Lancashire County Council

Cabinet Committee on Performance Improvement

Wednesday, 8th June, 2016 at 9.00 am in Former County Mess - The John of Gaunt Room, County Hall, Preston

Agenda

Part I (Open to Press and Public)

No.   Item

1.   Apologies for Absence

2.   Disclosure of Pecuniary and Non-Pecuniary Interests

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

3.   Minutes of the Meeting held on 12 April 2016   (Pages 1 - 6)

Minutes attached.

4.   Towards Excellence in Adult Social Care (TEASC) –   (Pages 7 - 38)
Risk Awareness

Report attached.

5.   Risk & Opportunity Register   (Pages 39 - 54)

Report attached.

6.   Customer Access Performance Report   (Pages 55 - 66)

Report attached.

7.   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.

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8.   Date of Next Meeting

The next meeting of the Cabinet Committee on Performance Improvement will be held on Monday 25 July 2016 at 2.00pm in Cabinet Room B – the Diamond Jubilee Room, County Hall, Preston.

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, 12th April, 2016 at 9.00 am in Cabinet Room 'B' - The Diamond Jubilee Room, County Hall, Preston

Present:

County Councillor Jennifer Mein (Chair)

County Councillors

D Borrow   B Winlow
T Martin

1.   Apologies for Absence

Apologies were received from County Councillor G Driver.

2.   Disclosure of Pecuniary and Non-Pecuniary Interests

County Councillors J Mein and T Martin declared a non-pecuniary interest in agenda item 4 (BT Lancashire Services Limited Service Governance and Performance Monitoring Report) as they were members of the BT pension scheme.

3.   Minutes of the Meeting held on 7 March 2016

Resolved: That the Minutes of the meeting held on 7 March 2016 be confirmed and signed by the Chair.

4.   BT Lancashire Services Limited Service Governance and Performance Monitoring Report

The Committee considered a report on the Service Governance and Performance Monitoring of the County Council's strategic partnership with BT covering the period October 2015 to February 2016.

Further information providing a more comprehensive measurement of service delivery was presented at Appendix 'A', including the key performance indicators against which BTLS were monitored.

The achievement of key performance measures were reported as follows:

- ICT Services: all contractual performance had been met through the period October 2015 until February 2016 and performance against the contractual targets remained strong.

- Payroll and Recruitment Services: all contractual and non-contractual performance targets had been met during the same period.

The Committee's attention was particularly drawn to the following:

- The PAs telephony system needed to be upgraded;
- A pilot scheme that would enable citizens to access high speed wi-fi from local libraries had been launched. Early feedback was favourable and a formal assessment of the feedback would help shape and influence the facilities in public centres in the future.
- A range of activities were currently underway to support the integration with other public services and in particular health;
- The review of the financial management arrangements and particularly the non-affordability spend with BTLS continued. Better scrutiny of requests for new equipment coupled with better management of desktop refresh had resulted in a much lower spend on PCs and laptops in 2015/16 compared with 2014/15. The non-affordability spend in 2015/16 had reduced by more than £500,000 as at the end of January 2016 compared with the total spend in 2014/15. A saving of £1m had also been delivered on the affordability budget in 2015/16 through the Schedule 11 budget which covered both ICT infrastructure and desktop refresh. This would be an on-going saving;
- A new mobile phone contract would be signed shortly. This would allow better management of the mobile phone estate and result in a reduction in charges;
- The identification of a future solution for the Council's data centre was a key priority and options including the possibility of moving to a cloud storage strategy would be presented to Management Team in April. It was suggested that consideration be given to locating the data centre within the County Archives building;
- The asset management programme had moved into its implementation stage;
- The implementation of the customer access system was expected to go live in July/August;
- Work had commenced to upgrade Talis Alto. The contract would be novated to BTLS with an upgrade completion date of September 2016;
- BTLS had identified that many Startwell Services were poorly supported by the existing Impulse system which needed to be upgraded and implemented by August 2017 to meet the statutory deadlines of school admissions; and
- Customer satisfaction with the services provided by BTLS and in particular ICT had improved.

The Committee welcomed the performance of BTLS against the agreed performance indicators, and the approach being adopted to ensure that ICT and payroll services supported and contributed to the strategic priorities and objectives of the County Council.

Resolved: That the report be noted.

5.   The Procurement Service Update Report

The Committee considered a report on the performance of the Procurement Service, including 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.

The attention of the Committee was particularly drawn to the following:

- The Social Value Policy and Framework had been implemented in February 2016. This would support the overarching Procurement Strategy;
- Revised 'Procurement Rules' would be presented to Full Council in May 2016;
- Good progress was being made to cleanse and update the supplier database to enable procurement activity to be reported against organisational classifications i.e. small medium sized enterprises, and the voluntary, community and faith sector;
- The work that was being undertaken to reduce the number of short term contract extensions in the future. It was acknowledged that there would always be an occasional need for a contract to be extended due to unforeseen circumstances;
- The activities which had taken place to strengthen internal control arrangements;
- The on-going review and monitoring of the contracts register to help highlight more effectively the lead in times for procurement exercises to be completed on time;
- Significant progress had been made to retender the public health contracts which were transferred to the County Council in April 2013;
- A total of 141 contracts with an annual value of £158m had been awarded successfully in 2015/16 up to and including February 2016.The contracts had engaged 189 contractors within Lancashire with a contract value of approximately £65m and a further 96 contractors within the North West had been engaged with a contract value of approximately £22m.
- The Procurement Service in liaison with Legal Services had successfully responded to all informal challenges around procurement activity without any of them escalating into a formal challenge; and
- Work was on-going to provide assistance to suppliers. A very successful suppliers information day had taken place to give potential contractors a better understanding of the procurement process.

A comment was made about the need to ensure the prompt payment of invoices submitted by care providers. Officers agreed to include details of payment response times in the next procurement update report.

Resolved:

(i)   That the report be noted.

(ii)   That the continuing progress to implement the Procurement Service improvement plan and the current performance of the Service against the key performance indicators aligned to the Procurement Strategy be welcomed.

6.   Lancashire Adult Learning

The Committee considered a report on the County Council's response to the Ofsted inspection of Lancashire Adult Learning and the outcome of Ofsted's recent re-inspection.

It was reported that following the Ofsted 'inadequate' assessment in November 2015, the County Council had put in place a series of measures to ensure that the Lancashire Adult Learning was able to respond positively to Ofsted's planned re–inspection.

It was extremely pleasing that the hard work particularly by the Director Development and Corporate Services, and the staff from Nelson and Colne College had resulted in Ofsted's recent re-inspection giving Lancashire Adult Learning an overall effectiveness assessment of 'good'.

It was noted that Ofsted had highlighted three areas for improvement and that action was already being taken to address these areas. It was hoped that the actions would result in Lancashire Adult Leaning being assessed as 'outstanding' in the future.

Resolved: That the report and the news that Ofsted's re-inspection has assessed the overall effectiveness of Lancashire Adult Learning as 'good' be welcomed.

7.   Urgent Business

None.

8.   Date of Next Meeting

It was noted that the next meeting of the Committee would be held on Monday, 6 June 2016 at 2.00 p.m. in Cabinet Room 'B', County Hall, Preston.

I Young
Director of Governance, Finance
and Public Services

County Hall
Preston

Cabinet Committee on Performance Improvement
Meeting to be held on 8 June 2016

Report of the Director of Adult Services

| Electoral Division affected: |
| All |

Towards Excellence in Adult Social Care (TEASC) – Risk Awareness
(Appendix 'A' refers)

Contact for further information:
Tony Pounder, (01772) 538841, Director of Adult Services,
tony.pounder@lancashire.gov.uk

Executive Summary

Understanding the nature and scale of risks facing adult social care in Lancashire is important for the County Council, its public sector partners and local citizens.

To help frame a systematic and comprehensive understanding of these risks, a framework has been developed under the auspices of the Local Government Association (LGA) and **Association of Directors of Adult Social Services (ADASS)** which Directors of Adult Social Care have been encouraged to use. This 'Risk Awareness Tool' was completed by the Lancashire Director of Adult Social Care (DASS) in November 2015 based on data available at the time. An interactive process was followed to identify the top five risks. The full Risk Awareness Tool is contained at Appendix 'A'.

This report highlights the top five risks identified for Lancashire and a brief account of the mitigating plans in place.

Recommendation

The Cabinet Committee on Performance Improvement is recommended to;

i.   Note the contents of the completed Risk Awareness Tool for Adult Social Care attached at Appendix 'A',

ii. Endorse the assessment of the Lancashire DASS regarding the top five risks facing adult social care in Lancashire,

iii. Endorse the high level plans to mitigate those risks, and

iv. Agree that the Committee should receive an annual report containing an updated Risk Awareness Report for Adult Social Care.

Lancashire
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Background and Advice

Towards Excellence in Adult Social Care (TEASC) helps councils improve their performance in adult social care. Its purpose is to support local government to deliver excellent adult social care services. Through a local, regional and national partnership programme, TEASC underpins the introduction of new policy and helps to sustain proven cost effective, high quality services tailored to individual need. It works with and for local government and its partners to enable them to take responsibility for their own improvement. The experience of sector-led improvement in local government as a whole demonstrates how it is able to improve the council's performance and manage the risk of underperformance.

The Risk Awareness Tool has been recommended by TEASC to support the LGA's responsibility for identifying and managing risks across the adult social care sector. It was suggested as a model, on the understanding that the ADASS' regional networks may choose whether to adapt it and/or integrate it with their existing tools.

The tool is not a performance management tool, and has not been created to replace any existing self-assessment tools. It has been designed for use as a high-level check of the key domains of risk, for example:

- Performance and outcomes
- Leadership and governance
- Commissioning and quality
- National priorities and partnerships
- Resources and workforce management
- Culture and challenge

The tool includes suggested ways of using standard indicators to explore the existence of risk and emphasises the importance of triangulating 'hard' and 'soft' evidence.

The North West Regional ADASS Excellence Board, of which the Lancashire DASS is a member, decided it would commit to the use of the Risk Awareness Tool by all councils in the North West. The agreed process was that:

- A draft was to be completed by each council's DASS
- Each council would 'buddy' with another North West council's DASS to offer challenge and comment on the draft.
- The document would be finalised and then shared with the council's own management and elected members.
- The decision as to whether the document should be part of the publicly available reports and on committee agendas would be a matter of local determination.
- When completed by all North West councils a summary position for the region would be collated and shared nationally via ADASS and the LGA.

Lancashire's first draft was completed in November 2015, shared with and reviewed by a peer (the DASS from another upper tier council) in December, finalised and

presented to the County Council's Management Team in January 2016. It is tabled today so that the Cabinet Committee on Performance Improvement can better understand the challenges and risks facing Lancashire's Adult Social Care sector.

It is also intended to share this report with the Lancashire Adults Safeguarding Board, the Health and Social Care Partnership, and with Lancashire and South Cumbria Systems Resilience Group.

Top Five Risks

There is inevitably a degree of subjectivity in any decision to rank the risks. However the list produced below has been determined following peer challenge and discussions at Management Team. Typically they arise from consideration of the evidence not just in one but a combination of the 'Risk Domains'.

1. Finance / Budget Savings

For Adult Social Care there is a challenging target of £37M to save over the next two financial years (16/17 and 17/18) with potentially much more to be found in subsequent years. This arises from:

- Reduced levels of finance available overall to the County Council;
- Demographic pressures leading to rising demand for adult social care services;
- Pressures transferred from local NHS services as a result of the rising demand facing that sector;
- Cost pressures from the market including the impacts from National Living Wage, the need to meet quality standards and general inflationary pressures.

Mitigations

- External programmes of work established and external support commissioned from Newton Europe to support the delivery of savings over the next two years and beyond.
- Income levels to be maintained or increased from specific areas such as Health via the Better Care Fund; from the Social Care Precept on Council Tax.
- Lobbying government about social care funding levels in collaboration with others, for example, LGA, ADASS, CCN, and directly where appropriate as a County Council.

2. Market Sustainability / Quality

There are major concerns about the quality and sustainability of adult social care services nationally and this is evident locally too. For example:

- There is too much variability in the quality of services, with only 68% of registered services judged 'Good' or 'Outstanding'.
- Challenges to the affordability of good quality services for commissioning organisations and self-funding individuals, for example, in nursing home care.

- Evidence of market polarisation, with investment and services increasingly shifting towards supplying the self-funder market and reduced options for those individuals funded by the County Council.
- Recruitment and retention is proving increasingly challenging particularly in the home care sector, and for registered nurses and registered managers.
- Potential for challenge by workforce to individual providers if due to affordability they do not comply with key employment legislation such as National Living Wage and the 'Whittlestone Ruling' which covers night time rates for staff.

Mitigations

- Recommissioning / procurement exercises being prepared or underway in some areas such as Direct Payments, Community Equipment to ensure improved cost / quality relationship.
- Fresh consideration of commissioning options in home care, reablement, learning disability and mental health.
- Realignment of management and workforce capacity within the County Council to support better quality monitoring and interventions.
- Significant fee uplifts for 2016/17 agreed for the residential and nursing home sector for older people to reflect sector pressures.
- Significant increase in rates to 'supported living' to cover overnight rates for staff working in or 'sleeping in'.

3. Transforming Care for People with Learning Disabilities or Autism

This National Programme to end the use of inpatient beds for adults with learning disabilities poses particular challenges for Lancashire given the number of Lancashire patients likely to be affected by the planned closure of Calderstones Hospital. These include:

- Multi-million pound pressures to the Health and Social care system in Lancashire to develop the new community services needed to support the individuals who are to be discharged under the programme.
- Securing the necessary service quality and availability of services for this group.

Mitigations

- The County Council is playing a full part in the local Transforming Care partnership with Health to ensure the fullest understanding of the financial and commissioning requirements, and development of risk share and pooled budget arrangements.
- Lobbying of Department of Health and negotiations with NHS England about the unique pressures facing Lancashire.
- Engagement with the specialist care and housing providers who can support the development and run new community services.
- Secured local agreement that funding of individuals who move into the community during 2016/17 as part of this programme will be funded by the NHS from Transforming Care transitional funding.

4. Performance / Systems Development

Overall there is a picture of encouraging performance, but with some areas for improvement. However, the major concerns are:

- Inability to report accurately on the number of people waiting for an assessment, caused partly by a lack of standardised process for completing assessments.
- The current focus on retrospective performance analysis does not provide the necessary information to enable teams to proactively track and manage their work.

Mitigations

- Review and improvement plans are underway of Liquid Logic.
- Performance metrics and arrangements under review.
- As part of the Adult Transformation Programme, Newton Europe to support development and use of local performance dashboards which will drive the business.

5. Waiting times for assessments and reviews

These are significant in some areas e.g. occupational therapy, safeguarding and social care reviews. In some cases:

- This will fail to address risks to the individual, or place individuals at increased risk, or
- lead to increased cost to the County Council if we provide too much or ineffective or unnecessary services to the individual.
- Pressures to address and support failing services frequently diverts management and staff capacity away from scheduled work, but
- securing accurate and current information on the waiting times is also a challenge given the issues highlighted in the previous section on Performance and Systems Development.

Mitigations

- Additional capacity is being secured in some key areas of social work and occupational therapy including frontline management.
- Realignment of management capacity in adult social care to provide improved focus on operational priorities.
- Clear triaging/prioritisation schemes for use at Customer Access Centre.
- Providers are undertaking safeguarding work, particularly in residential or supported living settings.
- Work with Newton Europe is underway to improve productivity.
- Working with Health partners to improve arrangements around discharge from hospital.

Conclusion

Adult social care nationally and locally is facing a period of unprecedented challenge. This is recognised widely and this report highlights some of the key risks here in Lancashire.

Consultations

As detailed, the risk assessment has been shared with the Regional ADASS group, and reviewed by one particular DASS, along with being presented to the County Council's Management Team.

Implications:

This item has the following implications, as indicated:

Risk management

Mitigation has been detailed against the top 5 risks identified and further work is ongoing to address these areas where possible.

List of Background Papers

Paper   Date   Contact/Tel

N/A.

Reason for inclusion in Part II, if appropriate

N/A.

Lancashire County Council

TEASC RISK AWARENESS TOOL

(NB: These broad domains were the subject of consultation in 2014).

COMPLETED NOVEMBER 2015

(NB: The "areas to consider" – or "warning signs" - were the subject of consultation in 2014).

RISK DOMAIN	AREAS TO CONSIDER
1. Performance and Outcomes	• Safeguarding adults • Performance • Customer satisfaction • Pressures on the front line
2. Leadership and Governance	• Political change • Organisational change • Experience of political and managerial leaders • Priority given by council to ASC • Corporate challenges • Adverse events
3. Commissioning and Quality	• Market Shaping • Quality Issues
4. National priorities and partnerships	• Health and Wellbeing Partnership • Better Care Fund Implementation • Care Act Implementation • Winterbourne View • Other national priorities
5. Resource and workforce management	• % corporate spend on ASC • Corporate financial context inc. reserves • % spend on residential care • Numbers supported by ASC • Distribution of ASC budget between customer groups • Scale of ASC budget reductions (past and future) • Overspends • Vacancy levels
6. Culture and challenge	• Local Account – process and product • Participation in core SLI activity • Peer review exercises • Local performance management arrangements • Political scrutiny • Complaints

COMPLETED NOVEMBER 2015

Optional processes for using the risk awareness tool

We recommend that the six domains and "areas to consider" should be tackled in each self-assessment. However, the processes for completing, collating and considering the outputs are likely to vary from one Region to the next. Some of the options currently being explored are listed below.

Ratings:

Several regions are exploring how to sum up the self-assessments, with some using high-level "rating" systems (e.g. RAG ratings).

Top three risks:

At least one Region is including overarching questions about the DASS's view of the three top risks and the actions being taken to address them. (Regions could also ask about the DASS's perceived level of key risks before and after mitigating action).

Who should see completed assessments?

Self-assessments will **not** be shared beyond each Region. However, we suggest that there are obvious benefits to be gained from collating them at Regional level, in order for learning to be captured (in a sensitive and anonymised way) and risks mitigated through sector-led improvement activity. Options here include:

- (strongly) encouraging the DASS to share the assessment with the Regional Chair and Regional SLI Lead, to enable them to identify risks and issues that are common across the region, and tackle them through Regional development plans.
- encouraging the DASS to share the assessment with their Lead Member and Chief Executive.
- keeping the completed assessments confidential to the DASS and his/her Peer challenger.

Engaging ADs

Many DASSs are likely to engage ADs with this process. Some DASSs might consult with their senior management teams, and/or ask the relevant ASC AD(s) to complete the tool, and then sign it off.

Using indicators - and which ones?

The TEASC Board has accepted our recommendation that a combination of "hard" and "soft" evidence should be used to assess risk. (Data on its own is unlikely to be sufficient, and will in any case need to be reflected upon, and/or triangulated with other evidence in the course of the self-assessment). Peer challengers (including "buddies" from other councils) are likely to help with this process – by having a conversation in which the issues are discussed in a deeper way.

All regions are already triangulating different types of evidence, and almost all carry out annual regional benchmarking exercises (usually using the ASCOF, and sometimes supplemented with other regional indicators). We are recommending that this work should continue to be developed within regions – and suggest that to minimise burdens, existing nationally-available indicators can be used as supporting evidence for almost all of the key risk domains. Some recommendations are included in the table below (and illustrated in the model).

RISK DOMAIN	WHAT INDICATORS COULD BE USED?
Performance and Outcomes	**ASCOF:** *We recommend the use of some national indicators. (Illustrations are included in the model below).* **Council:** *Councils will wish to include evidence on their performance in **safeguarding adults**. It might be helpful to develop one or two standard regional indicators (subject to discussion within regions).* **RAP:** *Pressures on the front line (including waiting times) are an area of risk at this time of resource constraints, and this issue should be explored in the course of the risk assessment. (The RAP indicator relating to frequency of reviews is one that some regions have already opted to use in their benchmarking).*
Leadership and Governance	**Council:** *We recommend that the following are captured through the self-assessment:* • Portfolio holder (time in post) • DASS (time in post) • DASS (length of experience in ASC)
Commissioning and Quality	**CQC Area Profile:** *Our previous report recommended that CQC's Area Profiles should routinely be discussed at council and regional level. For the risk assessment, we suggest the possibility of incorporating one or two standard indicators. (Illustrations are provided below).*
National priorities and partnerships	**National BCF Indicators:** *The standard set of indicators included in all Better Care Fund plans will be an obvious and universal source of evidence from 2015 onwards.*

Resource and workforce management	**PSS EX1 / ADASS Budget Survey:** *West Midlands region is already piloting a standard set of "use of resources" indicators derived from the PSS EX1 and ADASS budget survey. If these prove useful, we recommend that they should be considered for this national exercise.* **NMDS (national workforce return):** *Recruitment and retention issues (including vacancies/use of agency staff) are a risk factor that should be explored within this tool. We suggest it would be possible to include an indicator on ASC vacancies (subject to discussion within regions).*
Culture and challenge	**Council :** *Councils already have a range of relevant evidence about their own performance, and about their own improvement activity (including participation in core regional SLI events). This could include – for example, the Local Account, the outcomes from any peer challenge exercises, the annual report on complaints, use of "Making it Real" benchmarks, etc.*

David Walden/Rachel Ayling
(for TEASC)
April 2015

RISK AWARENESS TOOL – Model for piloting

1. PERFORMANCE AND OUTCOMES

Examples of Indicators	Examples of questions
Safeguarding	
There were no serious case reviews in 2014/15 78.1% of safeguarding referrals had an outcome within 28 days of the referral being received in 2014/15, rising to 82.8% in Q2 of 2015/16.	**Q1. What methods do you (and the Safeguarding Adults Board) use to assess your safeguarding practices and outcomes? Have externally recommended practice standards and tools (e.g. *"Making Safeguarding Personal[1]" Adult Safeguarding Improvement Tool[2]*) been adopted?** *All strategy discussions are checked signed off by a senior SSW or team manager in MASH. Where appropriate these are shared with contracts and CQC. All enquiries are checked and signed off by team managers in SES teams. In SES teams we use both planned and random safeguarding case audits using the agreed audit tool. This was developed in line with Making Safeguarding Personal practice guidelines. These have been done by Advanced Practitioners. Actions can be taken forward on an individual, team or service level. We need to ensure that robust case audits arrangements remain as we move to a Team Manager model of first line management.* *All staff in MASH and SES receive regular supervision by managers to support, scrutinise, and develop practice including follow up from reviews and customer feedback. Again we need to ensure that this is robust as we move to a Team Manager model.* *Managers chair safeguarding risk assessment and planning meetings and the minutes of these are shared with contracts and CQC.* *In Adult Services there is a Safeguarding Practice Group with members from both the safeguarding service and adult social care which considers the main safeguarding practice improvements required. Information comes, for example, from customer feedback and case audits.* *A group has just been established as part of the Board work to look at Quality Assurance, led by Head of Service* *Consideration needs to be given to whether the National Safeguarding Adults Competency Framework is adopted in Lancashire.*

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[1] http://www.local.gov.uk/documents/10180/5854661/Making+Safeguarding+Personal+-+Guide+2014/4213d016-2732-40d4-bbc0-d0d8639ef0df
[2] http://www.local.gov.uk/documents/10180/6869714/Adult+safeguarding+improvement+tool.pdf/dd2f25ff-8532-41c1-85ed-b0bcbb2c9cfa

Q2. Have you sought or received external feedback on your performance in this area (e.g. through a safeguarding peer review) this year? If yes, please briefly summarise the main recommendations (and/or attach the report). Are you confident that the recommendations will be implemented?

Not in last 2 years

Q3. What provider risks (within both regulated and unregulated services) are you concerned about and how are you mitigating them? (See also Section 3).

Care Homes for older people
Risk - home closure (mitigation: monitoring of Quality Premium arrangements thereby higher quality services funding will increase therefore offering market stability and sustainability - poorer services will be managed out of the market)

Risk – underreporting/non reporting of safeguarding (mitigation: recently identified cohort of homes who never report and these providers targeted as part of 'pro-active' monitoring pilot – potentially extend this model dependent on outcome of pilot and future resource)

Risk – providers falling through the net and inconsistency in relation to monitoring of providers across the sector (mitigation: consideration of further joint compliance/monitoring exercises with Health (and CQC?) further cementing and strengthening joint approach/solutions to problem providers)

Risk – crisis situations in relation to very poor services as identified through current CQC inspections (mitigation – further development of radar/QIP through revised governance arrangements and also development of an enhanced crisis/intervention model, which Contract Management is part of; future development of pro-active quality reporting from KPIs to capture potential crisis homes before they spiral down)

Home Care for older people and PD
Risk - Provider failure following CQC or other inspection, adding to the lack of capacity in the care market.

Risk of poor quality of service – (unknown level). We currently have limited proactive working with providers and therefore our potential lack of ongoing knowledge about providers could lead to poor quality of service that is not addressed. We are currently working in a reactive way to review negative intelligence received to help target and prioritise our workload, but this doesn't help with allowing us to have a reasonable understanding and

knowledge of all our contracted providers, the level of service they provide, the quality of their service provision.

Mitigation - with the intentions of developing new framework, there are plans to move to a more proactive approach which will allow a closer and more open relationship with our contracted providers. We will be able to understand how our providers are performing and hopefully allow us to address developing issues before they become critical.

LD Supported Living

Risk – there is not enough contract monitoring resource to proactively monitor services in terms of quality and delivery of commissioned hours. There is an increasing demand for reactive monitoring which is anticipated to increase with the establishment of the new LD Social Work Team.

Mitigation – This may in part be mitigated by the implementation and ongoing monitoring of a new LD Framework.

Risk – Eventual introduction of a new Framework and the proposed reduction in the number of Providers may cause disruption to the market and have a knock on effect on quality of services.

Mitigation - unsure of how this can be mitigated as the intention to reduce the number of Providers via the Procurement is set.

Risk – Poorly performing Providers (who do not get on the new framework) will work via existing relationships with Service Users to encourage the take up Direct Payment when this may not be the most appropriate option.

Mitigation - unsure how this can be mitigated pre Procurement.

Mental Health Services

Risk – There is not enough resource to monitor all individual services proactively. In addition, the current SRO team do not have the necessary skills or experience or confidence to monitor MH services.

Mitigation – This may in part be mitigated by the implementation and ongoing monitoring of the new MH Framework. Training for staff

Risk – Poorly performing Providers (who do not get on the new framework) may take advantage of existing relationships with Service Users to encourage the take up of Direct Payments when this is not the most appropriate option.

Mitigation -   unsure how this can be mitigated pre Procurement but need to advise customers about options

__General ;__

Risk – Provider Failure. This may increase with the imposition of new benchmark rates and/or Pricing models

Mitigation -   robust cost / price analysis

__Unregulated Services__

Risk – Smaller unregulated services that may disappear in the near future as many of them are non-statutory and may leave people isolated and without a service (for example Rural Luncheon Clubs) however this is more about the Service Users, than the Providers.

Mitigation - ensure signposting of individuals to alternatives including options of assessments

Q4. Overall, on the basis of routine performance monitoring, learning from serious case reviews, and external feedback, how confident are you that your adult safeguarding practices and systems are person-centred and robust? Do you think there are any __urgent__ areas for improvement?

There is more work to be undertaken to provide robust assurance, Serious Case reviews have been infrequent, external feedback on individual cases has been generally positive, However, the scale of demand is rising. An external review may be helpful in the next two years.

Addressing need for additional staffing and for establishing robust performance management are the next steps.

Q5. How are you handling the challenges raised by recent MCA/DOLS legal judgements?

Performance

The Health and Social Care Information Centre statistics for 2014/15 show an increase in DOLS applications nationally from 13,700 in 2013/14 to 137,540 in 2014/15; representing a tenfold increase.

Lancashire's rate of applications has been as follows:

Applications received   2013/14   = 277
Applications processed   2013/14   = 277 (141 granted; 131 not granted)

Applications received   2014/15   = 2,388
Applications processed   2014/15   = 852 (480 granted; 372 not granted)

Outstanding applications at the end of March 2015 = 1,535

The rate of applications has continued to accelerate in 2015/16 with a total of 2378 applications (396 per month) received in the first 6 months of this year already.

The DOLS team has processed 350 applications in the first 6 months of the 2015/16 financial year. This represents a slight decline in the number of applications processed which is a reflection on the reduction of BIA's on the team.

Risk mitigation strategies

- The DOLS Team uses a prioritisation system based on ADASS guidance: This is a 'triage' process whereby we place applications into Red, Amber or Green categories depending on their level of priority.

  At the present time the DOLS team are managing to deal with DOLS renewal applications and reviews and a small number of the urgent 'high priority' cases. However, continuing to process reviews and renewals is at risk whilst operating with 3 vacancies. Not processing renewals and reviews is considered by the DOLS team to be particularly risky as these cases are known to be a deprivation of liberty and the service user will have an advocate involved and the case may well also be in the Court of Protection (COP).

- Consistent advice to care home and hospitals to continue to make applications to ensure we are still actively engaged in the DOLS process and not ignoring the problems.

- Advice to providers of domestic based care and support to reassess capacity and review all restrictions and care plans to ensure they are as least restrictive as possible. Ensure that providers are able to give us up to date information as and when cases go to court. Again, we are making sure everyone is actively engaged in the process.

- Providing workshops and training to providers of services and social work and health colleagues about their respective roles in DOLS and DOL and to ensure all are aware of their responsibilities.

- We give clear advice to all providers that if the person's circumstances change, and additional restrictions are imposed, that they inform the DOLS team as soon as possible so we can re-prioritise if

	necessary.
	• *DOLS duty officer always available 9 – 5 Monday to Friday for advice, guidance and discussion. DOLS Team Manager and MCA Co-ordinator also available for same.*
	• *We have established a well-qualified and experienced pool of independent BIAs and MHAs in addition to the permanent members of the DOLS team and the LCC BIAs on a rota. All assessments are reviewed by a member of the permanent DOLS team and amendments are requested if they are not person centred and do not come up to the high standards that we set.*
	• *Excellent working relationships with North West DOLS leads to share good practice and learning*
	• *The DOLS team have committed to filling 3 full time BIA vacancies on the team as well as 4 temporary full time BIA posts, 8 temporary BSO posts and a temporary Paralegal officer. 4 newly qualified BIA's have just been added to the next DOLS duty rota. These additional resources will go along way towards mitigating the risks associated with the backlog which has been caused by the Supreme Court Judgement on DOLS.*

Performance and outcomes

The Adult Social Care Outcomes Framework (ASCOF) is a national performance framework. In Lancashire performance is generally improving, and compares reasonably to the national average in most indicators, as shown below.

ASCOF Number	Measure description	2012/13 Lancashire	2014/15 Lancashire	2014/15 England Average	2014/15 Lancashire cf national average	Aiming to achieve	2015/16 Q2 Lancashire
1A	Social care related quality of life	19.1	19.5	19.1	better		N/A
1C-1a	% of service users on self directed support		68.30%	83.70%	worse	84%	55.8%
1C-1b	% of carers receiving self-directed support		99.20%	77.40%	better	Maintain	99.1%
1C-2a	% of service users on direct payments		20.20%	26.30%	worse	30%	21.0%
1C-2b	% of carers on direct payments		98.50%	66.90%	better	Maintain	98.3%
2A (1)	Admissions to res and nursing care per 100,000 population 18-	17.1	16.8	14.2	similar	15.7	16.3

Q6. Have you identified particular areas where your performance/outcomes should be improved? *(If "yes", are you feeling confident that you can achieve the desired improvements over the next year? Have you discussed this with your Regional Chair and/or SLI lead?)*

Of the 2014/15 ASCOF indicators, there were only four where Lancashire was significantly worse than the national average:

- Percentage of service users on self directed support. This is more of a recording issue than actual performance as personal budgets are the standard offer for all service users. Reported performance will show an improvement when reviews are completed and records updated.
- Percentage of service users with direct payments. Performance is improving in line with expectations.
- Percentage of adults with Learning Disabilities in employment.
- Permanent admissions to residential and nursing care per 100,000 population aged 65+. Performance is improving and current estimates show that the national average will be achieved.

	64.					
2A (2)	Admissions to res and nursing care per 100,000 population 65+.	796.4	774.9	669	worse	678	668.0
3A	Overall satisfaction of people who use services with their care and support	64.90%	70.30%	64.70%	better		N/A

Pressures on the front line

Number of existing service users who had a review per 100, 000 population

2014/15
12093 service users with a review completed
936101 population aged 18+ (mid 2013 estimates) = 1291.8

2015/16 Q2
8591 service users with a review completed
939980 population aged 18+ (mid 2014 estimates) = 914.0

Q7. Have you specified target response times (e.g. for assessments, reviews and provision of council-run services)? Are these targets being achieved? If "no" what are the exceptions? *(If you have concerns about the current capacity of your front line services to respond to pressures, please use this space to explain your concerns). (See also Section 5, Q5)*

These are currently being reviewed, re-set and will be established in practice

Current Performance Management systems do not give confidence in ongoing and routine data quality and consequent reporting

2.   LEADERSHIP AND GOVERNANCE

Example Indicators	Examples of questions
Name of Portfolio holder: *Tony Martin* **Length of time in post:** *3 years, but also highly experienced with other Cabinet portfolio roles* **Name of DASS:** Tony Pounder **Length of time in post:** *1 year* **Duration of career experience in ASC** *32 years*	**Q1. Have there been political changes to your council this year? If "yes", how have they impacted your strategy for ASC? How are you managing this impact? Is more change likely after the next local elections***?* *No the Administration has remained stable in the last year* ***(Please give date of next local election:)*** May 2017
	Q2. Have there been any changes to your council's organisational structures which have impacted ASC this year? *Yes, council wide for transformation went live April 2015. This has significantly changed the structure and organisational arrangements of ASC, and this will continue in the years ahead*
	Q3. How far have senior management changes affected the delivery of ASC this year? Are there significant senior vacancies at this time and how are you handling the consequences? *Many experienced senior staff left by April 15, and further departures by the end of 2015/16. Those that remain typically very experienced but in new and often more senior roles in some cases with different / much wider span of responsibilities than predecessors*
	Q4. What is your "span of control"? What experience and training do you have in ASC? *Located in Operations and Delivery* *- Social work services for adults* *- In house services for older people and adults with disabilities* *Commissioning arrangements are managed through Corporate Commissioning. Programme Management, Systems, managed elsewhere*
	Q5. Is Adult Social Care clearly visible within the council (e.g. are you a full

	member of the Chief Executive's SMT?)
	The DASS is not a member of MT but is regularly invited on particular topics. The functions and pressures are well understood by cabinet and by other senior management
	Q6. Has the council experienced unexpected events or pressures this year (e.g. in children's services, environmental services etc) which may have affected the prioritisation given to ASC? *Adverse OFSTED inspection*
	Q7. Has ASC recently been subject to judicial review (or are there any ongoing judicial reviews)? *(If "yes", please briefly describe any impact/potential impact you are concerned about).* *No, but there have been concerns from the local care sector who have threatened to JR on grounds of pricing or procurement.*
	Q8. Has there been significant adverse local or national media coverage of ASC this year? • *Care home closures and quality /safeguarding issues in the sector.* • *Floods response* • *Use of Newton Europe to support delivery of savings*

3. COMMISSIONING AND QUALITY

Examples of Indicators	Examples of questions
Market Shaping	
Date of published Market Position Statement (including refresh)………… *Not published yet, under development*	**Q1. Do you have concerns about the costs, quality and/or sustainability of the services you commission? If yes, what action are you taking about this?** *Yes. Major recommissioning exercises underway to address in OP home care, LD, community equipment, MH, Direct Payment* *Increased and refocussed capacity on quality assurance and monitoring and on management of care home failure*
	Q2. Have you identified specific market gaps – and if yes, how are you planning to address these? *Reablement, home care, crisis care and all forms of domiciliary care across the county – new commissioning plans being drawn up in response* *Nursing home placements across the county and residential care in some areas of Lancashire, exacerbated by closures and suspensions and changes in registrations. Working with NHS colleagues to develop a new commissioning strategy.*
	Q3. Have you undertaken a major re-commissioning exercise this year? *(If "yes", has this exercise gone well? Has it created pressures and/or management challenges that have been difficult to handle?).* *Community equipment and Telecare has gone well and to a conclusion* *Home care / Reablement for older people and Learning Disability Framework recommissioning exercises have been stopped due to challenges / concerns about*
Service Quality	

CQC Area Profile: % of registered services that are not compliant (any reason) 5% are inadequate 27% require improvement					Q4. Do you have agreed quality standards (or outcomes) for all your commissioned services? Assuming "yes", how do you monitor these? *(Are you confident that you would know if there were problems?)*. *Yes, but proactively monitoring is a challenge due to the size of the sector and typically we are operating on a more reactive basis to concerns raised by CQC or as a result of safeguarding concerns*
1. Special Measures	**Central**	**East**	**North**	**Total**	Q5. Are you currently taking action in relation to quality concerns (and/or serious incidents) within one or more services (including embargo on new placements, etc)? *Yes*
The number of Providers designated by CQC as being in special measures					Q6. On the basis of your Area Profile, and or dialogue with CQC, how does the quality of your local registered provision compare with others? *Generally better than national average – about 10% more in terms of services in good or excellent categories*
01/04/15 – 30/06/15	3	0	1	4	
01/07/15 – 31/08/15	3	0	2	5	
01/09/15 – 31/10/15	3	0	2	5	

2. Contractual Stages	**Central**	**East**	**North**	**Total**
The number of Providers who are suspended (Voluntary)				
01/04/15 – 30/06/15	0	2	0	2
01/07/15 – 31/08/15	0	2	1	3
01/09/15 – 31/10/15	0	2	1	3
The number of Providers who are suspended (Formally)				
01/04/15 – 30/06/15	3	1	2	6
01/07/15 – 31/08/15	3	3	2	8
01/09/15 – 31/10/15	4	5	2	11

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4. NATIONAL PRIORITIES AND PARTNERSHIPS

Examples of Indicators	Examples of self-assessment questions
Partnership working with the NHS	

Date of publication of HWB Strategy (including refresh) *2014*	**Q1. In general, how would you characterise your relationship with your health partners, and the outcomes being achieved from your joint work?**
Date of publication of JSNA (including refresh) *2014*	
BCF Indicators:	Generally sound at operational level. Challenging at strategic level, challenges of integration, capacity, funding.
Non-elective admissions per 100,000 population	
In Quarter One (2015/16)) compared to Quarter Four (2014/15) there has been a reduction in non-elective admissions of 1% against a proposed reduction target of 3.1% and from a Quarter Four increase of 5.7%.	**Q2. Do you have any early concerns about the achievement of BCF-related improvement targets? Please briefly describe the emerging risks. How confident are you that they can be resolved?**
ASCOF 2C(2): Delayed transfers of care that are attributable to social care per 100.000 popn – see below	*Non-elective admissions –*
ASCOF 2B(1): Proportion of OP still at home 91 days after discharge into reablement/rehabilitation – see below	*ASCOF 2A(2) Residential admissions 65+ - Lancashire is improving and on course to achieve the BCF target. The 2015/16 Q2 figure of 668.0 now meets the 2014/15 national average. A change to the definition of the indicator has caused some inconsistency in how authorities interpret the guidance and affects the reliability of benchmarking exercises. Some data quality issues exist to improve the accuracy of the SALT reports from which this indicator should be taken.*

ASCOF Number	Measure description	2012/13 Lancashire	2014/15 Lancashire	2014/15 England Average	2014/15 Lancashire cf national average	Aiming to achieve	2015/16 Q2 Lancashire
2A (2)	Admissions to res and nursing care per 100,000 population 65+.	796.4	774.9	669	worse	678	668.0
2B (1)	Effectiveness of reablement (% at home 91 days after discharge)	78.8%	79.3%	82.1%	similar	82%	
2C (2)	Delayed discharges attributable to social care (per 100,000 pop 18+)	1.1	2	3.7	better	Maintain	1.8

ASCOF 2B(1) Reablement – The Lancashire methodology is changing to automate the collection of these figures in future and to provide in year monitoring each quarter rather than just at year end. Data are not yet available to report the in year numerator (number still at home at 91 days) and hence the outcome, though significant efforts have been made to increase the denominator (number of people offered reablement) which brings Lancashire more into line with other large authorities. There are data quality issues to be tackled, but we are confident most can be resolved.

ASCOF 2C(2) Delayed discharges attributable to social care – Lancashire scores well compared with other authorities. The figure for 2015/16 Q2 at 1.8 shows a further improvement on the 2014/15 year end figure of 2.0.

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	Q3. Is your local health economy experiencing significant financial, organisational or performance challenges, that are having an impact on the implementation of the BCF (or on your own service delivery?). *(If "yes", please describe, and try to explain the <u>degree</u> of difficulty. For example, are local NHS services in special measures, and/or subject to special intervention or scrutiny?).* **How are these pressures being handled?** (*Please describe).* *Yes, very significant financial, organisation and performance challenges to various extents across Lancashire.* ***Financial*** *> £500M gap in coming years, current year significant deficits. Monitor in situ in Lancashire Teaching Hospital.* ***Organisational.*** *Vanguard programmes to deliver offering new opportunities but also challenges to capacity to manage* ***Performance*** *Morecambe Bay and ELHT now out of special measures,. Calderstones is now rated 'Good' by CQC. LCFT now rated 'Requires Improvement'*
Other National Priorities	
Optional regional/local indicators	**Q5. What arrangements have you put in place to monitor the implementation of the Care Act from April 2015?** Stocktakes and LCC Programme Board in place for delivery **Are you experiencing specific and/or unexpected challenges in this area?** Advocacy capacity is proving a challenge

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	Q6. What action are you taking to implement the recommendations arising from the Transforming Care (Winterbourne View) programme? How are you addressing any specific and/or unexpected challenges in this area?
	Working as part of the Fast Track Lancashire programme
	Q7. *Optional question on any other national or regional priorities…..*

5. RESOURCE AND WORKFORCE MANAGEMENT

Examples of Indicators	Examples of self-assessment questions
Use of Resources	
• 29% of the council budget is spent on ASC (CLG RO Return) • Gross current expenditure on ASC per 100,000 population in the last reported year (EX1): £48,585,283 • 31% of the gross total adult social care budget was spent on residential and nursing care in the last reported year (PSS EX1) • There has been a 2.35% reduction in gross ASC expenditure since 2011/12 (PSS EX1) • The projected reduction in ASC budget in 2014/15 and 2015/16 is £3.35m (ASC-FR 2014/15 and RA form for 15/16) • The percentage overspend on ASC net budget in 2013/14 was 3% and in 2014/15, 2% (EX1 for 13/14 and ASC-FR for 14/15)	**Q1. How would you summarise the impact of your budget reductions/efficiencies programme so far?** *(You may choose to refer to the response you gave in the ADASS budget survey – e.g. in relation to your <u>degree</u> of concern about the overall impact).* *Fewer people accessing services compared to the past.* *The savings programme to date hasn't supported a sustainable care market, and has reduced internal Council capacity to shape sustainable market provision for the longer term* **Q2. Did ASC overspend its budget last year (or is an overspend projected for the current year?) If "yes", please briefly describe the measures you are taking to address this, and your degree of confidence that ASC expenditure can be further contained.** *Adult Social Care is forecast to overspend in 2015/16 by c£19m. This largely as a result of in-year planned spending reductions no longer deemed to be achievable, delayed implementation of re-procurement activities and spending levels being inherently higher than recurrent budget from prior years.* **Q3. To what extent has your council "protected" ASC over the last five years, and how is this changing?** *(Again, you may choose to refer to your ADASS budget survey return).* **Please briefly describe any corporate financial challenges (such as corporate overspends, unusual budget pressures in other service areas, low corporate reserves etc) that are a particular cause of concern for your council at the present time.** *Yes to a great degree by use of Reserves. This unlikely to be possible to any extent beyond 17/18.* **Q4. To summarise, how confident are you that, overall, you can continue to protect the quality, availability and safety of ASC services over the next 3 years?** *(Please use this space to share any additional thoughts/observations about your local resource challenges).* *Extremely unlikely to be able to maintain current position on availability of services given scale of funding reductions, in some areas that has been acknowledged and decommissioning exercises are underway. Gaps are already opening up in some areas of the market (service or geographic areas or both)*

	Quality is also a concern – recruitment and retention of staff including qualified staff is a major challenge in many areas. Lancashire position (judged by CQC ratings) is better than England average but still too many services and too many people experiencing poor services.
Workforce management	
NMDS: 9% of management/supervisor posts that are vacant 12% of direct care posts are vacant	**Q5. Are there particular areas of your service/department where there are high rates of sickness/absence, high numbers of vacancies and/or high use of temporary/agency staff? (If yes, what are you doing to address this?)** Recruitment plans drawn up for staff recruitment into social work positions currently held by agency staff.
	Q6. Overall, are there workforce challenges across your sector that are of particular concern or worsening (especially in relation to recruitment and retention and/or training and competency)? (If "yes", please give brief details, including any remedial actions that are being taken by you or your partners). • Recruitment of care staff into OP services in independent sector • Nurses into nursing homes • Registered managers

6. CULTURE AND CHALLENGE

Examples of Indicators	Examples of self-assessment questions
Participation in SLI activity	
Date of publication of last Local Account - .Oct 2014, 2015 ready for publication Date of last <u>peer review/challenge</u> exercise – 2013 covering the topic of Reviews.	**Q1. Do you and other senior staff participate regularly in regional ADASS branch meetings and SLI events? (*Please say which postholders are involved, which networks they are involved in, and how often you attend*).** *DASS is on Excellence Board and attends regional and national events events. DASS is part of national ADASS group looking at Transforming Care programme finances*
	Q2. Please summarise your approach to producing a Local Account (with particular reference to your engagement with users and the wider public). What plans do you have to develop/improve your Local Account next year? Local Account for 2014/15 finalised.
Local Performance monitoring	
2014/15 Number of ombudsman complaints: 78 Number of ombudsman complaints upheld: 11 2015/16 Q1 Number of ombudsman complaints: 2 Number of ombudsman complaints upheld:	**Q3. What regular/routine methods do you use to monitor ASC performance (including the use of benchmarking)?** All ASCOF indicators are routinely benchmarked against national, NW and comparator group averages, also against top quartile performance. Lancashire are involved with more intensive in year benchmarking exercises against agreed additional indicators within the NW group, but lack of time has hindered progress.
2015/16 Q2 Number of ombudsman complaints: 2 Number of ombudsman complaints upheld: . 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	**Q4. How do you assure the quality of your data? (Please mention any known data gaps or concerns about data accuracy, and describe any recent work to improve this if applicable).** Overall, major concerns about the quality of data which are known about and being addressed with partners inc Liquid Logic, OCC, and Newton Europe as well as with the support of internal business intelligence, commissioning, operations and systems capacity.

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:

- o *5 not upheld*
- o *9 not progressed by the LGO*
- o *8 referred back for local resolution into our complaints procedure*
- o *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*

As well as benchmarking ASCOF indicator outcomes, we benchmark numerator and denominator figures against comparator authorities to highlight any discrepancies, eg for ASCOF 2D (eg Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level) where we know our system reporting of those receiving short term support to maximise independence is lower than it should be. Although the outcome is high, both numerator and denominator are low when compared with other similar sized authorities:

ASCOF 2D 2014/15		Numerator	Denominator	Outcome
East Midlands	Derbyshire (506)	2690	3055	88
	Lincolnshire (503)	610	705	86.8
	Northamptonshire (504)	1115	1135	98.2
	Nottinghamshire (511)	1760	2295	76.8
Eastern	Essex (620)	4510	5315	84.9
	Norfolk (607)	2555	3095	82.5
	Suffolk (609)	1295	1715	75.4
North West	Cumbria (102)	600	1045	57.7
	Lancashire (323)	790	910	86.7
South East	Kent (820)	3755	5050	74.3
South West	Devon (912)	1320	1495	88.4
	Gloucestershire (904)	2400	2660	90.2
West Midlands	Staffordshire (413)	1570	2160	72.6
	Warwickshire (404)	585	900	64.9
	Worcestershire (416)	460	570	80.5
Yorkshire & Humber	North Yorkshire (218)	1565	1970	79.3

We have a number of ongoing data quality investigations ongoing, as described earlier in section 4, question 2.

- *2 referred back for local resolution into our complaints procedure* - *None were upheld*	Q5. Has ASC adopted any externally recognised performance frameworks/standards (such as "Making it Real"). Please briefly describe how these frameworks are used, and what impact you think this has had. **No**
	Q6. What methods have you used to seek and obtain feedback from users and citizens in the past year? How are you planning to develop and improve your public engagement? Consultation on budget proposals in February 2015. Fresh budget consultations underway – some public meetings, many on-line
	Q7. What political Overview and Scrutiny arrangements are in place for ASC? Please briefly summarise any formal scrutiny exercises undertaken over the last year, and what impact this has had. Learning disability Budget scrutiny
Recent staff survey results if relevant.	Q8. How confident are you that your council's leaders and senior managers communicate a vision, and display the appropriate values on a daily basis? How do you assess this? *(Please briefly describe activities such as leadership development and appraisal processes that are in place).* *Investors in People award* *Older Peoples Customer Care Award* *MSQs and PSQs for completion* *PDR system in place*
	Q9. How confident are you that your staff display the appropriate values on a daily basis? How do you assess this? *(Please briefly describe other "organisational development" activities, and include reflections on their impact).* *Lancashire Way embedded in council* *Post Transformation training for all management* *Feedback sought from informal and formal meetings with staff*

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Report to the Cabinet Committee on Performance Improvement
Meeting to be held on 8th June 2016

| Electoral Division affected: |
| None |

Risk and Opportunity Register
(Appendix "A" refers)

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Executive Summary

Earlier this year the Cabinet Committee on Performance Improvement agreed a corporate approach to Risk and Opportunity Management that had previously been agreed by the Audit and Governance Committee as recommended by Management Team. The key aspects of the approach include:

- The development of a Corporate Risk and Opportunity Register.
- A quarterly reporting timetable to Management Team, the Cabinet Committee on Performance Improvement and the Audit and Governance Committee.
- The development of a Risk and Opportunity intranet site.
- The identification of Risk Champions within service areas.
- A training/briefing programme for Risk Champions and Members.
- The inclusion of Risks and Opportunities in Quality of Service and Highlight reports.

This report provides an update on the Risk and Opportunity framework and presents at Appendix 'A' an updated Risk and Opportunity Register for the Committee to consider and comment upon.

Recommendation

The Committee is asked to comment on the updated Risk and Opportunity Register at Appendix 'A'.

Background and Advice

At its meeting held on 30 June 2015 the Audit and Governance Committee approved the County Council's Annual Governance Statement (AGS) for 2014/15. The AGS noted a number of emerging governance issues including the need to embed a systemic approach to identifying and managing strategic risks and opportunities.

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In response to this, a Risk and Opportunity Register has been developed by the County Council's Management Team and relevant directors/heads of service, providing a brief, high level description of risks and opportunities along with the current controls and further proposed mitigating actions. The Register also includes "risk scores" for both before and after the application of mitigating actions based on a scoring matrix. The first draft of the register was presented to the Cabinet Committee on 7th March 2016 and Audit and Governance Committee on 25th January 2016.

The corporate approach to reporting on risk and opportunity was also agreed which will involve Risk and Opportunity reports being provided to Management Team on a quarterly basis, following which the reports will then go to the Cabinet Committee on Performance Improvement and then to the Audit and Governance Committee.

An updated Risk and Opportunity Register for quarter 1 is attached at Appendix 'A' and the Committee is asked to comment upon it.

The key highlights in the register include:

- allowing for mitigating actions, the residual risk score for the following entries remains 12 or above so the issue remains on the register:

Risk Identification Number (RIN)	Risk Description
CR1	Failure to implement the County Council's MTFS. Further mitigating actions added but residual risk score remains unchanged.
CR2	Risk to the on-going financial viability of the County Council. Further mitigating actions added but residual risk score remains unchanged.
CR4	Delivering Organisational Transformation. Residual score reassessed and increased to 12.
CR5	Inability to adequately protect and safeguard children. Further mitigating actions added.
CR6	Failure to comply with statutory requirements and duties relating to children looked after, children in need and children leaving care. Further mitigating actions added.
CR7	Failure to recruit and retain experienced staff within Children's Services. Further mitigating actions added and risk scores reassessed.
CR8	Reputational damage and risk of direct intervention by DfE. Further mitigating actions added and the risk score reassessed.
CR12	Inability to implement/maintain systems that produce effective management information. Further mitigating actions added but residual score reassessed and increased to 12.
CR15	Delivering new waste management arrangements – Budget Option Proposal (BOP) 046 and GRLOL transformation. This entry has been re-worded, mitigating actions added and the residual score increased to 16.
CR16	Management of the County Council's assets. This entry has been reassessed and the residual score increased to 12.
CR20	Transforming care (Winterbourne). Residual score remains at 12.
CR21	Service user/customer risk associated with the inability to influence behaviour change in demand and expectations continue to rise. Residual score remains at 12.

CO1	Developing a new model for public service delivery in Lancashire. Further maximising actions added and scores reassessed.
CO2	Delivering economic growth. Scores reassessed to increase after maximising actions.
CO3	Opportunities through delivering the corporate strategy and property strategy. Scores corrected to increase after maximising actions.
CO4	Health and Social Care Integration. Further maximising actions added and scores corrected to increase after maximising actions.

- there have been 3 new entries onto the register that focus on:

Risk Identification Number (RIN)	Risk Description
CR24	Failure to achieve targets with National Troubled Families Unit.
CR25	Failure to implement and meet the statutory requirement to children and young people with special educational needs and/or disabilities.
CR26	Proposed museums closures.

- The following entries have been removed from the corporate risk register because the mitigating actions have reduced the residual risk score to below 12. However, the risks will remain on service risk registers. These are:

Risk Identification Number (RIN)	Risk Description
CR3	Failure to deliver joint service between Lancashire Pension Fund and London Pension Fund Authority, due to inability to agree terms resulting in some abortive costs, and the non-delivery of a flagship project within the LGPS reform agenda.
CR9	Failure to respond effectively to a major civil emergency and play our part in the strategic coordination.
CR10	Failure to manage debt recovery.
CR11	Non-compliance with EU procurement law and the County Council's procurement rules.
CR13	The provision of robust Information Governance arrangements.
CR14	The provision of effective Corporate Governance arrangements.
CR17	Failure to provide customer access to all County Council services.
CR18	Non-compliance with statutory responsibilities of safeguarding, resulting in adults with care and support needs being put at risk of abuse or neglect.
CR19	Failure to manage residential and nursing care market in Lancashire.
CR22	The provision of a Coroners Service.
CR23	Failure to maintain adequate financial resources to be able to fund self-insured losses as and when they arise.

At is meeting on the 25th January 2016, members of the Audit and Governance Committee received training on risk management and Cabinet Members have also received a briefing. A programme of training has been delivered to Management Teams, Heads of Service and Risk Champions, where officers have been briefed on the approach and their roles and responsibilities.

A Risk Management intranet site has been developed and a handbook for staff and councillors has been produced setting out the adopted approach. Risks and opportunities have also been incorporated into Quality of Service and Highlight reports.

The Internal Audit Plan for 2016/17, approved by the Audit and Governance Committee, noted that the processes supporting the Risk and Opportunity Register are still being developed to ensure that the register is robust and sustainable and to ensure that the register is an adequate reflection of the County Council's most significant risks being addressed at a given point in time. In due course this will serve as an active log of the most significant matters requiring management attention because the risks recorded are deemed not to be sufficiently mitigated and therefore not yet under effective control. The Internal Audit Plan itself includes the preparation and use of the Risk and Opportunity Register as a key component of an overall assurance opinion.

The report also noted that the Risk and Opportunity Register is relevant to the Internal Audit Plan in recording areas where the Internal Audit Service should assess the adequacy and effectiveness of the actions proposed to mitigate the County Council's most significant risks and the progress being made in their implementation. Where risks have been mitigated, or are believed to have been so, they may not then be recorded in the Risk and Opportunity Register and must then be identified through other means.

Where management understands controls to be in place around significant risks, particularly those over the greatest risks or operating in a large number of individual instances, the Internal Audit Service should provide assurance that these controls are adequately designed and operating effectively.

Implications:

This item has the following implications, as indicated:

Risk management

Good governance enables a local authority to pursue its vision effectively as well as underpinning that vision with sound arrangements for control and management of risk. A local authority must ensure that it has a sound system of internal control which includes effective arrangements for the management of risk. Failure to develop and maintain a Corporate Risk and Opportunity Register means the County Council would be failing to adequately discharge in its responsibilities for ensuring accountability and the proper conduct of public business.

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

Paper   Date   Contact/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A

Appendix A: Corporate Risk & Opportunity Register May 2016

Risk Identification Number (RIN)	Risk Description	Risk Type	Possible Consequences	Current Controls	Risk Score	Mitigating Actions	Residual Score	Risk Owner	Direction of Travel
CR1	Failure to implement fully the County Council's medium term financial strategy including the delivery of planned budget reductions	Economic	Financial Savings not achieved resulting in in-year overspends with pressure on following year's budget and reserves depleted more quickly than planned. Reductions in service and/or drop in quality of delivery leading to Judicial Review and damage to the County Council's reputation. New legislative requirements not being met and uncertainty over being able to deliver and/or implement future large projects. Potential for infrastructure to deteriorate.	• Monthly budget monitoring processes for Heads of Service and Directors with particular focus on agreed savings delivery. • Ensure key programmes of activity (particularly linked to savings / downsizing) are adequately resourced. • Quarterly Money Matters budget monitoring reports, Medium Term Financial Strategy (MTFS), reserves and Treasury Management reports presented to members (includes capital). • Management Team actions to monitor key areas of expenditure and consider remedial courses of action to address budgetary pressures. • Robust MTFS and Plan, updated to reflect variations to resource and demand assumptions. Reserves regularly monitored and reviewed. • Resources allocated to Base Budget Review. Rebalance budget savings via an ongoing risk assessment.	25	• Implementation of recommendations (Base Budget Savings Options and from scheduled Zero Based Review activity) from the Base Budget Service Review to be considered by members. • Appropriate consultation to take place. • Improve commercial and financial acumen. • Continuously revalidate budget assumptions. • Initial brief for Council's business and operating model has been agreed by Cabinet and progress reports to be presented to the Political Governance Working Group. • Appointment of consultants to review Council's business model. • Develop a future public service model for Lancashire in conjunction with its partners. • Development of response to the Treasury and Department for Communities and Local Government (DCLG) of future needs assessment/allocation formula. • Consultation on property strategy was agreed by Cabinet in May 2016. • Review of 15/16 out turn position and impact on 16/17 budget not factored into the MTFS	16	Section 151 Officer	As time progresses the risk to some extent reduces. However, the risk cannot be fully mitigated until all the necessary enabling decisions have been taken and the relevant budget options have been realised.
CR2	Risk to the ongoing longer-term Financial Viability of the County Council	Economic/ Political/ Social	Problems stored up for the future as a combination of delivery issues in CR1 and further national funding reductions causing minimum reserve position not to be maintained with the risk of not being able to set a balanced legal budget in future years.	• Base Budget Review has identified the risk of the County Council not being able to meet statutory obligations by 2018/19. The actual timing of when this situation may occur will be identified from the various monitoring and review process outlined in CR1 above	25	• Zero Based Review activity will determine the scope for additional savings in all remaining services within the County Council (ongoing). • Links to Combined Authority work including Healthier Lancashire programme with the NHS as to any opportunities / additional pressures (ongoing). • Lobbying – Treasury and DCLG by utilising ongoing existing networks MP's / Members, Local Government Association (LGA), County Council's Network (CCN), SCT (ongoing). • Funding Model – Review of borrowing Strategy & Treasury Management Strategy (Q1 2016) • Initial brief for Council's business and operating model has been agreed by Cabinet and progress reports to be presented to the Political Governance Working Group. • Appointment of consultants to review Council's business model. • Develop a future public service model for	25	MT	Level

							Lancashire in conjunction with its partners. • Development of response to the Treasury and DCLG of future needs assessment/allocation formula.		
CR4	Delivering organisational transformation including capacity and resilience	Organisatio nal	The failure to clearly implement the draft corporate strategy that sets out our vision, aims and priorities could result in a lack of purpose, direction and have an impact on service delivery and produce an adverse external audit report. The new structure that seeks to provide the ability to join up our services in a new way, may not be fit for purpose. Ineffective employee engagement and buy in. A fall in staff morale could increase sickness absence and stress. Loss of knowledge and skills due to turnover puts demand on remaining staff which can expose the council to key person dependency and the risk of poor resilience.	• The draft corporate strategy has now been amended to reflect the consultation outcomes and has been to Full Council. • The draft corporate strategy is being used to inform the development of the property review and proposed neighbourhood plans. • As part of the base budget review process options for service delivery and redesign have been developed including proposals to stop some services. • Management Team approval of all new appointments and cessation of temporary staff contracts. • Senior Management Development programme implemented. • Positive employee communication and engagement. • Wellbeing initiatives and support for managers and employees. • Introduced a new scheme of delegation for heads of service (HoS).	16	• The corporate strategy has been amended to reflect the consultation outcomes and subject to amendment approved by Full Council. This process is on-going. • Interim structures to reflect the base budget review options are being developed. • Property strategy and accommodation review being progressed. • Independent challenge. • See specific actions in relation to other risk entries i.e. Ofsted inspection. • Use of transformation reserves to fund temporary staffing. • Property review – preparatory work on planned premises closures. • Implementation of recruitment and retention strategies. • Defining new service models across the organisation. • Adult services transformation – recruitment of temporary staff. • Children's services transformation – implementation of the framework contract and appointment of temporary staff	12	MT	Level
CR5	Failure to adequately protect and safeguard children	Social	Children are put at risk of harm.	• MASH hub. • Serious incident reporting. • Quarterly safeguarding report, to include Lancashire Safeguarding Children Board (LSCB). • Serious Case Review (SCR) learning shared. • Case file audits. • Multi-agency inspections. • Supervision with HoS. • Performance Data	25	• Post Improvement Inspection Board with Independent Chair appointed. • LSCB membership of Improvement Board and acting as critical friend. • Post Inspection Improvement Plan. • Review of all (Child in Need) (CIN) cases using internal and external capacity. • Social Work Recruitment Strategy. • Peer Challenge. • Newton Europe review of pathways. • Established new Quality Assurance (QA) system - developed risk sensible model develop CIN teams. • LSCB have established new QA system including multi-agency case file audits. • Monthly compliance recording of Strategy Meetings. • Strengthen quality assurance role of Independent Reviewing Officers (IRO). • Management Team approval of 15 additional IRO posts and 3.5 additional Quality and Review Manager posts post inspection. • IRO completion of mid-point checks on case files. • Creation of 12 Advanced Practitioner posts within the Audit Team post inspection. • Creation of 1 PDRO within the Audit Team post	16	Director of Children's Services	Social work staff recruitment has improved. Senior managers are now working in districts. Independent Board Chair appointed. Children's Social Care (CSC) remodelling including new CIN Hubs and Professional Personal Advisor (PPA) teams. 2 qualified social workers now working in Customer Access Service to ensure

						inspection. • External challenge in Oct 16 and March 17			appropriate referrals to CSC and timely response to Section 47 enquiries.
CR6	Failure to comply with statutory requirements and duties relating to children looked after, children in need and children leaving care.	Legal/ Political	Local Authority (LA) is legally and possibly financially liable, judicial review. Further OFSTED intervention.	• Corporate legal oversight. • Quarterly safeguarding report. • Serious incident reporting. • Serious case review learning. • Peer review and challenge. • Stronger management oversight in Districts.	25	• Monthly compliance recording of Strategy Meetings and S47 Enquiries. • LSCB have established new QA system including multi-agency case file audits. • Revised audit framework to be launched on 13 May 2016, will strengthen management grip and quality assurance of practice. • Back to basics social worker practice training. • Locality Practice Improvement Meetings. • Develop PPA Teams.	16	Director of Children's Services	Compliance reporting shows multi-agency Strategy Meetings are taking place in the majority of cases.
CR7	Failure to recruit and retain experienced Social Work staff Failure to recruit and retain Independent Reviewing Officers. Failure to recruit and retain experienced Business Support Officers (BSO).	Organisational	Inability to deliver effective services. High caseloads. Lack of management oversight. Increased staff turnover. Increased agency spend.	• Vacancy monitoring. Recruitment strategy. Quarterly safeguarding report. • Reliance on agency staff, risk of high staff turnover and inconsistency of practice. Children and young people experience frequent changes of IRO. Lack of consistent IRO oversight of Care Plans and child protection plans. Impact on the budget - cost of agency staff. • Insufficient BSO support resulting in increased administrative tasks for managers and practitioners.	25	• Additional funding envelope. Enhanced recruiting. Weekly monitoring of SW workforce position. External agency contract to look at CiN cases and work following Multi-Agency Safeguarding Hub (MASH). Newton Europe pathway review. Increased focus on retention. Improving social work staff recruitment is now at the levels within the original funding envelope prior to the £5m and recruitment is continuing. • Additional funding envelope. Enhanced recruiting. Ring fenced interviews May 2016 followed by external recruitment. Newton Europe pathway review. Increased focus on retention. Management led request for regrading of Independent Reviewing Officers. Monthly report to Senior Leadership Team on impact of vacancies. Management Team approval of additional IRO and Quality and Review manager posts to increase capacity within the service. • Vacancy monitoring. Interim revised structure agreed with additional new posts. • Framework agreement in place	16	Director of Children's Services	Downwards
CR8	Reputational damage and risk of Direct Intervention by DfE. Negative media exposure.	Reputational	DfE manages services directly and removes them from the LA. Commission arrangements brought in. Loss of reputation. Impact on partner agencies.	• Safeguarding and Audit arrangements. Direct management oversight of services. • Media planning around key issues and Serious Case Reviews (SCRs). Scrutiny of key reports and information. Communication with Comms Team.	25	• Post Improvement Inspection Board with Independent Chair appointed. Post Inspection Improvement Plan. Senior management input into each of the 3 Children Social Care Districts. Review of all CiN cases using internal and external capacity. Social Work Recruitment Strategy. Peer Challenge. Newton Europe review of pathways. • The Council has been issued with an Improvement Notice by DfE which is the lowest level of intervention. • Communication planning surrounding publication of Serious Case Reviews. Two way communication between LSCB and partner agencies. • LGA peer review later in the year	16	Director of Children's Services	Positive - given feedback from OFSTED and appointment of Independent Chair Risk remains high given high profile of SCRs in the media.

| CR12 | Failure to implement/maintain systems that produce effective management information.

Failure to improve quality of data in Liquid Logic's systems (LCS/LAS). | Organisational | Ineffective collection, collation and input of data. Ineffective use of business intelligence, resulting in the inability to identify and respond to changing trends and inform strategic decisions. Impact on strategic planning, understanding and management demand e.g. around demographics and ageing population profile. Ineffective reporting arrangements.

Statutory returns will be compromised, so incorrect performance will be reported nationally. OFSTED/Care Quality Commission/LGA and other external organisations will be using inaccurate information to judge performance.
Service planning and management will be severely compromised. | • Information management strategy. Data Quality processes. Oracle. Local Information Systems. Corporate performance information. Joint Strategic Needs Analysis (JSNA) and other needs assessments.
• Weekly provision of information to operational managers. Monthly Performance Books or dashboards provided to Start Well Management Team and Adults Leadership Team. Use of exception reports to flag up data quality issues. | 15 | • External support to focus on Children's Services data issues. Introduction of new governance arrangements for children's services. Introduce a new performance management framework that is aligned to draft corporate strategy. Agree performance, financial data and intelligence required for all levels within the County Council. Agree milestones and metrics.
• Project Accuracy being supported by Newton Europe, Senior Review Officers (SRO) and close involvement of Business Intelligence.
• Developing improvement plan that includes culture and assurance. The plan will include systems such as Controcc and LAS.
• Performance sub-group reporting the Improvement Board Chair. | 12 | MT | Level |
| CR15 | Delivering new waste management arrangements

Delivery of BOP 046 and GRLOL Transformation

Delivery within 16/17 budget | Economic/ Environmental/ Reputational/ Legal | Excessive transitional costs. Excessive operating cost. Operational hazards and liabilities. Health and Safety issues. Permit non-compliance. Increased landfill/reduced recycling. Public disillusionment regarding recycling services. Impacts on Waste collection Authorities (WCAs) and Lancashire Waste Partnership (LWP). Employee and Union claims. Impacts.

Potential for budget overspend due to following attributing factors: Initial calculation of waste budget (and MTFS); Increased and uncertain in year company operating costs; one off and uncertain company transitional costs; | • County Council strategic leadership of waste company. County Council HR, Legal and Financial support. Programme office monitoring of savings targets. Regular liaison with Environment Agency. Cabinet Member briefing. Union consultation. Regular liaison with WCAs and Blackpool Council. Communications strategies
• Regular budget monitoring and forecasting exercises. Monthly monitoring meetings. Direct financial support to waste service. Dedicated liaison with waste company. | 16 | • Approval of Global Renewables Lancashire Operations Ltd (GRLOL) structure by Board and Employment Committee. Staff consultation and notice of redundancy. Review and reconsideration of operating proposals. Submission of permit modification.
• Review calculation of waste budget with finance. Development of detailed company operating and transition costs. Capitalisation where possible of transitional costs. Potential to reduce operational cost over and above GRLOL model. Potential delivery of additional one-off savings.
• Commencing process to obtain external value of assets. | 12 | Head of Waste Management | Need for implementation of formal and legal processes increases time taken to deliver transformation and subsequently increases risk. Elements of risk will reduce further as each stage of transformation is completed.

Neutral. Clear potential exists to reduce various budget costs but realisation of these cannot be assumed to be guaranteed at |

				uncertainty with regard to delivery of operational changes (i.e. odour management systems, insurances).						this stage.
CR16		Management of the County Council's Assets	Organisatio nal	Failure to maintain Council owned assets and buildings. Inability to deliver in the timescale required and impact on organisational ability to achieve savings.	• Effective planning and programming method of delivery. Management of organisational transition and effective engagement with operational services. • Manage health and safety risks of customers and staff and ensure budgets are managed effectively to maintain assets to a satisfactory standard. • Consider and manage risks associated with redundant properties. Planned maintenance approach. Risk assessments and regular Health and Safety inspections. Presently undertaken by various operational service areas.	16	• Asset Management Strategy and accommodation review • Consultation on property strategy agreed by Cabinet in May 2016 • Establishment of a Premises Compliance Team • Short-medium term facilities management strategy defined to deliver the spike in resource demand during the organisational transition period	12	Head of Asset Management/ Head of Facilities Management	↓ Downwards as long as the, shortly to be formed, Premises Compliance Team is effective in its efforts to improve strategic premises management activities
CR20		Transforming Care (Winterbourne)- the accelerated discharge of the population of adults with a Learning Disability (LD) from secure hospital in-patient beds into community houses	Economic/ Political/ Social	Increased pressure on the adult social care budget. Resettlement from hospital to community health and social care packages shifts the funding responsibility from solely NHS to a shared responsibility between Clinical Commissioning Groups (CCGs) and LAs to fund these high cost intensive health and social care packages. The County Council may not be able to afford these new packages of care in the current financial climate. There is a National Plan to facilitate discharge therefore there is a reputational and political risk in not achieving as Lancashire is identified as a National Fast Track programme for this work due to the high number of Lancashire residents currently in in-patients LD hospitals. The closure of Calderstones hospital is part of this national plan. Failure to	There is a governance structure for the Fast Track programme through the Fast Track Steering Group with representation from LCC Director Adult Social Care and HoS Commissioning working alongside SRO's from NHS and CCG's in order to achieve agreement on financial issues including the dowry and any future agreement for a pooled budget. There are identified work streams each with a defined action plan with leads identified from commissioners across Lancashire. Work streams are monitored by the Steering group in addition to oversight by NHS England. The trajectory for possible discharge Sept 15-Mar 19 is to be carefully monitored so appropriate development and procurement of suitable housing and care can be planned for.	16	• Improved engagement with procurement colleagues to ensure due process is followed operationally in meeting the needs of this population. • Lancashire's Fast track plan identifies the implementation of a revised model of care for people with LD improving crisis support through multi-disciplinary teams. • This approach is aimed at reducing admissions and supporting providers to maintain a person's tenure in their chosen house rather than re-enter hospital. • The plan commits to securing improved and alternate care and housing solutions for this population with the aim of creating shared tenancies with background support, rather than the current single tenancy model currently used, which will be more cost effective. There are plans to stimulate the provider market to inform innovative solutions to providing for these people's care • Health covering the costs from transformation fund whilst developing pooled budgets. • STP budget considerations	12	Director of Adult Services	Level – however the direction of travel is increased as these are new service users entering the social care system from the NHS, the risk is constant from a financial perspective as the cost will be high and require providing for life. (although there are plans to mitigate costs through a dowry system and improved commissioning solutions)

			agree locally a reasonable figure for a dowry that is planned to follow a person from hospital (NHS) to LA's is a further financial risk.						
CR21	Service user/Customer risk associated with the inability to influence demand whilst expectations continue to rise	Reputational/social/ economic/ political	Demand and expectations continue to rise against a backdrop of reduced resources, thus leading to service failure and an increase in complaints. Failure to integrate health and social care to reduce pressures on demand and expectations as a result of ageing population. Unacceptable waiting times for assessment and reviews including occupational therapy, safeguarding and social care reviews.	Consultation and engagement with service users and customers. Co-ordination of communications. Changes and impacts communicated to stakeholders. Impact assessments. Alternative delivery options being explored as part of base budget review option development. Learning from complaints and oversight at CCPI.	16	• Alternative delivery options being explored as part of base budget review option development • In relation to adult and children's social care, Newton's Europe have been partly been engaged in this area of work • See opportunities entry on Healthy Lancashire • Early help and prevention investment in integrated wellbeing services • Children's demand management strategy • Additional capacity is being secured in key areas such as social work and occupational therapy • Realignment of management capacity in adult social care to provide improved focus on operational priorities • Clear triaging/prioritisation schemes at Customer Access Centre • Work with Newton Europe is underway to improve productivity • Working with health partners to improve arrangements around discharges from hospital	12	MT	↓ Downwards.
CR24	Failure to achieve targets agreed with National Troubled Families Unit (TFU) team due to the specific requirements of the programme. Failure to provide robust data to evidence the impact on outcomes for those families engaged with the programme.	Economic Political	Failure to accrue maximum income from the programme for the authority. Possible reputational risk as a result of failing to meet the national target. Risk of additional scrutiny of Lancashire's response to the programme.	• Manual tracking processes in development with view to maximising payment by result claim opportunities • Improvement plan with operational staff with implementation to ensure that 'attached' cases meet national TFU principles • Ongoing data matching to identify new eligible families	16	• Development of reporting processes to ensure monthly progress checks against targets • Business case to request additional resources to support tracking and claiming processes • Redesigning of outcomes plan to set more achievable/realistic targets • Establishment of multi-agency Children and Young People's Trust Board task and finish group to drive multi-agency partnership working and explore how to embed the TFU principles within partner organisations • Exploration of digital systems that can be used to undertake the necessary analysis for Lancashire's response to the programme. • Workforce development ongoing for CAF and LP working. • Revised CoN thresholds and CAF documentation, Quality Assurance and processes to assist in meeting requirements.	12	Head of Wellbeing, Prevention and Early Help	Downwards
CR25	Failure to implement and meet the statutory requirement to children and young people with special educational needs and/or disabilities (SEND).	Organisational	Not providing adequate service to SEND leading to inspection failure. Lack of appropriate IT platform. Failure to recruit and retain staff. Commissioning arrangements with health not consistent.	• Self-assessment completed against new framework • NW regional peer support group established	16	• Implementation of the early help (IT) module. • Recruitment of qualified staff funded by the SEND reform grant. • Commissioning arrangements with Health being reviewed.	12	Head of Special Education Needs and Disability	Level

CR26	Proposed museum closures	Organisational/political/reputational/financial/legal	The proposal to close five museums has attracted negative publicity nationally, regionally and locally due to the national importance of the sites and collections. Impact on staff leading to sickness absence. The Council could be challenged by Judicial review if the process by which museums are either closed or transferred to a third party cannot be shown to be fair and legally robust	• Weekly meetings between Museums managers and asset management, equality and diversity, communications and business intelligence to proactively manage the process. • Decisions on process continue to be cleared through legal services and cabinet member as appropriate. • Expressions of interest have been invited for interested parties that can show they have the resources and expertise to continue operating the museum and ensuring the collections continue to be made accessible to the public.	16	• Public consultation has taken place to inform future service design and strategy of the museum service. • Equality Impact Assessment, detailing the mitigating actions has been completed. • A Cabinet Working Group with cross party membership has been established to ensure that any transfer of assets which may take place is transparent, fair and robust. • Information has been circulated to all staff to assist them with their health and wellbeing as a result of closures. • Senior management update staff on a weekly basis. • Application for heritage lottery funding submitted.	12	Head of Libraries, Museums, Culture and Registrars	Level
Opportunity Identification Number	Opportunity Description	Opportunity Type	Possible Benefits	Progress to date	Opportunity Score	Maximising Actions	Residual Opportunity Score	Opportunity Owner	Direction of Travel
C01	Establishing a new model for public service delivery in Lancashire	Political	The establishment of a Lancashire Combined Authority (CA) and securing a devolution deal with central government. A CA is an accountable body in its own right – this means it is a single point of decision making on agreed functions (quicker and simpler decisions); has powers delegated to it from Government and the individual local authorities (subject to local discussion and determination); can hold substantial amounts of Government and European funding. In relation to transport, greater co-operation will allow improvements to the region's public transport network.	Lancashire Leaders to formally take proposals for a new model (in principle) to their authorities. Briefings for County Council members. Progression of work streams.	12	• Work with local authority partners on the establishment of a CA for Lancashire and in securing a Devolution Deal with Government. • Constituent authorities of the proposed combined authority have agreed to proceed with the establishment of a shadow CA in July 16 • One Public Estate submission being developed	16	Chief Executive	↑ Upwards
CO2	Delivering economic growth	Economic	Continued successful delivery of the Lancashire Enterprise Partnership's (LEP) current strategic economic growth programmes. Successfully secured new resources for Lancashire to support job	LEP has secured almost £1 billion of national resources to deliver a transformational programme of economic growth which sees the delivery of new jobs, business and housing growth and strategic transport infrastructure. Key programmes/projects secured include the Preston, South Ribble and Lancashire City Deal, Growth Deal, three	12	• Work with local authority partners on the establishment of a CA for Lancashire and in securing a Devolution Deal with Government to ensure national resources to support economic growth and regeneration are secured. • Maximise the support from key local and national public and private sector stakeholders outside of the County Council.	16	Director of Economic Development	↑ Upwards

				and business creation, housing growth and the delivery of strategic transport infrastructure linking to drive economic growth and regeneration, linking residents and businesses with economic opportunities.	Enterprise Zones, Growing Places Funding, Boost Business Lancashire and Superfast Broadband.					
CO3	Opportunities through delivering the draft corporate strategy and property strategy	Economic/ Social	This strategy seeks to ensure we continue to meet the immediate needs of our communities while shaping the Council into an organisation that is sustainable and able to deliver successfully against its goals for years to come. It sets out what we will be doing to achieve that balance, along with our commitment to securing the best outcome for our citizens, communities and for Lancashire. The strategy will help to ensure that we deliver on the following strategic outcomes: - To live a healthy life - To live in a decent home in a good environment - To have employment that provides an income that allows full participation in society	A draft Corporate Strategy, has been produced and has been subject to consultation. Cabinet considered the Strategy document and the approach contained within it at its meeting on the 26 November 2015. The Strategy was submitted to Full Council on the 17 December 2015. The Strategy was debated and amendments agreed. It was resolved that the Corporate Strategy, as now amended, be approved subject to the section 'Our approach to service delivery' being referred back to Cabinet for further consideration. That review process is ongoing.	12	• Use the strategy and associated evidence base to guide our decision making and as the overarching framework for planning interventions which will meet the needs of communities • Digital by design • Embedding evidence based policy/decision making to plan for the future • Aligning with health to meet need	16	MT	↑ Upwards
CO4	Health and Social Care Integration	Organisatio nal	The principle of the separate organisations working together to align plans, strategies and budgets will involve the development of new delivery models and ways of working, to avoid duplication and focus activity where it is needed, recognising that current models of service delivery are unsustainable. Integration would provide the best opportunity to minimise the impact of funding reductions as well as providing a better offer for service users.	Participation in the Healthier Lancashire programme building upon the "Alignment of the Plans" work undertaken.	12	• Recognise the need for: an ambitious vision, robust partnerships, clear and credible delivery plans, and strong leadership and governance arrangements at a pan-Lancashire level. • Lead the integration agenda, recognising the need for an ambitious vision, robust partnerships, clear and credible delivery plans. Strong leadership and governance arrangements at a pan-Lancashire level.	16	MT	Level

Key to Scores

	CATASTROPHIC (for risk) OUTSTANDING (for opportunity)	5	10	15	20	25
	MAJOR	4	8	12	16	20
	MODERATE	3	6	9	12	15
IMPACT	MINOR	2	4	6	8	10
	INSIGNIFICANT	1	2	3	4	5
		RARE	UNLIKELY	POSSIBLE	LIKELY	CERTAIN
			LIKELIHOOD			

Cabinet Committee on Performance Improvement
Meeting to be held on Wednesday, 8 June 2016

Electoral Division affected:
None

Customer Access Performance Report

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Executive Summary

This report provides an update for the Cabinet Committee on Performance Improvement on the operation and performance of the Customer Access Service.

Recommendation

The Cabinet Committee on Performance Improvement is asked to comment on and note the contents of this report.

Background and Advice

Customer Access (CA) is the first point of contact for 60% of all incoming telephony and email enquiries to Lancashire County Council. The CA strategic plan has been for additional services to be delivered by CA in order to better serve the citizens of Lancashire whilst improving costs and efficiency. The service is structured and divided into two distinct operational areas:

1. Within the dedicated Social Care Centre a highly specialised and sensitive service is delivered, offering information, advice and assistance on all matters relating to Adult and Children's social care. Requests ranging from simple ones, such as meals on wheels applications, are processed all the way through to handling the more complex child protection and safeguarding adult issues.

2. Within the Customer Contact Centre, twenty-six services are delivered including: Highways, Libraries, NowCard, Registrars, Certificates, Waste, Welfare Rights and alongside these a signposting service to direct customers to other agencies across the public sector, district councils and partner organisations.

The table below illustrates the volume of contacts presented for all services delivered through the centre:

Lancashire
County
Council

	2014/15	2015/16
Telephone Calls Offered	1,120,594	1,133,048
Telephone Calls Answered	1,017,274	1,051,735
% Answered	*90.8*	*92.8*
emails Received	216,229	211,625
emails Completed	216,568	212,155
% Completed	*100.2*	*100.3*
Total Contacts Received	**1,336,823**	**1,344,673**

Table 1: calls and emails received and handled year-on-year comparison. Where performance is over 100% for email contact, this is as a result of carry-over from the previous period

Both operational areas have a requirement for staff to handle all manner of requests of varying complexities and as such a comprehensive training programme is in place supported by a commitment to their ongoing professional development. This in turn supports the delivery of a high quality service to customers to meet and hopefully exceed their expectations.

Customer advisors are supported by a dedicated training team who provide bespoke training packages for each of the services provided.

We continually measure performance so that:

- We can tell that enquiries are handled without undue delay. This is as a result of the accurate forecasting of call volumes by 15 minute interval by day. We then compare the forecast to the actual performance.
- Targets and objectives are set and consistently exceeded by making good use of workforce planning tools and management information.
- Customer experience is assessed and services re-engineered to deliver the optimum experience. We analyse the data from our customer satisfaction surveys.
- Regular communication and feedback from senior managers is taken on board. We meet periodically with Heads of Service to discuss the specific service needs.

Performance, Transformation & Improvement

The service is actively involved with delivering requirements to support the following work areas within the above programme:

Adult and Children's Social Care

In 2015/16, CA resolved 69.63% of Adult Social Care Contact and 68.08% of Children's Social Care Contacts.

Successful engagement and integration with these services has helped to increase the volume of non-complex work dealt with by CA at first point of contact whilst ensuring the delivery of a safe, effective service.
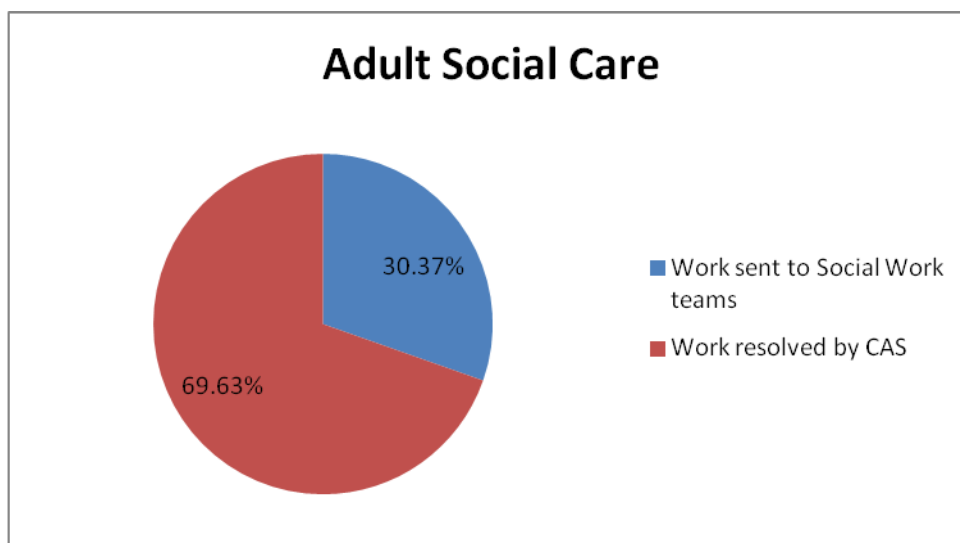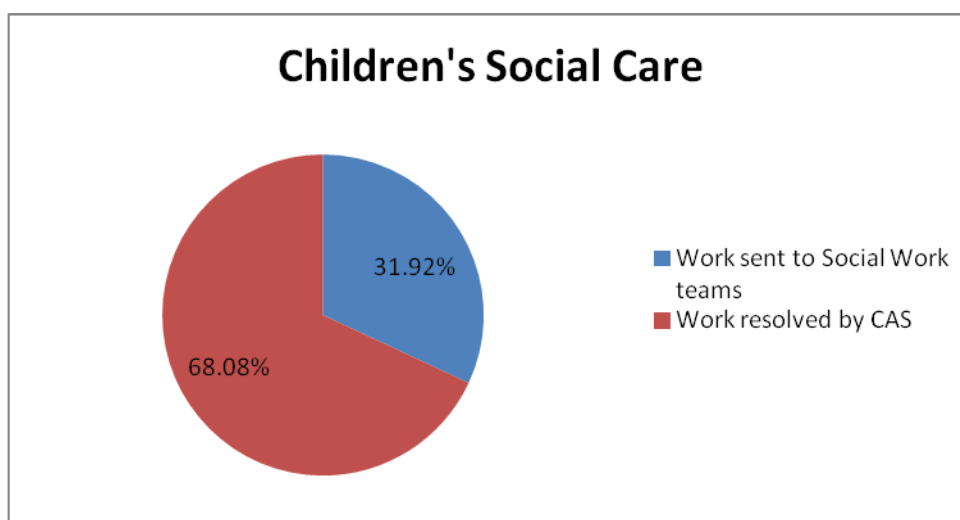
Figure 1: Adult Social Care contact.

Figure 2: Children's Social Care contact.

To drive this forward, CA are leading on the Access to Social Care project which is designed to improve the efficiency and effectiveness of internal processes whilst improving the overall customer experience.

Since September 2015, processes have been developed in work streams such as Occupational Therapy and Packages of Care in order to avoid duplication by a Social Work screening team. This has resulted in 8.28% of work normally screened and processed by a social worker being sent by CA directly to source.

Referral rates to the Social Work screening team have reduced from 29% to 22%, meaning the team are receiving approximately 560 referrals as opposed to 680 each week. The integration of Social Workers from the screening team within CA has also ensured a greater degree of oversight and development from qualified professionals.

Further work streams have been identified to increase the amount of work that could be sent directly to source, including areas such as Respite, Finance and Carers.
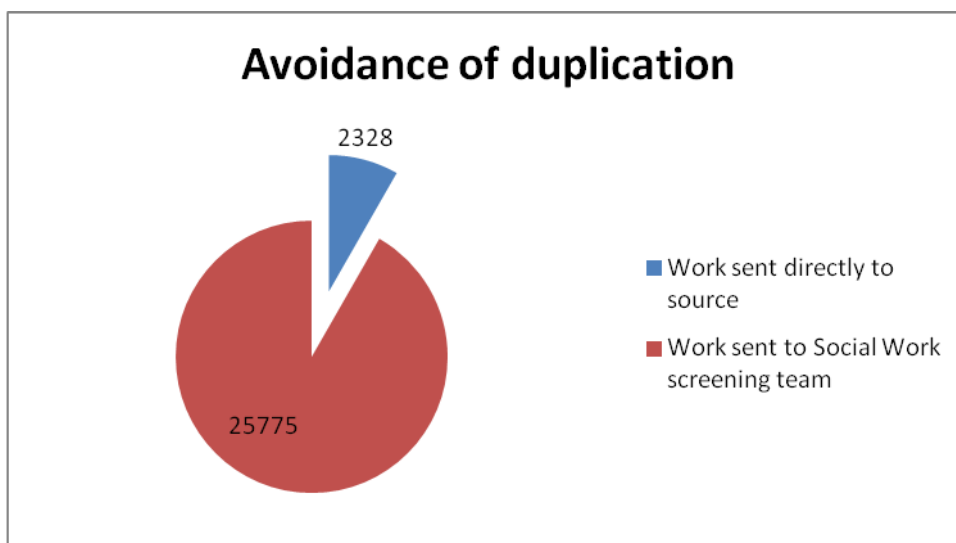
Figure 3: Avoidance of duplication.

CA have integrated further with the Children's Social Care service by having social workers situated within CA, providing advice, guidance and immediate screening of child protection concerns. Standard information gathering templates have also been developed to allow social workers to make quicker, more informed decisions on cases.

The 'Out of Hours' provision has been made more robust, with several agents having developed their knowledge and skills by undertaking a dual role within the Emergency Duty Team. This has aided the development of a safer service, one which will allow us to strive towards consistent service delivery across all access channels, seven days a week

De-commissioning of 0800 and 0845 telephone numbers

Additional 0300 numbers were set up and tested in 2015 including the lines for Fostering and Adoption, Lancashire Parking Services and Family Information Service. The overall take up of all the 0300 lines for 2015/16 was 83.2%, the detail of which is show below:

Name of Service	Take-up of 0300 numbers: March 2015	Take-up of 0300 numbers: March 2016
Anti-social Behaviour on Buses	52.5%	93.9%
Adult Safeguarding	86.0%	95.2%
Becon property	89.1%	94.0%
Blue Badge	90.5%	95.3%
Cashiers	88.1%	96.6%
Care and Urgent Needs Support Scheme	92.6%	96.9%
Certificates / Registration Services	69.9%	77.6%
Emergency Duty Team	81.2%	90.4%

Family Information Service	n/a	63.5%
Fostering & Adoption (in hours)	n/a	96.1%
Fostering & Adoption (out of hours)	n/a	87.5%
Highways	88.0%	93.5%
ICTS West Lancashire	91.2%	95.8%
ICTS Westfield	92.1%	97.5%
Lancashire Adult Learning Enrolment	94.0%	98.1%
Lancashire Adults College	83.3%	100.0%
Lancashire Parking Services	n/a	80.7%
Libraries	93.8%	96.9%
Libraries (Automated Renewal Service)	56.5%	70.9%
NoWcard	54.8%	63.9%
Procurement	93.3%	95.9%
Parent Partnership	82.2%	90.2%
Pensions	n/a	64.8%
School Admissions	99.4%	99.9%
School Transport	77.3%	91.6%
Signposting	58.1%	75.6%
Social Care	86.6%	94.1%
Waste Helpline	80.6%	97.5%
Welfare Rights	71.4%	82.4%

Table 2: Percentage take up of the 0300 number range, by service comparison.

Pensions

CA has supported and assisted the transfer of the County Council's frontline Pension service to the new joint venture with the London Pension Group. The transfer was completed on 8 April 2016. Six trained members of staff TUPE across to the new organisation.

Blue Badge Service

The Service was transferred into CA on 1 June 2015 and as a result of a dedicated improvement programme is now operating with a headcount reduced by two FTE and a 25% reduction in application processing time. A 77% reduction in waiting times has since been made and customer uptake of the online service has increased from 15% to approximately 87%. Additional online self-service functionality has also been introduced, which enables customers to upload their own documents to the application. To bring the County Council in line with other authorities and national benchmarks, more robust assessment processes have been introduced which have lowered approval rates from 99% to an average of 88%. A corporate policy was approved by members in December 2015 and included introduction of charging for

successful Blue Badge applications, again bringing Lancashire in line with other authorities as of 1 March 2016.

Automated Surveys

Customers are offered the opportunity to complete a survey based upon their perception and opinion of the service they experience during their contact with the County Council. This provides an unbiased gauge and view of the service we deliver.

Over the course of 2015/16, 68,785 surveys were completed. The following tables provide the detail along with the percentage of contacts which were resolved at first point of contact from a customer perspective.

Percentage Resolved at the First Point of Contact	Surveys Completed during 2015/16
Customer Contact Centre	
91.8%	36,109
Social Care Centre	
84.2%	27,826
HR & Pensions	
91.3%	4,850

Table 3: Percentage of calls resolved and surveys completed.

Compliments and Complaints

The number of overall compliments the CA Service received in 2015/16 was 58. The number of overall complaints was 82 out of a total number of 1,344,673 contacts received.

		Apr-Jun	Jul-Sept	Oct-Dec	Jan-Mar	TOTAL
Social Care	**Complaints**	6	9	13	1	29
	Compliments	5	0	9	5	19
Customer Access	**Complaints**	8	12	13	10	43
	Compliments	4	5	4	6	19
HR	**Complaints**	1	3	3	3	10
	Compliments	12	5	2	1	20

Table 4: Complaints and compliments received by Quarter in the 2015/16.

Performance 2015/16

All the service contractual SLA targets were met or were exceeded.

Telephony statistics:

Full year

	Offered	Answered	% Answered	% SLA	% Answered within 20 seconds
Overall	1,133,048	1,051,735	92.8	n/a	75.5
Social Care	389,592	361,346	92.7	87.5	64.1
Customer Contact	588,252	542,476	92.2	90	73.8
HR	93,951	89,405	95.2	90	86.3
Pensions	61,253	58,508	95.5	95	77.6

Table 5: Telephony statistics - full year 2015/16.

Quarter 4

	Offered	Answered	% Answered	% SLA	% Answered within 20 seconds
Overall	304,993	276,702	90.7	n/a	70.8
Social Care	101,726	91,555	90.0	87.5	52.0
Customer Contact	164,416	148,119	90.1	90	70.7
HR	24,439	23,198	94.9	90	83.9
Pensions	14,412	13,830	96.0	95	76.5

Table 6: Telephony statistics – quarter 4 2015/16.

Email statistics:

Full year

	Received	Completed	% Answered
Overall	211,625	212,155	100.3[1]
Social Care	79,393	80,140	100.9[1]
Customer Contact	52,886	52,206	98.7
HR	47,250	47,451	100.4[1]
Pensions	32,096	32,358	100.8[1]

Table 7: Email statistics – full year 2015/16.

[1] *Where performance is over 100%, this is as a result of carry-over from the previous period.*

Quarter 4

	Received	Completed	% Answered
Overall	59,474	58,785	98.8
Social Care	21,606	21,720	100.5[1]
Customer Contact	17,375	16,640	95.8
HR	12,084	11,974	99.1
Pensions	8,409	8,451	100.5[1]

Table 8: Email statistics – quarter 4 2015/16.

[1] *Where performance is over 100%, this is as a result if carry-over from the previous period.*

Future Improvements

Core systems transformation

CA has been actively involved and engaging with the following projects, services and project teams to support the Core Systems Transformation Programme:

Highways Asset Management System (HAMS)
Identifying key tasks, processes and information required to make the new ways of working and systems efficient. Once the system is fully configured CA will begin to develop test scenarios and scripts for both system integration and user acceptance testing. Go-live dates are yet to be confirmed, however as soon as these are available CA will look to develop a training programme and schedule for delivery to circa 60 advisors. Early indications are that the new system and tool kit will enhance the customer experience as well as the staff using the technology.

Property Highways Asset Management Systems (PAMS)
CA has also been involved with the core project team to successfully implement this project. The training for the new system was attended on 1 March by the CA training team; internal development of the CA training package for advisors has been completed. In line with HAMS this technology will bring more consistent ways of working across the field with the enhanced ways of working also supporting the council's approach to better value for money delivery models.

Social Care – Liquid Logic update version 7
CA will be delivering training for all Social Care Advisors in the new Liquid Logic Screening Tool for Adults. The screening tool will allow a greater level of information to be captured at first point of contact that can be carried forward into further assessments, reducing duplication and improving efficiency.

The training has commenced on 2 May prior to the upgrade to version 7 of the Lancashire Adults System (LAS) on 14 May. The upgrade will bring further functionality and improvements designed to develop the Social Care Resource Allocation System. Other improvements in areas such as Deprivation of Liberty will ensure the authority is compliant with the Care Act 2014.

Social Care – work with Newton

CA is heavily engaged in different projects currently being developed by Newton Europe, including the Passport to Independence programme within Adult Social Care. This project, looking at how we can improve the independence of Lancashire's citizens, will help the County Council meet some of the financial pressures outlined in the recent budget. CA will help redesign the service to promote wellbeing, support independence and enable informed choices.

The CA Service has been involved in weekly workshops with other staff from across social care. Participants at these workshops work through existing examples of customer experience and make suggestions for improvements and changes to processes.

The information gathered at the workshops will inform new processes that will be tested in the next part of the design phase – sandbox. The sandbox approach will involve staff from CA, Screening and Initial Assessment Service (SIAS), Allocations/Assessment and other supporting teams completing their usual roles while testing proposed process changes in a live environment.

The sandbox will begin week commencing 3rd May 2016 and run until early July (6-7 weeks). During this time, processes will be reviewed and developed to present a final proposal for changes to working practice. CA will provide staff resource and a dedicated working area for the sandbox team.

CA is also supporting the Accuracy project within Children's Social Care. Guidance and training are being improved and developed to facilitate best practise when using the Liquid Logic system. This will generate a 'right first time' culture, a key requisite identified in Ofsted's findings on the service.

CA has also supported the corporate project team in the design and build of the Autonomy system. Sat within the County Council's website, the system will provide self-service options for customers managing their care and support needs and enable them to refer themselves for an assessment by Adult Social Care. A small group of advisors (15) have been testing the Marketplace module of the Autonomy system with live calls and have offered feedback about their experience. The system is now in the final design phase and once confirmation of a go-live date is received, CA will develop and schedule a training programme ahead of the go-live date, currently expected to be early August 2016.

CA Service Plan and Vision

This service plan will link to the Corporate Strategy with a customer focused approach to service delivery being 'digital by default'. It will also demonstrate the CA Service's contribution and commitment to the County Council's key CA objectives, of increasing and improving 'access channel change', reducing the cost of service delivery by promoting self-service and automation for specific services, whilst ensuring that the services provided keep the citizens of Lancashire at the core of what we do. However, customers will not be excluded because they do not have internet access at home. Where appropriate, our most vulnerable citizens will have

telephone access to customer service advisors who understand specific services areas. We will support and encourage people to engage in digital services by working with partners to achieve a more coordinated approach to help those who are most in need. The plan will be presented to the County Council's Management Team in quarter 1 2016/17.

CA proposed new structure

In order to support the delivery of the County Council's vision for customer engagement 2016/18, a review of the CA Structure has been proposed. No additional posts are proposed; instead a more effective use of the posts agreed in the 2016/17 budget is the proposal. This revised structure is within the agreed budget and headcount, and no existing staff are at risk as a result of this proposal.

The structure focuses on delivering a safe, innovative and value for money front door to the County Council. The subtle difference to this new structure is to combine a structured and impartial quality monitoring function within the Business Transformation team, to complement the change, information and training functions and thus closing the circle to the CA toolkit. Areas identified can be quickly updated in briefings/protocols, reinforced in training and the impact reviewed for both new or existing services. This model will also make better use of our Grade 8 Team Leader role, and align more performance ownership to our Grade 10 Operational Managers.

New technology

Following the acquisition of the new Genesys/Anana solution to support multi-channel customer contact and work force management, the programme to implement the new technology and deliver the necessary changes to business processes started up in April 2016. This will support and link into the Vision for the authority and CA to greatly improve and enhance the experience of customers requiring services provided by the County Council, districts and partners by providing access to those services through a choice of various contact methods and opening up accessibility at times which best suit the need of customers. This technology will also support the transition to a 'digital by default' front door.

To support the programme a dedicated team in CA has been established and will be in place for twelve months. The programme itself will be led by the County Council, supported by BTLS ICT Services and Anana. Regular monthly board meetings have been scheduled to direct and oversee the programme, with The Director of Corporate Services chairing and representatives from CA, Client Services, BTLS and Anana in attendance.

In April 2016 the Board agreed a phased delivery approach:

- Phase 1   - 'As Is' for telephony and email
                   (Incorporating any quick wins which may be identified)
- Phase 2   - Improvements and enhancements to Phase 1
- Phase 3   - Web Chat/Social Media/Systems Integration
                    / Automated Services)

With an aim for Phase 1 to be delivered early Quarter 2 2016 - (June to August).

Business functions to be incorporated within the scope are: Customer Contact Centre, Social Care Centre, Accounts Payable, Procurement, EDT and ICT Services, supporting within these circa 50 dedicated services.

Consultations

Internal/external customers and service areas, including CA Service, HR and Pensions staff.

Implications:

This item has the following implications, as indicated:

Risk management

There are no risk management implications in this report.

Financial Implications

There are no financial implications arising from this report.

List of Background Papers

Paper   Date   Contact/Tel

N/A

Reason for inclusion in Part II, if appropriate

N/A