



County Offices
Newland
Lincoln
LN1 1YL

29 March 2016

Adults Scrutiny Committee

A meeting of the Adults Scrutiny Committee will be held on **Wednesday, 6 April 2016 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of business set out on the attached Agenda.

Yours sincerely

A handwritten signature in black ink, appearing to be 'T McArdle', written over a horizontal line.

Tony McArdle
Chief Executive

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

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

**ADULTS SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 6 APRIL 2016**

Item	Title	Pages
1	Apologies for Absence/Replacement Members	
2	Declaration of Councillors' Interests	
3	Minutes of the meeting held on 24 February 2016	5 - 10
4	Care Quality Commission - Adult Social Care Inspection Update <i>(To receive a report which provides the Committee with a position statement on the progress and themes coming out of the Care Quality Commission (CQC) inspections of Adult Social Care Services in Lincolnshire)</i>	11 - 14
5	Adult Care Seasonal Resilience <i>(To receive a report which captures information on this winter to date from an acute hospital Adult Care perspective)</i>	15 - 54
6	Adults Scrutiny Committee Work Programme <i>(To receive a report which provides the Committee with an opportunity to consider its work programme for the forthcoming year)</i>	55 - 64

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

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

Contact details set out above.

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www.lincolnshire.gov.uk/committeerecords

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ADULTS SCRUTINY COMMITTEE 24 FEBRUARY 2016

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

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

Councillors: C R Oxby (Executive Support Councillor for Adult Services) and Mrs J M Renshaw attended the meeting as observers.

Officers in attendance:-

David Boath (Performance Manager), Dave Culy (Lincolnshire Safeguarding Adults Board Manager), Barry Earnshaw (Vice-Chairman, Lincolnshire Safeguarding Adults Board), Simon Evans (Health Scrutiny Officer), Glen Garrod (Director of Adult Care), Cheryl Hall (Democratic Services Officer), Steve Houchin (Head of Finance (Adults)), David Laws (Adult Care Strategic Financial Adviser) and Emma Scarth (Commissioning Manager Performance, Quality and Workforce Development).

52 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs H N J Powell and Mrs S M Wray.

53 DECLARATIONS OF MEMBERS' INTERESTS

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

54 MINUTES OF THE MEETING OF THE ADULTS SCRUTINY COMMITTEE HELD ON 22 JANUARY 2016

RESOLVED

That the minutes of the Committee held on 22 January 2016 be confirmed and signed by the Chairman as a correct record.

55 ADULT SAFEGUARDING

Consideration was given to a report by David Culy (Business Manager for the Lincolnshire Safeguarding Adults Board), which provided information on Adult Safeguarding and on the Lincolnshire Safeguarding Adults Board.

**ADULTS SCRUTINY COMMITTEE
24 FEBRUARY 2016**

Glen Garrod (Director of Adult Care) and Barry Earnshaw (Vice-Chair of the Lincolnshire Safeguarding Adults Board) provided the Committee with a detailed presentation, covering the following areas: -

- 2015/2016 Statistics to end of December;
- Care Act – updated definitions of abuse;
- Alleged Abuse – statistical information;
- Council Business Plan Measures;
- Members of the Lincolnshire Safeguarding Adults Board;
- Role of the Board;
- Care Act 2014 – References to Safeguarding Adults Board;
- Statutory Guidance;
- Core Duties;
- Key Priorities (as defined in the Boards Strategy);
- Board Funding; and
- Board Structure.

Members were provided with an opportunity to ask questions, where the following points were noted: -

- The prime consideration of the Board at this time would be to fulfil multi-agency responsibilities in relation to the protection of adults at risk from abuse and neglect in line with the requirements in the Care Act 2014;
- Members were advised that the number of Lincolnshire County Council led enquiries had increased by the end of Quarter 3, compared to last year. However, it was thought that this was owing to the raised awareness of safeguarding adults through the implementation of the Care Act 2014;
- The Lincolnshire Safeguarding Adults Board had planned to introduce additional performance measures to build on the three performance indicators it was currently measured against;
- A Councillor commented that there were nine care homes in Lincolnshire in relation to which the Care Quality Commission had raised concerns. Further to this, the Committee was advised that the Board was now required to conduct Safeguarding Adults Reviews and at present, there were two underway;
- Responsibility for investigations sat with the Director of Adult Care and/or the relevant provider organisation. Further to this, Members were advised that under the Care Act 2014 a provider could investigate an adult safeguarding enquiry, unlike the Children Act 2004 where all investigations on children safeguarding were undertaken by the local authority;
- The Care Act 2014 had identified three key lead organisations for the safeguarding adults boards: the local authority with responsibility for adult social care services; the Police; and the local NHS;
- Members were reminded that safeguarding children boards were well established as they became statutory following the Children Act 2004. However, although many councils had operated an adults board as good practice, the statutory requirement for safeguarding adults boards was only

introduced from 1 April 2015 following the implementation of the Care Act 2014;

- Officers were expecting the number of safeguarding enquiries to continue to rise over the coming years, as the awareness of the issue was being raised. Officers would continue to examine data to ascertain whether there any patterns emerging as a result of the enquiries;
- Officers confirmed they were exploring the Signs of Safety model;
- It was noted that there would be a Peer Review undertaken in June 2016, and one aspect of the review would look at Lincolnshire's safeguarding adults services;
- Members were reminded that the Advocacy Services had been recommissioned and was now joint with children and adult services;
- Members were advised that data on both substantiated and unsubstantiated allegations were collected;
- The Committee was assured that the Lincolnshire Safeguarding Adults Board did focus on specific projects such as abuse on transport.

The Chairman thanked officers for their detailed presentation.

RESOLVED

That the report, presentation and comments made be noted.

56 ADULT CARE - QUARTER 3 PERFORMANCE FUTURE REPORTING DEVELOPMENT

Consideration was given to a report by Dave Boath (Performance Manager), which provided a summary of the Adult Care performance measures within the four commissioning strategies.

Emma Scarth (County Manager, Performance, Quality and Development); Steve Houchin (Head of Finance) and the Performance Manager presented the report to the Committee and in doing so, advised that the key performance indicators had been aligned to the following four commissioning strategies and provided an update on performance under each strategy: -

- Adult Frailty and Long Term Conditions;
- Adult Specialist Services;
- Safeguarding; and
- Carers.

As part of the presentation of the report, Officers presented the Committee with financial information, which linked to performance data and included service activity with budgetary commitments.

**ADULTS SCRUTINY COMMITTEE
24 FEBRUARY 2016**

Members were provided with an opportunity to ask questions, where the following points were noted: -

- It was noted that over the nine months of the year, the Safeguarding team had dealt with 2,865 concerns, which was approximately 320 concerns per month, compared with 250 per month in the previous year. It was also noted that was a 25% increase in work coming into the service. In response to a question, Members were advised that the budget for adult safeguarding had remained stable in recent years. If the number of contacts exceeded the budget, this would be classed as a budget pressure;
- It was noted that there were no longer Police officers based at the Customer Service Centre. However, the County Council worked collaboratively with Lincolnshire Police at the SAFE Hub in Grantham;
- It was noted that the criteria for carers' payments had changed following the introduction of the Care Act 2014. The Committee would receive items on Carers and Client Personalisation at its meeting on 25 May 2016;
- It was noted that in 2014/15 there were 34,245 new requests of which 20,425 required advice and information/signposting. Further to this, it was queried whether officers monitored whether any of those contacts were repeat contacts or if they were satisfied with the level of support provided. Officers agreed to examine this possibility further;
- A discussion took place regarding the services offered by Penderels Trust and was agreed that officers would ascertain whether there were any service users who had used Penderels Trust were willing to share their experiences with the Committee at its meeting on 25 May 2016;
- Funding for Adult Social Care nationally was reducing, whilst the number of contacts was increasing. A concern was raised over whether too much pressure was being placed on private organisations and volunteers to deliver services. In response, Members were advised that there were signs of strain on the system nationally;
- A Member raised a particular concern over the terms and conditions of service of the employees of contractors and their sub-contractors used by the County Council. Further to this, Members were reminded that the Committee had previously received items on how the County Council monitored market providers. All contract framework agreements had included sections on employment rights. Officers agreed to explore this further outside the meeting;
- In response to a question, the Committee was advised that the circa £1m underspend in the 2015/16 financial year, which was returned to the corporate budget, would only amount to two days in Adult Social Care activity and therefore was a relatively insignificant level of money, compared to the overall level of pressures and funding available;
- Members welcomed the new style information, which linked to performance data and included service activity with budgetary commitments. It was hoped that once Mosaic was in operation, it would generate this level of information which would eliminate the need for officers to manually produce it. It was also hoped that in future this level of information could be compared to comparator authorities.

RESOLVED

That the report, presentation and comments made be noted.

57 BETTER CARE FUND SUBMISSION 2016/17 AND UPDATE ON 2015/16

Consideration was given to a presentation from the Director of Adult Care on the Better Care Fund 2016/17, which covered the following areas: -

- The Better Care Fund: A Recap on 2015/16, which had included the 'pooling' of £197 million of health and social care funds and five Section 75 agreements and two aligned budgets covering: learning disability;
- National Conditions, in effect the joint agreement of plans to maintain social care services and to deliver seven day services across health and social care to prevent unnecessary non-elective admissions to acute settings and an agreement to invest in out-of-hospital services;
- Integration Policy from 2016/17 – The Comprehensive Spending Review had confirmed the continuation of pooled budgets into 2016/17 and an additional £1.5 billion allocated to the BCF via local authorities;
- Timetable for Health and Wellbeing Board Areas – with final plans due to be submitted by 20 April 2016;
- Regional Assurance Timetable – for 2016/17 the assurance process for the BCF would be regionally co-ordinated rather than nationally;
- Delayed Transfers of Care would be a new national condition of the BCF, with the measure based on the number of delayed bed days;
- Options for Targets - There were three options for the targets for delayed transfers of care, ranging from a target based on actual performance between January and March 2015 to a target based on a 2.5% reduction on the average for quarters 1 and 2 during 2015-16;
- Better Care Fund Performance Matrix for 2015/16 showed that financial penalties totalling £560,000 of which £440,000 had been retained by the County Council;
- A reduction in Non-elective Admissions had been achieved for the first quarter of 2015/16, but had been missed for the second and third quarters;
- Availability of Resources 2016/17;
- Contributions to Preventative Housing in Lincolnshire;
- Proposals for 2016/17.

Members were advised that officers were still awaiting national guidance on the required format of the submission.

It was noted that as part of the Better Care Fund, it was anticipated that the Disabled Facilities Grant (DFG) element of the Fund would increase from £2.97m to £4.88m for 2016/17. It was understood that the capital fund, which had previously been allocated for the implementation of the Care Act, had been removed, in order to fund this increase in the DFG. A letter had been sent to all seven district chief executives to gain their support for a unified approach to the arrangements for the DFG.

**ADULTS SCRUTINY COMMITTEE
24 FEBRUARY 2016**

The Director of Adult Care highlighted the five key elements of the proposals for 2016/17, as follows: -

- Agree the continuation of the Section 75 Agreements;
- Agree the level of 'protection' for Adult Care in 2016/17 at £16.825m;
- The Consolidation of the number of schemes supported by the Better Care Fund programme;
- A renewed focus on Delayed Transfers of Care led by the System Resilience Group;
- A joint approach between the four clinical commissioning groups and the County Council to the seven districts in pursuit of a Lincolnshire preventative housing strategy.

It was noted that the Better Care Fund Submission 2016/17 would be presented to the Executive for approval at its meeting on 5 April 2016.

RESOLVED

That the report and presentation be noted.

58 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report by Simon Evans (Health Scrutiny Officer), which enabled the Committee to consider its work programme for its forthcoming meetings.

The Health Scrutiny Officer advised that the item on 'Carers Commissioning Strategy and Services for Carers' listed on the work programme for 29 June 2016, would now be presented to the Committee at its meeting on 25 May 2016.

RESOLVED

That the work programme be approved, subject to the above amendment being made.

The meeting closed at 1.00 pm.

Open Report on behalf of the Care Quality Commission

Report to:	Adults Scrutiny Committee
Date:	6 April 2016
Subject:	Care Quality Commission - Adult Social Care Inspection Update

Summary:

This is a short report to provide the Adults Scrutiny Committee for Lincolnshire with a position statement on the progress and themes coming out of the Care Quality Commission's (CQC) inspections of Adult Social Care services in Lincolnshire.

When considering this report it is important for the Committee to bear in mind that the CQC is not subject to Local Authority Scrutiny, and the relationship is an informal one based on an understanding, trust and joint aspiration to improve services by sharing insight and complementing each other's roles. The Committee is asked to bear in mind that the CQC is neither a commissioner nor a provider of services. The role of the Care Quality Commission is to monitor, inspect and regulate all health and social care services in England to ensure that they meet fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008.

Actions Required:

- (1) To consider the information presented on the themes arising from CQC's inspections of ASC services in Lincolnshire to date.

1. Background

The Care Quality Commission (CQC) began inspecting with the new approach in Lincolnshire in October 2014. There are 377 locations registered in Lincolnshire for the provision of adult social care, of which 92 are registered to provide nursing care. This is a reduction of one nursing home since the CQC last attended the Adults Scrutiny Committee in September 2015.

Inspection Arrangements

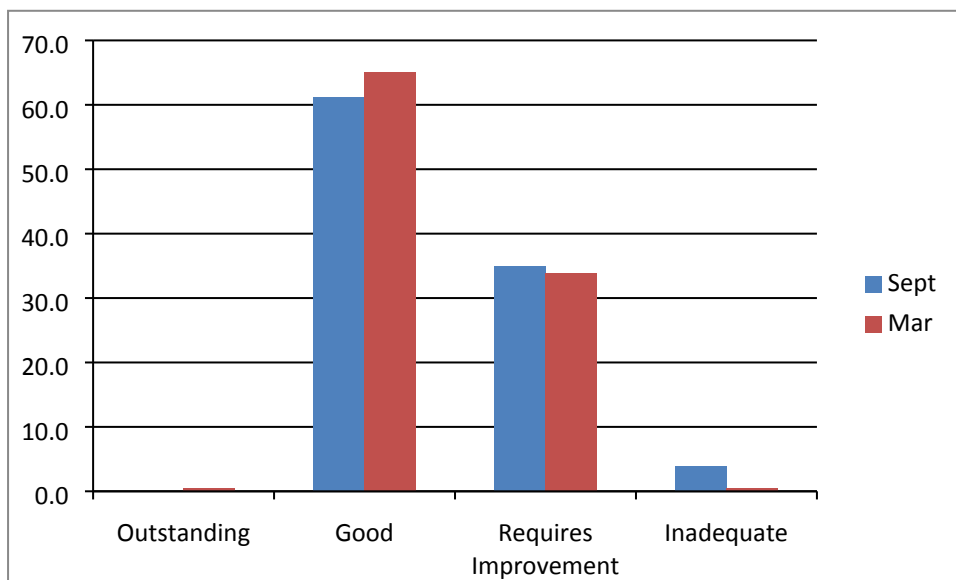
At the last presentation we reported on our new inspection methodology. At the time we had published ratings for 103 services. As well as an overall rating for each service against the five key questions above, each key question is rated against these domains. The following ratings are made:

- Outstanding
- Good
- Requires improvement
- Inadequate

Inspection Findings

Since October 2014, the CQC has inspected and published ratings of 189 Adult Social Care Services in Lincolnshire and the table below is a summary of our findings (when we last met we had published 103 reports). Where providers are failing to meet the fundamental standards of care we will take enforcement action such as the issue of requirement notices, warning notices, cancellation of registration, placing a service into special measures or, if appropriate, prosecution.

The chart below shows current ratings compared to our last presentation in September 2015.



Rating	September 2015	March 2016
Outstanding		1
Good	63	123
Requires improvement	36	64
Inadequate	4	1

General emerging themes are:

- Importance of leaders who are visible, engage widely with people who use services and staff, promote a strong culture of safety, put in place robust governance systems and plan their resources well
- Having the right number and mix of staff, with the right skills, at all times is integral to providing safe, high-quality care
- Contributory factors were staffing levels, understanding and reporting safeguarding concerns, and poor medicines management
- Having a consistent registered manager in post has a positive influence- outstanding leaders demonstrate passion, excellence and integrity, collaborate with staff and the provider, and ensure people's views and wishes are at the centre of their care

Our strategy for 2016 – 2021 will be published in May 2016. This follows a period of consultation with the public and with stakeholders.

The way that services regulated by CQC are used and delivered is changing. CQC must deliver its purpose with fewer resources. Our ambition is to become a more efficient and effective regulator so that we stay relevant and sustainable for the future.

As well as making continuous improvements to our core operating model, CQC will focus on six themes:

- Theme 1: Improving our use of data and information
- Theme 2: Implementing a single shared view of quality
- Theme 3: Targeting and tailoring our inspection activity
- Theme 4: Developing a more flexible approach to registration
- Theme 5: Assessing how well hospitals use resources
- Theme 6: Developing methods to assess quality for populations and across local areas.

2. Conclusion

The Commission will continue to work closely with commissioners in the local authority and the clinical commissioning groups, sharing information to protect people who use services.

3. Consultation

a) Policy Proofing Actions Required

N/A

4. Background Papers

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

Document Title	Where the document can be viewed
CQC local area profile	Care Quality Commission

This report was written by Deanna Westwood, Inspection Manager Lincolnshire, who can be contacted via deanna.westwood@cqc.org.uk or 03000 616161.

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

Report to:	Adults Scrutiny Committee
Date:	6 April 2016
Subject:	Adult Care Seasonal Resilience

Summary:

This report captures this winter to date from an acute hospital Adult Care perspective. The hospital teams continue to be robust in their work with health colleagues ensuring the person and their Carer is always at the centre of their plans for discharge. This winter's challenges are outlined together with the current progress which does show an improving picture for support being in place to enable people in need of Adult Care support to return home.

Actions Required:

1. The Adults Scrutiny Committee is requested to consider and comment on the report.

1. Background

Seasonal resilience for Adult Care is defined by the community and hospital based teams being equipped and resourced to meet the demands of winter. Adult Care staff must have the skills and capacity to manage the complexity and volume of referrals together with sufficient capacity in community resources needed to support the people of Lincolnshire. This report focuses on the resilience of the hospital teams supporting United Lincolnshire Hospitals NHS Trust (ULHT) and Peterborough and Stamford Hospitals NHS Foundation Trust.

Adult Care has worked with health colleagues to ensure we have a robust winter plan in place for the whole system (Appendix A - Lincolnshire System Resilience Group System Wide Plan 2015/16) previously presented to the Scrutiny Committee; and an updated surge and escalation plan. Adult Care's specific part of this plan is contained in our winter plan attached at Appendix B.

Nationally NHS England, the NHS Trust Development Authority, Monitor, Public Health England and the Department of Health have joined their winter campaigns into a single approach. The integrated campaign has focused on 'stay well this winter' aiming to make people aware of who are at risk of preventable winter admission aware of, and motivated to take, those actions that could prevent that

admission. If successful the campaign will reduce pressures on NHS services, particularly urgent and emergency care, in the winter months, prevent illness and improve patient experience.

In mid-October 2015 the Emergency Care Improvement Programme (ECIP) was launched. ULHT is one of the 28 most challenged systems across England being supported through this winter by the ECIP Team. ECIP is a clinically led programme designed to offer intensive practical help and support to urgent and emergency care systems to deliver improvements in quality, safety and patient flow. The programme aimed to have a particular focus on improving whole system performance across health and social care in the winter months when emergency care systems are working under additional pressure. ECIP support will remain in place until the 31 March 2016.

As part of the ECIP approach to facilitating improvement in Lincolnshire the team have visited specific ULHT sites where they have focused on issues within the acute, strategy and finance, staffing, medical leadership, IT systems supporting flow, management, discharge issues and social care and associated community services.

ECIP have stated “There is good presence in each of the units, hospital discharge staff seem to be well supported by social care colleagues.” ECIP has noted social care staff are well embedded as part of the multi-disciplinary teams.

Adult Care Hospital Teams

Lincoln County Hospital (LCH) has 14 staff, Pilgrim Hospital has 13 staff, Grantham has 7 staff and Peterborough has 9 staff in the dedicated hospital teams supporting Lincolnshire residents to safely return home following their hospital stay. The teams have increased their experienced Social Worker numbers (15 of the total of 43 staff) this year to manage the complex nature of work increasingly coming through the hospitals. All other hospitals including Queen Elizabeth, Kings Lynn, Scunthorpe and Grimsby discharges are supported by the local area teams.

During the 9 month period from April 2015 to December 2015; on average 53 referrals a week were received across ULHT and Peterborough hospital teams. Pilgrim had the highest number of referrals of 84 a week. The total of other out of county acute hospitals generate in total on average under 14 referrals a week. These volumes were and are managed successfully by all the hospital teams with assessments.

Acute Hospital Contacts 1st April 15 to December 2015										
Hospital	Apr	May	Jun	July	Aug	Sept	Oct	Nov	Dec	TOTAL
Pilgrim	340	338	332	327	288	337	315	379	370	3026
LCH	313	263	301	315	239	315	308	310	297	2661
Peterborough	151	123	99	113	90	99	112	100	121	1008
Grantham	103	97	92	94	72	117	100	90	109	874
All other Acute	50	38	57	69	57	60	59	45	71	506
TOTAL	957	859	881	918	794	928	894	924	968	8075

Adult Care focus within the acute hospitals continues to be early identification of people once they are in the hospital, including A & E and medical assessment units. Early identification means we can offer advice and support to people and their Carers as required, this may not necessitate a referral; or we may commence a statutory assessment to determine eligible needs.

During this winter Adult Care Teams have increased seven day working including public holidays to ensure we assist people to get home safely as soon as they are medically fit and all professionals agree they are safe to go home.

Although the complaint figures for this winter are not yet available, it is clear that we have had an increased number of complaints from people Adult Care have supported to leave the acute hospital but have not returned to their home immediately. Although as always this must be balanced by the compliments our staff have also received commending individuals in their support of family members.

Delayed Transfers of Care (DTCO)

We have seen a deteriorating position on DTCO over the last 12 months. The re-procurement of homecare and reablement has seen the DTCO change from:

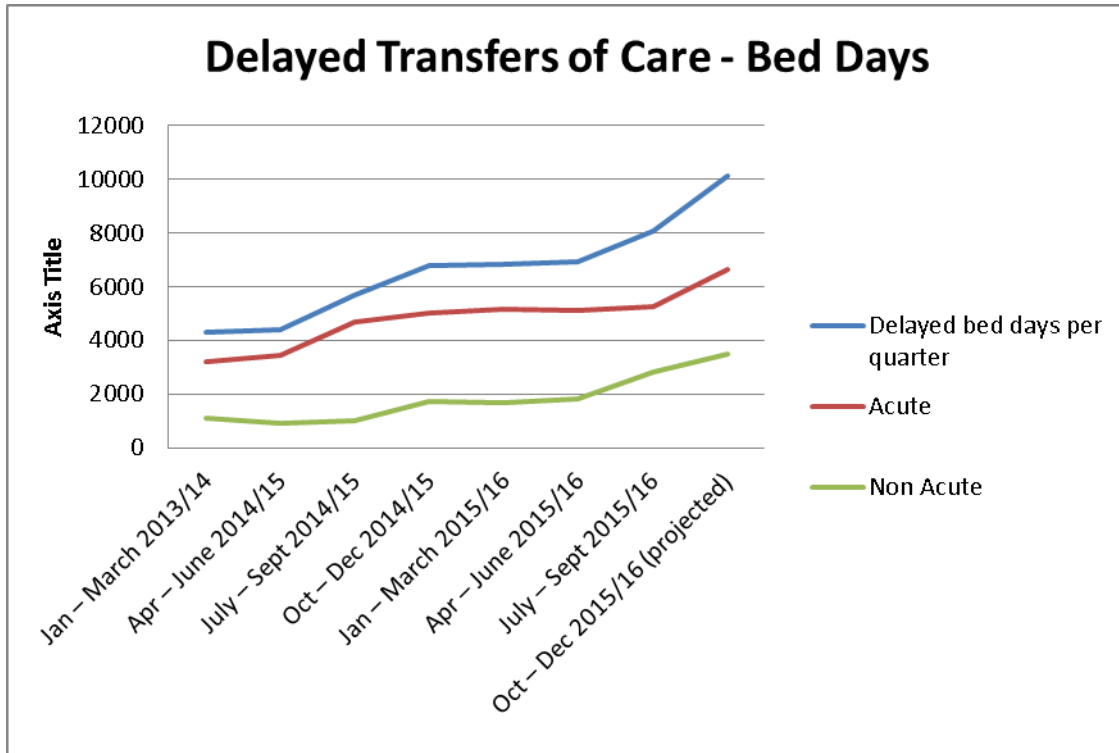
2014/15 – DTCO split – NHS 86%, Social Care 10%, Both 4%

2015/16 – DTCO split to date – NHS 79%, Social Care 17%, both 4%

November 2015: NHS 74%, Social Care 24%, both 4%

The fact remains that most of the DTCO delays remain with health around 'simple' discharges which are delayed by health.

The table below shows clearly the upward trend.



During most of this winter Adult Care has met the eligible needs of a person if the home care or reablement was not available immediately a residential placement could be made.

The position is now greatly improved across the county with only a limited requirement for people to go to a residential home before their support at home is in place, within a few days for most people. The weekly 'face to face' capacity of reablement has increased from November 2015 by 30%. Home Care has seen a significant improvement with around 90% of the county having sufficient capacity to meet the needs of people. The length of time taken to arrange home care has also seen a significant improvement from a December figure of 19.66 days to 6.33 days. We anticipate that within the next three months we will have reached a business as usual point for home care and reablement services.

The Council and the four Clinical Commissioning Groups (CCGs) are in the process of agreeing the metrics for the 2016/17 Better Care Fund (BCF) submission. The metrics will include DTOC targets for all health and care in Lincolnshire.

Joint Working with Health

Over the last two years health and care colleagues have worked towards a vision of simpler pathways acknowledging the complexities of systems and discharge pathways for people accessing health and care.

The Care Act has defined a person who is ready for discharge has:

- A clinical decision has been made that a patient is ready to transfer and;

- A multi-disciplinary team decision is made that the patient is ready for transfer

To enable these steps to happen we now have in place at all our acute sites including Peterborough a 'Hub' which brings together all involved health and care professionals to make a decision not only that the person with complex needs is ready to leave hospital but which health and care pathway they will follow. We have begun to work together to achieve a principle of 'discharge to assess' in the community.

Increasing numbers of patients are being discharged onto a health pathway with a 'light touch' assessment. Adult Care ensures no delays occur due to a delay in assessment taking place which identifies the person's eligible needs. The reablement service now has a member of staff based in LCH and Pilgrim hospital working with the multi-disciplinary team (MDT) to quickly ascertain if the person has re-ablement potential and is willing to engage with a reablement programme.

There are now four clear pathways (Appendix B).

- Pathway 1; Assessment and Recovery;** health pathway
- Pathway 2; Rehabilitation / Reablement;** health & care pathway
- Pathway 3; Adult Care**
- Pathway 4; Palliative care end of life;** health pathway

The previous health pathway of '30 day beds' ended in December and people now either go on pathway 1 or 2 with a health case manager overseeing their journey home with support from health and care professionals to get the person home safe as soon as possible. As these pathways are further embedded and resourced by health, the 'home first' option should be a reality for more people rather than a bed in a care home. Pathway 1 does have a number of step-up / step-down beds aimed at preventing hospital admission and supporting the discharge for some patients. The numbers and funding of these beds by health is not yet agreed for 2016/17.

Pathway 2 is where all adult care reablement services get people home to re-able them to as much independence as possible. Pathway 3 is solely about people with eligible needs who we support home with a personal budget which is usually used to buy home care, day services and respite for Carers. Pathway 4 is solely a health pathway; we continue to work with health colleagues to identify people on the end of life pathway to ensure they do receive the right support at the right time in the right place of their choosing.

During last winter a new initiative was trialled to further improve discharges and reduce waits for people whose next move was to a care home. There is a built in delay for care home discharges as we have to wait for care home staff to come into the hospital to assess/reassess the person's needs to ensure their home can meet them. The idea was to have a 'Trusted Assessor' from the care home sector who could represent the homes in the acute hospital. Adult Care used part of last winter's 'Helping People Home' grant to finance a project for 12 months to test this theory. The Lincolnshire Care Association recruited a suitable person and

managed the service; whilst also encouraging care homes to trust the person in feeding back information from the hospital rather than always having to send people into the home to undertake an assessment. ECIP have praised the innovation and effectiveness of this project. The initial evaluation is estimating over a 12 month period at LCH 724 bed day delays would be saved, making a saving for the acute of £220,000. The scheme is currently being considered by the System Resilience Group for further funding to continue and extend to other ULHT sites.

2. Conclusion

This winter has proved exceptional due to the transition of LCC new home care providers and the new reablement provider. We have experienced continued high numbers of attendances at our acute hospitals while ULHT are reducing their bed stock to manage within their expected funding and staffing levels. This winter has seen Norovirus at one point close the equivalent of four wards at LCH in December 2015. This added pressure to an already pressurised system.

On a positive note Adult Care has seen rising levels of delayed transfers, this is mirrored across the country. More recent analysis indicates an improving picture and a downward trajectory as a result of increasing levels of home care and reablement in the community.

Adult Care continues to play a leading part in system redesign which has seen the new hubs established, a successful care home trusted assessor project and increasing numbers of people following a 'discharge to assess' pathway reducing their length of stay in acute hospitals.

3. Consultation

a) Policy Proofing Actions Required

n/a

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Lincolnshire SRG System Wide Winter plan 2015/16
Appendix B	LCC Winter Plan 2015/16
Appendix C	Transitional Care Pathway

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 Lynne Bucknell, who can be contacted on 01522 554055 or lynne.bucknell@lincolnshire.gov.uk.

Lincolnshire SRG System Wide Winter Plan 2015/16

Reference No:	
Version:	0.2
Ratified by:	Lincolnshire SRG
Date ratified:	10 th November 2015
Name of originator/author:	Sarah Furley – Urgent Care Programme Manager and Sarah Stringer – Urgent Care Programme Manager Contact for information about this plan: Sarah.Stringer@LincolnshireEastCCG.nhs.uk
Name of responsible committee/ individual:	Gary James, Lincolnshire SRG Chair
Date Approved by committee:	10 th November 2015
Date issued:	
Review date:	May 2016
Target audience:	All organisations represented in the SRG
Distributed via:	Email and website

Lincolnshire SRG System Wide Winter Plan 2015/16

Version Control Sheet

Version	Section/Para/ Appendix	Version/Description of Amendments	Date	Author/Amended by
0.1		New Document	17.10.15	Sarah Stringer
0.2		Amendments made after consultation meeting with partners	28.10.15	Sarah Stringer

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Prepare	Maximise Capacity (a) Primary Care Capacity (b) Hospital Avoidance (c) Transitional Care/Reablement and Home Care Capacity/Discharge Planning (d) Local Authority Plans (e) Critical Care Capacity (f) East Midlands Ambulance Service/NSL (g) Care UK 111 (h) Mental Health Support Maximise Availability of Staff (a) Sickness absence (b) Industrial Action (c) Working in different ways Excess Winter deaths	
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Appendices		

1. Strategic Approach Statement

Background	It is an expectation of NHS England, Monitor and the TDA that a robust system wide plan is in place for each winter. The SRG must have assurance that all commissioners and provider's plans evidence both individual organisation and system wide congruence and resilience. This system wide plan builds on the lessons learned and history of recent years. This Plan provides an overview of the key strands of our operations and provides the framework for partner organisations to work together.
Statement	It is the expectation that the Lincolnshire SRG will take all reasonable steps to ensure that all organisations can maintain or return to business as usual after a disruption to business continuity, after a critical incident or after major incident/emergency. The Winter Plan is operationalised through our Surge & Escalation Plan which is currently going through a major refresh which describes in more detail the tiers of incidence and response.
Responsibilities	Compliance with the plan will be the responsibility of all members of the Lincolnshire SRG with each of their organisations.
Training	Directors/Managers across organisations will be responsible for ensuring that all appropriate staff have appropriate training in line with this plan.
Dissemination	All organisation's websites Via E-mail
Resource implication	Resources across organisations have been committed via SRG to ensure winter resilience.

Plan Interdependencies

This Winter Plan 2015/16 should be read in conjunction with the following cross organisation documents:

- Major Incident Response Plan (IRPs)
- Multi Agency Pandemic Flu Plan
- Multi Agency Escalation and Surge Plan
- Multi-Agency Adverse Weather Plan
- Local Transport Plan
- Individual Organisation Business Continuity Plans, Outbreak Plans, Infection Prevention Policies as appropriate.

We are clear locally about the expectations of NHS England, the TDA and Monitor on our winter response, particularly in relation to:

- Preventative measures including flu campaigns and pneumococcal immunisation programmes for patients and staff
- Joint working arrangements between health and care – particularly to prevent admissions and speed discharge
- Ensuring operational readiness (bed management, capacity, staffing, bank holiday arrangements and elective restarts)
- Delivery of critical care services
- Delivery of out of hours arrangements
- Working with ambulance services – particularly around handover of patient care from ambulance to acute trust and strengthening links with primary care and A&E
- Strong and robust communication across the system.

The Plan is underpinned by the principles of integrated emergency management (IEM):

- **Anticipate** – be aware of new hazards and threats facing the health economy.
- **Assess** – the hazards and threats for likelihood of occurrence and the impact.
- **Prevent** by taking a range of actions to limit the likelihood of occurrence, and the effects of any threats.
- **Prepare** by having appropriate planning arrangements and management structures.
- **Respond** by managing the immediate consequences of an incident or emergency.
- **Recover** by having plans to return to normal activity following an interruption.

At a high level, our response to winter is to ensure we:

- Minimise the risk to patients/service users during a period when the service is under increased pressure
- Maximise the capacity of staff by working systematically and effectively in partnership
- Maximise the safety of the public by promoting personal resilience e.g. seasonal flu vaccination, and choosing the right service through the communications campaign and community engagement processes
- Our health and social care economy has a number of critical services which must be maintained, if necessary, by the reduction or suspension of other activities. The plan aims to ensure these services are maintained throughout winter.

Distribution List

NHS England

- Leicestershire and Lincolnshire Area Team

TDA

Public Health England

- PHE (Lincolnshire)

Clinical Commissioning Groups

- Lincolnshire West Clinical Commissioning Group
- Lincolnshire East Clinical Commissioning Group
- South West Lincolnshire, Clinical Commissioning Group
- South Lincolnshire, Clinical Commissioning Group

Lincolnshire Community Health Services NHS Trust:

- LCHS Chief Executive
- Chief Nurse/Director of Operations
- LCHS Trust Board (Directors)
- Emergency Planning Committee
- On-Call Director/Management Team (to form part of the on-call packs)
- General Managers (full cascade across staff).

Lincolnshire Partnership Foundation Trust

- LPFT Chief Executive
- Director of Operations
- LPFT Trust Board (Directors)
- Emergency Planning Leads
- On-Call Director/Management Team (to form part of the on-call packs)
- General Managers (full cascade across staff).

United Lincolnshire Hospitals Trust

- ULHT Chief Executive
- Chief Nurse/Director of Operations
- ULHT Trust Board (Directors)
- Emergency Planning Leads
- On-Call Director/Management Team (to form part of the on-call packs)
- Site Managers (full cascade across staff).

East Midlands Ambulance Service (EMAS)

Lincolnshire County Council

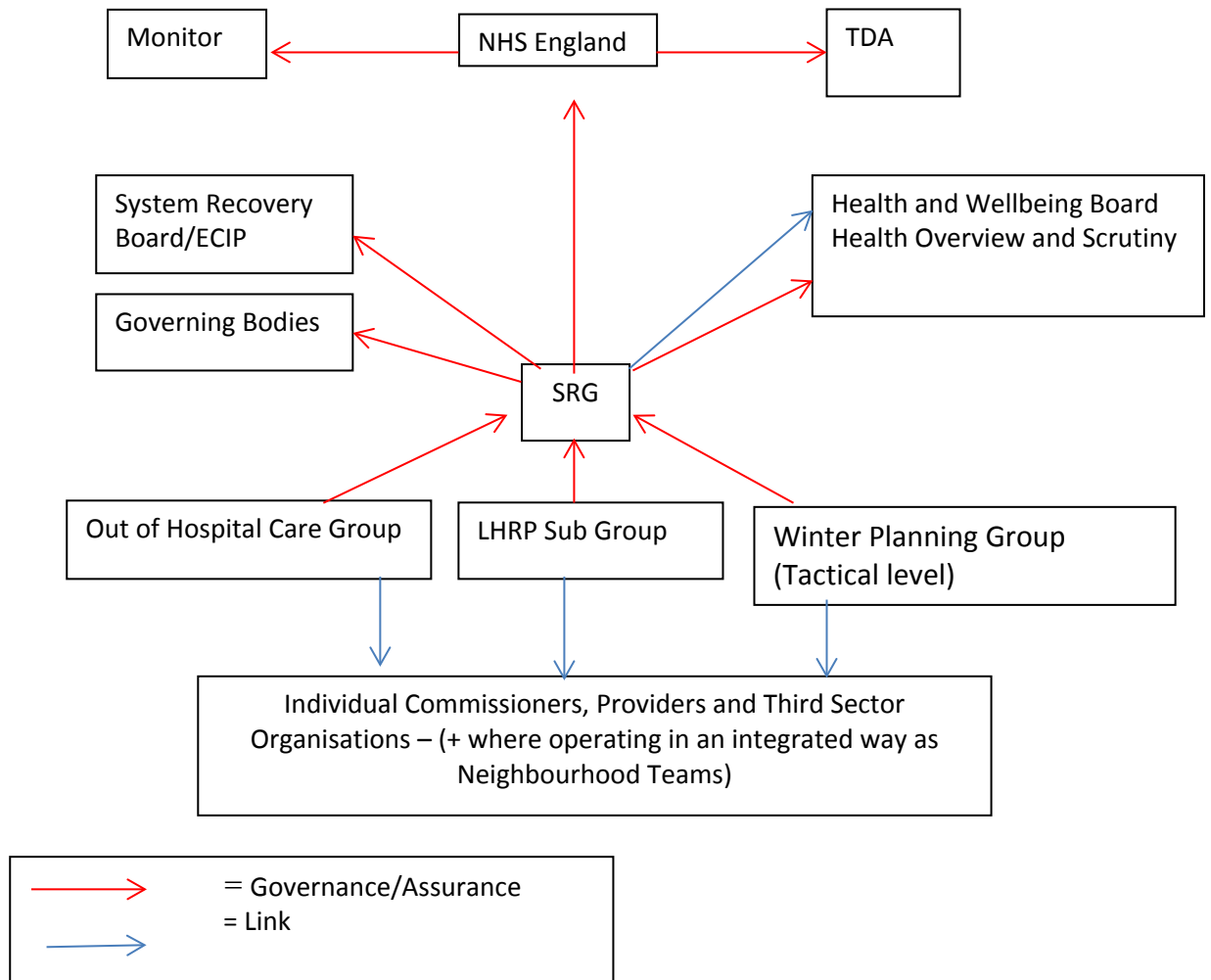
- Adult Care Services
- Children's Services
- Public Health
- Emergency Planning Unit/LRF/LHRP

Care UK 111 Service

Voluntary Sector

- Lincolnshire Care Association (LinCA)

Governance and Assurance Links



Future Proofing the Winter Plan

The work completed to deliver the Plan through the 15/16 winter period will continue to be shaped by emerging local thinking and national information, for example 'Transforming Urgent & Emergency Care Services in England', Urgent and Emergency Care Commissioning Standards and the forthcoming ECIP Report for the SRG.

2. Anticipate

2.1 Cold Weather Plan

The national Cold Weather Plan provides advice for individuals, communities and agencies on how to prepare for and respond to severe cold weather. It is supported by the Met Office Cold weather Alert Service. The Service starts on 1 November 2015 and runs until the end of March 2016. Each member of SRG has been asked to ensure they are clear on their roles and responsibilities during periods of cold weather. The Surge & Escalation Plan developed for Lincolnshire sets out organisational responses and actions in detail such as identification of vulnerable patients and staff rotas.

The Cold Weather plan and its associated supporting documents (*"Making the Case: Why long-term strategic planning for cold weather is essential for health and wellbeing"* and action cards are available on the PHE website at www.gov.uk/phe/cold-weather-plan, accompanied by a cover letter from the Department of Health, PHE, NHS England and the Local Government Association.

2.2 Lincolnshire Surge and Escalation Plan

The local health and social care economy has developed a Surge and Escalation Plan - with triggers which supports the system to ensure there is sufficient overall capacity to meet demand. This Plan includes the sharing of information across the system in the form of daily SITREPs and triggers the move towards daily teleconferencing. The associated Information Sharing Agreements (for business as usual and a separate ISA for at times of Major Incident) facilitate this process. The Plan supports both short-term and more sustained periods of escalation. The Plan was refreshed for 2015/16, and includes the following elements:

(a) A single definition of thresholds for escalation/de-escalation and trigger points for action across the local system.

(b) A new SRG Dashboard - supported by Arden and GEM CSU which provides SRG with system wide performance indicators, including cancer, planned care and mental health. KPI's are shown against plan trajectories and national standards.

(c) A tactical level team (telephone conferences as dictated by critical incident escalation level plus a supplementary weekly Thursday afternoon urgent care leads teleconference) will operationalise and monitor delivery of the Surge & Escalation Plan. The urgent care leads group will provide identification, mitigation and escalation to the SRG of risks associated with delivery. The team will include all 8 partners and the communications team. In addition, a (face to face) working group met in the spring 15/16 to review performance and processes from winter 14/15 and include lessons learned in the refreshed 15/16 Surge and Escalation Plan. This working group had the same key partners.

(d) Developing plans with LMC and NHS England to obtain data from primary care on surges in demand which would be used for predicting potential system surge and also monitoring the impact of primary care/pharmacy initiatives to support winter.

(e) Clarified who is responsible for prompting escalation and de-escalation/for what period, and ensuring an effective communications plan to ensure all partners are quickly aware of the change in status.

(f) A view on predicting and mitigating the impact of our winter actions on planned care. The SRG will monitor any impact and work to mitigate the impact on planned care pathways and ensure smooth restarts of patient activity. SRG will continue to assess the impact on 18 week performance and work with CCGs to ensure that arrangements have been agreed to allow additional capacity to be introduced where necessary.

(g) Strengthening on site and on-call arrangements in all organisations to ensure a high quality of response and knowledge/competence. The Urgent Care Team will continue to collate on-call rotas from providers.

The daily Situation Report (SITREP) will be a key reporting tool through winter, and will enable the system to understand demand and capacity issues arising in partner organisations. This process is overseen by the Urgent Care Team and forms a key part of our escalation process through winter – as set out in the Surge and Escalation Plan.

Each provider uses the Surge and Escalation Plan to ensure it is delivering all appropriate responses in line with the escalation status. This also provides a vehicle for identifying processes and responses that need further strengthening. The urgent care leads (via the weekly Thursday afternoon teleconference) supported by the Urgent Care Team will be responsible for initiating any operational changes needed and reporting them to SRG.

Capacity and demand intelligence is becoming increasingly available from all local providers, and is being reviewed across the health economy as part of our SRG Dashboard.



Surge and escalation
plan DRAFT Oct 2015

2.3 Seasonally related illness

It is reasonable to assume that there will be an increase in seasonally-related illness (principally gastrointestinal or respiratory illness) between November and March. Each SRG provider organisation has an Outbreak Plan which details processes for managing seasonally related illness linked to their business continuity plans. Public Health teams in Lincolnshire County Council working with Public Health England provide a range of oversight functions dependent upon the provider setting. The SRG has oversight of the Infection Control plan and must receive notification of any outbreaks.

As well as protecting against flu, the [NHS Stay Well This Winter campaign](#) will urge people over 65 or those with long-term health conditions, such as diabetes, stroke, heart disease or respiratory illness, to prepare for winter with advice on how to ward off common illnesses.

The NHS **'Stay Well This Winter'** campaign urges the public to:

- Make sure you get your flu jab if eligible.
- Keep yourself warm – heat your home to least 18 degrees C or (65F) if you can.
- If you start to feel unwell, even if it's just a cough or a cold, then get help from your pharmacist quickly before it gets more serious.
- Make sure you get your prescription medicines before pharmacies close on Christmas Eve.
- Always take your prescribed medicines as directed.
- Look out for other people who may need a bit of extra help over winter.

Public Health will circulate epidemiological information on disease outbreaks to system-wide Lead Nurses. These will be used by the system to monitor the seasonal illness position in the county.

3. Assess

The work of the Out of Hospital Group (launched in October 2015, replacing the Transitional care Sub-group) and urgent care leads (via the weekly Thursday afternoon teleconference) will contribute to the ongoing assessment of key risks to the delivery of the Winter Plan.

This risk assessment process is correlated to the work completed under the LHRP Risk Assessment Working Group (Community Risk Register hazards and threats). This resulting risk assessment outlines the hazards and threats for likelihood of occurrence and the impact.

Summary of identified risks to the delivery of the Lincolnshire System Wide Winter Plan

The risk assessment and mitigation plan attached as Appendix A sets out a current view of the risks and mitigating actions associated with delivery of this Winter Plan. The heat map below shows the current scoring for the risks identified.

Add seasonal illness in staff, lack of recruitment, agency. Lessons from last year.
 Divide capacity and demand – 7 day working, flow

Impact					
Catastrophic (5)			Workforce – seasonal illness Workforce – recruitment, retention and agency / locum availability		
Major (4)			Adverse weather, Seasonal illness	Bank Holiday cover, Managing demand and capacity –seven day working, Managing demand and capacity - flow Delayed discharges, Constitutional Standards	
Moderate (3)					
Minor (2)					
Limited (1)					
	Low (1)	Medium Low (2)	Medium (3)	Medium High (4)	High (5)
Likelihood					

SRG will monitor the actions monthly at their meetings to ensure all actions are being delivered, and challenge the system where they are not. The risks scores will remain and will only be revised when SRG has been assured that mitigating actions have taken place. SRG partners will ensure that any relevant risks are logged on their own organisation risk systems.

4. Prevent - by taking a range of actions to limit the likelihood of occurrence, and the effects of any threats.

4.1 Public Information

The provision of information to the public regarding services and accessibility is essential to ensure that we are able to more effectively manage demand through winter. CCGs across Lincolnshire have agreed to use the Winter Communications campaign in order to support demand reductions through winter. This work is being supported by the CSU. The

communications messages will be tailored to the different audiences and the public communication campaign will be based on last year's Choose Well Campaign.

The Winter Communications campaign aims to:

- provide a consistent identity to promote the range of NHS services available to local communities;
- explain to the public how their local NHS services fit together;
- make it clear to the public that A&E and 999 services are for life-threatening and serious incidents only; and
- promote self-care and the use of high street pharmacies for common complaints.

To build on these aims, the Lincolnshire campaign will also:

- meet the needs, engage communities of interest to promote winter and Choose Well messages;
- work with voluntary and community sector organisations to promote awareness, patient education and acceptance;
- join up working across Lincolnshire to share best practice and enjoy economies of scale;
- focus on pressure points in the system, such as bank holidays and outbreaks of illnesses (e.g. flu) which put additional pressure on services;
- have the potential to be rolled out at any time of the year to support appropriate usage of urgent care services.

In addition it is crucial to understand that any communications campaign misses a crucial component if staff are not targeted to support and advise patients, and their friends/relatives. This will be included in the above campaign, and the SRG will have a key role in ensuring that we maximise the use of the campaign at all levels across our health and care economy.

During November 2015, the schedule of opening hours for services for the Christmas and New Year holidays across the health and care community will be agreed and published. The SRG will ensure that this information is shared across its partners, and will be seeking assurance that each organisation is sharing the information with its staff.

Below is a draft Communication Plan that is currently in development.



4.2 Flu Prevention

The National Flu Plan is a key element of the prevention agenda for winter. This plan sets out a coordinated and evidence-based approach to planning for and responding to the demands of flu across England taking account of lessons learnt during previous flu seasons. It provides the public and healthcare professionals with an overview of the coordination and the preparation for the flu season and signposting to further guidance and information.

The plan includes responsibilities for: NHS England, Public Health England, Local Authorities, providers, CCGs and general practitioners. The SRG will test that it is a feature of partner organisation business continuity plans, as well as ensuring their operational plans allow for the identification of vulnerable groups (including those with a physical and learning disability) who need to be a particular focus of their vaccination programmes). NHS England and Public Health England have provided guidance to primary care on particular cohorts of patients in communities who need to be targeted

In addition, SRG will be seeking assurance that procedures are in place within community service providers (LCC, LCHS) for ensuring vaccination of the housebound patients and staff.

The national flu vaccination programme for children, which this year seeks to help over three million 2-6 year olds, as the programme is extended to children in school years 1 and 2.

For the first time, the youngest primary school children will be eligible to receive the free nasal spray vaccine, making this the largest school-based vaccination programme in England involving children in 17,000 schools.

As in previous years, the adult flu vaccine will also be offered for free to those in groups at particular risk of infection and complications from flu. The groups being offered the adult flu vaccine are:

- Pregnant women
- Those aged 65 or over
- Those aged under 65 with long-term conditions
- Carers

www.nhs.uk/staywell



Multi Agency
Pandemic Influenza Co

4.3 Business Continuity Plans

Business continuity plans are seen locally as a key vehicle for ensuring that quality and access to services is maintained through periods of system pressure and as the result of specific local circumstances and incidents.

Locally, commissioners, through their contractual relationships with providers, ensure that business continuity plans are in place and up-to-date. All contracts held by Lincolnshire CCGs are based on the NHS Standard Contract. CCGs work closely with commissioners in Lincolnshire County Council on the commissioning of care home provision, reablement, home care and Wellbeing services. Again, the contractual standards for business continuity plans are a key element of the contract documentation. There are references throughout this Plan to the elements of business continuity plans which have a strong link to winter.

4.4 Maximising the role of Neighbourhood Teams with the Voluntary and Community Sector

Voluntary and community sector organisations play an essential role in maintaining contact with individuals and families through winter and promoting proactive self-care and informed choices. The delivery of contracts via Adult Care and Public Health commissioned services (such as the Wellbeing Service, the TED in East Lindsey initiative to combat loneliness and isolation) play a vital element in maintaining winter community resilience.

SRG partners will work through the developing Neighbourhood Teams to ensure that a range of Voluntary and Community Sector organisations are facilitated to participate, and ensure good communication channels exists to support potentially vulnerable individuals or families.

Neighbourhood Teams, will work in a multi-disciplinary way to provide more joined up care. People will be treated and cared for closer to home where possible and will only be admitted to hospital when necessary. Neighbourhood teams are being developed to enable people to be:

- Supported to remain well, independent and safely at home
- Maintained as close to home as possible during a crisis
- Supported to return home quickly and safely following a stay in hospital
- Supported to experience a good death when at end of life

Insert 'Winter Offer' from Neighbourhood Teams

SRG partners are fully participating in the implementation of a Clinical Assessment Service (CAS) which will become active in a phased plan from November 2015. This integrated service provided by LCHS, Care UK, EMAS, LPFT and ULHT will provide enhanced clinical assessment with a view to decreasing the number of attendances at A&Es.

5. Prepare - by having appropriate planning arrangements and management structures

5.1 Maximising capacity

It is essential to ensure that the whole health economy concentrates on maximising capacity to deal with any surges in demand. Within the Lincolnshire health and care economy focus has been on:

(a) Additional Primary Care Capacity

CCGs in Lincolnshire are already working with their membership organisations to ensure that each practice is:

- Striving to improve its access
- Ensuring that systems are in place to identify and discuss inappropriate A&E attendances with patients
- Working hard to ensure that patients are educated about the importance of self-care and the appropriate routes for accessing care in different situations.
- Effectively utilising any extended hours provision to support improvements in access
- Providing assurance to NHS England on the quality of business continuity plans and evidence that they have been tested.
- Ensuring they are taking all steps to reduce staff sickness through winter through maximising flu vaccinations for staff.
- Working with NHS England on any potential capacity and demand issues – particularly single-handed and small practices.

In addition CCGs are working with the LMC and NHS England to ensure that increasing demand in primary care is captured as part of the development of predictive modelling tools. CCG Governing Bodies have also worked with the LMC to identify new models of primary care provision at weekends – particularly Saturday mornings.

Christmas and New Year

Assurance has been sought via NHS England teams on Christmas and New Year opening in GP practices and pharmacies. As such, the expectation is that a full listing of negotiated opening hours will be available in late November 2015 which will be communicated with the public.

Over these holiday periods it is anticipated that all organisations will reduce the amount of activity undertaken in non-essential services in order to provide critical services. Staffing will be reduced accordingly and therefore reallocated to cover escalation in other services and to aid cross-agency support.

(b) Acute Care

There are plans in place to minimise hospital admission where possible and expedite discharge through various mechanisms and work has been done with key partners to avoid admission if there is an alternative service. A £4.4M investment has been made non-recurrently through the SRG:

A winter planning letter was received from ULHT on 28-10-15. This is being received by commissioners and will be part of the SRG papers on 10-11-15.

(c) Planned Care Activity over winter

With the expected increasing demand from emergency admissions over winter, many trusts plan to reduce planned care activity during peak months of demand such as January and February. This is managed by “front loading” activity through early or later months.

The above ULHT winter letter includes a proposal about planned care activity.

(d) Transitional Care (Intermediate Care), Reablement and Home Care Capacity/Facilitated Discharge Teams

The CCG Urgent Care Team have planned and profiled demand throughout the year to take into account seasonal and demand variation. There are a number of projects that require delivery from across SRG partners to ensure the optimising of patient flow (of both simple and complex discharges), and to ensure there are minimal delays in discharge across acute and community settings. Work is underway to create fully functioning

'discharge hubs' in each of the acute hospital sites where multi-agency community teams actively 'pull' people out of hospital.

Lincolnshire CCGs are proactively working with providers of social care (for reablement and home care capacity), continuing health care (CHC) and community services to ensure that transitional care services are able to cope with additional demand through winter and that a discharge to assess policy is facilitated.

This work is being coordinated by the Out of Hospital Group as well as working with providers on assessing current deficits and looking at strengthening services through winter. The local capacity management system (Cayder) is being explored to ensure visibility to SRG of transitional care capacity including delays in transfer of care to other settings, and demand coming through single points of contact across the county.

Insert Capacity Excel Spreadsheet



LCHS Trust Winter
Plan 2015.final.docx

Add in other recurrently funded schemes, e.g. rapid response, EMAS CAT cars, mental health liaison service in A&E, Kings Lynn Hospital - Assertive In Reach Team

(d) Local Authority Plans

The Local Authority has a critical role in ensuring that the system is able to cope through winter. Particular aspects are ensuring:

- Delivery of elements of the Adverse Weather Plan
- All Local Authority clients receiving critical care at home are identified and included in their business continuity plans.
- They are working with NHS England to ensure delivery of the National Flu Plan through their Public Health Teams.
- Delivery of their local infection control duties through the Public Health Teams.

- Business continuity plans are in place and tested in relation to care home providers.
- Processes are in place for timely spot purchasing of additional care home capacity if needed – linked to the Surge & Escalation Plan.
- Strong communication between Public Health Teams and NHS England in relation to delivery of emergency resilience.
- Lincolnshire County Council Adult Care participates in the SRG Winter Planning and Out of Hospital Groups and participates in teleconferences as required.
- The Emergency Planning Teams are in place to aid in the coordination of stand up processes for Critical Incidents (use of Incident Coordination Centre, additional loggist support, teleconference coordination) to respond to surge and escalation issues.

Adult Social Care Winter Offer



LCC Winter Plan
15.16 POS v1.1.docx

Since January 2014, Continuing Health Care Panels meet Tuesday, Wednesday and Thursdays to facilitate timely decision making in relation to Funded Nursing Care and Continuing Health Care eligibly for placements.

(e) Critical Care

For adults critical care – where ULHT face capacity issues in their own adult ITU - they will liaise directly (on a consultant to consultant) basis with the Critical Care Network for adults (to include access to ECMO beds).

(f) East Midlands Ambulance Service/NSL

EMAS are a key member of our local SRG. The current SRG dashboard includes EMAS performance and includes a focus on turnaround. This provides a tool by which the economy can understand capacity and demand and how the ambulance service works as part of the local system through periods of escalation.



Lincolnshire Divisional
Seasonal Plan 2015-16

Add NSL when received...Martin Kay/Chris Dexter

(g) Care UK – 111

The SRG Dashboard includes performance data for 111 and through the contractual process commissioners will ensure that 111 escalation plans are clear in terms of their communications into the system. The contractual route will also provide commissioners with the opportunity to test business continuity plans during times of surge, as well as daily information relating to demand and performance which will support the prediction of potential peaks in demand.

Through contractual arrangements commissioners will work with Care UK to ensure that the 111 call centre has profiled potential demand peaks and is clear on communication and escalation into the system. Through this route commissioners will also ensure that effective business continuity plans are in place.

The Urgent Care Team is working with Care UK to ensure the updating of the Directory of Services (DOS) for 111 - with additional capacity commissioned and clear communications with partners via the implementation of the CAS.

(h) Mental Health Support



LPFT winter
planningsept15.docx

Jane Marshall to provide crisis team and mental health liaison service team offer to A&E, plus CAMHS pathway information.

6. Maximising the availability of staff

(a) Sickness absence

Each partner organisation will be aware of the impact increased sickness absence has on its ability to deliver high quality services during the winter months.

It is expected that there will be an increase in sickness absence due to flu and each partner organisation, being cognisant of this fact, should be working to deliver a flu vaccination campaign for their frontline staff, and other staff critical to its operations. Provider uptake rates for flu vaccine will be considered by the SRG as part of overseeing delivery of this Plan

(b) Industrial Action

Each of the SRG partner organisations has developed business continuity plans through which it will test a range of scenarios which impact on the availability of key staff. These plans include scenarios dealing with the impact of industrial action.

(c) Working in Different Ways

ULHT and LCHS are working together to deliver a joint Therapy Professional workforce in light of high vacancy rates in both organisations. Organisations are continuing to develop their clinical leaders, recognising our workforce as our greatest resource and developing staff able to work in a dynamic, changing environment. As an organisation we are empowering them to make autonomous decisions at the time e.g. to prevent delays in patient care, which maximise efficiency and productivity and drives service improvement

Organisations are proactively working within the context of Lincolnshire Health and Care (LHAC) to design better ways of providing essential services, with access to safe, high quality services closer to home and avoiding admissions to hospital.

In addition to this, the absence of staff caused by other absences should be considered by the all partners, for example adverse weather, school closures etc. Each provider is aware of and has an adverse weather plan or process that supports staff to deliver its activities.

Provider Business Continuity Plans should also cover staff absence that reaches a critical level.

SRG partners are ensuring that annual leave planning has taken place to ensure that staffing levels are maintained and capacity is maximised.

7. Excess winter deaths and Wellbeing

Public Health with partners and providers aim to reduce excess winter deaths and improve well-being, and are adopting the DH high impact interventions to address winter deaths and target vulnerable people in local communities. Partner agencies will be working to support the implementation of the proposed NICE guideline 'Excess winter deaths and morbidity and the health risks associated with cold home', targeting vulnerable people.

Consistency checking with the new NICE Guidance on Excess winter deaths and morbidity and the health risks associated with cold homes leading to the inclusion of **pregnant women as a 'vulnerable' group**.

Lincolnshire County Council Public Health is proactively delivering Affordable Warmth (Responders to Warmth) schemes this winter, and maximising referrals from primary care through single points of access.

The NHS, Adult Care and District Councils, with support from the voluntary and community sector, are identifying vulnerable patients and proactively targeting them with the following interventions to increase their resilience against the cold – particularly in relation to:

- Annual flu and pneumococcal vaccine
- Annual medicines utilisation review (MUR) and follow up support for adherence to therapy
- Full environmental assessments (including; equipment, telecare, insulation, support groups, access and transport)
- Assessment for affordable warmth interventions

- Regular review of benefits entitlement and uptake
- Assessment and support to prevent falls (Wellbeing Service)
- Promotion of healthy lifestyle and personal health promotion plan to include physical activity, hydration and nutrition – Every Contact Counts.
- Referral to telehealth/telecare,
- Addressing loneliness
- Referral for talking therapies (IAPT) for stress/low mood

8. Respond - by managing the immediate consequences of an incident or emergency

The local health economy has acknowledged that peaks and troughs in demand and capacity fluctuations are no longer a purely “winter” phenomenon and have relevance all year round. Additionally various mechanisms have existed historically to manage these issues depending on the cause of the fluctuation e.g. winter pressures, adverse weather, pandemic influenza.

The SRG has recognised the benefits and need for the development of a single, year round, system wide surge management and escalation plan. Our refreshed Surge and Escalation Plan details the arrangements and procedures that SRG partners in Lincolnshire will utilise in the event of surge and capacity issues, irrespective of cause, affecting one or more partner in order to sustain the provision of high quality responsive care. Within this plan escalation trigger levels, actions and responsibilities are clearly defined and shared amongst key stakeholders.

Lincolnshire on-call directors are responsible for both proactive and reactive management of capacity issues (surge and escalation or winter planning) and therefore will be involved in the management of critical incidents and major incidents, taking a lead role where these incidents affect patients registered to a Lincolnshire GP and a supporting role for patients in the wider area.

The NHS England Local Area Team will lead (command) the response to wider area incidents and emergencies and take a strategic overview of surge and escalation issues, providing support to CCGs where it can add value.

9. Recover - by having plans to return to normal activity following an interruption

During the winter period the health and care economy will, through the SRG, review and learn continually to ensure that the highest quality care can be provided locally.

The SRG is aware that there is an increased likelihood that planned activity may be displaced by the potential actions taken locally. Therefore our SRG and will ensure effective monitoring in order to manage the potential risks to patients should services need to be deferred. Our refreshed Surge and Escalation Plan includes refreshed arrangements for escalation and de-escalation and link to escalation communications outside Lincolnshire. This plan will be formally tested in winter to ensure as a system we are meeting EPRR standards. A formal post-winter debrief session will be planned in April 2016.

10. Key Contacts

The following people can be contacted regarding the local plans in partner organisations.

Name	Title	Contact
EMAS		
Andy Hill	General Manager	Andy.hill@emas.nhs.uk
NSL		
Chris Dexter	Account Director	Chris.dexter@nslservices.co.uk
LCC		
Lynne Bucknell	County Manager – Adult Social Care	Lynne.bucknell@lincolnshire.gov.uk
Care UK		
Carolyn	Head of Contracts	Carolyn.andrews@careuk.com
LinCA		
Barry Earnshaw	Director	barry.e@zen.co.uk
ULHT		
Michelle	Director of Operations	Michelle.rhodes@ulh.nhs.uk
LPFT		

Jane Marshall	Director of Strategy, Performance & Information	Jane.marshall@lpft.nhs.uk
Ian Jerams	Director of Operations	ian.jerams@lpft.nhs.uk
LCHS		
Sue Cousland	Chief Nurse	Sue.Cousland@lincs-chs.nhs.uk
Carol Brady	Director of Strategy	Carol.brady@lincs-chs.nhs.uk
LECCG		
Gary James	Accountable Officer (CHAIR)	Gary.james@lincolnshireeastccg.nhs.u
SLCCG		
Caroline Hall	Chief Finance Officer	Caroline.hall@southlincolnshireccg.nh
SWLCCG		
Allan Kitt	Chief Officer	Allan.kitt@southwestlincolnshireccg.n
LWCCG		
Sarah Newton	Chief Operating Officer	Sarah.newton@lincolnshirewestccg.nh

Appendix 1 – Risk Register

Risk Ref	Date Raised	Risk Description	Likelihood	Impact	RAG	Mitigating Actions
1	17-10-15	Adverse Weather Conditions – Current assessment is that there is no current information or relevant warnings of adverse weather conditions	3	4	12 A/R	The Met Office weather warning system will be monitored and utilised to anticipate and communicate short and medium-term threats which may be posed by the weather.
2	17-10-15	Seasonal Illness – Current assessment is that there is a “normal” expected level of viral illness (respiratory and gastrointestinal) during winter months. Last year, there was minimal seasonal illness.	3	4	12 A/R	Link with Public Health to utilise and monitor health protection and public health information using increase in prevalence in primary care as a local trigger. Links to communications team of public information and media messages.
3	17-10-15	Workforce / Seasonal illness - High risk that seasonal illness will further reduce staffing levels which are not resilient due to high vacancy rates	3	5	15 R	All partners have flu campaigns planned for front line staff. Business continuity plans in place for adverse weather affecting staffing
4	26-10-15	Workforce – recruitment, retention and agency / locum availability All organisations are reporting challenges recruiting staff and variable fill rates from agencies. The critical areas for vacancies are ULHT Nursing and therapies, some medical specialities (ED) and also therapy vacancies in LCHS.	4	5	20 R	The LETC has a programme of work in relation to nursing & midwifery (and ULHT are doing international recruitment again); in addition the LETC will add a system wide bank/agency plan to their next Workforce & OD programme group meeting.
5	17-10-15	Bank Holiday Cover – Christmas falls over four days incorporating a weekend. Risk of reduced staffing and high demand	4	4	16 R	Link with area team to ensure publication of pharmacy and practice opening times over the Christmas/New year period. Providers producing staff rotas. NHS 111, CAS and OOH have contingency in place for extra capacity.
6	17-10-15	Managing demand and capacity –seven day working ULHT has experienced a high level of sustained pressure throughout	4	4	16 R	Winter monies will be used to increase capacity where required; several ULHT schemes are specifically focused on weekend working for pharmacy, therapies, medical staff

		the year and continues to experience pressures on Mondays and Tuesdays				
7	26-10-15	Managing demand and capacity - flow	4	4	16 R	Constitutional Standards Recovery Plan has multiple initiatives addressing this risk
8	17-10-15	Delayed Discharges - Delayed discharges have been an issue all year but always become more problematic over Winter and Bank Holidays	4	4	16 R	Constitutional Standards Recovery Plan has multiple initiatives addressing this risk
9	17-10-15	Constitutional Standards - Poor performance in A&E has not been isolated just to the winter period	4	4	16 R	As above plus media campaign to help patients “stay well” this winter

APPENDIX B

Winter Plan 2015/16

Date:	16 th October 2015
Subject:	Lincolnshire County Council Adult Care Winter Plan

Summary:

To support the Health and Care system for 2015 / 16 Lincolnshire County Council is proposing this winter plan covering essential services to support the out of hospital pathways and flow out of acute hospitals for the people of Lincolnshire

1. Flu Planning

- Flu vaccinations via a voucher system for care home and home care staff
- The programme will commence in the next 4 weeks

2. Adult Care Assessments & Reviews

- Simple restarts of care (with no change in needs) for a person can be direct via Discharge leads or ward to the provider
- Complex assessments & reviews will be undertaken by Adult Care
- Community Teams will prioritise support to Hospital Teams at times of high demand

3. Home Care

- Hospital discharges will be prioritised for support, early notification will speed the discharge
- If the Home Care provider does not have capacity, alternative provision will be made to ensure Adult Care meets it's statutory requirements; this may include a fully funded LCC care home bed

4. Reablement

The aim for this winter is to quickly develop from a contract start date of the 3rd November; sufficient capacity to meet all the reablement needs as outlined in the criteria for the service.

- Allied Healthcare will work in collaboration with LCHS and LPFT to facilitate community responses; where appropriate to minimise emergency hospital admissions
- Allied Healthcare will support timely hospital discharges with their own staff based within the Lincoln County and Pilgrim Hospitals. All other sites including community hospitals will have a local contact within Allied Healthcare

- Allied Healthcare will work with LCHS to maximise their ability to support as many people as possible with their combined community based rehabilitation and reablement staff

5. 7 Day working

- Hospital based teams and Brokerage will continue to work flexibly over 7 days to meet the needs of patients requiring Adult Care support
- Specific Christmas and New coverage will be on:-
Sunday 27 & Monday 28th December hospital based staff at Pilgrim & LCH on site 9am to 2pm. Outside these hours the Emergency Duty Team will be providing Adult Care support
December 25 & 26 and 1st January Emergency Duty Team providing Adult Care support

6. 7 day escalation calls

Working on the evidence of last winter and this year to date there is little evidence for need for Adult Care involvement in weekend and BH escalation calls. Adult Care senior management can be available if requested by email; due to a particular Adult Care issue between 11am and 12 noon daily; over weekends and BH for a teleconference. A rota will be provided by the 6th November 2015.

7. Lincolnshire County Council Internal Winter Overview

- Adult Care will review on a weekly basis the flow and pressures including:-
 - ◆ Hospital staffing
 - ◆ Reablement capacity
 - ◆ Home Care capacity
 - ◆ Flow into the community

8. Key public messages

Adult Care will assist in coordinating via LCC communications Team all essential public information and wellbeing key messages

<p style="text-align: center;">Pathway 1 ASSESSMENT PATHWAY RECOVERY AND REASSESSMENT <i>Medium to High Complexity</i></p> <p style="text-align: center;">Assisted discharge: Support at home Community Hospital Residential or Nursing Homes</p> <p>Individual requires a period of recovery (including non weight bearing) and / or assessment to determine ongoing needs and / or funding.</p> <p style="text-align: center;">Short Term intervention – up to 14days</p> <p style="text-align: center;"><i>Home is an option at the point of transfer.</i> or <i>Home is not an option but permanent residential care is not an inevitability.</i> or <i>A placement where patients needs are very complex and where long term nursing and or care is very likely.</i></p> <p style="text-align: center;">Non Chargeable to the patient</p>	<p style="text-align: center;">Pathway 2 REHABILITATION / REABLEMENT PATHWAY <i>Medium to High Complexity</i></p> <p style="text-align: center;">Reablement / Rehab: support at home Community Hospital, Residential or Nursing Homes</p> <p style="text-align: center;">Individual requires a period of rehabilitation, motivation, confidence building. Optimising individuals levels of independence</p> <p style="text-align: center;">Short Term intervention – determined by the individuals progress – will be transferred on once they have reached their optimum levels.</p> <p style="text-align: center;"><i>Home is an option at the point of transfer.</i> or <i>Home is not an option but permanent residential care is not an inevitability.</i></p> <p style="text-align: center;">Non Chargeable to the patient</p>
<p style="text-align: center;">Pathway 3 ADULT CARE PERSONAL BUDGET <i>Medium - High Complexity</i></p> <p style="text-align: center;">Brokered home care services Residential and Nursing Homes</p> <p style="text-align: center;">Individual has met their optimal levels and/ or is not going to make any further progress, therefore ongoing needs are identified and clear at point of discharge</p> <p style="text-align: center;"><i>Home is an option with a package of care.</i> or <i>Residential care home where long term care is very likely.</i></p> <p style="text-align: center;">Chargeable to the patient (adult care)</p>	<p style="text-align: center;">Pathway 4 Palliative Care Pathway End of Life Pathways <i>Medium – High Complexity</i></p> <p style="text-align: center;">Supported discharge home Residential and Nursing homes Community Hospitals Hospice Day therapies</p> <p style="text-align: center;">Individual has palliative care needs and requires an identified level of specialist support on returning back to their usual place of residence</p> <p style="text-align: center;">Individual has been identified as being ‘end of life’ and follows the Fast Track process</p> <p style="text-align: center;">Non Chargeable to the individual</p>

- **DISCHARGE TO ASSESS IS A PRINCIPLE and would apply to Pathways 1 and 2.**
- **An individual has complex needs on discharge, and requires multi professional support.**
- An individual who no longer requires acute hospital care is returned to their usual place of residence as soon as it's safe to do so.
- The community (Neighbourhood Team) respond by ensuring the right skills and support are in place to assess, identify and meet the individual's immediate and longer term needs.
- **This principle will reduce the demand on adult care and CHC assessments to be completed in an acute setting, and will move the responsibility to the community.**

Policy and Scrutiny

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

Report to:	Adults Scrutiny Committee
Date:	6 April 2016
Subject:	Adults Scrutiny Committee Work Programme

Summary:

This item enables the Committee to consider and comment on the content of its work programme for the coming year.

The Health Scrutiny Committee has asked the Adults Scrutiny Committee to look into delayed transfers of care, which are a key metric in the Better Care Fund for 2016/17. The Adults Scrutiny Committee is the lead committee for scrutinising the Better Care Fund.

Actions Required:

- (1) To consider and comment on the work programme as set out in Appendix A to this report.
- (2) To consider the request from the Health Scrutiny Committee that the Adults Scrutiny Committee look into delayed transfers of care and report its findings to the Health Scrutiny Committee.

1. Background

The Committee's work programme for the coming year is attached at Appendix A to this report. The Committee is invited to consider and comment on the content of the work programme. Appendix B sets out a 'tracker' of previous items considered by the Committee since June 2013.

Also attached at Appendix C is a table of the key decisions contained in the Executive's forward plan, which relate to the remit of this Committee.

Work Programme Definitions

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

Budget Scrutiny - The Committee is scrutinising the previous year's budget, or 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. Delayed Transfers of Care

On 16 March 2016, the Health Scrutiny Committee considered a report on a seminar on delayed transfers of care, which had been organised by Peterborough and Stamford NHS Foundation Trust and was targeted at members of health overview and scrutiny committees across the Trust's 'catchment', which in addition to the Peterborough area includes a significant part of South Lincolnshire. The seminar was attended by two members of the Health Scrutiny Committee. At the seminar the Trust presented information which compared the arrangements for discharge across several local authority areas, which was subsequently reported to the Health Scrutiny Committee.

Whilst delayed transfers of care are clearly an issue for both health and social care, the Health Scrutiny Committee was advised that the Adults Scrutiny Committee was the lead committee for scrutinising the Better Care Fund. As reported to the Adults Scrutiny Committee on 24 February 2016, a key element in the Better Care Fund for 2016/17 is the need for an agreement on a local action plan to reduce delayed transfers of care and improve patient flow. Local partners are expected to agree a target that is both realistic and ambitious. To support this, a set of clear actions to deliver improvement would be required.

On the basis the above advice the Health Scrutiny Committee decided that it would not directly pursue the matter of delayed transfers of care as part of its own work programme, but has requested that the Adults Scrutiny Committee look into them and to report to the Health Scrutiny Committee on its findings.

3. Conclusion

The Adults Scrutiny Committee is requested to consider and comment on the Work Programme and to consider the request from the Health Scrutiny Committee for Lincolnshire .

4. Consultation

a) Policy Proofing Actions Required

This report does not require policy proofing.

5. 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
Appendix C	Forward Plan of Key Decisions relating to Adults Scrutiny Committee

6. 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 by e-mail at simon.evans@lincolnshire.gov.uk

ADULTS SCRUTINY COMMITTEE

Chairman: Councillor Hugo Marfleet
 Vice Chairman: Councillor Rosie Kirk

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 January 2016	Catherine Wilman, Democratic Services Officer.	Update Report

25 May 2016 – 10.00 am		
Item	Contributor	Purpose
Service Developments for Carers	Jane Mason, County Manager, Carers Representative from the New Provider.	Update 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

25 May 2016 – 10.00 am		
Item	Contributor	Purpose
Adult Care – Quarter 4 and Full Year - Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny
Adult Care Financial Outturn 2015-16	Steve Houchin, Head of Finance, Adult Care	Budget Scrutiny
Lincolnshire Partnership NHS Foundation Trust – Outcomes of Care Quality Commission Inspection	To be confirmed. <i>(Provisional Item)</i>	Status Report
Minutes of the Safeguarding Scrutiny Sub Group Meeting – 6 April 2016	Catherine Wilman, Democratic Services Officer.	Update Report

29 June 2016 – 10.00 am		
Item	Contributor	Purpose
Adult Care Workforce Development	Melanie Weatherley, Chairman of the Lincolnshire Care Association	Status Report
Day Centre Visits	Various Committee Members	Status Report
Contract Management	Alina Hackney, Senior Strategic Commercial and Procurement Manager – People Services, Commercial Team.	Status Report
Wellbeing Service	Tony McGinty, Consultant in Public Health	Update Report

7 Sept 2016 – 10.00 am		
Item	Contributor	Purpose

7 Sept 2016 – 10.00 am		
Item	Contributor	Purpose
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
Adult Care – Quarter 1 Budget Monitoring	Steve Houchin, Head of Finance, Adult Care	Budget 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

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

30 Nov 2016 – 10.00 am		
Item	Contributor	Purpose
Adult Care – Quarter 2 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny
Adult Care – Quarter 2 Budget Monitoring	Steve Houchin, Head of Finance, Adult Care	Budget Scrutiny

30 Nov 2016 – 10.00 am		
Item	Contributor	Purpose
Sensory Impairment Service – Provider Perspective	Representatives from: <ul style="list-style-type: none"> • Action on Hearing Loss • Lincoln and Lindsey Blind Society • South Lincolnshire Blind Society 	Status Report
Minutes of the Safeguarding Scrutiny Sub Group Meeting – 28 September 2016	Catherine Wilman, Democratic Services Officer.	Update Report

Adults Scrutiny Committee Work Programme Tracker

Item	2013			2014					2015					2016											
	12 June	24 July	27 Sept	30 Oct	27 Nov	24 Jan	26 Feb	9 Apr	2 May	4 June	30 Jul	1 Oct	26 Nov	23 Jan	25 Feb	1 Apr	27 May	8 July	9 Sept	28 Oct	9 Dec	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						✓														✓				✓	
Seasonal Resilience																									✓
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	✓		✓		✓		✓					✓	✓		✓					✓	✓		✓		

LIST OF PLANNED EXECUTIVE KEY DECISIONS RELEVANT TO THE ADULTS SCRUTINY COMMITTEE

MATTER FOR DECISION	REPORT TYPE	DECISION MAKER	PEOPLE/ GROUPS CONSULTED PRIOR TO DECISION	HOW AND WHEN TO COMMENT PRIOR TO THE DECISION BEING TAKEN	DIVISIONS AFFECTED
1 March – 6 April 2015					
Better Care Fund Submission 2016/17	Open	Executive		Director of Adult Care Tel: 01522 553844 Email: Glen.Garrod@lincolnshire.gov.uk	All

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