

## Corporate Risk & Opportunity Register Q3 2019/20

| Risk Identification Number (RIN) | Description   | Risk Type      | Possible Risk Consequences  | Current Controls   | Risk Score | Mitigating Actions  | Residual Score         | Risk Owner   | Direction of Travel  |
|----------------------------------|---|----------------|---|--|------------|---|------------------------|--|--|
| CR1                              | <p><b>Reshaping the County Council</b></p> <p>1. Through our People Strategy, ensuring adequate workforce plans, capacity and skills are in place across the organisation</p> | Organisational | <ul style="list-style-type: none"> <li>Inability to deliver a balanced budget post 2022/23</li> <li>That the council will not be sufficiently radical or innovative to transform services at the required pace to achieve the scale of change needed over the next 12 months and beyond</li> <li>Change opportunities will be missed that may result in us not meeting the needs of service users or delivering a balanced budget.</li> <li>Lack of buy-in/engagement from staff</li> <li>Managers do not possess the leadership skills required, leading to demotivated staff and poor service delivery</li> <li>The organisation does not have the right people in the right jobs leading to service failure</li> <li>Staff do not know what is expected of them and they do not possess the skills to adequately do their job</li> </ul> | <ul style="list-style-type: none"> <li>Service Challenge Board has been established chaired by the Director of Strategy &amp; Performance</li> <li>Financial Monitoring Boards have been established that are each chaired by the relevant Executive Director</li> <li>Programme Office is managing the overall programme of activity</li> <li>Vision and Values communicated and plan to further embed</li> <li>Implemented a new recruitment system and building a Lancashire brand. This has: <ul style="list-style-type: none"> <li>Improved speed of recruitment</li> <li>Streamlined processes</li> <li>Improved flexibility</li> <li>Established a new career site</li> <li>Introduced a new on-boarding function</li> </ul> </li> <li>Improved the health &amp; wellbeing of our staff &amp; improved attendance at work</li> <li>Reviewed and updated performance engagement</li> <li>Increased employee engagement opportunities</li> <li>New online DBS system</li> </ul> | 20         | <ul style="list-style-type: none"> <li>Develop a new behavioural framework as the basis from which to drive organisational change</li> <li>Commence development for new Lancashire Induction</li> <li>Continue new suite of leadership and management modules to support development of Lancashire County Council managers, linked to national occupational standards and apprenticeships</li> <li>Cross organisational themes to be assessed and links to People Strategy</li> <li>Development of 'Inspiration matters' short briefings will link to the newly communicated Values to support the embedding in the organisation.</li> <li>Continue to embed a healthy workplace</li> <li>Develop a workforce planning framework</li> <li>Implement an enhanced induction offer linked with on-boarding</li> <li>Payroll integration</li> <li>Further develop social media presence</li> <li>Cabinet agreed to appoint a partner to work with the council on organisational development. Initial scoping session with directors and Heads of Service has taken place.</li> <li>Narrative on 'our story' has been published with an aspiration to be council of the year 2021</li> <li>All staff now enrolled on MSc and MBA via Apprenticeship Levy</li> <li>Staff survey completed and analysed. Results to be presented to Corporate Management Team and Executive Director's senior management teams. Each Director and Head of Service to develop action plans to address issues raised.</li> <li>Key performance indicators to monitor progress against the corporate strategy have been developed by Overview and Scrutiny members</li> </ul> | 16<br>Major/<br>Likely | Overall Risk Owner is Corporate Management Team (CMT) however there is a lead officer for each work stream | This risk is being monitored by the Service Challenge Board, Financial Monitoring Boards and CMT |

|     |  |                         |  |  |    |   |                   |                                    |   |
|-----|--|-------------------------|--|--|----|---|-------------------|------------------------------------|---|
|     | 2. Further embed a focus on service delivery | Organisational          | <ul style="list-style-type: none"> <li>• Unable to meet Terms and Conditions savings targets</li> <li>• Services become unsustainable and we cannot fulfil our statutory duties</li> <li>• Compounds ability to set balanced budget and unable to deliver a balanced budget post 2022/23</li> <li>• Insufficient reserves</li> </ul> | <ul style="list-style-type: none"> <li>• New governance structure established. Phase 1 savings being monitoring by Service Challenge Board and Financial Monitoring Boards</li> <li>• Continue to work with staff to develop new options and revisit options</li> <li>• Continue to seek out, learn from and adapt services to follow best practice</li> <li>• Corporate Management Team have agreed to a second phase of the service challenge process</li> </ul>   |    | <ul style="list-style-type: none"> <li>• Develop process for further challenge. This will include: <ul style="list-style-type: none"> <li>○ Further challenge for some phase 1 services based on updated benchmarking data.</li> <li>○ Cross cutting themes: there will be a number of work streams under each crosscutting theme with a named lead <ul style="list-style-type: none"> <li>▪ Organisational <ul style="list-style-type: none"> <li>▪ Operational design</li> <li>▪ Terms &amp; conditions</li> <li>▪ Commissioning</li> <li>▪ Property</li> <li>▪ Transport</li> </ul> </li> <li>▪ Finance &amp; Commercial <ul style="list-style-type: none"> <li>▪ Schools</li> <li>▪ Broader commercial activity</li> </ul> </li> <li>▪ Health &amp; Care <ul style="list-style-type: none"> <li>▪ Front door</li> </ul> </li> </ul> </li> </ul> </li> <li>• Business Rate pilot - progress with district council partners - governance arrangements and implementation.</li> <li>• Completed templates to feed into budget setting process. May need to be reassessed in context of budget settlement.</li> </ul> |                   |                                    | Service Challenge Phase 2 programme to be completed by Autumn 2019  |
| CR2 | Protect and safeguard children               | People/Service delivery | <ul style="list-style-type: none"> <li>• Children are put at risk of harm.</li> <li>• High profile safeguarding incidents can attract national media attention and trigger an early inspection by Ofsted and ultimately Department for Education (DfE) intervention</li> </ul>   | <ul style="list-style-type: none"> <li>• The protection and safeguarding of children, and oversight, is at all levels from Chief Executive to front-line managers to ensure there is an accurate understanding of the quality of practice.</li> <li>• Clear governance and accountability arrangements are in place via the Getting to Good Board and the six boards which report to it: <ul style="list-style-type: none"> <li>○ Workforce Development Board</li> <li>○ Purposeful Practice Board</li> <li>○ Multi-Agency Safeguarding Hub (MASH) and Demand Management Board</li> <li>○ Permanence and Children In Our Care Board</li> <li>○ Data Quality and Performance Board</li> <li>○ Children's Partnership Board</li> </ul> </li> <li>• There are effective partnership arrangements at a strategic and operational level.</li> <li>• External reviews of front-line practice are provided by Ofsted, DfE, Local Government Association (LGA) and North West Association of Directors of Children's Services (ADCS) to provide external, independent evaluation of the quality of practice.</li> <li>• A system of regular case audits is well embedded and informs training and drives activity to improve the quality of practice.</li> </ul> | 16 | <ul style="list-style-type: none"> <li>• In line with revised "Working Together" new multi-agency safeguarding arrangements have now been established on a pan Lancashire basis, to ensure there is a shared responsibility for safeguarding and promoting the welfare of children.</li> <li>• The Getting to Good Plan has now been refreshed to ensure continued improvement.</li> <li>• Multi-agency work on thresholds and completing the MASH / Front Door review is ongoing. Hertfordshire are supporting Lancashire in the review of the MASH and the outcome of the review will allow Lancashire to ascertain the working requirements required to adopt the Family Safeguarding Model across the county.</li> <li>• Work has begun to implement the Family Safeguarding model to ensure a clear focus on demand management and achieving permanency for children outside of local authority care.</li> </ul>   | 12 Major/possible | Director of Children's Social Care | The risk remains static, and work continues via the Getting to Good Board, and the six Boards which feed into it. |

|     |   |                         |   |   |    |  |                    |                                    |   |
|-----|---|-------------------------|---|---|----|--|--------------------|------------------------------------|---|
| CR3 | Complying with statutory requirements and duties relating to children looked after, children in need and children leaving care. | People/service delivery | <ul style="list-style-type: none"> <li>Local authority is legally and financially liable, and may be subject to judicial review if found in breach of its statutory responsibilities.</li> <li>Further Department for Education intervention if Ofsted judge Children's Services to be inadequate.</li> </ul> | <ul style="list-style-type: none"> <li>The protection and safeguarding of children, and oversight, is at all levels from Chief Executive to front-line managers to ensure there is an accurate understanding of the quality of practice.</li> <li>Clear governance and accountability arrangements are in place via the Getting to Good Board and the six boards which report to it: <ul style="list-style-type: none"> <li>Workforce Development Board</li> <li>Purposeful Practice Board</li> <li>MASH and Demand Management Board</li> <li>Permanence and Children In Our Care Board</li> <li>Data Quality and Performance Board</li> <li>Children's Partnership Board</li> </ul> </li> <li>There are effective partnership arrangements at a strategic and operational level.</li> <li>External reviews of front-line practice are provided by Ofsted, DfE, LGA and North West ADCS to provide external, independent evaluation of the quality of practice.</li> <li>A system of regular case audits is well embedded and informs training and drives activity to improve the quality of practice.</li> </ul> | 16 | <ul style="list-style-type: none"> <li>The Getting to Good Plan has been refreshed, to ensure continued improvement. Progress is monitored via the multi-agency Getting to Good Board</li> <li>Avoid placing children and young people receiving care in unregistered settings</li> <li>A focus visit by Osted, focussing on "Permanence", will take place on 4 and 5 November 2019. The outcome of the visit will be known after the general election.</li> </ul>   | 12 Major/ possible | Director of Children's Social Care | The focus is increasingly on the cultural shift from compliance with statutory requirements to improving quality and strength based practice. |
| CR4 | Increase in demand, including rise in number of contacts and referrals and an increase in Children Looked After (CLA) numbers   | People                  | <ul style="list-style-type: none"> <li>Potential drift and delay - impact on timeliness of assessment, plans and interventions with children &amp; families.</li> <li>Financial implications.</li> </ul>  | <ul style="list-style-type: none"> <li>Clear governance and accountability arrangements are in place via the Getting to Good Board and the six boards which report to it. The MASH and Demand Management Board Permanence and Children in Our Care Board have key roles in ensuring oversight of activity to reduce demand.</li> </ul>  | 16 | <ul style="list-style-type: none"> <li>Permanence Action Plan has been developed to help reduce the Children Looked After (CLA) numbers.</li> <li>Sufficiency Strategy includes targets to reduce CLA numbers through prevention of S20 accommodation and children exiting from care.</li> <li>Increased use of Family Group Conferencing as a demand management strategy.</li> <li>Adolescent Support Unit and Outreach Service help to prevent the need for accommodation.</li> <li>Amendment to pre proceedings protocol, and introduction of permanence protocol guidance and toolkit.</li> <li>Multi-agency work on thresholds and completing the MASH / Front Door review is ongoing. Hertfordshire are supporting Lancashire in the review of the MASH on the 31 October. The outcome of the review will allow Lancashire to ascertain the working requirements required to adopt the Family Safeguarding Model across the County.</li> <li>Work has begun to implement the Family Safeguarding model to ensure a clear focus on demand management and achieving permanency for children outside of local authority care.</li> <li>Work has begun with partners to implement the multi-agency Early Help Strategy, building on the draft strategy developed and ratified with the Children and Families Partnership in May 2019.</li> </ul> | 16 Major/ Likely   | Director of Children's Social Care | The number of children and young people coming in to care has begun to stabilise  |

|     |   |                         |  |   |    |  |                   |                                |  |
|-----|---|-------------------------|--|---|----|--|-------------------|--------------------------------|--|
| CR5 | Recruit and retain experienced staff across the organisation          | People/service delivery | <ul style="list-style-type: none"> <li>• Inability to deliver effective services</li> <li>• Shortage of skilled staff in specific service areas</li> <li>• High caseloads</li> <li>• Increased staff turnover Increased agency spend</li> <li>• Lack of succession planning</li> <li>• Low morale</li> <li>• Negative impact on productivity levels</li> </ul>   | <ul style="list-style-type: none"> <li>• Workforce Group established in Children's Social Care to ensure strong focus on recruitment and retention and workforce development.</li> <li>• Social Work Academy established providing robust induction and continuous professional development for social workers, including newly qualified staff.</li> <li>• In Children's Social Care Advanced Practitioner posts established to support social workers to aid staff retention.</li> <li>• Leadership Academy in Children's Social Care now in place with particular focus on up-skilling first line managers to strengthen leadership of practice.</li> <li>• Implemented a new recruitment system and building a Lancashire brand. This has: <ul style="list-style-type: none"> <li>○ Improved speed of recruitment</li> <li>○ Streamlined processes</li> <li>○ Improved flexibility</li> <li>○ Established a new career site</li> <li>○ Introduced a new on-boarding function</li> </ul> </li> </ul>   | 16 | <ul style="list-style-type: none"> <li>• A strategic approach is planned to further develop council-wide succession planning requirements, to include the recruitment to 'Hard to fill' posts and reduce the reliance on costly agency staff. This will include career pathways.</li> <li>• Proposals will be presented to Corporate Management Team on reshaping the apprenticeship programme to maximise the apprenticeship levy and support the delivery of the People's Strategy</li> <li>• Continue to improve staff engagement through regular pulse surveys</li> <li>• Introduce leadership and management module courses</li> <li>• Corporate induction programme to be reviewed</li> <li>• Develop a more focused graduate offer</li> <li>• Improve the health and wellbeing of staff through initiatives such as the 'time to change' programme</li> </ul>   | 12 Major/possible | Director of Corporate Services | Level<br>Using Apprenticeship levy to retain and develop staff (grow our own) with a focus on difficult to recruit areas |
| CR6 | Managing our data well and producing effective management information | Organisational          | <ul style="list-style-type: none"> <li>• Ineffective collection, collation and input of data</li> <li>• Failure to improve quality of data in council systems including those that have already been implemented and those that are being implemented.</li> <li>• Ineffective use of business intelligence, resulting in the inability to identify and respond to changing trends and inform strategic decisions.</li> <li>• Impact on strategic planning, understanding demand management e.g. around demographics and ageing population profile</li> </ul> | <ul style="list-style-type: none"> <li>• Information Management Strategy.</li> <li>• Accuracy Steering Group chaired by Director of Adult Services oversees a programme of work to improve data quality within systems used by Adult Services</li> <li>• Data Quality and Performance Group oversees quality of information in systems for children's services</li> <li>• 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.</li> <li>• Use of 'exception reports' which proactively highlights data anomalies and inconsistencies.</li> <li>• Development of a Corporate Performance Dashboard is facilitating a council-wide view of all services, which will improve the quality of reported data as anomalies will be highlighted.</li> <li>• 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.</li> <li>• Clear governance structure in place to ensure a continued focus on data quality/accuracy:</li> </ul> | 16 | <ul style="list-style-type: none"> <li>• 'Project Accuracy' for Adults Services focussing on procedures and data quality is progressing. A 'Proof of Concept' project is underway which will quantify the cost and resource needed in order to develop the trackers from core systems. This solution will form part of the toolkit for use across the council.</li> <li>• All requests to the Business Intelligence team for new reports are made using Redmine and are closely monitored. Requests will be challenged/prioritised and potentially refused in order to provide capacity in the Business Intelligence team to test the core systems at peak periods.</li> <li>• Corporate Management Team and Executive Directors have been alerted that additional resource will be needed to analyse consultation responses with a clear time table for the work.</li> <li>• On 30 October Corporate Management Team approved the development of a business intelligence analytics solution proof of concept. We are aiming for this to be in place by 31 March 2020. The proof of concept will provide a suite of dashboards relating to adult domiciliary care provision and will replace the community assessment and throughput tracker. This will then be a model for the further development of business intelligence analytics. A data quality dashboard is included which will support work to improve data quality.</li> </ul> | 12 Major/possible | CMT                            | Level  |

|     |  |                              |  |  |  |  |                    |                                    |                              |
|-----|--|------------------------------|--|--|--|--|--------------------|------------------------------------|------------------------------|
|     |  |                              | <ul style="list-style-type: none"> <li>• Ineffective reporting arrangements.</li> <li>• Statutory returns will be compromised, so incorrect performance will be reported nationally, with potential for negative financial consequences</li> <li>• OFSTED/Care Quality Commission (CQC)/LGA and other external organisations will be using inaccurate information to judge performance.</li> <li>• Service planning and management will be severely compromised.</li> <li>• Potential for incorrect payment of providers, staff etc</li> </ul>                   | <ul style="list-style-type: none"> <li>○ Data Quality and Performance Group.</li> <li>○ Practice Improvement Meetings (PIMs) looking at performance and data quality.</li> <li>○ Children's Portfolio Review Boards have oversight of development of systems</li> <li>○ Governance Boards established for Early Help Module, Education Health Care (EHC) Plans module and the Education Management System.</li> <li>• A Corporate Reporting Strategy has been developed by Business Intelligence in conjunction with Core Systems and BTLS. This is also featuring as part of the developing Digital Strategy &amp; links to the developing data strategy which is part of the Digital First strategy.</li> </ul>  | <ul style="list-style-type: none"> <li>• Workshops have taken place with the Business Intelligence Service, BTLS and Core Business Systems to identify and understand how accurate data will assist. The outcome of these workshops will form the basis of requirements for how the council manages reporting in the future. This will be an integral part of the Digital Strategy.</li> <li>• Digital delivery plan in place</li> </ul> |  |                    |                                    |                              |
| CR7 | Implement /maintain core systems that support the organisation, deliver transformational change and deliver efficiencies, cost reductions and produce effective management information that supports management decision making. | Organisational /Reputational | <ul style="list-style-type: none"> <li>• Failure to deliver transformational change. Failure to deliver efficiencies and cost reductions.</li> <li>• Failure to produce the information needed to support management decision making.</li> <li>• Lack of management buy-in from service areas to drive forward change.</li> <li>• Failure to ensure that services work to new practices in a consistent way so as to maximise the benefit from investment in new technology.</li> <li>• Ineffective reporting arrangements. Statutory returns will be</li> </ul> | <ul style="list-style-type: none"> <li>• Roadmaps have been developed for all key major systems. Governance arrangements in place with full impact assessment carried out for all system changes.</li> <li>• Central co-ordination, control and monitoring in place which assists in performance management of BTLS. Corporate wide approach implemented for all system changes involving services, Learning and Development, Business Intelligence etc. on wider impacts and how system changes are managed into the business.</li> <li>• Service challenge prioritisation has now taken place alongside existing work plans. Services have given their priorities.</li> <li>• Sign off arrangements for roadmaps, including prioritisation of work, are in place. Boards have been established for major system implementations.</li> <li>• Corporate performance information being developed as part of systems implementations though long term reporting tool needs developing and implementing. Joint strategic needs assessment (JSNA) and other needs</li> </ul> | 16   | <ul style="list-style-type: none"> <li>• Internal Audit have given Substantial assurance over the effectiveness of controls operating over the Systems Support function within Core Systems.</li> <li>• New system roadmaps developed to provide more control over system changes.</li> <li>• The Core Business Systems Team are continually reviewing system requests against council priorities and strategies.</li> <li>• The establishment of a Quarterly Portfolio Review Board at Head of Service level will manage issues and escalations.</li> <li>• Critical incidents escalated within Strategy and Performance and BTLS are effective.</li> <li>• As part of service challenge a review of support for the Core Systems is underway.</li> </ul> | 12 Major/ possible | Director of Strategy & Performance | Risk being managed downwards |

|     |   |                            |   |  |    |   |                   |   |       |
|-----|---|----------------------------|---|--|----|---|-------------------|---|-------|
|     |   |                            | <p>compromised, so incorrect performance will be reported nationally.</p> <ul style="list-style-type: none"> <li>• Ineffective working practices and targeting of resources to work priorities.</li> <li>• May impact on response times.</li> <li>• OFSTED/CQC/LGA and other external organisations will be using inaccurate information to judge performance.</li> <li>• Service planning and management will be severely compromised.</li> <li>• The activity and changes required to enable delivery of the service challenges presents a risk to delivery of both the necessary changes but importantly the savings.</li> </ul> | <p>assessments. Discussed with various management teams on an ongoing basis. Weekly provision of information to operational managers for Liquid Logic Children's Social Care System (LCS).</p> <ul style="list-style-type: none"> <li>• New operating process and procedures developed and implemented to overcome recurring issues/problems - continuous improvement cycle implemented.</li> </ul>  |    |   |                   |   |       |
| CR8 | Delivering major projects/schemes on time and within budget | Development & regeneration | <ul style="list-style-type: none"> <li>• Scheme viability in doubt due to speculative estimating and project management</li> <li>• Pressure on capital programme</li> </ul>   | <ul style="list-style-type: none"> <li>• Capital Programme reports to Cabinet</li> <li>• Improved approach adopted regarding the deliverability of current and future schemes. These include: <ul style="list-style-type: none"> <li>○ Reporting of cost ranges for new schemes</li> <li>○ Routine updating of cost estimates</li> <li>○ Inclusion of contingency at industry standards and benchmarks</li> </ul> </li> <li>• Governance of the capital programme has been strengthened under the auspices of the Capital Board where responsibility for oversight and challenge of cost estimates and capital budgets sits.</li> <li>• Restructuring to ensure the service has the resources with the right skill sets</li> <li>• Update reports to Audit, Risk &amp; Governance Committee</li> </ul> | 16 | <ul style="list-style-type: none"> <li>• Active project and programme management including: <ul style="list-style-type: none"> <li>○ Detailed monitoring of the delivery programme through 2019/20 to ensure slippage is reported in a timely manner and a robust level of challenge is provided to programme and project managers to ensure delivery remains on track.</li> <li>○ Performance reports developed to enable the Capital Board to undertake this monitoring and challenge.</li> </ul> </li> <li>• The Head of Internal Audit recently reported to Audit, Risk and Governance Committee that a lot of work has been undertaken on the asset management strategy that will underpin both the capital strategy and the development of a risk register for the capital programme. Having gained a more comprehensive understanding of the risks involved in the capital programme and the mitigating controls in place, senior finance managers will now finalise the risk register within the next three months</li> </ul> | 12 Major/possible | Exec Director Growth, Environment & Transport | Level |

|     |  |                           |   |   |    |   |                          |                                |  |
|-----|--|---------------------------|---|---|----|---|--------------------------|--------------------------------|--|
| CR9 | Delivering a statutory service for children and young people with special educational needs and/or disabilities. | People/<br>Organisational | <ul style="list-style-type: none"> <li>• Not providing adequate service which places the local authority at risk of appeals to Special Educational Needs and Disability Tribunals (SENDIST), increased reputational risk via complaints corporately and to Local Government Ombudsman (LGO).</li> <li>• Lack of confidence in council services.</li> <li>• The lack of accessibility and quality of information on the local offer</li> <li>• Unmet need will result in children and young people failing to meet their potential and therefore not be supported as positively as possible into adulthood.</li> <li>• The failure to recruit and retain staff.</li> </ul> | <ul style="list-style-type: none"> <li>• Following the SEND Local Area Inspection a Written Statement of Action (WSA) has been submitted identify improvements to the service offered by Lancashire County Council and the Clinical Commissioning Groups. The following areas were identified as requiring action: <ul style="list-style-type: none"> <li>○ The lack of strategic leadership and vision across the partnership</li> <li>○ Leaders' inaccurate understanding of the local area</li> <li>○ Weak joint commissioning arrangements that are not well developed or evaluated</li> <li>○ The failure to engage effectively with parents and carers</li> <li>○ The confusing, complicated and arbitrary systems and processes of identification</li> <li>○ The endemic weaknesses in the quality of EHC plans</li> <li>○ The absence of effective diagnostic pathways for Autistic Spectrum Disorder (ASD) across the local area, and no diagnostic pathway in the north of the area</li> <li>○ No effective strategy to improve the outcomes of children and young people who have SEN and/or disabilities</li> <li>○ Poor transition arrangements in 0–25 healthcare services</li> <li>○ The disconcerting proportion of children and young people who have an EHC plan or statement of SEN who are permanently excluded from school</li> <li>○ The inequalities in provision based on location</li> <li>○ The lack of accessibility and quality of information on the local offer</li> </ul> </li> </ul> <p>Progress on implementation has been monitored by Department for education and NHS England through formal review visits.</p> <p>Significant achievements to date include:</p> <ul style="list-style-type: none"> <li>• Partnership Governance established</li> <li>• Partnership Vision and Priorities agreed</li> <li>• Improvements to joint commissioning arrangements</li> <li>• Pan Lancashire Neurodevelopmental Assessment and Diagnostic Pathway agreed</li> </ul> | 25 | <p>The SEND Partnership Board monitors the progress of the 12 areas for action identified within the Written Statement of Action. Each of the actions is addressed under 4 sub-groups:</p> <ul style="list-style-type: none"> <li>• Meeting Need</li> <li>• Equal Partners</li> <li>• Accessible Services</li> <li>• Achieving Success</li> </ul> <p>Within these sub groups are specific task and finish groups to support improvement. To accelerate improvement in 5 areas where the pace of improvement has stalled, accelerated plans have been developed.</p> <p>These areas are;</p> <ul style="list-style-type: none"> <li>• Transition</li> <li>• Neurodevelopmental pathways</li> <li>• Local Offer</li> <li>• Educational outcomes</li> <li>• Quality of Education, Health and Care Plans</li> </ul> <p>An operational group chaired by the Director of Education has been established that monitors the pace of this work with each of the lead officers for each area attending.</p> <p>An external audit of plans has evidenced improvement in the quality of plans and the support for transition but this remains an area of concern.</p> <p>A transitions strategy has been drafted that will support a broader focus of transition across children, health and adult services. This group is co -chaired by the Director of Adult Services and Director of Education. Key performance indicators have been agreed to support this work and the Preparation for Adulthood Steering Group will intensify the focus and accountability for delivering against these Key Performance Indicators.</p> <p>The governance arrangements for the key strands of work has been streamlined and articulated on a plan on a page so that there is improved clarity and focus to accelerate improvement.</p> <p>A draft sufficiency strategy to address increased demand for placements is scheduled for Cabinet in January 2020. The strategy will support a strategic plan to better meet need by developing more capacity to support children and young people in our Lancashire Schools reducing dependency on high cost out of county provision and reflecting the ambitions of the SEND reforms to place children with SEND in mainstream schools where appropriate.</p> | 12<br>Major/<br>possible | Director of Education & Skills | Continued positive progress in delivery of the Improvement Plan but with some slippage, clearly highlighted in the Plan, which is monitored through the Partnership Board. |
|-----|--|---------------------------|---|---|----|---|--------------------------|--------------------------------|--|

|      |   |                           |  |   |    |  |                        |                                 |       |
|------|---|---------------------------|--|---|----|--|------------------------|---------------------------------|-------|
|      |   |                           |  | <ul style="list-style-type: none"> <li>Improved engagement with parents and carers</li> <li>Designated Clinical Officers in place across the local area to support parent carers and professionals to access the health care system</li> <li>EHC plan process reviewed and Quality Framework agreed</li> <li>Programme of action agreed with schools</li> <li>Training for Governors</li> </ul>   |    |  |                        |                                 |       |
| CR10 | Supporting disadvantaged families to fulfil their potential (Troubled Families Programme) | People/<br>Organisational | <ul style="list-style-type: none"> <li>Failure to achieve Payment by Results targets due to specific requirements of the programme.</li> <li>Possible reputational risk as a result of missing a national target.</li> <li>Failure to accrue maximum income from the programme for the authority.</li> <li>Failure to meet savings target attributed to the service for current financial year.</li> <li>Possible reputational risk if progress not made with the Troubled Families Unit (TFU) Maturity Model and service transformation with partners.</li> <li>Risk of additional scrutiny of programme</li> </ul> | <ul style="list-style-type: none"> <li>No governance procedures in place with responsibility for Troubled Families Unit (TFU) oversight. Robust tracking processes in place with view to maximising payment by result claim opportunities.</li> <li>Ongoing data matching to identify new eligible families</li> <li>Ongoing data matching to identify new eligible families</li> <li>Robust tracking processes in place with view to maximising payment by result claim opportunities. However, no governance procedures in place with responsibility for oversight.</li> <li>Ongoing data matching to identify new eligible families</li> <li>The target in the med term fin strategy 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. As at 29 March 2019 payment by results claims had been made for 4,035 families (47% of the target for the life of the programme) where significant and sustained progress was evidenced.</li> <li>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.</li> <li>The service has a reduced capacity to meet the TFU targets since the implementation of a £1.25m budget reduction to the Children and Family Wellbeing Service (CFW) service. This has reduced caseload capacity from 10k families a year to 7k families a year. The TFU target is to 'turn around' 8620 families.</li> </ul> | 20 | <ul style="list-style-type: none"> <li>Development of reporting processes to ensure monthly progress checks against targets</li> <li>Redesigning of outcomes plan to set more achievable/realistic targets.</li> <li>Districts supported to identify families where potential claims can be made.</li> <li>Workforce development complete for the Common Assessment Framework (CAF), Lead Professional (LP) and Risk Sensible working.</li> <li>Revised 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.</li> </ul> | 16<br>Major/<br>Likely | Director<br>of Public<br>Health | Level |



|      |   |                       |  |   |    |  |                   |  |   |
|------|---|-----------------------|--|---|----|--|-------------------|--|---|
| CR11 | Future provision of ICT services                            | Organisational        | <ul style="list-style-type: none"> <li>The BTLS contract has an expiry date of 31 March 2021 and covers ICT and transactional payroll services. Failure to put in place suitable arrangements will impact on organisational effectiveness and service delivery</li> <li>May impact on the service challenge savings options that need ICT solutions</li> <li>If any potential renegotiations are unsuccessful need to consider how the services will be transferred successfully back to the authority.</li> </ul> | <ul style="list-style-type: none"> <li>The Society of IT Management have undertaken an independent review of our options that considered current BTLS service performance, how it benchmarks with other local authority services, particularly with regard to cost, and to consider the best options available to the council with regard to future service requirements</li> </ul>   | 16 | <ul style="list-style-type: none"> <li>ICT transition partner appointed</li> <li>Interim Chief Digital Officer appointed</li> <li>Governance arrangements now in place</li> <li>Digital strategy produced and agreed</li> </ul>  | 12 Major/Possible | Director of Financial Services                               | Risk is reducing  |
| CR12 | Intermediate care for older people in a residential setting | People/Organisational | <ul style="list-style-type: none"> <li>Operational issues leading to service failures</li> <li>Delayed transfer from hospital</li> <li>Reputational challenge for the council if care homes operated by the council are judged by CQC as 'Requires Improvement' – currently two of the Care homes – Castleford, Clitheroe and Dolphinlee in Lancaster are rated 'Requires Improvement' by CQC</li> </ul>   | <ul style="list-style-type: none"> <li>A review of the Lancashire intermediate care system was commissioned using money from the Better Care Fund, and included consideration of the best practice model for each service area including the community beds.</li> <li>Working with NHS colleagues to agree joint action plans</li> <li>The review completed in May 2019 and steps are underway with NHS partners to develop a joint Programme plan</li> <li>County Council care homes will formally be part of Radar and Quality Improvement Planning (QIP) safeguarding systems</li> </ul> | 16 | <ul style="list-style-type: none"> <li>The Carnall Farrer Review of Intermediate Care concluded with the final report at the end of May 2019. When the report was reviewed at the Better Care Fund Steering Group, it was identified that there was additional benefits to including information from neighbouring authorities</li> <li>This work suggest opportunities for significant improvement and cost savings across the NHS – local government system.</li> <li>The findings of this report will not by themselves provide definitive answers as to whether the County Council should continue to be a provider of some these services, but it will provide important context for more in-depth local discussions with NHS partners to determine answers to those questions. Early discussions suggest an exit from this model of delivery may be agreed in Pennine (during 2020/21) and Fylde Coast (2020/21 and beyond), but other areas have yet to reach conclusions</li> <li>Middle manager appointed to oversee this area of residential rehabilitation within Older People services, to provide assurance and audit of process</li> <li>A new Performance Board is being established to oversee arrangements for delivering on Older People Business Plan – this will meet every 6 to 8weeks</li> </ul> | 12 Major/Possible | Executive Director for Adult Services and Health & Wellbeing | Timescales to be agreed via Advancing Integration Group for full implementation of Intermediate Care report |

|      |  |                           |   |   |    |  |                          |  |  |
|------|--|---------------------------|---|---|----|--|--------------------------|--|--|
| CR13 | Risk that system leadership is unable to address the financial health and care challenges of our population to improve outcomes for children and adults. | People/<br>Organisational | <ul style="list-style-type: none"> <li>• Inconsistent service offer and poor health outcomes including premature mortality, poor mental health and wellbeing and unplanned hospitalisation</li> <li>• Inability to secure joint funding to support vulnerable children and adults</li> <li>• Ineffective or unclear governance arrangements</li> <li>• Unclear responsibilities for services, their funding and the handover points</li> <li>• Inability to appropriately integrate service delivery</li> <li>• Unable to manage demand for services across the health care system that results in unsustainable financial position and inability to deliver savings</li> </ul> | <ul style="list-style-type: none"> <li>• Health &amp; Wellbeing Board (HWBB) oversight of key priorities including intermediate care and SEND</li> <li>• Individual Patient Activity (IPA) Board established for adults/children's services to develop effective arrangements for joint funding</li> <li>• SEND Partnership Board providing system governance for the SEND Improvement Plan</li> <li>• Internal Health Integration Board established to ensure a clear county council approach to integration</li> <li>• Representation at key Integrated Care System (ICS) meetings has been agreed including cabinet member at executive board level and chief executive at system leadership executive level</li> <li>• Review of Health and Wellbeing Board Arrangements</li> </ul> | 16 | <ul style="list-style-type: none"> <li>• Strengthening the HWBB to improve oversight and challenge</li> <li>• Delivering against the project plans and activity agreed through children and adults IPA boards</li> <li>• Continued engagement with the health system to ensure we understand the expected impact of the proposed move to a single Clinical Commissioning Group</li> <li>• Complete review of Health and Wellbeing Boards</li> <li>• Ensure effective linkages between different levels of representation on ICS groups</li> <li>• Ensuring the county council is clear about priorities for integration through the internal Health Integration Board</li> </ul> | 12<br>Major/<br>Possible |  |  |
|------|--|---------------------------|---|---|----|--|--------------------------|--|--|

| 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 growth and prosperity for the whole of Lancashire</p> <p>To fully and effectively utilise the remaining European Structural Funds available to Lancashire and to position the County to benefit from future regional funding regimes.</p> | Development & regeneration | <ul style="list-style-type: none"> <li>Continued successful delivery of the Lancashire Enterprise Partnership's (LEP) current strategic economic growth programmes.</li> <li>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.</li> </ul> <p>It is looking increasingly likely that the current ESIF programme will run through to its planned conclusion at the end of 2020. Some early policy announcements have been made around a replacement UK Shared Prosperity Fund but it is unclear how this will compare to EU funding in terms of scale, focus and priorities.</p> <p>Uncertainty over potential securing of a Devolution Deal or allocation of national resources and freedoms/flexibilities to the Lancashire level.</p> | <ul style="list-style-type: none"> <li>The County Council continues to work with local authorities and wider economic partners, including the LEP to secure funding for economic growth initiatives and to generate locally base projects and solutions which can improve the competitiveness, productivity and inclusive growth trajectory of the Lancashire economy. New funding opportunities have arisen through City and Town Deals and High Street renewal funds across Lancashire. Lancashire County Council will look to support and maximise this investment and ensure projects are well aligned with the strategic aspirations already in place for the area.</li> <li>European Structural and Investment Fund (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 Ministry of Housing, Communities and Local Government (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.</li> </ul> | 12                | <ul style="list-style-type: none"> <li>Work with the LEP and local authority partners to ensure national resources to support growth and regeneration are secured.</li> <li>Maximise the support from key local and national public and private sector stakeholders outside the County Council.</li> <li>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.</li> <li>Economic Development's main European Regional Development Fund (ERDF) project Boost, has secured a Grant Funding Agreement and is applying for funding to June 2023. Business Growth Service staff will, as far as possible, seek to frontload activity and spend within this project in-case funding or activity is prematurely curtailed. For the programme as a whole, we have issued calls in all measures in an effort to defray as much of the programme as early as possible. We are now looking to a further bid which could take the project to June 2023.</li> </ul> | 16<br>Major/<br>likely     | CMT               | <p>The LEP Review, published in July 2019 will present some significant challenges for local partners as the LEP is required to establish it's own legal entity and further distance itself from any local authority support. We are now looking to move forward with the production of a Local Industrial Strategy to maximise new funding opportunity.</p> <p>New national housing and transport infrastructure funds will be targeted in support of local strategic priorities.</p> <p>Whilst the opportunity to secure European Union (EU) funds (underwritten by central government) looks more positive in the medium term, we are also preparing in the event that EU Structural funds are replaced with competitive rounds of regional productivity funding. More may be signalled on this as the government's Industrial Strategy is confirmed.</p> |

|     |  |                          |  |  |    |  |                                |                                |   |
|-----|--|--------------------------|--|--|----|--|--------------------------------|--------------------------------|---|
|     | Establishment of robust pan-Lancashire collaboration arrangements. |                          |  | <ul style="list-style-type: none"> <li>Local authorities across Lancashire are reviewing their collective approach to establishing effective joint working. Agreement on the way forward will enable swifter progress to be made on identified priorities.</li> </ul>  |    | <ul style="list-style-type: none"> <li>Local authorities across Lancashire are reviewing their collective approach to establishing effective joint working. Agreement on the way forward will enable swifter progress to be made on identified priorities.</li> </ul>  |                                |                                | The county councils' political and officer leadership will play a full and active role in shaping & accelerating arrangements in Lancashire.  |
| CO2 | Apprenticeship Levy and Apprentice percentage in Public Sector     | People/organisational    | <p>Increase in Apprentices in the workforce and use the Apprenticeship levy to its maximum benefit to support critical development needs in the County Council</p>   | <p>The Apprenticeship Levy was live from April 2017 and the first payment from the digital account was in May 2017. Work is being undertaken across Lancashire County Council with Heads of service or their representatives to discuss their overall workforce development and what part the Levy could play in this.</p> <p>The consultations are moving into committed expenditure for apprenticeships. A clearer picture is needed of how this links to the overall skills gaps and the recruitment and retention needs of services for their future workforce planning. The first year published report on the percentage in Lancashire County Council against headcount, shows 0.66%</p> | 12 | <ul style="list-style-type: none"> <li>Maximise the benefits of the Apprenticeship Levy within Lancashire County Council by working in conjunction with Management Team, Finance and HR to embed this into structures across the organisation.</li> <li>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.</li> <li>Learning and Development (L&amp;D) are speaking to Heads of Service to see how their training needs can be creatively addressed to link with the Levy, where possible.</li> <li>Heads of Service have been asked to report to L&amp;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&amp;D.</li> <li>Close working relationship with the Local Government Association (LGA) and we are focussing currently on higher degree apprenticeships. LGA will be supporting Lancashire County Council in developing a strategy and future spending plan.</li> <li>Recent work with Finance looking at transactional spend in Services on training has not identified anything which could have been Levy based. Reporting for 19/20 will show a raise to 1.4%</li> </ul> | 15<br>Outstanding/<br>possible | Director of Corporate Services | We now have more Standards available to us, which we have been waiting for and we have developed a draft strategy with the LGA support which we intend to share with Director, HR, Finance, CMT |
| CO3 | Fair Funding and Business rate Retention                           | Organisational/Financial | <p>Potential increase in funding to help balance the budget post 22/23. However, several grants could end in 2020. Business rate baseline applied from 2020 and councils encouraged to try to increase their rate revenues instead of being dependent on Government grants. However the impact may depend on technical decisions within rate retention e.g. how to divide revenue between counties and districts (tier splits)</p> | <ul style="list-style-type: none"> <li>Implemented business rate pilot with Lancashire district and unitary councils</li> <li>Proportion of business rate retention is 75%</li> <li>Responded to consultations on Fair Funding Review</li> </ul>   | 12 | <ul style="list-style-type: none"> <li>Pilot ends March 2020.</li> <li>One year settlement for 20/21 (50% rate retention)</li> </ul>   | 12<br>Major/<br>possible       | Director of Finance            | March 2020  |

|     |  |                           |  |   |    |  |    |                       |   |       |
|-----|--|---------------------------|--|---|----|--|----|-----------------------|---|-------|
| CO4 | Working collaboratively with key health partners | Organisational /financial | <p>Opportunity to work more closely with Health partners to align plans, strategies and budgets as part of the Integrated Care System for Lancashire and South Cumbria and Integrated Care Partnerships.</p> <p>The opportunity needs to be balanced against the risk of lessened control over County Council budgets and the delivery models which may be put in place, with our health partners, to achieve our intended outcomes for people in Lancashire</p> | <ul style="list-style-type: none"> <li>Engagement through Lancashire-wide forums eg Integrated Care System (ICS) Board, Joint Committee of Clinical Commissioning Groups, Collaborative Commissioning Board, Children &amp; Maternity Commissioners Network.</li> </ul> | 12 | <ul style="list-style-type: none"> <li>Outline proposals in respect of public health grant developed and discussed with both CMT and Clinical Commissioning Group (CCG) lead officers</li> <li>We are contributing to the discussions, led by the Director of Public Health and Wellbeing relating to Neighbourhood Models. We are informing Executive Directors about the potential for working with the ICS and Integrated Care Partnerships (ICP). We are working with Health Partners to develop options and test models around neighbourhood working and joint commissioning of services where this makes sense. We have an agreed business case to pilot the neighbourhood model in Fleetwood which will include Public Health, children and families early help and some adult services, this is now being evaluated. We are responding in an opportunistic way when there are opportunities to address key challenges through local partnerships.</li> <li>Health Integration Board established to provide a strategic focus on our engagement with health partners</li> </ul> | 15 | Outstanding/ possible | Executive Director of Adult Services & Health & Wellbeing | Level |
|-----|--|---------------------------|--|---|----|--|----|-----------------------|---|-------|

#### Key to Scores

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