

Lancashire County Council

Cabinet Committee on Performance Improvement

Thursday, 4th October, 2018 at 2.00 pm in Committee Room 'B' (The Diamond Jubilee Room) - County Hall, Preston

Agenda

Part I (Open to Press and Public)

No. Item

1. Apologies for Absence

2. Disclosure of Pecuniary and Non-Pecuniary Interests

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

3. Minutes of the Meeting held on 27 June 2018 (Pages 1 - 6)

4. Corporate Risk & Opportunity Register Quarter 2 (Pages 7 - 24)

5. Quarterly Corporate Performance Monitoring Report Quarter 1 2018/19 (Pages 25 - 38)

6. Statutory Social Care Annual Report for 2017/18 - Complaints and Customer Feedback (Pages 39 - 60)

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.

8. Date of Next Meeting

The next meeting of the Cabinet Committee on Performance Improvement will be held at 2.00pm on Wednesday 5 December 2018 in Committee Room B – The Diamond Jubilee Room, County Hall, Preston.

County Hall
Preston

L Sales
Director of Corporate Services

Lancashire County Council

Cabinet Committee on Performance Improvement

Minutes of the Meeting held on Wednesday, 27th June, 2018 at 2.00 pm in Committee Room 'B' (The Diamond Jubilee Room) - County Hall, Preston

Present:

County Councillor Geoff Driver CBE (Chair)

County Councillors

A Atkinson
C Crompton

H Khan
K Iddon

1. Apologies for Absence

Apologies for absence were received from County Councillor Michael Green and County Councillor Susie Charles.

2. Disclosure of Pecuniary and Non-Pecuniary Interests

No pecuniary or non-pecuniary interests were disclosed.

3. Minutes of the Meeting held on 18th April 2018

Resolved: That the minutes of the meeting held on 18th April 2018 be confirmed and signed by the Chair.

4. Corporate Risk and Opportunity Register Quarter 1

A report was presented by Paul Bond, Head of Legal and Democratic Services, providing an updated Quarter 1 Corporate Risk and Opportunity Register for the Cabinet Committee to consider and comment upon.

The Committee noted that the Register had been aligned to the Annual Governance Statement and that it was the primary means of reporting progress for the main issues raised within the Statement.

It was reported that there were several new entries, re-worked entries and deletions to the Register and details of these were provided to the Committee.

Highlights included:

- CR1.1 – 'Establishing a strong and visible leadership team' - one of the main focusses was on employing a new Chief Executive and Executive Director of Children's Services.

- CR1.2 – 'Embed a focus on service delivery to secure a better service at a lower cost' - each service is undertaking a service challenge and mid-point review meetings were being scheduled.
- CR5 - 'Managing our data well and producing effective management information' was a re-worked entry to the Register and related to data in both Adult Services and Children's Services.
- CR7 - 'Delivering major projects/schemes on time and within budget' was a new entry to the Register and the Committee noted that initial review work had been undertaken of a sample of major capital schemes to improve the estimating and testing of current and future scheme costs. Governance arrangements had also been improved to provide structured challenge.

The Committee noted that the updated Corporate Risk and Opportunity Register would be presented to the Audit, Risk and Governance Committee on 30th July 2018.

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

5. Quarterly Corporate Performance Monitoring Report - Quarter 4 2017/18

A report was presented by Donna Talbot, Head of Service, Business Intelligence, providing an overview of performance activity across the Council for Quarter 4 of 2017/18.

Education and Children's Services

It was reported that retention of staff in children's social care had improved, including both newly qualified staff and experienced staff choosing to remain with Lancashire. There were fewer first time entrants to the Youth Justice System and Lancashire remained lower than all comparator groups, although our offending rate was slightly above the national average. This was due to the more complex cases being those that now come to the attention of the youth justice system. The Committee noted that absence levels across all educational settings remained low and that Lancashire was in the top quartile nationally.

Retention of newly qualified staff was improving and the proportion of social workers with over 3 years experience had improved, indicating that experienced staff were also being retained.

County Councillor Driver expressed concern that 25% of children's social care assessments completed during the year had taken over 45 days to complete. Dave Carr, Head of Service – Policy, Information and Commissioning (Start Well) confirmed that this had been highlighted in the Ofsted self-assessment and that every district now had a duty team in place to address this.

Growth, Environment and Community Services

It was reported that it was taking longer to repair street lights and highways defects. Phil Barrett, Director of Community Services reported that there had been problems with the new HAMS system, the long winter had stretched resources and that there had been issues with the operation/familiarisation of new equipment. County Councillor Iddon wished to point out that staff were working hard to make the new system fit for purpose and that no repairs could be done for 3 months, due to the bad winter. The figures provided in the report were based on defects repaired within 20 working days. It was noted that had this been figures for defects repaired within 30 days, the figure would have been 90%.

Phil Barrett confirmed that staff were always encouraged to report any highway/street lighting issues and that they would be reminded again about the importance of this.

Libraries and Museums

The Committee noted that the service was currently developing a range of new indicators to cover the offers which featured in the library strategy.

Adult Services and Public Health

It was reported that the use of reablement for older adults had continued to increase, with both improved take up and effectiveness. Significant progress had been made in reducing the number of delayed discharges from hospital attributable to adult social care, in that the figure had gone down by 43% since last March. Admissions to residential care were still higher than comparator groups although improvements were being made. The Committee noted that the proportion of people having health checks continued to increase, and that figures in Lancashire were better than nationally.

The number of reablement referrals had doubled in 2017/18 compared to 2016/17 with the number of reablement support plans more than doubling, demonstrating that the right people were being referred.

It was reported that there were currently 1700 people waiting for social work assessments and that plans were in place to address this and regular monitoring reports were in place to help reduce this.

In relation to the Troubled Families Unit, 2,097 payment by results claims had been achieved at the end of 2017/18, compared with 841 in 2016/17. An action plan had been devised in order to ensure that the positive momentum was maintained.

Ofsted Post Inspection of Children's Services

Dave Carr provided a verbal update on the Ofsted post inspection of Children's Services. During week 1, the inspection team had been on site, had completed 34 interviews and looked at a sample of 20 cases. In week 2, the team were off site and county council staff had been auditing cases. In week 3, all the work was brought together and the inspectors interviewed approximately 20 social workers. We were currently in week 4 where inspectors were still looking at cases, interviewing sample groups of officers, Members and young people and final 'mop up' sessions were being held with the Heads of Service this afternoon.

Formal feedback would take place on Friday 29th June with the inspection team. It was reported that the draft Ofsted report would be received on 27th July, the pre-published report would be sent to John Readman on 15th August and the final report would be published on the Ofsted website on 17th August.

Special Educational Needs and Disability Inspection Update

David Graham, Head of Service – Special Educational Needs and Disabilities, provided an update on the partnership action which had been taken to respond to the twelve significant concerns identified in the November 2017 Ofsted/Care Quality Commission inspection.

It was reported that a formal Written Statement of Action had been submitted to Ofsted on 17 April setting out the collective response and agreed actions to secure long term change. A governance structure for the delivery of Special Educational Needs and Disabilities Services in Lancashire had been agreed; a Special Educational Needs and Disabilities Partnership Board had been set up with five thematic Task and Finish Groups established in relation to the following areas:

- Strategy
- Commissioning and Access to Provision
- Engagement
- Identifying and Meeting Need
- Improving Outcomes

Each of the working groups included representation from a range of partners including parents, carers and children and young people, key strategic leads, commissioners, providers and the voluntary, community and faith sector. The Committee noted that all the Task and Finish Groups had commenced and that work on the targets was well underway.

Strategic planning and decision-making responsibility for the implementation of the Written Statement of Action would be held by the SEND Partnership Board, reporting to the Lancashire Health and Wellbeing Board. In addition, the Joint Committee of the Clinical Commissioning Groups and the Lancashire County

Council Cabinet included both elected and lay members to act as advocates for the public interest.

The plan would remain in place until Ofsted and the Care Quality Commission were satisfied that sufficient progress had been made in relation to improving outcomes for children, young people and their families.

Positive feedback had been received from the first monitoring visit confirming that significant progress had been made to address the concerns highlighted in the November inspection.

Resolved: That the Cabinet Committee on Performance Improvement note the reported performance for quarter 4 and the Ofsted Special Educational Needs and Disabilities inspection updated information.

6. Lancashire Key Stage 4 Recovery Plan

Paul Dyson-Knight, Senior Adviser Secondary and Post-16, presented a report on a recovery plan in relation to standards achieved by Lancashire children at the end of Key Stage 4.

It was reported that overall attainment in Lancashire was mostly in line with the national average, although Progress 8 scores were low. The Committee noted that Lancashire standards remained above the national average for both genders in the English and Maths Basics measure. At Grade 5+, figures were above the national average for Maths but below for English due to lower Literature scores; English Language had remained above the national average.

Due to relatively low entry rates for the full range of English Baccalaureate (EBacc) subjects, attainment at Grade 4+ and Grade 5+ had remained low over time. The Attainment 8 score had been below the national average for 2017, reflecting low attainment in the EBacc and Open subjects, although these scores reflected curriculum choices. However, Attainment 8 scores in English and Maths equalled the national average, along with the GCSE-only Open score. Entry for GCSEs in Lancashire was higher than the national average, with lower entry for 'alternative' qualifications.

It was reported that too many schools were below the Progress 8 floor standard and too many met the coasting threshold, a measure which was soon to be discontinued. The performance of disadvantaged pupils remained a key priority for development.

Details of the key strategic priorities in place were provided to the Committee, in addition to information on completed and ongoing actions related to the following:

- Identified areas of focus;
- Secondary Team Plan: School Service Guarantee Support actions;
- Disadvantaged pupils;

- Progress 8;
- Floor standards;
- Potential coasting schools;
- Schools requiring Improvement.

It was reported that currently, 76% of Lancashire's secondary schools were judged to be good or better by Ofsted. This was in line with the national average and above the North West average.

The county council is continuing to support schools is working with governors to support the recruitment of appropriate Head Teachers into under performing schools, although it was noted that Head Teachers at 'good' schools are less likely to move to a school which 'required improvement' or was 'inadequate'.

The Committee was informed that attainment had fallen across all schools nationally, due to the new assessment measures introduced for GCSEs in 2017.

It was reported that the Schools Improvement Team were meeting with the Teaching Schools Alliance next week in relation to a primary/secondary literacy project.

Resolved: That the Cabinet Committee on Performance Improvement note the report.

7. Urgent Business

There were no items of Urgent Business.

8. Date of Next Meeting

The next meeting of the Cabinet Committee on Performance Improvement would be held on Thursday 4th October 2018 at 2.00pm in Committee Room B – The Diamond Jubilee Room, County Hall, Preston.

L Sales
Director of Corporate Services

County Hall
Preston

Cabinet Committee on Performance Improvement

Meeting to be held on Thursday, 4 October 2018

Report of the Head of Legal & Democratic Services

Electoral Division affected: (All Divisions);
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Corporate Risk and Opportunity Register Quarter 2

(Appendix 'A' refers)

Contact for further information:

Paul Bond, Head of Legal and Democratic Services, 01772 534676

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Executive Summary

This report provides an updated (Quarter 2) Risk and Opportunity Register for the Committee to consider and comment upon.

Recommendation

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

Background and Advice

Following the corporate approach to reporting on risk and opportunity, the quarter 2 Risk and Opportunity Register was reported to Corporate Management Team following a review of the register. The register has now been updated to reflect changing priorities and the updated budget position. Following this Cabinet Committee, the Register will be presented to the next Audit, Risk and Governance Committee. An updated Corporate Risk and Opportunity Register is attached at Appendix 'A'.

For this quarter, there has been one addition to the register CR12 – Unlawful disclosure of personal or commercial data caused by a deliberate or accidental or technical breach, resulting in a risk to the rights and freedoms of the data subject or the intellectual property of the county council. From April to June 2018, there were 98 data breaches, of which 7 were reported to the Information Commissioners Office. Allowing for mitigating actions this risk has a residual score of 12. Further mitigating actions are currently being developed, including a new training course for staff who have been responsible for such breaches.

Risk Identification Number (RIN)	Risk Description
CR1	Delivering the Operational Plan to ensure a strong and sustainable County Council <ul style="list-style-type: none"> • Establishing a strong and visible leadership team • Embed a focus on service delivery to secure a better service at a lower cost • Develop a sustainable financial strategy Allowing for mitigating actions the residual score is 16.
CR2	Protect and safeguard children. Further mitigating actions added. Residual risk score remains unchanged.
CR3	Complying with statutory requirements and duties relating to children looked after, children in need and children leaving care. Following the Ofsted inspection the residual risk score has been reduced to 12.
CR4	Recruit and retain experienced staff within Children's Services. Further mitigation actions added. Residual risk remains unchanged.
CR5	Managing our data well and producing effective management information. Allowing for mitigating actions the residual score is 12.
CR6	Implement/maintain core systems that support the organisation, deliver transformational change and deliver efficiencies, cost reductions and produce effective management information that supports management decision making. Allowing for mitigating actions the residual score is 12.
CR7	Delivering major projects/schemes on time and within budget. Allowing for mitigating actions the residual score is 12.
CR8	Delivering a statutory service for children and young people with special educational needs and/or disabilities. Allowing for further mitigating actions the residual score remains at 16.
CR9	Discharge of patients from hospital into their own home or enablement/short term care in a safe and timely manner. Allowing for mitigating actions residual score remains at 20.
CR10	Adult social care provision is adequate and responsive to meet current and future demand. Allowing for further mitigating actions the residual score remains at 12.
CR11	Supporting disadvantaged families to fulfil their potential (Troubled Families Programme). Allowing for further mitigating actions the residual score remains at 16.
CR12	Unlawful disclosure of personal or commercial data caused by a deliberate or accidental or technical breach resulting in a risk to the rights and freedoms of the data subject or the intellectual property of the county council. Allowing for mitigating actions the residual risk score is 12.
CO1	Delivering the Operational Plan to ensure a strong and sustainable County Council <ul style="list-style-type: none"> • Delivering growth and prosperity for the whole of Lancashire

	This opportunity has a score of 16.
CO2	Apprenticeship Levy and Apprentice % in Public Sector. This has an opportunity score of 15.
CO3	Develop and implement improved recruitment and retention practices to address increasing challenges. This has an opportunity score of 16.

Consultations

N/A

Implications:

This item has the following implications, as indicated:

Risk management

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

List of Background Papers

Paper	Date	Contact/Tel
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None

Reason for inclusion in Part II, if appropriate

N/A

Corporate Risk & Opportunity Register Q2 2018/19

Risk Identification Number (RIN)	Description	Risk Type	Possible Risk Consequences	Current Controls	Risk Score	Mitigating Actions	Residual Score	Risk Owner	Direction of Travel
CR1	<p>Delivering the Operational Plan to ensure a strong and sustainable County Council</p> <p>1. Establishing a strong and visible leadership team</p>	Economic	<ul style="list-style-type: none"> Inability to deliver a balanced budget in future years Inability to attract high calibre candidates for the positions of Chief Executive and Executive Director of Children's Services leading to less effective governance arrangements Lack of buy-in/engagement from staff Managers do not possess the leadership skills required, leading to demotivated staff and poor service delivery The organisation does not have the right people in the right jobs leading to service failure Staff do not know what is expected of them and they do not possess the skills to adequately do their job Unable to meet Terms and Conditions savings targets 	<ul style="list-style-type: none"> Priorities Board established comprising work stream leads and chaired by the Chief Executive Time table for each work stream has been developed and agreed Programme Office is managing the overall programme of activity Employment Committee on 28th June considered and agreed senior management recruitment arrangements. Consultation with CMT members re team building concluded. Learning & Development working up proposal to go to CMT with September earmarked as a possible date for event. Follow –up event with Heads of Service on Visions and Values and People Strategy held on 14 June. Key themes and messages circulated. These will be taken into account in developing the People Strategy. HR Front Door projects addressing recruitment and learning and management systems progressing with project teams in place. Visions and Values and People Strategy shared with executive. Northamptonshire report considered at Leadership and Management Panel. Key issues to be incorporated as part of team building/ management development programme. 	20	<ul style="list-style-type: none"> The next meeting of Employment Committee will compile a shortlist of candidates for the permanent position of Chief Executive and a long list for the position of Executive Director Education and Children's Services. It is anticipated that interviews will take place in October 2018. Work stream timeline to be reconsidered with reference to the draft People Strategy and actions re-prioritised Roll out revised Personal Development Reviews – work ongoing Agree approach to talent planning Agree approach to succession planning Develop management development programme Undertake baseline staff survey – work ongoing Draft People Strategy to be shared with wider leadership group A refreshed intranet that establishes clear messages and a real sense of purpose 	16	Overall Risk Owner is CMT however there is a lead officer for each work stream	This risk is being monitored by both the Priorities Board and CMT

2. Embed a focus on service delivery to secure a better service at a lower cost

- Services become unsustainable and we cannot fulfil our statutory duties
- Compounds ability to set balanced budget

- Service Challenge submissions still on track.
- Review Panel Meetings scheduled – to the end of the stage 1 process.
- Review Panel have considered:
 - Older People/Physical Disability
 - Health Safety & Resilience
 - Trading Standards/Scientific services
 - Libraries/Museums/Culture/Registrars
 - Waste
 - Internal audit
 - Volunteer service
 - Estates
- Executive briefed on process
- Discussion with LGA productivity experts regarding external challenge

- Service challenge reviews are progressing in line with agreed timetable
- Mid-point review meetings being scheduled

3. Develop a sustainable financial strategy

- Unable to deliver a balanced budget in future years
- Insufficient reserves
- Services become unsustainable and we cannot fulfil our statutory duties

- Meetings held with a number of key stakeholders on the commercialisation strategy (and link to the Internal Scrutiny report on Income Generation) identifying owners of key strands of activity and approach e.g. assets.
- Minimum Revenue Provision policy change – agreed approach.
- Discussion held on any overlap between productivity work stream within the financial sustainability operational priority and the leadership / management operational priority
- Analysis of Council and business rate tax base and collection benchmarking information with other councils and modelling of scope for additional income – discussion held at the revenue and benefits working group about options for seeking improvement.
- Goods and services transactional expenditure analysed and largely

- Update Business Rate Retention Pilot Model
- Discussions ongoing at Lancashire Chief Finance Officer meetings on Council Tax / Business Rates
- Minimum Revenue Provision revision of policy report went to Cabinet and Full Council for approval in July.
- LGA currently reviewing the draft commercialisation strategy
- Looking at scope for utilisation of the LGA productivity improvement programme
- Financial modelling of the offer to HMG options

				<p>matched to contracts register and identifying focus for detailed reviews.</p> <ul style="list-style-type: none"> • Meetings held with LGA to review progress on both our offer to HMG and service challenges. 					
CR2	Protect and safeguard children	Social	Children are put at risk of harm.	<ul style="list-style-type: none"> • Clear line of sight to front-line practice at all levels: Chief Executive, Executive Director, Cabinet Member, DCS, Deputy Director and all managers to ensure leaders have a good understanding of the quality of practice and the safeguarding arrangements in place across children's services. • Clear governance and accountability arrangements in place via the Improvement & Accountability Board and the six boards which report to it. • Effective partnership arrangements at a strategic and operational level which support multi-agency working to safeguard and promote the welfare of children. Clear escalation processes in place where there is a professional disagreement. • Quarterly safeguarding meetings including the Chief Executive, DCS, Leader, Cabinet Member for Children, Young People & Schools, LSCB Chair and the Police. • DCS weekly meetings with Cabinet Member and Lead Member to discuss current issues/developments. • Serious Case Review learning shared to improve safeguarding practice. • MASH (Multi-Agency Safeguarding Hub) arrangements strengthened to ensure an appropriate multi-agency response where there are 	25	<ul style="list-style-type: none"> • New Children and Families Board to be established following the conclusion of the Improvement Board. • In line with revised "Working Together", (July 2018), new multi-agency safeguarding arrangements to be established, to ensure there is a shared responsibility between agencies for safeguarding and promoting the welfare of children. • Annual Improvement Plan to be developed following the recent Ofsted inspection to ensure continued improvement at pace. • Safeguarding arrangements have been strengthened. Ofsted inspection (June 2018) - Inspectors broadly agreed with our self-assessment. • As at June 2018, social worker and family support worker caseload averages are mostly in line with targets ("good" and "outstanding", respectively). Average: 22.9. However, some caseloads are significantly higher than this. • Number of inexperienced workers in post continues to decrease (April 2017: 50.1%, June 2018: 23.8%). • The proportion of experienced social workers has improved (April 2017: 15.2%, June 2018: 31.9%). 	16	Director of Children's Services	The risk is being managed

				<p>safeguarding concerns about a child with more timely decision making at the point of referral.</p> <ul style="list-style-type: none"> • Serious incident reporting in place to ensure an appropriate response to serious safeguarding concerns and when necessary notification to Ofsted/DfE. • External reviews of front-line practice by Ofsted, DfE, LGA and North West ADCS to provide external, independent evaluation of the quality of practice. Robust audit arrangements and reporting in place to ensure an accurate understanding of the quality of practice. This has improved compliance and is starting to improve quality. • Performance monitoring undertaken with action taken to address areas of underperformance and ensure service user records are accurate and up to date. • Social Work Academy established providing robust induction and continuous professional development for social workers. 					
CR3	Complying with statutory requirements and duties relating to children looked after, children in need and children leaving care.	Legal/ Political	Local Authority is legally and possibly financially liable, judicial review. Further OFSTED intervention.	<ul style="list-style-type: none"> • Robust audit arrangements including monthly audit cycle to check compliance and the quality of practice. Corporate legal oversight. • Serious incident reporting to ensure appropriate management oversight. • Serious Case Review learning shared. • External inspection and peer reviews. • Clear line of sight to front-line practice from the Cabinet Member and DCS and Stronger management oversight in districts. • Advanced Practitioners in post. Independent Reviewing Officer capacity increased and escalation of cases where there is none compliance. Change from generic to specialist teams has strengthened social work practice. 	15	<ul style="list-style-type: none"> • Ofsted inspection June 2018: noted significant improvements and, as a result, children's services are no longer inadequate. Practice is compliant with statutory requirements and audit is reliable and effective. • The way in which help and support is delivered to children in need is no longer a cause for concern. The Council is described as a committed and responsible corporate parent and the response to care leavers is now much more focused and supportive. • An Improvement Plan is in development to address the recommendations from the inspection and progress will be monitored via the Improvement & Accountability Board. • Sufficiency strategy: Both the Bungalow (complex needs unit) and Slyne Road (Adolescent Support Unit) are now registered with Ofsted. Building work at South Avenue (the crisis unit) is not yet complete. • An audit schedule for the next 6 months is in development with agreed audit priorities to ensure a continued focus on the quality of practice. • Significant progress made. Leaders can now demonstrate that they know their services well. The focus is now on making the cultural 	12	Director of Children's Services	The risk is being managed

						<p>shift from compliance with statutory requirements to improving the quality of practice.</p> <ul style="list-style-type: none"> • Further work is required to address variability in the quality of practice, to ensure that all children in need receive a consistently good service. • The pace of change needs to be maintained as part of our continuing improvement journey from requires improvement to be good. 			
CR4	Recruit and retain experienced staff within Children's Services	Organisational	<p>Inability to deliver effective services. High caseloads. Lack of management oversight. Increased staff turnover. Increased agency spend.</p>	<ul style="list-style-type: none"> • Vacancy monitoring via quarterly workforce report; monthly monitoring via Improvement Dashboard. Weekly monitoring of social work workforce position and caseloads. • Workforce Strategy Board established to ensure strong focus on recruitment and retention and workforce development. • Revised supervision policy now in place to support staff retention. • Social Work Academy established providing robust induction and continuous professional development for social workers, including ASYEs. • 12 Advanced Practitioner posts support social workers to aid staff retention. • Leadership Academy now in place with particular focus on up-skilling first line managers to strengthen leadership of practice. 	25	<ul style="list-style-type: none"> • Performance Development & Research Officer to undertake a more detailed analysis to inform our understanding of demand, including the source, type and reasons underpinning the increase seen in recent months. • Development programme for more experienced Grade 9 social workers. • Improve compliance with supervision requirements to ensure staff receive appropriate support. • Staff retention has improved and as a result experience levels have improved. The number of inexperienced workers in post continues to decrease (April 2017: 50.1%, June 2018: 23.8%). • The proportion of experienced social workers has improved (April 2017: 15.2%, June 2018: 31.9%). • The proportion of agency social workers has increased (April 2017: 15.8%; June 2018 18.1%). 	16	Director of Children's Services	The risk is being managed
CR5	Managing our data well and producing effective management information	Organisational	<p>Ineffective collection, collation and input of data</p> <p>Failure to improve quality of data in council systems including those that have already been implemented and those that are being implemented.</p> <p>Ineffective use of business intelligence, resulting in the inability to identify and respond to changing trends and inform strategic decisions.</p> <p>Impact on strategic planning, understanding demand management e.g.</p>	<ul style="list-style-type: none"> • Information Management Strategy. • Accuracy Steering Group chaired by Director of Adult Services oversees a programme of work to improve data quality within systems used by Adult Services • Data Quality and Performance Group oversees quality of information in systems for children's services • Regular provision of management information to staff at all levels across adults and children's services helps to embed ownership of data and improve recording. • Use of 'exception reports' which proactively highlights data anomalies and inconsistencies. • Development of a Corporate Performance Dashboard is 	16	<ul style="list-style-type: none"> • 'Project Accuracy' for Adults Services focussing on procedures and data quality is now underway. • Performance and Data Quality Group (Children's Services) is a well-established group facilitated by the Practice Improvement Officer. Heat maps have been designed to monitor Annex A data quality. • Additional temporary resource employed within Business Intelligence to provide reports for Project Accuracy 2. • Clear governance structure in place to ensure a continued focus on data quality/accuracy: <ul style="list-style-type: none"> • Data Quality and Performance Group. • LCS Systems Steering Group - provides governance to the DQP Group. 	12	CMT	Level

			<p>around demographics and ageing population profile</p> <p>Ineffective reporting arrangements.</p> <p>Statutory returns will be compromised, so incorrect performance will be reported nationally, with potential for negative financial consequences</p> <p>OFSTED/CQC/LGA and other external organisations will be using inaccurate information to judge performance.</p> <p>Service planning and management will be severely compromised.</p> <p>Potential for incorrect payment of providers, staff etc</p>	<p>facilitating a council-wide view of all services, which will improve the quality of reported data as anomalies will be highlighted.</p>		<ul style="list-style-type: none"> Practice Improvement Meetings (PIMs) looking at performance and data quality. Children's Portfolio Review Board - development of systems within Children's Services. <p>Governance Boards established for Early help Module, Education, Health and care Plans module and the Education Management System.</p> <ul style="list-style-type: none"> Draft Digital Strategy – the developing strategy has a work stream relating to data and developing an information architecture across the core systems. Landscape review of business intelligence is currently being undertaken which will highlight opportunities for development and improvement of reporting systems. Passport to Independence metrics – reliability issues within weekly data trackers in adult social services. Solution to issue currently being explored. 			
CR6	Implement/maintain core systems that support the organisation, deliver transformational change and deliver efficiencies, cost reductions and produce effective management information that supports management decision making.	Organisational/Reputational	<p>Front line service delivery impeded because new/old systems are not fit for purpose</p> <p>Back office unable to function</p> <p>Failure to maximise use of new technology, including mobile devices to deliver savings and to operate in a more effective way, including integration with partners.</p> <p>New systems are implemented without full transformational and operational processes being defined and tested that impact on service delivery.</p> <p>Lack of management buy-in from service areas to drive forward change and ensure services work to</p>	<ul style="list-style-type: none"> Roadmaps have been developed for all key major systems. Governance arrangements in place with full impact assessment carried out for all system changes. Central co-ordination, control and monitoring in place which assists in performance management of BTLS. Corporate wide approach implemented for all system changes involving services, L&D, BI etc. on wider impacts and how system changes are managed into the business. Sign off arrangements for roadmaps, including prioritisation of work, are in place. Boards have been established for major system implementations. Current major implementations are: Early Help Module, Education, Health and Care Plans Module, MASH and CSE. 	16	<ul style="list-style-type: none"> Continued monitoring of data within Lancashire Children's Service. Programme of work rolled out to Lancashire Adults Service. New system roadmaps developed to provide more control over system changes. Governance Boards established for Early Help Module, Education, Health and Care Plans module, MASH and Child Sexual Exploitation. No major issues identified in recent Ofsted inspection. Intensive early life support to services for newly implemented Highways system. Fortnightly meetings with service to discuss issues. Continuous tracking of issues and timescales for rectifying. After comprehensive work with the service and a review by audit a programme of work has been identified over a six month period to support the service in ensuring that the functionality of the system is used to best effect. Critical incidents escalated within Corporate Services and BTLS. 	12	Director of Programmes & Project Management	The risk is being managed

			<p>new practices in a consistent way so that system implementation is as smooth as possible and the council maximises the benefit from its investment in new technology.</p> <p>Service planning and management will be severely compromised.</p> <p>Reliance on uninterrupted operation of T101 cannot be over emphasised. Power up following an uncontrolled failure takes 5 times longer than after a controlled shutdown. Impact on service delivery</p>	<ul style="list-style-type: none"> • Implementation of On-Line School Admissions and Education Management system. • Information management strategy and approach being rolled out with all new systems. • Small transformation team available to support system changes and implementations supplemented by relevant service areas to encourage ownership, super users etc. Local Information Systems still exist but are being replaced over time with new core systems and other corporate solutions, i.e new Highways solution has replaced 23 existing systems. • Corporate performance information being developed as part of systems implementations though long term reporting tool needs developing and implementing. JSNA and other needs assessments. Discussed with various management teams on an ongoing basis. Weekly provision of information to operational managers for LCS. Monthly Performance Books or dashboards provided to Start Well Management Team and Adults Leadership Team. Uncontrolled and managed in a targeted way involving other key service areas to maximise benefit and support new framework contracts to ensure successful implementation. • New operating process and procedures developed and implemented to overcome recurring issues/problems - continuous improvement cycle implemented. 					
CR7	Delivering major projects/schemes on time and within budget	Economic/Political/Social/reputational	<p>Scheme viability in doubt due to speculative estimating and project management</p> <p>Pressure on capital programme</p>	<ul style="list-style-type: none"> • Capital Board • Capital Programme reports to Cabinet • Active project and programme management 	16	<ul style="list-style-type: none"> • Initial review work undertaken of a sample of major capital schemes to improve the estimating and testing of current and future scheme costs. These include: <ul style="list-style-type: none"> ○ Reporting of cost ranges for new schemes ○ Routine updating of cost estimates ○ Inclusion of contingency at industry standards and benchmarks • Governance arrangements improved to provide structured challenge. Capital Board now has 	12	Exec Director Growth, Transport and community services	Level

						oversight of estimates as well as capital budgets so it can manage both through the life cycle of the project			
CR8	Delivering a statutory service for children and young people with special educational needs and/or disabilities.	Organisational/social	<p>Not providing adequate service which places the LA at risk of appeals to SENDIST Tribunal, increased reputational risk via complaints corporately and to LGO.</p> <p>Unmet need will result in CYP failing to meet their potential and therefore not be supported as positively as possible into adulthood.</p> <p>The failure to recruit and retain staff.</p> <p>Lack of confidence in council services.</p> <p>The lack of accessibility and quality of information on the local offer</p>	<ul style="list-style-type: none"> • Following the SEND Local Area Inspection a WSA has been submitted identify improvements to the service offered by LCC and the Clinical Commissioning Groups. The following areas were identified as requiring action: <ul style="list-style-type: none"> ○ The lack of strategic leadership and vision across the partnership ○ Leaders' inaccurate understanding of the local area ○ Weak joint commissioning arrangements that are not well developed or evaluated ○ The failure to engage effectively with parents and carers ○ The confusing, complicated and arbitrary systems and processes of identification ○ The endemic weaknesses in the quality of EHC plans ○ The absence of effective diagnostic pathways for ASD across the local area, and no diagnostic pathway in the north of the area ○ No effective strategy to improve the outcomes of children and young people who have SEN and/or disabilities ○ Poor transition arrangements in 0–25 healthcare services ○ The disconcerting proportion of children and young people who have an EHC plan or statement of SEN who are permanently excluded from school ○ The inequalities in provision based on location 	25	<ul style="list-style-type: none"> • Recruitment of qualified staff funded by the SEND reform grant. • Commissioning arrangements with Health being reviewed. • The actions to implement the Written Statement of Action. These include: <ul style="list-style-type: none"> ○ <i>SEND Partnership Board established with five thematic working groups to implement the written statement of action.</i> ○ <i>SEND Partnership team delivering a series of parent/carer engagement events across the county. Further programme of events are being planned for the autumn.</i> ○ <i>Open feedback survey in place.</i> ○ <i>Supporting the formation of a Lancashire Parent/Carer forum.</i> ○ <i>Implementation of the early help (IT) module.</i> • Strategic reporting and monitoring of improvement plan at Cabinet and CMT level. • Active leadership of Health and Wellbeing Partnership is leading SEND improvement plan. 	16	Director of Children's Services	The Local Area SEND Inspection identified serious weakness in delivery of the SEND Reforms.

CR9	Discharge of patients from hospital into their own home or enablement/short term care in a safe and timely manner	Organisational	<p>Service users staying longer in an acute hospital setting leads to deconditioning of service user (older people often lose skills and the physical ability to undertake activity), which increases reliance on social care post discharge and as a result an increased cost.</p> <p>Increased pressure on adult social care. Cost to the health economy, as prolonged hospital stay, will increase tariff. Effect on relationships with health economy.</p> <p>Risk that pressure to deliver targets results in expedient decisions which sees individuals discharged but not with the most suitable care package and thus recovery and independence not promoted and risk of readmission</p> <p>Inability to agree or deliver challenging Delayed Transfer of Care (DTC) national targets. Inability to manage short term pressure for reablement services.</p>	<ul style="list-style-type: none"> Regular data set produced and analysed by business information. Cluster boards for P2I for reablement and acute joined to ensure good communications. Focus at Better Care Funds meetings. iBCF spending plan, which is intended to have positive impact on DTC, agreed by HWBB in August 2017. 	20	<ul style="list-style-type: none"> Commissioned home care framework. Increased capacity of reablement service. Weekly "winter" ops and commissioning meeting. Implementing of eight high impact changes using iBCF monies to facilitate. Roll out of passport to independence in an acute setting. DTC Board established. Programme Office defined future governance and programme management. NHSE and LGA issued an Enhanced Care Support Offer which Newton Europe will deliver and is targeted at areas which will include Lancashire (1 of 10 areas) where there are challenges in meeting DTC Nov 2017 target ostensibly due to performance at LTHT. H&WBB held a Check and Challenge panel 8/1/18 to establish what is working and to be systemised and standardised across entire system and where there are barriers and how as a system we will tackle with BCF steering group holding the accountability for progressing/monitoring. iBCF LCC slippage made available to all health economies to accelerate high Impact programmes changes. LCC instituted a DTC tracker to take a grip of performance in each of acute settings and DTC analysts recruited to grip individual cases and progress chase in each of acute settings. 	16	Exec Director of Adult, Health and Wellbeing Services	Level
CR10	Adult social care provision is adequate and responsive to meet current and future demand	Organisational/social/economic	<p>People's' needs are not met due to non-availability of care provision. The market is not responsive enough to respond to demand. People living in rural areas or with very complex needs are difficult to find appropriate support for.</p> <p>Delays to Hospital discharge, blocking moving on from enablement or Short Term Care, people</p>	<ul style="list-style-type: none"> The Homecare Framework has commenced and care provision is tendered in 'lots' covering all areas of the County. Care is sourced and awarded on a rotational basis across all providers for that area to guarantee adequate volumes of work and create sustainability. Work needs to be undertaken around the residential care market. Through the work of P2I, people are able to optimise their independence, access the right service at the right time, and reduce dependency on formal support as appropriate. This 	15	<ul style="list-style-type: none"> Weekly Homecare mobilisation operational meetings to review progress/raise challenges/agree actions. Board oversight. Weekly domiciliary care delays circulated for information across ops/Commissioning/Contracts 	12	Director of Adult Services	Level

			<p>remain at home without support.</p> <p>People with complex health and social care needs cannot be supported appropriately.</p>	<p>in turn will support the demand on the market.</p>					
CR11	Supporting disadvantaged families to fulfil their potential (Troubled Families Programme)	Organisational/economic /social	<p>Failure to achieve Payment by Results targets due to specific requirements of the programme.</p> <p>Failure to accrue maximum income from the programme for the authority.</p> <p>Failure to meet savings target attributed to the service for current financial year.</p> <p>Possible reputational risk as a result of missing a national target.</p> <p>Possible reputational risk if progress not made with the TFU Maturity Model and service transformation with partners.</p> <p>Risk of additional scrutiny of programme</p>	<ul style="list-style-type: none"> Robust tracking processes in place with view to maximising payment by result claim opportunities. Ongoing data matching to identify new eligible families The target in the MTFS for TFU Payment by Results (PBR) claims for 2017/18 was for 1,500 PBR claims to be made and this target has been exceeded. The position as at 22/03/2018 is that 22% of the PBR claims available have been claimed with just over 2 years of the programme remaining. The current positive trajectory is anticipated to continue to improve with the team ensuring that all available data and information systems are fully utilised to maximise PBR claim opportunities 	20	<ul style="list-style-type: none"> Development of reporting processes to ensure monthly progress checks against targets Redesigning of outcomes plan to set more achievable/realistic targets Review of Governance Arrangements commissioned. Districts supported to identify families where potential claims can be made Workforce development complete for shared assessment. Lead Professional and Risk Sensible approach. Revised assessment CAF documentation, Quality Assurance and processes to assist in meeting requirements. TFU Maturity Model self-assessment completed and developed action plan to support delivery and improvement. 	16	Director of Public Health	Level
CR12	Unlawful disclosure of personal or commercial data caused by a deliberate or accidental or technical breach resulting in a risk to the rights and freedoms of the data subject or the intellectual property of the county council.	Organisational/reputational/financial	<p>Potential impact on the data subject – Physical/financial/mental harm including potential distress and in some circumstances a threat to their safety.</p> <p>Potential impact on the county council if the organisation's confidential commercial data has been exposed resulting in a material loss</p> <p>Financial penalty given to the council by the Information Commissioner (up to £17.7 million).</p>	<ul style="list-style-type: none"> Information Security Incident Management Policy. Information security incident reporting form seen by SIRO, DPO, and IG Managers. Senior Information Security Officer dedicated to investigating and risk assessing all incidents (not every incident is a breach). Close relationship with the ICO Very proactive SIRO reporting to CMT and Heads of Service. Dedicated DPO and IG Manager promoting risk management actions. Regular staff notices and key messages to all staff. 	16 (Major/Likely)	<p>Extra controls created to comply with GDPR:</p> <ul style="list-style-type: none"> Procedure set up to report certain types of personal data breach to the ICO within 72 hours of becoming aware of the breach. Robust breach detection, investigation and internal reporting procedures in place, facilitating decision-making about whether or not to notify the ICO and the affected individuals. A comprehensive record of all personal data breaches. Advice given to managers on whether disciplinary action is recommended. HR Policy has been revised to include serious data breaches as an example of gross misconduct Executive Directors and Directors and Heads of Service informed of all serious breaches in their service area. 	12 (Major/Possible)	Director of Corporate Services	Downwards

			<p>Compensation claim to the council by the data subject.</p> <p>Reputational damage to the council</p>	<ul style="list-style-type: none"> Mandatory eLearning course for all staff which has to be repeated if user is responsible for an incident. Controls in place with BTLS to consult IG regarding issues or access. 					
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	<p>Delivering the Operational Plan to ensure a strong and sustainable County Council</p> <p>Delivering growth and prosperity for the whole of Lancashire</p>	Economic/Political/organisations	<p>Self-sustaining organisation</p> <p>Stronger and growing economic base</p> <p>Ability to deliver affordable high quality services with outcomes relevant to the needs of our residents, communities and businesses</p> <p>Improved productivity and earning power of all residents</p> <p>Continued successful delivery of the LEP's current strategic economic growth programmes.</p> <p>Successfully securing new resources for Lancashire to support job and business creation, housing growth and the delivery of strategic transport infrastructure linking to drive economic growth and regeneration, linking residents and businesses with economic opportunities.</p>	<ul style="list-style-type: none"> Lancashire Enterprise Partnership (LEP) has secured almost £1 billion of national resources to deliver a transformational programme of economic growth which see the delivery of new jobs, business and housing growth and strategic transport infrastructure. Key programmes/projects secured include the Preston, South Ribble and Lancashire City Deal, Growth Deal, three Enterprise Zones, Growing Places Funding, Boost Business Lancashire and Superfast Broadband. ESIF monies, both Regional Development Funds and Social Funds, totalling circa £200m are currently ring-fenced for use in Lancashire (LEP area) over the next 5 years. This supports business support initiatives, innovation investment, environmental and flood mitigation measures as well as skills development and employability work. Post Brexit vote, projects which have been through the full approval process are not able to sign a final contract with MHCLG and project funding is being restricted to spend prior to end 2018. Significant beneficiaries include the Council, other local authorities, Higher Education Institutes' and Colleges. 	12	<ul style="list-style-type: none"> Work with local authority partners 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. The County Council to give greater consideration to using its investment and prudential borrowing capacity and investment funds to bring forward a portfolio of strategic development opportunities Recent Growth Deal settlement of circa £70m will provide resource for six key projects to advance over the next three years. The LEP has secured a £320m Growth Deal programme to be delivered by 2021. Work with local authority partners and the LEP to agree: <ul style="list-style-type: none"> a Local Industrial Strategy (aim to be an early adopter) a new Lancashire Prospectus an approach to future growth initiatives and priorities <p>the London School of Economics have been secured as a critical friend</p> Economic Development's main ERDF project Boost, has secured a Grant Funding Agreement and is applying for funding to the end 2021. Business Growth Service staff will, as far as possible, seek to frontload activity and spend within this project in-case funding or activity is prematurely curtailed. For the programme as a whole, we have issued calls in all measures in an effort to defray as much of the programme as 	16	CMT	Level

						<p>early as possible. We are now looking to a further bid which could take the project to 2021.</p> <ul style="list-style-type: none"> • Whilst the opportunity to secure EU funds (underwritten by HMG) looks more positive in the medium term, we are also preparing in the event that EU Structural funds are replaced with complete rounds of national or sectoral productivity funding. The development of a UK Shared Prosperity Fund could also create new funding opportunities for place-based growth strategies – though further details not expected until later in 2018. • Lancashire Leaders have agreed to a "growth" workshop on 24 July to develop shared priorities with the support of the LEP. • Lancashire's Transforming Cities submission with Government. • Secured national Digital Skills Pilot status 			
CO2	Apprenticeship Levy and Apprentice % in Public Sector	Political Economic Social Reputational Organisational	Increase in Apprentices in the workforce and use the Apprenticeship levy to its maximum benefit to support critical development needs in the County Council	The Apprenticeship Levy is live from April 2017 and the first payment from the digital account was in May 2017. Work is being undertaken across LCC with Heads of service or their representatives to discuss their overall workforce development and what part the Levy could play in this.	12	<ul style="list-style-type: none"> • Maximise the benefits of the Apprenticeship Levy within LCC by working in conjunction with Management Team, Finance and HR to embed this into structures across the organisation. • Working with services to identify the quick wins where these suit their business need and to thus eliminate training expenditure where we can, and link to Levy fund. • L&D are speaking to Heads of Service to see how their training needs can be creatively addressed to link with the Levy, where possible. • Heads of Service have been asked to report to L&D any current areas of training expenditure commitment that they have entered into. Heads of Services have been asked not to enter into any further financial commitments without speaking to L&D 	15	Dir of Corporate Services	Upwards

CO3	Develop and implement improved recruitment and retention practices to address increasing challenges	Organisational	Reduced staff turnover, especially 'hard to fill' roles; improve staff morale; reduce costs; reduce sickness absence; improve productivity.	Draft action plan produced. Focus initially on Children's and Adult Services.	12	<ul style="list-style-type: none"> Align to wider draft 'People Strategy' Following requests from recruiting managers to improve the recruitment process, a small task group was established to identify and implement 'quick win' recruitment improvements. Working with high recruiting services, these improvements which include improved guidance and support, and quicker and easier processes and systems, have increased the number of applications to our roles and reduced recruitment times for roles in Adults Services from around 7 months to 2 months. We have started to develop the foundations of smarter recruitment practices which are being piloted in Adults and Children's Services. We are also building and developing the Lancashire brand to help us attract high quality candidates. 	16	Dir of Corporate Services	
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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 Thursday, 4 October 2018

Report of the Chief Executive

Part I

Electoral Division affected:
All

Quarterly Corporate Performance Monitoring Report – Quarter 1 2018/19

(Appendix 'A' refers)

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Executive Summary

This Corporate Performance Monitoring Report provides an overview of performance activity across the Council for quarter 1 of 2018/19.

Highlights:

- Retention of staff in children's social care is still improving, with both newly qualified staff and experienced staff choosing to remain with Lancashire.
- During the recent re-inspection, Ofsted rated the performance of the adoption services as Good, and the average time between a child entering care and moving in with their adoptive family is again decreasing.
- The number of first time entrants to the youth justice system and reoffending levels in Lancashire continue to reduce and remain lower than national rates.
- Performance in the county for delayed transfer of care from hospital (delayed days) continues to improve.
- The use of reablement for older adults has continued to increase, with both improved take up and effectiveness.
- Street lighting faults and highway defects repairs are seeing improved performance.

However:

- There has been a notable increase in referrals to children's social care.
- The number of children looked after has continued to increase although similar and larger increases have been reported both nationally and regionally.
- Permanent exclusions in all schools are increasing, and rates in Lancashire are higher than regional and national comparators.
- Too many older people are being placed in residential care.

A Children's Services post Ofsted inspection update is included at Appendix 'A'.

Recommendation

The Cabinet Committee on Performance Improvement is asked to note and comment on the reported performance for quarter 1 of 2018/19 and the Children's Services Ofsted inspection update information provided.

Performance Summary Education and Children's Services

Key for performance:

On track/good	Slightly below desired level	Requires improvement
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Performance Measure	Good is High or Low	2016/17	2017/18	Q1 18/19	England Average
Children's Social Care					
Number of contacts during the year	-	31,873	33,253	9,453	-
Percentage of contacts that led to a referral during the year	H	32.0%	32.2%	37.1%	-
Number and rate of referrals during the year	L	9,907/ 403.9	10,337/ 419.4	3,377/ 136.8	548.2
Number and percentage of referrals that are re-referrals during the year	L	1,890/ 19.0%	1,937/ 19.0%	660/ 19.5%	21.9%
Percentage of assessments completed during the year which took over 45 days	L	26.9%	25.0%	23.7%	17.1%
Number and rate of children with a Children in Need Plan (snapshot as at 30 June)	L	1,825/74.3	1,660/67.2	1,716/ 69.2	-
Number and rate of children with a child protection plan (snapshot as at 30 June)	L	1,412/57.5	1,243/50.4	1,221/49.5	43.3
Percentage of children with a repeat child protection plan over last 12 months (snapshot as at 30 June)	L	5.5%	6.2%	6.6%	-
Rate of Children Looked After (CLA) number/per 10,000 (snapshot as at 30 June)	L	1,842/75.0	1,968/79.7	2,021/81.9	62.0
Percentage of CLA in 3 or more placement over last 12 months (snapshot as at 30 June)	L	7.7%	7.9%	9.1%	10%
Percentage of staff on Assessed and Supported Year in Employment (ASYE) (snapshot as at 30 June)	L	44.9%	27.2%	23.8%	-
Percentage of staff who are experienced social workers (3+ years) (snapshot as at 30 June)	H	New measure	26.0%	31.9%	-
Average caseload per social worker (snapshot as at 30 June)	L	New measure	22.0	22.9	-

Children's Social Care

There has been a 10.9% increase in contacts received during quarter one when compared to the same period the previous year (8,521 contacts Q1 2017/18) with a corresponding increase of 38.1% in referrals (2,445 referrals Q1 2017/18). The majority of the contacts originated from the Police (40.1%) and there were more

referrals from this source than the same period last year (28.3% Q1 2017/18). The rate of re-referrals has remained stable at 19.5%.

Around 24% of assessments completed during the year took over 45 days to complete which is still higher than all comparator averages.

The number of children looked after has continued to increase which is in line with the position across the region. The number of children in need remained stable.

The proportion of newly qualified social workers (Assessed and Supported Year in Employment, known as ASYEs) within Lancashire has continued to reduce which indicates that retention of newly qualified staff is improving with people staying with us as they gain experience. This reflects the support that is now provided to ASYEs by Advanced Practitioners and the Social Work Academy. The proportion of social workers with over three years' experience has improved indicating that experienced staff are also being retained. The average caseload for all social workers remains comparatively good.

Performance Measure	Good is High or Low	2016/17	2017/18	Q1 2018/19	England Average
Adoptions					
Average time between a child entering care and moving in with their adoptive family, for children who have been adopted (days)	L	489	426	386	520 (2014-17)
Days between a local authority receiving court authority to place a child and the local authority deciding on a match to an adoptive family (days)	L	236	156	148	220 (2014-17)

Adoptions

During the recent Ofsted re-inspection, the adoption services performance was commended and rated Good. The average time between a child entering care and moving in with their adoptive family continues to improve and 88% of children waited less than 14 months between entering care and moving in with their adoptive family during quarter one. There were 25 adoptions orders granted during quarter one. 101 children were awaiting adoption.

Performance Measure	Good is High or Low	Previous Period	Latest Available	England Average
Rate per 100,000 local youth of first time entrants to youth justice system	L	180 (Jan 17 - Dec 17)	180 (Apr 17 - Mar 18)	273 (Apr 17 - Mar 18)
% of Young People reoffending	L	39.6% (April 16 - June 16)	39.2% (Jul16 - Sept16)	41.7% (Jul16 - Sept16)
The number of statutory Education Health and Care plans in place (0 to 25 yrs.)	-	6,351	6,665	-

Youth Offending Team

There were fewer first time entrants to the youth justice system and Lancashire remains lower than the national and regional rates. Lancashire continues to be in the upper quartile nationally against this indicator. Lancashire youth re-offending levels

reduced and is now lower than the national and regional rates. Lancashire continues to be in the second quartile nationally against this indicator.

Performance Measure	Good is High or Low	Previous Period	Latest Available	England Average
School Improvement				
% Fixed term exclusion levels in primary, secondary, and special schools	L	4.05% (2015/16)	4.42% (2016/17)	4.76% (2016/17)
% permanent exclusion levels in primary, secondary, and special schools	L	0.18% (2015/16)	0.21% (2016/17)	0.10% (2016/17)
% Education settings rated Good/Outstanding	H	91.1% (March 17)	90.3% (Jun 18)	86.0% (Jun 18)

School Improvement

The national exclusions dataset for 2016/17 published recently suggests that there were 354 permanent exclusions in all schools (primary, secondary and special establishments) within Lancashire. This was an increase on the previous year (305). In fact Lancashire had the highest number and fifth highest proportion of permanent exclusions amongst all local authorities in the country. The Lancashire rate had increased for the fourth consecutive year (0.12% 2013/14; 0.15% 2014/15; 0.18% 2016/17). There were 7,474 fixed period exclusions during 2016/17 in Lancashire, however this rate was lower than national (4.76%) and regional (4.54%) rates. The number of schools judged to be good or better has consistently been above the national average in recent years.

Growth, Environment, Transport and Community Services

Performance Measure	Good is High or Low	2016/17	2017/18	Q1 2018/19
Street lighting and highways				
Average number of working days to repair a LCC street lighting fault	L	4.6	7	4.35
Highway Safety Carriageway Defects repaired within 20 working days.	H	97%	64%	66%
Waste management				
% of recycling, re-use and composting	H	46%	42%	43%
% diversion of municipal waste away from landfill (including recovery)	H	49%	51%	55%
Libraries and museums				
Number of visits to libraries each quarter	H	4,007,475	3,573,465	879,387
Number of visits to museums each month	H	256,318	244,365	58,544
Number of E-Book downloads each month	H	162,384	212,925	58,659
Number of library public issues each month	H	4,170,173	3,622,043	891,108
Planning applications				
% of minerals and waste planning applications determined within 13 weeks	H	50% (Q4)	67%	50%
% of Regulation 3 planning applications determined within 8 weeks	H	56% (Q4)	78%	60%

Street lighting and highways

The service is reporting improving performance during Q1 2018-19 (April 55%; May 65%; June 81%) and this is continuing. The change in performance around

carriageway defects and street lighting is due, in the main, to a mixture of improved productivity during the better weather in quarter one, and reporting processes capturing our position more accurately. The recently approved defect repair policy is being implemented in August so reporting will change in accordance with that policy.

Waste management

There is not a significant shift in recycled tonnes compared to Q1 (2017/18). District green waste collection has reduced slightly, however there is a slight increase at the recycling centres. Residual waste continues to see increases both at kerbside and recycling centres. Mass loss trials at the Thornton Waste Treatment facility is the main driver towards the increased percentage rate, benefiting from less tonnes to landfill and increased diversion.

Libraries and museums

Nationally, the volume of loans from libraries is decreasing. It is generally recognised that libraries should not be measured on the volume of book loans alone, a point reiterated by the Minister with responsibility for Public Libraries in England and Wales. Many citizens use their library for other reasons. Some library users rarely borrow a book or don't borrow in high numbers but regard their library as enabling them to use a community space, have digital access, feel less isolated, and have access to information and community activity. Libraries provide cultural venues with activity that brings enjoyment and supports the health and wellbeing of those citizens who visit them.

The service is developing a range of new indicators to cover the offers which feature in the library strategy.

Planning

Two County Matter minerals and waste (i.e. major) applications were determined within quarter 1 2018-19, of which 1 (50%) received a decision within the 13 week decision period. The second application was determined within an agreed time extension. 10 applications for Lancashire County Council's own Regulation 3 development were determined in quarter 1 2018-19. 6 (60%) of these were determined within 8 weeks (there is no national standard in respect of this indicator, but 8 weeks is the standard set for district council applications of a similar scale).

Adult Services and Public Health

Note: ASCOF refers to the Adult Social Care Outcomes Framework which is a suite of national performance indicators.

Performance Indicator	Good is: H/L	2016/17	2017/18	Q1 2018/19	England Average
Adult social care - personalisation					
Adults aged over 18 receiving self-directed support (personal budgets) (ASCOF) snapshot as at 31 March	H	77.8%	77.4%	76.8%	89.4%
Adults receiving direct payments (ASCOF) snapshot as at 31 March	H	23.9%	25.1%	26.5%	28.3%
Support for carers					
Carers receiving direct payments for support direct to carer (ASCOF) during the year	H	98.3%	98.6%	99.4%	74.3%
Support for people with learning disabilities					
Proportion of adults with learning disabilities who live in their own home or with their family (ASCOF) during the year	H	85.5%	85.3%	85.1%	76.2%
Support for people to remain independent					
Permanent admissions to residential and nursing care homes per 100,000 pop aged 18-64 (ASCOF) during the year	L	17	19	18.9	12.8
Permanent admissions to residential and nursing care homes per 100,000 pop aged 65+ (ASCOF) during the year	L	742.3	719.1	726.8	610.7
Number of permanent admissions to residential and nursing care homes pop aged 65+ during the year	L	1,795	1,761	1,792	-
Number of reablement referrals during the year	H	3,642	7,392	2,079 (3m)	-
Number of completed reablement support plans during the year	H	3,207	6,657	1,851 (3m)	-
Proportion of older people (65 and over) who were still at home 91 days after discharge from hospital into reablement/ rehabilitation services (ASCOF) from 1 October to 31 December each year	H	83.8%	88.1%	88.2% (3m)	82.00%
Timeliness of assessment and support					
Assessments completed within 7 days during the year	H	82.6%	85.1%	87.6% (3m)	-
Assessments completed within 28 days during the year	H	94.6%	95.6%	96.1% (3m)	-
Delayed transfers of care from hospital (DToc) – total delayed days due to social care in the month of March each year	L	2,167	1,232	1,093 (Jun 18)	-
Quality of services					
Care Quality Commission (CQC) – Care Home ratings good/outstanding snapshot as at 31 March	H	70.0%	75.9%	78.8% (Jun 18)	79.50%
CQC Community Care Service ratings snapshot as at 31 March	H	80.1%	91.0%	92.8% (Jun 18)	85.30%

Support for people to remain independent

Much greater numbers of people are receiving reablement and effectiveness remains high as people are remaining at home. However, concerns remain about the level of residential admissions for older people as there has been a slight increase in the number of people admitted to permanent residential care in the quarter, and we remain higher than the national average. Various options are being considered to reduce the level of admissions.

Timeliness of assessments and support

Over 96% of social work assessments were completed within 4 weeks. There are currently around 1200 people waiting for a social work assessment. This figure is a significant reduction on the 1700 reported as waiting at the end of the previous quarter and reflects the work that is underway to reduce the backlog.

The monthly total for delayed transfer of care from hospital (delayed days) continues to improve and Lancashire is now on track to achieve the September 2018 targets recently published for all authorities as part of the Better Care Fund 2018/19 Operational Guidance.

Quality of services

The Lancashire figure of 78.8% of care home ratings being good or outstanding continues to improve, though performance is slightly below the national average of 79.5%.

Of the 415 care homes inspected, 17 are in-house residential services for older people and 70.6% (12) of these were rated good or outstanding. Subsequent inspections in the summer have now improved this figure to 77.8%. Of the 415 care homes inspected, 8 are in-house disability short break services and 100% of these were rated good or outstanding.

The Lancashire figure of 92.8% of community care services rated good or outstanding continues to improve and performance is significantly above the national average of 85.3%.

Of the total 194 community care services inspected, 9 services are in-house disability services (8 domiciliary services and 1 shared lives service) and 100% of these were rated good or outstanding.

Performance Measure	Good is High or Low	2016/17	2017/18	Q1 2018/19	England Average
Health Checks					
Number of NHS Health Checks offered to eligible population	H	75,892	96,920	29,348	-
Number of NHS Health Checks completed	H	47,107	51,486	11,928	-
% completed of NHS Health Checks offered (Cumulative)	H	62.1%	53.1%	40.6%	42.6%
Tobacco control					
Percentage of women who smoke at time of delivery /prevalence of smoking	L	14.7%	13.8%	13.5%	10.4%
People self-reporting to have successfully quit smoking as a percentage of all those setting a quit date.	H	47.4%	51.0%	47.7%	50.7% (17/18)
Troubled Families Unit					
	Good is High or Low	2016/17	2017/18	Q1 2018/19	England Average
- Number of families attached to the programme	H	4,305 (Q4, 2016/17)	8,647	10,169	n/a
- Payment by results claims (submitted to the DCLG)	H	841 (2017)	2,097 (rolling figure)	2,409	n/a

Health Checks

This is a 5 year programme (2014/15 – 2018/19). As of June 2018, 91.6% of the eligible population (aged 40 – 74) have been offered a Health Check (the target is for all eligible people to be offered one check over the 5 year programme). Steady improvements have been made to the number of NHS health checks completed since the beginning of the programme. Across the lifetime of the programme, 53.4% of the eligible population have received a health check, with 58.3% of those offered having a health check.

Tobacco Control

The proportion of women smoking while pregnant in Lancashire has reduced since 2016/17. Work is currently taking place involving key partners such as midwifery teams, providers and Clinical Commissioning Groups around the Saving Babies' Lives agenda which is seeing a focus on smoking at the time of delivery.

The proportion of people self-reporting to have successfully quit smoking of all those who had set a quit date has fallen. The self-reported outcomes have reduced as the service has focused on 4 week quits which had increased in quarter 1 of 2018/19.

Troubled Families Unit

A further 1,522 Troubled Families were attached to the programme in quarter 1 of 2018/19, increasing the number to 10,169 as at 30 June 2018.

The cumulative total of 'payments by results' claims achieved by the claim window closure as at 30 June 2018 – end of quarter 1 - was slightly behind (38 short of) the

targeted position (2,447). It is anticipated that that the target of 6,950 payments by results claims will be achieved by the time the 5 year programme ends in 2019/20.

Consultations

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

Implications:

This item has the following implications, as indicated:

Risk management

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

Local Government (Access to Information) Act 1985

List of Background Papers

None

Appendix A - Ofsted Post Inspection update

In June 2018 Ofsted completed a four week re-inspection of Children's Services. Inspectors recognised the significant improvements made since our last inspection (September 2015) and gave an overall effectiveness judgement of requires improvement to be good.

The table below provides a breakdown of the individual inspection judgements:-

Children's services in Lancashire require improvement to be good	
1. Children who need help and protection	Requires improvement
2. Children looked after and achieving permanence	Requires improvement
2.1 Adoption performance	Good
2.2 Experiences and progress of care leavers	Requires improvement
3. Leadership, management and governance	Requires improvement

During the course of the inspection, inspectors looked at 152 children's cases in detail and sampled more - they completed 96 formal interviews and focus groups involving 268 staff and partners; 145 evidence documents were submitted and 101 responses were provided in relation to enquiries from inspectors.

The report, published on 17 August 2018, highlights that leaders know their services well and that senior managers and leaders have taken appropriate action to improve services, utilising feedback from Ofsted monitoring visits and peer reviews, to ensure that change is informed by best practice and previous inspection recommendations.

The experiences and progress of children who need help and protection

In most cases it was found that prompt and effective action is taken to safeguard and protect children and the way in which help and support is delivered to children in need is no longer a cause for concern. Social workers know their children well and in the majority of cases seen by inspectors, children and families are helped and protected at the right level by suitably qualified staff. There is also a more joined up approach to supporting children who go missing from home, care or education and those at risk of exploitation. Improvement was noted in the Multi-Agency Safeguarding Hub where social work capacity has been strengthened.

However, further work is required to ensure consistency in the quality of practice across services; in particular, to improve the analysis within assessments and to ensure that children's plans are specific, measurable, realistic and include appropriate timescales so that parents/carers understand what needs to change.

The experiences and progress of children looked after and achieving permanence

Services for children looked after have improved since the last inspection. Inspectors highlighted that the council is a committed and responsible corporate parent. Dedicated social work teams have resulted in more child-focused practice with manageable workloads. Children are seen regularly by their social worker and Independent Reviewing Officer. Significant progress has been made to improve the educational attainment and progress of children looked after at Key Stages 1 and 2. Effective partnership arrangements are supporting the delivery of health assessments, and effective placement finding has resulted in a high number of children looked after living within the county which means that children retain their school placement and friendship groups. The participation and engagement of children is positively encouraged and supported and their voices come through clearly in case recording. The Corporate Parenting Board has also engaged meaningfully with the Children in Care Council, LINX.

However, planning for children's permanence is not consistently strong enough, except where there is a plan for adoption and management decision making is not always clearly recorded. Further work is also required to improve the educational attainment of children looked after at Key Stage 4.

Adoption performance

The adoption service is judged to be a strength. Adoption is appropriately considered for all children when they cannot remain living with their birth families. The numbers of children adopted compares favourably with similar local authorities and children move promptly to live with their prospective adopters. Assessments and prospective adopters' reports for the adoption panel are of a reliably good quality and the panel offers good oversight of the quality of adoption work and robust challenge when necessary. Work to identify suitable adopters is consistently rigorous, creative and persistent, contributing to good matches for children. Visits to placements are regular and purposeful, and direct work to support children is well planned, prioritised and effective. Skilled, committed foster carers are fully engaged and work well with adopters.

Given the strength of the service only a limited number of areas for improvement were identified, including earlier permanence planning and the timely transfer of cases to the Children Awaiting Adoption Team where there is a plan of adoption. The quality of child permanence reports is not consistently good.

The experience and progress of care leavers

Care leavers have a positive and confident view of the local authority as a corporate parent and appreciate the higher profile they now have. The vast majority have good relationships with their personal advisors, who provide effective support with matters such as housing or attendance at health appointments. Most care leavers are clear about their entitlements - the leaving care grant has significantly improved and council tax has been waived. The local authority is now in touch with the vast majority of care leavers. Care leavers attend and have a presence at the Corporate Parenting Board,

as well as being involved in staff training. Most care leavers are living in suitable accommodation and the small number who are not, are nearly all in custody. The number of care leavers staying put with their former foster carers has significantly increased. A dedicated Employment Support Team works proactively with the Leaving Care Service to support young people into education, employment or training.

However, whilst a high proportion of care leavers age 16 and 17 are in education, employment and training, too few are still in education, employment and training at age 19 to 21. Also, whilst all care leavers are registered with a doctor and most with a dentist, waiting times for Child & Adolescent Mental Health Services are too long. The quality of pathway plans requires improvement so that they are an effective tool for planning a young person's future.

Leadership, management and governance

Leadership and governance is increasingly effective. Senior managers, the Chief Executive and political leaders are aware of and are acting on their respective responsibilities and the priorities for Children's Services. Strategic plans are now better aligned and partnerships in key agencies are working more effectively. Commissioning arrangements across the local authority have improved. The workforce strategy is effective and is well supported by corporate council services. As a result there is a better balance of newly qualified and experienced staff. The ambition to develop into a learning organisation is described as tangible. Auditing activity is effective and provides an accurate evaluation of the quality of practice, which aligned to the findings of inspectors. A number of initiatives were identified as having a positive impact on staff recruitment and retention, including a new teaching partnership with the University of Central Lancashire, the Social Work Academy and a recently launched Leadership Academy.

Performance management was identified as an area for improvement, and further work with partners is required to improve our response to children and families affected by domestic abuse.

An Improvement Plan is in development which addresses the 11 recommendations in the report. This will be presented to Cabinet for approval in November 2018. However, work has already commenced in respect of the inspection findings to ensure that the pace of change on our improvement journey is maintained.

The full report is available at:

https://reports.ofsted.gov.uk/sites/default/files/documents/local_authority_reports/lan_cashire/071_Lancashire_Single%20inspection%20of%20LA%20childrens%20services.pdf

Cabinet Committee on Performance Improvement

Meeting to be held on Thursday, 4 October 2018

Report of the Head of Legal and Democratic Services

Electoral Division affected: (All Divisions);
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Statutory Social Care Annual Report for 2017/18 – Complaints and Customer Feedback

(Appendix 'A' refers)

Contact for further information:

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Executive Summary

The Council has a legal obligation to publish a complaints and customer feedback report on social care statutory complaints on an annual basis. There are two statutory procedures, both different: one for children and young people's social care complaints and one for adult social care complaints.

Details of these are set out at Appendix 'A'.

Recommendation

The Cabinet Committee on Performance Improvement is asked to note and comment on the statutory social care complaints annual report for children and young people and adults 2017/18, acknowledging the associated learning, so that the Council can meet its legal obligations.

Background and Advice

Complaints are used by the Council as an opportunity to learn and improve. As a direct result of complaints in 2017/18, the Council has made improvements to processes and procedures, it has improved communication with the NHS, customers and their families and commissioned extra training for staff and managers.

Because complaints are an important tool to access customer satisfaction, the complaints team regularly reports on statistics and trends, attends management team meetings and also links in with managers to ensure that complaints which are upheld, result in continuous improvements for the Council. It is of course vital to learn the lessons from complaints and spot early trends if service delivery is going

wrong. This is particularly important in order to embed learning if new council processes are being implemented which impact negatively on the public.

Complaints represented just under **two percent** of all active adult social care and children's social care cases throughout Lancashire in 2017/18. Statutory complaint totals have increased overall by just over 15% (699 in 2016/17 to 805 in 2017/18). This is a trend that many councils are experiencing and ombudsman referral rates are also going up. Just under 32% of social care complaints refer to social work practice, including complaints about assessments, which has risen in both adults and children's' social care. However, the number of complaints that have been resolved early have more than doubled.

Complaints in adult social care have risen by 13% (from 479 complaints in 2016/17, to 540 in 2017/18). Included in this figure were 27 complex joint complaints with the NHS, which is a welcome fall from 2016/17 (33).

Statutory children's social care complaints increased by 20% (from 220 complaints in 2016/17 to 265 in 2017/18). Non statutory children's social care complaints decreased by 6% (from 93 complaints in 2016/17 to 87 in 2017/18).

It should be noted that in adult social care, the number of compliments (758) outweigh the number of complaints made.

The Statutory Social Care Annual Report 2017/18 – Complaints and Customer Feedback is set out at Appendix 'A'.

The Annual Report is made publically available and shared with other interested agencies such as Ofsted, the Care Quality Commission and Healthwatch Lancashire.

Consultations

Operational social care teams have been consulted on the annual report and the learning from complaints that has been identified.

The Management Team have also commented on and approved the Annual Report.

Implications:

No financial or other issues are identified.

Risk management

If an annual report on social care complaints is not published, the council will be in breach of its statutory duties.

List of Background Papers

Paper	Date	Contact/Tel
None		

Statutory Social Care Annual Report

Complaints and Customer Feedback

For the period 1 April 2017 to 31 March 2018

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Introduction

i. Background

Local authorities are legally required to establish complaints procedures to deal with complaints about their social care functions. The complaints procedure for children and young people is covered by the Children Act 1989 and the Department for Skills and Education produced guidance, 'Getting the Best from Complaints' (2006), which outlines the procedures which local authorities must have in place. For adult social care, this report is also produced in accordance with the requirements of the Local Authority Social Services and National Health Service Complaints Regulations (2009).

Lancashire County Council is the Vice Chair of the National Complaints Managers Group (England) and the Vice Chair of the North West Complaints Managers Group which comprises 23 local authorities. The aim of this group is to provide a forum where complaints staff can learn and share best practice, develop and implement local practice standards, discuss performance and problem solve. These groups are also consulted on proposed changes to legislation and learning from complaints by the Association of Directors of Adult Social Services and the Association of Directors of Children's Services.

ii. Purpose

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

This report also includes information on compliments and comments received by the Council.

iii. Period covered and data

The report covers the period 1 April 2017 to the 31 March 2018. The report makes extensive use throughout of data available from the Customer Feedback System which records all statutory social care complaints and feedback for the Council. The statistical information presented within this report can be verified by reference to this database and is based on the date received. All percentages and costs are rounded to the nearest whole number.

Section One	Summary and Overview highlights the key messages from the report and gives the overall picture across the Council
Section Two	Statistical data, analysis and learning in relation to Adult Social Care Services .
Section Three	Statistical data and further information and analysis and learning in relation to all Children's Services .

Section One: Summary and Overview of all Social Care Complaints and Feedback

1.1 Executive Summary

Complaints are used by the Council as an opportunity to learn and improve. As a direct result of complaints in 2017/18 the Council has made improvements to processes and procedures, it has improved communication with the NHS, customers and their families and commissioned extra training for staff and managers.

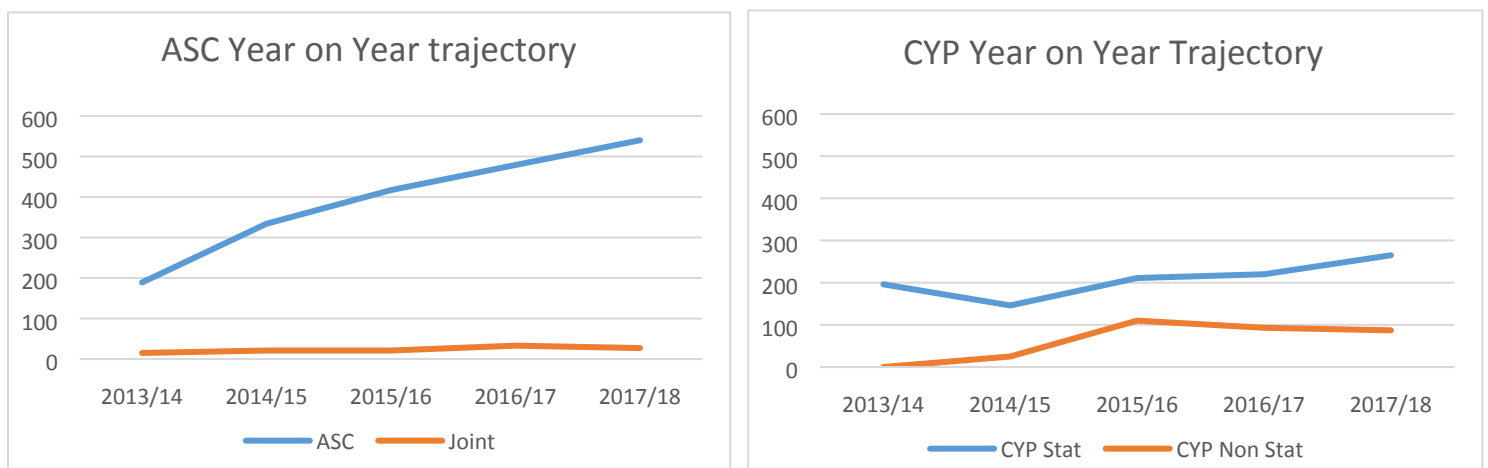
Complaints represented just under **two percent** of all active adult social care and children's social care cases throughout Lancashire in 2017/18. Statutory complaint totals have increased overall by just over 15% (699 in 2016/17 to 805 in 2017/18). This is a trend that many councils are experiencing and ombudsman referral rates are also going up. Just under 32% of social care complaints refer to social work practice including complaints about assessments which has risen in both adults and children's' social care. However the number of complaints that have been resolved early have more than doubled.

Complaints in adult social care (ASC) have risen by 13% (from 479 complaints in 2016/17, to 540 in 2017/18). Included in this figure were 27 complex joint complaints with the NHS, which is a welcome fall from 2016/17 (33).

Statutory children's social care (CSC) complaints increased by 20% (from 220 complaints in 2016/17 to 265 in 2017/18). Non Statutory CSC complaints decreased by 6% (from 93 complaints in 2016/17 to 87 in 2017/18).

Graph 1 below, shows a trajectory comparison for the total number of complaints received over the last 5 financial years. It can be seen that this is increasing for all social care complaints, but more steeply for adults.

Graph 1

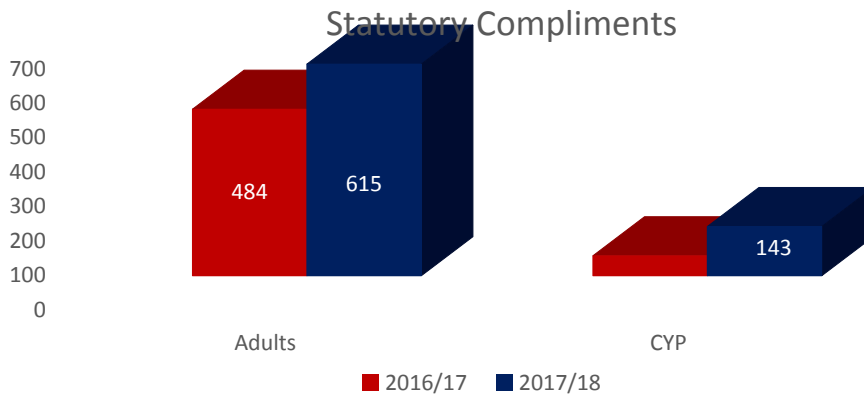


Graph 2 overleaf, shows an overall increase in social care **compliments** from 596 in 2016/17 to 758 in 2017/18, mainly due to a 27% rise in ASC compliments mainly for the provision of day care and equipment or adaptations. The increase may be due to a wider circulation of the 'Your Views Count' feedback form which is given out after social care assessments and reviews are undertaken.

Positive appreciation for the actions of children's social care is usually always low because of the

nature of the work. There has however been a considerable increase of children's' compliments in 2017/18, due to improved capture of this type of feedback.

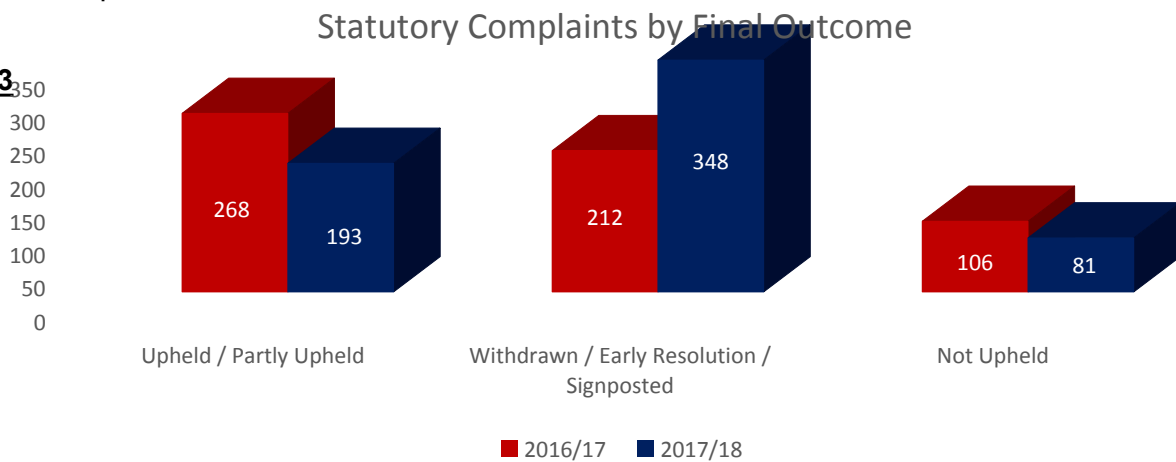
Graph 2



1.2 Statutory complaint trends and outcomes

Social care complaints represented 1.5% of CSC and 2.3% of ASC active cases. Complaints are on an upward year on year trajectory. The number of complaints as a percentage of total customer feedback has been increasing over the past years and complaints represented almost 50% of all feedback in 2017/18. Increasingly people are therefore contacting the council to complain rather than to compliment staff.

Graph 3



Graph 3 shows a breakdown in the number of statutory complaints by final outcome for all 622 closed complaints during the period. It can be seen that just under a third (31% of complaints) were justified by being upheld or partly upheld. More than half (55%) of complaints have also been 'nipped in the bud' or withdrawn at an early stage in the complaints process. This figure is welcome news as it shows the success of early action to resolve complaints. This figure for 2016/17 shows a significant increase from the previous year (one third).

In 2017/18 the total amount spent on investigations for statutory adult social care complaints was nil because all complaints in ASC have been investigated internally and for children's social care it was £6 090.15, this represents a slight increase over last year's cost of £5 817

1.3 Statutory Local Government and Social Care Ombudsman (LGSCO) complaints received

165 social care complaint referrals were made about Lancashire County Council to the Local Government and Social Care Ombudsman (LGSCO) during 2017/18. Of these, 104 LGSCO final decisions about social care were made. This is an increase of 24% when compared to the previous year (84). However the total number of LGSCO complaints and enquiries have also risen over this period too from 16,863 in 2016/17 to 17,452 in 2017-18.

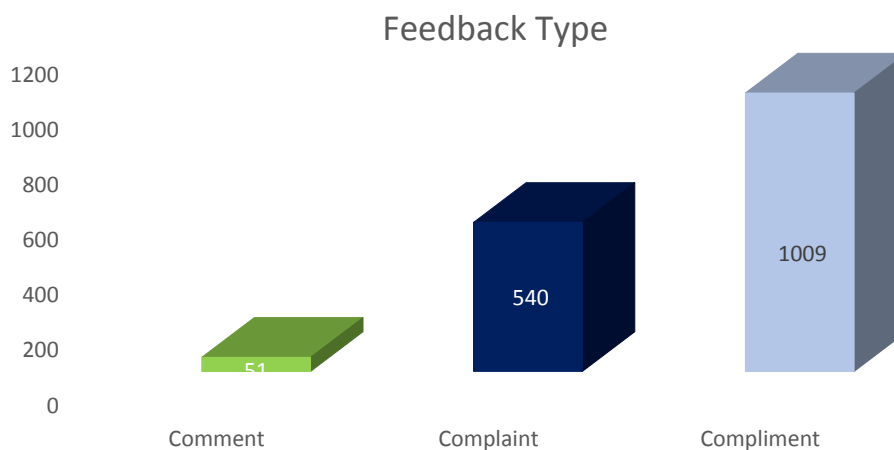
The amounts paid in local settlements added up to a total of £638,058.48. Last year the total was £43,907.00. The difference is mainly due to a large refund having been awarded to 143 Independent Living Fund recipients, as a result of a LGSCO report finding.

Section Two: Adult Social Care Feedback

2.1 Summary of ASC feedback in 2017/18

Graph 4 shows a breakdown of ASC by feedback type. A total of 540 complaints were received in 2017/18 which is an overall rise by almost 13% when compared with the previous financial year (479). However it should be noted that people are more likely to compliment adult social care rather than to complain. The main reason for an adult social care compliment is due to the provision of equipment and adaptations to keep people living at home and independent for longer.

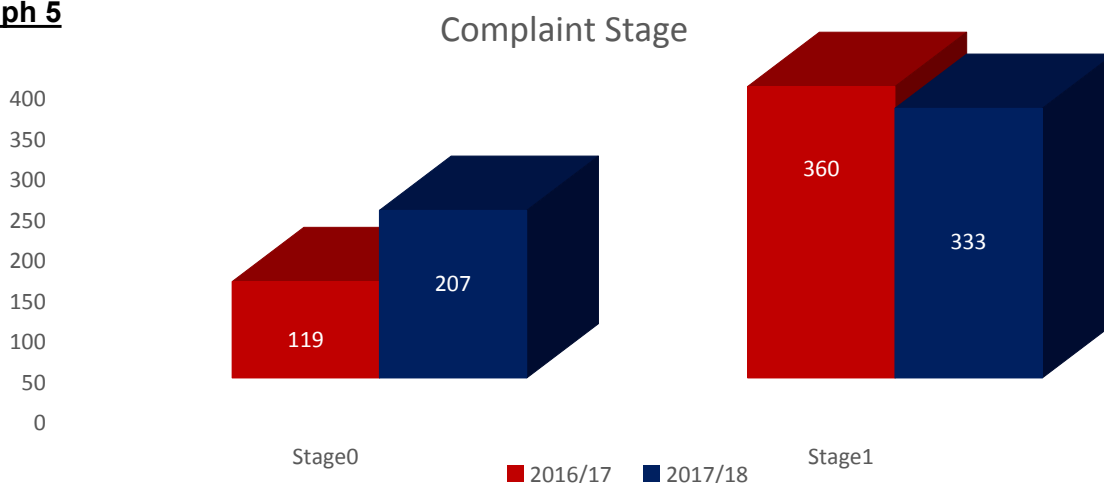
Graph 4



2.2 Breakdown of complaints by stage and outcome

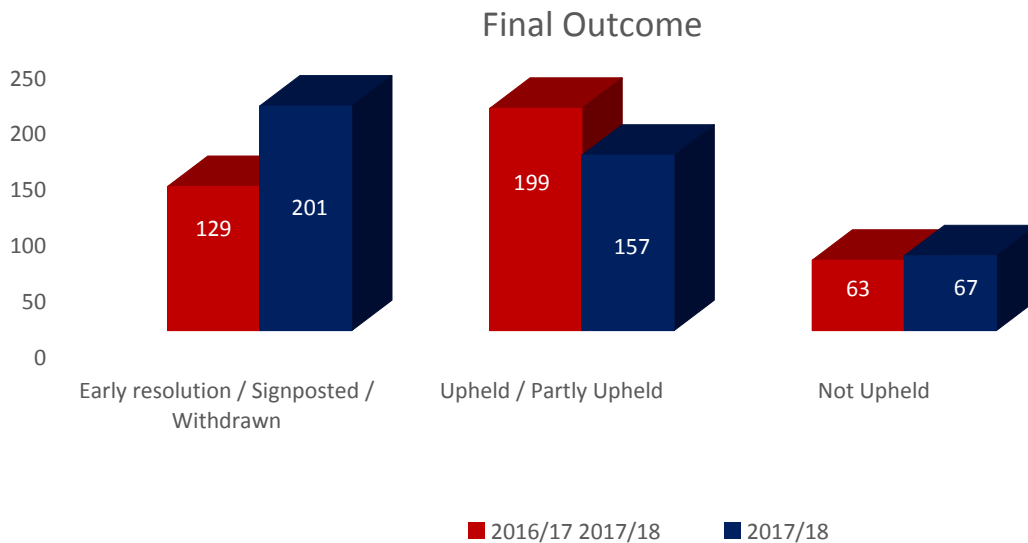
The breakdown of these can be seen in Graph 5. Stage 0 is the early resolution of complaints. It can be seen that there has been an increase of complaints being 'nipped in the bud' and a decrease in complaints requiring investigation, at the formal stage.

Graph 5



The outcomes of 425 closed complaints that commenced in this financial year, and had outcomes recorded against them at the year-end are shown in Graph 6, the rest (116) were still open at year-end. Of these 425 closed complaints, just over 47% were 'nipped in the bud'. It can be seen that the Stage 0 complaints which have had an early resolution have almost doubled. This is as a result of the Complaints Team focussing its resource on early resolution.

Graph 6

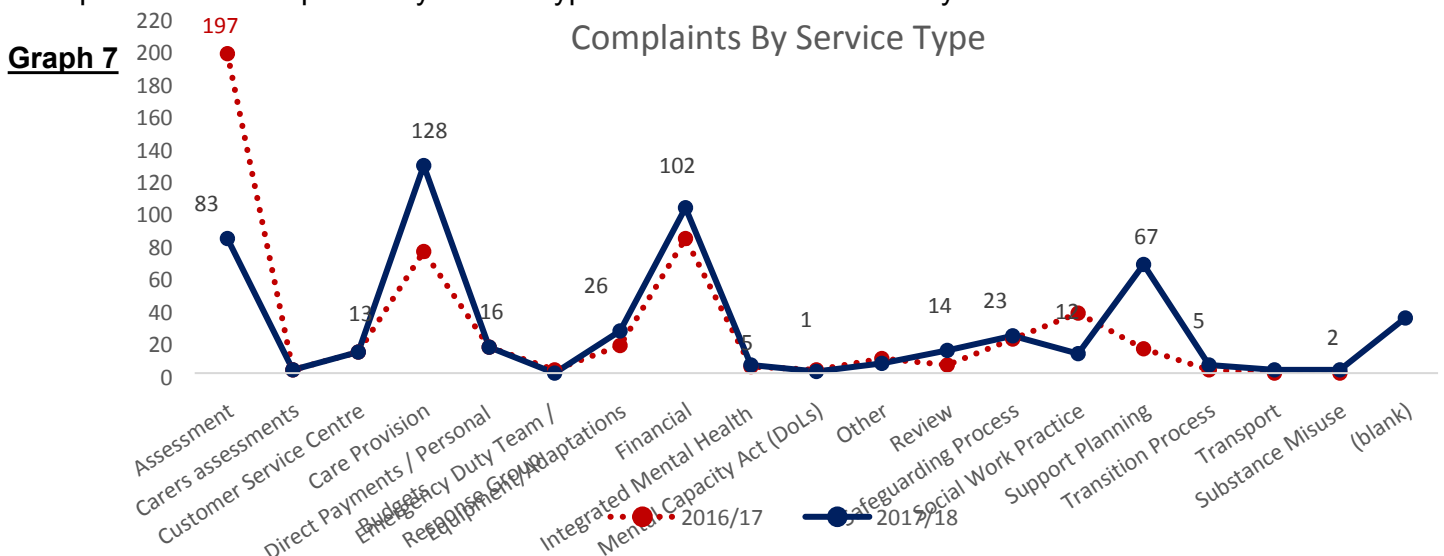


Graph 6 shows the outcomes of complaints. Of those complaints that required investigation at a formal stage (333), the breakdown was 26% upheld (70), 21% partly upheld (87) and 20% not upheld (67). 29% remain open and 4% (12) were withdrawn throughout the complaint process. These proportions are similar to the previous year. In terms of the upheld and partly upheld complaint numbers, this shows that in over half of cases, there is an aspect that is justified.

Of the total number (540) of complaints received in 2017/18, 2% (11) exceeded the 6 month statutory maximum timescale. This was mainly due to the complexity of the case.

2.3 What do people complain about?

Graph 7 shows complaints by service type for the last two financial years.



For 2017/18, the most frequent subject of complaint was Care Provision (128) which received 24% of

the total number of complaints, which is a change from assessment holding the biggest proportion in previous years. There has also been a significant increase in the number of complaints about Support Planning from 67 complaints in 2017/18 compared with just 15 in 2016/17. Assessment related complaints have fallen by 58% from 197 to 83. This may be as a result of the Complaints Team recording the service more accurately, rather than defaulting to 'assessment'. Complaint handling training programs have been offered to our care providers and changes to the 'handover' to residential care procedure have also been implemented.

Financial complaints have slightly increased as a proportion of all complaints in 2017/18 (102 or 19% of the total recorded by service type) when compared with 2016/17 (83 or 17%).

2.4 Learning for adult social care

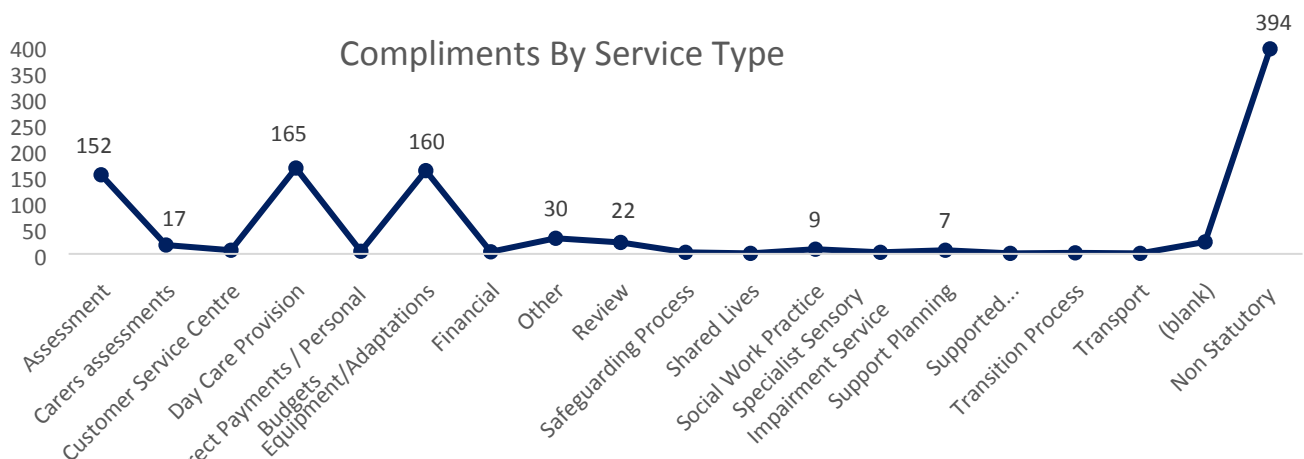
- Communication with customers has been improved whilst people are waiting for an Occupational Therapist (OT) or for social workers to be allocated.
- The council has recruited more OT staff and the use of an enhanced screening tool is expected to reduce future waiting times.
- Social work managers have brought to the attention of staff, the importance of recording accurate, up-to-date contact details and consent information, particularly where a person's capacity may vary.
- Social care managers have brought to the attention of staff the importance of setting up, changing and ceasing direct payments/packages of care on the social care IT system.
- Social care managers have brought to the attention of staff the importance of ensuring that the financial implications of care and third party arrangements are understood and affordable.
- Following a notification of death or when people are not 'debtors' in the true sense of the word, financial staff will be adding personal touches to standard letters to reduce complaints.
- The new Homecare Framework, now allows the council to clamp down on the practice of providers issuing late 'actual' information, which should reduce the extra work needed due to incorrect invoicing. This is hoped to reduce complaints by reducing the need to send out retrospective invoices.
- The council will avoid using the term 'council funded care' in correspondence.
- Improvements have been made to the Safeguarding Enquiry Service to reduce complaints. A practice guidance has been developed, to include information sharing with the alleged perpetrator and with families about the safeguarding process.
- Social care managers have brought to the attention of staff the importance of the correct communication/information being provided regarding the hospital discharge process and consideration for reablement.
- Social care managers have brought to the attention of staff the importance of ensuring clear and concise recording within case notes and that communication is clear to service users and families, particularly about progress and outcomes.

2.5 ASC services which were the subject of compliments

Graph 8 shows the number of compliments received by service type for 2017/18.

The number of statutory compliments have increased slightly from 538 in 2016/17 to 615 in 2017/18. This is mostly related to the leaflet 'Your Views Count' being circulated consistently after assessment or reviews. In 2016/17, 31% of all compliments were because of equipment and adaptations received but this has dropped slightly by 5% in 2017/18 due to the improved capture of compliments in other services. There has been an increase in the proportion of compliments in relation to assessment with this accounting for almost 25% of compliments in 2017/18 compared with 16% in 2016/17.

Graph 8



Day care provision, by internal and contracted care providers is another common reason for the number of compliments received. This category received almost 27% (165) of all compliments in 2017/18. Compliments recorded as non-statutory relate to positive feedback we receive about an Adult Social Care Service, particularly feedback we cannot easily link to a specific service user, for example a compliment from a shared lives carer about how helpful they have found a shared lives officer. These have significantly risen during 2017/18, again due to the improved capture of this data from service providers.

2.6 Joint Complaints

A Joint Complaints Protocol is in place with the NHS. Complaints investigations increasingly involve many different parts of the Council as well as health services and contracted service providers therefore adding much more complexity which the complaints team coordinates.

There was a small reduction in joint complaints during 2017/18 to 27, compared with 33 in 2016/17. These complaints are sometimes complex and take longer to resolve as they involve ASC and the NHS, typically Hospital Trusts and/ or Clinical Commissioning Groups. Four joint complaints were still open at the close of 2017/18. Of the resolved complaints 8 were not upheld, 4 partly upheld and 5 were upheld. Four were withdrawn by the complainants, 3 were early resolution, one was signposted to another process and 2 are still open. Assessment and Support Planning were the biggest theme with 3 each.

2.7 LGSCO Complaints

The Local Government and Social Care Ombudsman (LGSCO) provides the final stage for complaints about local authorities and some other organisations providing local public services. Their service is provided free of charge. Complainants approach the LGSCO when all other options for pursuing their complaint are closed by the Council, after it is considered that a proportionate response has already been provided. The LGSCO will only consider complaints that have already been through the Council's complaints procedures, although sometimes an early referral will be made to the LGSCO when complainants continue to be dissatisfied and the council considers that it has not done anything wrong or it has done all it can to resolve the matter.

In 2017/18, the LGSCO had a total of 80 enquiries in relation to ASC in Lancashire. Of these, 37 were actively followed up with investigations. Graph 9 shows the number of LGSCO ASC enquiries staying reasonably steady over the last few years with a slight increase for 2017/18.

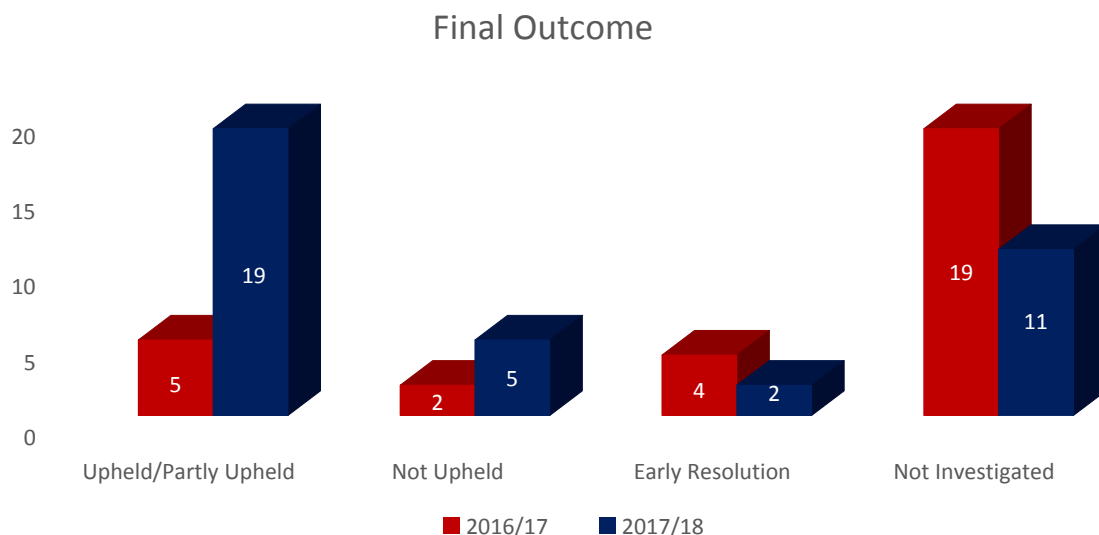
Graph 9

LGSCO enquiry for Adult Social Care	2014/15	2015/16	2016/17	2017/18
Total Received	27	30	30	37

Graph 10 below shows the outcomes of the 37 LGSCO ASC investigations. Almost 14% were not upheld, 30% were not investigated, 5% were resolved early and 51% were upheld. (Nationally the overall proportion of upheld LGSCO complaints increased to 57% - up from 54% the previous year.) Therefore, in almost half of all cases, action taken by the Council was sufficient. It should also be noted that the LGSCO will uphold complaints that the council has already upheld. Of the 19 upheld complaints, 10 had already been upheld or partly upheld by the council, which makes an actual uphold rate of 11.25%.

17 final decisions resulted in a total of £630,958.48 being paid out by the council, with a total of £577,247.37 being specifically paid out in relation to a single ombudsman finding relating to the Independent Living Fund (ILF). It was identified that the council had overcharged 143 service users (to date) who had previously been in receipt of ILF by wrongly applying their contribution. 293 people were identified to be reassessed and 290 assessments have now been completed at the time of writing this report. This is a much larger figure when compared with settlement amounts paid out for 2016/17 (£34,727).

Graph 10



Two public reports were published in relation to the Occupational Therapy Service and Learning Disability residential care. The LGSCO was satisfied with the actions and the continuous improvement undertaken as a direct result of learning from complaints. The LGSCO has therefore signed off and closed all upheld and partly upheld social care complaints in this way.

2.8 LGSCO ASC identified learning

The main learning from the 19 upheld and partly upheld complaints is outlined below.

- The finance team is reviewing our third party agreement forms so that they follow statutory guidance, on how the council arranges top-up fees. We will also be reviewing our procedures to ensure delays in handling complaints and implementing agreed actions from complaints are prevented in the future;
- Staff will consider a carer's ability to pay top-up fees for residential care on a long term basis and we have reviewed our procedures to ensure they are in line with the Care Act 2014;
- Staff have been reminded to inform customers of what the process is when an OT assessment has been requested;
- Staff training has been delivered to ensure that staff respond to complaints appropriately;
- Specific staff members have been reminded to provide copies of assessments and care and support plans when requested and to provide better clarity around funding;
- Staff will decide, in line with the Mental Capacity Assessment whether an Attorney or Deputy needs to be appointed for property and finance matters and ensure there are regular multi-agency meetings;
- When handovers occur with care providers, the relevant information is now included;
- Where care plans are recorded electronically from a hand written version, care providers will ensure that the service user has the opportunity to review the content of the plan, before applying their signature to it.

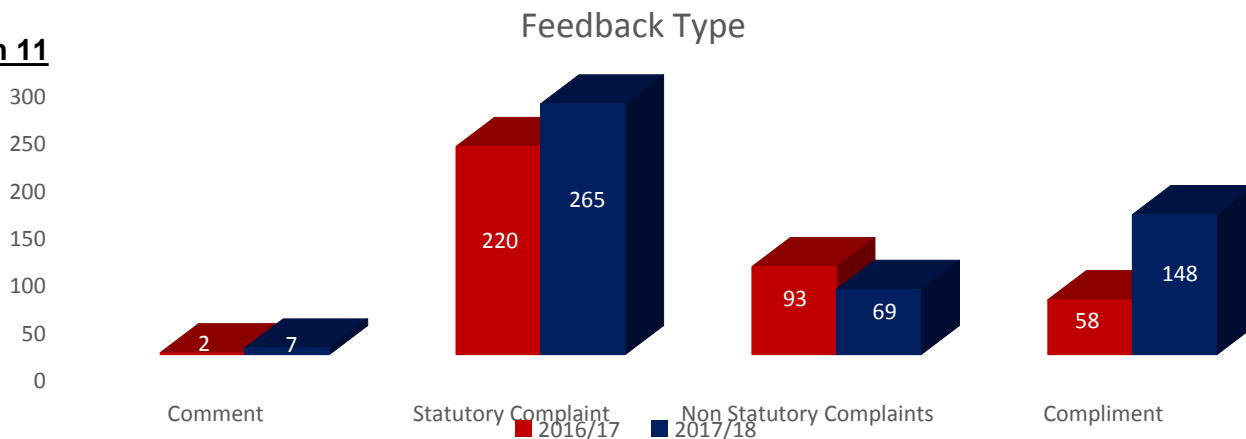
Section Three: Children and Young People Feedback

3.1 Summary of CYP and CSC feedback in 2017/18

There is a statutory and non-statutory process for complaints about CYP services. There is a statutory three stage process for those in social care who are eligible to complain. The Stage 1 initial response is always by the service manager involved. If the person complaining is still unhappy, they can request a Stage 2 independent investigation. If the complainant remains unhappy, a Stage 3 review panel, which reviews the way the stage 2 was investigated, can be requested. The non-statutory process applies to non-social care complaints (for example education or Special Educational Needs and Disabilities SEND) or for people complaining about CSC who do not have parental responsibility for a child (for example grandparents). In 2017/18 the total amount spent on investigations for children's complaints was £6,090.15. This is almost twice the cost of the 2016/17 figure of £3,197.

Graph 11 shows the overall rise in CSC statutory complaints by just over 20% to make an overall total of 265 for 2017/18.

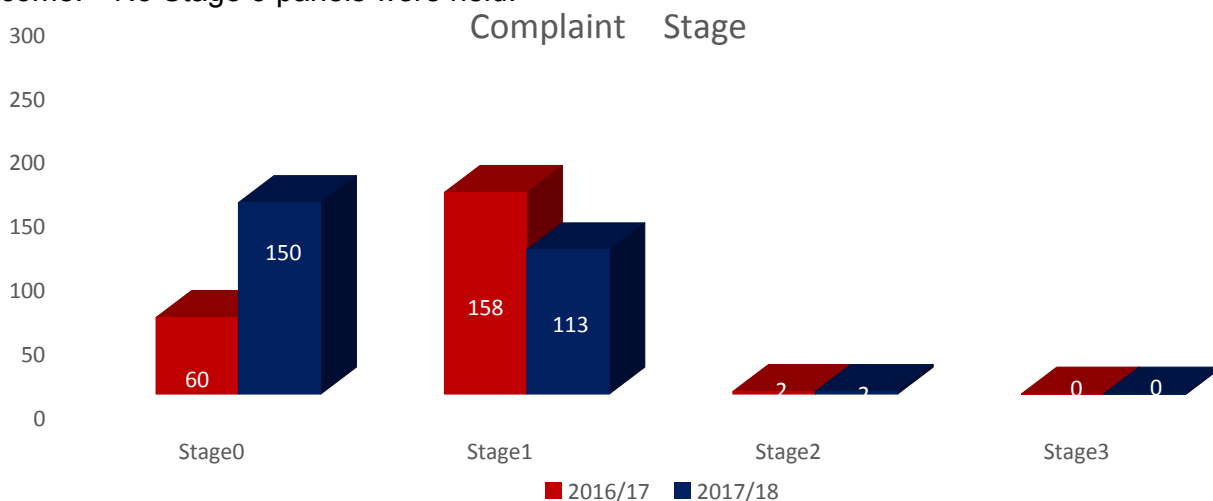
Graph 11



3.2 Breakdown of complaints by stage

The breakdown of these can be seen in Graph 12. Stage 0 is the early resolution of complaints. It can be seen that there has been a welcome decrease of complaints at the formal stages because 150 (57%) of complaints were resolved early in the process (stage 0). The considerable increase in complaints being resolved early in the process reflects the focus of the Complaints Team to resolve complaints at this stage. The rest (115) were resolved with management and council action at the final outcome. No Stage 3 panels were held.

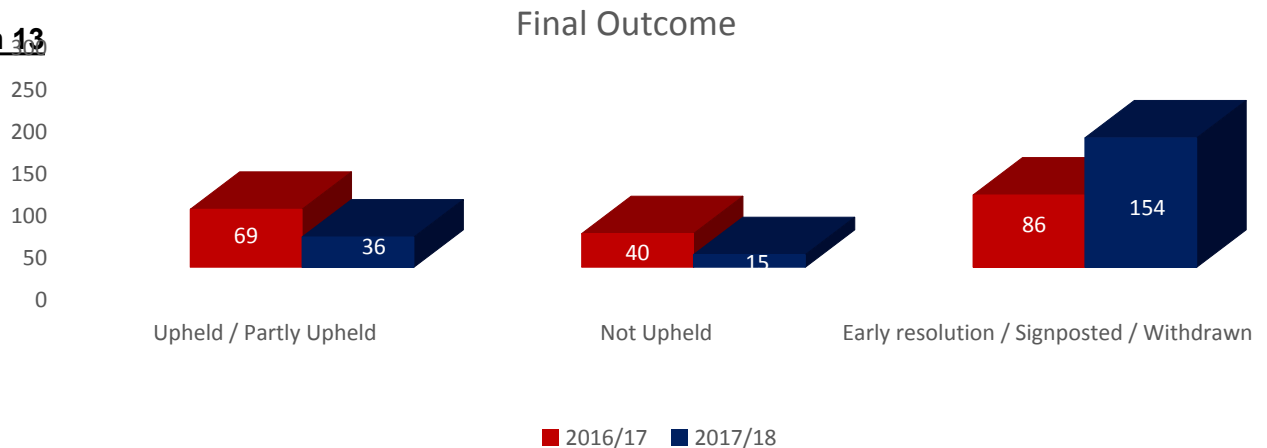
Graph 12



3.3 Breakdown of complaints by outcome

Graph 13 shows closed complaints which had a final outcome recorded (205 complaints) at the time of writing this report, split into final outcome. Of these 7% were not upheld, 18% of the total complaints received were upheld or partly upheld and 75% were signposted, resolved early or withdrawn, which, as already mentioned, is a significant improvement when compared with 2016/17.

Graph 13



Local and early resolution of complaints is a better outcome for everyone, as escalation is time-consuming and expensive. In about 18% of cases, the complaint was found to be justified and upheld or partly upheld.

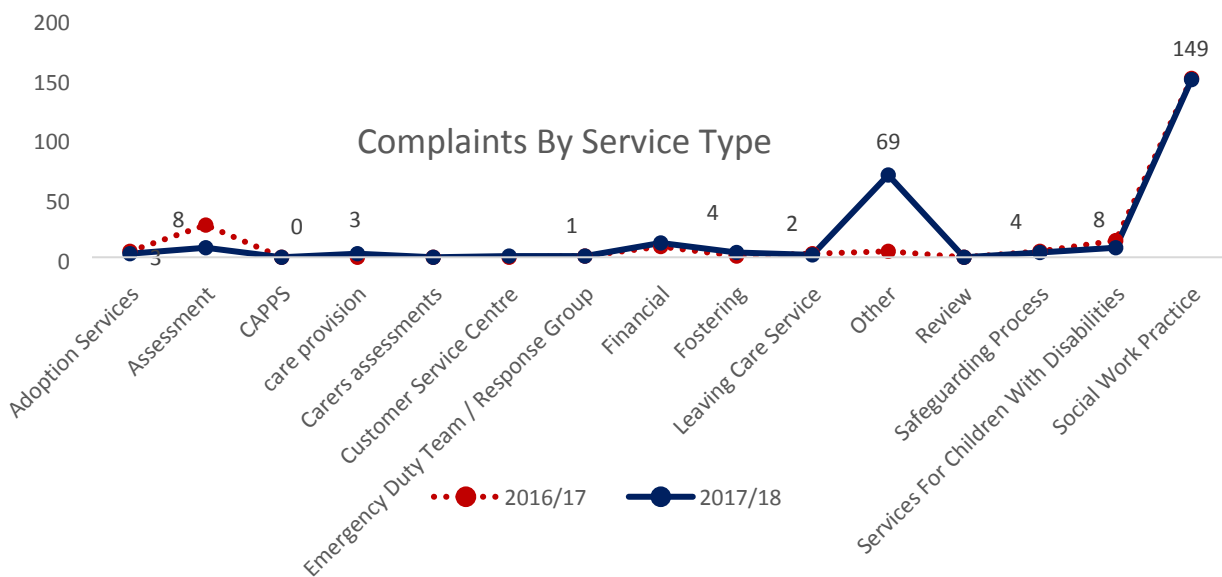
Of the total number of CSC complaints received in this financial year, almost 50% (132) exceeded the statutory timescale. The reason for this is that due to staffing difficulties, CSC saw a number of agencies introduced to the service to alleviate caseloads, however in many cases, this caused disruption and an increased number of complaints about the actions of the agency. Often, the agencies themselves were not proactive at responding to complaints and after leaving the authority did not respond to the complaints, which left the council in some difficulty in achieving a resolution to matters.

3.4 What do people complain about in the statutory process?

Graph 14 overleaf shows a breakdown by service type for the last two financial years. It can be seen that the proportions are similar, apart from a small drop in the number of complaints in relation to assessments. Social work practice continues to be the most frequent subject of complaint covering more than half of all CSC complaints (149).

CSC have managed to continue with the drop in the number of complaints in relation to the safeguarding process from 5 in 2016/17 to 4 in 2017/18 and complaints about services for children with disabilities also had decrease from 14 in 2016/17 to 8 in 2017/18.

Graph 14



3.5 Learning for CSC

The learning identified for all services is the need for better and more efficient communication between district and NHS and partners and complainants as well as the need to review cases carefully where complaints are the subject of complex matters such as children with disabilities.

There is identified learning for the complaints team in terms of quality assurance and the need to provide a more hands on approach in offering the quality checking of responses that are being sent out to prevent escalation and ensure complaints are being responded to appropriately. Learning themes identified through stage1 and stage 2 complaints in 2017/18 are as below.

Stage 1 and 2 Complaints

- Where staffing issues necessitate a change in the allocated worker, an explanation should be provided to young people, dependent on their age/understanding, explaining the reasons why;
- Social workers will share with young people copies of any assessment that relate to their personal circumstances dependent on their ages and understanding;
- Social workers will invite young people to Core Groups and Child Protection Conferences and notes are placed on the young person's case file to confirm this;
- A service user was advised that they could sign their own consent form to attend a Linx group;
- Medication Alerts have been sent to all establishments to remind staff that it is important to administer the first dose of antibiotic upon receipt of them unless the prescriber has instructed otherwise;

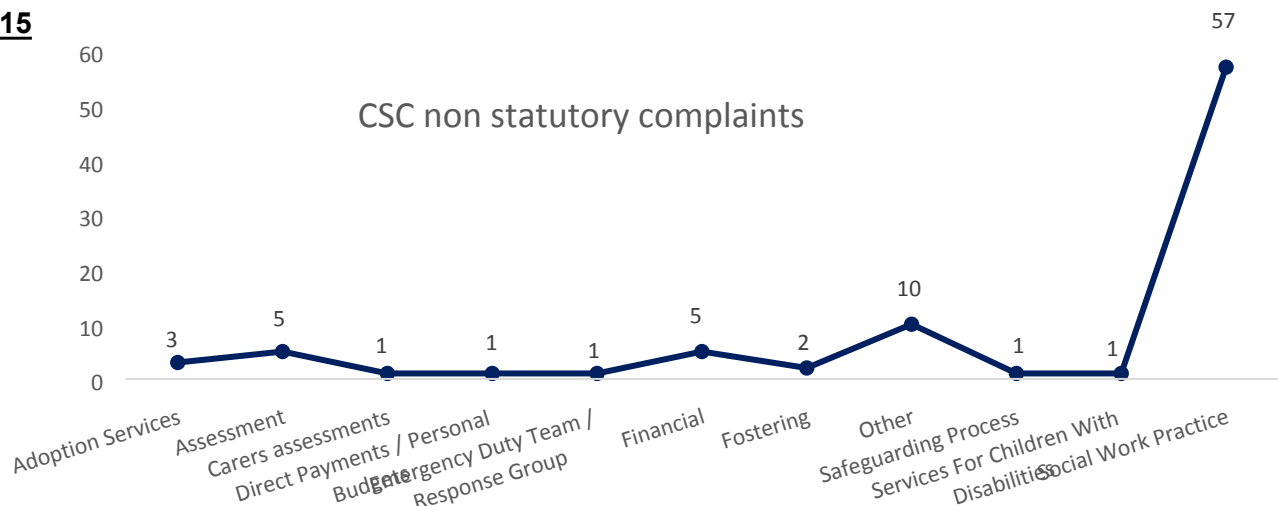
- A management team have been reminded of the importance of seeking prompt medical advice;
- An Independent Reviewing Officer (IRO) was reminded they need to speak directly to all professionals during meetings;
- Managers will give consideration to allocating different leaving care workers, if this is in line with the child's wishes;
- In a specific case, a professionals meeting was held to discuss the complaint issues around the Educational Health Care Plan (EHCP);
- Managers have spoken to a specific social care team to ensure that staff communicate effectively and ensure that social workers consider how information is shared in future.

3.6 Summary of non-statutory CSC complaints

Non CSC statutory complaints are made by a people who are **not** entitled to complain under the Children Act procedures (for example a family friend or a relative without parental responsibility) or if the complaint is about something that cannot be complained about under the Children Act (for example adoption or fostering matters / complaints by members of the public: please see further categories below)

3.7 What are non-statutory CSC Complaints about?

Graph 15



Graph 15 shows that non statutory complaints dropped by just over 6% from 93 in 2016/17 to 87 in 2017/18. Similar to statutory complaints, 'Social Work Practice' is the most common complaint category.

Identifying themes and learning from all CSC complaints – non statutory or statutory - is valuable. Senior managers are informed of the themes on a regular basis through regular attendance at team meetings or senior management meetings.

3.8 Services which were the subject of compliments and comments in 2017/18

Due to the nature of CSC, not many compliments are expected although there was a welcome rise in 2017/18. A total of 148 compliments were received for 2017/18, which is a considerable rise from 58 in 2017/18, due to the incorporation of compliments from other CYP services. 5 comments were

made and were passed onto the services concerned to take appropriate action.

3.9 LGSCO Complaints

The Local Government Ombudsman (LGSCO) acts as the regulator and provides the final stage for complaints about local authorities and some other organisations providing local public services. Their service is provided free of charge. Complainants approach the LGSCO when all other options for pursuing their complaint are closed by the Council, after a proportionate response has already been provided. The LGSCO will only consider complaints that have already been through the Council complaints procedures. Sometimes the Council will make early referrals to the LGSCO when complainants continue to be dissatisfied and the council considers that it has not done anything wrong or it has done all it can to resolve the matter.

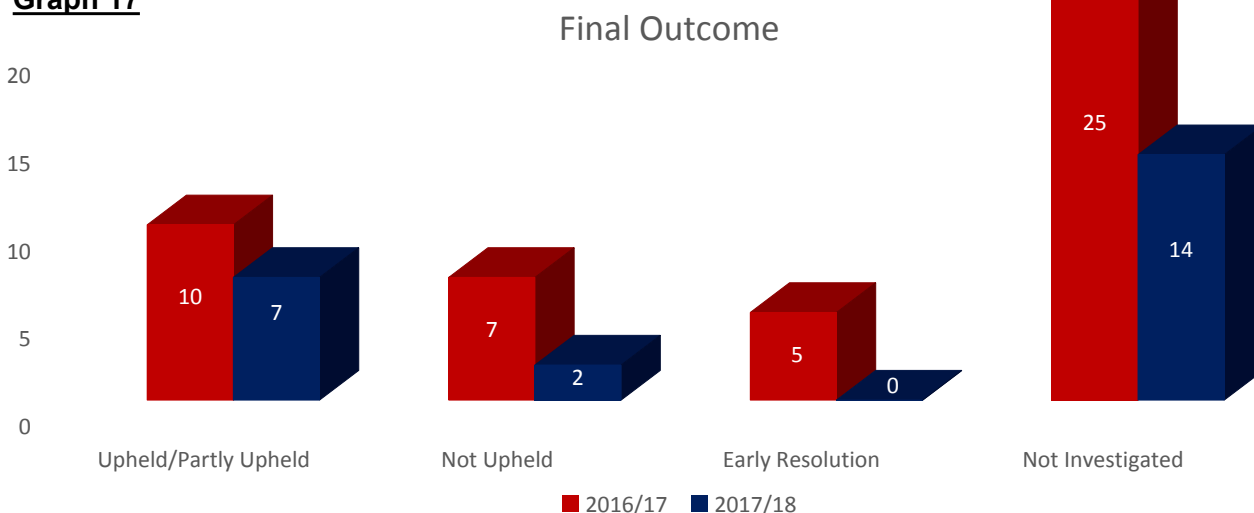
Graph 16

LGSCO enquiry for Children's Social Care	2014/15	2015/16	2016/17	2017/18
Total Received	31	39	47	23

In 2017/18, the LGSCO had a total of 85 complaints and enquires in relation to CYP in Lancashire. Graph 16 shows a welcome fall in LGSCO CSC investigations, with 23 actively followed up by the LGSCO in 2017/18 which is a drop of 50% from 2016/17.

Graph 17 shows that of these enquires, 2 were not upheld, 14 were not investigated, 7 were either upheld or partly upheld. As the LGSCO will also uphold complaints that the council has already upheld and of the 7 complaints, 3 had already been upheld or partly upheld, this makes an overall uphold rate of 4.7%. In 70% of cases, the action taken by the council was sufficient. A total of £7,100 was paid in local settlements, a slight decrease when compared with settlement amounts paid out for 2016/17 (£9,180).

Graph 17



The LGSCO was satisfied with the actions and the continuous improvement undertaken as a direct result of the 7 complaints upheld by their investigations in 2017/18. There were no public reports for Children's Social Care. The identified learning from those complaints is as follows:

3.10 LGSCO Children's Social Care identified learning

- Ensure sure staff in all service areas who deal with children are aware of the requirements of Getting the Best from Complaints 2006 in dealing with complaints by or for children;
- Managers have reminded staff of the statutory timescales for producing Education Health and Care plans and the need to provide review outcome letters in a timely manner;
- Staff training is being delivered to ensure that staff respond to complaints appropriately.

The complaints team also received a compliment from the LGSCO regarding the way a specific joint complaint was handled:

"In response to our recommendations, your staff have provided my office with a comprehensive report outlining the thorough exercise they have undertaken to tackle the issues raised in the complaint. I believe that the real value in complaints comes from the free learning and intelligence these experiences can provide to help improve services for the future. It is clear that your staff have responded to this cause in that spirit, and have demonstrated a level of mature reflection and learning that does credit to the Council. Please accept my thanks for that."