Appendix 'A'

Lancashire County Council

TEASC RISK AWARENESS TOOL

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

COMPLETED NOVEMBER 2015

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

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

Optional processes for using the risk awareness tool

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

Ratings:

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

Top three risks:

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

Who should see completed assessments?

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

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

Engaging ADs

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

Using indicators - and which ones?

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

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

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

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

David Walden/Rachel Ayling
(for TEASC)
April 2015

RISK AWARENESS TOOL – Model for piloting

1. PERFORMANCE AND OUTCOMES

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

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

	Q2. Have you sought or received external feedback on your performance in this area (e.g. through a safeguarding peer review) this year? If yes, please briefly summarise the main recommendations (and/or attach the report). Are you confident that the recommendations will be implemented? *Not in last 2 years*
	Q3. What provider risks (within both regulated and unregulated services) are you concerned about and how are you mitigating them? (See also Section 3). ***Care Homes for older people*** *Risk - home closure (mitigation: monitoring of Quality Premium arrangements thereby higher quality services funding will increase therefore offering market stability and sustainability - poorer services will be managed out of the market)* *Risk – underreporting/non reporting of safeguarding (mitigation: recently identified cohort of homes who never report and these providers targeted as part of 'pro-active' monitoring pilot – potentially extend this model dependent on outcome of pilot and future resource)* *Risk – providers falling through the net and inconsistency in relation to monitoring of providers across the sector (mitigation: consideration of further joint compliance/monitoring exercises with Health (and CQC?) further cementing and strengthening joint approach/solutions to problem providers)* *Risk – crisis situations in relation to very poor services as identified through current CQC inspections (mitigation – further development of radar/QIP through revised governance arrangements and also development of an enhanced crisis/intervention model, which Contract Management is part of; future development of pro-active quality reporting from KPIs to capture potential crisis homes before they spiral down)* ***Home Care for older people and PD*** *Risk - Provider failure following CQC or other inspection, adding to the lack of capacity in the care market.* *Risk of poor quality of service – (unknown level). We currently have limited proactive working with providers and therefore our potential lack of ongoing knowledge about providers could lead to poor quality of service that is not addressed. We are currently working in a reactive way to review negative intelligence received to help target and prioritise our workload, but this doesn't help with allowing us to have a reasonable understanding and*

	knowledge of all our contracted providers, the level of service they provide, the quality of their service provision. *Mitigation - with the intentions of developing new framework, there are plans to move to a more proactive approach which will allow a closer and more open relationship with our contracted providers. We will be able to understand how our providers are performing and hopefully allow us to address developing issues before they become critical.* ***LD Supported Living*** *Risk – there is not enough contract monitoring resource to proactively monitor services in terms of quality and delivery of commissioned hours. There is an increasing demand for reactive monitoring which is anticipated to increase with the establishment of the new LD Social Work Team.* *Mitigation – This may in part be mitigated by the implementation and ongoing monitoring of a new LD Framework.* *Risk – Eventual introduction of a new Framework and the proposed reduction in the number of Providers may cause disruption to the market and have a knock on effect on quality of services.* *Mitigation - unsure of how this can be mitigated as the intention to reduce the number of Providers via the Procurement is set.* *Risk – Poorly performing Providers (who do not get on the new framework) will work via existing relationships with Service Users to encourage the take up Direct Payment when this may not be the most appropriate option.* *Mitigation - unsure how this can be mitigated pre Procurement.* ***Mental Health Services*** *Risk – There is not enough resource to monitor all individual services proactively. In addition, the current SRO team do not have the necessary skills or experience or confidence to monitor MH services.* *Mitigation – This may in part be mitigated by the implementation and ongoing monitoring of the new MH Framework. Training for staff* *Risk – Poorly performing Providers (who do not get on the new framework) may take advantage of existing relationships with Service Users to encourage the take up of Direct Payments when this is not the most appropriate option.*

	Mitigation - *unsure how this can be mitigated pre Procurement but need to advise customers about options* ***General ;*** *Risk – Provider Failure. This may increase with the imposition of new benchmark rates and/or Pricing models* *Mitigation* - *robust cost / price analysis* ***Unregulated Services*** *Risk – Smaller unregulated services that may disappear in the near future as many of them are non-statutory and may leave people isolated and without a service (for example Rural Luncheon Clubs) however this is more about the Service Users, than the Providers.* *Mitigation* - *ensure signposting of individuals to alternatives including options of assessments*
	Q4. Overall, on the basis of routine performance monitoring, learning from serious case reviews, and external feedback, how confident are you that your adult safeguarding practices and systems are person-centred and robust? Do you think there are any urgent areas for improvement? *There is more work to be undertaken to provide robust assurance, Serious Case reviews have been infrequent, external feedback on individual cases has been generally positive, However, the scale of demand is rising. An external review may be helpful in the next two years.* *Addressing need for additional staffing and for establishing robust performance management are the next steps.*
	Q5. How are you handling the challenges raised by recent MCA/DOLS legal judgements? *Performance* *The Health and Social Care Information Centre statistics for 2014/15 show an increase in DOLS applications nationally from 13,700 in 2013/14 to 137,540 in 2014/15; representing a tenfold increase.* *Lancashire's rate of applications has been as follows:* *Applications received 2013/14 = 277* *Applications processed 2013/14 = 277 (141 granted; 131 not granted)*

	Applications received 2014/15 = 2,388 *Applications processed 2014/15 = 852 (480 granted; 372 not granted)* *Outstanding applications at the end of March 2015 = 1,535* *The rate of applications has continued to accelerate in 2015/16 with a total of 2378 applications (396 per month) received in the first 6 months of this year already.* *The DOLS team has processed 350 applications in the first 6 months of the 2015/16 financial year. This represents a slight decline in the number of applications processed which is a reflection on the reduction of BIA's on the team.* *<u>Risk mitigation strategies</u>* • *The DOLS Team uses a prioritisation system based on ADASS guidance: This is a 'triage' process whereby we place applications into Red, Amber or Green categories depending on their level of priority.* *At the present time the DOLS team are managing to deal with DOLS renewal applications and reviews and a small number of the urgent 'high priority' cases. However, continuing to process reviews and renewals is at risk whilst operating with 3 vacancies. Not processing renewals and reviews is considered by the DOLS team to be particularly risky as these cases are known to be a deprivation of liberty and the service user will have an advocate involved and the case may well also be in the Court of Protection (COP).* • *Consistent advice to care home and hospitals to continue to make applications to ensure we are still actively engaged in the DOLS process and not ignoring the problems.* • *Advice to providers of domestic based care and support to reassess capacity and review all restrictions and care plans to ensure they are as least restrictive as possible. Ensure that providers are able to give us up to date information as and when cases go to court. Again, we are making sure everyone is actively engaged in the process.* • *Providing workshops and training to providers of services and social work and health colleagues about their respective roles in DOLS and DOL and to ensure all are aware of their responsibilities.* • *We give clear advice to all providers that if the person's circumstances change, and additional restrictions are imposed, that they inform the DOLS team as soon as possible so we can re-prioritise if*

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

Performance and outcomes

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

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

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

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

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

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

Pressures on the front line

Number of existing service users who had a review per 100, 000 population *2014/15* *12093 service users with a review completed* *936101 population aged 18+ (mid 2013 estimates) = 1291.8* *2015/16 Q2* *8591 service users with a review completed* *939980 population aged 18+ (mid 2014 estimates) = 914.0*	**Q7. Have you specified target response times (e.g. for assessments, reviews and provision of council-run services)? Are these targets being achieved? If "no" what are the exceptions? *(If you have concerns about the current capacity of your front line services to respond to pressures, please use this space to explain your concerns). (See also Section 5, Q5)*** *These are currently being reviewed, re-set and will be established in practice* *Current Performance Management systems do not give confidence in ongoing and routine data quality and consequent reporting*

2. LEADERSHIP AND GOVERNANCE

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

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

3. COMMISSIONING AND QUALITY

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

CQC Area Profile:

% of registered services that are not compliant (any reason)

5% are inadequate
27% require improvement

1. Special Measures	**Central**	**East**	**North**	**Total**
The number of Providers designated by CQC as being in special measures				
01/04/15 – 30/06/15	3	0	1	4
01/07/15 – 31/08/15	3	0	2	5
01/09/15 – 31/10/15	3	0	2	5

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

Q4. Do you have agreed quality standards (or outcomes) for all your commissioned services? Assuming "yes", how do you monitor these? *(Are you confident that you would know if there were problems?).*

Yes, but proactively monitoring is a challenge due to the size of the sector and typically we are operating on a more reactive basis to concerns raised by CQC or as a result of safeguarding concerns

Q5. Are you currently taking action in relation to quality concerns (and/or serious incidents) within one or more services (including embargo on new placements, etc)?

Yes

Q6. On the basis of your Area Profile, and or dialogue with CQC, how does the quality of your local registered provision compare with others?

Generally better than national average – about 10% more in terms of services in good or excellent categories

4. NATIONAL PRIORITIES AND PARTNERSHIPS

Partnership working with the NHS

Date of publication of HWB Strategy (including refresh) *2014*

Date of publication of JSNA (including refresh) *2014*

BCF Indicators:
Non-elective admissions per 100,000 population
In Quarter One (2015/16)) compared to Quarter Four (2014/15) there has been a reduction in non-elective admissions of 1% against a proposed reduction target of 3.1% and from a Quarter Four increase of 5.7%.

ASCOF 2C(2): Delayed transfers of care that are attributable to social care per 100.000 popn – see below

ASCOF 2B(1): Proportion of OP still at home 91 days after discharge into reablement/rehabilitation – see below

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

Q1. In general, how would you characterise your relationship with your health partners, and the outcomes being achieved from your joint work?

Generally sound at operational level. Challenging at strategic level, challenges of integration, capacity, funding.

Q2. Do you have any early concerns about the achievement of BCF-related improvement targets? Please briefly describe the emerging risks. How confident are you that they can be resolved?

Non-elective admissions –

ASCOF 2A(2) Residential admissions 65+ - Lancashire is improving and on course to achieve the BCF target. The 2015/16 Q2 figure of 668.0 now meets the 2014/15 national average. A change to the definition of the indicator has caused some inconsistency in how authorities interpret the guidance and affects the reliability of benchmarking exercises. Some data quality issues exist to improve the accuracy of the SALT reports from which this indicator should be taken.

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

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

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

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

5. RESOURCE AND WORKFORCE MANAGEMENT

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

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

6. CULTURE AND CHALLENGE

Examples of Indicators	Examples of self-assessment questions
Participation in SLI activity	
Date of publication of last Local Account - .Oct 2014, 2015 ready for publication Date of last peer review/challenge exercise – 2013 covering the topic of Reviews.	**Q1. Do you and other senior staff participate regularly in regional ADASS branch meetings and SLI events? (*Please say which postholders are involved, which networks they are involved in, and how often you attend).*** *DASS is on Excellence Board and attends regional and national events events. DASS is part of national ADASS group looking at Transforming Care programme finances*
	Q2. Please summarise your approach to producing a Local Account (with particular reference to your engagement with users and the wider public). What plans do you have to develop/improve your Local Account next year? Local Account for 2014/15 finalised.
Local Performance monitoring	
2014/15 Number of ombudsman complaints: 78 Number of ombudsman complaints upheld: 11 2015/16 Q1 Number of ombudsman complaints: 2 Number of ombudsman complaints upheld: 2015/16 Q2 Number of ombudsman complaints: 2 Number of ombudsman complaints upheld: . Despite a national rise of 10% in complaints to the LGO, LGO complaint referrals in Lancashire remain broadly static. In the 12 month period to 31 March 2015, 161 LGO enquiries relating to Lancashire County Council were made. This is similar to the	**Q3. What regular/routine methods do you use to monitor ASC performance (including the use of benchmarking)?** All ASCOF indicators are routinely benchmarked against national, NW and comparator group averages, also against top quartile performance. Lancashire are involved with more intensive in year benchmarking exercises against agreed additional indicators within the NW group, but lack of time has hindered progress.
	Q4. How do you assure the quality of your data? (Please mention any known data gaps or concerns about data accuracy, and describe any recent work to improve this if applicable). Overall, major concerns about the quality of data which are known about and being addressed with partners inc Liquid Logic, OCC, and Newton Europe as well as with the support of internal business intelligence, commissioning, operations and systems capacity.

previous year when 163 enquiries were made. Of these, a total of 78 had investigations or formal enquiries with only11 of those upheld (9%). The vast majority of LGO referrals related to statutory social care complaints in CYP and adult services.

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

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

Adult social care LGO complaint enquiries went down from 29 in 2013/14 to 27 in 2014/5 and from 22 in CYP, they rose to 31 last year. The rise in CYP referrals (of about 40%) appears in part to be linked to a rise in school appeals queries. Over half of all Corporate LGO complaint referrals (11) related to Highways and Transport matters.

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

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

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

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

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

- *4 not upheld*
- *14 not progressed by the LGO*

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

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

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

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