Lincolnshire
COUNTY COUNCIL
Working for a better future

County Offices
Newland
Lincoln
LN1 1YL

17 May 2016

Adults Scrutiny Committee

A meeting of the Adults Scrutiny Committee will be held on **Wednesday, 25 May 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

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, 25 MAY 2016

Democratic Services Officer Contact Details
Name: **Katrina Cope**
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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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ADULTS SCRUTINY COMMITTEE
6 APRIL 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, M A Whittington, Mrs S M Wray and Ms T Keywood-Wainwright.

Councillors: Mrs P A Bradwell (Executive Councillor Adult Care and Health Services, Children's Services), C R Oxby (Executive Support Councillor for Adult Care), Mrs J M Renshaw and Mrs S Woolley (Executive Councillor NHS Liaison, Community Engagement) attended the meeting as observers.

Officers in attendance:-

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Glen Garrod (Director of Adult Care), Deanna Westwood (CQC Inspection Manager for Lincolnshire), Lynne Bucknall (County Manager, Special Projects and Hospital Services) and Melanie Wetherly (Chairman of the Lincolnshire Care Association).

59   APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

An apology for absence had been received from Councillor Mrs H N J Powell.

It was noted that the Chief Executive, having received notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, had appointed Councillor Ms Tiggs Keywood-Wainwright as a replacement member of the Committee in place of Councillor Mrs H N J Powell, for this meeting only.

60   DECLARATION OF COUNCILLORS' INTERESTS

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

61   MINUTES OF THE MEETING HELD ON 24 FEBRUARY 2016

RESOLVED

> That the minutes of the Adults Scrutiny Committee meeting held on 24 February 2016 be confirmed and signed by the Chairman as a correct record.

62   CARE QUALITY COMMISSION - ADULT SOCIAL CARE INSPECTION
      UPDATE

Consideration was given to a report, which provided the Committee 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.

It was highlighted in the report that the Committee was to bear in mind that the CQC was not subject to Local Authority Scrutiny, and that the relationship was 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 noted further that the CQC was neither a commissioner, nor a provider of services.

It was reported that the role of the CQC was to monitor, inspect and regulate all health and social care services in England to ensure that they met fundamental standards of quality and safety within the framework of the Health and Social Care Act 2008.

Deanna Westwood, CQC Inspection Manager, Lincolnshire, provided the Committee with a short presentation, which focussed on the Adult Social Care Re-inspections in East Midlands. The presentation highlighted the number of ratings which had improved, stayed the same or deteriorated following re-inspection. Slide two identified that for the 21 re-inspections 5% had deteriorated, 67% had neither improved nor declined; and 29% had improved. Clarification was given to the Committee that slide two related to re-inspections and that this only applied to the 21 re-inspections in Lincolnshire.

Slide three provided overall ratings with regard to residential nursing homes. The Committee noted that the ratings in the East Midlands were broadly comparable with England, in that there were some apparent differences at local authority level. It was reported that overall, Lincolnshire was in line with the average East Midlands level and across England. For nursing home ratings for the 57 inspections carried out, Lincolnshire had 47% that required improvement; and 53% that were rated as being good. In relation to residential homes, of the 108 rated, 1 had been found to be inadequate, 28% required improvement; 70% had been rated as good; and 1% had been found to be outstanding.

Some discussion ensued as to what equated a rating of inadequate. The Committee was advised that at the centre of all the work carried out by CQC inspections was the effect on the person, and whether the person was in a safe environment. It was noted that when inspectors made an assessment, they used their professional judgement, in conjunction with objective measures and collected evidence, to assess the services they were inspecting against key questions. The key questions included safety; effectiveness; caring; responsiveness to needs; and leadership qualities. The Committee was advised further that information relating to how the CQC conducted their inspections was available on the CQC website.

The Committee was given examples of what could potentially make a rating of either outstanding, or inadequate. It was highlighted that the CQC did not have the powers

to bring in new management into an establishment, however, if the risks were found to be significant, the CQC did have the power to cancel a location urgently. Or, if a service had not improved and there were still poor outcomes for customers, an establishment's registration could be cancelled; the provider would then have 28 days in which to make a challenge. The Committee noted that if a home was closed there was significant impact on residents and this action would only be taken done as a last resort. For any establishments not complying, the inspector was able to suspend admissions until the issues raised had been rectified.

Other items raised during discussion included the following:-

- Assessing standards, how much credence was given to comments made by residents. The Committee was advised that lots of views would be collected from staff, residents, and relatives of residents. Other evidence would be obtained in support of any claim, and this might also involve looking at records. It was highlighted that evidence was always gathered from all sources before any judgement was made;

- The options available if a provider was put into "special measures". The Committee was advised that the CQC was unable to give advice directly to providers on how to improve; however, providers were able to obtain help from others including the County Council and Lincolnshire Care Association (LinCA). The main problem was where providers were not prepared to listen; this caused the CQC the most problems. One member asked whether there was a standard level of provision that providers needed to aspire to. The Committee were advised that there was not a required standard, however as the services have to be registered with the CQC, if establishments were not fit for purpose and had little understanding of what they were doing, registration could be refused;

- Whether the voluntary sector applied any charges. It was noted that no charge was made at the moment, however, the service was still in its infancy stages;

- Whether domiciliary care in Lincolnshire was in line with other areas; and whether any services had deteriorated since the last inspection, and whether there were any common themes. It was reported that a very small percentage of the 21 assessed had deteriorated. No themes had emerged. One area however that was common was that some providers did not want to listen, or engage better, and were just "coasting". The Committee noted that all information was contained on the website; and if there were cases where concerns had been raised to elected members, these concerns should be passed on to the Director of Adult Care and his team;

- A suggestion was made to hold a conference to share best practice with providers. The Committee noted that work was ongoing to raise the profile of care workers with the implementation of an Awards Ceremony; also work was ongoing with colleges regarding courses;

- Visits to providers. The Committee was advised that CQC visits were not normally announced, and could be undertaken at any time of the day. However, in smaller establishments who had patients with learning disabilities, these establishments would normally be given 48 hours' notice, so as to avoid any unnecessary disruption. Overall, 90% of visits were unannounced. Full

details of the criteria used were show on the CQC website. In situations where ratings had been made as being inadequate or outstanding these would be assessed by a Panel to test the evidence supplied;

- Registration – The Committee noted that in the future it was hoped that there would be a separate registration team, which would be bespoke to meet the needs of the different services; and the various lines of enquiry. The Committee noted further that details were contained within the CQC Business Plan, which was available on the CQC's website (www.cqc.org.uk);

- Governance arrangements – The Committee was advised that regular Board meetings were held to discuss workload. These were also available anyone to view via 'You Tube'. It was also highlighted that the CQC was also accountable to the Department of Health and to Parliament, via and the Health Select Committee;

- One member asked what single item caused the team more problems than anything else. The Committee was advised that the single item that caused most problems to providers was staffing issues and organisational culture;

- Available Qualifications – It was noted that there was a Care Certificate, which was fundamental to all staff. The certificate however was not mandatory; and there was no expected financial reward for completing the certificate. It was noted further that for all contracts in Lincolnshire going forward, a clause had been included with regard to using the Care Certificate. This had been done with support from NHS England and the Executive Councillor responsible for Adult Care. There was some discussion on the need to enhance the role of care workers, especially with the growing numbers of older people in Lincolnshire. It was highlighted that the Greater Lincolnshire Devolution Bid had shown made reference to health and care, and if the intentions of the bid were achieved there would be money available to get skills funding in areas where trained people were required. It was also highlighted that there were also vocational routes that carers could embark on;

- The Committee was advised that very few County Councils had the same relationship with an organisations representing care providers, as Lincolnshire County Council had with LINCA; and

- The needs to get district councils involved in the first Award Event; and encourage district and county councillors to encourage people in the community to nominate individuals.

The Chairman extended thanks on behalf of the Committee to the CQC Inspection Manager, Lincolnshire for her informative presentation.

RESOLVED

That the Committee noted the presentation and report presented.

63   ADULT CARE SEASONAL RESILIENCE

The Committee gave consideration to a report from Lynne Bucknell, County Manager, Special Projects & Hospital Services, which provided information relating to the winter to date from an acute hospital Adult Care perspective. It was reported that

hospital teams continued to be robust in their work with health colleagues ensuring that the person and their carer were always at the centre of their plans for discharge.

The report presented focussed on the resilience of hospital teams supporting United Lincolnshire Hospitals NHS Trust (ULHT) and Peterborough and Stamford Hospitals NHS Foundation Trust. The Committee was advised that Adult Care had worked with health colleagues to ensure that there was a robust winter plan in place for the whole system. Appended to the report at Appendix A was a copy of the Lincolnshire System Resilience Group System Wide Plan 2015/16). Appendix B provided the Committee with a copy of the Lincolnshire County Council Winter Plan for 2015/16; and Appendix C provided a copy of the Transitional Care Pathway.

It was highlighted to the Committee that in mid-October 2015 the Emergency Care Improvement Programme (ECIP) had been launched. It was noted that ULHT was one of the 28 most challenged systems across England being supported by the ECIP Team. ECIP was 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. It was noted further that ECIP support had remained in place until 31 March 2016. As part of the ECIP approach to facilitating improvements in Lincolnshire the team had visited specific ULHT sites where they focussed 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.

The report highlighted that ECIP had stated "There is a good presence in each of the units, hospital discharge staff seem to be well supported by social care colleagues". It was also noted that social care staff were well embedded as part of the multi-disciplinary teams.

One thing that ECIP had organised was a "perfect week" to analyse flow within the acute sector, one had been held in February 2016, and a further one had been held at Easter 2016.

Page 16 of the report provided information relating to the Adult Care Hospital Teams. The Committee was advised that Lincoln County Hospital had 14 staff, Pilgrim had 13 staff, Grantham had 7 and Peterborough had 9 staff in the dedicated teams supporting Lincolnshire residents to safely return home following their hospital stay. It was highlighted that discharges from other hospitals including Queen Elizabeth Hospital, Kings Lynn, Scunthorpe General Hospital and Diana Princess of Wales Hospital, Grimsby were also supported by the local teams.

It was highlighted that during a nine month period from April 2015 to December 2015, an average of 53 referrals a week had been received across ULHT and Peterborough hospitals teams. The Pilgrim Hospital, Boston had the highest number of referrals totalling 84 a week. Details of Acute Hospital Contacts from 1 April 2015 to December 2015 were detailed at the bottom of page 16 of the report presented.

It was reported that there had been a deteriorating position on Delayed Transfers of Care (DTOC) over the last 12 months. The re-procurement of homecare and

reablement contracts had seen the statistics on the organisations responsible for DTOCs change. The figures were as follows:-

- 2014/15 – DTOC split – NHS 86%, Social Care 10%, Both 4%;
- 2015/16 – DTOC split to date – NHS 79%, Social Care 17%, both 4%; and
- In November 2015: NHS 74%, Social Care 24%, Both 4%.

The Committee noted that most of the DTOC remained with health and were around 'simple' discharges which were delayed by health. Page 18 of the report presented provided information relating to DTOC – Bed Days, which could clearly be seen as being on the increase.

The Committee were advised that during the winter months, Adult Care had met the eligible needs of a person if the home care, or reablement had not been available immediately then a residential placement had been made. Only a limited number of these placements had been made. The Committee was advised further that the time to arrange home care had seen a significant improvement from a December figure of 19.66 days to 6.33 days.

It was highlighted that over the last two years health and care colleagues had been working towards a vision of simpler pathways, particular reference was made to multi-disciplinary team decisions being made when a patient was ready for transfer. Details of the four clear pathways were detailed in Appendix B to the report presented. It was highlighted further that during the last winter a new initiative had been trialled to further improve discharges and reduce delays for people whose next move was to a care home. The initiative was to have a 'Trusted Assessor' from the care home sector who could represent the homes in the acute hospital. Adult Care had used part of the previous winter's 'Helping People Home' grant to finance a 12 month project to test the theory. The Lincolnshire Care Association had recruited a suitable person. The initial evaluation had indicated that over a 12 month period at Lincoln County Hospital, 724 bed day delays would have been saved, making a saving for the acute sector of £220,000.

In conclusion, the Committee noted that the winter had proven to be exceptional, as a result of the transition into the new contract for Lincolnshire County Council's providers for home care and reablement. The winter had also seen Norovirus close the equivalent of four wards at Lincoln County Hospital in December 2015, which had also added pressure to the system.

Adult Care had seen an improving picture with regard to Delayed Transfers of Care. Adult Care had also continued to play a leading part in system redesign i.e. the establishment of new hubs, a successful care home trusted assessor project and an increase in the number of people following a 'discharge to assess' pathway which had reduced length of stay in acute hospitals.

A discussion ensued, from which the following issues were raised:-

- The 6.3 patients requiring a home care package; a question was asked whether these individuals would remain in hospital, or go into a care facility.

The Committee was advised that if the person was medically fit and a suitable home care provider was found then the person would go home. If there was any delay in obtaining suitable home care, then Adult Social Care would fund a bed for a short period of time, until the provider could get the right package in place. For example, in relation to one instance, the Committee noted that 6-8 people had been provided services by Allied Health Care. It was highlighted that people were generally discharged earlier now due to pressure in the acute sector, and if an individual had no relatives, this was when the package of care needed was at its greatest. Some members felt that nationally people were discharged from hospital too soon, some concern was raised to the fact that on release from hospital, some older people had a tendency to deteriorate quickly;

- Where there were delays in transfer i.e. to a home in a rural location. It was reported that most people went home without delay; some had to wait until there was a vacancy, as a placement in a care home would depend on needs and availability;

- The Committee was reminded that Allied Healthcare would be attending the 25 May 2016 meeting with regard to the Lincolnshire Assessment and Reablement Service;

- Reference was made to the impact of Lincolnshire Health and Care on future service provision;

- Delayed transfer being as a result of no ambulances being available. It was noted that CCG's were looking into transport issues;

- Delays in transfer for patients requiring a higher level of home care in the South of the County. The Committee was advised that packages were taking longer to arrange in the South of the County. The Committee also noted that Peterborough hospital was being challenged concerning its recording of delayed discharges. This was also being backed by NHS England; and

- Notification process within hospitals when older people were admitted. The Committee was advised that quite often GP's were not aware that their patients had been admitted. Adult Care staff attended Board round meetings every day, or visit the wards every day to take the names down to see if any were on the Care Management System. The Committee noted also that members of the Adult Care team also position themselves nearer to the front door to get the information quicker. The Committee expressed concern with regard to communication between health and social care, and the fact that there was not an IT system at present which would allow the two areas to communicate better. It was highlighted that currently the NHS was very busy and that there was currently 25% to 30% number of job vacancies within the service. As a result, the service was operating with a lot of agency staff, and in some cases Adult Care staff were the only consistent staff in the service.

RESOLVED

That the report presented be noted.

64   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 Committee was asked to consider a request from the Health Scrutiny Committee regarding looking into the issue of delayed transfers of care, and then reporting its findings back to the Health Scrutiny Committee. The Chairman agreed that this would be considered at the next planned agenda setting meeting.

The Executive Support Councillor for Adults provided the Committee with a brief update on the minutes of the Lincolnshire Safeguarding Scrutiny Sub-Group Meeting from its meeting on 6 January 2016, which would be included in the Committee's next agenda.

RESOLVED

1. That the work programme as detailed in Appendix A to the report presented be noted.

2. That the request from the Health Scrutiny Committee concerning delayed transfers of care be considered further at the next pre-agenda meeting.

The meeting closed at 12.20 p.m.

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Policy and Scrutiny

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

Report to:	**Adults Scrutiny Committee**
Date:	**25 May 2016**
Subject:	**Lincolnshire Assessment and Reablement Service Status Report**

Summary:

During the first six months of the new reablement contract being delivered by Allied Healthcare the service has seen a 60% improvement on their capacity. Allied are currently delivering above 1,900 face to face reablement contact hours per week and this will continue to grow to meet the demand across the whole County. This report outlines areas where Allied have and are focussed to improve the quality and the experience of a quality reablement service. To further support the progress Allied are making, some customer experiences will evidence the journey to date and the future potential to support many more people with regaining and maintaining their independence for as long as possible.

Actions Required:

The Adults Scrutiny Committee is requested to note and comment on this report.

1. Background

Following the re-procurement of the reablement service, the transfer to the new provider, Allied Healthcare, took place on 3 November 2015.

Since the contract award and TUPE transfer of staff on 3 November 2015 from the previous provider, Allied have undertaken significant steps to increase both the quality and capacity of reablement services in Lincolnshire that are accessible to all who have reablement needs, to maintain their independence for as long as possible.

Allied have continued to work with the County Council to agree an updated Outcomes Framework designed to look beyond just the physical needs of the customer (e.g. recover from a broken limb), but also to address the "whole person" by considering support they can offer to build links with the third sector and family/friends ensuring they involve all informal carers. Allied are keen to leave a

lasting positive impact for the person and their family / carers, which will prevent hospital readmission and improve well-being. All Allied staff have been retrained on this approach to ensure they understand and can deliver an improved quality of reablement for its customers.

To aid Allied's ability to know where they need to recruit more staff and build capacity, they have developed a more accurate capacity planning approach, which now enables the Allied staff based in Lincolnshire's acute hospitals to have a more accurate picture of capacity to work with hospital multi-disciplinary teams (MDTs) to make speedy decisions.

Allied have completed a full consultation with all front line staff which has, together with new IT, given a boost of 600 hours a week to capacity across the county. Further efficiencies on how the front line staff are rostered and changing some staff behaviours will further improve available capacity. Increased payments are being implemented for the harder-to-recruit areas of the county to ensure Allied can provide a county-wide reablement service. A high profile recruitment plan continues across the whole of Lincolnshire, which targets zones with particular needs.

Allied are working hard to not only get the right results but also to promote a culture of positive engagement and enthusiasm/passion for care and support under the "brand" of "4 weeks to make a difference".

Allied's management engagement with support workers, coordinators and the team in general are focusing on this mantra. As an organisation Allied's mission is "To be the choice for care that gives people the freedom to stay in their own home". Reablement is core to the service Allied provide and Allied are working hard to build the understanding of the importance of short positive interventions not only in terms of the difference it can make to the longer term care bill for the local economy, but also in terms of the impact it can have on people's lives.

Allied are establishing good working relationships with Lincolnshire Community Health Services (LCHS).

Allied are restructuring the community staff teams to put more resource behind community liaison, to build links with Adult Care community teams and LCHS together with the members of the broader health economy to pick up joint care planning and proactive hospital avoidance and Early supported discharge. Allied are branding this internally as "Home First, Home Fast!"

Allied Healthcare are establishing an 'Advisory Board', this is a critical link between service delivery and stakeholders. This will fulfil an important service delivery support and challenge role whilst promoting innovation that is both client-focussed and reflective of local requirements. The new advisory board will include: Lincolnshire County Council, ex-customer representatives, support workers, lead providers, third sector and NHS colleagues. The purpose of the board is similar to school governors (but without the formal responsibility) to be a critical friend to help drive innovation and continuous improvement.

Allied Healthcare's guide for carers and families on reablement is attached at Appendix A to this report.

2. Conclusion

Allied Healthcare look forward to further integrated working with all partners in Lincolnshire to further grow and expand reablement support to meet the growing needs of the population.

3. Consultation

a) Policy Proofing Actions Required

n/a

4. Appendices – These are listed below and attached to the report.

Appendix A	Reablement – Guide for Carers and Families (Allied Healthcare)

5. Background Papers

No background papers as defined in the Local Government Act 1972 were relied upon in the writing of this report.

This report was written by Lynne Bucknell, who can be contacted on 01522 554055 or Lynne.Bucknell@lincolnshire.gov.uk.

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Reablement

A guide for Carers
and Families

Allied Healthcare

What is Reablement

Reablement (sometimes called enablement) gives customers the opportunity and confidence to relearn and regain some of the skills they may have lost because of poor health, disability or after a spell in hospital.

Enablement is carried out at a customers home by specially trained staff who support with personal care, daily living activities and other practical tasks. But who can also recognise and work with your relative to identify other services or equipment that may assist them to develop the confidence and skills to carry out these activities themselves and continue to live at home.

All reablement services have a shared ethos, of working in partnership with the person to determine goals and outcomes that will enable them to live as independently as possible. Qualified and experienced staff will then work with the customer within a defined period of time to help them achieve those personal aspirations.

All about you

Why reablement

You may have been given this leaflet because you care for someone or have a relative who is being or has been referred for reablement services. This is most likely because health or social care professionals believe that your relative will benefit from having reablement services.

There is an increasing body of evidence that reablement can generate real and lasting benefits for users, including:

• improving quality of life
• keeping and regaining skills that help promote independence
• regaining or increasing confidence
• increasing people's choice and autonomy
• enabling people to be able to continue living at home
• reducing the need for ongoing care and support.

"To be the choice for care that gives people the freedom to stay in their own home"

How does reablement work

When someone is referred to reablement, they will be offered an Assessment. This assessment will establish what their needs are and what outcomes they want to achieve, then a reablement support plan is designed by the customer and the assessor and is carried out and delivered by a team of experienced reablement support workers.

This support plan is designed to:
- To provide intensive short term reablement support at home
- Provide a high quality flexible approach to meet individual needs
- Promote independence by helping regain skills and the confidence you
- need to complete everyday tasks
- Help the customers practise everyday activities that help regain normal routine, health and wellbeing
- Support and maintaining independence by providing advice and information

At first, a reablement team service user may need a few visits every day but as they progress, the number of visits will reduce. The length of the programme depends on individual circumstances and how the service user progresses in meeting their goals

What type of support can we expect

The type of support provided is tailored to our assessment of the individual's needs but can include:

For example:
- Help with personal care
- Practical support with preparing meals
- Prompting with medication or medication management
- Providing equipment or assistive technology with help to understand
- how to use it
- Teaching exercises to help regain mobility, strength and confidence –
- with support and encouragement to practice the exercises.
- Finding practical solutions to problems that may be reducing
- independence.
- Information and advice
- Links to support groups
- Signposting to other services

Can I be Involved

Your encouragement and support for the programme will be key to making sure that the customer gets the most benefit .

It is important that the person you care for is able to practice and re-learn the skills agreed in the programme to regain as much confidence and independence as possible.

The encouragement and support you can provide, while maintaining your caring role, will support them and the reablement team.

The service user will have been given a leaflet called "Reablement". As the carer, it might be useful for you to read this too.

Your role will always be discussed with customer during the assessment process and providing the customers agrees we would encourage you to get involved from the start and be as involved as you can.

Allied Healthcares commitment to you

We know it is important to keep carers involved and informed and we will treat your knowledge of the cared for person with respect. We will help you to understand decisions taken if required, that where decisions are taken in your absence, that those decisions are promptly explained to keep you informed.

As long as the person you care for agrees, we can discuss their progress on the programme with you and answer any questions you might have.

What happens after reablement

The Reablement Service provides short term support only. When the maximum level of independence is achieved the Reablement programme will end.

If the person has a need for a longer term care package this will be discussed with them and, if appropriate, a care package will be agreed.

Useful Contacts

Allied Healthcare contact details	
Local carer support group	
Complaint, compliments and concerns	
Care Quality Commission	
Local Authority contact details	

If you need this information in a different format
(Braille, large print, audio, another language,
CD, tape etc), please ring XXXXX
(Text Relay / Typetalk users XXXXX

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

Report to:	**Adults Scrutiny Committee**
Date:	**25 May 2016**
Subject:	**Personal Budgets**

Summary:

This report provides an overview of personal budgets and direct payments in Lincolnshire, including the background to personalisation, current performance, process and delivery.

Actions Required:

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

1.   Background

What is Personalisation?

Personalisation means recognising people as individuals who have strengths and preferences and putting them at the centre of their own care and support. Personalisation aims to ensure that the care and support each person gets is matched to their needs and wishes.

Personalisation is at the heart of the Care Act, the biggest change to the legal framework for care and support in England for more than 60 years.

The Care Act 2014 - *The Act is built around what is important to people, it:*

- ensures that people's **well-being**, and the outcomes which matter to them, will be at the heart of every decision made
- places new duties on councils critical to realising the potential of personalisation – such as those relating to **information and advice** and **market shaping**
- creates a new focus on **preventing and delaying needs for care**
- puts **carers** on the same footing as those they care for
- puts **personal budgets** on a legislative footing for the first time

Personalisation ensures that people have the opportunity to exercise more choice and control over their care and support and to become more active participants in their communities.

At the centre of the vision for personalisation are two important principles:

1. That we should build a system that promotes people's independence and wellbeing

   And

2. That people should have control of their care and support and be able to make the choices that are right for them

Good care should mean care that is built around the whole person, their skills, aspirations and preferences as well as their needs. Good care should also extend the opportunity for independence and help to build stronger community links.

What is a Personal Budget?

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

Integrated Personal Commissioning

Lincolnshire has been chosen as one of nine Demonstrator Sites for developing Integrated Personal Commissioning. Integrated Personal Commissioning will allow people to bring their Social Care Personal Budgets and their Personal Health Budgets (PHBs) together in one place to develop an integrated care and support plan. As with personal health budgets people can choose to take their personal budget as a direct payment.

Personal Budget Process - If someone has eligible needs this is the process they will follow

Contact

Offer initial information and advice or signposting to support independence. If appropriate proceed to assessment.

Assessment

Assessment undertaken to build an understanding of the person's situation, including their own strengths, what they can do, what help and support there is around them as well as where they have difficulties. The assessment helps us understand what outcomes they want to achieve.

Eligibility

Upon completion of the assessment we make a decision about whether the person is eligible for care and support. Some identified needs will be referred to as eligible needs. Eligible needs are those which if they are not being met by other means, Adult Care would have to ensure eligible needs are met.

RAS

Resource Allocation System – sometimes referred to as a RAS, is used to give an indication of the amount of money that may be needed to meet any eligible needs. The RAS works on the principle that if needs can continue to be met by informal support arrangements, then a smaller personal budget is needed.

Support Plan

If the person meets the eligibility threshold we will develop a care and support plan which captures what outcomes they want to achieve and their needs in relation to each area of the assessment. The person's plan will show how they wish to use the budget and they are encouraged to take as much control as possible over how it is spent.

Allocation

Once the person's support plan is agreed a Personal Budget is allocated to meet the person's unmet eligible needs. A person may also receive a Personal Health Budget when someone has a long term health condition (Continuing Health Care)

Delivery

Personal Budgets can be either be paid direct to the person as a Direct Payment to enable them to arrange their own care and support or be arranged for them, or a combination of the two. The most choice and control is usually achieved by having a direct payment to buy care and support directly from individuals or organisations.

Penderels Trust

'Penderels' is the current provider of support to people in Lincolnshire accessing a direct payment/personal budget through Adult Social Care, Children's Services and Mental Health. They currently support 1,882 people to manage their personal budgets/ direct payments.

First and foremost, if people are opting to employ their own staff, Penderels discuss in detail what it means and the responsibility entailed in taking on this role.

Penderels support people to employ their own staff through advertising or using their online Personal Assistant (PA) finder. As part of the recruitment service Penderels take enquiries on the service users behalf, draw up a short list of the applicants, support the interviewing process, take up references and Disclosure Barring Service (DBS) checks and issue contracts to the PAs. They also provide employment law advice. Penderels offer a competitive payroll service and have a company on board for the auto enrolment for pensions.

If a person is unable to manage the finances on their budget Penderels will do this for them through a 'Managed Account' and we are currently holding 1,020 of these.

Penderels also offer a 'suitable person service' for those people who have no family support, whereby if an agency is providing support we will go and visit every four weeks to ensure that the service provider is keeping its times and duties and report if there are any safeguarding issues. Penderels currently have 11 'Suitable Persons.'

Training can also be sourced for PAs on behalf of the service user and Penderels deliver 'Good Employer' Workshops around the county to support this activity.

Progress on Personalisation in Lincolnshire

In Lincolnshire all adults and their carers who meet the national threshold for care and support receive their support in the form of a personal budget where appropriate.

At the end of March 2016, 34% of adults with a longer term package in the community received their care in the form of a direct payment. This represents just over 1,900 adult clients. Also, 2,490 carers received a direct payment in the year, which is 48% of carers who have received direct care in the year.

Many people who use personal assistants take a direct payment to pay for the service they receive, which in turn will increase demand for personal assistants.

As a result of the age profile of adults supported in Lincolnshire, and the rural nature of the county, many older people continue to rely on the Council to commission support on their behalf, mainly in the form of home support.

The low uptake of direct payments among older adults is a national phenomenon, and the focus has therefore been on encouraging the younger generations to take control of their personal budget. There has been good progress with encouraging

young adults transitioning from Children's Services to take on a direct payment; 60% of adults aged 18-24 received a direct payment in 2015/16. This percentage reduces with each 10 year age band, with just 5% of adults aged 85+ taking a direct payment.

Carers and Personalisation

The Care Act 2014 introduced a national eligibility framework for supporting carers in England. This resulted in changes to the way carers are assessed and supported and notably there has been a move away from a one size fits all approach to an individual support package.

As well as an increased focus on early help and prevention, the Carers Service delivers support in a personalised way which promotes individual carer wellbeing and sustainability of the caring role. To enhance this approach to service delivery the Carers Service has linked to the Integrated Personal Commissioning (IPC) programme. Personalisation ensures that where carers are eligible for support they have a person centred support plan which focuses on the individual carer's strengths and community assets. Where personal budgets are taken as direct payments, carers are able to exercise more choice and control over how their eligible needs are met.

Understanding Impact

In January 2016, Lincolnshire signed up to the Personalised Outcomes Evaluation Tool (POET) which has been developed by 'In Control', a charity funded by the Department of Health, in conjunction with Lancaster University. This involved participating councils administering a personalisation survey to a sample of adults to see the impact that personal budgets have on peoples' lives.

- 69% of people knew how much money was in their personal budget, higher than the national average of 55%
- 56% of people reported that they felt able or mostly able to control how their personal budget was spent compared to the national average of 72%
- 86% of people said that they had been given a copy of their support plan, higher than the national average of 80%
- 92% said their views were fully or mostly taken into account compared to national average of 90%
- 94% said their support plan included the outcomes they wished to achieve, higher than the national average of 88%

The POET survey for Lincolnshire is attached at Appendix A to this report.

The intention is now to undertake this survey in Lincolnshire on an annual basis and to expand upon it, with this year's survey setting the baseline.

2. Conclusion

Personalisation continues to be a priority both locally and nationally and we will continue to build on the early success of the implementation of personalisation in Lincolnshire. The intention is to support people to have as much choice and control over the support that they need to maintain living independently as an active member of their community.

We aim to ensure all local people who have eligible needs are able to access personalised support and care in their own homes wherever possible using community based services and our voluntary partners. Local Authority support should be aimed at those who need it most enabling people to access the right care at the right time and in the right place.

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	The Personal Outcomes Evaluation Tool Survey Lincolnshire County Council Data Report: February 2016 - Personal Budget Recipients

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 Emma Scarth, who can be contacted on 01522 554224 or emma.scarth@lincolnshire.gov.uk.

The POET Survey
Lincolnshire County Council Data Report:
February 2016
Personal Budget Recipients

Introduction

This report presents data collected from personal budget holders in Lincolnshire using the Personal Outcome Evaluation Tool (POET) survey. It also compares the numerical responses of personal budget holders to the POET survey in Lincolnshire with the responses we have from personal budget holders in other parts of England. Because of limited local responses the presentation of the results is not necessarily statistically significant in all areas, however it is hoped that the findings provide a helpful local resource.

Who took part in the survey?

This report presents the responses of 97 personal budget holders in Lincolnshire to the POET survey. We are able to benchmark the Lincolnshire data against responses from 2,773 personal budget holders in other parts of England, who have used the most recent version of the POET survey. As people could choose not to complete particular questions within the survey, the totals reported throughout the report are unlikely to add up to these overall totals. Partially completed responses were removed from the data set if no answer was provided to any of the questions relating to experience of support or the impact of support.

The graphs in figures 1-3 show the characteristics of Lincolnshire personal budget holders responding to the survey compared to respondents from other local authorities in England. Lincolnshire respondents were slightly more likely to be female than male, were less likely to be aged over 65 years of age, and were less more likely to report having a learning disability compared to respondents from other parts of England.

1
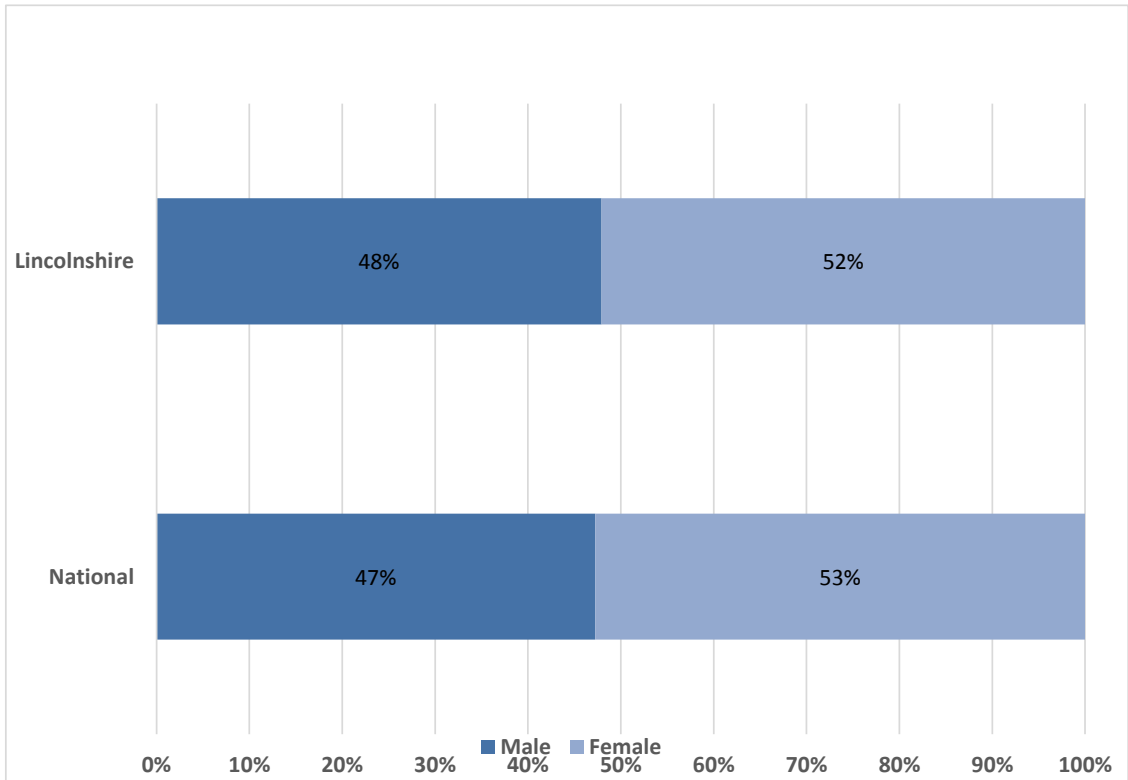
Figure 1. Personal budget recipients: Gender
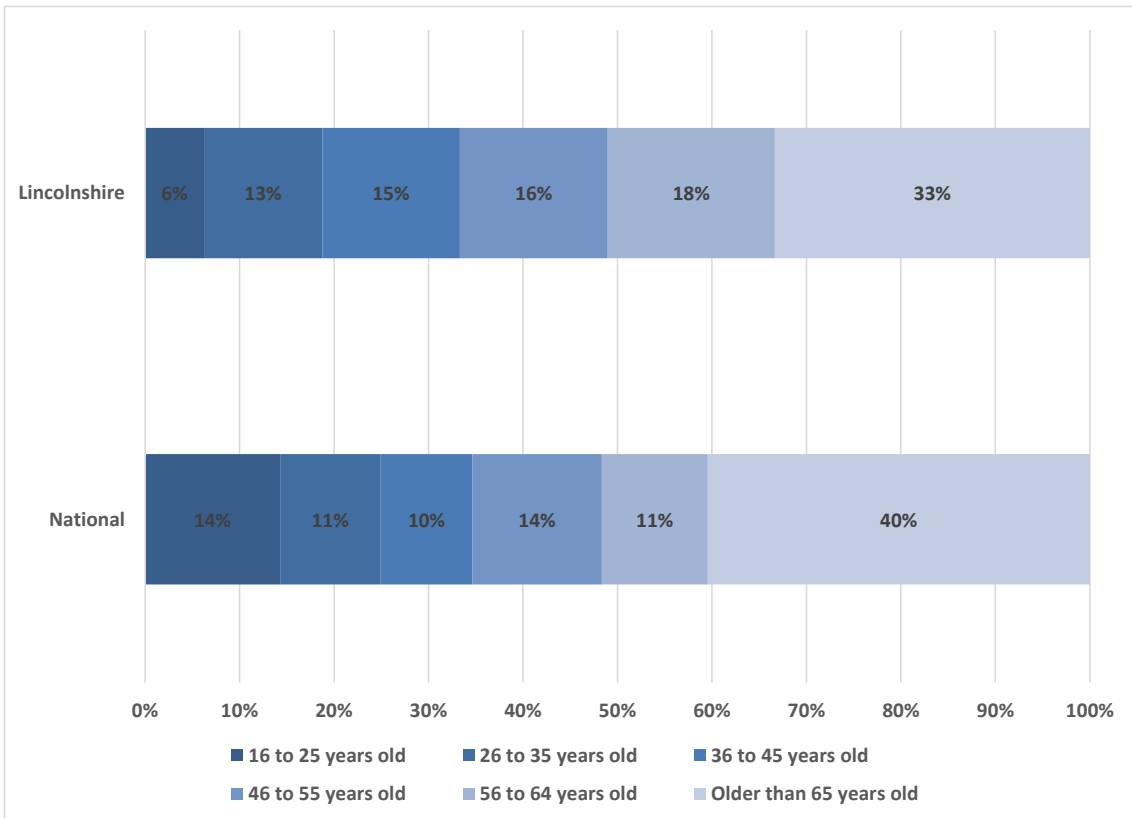
Figure 2. Personal budget recipients: Age

2
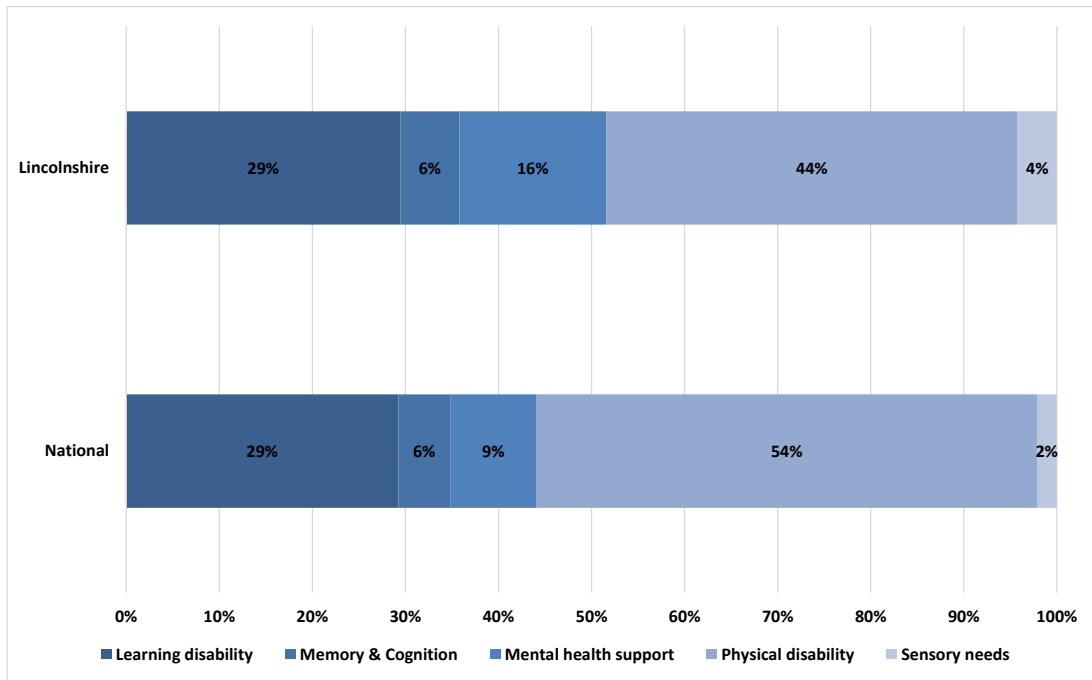
Figure 3. Personal budget recipients: Reason for support

How did people answer the questions?

The graph below shows how people answered the questions in the POET survey. In Lincolnshire just under a quarter (24%) of personal budget holders answered the questions on their own, and well under a half of the respondents had help from someone else (41%).
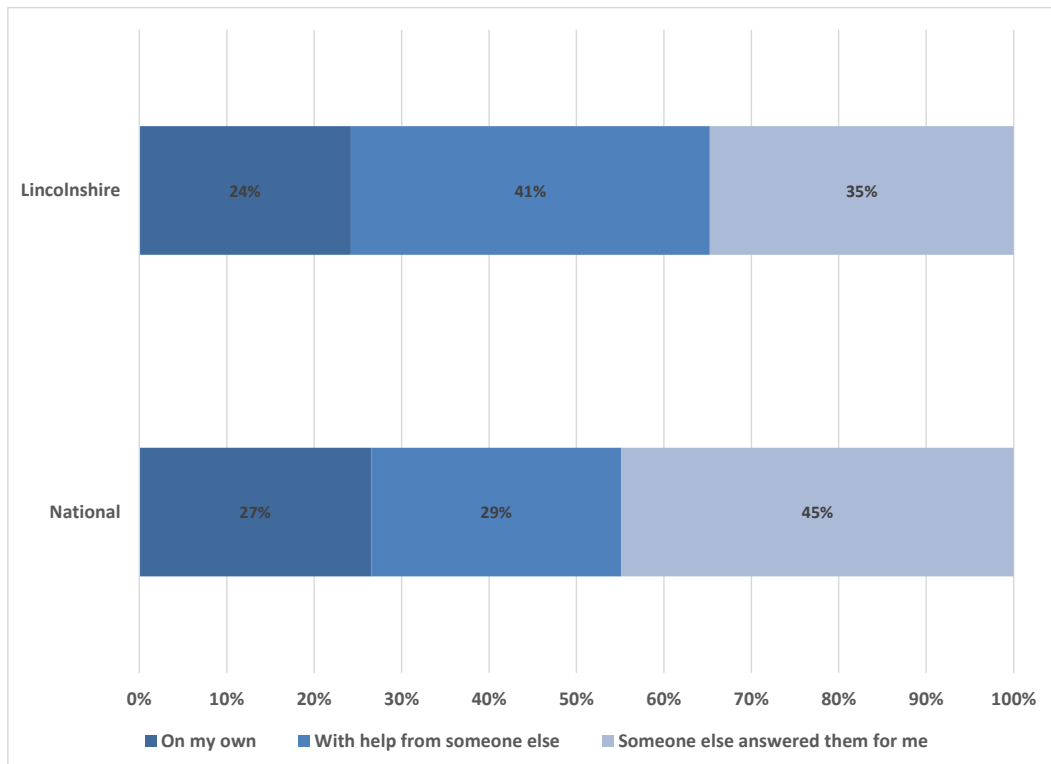
Figure 4. Personal budget recipients: How people answered the questions

3

Do you have a personal budget?

The POET survey asked people whether they had a personal budget for their support. This was described as 'a set sum of money allocated for your support. A personal budget may be paid directly to you, held by the council or a care provider'.
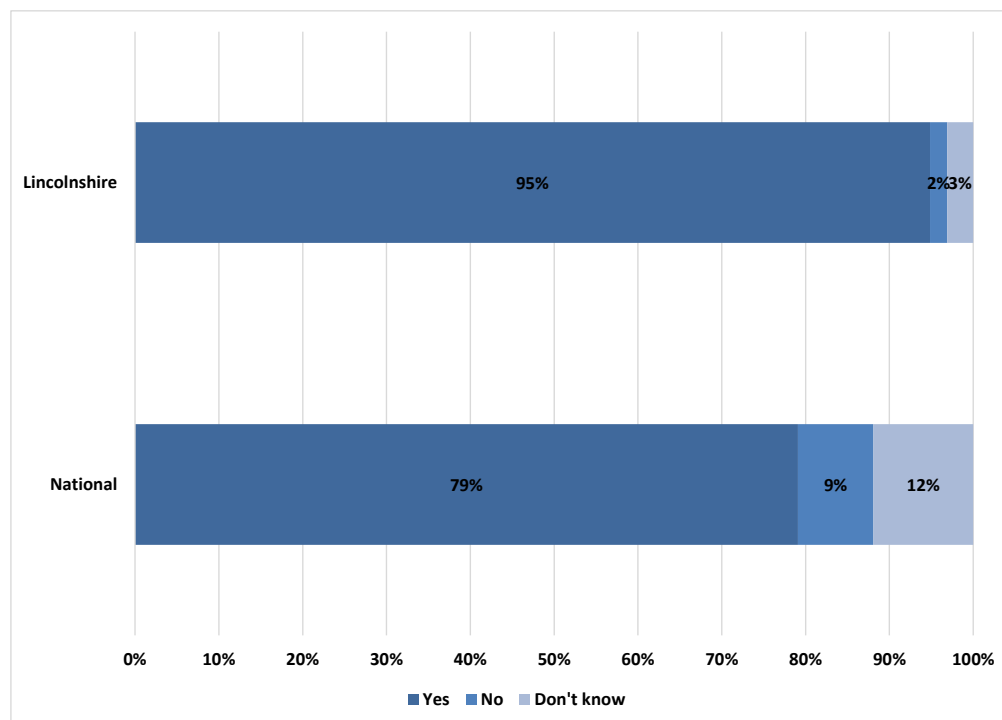
Everyone whose needs are met by the local authority, whether those needs are eligible, or if the authority has chosen to meet other needs, must receive a personal budget as part of the care and support plan, or support plan.

11.7. Care and Support Statutory Guidance Act 2014

Figure 5. Do you have a personal budget for your support?

How do people manage their personal budgets?

The graph in figure 6 shows how people managed their personal budgets. In Lincolnshire, personal budget holders were most likely to have a direct payment (76%) for their personal budget. Council held budgets were also reported by 6% of personal budget holders in Lincolnshire. A lower proportion of personal budget holders in Lincolnshire (4%) reported that they did not know how their personal budget was held compared to respondents from other parts of England (11%).

4

Figure 6. How was the personal budget managed?
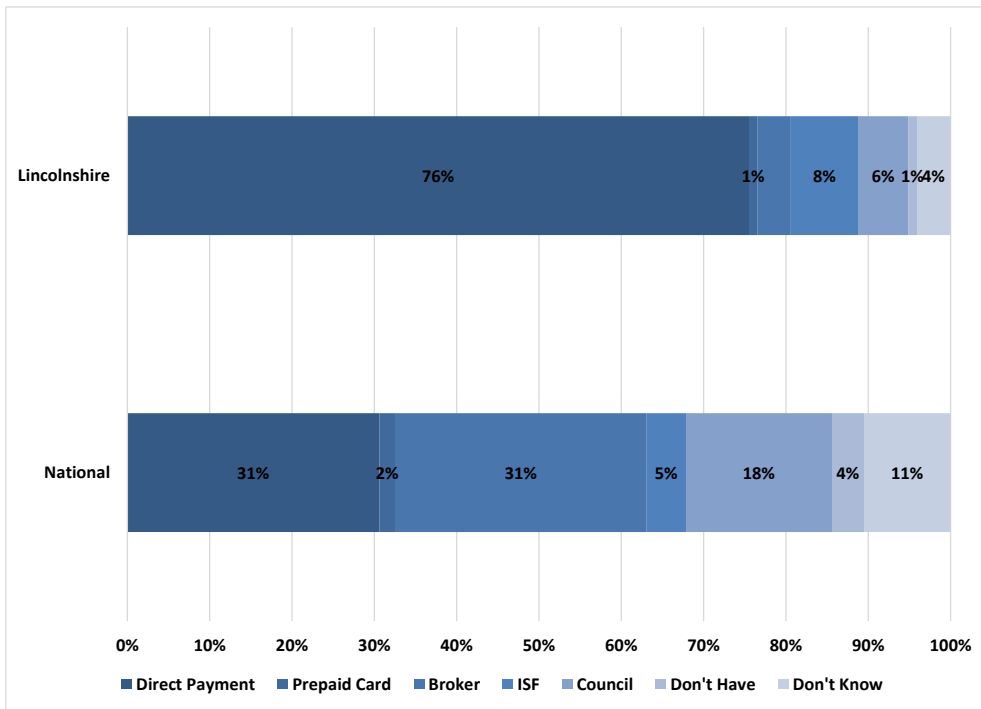
It [personal budget] means: being able to choose from a range of options for how the money is managed, including direct payments, the local authority managing the budget and a provider or third party managing the budget on the individual's behalf (an individual service fund), or a combination of these approaches.

11.3. Care and Support Statutory Guidance Act 2014

What types of support did people have?

The POET asked people to indicate what type of support they had. In Lincolnshire people were just as likely to receive home care and slightly less likely to be supported by a personal assistant compared to respondents from other parts of England.

Figure 7. What type of support people had
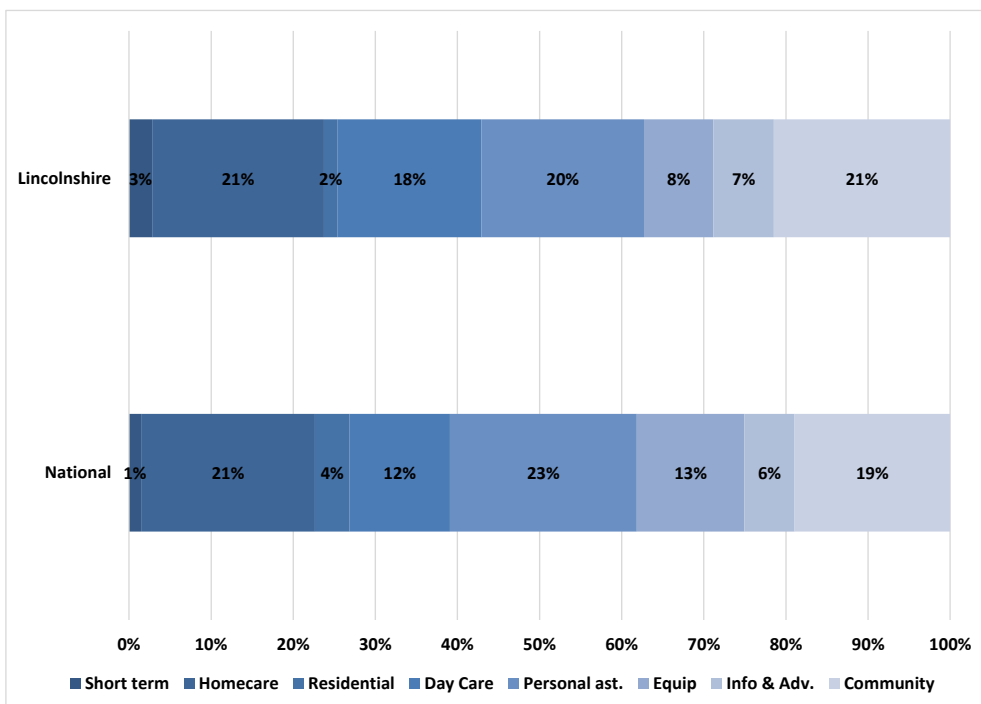
Where the local authority provides or arranges for care and support, the type of support may itself take many forms. These may include more traditional "service" options, such as care homes or home care, but may also include other types of support such as assistive technology in the home or equipment adaptations, and approaches to meeting needs should be inclusive of less intensive or service-focused options.

10.12. Care and Support Statutory Guidance Act 2014

5

Do people know how much money they have in their personal budget?

Just over two thirds (69%) of people in Lincolnshire said they knew how much money was in their personal budget, meaning they were more likely to report that they knew the amount of their personal budget compared to respondents from other parts of England (56%).
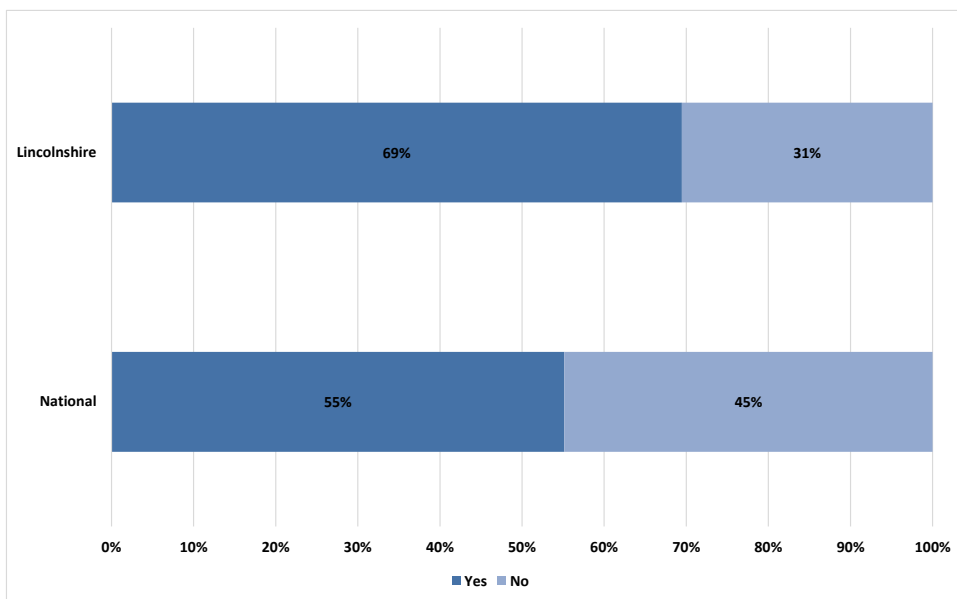
…the most important principles in setting the personal budget are transparency, timeliness and sufficiency. This will ensure that the person, their carer, and their independent advocate if they have one, is fully aware of how their budget was calculated, that they know the amount at a stage which enables them to effectively engage in care and support planning,

11.24. Care and Support Statutory Guidance Act 2014

Figure 8. Do people know how much money is allocated to their personal budget?

Do people feel in control of their personal budget?

The POET survey asked people whether they felt they could decide how to spend the money in their personal budget. People in Lincolnshire were less likely to report that they felt able or mostly able to control how their personal budget was spent (56%) compared to respondents from other parts of England (72%).
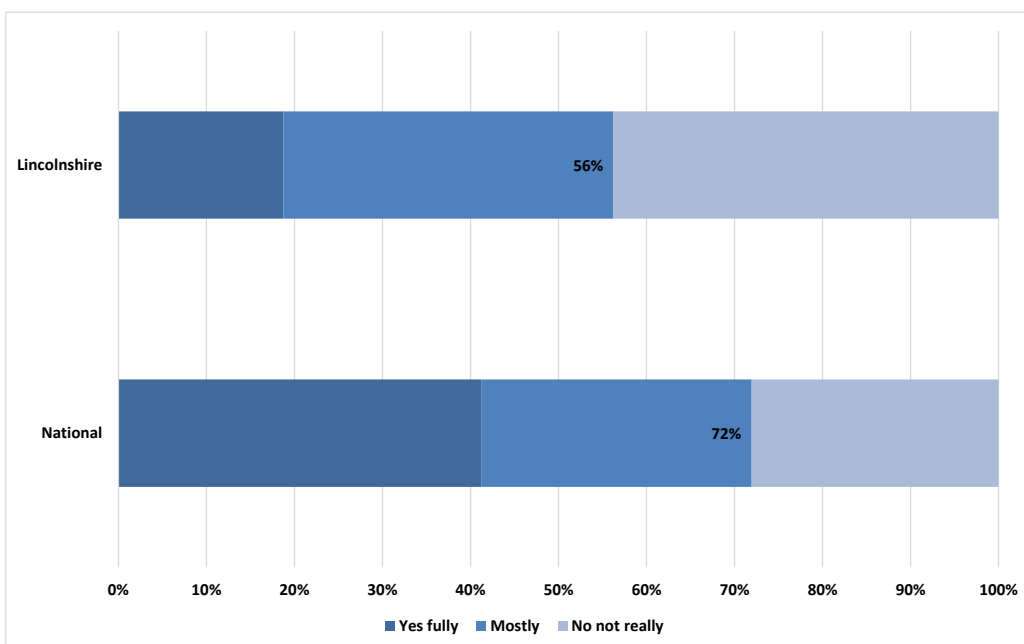
The person should have the maximum possible range of options for managing the personal budget, including how it is spent and how it is utilised. Directing spend is as important for those choosing the council-managed option or individual service fund as for direct payments.

11.29. Care and Support Statutory Guidance Act 2014

Figure 9. Could you decide how the money in your personal budget was spent?

6

People's experience of support planning

The POET survey asked people several questions about the support planning process. People were asked whether their views had been included in their plan, whether their plan included the outcomes they wanted to achieve, whether and to what extent they achieved these outcomes, and whether or not they had been given a copy of their support plan. As figure 10 shows, well over three quarters of people in Lincolnshire said that they had been given a copy of their support plan (86%), a slightly larger proportion than respondents from other parts of England (80%).
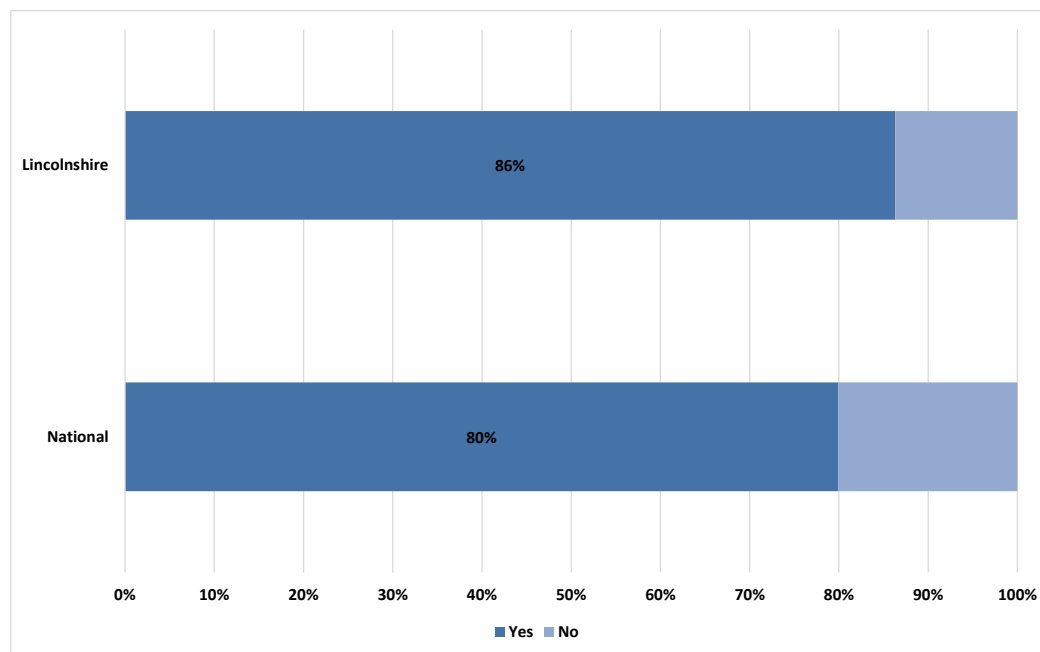
Upon completion of the plan, the local authority must give a copy of the final plan which should be in a format that is accessible to the person for whom the plan is intended, any other person they request to receive a copy, and their independent advocate if they have one and the person agrees.

10.87. Care and Support Statutory Guidance Act 2014

Figure 10. Were you given a copy of your support plan?
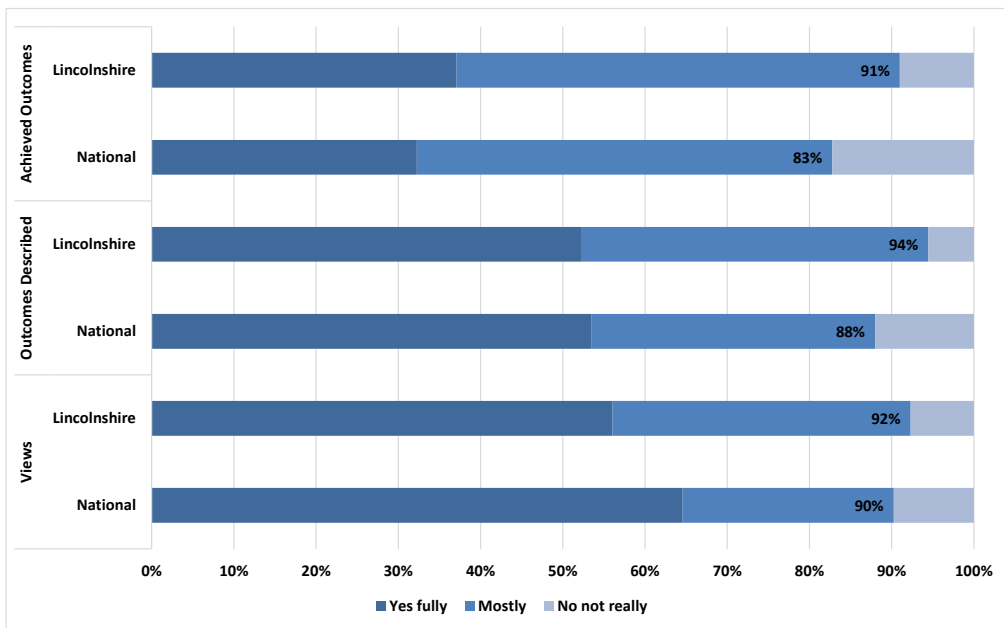
Figure 11. People's experience of the support planning proccess

As figure 11 shows, nearly all of respondents in Lincolnshire (92%) said their views were fully or mostly taken into account in the support planning process, a similar proportion than other areas of England (90%). Nearly all (94%) of personal budget recipients from Lincolnshire said their support plan included the outcomes they wished to achieve, compared to 88% in other parts of England. 91% of respondents from Lincolnshire said they had fully or mostly achieved the outcomes described in their support plan compared to 83% of respondents from other parts of England.

8

People's experience of support

The POET asked people about their experience of support over the past year. Specifically about; the information they were given regarding the different support options available, the choice and control they enjoyed over their care and support, and the quality of their support (being treated with dignity and respect). The graph below shows how people rated their support.

Just over two thirds (68%) of respondents from Lincolnshire rated their support as good or very good in relation to the information they were given about the different support options, higher compared to other parts of England (56%). Secondly, the graph below shows how people rated their support in relation to choice and control. In Lincolnshire just under three quarters (72%) rated their support as good or very good, a similar proportion to people in other parts of England (71%).

Lastly the graph shows that in Lincolnshire, well over three quarters of people (87%) rated the quality of their support as good or very good, compared to 86% in other parts of England.
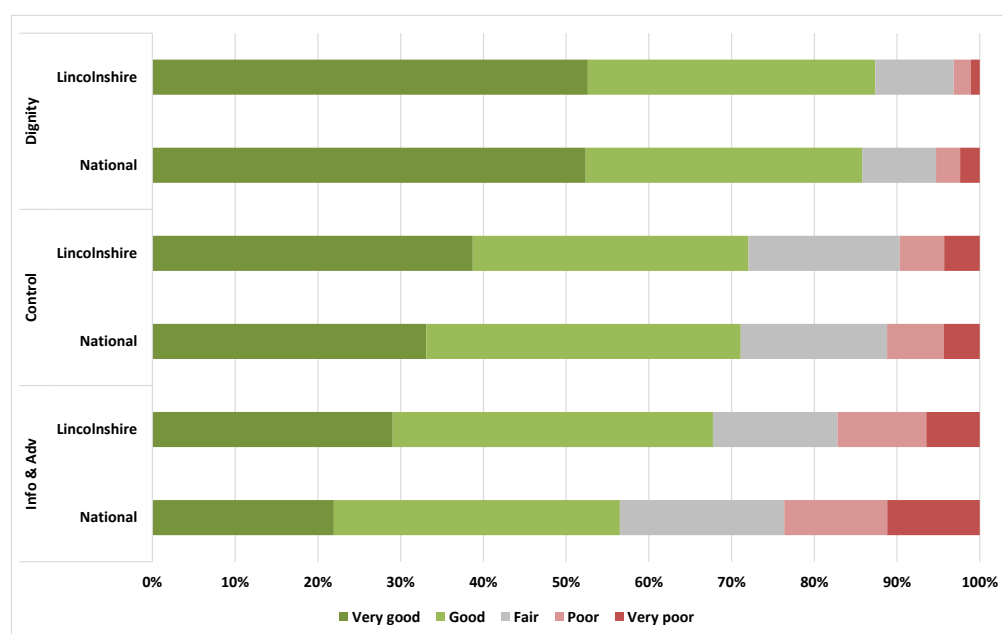
The modern care and support system should routinely enable supported decision making, where options and choices are presented simply and clearly. 10.4.

"Wellbeing" is a broad concept... ...control by the individual over day-to-day life (including over care and support provided and the way it is provided). 1.5.

Care and Support Statutory Guidance Act 2014

Figure 12. People's experience of support

9

The impact of people's support on their wellbeing

Finally people were asked about the impact of their support on their day to day lives. The areas of life that we asked about closely mirror the domains of wellbeing as defined in the Care Act.

> Local authorities must promote wellbeing when carrying out any of their care and support functions in respect of a person. This may sometimes be referred to as "the wellbeing principle" because it is a guiding principle that puts wellbeing at the heart of care and support. [1.1]

Care Definition of Wellbeing	Outcomes Domains POET
"Wellbeing" is a broad concept, and it is described as relating to the following areas in particular: [1.5.]	Over the past year, has the support you get changed these areas of your life?
• personal dignity (including treatment of the individual with respect);	*Covered in support questions*
• physical and mental health and emotional wellbeing;	Your health (physical and emotional)
• protection from abuse and neglect;	How safe you feel
• control by the individual over day-to-day life (including over care and support provided and the way it is provided);	The choice and control you have over day-to-day things
• participation in work, education, training or recreation;	Your work, education, training and recreation
• social and economic wellbeing;	Your quality of life
• domestic, family and personal;	Your relationships with friends and family
• suitability of living accommodation;	The home you live in
• the individual's contribution to society.	Doing things in your community

10

The POET survey asked people whether their support had made a difference to various aspects of their lives, and if so, whether this difference had been positive or negative. The graph below summarises the findings from the set of questions we asked about people's wellbeing. At least a half of personal budget holders in Lincolnshire reported that their support had made a positive difference to them in 6 of the 8 outcome areas we asked about.

The proportions of people reporting a positive impact in Lincolnshire were broadly similar to other areas of England. In all of the 8 areas we asked people about, Lincolnshire were more likely to report a positive impact than elsewhere. Fewer than 10% of people in Lincolnshire reported a negative impact.
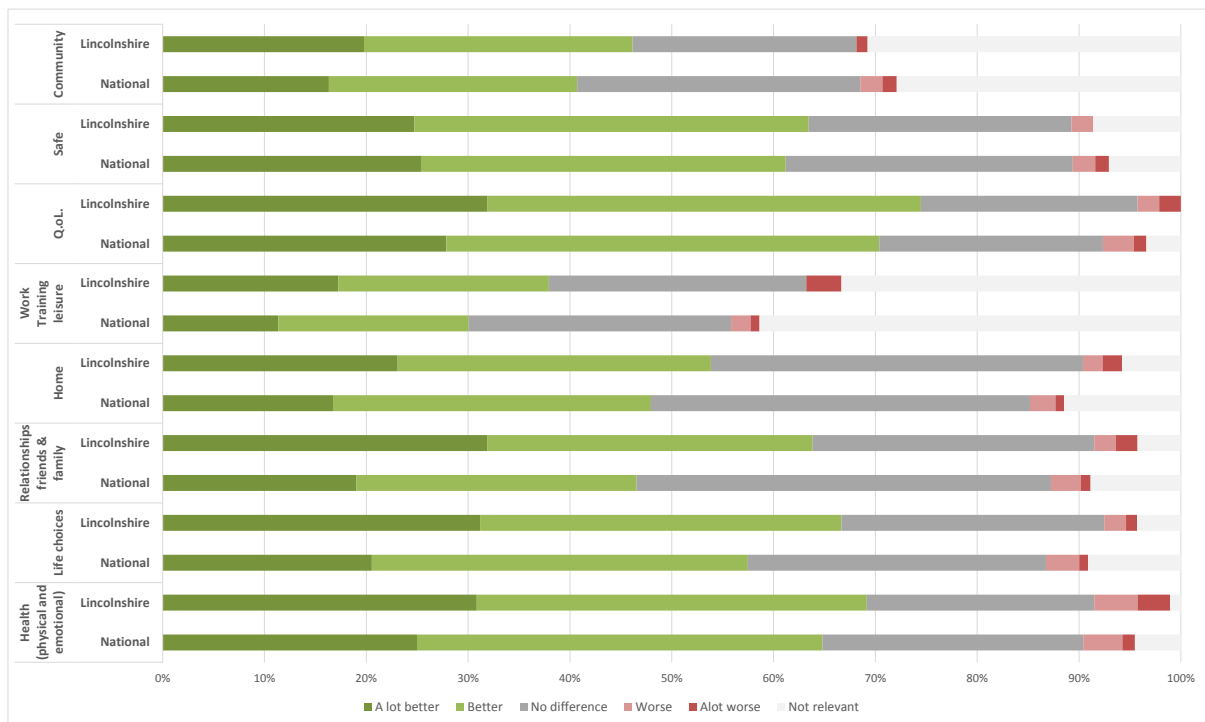
Figure 13. The impact of support on people's wellbeing

Conclusion

Throughout this report local findings have been benchmarked against national data. This is intended to provide an indicative relative position. Care should be taken however when making precise direct comparisons. This is because responses varied greatly across local authorities, levels of satisfaction being spread across a wide range. The national figures here are averages of these ranges. Responses also varied somewhat across social care groups and across personal budget types, proportions of these sub groups varied from local authority to local authority. It is not necessarily the case that where scores indicate a less or more positive impact of personal budgets than in other parts of England that this is due to the performance of the council.

The last National Personal Budget Survey found and reported a number of key process conditions that coincided with better or worse outcomes. Where local performance appears to be low these process factors may be at play, and provide a steer where local authorities are seeking to improve in an outcome domain.

http://www.in-control.org.uk/what-we-do/poet-%C2%A9-personal-outcomes-evaluation-tool.aspx

![Lincolnshire County Council - Working for a better future]

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

Report to:	**Adults Scrutiny Committee**
Date:	**25 May 2016**
Subject:	**Quarter 4 Performance Report**

Summary:

This is the Adult Care Performance Report for Quarter 4 of 2015/16. The report provides a summary of the Adult Care performance measures within the four Commissioning Strategies.

Actions Required:

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

1. **Background**

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

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

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

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

2014/15 saw the introduction of a new statutory return called the Short and Long Term (SALT) return and the Safeguarding Adults Return (SAR), which as a consequence resulted in some new indicators being created and changes to definitions for others. For consistency of reporting, some of the measures reported

in Q1 and Q2 have been updated following improvements in data processing and fine tuning of definitions.

The annual survey-based measures are reported in this quarter from the provisional results of the Adult Social Care Survey (ASCS). Three measures in the Carers Strategy come from the biennial Survey of Adult Carers in England (SACE), and these cannot be reported in 2015/16. The next survey will be completed in February 2017.

Adult Frailty and Long Term Conditions

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

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

Adult Care has been working to provide support to people at an early stage to help them to stay independent for as long as possible in their own home by providing preventative services. Better information and advice can help people to find ways to meet their support needs and reduce reliance on funded services. Of the 32,000 requests for support from new clients, two-thirds were dealt with by the provision of information and advice or signposting to other agencies in the community with little or no interaction from Social Work teams. New requests can also be diverted to reablement or wellbeing, both of which are taking more referrals compared to the previous year. The ultimate aim is to manage demand and reduce and/or delay the need for longer term care and support. Less than 4% of requests for new clients have resulted in residential or nursing care or a longer term service in the community such as home care.

Direct Payments have been shown to give people choice and control, improve outcomes and have a positive effect on well-being. At the end of March, there were 1,950 clients with a direct payment, which is a net increase of over 400 clients compared to March 2015. Direct Payments have been shown to give people better outcomes, have a positive effect on well-being, and improve choice and control. With the latter, the ASCS results show an increase in the proportion of people who say they have control over their daily lives.

There were 1,019 permanent admissions into residential care for older people this year, with an expected seasonally influenced increase in the final quarter of the year. The target number of admissions for the year was 982, which was set to monitor the effectiveness of the Better Care Fund. The outturn is 3.7% higher than the target which is within the acceptable tolerance range.

78% of clients received a review of their needs in the year, which is lower than the performance last year. This year, Adult Care teams have had to focus on assessing and arranging care for new clients, given the challenges in finding placements in Reablement and in an unsettled home care market. This was seen as the priority over review activity, as existing clients have a package in place so are safe and stable. To this end, only 5% of clients who were reviewed required a residential placement, 6% required an increase in their existing package, and the remainder showed no change or indeed a reduction in social care needs.

For people who have been in hospital, Adult Care has worked closely with health colleagues to reduce unnecessary delays and get people out of hospital quickly. On average, 30 people were delayed per month in acute and non-acute hospital beds where the delay was attributable to Social Care or jointly with the NHS. This is a rate of 5 per 100,000 population. Rising delays is a national phenomenon, and as a result, it has been given greater focus in the 2016/17 Better Care Fund (BCF). There are already funded BCF schemes operating in hospitals, and improved monitoring of delay reasons by hospital site has been started to better understand why delays are happening and how health and social care can work to improve them.

Adult Care has seen pressures in both homecare and reablement capacity in the year which has led to an increase in hospital delays attributable to Adult Care. Our new reablement provider went live in November, and they have demonstrated a commitment to increasing capacity over the coming year. Also, the situation with the new home care providers appears to have stabilised after a difficult transition period. This should mean care packages will be arranged quicker to prevent delays, but also to reduce the length of stay for people in hospital.

Specialist Adult Services

Specialist Adult Services are often jointly commissioned with Clinical Commissioning Groups (CCGs) and therefore performance indicators monitor progress against strategy areas from either the NHS or Adult Care Outcomes Frameworks. Learning Disability services are commissioned jointly through a pooled budget hosted by LCC. The Learning Disability commissioning strategy is being developed in line with recently published Transforming Care national guidance. The Adult Mental Health commissioning strategy will be developed following the publication of the expected new national strategy early into 2016. The Lincolnshire All Age Autism Strategy, which is a joint strategy with Lincolnshire CCGs and other stakeholders, was launched earlier in 2015.

One of the priorities for the Strategy is to ensure that people with learning disabilities or mental ill-health have appropriate and stable accommodation. The national focus has always been on the security of tenure. Accommodation has a strong impact on the safety and overall quality of life and reduces the risk of social exclusion. 74% of learning disability clients are settled with family or friends. This has shown a steady improvement through the year from 72% which was the position at the end of last year. The other 26% are placed in a residential or nursing care home, so despite not having security of tenure, people are safe and settled in their environment. Although a Quarter 4 position is not available for

mental health clients, there has been a dramatic improvement compared to 2014/15, with 57% of clients reported as settled and living independently at the end of Quarter 3.

Feedback in the ASCS specifically from people with a learning difficulty or Autism shows that 81% are extremely or very satisfied with the care and support services they receive, which is a good improvement from 77% of people sharing the same level of satisfaction in the 2014/15 survey.

In 2016/17, additional measures relating to direct payment provision and review performance will be added to strengthen the suite of measures to better evidence the services offered in this strategy area.

Safeguarding

The Safeguarding Strategy highlights the importance of protecting an adult's right to live in safety, free from abuse and neglect.

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

The ASCS results show that 93% of people who use Adult Care services feel safe, which is a good indication of the level of general safety of the potentially vulnerable adults in our community, and that quality and practice standards are good among social care practitioners and providers.

Where people have had cause to call on the services of the Adult Safeguarding Team, 100% of people who have been assessed as lacking mental capacity have been supported by an advocate so that their views and wishes can be conveyed.

The Safeguarding service has a duty to address issues with providers if they arise. 1 in 20 enquiries received in the year (5%) indicated that a service provider was the source of risk. This is very low, and has reduced from 16% compared to the previous year. This gives an overall indication of the improving quality of the health and care sector in Lincolnshire, privately arranged or commissioned by the authority.

One aspect of measuring the success of a safeguarding intervention is in determining whether the risk of abuse has been reduced or removed. 65% of enquiries resulted in the risk being reduced or removed, excluding cases where the allegation was not substantiated, or where the enquiry ceased at the individual's request. However, this is only part of the picture, as all safeguarding enquiries focus on empowering people to manage their own risk, and to respect their wishes. To complete the picture, and to monitor our commitment to 'Making Safeguarding Personal', a new measure will feature in 2016/17 reporting to show the proportion of people for whom their desired outcomes have been met.

Overall, contacts to adult safeguarding are continuing to increase. 3,800 concerns have been reported to the authority this year, which is approximately 320 concerns per month, compared with 250 per month in the previous year. This is a 25% increase in work coming into the service.

Nearly 40% of concerns raised with the Customer Service Centre that are progressed to Safeguarding, do not require any further enquiries, leaving 60% of concerns for the Lincolnshire Safeguarding Team to investigate.

Carers

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

The Carers service contract has just been awarded to a new provider, Carers First so a period of transition will ensue in the coming months. The transition plan is multi-faceted and includes the development of practice standards, a workforce learning and development plan, quality assurance framework, data validation, revised procedures and improved contract management.

During the first year of the Care Act 2014 legislation, the new national threshold for carers has impacted on the number of carers who receive funded support, in particular Direct Payments. Just over 50% of carers met the threshold, compared to 69% pre-Care Act 2014 with a locally defined and more generous eligibility level. 48% of carers who were eligible for funded care have received a direct payment, which relates to just under 2,500 carers. The needs of carers have been met more creatively with better support planning without the need for a direct payment.

Over 7,000 carers have benefitted from some form of support over the last twelve months, which includes information and advice through to respite care for the person they care for. The new threshold has created a definite shift in the pattern of support towards information and advice, with many carers getting the information they need quickly without the need for a full carers assessment.

The Carers Service is predominantly a preventative service to carers to help sustain the independence of the person they care for, and reduce their dependence on funded services. 68% of carers supported are caring for people who are not a client of Adult Care. This has fallen from 75% in 2014/15 because carers who are now no longer eligible for direct support are caring for people who are not currently receiving Adult Care services. Under the new contract, Carers FIRST will provide preventative support for carers caring for adults who do not receive social care support. They will hold a database of all carers and over time develop a greater understanding of carers in Lincolnshire. An initial publicity campaign will raise awareness of the support they have to offer.

2. Conclusion

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

3. Consultation

a) Policy Proofing Actions Required

Not Applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adult Care Performance Report 2015/16 - Q4

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 Dave Boath, who can be contacted on 01522 554003 or david.boath@lincolnshire.gov.uk.

Measure Description	Polarity (higher is better, or lower is better)	Reporting item	Previous Year 2014/5		Current Year 2015/16				Y/E Target
			LCC Actual	CIPFA Average	Q1	Q2	Q3	Q4	

Safeguarding Adults

Strategy Lead: Mandy Cooke

People report they feel safe (ASCOF 4B)

	↑👍	Numerator	-	-				320	
		Denominator	-	-				343	
		Actual	94%	86%	Annual measure taken from the Adult Social Care Survey (ASCS)			93%	94%
		Target	-	-				94%	
		Alert	-	-				●	
		Trend (vs 2014/15)	-	-				⇔	

% of concluded safeguarding enquiries where the person at risk lacks capacity where support was provided by an advocate, family or friend

	↑👍	Numerator	105	-	34	70	105	144	
		Denominator	105	-	34	70	105	144	
		Actual	100%	-	100%	100%	100%	100%	100%
		Target	-	-	100%	100%	100%	100%	
		Alert	-	-	●	●	●	●	
		Trend (vs 2014/15)	-	-	⇔	⇔	⇔	⇔	

% of concluded safeguarding enquiries where the source of risk is a service provider

	↓👍	Numerator	115	-	10	40	47	57	
		Denominator	725	-	248	439	843	1,115	
		Actual	16%	-	4%	9%	6%	5%	16%
		Target	-	-	16%	16%	16%	16%	
		Alert	-	-	▲	▲	▲	▲	
		Trend (vs 2014/15)	-	-	⇩✓	⇩✓	⇩✓	⇩✓	

% of safeguarding enquiries where the risk was reduced or removed (excluding enquiries ceased at the individuals request, and enquiries not substantiated)

	↑👍	Numerator	230	-	90	231	323	407	
		Denominator	499	-	162	356	495	630	
		Actual	46%	-	56%	65%	65%	64.6%	60%
		Target	-	-	60%	60%	60%	60%	
		Alert	-	-	▼	▲	▲	▲	
		Trend (vs 2014/15)	-	-	⇧✓	⇧✓	⇧✓	⇧✓	

Specialist Adult Services

Strategy Lead: Justin Hackney

% of adults with a learning disability (or autism) who live in their own home or with their family (ASCOF 1G)

	↑👍	Numerator	1,070	-	1,085	1,123	1,152	1,178	
		Denominator	1,492	-	1,501	1,536	1,567	1,599	
		Actual	72%	75%	72%	73%	74%	74%	75%
		Target	-	-	75%	75%	75%	75%	
		Alert	-	-	●	●	●	●	
		Trend (vs 2014/15)	-	-	⇧✓	⇧✓	⇧✓	⇧✓	

% of adults in contact with secondary mental health services living independently, with or without support (ASCOF 1H)

	↑👍	Numerator	-	-	-	-	-		
		Denominator	-	-	-	-	-		
		Actual	30%	55%	50%	56%	57%	tbc	55%
		Target	-	-	36%	42%	49%	55%	
		Alert	-	-	▲	▲	▲	❓	
		Trend (vs 2014/15)	-	-	⇧✓	⇧✓	⇧✓		

Overall satisfaction of people who use services with their care and support (learning disability and autism)

	↑👍	Numerator	-	-				63	
		Denominator	-	-				79	
		Actual	77%	74%	A subset of an annual ASCOF measure calculated from responses to the Adult Social Care Survey.			80%	81%
		Target	-	-				81%	
		Alert	-	-				●	
		Trend (vs 2014/15)	-	-				⇧✓	

Measure Description	Polarity (higher is better, or lower is better)	Reporting item	Previous Year 2014/5		Current Year 2015/16				Y/E Target
			LCC Actual	CIPFA Average	Q1	Q2	Q3	Q4	

Carers

Strategy Lead: Emma Krasinska / Jane Mason

Percentage of carers who receive a direct payment (ASCOF 1C (part 2b))

	↑👍	Numerator	3,960	-	4,316	4,330	3,035	2,489	70%
		Denominator	5,655	-	6,786	7,785	6,764	5,202	
		Actual	70%	62%	64%	56%	45%	48%	
		Target	-	-	70%	70%	70%	70%	
		Alert	-	-	▼	▼	▼	▼	
		Trend (vs 2014/15)	-	-	⇓✘	⇓✘	⇓✘	⇓✘	

Carer reported quality of life (ASCOF 1D)

	↑👍	Numerator	-	-	Calculated using a series of questions in the biennial Survey of Adult Carers in England (SACE)				
		Denominator	-	-					
		Actual	7.9	7.7					
		Target	-	-					
		Alert	-	-					
		Trend (vs 2014/15)	-	-					

Carers included and consulted in discussions about the person they care for (ASCOF 3C)

	↑👍	Numerator	-	-	Calculated using a series of questions in the biennial Survey of Adult Carers in England (SACE)				
		Denominator	-	-					
		Actual	71%	-					
		Target	-	-					
		Alert	-	-					
		Trend (vs 2014/15)	-	-					

Carers supported to delay the care and support of the person they care for

	↑👍	Numerator	4,242	-	4,754	5,763	4,789	3544	75%
		Denominator	5,655	-	6,303	7,785	6,764	5202	
		Actual	75%	-	75%	74%	71%	68%	
		Target	-	-	75%	75%	75%	75%	
		Alert	-	-	●	●	▼	▼	
		Trend (vs 2014/15)	-	-	⇔	⇔	⇓✘	⇓✘	

% of carers who find it easy to find information about services (ASCOF 3D (part 2))

	↑👍	Numerator	-	-	Calculated using a series of questions in the biennial Survey of Adult Carers in England (SACE)				
		Denominator	-	-					
		Actual	65%	64%					
		Target	-	-					
		Alert	-	-					
		Trend (vs 2014/15)	-	-					

Measure Description	Polarity (higher is better, or lower is better)	Reporting item	Previous Year 2014/5		Current Year 2015/16				Y/E Target
			LCC Actual	CIPFA Average	Q1	Q2	Q3	Q4	

Adult Frailty, Long Term Conditions and Physical Disabilities

Strategy Lead: Pete Sidgwick

Permanent admissions to residential and nursing care homes aged 65+ (per 100,000 population) (ASCOF 2A (part 2)) **BCF**

	Polarity	Reporting item	LCC Actual	CIPFA Average	Q1	Q2	Q3	Q4	Y/E Target
	↓👍	Numerator	960	tbc	163	432	658	1,019	982
		Denominator	164,075		164,075	164,075	164,075	164,075	
		Actual (per 100,000)	585	705	99	263	401	621	
		Target (Number)	-	-	246	491	737	982	
		Alert	-	-	▲	▲	▲	●	
		Trend (vs 2014/15)	-	-	⇩✔	⇩✔	⇩✔	⇧✖	

% of requests for support for new clients, where the outcome was universal services/ signposted to other services

	Polarity	Reporting item	LCC Actual	CIPFA Average	Q1	Q2	Q3	Q4	Y/E Target
	↑👍	Numerator	20,413	-	4,707	9,605	13,656	21,710	67%
		Denominator	32,278	-	7,087	14,948	21,890	32,382	
		Actual	63%	tbc	66%	64%	62%	67%	
		Target	-	-	64%	65%	66%	67%	
		Alert	-	-	●	●	▼	●	
		Trend (vs 2014/15)	-	-	⇧✔	⇔	⇔	⇧✔	

% of people using the service who have control over their daily life (ASCOF 1B)

	Polarity	Reporting item	LCC Actual	CIPFA Average	Q1	Q2	Q3	Q4	Y/E Target
	↑👍	Numerator	-	-				281	81%
		Denominator	-	-				343	
		Actual	81%	79%	Annaul measure taken from the Adult Social Care Survey (ASCS)			82%	
		Target	-	-				81%	
		Alert	-	-				●	
		Trend (vs 2014/15)	-	-				⇧✔	

% of clients in receipt of long term support who receive a direct payment (ASCOF 1C (part 2a))

	Polarity	Reporting item	LCC Actual	CIPFA Average	Q1	Q2	Q3	Q4	Y/E Target
	↑👍	Numerator	1,525	-	1,396	1,488	1,587	1,952	34%
		Denominator	5,830	-	5,651	5,329	5,330	5,763	
		Actual	26%	29%	25%	28%	30%	34%	
		Target	-	-	28%	30%	32%	34%	
		Alert	-	-	▼	▼	▼	●	
		Trend (vs 2014/15)	-	-	⇔	⇧✔	⇧✔	⇧✔	

Delayed transfers of care; those that are attributable to adult social care or jointly to social care and the NHS per 100,000 population (ASCOF 2C (part 2))

	Polarity	Reporting item	LCC Actual	CIPFA Average	Q1	Q2	Q3	Q4	Y/E Target
	↓👍	Numerator	10	-	18	17	20	30	2.5
		Denominator	590,135	-	590,135	590,135	590,135	590,135	
		Actual	1.7	1.9	3.1	2.8	3.3	5.1	
		Target	-	-	2.5	2.5	2.5	2.5	
		Alert	-	-	▼	▼	▼	▼	
		Trend (vs 2014/15)	-	-	⇧✖	⇧✖	⇧✖	⇧✖	

Adults who have received a review of their needs in the period

	Polarity	Reporting item	LCC Actual	CIPFA Average	Q1	Q2	Q3	Q4	Y/E Target
	↑👍	Numerator	7,678	-	2,311	4,060	5,217	6,623	89%
		Denominator	8,928	-	8,928	8,652	8,568	8,511	
		Actual	86%	-	26%	47%	61%	78%	
		Target	-	-	22%	45%	67%	89%	
		Alert	-	-	▲	●	▼	▼	
		Trend (vs 2014/15)	-	-	⇧✔	⇧✔	⇩✖	⇩✖	

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Policy and Scrutiny

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

Report to:	**Adults Scrutiny Committee**
Date:	**25 May 2016**
Subject:	**Lincolnshire Safeguarding Boards Scrutiny Sub-Group – Update**

Summary:

This report enables the Adults Scrutiny Committee to have an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, in particular the Sub-Group's consideration of adult safeguarding matters. The draft minutes of the last two meetings of the Scrutiny Sub-Group held on 6 January and 6 April 2016 are attached.

Actions Required:

That the draft minutes of the meetings of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, held on 6 January and 6 April 2016 be noted.

1. Background

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

The last meetings of the Sub-Group were held on 6 January and 6 April 2016 and the draft minutes are attached at Appendix A and Appendix B to this report. As the remit of the Adults Scrutiny Committee includes adult safeguarding, the Committee is requested to focus on those minutes from the Sub-Group, which are relevant to this remit.

2. Conclusion

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

3. Consultation

a) Policy Proofing Actions Required

This report does not require policy proofing.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Minutes of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group held on 6 January 2016
Appendix B	Minutes of the Lincolnshire Safeguarding Boards Scrutiny Sub Group held on 6 April 2016

5. Background Papers

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

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

PRESENT: COUNCILLOR C R OXBY (CHAIRMAN)

Lincolnshire County Council: Councillors D Brailsford, S R Dodds, Mrs S Ransome and Mrs M J Overton MBE

Parent Governor: Mrs E Olivier-Townrow

Officers in attendance:-

Dave Culy (Lincolnshire Safeguarding Adults Board Manager), Simon Evans (Health Scrutiny Officer), Caroline Mogg (CSE Co-ordinator) and Andrew Morris (LSCB Business Manager), Catherine Wilman (Democratic Services Officer)

12   APOLOGIES FOR ABSENCE

No apologies were received.

13   DECLARATIONS OF MEMBERS' INTERESTS

No interests were declared.

14   MINUTES FROM THE MEETING OF THE SUB GROUP HELD ON 7 OCTOBER 2015

RESOLVED

That the minutes from the meeting held on 7 October 2015 be approved as a correct record and signed by the Chairman.

15   UPDATE ON THE WORK OF THE LINCOLNSHIRE SAFEGUARDING CHILDREN BOARD AND ITS SUB-GROUPS

Consideration was given to a report which provided the Sub-Group with an update on the work currently being undertaken by the Lincolnshire Safeguarding Children Board (LSCB) and its sub-groups.

It was reported that the Government had recently commissioned an independent review of children's safeguarding which was to be completed by March 2016. A proposal in the review, which was being considered, was to centrally commission Serious Case Reviews. They would use an agreed model/template with local agencies compiling and writing the report.

Some Councillors made it clear that they were against centralisation. The Independent Chair of the LSCB stated that it was clear from discussions that the Government lacked confidence in a number of safeguarding boards and their transparency, across the country.

Members were in agreement that if the format of the reports followed a standard template, there would be benefits. The commissioning of reports centrally, however, would not be successful.

Communications within the LSCB had become an integral part of each team since the Communications Sub Group had been disbanded and this had prompted changes to the arrangements for co-ordinating and issuing press releases.

The Association of Independent Chairs of Local Safeguarding Children Boards had responded to the consultation, as had the Director of Children's Services.

There had been an action plan borne out of the Ofsted inspection in 2014 and Members asked if the Sub-Group should be seeking assurance that the action plan was being implemented. It was reported that the role of LSCB Audit and Policy Officer had been created in order to monitor the implementation of action plans, as well as other responsibilities.

RESOLVED

That the update report be noted.

16   SERIOUS CASE REVIEW

The Sub Group considered a report which provided an update on the work currently being undertaken by the Lincolnshire Safeguarding Children Board, in particular a recently published Serious Case Review.

The Sub Group received a summary of the Serious Case Review from Officers, which had involved a young person taking their own life as a result of online bullying. The Review had taken into consideration the effective strategies around e-safety and bullying prevention currently used in Lincolnshire and had concluded that the death had been unpreventable and unpredictable. The family supported this conclusion.

Questions asked on the item from the Sub Group, confirmed the following information:

- Schools from neighbouring local authorities did not keep the Council updated on children moving into Lincolnshire schools from their area, however, work was being undertaken with schools allowing access for auditing the movement of children;
- In these times of funding cuts to preventative services, the Serious Incident Review Group was a mechanism to track actions following serious case reviews.

RESOLVED

That the report be noted.

17   LINCOLNSHIRE SAFEGUARDING CHILDREN BOARD POLICY
        DEVELOPMENTS

A report was considered which provided an overview of two new policy developments undertaken by the Lincolnshire Safeguarding Children Board which were the Pre-Birth Protocol and working with mobile families.

Work on the Pre-Birth Protocol involved development of the existing policy to ensure more effective use of the Team Around the Child (TAC) and Early Help processes. A section regarding Female Genital Mutilation had been added also.

The recent case of Family Q had prompted the creation of the Mobile Families Guidance, which agencies could also use. Work was also being done with the Department of Work and Pensions to identify transient families, as organising benefits, before moving to a new location was often a priority for people. The voluntary sector for example, community run groups, was also being approached for help with identifying transient families.

Discussion took place regarding children from eastern Europe being taken out of school for visits to their home country and then returning. Officers hoped that this was being raised as a safeguarding issue by the school. Generally, schools were happy to discuss such issues with transient or immigrant families and keep school places available for those children, however, it seemed certain families were not notifying the school of their children's absence in such situations.

It was noted that both the Pre-Birth Protocol and the Working with Mobile Families policies had been approved by the Board and the relevant agencies.

RESOLVED

That the report, policies and comments made be noted.

18   IDENTIFICATION AND PREVENTION OF CHILD SEXUAL EXPLOITATION

Consideration was given to a report which provided the Sub Group with an update on the work undertaken by the Board in relation to Child Sexual Exploitation (CSE).

The Board's CSE Action Plan placed a requirement on all statutory partners to have in place a record flagging system so that they could identify a young person known to them who presented with any concerns of CSE. The partner agencies had agreed to apply the three levels of flags which ranged from Level 1 – identifying vulnerabilities in an individual to Level 3 – at risk of immediate harm.

Work was ongoing to get all agencies to embed CSE Standards in their policies and procedures. To assist this, a number of posters and banners had been designed and produced to raise awareness of CSE and to tie-in with Child Sexual Exploitation Awareness day on Friday, 18 March 2016.

Professionals should only conduct a CSE risk assessment on children they believed were at risk, and not every child they came into contact with. Research had shown that following safeguarding work with a child, their mindset could be changed about why they found exploitative relationships so attractive.

Discussion took place regarding suicide and how to raise awareness of ways to reduce cases of suicide, without encouraging it.

It was highlighted that there was no requirement in schools for staff to have regular safeguarding training. This would be flagged up with Ruth Fox, Safeguarding Children Officer for Education Settings.

RESOLVED

That the report be noted.

19   KEY MESSAGES FROM LINCOLNSHIRE SAFEGUARDING ADULTS BOARD

Consideration was given to a report which updated the Sub Group on the key issues from the Lincolnshire Safeguarding Adults Board (LSAB) held in October 2015.

The Officer summarised the report and the following points were noted:

It was reported that this would be the last meeting of the Sub Group for the LSAB's Independent Chair, Elaine Baylis, who would be stepping down with effect from 1 February 2016. However, Elaine was involved in the selection process for a new Chair, which was underway.

A recent addition to standing agenda items for the Board was the Challenge Log, which was designed to ensure either 'cross member' or 'external to Board' challenges were documented, progressed and concluded in a transparent and appropriate way. It was reported that to date, there had been three challenges received.

Team Around the Adult was being introduced under the prevention strategy. This was part of a piece of work which took the principles achieved by the Children's Board and applied them to an adult context.

Recently a trial programme had been underway within East Lindsey and North Kesteven District Councils looking at working with multi-agencies around supporting individuals through wellbeing programmes and Police Community Support Officers.

There was high quality training available for partner agencies by partner agencies as part of Workforce Development Programme. The Board strongly recommended agencies to take part.

RESOLVED

That the report be noted.

20   SAFEGUARDING ADULTS REVIEWS

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

There were three SARs currently being processed, details of which were in the report and the Sub Group was updated on the progress and current situation of each.

It was noted that the Prevention Strategy and Team Around the Adult would help protect people who relied on exploitative relationships for companionship.

RESOLVED

That the report be noted.

21   LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB GROUP
       WORK PROGRAMME

The Sub Group considered its future work programme, which included the schedule of upcoming Board meetings.

Discussion took place regarding an issue around taxi licensing and any pending convictions of applicants. Under the previous licensing system, the Police (as a consultee) would inform the licensing authority (district councils) whether an applicant had any unspent convictions. This process could sometimes take up to a year to complete. Under the new law which was introduced over 2 years ago, the Police looked at applications on a risk assessment basis to decide whether the licensing authority needed to be informed of a conviction. It was felt that this approach was inconsistent and unsatisfactory. Despite this, Officers felt the issue was outside the jurisdiction of the Safeguarding Adult Board and was a matter for the district councils to resolve.

Sub Group representatives to attend forthcoming Board meetings were agreed upon.

RESOLVED

That the work programme be noted.

The meeting closed at 12.30 pm

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**LINCOLNSHIRE SAFEGUARDING
BOARDS SCRUTINY SUB-GROUP
6 APRIL 2016**

PRESENT: COUNCILLOR C R OXBY (CHAIRMAN)

Lincolnshire County Council: Councillors D Brailsford, S R Dodds, R A H McAuley, Mrs S Ransome and Mrs L A Rollings.

Officers in attendance:-

Chris Cook (Independent Chairman of the Lincolnshire Safeguarding Children Board), Dave Culy (Lincolnshire Safeguarding Adults Board Manager), Barry Earnshaw (Independent Chairman, Lincolnshire Safeguarding Adults Board), Simon Evans (Health Scrutiny Officer), Cheryl Hall (Democratic Services Officer), Caroline Mogg (CSE Co-ordinator), Andrew Morris (LSCB Business Manager) and Jade Sullivan (LSCB Audit and Policy Officer).

22   APOLOGIES FOR ABSENCE

Apologies for absence were received from Councillors Mrs P A Bradwell (Executive Councillor for Adult Care and Health Services, Children's Services) and C Burke (District Council Representative).

The Chairman welcomed to the meeting Barry Earnshaw (Independent Chairman of the Safeguarding Adults Board) who was attending his first meeting in this capacity and Councillor R A H McAuley as a newly appointed Member of the Sub-Group.

23   DECLARATION OF MEMBERS' INTERESTS

No interests were declared at this point in the meeting.

24   MINUTES OF THE LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB GROUP MEETING HELD ON 6 JANUARY 2016

RESOLVED

That the minutes from the meeting held on 6 January 2016 be approved as a correct record and signed by the Chairman, subject to the inclusion of Chris Cook (Independent Chairman of the Lincolnshire Safeguarding Children Board) and Jade Sullivan (LSCB Audit and Policy Officer) in the list of attendees.

25   KEY MESSAGES FROM LINCOLNSHIRE SAFEGUARDING ADULTS
      BOARD

Consideration was given to a report which updated the Sub-Group on the key issues from the Lincolnshire Safeguarding Adults Board (LSAB) held in January 2016.

Members were advised that Barry Earnshaw had recently been appointed to the role as Independent Chairman of the Lincolnshire Safeguarding Adults Board, with effect from 1 April 2016.

Members were also advised that the Safeguarding Adults Review (SAR) Policy and Toolkit was approved by the Board at the January meeting and embedded into practice from 1 March 2016. The new Policy and Toolkit set out the requirements for submission of a Significant Incident Notification, the process which was undertaken to affirm that the notification was an SAR and the requirements from agencies during the review.

It was noted that an item on the Lincolnshire Safeguarding Adults Board three year Strategy would be presented to the Sub-Group at its meeting on 28 September 2016. It was also noted that the Board was currently working on the development of a Prevention Strategy.

In response to a question, Members were advised that safeguarding referrals from care homes would usually be reported via the Safeguarding Team.

Members were assured that similar to the Lincolnshire Safeguarding Adults Board; the Lincolnshire Safeguarding Children Board had a standing item on its agendas for declaration of interests.

RESOLVED

     That the report be noted.

26   SAFEGUARDING ADULTS REVIEWS

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

There were four SARs currently being processed, details of which were in the report and the Sub-Group was updated on the progress and current situation of each.

Members were provided with an opportunity to ask questions in relation to the four SARs and officers responded to those questions raised.

RESOLVED

     That the report be noted.

27   UPDATE ON THE WORK OF THE LINCOLNSHIRE SAFEGUARDING CHILDREN BOARD AND ITS SUB-GROUPS

Consideration was given to a report which provided the Sub-Group with an update on the work currently being undertaken by the Lincolnshire Safeguarding Children Board (LSCB) and its sub-groups.

Members were reminded that that the Government had recently commissioned an independent review of children's safeguarding, which ended in March 2016. A proposal in the review, which the Lincolnshire Safeguarding Children Board had responded to, was to centrally commission Serious Case Reviews.

Some Members reiterated they were against centralisation. The Independent Chair of the LSCB stated that it was clear from discussions that the Government lacked confidence in a certain number of safeguarding boards and their transparency, across the country.

RESOLVED

    That the report be noted.

28   SERIOUS CASE REVIEW - C

RESOLVED

    That this item be deferred to a future meeting.

29   UPDATE ON THE NEW OFSTED INSPECTION FRAMEWORK

Consideration was given to a report which updated the Sub-Group on the work currently being undertaken by the Lincolnshire Safeguarding Children Board for its inspection preparation.

Members were advised that the joint targeted area inspections were an inspection of frontline practice and the leadership and management in relations to multi-agency arrangements. The inspections would be led by Ofsted with parallel inspections of the Police, the Youth Offending Service, the Probation Service, health providers and commissioners through the Care Quality Commission. Members were guided through the timeline for inspections, as detailed on pages 73 – 75 of the report.

Members were assured that any blockages over information sharing were being addressed and it was hoped that full engagement would be achieved by May 2016.

A Member of the Sub-Group sought assurance that an inspector would not be allowed to come into contact with a children without a professional known to the child being present. Officers agreed to take this query forward.

RESOLVED

That the report be noted.

30   LINCOLNSHIRE SAFEGUARDING CHILDREN BOARD POLICY AND
        AUDIT UPDATE

Consideration was given to a report which provided an overview of the policy and audit development of the Lincolnshire Safeguarding Children Board.

Members were advised that the Lincolnshire Safeguarding Children Board co-ordinated the development of safeguarding policy and audit development within Lincolnshire and had a robust governance structure in place to undertake this function.

Members were informed of new policies which had recently been developed; those current policies requiring updates; and entirely new versions of existing policies which were detailed on page 98 of the report. Attached at Appendix A to the report was he Strategic Audit Programme.

A discussion took place regarding the 'who should be involved' column on Appendix A, where a number of inclusions were suggested.

RESOLVED

That the report be noted.

31   IDENTIFICATION AND PREVENTION OF CHILD SEXUAL EXPLOITATION

Consideration was given to a report which provided the Sub-Group with an update on the work undertaken by the Lincolnshire Safeguarding Children Board in relation to Child Sexual Exploitation (CSE).

Members were advised that the STOP CSE campaign was launched on 16 March 2016 to coincide with the national CSE Awareness Day on 18 March 2016. All campaign materials had a link to the dedicated STOP CSE website www.couldbeanyone.org.uk where there was further information about CSE and links to helplines and other resources. Members congratulated officers for the successful launch.

Members were also advised that four new Early Help Workers – CSE Leads had recently been recruited. The workers would be located in each of the four Early Help Teams and would take the lead and co-ordinate all services for those children and young people most at risk of CSE. In response to a question, it was confirmed that these workers could undertake work with schools.

RESOLVED

That the report be noted.

32   LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB GROUP
       WORK PROGRAMME

The Sub-Group considered its work programme for coming meetings, which included the schedule of upcoming Board meetings.

It was confirmed that the item on 'Lincolnshire Safeguarding Children Board Policy and Audit Update' should be added to the work programme as a standing item.

Sub-Group representatives to attend forthcoming Board meetings were agreed upon.

RESOLVED

    That the work programme be noted.

The meeting closed at 3.55 pm.

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

Report to:	**Adults Scrutiny Committee**
Date:	**25 May 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.

Actions Required:

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

(2)   To advise the Health Scrutiny Committee for Lincolnshire that the Adults Scrutiny Committee will continue to monitor delayed transfers of care as part of its quarterly performance monitoring reports.

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.

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

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

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

<u>Status Report</u> - 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.

<u>Update Report</u> - The Committee is scrutinising an item following earlier consideration.

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

2. Conclusion

The Adults Scrutiny Committee is requested to consider and comment on the Work Programme.

3. Health Scrutiny Committee – Delayed Transfers of Care

On 20 April 2016, the Health Scrutiny Committee considered a paper on Urgent Care. The paper covered topics such as local performance against the four hour target for Accident and Emergency. The paper also referred to delayed transfers of care. The Health Scrutiny Committee considered the information and will continue to scrutinise the performance of the local NHS in relation to urgent care. The Health Scrutiny Committee agreed to refer the report to the Chairman of the Adults Scrutiny Committee.

The Committee will recall that the Health Scrutiny Committee had previously requested the Adults Scrutiny Committee, because of this Committee's lead role scrutinising the Better Care Fund, where delayed transfers of care form a significant element, to consider delayed transfers of care in detail. In view of this, the Adults Scrutiny is requested to advise the Health Scrutiny Committee that it will continue to receive quarterly performance reports on delayed transfers of care as part of its monitoring of the Better Care Fund.

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

25 May 2016 – 10.00 am		
Item	**Contributor**	**Purpose**
Lincolnshire Assessment and Reablement Service	Matt Jackson, Regional Director, East and South East England, Allied Healthcare	Status Report
Personal Budgets – Processes and Context	Emma Scarth, County Manager, Performance, Quality and Development Jane Mason, County Manager, Carers	Status Report
Adult Care – Quarter 4 and Full Year - Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny
Minutes of the Safeguarding Scrutiny Sub Group Meetings – 6 January and 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
Adult Care Financial Outturn 2015-16	Steve Houchin, Head of Finance, Adult Care	Budget Scrutiny
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**
Day Centre Visits	Various Committee Members	Status Report
Adult Care ICT Support	Judith Hetherington Smith, Chief Information and Commissioning Officer	Update Report
Adult Care – Quarter 1 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny
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
Minutes of the Safeguarding Scrutiny Sub Group Meeting – 6 July 2016	Catherine Wilman, Democratic Services Officer.	Update Report

19 Oct 2016 – 10.00 am		
Item	**Contributor**	**Purpose**
Service Developments for Carers	Jane Mason, County Manager, Carers Representative from the New Provider.	Update 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
Sensory Impairment Service – Provider Perspective	Representatives from: • 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 12 June	2013 24 July	2013 27 Sept	2013 30 Oct	2013 27 Nov	2014 24 Jan	2014 26 Feb	2014 9 Apr	2014 2 May	2014 4 June	2014 30 Jul	2014 1 Oct	2014 26 Nov	2015 23 Jan	2015 25 Feb	2015 1 Apr	2015 27 May	2015 8 July	2015 9 Sept	2015 28 Oct	2015 9 Dec	2016 22 Jan	2016 24 Feb	2016 6 Apr	2016 25 May
Adult Care – General Strategic Items			✓						✓																
Adult Care Local Account																					✓				
Adult Care Market Position Statement																				✓					
Adult Care Seasonal Resilience																								✓	
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						✓																			
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																		✓							
Personalisation			✓								✓														✓
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
There are currently no items listed in the Executive's forward plan of decision making which relate to the remit of this Committee.					