County Offices
Newland
Lincoln
LN1 1YL

30 August 2016

**Adults Scrutiny Committee**

A meeting of the Adults Scrutiny Committee will be held on **Wednesday, 7 September 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, 7 SEPTEMBER 2016

| | | |
|---|---|---|
| **9** | **Approval for the continuation of a Partnership Agreement with Lincolnshire NHS Partnership Foundation Trust (LPFT) under Section 75 Agreement for Mental Health Act 2006 - Mental Health**<br>*(To receive a report from Justin Hackney, Assistant Director of Social Services – Specialist Adult Services, concerning the Section 75 Agreement for Mental Health Services, which will be considered by the Executive Councillor for Adult Care on 7 September 2016)* | 89 - 102 |
| **10** | **Peer Review for Adult Care in Lincolnshire - Findings**<br>*(To receive a report from Glen Garrod, Executive Director of Adult Social Services, which provides an update to the Committee in relation to the Peer Review for Adult Care in Lincolnshire)* | 103 - 110 |
| **11** | **Adults Scrutiny Committee Work Programme**<br>*(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme for the coming months)* | 111 - 118 |


Democratic Services Officer Contact Details

Name: **Katrina Cope**

Direct Dial **01522 552104**

E Mail Address katrina.cope@lincolnshire.gov.uk


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

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

Contact details set out above.

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

Lincolnshire COUNTY COUNCIL
Working for a better future

**ADULTS SCRUTINY COMMITTEE**
**29 JUNE 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, M A Whittington and Mrs S M Wray

Councillors: Mrs P A Bradwell and C R Oxby attended the meeting as observers

Officers in attendance:-

Ed Baker (Contract Manager, Commercial Team), Alex Craig (Commercial and Procurement Manager, Commercial Team), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director, Adult Social Services), Alina Hackney (Senior Strategic Commercial and Procurement Manager), Justin Hackney (Assistant Director of Specialist Adult Services), Steve Houchin (Head of Finance, Adult Care), Carl Miller (Commercial and Procurement Manager, Commercial Team), Pete Sidgwick (Assistant Director of Adult Frailty and Long Term Conditions), Melanie Weatherly (Chair, Lincolnshire Care Association) and Rachel Wilson (Democratic Services Officer)

10 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors Mrs H N J Powell and Mrs N J Smith.

11 DECLARATIONS OF MEMBERS' INTERESTS

There were no declarations of interest at this point of the meeting.

12 MINUTES OF THE MEETING HELD ON 25 MAY 2016

RESOLVED

That the minutes of the meeting held on 25 May 2016 be signed by the Chairman as a correct record.

It was highlighted that following this meeting, some Members had been aware of additional information in relation to the charging policy of the Penderels Trust for the support they provided recipients of personal budgets, and it was agreed that the Director of Adult Care would provide a briefing note after the meeting to clarify the situation.

13 CHAIRMAN'S ANNOUNCEMENTS

There were no announcements by the Chairman.

14 WORKFORCE ISSUES IN RESIDENTIAL AND NURSING HOMES AND OTHER CARE SETTINGS (INCLUDING DOMICILIARY CARE)

Consideration was given to a report which outlined the key workforce issues experienced by providers of Adult Care in Lincolnshire, and the support which was being offered by LinCA (the Lincolnshire Care Association) to meet the challenges.

LinCa was supported by grant funding from Lincolnshire County Council and had also accessed resources from Skills for Care and Health Education England. Providers were asked to make a contribution to all workshops and training sessions except those which related to safeguarding which were provided free of charge.

Workforce support was available from a variety of sources, which had not historically been co-ordinated. A workforce strategy had been developed in conjunction with the sector and commissioners of the services (both local authority and NHS) to provide a coherent pathway to ensuring that there were *the right people with the right attitudes and skills, in the right place at the right time* to deliver a high standard of care to service users in Lincolnshire.

Melanie Weatherly, Chair of the Lincolnshire Care Association (LinCA), was in attendance at the meeting and updated the Committee on some of the workforce issues being experienced in residential and nursing homes. Some of the points highlighted included the following:

- The sector was very short of registered nurses, particularly those that wanted to work in nursing homes.
- Work was ongoing with year 9 pupils and apprenticeships to encourage more people into the sector. The University of Lincoln was also offering placements in nursing homes.
- This was a work in progress, and it was acknowledged that there would not be 'overnight success' in solving these issues, as there would be a need to work with people over 3/4 years.
- Particularly in the area of home care, there was high demand for part time hours. It was thought this could be in response to other sectors, such as hospitality, cutting staff hours.
- The other significant problem was retention of staff, as once staff had been recruited, it was proving difficult to keep them where they needed to be. However, it was noted that this was a national problem, not just a Lincolnshire problem.
- There was a need for recognition of what the roles involved, as people generally only saw the negative side. It was noted that a home carer was a very responsible job, as people were working on their own with some of the most vulnerable people.
- A number of initiatives had been introduced to help with the retention and recruitment of staff including the introduction of Icare ambassadors who will be

trained to work with schools, colleges and community groups to share their experience of social care.

- If young people could be encouraged into the care sector with the knowledge that there could be a career plan, they may move on to become nurses or work in social care.
- It was reported that two local colleges had been visited, and it had been found that they did not collect information on how many people who studied health and social care actually went into the care sector.
- There was a need to ensure that the right people with the right skills were recruited so that they could be retained, otherwise, people would not be able to be trained to the right level, and the same training would just keep being repeated.
- Members were advised that LinCA were working with health colleagues to examine whether there were any tasks which were done by registered nurses which could be done by care staff instead, such as diabetes care.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report, and the issues highlighted by the Chair of LinCA, and some of the points raised during discussion included the following:

- It was commented that this was a very good initiative and set the foundation for something which needed addressing.
- With domiciliary care, one issue was that people did not like working on their own, and creating more of a team atmosphere could address this.
- This report presented a strong case for occupational training, and it was considered important that Lincolnshire started training more of its own people.
- It was commented that there was a lack of co-ordination and co-operation between schools and colleges.
- It was suggested that if people signed up for training, they should commit to a certain number of years' service in that area.
- There was a need for change in how people viewed vocational work.
- The status of the profession was very important, and school leavers needed to be encouraged to know that choosing a career in care would have opportunity to progress and develop.
- It was thought that it could be beneficial for young people in the care sector could go into schools to speak with pupils about how they make a difference.
- It needed to be emphasised that anyone who was not academic could have a good career in the care sector.
- It was commented that the work which was being done was going in the right direction. However, it was suggested that one of the problems to be overcome was the number of providers who were using zero hour contracts, as people may be put off from applying for posts where zero hour contracts applied. Members were advised that most of the zero hour contracts operated as contracts with paid holiday, sick pay, resembling permanent jobs, or they could be viewed as variable hours contracts. It was noted that it would be difficult to pay guaranteed hours as it was a very variable business, as if people went into hospital they would not require the home care during that time.

- It was queried whether those people who were returning to work were being directed towards the care sector.
- There was a need for confidence in the managers.
- There was a need for the care industry to be more highly regarded.
- It was queried, in light of the EU Referendum result, how many staff had been recruited from the EU work force, and what provisions were being made for their retention. Members were advised that it was not thought that this result would cause any problems in the care sectors; the most likely problems could be the recruitment of nurses, but they would meet the criteria in any points based system. It was reported that 16% of clinical grades were non-UK nationals; and 11% of nursing grades were non-UK nationals. The Chief Executive of the NHS had issued a message of reassurance that these roles in the NHS were still needed and nothing would change immediately and the work was still needed. The greater risk was that clinical grades had choices that other grades did not.
- It was commented that young people were not taught at school to look for a vocation, but to look for rewards. There was a need to make sure that people recruiting were being honest with young people, and working at the 'bottom level' sometimes tipped this work below what was affordable for people.
- There was a need for an attitude change to get the right type of people into this work. Providers were being supported to encourage a values based approach to recruitment to find out what people attitudes were.
- Nurses were difficult to recruit to nursing homes, and there was a need to 'grow our own' as well as 'keep our own' as young people did not tend to want to stay in Lincolnshire.
- It was acknowledged that younger people did need more management, and not all managers had the right skills to deal with this.
- Members were advised that many people were forced to attend recruitment days by the Department of Work and Pensions (DWP) to avoid sanctioning of benefits, and it was acknowledged that the sector could work better with the DWP.
- It was queried what the ratio of male to female staff was, and it was reported that ideally there should be more male workers. Members were advised that officers were aware of this difference, but often service users and their families did not want a male carer.
- It was reported that care providers were flexible in terms of hours could work, so if someone only wanted to work mornings, or afternoons, or were only available one morning per week, they could generally be accommodated. The problems arose when people only wanted to work Monday to Friday.
- It was suggested that LinCA come back to the Committee in a years' time so members could see how the situation developed.

RESOLVED

1. That the information presented on the key workforce challenges and the ways in they were being addressed be noted and the work of the Lincolnshire Care Association promoting careers in care sector, in particular to young people, be supported.

2. That the Committee receive a further update in one year.

15 ADULT CARE 2015/16 OUTTURN

It was reported that the Adult Care Outturn was £145.342m, an underspend of £1.460m against a budget of £146.801m. Members received a presentation which provided more detailed information in relation to the following areas:

- 2015/16 Outturn
- Outturn highlights – Adult frailty & Long term Conditions
- Outturn highlights – Specialist Adult Services
- Outturn Highlights – Safeguarding Adults/carers
- 2015/16 Outturn – planned use of underspend, including a list of eight bids to be submitted for consideration by the Executive and approval y the County Council meeting in September 2016
- Capital strategy
- Better Care Fund

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and presentation, and some of the points raised during discussion included the following:

- It was confirmed that there had not been any financial penalties for not meeting targets.
- It was reported that there were 8 programmes, where there were proposals totalling £1.46 million, which could be funded by carrying forward the underspend. This would be subject to consideration by the Executive and approval by the County Council in September 2016. The Committee was supportive of the bids outlined as part of the presentation.
- It was noted that there had been an underspend on carers, and it was queried whether this was because they were not engaging with the Council as they did not know what support was available to them. Members were advised that the change in spend had been due to changes in the Care Act which changed the eligibility criteria. It was also reported that fewer carers were receiving direct payments. However, the number of carers that the authority was supporting substantially higher in 2015/16 than 2014/15. It was estimated that there were 79,000 carers in Lincolnshire, and of these 7467 were now being supported. There was a very strong emphasis on reaching out to carers in Lincolnshire, and in October 2016 there would be a presentation from Carers First, the County Council's new provider of carers' services. It was noted that performance measurement reflected an element of a 'revolving door', as a certain proportion of clients had returned for the second time as their needs had not been met on the first occasion.
- It was reported that £300,000 had been invested in a family and friends support service for those caring for people with Alzheimer's Disease.
- It was commented that Adult Care budget was stable. The only significant risk was the additional pressure from the national living wage.
- It was requested whether a report linking last year's outturn activity to this years could be made available and it was proposed that this be included as part of the papers submitted to the meeting on 7 September 2016.

RESOLVED

That the comments made in relation to the budget outturn for 2015/16 be noted and the Committee's support for the eight items listed as proposals for use of the underspend totalling £1.46 million be recorded.

16 CONTRACT MANAGEMENT UPDATE

Consideration was given to a report which sought to provide the Adults Scrutiny Committee with an update on the work of the Commercial Team – People Services, with specific reference to the Contract Management of Adult Care Services across all service provision (including Adult Frailty and Long Term Conditions and Specialist Services)

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report, and some of the points raised during discussion included the following:

- It was requested that audit reports relating to Adult Care should also be circulated through the Adults Scrutiny Committee.
- It was commented that contract management was often the weak link in provision of services (however, not necessarily in this authority).
- It was reported that half of the team worked on procurement and other half worked on contract management, so they were very interlinked. It was also reported that there was very close working with legal services, and Legal had an input in all of the procurement process.
- It was confirmed that if a provider was listed as a medium risk, it would be inspected every 6 months to a year, and if it was low risk it would be inspected yearly.
- It was reported that providers would usually address any issues through an action plan as they wanted to work with the local authority. Where progress has been slow, a joint meeting would be held with the lead inspector.
- Contract Officers received information from a number of different sources which could help to identify if there was a problem with any of the providers.
- Members were advised that there would still be robust contract management rules regardless of whether the country would need to follow European procurement rules.
- The range of experience within the Team was mixed, some were from the private sector, some from social care, and some had a legal background.
- Members were advised that an information sharing protocol had been drawn up, but there was an awareness that there would be commercially sensitive information, but the data held in the matrix was available for providers to see.
- Those providers who were high risk were being dealt with, and any areas that were medium risk should have an action plan in place to help them move down to low risk. If there were concerns about any provider, an action plan would be put in place as well as dates when the provider would be reviewed. If insufficient progress had been made, the risk level could be increased and they would receive more monitoring

- Members commented that they found the risk matrix and its thoroughness to be reassuring.
- It was queried whether the authority had any overview of providers' accounts, and what measures were in place to ensure there was no fraud. Members were advised that a providers financial situation would be validated as part of the procurement process. There was also 'soft' intelligence that could be used, as well as being able to see the credit score of certain organisations. If there were additional financial concerns, then the risk level could be raised. It was noted that it was not uncommon for utility companies to contact the authority to report that bills had not been paid.
- It was confirmed that each of the 10 main areas which were used to calculate the risk level did not have the same weighting. It was noted that the weightings could be changed as required, such as to bring in line with any changes in practice etc.. Members were advised that it was planned to procure a more detailed system.
- It was noted that the current system made it very easy to incorporate the 'soft' intelligence and it was hoped that this facility would not be lost in the new system. Members were assured that the new system would also allow this information to be captured.

RESOLVED

That the information presented be noted.

17 DAY CARE SERVICES RE-PROCUREMENT

The Committee was invited to consider a report on Day Care Services re-Procurement which was due to be considered by the Executive Councillor for Adult Care on 2 July 2016. It was reported that day care services aimed to give eligible adults meaningful activities during the day, which may include socialisation, help to learn new skills and work or volunteering activities. In order to meet the needs of eligible adults, the Council utilised both in-house day services provision, and externally contracted day care services.

Members were advised that the current contractual arrangements for external provision of building based day care services for working age adults and older people were a mixture of spot contracts which commenced at different times and contained differing terms and pricing. A number of contracts had reached the end of their terms and did not contain a provision to extend.

There was therefore, a consequent need to undertake a procurement process to establish an appropriate contract mechanism to update and bring consistency to externally contracted day care services across adult care.

Members were provided with the opportunity to ask questions to the officers present in relation to the information contained within the report and some of the points raised during discussion included the following:

- It was commented that the authority did have its own in house provision, which complemented the external provision. There was a need to make sure that there was an even spread of services throughout the county.
- It was commented that it was very difficult in Lincolnshire to secure provision for people in every locality.
- There had been a decision a year ago to allow people to have choice between private provision and what the council could provide.
- It was queried whether this process would produce any savings, and members were advised that it was not anticipated that costs would reduce, but this process was more about standardising provisions. Generally, the services provided were good value and so the main objective was to improve the standards of care.
- It was queried whether this would allow further service users access to facilities, and members were advised that there would be opportunities for new providers to join the framework, and then there would be opportunities for more access to services.
- The eligibility criteria would not change.
- It was noted that there was a capacity cap which was based on the number of staff who were employed. There was not the capacity to allow self-funders to attend county council services.
- This was about buying services on behalf of those people that did want to take their direct payments.
- Those with low to moderate needs would be directed to the Wellbeing Service, part of the Public Health directorate.

(Councillor C R Oxby wished it to be noted that his mother used day care services twice per week)

- It was queried whether this procurement would open up the market, and if there would be a flood of people coming in to provide these services. Members were advised that the authority was not offering any commitment of volume to the providers, and so it was not likely to attract a large number of providers. It was important to ensure that the authority was offering continuity, and service users would not be taken away from existing providers.
- It was commented that this was the final piece of the overhaul of day care services and complimented what was provided by the Council and by others. It was also suggested that once the process was complete, a price list of services available and their cost should be made available and should be promoted.

RESOLVED

1. That the Committee supports the recommendations to the Executive Councillor as set out in the report.

2. That the following additional comments be passed to the Executive Councillor in relation to this item:

    - The Committee believes that this procurement exercise represents the final element of day care provision within Lincolnshire

- The Committee would like to see a list of services from the providers awarded the contracts published on appropriate websites and promoted as widely as possible, so that self-funders, those with moderate needs and others who wish to access respite opportunities have an opportunity to access them.

18 TRANSITIONAL AND REABLEMENT BEDS BLOCK PURCHASE

(Councillor J R Marriott left the meeting at 12.40pm)

The Committee was invited to consider a report on Transitional and Reablement Beds Block Purchase which was due to be considered by the Executive Councillor for Adult Care on 29 June 2016. Members were advised that there was an increasing demand for services alongside challenging market conditions within the Residential Care sector which continued to place increasing pressure on the Council to find sufficient capacity within the usual costs for care and was particularly prevalent in the south of the county.

It was proposed to enter into block purchasing agreements in addition to the existing residential framework agreement that would offer increased and fixed capacity for residential care. By securing such capacity the Council would be in a stronger position to be able to manage increasing demand within existing financial and market based constraints.

It was also reported that it was proposed that this procurement would also be carried out on behalf of health (Lincolnshire's Clinical Commissioning Groups (CCGs)) and Lincolnshire Community Health Services Trust (LCHS) for nursing and non-nursing beds. Approval was also sought for the entering into of an agreement under section 75 of the NHS Act 2006 to create a pooled fund and to enable the Council to act as lead commissioner for health related provision.

Members were provided with an opportunity to ask questions to the officers present in relation to the information contained within the report, and some of the points raised during discussion included the following:

- It was queried how it would be determined who would get which bed with a lot of independent providers. However, members were advised that Lincolnshire County Council would have the 'first pick'.
- There would be evaluation criteria such as geographical location.
- It was noted that the vacancy rate in the county was very low.
- It was reported that the beds would be multi-functional - some would be used for relieving the pressure of delayed discharges, whilst others could be used to prevent admission to hospital.
- Members were advised that there would be time limit on how long a bed could be used for, and any additional support required would be given by LCHS staff. It was not expected that residential care homes would employ additional staff to deliver any therapeutic services.
- In relation to the yearly costs and cumulative costs which were presented on page 131 of the agenda pack, a member queried why there was a 12% increase in costs between 2016/17 and 2017/18. Members were advised that

there were a number of factors such as the impact of the national living wage and demographic increases. Officers offered to meet with the councillor outside of the meeting with finance colleagues to discuss the figures in more detail.

- It was queried whether there was any potential for discounts on empty beds, and it was noted that this would be taken into consideration during the procurement process.
- It was suggested whether it would also be considered to carry some voids to ensure that there was always a bed to offer someone. However, it was thought that the beds would be mostly filled.

RESOLVED

1. That the Committee supports the recommendations to the Executive Councillor as set out in the report.

2. That the following additional comments be passed to the Executive Councillor in relation to this item:

    - The Committee welcomes this procurement, which inevitably supports people/service users to return to settings closer to their own homes, which potentially allows support from their friends and families
    - The Committee is particularly supportive of joint working with NHS colleagues in the procurement exercise
    - The Committee expects the transitional beds to assist in resolving the issues in relation to discharge from acute hospitals and to prevent inappropriate acute admissions.
    - The Committee was assured that the use of beds would not be time limited
    - The Committee explored the rationale for the increase in yearly costs, as set out in the table in paragraph 3.7 of the report
    - The Committee would like to see the number of 'voids' kept to a minimum
    - The Committee would like to emphasise the importance of quality in the procurement process and the potential benefits of the provision of this service.

19 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

The Committee received a report which provided them with an opportunity to consider and comment on the content of its work programme for the coming year.

Members were advised that clarification regarding the visits to day centres would be circulated after the meeting. An e-mail would also be circulated after the meeting to finalise the date for the visit to the Carers First offices in Grantham.

RESOLVED

That the work programme be noted.

The meeting closed at 1.15 pm

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

**Policy and Scrutiny**

| **Open Report on behalf of Glen Garrod, Executive Director of Adult Social Services** | |
|---|---|
| Report to: | **Adults Scrutiny Committee** |
| Date: | **7 September 2016** |
| Subject: | **Visits to Day Centres** |

**Summary:**

Members of the Adults Scrutiny Committee have visited five day centres over the last two months. This item enables the Members to report their findings to the Committee.

**Actions Required:**

(1) To consider the information presented on the visits by members of the Adults Scrutiny Committee to the following day centres:

- Warwick Road, Louth – 8 July 2016
- Virginia House, Louth (Recently identified, refurbishment to begin in January 2017) – 8 July 2016
- The Wong, Horncastle – 8 July 2016
- Scott House, Boston – 11 July 2016
- St John's Day Centre - Grantham – 6 September 2016

## 1. Background

In-House Day Services provide care and support to enable vulnerable adults to achieve assessed needs and the outcomes that are important to them as individuals.

The Committee received a report on 22 January 2016 on the proposed reconfiguration of the Council's in-house day services. The reconfiguration of in-house day services was to improve sustainability but also to improve the overall quality of building provision. At the meeting, the Committee requested that visits were organised for Members of the Committee, once some of the new arrangements had been implemented.

Following the Committee meeting visits to five day opportunities services have been organised, involving five members of the Committee.

## 2. In-House Day Services

**Warwick Road, Louth**

In-House Day services are delivered from two sites in Louth; namely Warwick Road and Ramsgate.

Ramsgate used to be a corner shop; the facility comprises a ground floor with an open space used for activities and relaxation, a galley fitted kitchen leading to a small office, one toilet, and laundry facilities. Whilst people who are supported do use the building base for activities: in the main they access activities and events in the community.

The plan is for Warwick Road and Ramsgate to merge and for both services to be delivered from Virginia House.

Councillors visited Warwick Road, which is a large industrial building on an industrial estate outside of Louth. There are a number of issues regarding health and safety due to where HGVs and cars are parked and the volume of traffic outside of the building.

The building comprises a large open room for activities with a sensory room off the main room; there is no natural light unless the fire door is left open. There are two toilets, and one toilet with shower changing facilities; this is cramped and difficult to access with a wheel chair. The large well-fitted kitchen with seating and windows is a useful room. The small garden outside is used for growing vegetables and there is also room to have BBQs.

This is a small property and the lack of space makes it prohibitive to merge with Ramsgate.

**Virginia House Day, Louth**

This is a former Children's Home. It is currently being used as office space and as a Children's Contact Centre.

The building is due to be vacated in December and it is anticipated that the refurbishment will take approximately three months. Once ready it will accommodate the people who are supported at both Warwick Road and Ramsgate.

The refurbishment will completely modernise the building, this will include a new hygiene suite, a large open space for activities, a fully fitted sensory room, and adapted kitchen for independent living skills. The rooms upstairs will be adapted for a variety of activities including IT opportunities.

There are spacious grounds outside which will be adapted for wheelchair access.

*Councillors Bill Aron, Sarah Dodds and Jane Smith visited the two day centres in Louth on 8 July 2016.*

**The Wong, Horncastle**

The day opportunities service is located in the Old Court House. This comprises a large meeting room with plenty of light, and a few steps and lift up to another reasonably sized room that is used for art and craft work (glass products). There is another smaller room usually used for people with a physical disability, whilst people with a learning disability tend to use the larger room.

There is a small kitchen, toilet and a toilet with changing facilities. LD, PD & OP were merged together in April 2015 and this has been more successful than anticipated. There is a small garden area that is used to grow produce; it also has a seating area.

People who are supported, parent carers and staff, through various engagement events have requested that they use some of the modernisation monies to extend the kitchen so that it can be used for independent living skills, to improve the outside area so that they can get more use from it and to buy more up to date equipment including technology.

*Councillors Bill Aron, Sarah Dodds and Jane Smith visited the Wong Day Centre on 8 July 2016.*

**Scott House, Boston**

Scott House is a single storey gatehouse to the former workhouse that was converted to a day centre in 2002. It has 28 rooms used for a range of activities, there is a reception area with small kitchen facility, a large kitchen with wheel chair adaptions, an IT room, quiet rooms and meeting rooms.

Field Street, Bosscat and the Kirton flat day opportunities have merged and all services are now delivered from Scott House. The change to service delivery has been extremely successful. This has been helped by the enthusiasm of the staff, and also each person who is supported has had an individual transition plan to ensure that they were fully prepared for the move. In consequence they have fully embraced the move and are enjoying a greater range of activities and opportunities.

The working group at Scott House have proposed using modernisation money to buy extra equipment, including technology to improve IT skills, and to erect a workshop in the grounds so that woodworking skills can continue.

*Councillor Helen Powell visited Scott House on 11 July 2016.*

**St John's Day Centre, Grantham**

The building is on three stories with quite small rooms. There is a lift. The building feels old, depressed, and downstairs has no natural light and it is damp. The middle room with the entrance is small with some tables and chairs and a kitchen area, with a toilet that opens into the kitchen area. The building also has shared access with another organisation that uses the other half of the building via a staircase.

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

The day opportunities Project Board are working closely with the property team to identify a better facility. Once identified the Board will submit a business case to DMT.

*Councillors Helen Powell and Sue Wray are due to visit to the St John's Day Centre on 6 September 2016.*

## 3. Conclusion

A report with proposals for the modernisation of day opportunities was submitted to Glen Garrod, Cllr Bradwell and Cllr Oxby in August 2015. The recommendations were agreed and since then the following events and developments have taken place:

1. Consultation events at Skegness and Boston involving people who are supported, where appropriate their parent carers, staff and managers.
2. Engagement events at the remaining 12 day opportunities facilities? to discuss the modernisation programme and to establish working groups comprising people who are supported, where appropriate parent carers, and staff.
3. The working groups meet regularly and have been asked to:
    - Develop ideas for new equipment and activities.
    - Identify building work that will be required
    - Identify cosmetic improvements that are required
    - Identify what is required to increase the range of activities
    - Develop the use of technology including Wi-Fi connection at each service
4. The Project Board oversee and monitor the way the modernisation money is being used.
5. Building work has been agreed at several of the centres.
6. The Architect's plans for Virginia House have been agreed.
7. A training programme is currently being prepared for staff to help develop their skills.

## 4. Policy Proofing Actions Required

This report does not require policy proofing.

## 5. Background Papers

Review of In-House Day Services report to Adults Scrutiny Committee on 22 January 2016.

The report was prepared by Barbara Simpson, who can be contacted on: 07939265782 or at bsimpson.ltd@gmail.com.

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL

**Policy and Scrutiny**

| **Open Report on behalf of Glen Garrod, Executive Director of Adult Social Services** | |
|---|---|
| Report to: | **Adults Scrutiny Committee** |
| Date: | **7 September 2016** |
| Subject: | **2016/17 Quarter 1 Performance** |

**Summary:**

The report provides an update on 2016/17 Q1 performance of the Adult Care Council Business Plan measures within the four Commissioning Strategies. The report also gives an update on the progress of the Better Care Fund with reference to Health and Social Care metrics.

**Actions Required:**

The Adults Scrutiny Committee is requested to consider and comment on the report and the Adult Care Infographic report in Appendix A, and the Better Care Fund performance report in Appendix B.

## 1. Background

Adult Care activities are arranged under the following four commissioning strategies:

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

Each strategy is monitored using outcome-based measures included in the Council Business Plan (CBP) to evaluate the effectiveness of services provided to adults and their carers.

Three annual and three biennial survey-based measures used to monitor performance will not be reported to the Adults Scrutiny Committee for the first three quarters of the year, but will feature in the last quarter when the surveys has been conducted.

In lieu of delays in the publication of national benchmarking information, which is used to inform target setting each year, it was agreed that the 2016/17 targets would stand, but may need to be reviewed at a later date once the national information is available. It was also agreed that the delayed transfers of care

attributable to Social Care measure, from the Adult Frailty and Long Term Conditions strategy, has been removed from the Council Business Plan, as it was felt by members that this measure is not indicative of the extent of the pressure experienced in the health sector at present. Instead, the Better Care Fund monitoring report will be appended to this report to give better visibility of the health system and Adult Care's contribution to reducing the pressure.

**Adult Care Performance by Strategy**

**Safeguarding**

Safeguarding is about people and organisations working together to protect an adult's right to live in safety, free from abuse and neglect, whilst at the same time promoting wellbeing. 'Making Safeguarding Personal' is integral to the service, so before any action is taken, professionals pay due regard to the views, wishes, feelings and beliefs of the people at risk.

The Safeguarding strategy has been performing well in Quarter 1 with 100% of people who have been assessed as lacking mental capacity being supported by an advocate, either by a friend or family or an independent advocate if the person does not have the social support network. This is important step in making safeguarding personal and ensuring that everyone can have their views and wishes listened to.

The Safeguarding service has a duty to address issues with providers if they arise. In less than 2% of cases, a service provider was alleged to be the source of risk. This has reduced from 5% in 2015/16. This gives an overall indication of the improvement in the 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. Just under half of enquiries resulted in the risk being reduced or removed, which has come down from 65% in 2015/16. Risk reduction cannot be used in isolation to evaluate the effectiveness of the interventions, as the service primarily endeavours to ascertain the person's wishes, and support centres around empowering people to manage their own risk, and to respect their wishes.

So far this year, there have been 900 safeguarding concerns received by the authority, which is broadly consistent with the volumes per month in the previous year. A new Safeguarding procedure has been introduced to help with triage and direct the work more efficiently to the most appropriate investigators; to the Safeguarding Team to co-ordinate, to providers, or to the Commercial and Quality Teams where there are more general and/or lower level practice concerns.

**Specialist Adult Services**

This strategy incorporates the commissioning and provision of social care support for three different groups of people with complex needs who require specialist services; learning disabilities, Autism Spectrum disorders, and adults with a mental health need. The Learning Disability service is commissioned jointly by the council and the clinical commissioning groups with a pooled budget that is held by LCC. It is managed via a Section 75 agreement with Health, as is the Mental Health service. The Lincolnshire All Age Autism Strategy (launched in 2015) is also a joint strategy but includes other stakeholders.

Overall, this strategy has performed well in Quarter 1, particularly with respect to improvements in the proportion of learning disability and mental health clients who are living independently with family and friends. Both measures have seen improvements since 2015/16.

The direct payments measure has been amended for 2016/17 to focus on direct payments provided to clients with a learning disability or a mental health need. Previously the measure only counted direct payments for learning disability clients. Direct Payments for people under the Specialist Adults Strategy are almost at saturation point, particularly in the Learning Disability service where almost two thirds of clients are supported in the community with a managed personal budget service. The high cost and complexity of these peoples' needs make it difficult to convert their packages to a direct payment. However, a high proportion of young adults transferring from Children's Services into Adult Caremove into the community, many of which receive a direct payment.

In a similar trend to 2015/16 Quarter 1, 18% of current clients have received a review of their needs in the period. Although below target this is to do with how annual reviews have been scheduled throughout the year, with the bulk of reviews in the latter half of the year. Performance is expected to recover as we progress through the year, but there is a risk that the implementation of Mosaic may impact on this recovery. One of the many benefits that will result from Mosaic, is that reviews can be re-scheduled more evenly throughout the year.

**Carers**

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

In Quarter 1, the Council welcomed Carers FIRST as a new Carer Services provider, to work alongside the Serco Carers Service to improve the offer for carers for as long as they need it. They will shortly be launching a marketing campaign to increase the awareness of carers and the service around the county, and will be our strategic partner for engaging with carers and developing support services. The new contract has provided the opportunity to ensure services have an increased focus on early help and prevention whilst helping us to meet our duties under the Care Act 2014 and Children and Families Act 2014.

Over 8,000 carers have been supported over the last 12 months, and currently about half of carers are having their needs met with information and advice. In part, this is down to being able to identify more carers who have been included and considered in the Adult Care assessment of the person they care for.

Although the realigned Care Act eligibility criteria for support has led to fewer carers being eligible for support, all carers are able to access a range of 'universal' services organised by Carers FIRST including information and advice, emotional support, advocacy and signposting to other community support.

Whilst the number of carers with a direct payment has reduced since last year, the proportion of eligible carers who receive one has increased significantly to over 90%. This is a reversal of the downward trend experienced last year, where this measure was at 47%. This improvement is a result of a range of factors including a change in the Carers Service model, the Care Act national threshold being introduced, and the validation of carer records on the system completed during the transition phase to the new provider. Fewer carers are eligible for funded support, but services are now more efficiently geared towards prevention, which means more carers can benefit from the 'universal' support. Carers who are eligible for funded care, often receive a significantly higher direct payment than they have done in the past.

A measure has been developed to evaluate the preventative element of the strategy relating to service provided to carers to help sustain the independence of the person they care for, and reduce their dependence on funded services. In Quarter 1, 72% of carers supported are caring for people who are not a client of Adult Care. This is a slight improvement on 2015/16 performance, as more carers are receiving lower level support.

**Adult Frailty and Long Term Conditions**

The purpose of this Commissioning strategy is to outline the local authority's intentions in Adult Care Commissioning for Adult Frailty and Long Term Conditions across Lincolnshire. The key commissioning intentions focus on supporting people to live in their own homes for as long as they wish by developing high quality, personalised services that are flexible, responsive and give people choice and control over how their care and support is provided.

Performance in Quarter 1 has been mixed for this strategy. Almost 7,000 requests for support have been received, and consistently two-thirds of people are being 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. Furthermore, repeat requests have fallen which implies that people's needs are being dealt with efficiently the first time around. The ultimate aim is to manage demand and reduce and/or delay the need for longer term care and support.

Direct Payments have been shown to give people choice and control, improve outcomes and have a positive effect on well-being. The position with direct payment provision is fairly static at present. New direct payments set up since March 2016 have been offset by closing direct payments that are no longer being provided and have therefore been closed. This is a result of the validation work that has been carried out for system migration purposes. There is growth in direct payments for older people, where 50 new direct payments have been provided in the last three months.

There was an unusually high number of care home admissions in May which has put early pressure on our ability to meet the year-end target of 982 admissions. At the end of Quarter 1, there were 260 admissions, which is 6% higher than expected and just outside of the +/- 5% target tolerance.

Early review performance is on track for achieving the year-end target of 89%. However, as mentioned for the equivalent measure in the Specialist Adult Services strategy, the impact of the Mosaic implementation on social work activities does present a risk to review performance.

**The Better Care Fund**

Performance within the Better Care Fund Programme (BCF) is monitored using four national metrics, and two local metrics, agreed by the Clinical Commissioning Groups and the local authority. The sector have collectively committed to reduce the number of non-elective admissions to hospital, reduce unnecessary delays in hospital, improve the experience of patients and to support people in their local communities for longer.

In Quarter 1 there have been some promising signs of improvement, although more time is needed to determine if the various funded schemes are proving fruitful. Non-elective admissions to hospital were 2% lower than the corresponding quarter from the previous year. The target was for a 2.7% reduction, so the target was not achieved. However the reduction achieved equates to about 400 admissions and a resulting financial saving equivalent to almost £600k.

Despite not hitting the Quarter 1 target, this was the first reduction in non-elective admissions for 12 months and is a good indication of progress.
Nationally there has been an upward trend in the number of patient days unnecessarily delayed in hospital. There were a total of 2,985 delayed days in June for patients with unnecessary delays in acute and non-acute beds, the lowest monthly total so far. In total, there were 9,218 delayed days in the quarter, which is 1% higher than the target for the quarter, and 33% higher than the same quarter in 2015/16. Non-acute delays continue to creep up as a proportion of all delayed days and make up 43% of delayed days, up from 32% in the previous quarter. NHS delays have stabilised at 67% of all delayed days, as have Social Care delays currently at 24%. The most common delay reasons, accounting for two-thirds of delays are awaiting a package in the community, awaiting a care home placement, and awaiting further NHS non-acute care. It should also be noted that assessment delays as a reason have reduced to 13%, which is almost half the position in

Quarter 4 of 2015/16. Half of delayed days are in the United Lincolnshire's Hospital Trust, which is a reduction from 63% in the previous quarter. There is a marked increase in delayed days in the Lincolnshire Partnership Foundation Trust, which has experienced almost three times the number of delayed days compared to the previous quarter

The admissions to residential care for older adults measure is also included in the BCF monitoring, and the higher than usual admissions in Quarter 1 have been explained previously under the Adult Frailty strategy.

Patient experience is also an important feature of the BCF's success. Results of the GP patient survey, available later in the year will indicate whether or not patients feel more or less supported to manage their long term conditions at home. Performance in 2015/16 was 63% 'feeling supported' against a target of 64%. The 2016/17 target has been set at 66%.

## 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 | Adults Council Business Plan Performance Report Q1 2016.17 |
| Appendix B | Better Care Fund Performance Report Q1 2016.17 |

## 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.

Lincolnshire COUNTY COUNCIL
Working for a better future

## Communities are safe and protected

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

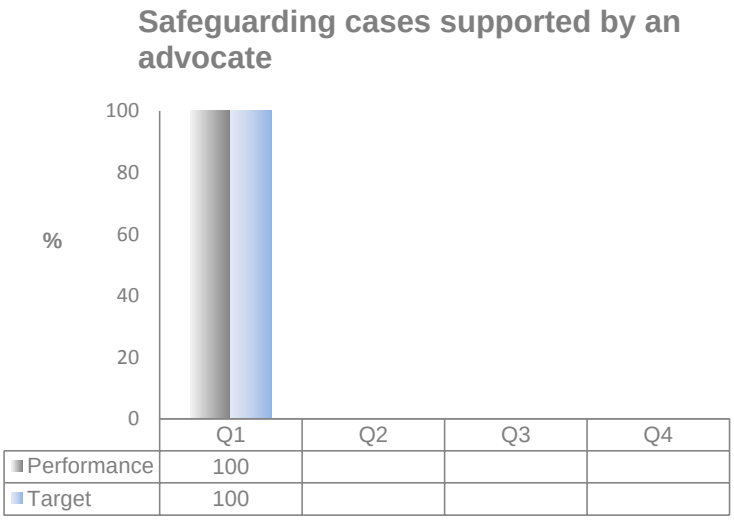
# Safeguarding cases supported by an advocate

This measure identifies the proportion of concluded safeguarding referrals where the person at risk lacks capacity and support was provided by an advocate, family or friend.
An advocate can include:-
* An Independent Mental Health Advocate (IMHA);
* An Independent Mental Capacity Advocate (IMCA); or
* Non-statutory advocacy, family member or friends.
Numerator: Number of concluded safeguarding referrals where the person at risk lacks capacity where support was provided by an advocate, family or friend
Denominator: Number of concluded safeguarding referrals.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

Achieved

100.0
%
Quarter 1 June 2016

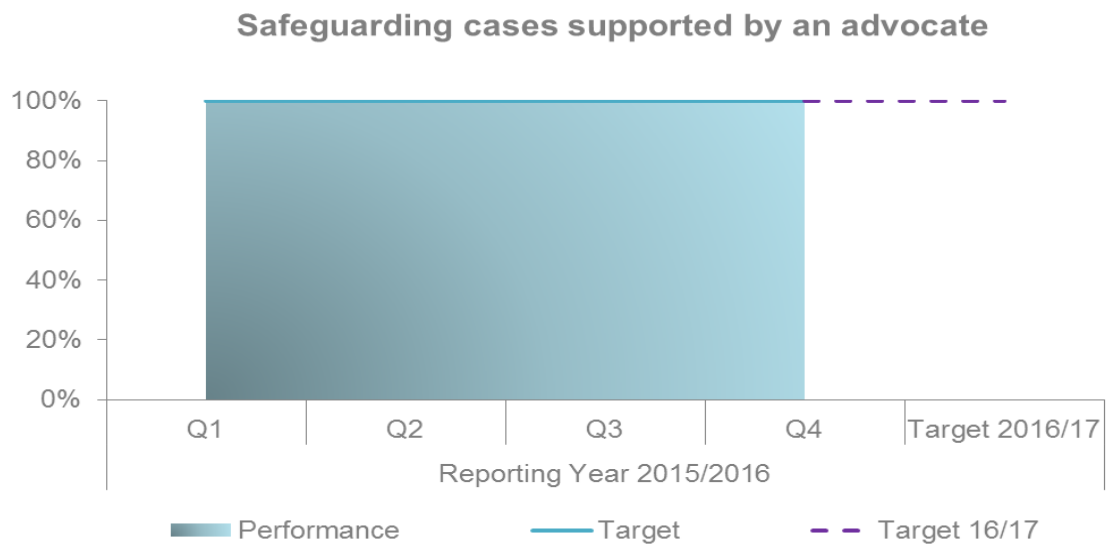
100.0
%
Target for June 2016




About the latest performance

After tidying up some recording issues, for Quarter 1 it has been confirmed that 100% of people who were identified as lacking capacity as part of the Safeguarding process, were supported by an advocate. This ensures that all victims have the opportunity to share their views and wishes.

Further details




| | Reporting Year 2015/2016 | | | | |
|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Target 2016/17 |
| **Performance** | 100.00% | 100.00% | 100.00% | 100% | |
| **Target** | 100.00% | 100.00% | 100.00% | 100.00% | 100% |

About the target

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

About the target range

This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Lincolnshire COUNTY COUNCIL
Working for a better future

## Communities are safe and protected

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

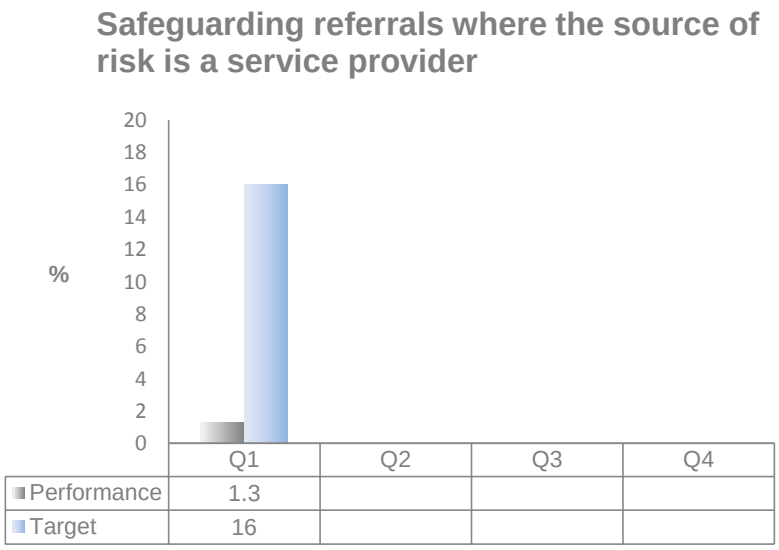
# Safeguarding referrals where the source of risk is a service provider

This measure records the proportion of safeguarding referrals where 'source of risk' is a 'service provider'.
Numerator: Number of safeguarding referrals where the 'source of risk' is a 'service provider'.
Denominator: Number of safeguarding referrals.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

✓ Achieved

**1.3**
%
**Quarter 1 June 2016**

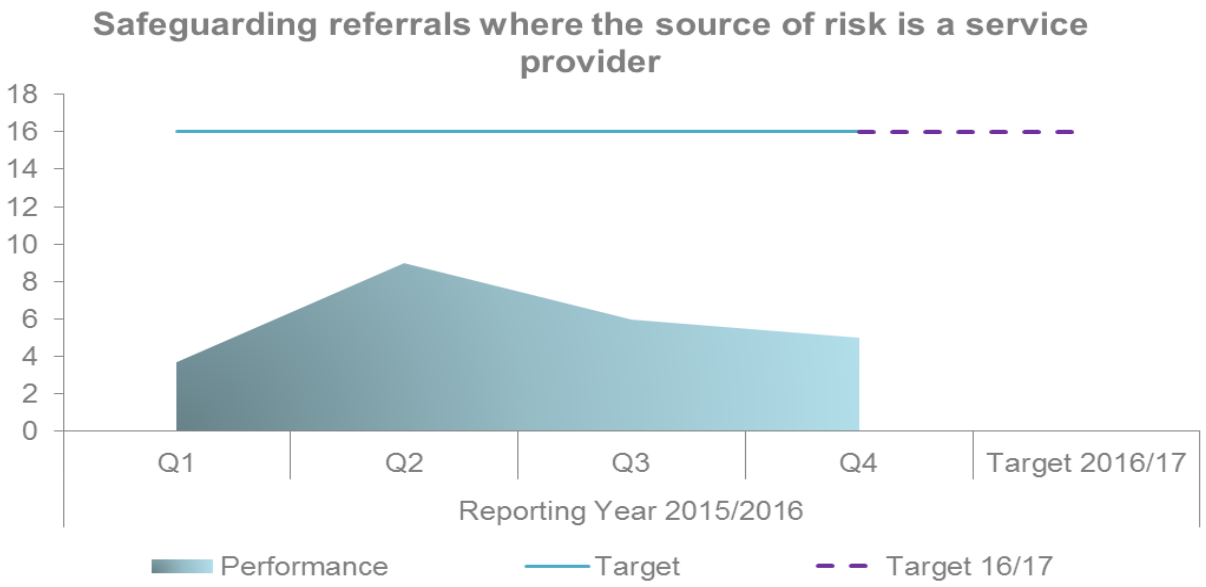
**16.0**
%
**Target for June 2016**




### About the latest performance

This measure is populated using the Safeguarding Adults collection data for completed enquiries in the period. It relates only to higher level enquiries led by the authority. In reality, many more enquiries relate to a provider but these are more often than not delegated back to the provider to investigate and resolve locally.

Further details




| | Reporting Year 2015/2016 | | | | |
|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Target 2016/17 |
| **Performance** | 3.7 | 9.0 | 6.0 | 5.0 | |
| **Target** | 16.0 | 16.0 | 16.0 | 16.0 | 16.0 |

About the target

Targets are based on trends and Chartered Institute of Public Finance and Accountancy (CIPFA) group averages.

About the target range

This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

Benchmarking data for this measure is not available

Lincolnshire COUNTY COUNCIL
Working for a better future

## Communities are safe and protected

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

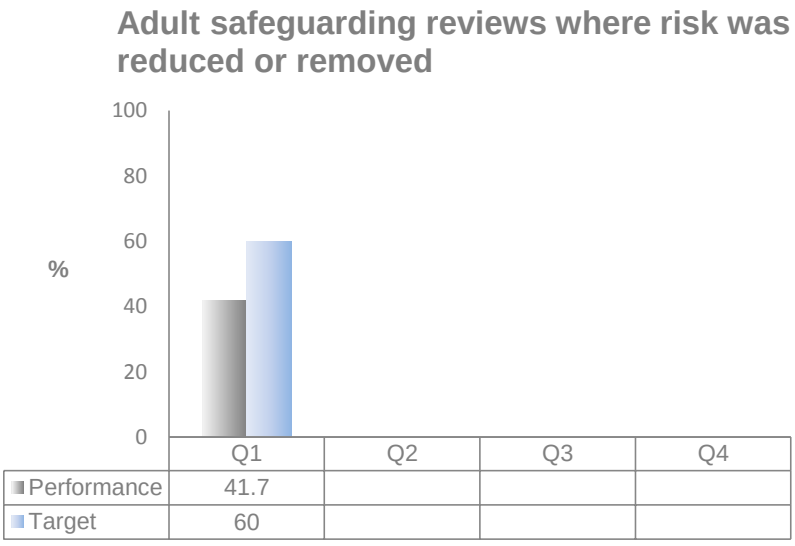
# Adult safeguarding reviews where risk was reduced or removed

This measure records the proportion of completed (and substantiated) safeguarding referrals where the risk was reduced or removed.
Numerator: Number of completed (and substantiated) safeguarding referrals where the risk was reduced or removed.
Denominator: Number of safeguarding referrals.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

✕ Not achieved

41.7
%
Quarter 1 June 2016

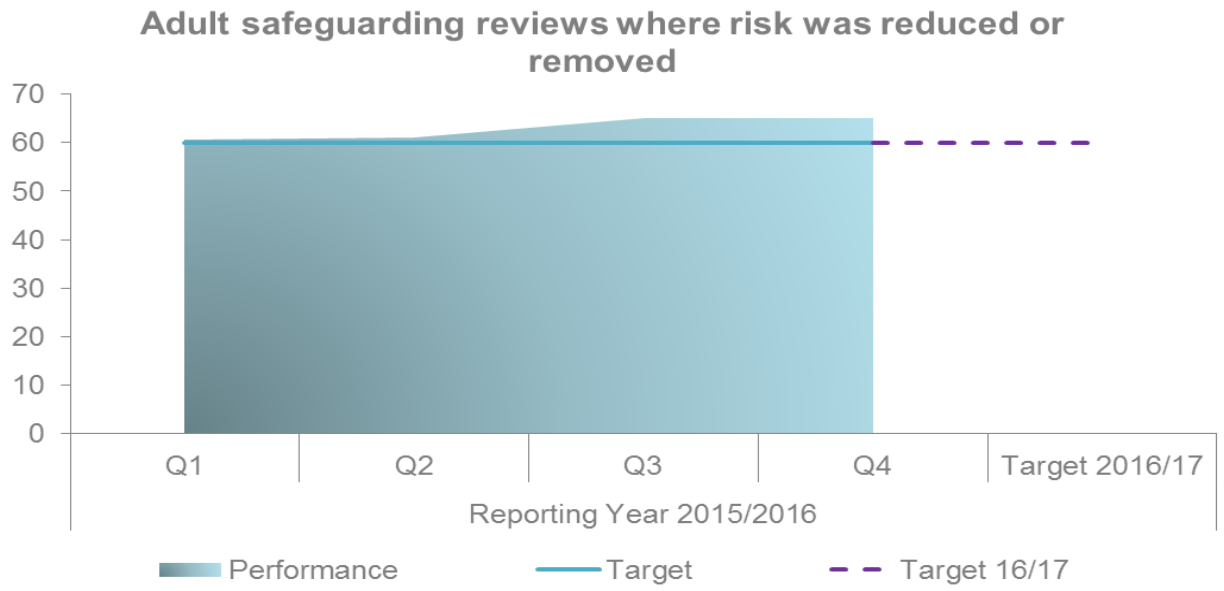
60.0
%
Target for June 2016




### About the latest performance

One element of assessing the effectiveness of the safeguarding intervention is to monitor whether the risk has been reduced or removed. For 42% of enquiries, this has been the case, which is below the 60% target. However, safeguarding is about empowering people to manage their own risk and respect their wishes.

Further details




| | Reporting Year 2015/2016 | | | | |
|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Target 2016/17 |
| **Performance** | 60.6 | 61.0 | 65.0 | 65.0 | |
| **Target** | 60.0 | 60.0 | 60.0 | 60.0 | 60.0 |

About the target

Targets are based on trends and Chartered Institute of Public Finance and Accountancy (CIPFA) group averages.

About the target range

This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

Benchmarking data for this measure is not available

## Health and Wellbeing is improved

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

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

The measure shows the proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family.
Individuals 'known to the council' are adults of working age with a learning disability who received long term support during the year.
'Living on their own or with family' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance, because they own the residence or are part of a household whose head holds such security.
Numerator: Of those adults who received long-term support with a primary support reason of learning disability, those who are recorded as living in their own home or with their family within the current financial year.
Denominator: Adults who received long-term support during the year with a primary support reason of learning disability.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

✓ Achieved

74.9

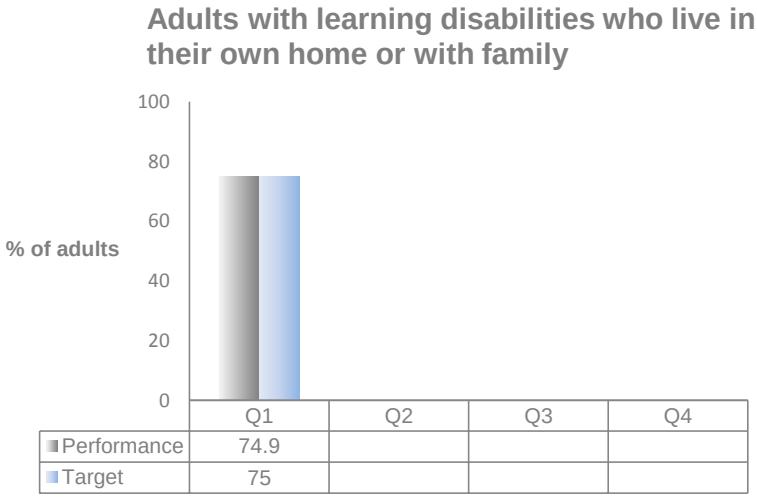
% of adults

**Quarter 1 June 2016**

75.0

% of adults

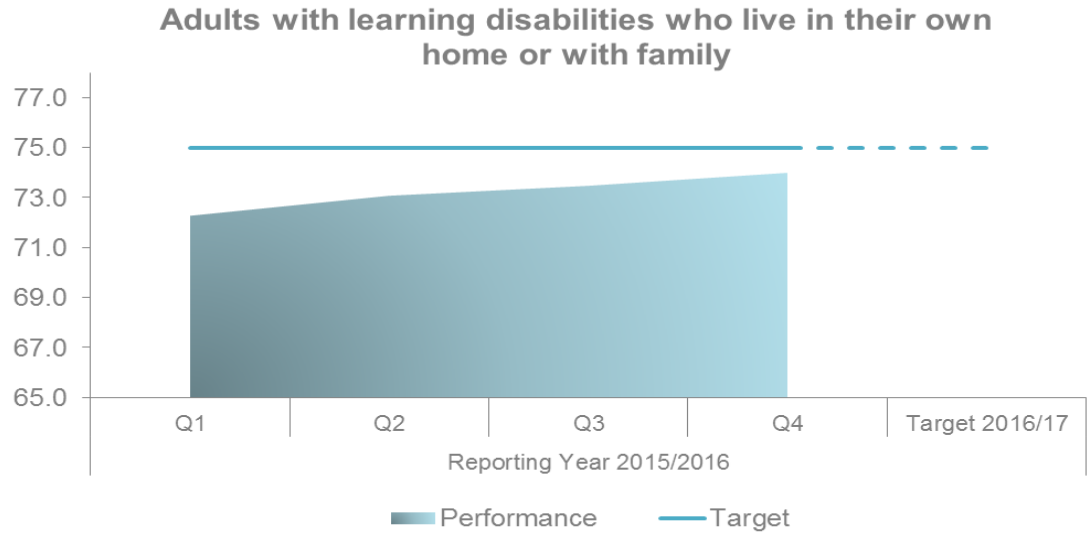
**Target for June 2016**



## About the latest performance

The measure is intended to improve outcomes for adults with a learning disability by demonstrating the proportion in stable and appropriate accommodation. The nature of accommodation for people with a learning disability has a strong impact on their safety and overall quality of life and the risk of social exclusion. However, it should be recognised that outcomes for people with complex needs can be improved in a residential setting. There has been a slow and steady improvement in the proportion of adults living at home or with family since March 2016. The only people now classed as 'unsettled' are in a care home setting. Also, a higher proportion of new clients in the year are living at home or with family with fewer admissions to residential care.

## Further details




| | Reporting Year 2015/2016 | | | | |
|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Target 2016/17 |
| **Performance** | 72.3 | 73.1 | 73.5 | 74.0 | |
| **Target** | 75.0 | 75.0 | 75.0 | 75.0 | 75.0 |

## About the target

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

## About the target range

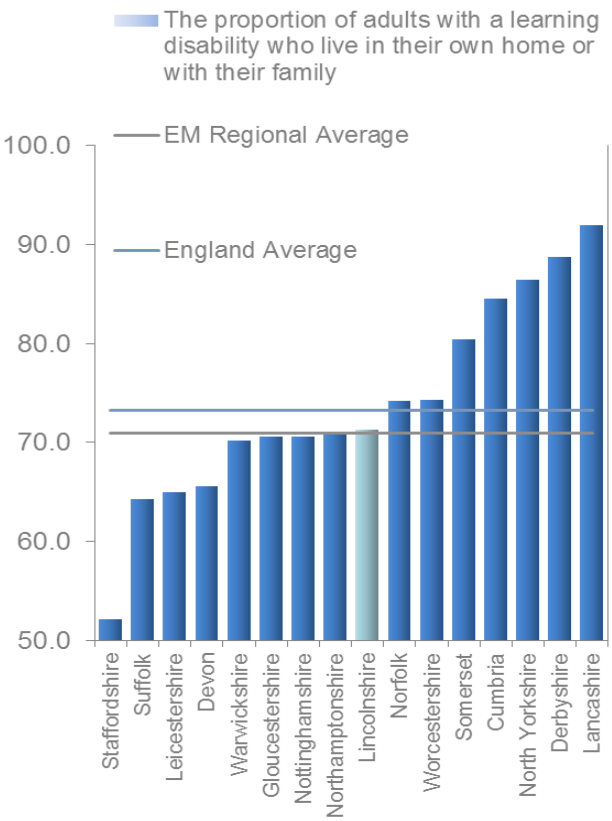
This measure has a target range of +/- 5% based on tolerances used by Department of Health

## About benchmarking

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

**Adults with learning disabilities who live in their own home or with family CIPFA Comparators 2014/15**

| | *Numerator | **Denominator | ***Outcome |
|---|---|---|---|
| Staffordshire | 890 | 1,705 | 52.2 |
| Suffolk | 1,110 | 1,730 | 64.3 |
| Leicestershire | 795 | 1,225 | 65.0 |
| Devon | 1,025 | 1,565 | 65.6 |
| Warwickshire | 770 | 1,095 | 70.2 |
| Gloucestershire | 915 | 1,295 | 70.6 |
| Nottinghamshire | 1,430 | 2,025 | 70.6 |
| Northamptonshire | 1,140 | 1,605 | 71.1 |
| **Lincolnshire** | **1,070** | **1,500** | **71.3** |
| Norfolk | 1,710 | 2,305 | 74.2 |
| Worcestershire | 950 | 1,275 | 74.3 |
| Somerset | 1,190 | 1,480 | 80.4 |
| Cumbria | 1,025 | 1,210 | 84.6 |
| North Yorkshire | 1,305 | 1,505 | 86.5 |
| Derbyshire | 1,690 | 1,900 | 88.8 |
| Lancashire | 2,670 | 2,900 | 92.0 |
| **EM Regional Average** | **34,975** | **49,240** | **71.0** |
| **England Average** | **91,080** | **124,230** | **73.3** |




*Number of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family

**Number of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support

***Proportion of working age (18-64) service users who received long-term support during the year with a primary support reason of learning disability support, who are living on their own or with their family (%)

## Health and Wellbeing is improved

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

## Adults in contact with secondary community health teams living independently

The measure shows the percentage of adults receiving secondary mental health services living independently at the time of their most recent assessment, formal review or other multi-disciplinary care planning meeting.
Adults 'in contact with secondary mental health services' is defined as those aged 18 to 69 who are receiving secondary mental health services and who are on the Care Programme Approach (CPA).

'Living independently, with or without support' refers to accommodation arrangements where the occupier has security of tenure or appropriate stability of residence in their usual accommodation in the medium-to-long-term, or is part of a household whose head holds such security of tenure/residence.

Numerator: Number of adults aged 18-69 who are receiving secondary mental health services on the Care Programme Approach recorded as living independently (with or without support).
Denominator: Number of adults aged 18-69 who have received secondary mental health services and who were on the Care Programme Approach at the end of the month.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

**Achieved**

57.70

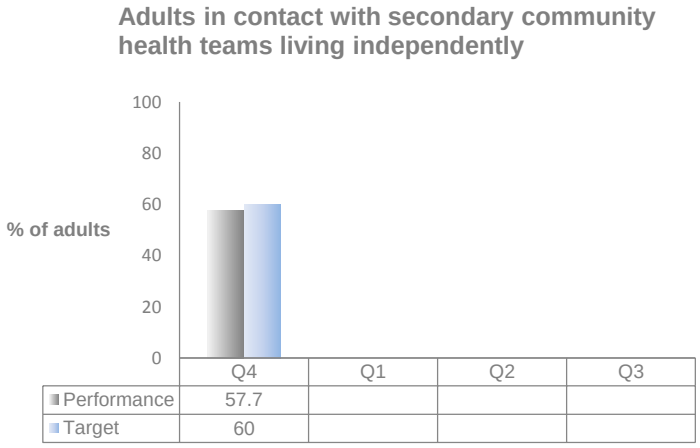
% of adults

**Quarter 4 March 2016**

60.00

% of adults

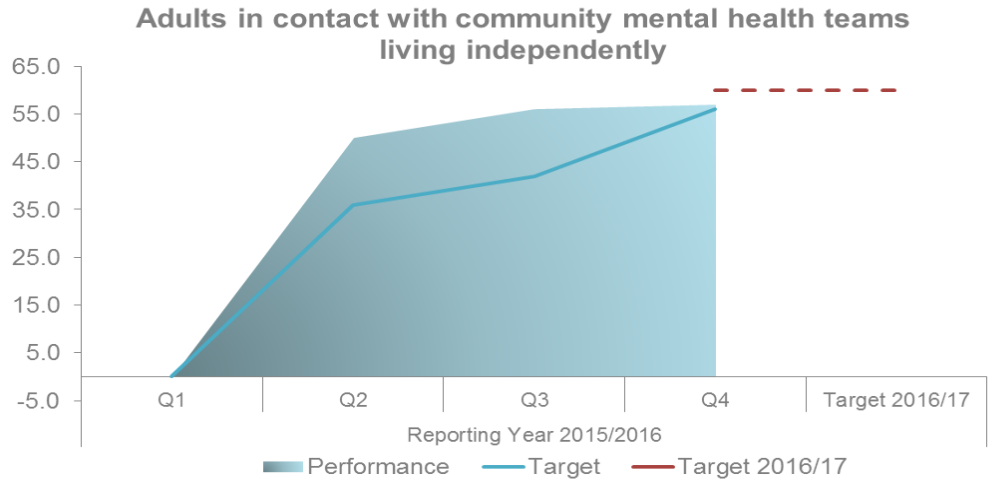
**Target for March 2016**




About the latest performance

Data comes from the published Mental Health Minimum dataset which is collected and reported by NHS Digital (formerly the Health and Social Care Information Centre). Figures quoted for Q1 2016-2017 are the latest available (March 2016).

## Further details




| | Reporting Year 2015/2016 | | | | |
|---|---|---|---|---|---|
| | **Q1** | **Q2** | **Q3** | **Q4** | **Target 2016/17** |
| **Performance** | Not reported | 50.0 | 56.0 | 57.0 | |
| **Target** | Not reported | 36.0 | 42.0 | 56.0 | 60.0 |

## About the target

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

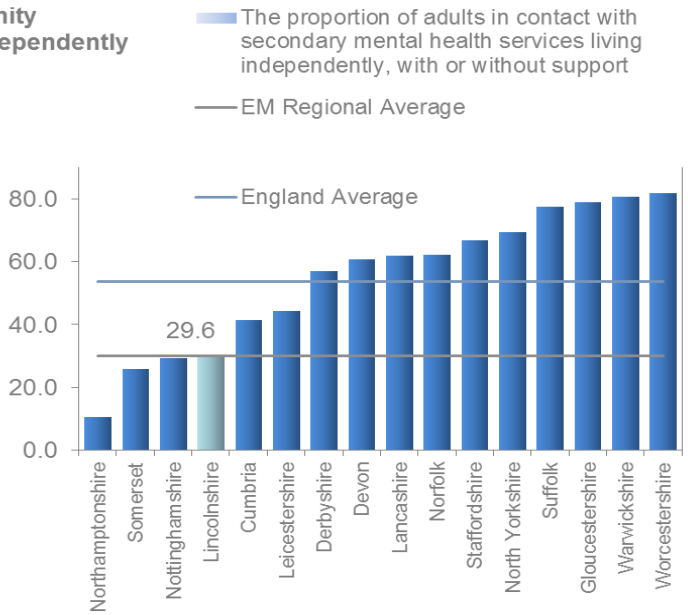
## About the target range

This measure has a target range of +/- 5% based on tolerances used by Department of Health

## About benchmarking

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

**Adults in contact with community mental health teams living independently CIPFA Comparators 2014/15**




| | *Outcome |
|---|---|
| Northamptonshire | 10.6 |
| Somerset | 26.0 |
| Nottinghamshire | 29.4 |
| ***Lincolnshire*** | ***29.6*** |
| Cumbria | 41.5 |
| Leicestershire | 44.5 |
| Derbyshire | 57.1 |
| Devon | 60.9 |
| Lancashire | 62.1 |
| Norfolk | 62.3 |
| Staffordshire | 66.8 |
| North Yorkshire | 69.6 |
| Suffolk | 77.4 |
| Gloucestershire | 79.1 |
| Warwickshire | 80.6 |
| Worcestershire | 81.8 |
| ***EM Regional Average*** | ***33.5*** |
| ***England Average*** | ***59.7*** |

*Proportion of working age adults (18-69) who are receiving secondary mental health services and who are on the Care Programme Approach (CPA) at the end of the month, who are recorded as living independently (with or without support) (%)

Lincolnshire COUNTY COUNCIL
Working for a better future

## Health and Wellbeing is improved

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

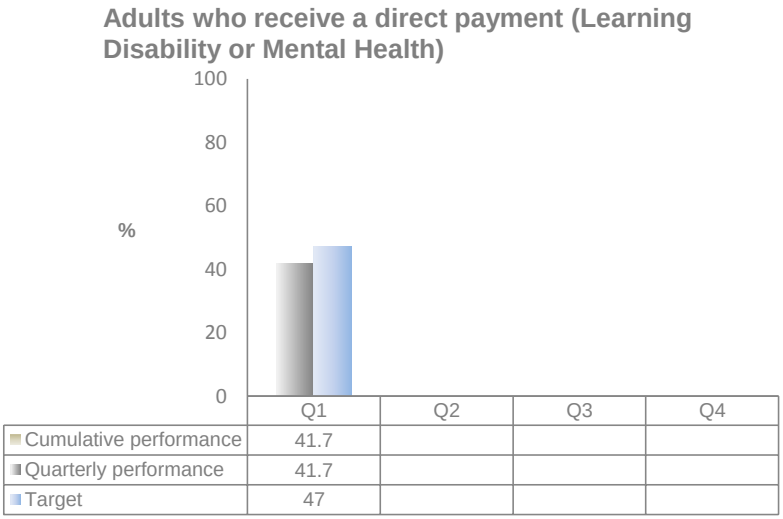
## Adults who receive a direct payment (Learning Disability or Mental Health)

This measure reflects the proportion of people using services who receive a direct payment.
Numerator: Number of Learning Disability and Mental Health service users receiving direct or part direct payments.
Denominator: Number of Learning Disability and Mental Health service users aged 18 or over accessing long term support.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

✕ Not Achieved

41.7
%
**Quarter 1 June 2016**

47.0
%
**Target for June 2016**



About the latest performance

This measure has been amended for 2016/17 to focus on direct payments provided to clients with a learning disability or a mental health need. Previously the measure only counted direct payments for learning disability clients. Direct Payments for people under the Specialist Adults Strategy are almost at saturation point, particularly in the Learning Disability service where almost two thirds of clients are supported in the community with a managed personal budget service. The high cost and complexity of these peoples' needs make it difficult to convert their packages to a direct payment. However, growth is still possible since a high proportion of young adults transferring from Children's Services into Adult Care community services receive a direct payment, although these are relatively few in number. With Mental Health services, direct payments are the main offer to clients, with very few managed services. Overall the number of direct payments has fallen since 2015/16 because a number of direct payments paid to mental health clients in that year were one-off payments and have now been closed. An additional 75 clients (approximately) are required to hit the year-end target of 47%.

## Further details

No further information available, as measure not reported in 2015/16.

## About the target

The target is based on historical trends and is indicative of the expected direction of travel.

## About the target range

This measure has a target range of +/- 5% based on tolerances used by Department of Health

## About benchmarking

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

## Health and Wellbeing is improved

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

## Adults who have received a review of their needs (Learning Disability or Mental Health)

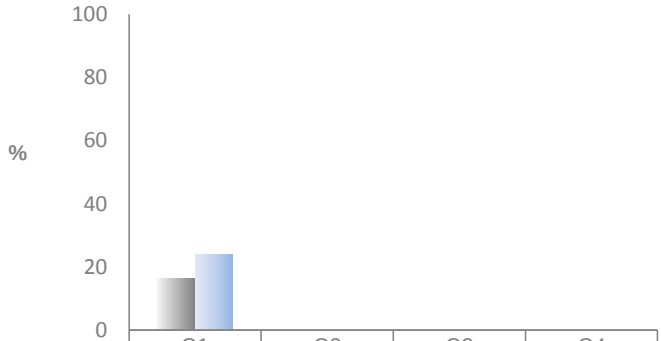
Lincolnshire County Council has a statutory duty to assess people with an eligible need and once the person has a support plan there is a duty to reassess their needs annually. This measure ensures people currently in receipt of long term support or in a residential / nursing placement are reassessed annually.
Numerator: Number of current Learning Disability and Mental Health service users who have received an assessment or reassessment of need in the year. Denominator: Number of current Learning Disability and Mental Health service users receiving long term support in the community or a residential / nursing placement.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

✕ Not achieved

16.4
%
**Quarter 1 June 2016**

23.8
%
**Target for June 2016**

**Adults who have received a review of their needs (Learning Disability or Mental Health)**




| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Cumulative performance | 16.4 | | | |
| Quarterly performance | 16.4 | | | |
| Target | 23.8 | | | |

About the latest performance

In quarter 1, review performance in learning disability teams is below target. This is consistent with previous years and is likely down to how reviews have been scheduled through the year - most are loaded towards the second half of the year, where review performance usually picks up. The disruption to activity and recording expected when Mosaic is implemented in October is likely to mean that review performance may not converge with the target trajectory, which may lead to a reasonable reduction in the target for the year (to be reviewed at a later date). At present the figures only include review activity for people with a learning disability. In quarter 3, when all activity is recorded in Mosaic, mental health reviews will also be reported

Further details

New measure for 2016/2017, so further information unavailable for previous years.

About the target

The target is based on historical trends and is indicative of the expected direction of travel.

About the target range

This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Lincolnshire COUNTY COUNCIL
Working for a better future

## Health and Wellbeing is improved

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

## Carers who receive a direct payment

This measure reflects the proportion of carers who receive a direct payment.
Numerator: Number of carers who are and have been receiving direct payments and part direct payments in the last 12 months.
Denominator: Number of carers receiving carer specific support services.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

**Achieved**

91.4

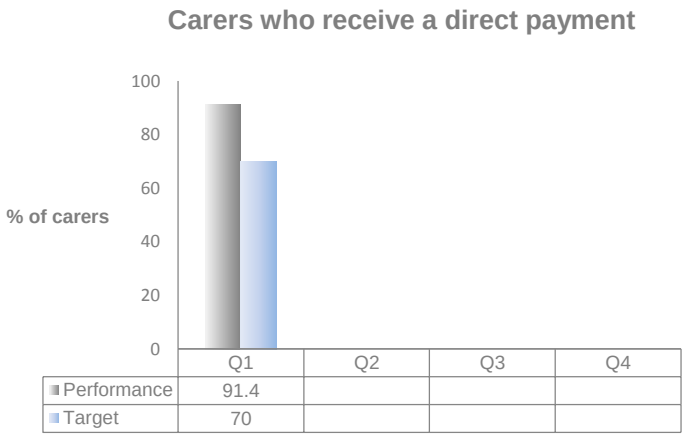
% of carers

**Quarter 1 June 2016**

70

% of carers

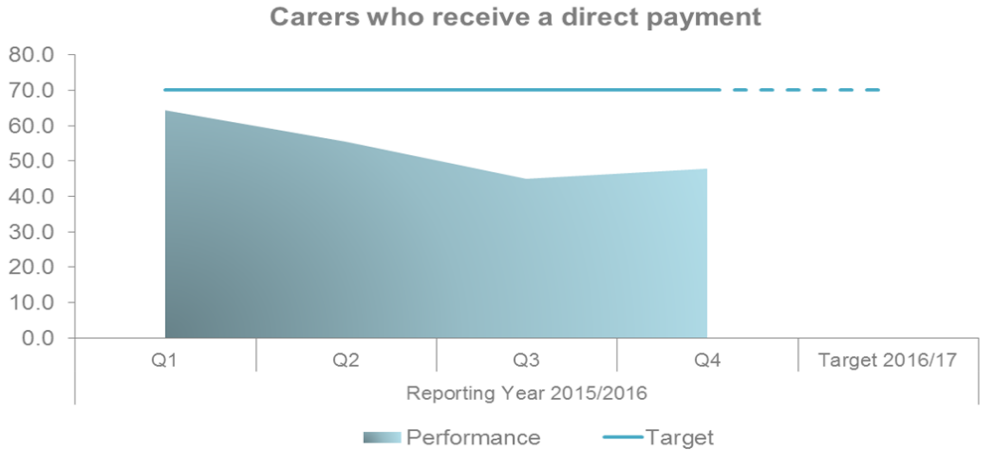
**Target for June 2016**




About the latest performance

There has been a definite shift in the provision of services to carers; away from personal budgets and council provided services to universal services provided by the new provider, Carers First. Fewer new and existing carers are eligible for funded support based on the Care Act 2014 national threshold. For Carers that are eligible for care and support, a direct payment is no longer the default service. 8 weeks of support planning means that a higher proportion of carers' needs are being met without a direct payment. Carers who do get direct care are more than likely going to receive it as a direct payment. The apparent turn around in performance is a result of data changes made in readiness for migration to the new case management system, Mosaic. The majority of carers included in the denominator, and thus depressing the measure were deemed to be receiving ongoing 'professional support' from a support worker. There is now no need for this generic service as these cases will be transferred to Carers First for a universal support service that will be available for as long as the carer needs. As a consequence, these carers are outside the scope of a personal budget / direct payment unless their circumstances change in the future.

## Further details




| | Reporting Year 2015/2016 | | | | |
|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Target 2016/17 |
| **Performance** | 64.5 | 55.6 | 45.0 | 48.0 | |
| **Target** | 70.0 | 70.0 | 70.0 | 70.0 | 70.0 |

## About the target

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

## About the target range

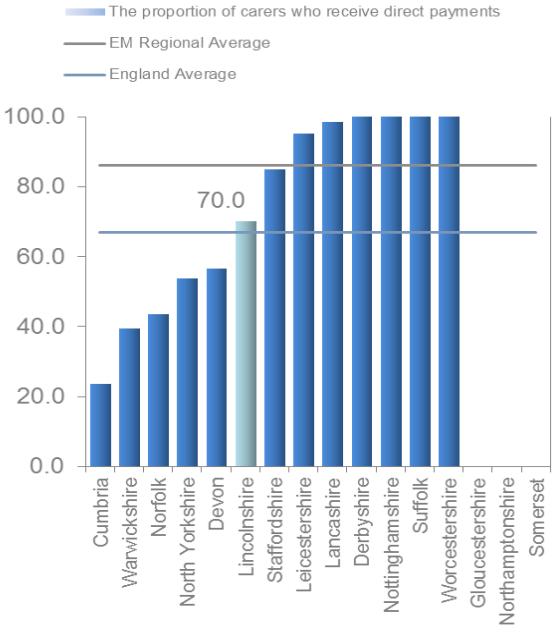
This measure has a target range of +/- 5% based on tolerances used by Department of Health

## About benchmarking

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

### Carers who receive a direct payment - CIPFA Comparators 2014/15

| | *Numerator | **Denominator | ***Outcome |
|---|---|---|---|
| Cumbria | 85 | 350 | 23.6 |
| Warwickshire | 210 | 535 | 39.4 |
| Norfolk | 1,250 | 2,870 | 43.5 |
| North Yorkshire | 2,600 | 4,835 | 53.8 |
| Devon | 6,275 | 11,135 | 56.4 |
| **Lincolnshire** | **3,960** | **5,655** | **70.0** |
| Staffordshire | 300 | 355 | 84.8 |
| Leicestershire | 1,555 | 1,635 | 95.0 |
| Lancashire | 2,850 | 2,890 | 98.5 |
| Derbyshire | 15 | 15 | 100.0 |
| Nottinghamshire | 3,535 | 3,535 | 100.0 |
| Suffolk | 1,045 | 1,045 | 100.0 |
| Worcestershire | 945 | 945 | 100.0 |
| Gloucestershire | c | 3,725 | c |
| Northamptonshire | c | c | c |
| Somerset | c | c | c |
| **EM Regional Average** | **10,925** | **12,705** | **86.0** |
| **England Average** | **92,155** | **137,760** | **66.9** |




*Number of carers receiving direct payments or part-direct payments in the year (14/15) to 31 March
**Number of carers receiving carer-specific services in the year (14/15) to 31 March
***Proportion of carers receiving carer-specific services in the year (14/15) to 31 March who received direct payments (%)

## Health and Wellbeing is improved

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

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

This measures responses to the question in the Carers Survey "In the last 12 months, do you feel you have been involved or consulted as much as you wanted to be, in discussions about the support or services provided to the person you care for?", to which the following answers are possible:
* There have been no discussions that I am aware of in the last 12 months
* I always felt involved or consulted
* I usually felt involved or consulted
* I sometimes felt involved or consulted
* I never felt involved or consulted

Numerator: All those responding who choose the answer "I always felt involved or consulted" and "I usually felt involved or consulted".
Denominator: Total number who responded to the survey.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

Reported biennially in Q4



About the latest performance

Further details

No further information available, as measure not reported in 2015/16.

## About the target

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

## About the target range

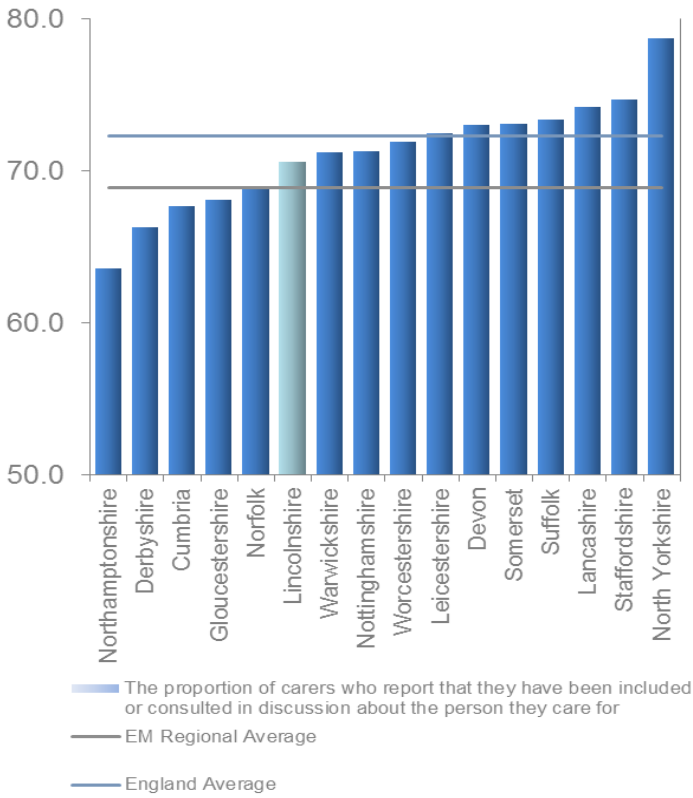
This measure has a target range of +/- 5% based on tolerances used by Department of Health

## About benchmarking

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

**Carers included or consulted in discussions about the person they care for - CIPFA Comparators**

| CIPFA | Margin of error | *Base | **Outcome |
|---|---|---|---|
| Northamptonshire | 5.3 | 275 | 63.6 |
| Derbyshire | 3.7 | 580 | 66.3 |
| Cumbria | 5.5 | 250 | 67.7 |
| Gloucestershire | 3.8 | 385 | 68.1 |
| Norfolk | 4.8 | 300 | 69.0 |
| ***Lincolnshire*** | ***4.7*** | ***335*** | ***70.6*** |
| Warwickshire | 5.3 | 265 | 71.2 |
| Nottinghamshire | 4.3 | 385 | 71.3 |
| Worcestershire | 4.6 | 340 | 71.9 |
| Leicestershire | 4.6 | 305 | 72.5 |
| Devon | 4.2 | 420 | 73.0 |
| Somerset | 5.1 | 245 | 73.1 |
| Suffolk | 2.9 | 590 | 73.4 |
| Lancashire | 4.8 | 300 | 74.2 |
| Staffordshire | 4.2 | 375 | 74.7 |
| North Yorkshire | 3.3 | 510 | 78.7 |
| ***EM Regional Average*** | ***1.8*** | ***2720*** | ***68.9*** |
| ***England Average*** | ***0.6*** | ***41350*** | ***72.3*** |




*Number of respondents who answered Carers Survey (CS)
**Proportion of respondents who answered Carers Survey (CS) Q15 who said that they usually or always felt involved or consulted in discussion about the person they care for (%)

## Health and Wellbeing is improved

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

## Carers who find it easy to find information about services

The relevant question is drawn from the Carers Survey "In the last 12 months, have you found it easy or difficult to find information and advice about support, services or benefits? Please include information and advice from different sources, such as voluntary organisations and private agencies as well as Social Services". The following answers are possible:
* I have not tried to find information or advice in the last 12 months
* Very easy to find
* Fairly easy to find
* Fairly difficult to find
* Very difficult to find

Numerator: Number of those responding who select the response "very easy to find" and "fairly easy to find".
Denominator: Number of those who responded to the survey.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

Reported
biennially in Q4



About the latest performance

Further details

No further information available, as measure not reported in 2015/16.

## About the target

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

## About the target range

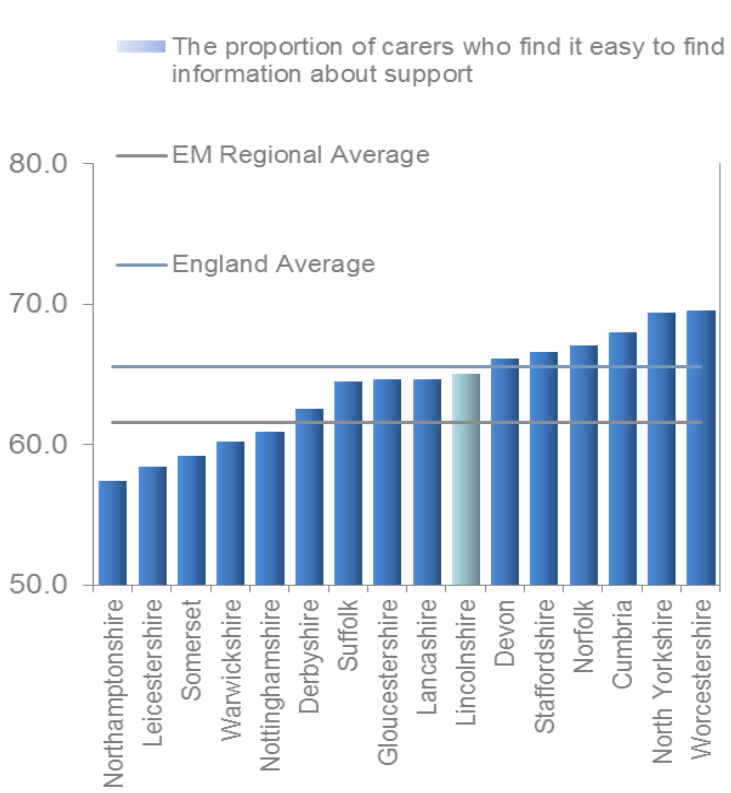
This measure has a target range of +/- 5% based on tolerances used by Department of Health

## About benchmarking

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

### Carers who find it easy to find information about services - CIPFA Comparators

| CIPFA | *Base | **Outcome |
|---|---|---|
| Northamptonshire | 335 | 57.4 |
| Leicestershire | 305 | 58.4 |
| Somerset | 200 | 59.2 |
| Warwickshire | 250 | 60.2 |
| Nottinghamshire | 370 | 60.9 |
| Derbyshire | 550 | 62.5 |
| Suffolk | 585 | 64.5 |
| Gloucestershire | 365 | 64.6 |
| Lancashire | 265 | 64.6 |
| ***Lincolnshire*** | ***320*** | ***65.0*** |
| Devon | 400 | 66.1 |
| Staffordshire | 315 | 66.6 |
| Norfolk | 295 | 67.0 |
| Cumbria | 260 | 68.0 |
| North Yorkshire | 450 | 69.4 |
| Worcestershire | 310 | 69.5 |
| ***EM Regional Average*** | ***2710*** | ***61.6*** |
| ***England Average*** | ***39255*** | ***65.5*** |




*Number of respondents who answered Carers Survey (CS) Q13
**Proportion of respondents who answered Carers Survey (CS) Q13 who find it "very easy" or "fairly easy" to find information about services (%)

## Health and Wellbeing is improved

### People are supported to remain independent and at home

# Permanent admissions to residential and nursing care homes aged 65+

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

Numerator - The number of LCC funded/part funded permanent admissions of older people, aged 65+, to residential and nursing care during the year.
Denominator - Size of older people population (aged 65+) in Lincolnshire based on the Office of National Statistics mid-year population 2013 estimates.

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

This is a Adult Social Care Outcomes Framework (ASCOF) 2a part 2 and reported in the Better Care Fund (BCF).

**Not achieved**

260

People

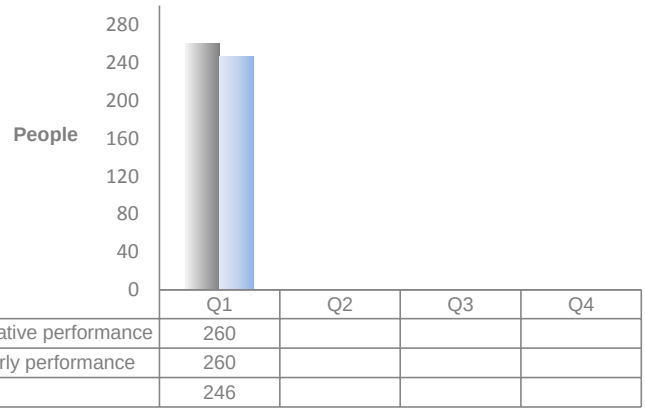
**Quarter 1 June 2016**

246

People

**Target for June 2016**

**Permanent admissions to residential and nursing care homes aged 65+**

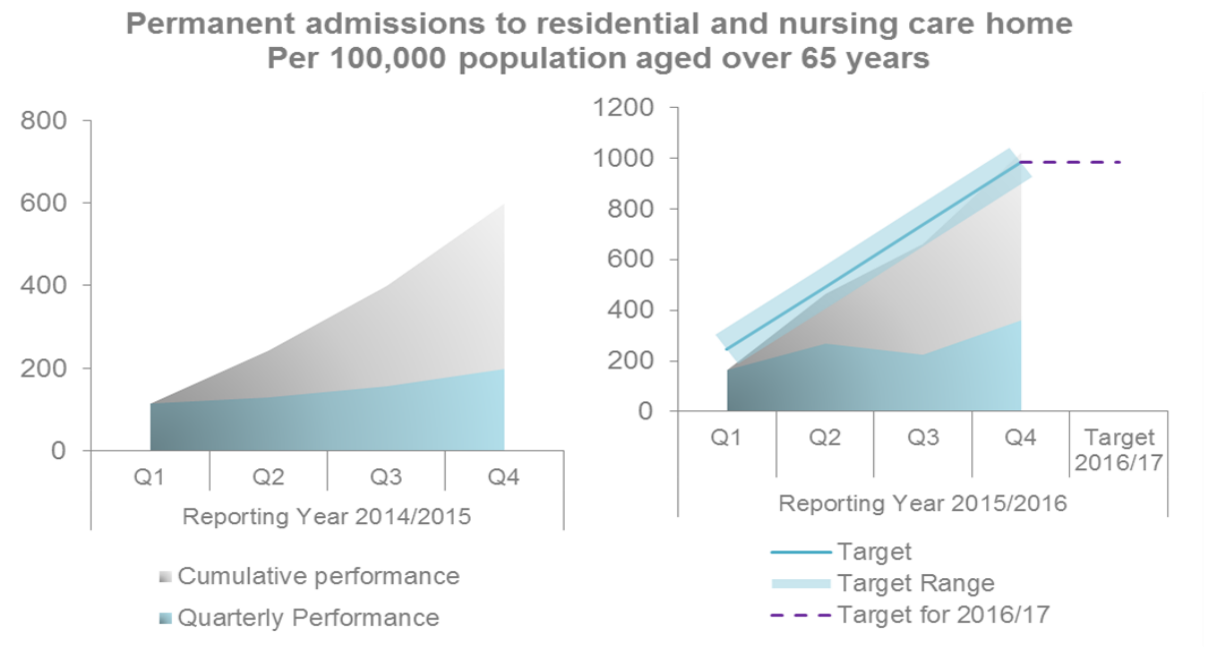



| | Q1 | Q2 | Q3 | Q4 |
|---|---|---|---|---|
| Cumulative performance | 260 | | | |
| Quarterly performance | 260 | | | |
| Target | 246 | | | |

## About the latest performance

Admission in quarter 1 are higher than target, primarily driven by the number of older people requiring residential placements, with unusually high admissions in May.

Further details




| | Reporting Year 2014/2015 | | | | Reporting Year 2015/2016 | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Q1 | Q2 | Q3 | Q4 | Target 2016/17 |
| Cumulative performance | 115.0 | 243.8 | 401.4 | 600.2 | 163.0 | 462.0 | 658.0 | 1019.0 | |
| Quarterly Performance | 115.0 | 128.8 | 157.6 | 198.8 | 163.0 | 269.0 | 226.0 | 361.0 | |
| Target | 189.8 | 379.5 | 569.3 | 759.0 | 246.0 | 491.0 | 737.0 | 982.0 | 982.0 |
| Upper Range | 199.2 | 398.5 | 597.7 | 797.0 | 258.3 | 515.6 | 773.9 | 1031.1 | |
| Lower range | 180.3 | 360.5 | 540.8 | 721.1 | 233.7 | 466.5 | 700.2 | 932.9 | |
| Target Range | 189.8 | 379.5 | 569.3 | 759.0 | 246.0 | 491.0 | 737.0 | 982.0 | |

About the target

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

About the target range

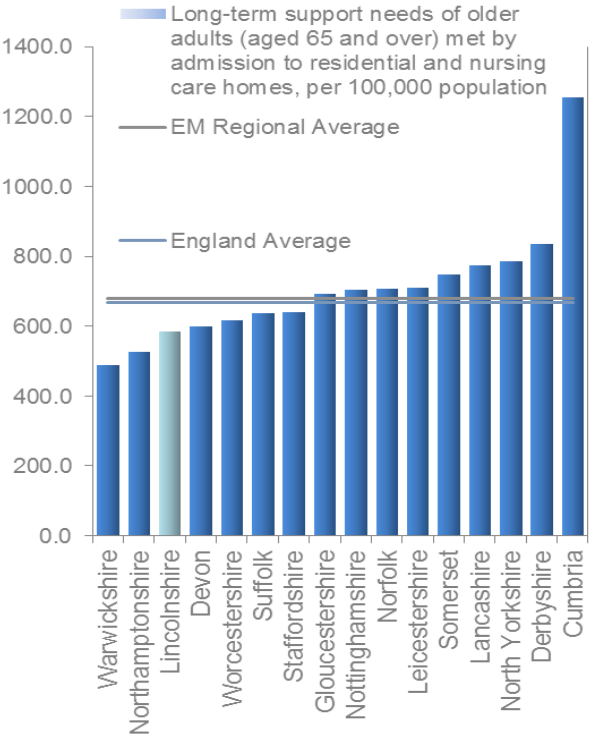
This measure has a target range of +/- 5% based on tolerances used by Department of Health

## About benchmarking

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

### Permanent admissions to residential and nursing care homes aged 65+ CIPFA Comparators 2014/15

| | *Numerator | **Denominator | ***Outcome |
|---|---|---|---|
| Warwickshire | 541 | 110,440 | 489.9 |
| Northamptonshire | 640 | 121,630 | 526.2 |
| **Lincolnshire** | **960** | **164,075** | **585.1** |
| Devon | 1,119 | 185,935 | 601.8 |
| Worcestershire | 755 | 122,200 | 617.8 |
| Suffolk | 1,038 | 162,830 | 637.5 |
| Staffordshire | 1,128 | 175,730 | 641.9 |
| Gloucestershire | 860 | 123,800 | 694.7 |
| Nottinghamshire | 1,115 | 158,350 | 704.1 |
| Norfolk | 1,451 | 205,240 | 707.0 |
| Leicestershire | 926 | 130,085 | 711.8 |
| Somerset | 934 | 124,820 | 748.3 |
| Lancashire | 1,805 | 232,930 | 774.9 |
| North Yorkshire | 1,079 | 137,355 | 785.5 |
| Derbyshire | 1,332 | 159,435 | 835.5 |
| Cumbria | 1,423 | 113,155 | 1257.6 |
| **EM Regional Average** | **5,841** | **859,155** | **679.9** |
| **England Average** | **63,788** | **9,537,710** | **668.8** |




*The number of council-supported older adults (aged 65 and over) whose long-term support needs were met by a change of setting to residential and nursing care during the year (excluding transfers between residential and nursing care)
**Size of the older adult population (aged 65 and over) in the area
***Number of council-supported older adults (aged 65 and over) whose long-term support needs were met by admission to residential and nursing care homes, per 100,000 population

Lincolnshire COUNTY COUNCIL
Working for a better future

## Health and Wellbeing is improved

### People are supported to remain independent and at home

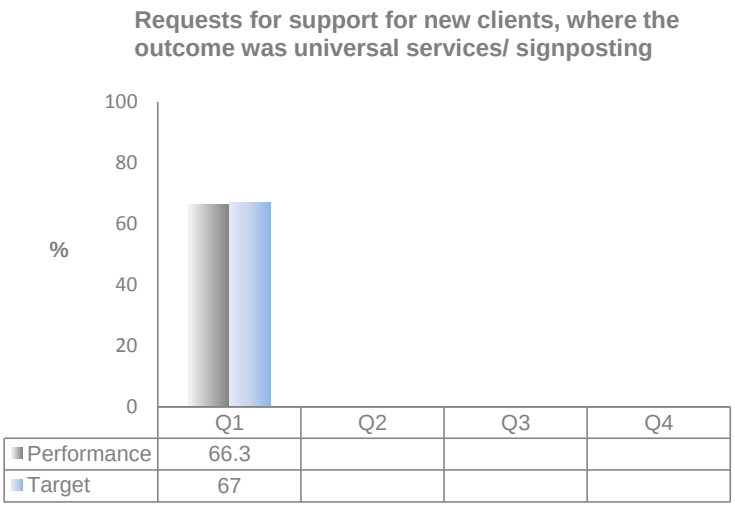
# Requests for support for new clients, where the outcome was universal services/ signposting

This measure demonstrates that the:-
Customer Service Centre (CSC);
Field Work Team; and
Emergency Duty Team (EDT) is able to effectively screen people and signpost to the appropriate agencies without the need for social care intervention.
Numerator: Number of requests for support for new clients, where the outcome was universal services / signposting to other services.
Denominator: Customer Service Centre based teams for new clients in the period.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
New client defined as not known to Adult Care at the time of the contact.
This is a count of contacts, not the number of people.

**Achieved**

66.3
%
**Quarter 1 June 2016**

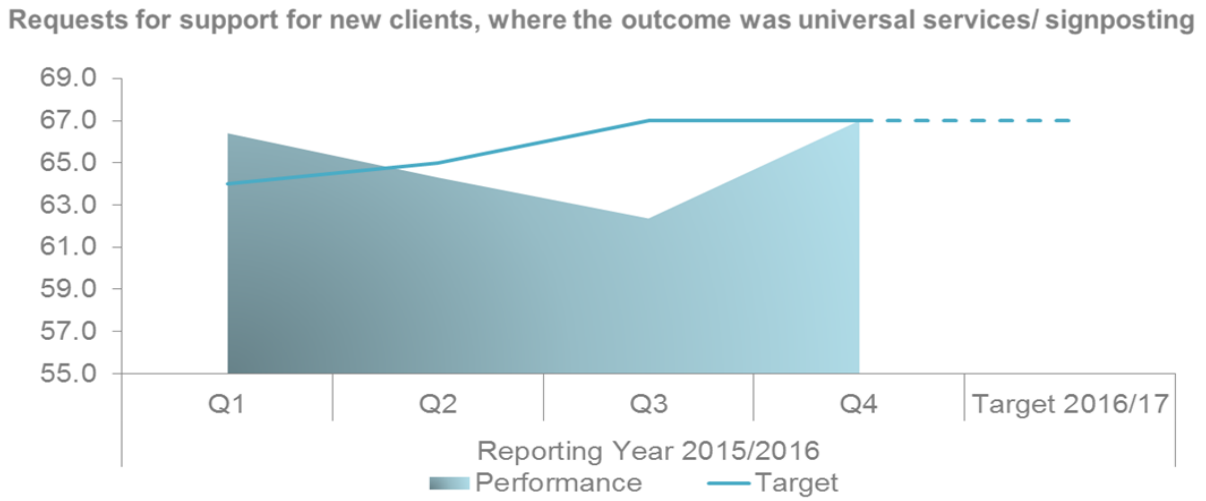
67
%
**Target for June 2016**




## About the latest performance

This measure is currently being achieved, and has been relatively stable over the last 18 months. This is testament to the information offer and screening ability of the Serco Customer Service Centre. Looking at the bigger picture though, should the measure show a decrease, this would be an indication of the success of other lower level and preventative services such as Reablement, wellbeing, equipment provision etc., so it can't be judged in isolation.

Further details




| | Reporting Year 2015/2016 | | | | |
|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Target 2016/17 |
| Performance | 66.4 | 64.3 | 62.4 | 67.0 | |
| Target | 64.0 | 65.0 | 67.0 | 67.0 | 67.0 |

About the target

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

About the target range

This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

Lincolnshire County Council provides performance reports to the Chartered Institute of Public Finance and Accountancy (CIPFA) which facilitates a benchmarking services to enable Adult Social Care performance to be monitored against other local authorities. We benchmark against other Local Authorities within our CIPFA Group of 16 authorities. Benchmarking data is not available for this measure.

## Health and Wellbeing is improved

### The quality of life for the most vulnerable people is improved

## Adults who receive a direct payment

This measure reflects the proportion of people using services who receive a direct payment.
Numerator: Number of users receiving direct or part direct payments.
Denominator: Number of clients aged 18 or over accessing long term support.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

**Not achieved**

**31.5**

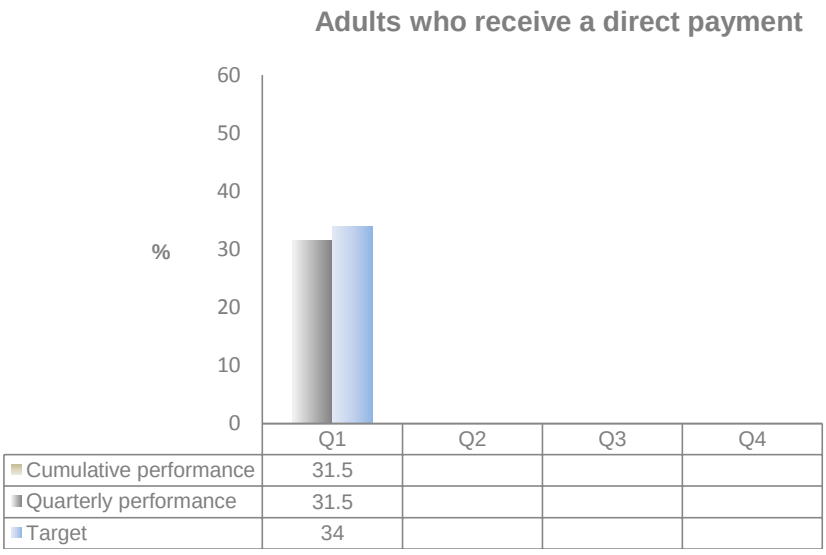
%

**Quarter 1 June 2016**

**34**

%

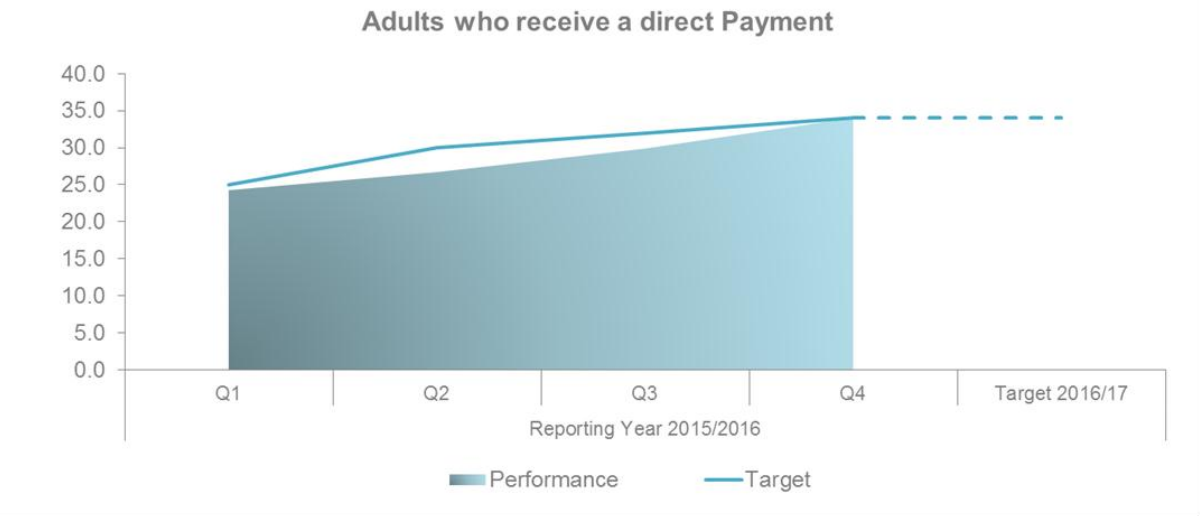
**Target for June 2016**




### About the latest performance

The position with direct payment provision is fairly static at present. New direct payments set up since March 2016 have been offset by closing direct payments that are no longer being provided. This is a result of the validation work that has been carried out for system migration purposes. The only growth area is in older people where 50 new direct payments have been provided in the last 3 months.

## Further details




| | Reporting Year 2015/2016 | | | | |
|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Target 2016/17 |
| Performance | 24.2 | 26.7 | 29.8 | 34.0 | |
| Target | 25.0 | 30.0 | 32.0 | 34.0 | 34.0 |

## About the target

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

## About the target range

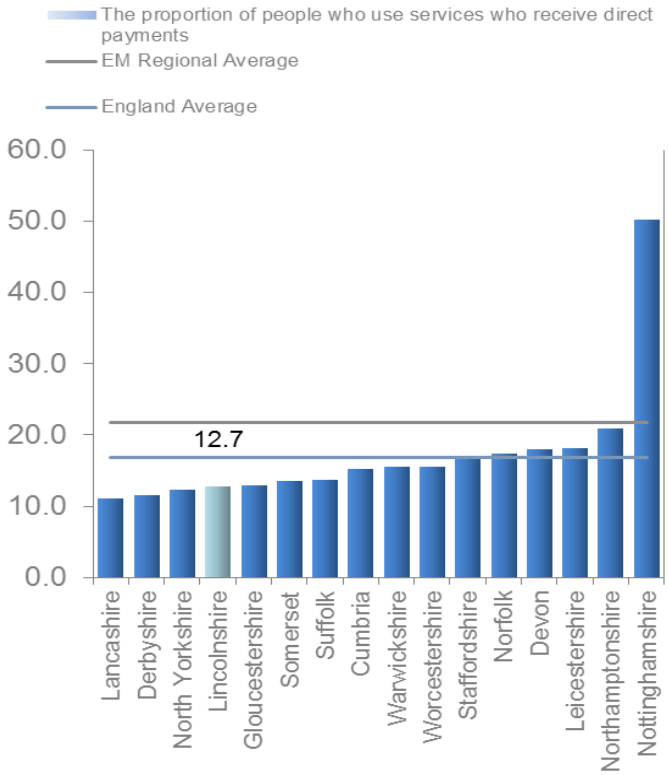
This measure has a target range of +/- 5% based on tolerances used by Department of Health

## About benchmarking

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

### Service users who receive a direct payment - CIPFA Comparators 2014/15

| | *Numerator | **Denominator | ***Outcome |
|---|---|---|---|
| Lancashire | 655 | 5,895 | 11.1 |
| Derbyshire | 495 | 4,300 | 11.5 |
| North Yorkshire | 415 | 3,430 | 12.2 |
| **Lincolnshire** | **465** | **3,640** | **12.7** |
| Gloucestershire | 270 | 2,080 | 12.9 |
| Somerset | 380 | 2,840 | 13.5 |
| Suffolk | 440 | 3,225 | 13.6 |
| Cumbria | 425 | 2,795 | 15.2 |
| Warwickshire | 365 | 2,350 | 15.5 |
| Worcestershire | 310 | 2,010 | 15.5 |
| Staffordshire | 810 | 4,770 | 17.0 |
| Norfolk | 760 | 4,410 | 17.3 |
| Devon | 815 | 4,550 | 17.9 |
| Leicestershire | 550 | 3,030 | 18.1 |
| Northamptonshire | 470 | 2,245 | 20.9 |
| Nottinghamshire | 1,670 | 3,330 | 50.2 |
| **EM Regional Average** | **4,720** | **21,765** | **21.7** |
| **England Average** | **42,785** | **253,535** | **16.9** |




*Number of service users receiving direct payments or part-direct payments at the year end 31 March (14/15)
**Number of service users accessing long-term support at the year end 31 March (14/15)
***Proportion of service users accessing long-term support at the year-end 31 March (14/15) who were receiving direct payments (%)

## Health and Wellbeing is improved

### People have a positive experience of care and support

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

Lincolnshire County Council has a statutory duty to assess people with an eligible need and once the person has a support plan there is a duty to reassess their needs annually. This measure ensures people currently in receipt of long term support or in a residential / nursing placement are reassessed annually.
Numerator: Number of current service users who have received an assessment or reassessment of need in the year. Denominator: Number of current service users receiving long term support in the community or a residential / nursing placement.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

**Achieved**

22

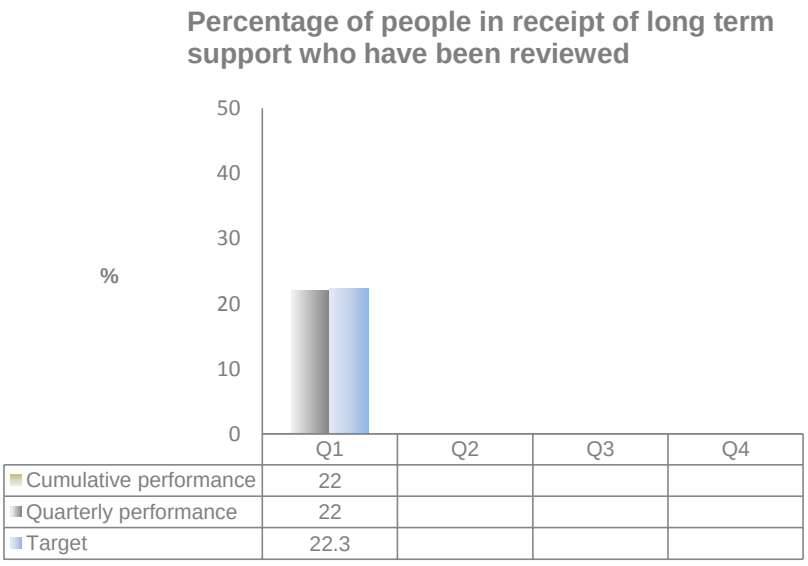
%

**Quarter 1 June 2016**

22.3

%

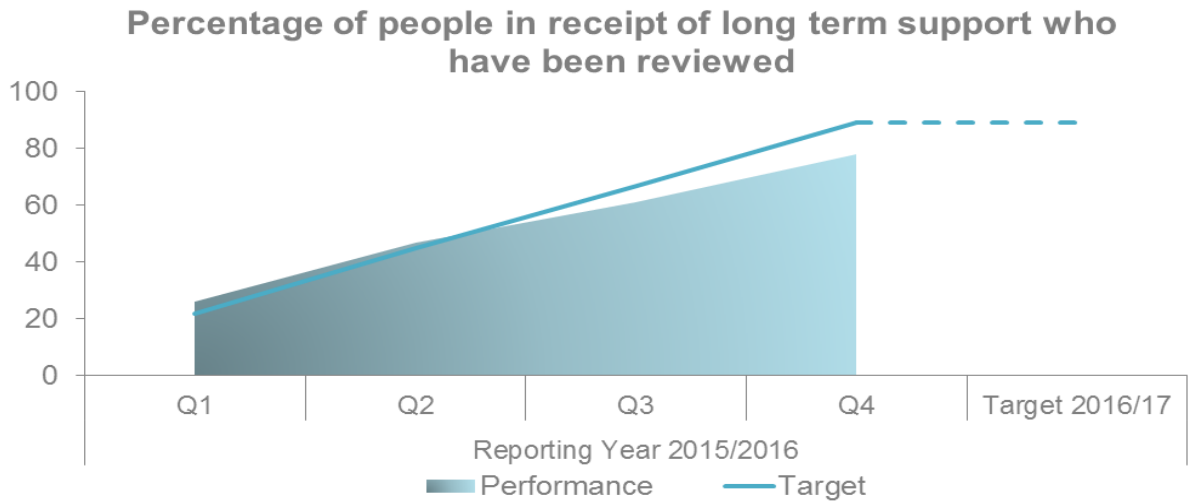
**Target for June 2016**




About the latest performance

This measure is currently on track.  However, there is expected to be a disruption to the recording of social work activity during September and October and for the remainder of the year as the new case management system, Mosaic is being implemented.  All reviews completed in the new system will have to be a full re-assessment of need which will involve more practitioner time to complete and record.  This will have a significant bearing on the department's ability to hit the year end target of 89%.

Further details




| | Reporting Year 2015/2016 | | | | |
|---|---|---|---|---|---|
| | Q1 | Q2 | Q3 | Q4 | Target 2016/17 |
| Performance | 26.0 | 46.9 | 60.9 | 78.0 | |
| Target | 22.0 | 45.0 | 67.0 | 89.0 | 89.0 |

About the target

The target is based on historical trends and is indicative of the expected direction of travel.

About the target range

This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

This page is intentionally left blank

# Better Care Fund - 2016/17

# Performance Report

## Quarter 1

June 2016

**Performance Alerts**

Performance is on or ahead of target

Performance is behind target, with no improvement

Performance is behind target, with some improvement

Performance is not reported in this period

**Total measures**

**Summary**

| | **BCF metrics** |
|---|---|
| Achieved | **0** |
| Not achieved | **2** |
| Improving but not achieved | **1** |
| Not reported in period | **3** |
| | **6** |

**Symbols Key:**

CCG NEA Target reduction met ✓

CCG NEA Target reduction not met ✗

**Chart legend:**

Actual

Target

Baseline

**Produced by Lincolnshire County Council, Adult Care Performance & Intelligence Team**

ASC_Performance@lincolnshire.gov.uk

A detailed analysis of the national BCF measures is provided later in this report, showing baselines, trends, measure calculations, CCG breakdown and targets, with charts where appropriate. Guidance is also provided for each measure below the measure descriptor for ease of reference.

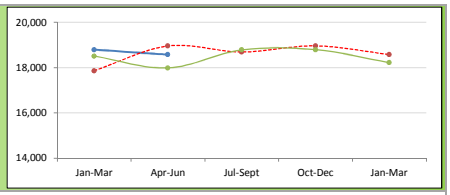
| Polarity | Indicator Description | Responsibility | Previous Years | | 2016/17 | | | | | Annual Target |
|---|---|---|---|---|---|---|---|---|---|---|
| | | | | | Current - June 2016 | | | Forecast - Quarter 1 | | |
| | | | 2014/15 | 2015/16 | Actual | Plan | Alert | Actual | HWB Plan | |
| **Health and Wellbeing Better Care Fund Metrics** | | | | | | | | | | |
| Smaller is Better | 1. Total non-elective admissions into hospital : General and Acute | NHS | 6,034 (average per month) | 6,101 (average per month) | 18,572 | 18,447 | Improving but not achieved | - | - | - |
| Smaller is Better | 2. Permanent admissions to residential and nursing care homes - aged 65+ **ASCOF 2A part 2** | LCC | 938 | 1,019 | 260 | 246 | Not achieved | - | - | 982 |
| Bigger is Better | 3. % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation **ASCOF 2B part 1** | LCC | 78.8% | 76.0% | Not reported in period | | | - | - | 80% |
| Smaller is Better | 1. Delayed transfers of care: Delayed days from hospital, aged 18+ | NHS / LCC | 1,765 (average per month) | 2,787 (average per month) | 9,218 | 9,127 | Not achieved | - | - | - |
| **Local Performance Metric** | | | | | | | | | | |
| Bigger is Better | Percentage of older people leaving hospital who received reablement/rehabilitation services **ASCOF 2B part 2** | NHS | 3.6% | 4.2% | Not reported in period | | | - | - | 4.4% |
| **Local Patient Experience Metric** | | | | | | | | | | |
| Bigger is Better | 3. Proportion of people feeling supported to manage their long term condition (local indicator) (%) | NHS | 63.8% | 63.0% | Not reported in period | | | - | - | 66.0% |

# Health and Wellbeing Better Care Fund Metrics

**1: Total non-elective admissions in to hospital (general and acute)**

**Definition:** The total number of emergency admissions for people of all ages where an acute condition was the primary diagnosis, that would not usually require hospital admission.

**Frequency / Reporting Basis:** Monthly / Cumulative within quarter only
**Source:** MAR data provided by GEMS Arden NHS Commissioning Support Unit




**Observations from the data:**
The BCF plan committed CCGs to a 2.7% reduction in the HWB Plan figures in the first quarter of the year (April to June 2016). At the end of the quarter, the actual reduction in non-elective admissions in the quarter was 2.0%, so this measure has been marked as improving but not achieved. A total of 382 non-elective admissions have been saved, but 126 less than target. The East, West and South CCG's showed a reduction in admissions compared to the HWB plan, but nly the West and South CCGs achieved the 2.7% reduction. The South CCG showed the greatest reduction with 6.2% fewer admissions than planned in April and May; 219 saved admissions. In the South West CCG, admissions were 1.6% higher than planned.

| Prior Year | 2015/16 BCF (Calendar Year) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | |
| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
| In Month | 5,947 | 6,179 | 5,858 | 6,538 | 6,031 | 6,212 | 6,354 | 6,107 | 6,330 | 5,975 | 5,926 | 6,316 |
| In Quarter | 5,947 | 12,126 | 17,984 | 6,538 | 12,569 | 18,781 | 6,354 | 12,461 | 18,791 | 5,975 | 11,901 | 18,217 |

| Current Year | | 2016/17 BCF (Calendar Year) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | | Quarter 1 | | | Quarter 2 | | | Quarter 3 | | | Quarter 4 | | |
| | | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
| In Month | | 6,122 | 6,236 | 6,214 | | | | | | | | | |
| In Quarter | | 6,122 | 12,358 | 18,572 | | | | | | | | | |
| HWB Plan Total | | 6,318 | 12,636 | 18,955 | 6,229 | 12,459 | 18,688 | 6,320 | 12,639 | 18,959 | 6,192 | 12,384 | 18,577 |
| HWB NEA Plan (after reduction) - TARGET | | 6,149 | 12,298 | 18,447 | 6,062 | 12,124 | 18,185 | 6,152 | 12,304 | 18,456 | 6,027 | 12,053 | 18,080 |
| Planned reduction | number | 169 | 339 | 508 | 168 | 335 | 503 | 224 | 335 | 503 | 221 | 331 | 497 |
| | % | 2.68% | 2.68% | 2.68% | 2.69% | 2.69% | 2.69% | 2.65% | 2.65% | 2.65% | 2.68% | 2.68% | 2.68% |
| Actual reduction | number | 196 | 278 | 382 | | | | | | | | | |
| | % | 3.11% | 2.20% | 2.02% | | | | | | | | | |
| Performance | | Achieved | Improving but not achieved | Improving but not achieved | | | | | | | | | |

**by CCG**

| Actual In Quarter | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| East CCG | 2,125 | 4,293 | 6,481 | | | | | | | | | |
| West CCG | 1,908 | 3,775 | 5,683 | | | | | | | | | |
| South CCG | 1,040 | 2,250 | 3,321 | | | | | | | | | |
| South West CCG | 927 | 1,791 | 2,711 | | | | | | | | | |
| Other contributing CCGs | 122 | 250 | 376 | | | | | | | | | |
| **Total** | **6,122** | **12,358** | **18,572** | | | | | | | | | |

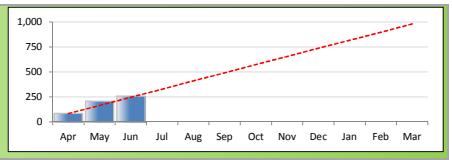
| HWB Plan | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| East CCG | 2,169 | 4,337 | 6,506 | | | | | | | | | |
| West CCG | 1,961 | 3,923 | 5,884 | | | | | | | | | |
| South CCG | 1,180 | 2,360 | 3,540 | | | | | | | | | |
| South West CCG | 890 | 1,780 | 2,670 | | | | | | | | | |
| Other contributing CCGs | 118 | 236 | 355 | | | | | | | | | |
| **Total** | **6,318** | **12,636** | **18,955** | | | | | | | | | |

| Change from plan (cumulative in Qtr) | monthly increase/decrease | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| East CCG | ■■■ | -44 | -45 | -25 | | | | | | | | | |
| West CCG | ■■■ | -54 | -148 | -201 | | | | | | | | | |
| South CCG | ■■■ | -140 | -110 | -219 | | | | | | | | | |
| South West CCG | ■■■ | 37 | 11 | 41 | | | | | | | | | |
| Other contributing CCGs | ■■■ | 4 | 14 | 22 | | | | | | | | | |
| **Total** | ■■■ | **-196** | **-278** | **-382** | | | | | | | | | |

| | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| East CCG | ✗ | -2.01% | ✗ | -1.03% | ✗ | -0.38% | | | | | | | |
| West CCG | ✓ | -2.74% | ✓ | -3.77% | ✓ | -3.41% | | | | | | | |
| South CCG | ✓ | -11.83% | ✓ | -4.65% | ✓ | -6.20% | | | | | | | |
| South West CCG | ✗ | 4.17% | ✗ | 0.61% | ✗ | 1.55% | | | | | | | |
| Other contributing CCGs | ✗ | 3.20% | ✗ | 5.72% | ✗ | 6.12% | | | | | | | |
| **Total** | ✓ | -3.11% | ✗ | -2.20% | ✗ | -2.02% | | | | | | | |

**2: Admissions to residential / nursing care homes - aged 65+ per 100,000 population (ASCOF 2A part ii)**

**Definition:** The total number of admissions to permanent residential or nursing care during the year (excluding transfers between homes unless the type of care has changed from temporary to permanent)
**Frequency / Reporting Basis**: Monthly / Cumulative YTD
**Source:** AIS data: Local Adult Care Monitoring (LTC admissions report & SALT)




**Observations from the data:**
In the first quarter of the monitoring period, there have been 260 permanent admissions to care homes for older people, which is 9% higher than the same time last year, but only 6% higher than the target number of 246 for the quarter. There was an unusually high number of admissions to care homes in May. These cases are being checked to determine the reasons for admission. The highest admission rate is in the East CCG.

| Prior Year | 2015/16 BCF (Financial Year) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr-15 | May-15 | Jun-15 | Jul-15 | Aug-15 | Sep-15 | Oct-15 | Nov-15 | Dec-15 | Jan-16 | Feb-16 | Mar-16 |
| In month | 81 | 72 | 85 | 87 | 79 | 118 | 80 | 95 | 75 | 86 | 75 | 86 |
| In Quarter | 81 | 153 | 238 | 325 | 404 | 522 | 602 | 697 | 772 | 858 | 933 | 1,019 |

| Current Year | 2016/17 BCF (Financial Year) | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
| In month | 87 | 121 | 52 | | | | | | | | | |
| Cumulative YTD | 87 | 208 | 260 | | | | | | | | | |
| Denominator | 172,133 | 172,133 | 172,133 | | | | | | | | | |
| Per 100,000 | 50.5 | 120.8 | 151.0 | | | | | | | | | |
| Target (adm) | 82 | 164 | 246 | 327 | 409 | 491 | 573 | 655 | 737 | 818 | 900 | 982 |
| Target (per 100k) | 47.5 | 95.1 | 142.6 | 190.2 | 237.7 | 285.2 | 332.8 | 380.3 | 427.9 | 475.4 | 522.9 | 570.5 |
| Performance | Not achieved | Not achieved | Not achieved | | | | | | | | | |

**by CCG**

| Care home admissions (Cumulative) | 2015/16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| East | 385 | 41 | 90 | 110 | | | | | | | | | |
| West | 339 | 22 | 51 | 61 | | | | | | | | | |
| South | 167 | 13 | 38 | 46 | | | | | | | | | |
| South West | 106 | 11 | 28 | 42 | | | | | | | | | |
| Not Recorded | 22 | - | 1 | 1 | | | | | | | | | |
| **Total** | **1,019** | **87** | **208** | **260** | | | | | | | | | |
| **Est. CCG population (aged 65+)** | **2015/16** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
| East | 58,286 | 62,724 | 62,724 | 62,724 | | | | | | | | | |
| West | 44,185 | 47,550 | 47,550 | 47,550 | | | | | | | | | |
| South | 31,865 | 34,291 | 34,291 | 34,291 | | | | | | | | | |
| South West | 25,617 | 27,568 | 27,568 | 27,568 | | | | | | | | | |
| Not Recorded | - | - | - | - | | | | | | | | | |
| **Total** | **159,953** | **172,133** | **172,133** | **172,133** | | | | | | | | | |
| **Rate per 100,000** | **2015/16** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
| East | 660.5 | 65.4 | 143.5 | 175.4 | | | | | | | | | |
| West | 767.2 | 46.3 | 107.3 | 128.3 | | | | | | | | | |
| South | 524.1 | 37.9 | 110.8 | 134.1 | | | | | | | | | |
| South West | 413.8 | 39.9 | 101.6 | 152.4 | | | | | | | | | |
| Not Recorded | - | - | - | - | | | | | | | | | |
| **Total** | **637.1** | **50.5** | **120.8** | **151.0** | | | | | | | | | |

**3: % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation (ASCOF 2B part 1)**

**Definition:** The percentage of older people (within a 3 month sample period) discharged from an acute or non-acute hospital to their own home/residential or nursing care home/ extra care housing for rehabilitation, where the person is at home 91 days after their date of discharge from hospital.
**Frequency / Reporting Basis**: 6-monthly / Cumulative for sample period
**Source:** Reablement/ILT - external service provider, rehabilitation - LCHS

**Observations from the data:**
This is an annual measure taken from the Adult Care Short And Long Term (SALT) return. However, the intention is the calculate a mid-year position looking at April to June discharges into Reablement services, which will be reported at the end of September. Part 2 of this ASCOF measure has been chosen as the local performance measure, so both the effectiveness (part 1) and the offer rate (part 2) will be monitored in the BCF in 2016/17.

| | 2015/16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Numerator | 728 | | | | | | | | | | | | |
| Denominator | 958 | | | | | | | | | | | | |
| **Actual** | **76.0%** | | | | | | | | | | | | |
| Target | 80.0% | | | | | | 80.0% | | | | | | 80.0% |
| Performance | | | | | | | | | | | | | |

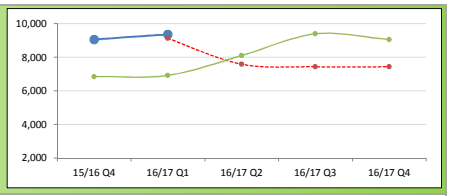
**by CCG**

| Numerator | 2015/16 | Apr-16 | May-16 | Jun-16 | Jul-16 | Aug-16 | Sep-16 | Oct-16 | Nov-16 | Dec-16 | Jan-17 | Feb-17 | Mar-17 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| East | 318 | | | | | | | | | | | | |
| West | 157 | | | | | | | | | | | | |
| South | 122 | | | | | | | | | | | | |
| South West | 114 | | | | | | | | | | | | |
| Not known | 17 | | | | | | | | | | | | |
| **Total** | **728** | | | | | | - | | | | | | |
| **Denominator** | **2015/16** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
| East | 403 | | | | | | | | | | | | |
| West | 214 | | | | | | | | | | | | |
| South | 165 | | | | | | | | | | | | |
| South West | 158 | | | | | | | | | | | | |
| Not known | 18 | | | | | | | | | | | | |
| **Total** | **958** | | | | | | - | | | | | | |
| **Actual** | **2015/16** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
| East | 78.9% | | | | | | | | | | | | |
| West | 73.4% | | | | | | | | | | | | |
| South | 73.9% | | | | | | | | | | | | |
| South West | 72.2% | | | | | | | | | | | | |
| Not Recorded | - | | | | | | | | | | | | |
| **Total** | **76.0%** | | | | | | | | | | | | |

**4: Delayed transfers of care (delayed days) from hospital for adults aged aged 18+, per 100,000 population**

**Definition:** The number of delayed transfers of care (days) for adults who were ready for discharge from acute and non-acute beds, expressed as the rate per 100,000 of the adult population of Lincolnshire.
**Frequency / Reporting Basis**: Monthly / Cumulatively within the quarter
**Source:** NHSE Published Delayed Days Report (Sitrep)

**Table note**: In the analysis by delay reason below, the organisation that the delay reason is attributable to in included in parentheses i.e. NHS, SSD, NHS or SSD, BOTH.




**Observations from the data:**
There were a total of 2,985 delayed days in June for patients with unnecessary delays in acute and non-acute beds, the lowest monthly total so far. In total, there were 9,218 delayed days in the quarter, which is 1% higher than the target for the quarter, and 33% higher than the same quarter in 2015/16. Non-acute delays continue to creep up as a proportion of all delayed days and make up 43% of delayed days, up from 32% in the previous quarter. NHS delays have stabilised at 67% of all delayed days, as have Social Care delays currently at 24%. The most common delay reasons, accounting for two-thirds of delays are awaiting a a package in the community, awaiting a care home placement, and awaiting further NHS non-acute care. It should also be noted that assessment delays as a reason have reduced to 13%, which is almost half the position in Quarter 4 of 2015/16. Half of delayed days are in the United Lincolnshire's Hospital Trust, which is a reduction from 63% in the previous quarter. There is a marked increase in delayed days in the Lincolnshire Partnership Foundation Trust, which has experienced almost three times the number of delayed days compared to the previous quarter.

| **Prior Year** | **2015/16 BCF (Financial Year)** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Apr-15** | **May-15** | **Jun-15** | **Jul-15** | **Aug-15** | **Sep-15** | **Oct-15** | **Nov-15** | **Dec-15** | **Jan-16** | **Feb-16** | **Mar-16** |
| Numerator | 2,283 | 4,490 | 6,910 | 2,548 | 5,360 | 8,094 | 3,514 | 6,333 | 9,386 | 3,543 | 6,301 | 9,052 |
| Denominator | 591,829 | 591,829 | 591,829 | 591,829 | 591,829 | 591,829 | 591,829 | 591,829 | 591,829 | 596,120 | 596,120 | 596,120 |
| **Actual** | **385.8** | **758.7** | **1,167.6** | **430.5** | **905.7** | **1,367.6** | **593.8** | **1,070.1** | ***1,585.9*** | **598.7** | **1,057** | **1,518** |

| **Current Year** | **2016/17 BCF (Financial Year)** | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
| In month | 3,006 | 3,227 | 2,985 | | | | | | | | | |
| Cumulative | 3,006 | 6,233 | 9,218 | | | | | | | | | |
| Denominator | 598,595 | 598,595 | 598,595 | | | | | | | | | |
| **Value (per 100k)** | **502.2** | **1,041.3** | **1,539.9** | | | | | | | | | |
| Target (days) | 3,042 | 6,085 | 9,127 | 2,525 | 5,050 | 7,575 | 2,475 | 4,950 | 7,425 | 2,475 | 4,950 | 7,425 |
| Target (per 100k) | 508.2 | 1,016.5 | 1,524.7 | 421.8 | 843.6 | 1,265.5 | 413.5 | 826.9 | 1,240.4 | 410.5 | 821.1 | 1,231.6 |
| Performance | Achieved | Not achieved | Not achieved | | | | | | | | | |

**by Type of Care**

| | **2015/16 Q4** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Acute | 6,171 | 1,806 | 3,682 | 5,217 | | | | | | | | | |
| Non Acute | 2,881 | 1,200 | 2,551 | 4,001 | | | | | | | | | |
| **Total** | **9,052** | **3,006** | **6,233** | **9,218** | | | | | | | | | |
| | **2015/16 Q4** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
| Acute | 68% | 60% | 59% | 57% | | | | | | | | | |
| Non Acute | 32% | 40% | 41% | 43% | | | | | | | | | |

**by Responsible Organisation**

| | **2015/16 Q4** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| NHS | 6,184 | 2,000 | 4,307 | 6,157 | | | | | | | | | |
| Social Care (SSD) | 2,415 | 830 | 1,489 | 2,226 | | | | | | | | | |
| Both | 453 | 176 | 437 | 835 | | | | | | | | | |
| **Total** | **9,052** | **3,006** | **6,233** | **9,218** | - | - | - | - | - | - | - | - | |
| | **2015/16 Q4** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
| NHS | 68% | 67% | 69% | 67% | | | | | | | | | |
| Social Care (SSD) | 27% | 28% | 24% | 24% | | | | | | | | | |
| Both | 5% | 6% | 7% | 9% | | | | | | | | | |

**by Delay Reason**

| | **2015/16 Q4** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| A. Completion of Assessment **(BOTH)** | 2,252 | 473 | 792 | 1,180 | | | | | | | | | |
| B. Public Funding **(BOTH)** | 114 | 13 | 106 | 159 | | | | | | | | | |
| C. Awaiting NHS Non-acute care **(NHS)** | 1,366 | 511 | 1,157 | 1,654 | | | | | | | | | |
| D. Residential or Nursing Care **(BOTH)** | 1,211 | 612 | 1,293 | 2,035 | | | | | | | | | |
| E. Care Package at home **(BOTH)** | 2,693 | 833 | 1,602 | 2,275 | | | | | | | | | |
| F. Awaiting Equipment **(BOTH)** | 434 | 133 | 264 | 465 | | | | | | | | | |
| G. Patient or Family Choice **(NHS or SSD)** | 779 | 283 | 638 | 839 | | | | | | | | | |
| H. Disputes **(NHS or SSD)** | 132 | 73 | 200 | 304 | | | | | | | | | |
| I. Housing - **(SSD)** | 71 | 75 | 181 | 307 | | | | | | | | | |
| **Total** | **9,052** | **3,006** | **6,233** | **9,218** | - | - | - | - | - | - | - | - | |
| | **2015/16 Q4** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
| A. Completion of Assessment **(BOTH)** | 25% | 16% | 13% | 13% | | | | | | | | | |
| B. Public Funding **(BOTH)** | 1% | 0% | 2% | 2% | | | | | | | | | |
| C. Awaiting NHS Non-acute care **(NHS)** | 15% | 17% | 19% | 18% | | | | | | | | | |
| D. Residential or Nursing Care **(BOTH)** | 13% | 20% | 21% | 22% | | | | | | | | | |
| E. Care Package at home **(BOTH)** | 30% | 28% | 26% | 25% | | | | | | | | | |
| F. Awaiting Equipment **(BOTH)** | 5% | 4% | 4% | 5% | | | | | | | | | |
| G. Patient or Family Choice **(NHS or SSD)** | 9% | 9% | 10% | 9% | | | | | | | | | |
| H. Disputes **(NHS or SSD)** | 1% | 2% | 3% | 3% | | | | | | | | | |
| I. Housing - **(SSD)** | 1% | 2% | 3% | 3% | | | | | | | | | |

**by NHS Trust**

| | **2015/16** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ULHT | 4,829 | 1,303 | 2,762 | 3,923 | | | | | | | | | |
| LCHS | 2,055 | 670 | 1,235 | 1,694 | | | | | | | | | |
| LPFT | 811 | 530 | 1,316 | 2,307 | | | | | | | | | |
| **Total*** | **7,695** | **2,503** | **5,313** | **7,924** | - | - | - | - | - | - | - | - | |
| | **2015/16** | **Apr-16** | **May-16** | **Jun-16** | **Jul-16** | **Aug-16** | **Sep-16** | **Oct-16** | **Nov-16** | **Dec-16** | **Jan-17** | **Feb-17** | **Mar-17** |
| ULHT | 63% | 52% | 52% | 50% | | | | | | | | | |
| LCHS | 27% | 27% | 23% | 21% | | | | | | | | | |
| LPFT | 11% | 21% | 25% | 29% | | | | | | | | | |

**Note:** *Total of NHS Trust delayed days will never equal Total LCC delayed days, because NHS delays can relate to treatment of residents from other authorities.

## Local Performance / Patient Experience Metrics

| | 5. The proportion of people aged 65+ offered Reablement services following discharge from hospital (ASCOF 2B part 2) | 6. Proportion of people feeling supported to manage their long term condition |
|---|---|---|
| | **Definition:** The number of people aged 65+ offered Reablement services following discharge from hospital during October to December, as a proportion of the total number of people aged 65+, discharged alive from hospitals in England between 1 October 2015 and 31 December 2015<br><br>**Frequency / Reporting Basis:** Annual<br>**Source**: SALT STS004 / Hospital Episode Statistics | **Definition:** Of the number of people identifying a long-term condition in their responses, the % who responded 'Yes, definitely' or 'Yes, to some extent' to the question 'In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term health condition(s)?'.<br>**Frequency / Reporting Basis:** 6-monthly / results from 2 GP patient surveys in the year are aggregated and reported as an annual figure<br>**Source:** GP Patient Survey |
| | **Observations from the data:**<br>This is a new measure for the 2016/17 BCF. The calculation relies on hospital episode statistics published by NHS Digital, so will officially be reported annually in line with the ASCOF timetable. However, as with the other reablement measure, a mid year position will be calculated to show progress. | **Observations from the data:**<br>Figures for 2015/16 have just been provided for 2015/16. The target of 64% was only just missed. The South West CCG was the only CCG to hit the 64% target, and had the highest proportion of patients who felt supported, with 65.1%. |

| | 2015/16 | 2016/17 | 2015/16 | 2016/17 |
|---|---|---|---|---|
| Numerator | 958 | | 3,719 | |
| Denominator | 22,830 | | 5,900 | |
| **Actual** | 4.2% | | 63.0% | |
| Target | Not monitored in BCF in 2015/16 | 4.4% | 64.0% | 66.0% |
| Performance | - | | | |

| **By CCG** | | | | |
|---|---|---|---|---|
| **Numerator** | **2015/16** | **2016/17** | **2015/16** | **2016/17** |
| East CCG | 403 | | 1252 | |
| West CCG | 214 | | 1018 | |
| South CCG | 165 | | 767 | |
| South West CCG | 158 | | 682 | |
| Not known | 18 | | 0 | |
| Total | 958 | 0 | 3719 | 0 |
| **Denominator** | **2015/16** | **2016/17** | **2015/16** | **2016/17** |
| East CCG | Data not disaggregated by CCG | Data not disaggregated by CCG | 2032 | |
| West CCG | | | 1621 | |
| South CCG | | | 1200 | |
| South West CCG | | | 1047 | |
| Not known | | | 0 | |
| Total | 22,830 | 0 | 5,900 | 0 |
| **Actual** | **2015/16** | **2016/17** | **2015/16** | **2016/17** |
| East CCG | Data not disaggregated by CCG | Data not disaggregated by CCG | 61.6% | |
| West CCG | | | 62.8% | |
| South CCG | | | 63.9% | |
| South West CCG | | | 65.1% | |
| Not known | | | 0.0% | |
| Total | 4.2% | 0 | 63.0% | 0 |

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

**Policy and Scrutiny**

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

| | |
|---|---|
| Report to: | **Adults Scrutiny Committee** |
| Date: | **07 September 2016** |
| Subject: | **Adult Care 2016/17 Outturn Projection** |

**Summary:**

The Adult Care net budget is £154.237m. Whilst it is still an early stage in the financial year based on current information available to 31 July 2016 it is estimated that Adult Care is likely to balance its budget at the end of 2016/17.

**Actions Required:**

Adults Scrutiny is asked to note the budget outturn projection for 2016/17.

## 1. Background

The year end close down has now been completed hence this is the first projection report for 2016/17. This report is from 1 April 2016 through to 31 July 2016.

Whilst we are still undergoing certain problems with some of the information being extracted from the Agresso system, we are working closely with Budget Holders, Principle Practitioners and Managers across all areas. The experience, close working relationship and knowledge of those involved provide a level of assurance in addition to the pre-existing system information we have access to.

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

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

In addition to this Adult Care also has a capital budget in 2016/17 of £9.80m.

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

## a) Adult Frailty & Long Term Conditions

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

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

The current budget for this commissioning strategy is £99.208m.

Older Peoples Services

The current budget for Older People for 2016/17 is £80.124m.

Budgets within Home Care and Direct Payments are being realigned to reflect the changes in these two areas to match budgets to actual costs.

Long Term Residential Activity has increased slowly across the County, with activity being higher at this point in the year than the first four months of 2015/16. The reason behind the increase in numbers this year has been because of a change in policy with long term placements being made at an earlier stage rather than keeping service users in Short Term Care for long periods. The last quarter should therefore reflect a short term increase only.

Spend on Short Term Care and carers respite services are lower in the first quarter than in the final quarter of 2015/16. This is due to the policy change as described above. Short term care home placements usage (short term care beds to cover for lack of facilities at service users home) have reduced by nearly two-thirds since April, due to improved services within our Home Care service. A new contract has also been made to block book beds in a number of homes across the County, initially just for short term care home placements but now for all types of placements. This will assist in keeping the costs down in areas where there are high top up fees which have mainly been borne by LCC.

Initial analysis of Income collection suggests this will be on target for 2016/17. The reduction in short term care home placements will reduce the pressure on income seen in 2015/16 as we are unable to charge a service user contribution in these cases. Also by making placements to long term at an earlier stage than before will increase income as Long Term assessments are usually higher than short term care. We shall also start to see an increase in income following the implementation

of the revised contributions policy – this has been reflected in the level of budgets for income set across the service.

Taking all the elements described into consideration it is expected that outturn for Older People will be on target in 2016/17.

Physical Disability Services

The current budget for PD for 2016/17 is £12.150m.

There has been some growth in home support and direct payments due to a number of transition cases from Children's Services. However it is envisaged at this stage that this growth will not impact on overspending the budget with projections remaining on target.

Long term residential placement activity is currently below the 2015/16 level. Short Term Care and Carers Respite activity is also reported to be less than at the same time last year. However these areas are expected to fully utilise their budget allocation by the end of the year.

Income collection as at the end of Quarter 1 Debtor/Non Residential and Direct Payments suggests that overall income collection for 2016/17 is likely to be on target.

Taking all the elements described into consideration it is expected that outturn for Physical Disability Services will be on target in 2016/17.

Infrastructure

The current budget for 2016/17 for Infrastructure is £6.934m.

The infrastructure budget currently includes expenditure in relation to the Director, along with individual Heads of Service covering Operational Services for OP/PD, Learning Disability, Policy and Service Development, Performance, Workforce Development and Quality, Carers and Safeguarding.

Current estimates suggest that the infrastructure budget may produce an underspend in 2016/17 due to a number of vacancies across several teams within the infrastructure area.

**b. Specialist Services**

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

- Residential and Nursing Care
- Community Supported Living
- Homecare

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

The current budget for this commissioning strategy is £51.189m.

Learning Disability Services

The current budget for Learning Disabilities for 2016/17 is £45.570m.

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

There have been a number of large support packages coming through Practice Enablement Group (PEG) in the first half of this year to date. These are across Community Support, Residential and Direct Payments. Some of these costs are either new to the service or through 'Transforming Care' where they have moved across from in-patient accommodation. Whilst growth within the service has been built into this year's budget, these additional unexpected large packages have put some additional pressure for 2016/17. Hence, early signs are that LD S75 may have a small overspend in 2016/17. However, at this early stage it is still uncertain if all of these packages will be taken up in year as they are not all yet in place.

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

We have also successfully managed to reclaim £150k to date of direct payments refunds back into the system from unspent service user Direct Payments. This is expected to at least double for the whole year which should help to mitigate some of the unexpected high cost placements described above.

Taking all the elements described into consideration including a continuation of the £2.125m investment for demographic pressures via the Better Care Fund and the possible additional income for Direct Payment refunds it is expected that the outturn for Learning Disability Services will be on target in 2016/17.

.

Mental Health Services

The current budget for 2016/17 for Mental Health is £5.619m.

The Mental Health service is run on behalf of the Council by the Lincolnshire Partnership Foundation Trust by way of a section 75 agreement. Current reports from LPFT suggest an increase in services activity, however there is an expectation that LPFT budgets will remain on target in 2016/17.

## c. Safeguarding

The current budget for Safeguarding for 2016/17 is £1.795m.

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

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

As above, the current budget for this commissioning strategy is £1.795m, however due to ongoing costs coming through for continued pressures relating to DOLS assessments (continued costs due to the Cheshire West ruling), it is projected to overspend by circa £500k in this financial year. We have requested that this overspend should be funded from the 1% 2015/16 underspend carry forward.

## d. Carers

The current budget for Carers for 2016/17 is £2.044m.

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

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

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

## e. Better Care Fund

£16.825m is the CCG planned transfer to LCC for 2016/17. This is predominantly in Adult Care and will help fund the costs of the Care Act and protect adult care services. Most of the fund will be allocated to areas where it is already being spent, on such services as the Home Based Reablement Service, Hospital Discharge Teams and Learning Disability service. The fund will also provide a continued £4.250m investment in both Adult Frailty and Adult Specialty commissioning strategies (£2.125m each) to continue to cover demographic pressures that both services are expected to incur in this financial year.

The agreement with Health to pool health and social care budgets totalling £193m through a number of Section 75 agreements has now entered its second year.

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

### f. Adult Care Savings Programme

The 2016/17 budget also includes a commitment from the service to deliver £6.843m worth of savings during the current financial year from a number of initiatives including an earlier Senior Management Review, a continuation of the work to maximise service user contributions, the review of the contributions policy, and the renegotiation of several contracts.

At the end of July 2016 Adult Care has achieved £1.785m in savings with an expectation that the majority of expected savings will be delivered by the end of the financial year.

### g. Capital

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

| Investment Plan | 2016/17 | 2017/18 | 2018/19 | Total |
|---|---|---|---|---|
| Extra Care Housing | £7,550,000 | £150,000 | £150,000 | £7,850,000 |
| Telecare/Telehealth | £250,000 | £250,000 | £250,000 | £750,000 |
| DFGs | £500,000 | £500,000 | £500,000 | £1,500,000 |
| Health & Adult Care Integration | £900,000 | £300,000 | £300,000 | £1,500,000 |
| Day Care Modernisation | £500,000 | £50,000 | £50,000 | £600,000 |
| Care Act Infrastructure | £100,000 | £25,000 | £25,000 | £150,000 |
| **TOTAL** | **£9,800,000** | **£1,275,000** | **£1,275,000** | **£12,350,000** |

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

Colleagues from the Corporate Property Team are continuing to scope options for the development of the Extra Care Housing Strategy prior to work to identify a preferred provider in which to take the project forward, it is assumed therefore that the allocation for 2016/17 will also be used.

Additional money has now been allocated in 2017/18 and 2018/19 towards Health and Adult Care Integration, as well as Extra Care Housing, Day Care Modernisation and Care Act Infrastructure.

## 2. Conclusion

The Adult Care outturn is projected to be within the £154.237m, producing a balanced budget. This being the case it would be the fifth year in succession that Adult Care has been able to live within its budget allocation.

## 3. Consultation

### a) Policy Proofing Actions Required

n/a

## 4. Background Papers

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

This report was written by Paul Collins, who can be contacted on 01522 550504 or paul.collins@lincolnshire.gov.uk.

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

**Policy and Scrutiny**

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

| | |
|---|---|
| Report to: | **Adults Scrutiny Committee** |
| Date: | **07 September 2016** |
| Subject: | **Non-Residential Care Contributions Policy Implementation report** |

**Summary:**

Following a public consultation that took place between 22 June and 28 September 2015, on 3 November 2015, the Executive approved amendments to the Council's Non-Residential Care Contributions Policy as follows:-

a. To introduce a 72 hour (three days) notice period for cancelling care;

b. To introduce an annual review of the contributions paid from service users where requested and to calculate entitlement to refunds by comparing the total cost of care for the whole year with the total annual contribution paid by a service user and refunding any amounts by which the total contributions paid are more than the total cost of care;

c. To introduce a new rule so that everyone assessed to pay a contribution will be charged from 14 days after the financial assessment form is sent out;

d. To assess service user contributions against the full cost of the services received;

e. To increase the cap on service user contributions to £400 in 2016/17, £500 in 2017/18 and remove it completely in 2018/19;

f. To proceed with the application of banded Disability Related Expenses (DRE) to new service users;

g. To introduce a one-off arrangement fee for new self-funding service users who wish the Council to arrange their non-residential service care package.

Authority was delegated to the Director of Adult Social Services, in consultation with the Executive Councilor for Adult Care, Health and Children's Services to:

1. Make amendments and approve the final form of the Non-Residential Contributions Policy reflecting the changes approved;

2. Following a review, take decisions as to whether to apply the banded Disability Related Expenses (DRE) to existing service users, within the next six months;

3. Develop and approve implementation plans setting out the detail of how the policy changes will be implemented in practice; and

4. Following such engagement as he shall consider appropriate, approve the level of the fee to be charged for new self-funding service users who wish the Council to arrange their non-residential service care package.

This paper reports back on the implementation process and the four points above.

**Recommendation(s):**
That the Adults Scrutiny Committee:

1) Notes the successful implementation of the Non-Residential Contributions Policy.

2) Notes the Lessons Learnt at Section 7 of this paper.

## 1. Outcomes

1.1 Under delegated authority the following outcomes were achieved:

The Adult Care Non-Residential Contributions Policy was rewritten to reflect the amendments approved. As well as a full policy with all the details, a summary version was also written in an easy to understand format to be used by staff and sent out to service users. This work has been successfully undertaken and both the full policy and shorter version are available online https://www.lincolnshire.gov.uk/adult-care/professionals-and-providers/professionals/strategies-policies-and-plans/non-residential-contributions-policy/129059.article.

1. Following a review, a decision was taken not to apply the banded Disability Related Expenses (DRE) to existing service users. Existing service users who have already had full DRE assessments will continue to claim the actual costs as they do currently but will be required to

supply all receipts. Existing service users can request to be moved to a banded rate. See full policy 2.2.1 (b);

2. A full implementation plan was developed and implemented. A broad-based implementation team was also pulled together of staff from various parts of LCC and Serco. The team worked effectively, the plan was reviewed at a monthly meeting, and whilst significant effort was required of many people and their teams, implementation was successfully delivered.

3. A fee of £445 was agreed as the amount to be charged for new self-funding service users who wish the Council to arrange their non-residential service care package. This amount was calculated on the basis of what it costs the Council to support a service user and the fee does not make a profit for the Council.

## 2. Implementation

2.1 It was agreed by the Director of Adult Social Services in consultation with the Executive Councillor for Adult Care, Health and Children's Services, that the start date of the new policy would be 16 April 2016. This was to fit in with the annual financial review to save staff resources and confusion to service users.

2.2 The specific tasks that where outlined in the report to the Executive on 3 November 2015 included:

| Task | Outcome |
|---|---|
| Re-writing the revised Adults Contributions Policy | Full and summary document written. Incorporates all changes and is a complete rewrite of existing policy into service user friendly format. |
| Establishing an Implementation Group to support the work | Extensive implementation group was set up to oversee project. |
| Engaging with Stakeholders e.g. Serco and People's Partnership | The FAICT team in Serco were fully involved in the project and put considerable extra time and resources into the success of this project. CSC team in Serco were on the project team and also took the calls from initial publicity and service users after letters went out informing of new contributions.<br>Many other internal teams were involved.<br>The People's Partnership was fully engaged in the production of the summary and full policy and have acknowledged improvements in the tone and content of the documents and thanked us for taking their |

| Task | Outcome |
|---|---|
| | input on board. |
| Reflecting on ongoing development of Agresso and implementation of Mosaic which is crucial to the billing and refund system | Unfortunately the new policy had to go live before Mosaic was ready to go live. However as well as taking into account the current status of existing systems the Mosaic development team were fully engaged to future proof the changes. |
| Implementation of systems and procedures around the proposals | The project team worked closely with Serco, staff and Brokerage to ensure smooth implementation of the changes. There are still one or two operational processes being finalised but all are in hand. |
| Ensuring quality of the service user data and financial information | FAICT carried out financial reviews on 5186 service users checking every one individually and entering new rates for each. |
| Reflecting on any related impact to service users Personal Budgets (PB) | As service users PB review dates come round they will each be looked at for any impact of new rates or policy changes. Service users can also request a review at any time if they feel they need one before their review date. |
| Future proofing for DWP changes moving from Disability Living Allowance (DLA) to Personal Independence Payment (PIP) | The new banding levels have been set for DLA and PIP. |
| Take into account the changes to home care rates (and other changes) from April 2016 in the light of national revisions to the living wage from April 2016. | New provider rates were taken into account. |

2.3 Other tasks that were included were:

| Task | Outcome |
|---|---|
| Publicity | The consultation was promoted through all the council's internal and external channels, including County News, the LCC website and social media channels, News Lincs, briefings for members and MPs. We also promoted the consultation through partners and providers, who added information to |

| Task | Outcome |
|---|---|
| | their own websites and newsletters for service users. |
| Notify Service Users | 5186 letters were sent to service users. This required 490 additional working hours which also included the validation of all care packages and provider cost which required manual intervention on every single case. Following the mail out 947 calls were received via the CSC helpdesk that was put in place and 229 letters have been received. |
| Staff training | Working closely with the Adult Care Workforce Development team and the Corporate Communications Team a comprehensive plan for communicating and embedding the new policy was developed and delivered:<br>• a special edition of the 'workforce matters' Newsletter to all staff and partner agencies; additional communications in the Adult Care Newsletter and the monthly Practice Development Bulletin; links to the appropriate policy and summary policy documents available via the LCC website.<br>• a series of three face-to-face staff briefings during April 2016 were available to staff and partner agencies and we had around 60 attendees. The briefings were delivered by Matthew Fisher (Lead Professional) Simon Garner (Workforce Development Practitioner) and Wendy Crosson-Smith (Contributions Policy Advisor).<br>• FAQs were collated from the briefings and were sent to all attendees to share with their teams. |

## 3. Financial Outcomes

3.1 The initial in year saving for 2016/17 from the current service users' financial reviews is £698k against a full year target for the project of £883k. Therefore 80% of the target has been reached at this stage, with 2018/19 being the first full year, that is, when the cap on service user contributions is completely removed. The full impact of the changes cannot be measured until the end of the financial year due to changes in the service user cohort throughout the year.

## 4. Equality Impact

4.1 Members are referred to the Equality Impact Analysis available at www.lincolnshire.gov.uk/adultcare

4.2 5186 service user letters were sent out on 18 and 21 March informing existing service users of the impact of the changes to their personal financial assessment and the new contributions required from 16 April 2016.

4.3 This resulted in 947 calls to the Customer Service Centre 320 of which were referred to FAICT. This is approximately double the number of calls that are usually received following the annual financial reviews.

4.4 Only six calls were escalated to management concerning the changes to the contributions policy.

## 5. Specific Proposals

This section sets out each of the original proposals and highlights any issues and considerations that have been taken into account during the implementation process.

5.1 To introduce a 72 hour (three days) notice period for cancelling care.

Allowances will be made for emergency situations. One telephone number has been published and service users will be encouraged to use it. Work is ongoing exploring the implications of this arrangement on homecare providers.

5.2 To explain the way that refunds are calculated for cancelled or missed care.

This was not a change to policy but the policy now makes this clearer and gives examples.

5.3 To introduce a new rule so that everyone assessed to pay a contribution will be charged from 14 days after the financial assessment form is sent out.

There were a number of changes that needed to be made to the process to implement this:

- The financial assessment form is now sent out on the day care starts and not before to prevent charging before care starts;
- Serco have tightened up the processes to ensure service users return the forms promptly and the financial assessment is carried out in the timescale needed. This is explained in both the summary and full policy documents.
- A process has been put in place with the Direct Payments team so that those on Direct Payments are also contributing within 14 days;
- Discussions have taken place with the Mosaic team to ensure the 14 day rule is implemented correctly when the new system goes live.

5.4 To assess service user contributions against the full cost of the services received.

From 16 April 2016 all users have been assessed for contributions against 100% of the cost of care or their Personal Budget. This resulted in approximately 140 service users on Direct Payments paying 100% of their care and therefore not being due a Direct Payment.

5.5 To remove the maximum charge per week of £250 phased over three years as below:

| **Phased implementation** | **2016/17** | **2017/18** | **2018/19** |
|---|---|---|---|
| New maximum weekly charge | £400 | £500 | No Max |

The £400 cap has been implemented for 2016/17.

5.6 To introduce banded levels for Disability Related Expenses (DRE).

DRE banding has been implemented as in 1.1.2. All receipts are now required for any service user not on the banded rate.

5.7 To introduce a one-off arrangement fee for new self-funding service users who wish the Council to arrange their non-residential service care package

As a guide, an initial figure of £444 was calculated as a suggested charge. The Care Act 2014 allows the Council to issue a charge based upon the actual cost it would incur in arranging services for new self-funding service users. The fee suggested included the cost of establishing a suitable care package following a full assessment of the service user's needs, the cost of conducting a financial assessment, the cost of brokering and placing a service user and the cost of administration. The costs associated with those activities were based on information contained within the "Lincolnshire Model" which was used to establish the additional cost to the authority of implementing the Care Act 2014. The "Lincolnshire Model" was used by the Department of Health (DoH) to help calculate the cost of implementing the Care Act 2014 across England.

After further review the figure of £445 as a one-off fee was agreed. This fee applies to all 'new' clients' who have over £23, 250 and who choose to ask the council to arrange their care. To date there has been 9 such cases, though the number is expected to grow.

## 6. Benefits Maximisation

One of the key added benefits of the contract with Serco is the requirement placed on them to work to maximise service user benefits. It is very pleasing to be able to report that during 2015/16 when the new contract with Serco was in its first year and

when so much work was being undertaken in preparation for the introduction of the new Contributions Policy work was undertaken that:-

- Reviewed 640 service user cases
- The review led to an increase in service user weekly income of £20.2k per week, over £1m per annum
- And as a result of this, weekly income to the council increased by £7,648 per week, some £397k per annum

This work is continuing in 2016/17 and should again bring additional income into the Lincolnshire economy and additional income to Adult Care.

## 7. Process Improvements

The project team was committed to seeking improvements in the process from a service user perspective. Obviously the benefits maximisation work identified in the above paragraph is a significant benefit, but improvements were also sought in making the financial assessments process and documentation easier to understand. Improvements have included:

- A new financial assessment form which means that service users will only have to complete a financial assessment form once, irrespective of receiving care at home or within a residential setting. The form has been operational for three months and having received feedback from service users and carers some additional improvements have been made
- Work is being undertaken to produce a funding pack which covers the financial implications of receiving care and support through Adult Care, and this will be available shortly
- The waiver policy is being reviewed to align it with the new policy and review the terminology used
- Ongoing work as part of the Mosaic development

## 8. Lessons Learnt

The project team has reviewed the entire process from commencement of the policy review in late 2014 through to implementation in April 2016 and noted the following points for future reviews:

- Operational staff to be more extensively consulted at the proposal stage in order to appreciate the implementation issues;
- Commissioning and Brokerage to be more extensively consulted at an earlier stage;
- People's Partnership to be consulted more extensively at the proposal stage to understand impacts.

## 9. Conclusion

The implementation was successfully carried out by the live date of 16 April 2016 due to the joint involvement of a number of teams and consultation with partners.

The policy documents and impact assessment can be found at: https://www.lincolnshire.gov.uk/adult-care/professionals-and-providers/professionals/strategies-policies-and-plans/non-residential-contributions-policy/129059.article

This report was written by David Laws, BCF and Financial Special Projects Manager, who can be contacted on 01522 554091.

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

**Policy and Scrutiny**

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

| | |
|---|---|
| Report to: | **Adults Scrutiny Committee** |
| Date: | **07 September 2016** |
| Subject: | **Approval for the continuation of a Partnership Agreement with Lincolnshire NHS Partnership Foundation Trust (LPFT) under Section 75 of the Health Act 2006 - Mental Health** |

**Summary:**

This report invites the Adults Scrutiny Committee to consider a report on the approval for the continuation of a Partnership Agreement with Lincolnshire NHS Partnership Foundation Trust (LPFT) under Section 75 of the Health Act 2006 - Mental Health, which is due to be considered by the Executive Councillor for Adult Care, Health and Children's Services on 7 September 2016. The views of the Scrutiny Committee will be reported to the Executive Councillor as part of their consideration of this item.

**Recommendation(s):**

(1) To consider the attached report and to determine whether the Committee supports the recommendation(s) to the Executive Councillor as set out in the report.

(2) To agree any additional comments to be passed to the Executive Councillor in relation to this item.

## 1. Background

The Executive Councillor for Adult Care, Health and Children's Services is due to consider a report on the approval for the continuation of a Partnership Agreement with Lincolnshire NHS Partnership Foundation Trust (LPFT) under Section 75 of the Health Act 2006 - Mental Health. The full report to the Executive Councillor is attached at Appendix 1 to this report.

## 2. Conclusion

Following consideration of the attached report, the Committee is requested to consider whether it supports the recommendation(s) in the report and whether it

wishes to make any additional comments to the Executive Councillor. The Committee's views will be reported to the Executive Councillor.

## 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 | I011994 – Approval for the continuation of a Partnership Agreement with Lincolnshire NHS Partnership Foundation Trust (LPFT) under Section 75 of the Health Act 2006 - Mental Health |

## 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 Lorraine Graves, who can be contacted on 01522 553836 or lorraine.graves@lincolnshire.gov.uk.

Lincolnshire COUNTY COUNCIL
*Working for a better future*

**Executive Councillor**

| **Open Report on behalf of Glen Garrod, Executive Director of Adult Social Services** | |
|---|---|
| Report to: | **Councillor Mrs PA Bradwell, Executive Councillor for Adult Care, Health and Children's Services** |
| Date: | **07 September 2016** |
| Subject: | **Approval for the continuation of a Partnership Agreement with Lincolnshire NHS Partnership Foundation Trust (LPFT) under Section 75 of the Health Act 2006 - Mental Health** |
| Decision Reference: | **I011994** |
| Key decision? | **Yes** |

**Summary:**

The purpose of this report is to:

- Present an overview of the proposed partnership arrangements negotiated between Lincolnshire County Council (LCC) and Lincolnshire Partnership NHS Foundation Trust (LPFT) through a newly revised Section 75 (S75) Agreement contract for mental health services (18-64).
- Describe in brief the proposed S75 arrangements whereby responsibility for undertaking certain Adult Social Care (ASC) functions in respect of people with mental health needs are delegated to LPFT.
- Request that the Executive Councillor considers the content of this report and approves the entering into of a new S75 Agreement.

**Recommendation(s):**

That the Executive Councillor :-

(i) Approves the continuation of partnership arrangements under Section 75 of the National Health Service Act 2006 between the County Council and Lincolnshire Partnership NHS Foundation Trust in respect of adults with mental health needs through a S75 Agreement based on the principles set out in this report and

(ii) Delegates to the Executive Director Adult Social Services in consultation with the Executive Councillor for Adult Care, Health and Children's Services to determine the final form of the S75 Agreement and approve the entering into said Agreement.

**Alternatives Considered:**

Do nothing – existing contractual arrangements provide for expiry on 31 March 2017 so current arrangements will expire on that date. If they are not continued or replaced by amended arrangements responsibilities currently delegated by LCC to LPFT to complete assessments and deliver social care support to adults with mental health needs will revert back to the Council. The Council has had partnership arrangements for Adult Mental Health services to be delivered by LPFT since 2002 and has neither the resources nor the skills to support and administer this vital service. As a result both the Council and the people who use services would be placed at considerable risk.

**Reasons for Recommendation:**

Work to strengthen and finalise improvements to the S75 Agreement and associated documents (including contractual terms and conditions, the various schedules and associated financial arrangements) has now concluded. Therefore, a decision from the Executive Councillor is requested and recommended.

LCC colleagues have been working closely with LPFT colleagues for a number of months to re-negotiate the existing S75 Agreement and contractual arrangements in order to ensure that revised arrangements are fit for purpose and represent value for money.

The existing S75 Agreement has an expiry date of the end of March 2017 and the arrangements are currently being continued on existing terms pending sign off of the proposed new Agreement. Revised arrangements require approval and prompt implementation in order to ensure continued social care services are delivered to adults with mental health needs.

## 1. Background

The Council has completed negotiations for an updated partnership arrangement to replace the long standing S75 Agreement between Lincolnshire County Council (LCC) and the Lincolnshire Partnership NHS Foundation Trust (LPFT). S75 Agreements can be agreed for one or more of the following purposes:

- Pooled funds – the ability for partners to contribute agreed funds to a single pot, to be spent on agreed projects for designated services.
- Lead Commissioning – the partners can agree to delegate commissioning of a service to one lead organisation.
- Integrated provision – the partners can join together their staff, resources and management structures to integrate the provision of a service from managerial level to front line.

The S75 Agreement with LPFT for adult mental health creates integrated provision with LPFT taking on the exercise of specified Council functions and employing the staff to exercise the Council functions alongside health functions in the delivery of an integrated service.

The overarching aim of a S75 Agreement is to enable partners to join together to design and deliver improved, cost effective and modernised services around the needs of users and carers, and to allow organisations to work around their individual boundaries. These arrangements help to eliminate unnecessary gaps and duplications between services and reduce inequalities.

The existing S75 has been in place for a number of years, however the review carried out in 2014 identified a number of areas where service specifications were in need of update and this has given us opportunities to strengthen service delivery and outcomes for stakeholders.

Although not exhaustive the negotiations around implementing revised partnership arrangements have involved the following:

- Focussing the partnership outcomes on Prevention and Recovery
- Moving the Mental Health Promotion Fund specification from Schedule 2 to a Schedule of its own, now Schedule 3. This is BCF funding which is non recurrent and is used to fund projects within the Managed Care Network.
- Agreement of a risk share in terms of the Best Interest Assessor Service
- Updates to legislation and language
- In the delivery of all functions LPFT will use Mosaic as the recording system which will make activity and reporting much more transparent
- LPFT will carry out Quality Audits against the Quality Audit Standards
- LCC and LPFT will work in partnership over the next six months to develop an improved 24 hour Approved Mental Health Professional (AMHP) Function fit for Lincolnshire. The AMHP Function has also been given its own Schedule (Schedule 7) as this enables it to be treated as a separate service.
- Governance and Quality Assurance has been strengthened
- A Memorandum of Understanding will be added to Schedule 6
- Training will be shared / jointly commissioned where possible
- Safeguarding, Serious Incidents and legal emphasis has been made more prominent
- We will seek for LPFT to access LCC's Homecare contracts to improve service users ability to remain in the community and to reduce costs in direct payments.

These partnership arrangements take into account the need for both partners to ensure that services can be provided or commissioned in line with the Agreement. The framework allows for the Service Schedules to be routinely updated by means of formal contract variations, for example to include agreed budget figures for the new financial year or allow for changes in legislation.

Following negotiations the Agreement contains the following key components to ensure that they represent good value and protect the Council's position.

***Financial provisions***

Negotiations for the Agreement going forward have agreed the same level of funding with uplifts to cover the costs of increases to the usual cost of residential fees for the provision of mental health residential services. The current contract value is £5.659m.

The new arrangements detail a defined set of outputs and outcomes which include identified numbers of individuals to be supported, and a number of targets around the services to be delivered. The outputs have been agreed in partnership between LCC and LPFT and are related to the funding of the Agreement.

***Responsibility for functions***

LCC retains its duty to arrange the provision of Adult Social Care mental health functions for adults aged 18 to 64 years and equally important, retains accountability.

The S75 Agreement identifies in detail the statutory functions delegated to LPFT through the S75 Agreement but in general terms these include Adult Social Care assessments, carers assessments and financial assessments; support planning; self-directed support; reviews; transition planning; budget management; brokerage; and micro-commissioning. Commissioning remains the responsibility of LCC, and commissioning intentions will be shared with LPFT on a regular basis. As a result strategic direction will be set by LCC while direct purchasing will be carried out by LPFT in the form of brokerage and micro-commissioning or by individual service users via Personal Budgets.

The S75 Agreement specifies the ways in which LPFT will support LCC in fulfilling its duty by providing and arranging access to a range of provisions, which are outlined below:

- Prevention – LPFT will help service users gain access to information, advice, Assistive Technology, advocacy and involvement, peer support, and Primary Care Mental Health Services.
- Recovery – LPFT will provide early intervention, crisis management, and recovery support.
- Maintenance – LPFT will help service users gain access to day opportunities (including social and cultural activities), community support, short breaks, employment and other vocational opportunities, and residential provision.

Clearly in circumstances where the Council retains ultimate responsibility for a function but has delegated its exercise, suitable provisions need to be put in place to protect the Council should LPFT do something which gives rise to liability on the part of the Council. Appropriate indemnities are therefore part of the Agreement.

***Governance***

Equally, if not more important for LCC, are the mechanisms available to LCC to monitor and performance manage the S75 Agreement.

Governance for, and oversight of, the S75 Agreement have been strengthened and will be carried out as follows:

- Mental Health Governance Board Meeting – monthly meeting between delegated officers of both LCC and LPFT to discuss performance, accountability and governance issues.
- Bi-monthly Legal and Safeguarding Meeting
- Authorised Officers LCC and LPFT 1:1 Monthly Meetings
- Introduction of Quality Assurance Audits
- Annual Joint Review

In addition to the above and via quarterly contract management and monitoring meetings, performance management will be examined across a number of matrices that demonstrate performance, competency, quality and service user outcomes. Requirements are detailed within the agreement.

***Term, termination and exit provisions***

It is proposed that the S75 Agreement will be for an initial period of three years until 31 March 2020 with an option to extend for a further two years. The Agreement could be terminated within that period by either party providing one year's notice is given. On termination, transition to new arrangements would be carried out. A one year notice period would be required in order to support a transition of this magnitude.

***General***

In addition to the above, the Agreement aims to:

- Deliver the best possible social care, healthcare and wellbeing outcomes, including promoting equality.
- Provide the best possible health and social care provisions for adults aged 18 to 64 years with mental health needs.
- Commission health and social care services which deliver the agreed outcomes and that meet people's assessed needs, within a contracting framework which is flexible and provides the necessary protection for service users and carers.
- Ensure people with mental health needs who come within the remit of the Agreement are fully involved in all planning and support activities.
- Ensure that people who have an eligible Adult Social Care need but whose primary needs are not related to mental health, are supported appropriately through joint working arrangements with other social care practitioners.
- Ensure that people with mental health needs who come within the remit of the Agreement, and who have additional needs that are not related to

mental health are supported appropriately through joint working arrangements with other social care practitioners.
- Ensure that where a primary need cannot be determined, or where joint working is appropriate, a lead professional is appointed through discussion and negotiation with other practitioners.
- Ensure the best use of available resources to achieve these overarching aims.

In order to have the power to enter into an Agreement under S75 of the National Health Service Act 2006, the Council must have complied with a number of statutory pre-conditions. These are set out below along with commentary on how they have been met.

1. The parties must be able to show that such arrangements are likely to lead to an improvement in the way in which the NHS functions and the Council's transferred functions are exercised;

The new S75 Agreement and contractual arrangements will generate a number of improvements and benefits compared with previous arrangements. These include:

- Establishment of a robust and fit for purpose S75 Agreement and contract which provides clarity about local priorities for service provision and improvements.
- A strong focus on prevention and recovery.
- Improvements to existing working arrangements involving LCC and LPFT within a legally described and formalised framework.
- Clearly defined Adult Social Care functions which are delegated to LPFT including a single process to assess the needs of service users and to manage and deliver health and social care, thereby reducing levels of bureaucracy.
- Identification and effective management of financial resources and associated risks.
- Improved arrangements to deliver on the personalisation agenda through increased access to Personal Budgets thereby creating greater choice, personal control and responsibility and improving outcomes for people who use services and their carers.
- Supporting market development which is able to respond to the needs of local people in a flexible manner.
- Provision of rigorous governance arrangements.
- Implementation of clearly defined and measurable output and outcome performance reporting frameworks which will be reviewed through regular contract management arrangements.
- Easier identification of gaps in provision.
- Through partnership arrangements, the production of joined up strategies and the development of seamless Care Pathways.
- Flexibilities which will enable LCC and health partners to respond to changes in national and local policy directives, financial requirements and efficiencies.
- Flexibility to delegate additional services through the agreement.

2. The parties must consult such persons as appear to the NHS body and the local authority to be affected by such arrangements.

The proposals set out in this report do not change the way in which functions are exercised and services are provided at present in the sense that the S75 arrangements themselves already exist in the same form in terms of the extent of functions delegated and the services delivered in exercise of those functions. It does not therefore appear that persons are affected by the S75 proposals as such. To the effect that changes in service are proposed under the Section 75 arrangements these would be subject to separate consultation as appropriate.

In addition statutory Regulations set out certain matters that must be contained in any S75 Agreement as follows:

- the agreed aims and outcomes;
- the payments to be made by local authorities to the NHS bodies and how those payments may be varied;
- both the NHS functions and health-related functions to be exercised and the persons in respect of whom and the kinds of services in respect of which such functions may be exercised;
- the staff, goods, services or accommodation to be provided by the partners;.
- the duration of the arrangements and the provision for the review or variation or termination of the arrangements;
- the arrangements for monitoring the exercise by the NHS bodies of the health-related functions and the NHS functions; and
- in the case of the exercise of functions in respect of the provision of accommodation, the arrangements in place for determining the services in respect of which a user may be charged and for informing users about such charges;
- Where pooled funding arrangements are to be set up, further detailed requirements apply but that is not anticipated here.

These requirements have been met by the proposed S75 Agreement.

*Equality Act 2010*

The Council needs to make sure that it complies with the public sector equality duty set out in S149 Equality Act 2010 when coming to a decision on the proposals. In doing so, the Executive Councillor as decision-maker must have due regard to the needs to:

- Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010;
- Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- Foster good relations between persons who share a relevant protected characteristic and persons who do not share it: Equality Act 2010 section

149(1). The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation: section 149(7).

Having due regard to the need to advance equality of opportunity involves having due regard, in particular, to the need to:

- Remove or minimise disadvantages suffered by persons who share a relevant protected characteristic that are connected to that characteristic;
- Take steps to meet the needs of persons who share a relevant protected characteristic that are different from the needs of persons who do not share it;
- Encourage persons who share a relevant protected characteristic to participate in public life or in any other activity in which participation by such persons is disproportionately low.

The steps involved in meeting the needs of disabled persons that are different from the needs of persons who are not disabled include, in particular, steps to take account of disabled persons' disabilities.

Having due regard to the need to foster good relations between persons who share a relevant protected characteristic and persons who do not share it involves having due regard, in particular, to the need to tackle prejudice, and promote understanding.

Compliance with the duties in this section may involve treating some persons more favourably than others.

A reference to conduct that is prohibited by or under this Act includes a reference to:

(a) A breach of an equality clause or rule
(b) A breach of a non-discrimination rule

It is important that the Executive Councillor is aware of the special duties the Council owes to persons who have a protected characteristic as the duty cannot be delegated and must be discharged by the Executive. The duty applies to all decisions taken by public bodies including policy decisions and decisions on individual cases and includes this decision.

To discharge the statutory duty the Executive Councillor must analyse all the relevant material with the specific statutory obligations in mind. If a risk of adverse impact is identified consideration must be given to measures to avoid that impact as part of the decision making process.

The continuation of S75 arrangements are not considered to raise any negative impacts on people with a protected characteristic. However, as services are delivered, commissioned, developed and changed under the S75 Agreement, LCC will ensure that those duties are fully taken into account in decision-making. LPFT themselves are a body covered by the Equality Act duty.

The new S75 Agreement and the changes in funding attached to the agreement will ultimately lead to significant changes in how services are delivered to people with a Mental Health need and an eligible Adult Social Care need in Lincolnshire. This will mean a number of changes for people who receive services and Carers. LCC and LPFT will work together alongside new and existing partners to ensure that these changes are consulted on as appropriate, that the impact of these changes are minimised or mitigated and that individuals are supported through any future transition.

*Child Poverty Strategy*

The Council is under a duty in the exercise of its functions to have regard to its Child Poverty Strategy. Child poverty is one of the key risk factors that can negatively influence a child's life chances. Children that live in poverty are at greater risk of social exclusion which, in turn, can lead to poor outcomes for the individual and for society as a whole.

In Lincolnshire we consider that poverty is not only a matter of having limited financial resources but that it is also about the ability of families to access the means of lifting themselves out of poverty and of having the aspiration to do so. The following four key strategic themes form the basis of Lincolnshire's Child Poverty strategy: Economic Poverty, Poverty of Access, Poverty of Aspiration and Best Use of Resources.

Although the proposed S75 Agreement relates to adult mental health functions and there is a separate S75 Agreement relating to Child and Adolescent Mental Health Services, the support provided through the adult mental health S75 Agreement does impact on the lives of many children, as the individuals who receive assistance in relation to adult mental health issues are parents of children, or otherwise live in households where children are present.

*Joint Strategic Needs Assessment (JSNA) and Joint Health and Wellbeing Strategy (JHWS)*

The Council in exercising its functions must have regard to both the JSNA and the JHWS.

The services governed by the S75 Agreement for adult mental health have a positive direct impact on the health and wellbeing of people with mental health problems and the changes included in the new Agreement are considered to improve the exercise of the Council's functions and health functions in this regard.

*Crime and Disorder*

Under section 17 of the Crime and Disorder Act 1998, the Council must exercise its various functions with due regard to the likely effect of the exercise of those functions on, and the need to do all that it reasonably can to prevent crime and disorder in its area (including anti-social and other behaviour adversely affecting

the local environment), the misuse of drugs, alcohol and other substances in its area and re-offending in its area.

Adult mental health services can have a positive direct impact on the prevention of crime and disorder issues and it is expected that the changes made in the S75 Agreement will lead to improvements in the way services are delivered.

**2. Conclusion**

In summary, the new arrangements established through the S75 will provide a clear picture regarding LPFT's performance, outcomes for people who use services and where investment is being spent each year. Furthermore, the S75 represents the commitment demonstrated by LCC and LPFT to continue working in partnership through a common vision of health and wellbeing that will meet local needs.

**3. Legal Comments:**

The Council has power to enter into the proposed Agreement. The statutory pre-conditions to the entering into of a s75 Agreement and the matters that must be taken into account in reaching a decision are addressed in the Report.

The decision is consistent with the Policy Framework and within the remit of the Executive Councillor if it is within the budget.

**4. Resource Comments:**

The current Section 75 Agreement can be funded within the available mental health budget. The new Section 75 agreement has not identified additional pressures which would lead to an increase in the budgetary requirement.

**5. Consultation**

**a) Has Local Member Been Consulted?**

n/a

**b) Has Executive Councillor Been Consulted?**

Yes

**c) Scrutiny Comments**

The Report will be considered by Adults Scrutiny Committee on 7th September 2016 and the comments of the Committee will be reported to the Executive Councillor.

**d) Policy Proofing Actions Required**

See the body of the Report

## 6. Appendices

None

## 7. 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 Lorraine Graves, who can be contacted on 01522 553836 or lorraine.graves@lincolnshire.gov.uk.

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

**Policy and Scrutiny**

| **Open Reporton behalf of Glen Garrod, Executive Director of Adult Social Services** | |
|---|---|
| Report to: | **Adults Scrutiny Committee** |
| Date: | **07 September 2016** |
| Subject: | **Peer Review of Adult Care in Lincolnshire - Findings** |

**Summary:**

'Peer Reviews' are an established approach to assessing the performance and overall effectiveness of an Adult Care service in a given local authority. It forms one element in what is known as Sector Led Improvement. In the East Midlands Region Peer Reviews are undertaken approximately every two years in each of the ten local authorities. Adult Care in Lincolnshire last recieved a Peer Review in November 2013.

A Peer Review team visited between 27 and 29 June 2016 led by Steven Forbes, the Director of Adult Social Services (DASS) at Leicester City Council. The Peer Review team's report detailing their findings is attached at Appendix A.

**Actions Required:**

Members of the Adults Scrutiny Committee are invited to consider and comment on the attached report from the Peer Review team.

## 1. Background

The approach taken in England to Adult Social Services has been agreed between Ministers, the LGA and the national body for Directors of Adult Social Services (ADASS). One element of this approach is a 'peer review' which involves a team of typically Assistant Directors from other councils led by a DASS, at times Peer Reviews are joined by a Portfolio Holder from the lead DASS's Council.

Typically each Peer Review lasts between three and four days and includes two areas – or 'deep dives' - for particular scrutiny. In Lincolnshire a Peer Review was last undertaken in November 2013. On this occasion Peer Reviewers were asked to consider the:

A. "…commissioning arrangements that Adult Frailty and Long Term Conditions Division have in place to meet the needs of people with a physical disability…"

B. "To stock-take progress from the last Peer Review and Lincolnshire's response to the Care Act ……"(concerning adult safeguarding)

Prior to the Peer Review team's arrival a document pack is provided detailing performance, finance, policy and procedures along with all relevant material to assist the team. Once the team is in situ a calendar of meetings is provided which ensures the team meets as many interested parties as possible to ensure Peer Reviewers are afforded a broad cross-section of relevant views and insights.

In the course of their work the Peer Review team met with Cllr Bradwell as the relevant Portfolio Holder, Cllr Oxby, the Chair of Scrutiny Sub-Committee and Cllr Marfleet as the Chair of Adults Scrutiny.

At the end of the review a presentation was made by the team to all those invited to take part in the Peer Review. This is then codified into a letter from the lead DASS identifying key findings which has been shared with the Leader of the County Council and the Chief Executive along with all participants. The findings are reported today for Members of Adults Scrutiny.

Senior officers will now construct an action plan to progress those areas arising from the Peer Review recommended for further action.

## 2. Conclusion

The Peer Review approach and its findings provide a significant opportunity to identify – from the perspective of an independent and expert team – where the strengths of Adult Care lie and, where challenges are evident.

## 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 | Letter from Steven Forbes, Peer Review Team lead DASS |

## 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 Glen Garrod, who can be contacted on 01522-550808 or Glen.Garrod@lincolnshire.gov.uk.

Please ask for: Steven Forbes
Direct Line: 0116 454 2206
E-mail: steven.forbes@leicester.gov.uk
Our Ref: ASC/SF/61027012
Date: 21 July 2016

Leicester City Council

Glen Garrod
Executive Director, Adult Social Services
Adult Care
Lincolnshire County Council
Room 118, County Offices
Newland
Lincoln LN1 1YL

Dear Glen,

**Lincolnshire County Council Adult Social Care Peer Review**

I am writing to outline our findings and conclusions from the peer review conducted in Lincolnshire between the 27th and 29th June 2016.

As you know the review team comprised of myself as the Lead Director, Sue Batty (Service Director, Mid & North Notts, Nottinghamshire County Council), Victoria Collins (Assistant Director Adult Social Care Milton Keynes Council), and Sandy McMillan (Assistant Director, Strategy & Commissioning, Leicestershire County Council), supported by Daniel Routledge (SDSA).

You asked us to look at the following Key Lines of Enquires:

**Adult Frailty and Long Term conditions**

- This element of the deep dive will consider the commissioning arrangements that Adult Frailty and Long Term Conditions Division have in place to meet the needs of people with a physical disability (all Adults). It will consider the commissioning arrangements that we have in place, how we manage our provision and how we could improve our position. The dive will also consider what joint arrangements we have in place and our ambition.

**Safeguarding**

- To stock-take progress from the last Peer Review and Lincolnshire's response to the Care Act. Deep dive into looking at Lincolnshire's Adult Care's approach to making Safeguarding personal and develop preventative approaches to Safeguarding.

We would like to thank you and your team for what we recognised as a significant amount of preparation for the Review, both in terms of the background material provided for us prior to arriving and the additional information we received over the three days we were in Lincolnshire.

We also appreciated the open and honest way in which all Members and staff approached our conversations, which was very helpful in us understanding the issues you face as a department.

../2

In particular we would like to thank Rachel Pitman and Katrin Howe for looking after us so well over the course of our time with you.

As well as considering the two KLOEs, we also picked up some general contextual findings which we would like to play back to you as part of our thinking.

**Contextual - Strengths**
Everyone we met with clearly identified with the Commissioning Council ethos of the local authority, it was obvious at every level of the department that this approach was fully embedded. There was also a very clear sense of direction from Elected Members and they were very clear as to what they expected from the department in terms of performance and quality.

We found a very strong culture of evidencing commissioning decisions and an impressive dataset that sits behind this evidence. Almost everyone we met had documentation and data to share with us evidencing the work they were involved with.

There were also absolutely clear and detailed processes for the delivering of commissioning, contracting, procurement and quality assurance that were well understood and delivered by staff we met with.

The staff were knowledgeable in their various subject areas and were enthusiastic and proud of Lincolnshire County Council and the role they played in supporting citizen's lives. Internal governance appeared to us to be very clear and robust and externally we heard of some good operational links with colleagues from health.

It was our view that the department is highly efficient within what is a very lean staffing structure.

**Contextual – Areas for development**
We felt that you may wish to consider the operational focus of the Principal Practitioner and how this role may develop into the future. This post is crucial in the delivery of strategic priorities of the organisation and our sense is that currently there is a lot of pressure on this role. Being able to provide Principal Practitioners with sufficient time not only to manage workflow but to ensure good social work practice will support the embedding of the overall strategic aims of the Department.

The connection between strategic commissioning and the commissioning that happens at an operational level still needs some closer alignment. Again this might be supported through the Principal Practitioner role as you consider its future developments.

We heard of new ways of working, new IT infrastructure that is coming, of course led by the implementation of MOSAIC and felt this really need to be driven forward if you are to manage the significant rises in demand for assessments.

Our belief is that you have plans in place to do this, but would reiterate the significance of ensuring this happens as quickly and smoothly as possible, particularly given the demographic pressures you face in the coming years.

../3

We heard of different views on the effectiveness of the Customer Service Centre and their ability to support in the managing of demand and provision of successful outcomes for citizens. We were not with you for long enough to form a view on this, but merely reflect back that these differences exist and it might be something for you to consider further investigation of.

As an aside, and to be clear not as an area for development but merely as a flag, like the rest of us you will have to ensure you are able to manage the ongoing demand presented by Deprivation of Liberty Safeguards.

**Adult Frailty – Strengths**
We were impressed by your commissioning strategies which set out clear ambitions and intentions and these are well understood by strategic commissioners.

The staff we met in commissioning, procurement and quality were very good technically and very enthusiastic. Clearly you have done a huge amount of procurement in a very short time, and it appears to us that this was done well, which was very impressive given the volume.

The focus we found was on maximising value, managing risk and improving the quality of service, never an easy balance, but one you appear to be striking.

The relationship you have with your providers is a very constructive one and having organisations such as LinCA as strategic partners is of real benefit to the organisation and local citizens.

Providers reported to us that there is a very clear and transparent way of working with the local authority and that they valued this level of openness and clarity. We also found evidence of customer satisfaction through ASCOF indicators and your local survey data.

**Adult Frailty – Areas for development**
There was a real lack of visibility of the Clinical Commissioning Groups throughout the review. In potential key areas for development and joint working at an operational level, such as Continuing Health Care and home-based intermediate care, the apparent absence of NHS engagement will make work in these areas far more challenging to deliver.

Given the demographic predictions you shared with us, there is still some work to be done around ensuring you have the right systems in place to manage the demand you will face. Clearly the promotion of self service has a role to play in this area.

Related to this is the further development of the Prevention Strategy and in particular consideration of whether a more targeted approach to prevention could improve the Council's ability to manage demand.

We felt it would be worth exploring how your current processes are enhancing and promoting Personalisation and whether there is room for more personalised outcomes for citizens.

../4

Your operational teams reported to us that they felt under significant pressure, which begs the question is there enough space for creativity at the frontline? Developing personalised outcomes for service users takes time, whereas traditional outcomes are far quicker. Do staff have enough time to think creatively?

There also needs further work in order to bridge the gap between Adult Social Care and the wider well-being agenda.

**Safeguarding – Strengths**
The Safeguarding Adults Board appeared to us to be well established, with a clear intention and plan, and seems to be action-orientated. The Board appears to have good participation from partners and the Chair is clear of the need for it to be assured that people are being kept safe.

There is a new operational process plan in place and we felt this was a good step forward for the Board and the reporting from the local authority is good.

LinCA provides the Board with a good operational partner who is delivering not only in the development of safeguarding in provider settings, but also in workforce development.

Our view was that the Safeguarding Team appeared to be effective.

**Safeguarding – Areas for development**
We heard that the focus of safeguarding had moved significantly from an investigatory/identification of perpetrator model to a much more useful and effective 'learning and action' approach. However it was clear that this evolutionary shift which mirrors the direction of Making Safeguarding Personal was in some areas at an early stage and would need further nurturing and development.

You need to continue the evolution of the safeguarding processes for provider led investigations conducted outside of the council so that information provided to the Board on safeguarding is consistent across all partner agencies. This will allow more comprehensive reporting of safeguarding and ensure the Board can be assured in all areas.

There is a need to drive forward with a move away from a 'systems and process' approach to safeguarding towards a more personal approach, both internally and across the partnership.

A challenge for us all is getting to a place where early intervention and prevention of safeguarding are embedded rather than responding to a safeguarding incident and you also have this journey to make.

**Priority Actions**
Clearly we have set out a number of considerations in these findings, so felt it would be helpful to outline the three areas we felt were the most critical for you at this time.

../5

The implementation of MOSAIC is clearly critical, we were repeatedly told how it would assist in many areas in the future. In our experience, these implementations are never as straightforward and expeditious as you might hope, so our recommendation is whilst this is clearly key in helping drive your new ways of working, be cautious in your approach.

Currently you have very good systems of reporting and data on which to evidence effectiveness and these should not be lost until you are assured that MOSAIC is able to offer at least the same levels of information.

Prevention and its ability to support the reduction of demand and improve the well-being of the population is clearly going to be significant for you given the population demographics you face in the future. It is key that you get this right and that it considers its role in demand reduction.

We mentioned the lack of visibility to us of the CCGs and whilst this did not appear to be for a lack of effort by your staff or elected members, you clearly need to see what further opportunities exist in order to maximise the engagement with health commissioners on the big 'systems issues'.

There is no real solution to the health and social care challenges in Lincolnshire without colleagues from the NHS, so finding new ways to ensure all partners are engaging will be key for you going forward.

Once again we would like to thank you, the Elected Members and staff who gave up their time to talk so openly and honestly with us during our time in Lincolnshire. One of the benefits of the Peer Review system is that we as a team have also learnt much from our time with you and will bring some of your thinking to our own local authorities.

Yours sincerely

Steven Forbes
Strategic Director, Adult Social Care

This page is intentionally left blank

Lincolnshire COUNTY COUNCIL
Working for a better future

**Policy and Scrutiny**

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

| | |
|---|---|
| Report to: | **Adults Scrutiny Committee** |
| Date: | **7 September 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:**

The Committee is invited to consider and comment on the work programme as set out in Appendix A to this report.

## 1. Background

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

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

Work Programme Definitions

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

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

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

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

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

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

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

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

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

## 2. Conclusion

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

## 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

**APPENDIX A**

## ADULTS SCRUTINY COMMITTEE

Chairman: Councillor Hugo Marfleet
Vice Chairman: Councillor Rosie Kirk

| *7 September 2016 – 10.00 am* | | |
|---|---|---|
| **Item** | **Contributor** | **Purpose** |
| Day Centre Visits | Various Committee Members | Status 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 |
| Non-Residential Care Contributions Policy - Update | Steve Houchin, Head of Finance, Adult Care<br><br>David Laws, Better Care Fund and Financial Special Projects Manager | Update Report |
| Section 75 Agreement for Mental Health Services | Justin Hackney, Assistant Director of Social Services – Specialist Adult Services | Pre-Decision Scrutiny |
| Peer Review for Adult Care | Glen Garrod, Director of Adult Social Services | Status Report |

| *19 October 2016 – 10.00 am* | | |
|---|---|---|
| **Item** | **Contributor** | **Purpose** |
| Service Developments for Carers | Jane Mason, County Manager, Carers<br><br>Representative from Carers First and Serco. | Update Report |
| Care Quality Commission Update | Deanna Westwood Inspection Manager, Care Quality Commission | Update Report |

| *19 October 2016 – 10.00 am* | | |
|---|---|---|
| **Item** | **Contributor** | **Purpose** |
| Delayed Transfers of Care | Lynne Bucknell, County Manager, Special Projects and Hospital Services<br><br>Nicola Tallent, Senior Engagement Officer, Healthwatch Lincolnshire | Status Report |
| Adult Care ICT Support | Judith Hetherington Smith, Chief Information and Commissioning Officer | Update Report |
| Customer Satisfaction for Adult Care | Emma Scarth, County Manager, Performance, Quality and Development | Performance Scrutiny |
| Brokerage Service | Lynne Bucknell, County Manager, Special Projects and Hospital Services | Pre-Decision Scrutiny |

| *30 November 2016 – 10.00 am* | | |
|---|---|---|
| **Item** | **Contributor** | **Purpose** |
| Sensory Impairment Service – Provider Perspective | Representatives from:<br>• Action on Hearing Loss<br>• Lincoln and Lindsey Blind Society<br>• South Lincolnshire Blind Society | Status Report |
| 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 |
| 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 |

| *30 November 2016 – 10.00 am* | | |
|---|---|---|
| **Item** | **Contributor** | **Purpose** |
| Minutes of the Safeguarding Scrutiny Sub Group Meeting – 28 September 2016 | Catherine Wilman, Democratic Services Officer | Update Report |

| *11 January 2017 – 10.00 am* | | |
|---|---|---|
| **Item** | **Contributor** | **Purpose** |
| Adult Social Care – Budget Proposals 2017-18 | Steve Houchin, Head of Finance, Adult Care | Budget Scrutiny |
| Wellbeing Service | Tony McGinty, Consultant in Public Health | Update Report |

| *22 February 2017 – 10.00 am* | | |
|---|---|---|
| **Item** | **Contributor** | **Purpose** |
| Adult Care – Quarter 3 Performance Information | Emma Scarth, County Manager, Performance, Quality and Development | Performance Scrutiny |

| *5 April 2017 – 10.00 am* | | |
|---|---|---|
| **Item** | **Contributor** | **Purpose** |
| | | |

**For more information about the work of the Adults Scrutiny Committee please contact Simon Evans, Health Scrutiny Officer, on 01522 553607 or by e-mail at simon.evans@lincolnshire.gov.uk**

**APPENDIX B**

# Adults Scrutiny Committee - Work Programme Tracker

| Topics | 2013 | | | | | 2014 | | | | | | | | 2015 | | | | | | | | 2016 | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | 12 June | 24 July | 27 Sept | 30 Oct | 27 Nov | 24 Jan | 26 Feb | 9 Apr | 2 May | 4 June | 30 Jul | 1 Oct | 26 Nov | 23 Jan | 25 Feb | 1 Apr | 27 May | 8 July | 9 Sept | 28 Oct | 9 Dec | 22 Jan | 24 Feb | 6 Apr | 25 May | 29 June | 7 Sept | 19 Oct | 30 Nov | 11 Jan | 22 Feb |
| Adult Care – Strategic Items | | | ✓ | | | | | | ✓ | | | | | | | | | | | | | | | | | | ✓ | | | | |
| Adult Care Local Account | | | | | | | | | | | | | | | | | | | | | ✓ | | | | | | | | | | |
| Adult Care Market Position Statement | | | | | | | | | | | | | | | | | | | | ✓ | | | | | | | | | | | |
| Advocacy Re-commissioning | | | | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Autism Items | | ✓ | | | | | | | | | | | | ✓ | | | | | | | | | | | | | | | | | |
| Better Care Fund Items | | | | | | | | | | | | | | ✓ | ✓ | | | | ✓ | | | | ✓ | | | | | | | | |
| Care Bill / Care Act 2014 Items | | | | | | ✓ | | | | | ✓ | | | | | ✓ | | | | ✓ | | | | | | | | | | | |
| Care Quality Commission Items | | | | | | | ✓ | ✓ | | | | | | | | | | | ✓ | | | | | ✓ | | | | | | | |
| Carers Strategy and Related Items | | | ✓ | | | | | | | ✓ | | | ✓ | | | | | | | | | | | | | | | | | | |
| Information Technology | | | | | | | | | | ✓ | | | | | | | | | | | | | | | | | | | | | |
| Community Support / Home Care | | | | | | | | | | | | | | | ✓ | | | | | | ✓ | | | | | | | | | | |
| Contract Management | | | | | | | | | | | | | | | | | | | | | | | | | | ✓ | | | | | |
| 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 | | | | | | | | | | | | | | | | | | | ✓ | | | | | | | | | | | | |
| Staff Absence Management | | | | ✓ | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Wellbeing Service & Related Items | | ✓ | | | | | ✓ | | | ✓ | | | | | | ✓ | | | | ✓ | | | | | | | | | | | |
| **RECURRING STANDARD ITEMS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Adult Social Care Outcomes Framework | ✓ | | | | | | | | | | | ✓ | | | | | | | | | | | | | | | | | | | |
| Budget Items | ✓ | ✓ | | ✓ | | ✓ | | | | ✓ | | | | ✓ | | | ✓ | | | | ✓ | ✓ | | | | ✓ | ✓ | | | | |
| Quarterly Performance | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | ✓ | ✓ | | | ✓ | | ✓ | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | | | | |
| Safeguarding Sub Group Minutes | ✓ | | ✓ | | ✓ | | ✓ | | | | | ✓ | ✓ | | ✓ | | ✓ | | ✓ | | ✓ | | | | ✓ | | | | | | |

**APPENDIX C**

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

| MATTER AND DATE FOR DECISION AND | REPORT TYPE | DECISION MAKER | PEOPLE/ GROUPS CONSULTED PRIOR TO DECISION | HOW AND WHEN TO COMMENT PRIOR TO THE DECISION BEING TAKEN | DIVISIONS AFFECTED |
|---|---|---|---|---|---|
| Approval of the Continuation of a Partnership Agreement with Lincolnshire Partnership NHS Foundation Trust under Section 75 of the National Health Service Act 2006 – Mental Health<br><br>**7 Sept 2016** | Open | Executive Councillor: Adult Care, Health and Children's Services | Mental Health; Governance Board; Legal; Lincolnshire Partnership NHS Foundation Trust; Adults Scrutiny Committee; Head of Mental Health Commissioning for Clinical Commissioning Groups | Commercial and Procurement Manager - People Services Tel: 01522 554070 Email: alexander.craig@lincolnshire.gov.uk | All |

This page is intentionally left blank