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County Offices
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14 January 2016

Adults Scrutiny Committee

A meeting of the Adults Scrutiny Committee will be held on **Friday, 22 January 2016 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

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
FRIDAY, 22 JANUARY 2016

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 9 December 2015**	5 - 14
4	**Healthwatch Lincolnshire: Adult Care in Lincolnshire** *(To receive a report from Nicola Tallent, Senior Officer for Engagement and Enter and View, Healthwatch Lincolnshire, which provides the Scrutiny Committee with an update on Adult Care activity)*	15 - 48
5	**Adult Care Budget 2016/17** *(To receive a report from David Laws, Adult Care Strategy Financial Advisor, which provides the Scrutiny Committee with details of the Adult Care revenue and capital budget for 2016/17. The Committee are invited to comment on the budget proposals prior to them being discussed at the Executive meeting on 2 February 2016)*	49 - 60
6	**Review of In-House Day Services** *(To receive a report from Justin Hackney, Assistant Director, Specialist Adult Services, which provides the Scrutiny Committee with on the Review of In-House Day Services)*	61 - 70
7	**Adults Scrutiny Committee Work Programme** *(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme for the coming months)*	71 - 78

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.

All papers for council meetings are available on:
www.lincolnshire.gov.uk/committeerecords

ADULTS SCRUTINY COMMITTEE
9 DECEMBER 2015

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

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

Councillors: Mrs P A Bradwell (Executive Councillor Adult Care and Health, Children's Services) and C R Oxby, (Executive Support Councillor Adult Care).

Barry Earnshaw (Chairman and Director of Lincolnshire Care Association) was also in attendance.

Councillor Mrs J M Renshaw attended the meeting as an observer.

Officers in attendance:-

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Samantha Francis (Quality and Development Manager, Business Improvement Team), Glen Garrod (Director of Adult Care), Alina Hackney (Senior Strategic Commercial and Procurement Manager), Steve Houchin (Head of Finance), David Laws (Adult Care Strategic Financial Adviser), Emma Scarth (Commissioning Manager Performance, Quality and Workforce Development) and Pete Sidgwick (Chief Commissioning Officer - Frail, Elderly and Long Term Conditions).

36 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors J R Marriott, Mrs A Reynolds and Mrs S M Wray.

37 DECLARATIONS OF MEMBERS' INTERESTS

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

38 MINUTES OF THE MEETING OF THE ADULTS SCRUTINY COMMITTEE HELD ON 28 OCTOBER 2015

RESOLVED

> That the Minutes of the Adults Scrutiny Committee held on 28 October 2015, be confirmed and signed by the Chairman as a correct record.

39 COMMUNITY SUPPORT PROCUREMENTS

Consideration was given to a joint report from Pete Sidgwick (Chief Commissioning Officer – Frail Elderly and Long Term Conditions) and Alina Hackney (Senior Strategic Commercial and Procurement Manager – People Services, Commercial Team), which provided the Committee with the background to decisions, activities and outcomes resulting from the current year's Community Support Procurement Programme, which included Homecare Services, Community Supported Living Services and Children with Disability Homecare Services.

The Committee received a joint presentation from the Chief Commissioning Officer – Frail Elderly and Long Term Conditions and the Senior Strategic Commercial and Procurement Manager – People Services, Commercial Team which made reference to:-

- The context for the Procurement exercise;
- The background behind the services, the need for the Council to meet its statutory needs as determined by the Care Act;
- The New Homecare Model - It was highlighted that the new Homecare Model had been designed to address a number of escalating concerns, and to better manage increasing demand in an environment of decreasing budgetary resources;
- Community Supported Living – The Committee were advised as the Community Supported Living operated in a different way to the Homecare Model, a separate procurement exercise was conducted with the establishment of an 'Open Select List', a flexible framework that would retain existing quality and continuity of care to service users; and it also allowed the Council to make strategic sourcing decisions for the future;
- Market Rate – It was reported that Homecare had started from a zero base and that an hourly rate had been constructed taking into consideration all component costs associated with delivering services. Paragraphs 4.1 to 4.5 of the report provided full details of the financial modelling;
- Communication – The Committee was advised that with the Communications Team support, a number of activities had been planned to support the programme. Paragraphs 5.1 to 5.4 of the report provided details of the communications planning;
- Market Engagement – Full details was contained in paragraphs 7.2 to 7.4 of the report presented;
- Governance and Decision Making – It was noted that there had been robust governance arrangements in place to provide the necessary oversight, and carry out the required decision making in line with the Council's Constitution. The Committee was advised of the key decision dates and the governance gateways. Appendix A to the report presented provided the Committee with details of the Community Support Procurement – Governance Overview;
- Tender Process – The Committee was advised that for Homecare there had been a two stage process, Pre-qualification and Invitation to Tender. These had been split into two parts, one for the provision of Adults Homecare, and one for the provision of Children with Disabilities Homecare. The Committee was advised further that bidders had been able to bid for one or both. At the

pre-qualification stage 31 bids had been received (26 for adults only, 3 for adults and children and 2 for children's only), with 24 organisations having been approved to proceed to the stage.

At the Invitation to Tender stage 19 bids had been received for adults and 4 bids for children's.

The Committee was advised that for Adults the top 12 bidders had been allocated zones based on their evaluation scores and preference. There had been total coverage for all zones with 12 individual providers; within the 12 successful bids there had been five collaborative bids, and one bid from a new national provider.

In respect of Children's the top two bids allocated multiple zones. It was noted that midway through the process, one bidder had withdrawn, resulting in all zones being allocated to one provider.

With regard to the Community Supported Living there had been 25 applications received. Once evaluated, 21 had been invited to join the Open Select List. It was highlighted that the 21 successful bidders accounted for 99% of existing service provision, and that there had been no service user impact, as a result of the procurement outcome.

The Committee noted that overall the Tender process had been very robust with lots of dedicated support from the support team. It was highlighted that there had been no legal challenges, and it was noted that full services had commenced on 26 September 2015;

- Homecare Transition – The Committee were advised that the transition for Homecare had been vast and that there had been a three month transition period. Officers advised that overall the process had gone very well with over 3,500 service users being transferred to the new prime providers. It was noted that on the 26 September 2015 there were 29 cases that did not transfer successfully. With close management the number of cases had dropped over the following week with all service users now receiving care. Full details of the Challenges with regard to Transfer of Undertakings Protection of Employment (TUPE); increase in direct payments; relocation and higher demands of service quality were detailed on page 26 of the report presented;
- Service User Experience – The Committee were advised that the Adult Care Quality Team had undertaken a sampling of cases that had transferred to the new provider during the transition period. It was noted that services users had welcomed these calls, and the feedback had been that 65% felt that their experience had been positive; 26% had said it had been negative; and 8% had been unsure. It was noted that a planned quality assurance customer survey of homecare would be taking place in quarter one 2016/17; and then annually thereafter;
- Post Transition – The Committee were advised that Homecare Services had historically been very difficult to source effectively and reliably due to a number of issues which the new model sought to address. It was noted that

issues remained within the market around improving workforce capacity; staff recruitment and retention, managing rurality and social isolation; and the impact of the National Living Wage. Whilst there continued to be some concern with a small number of prime providers, there was evidence of genuine improvement. It was highlighted that the Lincolnshire Care Association (LinCA) had offered to act in a central support and co-ordination role; and

- Contract Management – The Committee was advised that there was a dedicated officer assigned to prime providers. The prime provider was responsible for ensuring that sub-contracted work was carried out to the same standard as set out in the specification and contract; and that they also met the required standards to deliver homecare. The Committee were advised further that contract management meetings would be held to monitor the performance of the contract.

In conclusion, the Committee were advised that the Community Support Procurement Programme had represented a considerable achievement for the Council. It was felt that the new commercial model now in place allowed for a much closer strategic relationship with its Care Providers, and that the Council was now in a stronger position to be able to deal with the rapidly escalating risks and pressures facing the social care system as a whole.

The Chairman invited Barrry Earnshaw, (Chairman and Director of LinCA) to address the meeting. The Committee were advised that the Providers were working together to see what was working well, and also what was not working so well, and how these issues could be overcome to the benefit of the customer. The Committee were also advised that there was to be a joint recruitment fair in the New Year across the County.

During discussion, the following issues were raised:-

- Issues surrounding recruitment and retention;
- The responsibility of Providers to ensure that sub-contractors complied to the required standard;
- TUPE issues surrounding the changeover;
- Ensuring that staff employed had received the necessary training, and had the knowledge required to perform the duties of the job they had been employed to carry out. The Committee were reassured that quality checks would be done to ensure that quality of service provision was maintained. It was also highlighted that Providers wanted to make sure that the service they were providing was the best. A suggestion was put forward for an award/accolade system to maintain quality. The Committee were advised that this would be an issue LinCA would be discussing with Providers at their meetings;
- The impact of Direct Payments on the contract. The Committee were advised that the impact of the Direct Payments scheme would not affect the contract, as Direct Payments were moving forward at a steady rate with regard to older people, and that this trend was being replicated nationally;
- That work was being done to look at the 34% of service users who in effect were not happy with the service they were receiving. It was noted that the

issue highlighted was capacity, as there had been a reduction in the number of staff coming through. Also, the Committee noted that some users had not been aware that their service had changed, as the same people were still providing the service;
- Whether the reduction in service providers from 73 to 12 had reduced the number of homecare hours for service users. The Committee were advised that the Council had a statutory duty to meet assessed and eligible need;
- Cost pressures and whether this could be mitigated. The Committee noted that the Contract Regulations had changed, and that the Council was supporting suppliers in the interim to supply services in rural communities;
- The challenges facing Lincolnshire with regard to rurality and the best way that should be managed;
- That the Committee should receive regular updates from LinCA;
- That the Committee should be updated in the New Year with regard to staffing, recruitment, living wage, travel costs, blockages and the recruitment fair; and
- Some members suggested that representatives from some of the Providers should be invited to attend a future meeting.

RESOLVED

1. That the report and presentation be noted.

2. That the Committee's work programme should include an item co-ordinated by the Lincolnshire Care Association on the issues relating to the recruitment and retention of staff in the care sector.

40 ADULT CARE 2015/16 OUTTURN PROJECTION

The Committee gave consideration to a report from David Laws, Financial Advisor, Adult Care, which asked the Committee to consider the budget outturn for 2015/16.

In guiding the Committee through the report, particular reference was made to:-

- It was highlighted that Adult Care was likely to balance its budget of £145.647m net and was expected to end up with an underspend. The Committee noted that the report presented was the first of two budget monitoring reports that would be presented within the financial year;
- That Adult Care was now organised into the four key commissioning strategies, these being: Adult Frailty & Long term Conditions; Specialist Services (Mental Health, Autism and Learning Disability); Safeguarding Adults; and Carers;
- The role of the Safeguarding Adults Strategy – It was highlighted that the budget was £3.2596m, and it was projected that this would be balanced by the end of the financial year;
- The role and purpose of the Carers Strategy. It was highlighted that the current budget was £2.044m and that it was projected that it would be balanced by the end of the financial year;
- Care Act - It was reported that the Council had 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. £400k of this was not utilised by Adult

Care and was made available to the Council to address overall budgetary pressures. It was anticipated that the authority would utilise all of this funding in 2015/16;

- Better Care Fund – The Committee were advised that £20m had been allocated to the Council in 2015/16 predominantly in Adult Care and that this would help fund the costs of the Care Act and protect adult care services; and
- Adult Care Savings Programme – It was reported that the 2015/16 budget also included a commitment from the service to deliver £3.388m worth of savings during the financial year from a number of initiatives including a Senior Management and Workforce Development review. It was highlighted that at the end of October 2015, Adult Care had achieved £2.085m in savings, with an expectation that an additional £1.003m will be delivered by the end of the year.

In conclusion, it was reported that this would be the fourth year in succession that Adult Care had achieved an underspend position.

During discussion the Committee made reference to the Agresso IT system, and questions were raised as to when the Agresso was likely to be fully operational. Officers advised that the situation was improving and that all focus was being made on closing year end accounts. The Committee were further advised that issues relating to Agresso were currently being monitored by the Value for Money Scrutiny Committee.

Also some reference was made to:-

- The detail in the report contained on page 35 relating to 'Infrastructure'. The Committee were advised that there was a recruitment problem in Lincolnshire; the challenge was how to retain staff; and
- It was noted that the Mental Health Service was commissioned by the County Council from Lincolnshire Partnership NHS Foundation Trust (LPFT) by way of a Section 75 Agreement. It was noted that there had been an increase in activity, but the expectation was the LPFT budget would remain on target in 2015/16. A total £5.4m was the amount of funding required to deliver the service.

RESOLVED

That the Adult Care budget outturn projection for 2015/16 be noted.

41 QUARTER 2 PERFORMANCE REPORT

Consideration was given to a report from Emma Scarth, County Manager for Performance Quality and Development, which provided the Committee with a summary of the Adult Care performance measures within the four Commissioning Strategies for Quarter 2 of 2015/16.

It was reported that all the measures had been identified as a priority for the authority, and as a result had been included in the Council Business Plan.

Appendix A to the report presented provided the Committee with detailed performance information for 2015/16.

It was reported further that the direct payment measure combined both service user and carer direct payments. From 2016/17 these two indicators would be measured separately. It was noted that there had been an increase in the number of people accessing direct payments.

At the end of Quarter 2, there were 432 permanent admissions into residential and nursing care for adults over 65 years. It was noted that the performance had deteriorated compared to the same period in the previous year when there had been 390 admissions.

It was noted that social care had seen pressures in both homecare and reablement capacity over the summer months, which had led to a small increase in Delayed Transfers of Care attributable to adult care. It was anticipated that the new homecare contracts and reablement contract would deliver increased capacity over the coming months.

The Committee were advised that a number of the indicators within the Adult Specialities Strategy and NHS indicators were still in development. It was noted that there had been a slight increase since the end of Quarter 1 in the proportion of adults with a learning disability, or autism who lived in their own home or with their family. The quarter outturn figure reported was 73.1%.

It was reported that the latest Adult Social Care Survey had identified that 74.9% of people reported that they felt safe. This was an increase of 12.1% compared to the previous year which had placed the Council as a higher ranking authority within its comparator group.

The Committee were advised that performance remained stable at the end of Quarter 2 at 100% for the % of safeguarding cases supported by an advocate. It was noted that overall contacts to adult safeguarding were continuing to increase, and it was anticipated that there would be a 20% increase by the end of March 2016 for the year.

Members of the Committee were advised that the purpose of the carers strategy was to help carers build resilience in their caring role and to prevent young carers from taking on inappropriate caring roles, and protect them from harm.

It was noted that as a result of the introduction of the Care Act 2014, an assessment tool had been developed and implemented. The service currently was in a period of transition shifting practice and processes to meet statutory requirements.

The Committee noted that the Carers Service was a preventative service to carers to help sustain the independence of the person they cared for, and reduce their dependence on funded services. It was noted further that 74% of carers supported were caring for people who were not a client of Adult Care.

The Committee noted further that a newly commissioned Carers Service would be in place in 2016. The criteria for the new service had been designed to improve performance reporting and monitoring, which would also be supported by the quality assurance framework and improved case management processes.

Appendix A to the report provided the Committee with detailed performance information.

During discussion, the following issues were raised:-

- Page 70 – 'The health and wellbeing of the population is improved'. It was felt that the three questions on this page needed to be re-worded into Plain English;
- Page 78 – 'The health and wellbeing of the population is improved Adult frailty, long term conditions and physical disability'. That reference to care homes should be removed from this page as it was felt that this was misleading, as the County Council no longer had any care homes;
- Page 45 – It was felt that the Council needed to make sure that needs of individuals were being assessed, rather than making sure that budgets were being met;
- Page 90/91 – Delayed transfer of care from hospitals details. A question was asked whether adult social care or health made the decision. The Committee were advised that it was a joint agreement between the two. It was noted that new guidance was due out in the spring of the following year, and that a copy would be made available to members of the Committee; and
- Page 74 – It was noted that there was a slight decrease from Quarter 1. The Committee were advised that the Mosaic processes would likely increase the rate of referral from Adult Care Teams. It was felt that carer support provided alongside Adult Care services would produce the best outcomes.

RESOLVED

That the report be noted.

42 ADULT CARE LOCAL ACCOUNT 2014/15

The Committee gave consideration to a report from Emma Scarth, County Manager for Performance, Quality and Development, which invited comments on the draft Adult Care Local Account 2014/15, a copy of which was detailed at Appendix A to the report presented.

It was reported that the Local Account was introduced by the Government to inform local residents of the successes, challenges and priorities within their local Adult Care Service. The Local Account was an important part of the Council's commitment to being transparent with the people of Lincolnshire.

Attached at Appendix A to the report was a draft copy of Lincolnshire County Councils Adult Care Local Account 2014/15, which provided information on how Adult Care had performed over the last 12 months, and how the Council's services were

meeting the needs of the customers. It was noted that the document had been compiled by obtaining relevant information to help inform the people of the Councils achievements during 2014/15.

In conclusion, the Committee were advised that the Adult Care Account was a key document in which the Council could report its performance and achievements to the people of Lincolnshire.

During discussion, one member advised that it was very difficult to read text where the boxes were coloured, and a further one advised that the document needed to be checked to see if it was compliant with the Disability Discrimination Act (DDA) requirements.

It was also highlighted that the information contained within page 115 with regard to Direct Payment was confusing, and needed further explanation. It was also felt that reference to the four Commissioning Strategies needed to be included within the text.

Reference was also mentioned for the need for a shorter version of the document to be made available to the public. A suggestion was also made for an electronic version to be made available on the website; and also the potential for a leaflet to be created for use in GP surgeries. Officers agreed to look into a shorter version of the document.

RESOLVED

1. That the draft Adult Care Local Account 2014/15 be noted, subject to the inclusion of the comments detailed above.

2. That agreement be given to the production of copies of the Adult Care Local Account 2014/15 for distribution to key stakeholders.

3. That the Local Account 2014/15 be used to inform the content of the Committee's work programme in 2016/17.

43 LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB - GROUP UPDATE

Consideration was given to a report from Richard Wills, Executive Director with responsibility for Democratic Services, which provided the Committee with an overview of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, in particular the Sub-Group's consideration of adult safeguarding matters. A copy of the draft minutes of the last Scrutiny Sub-Group meeting held on 7 October 2015, were attached at Appendix A to the report presented.

RESOLVED

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

44 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report from Richard Wills, 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 to the report presented.

Simon Evans, Health Scrutiny Officer, introduced the report and associated Appendix for consideration by the Committee.

The following items were put forward by the Committee for inclusion on the work programme going forward.

- Learning Disability Commissioning Strategy;
- Mental Health Strategy;
- Update on Mosaic;
- Sensory Impairment Contracts; and
- Developing the Adult Care Workforce.

RESOLVED

That the work programme as set out in Appendix A to the report presented be noted subject to the inclusion of the items listed above.

The meeting closed at 12.37 p.m.

Lincolnshire COUNTY COUNCIL
Working for a better future

Open Report on behalf of Healthwatch Lincolnshire

Report to:	**Adults Scrutiny Committee**
Date:	**22 January 2016**
Subject:	**Healthwatch Lincolnshire: Adult Care in Lincolnshire**

Summary:

This report a Healthwatch Lincolnshire update of the recent past, current or future work impacting on Adult Care in Lincolnshire. This brief overview does not cover Healthwatch Lincolnshire's activities working within the health sector, which has a direct perspective with the patient and resident experience within the community. The Health Scrutiny Committee for Lincolnshire's terms of reference include a provision working with Healthwatch in relation to their activities focused on health care.

Actions Required:

To consider and comment on the information presented by Healthwatch Lincolnshire on Adult Care in Lincolnshire.

1. Background

Further to the last meeting of the Adults Scrutiny Committee, where Healthwatch attended, the following provides a brief overview of recent activity and future plans:

Past Work 2015

- **Care Act Work** - A full day workshop was held in March 2015 to look at potential positives and challenges around the Care Act 2014. The main outcomes were grouped under the following headings: Information and Signposting, Capacity, Funding, and Partnerships. There was a general recognition of the additional pressures on the local authority but also a significant number of actions proposed.

- **Seldom Heard Voices,** specifically Black and Minority Ethnic, Homeless, Mental Health, Rurality and Sensory Impairment. The report *Seldom Heard Voices* is attached at Appendix A to this report.

- **Mental Health –** We have had a focus on this piece of work over two years and hear and see regularly the impact of those living with mental health in our communities. We have produced two reports and retain our dialogue with South West Lincolnshire Clinical Commissioning Group (CCG), which is the lead CCG for mental health in Lincolnshire. We recognise the challenges around mental health and also recognise the work that has and is being done, however we will continue to highlight issues as they arise.

Current Work

- **Transport** – Work was undertaken with NSL (the non-emergency transport provider) to develop the interaction between the resident and service provider, new system subsequently put in place to support residents if they were not eligible.

- **Mental Health (Adults)** - Concern related to the level of services available impacting on patient care and safety. Healthwatch Lincolnshire raised awareness and the profile of the issues and called for changes in service provision, this specifically relates to out of hours care within the community. Report of the findings is available on our website or if required in another format please contact the office on 01205 820892.

- **Prisons** - Specialist work to consider health and care services in prisons. Priority raised due to the number of issues shared by prisoners at HMP Lincoln. We are currently working within North Sea Camp and Lincoln to develop prison champions to support feedback mechanisms. In addition there is further work looking at the capacity of the Formal Prison Visitors.

- **Learning Disability Annual Health Checks.** Priority raised through partner work and information shared at events and the Learning Disabilities Board. Healthwatch Lincolnshire is currently carrying out a series of focus groups to ascertain issues about awareness of and access to health checks including transport.

- **Wheel Chair services** – Identified as an issue for users and impacting on quality of life and wellbeing. Following work with HWL and Peoples Partnership strand lead for disability, the services have been improved with feedback direct from the service users.

- **Enter and View** in December 2015, three care providers were visited: White Gables (Boston), West Dene (Lincoln), and Canwick Court (Lincoln) – Purpose: to look at how residents spent their days. Reports due to be published on or around 20 January 2016.

Future Plans

- **Enter and View:** Further homes to be visited: The Chestnuts Residential Home (Ruskington), Cathedral Nursing Home (Lincoln) and Nene Lodge

Retirement Home (Sutton Bridge), with a rolling programme through 2016/17.

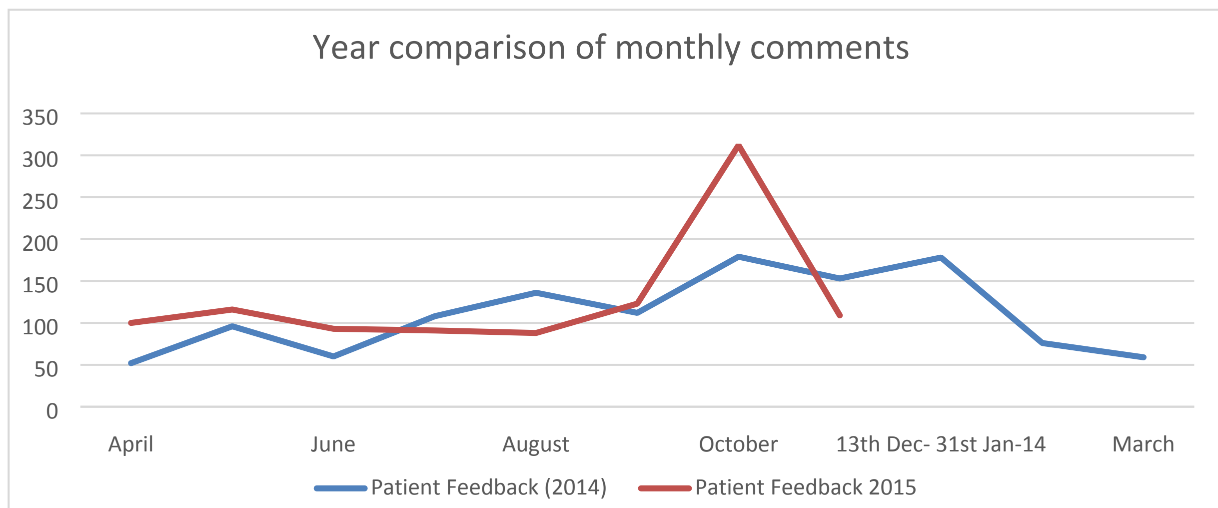
- **Request to support County Council Adult Social Care** on projects including Sector Led Improvements, Care Act implementation in Prisons and Safeguarding (Making it Personal)

- **Domiciliary Care –** Review of Care in the Home, hoping to work with and shadow providers in their activities with a follow-up dialogue with the person receiving the care

- **Farming families and people living in rural isolation** accessing health and care, follow up work to Healthwatch Lincolnshire *Seldom Heard Voices* work.

- **Mystery Shopper Activity**

<u>Themes or Trends Relating to Adult Care</u>



51 items related to Adult Care were forwarded to Healthwatch Lincolnshire between 1 June 2015 and 31 December 2015. The recurring themes for adult care were:

- Transport
- Home carers (time for appointments, communication)
- Ability to find and access respite
- Availability of suitable home care packages
- Couple of cases of residents being in short term residential care for longer than anticipated.

- **Signposting for Services** remains a constant need with help and support finding services, access to transport and guidance on who to contact in the case of a complaint for emerging service provision

- **Community Care – Domiciliary Care**
  Following the changes to the contractual arrangements for the provision of domiciliary care services we saw a spike in resident feedback relating to lacking care, we have remained in communication with Lincolnshire County Council during this time and have to some degree had assurances around the transition. However resident feedback is still features on our monthly reports.

- **Transport and Access to Services**
  Still and issue for residents looking to access transport for medical purposes particularly in terms of NSL and a true understanding on whether an individual meets the criteria.

Engagement Work

For 2016 Engagement work is occurring around the county.

Visiting:

- Hospitals/ GP services
- Borough and District Council Offices engagement
- Libraries
- Supermarkets
- Parish Council Meetings
- Locality based engagement, out and about in villages and smaller towns
- Local Events and Fayres
- Engagement through Healthwatch Lincolnshire Hubs
- Provider Networks have produced an Action Log based on provider feedback

- Healthwatch Lincolnshire Roadshows (2-4pm) are planned at the following locations:
  - ➢ 16 March, Jubilee Church, Grantham
  - ➢ 22 June, Rustons Sports Club, Lincoln
  - ➢ 21 September, Springfield's Event Centre, Spalding
  - ➢ 8 December, Town Hall, Louth

Working with our Community

We have always acknowledged how important it is to engage local people in the work of Healthwatch. Therefore our growing number of active volunteers are supporting our work in many ways, whether that be in office duties, engagement activities, enter and view, mystery shopper or as researchers etc. We currently have 33 engaged with Healthwatch Lincolnshire. In addition we are also working towards a nationally recognised kite mark relating to our volunteers, "Investing in Volunteers Award".

Working to Improve Data for Partners

A New Data Collection, Recording and Reporting System will be in place at the end of January 2016. This will enable us to report more detailed information to providers and commissioners.

The system will be able to create subject and/or date specific data with varying levels of detail.

2. Appendices

The following document is attached to this report

Appendix A	Seldom Heard Voices – Report by Healthwatch Lincolnshire August 2015.

3. Background Papers

No background papers were used in the preparation of this report.

This report was written by Nicola Tallent, Senior Officer for Engagement and Enter and View, Healthwatch Lincolnshire, who can be contacted at Nicola.tallent@healthwatchlincolnshire.co.uk

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healthwatch Lincolnshire

Seldom Heard Voices August 2015

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Acknowledgements

For Healthwatch Lincolnshire to complete a project of this size, we rely heavily on Lincolnshire residents to get involved and share their experiences. We would firstly like to thank the 886 people who have completed surveys and taken part in focus groups - we recognise that sharing your personal experiences can sometimes be very difficult and scary.

Support for this project has also come many sources. Lead organisations were:

- CentrePoint.
- Framework.
- Grantham Polish Club.
- Lincolnshire LGBT Plus Patient User Group.
- MIND, Peterborough & Fenland.
- Rethink.
- Salvation Army, Boston.
- SHINE.
- South Lincs Blind Society.

The above leads also worked with other organisations, voluntary and community groups and charities to support our work with seldom heard groups. This provided a wider engagement across the county. We would like to thank all the organisations that supported our Seldom Heard Voices work.

Executive Summary

Access to primary and secondary health services or social care should be equal for all of us, but Healthwatch Lincolnshire recognise this is not always the case. We often hear that people are treated differently when they are accessing health or care services due to the nature of their illness, disability or personal barrier.

To help us understand what, if any, inequalities are occurring we needed to engage with people from specifically identified communities. To enable us to do this during 2014/15 we focused some of our resources on a 'Seldom Heard Voices' programme of activities.

These 'Seldom Heard Voices' activities included:

Identifying - 6 focus areas including people from Eastern European countries now living and working in Lincolnshire; people who are homeless; people from the lesbian, gay, bi-sexual and transgender community; have mental ill health; live in rural communities or are socially isolated and people with a range of sensory impairments.

Connecting - with charitable and community organisations who are already working with the above communities. We contracted our lead organisations from local charities. We recognise their role in our engagement as they have already built up trust and understanding with individuals and communities.

Collating - responses from all the questionnaires and focus groups and assess final reports from each of our lead organisations.

From all the groups we heard common themes emerging such as:

- Need for tailored communication methods.
- Better understanding by front line staff for individual health, disability or care needs.
- Concern for staff shortages. This was often linked to the patient's ability to get an appointment or to receive an appropriate level of service.
- Need for more emotional and mental health support. This was particularly important for people whose illness or disability led to isolation or mental health problems eg being diagnosed as going blind.
- Enhanced need for supporting carers. The cared-for recognised the amount of lifeline support their carers provide for them on a daily basis but also recognised the needs of the carers and the gaps in access and availability.

To support this report, each of the 6 areas identified have produced individual responses or reports. These provide more detailed results and also include some of the personal views and comments shared by the people responding to questionnaires and received from focus groups.

Healthwatch Lincolnshire

Healthwatch Lincolnshire came into effect on 1st April 2013 as an independent organisation and formed as a registered charity and Company Limited by Guarantee.

Part of the Health and Social Care Act 2012 recognised the need for a local independent consumer champion for health and social care services to cover each of the 152 county councils or boroughs, with one overarching body Healthwatch England. The Health and Social Care Act 2012 provided each Healthwatch with the following statutory powers:

- A duty on service providers and commissioners to respond to requests for information within 20 working days.
- A duty on service providers and commissioners to respond to recommendations within 20 working days.
- Make reports and recommendations about services known to commissioners, providers and regulators of health and social care services.
- A duty to allow entry to authorised statutory health and care facilities known as 'Enter and View' visits.
- A seat on the Health and Wellbeing Board to promote health improvements and tackle health inequalities.
- A process where recommendations to Healthwatch England about which special reviews or investigations may be required and where relevant, to the Care Quality Commission.

Healthwatch Lincolnshire activities can be broken down into 3 core functions:

Influencing - We are here to listen to people's views and personal experiences of their health and care services and share the key messages we hear in order to help influence improvements in services.

Signposting - Signposting people to help them access advice, choice and information about their local health and care services.

Watchdog - To ensure change is happening.

You can find out more about the work of Healthwatch Lincolnshire by visiting our website www.healthwatchlincolnshire.co.uk or by contacting us and a member of our team who will be happy to discuss further.

What is our Seldom Heard Voices Project?

Healthwatch Lincolnshire has a duty to listen to all people and communities across our county. Everyone should have an equal right to NHS or social care services, but due to personal or other barriers some people may feel, this is not always the case.

The key theme running throughout all of our Seldom Heard Voices work looks at access to and treatment from health and care services. The work across all 6 Seldom Heard Voices themed areas was carried out between the period of December 2014 and July 2015.

We have always recognised there are groups of people who are classed as 'seldom heard', but for Healthwatch Lincolnshire and the purpose of this work we concluded there are 2 categories of people that apply:

- People, who due to the nature of their illness, disability or personal circumstances may not always receive the same level of NHS or care services.

- People who do not readily share their experiences of health and care services with Healthwatch Lincolnshire.

To support people from category one, we identified the need to allocate financial and organisational resources to set up a Seldom Heard Voices programme. There are a large number of communities that have been identified within this category, however, for 2014/15 we selected 6 diverse groups of people to focus on, these were:

- People Living in Lincolnshire who are from a Black Minority Ethnic BME (Eastern European) community.
- People who are homeless.
- People who are Lesbian, Gay, Bi-sexual, Transgender, LGBT.
- People who have mental health illnesses.
- People living in rural communities and are socially isolated.
- People who have sensory impairments.

There is often a strong correlation between category 1 and 2. For instance being gay may not cause a barrier to accessing mainstream health services, but often where people do not feel confident or able to share their health and care experiences means that inequalities in services may not highlighted. To address the voices of people in category 2, in 2014 we also completed work on 2 projects covering men's health and children and young people.

Healthwatch England's Consumer Principles

Working with local Healthwatch organisations and the general public Healthwatch England have developed 8 consumer principles. Whilst all 8 consumer principles are important, we believe 2 of the consumer principles that concern access to and delivery of safe and dignified services, directly supports our Seldom Heard Voices project work. Below is the outline of what these 2 principles mean to patients and users of services. You can read more about the 8 consumer principles by visiting the Healthwatch England website http://www.healthwatch.co.uk/rights
Healthwatch England, Consumer Principles 2 and 3

ACCESS
"I want the right to access services on an equal basis with others, without fear of prejudice or discrimination, when I need them and in a way that works for me and my family."

People should be able to access the treatment and services they need, irrespective of where they live or who they are and have a clear sense of what they are entitled to. People felt that easy and timely access to GPs is particularly important as they are often the gatekeeper for access to other medical services.

What this could mean in practice

If you need to see a GP you should be able to choose and register with a local practice and ask to see a particular GP, especially if you want to see one of the same gender. If you need to use a health service the health professional should not deny you access, provide you with a lower quality service or discriminate against you because you are disabled or because of your age, religion, ethnicity, sexuality or gender.

If you need social care and are moving from one council area to another, the councils should ensure you have a continuity of support before, during and after you move. If you are homeless you are still entitled to register with a GP. You can do so using a temporary address, such as a friend's place or a day centre. You cannot be refused access to GP services just because you are homeless.

DELIVERY
Safe, Dignified and High Quality Service
"I want the right to high quality, safe, confidential services that treat me with dignity, compassion and respect."

This right is about how services are delivered. When people are ill or need care they should expect high quality services that are safe, will help make them better or make their lives easier. They should also expect to be treated like a human being, being looked after by people who are compassionate. Those we spoke to felt very strongly about this, pointing out the good and the bad.

What this could mean in practice

If you are in a care home and can't go the toilet alone, staff should offer ***support in a timely fashion*** and ***give you the privacy you want.*** You should not be left to soil yourself or leave you in a compromising or potentially harmful situation.

If you have a learning disability and are undergoing surgery you should expect the specialist to talk to you (if you want them to) about the surgery - what it will feel like, what the benefits might be and any possible side effects. They should do this *using language you will understand*. They should not withhold any information if you want to know more.

How Healthwatch Lincolnshire has engaged with communities.

Many seldom heard groups of people are supported with daily living by voluntary and community organisations. Because these organisations have taken time to build confidence and respect locally, we recognised they would be the best way for us to engage with the people we need to hear from. We decided to set up a formal contract process which would reimburse them for the work they conducted on this project. The sub-contracted work was delivered through focus groups, surveys, one-to-one discussions and other events. Our role was not necessarily to deliver the work but to provide the funds to enable other groups to engage with their own members or service users.

What do we mean when we refer to mainstream health and care services?

What do we mean by primary care services? This is treatment delivered by a doctor, dentist, optician, walk-in centre or NHS Pharmacy service and is most often the first or 'primary' place they visit when a day-to-day health concern arises. Access to these services should be the same for everyone. Our concern is that for some people eg homeless or who are blind or deaf, this is not always the case. For instance, telephoning to make an appointment can be a challenge.

What do we mean by secondary (or acute) health services? This is usually delivered in a hospital or clinic setting. This may be unplanned emergency care or surgery or planned specialist medical care or surgery. Our concern is that for some people they don't always feel they are listened to, for instance someone who has English as a second language may not always understand what a consultant is telling them and so cannot speak out if they are concerned or confused and the consequences of this might be they don't take essential medication properly.

What do we mean by social care services? Social care covers a wide range of services that support people either in their own home or in a residential or nursing home setting. This might be if you have mobility issues you may simply require some equipment to help you remain mobile and independent, but if you develop a condition that seriously affects your mental capacity or your ability to move and look after yourself, you are likely to need a much wider range of social care services. Care and support services might typically include equipment, help in your home, community support and activities, day centres, home adaptations, residential care, financial support, information and advisory services and advocacy. Our concern is that for some people they may not be able to express concerns and wishes effectively or indeed may not be listened to.

Specific Project Theme 1: Black Minority Ethnic BME (Eastern European)

Key organisations contracted with to support this theme: Grantham Polish Club, Salvation Army (Boston) and CentrePoint are organisations that all provide support to the migrant communities in Lincolnshire.

Other organisations supporting and engaged with the Migrant Communities included St Barnabas and Bakkavor (large local employer in the south of the county) also participated in this work.

Number of people formally responded: 53

- 53 people responded to the questionnaire translated into 3 languages.
- Average age of individuals was 30 years and ages ranged from 20 – 63 years.
- 30 Polish, 19 Lithuanian and 4 Latvian .
- Gender: 30 male, 16 female and 7 did not declare.

Methods of Engagement

A questionnaire was designed by Healthwatch Lincolnshire to explore the views of predominantly migrant residents to find out exactly how accessible health and care services were to them and their families. The questionnaire was translated into 3 languages and distributed among groups who we knew had integrated access to the BME communities. We also put the questionnaires online and produced local media releases to support the work for the wider community. The focus of the work is to identify some of the real-time challenges facing local communities and share them with commissioners and providers to inform the development of health, care and wider support for these communities where there is a real or perceived need.

Key Findings

88% of respondents said that when they arrived in the UK they registered with a doctor which was encouraging. Of the respondents that didn't register with a doctor the 3 main reasons why include:

- they did not have the language skills to communicate.
- they did not know they were able to and
- they were not sure how to register.

Nearly 60% have accessed A&E departments in Lincolnshire with 39% attending on one occasion, 11% attending on 2 occasions and 9% frequently visiting Lincolnshire A&E services. This is a concerning response and possibly confirms the belief there is a misunderstanding by the migrant community as to of the role of A&E services.

23 of the 53 respondents (41%) go back to their originating countries to receive healthcare services. They said they went back for 3 main reasons:

- because they felt the quality of services were better.
- because it was convenient as they were visiting anyway and
- because there are no language barriers making the whole process easier.

The response to respondent awareness and access to social care services was interesting with 82% stating that they knew what social care services were. However, a supplementary question showed that 33% said they didn't know what help was available and they didn't know where to seek support and advice - so conflicting responses may suggest confusion about the social care system and how it can support communities.

Only a small percentage of those asked currently accessed social care services. The main areas where communities knew where to ask for help showed substantial but not complete awareness. 80% knew where to go for employment support, 78% for health services, 64% knew where to access help for housing, 63% for social care, 61% for language education, 56% for language services and 55% were aware of where and how to seek benefits.

Around three quarters of the community find out about health and care services through their family and community rather than being made aware of services either on arrival or through a more formal route. Over half of the population responding said they believe the additional help of 'community-based team' for translated support for migrant communities would help them access services better and more appropriately. 25% said they felt there needed to be better access to translated documents that supported communities through health and care systems. In addition, improved access to English classes and more support for the development of social groups specific to the community was needed.

Conclusion

The lead organisations commented that whilst a significant number of questionnaires were distributed, completing surveys is not something Eastern Europeans are familiar with, resulting in only 53 responses. However, from the small sample size spoken to across the 3 main migrant communities, the themes were the same. This may prompt an opportunity to undertake some synergistic developments in supporting these communities integrate more effectively.

Enabling communities to be informed and educated in living and working in Lincolnshire focussed on providing community hubs offering holistic services which helped people navigate the UK health, care, education, economic and welfare systems. The communities suggested a single point of access to help people throughout their stay in Lincolnshire in the hope that communities would access services appropriately rather than reactively. The relevance of specific and targeted help to set up 'support and social groups' for the communities was interesting as reference has been made to the increasing isolation of the elderly migrant population, which in turn has a whole health and wellbeing impact on the individual and family.

Specific Project Theme 2: Homeless

Key Organisation contracted with to support this theme. Framework Street Outreach Team engages with and helps rough sleepers and works in partnership with other agencies to understand the extent of street homelessness in Lincolnshire.

To support Framework with distribution of the questionnaire they liaised with Lincoln YMCA, The Nomad Trust, The Corner House, The Pathways Centre, Lincoln Young Persons Service, Boston Young Persons Service, Be Attitude Day Centre, CentrePoint Outreach, the Street Outreach Team and SEA Participation.

Number of people formally responded: 107

- 101 completed questionnaires received (41 of the people classed themselves as having a disability).
- One Service User Forum; 6 attendees with an independent facilitator.

Methods of Engagement

Framework designed a questionnaire (copy can be viewed in their full report) which covered both demographic data and subject specific entitled 'Accessing Mainstream Health and Care'. SEA Participation (Independent Facilitator) hosted a service user forum in which current service users were asked their opinion on health services without the presence of support staff.

Key Findings

Overall the view of homeless people when accessing health and care services were broadly positive. There were some issues raised such as difficulties of not having a fixed address - "I was not allowed to collect my asthma inhaler from a walk in centre", lack of understanding of using legal highs and alcohol - "Health care staff need to be more aware of the consequences of legal highs", lack of access to information and need to access medication quickly - "it took a week to get my mental health tablets".

When needing primary care appointments or social services homeless people who are in more secure accommodation settings responded as having a better experience (average 74% yes response) than those with 'no fixed abode' (average 61% yes response). The 2 services that homeless people could best access was a doctor or pharmacist, with the pharmacist being rated as best when understanding their needs. The service that received the most negative response was social services with only 44% of respondents considering the service did not support their needs. There were a number of comments about time delays in getting an appointment particularly with a GP.

Support from staff (understanding their needs) was on the whole positive, but again it was felt social service staff were not as helpful. There were a few comments about staffing levels impacting on the individual's ability to receive support when they needed it.

Mental health concerns were raised on a significant number of occasions. The concerns raised ranged from a better understanding from GP's and other health workers about mental health illnesses, referrals, treatments and medication needs.

Communication was a consistent theme. This included services listening better to patient needs - "I tell them how I feel, they tell me how they think I feel – and they're 2 different things" or "in some way I feel cared for but not listened to". It was also felt that better communication across agencies would provide a much better experience - "better communication between services" and "services need to speak to each other more" was a consistent theme.

Conclusion

Whilst the overall responses were positive for homeless people needing to access mainstream health and care services, understanding patients' needs through better communication methods was a significant issue. Support for people with a mental health problem is a concern for many and this is an ongoing issue for the wider Lincolnshire population. For homeless people, there is often a need to have easier and timelier access to services. For instance, if they require essential medication to help manage their mental health illness, they do not always have the ability to wait for an appointment or prescription.

Specific Project Theme 3:
Lesbian, Gay, Bi-sexual, Transgender LGBT

Key organisations contracted with to support this theme. The key group who supported this work was the Lincolnshire LGBT Plus Patient User Group. The University of Lincoln and Lincolnshire Community Health Services (LCHS) helped the group with this work.

The organisations and, in particular, the Lincolnshire LGBT Patient User Group were instrumental in the delivery and dissemination of the survey.

Number of people formally responded: 101

- Gender: Male (39%), female (32%), Non-Binary (6%) and Transgender (3%).
- 21% did not disclose their gender.
- 20% of respondents stated their gender identity did not match the sex they were assigned at birth.

Methods of Engagement

A questionnaire was designed by the Lincolnshire LGBT Plus Patient User Group along with researchers at the University of Lincoln with some input from Healthwatch Lincolnshire. The purpose of the work was to explore lesbian, gay, bisexual and transgender experiences about accessing healthcare services across Lincolnshire. In order to achieve this the user group needed to be targeted and as such, the support of the Lincolnshire LGBT Plus Patient User Group website, their networks and social media was vital.

Key Findings

It was found (from all the respondents) that:

- 34% of respondents said they had a long standing illness, health problem or disability.
- 16% had a mental health problem.
- 10% had a physical/mobility impairment.
- 4% with a learning disability and
- 3% had visual or hearing impairments.

We asked people whether they had used some of the more common and general services like GPs, Dentists, and A&E etc. Perhaps the most striking statistic to come from this analysis was the relatively low numbers accessing dental services (around 66%). However, when comparing this data with the commentary made alongside the responses it would appear that this was related to access to NHS dental services generally rather than access for the LGBT community specifically.

The survey asked whether they as patients would recommend a variety of services to other LGBT people. In response they could select from recommend, not recommend, neither or don't know - the latter 2 were not included in the percentages. Patients in this category either have not used or they do not have an opinion one way or another relating to this service. In terms of those not recommending a service, mental health services came out as the highest with 20.5% of the total respondents not recommending Lincolnshire services, whilst only 45% of those using the service would recommend. Where patients felt they would recommend a service GP, Dentist and Sexual Health clinics came out highest.

Where patients had requested a gender change on their medical records 100% reported that this had happened. Six out of the 7 respondents said that when they had been admitted to hospital they had been put onto the single sex ward that best suited their gender identity.

Some very clear themes came through that were not unique to the LGBT community and these were primarily around the patient view that their medical concern was not being treated with the level of seriousness that the patient thought it should. There was a perception that GPs, consultants etc could appear judgemental, dismissive and had a lack of understanding and education on a particular condition or lifestyle when it impacted on their health. In addition, patients didn't always feel that their request for mental health support was acted upon leading to delays or no treatment. However, we also heard patients praise the 'general health' rather 'mental health' services for their understanding of LGBT patient's needs. Other areas highlighted included not being able to get a GP appointment and the lack of access to carers support services.

It was felt there is a lack of printed material for the LGBT community relating to health and care and a suggestion that this should be given consideration in terms of patient, clinician and wider community education.

Whilst the majority of patients felt they experienced no barriers to their care, it was acknowledged that social stereotyping sometimes does occur. One example given was when a lesbian patient was asked for next of kin details, she gave her partner's name - the clinician automatically assumed it was a mother or sister rather than partner which caused embarrassment for the patient.

Conclusion

The LGBT Report covers many different aspects of the community's broader health needs. For the purpose of our work we extracted a smaller sample which specifically looked at primary and secondary care and a sample which would be comparable with our other areas of seldom heard work.

As a result we concluded that many of the LGBT community's thoughts, feelings and experiences echoed what we already know about Lincolnshire communities in general ie not being able to get a GP appointment, poor access to mental health assessment and treatment services. Limited access to NHS dental services are key concerns for the community as a whole.

However, what was also clear was the need to be visible and understood. The community identified that deliberate or undeliberate stereotyping of the LGBT community as a challenge in managing their health and care needs. They also felt that there wasn't enough health and care information readily available to support and educate patients and clinicians about the needs of LGBT community patients.

Specific Project Theme 4: Mental Health

Key organisations contracted with to support this theme: Our 3 lead organisations were:

- SHINE is a mental health support network with a membership of over 800 people and organisations across Lincolnshire. SHINE worked with 11 of their member organisations from around the county.

- Peterborough & Fenland MIND is a mental health charity that supports people with mental health conditions. They run the South Lincolnshire Wellbeing and Recovery Programme and offers a service in Stamford, Bourne, Spalding and Boston.

- Rethink every year help millions of people affected by mental illness by challenging attitudes and changing lives. This includes carers who play a vital role in supporting their loved ones who are suffering with a mental health condition.

Number of people formally responded: 196

- 11 organisations returned 65 completed surveys via SHINE.
- Peterborough & Fenland MIND interviewed 30 people.
- Rethink surveyed 101 carers, with responses received from people across Lincolnshire. Responses related to services accessed from January until April 2015.

Methods of Engagement

Shine produced a very detailed survey which was designed over 2 parts. Part 1 related to primary care services and part 2 regarding secondary care.

Mind worked differently by engaging with 30 clients in private one-to- one interviews. Rethink distributed a survey to the people identified as carers that access their support services.

Key findings:

It was found that:

- The overall responses concerning accessing 'mainstream' health and care services eg booking appointments was very positive. It was generally felt that doctors were supportive, however, there were concerns raised about specific doctors who the respondents felt didn't understand their mental health needs and as a result led to a patient's condition worsening. "The doctor did not seem 'clued up' and was an old fashioned doctor who focused on medication and increased the dosage but did not give any coping strategies" and "GPs do not have time to see 'the person', just see the diagnosis".

- Waiting times for specific treatment was a concern and did cause distress for some. For instance 3 of the respondents had been waiting nearly 4 months to receive counselling. One person commented that "waiting times for treatment has proven to be ridiculously long before treatment (currently 10 months)".

- Lack of understanding of the needs of mental health patients was identified regularly as an issue. It was suggested that "more training in mental health conditions would improve the quality of care for patients". Also, it would help to have identified a 'go-to' member of staff for mental health support - perhaps even a mental health champion on each site.

- Staffing levels was also an issue with a feeling there is insufficient mental health professionals available leading to long waiting lists. "CMHT's staffing levels need to be drastically increased without delay. Keeping staff numbers low is a false economy as it results in many more costly hospital admissions, as well as patients suffering more than they would if more staff were available".

- A small number of people commented on problems post discharge with a feeling of being lost or "they wash their hands of you"; "treatment was for 6 weeks then everything stopped".

- Communication with patients was raised by a small number of respondent; a plea for "clearer language with shorter words and less medical terminology in both face-to-face conversations and in letters would be very useful".

I have had to wait a long time for mental health support. It was 6 months before I had an initial appointment".

This client has terminal cancer and feels this should be taken into consideration. We agree and feel it is important that every patient is recognised for their individual health and care needs. Patient records should enable all services to recognise this.

Conclusion

For people with mental health conditions coping mechanisms with everyday situations can be problematic. Functions like telephoning for an appointment, challenging decisions about their health or care needs, having to wait long times for an appointment with a professional when they need that help immediately; feeling suicidal and not knowing where or who to go to because "*I can't get through to the crisis team*" exacerbates their illness. Some services were rated as excellent, others not so. This rating was also linked to geographical delivery meaning there is a gap or inequality in mental health support services across our county. This service postcode lottery could result in life or death situations.

Specific Project Theme 5: Rural and Social Isolation

Organisations who supported this theme. We had a number of organisations support us in the distribution of 331 questionnaires across Lincolnshire, 10 in total. Questionnaires in the main were delivered direct to the residences of people who received some kind of care in their own home. The organisations involved included Age UK, food delivery service providers, GP surgery patients and care and support agency recipients.

Number of people formally responded: 98

- 77 people responded to the questionnaire. (23% response rate).
- 21 individuals took part in 4 focus group activities.

Methods of Engagement

A questionnaire was designed by Healthwatch Lincolnshire which sought the views of local residents to find out exactly how easy it is for them to access health and care services whether that be carers in the home, getting to a doctor's appointment or even finding out information that can support people to live independently in their own homes. In addition, Healthwatch Lincolnshire met with a local community group and asked those Lincolnshire residents about their opinions and experiences of health and care services when living in a rural location.

We had anticipated there would be significant challenges in accessing the rurally isolated or more vulnerable members of our communities hence our method of using existing providers to reach people in their own homes.

Key Findings

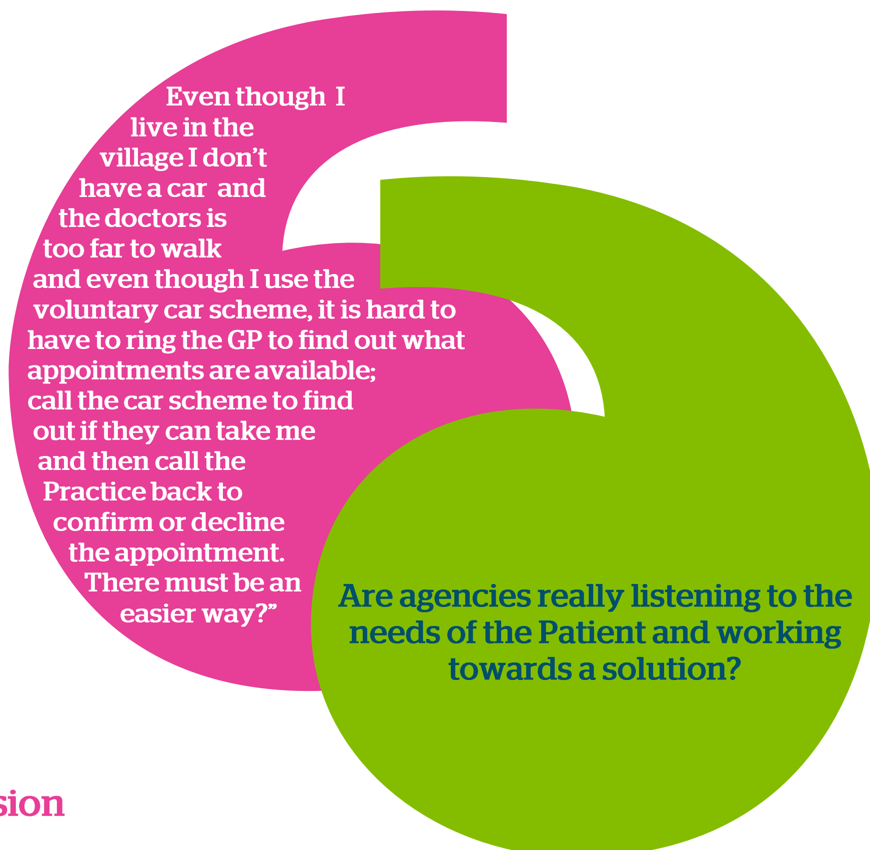
Transport was highlighted as a key trend throughout with access and cost of transport a consistent challenge. In particular, access to transport which supported wheelchair users appeared to be one of the key areas where people struggled to get support. Respondents also stated that mobility vehicles and the use of specialist taxis was very expensive. There was a heavy reliance on family members to transport to appointments and undertake day-to-day living tasks such as shopping.

The attitudes towards carers and the home care support agencies received mixed feedback with the majority feeling that carers were not given the support or time from their employers that was needed to complete tasks with the cared for. However, 33 out of 39 did say that the carer did come at a time that suited the individual. Other feedback praised care staff for high levels of support and care - there was a correlation between this point and those carers that were with the patient full-time rather than those carers delivering specific home care needs at allotted times during the day.

One third of the respondents felt that carers didn't spend enough time with them and that this contributed to the isolation they felt. Nevertheless, two thirds felt that the services still adequately met their needs.

One third felt that 'choice' in finding and obtaining home care was challenging. Not knowing where to look or who to ask was common and it was the same when the care wasn't suitable or satisfactory with one third not knowing how to change provider.

Patients and family members felt continuity of care was essential where a trusting and reliable relationship could be developed between those providing and receiving the care. This continuity was available for some whilst others said that they never knew who would be caring for them and how long they would last.



Conclusion

Notable from this piece of work was the wish and desire for rurally isolated and/or the vulnerable to remain independent, but also the heavy reliance on so many unpaid carers, whether they be family members, friends or neighbours. In addition to the use of family and friends for day-to-day living tasks, the impact of lacking, limited or costly transport options was an obvious issue.

It appeared from the feedback that many were not aware of choices and possible support mechanisms available to them - simple things like knowing which providers offered which services in their area right through to not being aware that hearing aid batteries could be replaced by post rather than having to pay for expensive taxis or be reliant on family to take the aid back to the hospital.

Others felt too much was being spent on signposting and advice services and that a single point of access should be in place.

It was clear that when people were in the home care system they felt the services met their needs but there was also a clear message about people not having enough time to spend with those who found themselves housebound or in a rurally isolated areas which has the potential to impact on other services.

Communication. Access via our transport infrastructure and continuity of care were all key themes which emanated from this piece of work and impacted on people's health and general wellbeing.

Specific Project Theme 6: Sensory Impairment

Key Organisation contracted to support this theme: South Lincolnshire Blind Society (SLBS) is a key provider of services for blind and partially sighted people and their carers living in the Districts of North and South Kesteven, Boston Borough and South Holland. Their aim is to work with blind and partially sighted people, to provide services so that they lead fuller, more independent lives. SLBS had support with this project from Lincoln & Lindsey Blind Society and Spalding Deaf Club.

Number of people formally responded: 331

Methods of Engagement:

SLBS and supporting agencies ran the questionnaire over several weeks which focused on access to the services available and was distributed via the following methods:

- Talking through the questions as part of a group discussion within a setting familiar to those taking part.
- Telephone consultation which enabled people who could not access a group meeting to take part.
- Circulating the written questionnaire to over 2,000 people.

The most difficult group for SLBS to interact with was people who are deaf or hard of hearing. Some of this was due to the lack of support groups across the county and the need for interpreters which are not readily available. However, deaf and hard of hearing people were invited to complete the paper based questionnaire but none chose to.

Key Findings

Disappointingly, the responses to all of the questions that specifically concerned access to and treatment by health and care services suggest more people felt the support offered did not meet their needs. 56% of people with sensory impairments did not feel confident to make their own appointment with comments such as “telephone options given out over the phone are hard to follow if you are blind” and “I cannot write down any information given to me over the phone when making appointments”. With regards to systems or facilities, adaptions and alterations that are in place to support their needs, the responses were again slightly higher towards ‘no, they did not believe these met their needs’. Comments such as “glass sliding doors, signage, self-check in, A-Boards are all useless for a blind person so better communication is needed”, “corridors and pathways to be kept clear of clutter” and “better sound systems in GP practices” demonstrate the problems.

It was also felt that communication was a problem with the way people with a sensory impairment are treated. The respondents felt that their sensory impairment needs were not recognised sufficiently with comments such as “case notes should be clearly

marked with a person's disability", "better trained receptionists, no sight means NO brains, to many", "audible medication packaging" and "more large print books" are all useful insights for providers to know when helping with people with sensory impairments.

Emotional support for both social and mental health needs for anyone diagnosed with a sensory impairment was highlighted as a service inequality. One person quoted her experience when diagnosed as being permanently blind was told "go home and learn to live with it" and another was told "nothing more can be done, so sorry and goodbye". In fact 67% of respondents indicated they did not feel there was sufficient social and mental health support available to them.

There was a universal feeling that much more training for all staff is needed. From receptionists, GPs, nurses, consultants to supermarket staff, the respondent's comments confirmed "training for clinical staff in visual and hearing loss awareness is essential". It was also felt that training for people diagnosed with sensory loss would also be useful "confidence building" and "job training or re-training after diagnosis" was mentioned.

Conclusion

The overall conclusions from the results of this theme highlights the need for better improvements with training of front line staff thus enabling them to have better knowledge and awareness of the needs of patients with sensory impairment. It is also clear that methods of communication need to be improved, if provider could offer a range of different communication methods and could adapt these to the individual this would help enormously. Transport to enable patients to access health and care services was also raised as a concern, as we are all aware patient transport is an issue for many communities across Lincolnshire. There was also a great deal of concern raised about the gap in emotional and mental support available for people with sensory impairments.

Cross-Theme Recommendations

The 4 themes below are those which repeatedly came through these 6 independent pieces of work. None were unique to the seldom heard groups and many affected the communities of Lincolnshire as a whole. Where community-specific themes are identified they are reported within their section but still draw on the main themes below. However, it is vital to recognise that we don't put patients into boxes as a 'particular' community group. Their needs require additional support but should be included within the infrastructure of the wider health and care environment. The purpose of this report ensures that we sought their views and have some assurance that the themes below address their need to be heard.

Communication

Adapt the methods of communication to meet the patient's or communities' needs was continuously referred to throughout the seldom heard work. Communication needs to be fit for purpose and achieve its purpose. If communication is failing our communities then this needs to be addressed at all levels and across all sectors.

Training

Better awareness of specific disabilities, conditions, personal barriers for patients needs to be a priority; also recognising that more materials and access to information for the patient and the clinician should lead to more educated choices being made.

Emotional and Mental Health support

Helping people to manage their health, mental health and disability conditions on a daily basis. Across all areas limited or poor access to mental health services was seen as having a direct impact on people's wellbeing in the county.

The Wider Community

Better use of voluntary and community services would help people manage their conditions on a daily basis. If statutory providers and commissioners invested more in voluntary and community services, it could help to alleviate pressures and save money in the long term.

Conclusions and Next Steps

All our Seldom Heard Voices work during 2014 and 2015 represents a very rich and diverse mix of our Lincolnshire population. We are certain that one size does not fit all and that the health and care system could and does present challenges for everyone. We are also accepting that within today's world not everything can be achieved as we might like. However, what is clear and in many ways encouraging, is that no matter what the community, seldom heard or otherwise, there are some strong similarities in terms of needs, wants and desires.

Patients and carers want to be communicated with well so they understand and can use what is available to them, effectively and in the right way. Patients and carers want people to be supported to take responsibility for themselves which in turn will support our health and care infrastructure. Therefore, training and education is critical for professionals and for patients alike.

We know that the whole health and care economy recognises each other and the community and voluntary sector. However, we want to see it work together more on a micro-level, at the coal face to improve people's lives and access to care, not just in the Board rooms. Lincolnshire Health and Care (LHAC) provides the perfect platform for involvement of organisations at all levels and across all sectors. Health and care services are not solely provided by statutory organisations; the services of voluntary and community groups such as voluntary car schemes, self-help health groups, wellbeing services and befriending schemes all play a vital part in Neighbourhood Teams and local communities will benefit from a more holistic approach to health and care partnership working.

Following the publication of this combined report and publication of the supporting individual reports we will ensure that parties that require or wish to have a copy, will do so. We will then seek responses, particularly from commissioners, providers and the community and voluntary sector to ascertain where change and development can be made. Even small change can make a difference.

Perhaps most importantly, Healthwatch Lincolnshire will continue to seek and promote the views of seldom heard communities and wherever possible, we will work collaboratively with others to maximise the results and strive to improve access and quality of care for the common good no matter what walk of life you are part of.

Contact Us

Address:	Unit 12 1 - 2 North End Swineshead BOSTON PE20 3LR
Phone number:	01205 820892
Email:	info@healthwatchlincolnshire.co.uk
Website URL:	www.healthwatchlincolnshire.co.uk
Twitter:	@healthwatchlincs
Facebook:	www.facebook.com/healthwatchlincolnshire
Charity Registration Number:	1154835
Company Registration Number:	08336116

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Policy and Scrutiny

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

Report to:	**Adults Scrutiny Committee**
Date:	**22 January 2016**
Subject:	**Adult Care Budget 2016/17**

Summary:

This report describes the Adult Care revenue and capital budget for 2016/17. The paper provides the Committee with the opportunity to comment on the budget proposals prior to them being discussed at the Executive meeting on 2 February 2016.

Actions Required:

(1) The Adults Scrutiny Committee is requested to consider the report and comment on the budget proposals.

(2) The Adults Scrutiny Committee is invited to agree any comments on the budget proposals, which the Committee would like to be passed to the Executive on 2 February 2016.

1. Background

1.1 The Executive are currently consulting on a one year financial plan for revenue and capital budgets. For the second year running the Council is only able to set a one year budget. This is due to the continued significant reductions in Government funding, growing cost pressures from demand led services such as Adult Care and Children's Services along with the Council's responsibility from 2016/17 to pay staff and contractors the National Living Wage. These pressures mean the Council has been unable, at present, to develop sustainable long term financial plans beyond the next twelve months.

1.2 In developing its financial plan the Council has considered all areas of current spending, levels of income and council tax and use of one-off funding (including use of reserves and capital receipts) to set a balanced budget. The budget proposals take a mixed approach to meeting the current challenges of reduced levels of local government funding.

1.3 During the next twelve months the Council will need to explore further opportunities to bridge the gap between the funding available and levels of expenditure.

1.4 At its meeting on 5 January 2016 the Executive agreed proposals for the Council's revenue and capital budgets, and Council Tax level for 2016/17 to be put forward as a basis for consultation.

1.5 The Commissioning Strategies reporting to the Adults Scrutiny Committee and their associated activities are:

Adult Frailty and Long Term Conditions

1.6 The Adult Frailty and 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

Specialist Services

1.7 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

Safeguarding Adults

1.8 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 adult's wellbeing is being promoted.

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

1.10 This area also encompasses the Deprivation of Liberty Safeguards (DOLS) which had a temporary injection of funds from the Council to help address a significant increase in activity as a result of the 'Cheshire West' legal judgement in March 2015. There were 167 DOLS applications in 2013/14, increasing 10-fold to 1,570 in 2014/15. The projection for 2015/16 is 2,400 applications, which is a 50% increase from last year.

Activities within this area include:

- Adult Safeguarding Fieldwork Teams
- Deprivation of Liberty Safeguarding Unit
- Emergency Duty Team (weekend and night-time)

Carers

1.11 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 for the people they care for.

1.12 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. Activities in this area are almost completely commissioned externally though a small commissioning unit oversees the service and addresses policy and strategy requirements.

2. Budget Setting

2.1 The Adult Care budget is set in the context of increasing demographic pressure and cost pressures related to service provider fee increases that will occur as a direct consequence of the implementation of the National Living Wage in April 2016. This results in a pressure of £3.946m in 2016/17 in addition to the funded pressure already identified of £4.951m arising from demographic growth (see also later) – notably in the number of very elderly people with eligible needs and young people coming into adulthood with profound disabilities (£8.897m in total).

2.2 In November 2014 Adult Care identified savings of £3.370m arising from the Fundamental Budget Review (FBR) to be delivered in 2016/17; in addition to this further discussions were held over the autumn to identify additional savings to help close the Council's funding gap (the 'Financial Challenge'). As a result Adult Care

has developed a revised programme of savings incorporating those already agreed in November 2014 plus those identified during recent discussions with Senior Managers (a combination of one-off and recurring savings) and where possible future year savings being brought forward. The proposed budget therefore identifies a revised savings requirement of £5.332m in 2016/17, an increase of £1.962m.

2.3 April 2015 saw the advent of the Care Act, the single biggest legislative change affecting the most vulnerable adults and their carers in more than 50 years. The first year of the Act - 2015/16 - Adult Care received £6.4m, funded via the Better Care Fund (£2.000m) and direct grant (£4.400m). The budget makes an assumption that this funding continues. Members will recall that £400,000 was 'given-back' to the Council to help with the overall budgetary pressures along with the 2014/15 Adult Care underspend of £1.1m.

2.4 Another area with a profound effect upon Adult Care is the Better Care Fund (BCF) in which £53m (£48.1m revenue and £4.9m capital) was earmarked for the Lincolnshire health and care economy in 2015/16. Spend against this allocation was agreed with the four Clinical Commissioning Groups (CCGs). £20m was allocated to the County Council in 2015/16 predominantly in Adult Care to help fund the costs of the Care Act (£2m) and to 'protect' adult care. Much of the money is already being spent on services such as the Local Authority Reablement Service (LARS), Hospital Discharge Teams and on Learning Disability services.

2.5 The Spending Review in November 2015 announced the creation of a social care precept of 2% to give local authorities with responsibility for social care the ability to raise new funding to spend exclusively on adult social care, estimated to raise £4.745m in 2016/17 if implemented.

2.6 The Spending Review also announced that £1.5bn would be added to the national ring-fenced Better Care Fund progressively from 2017/18 reaching £1.5bn in 2019/20. However it has been confirmed that there will be no additional funding for the Better Care Fund in 2016/17 above 2015-16 levels.

2.7 Negotiations are currently ongoing with respect to Lincolnshire County Council's BCF allocation for 2016/17. The final Lincolnshire submission will need to be agreed between the four CCGs and the Executive of the County Council for April 2016.

2.8 Adult Care is now a 95% commissioned service and there is a legal obligation to meet eligible needs. This means the care market must be healthy enough to supply service when required whether that be residential or nursing care or, a home care package.

2.9 Not only must a service be supplied to meet an eligible need but that service must meet certain standards. Quality of service is a high priority for the public and most notably those who require them and their families.

Demographic Growth

2.10 Simply put, many of the most vulnerable adults in our communities have needs that are becoming more complex, and more expensive to support. The Census in 2011 revealed that 20% of the adult population are aged 65 or over, and

the projected growth in older people up to 2021 is expected to be 29%, which is above the national average. In particular, the most vulnerable age group, aged 85 and over is projected to grow by 47% by 2021. This age structure is more pronounced in East Lindsey which currently has the highest proportion of adults aged 65 and over in their community (39%), and the highest projected growth rate in the age group in the country. There are more people coming into the county that are legally entitled to support through Ordinary Residence rules (inward migration figures) and, more young people coming into adulthood with profound needs that will live longer than before.

2.11 In the last two financial years, the number of adults supported with long term support has increased from 1,930 per 100,000 to 2,080 per 100,000. This shows that as the population has increased, Adult Care have supported an increasing proportion of the adult population in Lincolnshire.

2.12 Over the last three years, Adult Care have consistently received over 32,000 requests from adults presenting with social care needs for the first time, and there is evidence to suggest that this demand is not abating. The projection for the number of requests this year is closer to 34,000.

2.13 To illustrate the increased level of support provided to adults, the number of home care visits has increased by 10% over the last two years, and is estimated at 3.2m visits made in the current financial year. Furthermore, the visits have become longer with a greater proportion of visits lasting 30 minutes or more. A third of home care packages are classed as intensive (ten or more hours and at least six visits per week).

2.14 With specialist services, micro commissioning of long term support for young adults has been necessary to reduce the life time costs of individuals who need community supported living. Provision in this area has increased by over 20% since 2013/14.

2.15 Admissions to long term care home placements have been low over the last couple of years, but once admitted are living longer with the associated weekly cost of placements increasing. Also, there has been in a shift in provision where 30% of residents are receiving nursing care in a home, which has increased from 25% just two years ago. Nursing care costs are, of course, greater than residential care.

2.16 Although the number of staff directly employed by Adult Care has reduced by a third since 2013/14, the vast majority of the reductions have come from business functions transferring to other executive areas, and in-house services such as reablement and day care transferring to external service providers. Staffing within social work teams has been protected, although recruitment and retention is still an issue. Social work teams are faced with increased caseloads managing both a steady stream of assessments of new clients and reviewing the needs of existing clients.

2.17 In an attempt to calm the wave of demand and reduce the pressure on Adult Care, investment has been made in preventative and short term services, such as the Wellbeing Service, Telecare and Reablement. Future investment in these

areas is vital to manage the increase demand and reduce the impact on the Adult Care Budget.

2.18 From a recent Wellbeing Service Evaluation, there was evidence to suggest that the support offered by the service resulted in almost 10% fewer people making contact with the Health & Wellbeing Hub. As part of this service, referrals are made to Telecare; an ongoing 'background' service that is provided to individuals to allow them to retain their independence without the need for longer term support from Adult Care. Currently, 5,940 adults receive Telecare equipment as their only service. Provision has almost doubled in the last two years.

2.19 Reablement is another intervention that improves outcomes for individuals and greatly helps in delaying or reducing the need for longer term Adult Care services. In 2014/15, one in eight people who received Reablement went on to receive longer term services. Within the new three year contract, there is provision for the provider to exceed their contracted hours and charge Adult Care at an appropriate hourly rate.

2.20 Support to Carers is also an important preventative service. Over the last twelve months, 7,800 carers have received some form of support ranging from information and advice, carer breaks in the form of Respite Care for the person they care for, to direct payments. Although the level of support has increased in recent years, this is only scratching the surface as there are 79,000 carers in the county (*Census 2011*), each caring for someone with support needs of varying complexity.

2.21 Since April of this year, the profile of support has shifted (and has needed to shift) towards lower level support for Carers. This is partly due to the new eligibility assessment for Carers following the introduction of the Care Act 2014, but also smarter support planning has meant that carers have been able to meet their outcomes with support from family and other services in the community without the need for a direct payment.

2.22 Finally, the current state of the acute sector has seen a profound effect on the demand for care and support for people being discharged from hospital. Whilst still at a low level comparatively, delays attributed to Social Care are also increasing which has an impact on patient flow and the availability of beds. Investment in hospital support from social work practitioners would be prudent, particularly since some pilot schemes in hospitals to assist in Accident & Emergency, discharge planning and assessments in people's homes have been effective.

3. Budget Proposals

3.1 Taking into account the issues identified above the proposed budgets for 2016/17 are set out below. Note that the budgets do not currently take into account pressures related to the changes to the National Living Wage (NLW). The additional estimated pressures that have been identified within this report are currently funded and held within corporate central budgets and the actual costs associated with NLW will be funded as and when these costs are known.

3.2 Adult Frailty & Long Term Conditions

Adult Frailty & Long Term Conditions	**2016/17**
Base Budget 2015/16	**£93,093,931**
Inflation	£125,097
Identified Pressures	
Direct Payments	£1,350,327
Community/Home Support	£2,687,773
Long Term Placements	£5,418,089
Short Term & Respite Care	£511,478
Other Services	£121,449
Family Dementia Support/Short Break	£27,000
Additional Pressure	£700,000
Employer National Insurance Contributions Increase wef April 2016	£205,133
Total Gross Pressures	£11,021,249
Less	
Savings & Income	
Original Savings Identified	-£3,370,000
New Savings Identified	-£262,000
Additional Service User Income	-£1,400,411
Total Savings & Additional Income	-£5,032,411
Proposed Budget	**£99,207,866**
Percentage Increase	**6.57%**

3.3 Specialist Adult Services

Specialist Adult Services	2016/17
Base Budget 2015/16	**£47,242,733**
Inflation	£50,484
Identified Pressures	
Long & short term residential care	£1,164,022
Home Based Care Services	£906,675
Direct Payments	£472,105
Day care services including relevant travel	£311,487
Mental Health - Section 75 Agreement	£183,702
Additonal Pressure	£1,440,630
Employer National Insurance Contributions Increase wef April 2016	£78,793
Total Gross Pressures	£4,557,414
Less	
Savings & Income	
New Savings Identified	-£200,000
Additional Service User Income	-£111,255
Total Savings & Additional Income	-£311,255
Proposed Budget	**£51,539,375**
Percentage Increase	**9.09%**

3.4 Adult Safeguarding

Adult Safeguarding	2016/17
Base Budget 2015/16	**£3,255,543**
Inflation	£12,269
Identified Pressures	
Employer National Insurance Contributions Increase wef April 2016	£27,284
Total Gross Pressures	£27,284
Less	
Savings & Income	
New Savings Identified	-£1,500,000
Total Savings & Additional Income	-£1,500,000
Proposed Budget	**£1,795,095**
Percentage Increase	**-44.86%**

3.5 Carers

Carers	2016/17
Base Budget 2015/16	**£2,044,492**
Proposed Budget	**£2,044,492**
Percentage Increase	**0.00%**

4. Capital Expenditure

4.1 Adult Care revised its Capital Strategy and Investment Plan for 2015/16 onwards as part of a renewal of its commitments to infrastructure developments. The plan is designed to meet the changing needs of Adult Care over time, but must also recognise that plan has specific benefits for other directorates (e.g. Public Health) and partners outside of the authority.

4.2 These initial plans detailed £11,300,000 of commitments and potential commitments over six areas of investment for the remaining life of the strategy.

Investment Plan	2016/17	2017/18	2018/19	Total
Extra Care Housing	£7,550,000	£0	£0	£7,550,000
Telecare/Telehealth	£250,000	£250,000	£250,000	£750,000
DFGs	£500,000	£500,000	£500,000	£1,500,000
Health & Adult Care Integration	£900,000	£0	£0	£900,000
Day Care Modernisation	£500,000	£0	£0	£500,000
Care Act Infrastructure	£100,000	£0	£0	£100,000
TOTAL	**£9,800,000**	**£750,000**	**£750,000**	**£11,300,000**

Extra Care Housing

4.3 Research evidence identifies the need for an expansion in Extra Care for older people to promote greater choice and the opportunity to avoid choosing a place in a residential home. Adult Care have been seeking to do this through further development of Extra Care Housing, and a Business Case was produced in 2013/14 to increase the allocation of capital towards Extra Care by up to 600 units subject to the potential to attract inward investment.

4.4 Responsibility for delivering this scheme was transferred to Corporate Property in 2014/15. A Governing Body chaired by the Director of Adult Social Services with two Executive Members and the Executive Director for Finance oversees the programme. A significant amount of work has already been undertaken to determine the best model of investment via a detailed market analysis and ongoing financial analysis by Grant Thornton. Issues have been raised in respect of the implications of state aid which are also being investigated.

Telecare/Telehealth

4.5 Lincolnshire Telecare was re-launched in 2007 with £1.1m funding initially from the Preventative Technology Grant. The service has since been funded by Adult Care and is a low cost service to support large numbers of people to remain in their own home.

4.6 The Telecare service is providing support for an increasing number of service users, who are able to access it via a number of trusted assessors from a range of organisations. The introduction of the Wellbeing Service in 2014/15 has also resulted in an increase in referrals for service users who would normally not qualify for local authority support but are provided equipment in order to prevent and delay service users from presenting themselves in the future.

4.7 Promoting Telecare to support people rather than more expensive solutions will require investment in equipment at a level greater than is currently allocated. £300k is estimated to be required to continue to provide the service for the rest of this financial year with approximately £200k for equipment in future years.

Disabled Facilities Grant

4.8 Funding for local housing authorities to meet the costs of providing disabled facilities grants is currently paid by Department of Communities and Local Government as a capital grant. As of 2015/16 all of the central government funding is being provided by the Department of Health and included in the Better Care Fund although still delivered by district authorities. Historically districts have topped up the central government allocation in order to better support the delivery of facilities for those who qualify for support. However as a consequence of changes to the funding routes the amount of additional funding provided by districts has reduced over time resulting in a risk of people presenting themselves to Adult Care sooner than would otherwise be the case.

4.9 Disabled Facilities Grants (DFGs) provide an important mechanism for supporting young and older people and people with disabilities to live independently. When delivered early, alongside other preventative measures, they may contribute to prevent admissions to hospital and residential care. With an increasingly elderly population, and more disabled children surviving their early years through to adulthood, the need for adapted housing is projected to continue to increase.

4.10 It is therefore essential that the capital plan continues to include a realistic budget for home adaptations. Failure to include adaptations in the plan could result in a lack of funding for DFGs which in turn will impact on the ability of older and disabled people being able to live safely and independently at home.

Care Act Infrastructure

4.11 The Care Act 2014 was implemented in April 2015 and is legislation that seeks to deliver the commitments made in the White Paper 'Caring for Our Future: Reforming Care and Support' (July 2012).

4.12 The Care Act has been designed to reform the law relating to care and support for adults and for carers, updating and bringing together all relevant legislation into a single statute in order to better offer improved support and wellbeing with dignity, respect, independence and choice.

4.13 As a result of the Act, the Government will be providing additional capital funds to ensure that systems are able to accommodate all the required changes to ensure that as an authority we are compliant will all aspects of the Act. For the most part the work to ensure system compliance is already at an advanced stage with the development of Mosaic; however it is likely that additional costs of ensuring compliance over and above the initial scope of mosaic implementation will need to be met.

Health and Care Integration

4.14 The Autumn Statement and Provisional Local Government Settlement has provided local authorities with some flexibility around the use of capital receipts. Under previous regulations these were required to be utilised to fund capital expenditure or pay down debt. Under these new flexibilities the Council will be able to use capital receipts to fund the cost of Health and Adult Care Integration and transformation of which the key criteria is that the expenditure will generate ongoing revenue savings to the authority.

Day Care Modernisation

4.15 An additional sum of £0.500m has been allocated to fund ongoing modernisation of the in-house day care service. This allocation will be used to fund dilapidation and remedial works in respect of proposed consolidation of day care centres in Boston and Skegness along with a new programme of modernisation within the remaining building stock.

2016/17 Funding

4.16 As in previous years the Department of Health has made £134m available nationally through the Social Care Capital Grant. This funding is delivered as part of the Better Care Fund with the Council's allocation assumed to be similar to funding provided in 2015/16 which totalled £1.875m.

4.17 The budget proposals are being publicised in their entirety on the Council's website together with the opportunity for the public to comment

4.18 Consultation comments and responses will be available to be considered when the Executive makes its final budget proposals on 2 February 2015.

2. Conclusion

The proposed Adult Care Net Budget for 2016/17 is £154.585m, an increase of £8.949m (6.14%) over and above the 2015/16 budget of £145.636m. The budget is set in the context of increasing demographic pressure and cost pressures related to service provider fee increases.

Significant reductions in government funding along with increasing service pressures mean the Council has been unable, at present, to develop sustainable long term financial plans beyond the next twelve months and therefore can only set a one year budget.

3. Consultation

a) Policy Proofing Actions Required

Not applicable

4. Appendices

Not applicable

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 Steven Houchin, who can be contacted on 01522 554293 or Steven.Houchin@lincolnshire.gov.uk.

Lincolnshire COUNTY COUNCIL
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Policy and Scrutiny

Open Report on behalf of Justin Hackney, Assistant Director, Specialist Adult Services

Report to:	**Adult Scrutiny Committee**
Date:	**22 January 2016**
Subject:	**Review of In-House Day Services**

Summary:

The following report updates the Adults Scrutiny Committee on the review of In-house Day Services.

Actions Required:

The Adults Scrutiny Committee is invited to note that a review of In-house Day Services has been completed and the recommendations for further improvement have been made.

1. Background

Over the last few years the Council has explored transferring the remaining In-house Services to a number of external providers, but following a through process of due diligence and risk assessment it concluded that it would be more beneficial to retain these services In-house.

However, on making this decision it was agreed that we should carry out a review of the service recognising that some of the building stock used to provide the service was not ideal and it was also agreed that we review the quality and sustainability of the service to ensure we have a fit for purpose service for the future.

The team reviewing the service visited all the Day Centres to consider the quality of the buildings, meet with service users and carers and to talk with staff. Condition surveys were completed on each of the buildings, as well as an analysis of staff hours, the number of people attending each centre and activities offered at each centre.

2. Summary of Recommendations

Following this work the Project Team have made a number of recommendations to Councillor Mrs P A Bradwell, the Deputy Leader of the Council and Executive Councillor for Adult Care, Children's Services and Health Services and Glen

Garrod, the Director of Adult Social Services (DASS), who have delegated decision making responsibility in relation to further modernisation of the In-house Day Services. These Recommendations are summarised below along with an overview for each area.

Fuller details of the property review are provided at Appendix A.

Area	District	Centre Name	Proposal
East	Boston	Scott House (Boston)	Retain and make capital improvement
East	Boston	Bosscat (Boston)	Merge with Scott House
East	Boston	Field Street (Boston)	Merge with Scott House
East	Boston	Kirton Day Centre (Kirton)	Merge with Scott House
East	East Lindsey	The Wong (Horncastle)	Retain
East	East Lindsey	Warwick Rd (Louth)	Merge into one new building in Louth area if suitable alternative can be located.
East	East Lindsey	Ramsgate (Louth)	Merge into one new building in Louth area if suitable alternative can be located.
East	East Lindsey	Wellington Road (Mablethorpe)	Retain
East	East Lindsey	Algitha Road (Skegness)	Retain
East	East Lindsey	Drummond Road (Skegness)	Merge with Algitha Road
West	Lincoln	Ancaster Day Centre	Retain and make capital improvement
West	West Lindsey	Hastings Centre (Gainsborough)	Retain
West	West Lindsey	Old Health clinic (Market Rasen)	Relocate to alternative building in Market Rasen if suitable alternative can be located.
South West	North Kesteven	42b Northgate, North Road (Sleaford)	Retain and make capital improvement
South West	South Kesteven	St John's (Grantham)	Relocate to alternative building in Grantham if suitable alternative can be located.
South	South Holland	Chappell Centre (Spalding)	Retain and make capital improvement
South	Stamford	Stamford Day Centre	Retain

2.1 Boston Day Centres

Three of the centres in the Boston area are leased from private landlords, Bosscat, Field Street and Kirton Day Centre. All three of these premises are rented premises and do not offer a good standard of accommodation to deliver day services from.

The Council owns the fourth Centre Scott House. This building is generally in good condition. It has very good access and parking. It also has easy access to the community and Boston town centre. It is large enough to provide Day Services for all existing service users in the Boston area. It is recommended that better use is made of the Scott House premises and all day services are moved to this site.

2.2 Horncastle Day Centre

Day Services are delivered from The Wong. The building is owned by the Council and minor capital works have been completed.

2.3 Louth Day Centres

Day Services are presently delivered from two sites in Louth and these buildings are leased. It is recommended that we look for a new building to deliver day services from in Louth

2.4 Mablethorpe Day Centre

The Day Centre in Mablethorpe provides an adequate service and Day Services will continue from this site.

2.5 Skegness Day Centres

There are two Day Centres in Skegness, Drummond Road and Algitha Road Day centres. It is recommended that we move all Day Services in Skegness to Algitha Road. This building is owned by the Council and has ample space to facilitate the amalgamation of the services on one site.

2.6 Lincoln Day Centre

Day Services in Lincoln are delivered from the Ancaster Day Centre. This building is owned by the Council.

2.7 Gainsborough Day Centre

Day Services are delivered from the Hastings Day Centre. This building is owned by the Council.

2.8 Market Rasen Day Centre

Day Services in Market Rasen are delivered from the Health Clinic and the building is owned by the NHS. The quality of the services could be improved if more suitable accommodation could be found.

2.9 Sleaford Day Centre

Day Services in Sleaford are delivered from 42A Northgate Sleaford, this building is owned by the Council.

2.10 Grantham Day Centre

Day Services are operated from a leased building. It is recommended that we continue to operate from the existing premises, but look to find more suitable accommodation.

2.11 Spalding Day Centre

Day Services in Spalding are delivered from the Chappell Centre and it is recommended that this service continues from these premises

2.12 Stamford Day Centre

There is one centre in Stamford and the building is owned by the Council. It is recommended that the services continue to be delivered from these premises

3. Conclusion

The review of In-house Day Services has identified opportunities to improve the quality of Day Service buildings, increase the variety of day opportunities provided, improve value for money and longer term sustainability of the services.

Feedback on the review and consultations that have been completed have been very positive. Service users, carers and Day Centre employees now have a clear understanding of the outcome of the review and will continue to have access to locally based Day Service provision.

The net effect of the changes underway will result in 12 strategically located Day Service facilities that would be retained by the Council as a direct service on a financially sustainable platform and with improvement to façade and facilities.

4. Consultation

a) Policy Proofing Actions Required

N/A

5. Appendices

The following is attached at the end of this report

Appendix A	Outlines full details of the Property Review

6. Background Papers

Report to Executive 6 March 2012	Democratic Services

This report was written by Justin Hackney and Barbara Simpson, who can be contacted on 01522 554259 or by email Justin.Hackney@Lincolnshire.gov.uk

Details of the Day Services Property Review

This Appendix provides further detail on the Recommendations based on different geographic locations in the county.

Boston Day Centres

Three of the Day Centre buildings in the Boston area were leased from private landlords: Bosscat, Field Street and Kirton Day Centre. The Council owns the building that the fourth centre, Scott House, is operated from. By making better use of the Scott House building, the Council could terminate the leases on the other three Boston Day Services and avoid paying lease costs to the private landlords. In addition, other running cost budgets could be reduced and with staff all operating from one site there is more opportunity to develop daytime opportunities within the community in addition to the centre itself.

The Bosscat Building is a very large one dating back to the old days of Social Education Centres. There is old equipment that has not been maintained and some of this equipment has been isolated because of Health and Safety risks. The building does not have easy access to the town centre and over recent years, the number of people choosing to attend the centre has fallen to very low numbers. For continued use of the building it would be necessary to renegotiate a long term lease with the landlord which is likely to be expensive.

The Field Street Building is a portacabin in a builder's yard in the town centre. Access to the building is not straight forward and there are some potential Health and Safety risks to service users with the builder's yard being small and vehicles often having to make reversing manoeuvres to exit the yard. The day opportunities are normally provided in the community with service users using the portacabin as a base to drop off bags and have sandwiches and is used for some day activities particularly when the weather in inclement. The Field Street Building is not big enough to be used to provide services to all existing in-house day service users in the Boston area.

The Kirton Building is a small ground floor flat located in a residential area, with poor access to the town centre and wider community. The Kirton centre is not big enough to be used to provide services to all existing in-house day service users in the Boston area.

Scott House is a building owned by the Council and generally in good condition. It has very good access and parking. It also has easy access to the community and Boston town centre. It is large enough to provide Day Services for all existing In-house Day Service users in the Boston area if the four centres were to be amalgamated.

For the above reasons it has been recommended that the In-house day services in Boston should be amalgamated and operated from the Scott House building but also offering day opportunities for the people who use the centre in the community. The leases on the other three privately leased buildings would be terminated and individual transition plans would be completed in order to facilitate a smooth change.

A 30 day consultation with service users and carers has been completed in relation to these proposals. This included writing to service users as well as hosting two consultation events at Scott House for service users and their carers. Whilst it was not a requirement to consult with Day Services employees in relation to these proposals, the Project Team did still meet with them to explain the proposals and seek their views. The response to the proposals and consultation has been positive. A report is now being prepared to allow the Executive Member to make a formal decision on the proposal.

Horncastle Day Centre

The remaining In-house Day Centre in Horncastle, the Wong, has already been amalgamated with the former Horncastle Holmeleigh Day Centre. The Wong Building is owned by the Council and some minor capital works have already been completed to allow Day Service users to utilise rooms upstairs within the building as well as the rooms downstairs. Individual transitions plans were completed for service users who formerly attended the Holmeleigh Building. The amalgamation has been successful in improving the sustainability of Day Services in the Horncastle area. The Project Team have recommended retaining the Wong Day Centre Building and to continue providing in-house day opportunities from it.

Louth Day Centres

The two In-house Day Centres in Louth are provided from buildings leased from private landlords. They are relatively expensive leases both based on industrial estates. The buildings reflect an industrial façade, but are relatively practical with one building hosting some specialist equipment, owned by the Council, including hoists for service users. Access to the buildings is reasonable.

It is considered that whilst the Day Services are reasonable, the quality of provision could be improved if the right building could be located. The Project Team have proposed that the Council should seek to amalgamate the In-house Day Services in Louth to one site, but on the basis that a suitable alternative building could be identified that would improve the quality of provision but also offering improved value for money to the Council and the taxpayer.

The Project Team have provisionally identified a potential property that may meet these criteria and the Council's Property Team are in the process of considering the property and developing a value for money options appraisal in terms of the Council potentially purchasing the property.

Whilst the Project Team have confirmed the outcome of the review to service users, carers and Day Service staff in Louth, it would be necessary to formally consult with service users and their carers should it be agreed that the purchasing of the identified property and the termination of the private leases on the existing buildings be a preferred option.

Day Services will continue to operate from both buildings in Louth at this time pending the potential identification of an alternative base.

Mablethorpe Day Centre

The Day Centre in Mablethorpe is adequate and it was considered that it would not be practical for existing service users to use the day centres in Louth or Skegness as alternatives. For this reason, it has been recommended and agreed that the existing Day Service building will be retained and In-house Day Services will continue to operate in Mablethorpe. This has been communicated to service users, carers and the Day Services staff in Mablethorpe.

Skegness Day Centres

One of the two day centre buildings in Skegness is Drummond Road Day Centre and it is leased from a private landlord. It is the smaller of the two Day Centre buildings and would not be of adequate size to allow an amalgamation of the two Day Centres onto one site.

The second building, the Algitha Road Day Centre, is owned by the County Council and has ample space to facilitate the amalgamation of Day Services on one site. This would allow Adult Care to make savings on the lease costs of the other building as well as other savings from associated utility costs. With the location of Day Services employees on one site, there would be increased opportunity to support a wider range of activities including day time activities in the community.

Drummond Road was a former shop; it is a narrow building, near to Skegness Town Centre, and close to Algitha Road. It comprises two small lounges, a partial kitchen and a toilet. The facility is mostly used as a drop-in. Service users either go to Algitha Road for lunch and/or to join with some activities, otherwise they are out and about in the community. It has limited natural light. There are ten service users who are relatively able. They do occasionally use the building base for activities; however, in the main they access activities and events in the community.

Due to the staffing numbers at Algitha Road, it is not unusual for the staff from Drummond Road to be required to work at Algitha Road and so both staff and service users relocate to the larger facility already.

A 30 day consultation with service users and carers has been completed in relation to these proposals. This included writing to service users as well as hosting two consultation events at Scott House for service users and their carers. Whilst it was not a requirement to consult with Day Services employees in relation to these proposals, the Project Team did still meet with them to explain the proposals and seek their views. The response to the proposals and consultation has been positive. A report is now being prepared to allow the Executive Member to make a formal decision on the proposal.

Lincoln Day Centre

There is one In-house Day Centre in Lincoln which is Ancaster Day Centre. The Ancaster Building is owned by the County Council, but there are some day activities also provided off site in a café within the Lincolnshire Museum of Lincolnshire Life

which are overseen by the Day Services employees at Ancaster Day Centre. Ancaster currently hosts over 20% of all In-house day service users in Lincolnshire. The building is very large and has arguably been underutilised in terms of its full potential. It has good access and parking as well as easy access to the town centre and the wider community. It is in need of some repairs to the roof and aesthetically it is looking tired and in need of some internal redecorations and some new equipment to support day time activities.

The Day Services review has recommended that Ancaster Day centre is retained and some capital improvement investment in made to improve the building and facilities. It is the intention to involve service users, carers and the Day Centre employees in helping to plan the building improvements and decorations and to choose the new day opportunities equipment. The Project Team have confirmed this to service users their carer's and the day service employees and the feedback has been very positive.

Gainsborough Day Centre

There is one remaining In-house Day Centre in Gainsborough which is the Hastings Day Centre. The building is owned by the Council and is of a reasonable standard with no need for capital improvements. The Day Centre has already been merged with a former Day Centre in the Gainsborough area.

Following the review of the In-house day services, it has been recommended that the Hastings Day Centre is retained and In-house Day Services continue to operate in Gainsborough. service users, their carer's and the Day Centre employees have been informed of this and feedback has been well received.

Market Rasen Day Centre

There is one In-house Day Centre in Market Rasen which is operated from the Health Clinic and part of a building owned by the NHS. The Day Centre building is reasonable, but it is felt that the quality of the Day Services and Value for Money for the Council could potentially be improved if a suitable alternative building could be identified. The Council's Property Team are looking into potential alternative options, but at this point no suitable alternative building has been identified.

On completion of the review, it has been recommended that In-house Day Opportunities should be retained in the Market Rasen area and operated from the existing Day Centre building. However, if a suitable alternative building is located that offers improved value for money and opportunities for further improvement to Day Services offered then this should be considered. service users, Carers and Day Services staff have been informed of the outcome of the review. If an alternative building is located it may be necessary to consult on relocation.

Sleaford Day Centre

There is one In-house Day Centre in Sleaford which is operated from a building owned by the County Council, 42a Northgate, Sleaford. The building is reasonable,

but some minor aesthetic improvements to the front of the building would make the Day Centre more attractive.

The review of Day Services has recommended that the Day Service is retained and continues to operate from the existing building, but with some minor capital improvement work. It is the intention to involve service users, carers and the Day Centre employees in helping to plan the building improvements and decorations and to choose the new day opportunities equipment. The Project Team have confirmed this to service users, their carer's and the Day Service employees and the feedback has been very positive.

Grantham Day Centre

There is one In-house Day Centre in Grantham operated from a building leased from a private landlord. The building is over three stories with quite small rooms. There is a lift. The building feels old, depressed, downstairs has no natural light and is damp. The middle room with the entrance is small with some tables and chairs and limited kitchen area, with a toilet that opens into the kitchen area. The building also has shared access with another organisation that uses the other half of the building via a staircase.

The carpets are in a very poor state; there has not been any decorating for years. There is limited office space upstairs that is not private, and there is also a large activity room. Whilst they were given new blinds, and some of the window frames were replaced, they were not painted.

Service users engage in a range of activities at the centre including arts and crafts, There are a mixed group of needs, many of whom access a range of activities in the community. Plans for each service user are organised daily.

It is felt that the quality of the Day Services and Value for Money for the Council could potentially be improved if a suitable alternative building could be identified. The Council's Property Team are looking into potential alternative options, but at this point no suitable alternative building has been identified.

On completion of the review, it has been recommended that In-house Day Opportunities should be retained in the Grantham area and operated from the existing Day Centre building. However, if a suitable alternative building is located that offers improved value for money and opportunities for further improvement to day services offered then this should be considered. Service users, carers and Day Services staff have been informed of the outcome of the review. If an alternative building is located it may be necessary to consult on relocation.

Spalding Day Centre

There is one In-house Day Centre in Spalding which is operated from the Chappell Centre, Spalding. The Chappell Centre Building is owned by the County Council. It is a relatively large building with other Adult Care and Children's Services Assessment and Care Management Team co-located within the building.

The building is suitable but would benefit from some partitioning which would separate the Assessment and Care Management accommodation from the Day Centre. This would mean the Day Service had improved privacy for service users. Some follow up re-decoration would also be necessary. The Centre has good access and parking

The Day Services review has recommended that Chappell Centre Day Centre is retained and some capital improvement investment is made to improve the building and facilities. It is the intention to involve service users, carers and the Day Centre employees in helping to plan the building improvements and decorations. The Project Team have confirmed this to service users, their carer's and the day service employees and the feedback has been very positive. There has been no need to consult on this.

Stamford Day Centre

There is one Day Centre in Stamford which is predominately used by people aged 65 and over. The Day Service building is owned by the Council and is of a reasonable standard.

It has been recommended and agreed that the existing Day Service building will be retained and in-house day services will continue to operate in Stamford. This has been communicated to service users, carers and the day services staff in Stamford.

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

Report to:	**Adults Scrutiny Committee**
Date:	**22 January 2016**
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.

APPENDIX A

ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Chairman: Councillor Hugo Marfleet
Vice Chairman: Councillor Rosie Kirk

22 January 2016 – 10.00 am		
Item	**Contributor**	**Purpose**
Healthwatch Lincolnshire: Adult Care in Lincolnshire	Nicola Tallent, Senior Officer for Engagement and Enter and View, Healthwatch Lincolnshire	Update Report
Adult Care Budget Proposals 2016-2017	David Laws, Adult Care Strategy Financial Advisor	Budget Scrutiny
Day Care Services	Justin Hackney, Assistant Director of Social Services – Specialist Adult Services	Update Report

24 February 2016 – 10.00 am		
Item	**Contributor**	**Purpose**
Adult Safeguarding Report	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
Adult Care Customer Pathways	Glen Garrod, Director of Adult Social Services Emma Scarth, County Manager, Performance, Quality and Development	Status Report
Better Care Fund 2016-17	Glen Garrod, Director of Adult Social Services David Laws, Adult Care Strategy Financial Advisor	Budget Scrutiny
Minutes of the Safeguarding Scrutiny Sub Group Meeting – 6 January 2016	Catherine Wilman, Democratic Services Officer.	Update Report

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
Adult Care – Seasonal Resilience	Pete Sidgwick, Assistant Director of Adult Social Services, Adult Frailty and Long Term Conditions Lynne Bucknell, County Manager - Special Projects and Hospital Service	Status Report
Minutes of the Safeguarding Scrutiny Sub Group Meeting – 6 April 2016	Catherine Wilman, Democratic Services Officer.	Update Report

25 May 2016 – 10.00 am		
Item	**Contributor**	**Purpose**
Adult Care Workforce Development	Barry Earnshaw, Chairman and Director of the Lincolnshire Care Association. (To be confirmed.)	Status Report
Personal Budgets – Processes and Context	Emma Scarth, County Manager, Performance, Quality and Development Jane Mason, County Manager, Carers	Status Report
Lincolnshire Assessment and Reablement Service	Representative from Allied Health Care. (To be confirmed.)	Status Report
Adult Care – Quarter 4 and Full Year - Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny

29 June 2016 – 10.00 am		
Item	**Contributor**	**Purpose**
Carers Commissioning Strategy and Services for Carers	Jane Mason, County Manager, Carers	Update Report

7 Sept 2016 – 10.00 am		
Item	**Contributor**	**Purpose**
Sensory Impairment Service	To be confirmed.	Update Report
Adult Care ICT Support	Judith Hetherington Smith, Chief Information and Commissioning Officer	Update Report
Adult Care – Quarter 1 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny
Adults with Learning Disabilities – Items referred to in Local Account - Employment and Health Care	Justin Hackney, , Assistant Director of Social Services – Specialist Adult Services	Status Report

18 Oct 2016 – 10.00 am		
Item	**Contributor**	**Purpose**
The Prevent Strategy	To be confirmed.	Status Report

29 Nov 2016 – 10.00 am		
Item	**Contributor**	**Purpose**
Adult Care – Quarter 2 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny
Minutes of the Safeguarding Scrutiny Sub Group Meeting – 28 September 2016	Catherine Wilman, Democratic Services Officer.	Update Report

Items to be programmed

- Neighbourhood Teams
- Safeguarding Commissioning Strategy

APPENDIX B

Adults Scrutiny Committee
Work Programme Tracker

	2013					2014								2015								2016			
Item	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 Sept	9 Dec	22 Jan	24 Feb	6 Apr
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 Sub Group Minutes	✓		✓		✓		✓					✓	✓		✓		✓		✓		✓				

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