- The attainment of CLA has risen in 2015 in all subjects
- Substantial progress has been made in closing the attainment gap between reading and mathematics
- The attainment in all subjects is above the national average for CLA in 2014
- The gap between the attainment of CLA and all pupils has narrowed substantially but still remains too great

Key Stage 2
The provisional attainment of CLA at the end of Key Stage 2 is as follows:

Table 2
The proportion of pupils gaining L4+ in reading, writing and mathematics combined.

	Lancashire 2014 CLA pupils	Lancashire 2015 CLA pupils	Lancashire 2015 all pupils	England 2014 CLA pupils
Reading	65%	72%	90%	68%
Writing	57%	63%	87%	59%
Mathematics	61%	63%	88%	61%
Reading , writing and mathematics combined L4+	43%	49%	81%	48%

- The attainment of CLA has risen in 2015 in all subjects both separately and combined
- The attainment in all subjects is above the national average for CLA in 2014
- The gap between the attainment of CLA and all pupils has narrowed but still remains too great

Key Stage 4
The provisional attainment of CLA at the end of KS4 is as follows:

Table 3
The proportion of CLA gaining GCSEs

	Lancashire 2014 CLA pupils(80)	**Lancashire 2015 CLA pupils(117)**	Lancashire 2015 all pupils	England 2014 CLA pupils
5 GCSE A*-C	16.5%	18.1%	NA	16.3%
5 GCSE A*-C Incl. Eng/Maths	8.2%	13.8%	58.3%	12%
C + in Eng/Maths	8.9%	22.3%	NA	14.2%
Non SEN pupils (69 from 92 received)	30.4%	23.2%	NA	No data

- The above is currently based on incomplete data due to the very recent start of school terms and the data is not validated.
- Early indications are for an increase in the proportion of pupils achieving 5 A*-C with English and Maths. However, the results for the 23 pupils not yet received could obviously impact on the final figures, positively or negatively.
- Early indications are for an increase of those pupils achieving at least a C in English and/or Maths.
- Pupils identified as SEN- who are omitted from the last group- are those with SEN statements/Education, Health and Care Plans.

Progress

Schools evaluate the progress of CLA in the key areas of achievement, attendance, wellbeing, behaviour and risk of exclusion. The following tables (Table 4 and 5) show the proportion of CLA in the primary and secondary phases which are making satisfactory or better progress. In Tables 6 and 7 the progress of CLA is broken down into specific year groups.

Table 4
The progress of CLA pupils in the primary age range (Years 1 -6)

Proportion of CLA pupils whose achievement is satisfactory or better	83
Proportion of CLA pupils whose attendance is satisfactory or better	97
Proportion of CLA pupils whose wellbeing is judged to be satisfactory or better	93
Proportion of CLA pupils whose behaviour is satisfactory or better	92
Proportion of CLA pupils who are not at risk of perm. Exclusion	96.5

Table 5
The progress of CLA pupils in the secondary age range (Years 7-11)

Proportion of CLA pupils whose achievement is satisfactory or better	80.5
Proportion of CLA pupils whose attendance is satisfactory or better	86
Proportion of CLA pupils whose wellbeing is judged to be satisfactory or better	84.3
Proportion of CLA pupils whose behaviour is satisfactory or better	83.8
Proportion of CLA pupils who are not at risk of perm. Exclusion	91.3

Table 6
Progress by Year Group: Primary

	R	Year 1	Year 2	Year 3	Year 4	Year 5	Year 6
Proportion of CLA pupils whose achievement is satisfactory or better	85%	83%	82%	92%	83%	75.5%	86%
Proportion of CLA pupils whose attendance is satisfactory or better	98.5%	98%	100%	98%	98%	97%	98%
Proportion of CLA pupils whose wellbeing is judged to be satisfactory or better	96.5%	92.5%	96%	96%	98%	95%	93%
Proportion of CLA pupils whose behaviour is satisfactory or better	92%	94.5%	90%	96%	98%	97%	93%
Proportion of CLA pupils who are not at risk of perm. Exclusion	100%	98%	100%	96%	100%	100%	98%

Table 7
Progress by Year Group: secondary

	Year 7	Year 8	Year 9	Year 10	Year 11
Proportion of CLA pupils whose achievement is satisfactory or better	88.5%	88.5%	78%	81%	74%
Proportion of CLA pupils whose attendance is satisfactory or better	98%	83.5%	83.5%	85%	83.7%
Proportion of CLA pupils whose wellbeing is judged to be satisfactory or better	92%	88.5%	81.3%	78.5%	82%
Proportion of CLA pupils whose behaviour is satisfactory or better	92%	88.5%	86%	76.5%	78%
Proportion of CLA pupils who are not at risk of perm. Exclusion	90%	96%	91.5%	86%	93.4%

- This progress data provides an important mechanism for identifying when pupils are   experiencing significant difficulties in one or more of the indicators (Red) and can act as an 'early' warning to potential issues (Amber).
- When a pupils is Red in any indicator, an early conversation takes place between the school and the LA officer receiving the data (Virtual School Educational Consultant/School Advisor) to assess if all is being done to address the issue.
- When a pupil is assessed as Red in more than one indicator the Virtual School Educational Consultants will contact the school's Designated Teacher which may lead to any or all of the following: a review of strategies/targets, a Personal Education Plan review, an Action Plan to address specific issues, additional funding allocated.
- Progress data can also indicate variations in outcomes, areas of concern and strengths for groups of CLA- such as year groups, SEN, in or out of county schools.
- This data will be used to provide a benchmark for future targets and measuring performance.

Initial findings
- The majority of CLA are making satisfactory or better progress in all measures.

- Attendance of CLA in Lancashire primary schools compares favourably, in comparison to national averages.
- Pupil achievement is the areas where the largest proportion of pupils are at risk of not making satisfactory or better progress.
- Emotional wellbeing is less strong in secondary aged pupils and particularly in Y10.
- There appears to be a dip in achievement in Y5

Progress against Recovery Plan January 2015

- A recovery plan was developed to improve the educational outcomes for CLA in Lancashire and it has been implemented over the last 9 months. Appendix "A" provides a brief record of the progress in implementing plan.

Key Priority Areas for 2015-16

- Timely and targeted support for CLA identified as under achieving/experiencing difficulties in relation to education.
- Termly reviews of PEPs/EPMs
- Supporting development and effectiveness of Designated Teacher role.
- Monitoring/support for out of county placements.
- Transition support.
- Tracking of 16+ CLA re-education and outcomes.
- Liaise across LA services/agencies to improve partnerships to support CLA.

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 in this report.

Local Government (Access to Information) Act 1985
List of Background Papers

Paper	Date	Contact/Directorate/Tel
Outcomes for Children Looked After by Local Authorities	10 December 2014	Jonathan Hewitt, Directorate for Children and Young People, (01772) 531663

Reason for inclusion in Part II, if appropriate

N/A

Recovery Plan 2014/15

Ensure all CLA have an Educational Provision Map (as part of the CLA Personal Education Plan), which clearly identifies: • The CLA 's educational targets and • The interventions and relevant funding streams required to meet expected targets.	• **EPM s system embedded – includes: clear learning targets, strategies, link to Pupil Premium Grant, quality assurance, grading.**
1. Continue facilitation of training for Designated Teachers for CLA in schools across Lancashire , and to share and disseminate effective practice	• **Minimum termly briefings for Designated Teachers (DT) for updates.** • **Introduction of Workshops for new DTs- Sept 2015** • **Focus on Attachment Issues-Autumn 2015**
2. Using the NW Virtual School Head teachers Meeting to identify good practice across the region	• **Newly appointed Virtual School Head Teacher (VSHT) attended N.W. network meetings to share in good practice.** • **Regular email contact to liaise on issues/share good practice.** • **Focus on Ofsted Inspection process- Aut 2015**
3. Monitor the social, emotional and academic progress of CLA at least every 6 months using the Education Provision Maps and PEP.	• **All CLA monitored for progress in 5 indicators each term-carried out by Advisors/Virtual School (VS) team by personal contact with schools.**

4. Provide CLA and their schools with CLA Pupil Premium to assist in supporting the educational targets and interventions identified on the CLA's Educational Provision Map and PEP	• **Improved administration systems re PPG/High Support / PEPSA funding.**
5. Develop effective identification of all secondary CLA experiencing underachievement (with a focus on Year 10 and Year11 Lancashire CLA requiring intensive educational support for GCSE ; particularly CLA with identified 'potential' to achieve 5 GCSE including English and Maths	• **Progress monitoring identifies any CLA underachieving in any of 5 indicators.** • **Year 10/11 pupils identified are targeted for additional support From VS – including additional funding when required.**
6. Track the progress of secondary CLA pupils systematically over the year ensuring appropriate intervention and support is in place, making effective use of the CLA Pupil Premium and brokering in additional support as necessary	• **As above.**
7. Provide bespoke and individual support and advice packages for CLA pupils experiencing difficulties in school due to :- o change of school or care placement, o pupil experiencing emotional , social or / and behavioural difficulties o risk of exclusion o Significant underachievement . This may involve : o 1 to 1 tuition in specific subjects including mathematics o Learning Mentor Support o Educational Psychologist Assessment o Alternative education package	• **Programmes identified via PEP review meetings attended by VS team member/Headteacher and supported via High Support Funding and/or PEPSA.** • **Commissioned tutors from specialist teachers, EP assessments, funded Teaching Assistants, counsellors, Play Therapists etc.**
8. Strengthen the partnership between Children's Social Care and the Virtual School for CLA through timely sharing of information regarding CLA at risk of underachieving and structured induction for newly	• **Attendance at Children's Social Care area Manager Meetings by VS team members.**

qualified social workers	• **Data on pupils with significant issues at school (Red for assessed indicators) provided to CSC** • **Multi service workshop with HMI inspector re progress for CLA- June 2015**
9. Share key messages from national research into underlying barriers and effective support for CLA pupils through the Secondary School Senior Leader Network	• **Attendance at LASHH/PHIL (Head Teacher forums) meetings.**
10. Develop the Quality Assurance model for Virtual School for CLA to monitor and evaluate the effectiveness of EPMs, PEPs and CLA Pupil Premium. To buy in adviser time for Quality Assurance.	• **EPMs/PEPs monitored and graded by VS Head.**
11. Support the transition of CLA into new schools, including additional support for Y6 pupils most at risk of underachievement as they transfer to secondary schools	• **VS Educational Consultants attendance at admission /planning meetings.**
12. The profile of the Virtual School for CLA is promoted through school advisers and support from the Corporate Parenting Board.	• **School Advisors supporting collection of progress data on Primary phase.** • **All advisors providing challenge and support to schools/governors in relation to provision and outcomes for CLA.**

Cabinet Committee on Performance Improvement
Meeting to be held on 5 October 2015

| Electoral Division affected: |
| All |

Complaints and Customer Feedback Annual Report 2014-2015
(Appendix 'A' refers)

Angela Esslinger, (01772) 533950, Legal and Democratic Services
angela.esslinger@lancashire.gov.uk

Executive Summary

The production of the Annual Complaints and Customer Feedback Report is a longstanding statutory requirement. It contains statistical information, analysis and learning for the organisation in relation to statutory social care and (non-statutory) Corporate complaints and compliments received from 1st April 2014 to 31st March 2015.

Recommendation

The Cabinet Committee on Performance Improvement is recommended to :

(i)   receive the Complaints and Customer Feedback Annual
      Report 2014/15 and acknowledge the associated learning from customer
      feedback for the past year; and

(ii) agree that the Adult Social Care Complaints and Customer Feedback Annual
      Report for 2014/15 can be shared as a public document.

Background and Advice

The production of the Complaints and Representations Report is a longstanding annual statutory requirement. It contains statistical information and analysis in relation to complaints, comments and compliments received in 2014/15 (Appendix A refers). Once the report has been considered by the Cabinet Committee, it is shared with other interested agencies such as the Care Quality Commission and Healthwatch Lancashire.

Summary

Chart 1 on the following page shows the proportions and total number of customer compliments, comments and complaints received in 2014/15.

Chart 1 below shows the total number of customer compliments, comments and complaints received in 2014/15 for adult and children's social care services. It can be seen that the proportions of feedback have completely changed. For the first time ever, complaints now represent the biggest proportion of social care customer feedback (48%) and have overtaken compliments.
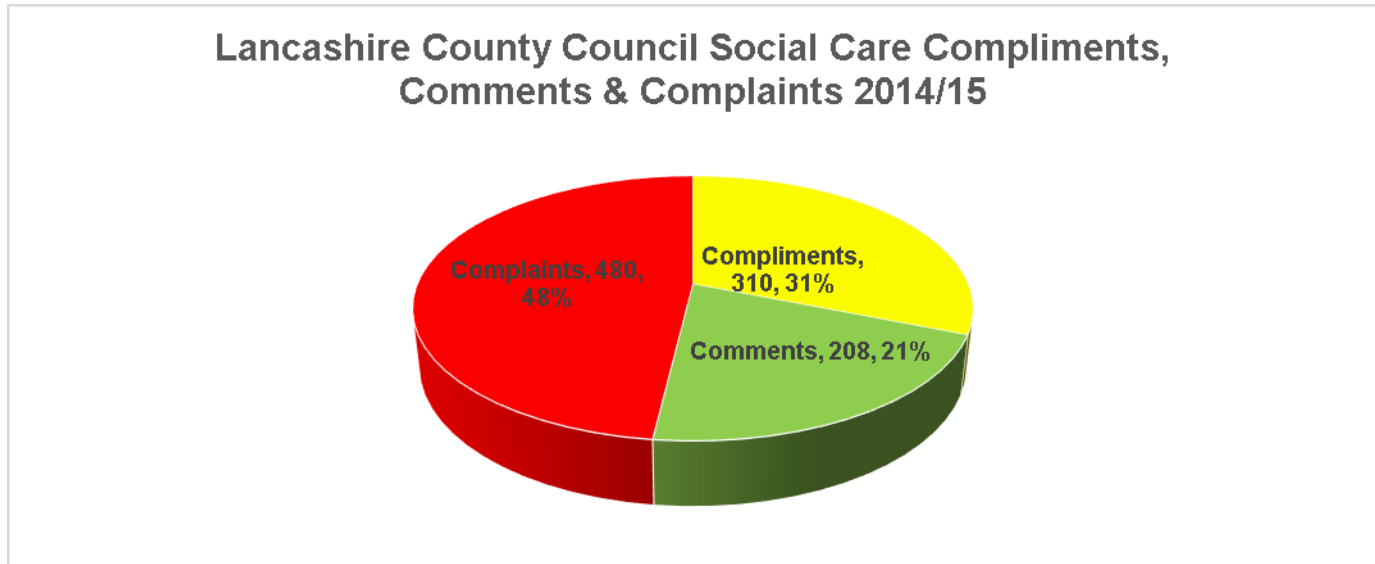
Lancashire County Council Social Care Compliments, Comments & Complaints 2014/15

Complaints, 480, 48%

Compliments, 310, 31%

Comments, 208, 21%

Statutory complaint totals have increased overall by 25%, (385 in 2013/14 to 480 in 2014/15). Complaints in adult social care have however risen significantly, with a 77% rise, (from 189 complaints in 2013/14 to 334 in 2014/15. Most probably this is as a result of increases in life expectancy, associated extra demand for services, a reduced workforce and reductions to local government budgets. There was an increase of 40% in complex joint complaints with the NHS, rising from 15 complaints in 2013/14 to 21 in 2014/15. Adult social care related financial complaints also rose from 7% to 17% of all complaints, due to teething problems with new IT systems. Another reason for the rise in complaints has been the introduction of a new Customer Feedback IT system and internet portal. This means that online complaint submissions have increased and more complaint activity is being captured than ever before. Many issues which come in as 'complaints' are simply signposted back into 'business as usual' across all Council functions. In the past, this activity was 'invisible' but now it is being formally recorded and captured.

A new combined social care complaints team has introduced a new system for children and young people (CYP) complaints handling. This has supported a more proactive approach, offering advice and support at pre-complaint stages. This has reduced statutory CYP complaints by 26% (from 196 complaints in 2013/14 to 146 in 2014/15).

There has been a 45% decrease in customer feedback overall, which has gone down from 1837 instances in 2013/14 to 1017 in 2014/15. The reduction in compliments is very pronounced, going down from 1270 in 2013/14 to 310 in 2014/15. This is mainly as a result of a massive reduction in adult social care (ASC) compliments which used to be captured for equipment and adaptations services. During 2014/15 the main themes and areas of concern in statutory social care complaints were about:

- Assessments across CYP and adult services
- Internal working and with partners
- Financial services
- Safeguarding and child protection services

Improvements have been made to:

- Assessment processes
- Financial systems
- Communication with carers and people receiving services
- Support from professionals dealing with cases
- Complaint handling and complaint training for staff
- Quality Assurance of complaint responses
- Initial contact for assessment stage
- Embedding themes and learning back to senior managers via senior management teams
- Blue Badge service

The details are outlined on pages 6, 7 and 8 and 17 of Appendix 'A'.

Consultations

Consultation has taken place with The Senior Management Team, Heads of Service who are Designated Complaints Officers.

Implications:

There are no financial, personnel, Human Rights or data protection issues or legal implications arising from this report.

Risk management

The contents of the report may be of interest to the press, and the Communications Team should be made aware of its contents.

List of Background Papers

Paper	Date	Contact/Tel
The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009	2009	Angela Esslinger 01772 533950
http://www.legislation.gov.uk/uksi/2006/1738/introduction/made	2006	Angela Esslinger 01772 533950
https://www.gov.uk/government/publications/childrens-social-care-getting-the-best-from-complaints	2006	Angela Esslinger 01772 533950

Reason for inclusion in Part II, if appropriate

N/A

Annual Report

Complaints and Customer Feedback

Annual Report for the period 01 April 2014 to 31 March 2015

Introduction

i. Background

Local Authorities are legally required to establish complaints procedures to deal with complaints about their social care functions since 1991. The complaints procedure for children and young people is covered by The Children Act 1989 and the Department for Skills and Education produced guidance, 'Getting the Best from Complaints' (2006), which outlines the procedures. The Local Authority Social Services and National Health Service Complaints Regulations came into effect on 1 April 2009 and this report is produced in accordance with the requirements of those Regulations.

ii. Purpose

The purpose of the Annual Report is to review the operation of the complaints process over a twelve month period, including statistical data, and to provide the local authority with an instrument to keep informed about complaint themes and how effective its current arrangements are for handling customer complaints. It offers some analysis of what the information from the operation of the process means for the Council.

The report also includes information on, and analysis of, other types of customer feedback such as comments and compliments.

iii. Period Covered

The report covers the period 1 April 2014 to the 31 March 2015 and is in four sections.

Section One	**Summary and Overview** highlights the key messages from the report and gives the overall picture and **learning** across the Council.
Section Two	Statistical data and further information and **analysis** in relation to **all Adult Social Care Services.**
Section Three	Statistical data and further information and **analysis** in relation to **Children's Social Care Services.**
Section Four	**Corporate** (non-statutory) complaints for all other council services.

The report makes extensive use throughout of data available from the Customer Feedback System. The statistical information presented within the report can be verified by reference to this database. All percentages are rounded to the nearest whole number.

It should be noted that because of the introduction of the new electronic recording system, midway through the year, only half year figures are available for 2014/15 activity, so monthly averages are extensively used in this report.

If you require any additional information please contact the Complaints Team on 01772 539414 or email your request to complaintsandfeedback@lancashire.gov,uk

Section One: Summary and Overview of Statutory Social Care Complaints

1.1 Executive Summary

Complaints represented less than **one percent** of active adult social care and children's social care cases with an open referral in 2014/15. Statutory complaint totals have increased overall by 25%, (385 in 2013/14 to 480 in 2014/15). Complaints in adult social care have however risen significantly, with a 77% rise, (from 189 complaints in 2013/14 to 334 in 2014/15. Most probably this is a result of increased expectations by the public and reduced budgets. There was also rise by 40% in complex joint complaints with the NHS from 15 complaints in 2013/14 to 21 complaints in 2014/15. Adult social care related financial complaints also rose from 7% to 17% of all complaints, due to teething problems with new IT systems. Another reason for the rise in complaints has been the introduction of a new Customer Feedback IT system and internet portal. This means that online complaint submissions have increased and more complaint activity is being captured than ever before. Many issues which come in as 'complaints' are simply signposted back into 'business as usual' across all Council functions. In the past, this activity was 'invisible' but now it is being formally recorded and captured.

New arrangements for CYP complaints handling has however reduced statutory CYP complaints by 26% (from 196 complaints in 2013/14 to 146 in 2014/15).

The reduction in compliments is very pronounced, going down from 1270 in 2013/14 to 310 in 2014/15. This is mainly as a result of a massive reduction in adult social care (ASC) compliments which used to be captured for equipment and adaptations services. There has been a 45% decrease in customer feedback overall which has gone down from 1837 instances in 2013/14 to 1017 in 2014/15.

Chart 1 below shows the total number of customer compliments, comments and complaints received in 2014/15 for adult and children's social care services. **Chart 2** provides the previous year comparison. It can be seen that the proportions of feedback have completely changed. For the first time ever, complaints now represent the biggest proportion of social care customer feedback (48%).

Lancashire County Council Social Care Compliments, Comments & Complaints 2014/15
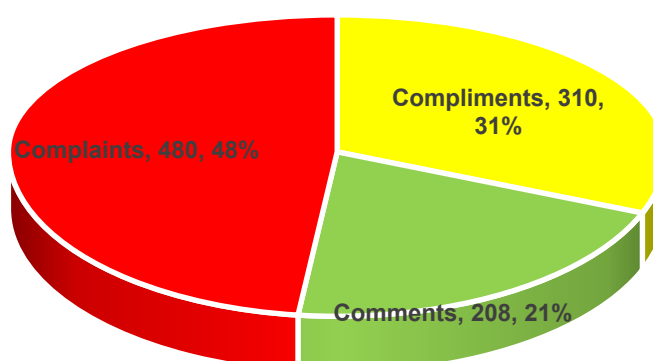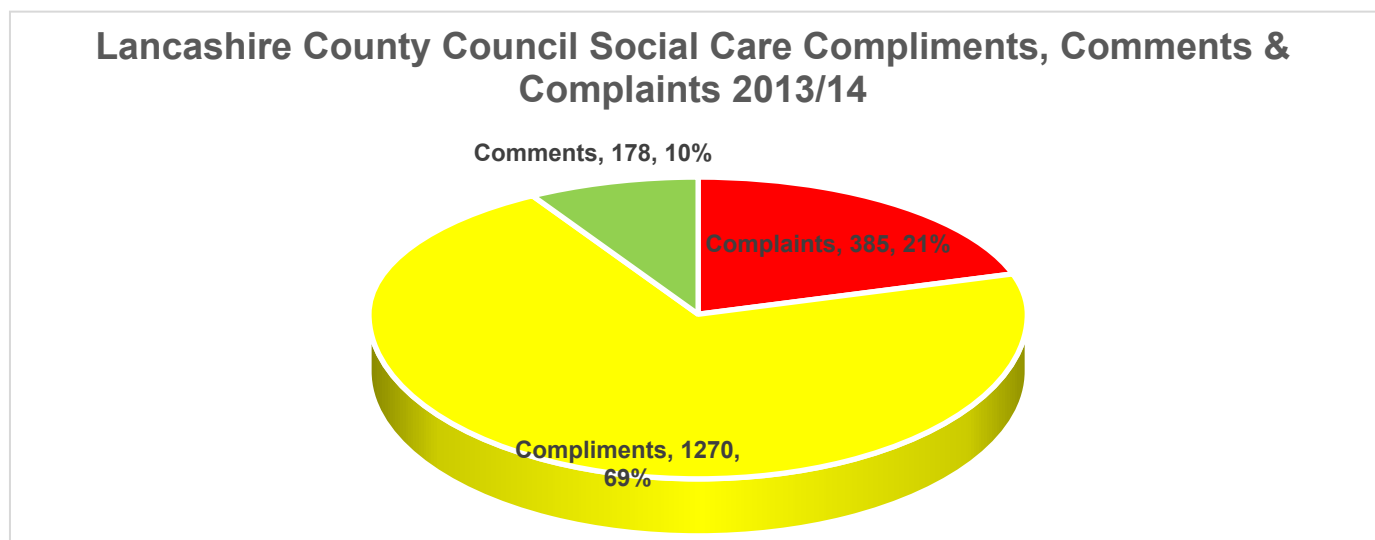
Compliments, 310, 31%

Complaints, 480, 48%

Comments, 208, 21%

Chart 2

Lancashire County Council Social Care Compliments, Comments & Complaints 2013/14

Comments, 178, 10%

Complaints, 385, 21%

Compliments, 1270, 69%

1.2 Complaint trends and outcomes

Complaints have remained at less than one percent of active cases (0.8% for CYP and 0.9% for ASC). Despite the rise in complaints, social care teams therefore mainly get things right rather than wrong. Complaints however are on an upward year on year trajectory. The number of complaints as a percentage of total customer feedback has been increasing over the past four years. This year it has increased significantly to 48% compared with 21% in 2013/14.

Chart 3 below shows that, from when the new Customer Feedback System went live in October 2014, 63% (112) of resolved complaints were either not upheld by the investigating manager, withdrawn by the complainant or resolved early. A further **21% (37) of resolved complaints were upheld** and 16% (28) of complaints were partly upheld by the investigating manager. Compared with the previous year, 15% (57) of complaints were upheld, therefore there has been a slight increase of 6% in upheld complaints in 2014/15. This rise is probably an impact of very busy social care teams sometimes overlooking aspects of practice.

Outcome of complaints between 01 October 2014 and 31 March 2015

Not Upheld, 48, 27%
Withdrawn, 64, 36%
Upheld, 37, 21%
Partly Upheld, 28, 16%
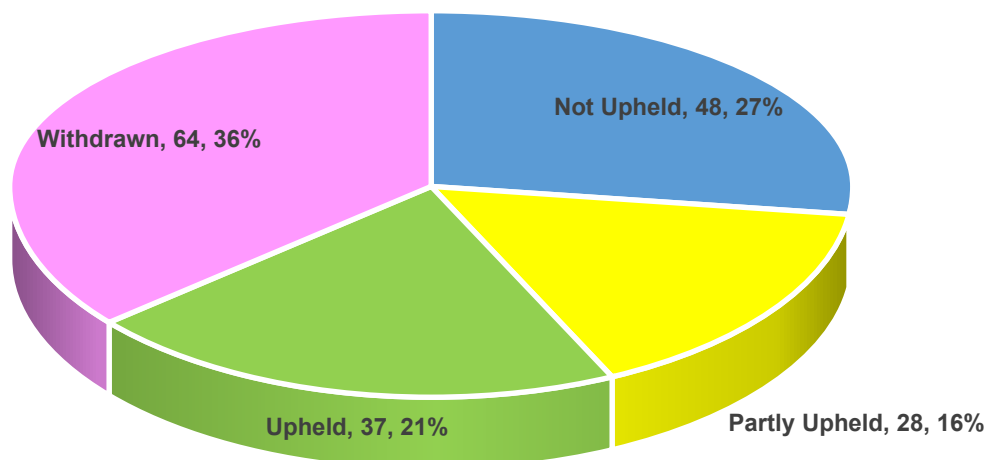
1.3 Learning from Complaints

Lancashire is the current chair and an active member of the North West Managers Complaints Group (NWCMG). The group consists of 23 Local Authorities and its aim is to provide a forum where statutory Complaints Managers can discuss, learn and share best practice regarding social care complaints. There are opportunities to develop and implement local practice standards, discuss performance and problem solve. The Group is also consulted on proposed changes to legislation by the Association of Directors of Adult Social Services and the Association of Directors of Children's Services.

1.4 Learning for adult social care

Complaints have been used to improve services across adult social care systems and processes. During the past year the complaints training has improved the consistency and confidence of staff in complaint handling, to resolve complaints and ultimately improve the complainant's experience.

Learning from complaints has resulted in the following outcomes in 2014/15:

Improved internal working and with partners:

- Improvements to integrated hospital discharge arrangements
- Promoted use of Housing Support Pathway model for supported tenancies to improve compatibility of tenants
- Contract monitoring arrangements of providers being developed in response to learning arising from complaints
- Embedding new systems for officers to record Service Users agreement with assessment, support plan & charging arrangements
- Reviewing the approval process for social and health care funding in residential care (including nursing)

Finance Services[1]:

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[1] Please see Appendix 1 on page 18 for full details and analysis of the problems faced and improvements made

- Improved working arrangements between social care and finance for handling complaints, queries and disputes
- Develop good practice in resolving complaints that relate to more than one team or service
- Review needed of systems in place once LCC notified of an activated power of attorney arrangement

Safeguarding & Mental Health Services:

- Extended the availability of carer assessments by independent carer organisations to people who are supported by integrated mental health teams
- Safeguarding Adult Boards to be provided with intelligence from safeguarding complaints for review
- Development of audit and delegation systems to ensure management oversight of casework

Older People & Disability Services:

- Implemented new guidance for Aid Call, to improve response times and monitoring
- Improved the pre-admission and admission process for new residents, as part of 'My Home Life/Maintaining Identity'
- Updated procedures for new and existing residents who are self-funding, including clear fee information for public display
- Introduced new clinical escort guidance to improve the experience for residents being escorted to clinical appointments and hospital
- Reviewing our arrangements to ensure good communication with families and carers so they can remain involved in the persons care
- Introduced a new procedure for when an older person is absent from day time support

1.5 Learning for CYP social care services

The findings particularly from Stage 2 investigations, provides the opportunity for open dialogue among professionals within children's social care and enables and facilitates learning from complaints to reduce similar occurrences. Conclusions and recommendations from all Stage 2 complaints are shared with all senior managers who have a role in social care complaints handling. In 2014/15, 11 Stage 2 investigations were undertaken on behalf of the Council and the following learning has been identified:

- Assessment – the need for more accurate and timely recording of assessments including initial assessment and core assessments. Some complaints commented on the quality of recording.
- Communication was a common theme running through all complaints, lack of or irregular contact with key contacts caused unnecessary anxiety and frustration.
- Support – some complainants felt that there was a lack of support from professionals dealing with their cases.
- More efficient complaint handling – this was identified in 2 complaints where more timely responses and checking of progress on complaints was highlighted.
- Training and development of staff on more specialist areas for e.g. ASD / Aspergers / specific SEND areas.
- Quality Assurance of complaint responses at stage 1.
- Lack of clarity on processes such as the initial contact for assessment stage
- The request for an apology for the actions of workers in individual cases.
- Review of assessment or reporting of information

As a result of stage 2 investigations the following action has been taken:

- Comprehensive joint training between Adults and Children's social care front line staff has been rolled out to enable cross service area learning and enables the sharing of good practice. Themes and trends for complaints are detailed in this training so that specific areas can be discussed/addressed.
- Quality assurance of stage 1 responses is a service the complaints and appeals team now offer and is open to staff who want to utilise this service.
- The complaints team now have a better system of recording and progress monitoring of complaints and this has already shown improvements in recording and out-coming of complaints.
- Themes and learning are regularly communicated back to senior managers via their senior management teams.
- There is more support from the complaint managers for their specific areas to designated complaints officers for e.g. attendance at team meetings.

1.6 Remedies

Complaints can be remedied in many different ways. There is usually more than one remedy or action resulting from a complaint therefore the number of remedies and actions exceeds the total number of complaints received.

In 2014/15, the five most common actions or remedies for all statutory complaints in descending order were:

- Gave apology - 38% (67)
- Gave explanation of decision making and action on case - 33 % (59)
- Gave explanation of legislation and authority's policy, procedure and eligibility criteria - 11% (20)
- Gave advice and information - 10% (18)
- Reimbursement of costs - 10% (17)

1.7 Local Government Ombudsman (LGO) enquiries and referrals

Despite a national rise of 10% in complaints to the LGO, LGO complaint referrals in Lancashire remain broadly static. In the 12 month period to 31 March 2015, 161 LGO enquiries relating to Lancashire County Council were made. This is similar to the previous year when 163 enquiries were made.   Of these, a total of 78 had investigations or formal enquiries with only11 of those upheld (9%).   The vast majority of LGO referrals related to statutory social care complaints in CYP and adult services.

Table 1: LGO Enquiries: 1 April 2013 – 31 March 2015

LGO Enquiry by service area	2013/14	2014/15
Adult Social Care	29	27
CYP Social Care and CYP non statutory (e.g. Education)	22	31
Corporate	9	20
Overall Totals	60	78

Adult social care LGO complaint enquiries went down from 29 in 2013/14 to 27 in 2014/5 and from 22 in CYP, they rose to 31 last year. The rise in CYP referrals (of about 40%) appears in part to be

linked to a rise in school appeals queries.   Over half of all Corporate LGO complaint referrals (11) related to Highways and Transport matters.

Of the 27 LGO adult social care enquiries, the outcomes were as follows in 14/15:

- 5 not upheld
- 9 not progressed by the LGO
- 8 referred back for local resolution into our complaints procedure
- 5 upheld and local settlements agreed totalling £3300 (£2920 in 13/14).

Of the 31 LGO CYP enquiries, the outcomes were as follows in 14/15:

- 10 not upheld
- 7 not progressed by the LGO
- 8 referred back for local resolution into our complaints procedure
- 6 upheld and local settlements agreed totalling £2400 (£45 100 in 13/14).

Of the 20 LGO Corporate enquiries, the outcomes were as follows in 14/15:

- 4 not upheld
- 14 not progressed by the LGO
- 2 referred back for local resolution into our complaints procedure
- None were upheld

Learning from LGO complaints

Of the 11 upheld cases, the following actions have been taken in response to LGO findings and recommendations.

Adult social care

1. Staff have been made aware that carer's assessments/needs should be undertaken/considered even if the person they care for doesn't meet eligibility criteria.
2. Safeguarding procedures have been reviewed and updated.
3. Shared Lives policies and procedures have been reviewed and updated.

Children's Services

1. Appeal Panel clerks have been directed to take more comprehensive notes of panel decisions.
2. Procedures/practices when checking email addresses when making safeguarding referrals to other Local Authorities have been improved.
3. Procedures relating to complaints which are outside of the scope of the statutory children's complaints procedure have been improved.
4. Procedures about consent required for people acting as representatives have been reviewed.
5. Procedures relating to considering foster carers for adoption have been reviewed to avoid delays and faults in the process (and in how Adoption Allowances are considered).
6. Quality of care assessments have been improved.

Section Two: Adult Social Care Feedback
- Statistical Data and Analysis

2.1 Services which were the subject of complaints in 2014/15

As already mentioned, the significant difference between the last two financial years has been the large increase of 77% in complaints. **Chart 5** and **Chart 6** below gives a breakdown of the average number of complaints received each month by service type.
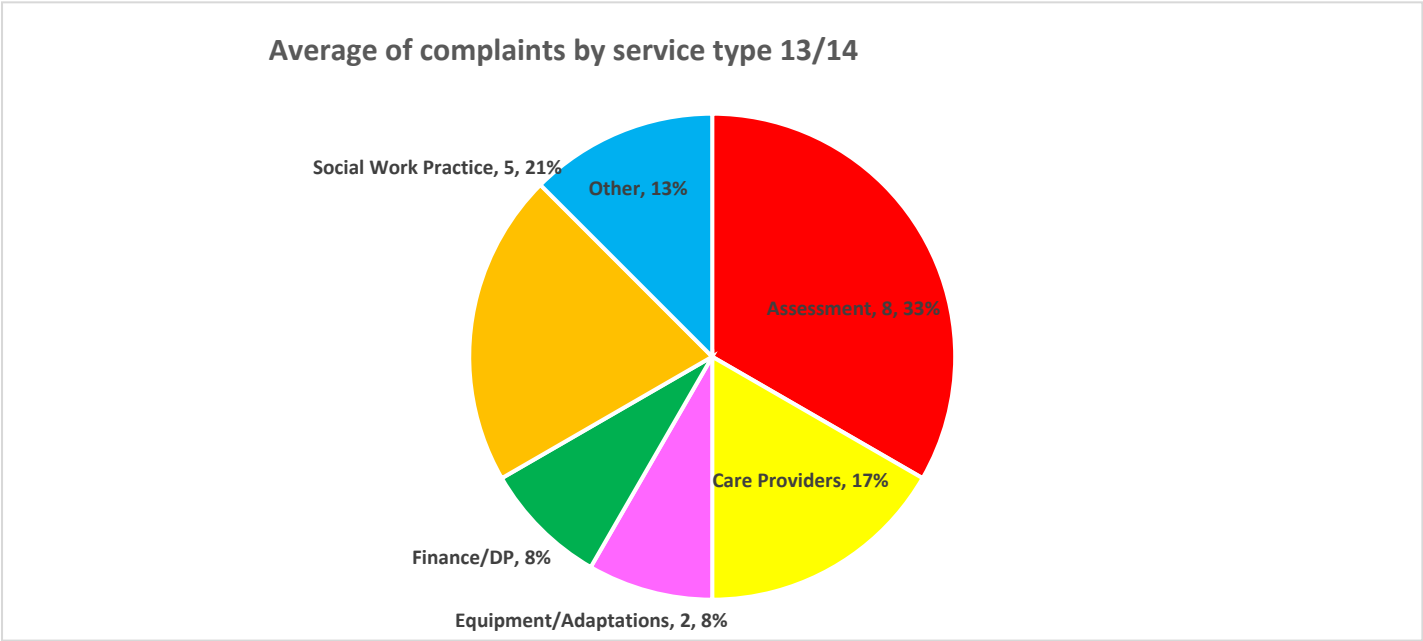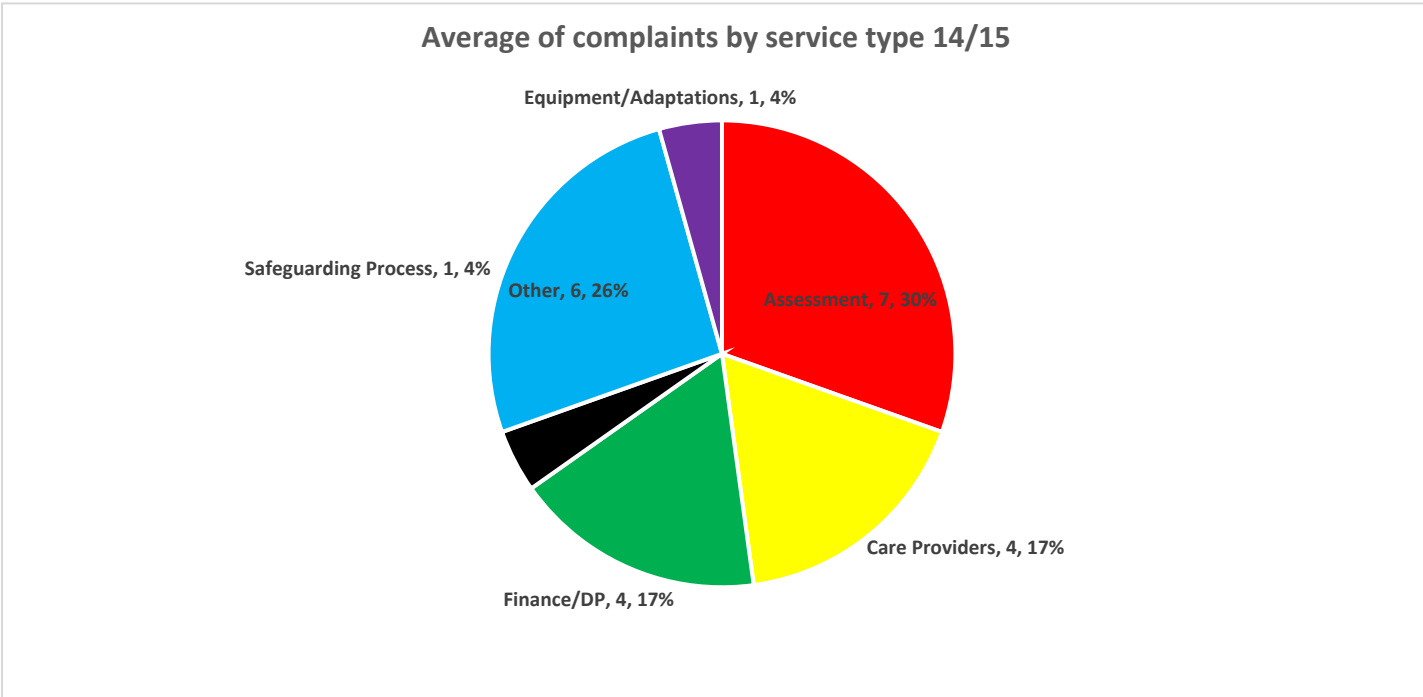
Chart 5

Average of complaints by service type 13/14

- Social Work Practice, 5, 21%
- Other, 13%
- Assessment, 8, 33%
- Care Providers, 17%
- Equipment/Adaptations, 2, 8%
- Finance/DP, 8%

Chart 6

Average of complaints by service type 14/15

- Equipment/Adaptations, 1, 4%
- Safeguarding Process, 1, 4%
- Other, 6, 26%
- Assessment, 7, 30%
- Care Providers, 4, 17%
- Finance/DP, 4, 17%

For 2013/14, the most frequent subject of complaint was assessment and this service received 33% of the total number of complaints that LCC adult social care received. This has remained at a similar level for 2014/15 with 31% of the total number of complaints. Complaints about care providers have remained constant with 17% in 2013/14 and 18% in 2014/15. Financial complaints increased significantly for 2014/15 from 8% to 17% of all complaints, as a result of new IT processes being introduced and some initial teething problems.

There has been a notable decrease in the number of complaints about equipment/adaptations with only 4% in 2014/15 compared with 8% in 2013/14.   The new 'equipment prescription' model is therefore working well from this perspective.

2.2 Services which were the subject of compliments in 2013/14

As already mentioned, the significant difference between the last two financial years has been the large decrease in compliments.   **Chart 7** and **Chart 8** below gives a breakdown of the average number of compliments received each month by service type.

Chart 7

Average of compliments per month by service type 13/14

- Other, 6, 7%
- Social Work Practice, 3, 4%
- Assessment, 19, 23%
- Equipment/adaptations, 42, 50%
- Care Providers, 13, 15%
- DP/Finance, 1, 1%

Chart 8

Average of compliments   per month by service type 14/15

- Other, 4, 12%
- Equipment/adaptations, 6, 18%
- Assessment, 14, 41%
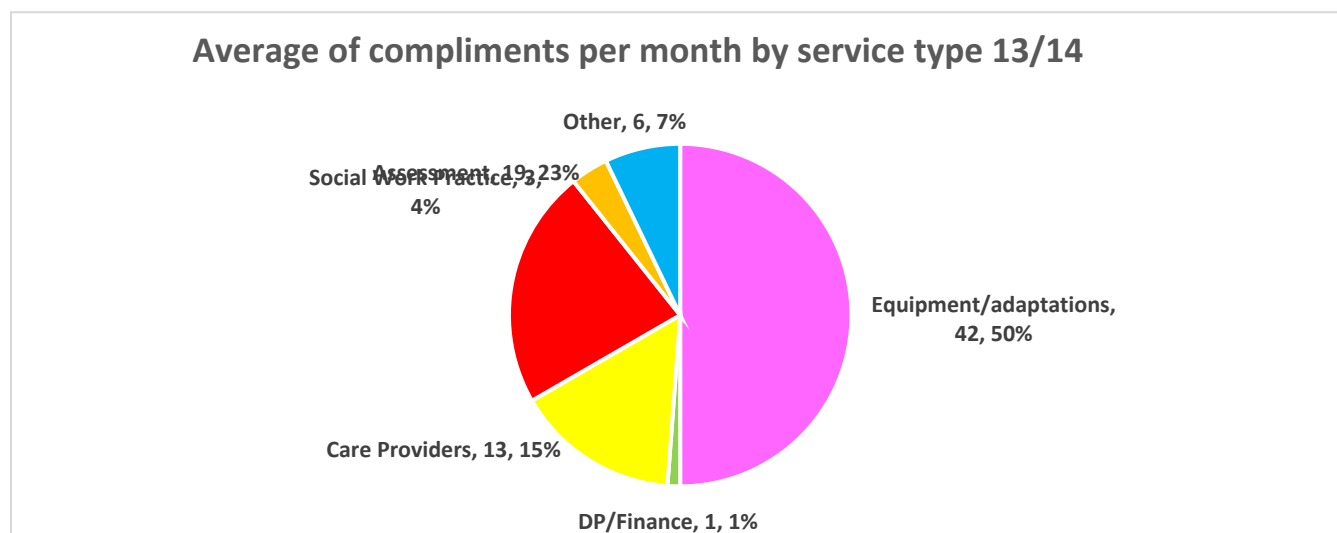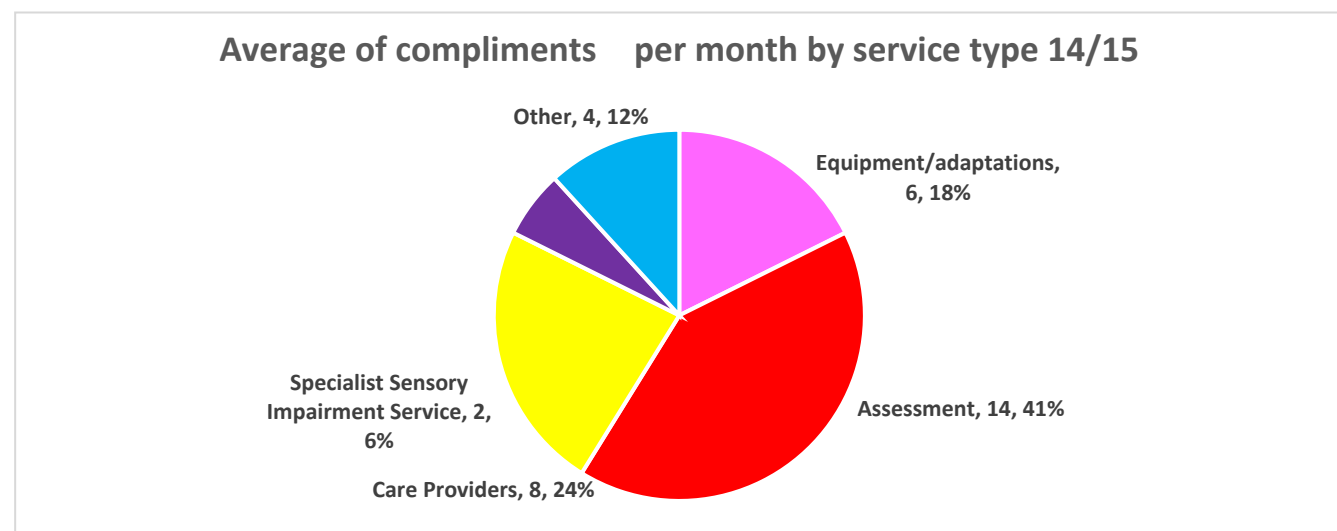- Care Providers, 8, 24%
- Specialist Sensory Impairment Service, 2, 6%

The main difference between the last 2 years has been the large reduction in compliments received overall. The average per month has gone down from 84 per month to just 34. This is mostly related to the new equipment and adaptations 'self-service' model of operation. It is also related more generally to the leaflet 'Your views Count' not being circulated as consistently after assessment or review any longer. In 2013/14 half of all compliments were because of equipment and adaptations received, however this has decreased to just 18% in 2014/15. There has been a significant increase in the proportion of compliments in relation to assessment with this accounting for 41% of compliments in 2014/15 compared with 23% in 2013/14.

Contracted care providers were another common reason for a compliment. This category received 23% of all compliments in 2014/15, which has gone up proportionally by 8% since 2013/14.

2.3 Joint Complaints

In 2014/15 the number of joint complaints was 21, compared with 15 in 2013/14, an increase of 40%. A Joint Complaints Protocol is in the process of being agreed with the NHS. Complaints investigations are increasingly involving many different parts of the council as well as health services and contacted service providers therefore adding much more complexity which the complaints team co-ordinates.

Section Three: Children and Young People Social Care Feedback
- Statistical Data and Analysis

3.1 Services which were the subject of complaints in 2014/15

Chart 9 and **Chart 10** below gives a breakdown of the average number of complaints received each month by service type.
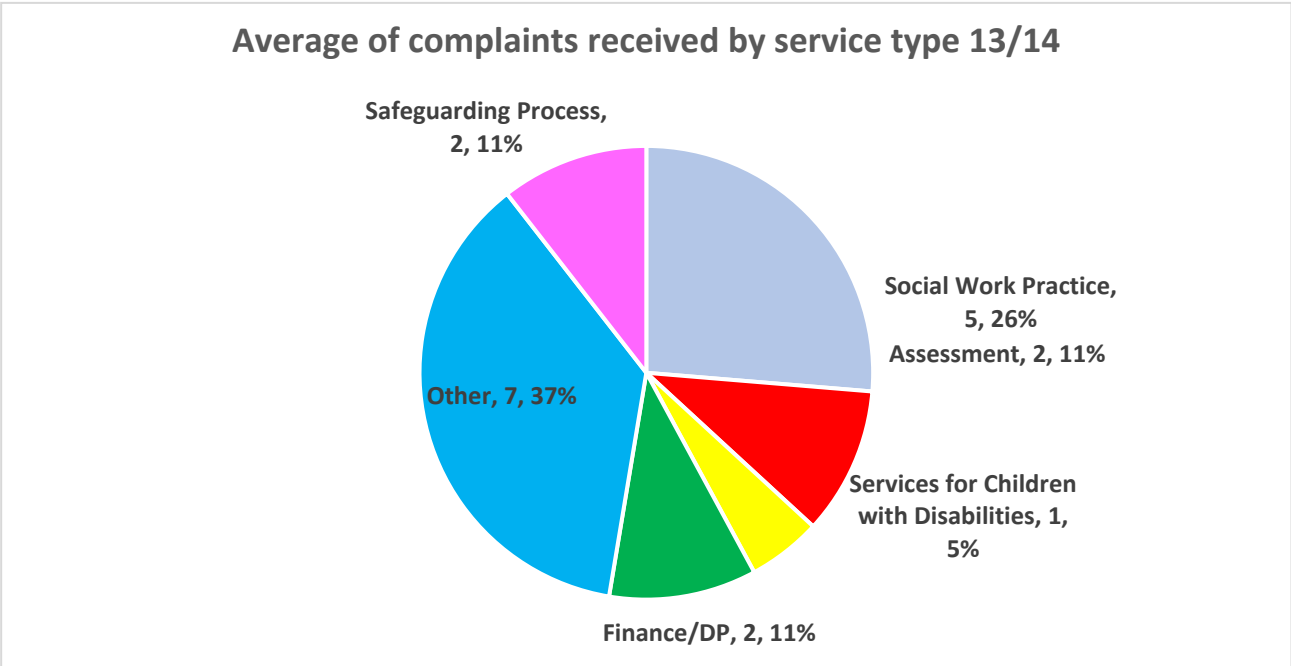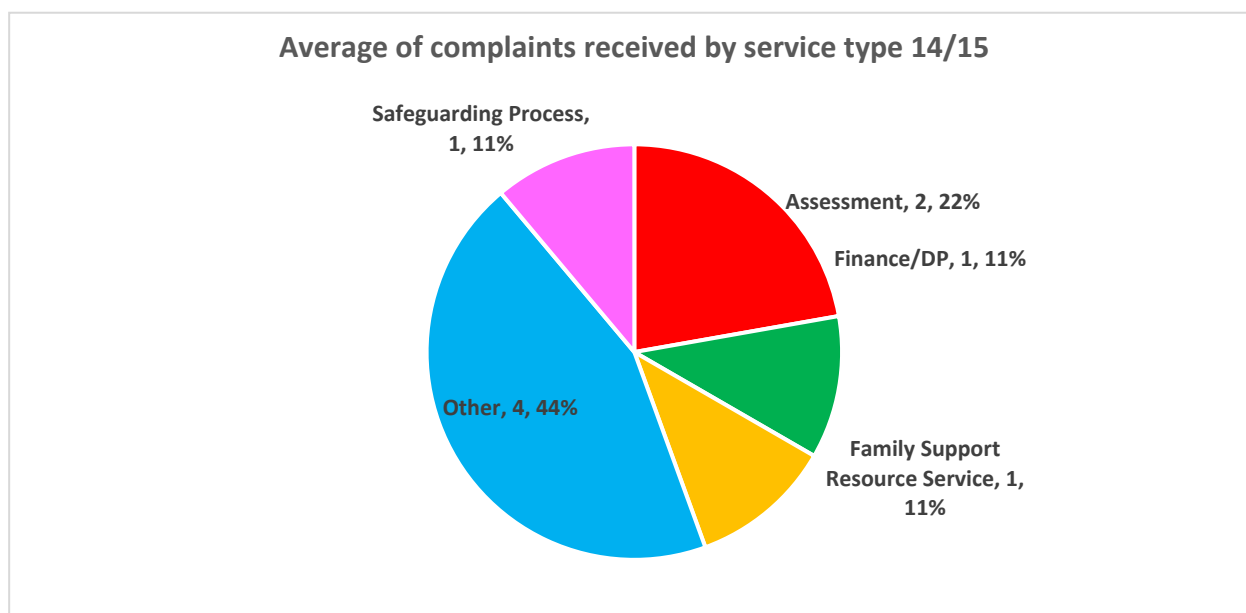
Chart 9

Average of complaints received by service type 13/14

Safeguarding Process, 2, 11%

Social Work Practice, 5, 26%

Assessment, 2, 11%

Other, 7, 37%

Services for Children with Disabilities, 1, 5%

Finance/DP, 2, 11%

Chart 10

Complaints in relation to assessment have increased significantly from 12% in 2013/14 to 22% in 2014/15. However, complaints about financial issues have remained constant with 12% in 2013/14 and 11% in 2014/15.

There has been a notable recording of complaints regarding the safeguarding process in 2014/15 which accounted for 11%.

3.2 Breakdown of complaints by stage

It can be seen that despite the 26% reduction in CYP Stage 1 complaints, there has been a rise in Stage 2 commissioned investigations.

Stage	2013/14	2014/15
Stage 0	0	9
Stage 1	196	146
Stage 2	4	11
Stage 3	0	0

3.3 Stage 2 and 3 Complaints

The Children's statutory complaint process allows the person complaining to request an independent investigation if they are not happy with the first (management) response to their complaint. This is a stage 2 investigation. If they remain unhappy the person can then request a Stage 3 review panel, which reviews the way the stage 2 was investigated.

This year the Social Care Feedback Service managed 11 Stage 2 investigations and no stage 3

review panels. Local and early resolution of complaints is a better outcome for everyone, as escalation is time-consuming and expensive. Often there is little a Stage 3 panel can achieve and in many cases, early referral to the Local Government Ombudsman was agreed.

3.4 Summary of non-statutory CYP complaints

Non statutory children's social care complaints are complaints made by a person who is not entitled to complain under the Children Act procedures or if the complaint is regarding something that cannot be complained about under that procedure.

In 2014-2015 there were a total of 25 non statutory complaints recorded, the subjects of which were the following:

18 complaint were regarding general children's social care services, in relation to:
- Quality/Reliability of service
- Actions of the social worker
- Lack of communication
- Decision to place child in Foster Care/for Adoption
- Unfair treatment by social work staff
- Actions to protect a vulnerable child

5 Complaints were regarding the Adoption and Fostering service in relation to:
- Adoption allowance policy
- Decision to not approve potential adoptive carers
- Decision to not approve potential foster carers
- 2 complaints received was in relation to the actions of the emergency duty team/contact centre

Identifying themes and learning from all children social care complaints – non statutory or statutory is valuable and feedback is provided in the same way in that senior managers are informed of the themes on a regular basis through regular attendance at team meetings or senior management meetings.

Section Four: Corporate (non-statutory) complaints for all other council services.
- Statistical Data and Analysis

**4.1   Annual Comparison 2014/15 Corporate Complaints/Compliments**
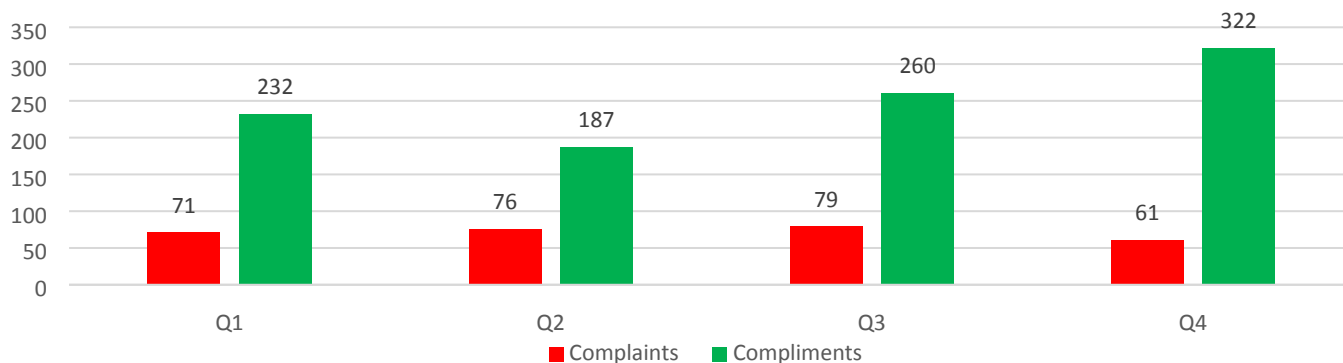
A total of 287 complaints and 1001 compliments were recorded for 2014/15.   It can be seen that compliments consistently outnumbered complaints for every quarter of 2014/15.
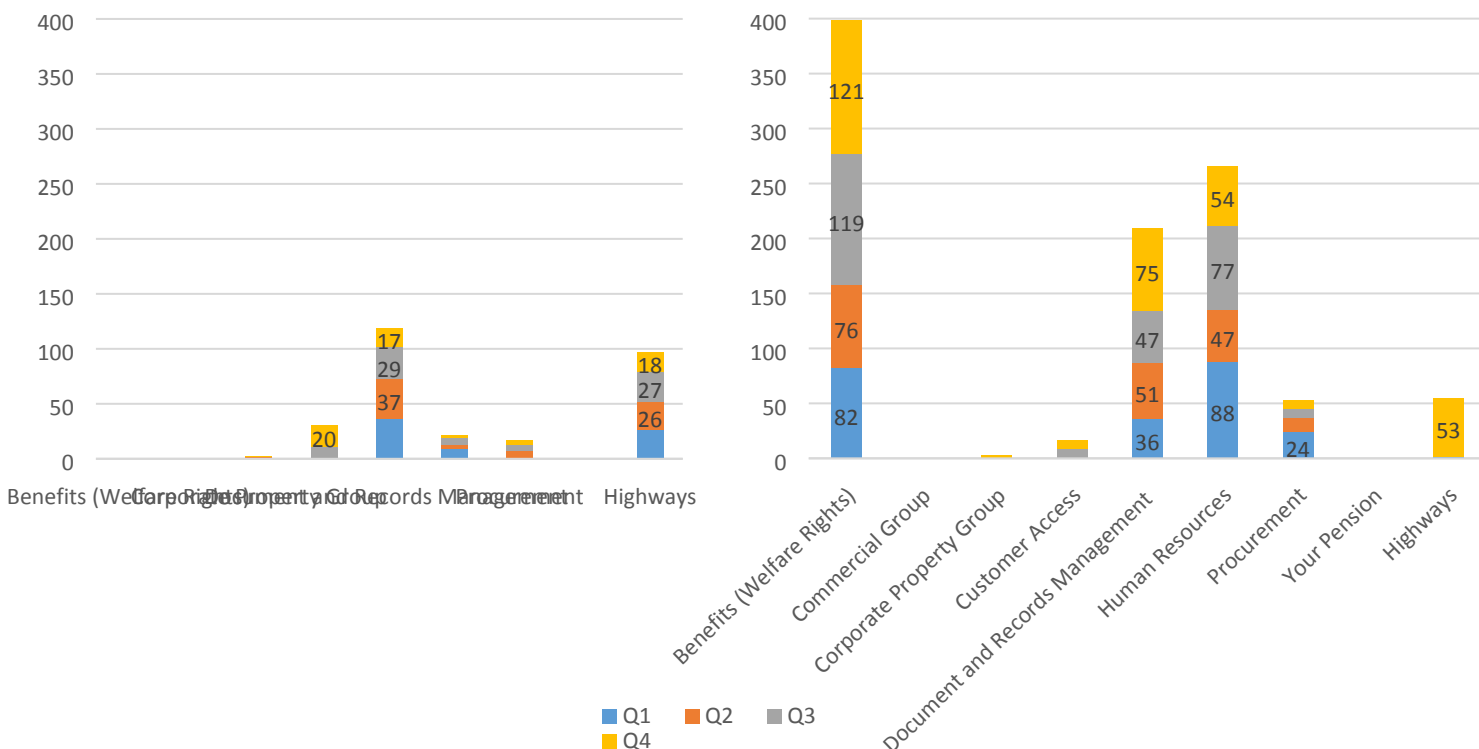
Points to note:

- Most complaints were about Highways, Customer Access Team and Records Management, throughout 2014/15
- Welfare Rights was the service which recorded the highest number of compliments for 2014/15

4.2 Complaints Breakdown into Teams
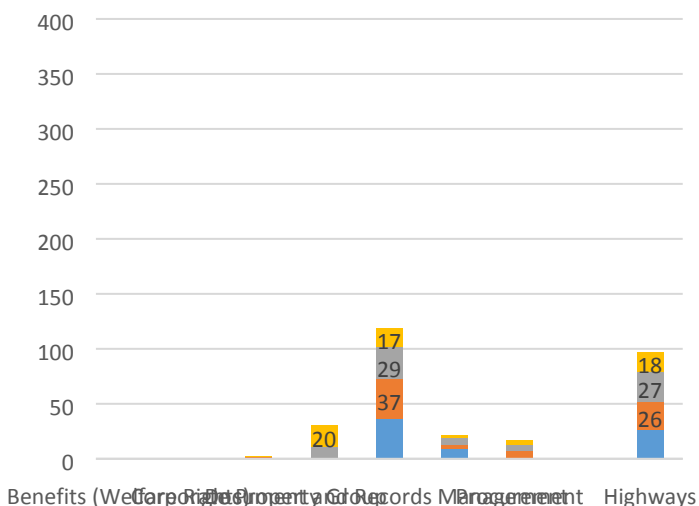
4.3 Compliments Breakdown into Teams

Please note: Figures have been provided by the individual teams(not recorded by the Corporate Complaints team themselves), where results show 'nil' this may be due to the individual teams not being able to provide figures or not recording for the time frame required.

Due to no teams reporting prior to 2014, the Corporate Complaints Team cannot provide a comparison with the previous year.

Blue Badge improvements

The Blue Badge Service is now with the Customer Access Service.   A new process for dealing with Blue Badge applications has resulted in a 25% reduction in the time taken to process an individual application, from an average of 12 to nine minutes.   A significant statistic is the 77% reduction in the amount of time passed between receipt of an application and the application being processed, as this was the source of many complaints previously.

Quarter	No. of Blue Badge Complaints	No. of Blue Badge Compliments
Apr – June 2014	8	6
Jul – Sep 2014	29	18
Oct -Dec 2014	23	1
Jan – Mar 2015	11	1
Total:	**71**	**26**

The welcome downward trend in complaints in the last quarter above has continued into the new financial year.

Appendix 1

Financial issues: analysis of the problems faced and improvements made

Shortly after the new financial systems (Liquid Logic and Controcc) were implemented last year, problems began to emerge, with care providers complaining about not being paid correctly and clients who complained about incorrect billing. Whilst the problem initially manifested itself as an issue affecting the Procurement Service, further analysis identified that there were actually problems in different parts of the organisation and that the integrity of the data within the system was one of the main reasons for the problems. To address this, three broad areas of work were undertaken:

1) Improving and maintaining data integrity.

A temporary, cross-service "Hit Squad" of 15 people was created to correct errors in the data, and enable the backlog to be cleared. This was an effective use of resources and the quality of data improved. The Hit Squad focussed on client data that was already in the system and responsibility for new data was dealt with by the Care Navigation Team which already existed for this purpose. At the time it was thought that once the historic data was corrected that the Care Navigation team would be able to manage the day to day 'business as usual" activity of recording new placements and make changes to any existing ones.

2) Working Practices

It was established that social care staff were, in some cases, not following the new processes and were, on occasion, doing things outside of the system. This contributed to the problems with data in the system. It was recognised that the initial processes that had been designed as part of the new system implementation required Social Workers to do tasks outside of core social work tasks, i.e. commissioning care packages. This was both time consuming and not an effective use of time and was therefore not always seen as a priority. It was therefore agreed that the most effective and logical place for this activity to take place was within the Care Navigation Team.

3) Suppliers

A large number of suppliers were not using the new system to submit their invoices. The system had been designed in such a way that suppliers could have access to all of their client information, be able to submit invoices electronically and be paid more promptly. When the systems went live, very few suppliers were registered to use the new systems in the way that is required. This resulted in significant numbers of manual invoices being received and contributed to the backlog. A significant amount of work was undertaken to target suppliers and encourage them to use the electronic system. This work was very successful with the majority of suppliers now sending in invoices electronically. A couple of very large providers had specific issues some of which are still being addressed.

The actions outlined above initially had a positive impact. There has however been a deterioration in the situation over the last few months and whilst the problems are not as significant as in the early days of the system implementation, action needs to be taken to address these on a long term basis. In order to do tis a transformation board is to be established that brings together some existing groups that have been established to try and overcome some of the ongoing issues. This board will be supported by a programme manager and the Core Systems/transformation team. Key workstreams within the programme include;

a) **Data**

There are still some data issues that need to be addressed. The extent of this problem is currently being assessed as well as the capacity for the Care Navigation team to deal with all of these. An important system development will go live in October which will enable providers to report any inaccuracies in the data to one central point. Currently providers inform us in a variety of ways and have asked for an amendment to the system to make this process easier. Understanding why and how inaccuracies appear is a key issue that needs to be resolved and is a part of this workstream.

b) Social Workers' Use of the System

This will include ensuring processes are documented and that Social Workers are adequately trained in addition to this work is ongoing to understand other problems social workers are experiencing with the system to see if solutions can be found.

c) Reporting

Ensuring reporting mechanisms are effective and produce information in a format that is useful for management purposes.

d) Technical Issues

Despite the work already undertaken, there are some technical issues with the systems that are causing problems for users. The Business Control Team in the Core Business Systems / Transformation Service are currently working with services to understand and prioritise changes, and work with BTLS to ensure that those changes are delivered. The actions have been prioritised and work is focused on those changes that will have the biggest impact.

e) Resolving Queries At First Point of Contact

The Customer Access Service are also an important in the whole process. Some activity is underway within Social Care Services and Finance to work with the Customer Access Service to better resolve queries at first point of contact. This should provide a better customer experience.   The queries received will be monitored to ensure that any new issues are identified and action taken to overcome these.

THE LOCAL AUTHORITIES (EXECUTIVE ARRANGEMENTS) (MEETINGS AND ACCESS TO INFORMATION) (ENGLAND) (REGULATIONS) 2012

NOTICE OF INTENTION TO CONDUCT BUSINESS IN PRIVATE

Notice is hereby given in accordance with Regulation 5 of the Local Authorities (Executive Arrangements) (Meetings and Access to Information) (England) Regulations 2012 that the following meeting is likely to move into private session to consider the item detailed below:

MEETING: Cabinet Committee on Performance Improvement

DATE OF MEETING: 5 October 2015

TITLE OF DECISION TO BE TAKEN: Report on the Service Delivery and Performance of the County Council's Waste Disposal Company

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The details of the proposed decision are as follows:

The Cabinet Committee on Performance Improvement will consider a report from the Director of Community Services.

Further information on the proposed decision can be obtained from:
Sarah Palmer, 07766991872, sarah.palmer@lancashire.gov.uk

The reason that the item is likely to be considered in private is that it will involve the disclosure of exempt information under the following category of Schedule 12A of the Local Government Act 1972:

Paragraph 3 - Information relating to the financial or business affairs of any particular person (including the authority holding that information).

Paragraph 4 – Information relating to any consultations or negotiations, or contemplated consultations or negotiations, in connection with any labour relations matter arising between the authority or a Minister of the Crown and employees of, or office holders under, the authority.

 (A final decision on whether this item will be determined in private will be taken during the meeting).

Lancashire
County
Council

Should you wish to make any representations in relation to the meeting being held in private for the consideration of the above item, please contact:

Jane Johnson, 01772 534374, jane.johnson@lancashire.gov.uk

The following representation(s) have been received about why the meeting should be held in public:

None received.

The County Council's response to the above representation(s) is as follows:

N/A

Document is Restricted

Document is Restricted