



County Offices
Newland
Lincoln
LN1 1YL

1 December 2015

Adults Scrutiny Committee

A meeting of the Adults Scrutiny Committee will be held on **Wednesday, 9 December 2015 at 10.00 am in Committee Room Three, County Offices, Newland, Lincoln LN1 1YL** for the transaction of business set out on the attached Agenda.

Yours sincerely

A handwritten signature in black ink, appearing to be 'Tony McArdle', written over a horizontal line.

Tony McArdle
Chief Executive

Membership of the Adults Scrutiny Committee **(11 Members of the Council)**

Councillors C E H Marfleet (Chairman), R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs A E Reynolds, Mrs N J Smith, M A Whittington and Mrs S M Wray

**ADULTS SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 9 DECEMBER 2015**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declarations of Members' Interests	
3	Minutes of the meeting of the Adults Scrutiny Committee held on 28 October 2015	5 - 14
4	Community Support Procurements <i>(To receive a report from Alina Hackney, Senior Strategic Commercial and Procurement Manager, which provides the Committee with an update on the Community Support Procurement programme)</i>	15 - 32
5	Adult Care 2015/16 Outturn Projection <i>(To receive a report from David Laws, Adult Care Strategy Financial Advisor, which ask the Scrutiny Committee to consider the outturn projection for 2015/16)</i>	33 - 40
6	Quarter 2 Performance Report <i>(To receive a report from Emma Scarth (County Manager for Performance, Quality and Development), which provides the Scrutiny Committee with a summary of the Adult Care performance measures for Quarter 2 of 2015/16 within the four Commissioning Strategies)</i>	41 - 94
7	Adult Care Local Account 2014/15 <i>(To receive a joint report and presentation from Emma Scarth, (County Manager for Performance, Quality and Development) and Samantha Francis, (Quality and Development Manager, Business Improvement Team), which invites the Scrutiny Committee to comment on the draft Adult Care Local Account 2014/15)</i>	95 - 154
8	Lincolnshire Safeguarding Boards Scrutiny Sub - Group Update <i>(To receive the minutes of the Lincolnshire Safeguarding Board Scrutiny Sub - Group for its meeting held on 7 October 2015)</i>	155 - 162
9	Adults Scrutiny Committee Work Programme <i>(To receive a report by Simon Evans (Scrutiny Officer), which invites the Committee to consider its work programme for the coming months)</i>	163 - 168

Democratic Services Officer Contact Details

Name: **Katrina Cope**
Direct Dial **01522 552104**
E Mail Address katrina.cope@lincolnshire.gov.uk

Please note: for more information about any of the following please contact the Democratic Services Officer responsible for servicing this meeting

- Business of the meeting
- Any special arrangements
- Copies of reports

Contact details set out above.

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ADULTS SCRUTINY COMMITTEE 28 OCTOBER 2015

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors R C Kirk (Vice-Chairman), W J Aron, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs A E Reynolds, Mrs N J Smith, M A Whittington, Mrs P A Bradwell, Mrs J Brockway and Mrs J M Renshaw.

Councillors Mrs P A Bradwell (Executive Councillor Adult Care, Health Services, and Children's Services) was also in attendance.

Officers in attendance:-

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Philip Garner (Adult Health Improvement Manager), Glen Garrod (Director of Adult Care), David Laws (Adult Care Strategic Financial Advisor), David Clark (Programme Officer (Wellbeing and Independence)) and Wendy Crosson-Smith (Consultation Policy Advisor).

29 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors S R Dodds and Mrs S M Wray.

An apology for absence was also received from Councillor C R Oxby (Executive Support Councillor for Adults).

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillors Mrs J Brockway and J Renshaw as replacement members of the Committee in place of Councillors Mrs S M Wray and S R Dodds, respectively, for this meeting only.

30 DECLARATION OF MEMBERS' INTERESTS

No declarations of Councillors' interests were declared at this stage of proceedings.

31 MINUTES OF THE MEETING OF THE COMMITTEE HELD ON 9 SEPTEMBER 2015

RESOLVED

That the minutes of the Adults Scrutiny Committee held on 9 September 2015, be confirmed and signed by the Chairman as a correct record.

32 NON-RESIDENTIAL CARE CONTRIBUTIONS POLICY

The Chairman welcomed all members of the public who were in attendance and Councillor Mrs P A Bradwell Executive Councillor for Adult Care and Health, Children's Services to the meeting of Adults Scrutiny Committee.

The Chairman advised that a request had been received from a member of the public to address the meeting. In accordance with Overview and Scrutiny Procedure Rules the Chairman asked the Committee if they were in favour of allowing a member(s) of the public to speak. The Committee gave their support to allowing members of the public to speak at the meeting.

The Committee received a joint presentation from Wendy Crosson-Smith, Consultation Policy Advisor and David Laws, Adult Care Strategy Financial Advisor, which outlined to the Committee the consultation exercise to test the seven proposed changes to the Non-Residential Adult Social Care Contributions Policy, which took place between 22 June and 28 September 2015. It was highlighted that the proposals were estimated to result in £920k - £957k in extra contributions from service users and were aimed to make the policy clearer and fairer.

It was reported that 273 people had attended twelve consultation events; and that 275 people had made a response to the consultation document. Full details of the consultation exercise were shown in Appendix 1 to the report presented. The Consultation had been quality assured and had met the requirements from The Consultation Institute and had achieved the requirements for 'Good Practice'.

The presentation also provided details of the responses received to each of the seven proposed changes. The Committee were advised that the new policy would not be introduced until April 2016.

The Chairman then invited members of the public to address the meeting. (Ten members of the public, including carers and support works were present at the meeting). The issues raised by the members of the public included:-

- The introduction of contribution payments 14 days after the financial assessment form had been issued and the extent to which the level of contribution would be correct and subsequently adjusted. It was reported that currently the policy stated that contributions were applied from the date the service user was told about the outcome of their financial assessment. The Care Act now allowed for councils to be able to ask people to pay contributions backdated to the date their service began. It was proposed that everyone assessed as eligible to pay would pay from 14 days after the financial assessment form was sent to the service user. The introduction of a fixed timeframe would standardise the process and remove the anomalies from when people began to make their assessed contribution. In cases where the authority did not have information from the service user then the charge would be applied retrospectively. The whole process would be conducted in an efficient manner to prevent the service user building up any debt. It was clarified that the time was 14 days not 14 working days;

- Satisfaction of Section 149 of the Equality Act 2010. The report clearly identified in paragraphs 4.1 to 4.14 of the Council's duty to comply with the public sector duty set out in Section 149 of the Equality Act 2010;
- The mitigation of the elements identified in the Equality Impact Assessment. Appendix B to the report on pages 71 to 117 provided evidence of the positive and adverse impacts of the proposed changes on people with protected characteristics and provided ways to mitigate, or eliminate any adverse impacts;
- The overall financial context for Adult Care in the KPMG report. The Committee were advised that a study undertaken by KPMG report had been commissioned by finance colleagues in 2012/13, to see if Adult Social Care was operating efficiently. The report had specifically showed that income from contributions in Lincolnshire was 10% lower on older persons services compared to other councils. As £36m was the needed to provide care, the set of proposals would add to the income required, but would still not make Lincolnshire an excessive charger. The income generated would then be redistributed to those who did not have the means;
- The extent to which the consultation report represented all the responses made in the consultation. Details of the consultation were detailed in Appendix A to the report presented. The Committee noted that all comments had been included. For the report presented the majority of the comments had been themed against each of the proposal. The Committee were advised that a list of all the comments received were available on the Council's website. The analysis had also been checked by three separate people. Officers advised that they were 95% sure that the views were statistically representative of the population overall, and were likely to fall within +/- 6%. Whilst this figure was below the desired margin for error of +/- 5%, the statistical significance of the results was still high, and knowing that the confidence interval would be more informative for the decision makers;
- The review of the non-residential contributions policy was not a requirement of the Care Act 2014. The report presented advised the Committee that the Council had the power to charge for the provision of non-residential care under section 14 of the Care Act 2014. Section 17 of the Act required the Council to undertake an assessment of a service user's financial resources and the amount if any that service user would be likely to be able to pay towards the costs of meeting their needs for care and support. In addition to this, the government had set out a set of principles for charging. Details of the legal requirements were contained within paragraphs 1.13, 1.14 and 1.15 of the report presented;
- The application of Disability Related Expenses (DRE) and whether the care or mobility components of the Disability Allowance would be taken into account. The Committee were advised that the Council were considering introducing a banded system of Disability Related Expenses allowances to use in financial assessments where appropriate. It was reported that the financial modelling used for the proposal for the new service had been based on a cohort of existing service users. It was indicated that 53% of new service users would potentially have an increase in Disability Related Expenditure under this proposal. However any service user who was dissatisfied with an allowance

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awarded through the banded system would still have the right to have their DREs assessed individually; and

- The onus on service users and carers in terms of keeping their records of services received to compare to the charges levied, and the need for improved information from the Council. With regard to a request made for better paperwork for the financial annual review, the Committee noted that officers were aware of the issue had been noted. It was hoped that the MOSAIC IT system would help alleviate the issue when introduced in April 2016.

The Chairman then invited members of the Adults Scrutiny Committee to ask questions to officers, from which the following issues were raised:-

- The extent to which the policy encapsulated the planning needs of future years. The Committee were advised that Adult Care had in the four years from 2011/12 – 2014/15 delivered savings of £38m primarily through efficiency savings including a significant reduction in staff. Income from contributions received by non-residential service users was the key element of the income received by Adult Care, and was one of the main discretionary areas of income received by the Council. In June 2015 further work had been done to establish if any new cost pressures had arisen. It was noted that the Council was still awaiting the Government Spending Review on 25 November 2015. The Committee noted that the proposed changes would ensure increasing service user contributions to help meet the financial challenges ahead;
- The level of the proposed one-off fee of £444 for arranging care packages for self funders. It was reported that there was a new duty on councils to manage services for people who had savings, and or assets over capital limits. The Council was proposing to introduce an arrangement fee of (£444) to cover the cost of arranging non-residential care for people who had savings and/or assets over the capital limits of £23,250. It was highlighted that the fee would be a one off fee, and could be set up as a deferred payment which would not have to be paid in advance;
- The quality of the consultation materials. One member confirmed that officers had taken on board all comments received and had done everything possible to get the best service possible. Some members of the Committee expressed their thanks to staff for the quality and detail of the consultation material, and their dedication in making sure the service offered was the best it could be;
- The overall savings proposed. The Committee were advised that the proposal was estimated to result in savings of £920 - £957 in extra contributions from service users;
- The overall demographic pressures on adult care totalling £12.8 million in 2016/17;
- The importance of MOSAIC and the relationship with the contract with Serco. Some members felt that the introduction of a 72 hour notice period when cancelling care was a positive step forward. It was noted that that there would be an exceptions list being looked into. It was highlighted that service users would be able to request an annual review of the cost of their care

contributions which would take into consideration cancelled or missed care over the whole year. At the annual review stage if the contributions paid by the service user were more than the annual cost of services received a refund would be arranged. Some concern was expressed on this approach and there was a preference that the overpayments should be done on a monthly basis. Officers advised that this would be an expensive way to administer on the current system, and that the potential would be looked at for the new MOSAIC IT system, but there would be extra costs incurred to keep it up to date, as all the information would have to be input on a real time basis. It was highlighted that social care was very variable throughout a year as there were always peaks and troughs, and that the Council did not have the resources to administer monthly. It was further highlighted that this decision would ultimately be made by Councillors. The Committee were advised that current arrangements focussed on an annual review, and the Committee were reminded that the changes to packages would only affect a small group of people and that a more tailored approach would be adopted, Officers agreed to look into a proportionate approach to refunds;

- 63% of respondents disagreed with the introduction of the removal of the cap on the amount of contributions to be made each week. Members of the Committee views were split with regard to the removal of the CAP; and
- The reinvestment of the income generated in services for vulnerable adults. Officers confirmed that monies generated would be recycled and re-distributed to those more vulnerable.

Other general points raised were to ensure that publicity of the changes should be conducted in a simplistic way so that members of the public understand; and the need to ensure that the MOSAIC IT system was brought in timely to ensure the provision of a better service.

The Committee reviewed each of the recommendations contained on pages 13 and 14 of the Executive report individually, and commented as detailed below.

RESOLVED

That the Adults Scrutiny Committees asks the Executive to consider the comments as detailed in bold below before making its final decision on 3 November 2015

1. Notes the results and analysis of the public consultation set out in the Consultation Report at Appendix A; – **The Adults Scrutiny Committee supported.**
2. Notes the Equality Impact Assessment at Appendix B and the equalities considerations in section 4 of the Executive Report; - **The Adults Scrutiny Committee supported.**
3. Approves amendments to the Council's Non-Residential Care Contributions Policy as follows:-

- a. To introduce a 72 hour (three days) notice period for cancelling care; **The Adults Scrutiny Committee supported.**
- b. To introduce an annual review of the contributions paid from service users where requested and to calculate entitlements to refunds by comparing the total cost of care for the whole year with the total annual contribution paid by a service user and refunding any amounts by which the total contributions paid are more than the total cost of care; **The Adults Scrutiny Committee supported the recommendation, but asked that Adult Care identify those service users with significant changes in their home care, where an annual review would be too long, with a tailored approach to reconciling their accounts; and secondly in the longer term to consider a monthly reconciliation statement for all service users for the care they receive.**
- c. To introduce a new rule so that everyone assessed to pay a contribution will be charged from 14 days after the financial assessment form is sent out; **The Adults Scrutiny Committee supported the recommendation, but highlighted the need for the detailed policy to include exceptions for those circumstances, where the introduction of contributions may not be appropriate immediately following the 14 days. The need to reduce the administrative burden on service users was highlighted and the policy should reflect exceptional circumstances, for example, where the personal situation dramatically changes.**
- d. To assess service user contributions against the full cost of the service received; **The Adults Scrutiny Committee supported.**
- e. To reflect the Executive's decision on whether and to what extent to cap service user contributions, or whether to remove the cap on service user contributions and to phase in such decision as shown in section 5.8; **The Adults Scrutiny Committee by a majority of one did not support the removal of the cap. However, if the proposal to remove the cap were to proceed, the Committee agreed by a clear majority to support the phasing of its removal, as set out in paragraph 5.8 of the report.**
- f. To proceed with the application of banded Disability Related Expenses (DRE) to new service users as described at section 5.0; **The Adults Scrutiny Committee supported the recommendation but asked that consideration was given to the impact of using the mobility component of Disability Related Expenses.**
- g. To introduce a one-off arrangement fee for new self-funding service users who wish the Council to arrange their non-residential service care package; **The Adults Scrutiny Committee supported the**

recommendation, but asked that where the proposed arrangement fee of £444 could not be paid immediately, consideration was given to allowing it to be paid as a deferred payment.

The Committee also requested a report on the non-residential contributions policy following its implementation, including the level of fees charged to new self-funding service users for the arrangement of their care package.

4. Delegates to the Director of Adult Social Services, in consultation with the Executive Councillor for Adult Care, Health and Children's Services the authority to:
 - a. make amendments and approve the final form of the Non-Residential Contributions Policy reflecting the changes approved under paragraph 3 above;
 - b. following a review, take decisions as to whether to apply the banded Disability Related Expenses (DRE) referred to in paragraph 3f to existing service users, within the next 6 months;
 - c. develop and approve implementation plans setting out in detail of how the policy changes will be implemented in practice; and
 - d. following such engagement as he shall consider appropriate, approve the level of fee to be charged for new self-funding service users who wish the Council to arrange their non-residential service care package. **The Adults Scrutiny Committee supported recommendations 4, and 4a to 4d.**

33 CARE ACT 2014 UPDATE

The Committee gave consideration to a report from Glen Garrod, Director of Adult Care, which provided an update on the Care Act. It was reported that the Care Act had gained Royal Assent and its provisions were effective from April 2015.

An overview of the Care Act 2014 was detailed on pages 148 to 156 of the report presented.

The Committee were advised that the two groups affected by the Care Act were prisoners and carers.

The Committee were advised that the Care Act had been successfully implemented by Adult Care in Lincolnshire. However, the Department of Health, in conjunction with the Local Government Association and the Association of Directors of Adult Social Services would continue to undertake stock takes of progress, to ensure that the Council was compliant with the Care Act.

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The Committee were advised further that there were plans to add Care Act related topics to the Adult Social Care Outcomes Framework (ASCOF), which would then enable the Council to monitor the success of local interventions in improving outcomes and to identify future priorities for making improvements.

During discussion, the following issues were raised:-

- The impact of the integration of Health and Social Care. It was noted that integration was an area mentioned in the Care Act. It was noted further that 70 people now had personal budgets for health and social care.
- Whether MOSAIC was aligned with Health. The Committee were advised that health was aligned, and therefore there would be less duplication. As MOSAIC was a web based system it would be able to be used by health colleagues;
- Whether the My Choice, My Care website had been adapted to take into consideration the implications of the Care Act. The Committee were advised that the website had been duly amended;
- Housing implications and the environmental effect on mental health. The Committee were reminded that a tier two authority had no housing responsibility, however, housing was part of the devolution bid; and
- Communication, It was highlighted that not everyone had IT access and therefore, other avenues should be explored.

RESOLVED

That the report be noted.

34 WELLBEING SERVICE - FIRST YEAR EVALUATION

Consideration was given to a report from Tony Hill, Executive Director of Public Health and Community Wellbeing.

A short verbal presentation was provided to the Committee from Chris Weston, Consultant in Public Health, Phil Garner, Health Improvement Programme Manager and David Clark, Programme Officer – Wellbeing and Independence, which updated the Committee on the first year of the Wellbeing Service.

The Lincolnshire Wellbeing Service had been launched as a new service to promote confidence in living independently, and to ensure that the authority was compliant with the Care Act 2014, which placed a huge emphasis on preventative care, rather than reactive care. The service offered simple aids to daily living, minor adaptations, Telecare, Home from Hospital and short term generic support. The Committee was advised that the service was delivered by Lincolnshire Independent Partnership (LILP) consortium in the district of South Kesteven, South Holland, Boston, City of Lincoln and West Lindsey District Council. It was noted that East Lindsey District Council and North Kesteven were other providers independent of LILP, delivering their own wellbeing service in their respective districts.

To be eligible for the service, a person needed to be over 18 and meet three of the 11 triggers, including recent hospitalisation, bereavement, isolation or a fall in the home.

Details of the evaluation process were detailed on pages 158 to 160 of the report presented.

In conclusion, it was reported that the Wellbeing Service had been in place for one year now, and had engaged with 34% of the estimated audience who might have qualified for the service.

The performance of the service was being monitored and the outcomes and outputs received were promising for the majority of the work areas. It was noted that the models of service provision would be reviewed and would form the basis of any service improvements/recommissioning.

During discussion, the following comments were raised:-

- Some members advised that from personal experience, and from the experience of others some very positive feedback had been received with regard to the health and wellbeing service;
- One member asked whether the trigger for 3 medications should be reduced to one, as some medications taken by individuals were very destructive. Officers as part of the first evaluation agreed to take on board the comment;
- The enhanced working together in the community, as well as in the Neighbourhood Teams;
- The success of the Home to Hospital service, one member from personal experience advised that the wellbeing service was not recognised by hospitals outside of the County. It was also highlighted that not all GP's were aware of the service. The Committee were advised that there had been an issue with the Home to Hospital service, and as a result Age UK were looking into arrangements with Peterborough and Grimsby Hospitals. It was reported that the Home Care Service was staffed by Lace Housing 4 Ambulance Drivers plus a support worker in the LIPL area;
- Links between health and LCC – The Committee were advised that the Council worked closely with Neighbourhood Teams and Lincolnshire Health and Care;
- The route to receive adaptations and the relationship between LCC and the District Councils, as from one members experience there seemed to be no co-operation, or guidelines. The Committee were advised that the Districts were responsible for the adaptations; and
- Lack of assistance to people with mental health conditions. As a member of the Health Scrutiny Committee for Lincolnshire, Councillor Mrs J Renshaw agreed to raise this matter with that Committee.

RESOLVED

That the report be noted.

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35 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report from Richard Wills, the Executive Director with responsibility for Democratic Services, which asked the Adults Scrutiny Committee to consider its work programme for its forthcoming meetings. A copy of the work programme was attached at Appendix A.

Simon Evans, Health Scrutiny Officer, introduced the report and associated Appendix for consideration by the Committee. The Committee were also reminded that the next meeting of the Committee on the 9 December 2015 would be starting at 11.00am. This was so that the Committee could hold a workshop session on the financial challenges between 10.00am and 11.00am.

RESOLVED

That the work programme as set out in Appendix A to the report presented be noted.

The meeting closed at 1.37 pm.

Open Report on behalf of Alina Hackney, Pete Sidgwick and Justin Hackney

Report to:	Adults Scrutiny Committee
Date:	9 December 2015
Subject:	Community Support Procurements

Summary:

This report summarises the background, decisions, activities, and outcomes resulting from this year's Community Support Procurement programme including Homecare Services, Community Supported Living Services and Children with Disability Homecare Services.

Action Required

The Adults Scrutiny Committee has the opportunity to reflect on the material within this report.

1. Background

1. Community Support Services Programme Summary

1.1 This year the Council was required under the Public Contracts Regulations 2015 to re-tender a number of its core social care services.

1.2 These being Homecare services for Older Persons and Physical Disabilities (OP/PD), Community Support Living (CSL) services as well as Homecare for Children with Disabilities.

1.3 Homecare and Community Supported Living are critical statutory services which are at the front line of providing care to Lincolnshire residents. Without these services the impact on the wider health system would be far reaching and highly disruptive.

1.4 This represented a substantial proportion of the total contracted out services for Adult Care totalling over £30m per annum and was carried out at a time of major change within the Council on a number of fronts including; the introduction of the Care Act, the new Procurement Regulations, Contributions Policy Changes, Residential Rate Reviews, the introduction of Agresso and development of Mosaic, as well as the necessary re-letting of the Re-ablement Contract.

- 1.5 A new commercial model for Homecare and Community Support Living was proposed and discussed by the Scrutiny Committee in February 2015.
- 1.6 The procurement exercises for Homecare and Community Support Living were initiated in March and concluded successfully in June.
- 1.7 Following a three month transition period from July to September the old Community Support Framework contracts ended and the new Homecare Services commenced under the new Prime Provider model.
- 1.8 Since the services commenced in October the focus has been on managing Provider performance, quality, capacity and risk.

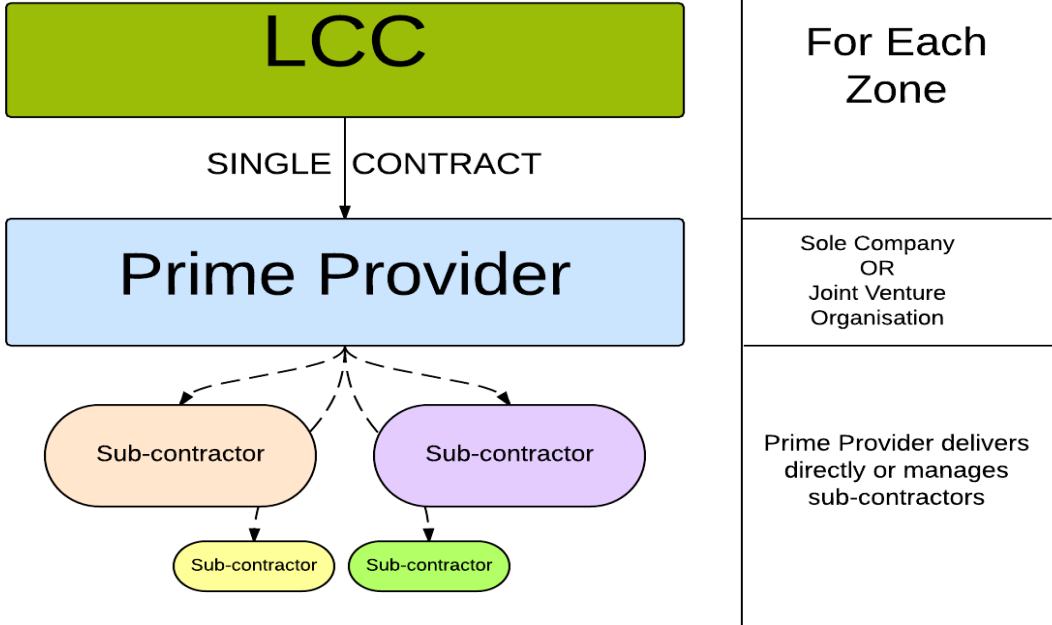
2 New Commercial Model for Homecare

- 2.1 Prior to the new commercial model the Council contracted with 70 homecare providers for the delivery of OP/PD services across the County and these contracts concluded on 30 September 2015 with no further extensions available.
- 2.2 A natural product of the extensive fragmentation in the market was that operating costs were replicated across every provider and in turn that cost and inefficiency was redistributed back to the Council in addition to the internal costs of managing so many providers across the County.
- 2.3 Furthermore, the lack of guaranteed demand with any particular provider meant that businesses are less able to achieve a sustainable financial footing which in turn affects their ability to retain staff and ensure they are able to meet demand. The inability of many homecare providers to establish a sustainable, well-trained workforce with sufficient capacity to meet needs was a significant factor in limiting care choice for service users.
- 2.4 Continuing in a framework model would be able to address the cost pressures that result from market fragmentation. By guaranteeing a committed level of demand to a smaller number of providers many of the pressing issues faced by businesses would be alleviated. In giving this certainty of income, the provider is able to better manage their costs, establish a viable operating financial model which covers their overheads, allows for profit, as well as improving their ability to retain staff which continues to be a key operational concern.
- 2.5 The new commercial model discussed at the Scrutiny Committee was designed to address a number of rapidly escalating concerns within the homecare market and to better manage increasing demand for services in an environment of decreasing budgetary resources.
- 2.6 By arranging contracts into larger strategic blocks comprised of 12 separate zones of activity, as well as providing a new rate based on an objective cost assessment of homecare activities, the Council is better able to achieve a

position wherein it can be confident the new contracts will offer the best chance of improving market conditions and service quality as a whole.

- 2.7 In each zone the Council would appoint a single 'prime provider' who would act as exclusive lead in delivering homecare services within that area.
- 2.8 Prime providers would not necessarily have to deliver the entire care provision in their zone, but would be contractually obliged to manage any sub-contracting work to the same standard as if they had delivered it directly.
- 2.9 It was identified very early on in the process of determining the right commercial model that consolidation on such a scale may disadvantage a number of strategically important providers in Lincolnshire who may not be able to offer a viable solution solely by themselves. Therefore, the approach taken was fully supportive of the ability for providers to put forward a collaborative bid, led by a single provider, but comprised of a number of smaller organisations. Additional support was offered to organisations who were considering joint working.
- 2.10 In addition to this prime providers under contract were required to sub-contract 10% of the individual annual contract value to Small Medium Sized Enterprises (SME) providers in order to retain a degree of choice and competition within local markets. However, if a joint venture or consortium is comprised of SMEs that would in principle automatically satisfy this requirement.

Homecare Prime Provider Model



3 Community Supported Living

3.1 Community supported living services for people with a learning disability operates in a different nature when compared to the homecare element of the community support framework in the following ways:

- Prior to the new contracts community supported Living provision was already structured into a quasi-prime provider model with the 'Big Five' providers accounting for 80% of provision and the top ten providers accounting for 95%.
- There was little to no over-lap between community supported living and homecare providers.
- Community supported living service users (and their family carers) have already exercised a positive choice over who provides their care and where they choose and continue to live.

3.2 As a result it was decided to carry out a separate procurement exercise for community supported living services and establish an 'Open Select List' of providers. This would operate as a flexible framework that would retain the existing quality and continuity of care for Service Users as would allow the Council to make strategic sourcing decisions for the future.

4 Market Rate

4.1 As part of the decision making process and the Scrutiny Committee's consideration, specific regard was made to the rate paid to providers for delivering care. This exercise started from a 'zero base' and constructed an hourly rate which considered all the component costs in delivering homecare in order to reach a figure that was fair to the market and affordable to the Council.

4.2 The financial modelling was completed using data from 2014/15 and took into account a predicted increase of 4%. The block element of the contract would represent 80% of the predicted number of hours required for each zone, the final 20% would be for volume over and above the 80%, but would be charged at the same rate.

4.3 A separate rate for community supported living was also being constructed based upon the same analysis for the OP/PD rate, but taking into consideration the more specialist nature of care involved as well as the particular market characteristics of community supported living.

4.4 Children's Services undertook their own work on rates modelling, using the same methodology as applied for Adults but using Children's specific benchmarking data.

4.5 The rates modelling work was updated at the end of March 2015 to reflect the change to the National Minimum Wage. Final figures/rates were issued with the Invitation To Tender.

5 Communication

- 5.1 The Council's Communications Team was approached prior to any decision making and market engagement in December 2014, to support with the delivery of an overarching communications strategy for all Community Support Programme activities.
- 5.2 With the Communications Teams support, a number of activities were planned and carried out in order to support the programme including:
- Increasing the visibility and accessibility of the procurement by filming of one of the market engagement events. This was hosted on the Council's website along with all the supporting documentation so interested parties were able to get as full a picture as possible as to the forthcoming changes.
 - Developing Lincolnshire County Council Connects and *My Choice My Care* as a central portal that summarises the progress of the programme and holds all material produced to date.
 - All service users were written to in February 2015 making them aware of the procurement process, and given contact details of people should they have concerns.
 - A further letter was sent to all service users on 29 June 2015 to advise them of the outcome of the procurement and how it would impact them.
- 5.3 In addition to this a dedicated telephone team was established using experienced resource from within Lincolnshire County Council to respond to service users' concerns. This team remained in place throughout July. From August all calls were diverted to the Customer Service Centre Adult Care Team.
- 5.4 The Customer Service Centre Adult Care Team were fully briefed to ensure a consistent message and professional response to Service User queries.

6 Governance And Decision Making

- 6.1 Since the start of the programme there has been a robust governance arrangement in place to provide the necessary oversight and carry out the required decision making in line with the Council's constitution.
- 6.2 **Appendix A** – Community Support Governance sets out the structure and membership of the respective governance groups.
- 6.3 *Key Decisions and Governance Gateways*
- 25 February 2015 – The Adults Scrutiny Committee recommended that the new commercial model for homecare services and community

supported living should proceed, with the procurements necessary to establish new contracts, the decision to be taken by the Director of Adults Social Services in consultation with the Executive Councillor for Adult Care and Health Services, Children's Services.

- 27 February 2015 – Adult Care Procurement Board approved the procurement documentation for release.
- 10 March 2015 - Adult Care Executive DMT was given update on the results of the market engagement phase and initial success of collaboration workshops
- 22 April 2015 – Adult Care Executive DMT was updated with the preliminary results of the Pre-Qualification Questionnaire process and the candidates being taken forward to Invitation to Tender.
- 23 April 2015 – Special Adult Care Procurement Board signed off Pre-Qualification Questionnaire evaluation decision and Invitation to Tender documentation.
- 12 June 2015 - Special Meeting of the Adult Care Procurement Board to review evaluation outcomes prior to final approval.
- 16 June 2015 – the Director of Adult Social Services, in consultation with the Executive Councillor for Adult Care and Health Services, Children's Services reviewed the evaluation report, approved the award of contracts to those bidders evaluated as successful through the procurement process, and authorises the Commercial Team to notify all Providers taking part in the procurement of the outcome of the procurement exercise.

7 Procurement Phase

Timeline

- 7.1 A timeline of the overarching procurement programme can be found in **Appendix B**.

Market Engagement

- 7.2 In February 2015 the Council held three pre-tender market engagement events for Adults and Children's Homecare across the county (Grantham, Lincoln, Horncastle) in order to share the new commercial model for homecare and community supported living. Providers were able to ask questions and give feedback to the Council as a result of this initial engagement. The Lincoln event was filmed and the video published on Lincolnshire County Council Connects.
- 7.3 As noted previously a key consideration of the commercial strategy for Homecare was to ensure the local market for care services was able to properly respond to the challenge. Due to the high number of providers in

Lincolnshire it was clear that additional consideration should be given to SME Providers. Therefore, to further support SMEs in Lincolnshire the Council commissioned additional resource through Greenborough Management who carried out two further workshops with any interested Provider in establishing a collaboration. This involved specific training in the legal aspects of forming a collaboration, financial considerations, how to manage staff and many other factors. In addition to this those Providers who then decided to pursue a collaboration were able to tap into ongoing support from Greenborough to develop and finalise agreements. This was funded by the Council at no cost to all interested bidders which subsequently proved to be highly successful with five collaborative bids comprising of existing SME Providers being awarded lots for Adult's Homecare.

- 7.4 The Lincolnshire Care Association (LinCA) held a *Provider Partnership Event* on 19 March 2015 to help facilitate the creation of consortiums/ sub-contracting arrangements.

Homecare Tender

- 7.5 The procurement process was advertised via the use of Contract Notice under the Light Touch Regime of the Public Contracts Regulations, this was issued via a formal Official Journal of the European Union Notice on 27 March 2015.
- 7.6 The procurement process undertaken consisted of a two stage process, namely:
- (i) Stage One - Pre-qualification (Selection)
 - (ii) Stage Two – Invitation to Tender (Award)
- 7.7 The opportunity was split into two parts, one for the provision of Adults homecare and another for Children's. Bidders were able to apply for one or both of the available services as their capability suited.
- 7.8 The Council received 31 Pre-Qualification Questionnaires with 26 applications for Adults Services only, three applications for Adults and Children's Services, and two applicants for Children's Services only
- 7.9 After evaluation of the Pre-Qualification Questionnaires, the Council identified 24 candidates to Invitation to Tender.
- 7.10 Seven providers did not pass the Pre-Qualification Questionnaire phase. Debrief letters were issued to these providers which contained the necessary feedback, setting out the reasons for their failure to move to the next stage.

Invitation to Tender stage

- 7.11 Successful candidates were then invited to tender on 27 April 2015. A bidder's day was held on 5 May 2015 to take bidders through the tender

pack explaining the salient points as well as all the mandatory steps they had to cover in order for their bid to be compliant.

7.12 The deadline for bids was 8 am on 26 May 2015. Prior to the Invitation to Tender deadline five bidders informed the Council of their intention to not offer a bid. This meant that 19 bids were received. They were evaluated against two measures:

- Adherence and acceptance of the Council's financial offer.
- Assessment of bidders responses to questions i.e. quality. This was scored out of 100 marks and broken down into a total of twelve questions for Adults Services, focusing on how Providers will deal with the significant challenge of transition, as well as how they will deliver an effective and safe service that meets the Service User's needs. Children's was evaluated in a similar manner with a stronger focus on meeting demand and outcome focused working given the different position Children's Services are currently in.

Adults Homecare Evaluation Criteria

Tier 1 Criteria	Tier 1 weighting	Tier 2 Criteria	Tier 2 Weighting
Transition and Mobilisation	20		
Service Quality	70	Effective Service	45
		Safe Service	10
		Positive Experience	15
Carers Emergency Response	5		
Extra Care	5		

Children's Homecare Evaluation Criteria

Tier 1 Criteria	Tier 1 Weighting
Transition and Mobilisation	8
Delivery and Volume of Service	28
Flexible and Outcomes Focussed Service	28
Service User Involvement	8
Partnership Work	8
Monitoring Performance/Quality Assurance	8
Safeguarding	12

7.13 A team of evaluators, one for Adults and one for Children's, then scored each of the 19 responses received. The scores were then moderated as a group to ensure consistency, that all evaluators had a common understanding of the proposals, and to agree the scores were a fair representation of the quality of each bid. The scores were then applied to the stated evaluation weightings resulting in a final score for each bidder. The top twelve bidders were then allocated a zone based upon their score and their stated lot preferences resulting in total coverage for all zones.

Evaluation Results – Adults

Zone	Provider	
Boston	CRG Homecare	Sole Provider
Gainsborough	Carewatch Care Services	Sole Provider
Grantham	Compleat Care (UK) Ltd	Consortium bid with Walnut, Town and Country, Bloomsbury and Atlas Care Services
Hykeham	Sevacare (UK) Ltd	Sole Provider
Lincoln	Mears	Sole Provider
Lincoln South	Sage Care (Help at Home)	Sole Provider
Louth	Libertas Louth Consortium	Consortium bid with Walnut, HICA and The Beeches
Market Rasen	Hales Group Ltd	Sole Provider
Skegness	Walnut Care Ltd	Consortium bid with SunnyView and Town and Country
Sleaford	Care at Your Home (Country Court Care Ltd)	Sole Provider
Spalding	Atlas Care Services Ltd	Consortium bid with Home from Home. (Sub-contracting with Homecare Helpline, Town and Country, Advance, Wellbeing, Walnut and Bloomsbury)
Stamford and Bourne	Bloomsbury Homecare	Consortium bid with Homecare Helpline (Compleat Care). Atlas Care Services, Walnut and Town and Country

- 7.14 Within the twelve successful bids there were a total of five collaborative bids made up of existing, local, Community Support Framework providers that have come together to establish a network of Providers able to deliver services at a higher level than they would have been able to on their own.
- 7.15 The other seven are 'sole providers' who will directly deliver the majority of care directly. However, they will still be required to pass through at least 10% of the annual block element to SME Providers. In addition, CRG Homecare as a new nationally active provider will introduce new capabilities and capacity into the Lincolnshire market.
- 7.16 Four bids were submitted for the Children's element of homecare services. Only two responses scored sufficiently high to form a viable bid. As a result the available lots were allocated to Lincolnshire Community Health Services

NHS Trust (LCHS) and another provider, based upon their score and stated lot preference.

- 7.17 As with the Adults contracts the competition successfully resulted in total coverage for the County delivering services at a much more competitive rate than the prior provision.
- 7.18 Mid way through the transition period the other provider notified the Council of its desire to withdraw their offer in respect of their Children's homecare in order to focus on their Adults Homecare contract. As LCHS had expressed a desire to offer services county wide the Council agreed to make this change, resulting in LCHS being responsible for all zones.

Community Supported Living Open Select List

- 7.19 The Council received 25 Application Forms and after evaluation of the Application Forms, the Council identified 21 potential bidders to be invited to join the Open Select List. The 21 successful applicants account for approximately 99% of existing service provision for Community Supported Living services.
- 7.20 Support will be purchased flexibly based on assessed need so that it can be reviewed to meet any fluctuations in individual needs. The number of support hours commissioned may vary up or down based on assessment of need by the commissioner.
- 7.21 This Open Select List will be used where appropriate for individuals whose outcome requirements require continuous support or care provision (which can be provided in the form of on call or assistive technology provision). Individuals who have more sessional support and care requirements, or whose housing options make them inappropriate for supported living (for example living with parents), will typically have their needs met through Domiciliary Care arrangements.
- 7.22 From a financial perspective, the rates tendered will be able to be delivered within budget for 2015/16 and is a sustainable financial model for the 5 year term of the contract based on existing economic and demographic conditions.

Post Award

- 7.23 Twelve new contracts for Adults Homecare Services and one for Children's were awarded following the requisite ten day standstill period starting 16 June 2015 and successfully concluding on the 26 June 2015. The transition period then started from 29 June 2015 to run for three months concluding with full services commencing on 26 September 2015.

8 Transition Phase

- 8.1 Upon award of contracts the new prime providers had a three month transition period to properly mobilise into the new service. This happened along side the Community Support Framework contracts winding down and would allow the new Providers to coordinate with exiting Providers to effect a proper transfer of work.
- 8.2 On 26 September 2015, the 'service commencement date', all prime providers would then be required to deliver services in their zone as per the contract i.e. meeting all demand either directly or via sub-contractors.
- 8.3 The Council has had in place a Transition Working Group since contract award that analyses and coordinates the necessary activities that Providers are undertaking as well as monitoring the risk position of Providers both individually and overall. This takes into consideration the following;
- Number of transfers undertaken throughout the transition period.
 - The planned dates for remaining transfers and the level of assurance as to these dates.
 - Recruitment progress including numbers of staff appointed or in the process of being recruited.
 - How and when TUPE transfers are being progressed including any knock-on effect for each Provider.
 - Progress in addressing the list of pending cases to be picked up.
 - Highlighting specific concerns with Providers as well as wider market issues.
 - Reviewing Provider performance particularly with regard to reports of poor practice.
 - Recruitment progress including numbers of staff appointed or in the process of being recruited.
 - Ensuring there is coordination within the Council when interacting with Providers and the community.
- 8.4 In addition to the highly focused work being carried out on managing transition progress the Council is also providing additional support to the sector by co-delivering with LinCA a new targeted social media recruitment drive highlighting the need and opportunity of working with prime Providers in their zones. It is hoped that this, alongside the Providers own recruitment activity, will raise the overall number of prospective staff within the sector.
- 8.5 Over the three month transition period over 3,500 Service Users have now transferred to the new Prime Providers. On the 26 September 2015 there were 29 cases that did not successfully transfer. Since then and with extremely close management by the Commercial Team the number of cases that failed to transfer dropped quickly over the following week with all Service Users now receiving care.

8.6 The transition period was highly challenging for all Providers given the scale and complexity of the necessary work. As with any major change of business but especially, in the context of Homecare services, there were a number of factors that made the process more challenging including:

- TUPE and staff retention – a number of Prime Providers have reported that they received a much lower than anticipated number of staff transferring under TUPE. Throughout the transition period and into the contract the Council has supported the market as much as is possible with regard to the proper application of TUPE regulations, but as a third party to these arrangements it was not possible to intervene directly on behalf of one Provider or another. In addition, a number of Prime Provider staff are already moving to the re-ablement contract Provider Allied Healthcare due to improved terms (wage and mileage) which has had a material effect on a number of the Prime Provider's capacity levels.
- The increase in Direct Payments has led to a degree of fragmentation that is counter to the block contract model. In some cases relatively large tranches of Direct Payments in concentrated areas has meant previously established rounds are no longer viable or harder to serve. Again, the role of Direct Payments has also contributed to the less than expected level of TUPE transfers to Prime Providers. In time, the result of such a reallocation of care packages to Direct Payments can be resolved so long as the impact it has had in the short term is addressed and overcome by Prime Providers.
- Relocation to other areas in Lincolnshire: Most Providers in moving to the zone model have relocated large portions of their business operations and in doing so borne additional costs which has increased pressure to their business.
- Higher demands of service quality: The new specification for Homecare Services includes a number of necessary improvements related to the Care Act, our drive to improve outcomes and manage performance. While the changes were not fundamentally different to the previous operating model it has meant Providers have to work in new ways and change their business accordingly.

9 Service User Experience

9.1 Given the scale of the transfer and number of Service Users it was important to understand the effect the new contracts were having on service users.

9.2 The Adult Care Quality Team has undertaken sampling of Service Users whose care has transitioned over to the Prime Provider before 26 September 2015. This is to understand their experience of the transition process and their care.

9.3 These calls have been largely welcomed with service users stating they are pleased that the Council has made contact and is taking service user views into consideration. To date:

- Of the 350 customers or representatives the team spoke to
 - 228 (65%) felt that their experience of the transition had been a positive one
 - 26% of people said it was negative; and
 - 8% were unsure

9.4 A planned quality assurance customer survey of homecare will take place in quarter 1 2016/2017 and then annually after the initial transfer period and winter pressures.

10 Lessons Learned

10.1 A lessons learned workshop was held on 5 November 2015 in which a large and representative number of the members of the programme reflected on the work undertaken to date, what went well, what insights we have learned, and how we could mitigate some of the issues that arose. A project closure report is being produced that will summarise the results of this exercise.

11 Post Transition

Historic and Ongoing Pressures

11.1 Homecare Services have historically been very difficult to source effectively and reliably due to a number of issues which the new model seeks to address. However, with the impact of the transition to the new contracts alongside the wider pressures within the health and social care sector particular focus has been thrown on these escalating concerns which remain a significant challenge to the market and to the Council. The Commercial team and Adults Operations team have continued to work extremely closely with all homecare providers to better understand and manage the impacts of issues like; improving workforce capacity, staff recruitment and retention, managing rurality and social isolation and the potential impact of the National Living Wage.

Market Management

11.2 The issue of funding for the National Living Wage cannot be successfully resolved until there is a clear understanding of any additional Government funding through the Spending Review at the end of November 2015 and how this may be utilised.

11.3 While there continue to be a high level of concern with a small number of the prime providers, and in spite of the wider market pressures affecting the entire care system, there is evidence of genuine improvement in many

areas most notably a number of prime providers clearing pending lists that have been in place since before the procurement start date. With the additional steps being taken and with continued close work with providers we remain confident the new commercial model will be successful and that service quality in general will improve.

11.4 To a certain extent some of the issues the Prime Providers are dealing with can be addressed by providing additional support in terms of co-ordination, leadership, management and workforce development. The Commercial Team have already placed a significant amount of internal resource in Prime Provider businesses who have been struggling over the last weeks. While this has been a suitable option to ensure service quality issues are addressed, it not appropriate that already stretched resources from the Council are deployed long term not least because the Commercial Team needs instead to be looking to build capacity in the medium to long term. To that end, after early discussions with LinCA they have offered to act as a central support and coordination role. If supported by a clear message from the Council, this could be an effective strategic partnership underpinning the Lincolnshire market.

2. **Conclusion**

The completion of the Community Support Procurement Programme represents a considerable achievement for the Council. With a new commercial model in place and a much closer strategic relationship with its care Providers the Council is in a stronger position to be able to deal with the rapidly escalating risks and pressures facing the social care system as a whole. Work continues on a daily basis to address ongoing concerns, manage provider performance extremely closely and ensure Service Users receive the care they are entitled to.

3. **Consultation**

This is not a consultation item.

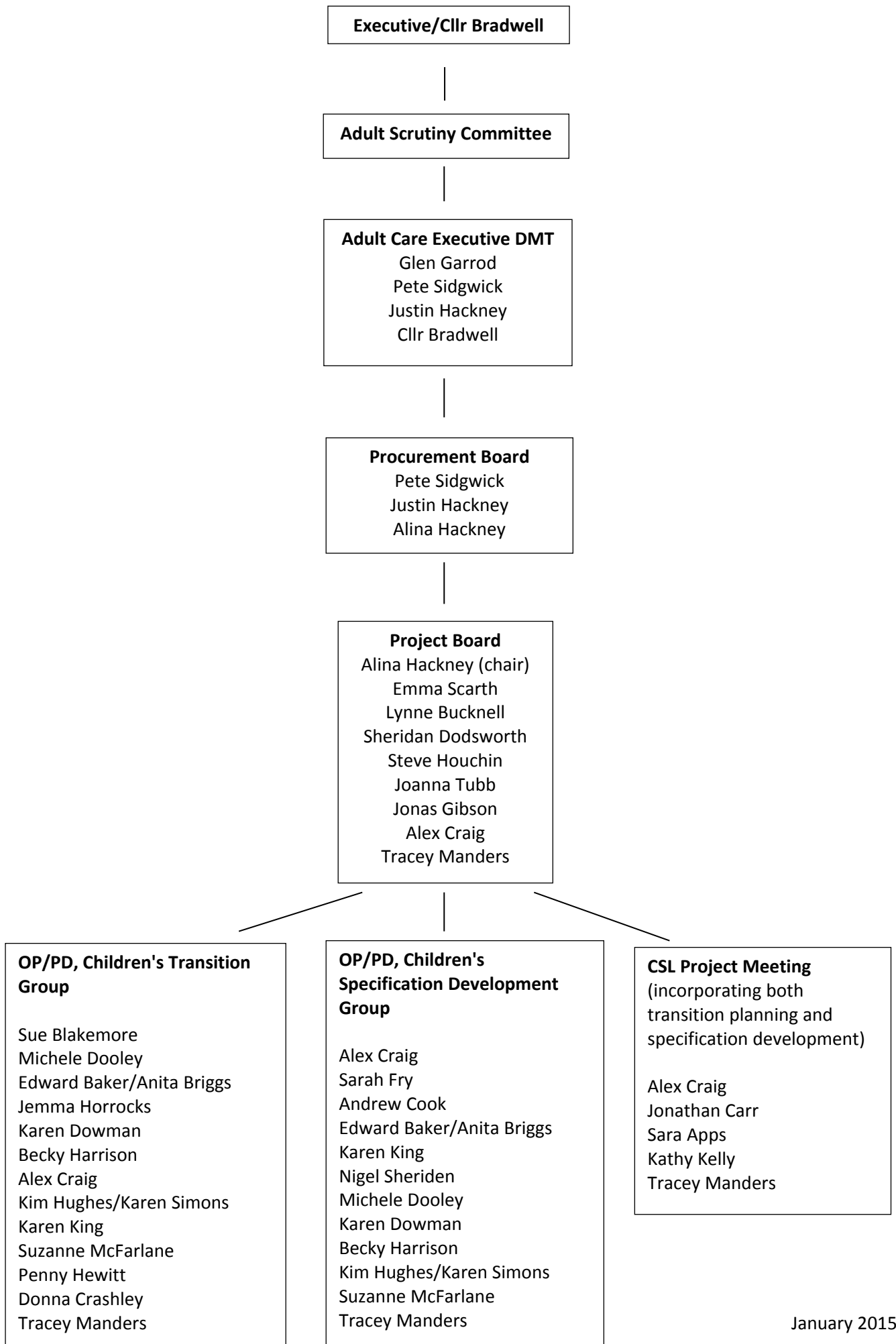
4. **Appendices**

These are listed below and attached at the back of the report	
Appendix A	Community Support Governance
Appendix B	Procurement Timeline

5. **Background Papers - None**

This report was written by Alina Hackney and Alex Craig, who can be contacted on 01522 55470 or by email alina.hackney@lincolnshire.gov.uk
alexander.craig@lincolnshire.gov.uk

Community Support Procurement – Governance Overview



January 2015

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Community Support Procurement

As at 8th January 2015

Easter
Good Friday 03-Apr
Easter Monday 06-Apr

Activity	Home Care	CSL	05-Jan-15	12-Jan-15	19-Jan-15	26-Jan-15	02-Feb-15	09-Feb-15	16-Feb-15	23-Feb-15	02-Mar-15	09-Mar-15	16-Mar-15	23-Mar-15	30-Mar-15	06-Apr-15	13-Apr-15	20-Apr-15	27-Apr-15	04-May-15	11-May-15	18-May-15	25-May-15	01-Jun-15	08-Jun-15	15-Jun-15	22-Jun-15	29-Jun-15	06-Jul-15	13-Jul-15	20-Jul-15	27-Jul-15			
Impact Analysis																																			
Adult Care Exec DMT																																			
Adult Scrutiny Committee								12-Feb papers			25-Feb																								
Executive Decision											27-Feb																								
Service User Communication											Letter 1																								
PIN	x	x																																	
Market Engagement	x	x																																	
Contract Notice	x																																		
PQQ	x																																		
PQQ Evaluation	x																																		
ITT Preparation, incl. Spec writing and approval	x																																		
ITT Preparation, incl. Spec writing and approval		x																																	
Contract Notice/Call for Competition		x																																	
Submission of Applications		x																																	
Assessment of Applications		x																																	
ITT	x																																		
ITT Evaluation	x																																		
Report Writing	x	x																																	
Executive Decision																																			
Informal Executive																																			
Adult Scrutiny Committee																																			
Executive																																			
Contract Award																																			
TRANSITION PERIOD																																			

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Open Report on behalf of Glen Garrod, Director of Adult Social Services

Report to:	Adults Scrutiny Committee
Date:	9 December 2015
Subject:	Adult Care 2015/16 Outturn Projection

Summary:

The Adult Care budget is £145.647m, based on current information available to 31 October 2015 it is estimated that Adult Care will likely balance its budget of £145.647m and may produce a small underspend.

Actions Required:

The Adults Scrutiny Committee is asked to note the budget outturn projection for 2015/16.

1. Background

Ongoing issues with Agresso means that Adult Care and the supporting finance team are only able to produce limited information that can be used to estimate the financial outcome at the end of 2015/16.

However we continue to have a degree of oversight and are able to identify issues that have or will arise over the coming months through the use of legacy systems, spreadsheets and performance information along with discussions with budget holders, principal practitioners and managers. The experience, close working relationship and knowledge of those involved provide a level of assurance in addition to the pre-existing systems available to us.

This is the first of two budget monitoring reports that will be presented this financial year. This report provides an analysis based on financial information available up to 31 October 2015. The second will be issued in January 2016, based on financial information up to 31 December 2015.

Adult Care is now organised into four key commissioning strategies, these being:

- Adult Frailty & Long Term Conditions
- Specialist Services (Mental Health, Autism and Learning Disability)
- Safeguarding Adults
- Carers

In addition to this Adult Care also has a capital budget of £2.270m.

The report will look at each of these areas in turn.

2. Adult Frailty & Long Term Conditions

The Adult Frailty & Long Term Conditions strategy brings together Older People and Physical Disability services. This commissioning strategy aims to ensure that eligible individuals receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

- Reablement and Intermediate Care
- Domiciliary Care
- Direct Payments
- Community Support
- Extra Care Housing
- Residential Care
- Dementia Support Services
- Assessment & Care Management and Social Work Service
- Adult Care Infrastructure

The current budget for this commissioning strategy is £93.094m.

Older Peoples Services

Home Care services are currently going through a significant period of change with the implementation of new contracts on 26 September 2015. Since July there has been a steady transition of service users to the new contracts which has seen hours in some areas decrease due to some care being transferred to Direct Payments and into temporary respite.

There is likely to be a pressure in Direct Payments from those cases transferring from Home Support but this is likely to be offset by projected underspends in areas such as day care and residential care.

Current year residential activity is stable across the county; with placement activity similar to the corresponding period in 2014/15, however prior year placements (base) have seen an overall reduction compared to last year.

Short Term Care and Carers Respite services show evidence of pressure due to the number of deficit beds currently being used as a result of the transition of the home care contract as described above. This has an impact on the Short Term Care net spend because we are unable to charge a service user contribution resulting in an additional pressure.

Income collection as at the end of October for Debtor/Non Residential and Direct Payments suggests that overall income collection for 2015/16 is likely to be on target. However it should be noted that ongoing work to maximise income may result in additional income being raised this financial year.

The income budget also assumed an additional £0.250m as a result of increased contributions brought about by successful implementation of a revised contributions policy. Delays to the implementation mean that this additional income will now not be made, however this does not change the overall picture in relation to income described above.

Taking all the elements described into consideration including an additional £2.125m investment via the Better Care Fund, it is expected that outturn for Older People will be on target in 2015/16.

Physical Disability Services

There has been some growth in home support and direct payments due to a number of transition cases from Children's Services, currently this growth should be able to be sustained by the budget and projections are on target.

Long term residential placement activity is currently below 2014/15 level. Short Term Care and Carers Respite activity is also reported to be less than at the same time last year. However these areas are expected to fully utilise their budget allocation by the end of the year.

Income collection as at the end of October for Debtor/Non Residential and Direct Payments suggests that overall income collection for 2015/16 is likely to be on target. However, as with Older People Services, ongoing work to maximise income may result in additional income being raised this financial year.

Taking all the elements described into consideration it is expected that outturn for Physical Disability Services will be on target in 2015/16.

Infrastructure

The infrastructure budget currently includes expenditure in relation to the Director, two Assistant Directors (one of which is jointly funded by NHS partners) along with individual Heads of Service covering Operational Services for Older People/Physical Disability, Learning Disability, Policy and Service Development, Performance, Workforce Development and Quality, Carers and Safeguarding.

Current estimates suggest that the infrastructure budget may produce an underspend in 2015/16 due to a number of vacancies across several teams within the infrastructure area.

3. Specialist Services

This commissioning strategy aims to ensure that eligible Adults with Learning Disability, Autism and/or Mental Health needs receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

- Residential and Nursing Care
- Community Supported Living

- Homecare
- Direct Payments
- Day Services
- Respite Services
- Adult Supporting Adults
- Transport
- Assessment and Care Management and Social Work Service
- Section 75 agreement with Lincolnshire Partnership Foundation Trust for Mental Health Services

The current budget for this commissioning strategy is £47.243m.

Learning Disability Service

The Adult Learning Disabilities service is administered via a Section 75 agreement between the Council and NHS commissioners in Lincolnshire.

The service has seen some growth in Supported Living and Direct Payments over recent months; this has mainly been down to school/college leavers requiring packages of support to replace their education due to parents working. There has also been an increase in cases coming through Practice Enablement Group (PEG). The majority of these packages are now in place and growth should slow down. However the service is able to sustain this growth through the budget, and therefore would expect these budgets in this area to be on target.

There has been an increase in new residential packages agreed so far this year with some of the cost mitigated by the closure of existing packages and a service package being transferred to another authority as a result of Ordinary Residency rules.

The service is aware of a number of high cost placements which are expected to come through the system in the later part of the year for service users being released from in-patient treatment.

Income from Health for the S75 remains unchanged from the £10.4m. In addition to this we continue to receive income from other local authorities for health funded cases which totals £300k per annum.

Taking all the elements described into consideration including an additional £2.125m investment via the Better Care Fund it is expected that outturn for Learning Disability Services will be on target in 2015/16.

Mental Health

The Mental Health service is run on behalf of the Council by the Lincolnshire Partnership Foundation Trust by way of a Section 75 agreement. Current reports from LPFT suggest an increase in services activity, however there is an expectation that LPFT budgets will remain on target in 2015/16.

4. Safeguarding Adults

The Safeguarding Adults strategy aims to protect an adult's right to live in safety, free from abuse and neglect. The service works both with people and organisations to prevent and stop both the risks and experience of abuse and neglect ensuring that adults' wellbeing is being promoted.

The Lincolnshire Safeguarding Adults Board discharges its function to safeguard adults on a multi-agency basis. This is led by an Independent chair.

The current budget for this commissioning strategy is £3.2596m and is projected to be balanced by the end of the financial year.

5. Carers

The Carers strategy aims to prevent or delay ongoing care needs by supporting adult carers so they are able to sustain their caring role, reducing the need for costly services in primary and acute care, and long term social care.

The strategy is also responsible for services provided to young carers helping to prevent inappropriate caring, helping to reduce the negative impact on the child's wellbeing and development by ensuring adequate support for the adult and to support the child to fulfil their potential.

The current budget for this commissioning strategy is £2.044m and is projected to be balanced by the end of the financial year.

6. Care Act

Lincolnshire County Council received £6.4m additional funding in relation to additional duties and costs due as a direct result of implementing the first phase of the Care Act in 2015/16, including additional duties in respect of prisoners, carers, national eligibility and deferred payment arrangements.

£2m of the £6.4m is already included within the £20m sum allocated to the authority via the Better Care Fund.

It is anticipated that the authority will utilise all of this funding in 2015/16.

7. Better Care Fund

£20m has been allocated to the Council in 2015/16 predominantly in Adult Care and will help fund the costs of the Care Act and protect adult care services. Most of the fund will be allocated to areas where it is already being spent, on such services as the Local Authority Reablement Service (LARS), Hospital Discharge Teams and Learning Disability service. The fund will also provide an additional £4.250m investment in both Adult Frailty and Adult Specialty commissioning strategies (£2.125m each) to cover additional demographic pressures that both services are expected to incur in this financial year.

Adult Care continues to change the way it works with partners from additional areas of the care spectrum including colleagues from other areas such as Children's Services and Public Health, alongside health partners from the Clinical Commissioning Groups. This has resulted in the recent agreement to pool health and social care budgets totalling £197m through a number of Section 75 agreements and aligned budgets.

This represents the single biggest pooling arrangement ever achieved in Lincolnshire and places Lincolnshire amongst the five largest pooled budget areas in the country.

8. Adult Care Savings Programme

The 2015/16 Budget also includes a commitment from the service to deliver £3.388m worth of savings during the current financial year from a number of initiatives including a Senior Management and Workforce Development Review, a continuation of the work to maximise service user contributions, the review of the contributions policy, the renegotiation of several contracts and additional efficiencies brought about as a result the implementation of the Care Act.

At the end of October 2015 Adult Care has achieved £2.085 in savings with an expectation that an additional £1.003m be delivered by the end of the financial year.

Of the outstanding savings due £0.250m derived from implementation of a new charging policy will not be made due to delays to the implementation of Mosaic, as implementation of Mosaic is unlikely prior to April 2016, this saving will now be made in the first half of 2016/17.

9. Capital

Adult Care revised its Capital Strategy and Investment Plan in 2014/15 as part of a renewal of its commitments to infrastructure developments. The plan (shown below) is designed to meet the changing needs of Adult Care over time, but must also recognise that the plan has specific benefits for other directorates (e.g. Public Health) and partners outside of the authority.

Investment Plan	2015/16	2016/17	2017/18	2018/19	Total
Extra Care Housing	£500,000	£7,550,000			£8,050,000
Telecare/Telehealth	£250,000	£250,000	£250,000	£250,000	£1,000,000
Health and Safety	£10,000	£0	£0	£0	£10,000
Minor Improvements	£10,000	£0	£0	£0	£10,000
Disabled Facilities Grant	£500,000	£500,000	£500,000	£500,000	£2,000,000
Sustainability Review	£900,000	£0	£0	£0	£900,000
Care Act Infrastructure	£100,000	£0	£0	£0	£100,000
TOTAL	£2,270,000	£8,300,000	£750,000	£750,000	£12,070,000

Due to ongoing issues with Agresso the Adult Care and the supporting finance team are only able to produce limited information that can be used to estimate the financial outcome at the end of 2015/16.

Information received to date suggests that the full allocation of funding for telecare will be utilised this year. Capital allocations in respect of Disabled Facilities Grants (DFGs) based will also to be utilised.

Colleagues from the Corporate Property Team are continuing to scope options for the development of the Extra Care Housing Strategy prior to work to identify a preferred provider to take the project forward, it assumed therefore that the allocation for 2015/16 will also be used.

10. Conclusion

The Adult Care outturn is projected to be £145.647m, producing a balanced budget. This being the case it would be the fourth year in succession that Adult Care has achieved an underspend position which reinforces the view that Adult Care in Lincolnshire continues to be one of the lowest funded Adult Care departments, spending less on 'overheads', staffing and pay grades than other local authorities both nationally and regionally. Adult Care spends less on nearly all types of social care service commissioned when compared with most regional authorities whilst delivering good to very good performance and an overall better than average standard of care services commissioned.

11. Consultation

a) Policy Proofing Actions Required

N/A

12. Appendices

These are listed below and attached at the back of the report	
Appendix A	None

13. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Steven Houchin, who can be contacted on 01522 554293 or steven.houchin@lincolnshire.gov.uk.

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Open Report on behalf of Glen Garrod, Director Adult Social Services

Report to:	Adults Scrutiny Committee
Date:	9 December 2015
Subject:	Quarter 2 Performance Report

Summary:

This is the Adult Care Performance Report for Quarter 2 of 2015/16. The report provides a summary of the Adult Care performance measures within the four Commissioning Strategies.

Actions Required:

The Adults Scrutiny Committee is requested to consider and comment on the report and the detailed performance information that is attached as Appendix A.

1. Background

Within Adult Care, our key performance indicators have been aligned to our four Commissioning Strategies;

- Adult Frailty and Long Term Conditions
- Adult Specialties
- Safeguarding
- Carers

The performance measures have been developed within these strategies to monitor social care outcomes, the effectiveness of service provision and integration of Health and Social Care. The framework includes measures from the national Adult Social Care Outcomes Framework (ASCOF), NHS National Outcomes Framework and some have been locally defined.

All of the measures have been identified as a priority for the authority and have therefore also been included in the Council Business Plan.

2014/15 saw the introduction of a new statutory return called the Short and Long Term (SALT) return, which as a consequence resulted in some new indicators being created and changes to definitions for others.

Targets will be set following six months of activity and benchmarking information that is now available.

Adult Frailty and Long Term Conditions

The purpose of the strategy is to outline the on-going challenges ahead of us with one of the fastest growing older populations in the country. How in the future we will need to commission our services differently, moving away from a 'one size fits all' approach to service delivery when people are looking for a more bespoke service to meet their increasingly complex care needs.

In response to this we will need to support service providers to adapt their business models and service operations away from service specification towards outcomes frameworks. To meet these challenges we will need to continue to work closely with partners to develop solutions to market needs and secure good quality care and support for people in Lincolnshire.

Adult Care has been working to provide support to people at an early stage to help them to stay independent for as long as possible in their own home by providing preventative services. Better information and advice can help people to find ways to meet their support needs and reduce reliance on funded services. At the end of Quarter 2, 64.3% of requests for support for new clients had an outcome of universal services offered or signposting to other agencies. Although there has been a decrease since Quarter 1, performance has increased compared to last year.

Direct Payments have been shown to give people choice and control, improve outcomes and have a positive effect on well-being. Previously client direct payments were measured combined with carers' direct payments. From 2015/16 the two indicators will be measured separately.

At the end of Quarter 2 26.7% of clients in receipt of long term support were in receipt of a direct payment. This is an increase of 2.5% from Quarter 1. There are 1393 clients in receipt of a direct payment.

At the end of Quarter 2, there were 432 permanent admissions into residential and nursing care for adults aged over 65 years. This equates to 270 per 100,000 population (65+) and is better than the Quarter 2 target. Performance is worse than the same period last year when at the same period there had been 390 admissions. This is a Better Care Fund measure and goes a long way to demonstrating the effectiveness of Adult Care at preserving people's independence in a community setting.

The number of people in receipt of long term support who have been reviewed is increasing at a similar rate to the same period last year and at the end of Quarter 2 was 46.9%. If we continue at the same rate as the first six months of this year it is forecasted that we would hit a year-end outturn of 94%. However, historically performance has dipped towards the end of the year so work will need to be done to ensure this does not happen again and year end performance is improved.

For people who have been in hospital, Adult Care has worked closely with health colleagues to reduce unnecessary delays and get people out of hospital quickly. On average, 17 people were delayed per month in acute and non-acute hospital beds by the end of Quarter 2 (those attributable to Social Care or joint Social Care and NHS) with a rate per 100,000 population of 2.9. This is an increase from 1.3 per 100,000 population in the same period last year, however, this remains within target and is still above average performance compared to last year's comparator group average. As expected the rate fluctuates cyclically in line with general hospital activity.

Social care has seen pressures in both homecare and reablement capacity over the summer months which has led to an increase in Delayed Transfers of Care attributable to adult care. However, it is anticipated that the new homecare contracts and reablement contracts will deliver increased capacity over the coming months.

Adult Specialties

Specialist Adult Services are often jointly commissioned with Clinical Commissioning Groups (CCGs) and therefore performance indicators used to monitor progress against strategy areas can be in either the NHS Outcomes framework or the Adult Care Outcome Framework or both. Learning Disability services are commissioned jointly through a pooled budget hosted by Lincolnshire County Council. The Learning Disability commissioning strategy is being developed in line with recently published Transforming Care national guidance. The Adult Mental Health commissioning strategy will be developed following the publication of the expected new national strategy early in 2016. The Lincolnshire All Age Autism Strategy, which is a joint strategy with Lincolnshire CCGs and other stakeholders was launched earlier this year.

A number of the indicators within the Adult Specialties Strategy are NHS indicators and are still in development.

There has been a slight increase since the end of Quarter 1 in the proportion of adults with a learning disability or autism who live in their own home or with their family, with a Quarter 2 outturn of 73.1%. The measure is intended to improve outcomes for adults with a learning disability by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion.

Data is collected nationally on Improving Access to Psychological Therapies (IAPT), to encourage improved access to talking therapies for people with common mental health problems. One of the key outcome measures relating to the IAPT service is the measurement of recovery.

At the end of Quarter 2, the recovery rate from psychological therapies was 53.8% which was a slight decrease from Quarter 1 but an increase compared to the same period last year when the Quarter 2 outturn was 49.5%.

Safeguarding

The Safeguarding Strategy highlights the importance of protecting an adult's right to live in safety, free from abuse and neglect. Safeguarding is about people and organisations working together to prevent and stop both the risks and experience of abuse or neglect, while at the same time making sure that the adult's wellbeing is promoted including, where appropriate, having regard to their views, wishes, feelings and beliefs in deciding on any action.

In the latest Adult Social Care Survey 74.9% of people reported that they felt safe. This is an increase of 12.1% compared to the previous year and placed us as the top ranking authority in our comparator group.

Performance has increased compared to the same period last year for the proportion of completed safeguarding referrals where the risk was reduced or removed. There were 78.90% where the risk was reduced or removed compared to 42.6% in Quarter 2 2014/15.

Performance remains stable at the end of Quarter 2 at 100% for the % of safeguarding cases supported by an advocate.

There have been no individuals involved in adult safeguarding reviews who have suffered serious harm and died this year.

Overall, contacts to adult safeguarding are continuing to increase. It is anticipated that we will see a 20% increase by the end of March 2016 for the year.

Carers

The purpose of the carers strategy is to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis. The customer feedback indicators within the Carers Strategy are taken from the national Survey of Carers in England (SACE). The latest results show that overall satisfaction and social contact outperformed the CIPFA [Chartered Institute of Public Finance and Accountancy] comparator group average.

Since April a new Care Act 2014 assessment tool has been developed and implemented. The service is in a period of transition shifting practice and processes to meet statutory requirements. The transition plan is multi-faceted and includes the development of practice standards, a workforce learning and development plan, quality assurance framework, data cleaning, revised procedures and improved contract management. Regionally, most authorities including Lincolnshire are modifying data to meet the new requirements and are working to establish a robust data set.

The adjustment to meeting the requirements of the Care Act and applying the eligibility criteria has resulted in a delay in meeting the referral demand. As a response there has been a recent recruitment campaign to increase the number of Trusted Assessors by one Provider. Current recording processes required for

updating AIS [Adults Integrated Solution] have resulted in a lag in data being recorded and reported. Overall there is an improvement in the number of assessments completed within the 28 day timescale.

The proportion of carers with eligible needs has reduced to 48%, from 69% of carers being eligible from the previous assessment and RAS [Resource Allocation System] tool in 2014/15. This is consistent with other authorities regionally and there has not been the expected increase in assessment activity. It is thought that it is likely to increase over a longer period of time as more partner organisations become aware of the statutory support function. This has meant that fewer direct payments have been provided so far this year, and at the end of Quarter 2, 55.6% of carers were in receipt of a direct payment.

The Carers Service is a preventative service to carers to help sustain the independence of the person they care for, and reduce their dependence on funded services. 74% of carers supported are caring for people who are not a client of Adult Care. Whilst this is encouraging, the renewed focus on Carers in the Care Act will have an impact on this measure in the future as it is predicted to increase. As we continue to work with Adult Care teams, partner organisations and Providers to raise awareness and embed the principles of the Care Act 2014 into practice this is likely to increase referrals/the number identified for support.

In 2016 a newly commissioned Carers Service will be in place. The criterion for the new service is designed to improve performance reporting and monitoring which will be supported by the quality assurance framework and improved case management processes.

2. Conclusion

The Adults Scrutiny Committee is requested to consider and comment on the report and the detailed performance information that is attached in Appendix A.

3. Consultation

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Detailed Performance Report 2015/16 - Q2

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Hannah Farrar, who can be contacted on 01522 552714 or hannah.farrar@lincolnshire.gov.uk.



Communities are safe and protected

Our communities are safe and protected from harm Safeguarding adults

The purpose of this commissioning strategy is that vulnerable adults' rights are protected so that everyone can live safely and free from abuse and neglect.

Outcome

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in their best interests where they lack capacity

Measure

People report they feel safe

This measure reflects the extent to which users of care services feel that their care and support has contributed to making them feel safe and secure. As such, it goes some way to separate the role of care and support in helping people to feel safe from the influence of other factors such as crime levels and socio-economic factors.

The relevant question drawn from the Adult Social Care Survey is 'Which of the following statements best describes how safe you feel?' to which the following answers are possible:

- * I feel as safe as I want
- * Generally I feel adequately safe, but not as safe as I would like
- * I feel less than adequately safe

Numerator: Number who responded 'I feel as safe as I want'.

Denominator: Number of respondents to the question.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.



Further details

This is a new measure in 2015/16 so no historical data is available.

About the target

About the target range

About benchmarking

This measure is local to Lincolnshire and therefore is not benchmarked against any other area.



Communities are safe and protected

Our communities are safe and protected from harm

Safeguarding adults

The purpose of this commissioning strategy is that vulnerable adults' rights are protected so that everyone can live safely and free from abuse and neglect.

Outcome

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in Measure

Safeguarding desired outcomes fully or partially met

Awaiting outcome of the national safeguarding consultation, part of the Adults Social Care Outcomes Framework (ASCOF). The ASCOF measures how well the care and support system achieves the things we would expect for ourselves and for our friends and relatives.

Not reporting until 2016/17



There is a national consultation about this measure and data will not be available until 2016/2017

Further details

This is a new measure in 2015/16 so no historical data is available.

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Communities are safe and protected

Our communities are safe and protected from harm Safeguarding adults

The purpose of this commissioning strategy is that vulnerable adults' rights are protected so that everyone can live safely and free from abuse and neglect.

Outcome

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in

Measure

Safeguarding cases supported by an advocate

This measure identifies the proportion of concluded safeguarding referrals where the person at risk lacks capacity and support was provided by an advocate, family or friend.

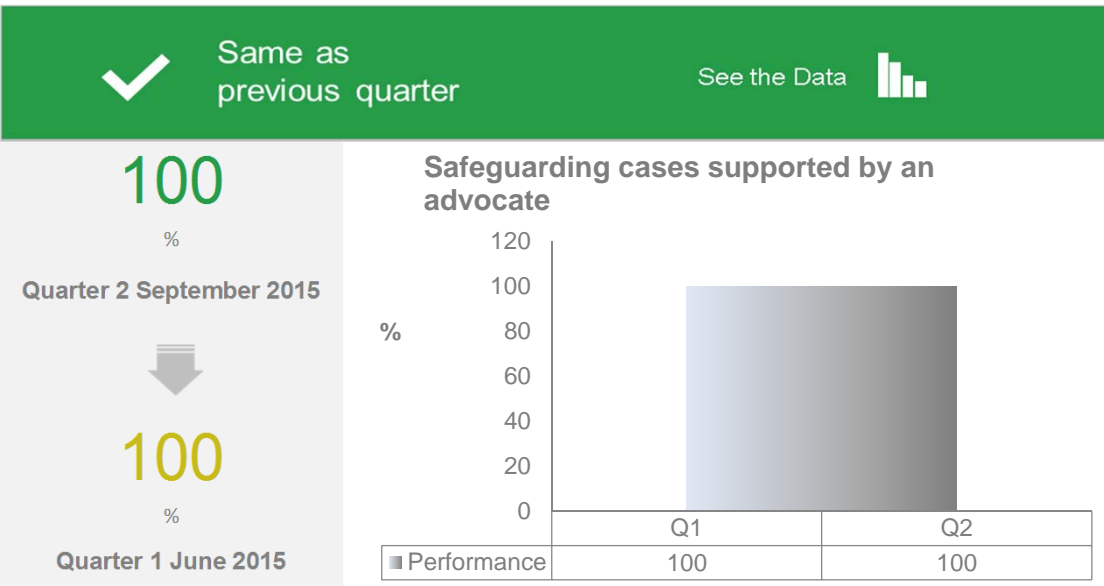
An advocate can include:-

- * An Independent Mental Health Advocate (IMHA);
- * An Independent Mental Capacity Advocate (IMCA); or
- * Non-statutory advocate, family member or friends.

Numerator: Number of concluded safeguarding referrals where the person at risk lacks capacity where support was provided by an advocate, family or friend

Denominator: Number of concluded safeguarding referrals.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.



Performance remains stable at the end of quarter 2 and 100% safeguarding cases were supported by an advocate

Further details

This is a new measure for 2015/16 so no historical data is available.

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Communities are safe and protected

Our communities are safe and protected from harm Safeguarding adults

The purpose of this commissioning strategy is that vulnerable adults' rights are protected so that everyone can live safely and free from abuse and neglect.

Outcome

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in their best interests where they lack capacity.

Measure

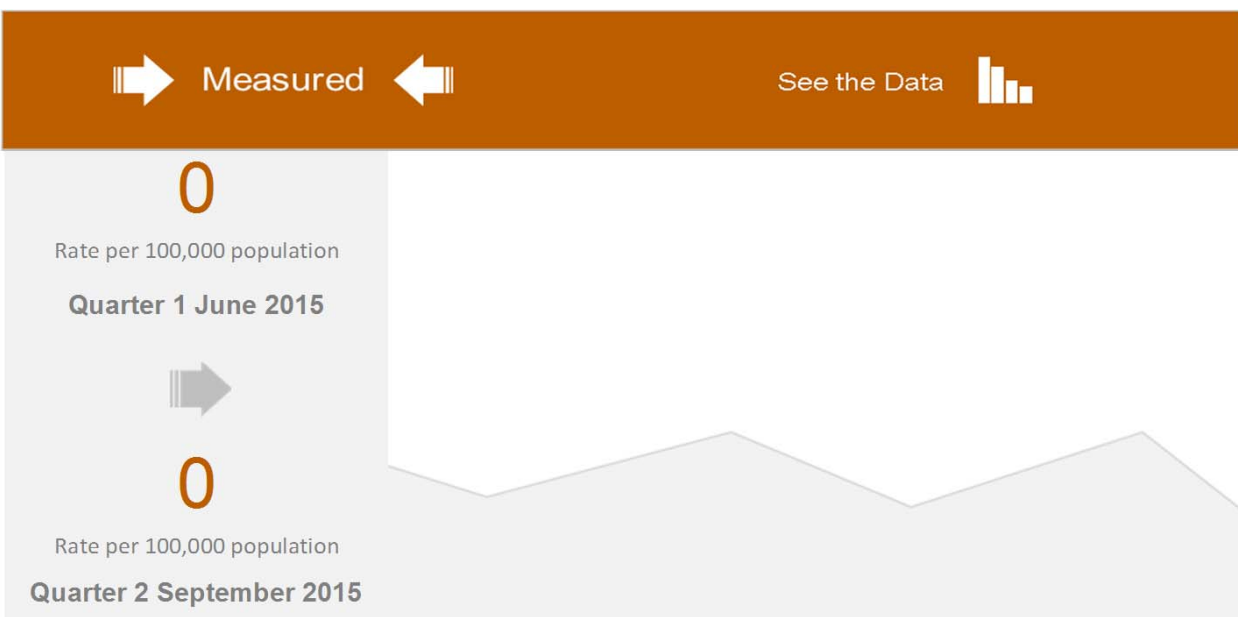
Adult safeguarding reviews involving serious harm or death

This measure reports the individuals involved in safeguarding adult reviews who suffered serious harm or died per 100,000 population.

Numerator: Number of individuals involved in safeguarding adult reviews who suffered serious harm or died.

Denominator: Population of Lincolnshire.

The rate per 100,000 population is calculated as follows: Numerator divided by the denominator multiplied by 100,000.



There have been no individuals involved in adult safeguarding reviews who have suffered serious harm and died this year.

Further details

This is a new measure in 2015/16 so no historical data is available.

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Communities are safe and protected

Our communities are safe and protected from harm Safeguarding adults

The purpose of this commissioning strategy is that vulnerable adults' rights are protected so that everyone can live safely and free from abuse and neglect.

Outcome

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in Measure

Safeguarding referrals where the source of risk is a service provider

This measure records the proportion of safeguarding referrals where 'source of risk' is a 'service provider'.

Numerator: Number of safeguarding referrals where the 'source of risk' is a 'service provider'.

Denominator: Number of safeguarding referrals.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.



Improved on
previous quarter

See the Data



3.0

%

Quarter 2 September 2015

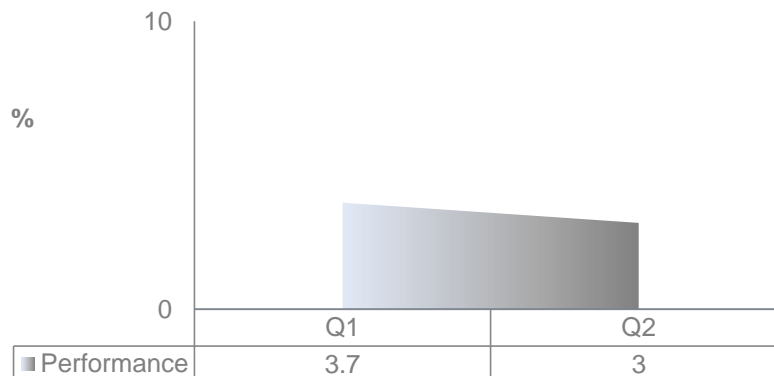


3.7

%

Quarter 1 June 2015

Safeguarding referrals where the source of risk is a service provider



This is the first year this indicator has been measured. At the end of quarter 2, 3.0% of safeguarding referrals had a 'source of risk' identified as a 'service provider'.

Further details

This is a new measure in 2015/16 so no historical data is available.

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Communities are safe and protected

Our communities are safe and protected from harm Safeguarding adults

The purpose of this commissioning strategy is that vulnerable adults' rights are protected so that everyone can live safely and free from abuse and neglect.

Outcome

Safeguarding adults whose circumstances make them vulnerable, protecting them from avoidable harm and acting in Measure

Adult safeguarding reviews where risk was reduced or removed

This measure records the proportion of completed (and substantiated) safeguarding referrals where the risk was reduced or removed.

Numerator: Number of completed (and substantiated) safeguarding referrals where the risk was reduced or removed.

Denominator: Number of safeguarding referrals.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.



Improved on
previous quarter

See the Data



78.9

%

Quarter 2 September 2015

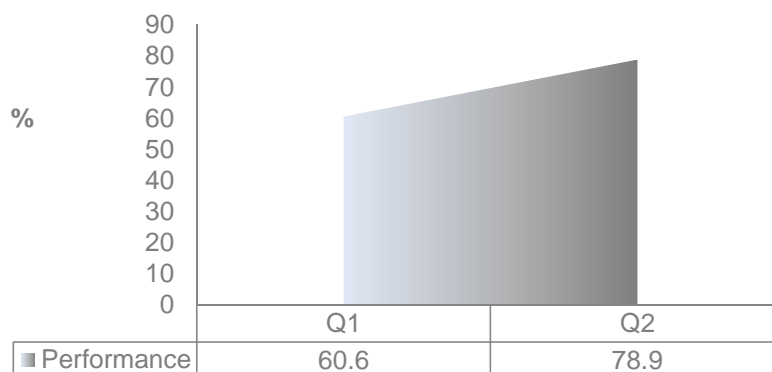


60.6

%

Quarter 1 June 2015

Adult safeguarding reviews where risk was reduced or removed



Performance has increased compared to the same period last year for the proportion of completed (and substantiated) safeguarding referrals where the risk was reduced or removed. There were 78.90% where the risk was reduced or removed compared to 42.6% in quarter 2 2014/15.

Further details

This is a new measure in 2015/16 so no historical data is available.

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Health and Wellbeing is improved

The health and wellbeing of the population is improved
Adult specialities

Adult specialities

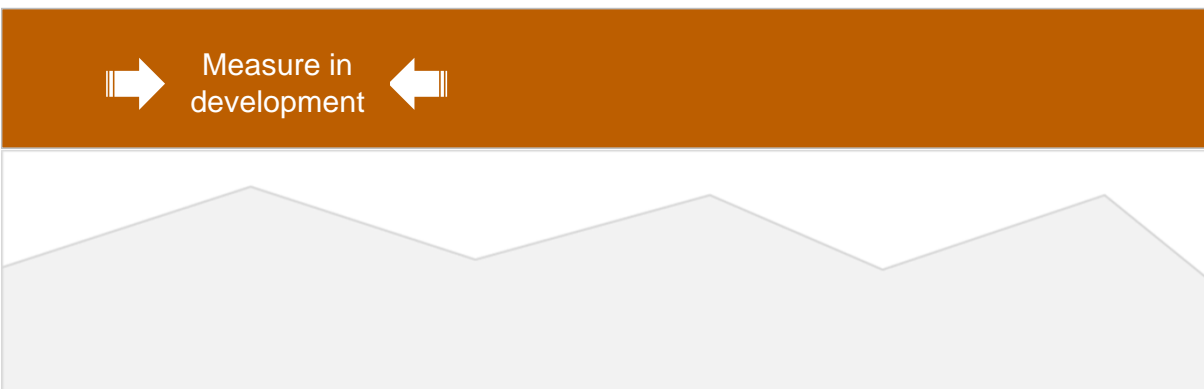
Outcome

Prevent people from dying prematurely

Measure

Excess under 75 mortality rate in adults with common mental illness

This measure is an annual NHS Outcome Framework measure currently in development.



This is an NHS measure and is in development.

Further details

About the target

Not currently known

About the target range

Not currently known

About benchmarking

Not currently known



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult specialities

Adult specialities

Outcome

Prevent people from dying prematurely

Measure

Excess under 75 mortality rate in adults with serious mental illness

Premature mortality in adults with serious mental illness is compared to premature mortality in adults in the general population.

'Adults with serious mental illness' are defined as anyone aged 18 or over who has been in contact with the secondary mental care services in the current financial year or in either of the two previous financial years who is alive at the beginning of the current financial year.

Those aged 75 and over are excluded from this and other premature mortality indicators. Those aged under 18 are excluded as there is no evidence that children with serious mental illness are at particularly high risk of death by disease.

Measure in development



This is an NHS measure and is in development.

Further details

About the target

Not currently known

About the target range

Not currently known

About benchmarking

Not currently known



Health and Wellbeing is improved

The health and wellbeing of the population is improved
Adult specialities

Adult specialties

Outcome

Prevent people from dying prematurely

Measure

Levels of self-harm

This measure is to be excluded from reporting



This is an NHS measure and is in development.

Further details

About the target

Not currently known

About the target range

Not currently known

About benchmarking

Not currently known



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult specialities

Adult specialities

Outcome

Enhanced quality of life and care for people with learning disability, autism and or mental illness

Measure

Adults with learning disabilities who live in their own home or with family

The measure shows the proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family.

Individuals 'known to the council' are adults of working age with a learning disability who received long term support during the year.

'Living on their own or with family' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance, because they own the residence or are part of a household whose head holds such security.

Numerator: Of those adults who received long-term support with a primary support reason of learning disability, those who are recorded as living in their own home or with their family within the current financial year.

Denominator: Adults who received long-term support during the year with a primary support reason of learning disability.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.



Improved on
previous quarter

See the Data



73.1

%

Quarter 2 September 2015

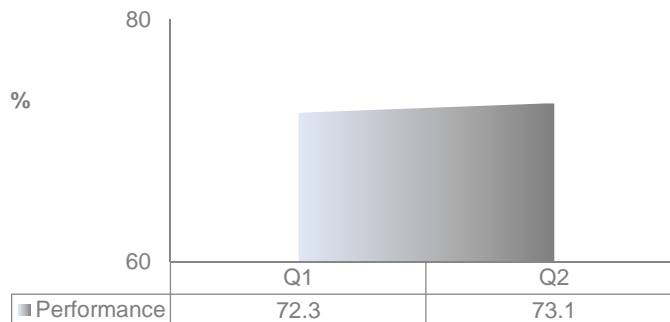


72.3

%

Quarter 1 June 2015

Adults with learning disabilities who live in their own home or with family



There has been a slight increase since the end of quarter 1 in the proportion of adults with a learning disability or autism who live in their own home or with their family, with a Q2 outturn of 73.1%. The measure is intended to improve outcomes for adults with a learning disability by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion. The 2015/16 target was set before the year end target was known, so will need to be reviewed after 6 months.

Further details

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Health and Wellbeing is improved

The health and wellbeing of the population is improved
Adult specialities

Adult specialities

Outcome

Enhanced quality of life and care for people with learning disability, autism and or mental illness

Measure

Adults in contact with community mental health teams living independently

Proportion of adults in contact with secondary mental health services living independently, with or without support. (Section 75 arrangement with Health)



This measure is reported from the Mental Health Minimum Dataset (MH-MDS). The data for Q2 is not available and is published with a 1 quarter lag. The target was set before the year end outturn of 47% was known (only recently released in August 2015). The target will need to be reviewed in 6 months.

Further details

About the target

Not yet available

About the target range

Not yet available

About benchmarking

Not yet available



Health and Wellbeing is improved

The health and wellbeing of the population is improved
Adult specialities

Adult specialities

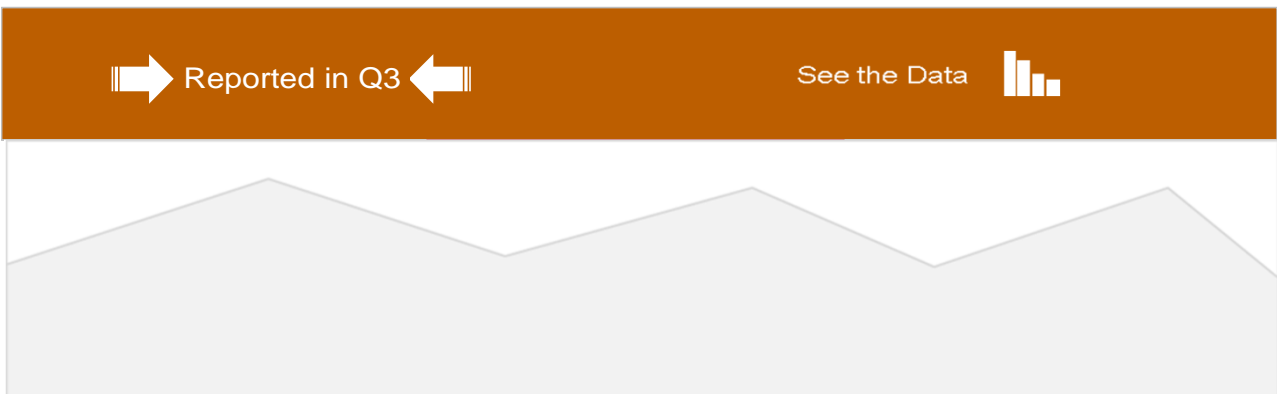
Outcome

Help people to recover from episodes of ill health

Measure

Recovery rates from psychological therapies

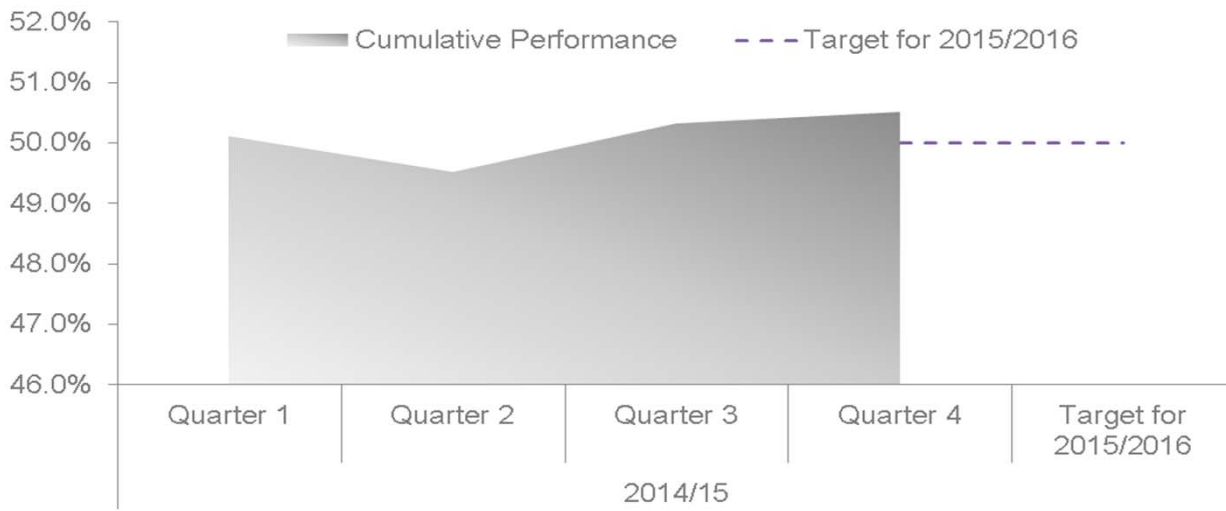
Recovery rates from psychological therapies (NHS Measure)



Data not yet available - delay in reporting due November

Further details

Recovery rate from psychological therapies



Measure Name	Recovery rates from psychological therapies								
	2013-14				2014-15				Target for 15/16
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Cumulative Performance	No 2013/14 Data available				50.1%	49.5%	50.3%	50.5%	50%
Numerator (cumulative)	No 2013/14 Data available				954	1948	2979	3920	
Denominator (cumulative)	No 2013/14 Data available				1905	3934	5923	7770	

About the target

Not yet available

About the target range

Not yet available

About benchmarking

Not yet available



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult specialities

Adult specialities

Outcome

People have a positive experience of care

Measure

Satisfaction with learning disability and autism care and support services

The relevant question drawn from the Easy Read Adult Social Care questionnaire is : "How happy are you with the way staff help you?" to which the following answers are possible:

* I am very happy with the way staff help me, it's really good

* I am quite happy with the way staff help me

* The way staff help me is OK

* I do not think the way staff help me is that good

* I think the way staff help me is really bad

Numerator: All those responding who choose "I am very happy with the way staff help me, it's really good".

Denominator: Total number of respondents to the survey.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.



Further details

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult specialities

Adult specialities

Outcome

People have a positive experience of care

Measure

Satisfaction with community mental health services

This is a NHS Outcomes Framework measure and is still in development.



Data is not yet available. This measure is sourced from the NHS survey and the results are published every 6 months. Provisional targets set by the NHS.

Further details

About the target

About the target range

About benchmarking



Health and Wellbeing is improved

The health and wellbeing of the population is improved

Carers

The purpose of this commissioning strategy is to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis.

Outcome

Carers feel valued and respected and able to maintain their caring roles

Measure

Carers who receive a direct payment

This measure reflects the proportion of carers who receive a direct payment.

Numerator: Number of carers who are and have been receiving direct payments and part direct payments in the last 12 months.

Denominator: Number of carers receiving carer specific support services.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

X Not improved on previous quarter

[See the Data](#)



55.6

%

Quarter 2 September 2015

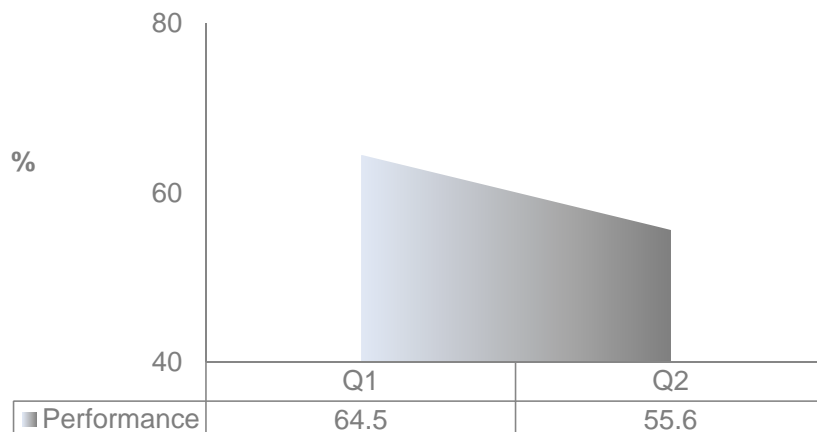


64.5

%

Quarter 1 June 2015

Carers who receive a direct payment



This indicator was previously combined with the percentage of clients receiving a direct payment. From 2015/16 the two indicators will be reported separately.

Further details

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Health and Wellbeing is improved

The health and wellbeing of the population is improved Carers

The purpose of this commissioning strategy is to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis.

Outcome

Carers feel valued and respected and able to maintain their caring roles

Measure

Carer reported quality of life

This is a composite measure which combines individual responses to 6 questions measuring different outcomes related to overall quality of life. These outcomes are mapped to six domains:- occupation, control, personal care, safety, social participation and encouragement and support.

The 6 questions, drawn from the Carers Survey, are:-

*Occupation - which of the following statements best describes how you spend your time?

*Control - Which of the following statements best describes how much control you have over your daily life?

*Personal Care - Thinking about how much time you have to look after yourself (in terms of getting enough sleep or eating well), which statement best describes your present situation?

*Safety - Thinking about your personal safety, which of the statements best describes your present situation?

*Social Participation - Thinking about how much social contact you've had with people you like, which of the following statements best describes your social situation?

*Encouragement and support - Thinking about encouragement and support in your caring role, which of the following statements best describes your present situation?

Each of the questions has three possible answers, which are equated with having:

- * No unmet needs in a specific life area or domain (the ideal state);
- * Some needs met, and;
- * No needs met

Responses to the questions indicate whether the carer has unmet needs in any of the six areas. The measure gives an overall score based on respondents' self-reported quality of life across the six questions. All six questions are given equal weight.

Reported annually in Q4

See the Data



Further details

About the target

Not yet available

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Health and Wellbeing is improved

The health and wellbeing of the population is improved

Carers

The purpose of this commissioning strategy is to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis.

Outcome

Carers feel valued and respected and able to maintain their caring roles

Measure

Carers included or consulted in discussions about the person they care for

This measures responses to the question in the Carers Survey "In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?", to which the following answers are possible:

- * There have been no discussions that I am aware of in the last 12 months
- * I always felt involved or consulted
- * I usually felt involved or consulted
- * I sometimes felt involved or consulted
- * I never felt involved or consulted

Numerator: All those responding who choose the answer "I always felt involved or consulted" and "I usually felt involved or consulted".

Denominator: Total number who responded to the survey.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

Reported annually in Q4

See the Data



Further details

About the target

Not yet available

About the target range

5% +/- Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Health and Wellbeing is improved

The health and wellbeing of the population is improved Carers

The purpose of this commissioning strategy is to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis.

Outcome

Carers feel valued and respected and able to maintain their caring roles

Measure

Carers supporting people not known to adult care

This measure identifies of all carers currently supported by the carers service.

Numerator: Number of people cared for not in receipt of long term support (i.e. a personal budget or residential care).

Denominator: Number of carers (caring for adults) currently supported by the carers service (an open involvement to the carers team or a trusted assessor).

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

X Not improved on previous quarter

See the Data 

74

%

Quarter 2 September 2015

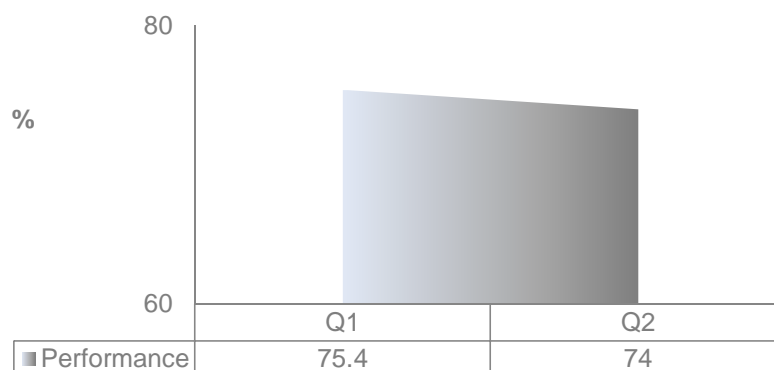


75.4

%

Quarter 1 June 2015

Carers supporting people not known to adult care



At the end of Q2, the proportion of carers supported where the person they care for is not a client of Adult Care was 74.0%. This is a slight decrease from the Q1 when the outturn was 75.4%. New Mosaic processes will likely increase the rate of referral from Adult Care Teams, who feel carer support provided along side Adult Care services will produce the best outcomes.

Further details

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Health and Wellbeing is improved

The health and wellbeing of the population is improved

Carers

The purpose of this commissioning strategy is to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, protecting them from harm. Carers should have appropriate access to support which enables them to improve their quality of life and help prevent crisis.

Outcome

Carers feel valued and respected and able to maintain their caring roles

Measure

Carers who find it easy to find information about services

The relevant question is drawn from the Carers Survey "In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information and advice from different sources, such as voluntary organisations and private agencies as well as Social Services". The following answers are possible:

- * I have not tried to find information or advice in the last 12 months
- * Very easy to find
- * Fairly easy to find
- * Fairly difficult to find
- * Very difficult to find

Numerator: Number of those responding who select the response "very easy to find" and "fairly easy to find".

Denominator: Number of those who responded to the survey.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.



Further details

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

People are supported to remain independent and at home

Measure

Permanent admissions to residential and nursing care homes aged 65+

The number of admissions of older people to residential and nursing care homes relative to the population size (65+).

People counted as a permanent admission include:-

- Residents where the local authority makes any contribution to the costs of care, no matter how trivial the amount and irrespective of how the balance of these costs are met;

- Supported residents in:

* Local authority-staffed care homes for residential care;

* Independent sector care homes for residential care;

* Registered care homes for nursing care; and,

* Residential or nursing care which is of a permanent nature and where the intention is that the spell of care should not be ended by a set date

Numerator: Number of council-supported permanent admissions of older people (aged 65+) to residential and nursing care during the year.

Denominator: Size of older people populations (aged 65+) in the area.

The desired outcome is fewer permanent admissions to residential and nursing care homes (65+).



Achieved

See the Data

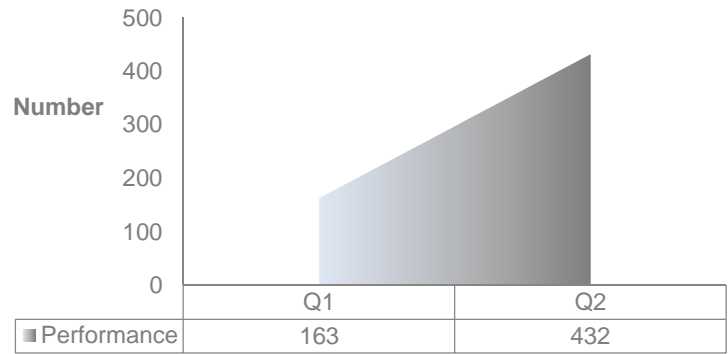


432
Number
Quarter 2 September 2015

↓

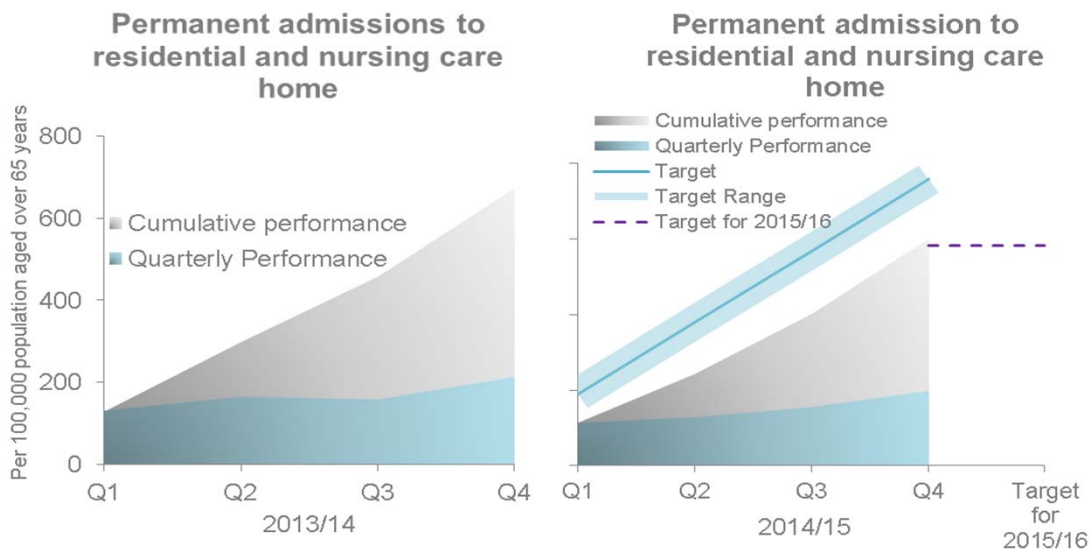
491
Number
Target for September 2015

Permanent admissions to residential and nursing care homes aged 65+



At the end of quarter 2, there were 432 permanent admissions into residential and nursing care for adults aged over 65 years. This equates to 270 per 100,000 population (65+). Performance is worse than the same period last year when there had been 390 admissions in the first 6 months of the year. However, the quarter 2 performance is better than the target of 491 admissions. This a Better Care Fund measure and goes a long way to demonstrating the effectiveness of Adult Care at preserving people's independence in a community setting.

Further details



Measure Name	Permanent admissions to residential and nursing care homes aged 65+								Target for 15/16
	2013-14				2014-15				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Cumulative performance	132.1	299.8	459.7	674.3	115.0	243.8	401.4	600.2	
Quarterly Performance	132.1	167.7	159.9	214.6	115.0	128.8	157.6	198.8	
Target					189.8	379.5	569.3	759.0	582.9
Upper Range					227.7	417.4	607.2	796.9	
Lower range					151.8	341.6	531.3	721.1	

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

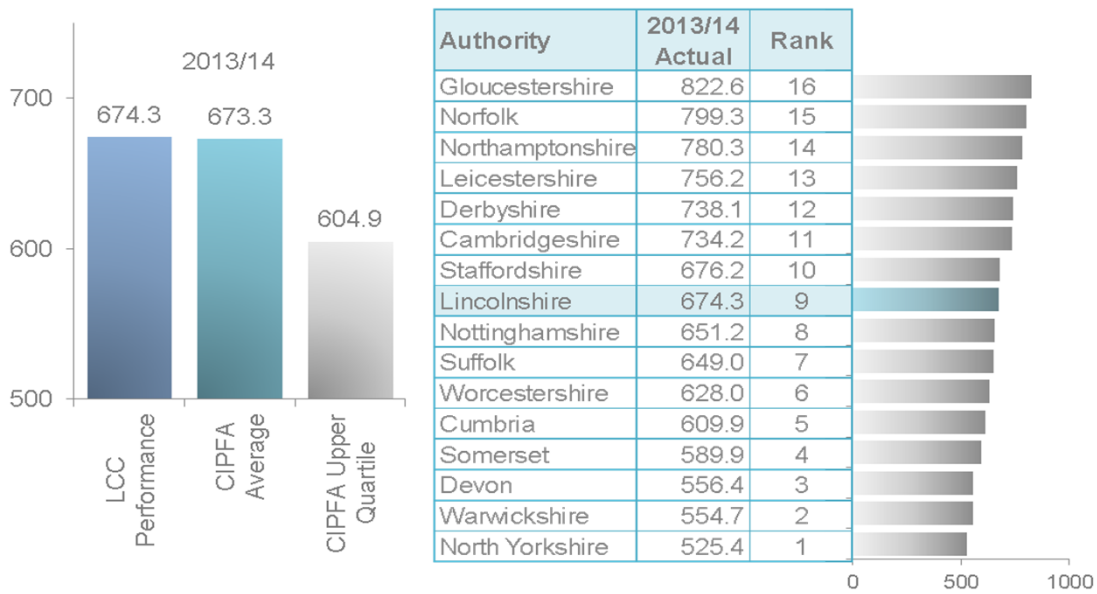
About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

Permanent admissions to residential and nursing care homes aged 65+ per 100,000 population CIPFA Comparison (Smaller is Better)





Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

People are supported to remain independent and at home

Measure

Requests for support for new clients, where the outcome was universal services/ signposting

This measure demonstrates that the:-

Customer Service Centre (CSC);

Field Work Team; and

Emergency Duty Team (EDT) is able to effectively screen people and signpost to the appropriate agencies without the need for social care intervention.

Numerator: Number of requests for support for new clients, where the outcome was universal services / signposting to other services.

Denominator: Customer Service Centre based teams for new clients in the period.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

New client defined as not known to Adult Care at the time of the contact.

This is a count of contacts, not the number of people.

✗ Not improved on previous quarter

[See the Data](#)

64.3

%

Quarter 2 September 2015

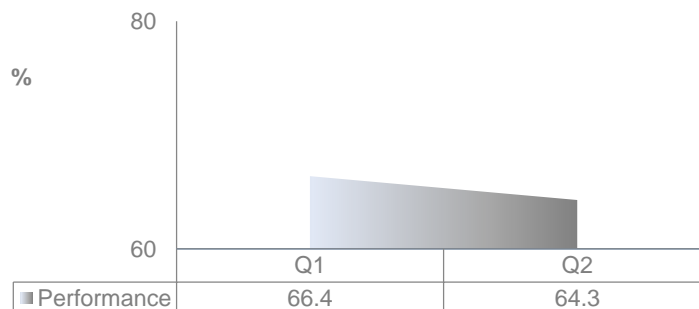


66.4

%

Quarter 1 June 2015

Requests for support for new clients, where the outcome was universal services/ signposting



The definition of this indicator has changed from last year and now includes all requests for support for new clients, and not just those at the Customer Service Centre (CSC). When using the same definition, the 2014/15 year end figure was 63.2%, showing that although there has been a decrease in performance since Q1, performance is improving compared to last year. Targets were set based on the CSC activity reported the previous reporting-year and before the processing of this new national dataset was finalised and therefore a new target will be set after Quarter 2.

Further details

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

The quality of life for the most vulnerable people is improved

Measure

People using the service with control over their daily life

This measure is drawn from the Adult Social Care Survey question 'Which of the following statements best describes how much control you have over your daily life?', to which the following answers are possible:

- * I have as much control over my daily life as I want;
- * I have adequate control over my daily life;
- * I have some control over my daily life but not enough
- * I have no control over my daily life

Numerator: Number of those responding either 'I have as much control over my daily life as I want' or 'I have adequate control over my daily life'.

Denominator: Total number of people who responded to question 3a.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

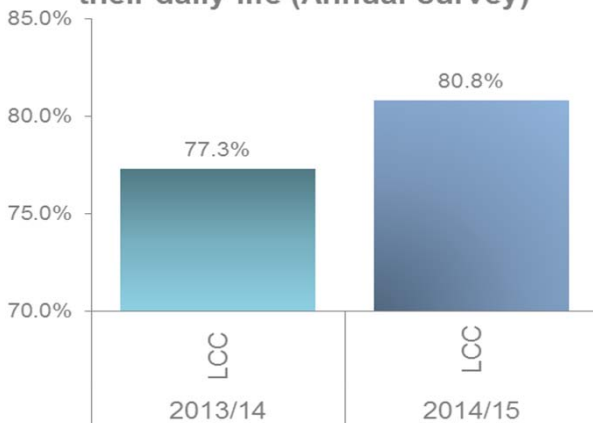
Reported annually in Q4

See the Data



Further details

Proportion of people using the service who have control over their daily life (Annual survey)



Measure Name	People using the service with control over their daily life								Target for 15/16
	2013-14				2014-15				
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Annual Performance				77.3%				80.8%	

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

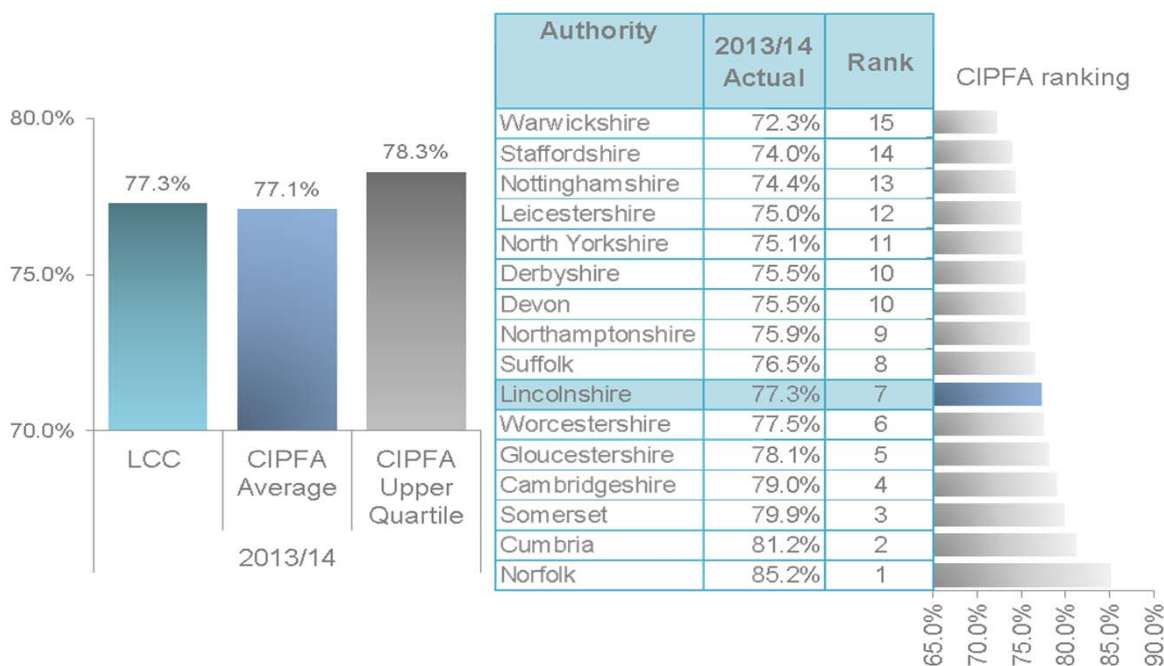
About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

Proportion of people using the service who have control over their daily life (Annual survey) - CIPFA Comparison





Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

The quality of life for the most vulnerable people is improved

Measure

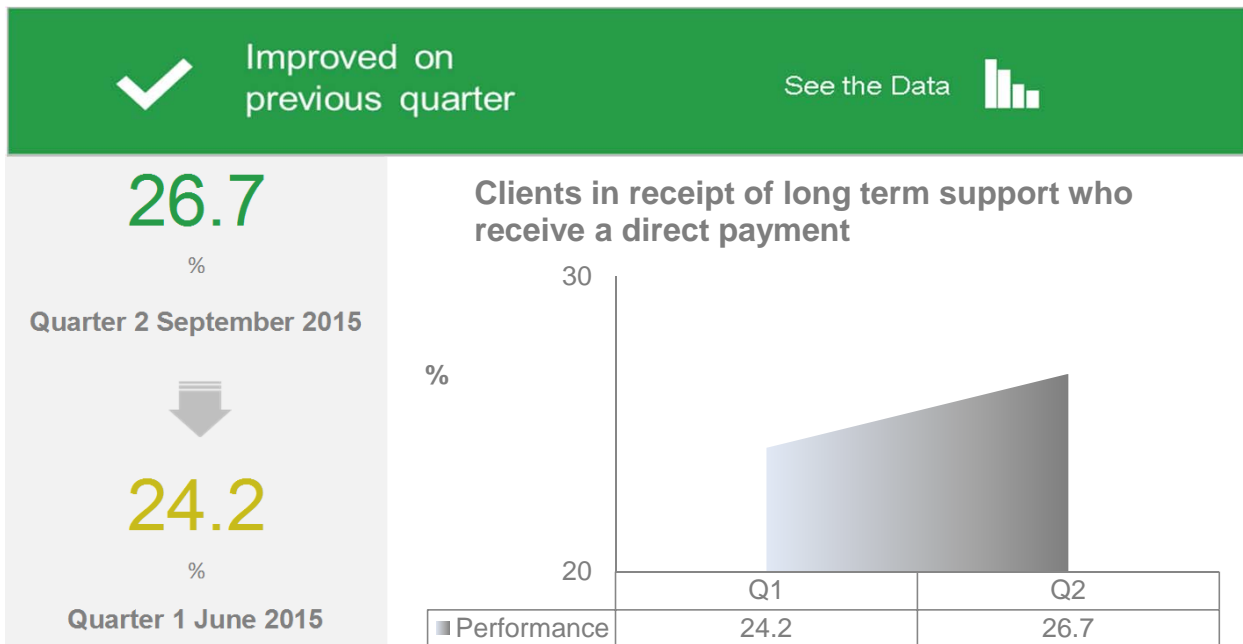
Clients in receipt of long term support who receive a direct payment

This measure reflects the proportion of people using services who receive a direct payment.

Numerator: Number of users receiving direct or part direct payments.

Denominator: Number of clients aged 18 or over accessing long term support.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.



This indicator was previously combined with the percentage of carers receiving a direct payment. From 2015/16 the two indicators will be reported separately. At the end of Q2 26.70% of clients in receipt of long term support were in receipt of a direct payment. Since this measure has been refined to report on client activity, the target will be set after Quarter 2

Further details

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

People have a positive experience of care and support

Measure

Delayed transfers of care from hospital

This measure reports the impact of hospital services (acute, mental health and non-acute) and community based care in facilitating timely and appropriate transfer from all hospitals for all adults. This measure reflects the number of delayed transfers of care which are attributable to social care services or jointly to social care and the NHS.

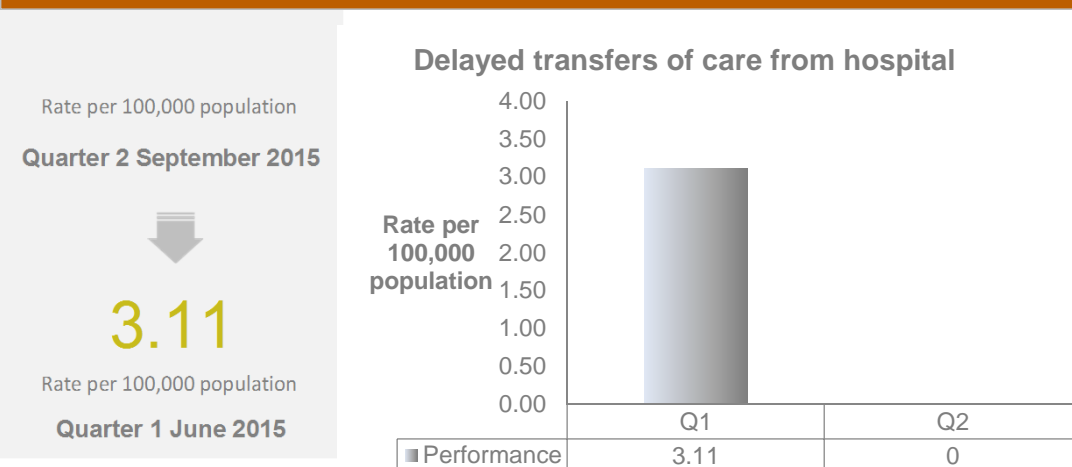
A delayed transfer of care occurs when a patient is ready for transfer from a hospital bed, but is still occupying such a bed.

Numerator: Average number of delayed transfers of care (for those 18+) on a particular day taken over the year, that are attributable to social care or jointly to social care and the NHS (this is the average of the 12 monthly snapshots).

Denominator: Size of adult population in area (18+).

Reported in Q3

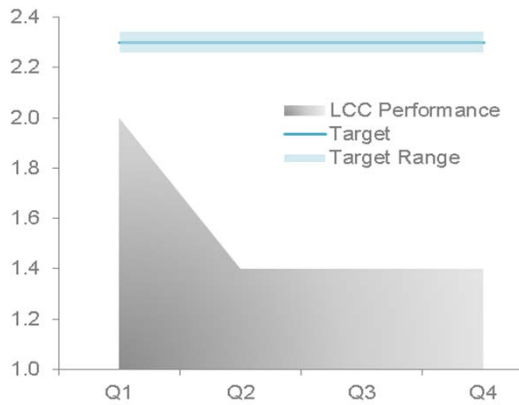
See the Data 



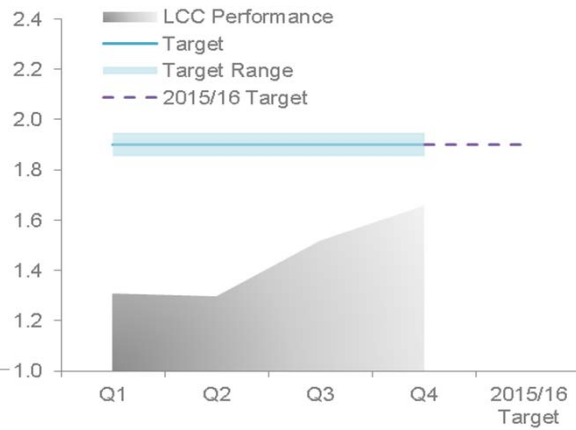
Quarter 2 data not available - national data will be published on 12/11/15

Further details

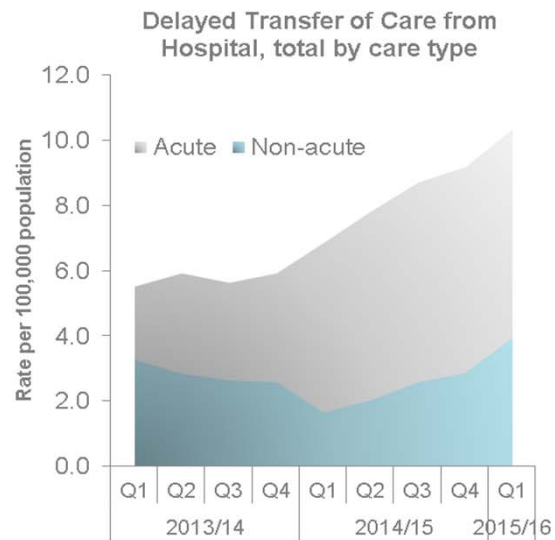
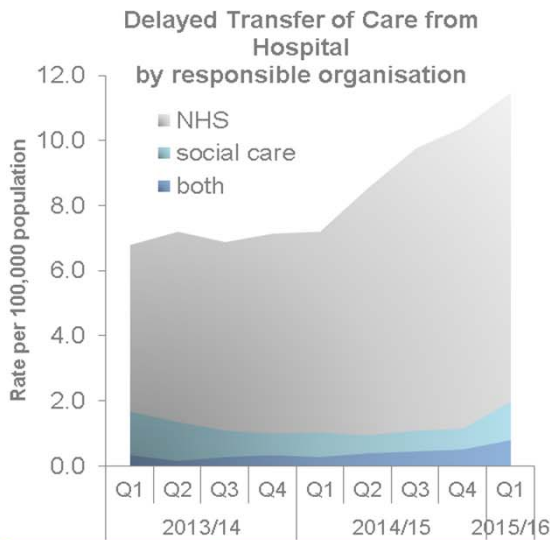
Delayed Transfer of Care from Hospital 2013/14
(per 100,000 population aged 18 and over)



Delayed Transfer of Care from Hospital 2014/15
(per 100,000 population aged 18 and over)



Measure Name	Delayed transfers of care from hospital								
	2013-14				2014-15				Target for 15/16
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	
Performance	2.0	1.4	1.4	1.4	1.3	1.3	1.5	1.7	
Numerator	12.0	8.0	8.0	8.0	7.7	7.8	8.9	9.7	
Denominator	579100	579100	579100	579100	583728	583728	583728	583728	
Target	2.3	2.3	2.3	2.3	1.9	1.9	1.9	1.9	1.9
Upper Range	2.4	2.35	2.35	2.35	1.94	1.94	1.94	1.94	
Lower range	2.3	2.25	2.25	2.25	1.86	1.86	1.86	1.86	



Measure Name	Delayed transfer of care from hospital - details									
	2013-14				2014-15				2015/16	
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	
Numerator (sum of 'Social Care' and 'Both' from responsible organisation)	12	9	8	8	8	8	9	10	16	
Denominator (adult population of Lincolnshire)	579100	579100	579100	579100	583728	583728	583728	583728	583728	
social care and both	2.0	1.5	1.4	1.4	1.3	1.3	1.5	1.7	2.8	
social care	1.7	1.4	1.1	1.0	1.0	0.9	1.1	1.2	2.0	
both	0.3	0.2	0.3	0.3	0.3	0.4	0.4	0.5	0.8	
NHS	6.8	7.2	6.9	7.1	7.2	8.5	9.8	10.4	11.5	
Total	8.8	8.8	8.3	8.5	8.5	9.9	11.3	12.0	14.3	
Acute	5.5	5.9	5.6	5.9	6.9	7.8	8.7	9.2	10.3	
Non-acute	3.3	2.8	2.6	2.6	1.7	2.0	2.6	2.9	3.9	

About the target

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. Lincolnshire County Council is in a benchmarking group of 16 authorities

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

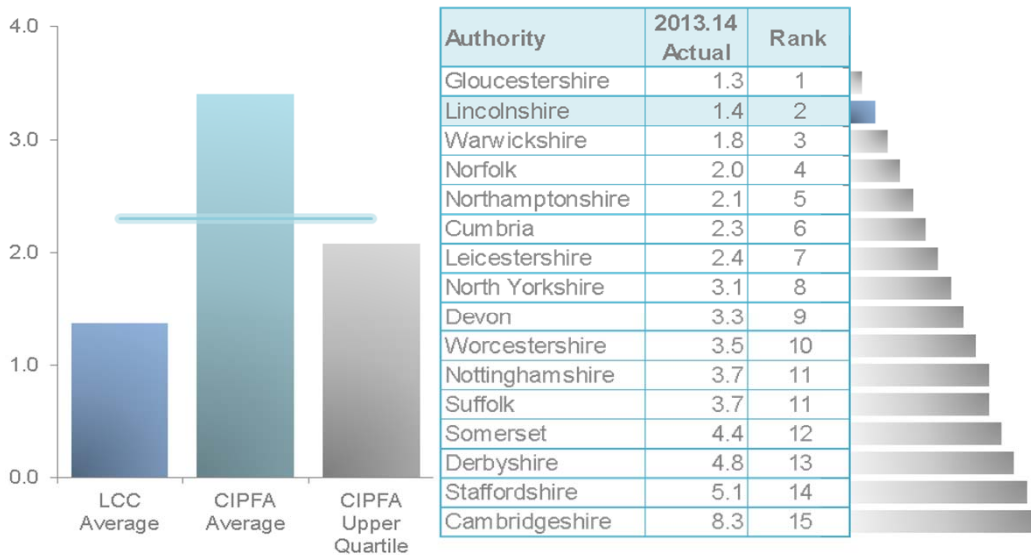
About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities.

Delayed Transfer from Hospital 2013/13; Rate per 100,000 aged over 18. CIPFA comparison



LCC Average	CIPFA Average	CIPFA Upper Quartile	Target	Upper Range	Lower range	CIPFA Ranking
1.4	3.4	2.1	2.3	2.35	2.25	2nd



Health and Wellbeing is improved

The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability

The purpose of this commissioning strategy is for the most vulnerable individuals to feel safe and live independently. We think this can be achieved by eligible individuals receiving appropriate care and support, with greater choice and control over their lives.

Outcome

People have a positive experience of care and support

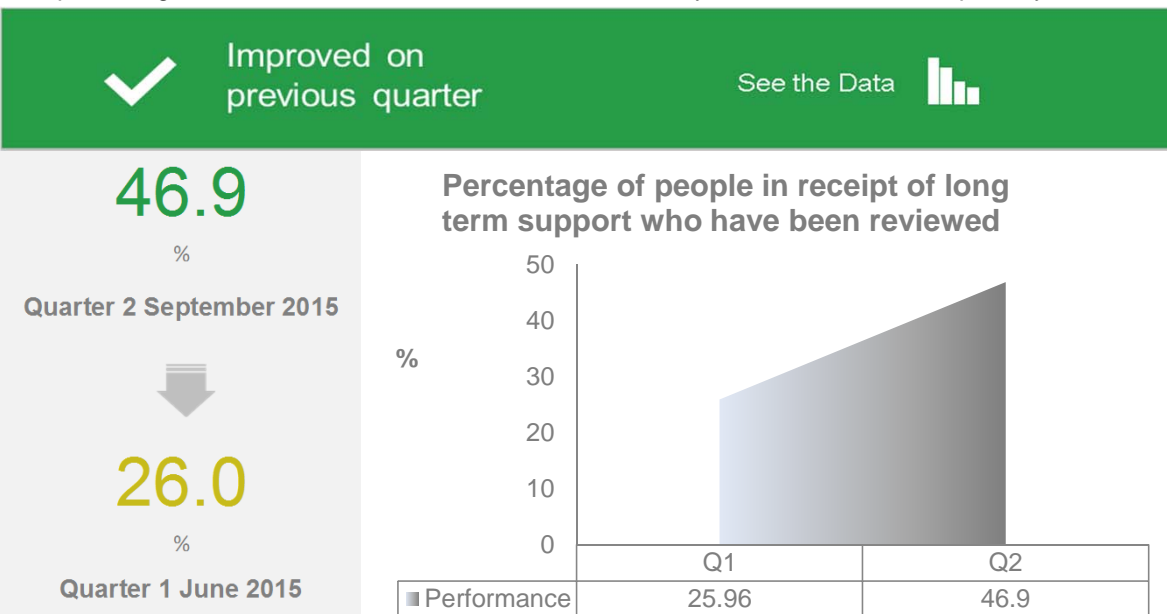
Measure

Percentage of people in receipt of long term support who have been reviewed

Lincolnshire County Council has a statutory duty to assess people with an eligible need and once the person has a support plan there is a duty to reassess their needs annually. This measure ensures people currently in receipt of long term support or in a residential / nursing placement are reassessed annually.

Numerator: Number of current service users who have received an assessment or reassessment of need in the year. Denominator: Number of current service users receiving long term support in the community or a residential / nursing placement.

The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.



The number of people in receipt of long term support who have been reviewed is increasing at a similar rate to the same period last year. Historically performance has dipped towards the end of the year so work will need to be done to ensure this does not happen again and year end performance is improved.

Further details

About the target

Targets are based on trends and CIPFA group averages. For a definition of CIPFA please see About Benchmarking.

About the target range

5% +/- . Based on tolerances used by Department of Health

About benchmarking

None available

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Open Report on behalf of Glen Garrod, Director of Adult Social Services

Report to:	Adults Scrutiny Committee
Date:	9 December 2015
Subject:	Adult Care Local Account 2014/15

Summary:

This item invites the Adults Scrutiny Committee to comment on the attached draft Adult Care Local Account 2014-15 (Appendix A). The document is intended to be public facing and aims to inform local residents of the successes, challenges and priorities within their local Adult Care service.

The Local Account forms part of our approach to measuring our performance and looking at ways of improving our services via the approach of sector led improvement.

Actions Required:

- (1) To comment on the content, structure and layout of the online publication of the Adult Care Local Account 2014-15.
- (2) To agree the production of paper copies of the Adult Care Local Account 2014-15 for distribution to key stakeholders.

1. Background

The Local Account was introduced by the Government to inform local residents of the successes, challenges and priorities within their local Adult Care service.

In Lincolnshire, the Local Account is an important part of our commitment to being transparent with the people of Lincolnshire. It details how Adult Care has performed over the last 12 months and demonstrates how our services are meeting the needs of our customers.

The attached draft Adult Care Local account 2014-15 has been compiled by obtaining relevant information to help inform the people of our achievements during 2014-15.

It is the intention to make the Adult Care Local Account 2014-15 accessible online, via the Lincolnshire County Council website, in addition to the production of paper copies, which will be issued to key stakeholders. This could include our local health partners, the third sector and Council offices.

2. Conclusion

The Adult Care Local Account is a key document via which we can report our performance and achievements to the people of Lincolnshire.

Members are asked to comment on the attached Adult Care Local Account 2014-15, prior to its formal publication.

3. Consultation

a) Policy Proofing Actions Required

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adult Care Local Account 2014-15 (Draft)

5. Background Papers

The following background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

Document title	Where the document can be viewed
The Care Act 2014	Legal Services
Adult Social Care Outcomes framework 2014-15	Adult Care Performance Team
2014-15 annual Adult Social Care survey	Adult Care Performance Team
2014-15 bi-annual Carers survey	Adult Care Performance Team
2014-15 Touchstone surveys	Adults Care Quality Assurance Team

This report was written by Julie Green, Quality and Development Officer, who can be contacted on 01522 552998 or julie.green@lincolnshire.gov.uk.

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Lincolnshire County Council Adult Care Local Account 2014-15

Appendix A

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DRAFT



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We know that some of the words used in this document may need to be explained. These words are printed differently (*like this*) and are explained in the glossary at the end of the document. If you are reading the document electronically, the glossary can be accessed by clicking on the word for which you wish to obtain further information.

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Foreword

We are pleased to present Lincolnshire County Council's *Adult Care* Local Account for 2014-15, which gives details of how Adult Care has helped Lincolnshire residents with care and support.

The Local Account reports our achievements in the last year and our plans for the future.

We are proud of our achievements in the last year but we still have a lot to do to ensure the people of Lincolnshire get the support they need. Pressure on the care system is increasing, and providing adequate Adult Care poses a significant challenge. The need for care is rising but there are reductions in funding from central government so our services have to be managed with reduced resources.

Lincolnshire County Council has prioritised Adult Care and sought to protect services for adults at risk as much as possible. This means additional funding for commissioned services has been secured, although the council recognises the levels of funding available are not ideal.

The council will continue to prioritise quality and *safeguarding* and encourage providers to improve consistency and supply of service. We will also continue to find ever more creative ways of improving services and relationships with other commissioners (such as the *NHS*) and providers.

We hope you find the Local Account useful and interesting and we encourage you to provide us with comments and feedback.



Cllr Mrs Patricia Bradwell

Deputy Leader of Lincolnshire County Council,
Executive Councillor for Adult Care and Health
Services, Children's Services



Glen Garrod

Director of Adult Social Services

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Introduction

The Local Account was introduced by the Government to let local residents know about the successes, challenges and priorities within their local *Adult Care* service.

It is an important part of Lincolnshire County Council's commitment to be transparent with the people of Lincolnshire, and details how Adult Care has performed over the last 12 months, demonstrating how our services are meeting the needs of our customers.

It explains what Adult Care does for people who live in Lincolnshire. It tells you:

- What adult care is, what we do, and who we do this for
- How much we spend on adult care
- How many people we help
- How well we are doing compared to other councils
- What service users and their *carers* have told us about our services
- How we are changing the way we work
- About the services we are developing
- How we are helping carers
- How we make sure that people are safe
- What we need to do next
- Who we work with to develop our services



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Key facts



17,829 people received a service from us

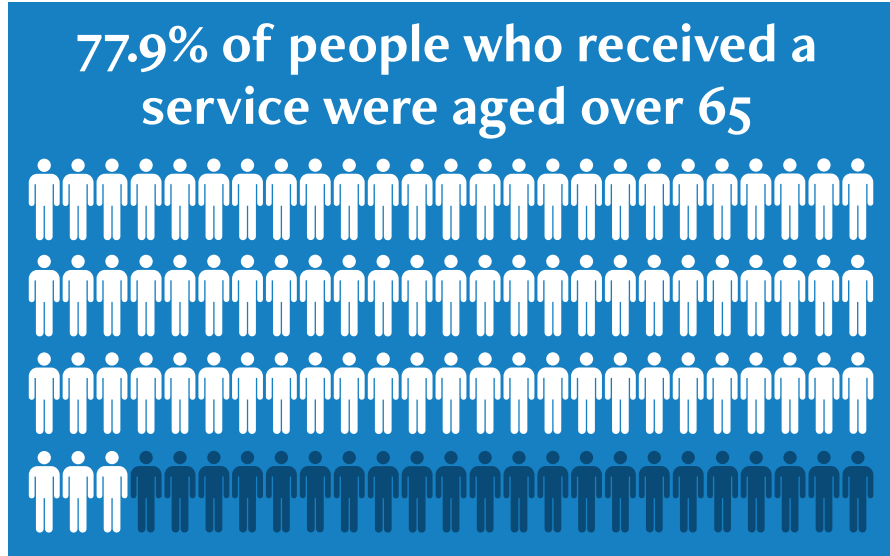
8,654 people received equipment



81% of people received a service for help with physical support

6,043 people using Telecare

44% of Adult Care's spending went on older people services



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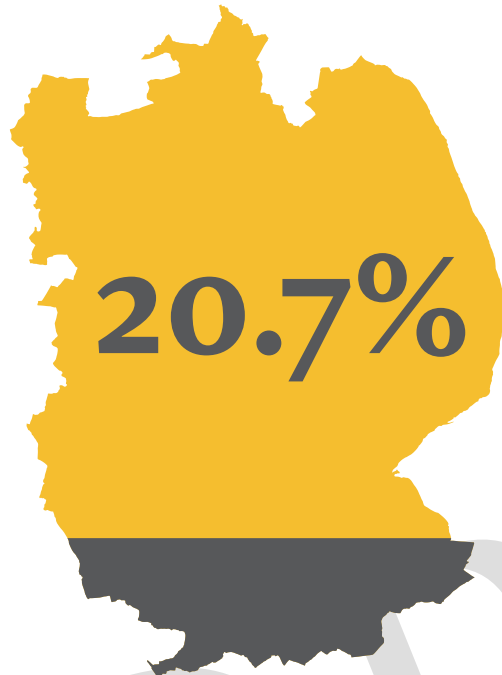
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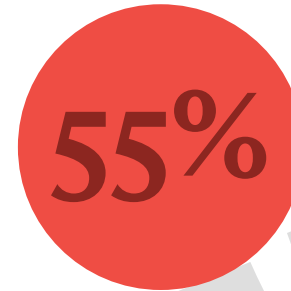
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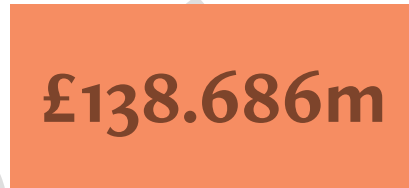
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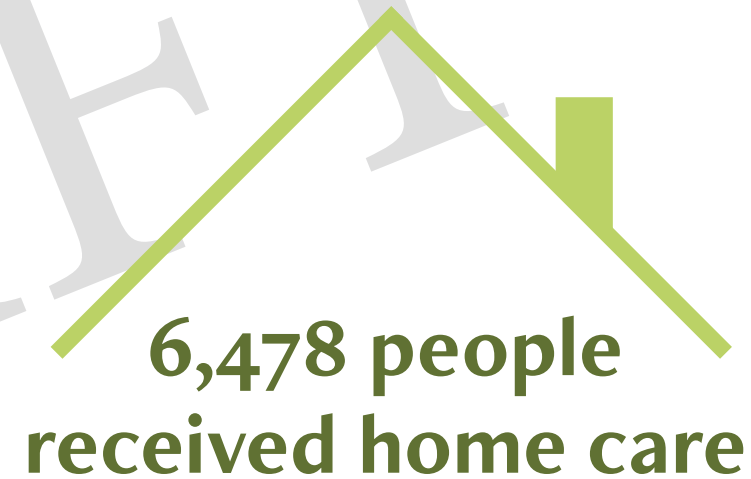
of the population is aged over 65 years



of people seen by reablement went on to live independently with no on-going services



was spent on Adult Care



80.3% of people who use our services say they have control over their daily lives

68.9% of carers in Lincolnshire are supported by the Carers Service Team or one of the Trusted Assessor for Carers

93.6% of people who use services say that those services have made them feel safe and secure

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Equality and diversity

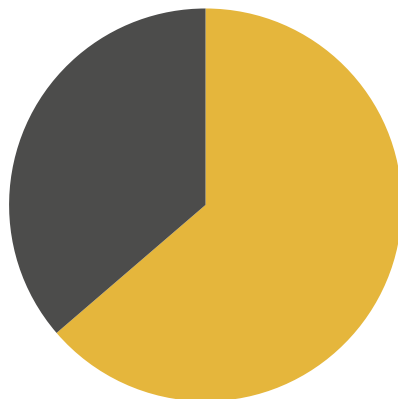
In Lincolnshire *Adult Care* works to ensure that our care services meet the assessed needs of people and that services work within the *Equality Act 2010*. We aim to make care as inclusive as possible for all people, including those who fall under the *protected characteristics*, of age, *disability, sex, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation*.

We are able to provide information to people in alternative formats depending on their needs.

The following is the demographic information for people who use Adult Care services in Lincolnshire.

Service users by gender

Female	11357
Male	6472
Total	17829



Service users by ethnicity

White	17625
Mixed and multiple ethnic groups	33
Asian and Asian British	36
Black, African, Caribbean, and Black British	29
Other ethnic group	25
No information	81
Total	17829

Service users primary support reason

Learning disability support	1825
Mental health support	634
Physical support	14435
Sensory support	122
Social support	550
Support with memory and cognition	263
Total	17829

There are 713,653 people living in Lincolnshire. 20.7% of the population is aged over 65 years.

77.9% of people who received a service were aged over 65 years.

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What is Adult Care?

Adult Care provides help and support to adults in Lincolnshire when they need it. This includes older people, people with *learning disabilities*, people with physical *disabilities*, people with *mental health* problems, and *carers*. We are responsible for ensuring the most vulnerable adults in our community, and their family/informal carers, are kept safe and provided with support to meet their needs. The resources we have, including people and money, are directed to achieving this.

Some of the things we do:

- Provide information, help and advice over the telephone, through the internet, and in person.
- Undertake *assessment of needs*, support planning, co-ordination, and review.
- Help people who are leaving hospital and who have social care needs to get the right information, advice, and help.
- Provide short term help and support to enable people to feel they can cope again.
- Provide longer term help and support.
- Help people to think about the type of support they need.
- Assist people in creating a plan to make sure the right care and support is in place for as long as it is needed.
- Protect adults at risk of abuse.
- Provide support for carers.
- Provide *personal budgets*, including *direct payments*.
- *Commission* services such as: home care, respite care, short breaks, sensory impairment services, residential and *nursing care*, and *community meals*.
- Assess for *adaptations* to the home environment.
- Commission and provide day opportunities.



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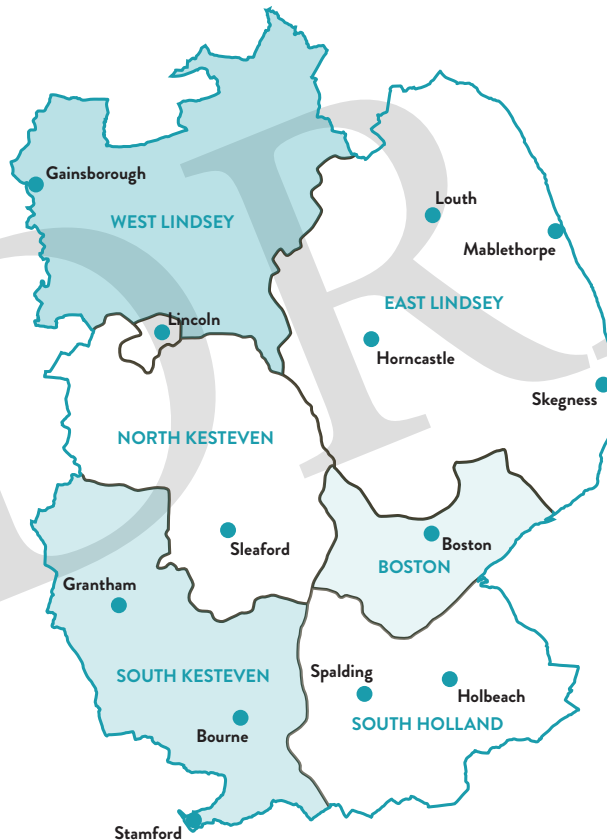
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Who we provide Adult Care for

Lincolnshire is in the East Midlands region. It is a *two-tier authority* area with Lincolnshire County Council and seven district councils: Boston Borough, City of Lincoln, East Lindsey, North Kesteven, South Holland, South Kesteven, and West Lindsey.

According to the 2011 *census*, Lincolnshire's population stood at 713,653 people and is expected to increase between 2011 and 2031 by 116,000. It is projected that by 2033, 31% of the county's population will be aged 65 or over.



Change over 25 years for selected age groups in Lincolnshire:

	0 - 15	16 - 64	65 - 74	75+
2011	121,878	443,924	80,273	67,578
2037*	133,700	443,000	115,400	139,000
Change	+10%	0%	+44%	+105%

*2037 data based on figures from Joint Strategic Needs Assessment (JSNA)

Based on the 2011 census, there are 713,653 people in Lincolnshire with 20.7% (147,851) aged over 65 years.

District	Total population
Boston	64,637
East Lindsey	136,401
Lincoln	93,541
North Kesteven	107,766
South Holland	88,270
South Kesteven	133,788
West Lindsey	89,250



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During 2014/15, 17,829 people received a service from *Adult Care*. The services included: *residential care*, personal care at home, and day care. We aimed to offer the majority of services to people living in their own home in order to help them maintain their independence.

32,267 new requests for support were received

As a result of these requests, the following outcomes were achieved:

eg: Service provided
Signposting for information and advice
Preventative measures

Where services were provided, these were provided in the form of:

Long Term Support:

X people received permanent residential or nursing care.

Y people received a personal budget of which X received commissioned services (ie arranged by the council) and X received a direct payment.

Short Term Support:

X people received equipment and Telecare

X people were admitted for temporary residential or nursing care

X people received other short term services (professional support.

Service user's primary support reason

		Age 18-64	Age 65+
Learning disability support	1825		
Mental health support	634		
Physical support	14435		
Sensory support	122		
Social support	550		
Support with memory and cognition	263		
Total	17829		



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What we spent in 2014-15

Adult Care spent £138.68m in 2014-15. The information on this page shows how the money was spent and the number of service users this relates to.

The Council delivered an underspend of £1.1m against its 2014-15 budget. In addition, £7.9m *efficiency savings* were made from the Adult Care budget.

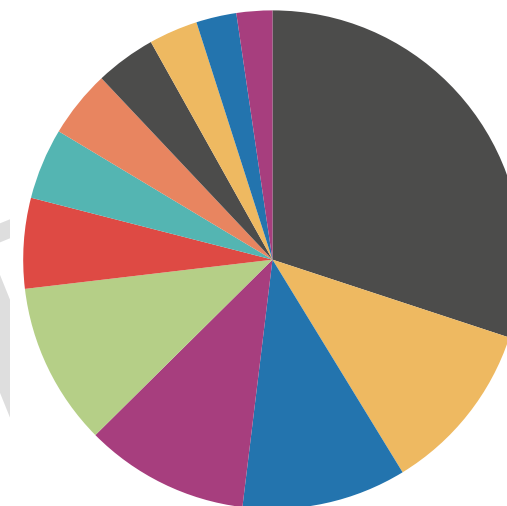
Projects that contributed to the savings in 2014-15 included:

- savings due to the outsourcing of the *Lincolnshire Assessment and Reablement Service (LARS)*
- diversion from long term *residential care*
- continued savings due to the *decommissioning* of a localised in-house night care service
- reductions in business mileage
- savings from the review of the in-house *day opportunities* service
- a review of existing contracts
- planned reduction in the *Section 75* contract for the provision of *mental health* services

Older people services	61.549	44%
Physical disability services	12.265	9%
Learning disability services	39.964	29%
Mental health services	5.636	4%
In-house services	3.273	2%
Staffing and management costs	13.332	10%
Carers	2.667	2%
	138.686*	

* net of income

2014-15 Lincolnshire County Council actual spend



Service	£M	%
Adult Care	138.686	30.06
Children's Social Care	51.697	11.20
Education Services (Excl' Schools)	49.204	10.66
Highways and Transportation	49.145	10.65
Other Budgets	48.693	10.55
Environment Planning & Customer Services	27.07	5.87
Fire and Rescue	21.264	4.61
Performance and Governance	20.135	4.36
Community Safety	18.097	3.92
Finance and Resources	14.654	3.18
Economy and Culture	12.054	2.61
Public Health (inc' Grant)	10.707	2.32
Total	461.406	100.00

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What we plan to spend in 2015-16

A major challenge faced by Lincolnshire County Council is managing resources so we can continue to provide services to the most vulnerable adults who have a high level of need.

Every year the council reviews its spending on services and agrees budgets for each service for the following year.

The council continually reviews all provided services enabling opportunities to make *efficiencies* and to maximise income. Proposals are published as part of the overall budget consultation process.

The Adult Care budget accounts for 31% of Lincolnshire County Council's budget for 2015-16. The total Council budget is £454m.

The Council anticipates a balanced budget for Adult Care in 2015-16 and is projected to make an additional £3.4m saving in 2015-16.

The Council budget for 2015-16, along with other budget and spending information is available at: www.lincolnshire.gov.uk/local-democracy/how-the-council-works/finances/budgets-and-financial-strategy

The Council publishes full audited accounts each year. The 2014-15 accounts can be found at: www.lincolnshire.gov.uk/local-democracy/how-the-council-works/finances/statement-of-accounts



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Better Care Funding

The £3.8bn Better Care Fund was announced by the Government in June 2013 to ensure changes in integrated health and social care, and covers the *NHS* and local government. It creates a local, single, *pooled budget* to encourage the NHS and local government to work more closely together, making people's *wellbeing* the focus of health and care services.

In Lincolnshire, the value of the Better Care Fund in 2014-15 was £15.4m. In 2015-16 allocation from the Better Care fund to Lincolnshire is £53.3m. Lincolnshire has pooled addition funding to reach the value of £197.3m. This incorporates an allocation of £2m to help underwrite the costs of implementing the Care Act from 2015.

The Better Care Fund also includes a capital element of £4.9m for Information Technology investment (to support Care Act implementation) and *Disabled Facilities Grant (DFG)* funding to be transferred to District/City Councils.

The value of the DFG element is £2.95m. It is important to note that the majority of Better Care Fund funding in 2015-16 is from existing spend in health and social care and as such is not new money.



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Direct payments and personal budgets

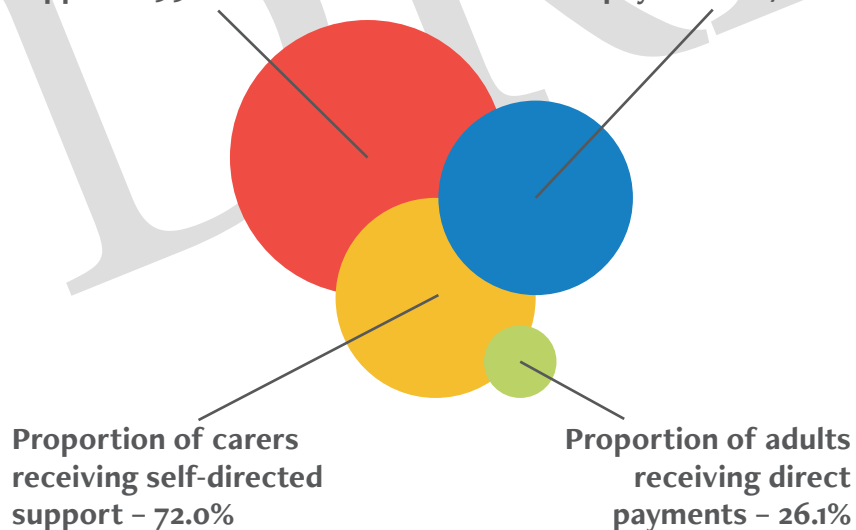
Adult Care continues to support users of its services through the provision of *direct payments* and *personal budgets*.

A personal budget is a sum of money allocated as a result of an *assessment of needs*. It is made up of the amount it would cost to meet a person's agreed support needs. The money can be paid directly to the person so that they can arrange their own care and support (this is known as a direct payment). Alternatively, the council can arrange this on the person's behalf, or it can be a combination of some care arranged by the council and some organised by the person with a direct payment.

Direct payments are cash payments made to people who request one to meet some, or all, of their unmet eligible care and support needs.

Proportion of adults receiving self-directed support – 99.0%

Proportion of carers receiving direct payments – 70.0%



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Adult frailty and long term conditions

Adult Care aims to ensure that people receive appropriate care and support which helps them to feel safe and live as independently as possible.

The following are some key developments achieved in 2014/15:

- Three year residential care rates agreement.
- New contracts agreed for homecare.
- New contract agreed for the provision of equipment.

Reablement and rehabilitation

Reablement and rehabilitation services help to maximise *independence* and support people going into and leaving hospital.

People can receive reablement services in a care home, an intermediate care bed or they can be provided in a person's own home, usually for a maximum of six weeks.

The Independent Living Team

Adult Care joined with *Lincolnshire Community Health Service (LCHS)* and *Lincolnshire Partnership NHS Foundation Trust (LPFT)* to form the Independent Living Team (ILT).

The ILT provides short-term support, to help people remain in their own home safely, for example during a period of illness, or after a stay in hospital. The aim is to help with a faster recovery from illness, to prevent an unnecessary hospital admission, to prevent admission to long-term care, and to support people and their families on discharge from hospital.

55% of people seen by reablement went on to live independently with no on-going services.

Supporting discharges from hospital

Adult Care works closely with health colleagues to ensure people leave hospital on time, thus reducing the *Delayed Transfer of Care (DTOC)*. Delays sometimes occur due to a *community care* package not being ready, or they could simply be as a result of a patient's choice.

Reducing delays in leaving hospital has shown to have a better impact on a person's health and independence in the community.

Delayed transfers of care from hospital, per 100,000 population – 11.9. This is lower than our *CIPFA* group average of 13.3 which placed us in the second *quartile*.

Delayed transfers of care from hospital which are attributable to Adult Care, per 100,000 population – 1.6. Within our *CIPFA* group we ranked 2nd and were in the top quartile. We also performed well compared to the England average of 3.7.

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Learning disability services – employment

We know that people with *learning disabilities* are more likely to be excluded from the workplace than any other group of *disabled* people.

The possible reasons for this are:

- the lack of support available for people to identify suitable job opportunities and to make successful applications
- lack of work readiness
- communication difficulties or poor communications skills
- lack of understanding/willingness on the part of some employers to make adjustments that could support people in employment
- fear of losing benefits

The most recent data available suggests that around 3.7% of adults with learning disabilities of working age were in paid employment during the period 2014-15. This compares with around 6.0% nationally.

What next?

One of our priorities is to increase the number of adults with learning disabilities in employment and to ensure they have the opportunity to access good quality paid work in the same way as the rest of the adult population.



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Learning disability services – annual health checks

People with *learning disabilities* have a shorter life expectancy than the rest of the population. According to MENCAP, people with learning disabilities are more likely to:

- die from respiratory disease
- be at high risk of developing coronary heart disease
- have higher rates of gastrointestinal cancer and stomach disorders.

The most recent Lincolnshire Health Needs Assessment for Adults with Learning Disabilities suggests that life expectancy reduces as the severity of the learning disability increases, as follows:

Severity of learning disability	Life expectancy
Mild	74
Moderate	67.6
Severe	58.6

People with learning disabilities tend to experience poorer health than the general population and many of the reasons for this are avoidable. Evidence has revealed that *annual health checks* undertaken in GP practices are an effective way of detecting unidentified and unmet health needs and lead to targeted actions to meet them.

According to the most recent reports available, health checks had been accessed by only 30-35% of those known to health and social care services during 2013-14, with 75% of the GP practices in the county having signed up to provide this service.

What next?

One of our priorities is to improve the health and *wellbeing* of adults with learning disabilities. Over the past year we have been working with our colleagues in the *NHS* to ensure that *Adult Care* service users are registered with a GP and are invited to a free annual health check. This will aim to identify problems as early as possible, and ensure that people receive treatment in a timely manner.

More information about health issues relating to adults with learning disabilities can be found at: www.research-lincs.org.uk/jsna-Learning-Disabilities.asp

“Thank you for all your hard work. I can well imagine the colossal amount of work and processes that have to be completed in a short time. I hope you can comprehend the amount of gratitude we have for all the support you and your team have given to expediting this move with as little hassle and upset as possible.”

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Developing an autism strategy

In 2010, the government released a national *autism* strategy for adults called Fulfilling and Rewarding Lives. A refresh of this strategy, Think Autism, was published in April 2014. In response to this, Lincolnshire County Council agreed to work alongside the four Lincolnshire *Clinical Commissioning Groups (CCGs)* and the Lincolnshire Autism Partnership to develop an all-age autism strategy for Lincolnshire.

A decision was made to produce an all-age autism strategy for Lincolnshire. This was a unique and innovative decision, as other local authorities across England have implemented adults-only autism strategies in line with the national strategy. In Lincolnshire we heard from services users that an all-age autism strategy would provide a more seamless service to people with autism throughout all stages of their life.

An engagement process with key *stakeholders* was undertaken during Spring/Summer 2014 to help inform the development of the strategy.

A draft strategy was produced and formal public consultation took place during Autumn 2014. This was to ensure that the views and opinions that were gathered during the engagement activity had been correctly interpreted and included within the strategy document. Key stakeholders from health and social care authorities were also directly consulted to make sure there was agreement to implement the improvements detailed in the strategy.

The All-Age Autism Strategy for Lincolnshire 2015-2018 was formally approved by Lincolnshire County Council's *Executive* on 3 February 2015. A formal launch of the strategy was held on 2 April 2015 to coincide with World Autism Awareness Day.

The strategy will be reviewed on an annual basis to make sure that actions remain appropriate and are being delivered.

You can view the All-Age Autism Strategy for Lincolnshire 2015-2018, along with other accompanying documents at: www.lincolnshire.gov.uk/residents/adult-social-care/strategies/all-ages-autism-strategy



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Advocacy

Independent *advocacy* is about supporting people to make their views about the care and support they receive heard and understood. It is a vital *safeguard* for people who may feel powerless in the face of professional opinion.

Since 2010, advocacy services in Lincolnshire have been delivered by Voiceability, a prominent national provider operating as Total Voice Lincolnshire. Total Voice offers a single point of access for all enquiries and provides support for users of services who have a legal entitlement to advocacy.

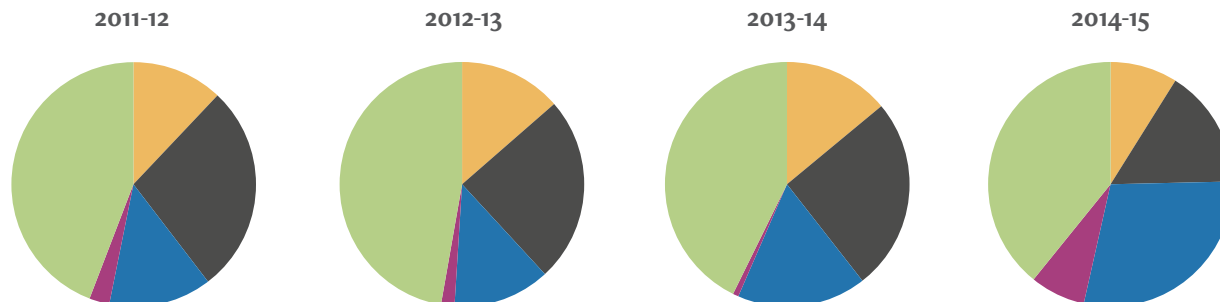
Overall referrals have risen by 91%; from 788 in 2011-12 to 1510 in 2014-15, with notable increases in Deprivation of Liberty (DoLS) cases, Relevant Person Representative referrals following the widening of the DoLS criteria in March 2014, and social care advocacy.

What next:

From 1st July 2015, a new partnership of Age UK Lincoln, Barnardos and the Lincolnshire Advice Network, led by Voiceability, is to further develop the Total Voice model by bringing together specialist advocacy for adults, children and young people into one service.

“Many thanks for the very quick speedy help for the aid that was requested which arrived today (shower chair, bed rail, toilet frame and perching stool). This has made me a happy lady.”

	2011-12	2012-13	2013-14	2014-15
Information and signposting	95	130	149	134
Independent Mental Health Advocacy	217	235	271	238
Mental Capacity and Deprivation of Liberty	107	123	182	436
Relevant Person’s Representative	21	17	8	110
Professional Advocacy	348	452	455	592
Total	788	957	1065	1510



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- g. **Carers**
- h. Transitions
- i. Dementia
- j. Prevention and wellbeing
- k. Sensory impairment

How are we keeping people safe?

Carers

During 2014 after engaging with [carers](#) in Lincolnshire, the Joint Carers Strategy 2014-18 was produced and published. Lincolnshire County Council will continue to engage with carers to ensure their views are sought and continue working with other organisations on the key priorities.

We expect that the Care Act 2014, which brings together carers' rights to an assessment and sets national [eligibility criteria](#) for support, will result in an increase in the number of carers seeking an assessment and support in the form of a service. We are therefore working to ensure current services will be able to meet future demand and be compliant with the Care Act.

Carers are currently supported by the Care & Wellbeing Hub located in the Customer Service Centre, or by one of the Trusted Assessors for Carers based around the County, the majority of which are offered support to meet their particular needs as a carer.

We know that carers also want reassurance that the person or people they care for are looked after should something happen to them. Therefore some carers have a [Carers Emergency Response Service \(CERS\) plan](#) in place, which can be activated at any time, day or night.

79,262 carers in Lincolnshire

68.9% supported by Carers Service Team or one of the Trusted Assessors for Carers

Case Study

June cares for her 19 year old daughter Sarah who has learning disabilities. The Lincolnshire Carers Support Service was recommended to June by a friend. A carer support worker called June and explained about the Carers Support Service and made an appointment for a carer's assessment. To prepare June for the assessment, the support worker asked June to think about her caring role, what was working and what wasn't working. It was explained that the assessment is not a judgment on how well she cared for her daughter but what support June required to help her continue her caring role.

During the carers assessment June was asked questions about herself, her daughter, and her caring role. From the assessment the carers support worker was able to give June lots of information and advice regarding benefits, support groups, carers newsletter, and services available for Sarah to assist her to live independently. A referral was made for a social worker to see Sarah and June to discuss how Sarah's needs could be met. The carer support worker also explained to June that she was able to contact the support service at any time she required support.

June was extremely pleased she had a carer's assessment; the information and advice they received has been a huge benefit to her and her family's lives.

What next?

The contracts for carers support services will expire in May 2016. Procurement of the Carers Support Service will commence in Autumn 2015. A provider will be appointed to give carers improved consistency in their support service.

What are our services and how have they developed?

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Transitions into adulthood

With the introduction of the Care Act 2014 and the *Children and Families Act 2014*, there are changes that will affect the lives of young people with special educational needs, young people with *disabilities* and their families. These changes will impact on the range and quality of support available to these young people as they prepare for adulthood.

Assessments can provide solutions that do not necessarily involve the provision of services. They can also aid planning, preventing, reducing or delaying the development of needs for care and support. *Adult Care's* Intake Team and Children's Services work in partnership to help young people who are likely to have support needs once they turn 18.

A young person, or someone acting on their behalf, can request an assessment.

Young people receiving support from Children's Services are likely to continue to have support needs once they reach adulthood. These young people should receive a transitions assessment and should be informed about what to expect when they become an adult.

In 2014-15, 51 Transition assessments were completed which related to 44 people

179 children and young people (14-24) received services jointly from Adult's and Children's services in 2014-15



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Dementia

Following the publication in May 2014 of the Lincolnshire Joint Strategy for Dementia 2014-2017, Lincolnshire County Council has continued to work with its partners to achieve the vision set out in the document. We have developed and improved support available to people with *dementia*, their families and *carers*.

We have done this in the following ways:

- Funding a Dementia Family Support Service (DFSS) to better serve carers and people with dementia following diagnosis.

When the new service starts in October 2015, following the award of a contract to a suitable service provider, families will have access to a support worker who will give information, guidance and practical assistance on a consistent basis to help avoid unnecessary crises. The DFSS will work closely with GPs and clinics to make sure good support is offered to people as soon as they need it following a diagnosis.

- A Dementia Support Network (DSN) is planned to be started in April 2015. Lincolnshire County Council and Lincolnshire CCGs have created a fund to support organisations and groups providing new and imaginative activities to help make life better for people with dementia and their carers.
- Promoting the concept of the dementia-friendly community. The Dementia Action Alliance (DAA) is a national initiative, sponsored by the Department of Health and Alzheimer's Society, made up of over 1,400 organisations committed to transforming the quality of life of people living with dementia in England.

Lincolnshire County Council, as a member of the DAA, has been actively involved in existing branches in Lincoln and South Lincolnshire, as well as supporting the development of new ones.

There is a likelihood of seeing five or more Lincolnshire DAAs by 2016. The DAA continues to provide an effective forum for Lincolnshire County Council and strategic partners to promote co-ordinated improvements in dementia care and support.

Number of dementia cases across Lincolnshire in 2011: over 10,300

Number of expected dementia cases across Lincolnshire in 2021: over 14,200

Number of people in Lincolnshire estimated to be affected by dementia before reaching 65: 200

“You understood all my mother’s requirements even though my mother did not. You have been patient, kind and kept me informed every step of the way. You came up with ideas and solutions I could not have.”

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Prevention and wellbeing

The term “prevention” can cover many different types of support, services, facilities or other resources. It can range from wide-scale whole-population measures aimed at promoting health, to more targeted, individual interventions aimed at improving skills or functioning for one person or a particular group.

Prevention includes the promotion of constructive lifestyles.

Wellbeing service

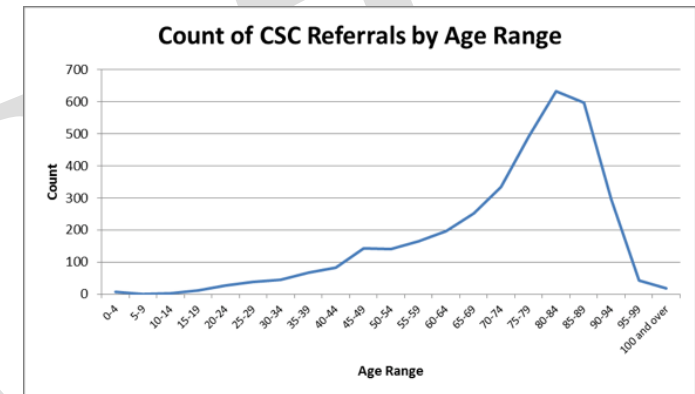
Further information about Lincolnshire’s Wellbeing service, who is eligible, how it is delivered and any applicable charges can be found at: www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/the-wellbeing-service

The Wellbeing Service started in Lincolnshire on 1 April 2014. The service is designed to promote confidence in living independently and ensures we are compliant with the Care Act 2014.

Access to the service is via assessment, following your contact with us. After assessment, the range of services we can offer are:

- handholding support (generic support)
- simple aids to daily living
- minor *adaptations*
- Telecare
- 24 hour responder
- monitoring of Telecare alarm and signposting

Referrals – 3,683 referrals were made into the CSC, with 96% being eligible for a service. The majority of the client group are 75-84 years old. Two thirds of referrals are female and there were very low numbers of 18-25 year olds.



715 referrals (19%) declared they had been referred to other services, e.g. Adult Care, District Nursing, and Physiotherapy, of whom 49% were in receipt of services.

Wellbeing Response: 794 clients utilised this fee based service. 713 service users activated a Wellbeing Response call out. 93% of responses were attended in less than 60 minutes. Peak times for response calls are 5am, 11.30 am and midnight.

Home from Hospital – Home Safe is the transport and resettling service for isolated individuals with no support at home. 316 users utilised the WBS component between July 2014 and April 2015. In comparison, 2,913 use the transport-only service.

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Telecare

Telecare is a service that has helped people to remain independent and feel safer in their own homes. Telecare has helped reassure an individual that if they need help, a member of their family, a *carer*, or the emergency services will be contacted.

Telecare has been used to support older people and those with *long term conditions*, *disabilities* or *mental health* problems. Telecare has been able to tell when there is an emergency in someone's home and when they have needed assistance. It uses a range of sensors, either worn by the individual or placed in the home, which can alert the local monitoring centre 24 hours a day.

Telecare has provided the following for people:

- reassurance and peace of mind for individuals and carers
- greater feeling of security
- reduced feeling of isolation
- more *independence* and freedom
- rapid response in the event of emergencies
- been able to leave hospital as soon as they were well
- been able to live in their own home for longer

Number of people who requested Telecare: 3985

Number of people using Telecare at the end of last year: 6043

Number of those people who use Telecare as their only service: 4183

Lincolnshire County Council loans telecare equipment free of charge to those who meet the criteria and only charges 36p per week towards the 24/7 monitoring of the service.

We also have optional daily wellbeing Telephone calls which reassure people who may need prompts or just a friendly call to make sure they are okay.



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How are we keeping people safe?

Sensory impairment

Sensory Impairment Lincolnshire County Services (SILCS) provides services for Adults and Children with *sensory impairments* in Lincolnshire. SILCS is funded by Lincolnshire County Council and is delivered by BID Services, a charity promoting choice and independence. They deliver sensory impairment services for adults and children who are visually, hearing or dual impaired.

Nationally there are 1.86 million people living with sight loss. By 2020 this number is predicted to increase by 22% and will double to almost four million people by the year 2050.

More than 10 million people in the UK are living with some form of hearing loss, or one in six of the population. By 2031, it is estimated that there will be 14.5 million people with hearing loss in the UK. Approximately 356,000 people in the UK are living with combined visual and hearing impairment.

The partnership between Lincolnshire County Council and BID Services is committed to improving the quality of life for people accessing the service. It focuses on building confidence and self esteem, developing communication skills, independent living skills and developing mobility skills.

What next?

The sensory impairment contract is due to expire in March 2016, so the council will undertake a complete review of the service and will seek to re-commission later in 2015.

Prior to the re-commissioning of the service the council will be engaging with key *stakeholders*, to ensure that a quality service is provided.



4. How are we keeping people safe?

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Safeguarding adults

Lincolnshire County Council has statutory duties for keeping people safe as outlined in the Care Act 2014. *Safeguarding* adults in Lincolnshire means stopping and preventing *abuse* or neglect wherever possible. If an adult is at risk of harm or abuse it is important that we act quickly and put in place effective response mechanisms.

The safeguarding duties that Lincolnshire County Council follows apply to any adult who:

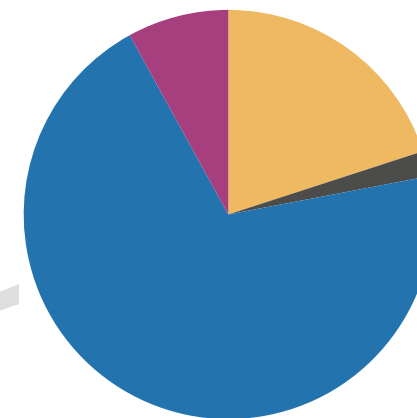
- has care and support needs (regardless of whether or not these needs are being met) and is at risk of or experiencing abuse or neglect
- as a result of their care and support needs is unable to protect themselves from the risk and experience of abuse or neglect.

Types of abuse outlined in the Care Act 2014 include:

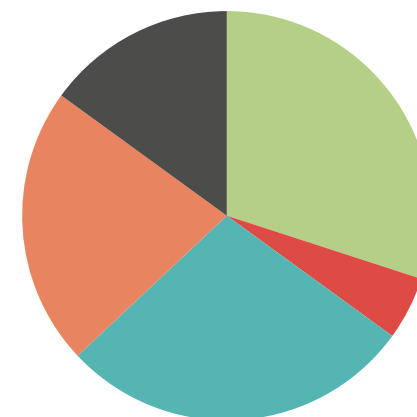
- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

Data for 2014-15:

Number of safeguarding contacts received by Lincolnshire County Council: 3,024



Setting	Percentage
Care Home	20%
Hospital	2%
Own home	70%
Other	8%



Type of risk	Percentage
Physical	30%
Sexual	5%
Psychological	28%
Financial	22%
Neglect	15%

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Lincolnshire Safeguarding Adults Board

The Lincolnshire Safeguarding Adults Board (LSAB) is a multi-agency partnership, comprising of a range of organisations that all have stakeholder interest in the Safeguarding Adults' agenda.

The LSAB 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.

The Board is made up of representatives from the main public organisations that provide health, social care and public protection services in the county.

Aims and Objectives of the Board

Local Aims

- 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*



National principles

- Empowerment – Personalisation and the presumption of person-led decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and *abuse*.
- Accountability – Accountability and transparency in delivering safeguarding.

www.lincolnshire.gov.uk/lsab

“The staff who we have been involved with have been an absolute joy and couldn't have been kinder.”

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Deprivation of Liberty Safeguards (DoLS)

What are the DoLS?

Sometimes care homes and hospitals have to limit people's freedom to keep them safe. The Deprivation of Liberty Safeguards (DoLS) provide a legal framework that helps to ensure the person's human rights are protected.

The DoLS are a part of the [Mental Capacity Act 2005](#). They say that people can only be deprived of their liberty when they lack mental capacity to make decisions about their care and accommodation, and it is in their best interests.

How does it work?

Care homes and hospitals must apply to their local authority for authorisation to deprive a person of their liberty. The DoLS Team within Lincolnshire [Adult Care](#) manages the application process. For every application received, the team arranges for two independent assessors to assess the person to establish whether the qualifying requirements for the DoLS are met.

The mental health assessor must be a specially trained doctor. The 'best interests' assessor will talk to the person and their family and friends about the person's best interests, and consider whether deprivation of liberty is a necessary and proportionate response to any risks.

A person can be deprived of their liberty even if the restrictions are in their best interests, and where they are not objecting. If the qualifying requirements are met, Lincolnshire County Council grants a Standard Authorisation for a set period of time that cannot exceed 52 weeks. Before the end of the authorisation Adult Care will organise a review by the assessors to see if another authorisation will be needed.

What is the current situation?

In March 2014 the Supreme Court made a landmark judgement that introduced a new 'acid test' that stated a person is deprived of their liberty if they are under continuous supervision and control and are not free to leave. This has meant that the DoLS now applies to a lot more people and Adult Care in Lincolnshire has received many more applications since the judgement – up to a ten-fold increase. We know that this is the same for other local authorities too.

What have we been doing in Lincolnshire?

Adult Care continues to work to support persons subject to the DoLS and their families, providing advice and guidance. We are working with colleagues in hospitals and care homes as numbers of applications have increased to ensure priority cases are identified.

What does the future hold for the DoLS?

The Law Commission has identified that the current DoLS legislation needs to change. New law will be proposed in 2016 and is expected to come into force in 2018 – 2019.

“You have always been so kind and helpful with us and I would like to thank you for your care and advice over the last year.”

5. Working with others

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Healthwatch

www.healthwatchlincolnshire.co.uk

Healthwatch is an independent organisation which gives people a powerful voice locally and nationally. At a local level, Healthwatch Lincolnshire works to help local people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Healthwatch Lincolnshire is all about local voices being able to influence the delivery and design of local services; not just people who use them, but anyone who might need to in the future.

Healthwatch has worked with existing community groups to become local hubs where local people can engage with Healthwatch and feed in views. Healthwatch carries out visits to local services, and they feed back all findings and public feedback, positive and negative, to providers, the county council, local commissioners, the [Care Quality Commission](#), and Healthwatch England.

Over 11,000 face to face patient and resident conversations or sessions about their health and care experiences

80,000 leaflets distributed to households in hard to reach locations

42 Healthwatch community hubs in pre-existing community groups meeting 4 times a year and discussing patient feedback to Healthwatch

3,951 people responding to polls and surveys we have hosted online

26 enter and view visits where we have looked at, and reported on, the quality and provision of care

1,430 people signposted to advice and guidance about health and care issues or concerns

We provide monthly reports to providers and commissioners, this tells those receiving the report what patients have said and what the key themes are, this way the patients view can really influence services;

- 274 individual provider reports
- 11 monthly summary reports

5 special enquiries focusing on rarely heard or specific target groups, focussed research with a report as the outcome shared with providers, commissioners and national organisations



healthwatch

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Lincolnshire Health and Care (LHAC)

www.lincolnshire.gov.uk/lincolnshire-health-and-care

What is LHAC?

Lincolnshire Health and Care (LHAC) is a programme of work which started in 2013. It started as a result of health and care organisations in Lincolnshire recognising that current services did not adequately meet the needs of residents. Due to growing demands and financial pressures the different organisations realised that doing nothing about the issue was simply not an option.

How will this affect you?

As a result, all health and social care organisations in Lincolnshire (Lincolnshire County Council, United Lincolnshire Hospitals Trust and Lincolnshire's four *Clinical Commissioning Groups (CCGs)*, *Lincolnshire Partnership Foundation Trust*, *Lincolnshire Community Health Services* and East Midlands Ambulance Services) agreed to come together to design a new model for health and care in Lincolnshire which would enable people to access the right services at the right time, now and in the future.

The programme aims to achieve the following:

- Quality, safety and *sustainability* for health and care services
- Improved joint working for health and care professionals - a more 'joined up' service for Lincolnshire residents
- The right care provided at the right time closer to peoples' homes
- Seven day a week services for local people through 'community *Neighbourhood Teams*', supported by urgent care centres across the county
- Hospitals 'freed up' to provide specialist or genuine emergency trauma and time critical services



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Neighbourhood teams

LHAC is undertaking work around *prevention* and early intervention. The aim is to provide better outcomes for people who use services in Lincolnshire and empower people with the knowledge and services to help them maintain a healthy and independent life. *Neighbourhood Teams* will play an important role in achieving this.

Neighbourhood Teams involve everyone who works across the health and social care system, including the voluntary sector and private providers who join together in a co-ordinated way to develop a package of support for an individual.

The Neighbourhood Team model has been rolled out initially in four early implementation sites: Stamford, Sleaford, Lincoln City South and Skegness, and all areas are seeking to implement the Neighbourhood Team Model as swiftly as possible.

Lincolnshire County Council *Adult Care* managers and practitioners have been fully involved in the development of Neighbourhood Teams in Lincolnshire and social work support has been identified as one of the key services required. Part of the development work has included developing a model for vulnerable adults who may be at risk of needing support and the development of a proactive care approach.

An example of work in which Adult Care has been involved is Easter planning for the Skegness area. Adult Care played a key part in a local team who put together plans to support the Skegness area over the Easter period, which is a known time of greater influx of people to the area. Adult Care was fundamental in looking at what additional services and support were required at this time.

Adult Care contributes to regular multi-disciplinary meetings across the county within GP practices to support and identify individuals who may require additional care and support due to a change in circumstances or situation. Lincolnshire County Council and Adult Care are committed to working alongside colleagues across the community and neighbourhoods to ensure quality services and support to local people when they need it.

“Can I pass my thanks onto your staff for their assistance over the past few months in helping my mother with additional care and support arrangements for my father. Since the new arrangements have started myself and my sister have seen a marked improvement in her general health. She is now much more positive in her outlook and more relaxed knowing that she has this additional support. Knowing that you are now also monitoring her circumstances provides an extra level of reassurance.”

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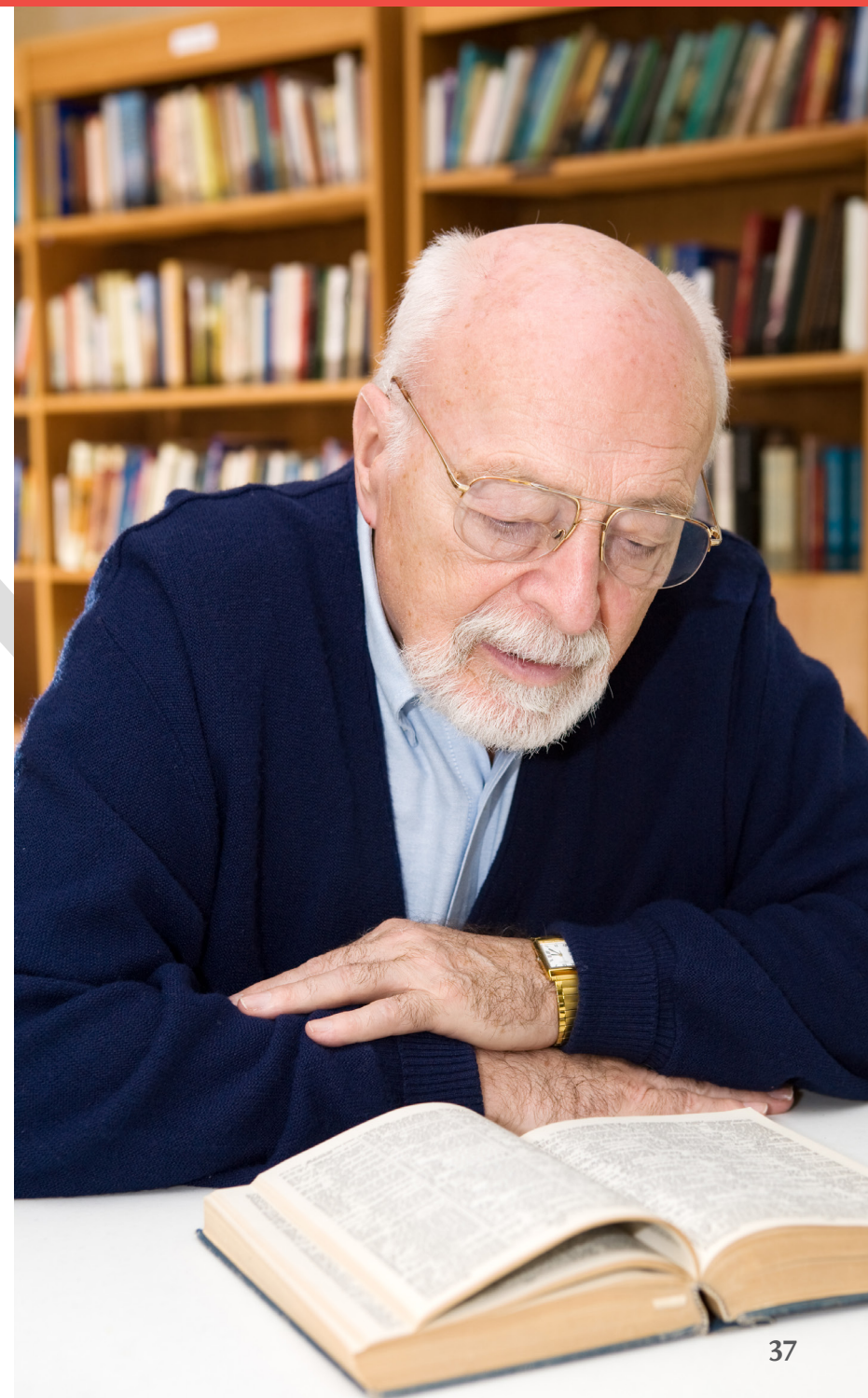
Lincolnshire Care Association (LinCA)

www.lincolnshirecare.org.uk

Lincolnshire Care Association (LinCA) is an independently funded organisation that represents the interests of care providers from within the independent and voluntary sectors. It represents the Association's members at meetings with colleagues from within the health, social care and housing sectors to consider issues such as commissioning, which include service design, development, and evaluation.

During 2014-15, LinCA has:

- represented the views of members locally, regionally and nationally through membership of the national Care Association Alliance, working with East Midlands Care Associations, and locally with Lincolnshire County Council and the NHS.
- worked with care providers, the county council and the NHS to develop new models of care and support and new business opportunities.
- worked in partnership with Lincolnshire County Council, taking over responsibility for the development and delivery of workforce development and training for the independent care sector, with grant funding support from the County Council.
- supported its members with developing care home business plans, tendering opportunities for domiciliary care and the wellbeing and carer support services, and supporting the development of new services such as the Care Navigator Service.
- supported the introduction of winter/system pressure measures including the purchase of additional care home beds to relieve pressure on hospital beds and additional Bank Holiday community support services.
- started work on a suppliers and facilities portal; this will link to the re-developed LinCA website in 2015.



6. How have we performed?

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d. How we assure quality of services

e. What are we doing to change the way we work?

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Measuring our performance and improving our services

We measure our performance and look at ways of improving our services using an approach called '*sector led improvement*'.

Sector led improvement is achieved in the following ways:

Adult Care Peer Review:

A 'corporate' *peer* challenge involves a small team of local government peers spending time at another council to provide challenge and share learning.

Lincolnshire's *Adult Care* peer review took place in November 2013. The areas looked at were *quality assurance* and *safeguarding*.

Action plans were developed following the peer review.

Self Assessment:

We undertake an annual self-assessment to challenge and review our performance. This includes looking at how well we are doing overall, whether we are focusing on the right things, and identifying our key challenges for the next year.

Adult Social Care Outcomes Framework (ASCOF):

There is a national framework of *performance indicators*, known as the Adult Social Care Outcomes Framework (ASCOF). The framework is a collection of information which every council has to collect and report on. We report on this each year. It shows us how well we are performing compared to other councils and helps us decide what we need to do to improve our services.

The ASCOF information is publically available at: <http://ascof.hscic.gov.uk/> and includes reports which compare our performance with other councils.

The ASCOF scores compare how well Lincolnshire County Council is doing compared with other councils nationally, as well as with *The Chartered Institute of Public Finance & Accountancy (CIPFA)* group of councils with a similar makeup: Cumbria, Derbyshire, Devon, Gloucestershire, Lancashire, Leicestershire, Norfolk, North Yorkshire, Northamptonshire, Nottinghamshire, Somerset, Staffordshire, Suffolk, Warwickshire, and Worcestershire.

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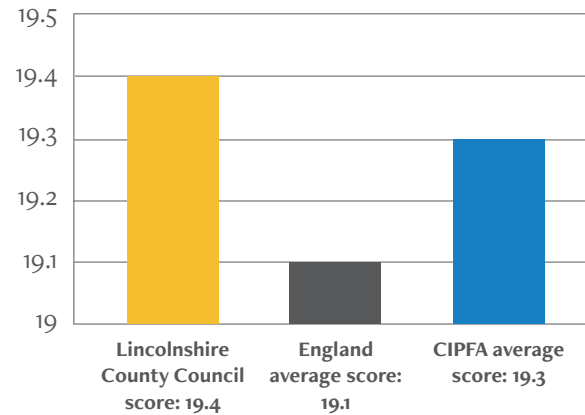
d. How we assure quality of services

e. What are we doing to change the way we work?

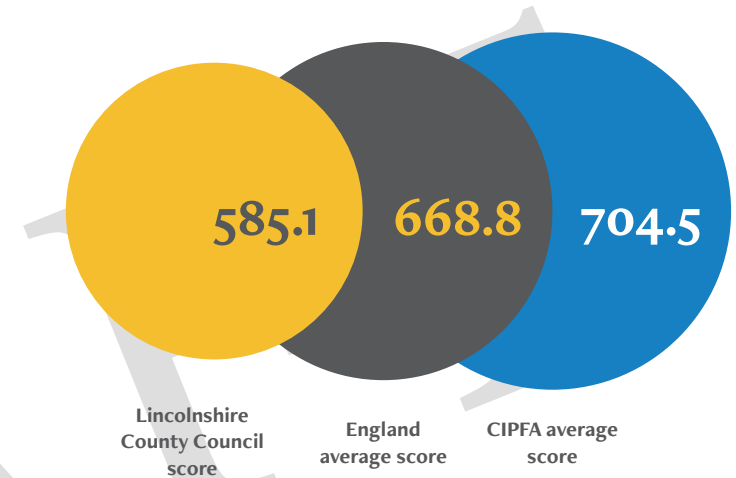
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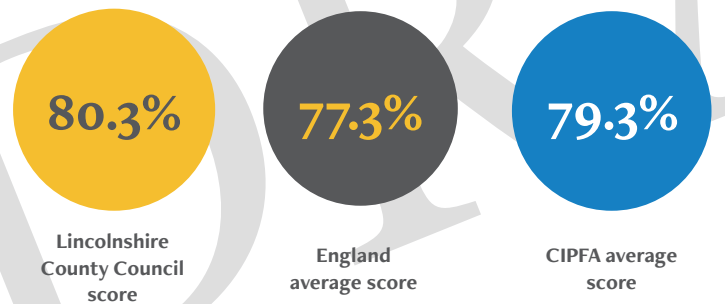
Social care-related quality of life (score out of 24)



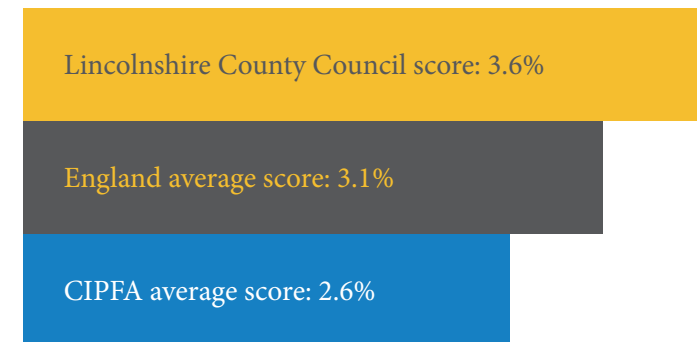
Long term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.



Proportion of people who use services who have control over their daily life



Older people (65+) who were offered reablement services following discharge from hospital



Carers-reported quality of life (score out of 12)



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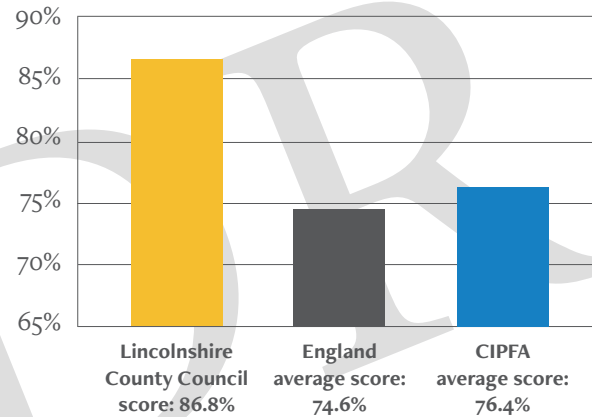
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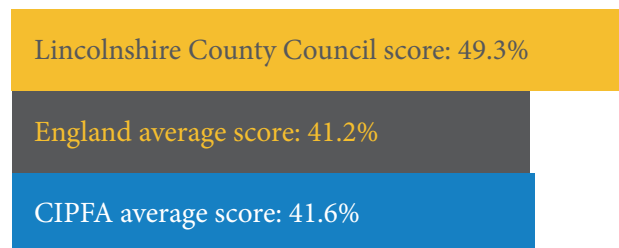
Delayed transfers of care from hospital which are attributable to adult social care (per 100,000 population)



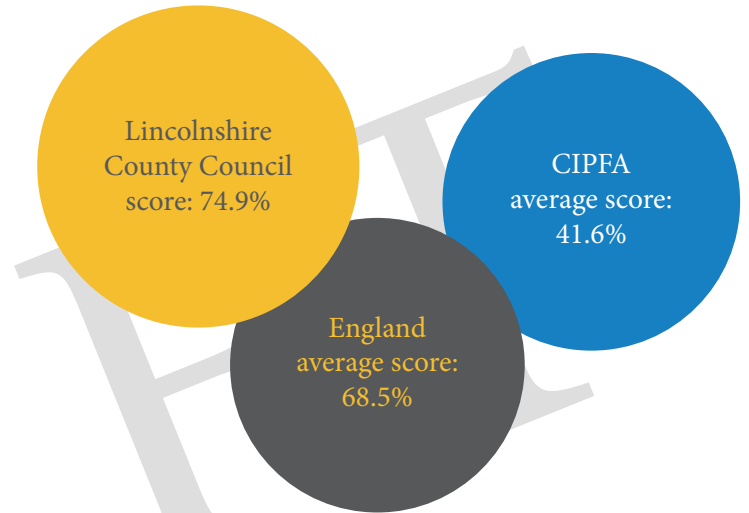
Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level



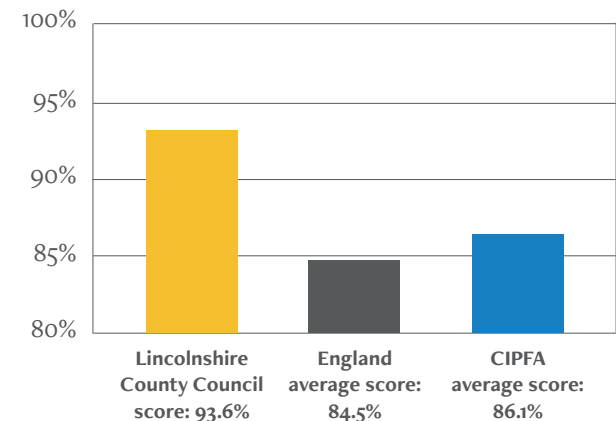
Overall satisfaction of carers with social services



Proportion of people who use services who feel safe



The proportion of people who use services who say that those services have made them feel safe and secure



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Surveys

We are keen to hear what is working well and where we need to do things better. To help us find out this information, we seek the views of people in the form of surveys that measure satisfaction rates and quality of life amongst our service users and *carers*.

Over the last year we have provided a number of opportunities for people to tell us their views about the services and support we provide.

This has included:

- the annual Adult Social Care survey which collects views from people in receipt of services from all client groups
- the bi-annual carers survey

In 2014-15, the type of things you told us included:

“The carers that come to help are really great, helpful and have a good laugh”

“Direct payments have brought back my quality of life to meet all my care needs”

“Excellent care and support. It couldn't be better”

“It is all good, I have lots of choices. I live in a nice house and feel safe”

“Valued member of Lincolnshire carers and young carers partnership”

“I found the Carers Team very helpful and understanding. I think it is a brilliant service which Lincolnshire County Council provides, actually making me feel valued as a carer”

According to the Adult Social Care annual survey:

80.3% of people who use services felt that they have control over their daily life (77.3% in 2013/14)

44.8% of people who use services reported that they had as much social contact as they would like (44.9% in 2013/14)

65.3% of people who use services reported that they were either extremely satisfied or very satisfied with their care and support services they receive (62.4% in 2013/14)

78.1% of people who use services find it easy to find information about services (76.7% in 2013/14)

74.9% of people who use services felt safe (62.8% in 2013/14)
93.6% of people who use services said that those services made them feel safe and secure (84.1% in 2013/14)

According to the bi-annual Carers survey:

49.3% of carers reported that they were either extremely satisfied or very satisfied with social services (40.8% in 2012/13)

70.6% of carers reported that they had been included or consulted in discussion about the person they care for (69.2% in 2012/13)

65.0% of carers who use services found it easy to find information about services (65.0% in 2012/13)

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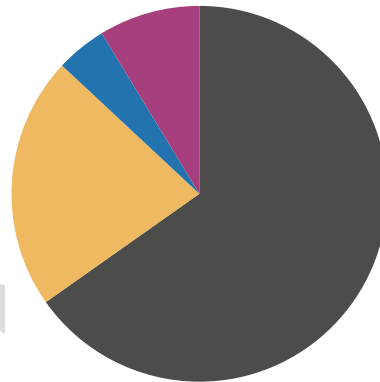
More information

Feedback

Part of our business includes the receipt of compliments, comments and complaints.

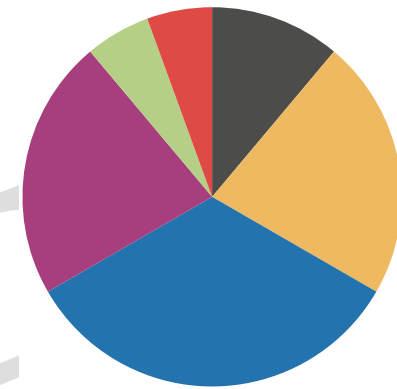
The total number of comments, compliments and complaints received in *Adult Care* in the year 2014-15 was: 158

The 23 compliments received related to:



Specific member of staff	15
Support and advice	5
Equipment	1
Day Care	2

18 complaints were upheld and related to:



Conduct of staff	2
Delay in services	4
Lack of communication	6
Care services provided	4
Work not carried out	1
Clarity of process:	1

“Thank you for the excellent support provided to my parents who have now relocated to Leeds. You responded quickly and efficiently and worked very hard under pressure of time.”

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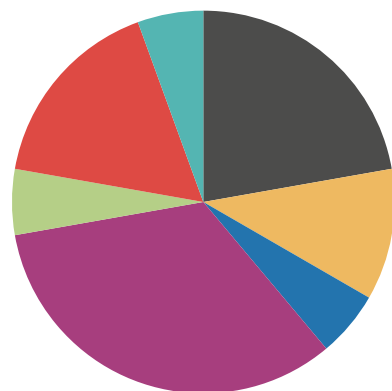
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We took the following actions to put things right:



Yellow	Reconfirm processes to staff	4
Black	Reallocation of resources	2
Blue	Reassessment of needs	1
Purple	Review of processes and procedures	6
Green	Outstanding care charges waived	1
Red	Provision of further information	3
Cyan	No Action	1

Other feedback

We also undertake 'Touchstone' surveys to qualify and evaluate public perception of how they feel about the service they received from Lincolnshire County Council. These surveys allow us to communicate directly with the public, gaining first-hand information from the people who matter the most, our customers.

Surveys are conducted monthly with the analysis carried out on a quarterly basis.

Some comments we have received from undertaking these surveys include:

The relative of the customer stated that they have a very good social worker who is able to help with most enquiries, she keeps in contact and keeps them informed regarding any updates that occur in regards to their daughters care.

The customer stated that the staff she spoke to throughout the process were friendly and polite and very helpful with her enquiries. They provided her with detailed information. They acted professional and also made her feel at ease and took the time to really understand the problems she faces and provided useful information, advice and support in order to allow her to continue living life normally, giving her greater freedom and more independence.

Feel safer knowing that social services are involved.

Customer has found it good service as he has been able to get in touch with the right people when he has needed to and has always been called back when this has been promised, excellent service.

Customer is highly satisfied with the level of care and support she is receiving. Social worker is very friendly, always turns up on time and always keeps in touch. The opportunity of respite care has come as a result of the assessment which the customer thinks will be nice once in a while for a change of scenery.

Customer very happy with the assessment, everyone has been friendly, helpful and polite. Customer feels everyone has done so much to help her and ensure she can remain in her own home.

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How we assure quality of services

People are at the heart of *Adult Care* delivery. Understanding quality assists the continuous improvement of care services, those we *commission* and our own practice and process. We recognise people's experience of care as a key measure of quality.

Defining quality is based on three interlinked components:



During 2014, Adult Care introduced a Quality and Safeguarding Board at Director, Assistant Director, and senior management level to provide governance for the work and management oversight of quality across the business.

What we have done so far

Developed our processes around re-procuring services.

What next?

We will continue to roll this approach out as part of services within our four commissioning strategies: Adult Frailty and Long Term Conditions; Specialist Services; *Carers* and Safeguarding.

Improved how we identify early concerns and manage any emerging risks in our commissioned services.

What next?

We will continue to refine risk tools, implement more robust contract management, look at ways to improve the way we capture and analyse information about the market and develop creative ways to support continuous improvement within the care sector.

In response to a Domestic Homicide and Peer Review for Safeguarding we have checked that improvements are happening based on the recommended actions, taken part in a national safeguarding pilot and put in place practice standard audits for our Safeguarding Team.

What next?

We will undertake further assurance after the Care Act 2014 implementation to make sure we are compliant with the new legislation, roll out the safeguarding pilot locally to improve understanding of people's experience of safeguarding enquiries.

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To understand people’s experience of operational practice we have implemented and analysed monthly audits against the quality practice standards, worked with Age UK to gain understanding of people’s experience of care needs assessment and used a telephone survey to understand people’s experience of our process.

What next?

We will improve how we collate information so that trends can be identified more clearly, expand practice standards audits to other teams and widen the Touchstone survey to include *mental health* service users.

To make sure we are using the learning from complaints and compliments we have reviewed our complaints process and made recommendations for improvements.

What next?

We will undertake follow up work to make sure the recommendations have been actioned.

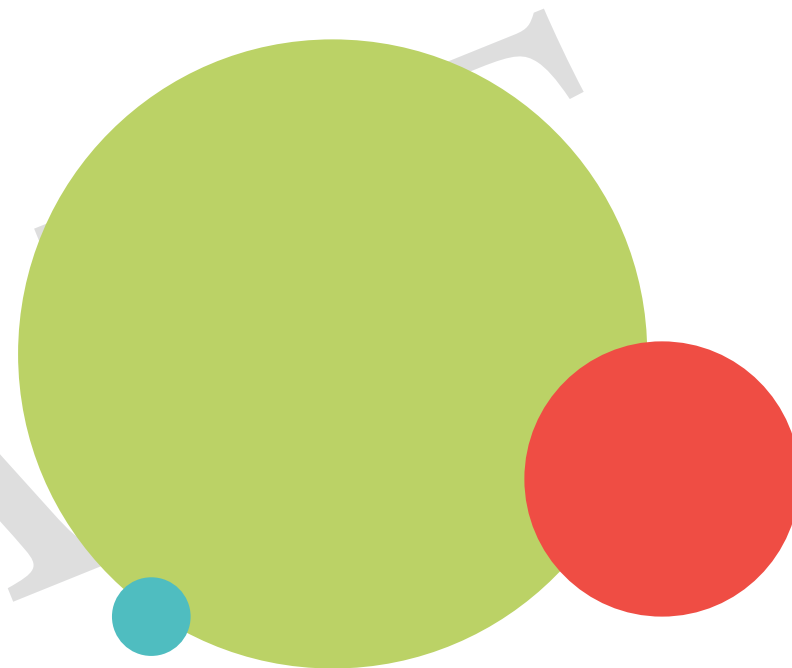
To make sure services are commissioned and *decommissioned* with due regard to equalities legislation we have undertaken equalities analysis to inform the decision making processes.

What next?

We will use equalities considerations and analysis to inform consultation exercises and service recommissioning/decommissioning.

The quality of *regulated services* in Lincolnshire (care homes, care homes with nursing and home support) remains high.

Care Quality Commission (CQC) new approach to inspection and ratings:



■	Good	64%
■	Requires improvement	28%
■	Inadequate	8%

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What are we doing to change the way we work?

Care Act 2014

The Care Act 2014 represented a significant reform of the law relating to care and support for adults and *carers*. It updated and pulled together relevant legislation in order to offer improved support and *wellbeing* with dignity, respect, *independence*, and choice. The Care Act promotes integration between *Adult Care*, health and housing.

The Care Act was implemented in April 2015 and duties addressed included: *prevention* and wellbeing, information and advice, carers, *market shaping*, commissioning, assessment and *eligibility*, independent *advocacy*, *personal budgets*, *direct payments*, *care and support plans*, *safeguarding*, partnerships, *transition* to Adult Care, prisons, and continuity of care.

As a result of the new Care Act, Adult Care has delivered staff training, and developed new guidance, action plans and changes to working practices.

This has included:

Information and Advice

Better information and advice can help people find ways to meet their support needs and reduce reliance on formal services. We are working to improve the way we provide information and advice so it is accessible to all. This will include reviewing our existing information and advice systems.

IT

A new client information system, Corelogic's Mosaic, will be implemented in Adult Care.

This will replace our ageing database, make processes more efficient and ensure we continue to be compliant with the Care Act.

Workforce

Training will be provided for Adult Care staff and regular bulletins will be issued to inform staff of updates relating to the Care Act.

“Just wanted to say how much I appreciated your help the other day when I was at a residential home waiting for a professional to turn up.”

7. More information

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Glossary of terms

Term	Meaning
A	
Abuse	In terms of the Care Act 2014, types of abuse include: <ul style="list-style-type: none"> • Physical abuse • Domestic violence • Sexual abuse • Psychological abuse • Financial or material abuse • Modern slavery • Discriminatory abuse • Organisational abuse • Neglect and acts of omission • Self-neglect
Action plan	A document which details what steps must be taken in order to achieve a specific goal.
Adaptations	Adjustments to help people to continue to live independently at home and lead a more active life.
Adult Care	The Lincolnshire County Council Directorate responsible for commissioning and providing social care and related services for adults (18 years and over) with social care needs.
Advocacy	M.Skipworth: An advocacy service is provided by advocates who are independent of social services and the <i>NHS</i> and who are not part of an individual's family or one of their friends. An advocate's role includes helping to put across a person's views on their behalf and making sure the correct procedures are followed by health and social care services.

Term	Meaning
Annual health checks	The Annual Health Check scheme is for adults and young people aged 14 or above with <i>learning disabilities</i> who need more health support and who may otherwise have health conditions that go undetected.
Assessment of needs	Assessment is the process of gathering and sharing information to build an understanding of your situation.
Autism	Autism is a neurodevelopmental disorder characterised by impaired social interaction, verbal and non-verbal communication, and restricted and repetitive behaviour.
C	
Carer	Someone who spends a significant proportion of their life providing unpaid care and support to any other person: a relative, partner, child or friend who is ill, frail, <i>disabled</i> or has <i>mental health</i> , alcohol or substance misuse problems, HIV or AIDS.
Care and support plans	A care plan is an agreement between an individual and their health professional (or social services) to help individuals manage their health day to day.
Care Quality Commission	The Care Quality Commission (CQC) is an independent regulator of health and adult social care in England. They ensure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

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Term	Meaning
Carers Emergency Response plan	<p>Carers Emergency Response Service (CERS) is a scheme that helps individuals develop a plan for what might happen if they had an emergency themselves and were unable to carry out their normal caring responsibilities. When a person registers the plan will be agreed, giving details of family, friends or local organisations who can take over in an emergency.</p> <p>The <i>carer</i> will be given a card which has a 24 hours telephone number and their own ID number to identify their personal emergency <i>action plan</i>. In the event of an emergency or something happening that prevents them from continuing to care for their loved one or friend, the service will implement the support detailed on their Emergency Plan. This could mean simply contacting a family member, neighbour or friend who can help support the person who is cared for.</p>
Census	<p>The official counting of a region's or nation's people and compilation of economic, social and other data, usually for formulation of development policies and plans and demarcating constituencies for elections.</p> <p>Every ten years the census gives us a complete picture of the nation. It allows us to compare different groups of people across the United Kingdom because the same questions are asked, and the information is recorded, in the same way throughout England, Wales, Scotland and Northern Ireland.</p>

Term	Meaning
Children and Families Act 2014	The census provides information that government needs to develop policies, plan and run public services, and allocate funding.
CIPFA	An Act to make provision about children, families and people with special educational needs or <i>disabilities</i> ; to make provision about the right to request flexible working; and for connected purposes.
Civil partnership	The Chartered Institute of Public Finance & Accountancy.
Clinical Commissioning Group	Civil Partnerships are the UK Government's approach to giving comparable rights to same sex couples as those enjoyed by married heterosexual couples.
Commission	Clinical commissioning groups (CCGs) are a core part of the government's reforms to the health and social care system. In April 2013, they replaced primary care trusts as the commissioners of most services funded by the NHS in England.
	The process of arranging services to meet an identified service need. Commissioning can be at a strategic level where services and functions are arranged to meet the needs of many people for example commissioning an Advocacy Service for Lincolnshire. Commissioning can also be at a more individual or 'micro-commissioning' level, for example a person may 'commission' a provider to help with their support needs.

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Term	Meaning
Community care	Help provided to people living in their own homes, rather than services provided in residential institutions.
Community meals	The provision of meals by organisations to adults and older people who have difficulty in preparing a meal in their own home.
County Council's Executive	The group of ten elected Councillors who form the Executive Committee - the most senior of Lincolnshire County Council's committees, similar to the Cabinet in national government. The Executive Councillors are those with responsibility for the key areas of the council's business, led by the Leader of the Council.
D Day opportunities	Day opportunities are services and activities that focus on ordinary life opportunities and give all people with a <i>disability</i> including people with complex high support needs the chance to meet up with other people, to say what they want to do, to decide where they want to go and to try out new things in their community and get support to do so.
De-commissioning	A change in the provision of a service. This may mean stopping a service or a significant part of it. It can also include terminating or re-negotiating a contract or grant with an existing service provider, where this is driven by commissioning needs, including reduced budgets.
Delayed Transfers of Care (DTC)	A delayed transfer of care is when a clinical decision has been made and the multi-disciplinary team decide that the patient is ready

Term	Meaning
	for transfer and the patient is safe to discharge but is prevented from doing so. It could be that the patient is ready to return home or to transfer to another form of care but is still occupying a bed designated for others.
Dementia	The word dementia describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes.
Direct payment	A payment made directly to a customer for the purposes of buying support services or products to meet assessed eligible needs and outcomes. Direct payments can be one off payments or they can be used to deliver a <i>personal budget</i> to fund on-going support.
Disabled/Disability	A person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Disabled Facilities Grant	If an individual or someone living in their property is <i>disabled</i> they may qualify for a disabled facilities grant towards the cost of providing <i>adaptations</i> and facilities to enable the disabled person to continue to live there. Such grants are given by local councils under Part I of the Housing Grants, Construction and Regeneration Act 1996.

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Term	Meaning
Diversity	This describes the wealth of different characteristics and experiences that people bring to our communities and that define people as individuals. We embrace diversity by recognising and understanding the characteristics that make people who they are and strive to ensure that no one is disadvantaged because of them. In particular we seek to ensure people are not disadvantaged by characteristics protected by the <i>Equality Act 2010</i> – age, <i>disability</i> , <i>gender reassignment</i> , <i>marriage</i> and <i>civil partnership</i> , <i>pregnancy</i> and <i>maternity</i> , <i>race</i> , <i>religion or belief</i> , <i>sex</i> and <i>sexual orientation</i> .
E Efficiency savings	Those savings which can be achieved from budgets through better organisation of operations, greater use of information and communication technologies, better utilisation of assets, more economical practices, automation of processes, the formation of partnerships with others.
Eligibility/ Eligibility Criteria	Under the Care Act 2014, the government introduced a new national eligibility threshold to determine which people will be eligible for support. Eligible needs are those which if they are not being met by other means, <i>Adult Care</i> would have to ensure they are met by providing care and support.
Equality	The state of being equal, especially in status, rights or opportunities.
Equality Act 2010	A new Equality Act came into force on 1 October 2010. The Equality Act brought together over 116 separate pieces of legislation into one single Act.

Term	Meaning
G Gender re-assignment	Combined, they make up a new Act that provides a legal framework to protect the rights of individuals and advance <i>equality</i> of opportunity for all. The process of transitioning from one gender to another.
I Independence	The ability to carry out activities that support one's own lifestyle and to control the care given by others.
L Learning disabilities	A learning disability is a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money, which affects someone for their whole life.
Lincolnshire Assessment and Reablement Service	A short term service to help people following a health or social care incident or crisis. It is designed to enable people to be independent in their own home.
Lincolnshire Community Health Services	Delivers care closer to home, providing community healthcare and healthy lifestyles services for the people of Lincolnshire.
Lincolnshire Partnership Foundation Trust	A Trust established in 2002 when social care and health services, formerly provided by Lincolnshire County council and Lincolnshire Healthcare <i>NHS</i> Trust, were brought together to create new <i>mental health</i> and substance misuse services for adults.

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Long Term Conditions	A Long Term Condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies.
M	
Market shaping	The facilitation of a vibrant, diverse and <i>sustainable</i> market for high quality care and support in an area, for the benefit of its whole local population, regardless of how the services are funded.
Marriage	In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same- <i>sex</i> couple.
Maternity	Maternity refers to the period after the birth of a child.
Mental Capacity Act 2005	The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own Meaningdecisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
Mental health	A state of <i>wellbeing</i> in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.
Multi-agency	Involving co-operation between several organisations.

Term	Meaning
N	
National Health Service (NHS)	The publicly funded healthcare system for England.
Neighbourhood Team	Teams established to identify those most at risk of health and social care problems and decide how best to manage their needs, with the patient being at the centre of that decision making process wherever possible. The Teams will bring together local health and social care professionals from different specialities.
Nursing Care	The services rendered by members of the health professions for the benefit of a patient.
P	
Peer	A person who is equal to another in areas such as abilities, qualifications, age, background and social status.
Performance Indicators	A type of performance measurement.
Personal budget	An amount of money allocated to a customer required to meet eligible needs based on an agreed support plan. An indicative budget gives an approximate budget for planning purposes, based on an assessment and the Resource Allocation System. The personal budget is that which is actually needed once support options have been identified. The personal budget figure may be more or less than the indicative budget.

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Term	Meaning
Pooled budget	The combining of funds from different organisations to purchase integrated support to achieve shared outcomes.
Pregnancy	Pregnancy is the condition of being pregnant or expecting a baby.
Prevention	Activities to stop a social or psychological problem arising. Activities to avoid the need for more intrusive or intensive services.
Protected characteristics	The <i>Equality Act 2010</i> introduced the term “protected characteristics” to refer to groups that are protected under the Act.
Q Quality Assurance	A person who is equal to another in areas such as abilities, qualifications, age, background and social status.
Quartile	One of three points that divide a range of data or population into four equal parts.
R Race	It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Regulated services	Health and social care services which are regulated by the <i>Care Quality Commission</i> .
Religion or Belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect a person's life choices or the

Term	Meaning
Residential care	should affect a person's life choices or the way they live for it to be included in the definition. Long-term care given to adult who stay in a residential setting rather than in their own home or family home.
S Safeguarding	Keeping people safe from avoidable harm or <i>abuse</i> ; any measure that counters a risk of harm could be defined as a safeguarding measure. More commonly Safeguarding is used in relation to avoidable harm or abuse resulting from the actions of others and describes the activity of investigating and preventing harm.
Section 75 contract	An agreement made under section 75 of the National Health Services Act 20016 between a local authority and an <i>NHS</i> body in England.
Sector Led Improvement	An approach to improvement put In place by local authorities and the Local Government Association following the abolition of the previous national performance framework.
Self-directed support	Self-directed support describes the ways in which individuals and families can have informed choices about how their support is provided to them.
Sensory impairment	A sensory impairment is used primarily to refer to vision and hearing impairments but other senses can be impaired. Principally when referring to sensory impairments there are 3 main types:

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Term	Meaning
	<ul style="list-style-type: none"> A visual impairment, which is a decreased ability to see to a degree that causes problems not fixable by things such as glasses A hearing impairment, which is a partial, or total, inability to hear A multi-sensory impairment, where a person has both a visual and hearing impairment
Services	A system supplying a public or personal need.
Sex	A man or a woman.
Sexual orientation	Whether a person's sexual attraction is towards their own <i>sex</i> , the opposite sex or to both sexes.
Stakeholder	A stakeholder is anyone with a professional or personal interest in a business or organisation. Stakeholders can be individuals, groups, or external organisations that are affected by the activity of the organisation or business.
Statutory guidance	Guidance recognised by statute.
Sustainability	An ability or capacity of something to be maintained or sustain itself.
T Telecare	A service that helps people to remain independent and feel safer in their own home.
Transition	Transition is a term used nationally for the process of change for young <i>disabled</i> people as they progress from childhood to adulthood.

Term	Meaning
Two-tier authority	A system of local government involving county and district councils.
W Wellbeing	A good or satisfactory condition of existence; a state characterised by health, happiness, propriety and welfare.

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DRAFT

Open Report on behalf of Richard Wills, the Director responsible for Democratic Services

Report to:	Adults Scrutiny Committee
Date:	9 December 2015
Subject:	Lincolnshire Safeguarding Boards Scrutiny Sub-Group – Update

Summary:

This report enables the Adults Scrutiny Committee to have an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, in particular the Sub-Group's consideration of adult safeguarding matters. The draft minutes of the last meeting of the Scrutiny Sub-Group held on 7 October 2015 are attached.

Actions Required:

That the draft minutes of the meeting of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, held on 7 October 2015 be noted.

1. Background

The Lincolnshire Safeguarding Boards Scrutiny Sub-Group considers both adults' and children's safeguarding matters, in particular focusing on the activities of the Lincolnshire Safeguarding Children Board and Lincolnshire Safeguarding Adults Board.

The last meeting of the Sub-Group was held on 7 October 2015 and the draft minutes are attached at Appendix A to this report. As the remit of the Adults Scrutiny Committee includes adult safeguarding, the Committee is requested to focus on those minutes from the Sub-Group, which are relevant to this remit.

2. Conclusion

The draft minutes appended to this report are for the Committee's information.

3. Consultation

a) Policy Proofing Actions Required

This report does not require policy proofing.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Minutes of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group held on 7 October 2015.

5. Background Papers

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Catherine Wilman, who can be contacted on 01522 55(3788) or catherine.wilman@lincolnshire.gov.uk.

**LINCOLNSHIRE SAFEGUARDING
 BOARDS SCRUTINY SUB-GROUP
 7 OCTOBER 2015**

PRESENT: COUNCILLOR C R OXBY (CHAIRMAN)

Councillors S R Dodds, Mrs S Ransome, Mrs L A Rollings, and Mrs M J Overton MBE;

Added Members: Councillor C L Burke (District Council Representative), Emma Olivier-Townrow (Parent Governor Representative);

Officers in attendance:- David Culy (LSAB Business Manager), Simon Evans (Health Scrutiny Officer), Tracy Johnson (Senior Scrutiny Officer), Andy Morris (LSCB Business Manager), Catherine Wilman (Democratic Services Officer).

16 APOLOGIES FOR ABSENCE

Apologies were received from Councillor D Brailsford.

Councillor Mrs M A Overton MBE was present as a replacement for Councillor A Austin for this meeting only.

17 DECLARATION OF MEMBERS INTERESTS

No interests were declared.

18 MINUTES OF THE SAFEGUARDING BOARDS SCRUTINY
 SUB GROUP HELD ON 15 JULY 2015

RESOLVED

That the minutes from the meeting held on 15 July 2015 be approved as a correct record and signed by the Chairman.

19 KEY MESSAGES FROM LINCOLNSHIRE SAFEGUARDING
 ADULTS BOARD

Consideration was given to a report which updated the Sub Group on the key issues from the Lincolnshire Safeguarding Adults Board since the last meeting.

The Sub Group reviewed the Board's Risk Register. In relation to the Deprivation of Liberty Safeguards (DOLS), it was reported it would not be

mitigated. The legal consultation into changing the Cheshire West judgement was expected to take 18 months to 2 years; this length of time was to be expected. The mitigated risk had been entered onto the register and the risk and target score would be reviewed on a regular basis.

The Board's first Strategy had been finalised and copies were circulated to the members. The strategy would be in force for three years from 2015-2018 and had taken several months to finalise. All members of the Board as well as the Health and Wellbeing Board had helped to develop it.

The Sub Group were complimentary about the strategy, feeling that it was a clear and precise document and its presentation was easy to follow and read. The strategy document would be available to view online and hard copies had already been posted out to relevant organisations.

It was felt an interactive version would be beneficial as it was currently a PDF. This feedback was noted.

The Sub Group discussed the Multi-Agency Policy and Procedure 2015 whose purpose was to set out to multi agency partners the procedures to be followed for situations involving safeguarding.

During discussion of the document it was noted that:

- Under section 3.23 – Person in a Position of Trust, young people who were carers needed to be within this section;
- Under section 4.7 – Designated Adult Safeguarding Manager, there were blurred lines between the role of a Designated Adult Safeguarding Manager and a Safeguarding Lead;
- It was clarified that all faith groups would be included in the policy. The Lincoln Diocese had worked tirelessly to promote safeguarding and free training would be available to faith groups.

RESOLVED

That the Sub Group be assured that the LSAB continues to try to protect the adults at risk living in Lincolnshire from abuse and neglect.

20 SAFEGUARDING ADULT REVIEWS (SARS)

Consideration was given to a report which updated the Sub Group on the current Safeguarding Adult Reviews (formerly Serious Case Reviews), currently going through the early information gathering process.

The action plan written as a result of the case of KJ had identified changes to procedures, which was a positive outcome.

RESOLVED

That the report be noted.

21 UPDATE ON THE WORK OF THE LSCB AND ITS SUB-GROUPS

The Sub Group considered a report which provided an update on the work currently being undertaken by the Lincolnshire Safeguarding Children Board and its sub groups.

The LSCB had recently recruited an Audit Officer which would greatly strengthen its processes.

Through the work of its four sub groups, the Board was coming to the conclusion of three Serious Case Reviews and the Sub Group received an update on all of these.

RESOLVED

That the report be noted.

22 LSCB AUDIT PROGRAMME

Consideration was given to a report which provided an overview of the Lincolnshire Safeguarding Children Board audit programme covering the period 2015/16.

There was an ongoing multiagency case file audit being undertaken, which was spot checking cases at random.

The Sub Group discussed paying visits to care homes, however it was felt that the group's function was to scrutinise the Boards and not the services. It was felt attending a Board meeting would be far more useful and enlightening to the scrutiny process.

It was reported that best practice and success stories, as a result of the audit process, was shared and reported to the Serious Incident Review Group. This would then be shared with the Policies and Procedures Group in order to incorporate best practice.

RESOLVED

That the report be noted.

23 JOINT BOARD WORKING

**LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP
7 OCTOBER 2015**

Consideration was given to a report which provided a response to the task assigned to Business Managers to discuss business planning cycles and processes, and outcomes. The report made proposals for future working practices.

It had become clear that there was no scope for one joint board with each of the existing boards having a different scope for safeguarding. However, there was a need for the two boards to work together for consistency and to do this, the Business Managers to meet four times each year.

There was a proposal for a 'collective' handbook which would explain how the boards could work together. There was totally different legislation and remit for both the boards, however where there was a crossover, was where the alliance could occur.

A network for business managers outside of meetings had been proposed which would further aid information sharing and stronger cooperation between Boards.

There had already been some good collaborative work emerging from the joint working and more was to be expected.

RESOLVED

That the proposals to introduce:

- A Business Managers' email network;
- Regular scheduled business Managers' meetings;
- Development of a 'collective' handbook;

be supported by the Sub Group.

24 JOINT DOMESTIC ABUSE PROTOCOL

The Sub Group considered a report which provided an update on the work being undertaken by the LSCB in conjunction with the LSAB and Domestic Abuse Strategic Management Board (DASMB).

The protocol was launched on 29 September 2015 and was an example of good multi agency/board working. The launch had seen a good amount of media attention.

The Sub Group discussed the DASH Risk Assessment (Domestic Abuse, Stalking and Honour Based Violence), contained within the protocol and it was felt the questions contained in the assessment were too closed, only requiring a 'yes' or 'no' answer. To get a fuller response, questions should begin with why, what, where, when and who. This feedback would be noted, however, as it was a national risk assessment, it was likely that the document could not be changed. The questions asked were intended to provide an indication, as the process undertaken prior to the DASH assessment, would

provide sufficient information for professionals to form an opinion.

RESOLVED

That the report be noted.

25 LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB
GROUP WORK PROGRAMME 2015/16

Volunteers were sought to attend the next meeting of the Lincolnshire Safeguarding Adults Board on 28 October 2015 and the LSCB Strategic Management Group on 3 December 2015. Councillors C L Burke, C R Oxby, Mrs S Ransome, and Mrs L A Rollings agreed to attend on 28 October 2015, and Emma Olivier-Townrow agreed to attend on 3 December 2015.

RESOLVED

That the work programme and changes made therein be noted.

26 PROPOSED MEETING DATES

The dates for future meetings, as proposed on the agenda, were discussed and the following dates were agreed:

6 January, 2016 – 10am
6 April, 2016 – 2pm
6 July, 2016 – 10am
28 September, 2016 – 2pm.

The meeting closed at 12.45 pm

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**Open Report on behalf of Richard Wills,
Executive Director responsible for Democratic Services**

Report to:	Adults Scrutiny Committee
Date:	9 December 2015
Subject:	Adults Scrutiny Committee Work Programme

Summary:

This report enables the Adults Scrutiny Committee to consider its work programme for its forthcoming meetings, which is attached at Appendix A.

Actions Required:

To consider and comment on the work programme as set out in Appendix A to this report.

1. Background

Current Work Programme

The current work programme for the Committee is attached at Appendix A to this report. Also attached at Appendix B is a 'tracker' of the items previously considered by the Committee.

Scrutiny Activity Definitions

Set out below are the definitions used to describe the types of scrutiny, relating to the items:

Budget Scrutiny - The Committee is scrutinising the previous year's budget, the current year's budget or proposals for the future year's budget.

Pre-Decision Scrutiny - The Committee is scrutinising a proposal, prior to a decision on the proposal by the Executive, the Executive Councillor or a senior officer.

Performance Scrutiny - The Committee is scrutinising periodic performance, issue specific performance or external inspection reports.

Policy Development - The Committee is involved in the development of policy, usually at an early stage, where a range of options are being considered.

Consultation - The Committee is responding to (or making arrangements to respond to) a consultation, either formally or informally. This includes pre-consultation engagement.

Status Report - The Committee is considering a topic for the first time where a specific issue has been raised or members wish to gain a greater understanding.

Update Report - The Committee is scrutinising an item following earlier consideration.

Scrutiny Review Activity - This includes discussion on possible scrutiny review items; finalising the scoping for the review; monitoring or interim reports; approval of the final report; and the response to the report.

2. Conclusion

The Committee is invited to consider its work programme.

3. Appendices - These are listed below and attached at the back of the report

Appendix A	Adults Scrutiny Committee Work Programme
Appendix B	Adults Scrutiny Committee Tracker

4. Background Papers - No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

This report was written by Simon Evans, who can be contacted on 01522 553607 or simon.evans@lincolnshire.gov.uk.

ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Chairman: Councillor Hugo Marfleet
 Vice Chairman: Councillor Rosie Kirk

9 December 2015 – 10.00 am		
Item	Contributor	Purpose
Community Support Procurement (including Adult Home Care; Children with Disabilities Domiciliary Care; and Adult Supported Living.)	Alina Hackney, Senior Strategic Commercial and Procurement Manager	Update Report
Adult Care Projected Outturn 2015-16	David Laws, Adult Care Strategy Financial Advisor	Budget Scrutiny
Adult Care – Local Account 2014-15	Emma Scarth, County Manager, Performance, Quality and Development Samantha Francis, Quality and Development Manager, Business Improvement Team	Status Report
Adult Care – Quarter 2 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny
Safeguarding Boards Scrutiny Sub Group – Report of 7 October 2015 Meeting	Katrina Cope, Senior Democratic Services Officer	Update Report

27 January 2016 – 10.00 am		
Item	Contributor	Purpose
Healthwatch Lincolnshire – Update on Adult Care Activity	Nicola Tallent, Senior Engagement Officer, Healthwatch Lincolnshire	Update
Adult Care Budget Proposals 2016-2017	David Laws, Adult Care Strategy Financial Advisor	Budget Scrutiny

27 January 2016 – 10.00 am		
Item	Contributor	Purpose
Adult Care – Seasonal Resilience	Glen Garrod, Director of Adult Social Services	Status Report

24 February 2016 – 10.00 am		
Item	Contributor	Purpose
Adult Safeguarding Report	Elaine Baylis, Chairman of the Lincolnshire Safeguarding Adults Board <i>(To be confirmed.)</i> David Culy, Lincolnshire Safeguarding Adults Board Business Manager.	Status Report
Adult Care – Quarter 3 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny

6 April 2016 – 10.00 am		
Item	Contributor	Purpose
Care Quality Commission Inspection Update	Deanna Westwood, Inspection Manager, Adult Social Care Directorate, Central Region, Care Quality Commission	Update

Items to be programmed

- Adult Care Workforce Development
- Adult Care IT Support Systems Update
- Neighbourhood Teams

Adults Scrutiny Committee Work Programme Tracker

Item	2013				2014							2015									
	12 June	24 July	27 Sept	30 Oct	27 Nov	24 Jan	26 Feb	9 Apr	2 May	4 June	30 Jul	1 Oct	26 Nov	23 Jan	25 Feb	1 Apr	27 May	8 July	9 Sept	28 Oct	9 Dec
Adult Care – General Strategic Items			✓						✓												
Adult Care Local Account																					✓
Adult Care Market Position Statement																				✓	
Advocacy Re-commissioning				✓																	
Autism Items		✓												✓							
Better Care Fund Items													✓	✓					✓		
Care Bill / Care Act 2014 Items						✓					✓					✓				✓	
Care Quality Commission Items							✓	✓											✓		
Carers Strategy and Related Items			✓							✓			✓								
Case Management Partnership Programme										✓											
Community Support / Home Care															✓						✓
Contributions Policy – Non-Residential Care																	✓			✓	
Day Services Items							✓					✓									
Deferred Payment Agreements																	✓				
Dementia Related Items						✓															
Direct Payment Items			✓								✓										
Extra Care Housing											✓					✓					
Healthwatch Items									✓												
Hospital Discharge Arrangements	✓																				
Independent Living Team					✓																
Integrated Community Equipment Services			✓									✓									
Learning Disability Items									✓												
Lincolnshire Assessment and Reablement					✓												✓				
Mental Health Items													✓	✓							
My Choice My Care Website				✓																	
Neighbourhood Teams																		✓			
Procedures Manual									✓												
Quality Assurance Items			✓			✓															
Residential Care Items												✓			✓						
Safeguarding Adults						✓														✓	
Sensory Impairment Service Items																			✓		
Staff Absence Management				✓																	
Wellbeing Service & Related Items		✓					✓			✓						✓					✓
RECURRING STANDARD ITEMS																					
Adult Social Care Outcomes Framework	✓											✓									
Budget Items	✓	✓		✓		✓				✓				✓			✓				✓
Quarterly Performance	✓		✓		✓		✓		✓		✓	✓	✓			✓		✓	✓		✓
Safeguarding Board Minutes	✓		✓		✓		✓					✓	✓		✓		✓		✓		✓

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