

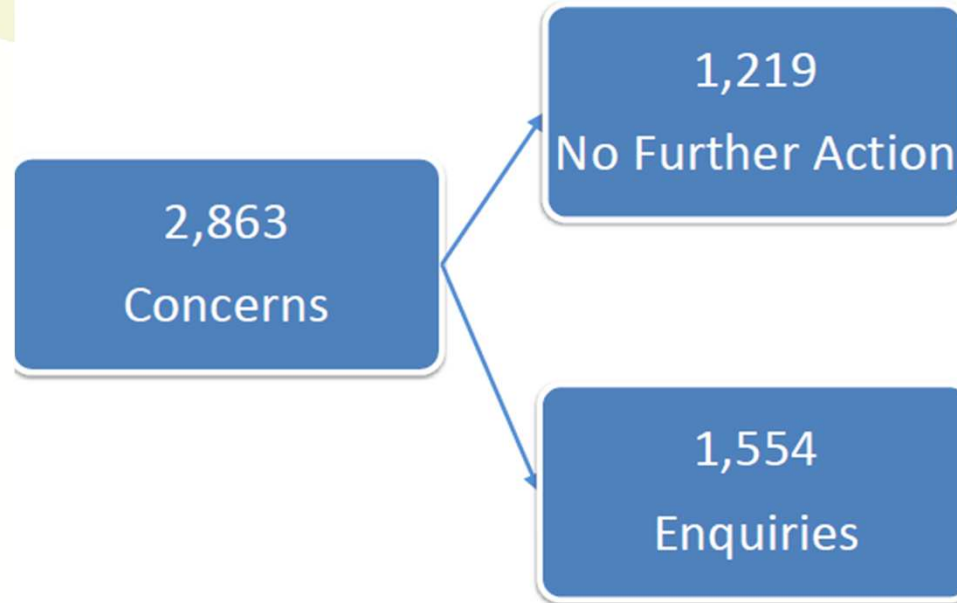
Adult Safeguarding

Presented by

Glen Garrod ~ DASS

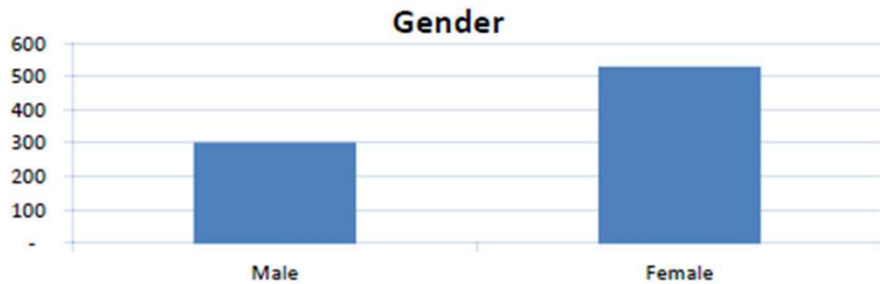
Barry Earnshaw ~ LSAB Vice Chair

2015/2016 Statistics to end of December

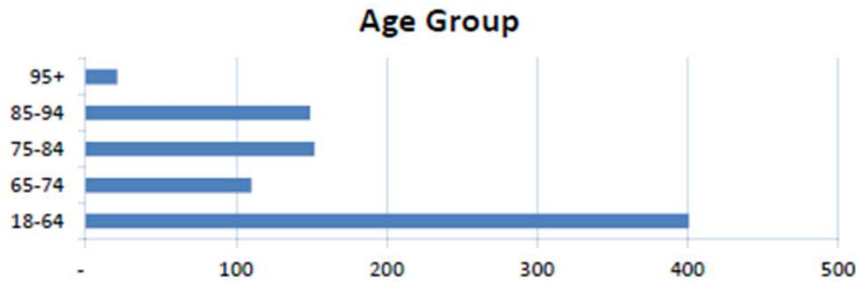


Q1/Q2/Q3 Figures 2015/16

How does that breakdown?



Based on 841 LCC led enquiries



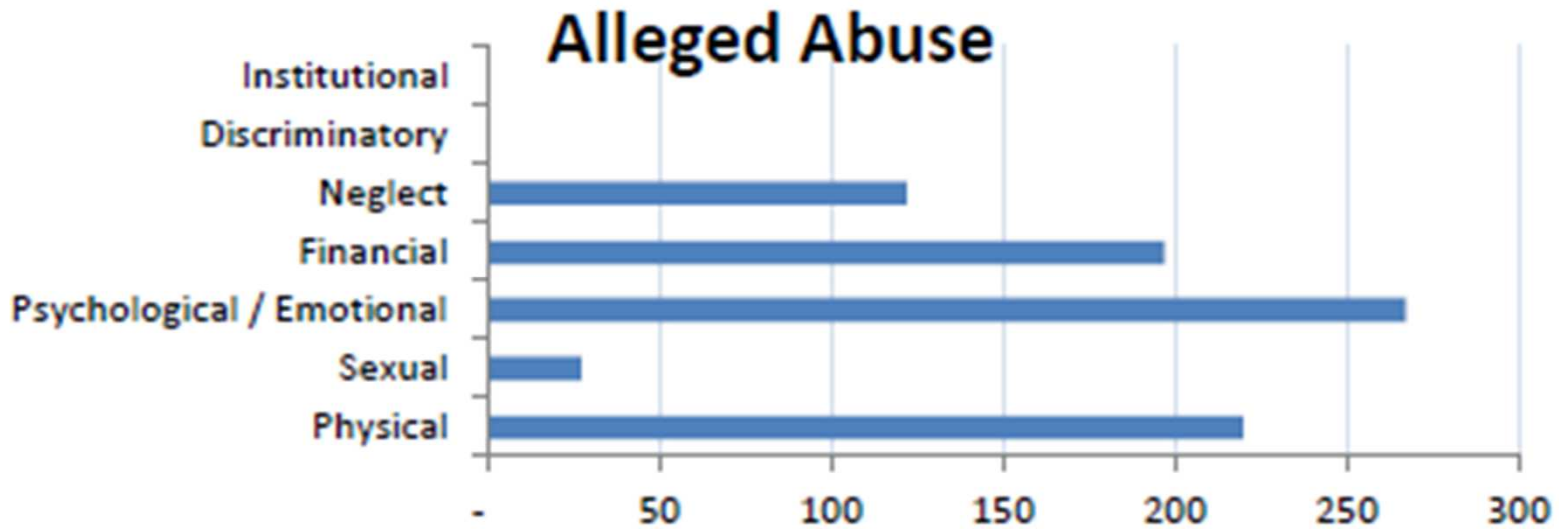
Enquiries by other organisations instigated by LCC ~ Total for the end of quarter 3 is 713

LCC led enquiries are 14% higher at the end of Q3, 841, compared to last year

Care Act updated Definitions of Abuse

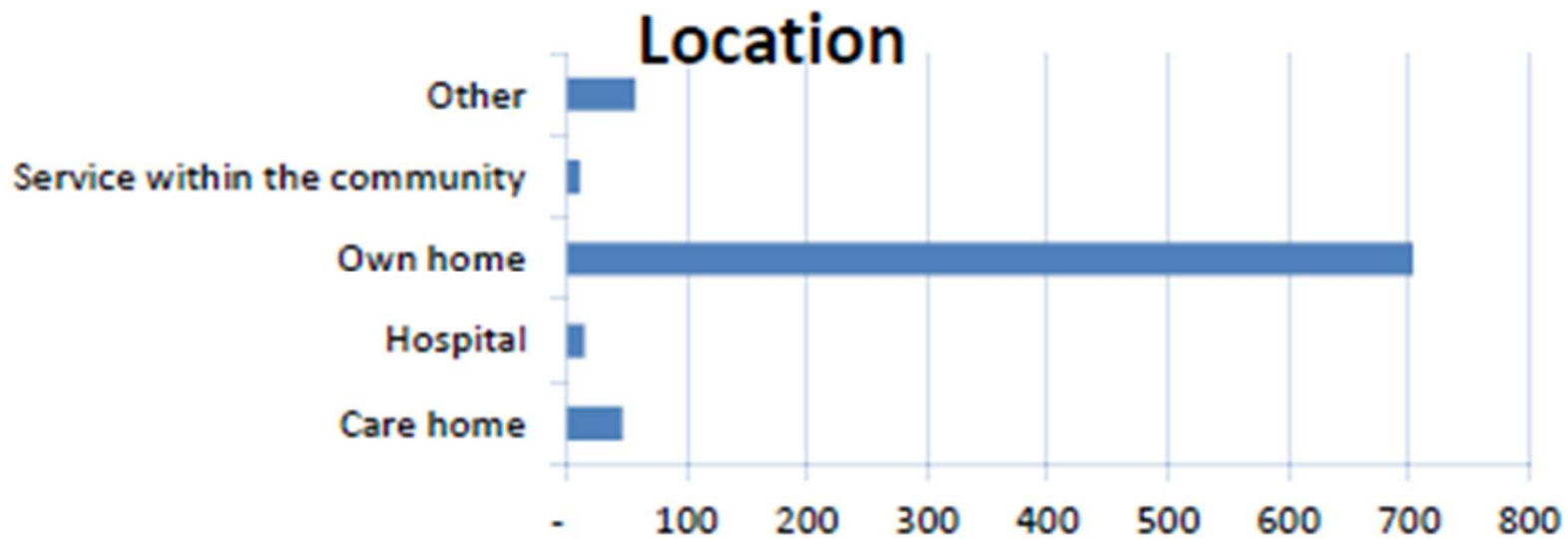
- **Physical abuse** – including assault, hitting, slapping, pushing, misuse of medication, restraint or inappropriate physical sanctions.
- **Domestic violence** – including psychological, physical, sexual, financial, emotional abuse; so called ‘honour’ based violence.
- **Sexual abuse** – including rape, indecent exposure, sexual harassment, inappropriate looking or touching, sexual teasing or innuendo, sexual photography, subjection to pornography or witnessing sexual acts, indecent exposure and sexual assault or sexual acts to which the adult has not consented or was pressured into consenting.
- **Psychological abuse** – including emotional abuse, threats of harm or abandonment, deprivation of contact, humiliation, blaming, controlling, intimidation, coercion, harassment, verbal abuse, cyber bullying, isolation or unreasonable and unjustified withdrawal of services or supportive networks.
- **Financial or material abuse** – including theft, fraud, internet scamming, coercion in relation to an adult’s financial affairs or arrangements, including in connection with wills, property, inheritance or financial transactions, or the misuse or misappropriation of property, possessions or benefits.
- **Modern slavery** – encompasses slavery, human trafficking, forced labour and domestic servitude. Traffickers and slave masters use whatever means they have at their disposal to coerce, deceive and force individuals into a life of abuse, servitude and inhumane treatment.
- **Discriminatory abuse** – including forms of harassment, slurs or similar treatment; because of race, gender and gender identity, age, disability, sexual orientation or religion
- **Organisational abuse** – including neglect and poor care practice within an institution or specific care setting such as a hospital or care home, for example, or in relation to care provided in one’s own home. This may range from one off incidents to on-going ill-treatment. It can be through neglect or poor professional practice as a result of the structure, policies, processes and practices within an organisation.
- **Neglect and acts of omission** – including ignoring medical, emotional or physical care needs, failure to provide access to appropriate health, care and support or educational services, the withholding of the necessities of life, such as medication, adequate nutrition and heating.
- **Self-neglect** – this covers a wide range of behaviour neglecting to care for one’s personal hygiene, health or surroundings and includes behaviour such as hoarding.

How does that breakdown?



Based on 841 LCC led enquiries

How does that breakdown?



Based on 841 LCC led enquiries

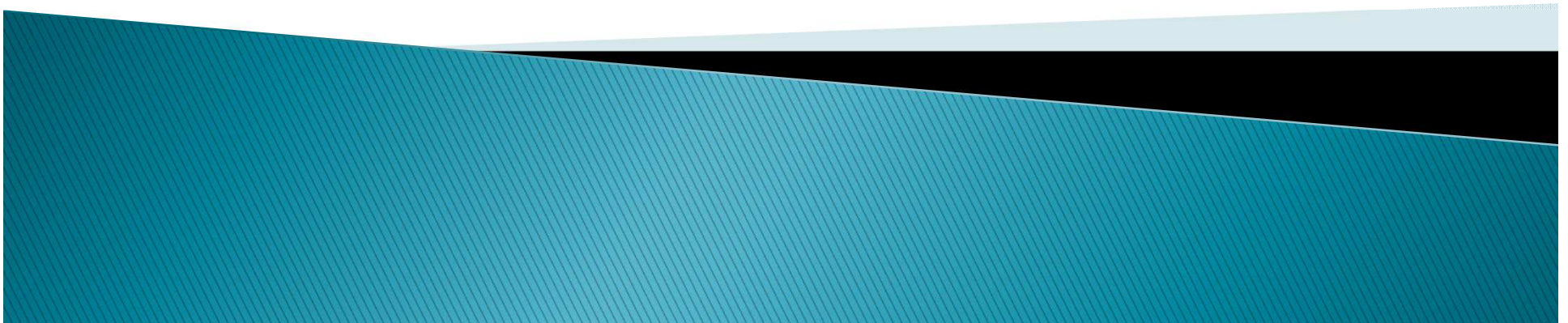
Council Business Plan Measures (extract)

Keeping People Safe	↑ 👍	% of people supported by an advocate where assessed as lacking capacity	100%
Keeping People Safe	↓ 👍	% of enquiries received where the source of risk is a service provider **New**	13%
Keeping People Safe	↑ 👍	% of completed safeguarding enquiries where the result of management action taken is risk reduced or removed	56%



Lincolnshire
Safeguarding
Adults Board

Lincolnshire Safeguarding Adults Board





Lincolnshire
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Who are we?

Lincolnshire Safeguarding Adults Board



CITY OF
Lincoln
COUNCIL

Lincolnshire Community Health Services **NHS**
NHS Trust



NHS
Lincolnshire East
Clinical Commissioning Group



NHS
South Lincolnshire
Clinical Commissioning Group



NHS
South West Lincolnshire
Clinical Commissioning Group

Lincolnshire Partnership **NHS**
NHS Foundation Trust

United Lincolnshire Hospitals **NHS**
NHS Trust



NHS
Lincolnshire West
Clinical Commissioning Group

Role of the Board

The Lincolnshire Safeguarding Adults Board acts within the framework of the law and statutory guidance. The prime consideration of LSAB at this time will be to fulfil multi-agency responsibilities in relation to the protection of adults at risk from abuse and neglect in line with the requirements made in the Care Act 2014.



Care Act 2014 (Chapter 23, Part 1, Care and Support)

Section 43 Safeguarding Adults Boards.

(1) Each local authority must establish a Safeguarding Adults Board (an “SAB”) for its area.

(2) The objective of an SAB is to help and protect adults in its area in cases of the kind described in section 42(1).

(3) The way in which an SAB must seek to achieve its objective is by co-ordinating and ensuring the **effectiveness** of what each of its members does.





Statutory Guidance

The SAB has a strategic role that is greater than the sum of the operational duties of the core partners. It oversees and leads adult safeguarding across the locality and will be interested in a range of matters that contribute to the prevention of abuse and neglect.



Core Duties

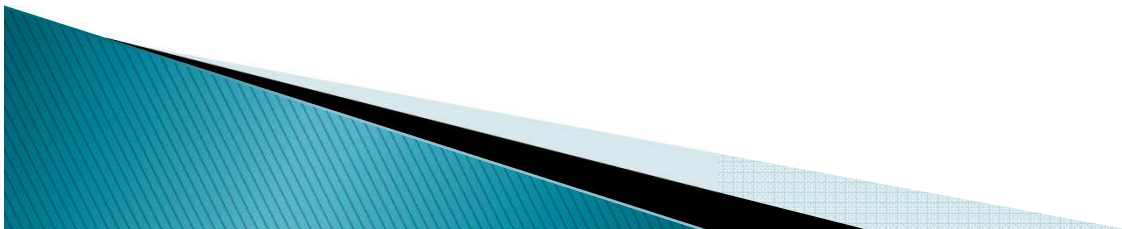
1. It **must** publish a strategic plan for each financial year that sets how it will meet its main objective and what the members will do to achieve this. The plan must be developed with local community involvement, and the SAB must consult the local Healthwatch organisation. The plan should be evidence based and make use of all available evidence and intelligence from partners to form and develop its plan.
2. It **must** publish an annual report detailing what the SAB has done during the year to achieve its main objective and implement its strategic plan, and what each member has done to implement the strategy as well as detailing the findings of any Safeguarding Adults Reviews and subsequent action.
3. It **must** conduct any Safeguarding Adults Review in accordance with Section 44 of the Act.





Key Priorities (as defined in the Boards Strategy)

- ▶ Assurance ~ confirm what we do makes a difference
- ▶ Workforce ~ ensure a competent and capable workforce
- ▶ Collaboration ~ improve cross partner information sharing
- ▶ Making Safeguarding Personal ~ embed choice and control
- ▶ Community ~ improve public awareness of adult safeguarding



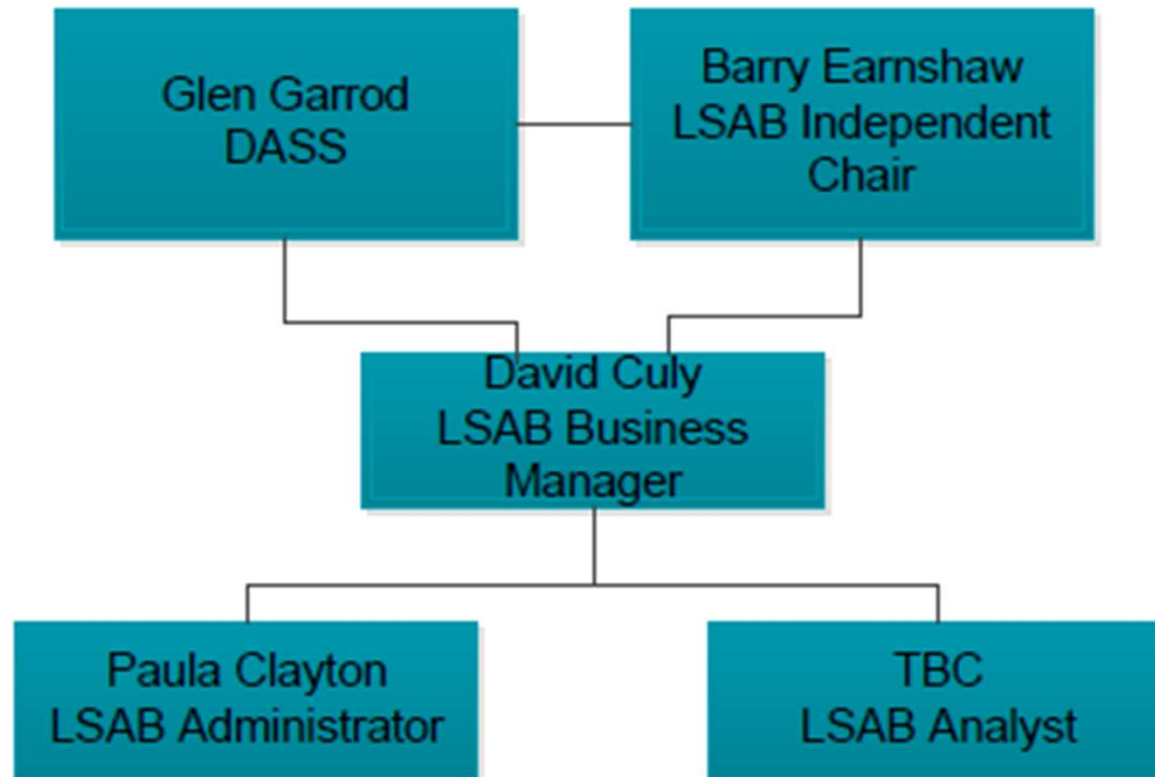
Board Funding

- ▶ The Board is currently funded jointly by the 3 statutory partners





Board Structure

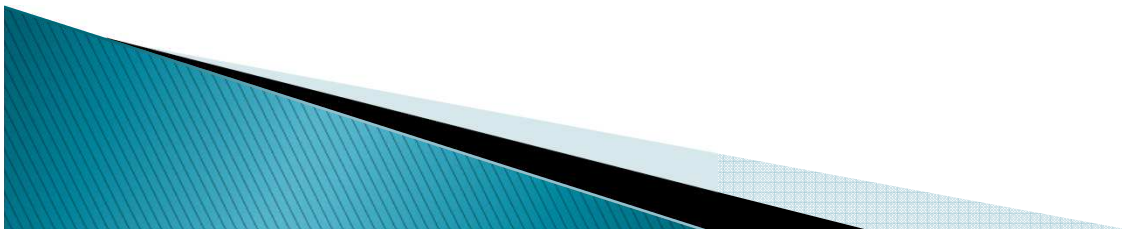




LSAB Contact Details

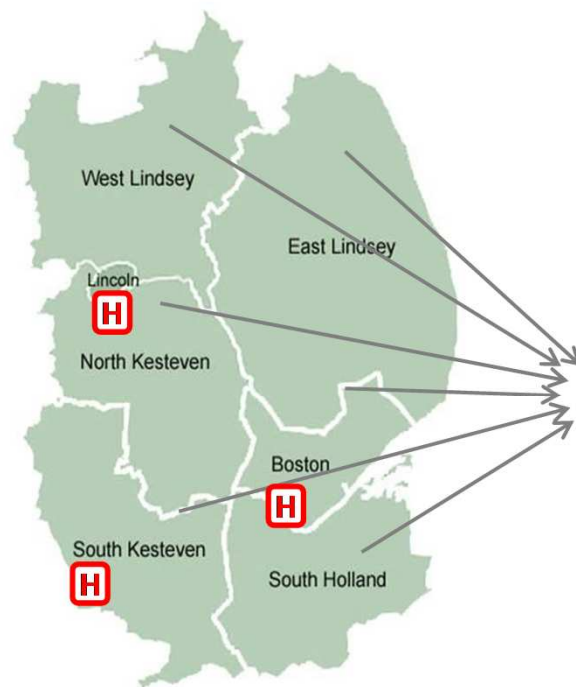
- ▶ David Culy ~ LSAB Business Manager
- ▶ david.culy@lincolnshire.gov.uk
- ▶ 01522 555111

- ▶ Paula Clayton ~ LSAB Administrator
- ▶ paulaE.clayton@lincolnshire.gov.uk
- ▶ 01522 555103



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New requests for support – 2014/15



Adult Population: 590,135

Adult Care

SALT STS001

NEW Requests

34,245

Route of access

Planned entry (Transition)	1%
Discharge from hospital	22%
Diversion from hospital	0%
Community / other route	78%

Age Group

18 to 64	26%
65 and over	74%

Reablement

3,010
9%

Advice & Info / Signposting

20,415
60%

Low Level Support

- equipment and telecare

2,715
8%

Short Term Support

-short term care, well being

3,780
11%

Long Term Community

1,610
5%

Admissions to Res Care

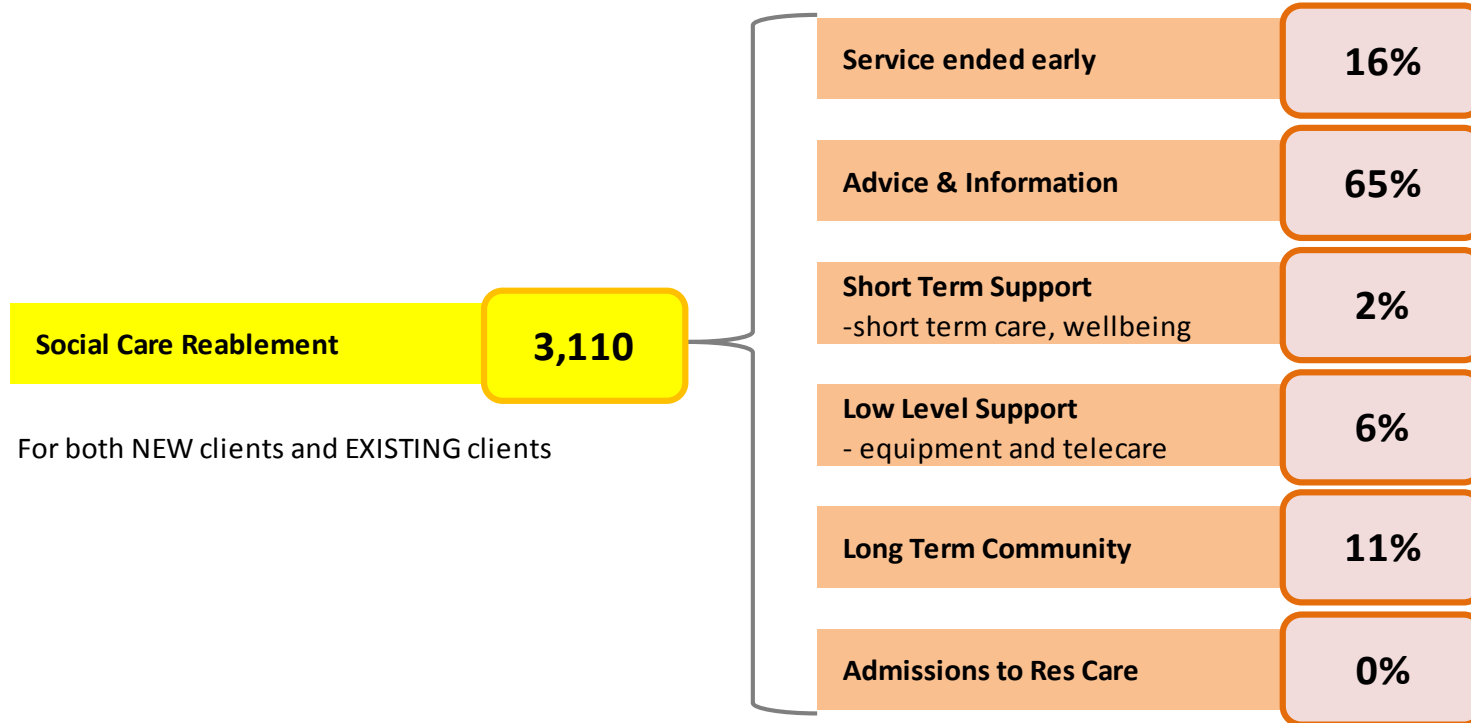
320
1%

No services

2,395
7%

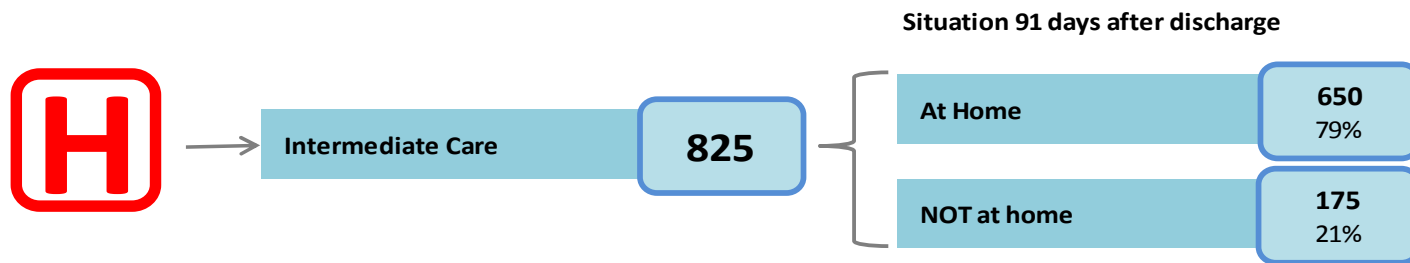
10,700 people received an assessment of need - 95% of which were completed within 28 days

Intermediate Care – 2014/15



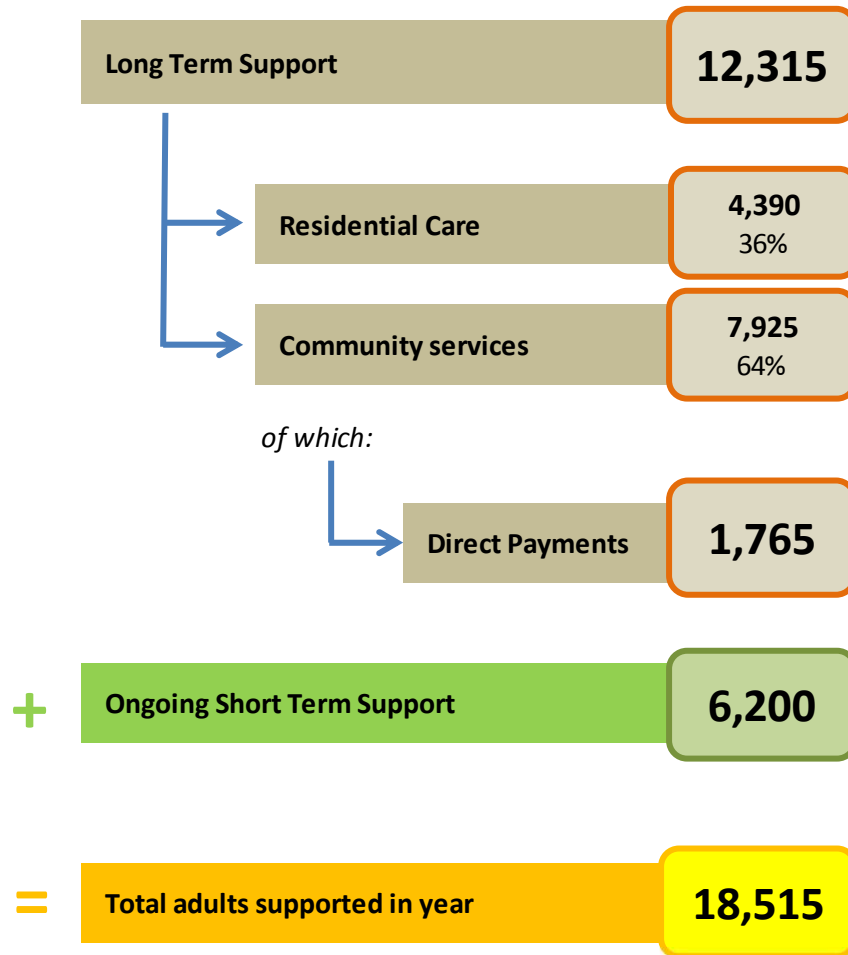
Note:

Percentages relate to the outcomes achieved during 5 months of activity (925 completed episodes).



Requests from hospital concerning patients aged 65 and over during a sample period (01 Oct to 31 Dec)

Adults Provision - 2014/15



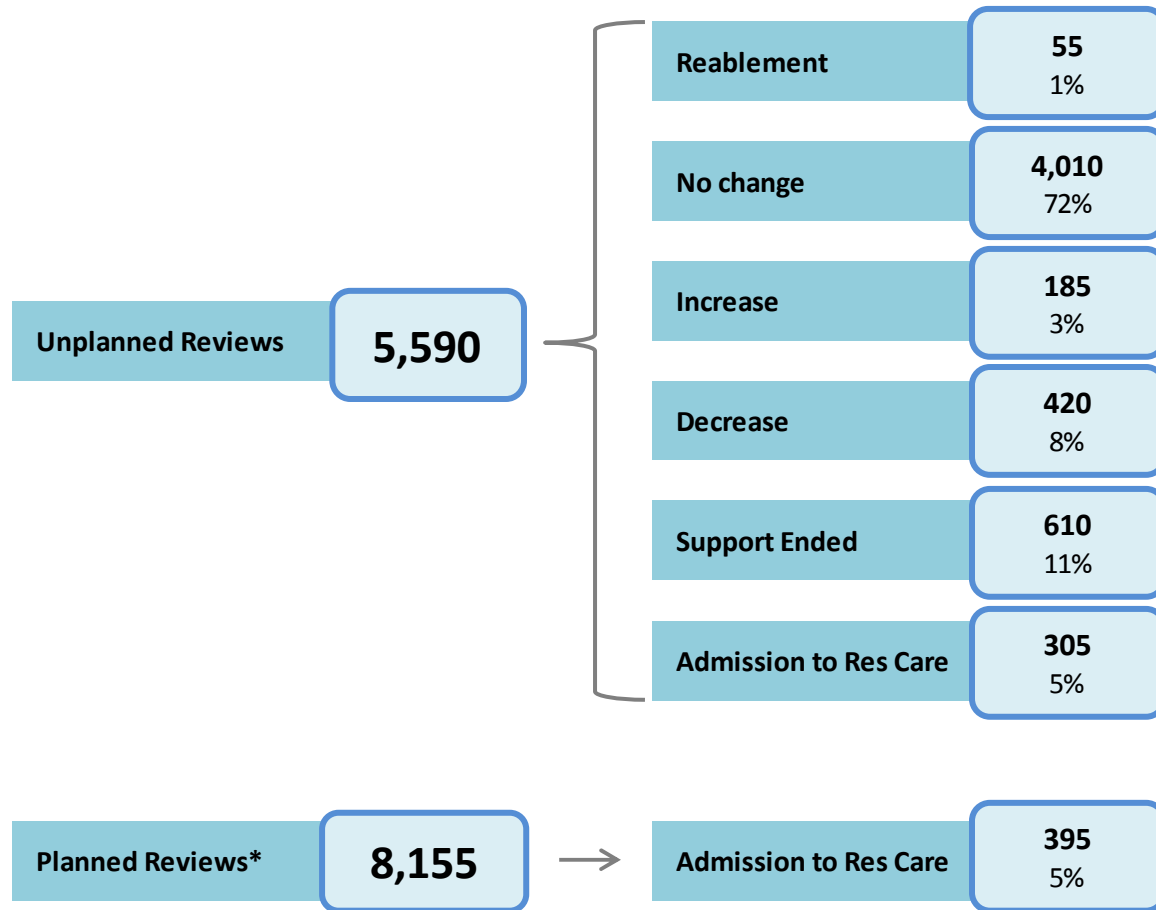
Long Term Support Client Flow

In service > 12 mths	6,945	
Starters	2,265	
Open on 31/03		9,210
Leavers		3,105
Total supported in year		12,315

By Primary Support Reason & Age Group

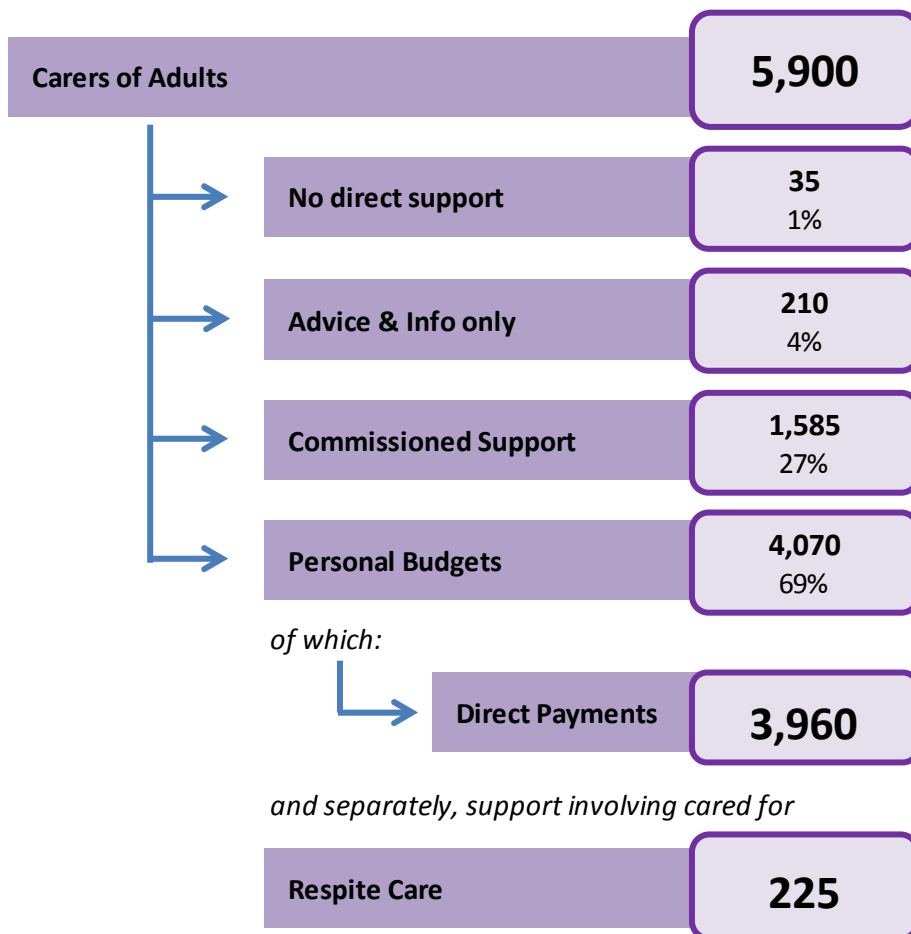
	18-64	65+	18+
Physical & Sensory	1,110	8,090	9,200
Memory & Cognition	20	190	210
Learning Disability	1,500	220	1,720
Mental Health	520	370	890
Social Support	90	205	295
Total	3,240	9,075	12,315

Review/Re-assessments – 2014/15



*SALT return only requires the sequel of a change in setting to residential/nursing care

Carer Support – 2014/15



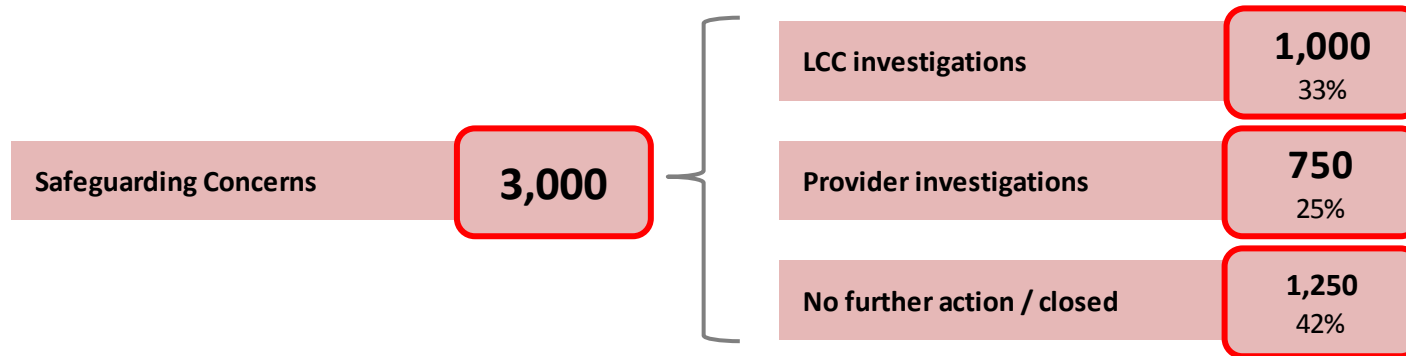
by Age Group of Carer

Aged 18 to 64	2,900	49%
Aged 65 or over	3,000	51%
Total	5,900	

By Primary Support Reason of cared for

Physical & Sensory	3,700	63%
Memory & Cognitor	185	3%
Learning Disability	475	8%
Mental Health	420	7%
Other	1,120	19%
Total	5,900	

Adults Safeguarding – 2014/15



Deprivation of Liberty Safeguards (DOLS)

- 1,600 new applications received during the year
 - 9 fold increase in activity in 2 years
 - Projected to hit 2,400 in 2015/16 (50% increase)
- 700 new applications completed during the year

Briefing on the BCF
Adults Scrutiny Committee 24/2/2016
By Glen Garrod, Director of Adult Social Services

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The Better Care Fund: A Recap on 2015/16

- Produced an approved Lincolnshire Better Care submission for 2015/16
- Agreed £197m ‘pooling’ of health and social care funds. One of only 6 systems in the Country with this level of integration.
- Produced 5 Section 75 Agreements and 2 “aligned budgets” covering: Learning Disability, Mental Health, ‘Corporate’, Integrated Community Equipment, Children and Adults Mental Health Services and Proactive Care.
- Secured £20m of ‘protection’ for Adult Social Care.
- Pass-ported all Disabled Facilities Grant (DFG) funding to the 7 District Councils
- Reported at each Health and Wellbeing Board formal meeting on progress against the National Conditions and local agreements.

National Conditions

- Plans to be jointly agreed;
- Maintain provision of social care services;
- Agreement for the delivery of 7-day services across health and social care to prevent unnecessary non-elective (physical and mental health) admissions to acute settings and to facilitate transfer to alternative care settings when clinically appropriate;
- Better data sharing between health and social care, based on the NHS number;
- Ensure a joint approach to assessments and care planning and ensure that, where funding is used for integrated packages of care, there will be an accountable professional;
- Agreement on the consequential impact of the changes on the providers that are predicted to be substantially affected by the plans;
- Agreement to invest in NHS commissioned out-of-hospital services, which may include a wide range of services including social care;
- Agreement on local action plan to reduce delayed transfers of care.

Integration Policy from 2016/17

- **Comprehensive Spending Review November 2015**
 - ❖ Confirms Better Care Fund pooled budgets to continue in 2016/17
 - ❖ Likely to involve a 1.9% uplift in the financial envelope of the pool
 - ❖ Additional £1.5bn into the BCF via LAs (S31) proposed – from 2017 onwards (50% new money and 50% from new homes bonus)
 - ❖ £5m uplift into Disabled Facilities Grants also planned
 - ❖ Impact of local government formula/settlement on BCF budgets 2017 onwards
- **NHS England Mandate and Planning Guidance December 2015**
 - ❖ Confirms integration policy to continue and refers to:
 - ❖ Integration plans to be developed by March 2017 and implemented by 2020 for each local area
 - ❖ Progress towards integration to be measured via the CCGs assessment framework
 - ❖ Integration policy could move beyond current BCF framework in the context of devolution from 2017/18
- **BCF Planning Guidance for 2016/17**
 - ❖ Delayed until early January, now February!
 - ❖ Likely to require delivery against the same national conditions/metrics
 - ❖ Requirement to protect adult social care to continue

Timetable for HWB Areas

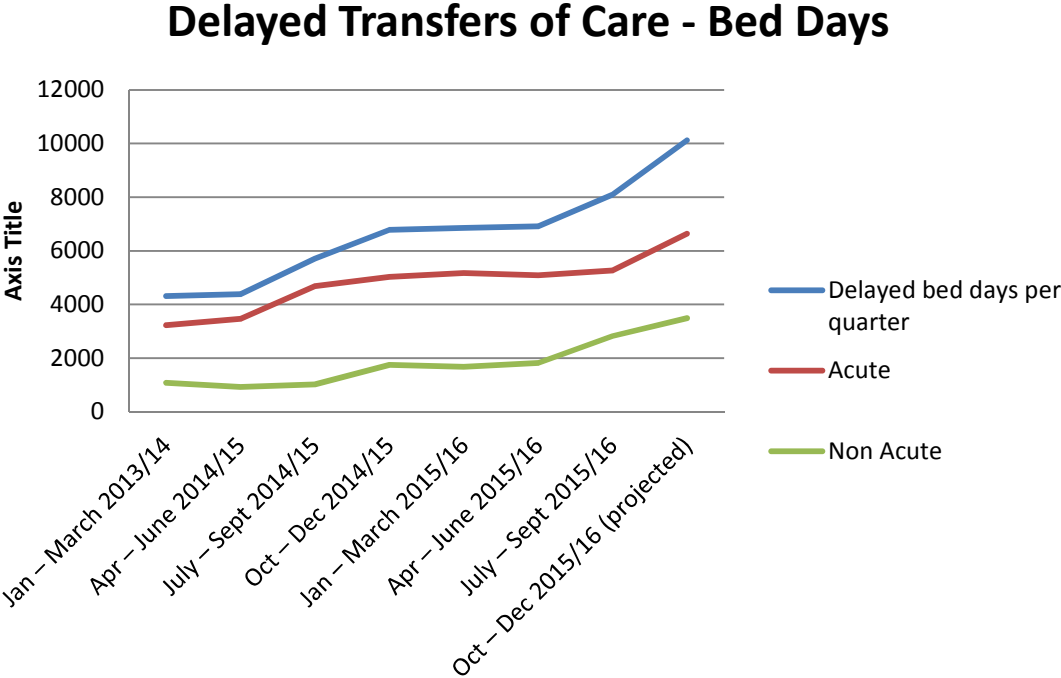
DATE	ACTION
8 January	<ul style="list-style-type: none"> • Policy Guidance issued • CCG allocation issued
15 January	<ul style="list-style-type: none"> • Planning guidance issued • Planning return template issued • HWB level BCF allocations published
8 February	<ul style="list-style-type: none"> • Deadline for first draft submission of BCF planning return • Deadline for first CCG operating plan submission
12 February	<ul style="list-style-type: none"> • National team provide analysis of planning return of regions
19 February	<ul style="list-style-type: none"> • Deadline for feedback from regional assurance and moderation of the first draft submission, wider progress, and support offered where required
26 February	<ul style="list-style-type: none"> • Issue revised planning return template with CCG NEA numbers pre-populated
2 March	<ul style="list-style-type: none"> • Deadline for second CCG operating plan submission • Deadline for submission of BCF narrative plan (regionally)
9 March	<ul style="list-style-type: none"> • Issue final planning return template with final CCG NIA number pre-populated
16 March	<ul style="list-style-type: none"> • Deadline for submission of final BCF planning return
25 March	<ul style="list-style-type: none"> • Deadline for confirmation of proposed assurance rating for all plans from regions
20 April	<ul style="list-style-type: none"> • Final plans submitted, signed off by the Health and Wellbeing Board
31 April	<ul style="list-style-type: none"> • Confirmation of outcome of assurance process

Regional Assurance Timetable

DATE	ACTION
By 31 January	<ul style="list-style-type: none"> National checklist and key lines of enquiry for assurance shared with DCOs and NHS and LG regional teams to support assurance process
Before 8 February	<p>Regional LG leads and NHS England DCOs to:</p> <ul style="list-style-type: none"> Agree their roles in moderation and assurance of finance plans, and key milestones Identify local areas that may need support with the development of their plans
By 12 February	<ul style="list-style-type: none"> National analysis on funding contributions, scheme level plan and national metrics shared with DCOs and LG and NSH regional teams
8 – 28 February	<ul style="list-style-type: none"> Regional assurance arrangements operational Feedback to local areas on their plans following initial review Identify areas requiring further support Support deployed by BCT
Mid – late March	<ul style="list-style-type: none"> Feedback to local areas following review of refreshed plans All draft plans assigned an assurance category Identify areas requiring further support Support deployed by BCST High level summary report to the national Integration Partnership Board
Mid – late April	<ul style="list-style-type: none"> Final plans signed off my Health and Wellbeing Boards and submitted All plans assigned an assurance category Formal escalation to the national Integration Partnership Board for any plans not approved.

Delayed Transfers of Care

- New national condition – to agree a local target for DTOC and to develop a joint local action plan
- Nationally defined metric based on delayed bed days



Period	Delayed bed days per quarter	Acute	Non Acute
Jan – March 2013/14	4310	3225	1085
Apr – June 2014/15	4391	3462	929
July – Sept 2014/15	5705	4687	1018
Oct – Dec 2014/15	6779	5032	1747
Jan – March 2015/16	6850	5177	1673
Apr – June 2015/16	6910	5090	1820
July – Sept 2015/16	8094	5271	2823
Oct – Dec 2015/16 (projected)	10128	6634	3494

Options for Targets

Option 1 – Target based on actual performance Jan – March 2015

Option 2 – Target based on 2.5% reduction against baseline

Option 3 – Target based on 2.5% reduction on average of Q1 and Q2 2015/16
(excludes Q3 as outlier due to service change)

Schemes Impacting on DTOC

- Neighbourhood teams
- Post 30 day discharge
- Reablement
- Intermediate Care
- Community integrated reablement service and agency staff
- Provider of last resort
- 7 day working

Recommendation – SRG to agree target and develop local action plan

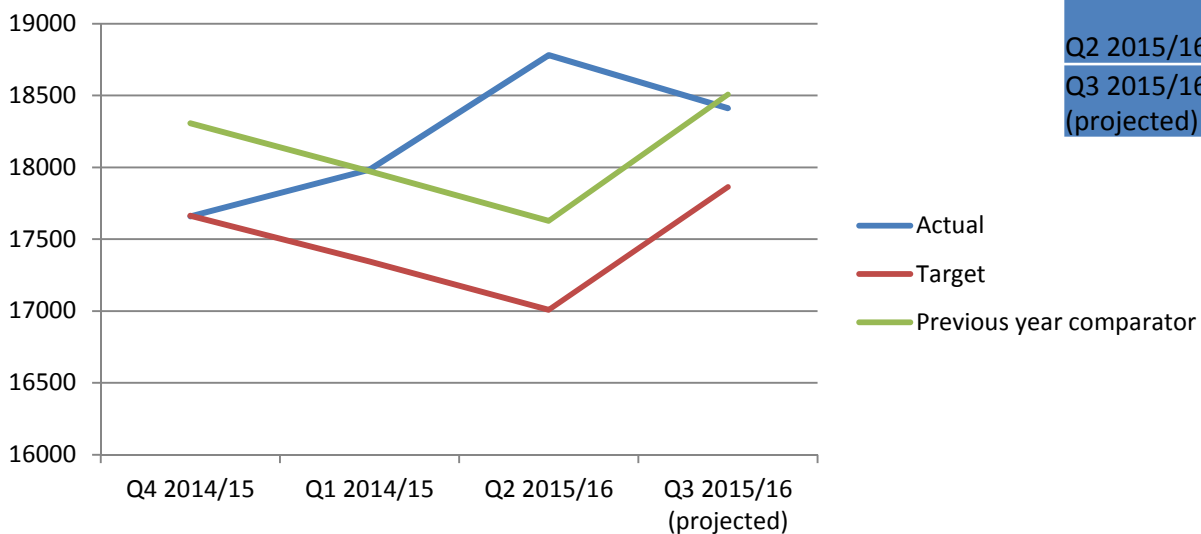
BCF Performance Matrix LCC

Measure	Baseline	2015/16				Alert	Penalty (Est)
		Activity			Y/E		
		Current Actual	Year End Projecti	Target			
1. Number of hours of home care purchased per 4 week period	139,871	105,844	105,844	143,507	☹	£100,000	
2. Current number of service users provided with home support	3,696	3,687	3,687	3,791	☹	£100,000	
3. Number of hours of reablement provided per month	9,588	6,523	6,523	12,500	☹	£100,000	
4. Total number of completed service user episodes of reablement	2,836	2,153	4,306	3,200	☺	£ -	
5. Percentage of people receiving reablement where the outcome (sequel) was hospital admission	18.20%	17.30%	17.30%	16.00%	☹	£60,000	
6. Percentage of home support packages brokered within 7 days	86.70%	80.50%	80.50%	90.00%	☹	£100,000	
7. Percentage of current social care clients who have received a review in the period	77.30%	63.80%	85.10%	85.00%	☺	£ -	
8. Number of social care clients supported to live at home at any point during the year	7,600	6,810	7,038	7,800	☹	£100,000	
9. Percentage of assessments for new clients completed within 28 days	87.60%	93.70%	93.70%	90.00%	☺	£ -	
10. Number of carers (caring for adults) receiving direct care during the year	6,107	7,238	7,238	6,266	☺	£ -	
						£560,000	
				LCC Retained		£440,000	

Non-elective Admissions

- Target achieved for first quarter of BCF period
- Failed to achieve target for second and third quarter
- Projected small reduction for final quarter (based on available data to Oct)

Quarter	Actual	Target	Previous year comparator
Q4 2014/15	17658	17663	18307
Q1 2014/15	17984	17345	17973
Q2 2015/16	18781	17008	17626
Q3 2015/16 (projected)	18411	17862	18507



What Resources are available for 2016/17

Description	£k	Recurring one off
BCF Scheme Review	-1,075	Recurring
Contingency Reserve	2,000	One off
Learning Disability underspend 2015/16	1,594	One off
LCC Risk Share 2015/16	560	One off
Additional BCF Funding 2016/17 (1.7% growth)	260	Recurring
Total Available 2016/17	4,414	

The Contributions to Preventative Housing in Lincolnshire

HOW MUCH	WHAT FOR	ORGANISATION INVOLVED	CAPITAL/REVENUE
£572k	DFG	7 Districts	(Discretionary top-up capital)
£2.97m (by 2019/20 £7m)	DFG	7 Districts	Capital - National DFG allocation
£6.1m	Equipment	Adult Care, Children's Services, 7 NHS Bodies	Revenue – LCC & NHS Funds (pooled budget)
£500k	DFG	Adult Care	Capital
£??	Wellbeing (Equipment, telecare, 'Home Improvement')	Adult Care and Public Health	Revenue
TOTAL:			
£10.142m (by 2019/20 £14.172m)			

Proposals for 2016/17

- Agree the continuation of Section 75 Agreements
- Agree the level of 'protection' for Adult Care in 2016/17 at £19m
- The Consolidation of the number of schemes supported by the BCF programme
- A renewed focus on Delayed transfers of Care led by the System Resilience Group (SRG)
- A joint approach between the 4 CCGs and the County Council to the 7 Districts in pursuit of a Lincolnshire preventative housing strategy

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