



County Offices  
Newland  
Lincoln  
LN1 1YL

3 January 2017

**Adults Scrutiny Committee**

A meeting of the Adults Scrutiny Committee will be held on **Wednesday, 11 January 2017 at 10.00 am in Committee Room One, County Offices, Newland, Lincoln LN1 1YL** for the transaction of business set out on the attached Agenda.

Yours sincerely

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

Tony McArdle  
Chief Executive

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

Councillors C E H Marfleet (Chairman), R C Kirk (Vice-Chairman), W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs N J Smith, M A Whittington, Mrs S M Wray and 1 Vacancy



**ADULTS SCRUTINY COMMITTEE AGENDA  
WEDNESDAY, 11 JANUARY 2017**

<b>Item</b>	<b>Title</b>	<b>Pages</b>
<b>1</b>	<b>Apologies for Absence/Replacement Members</b>	
<b>2</b>	<b>Declarations of Members' Interest</b>	
<b>3</b>	<b>Minutes of the Meeting of the Adults Scrutiny Committee held on 30 November 2016</b>	5 - 10
<b>4</b>	<b>Chairman's Announcements</b>	Verbal Report
<b>5</b>	<b>Adult Care 2016/17 Outturn Projection</b> <i>(To receive a report from Steve Houchin, Head of Finance, Adult Care, which provides the Committee with an update on the budget outturn projection for 2016/17. Item deferred from the 30 November 2016 meeting)</i>	11 - 18
<b>6</b>	<b>Adult Care Budget 2017/18</b> <i>(To receive a report from Steve Houchin, Head of Finance, Adult Care, which advises the Committee of the budget proposals for 2017/18)</i>	19 - 26
<b>7</b>	<b>Better Care Fund (BCF) Narrative Plan 2017/18 and 2018/19</b> <i>(To receive a report from David Laws, Better Care Fund and Financial Special Projects, Manager, which invites the Committee to consider and comment on the Better Care Fund Plans for 2017/18 and 2018/19)</i>	27 - 44
<b>8</b>	<b>Service Users with Learning Disabilities</b> <i>(To receive a report from Justin Hackney, Assistant Director, Specialist Adult Services Adult Care and Community Wellbeing, which provides the Committee with and an update on a Regional Improvement Programme in relation to support for people with Learning Disabilities)</i>	45 - 58
<b>9</b>	<b>Adults Scrutiny Committee Work Programme</b> <i>(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme for the coming months)</i>	59 - 64

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

- Business of the meeting
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Contact details set out above.

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## **ADULTS SCRUTINY COMMITTEE 30 NOVEMBER 2016**

### **PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)**

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

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

Officers in attendance:-

Doreen Ballentini (Service User, Lincolnshire Sensory Services), Mandy Hinson (Deaf Blind Specialist Adult/CYP, Lincoln and Lindsey Blind Society), Mandy Johnson (Chief Executive, Lincoln and Lindsey Blind Society), Marie Kaempfe-Rice (Senior Procurement Officer), Jayne Oakes (Service Manager, Action on Hearing Loss), Michael Quinlan (Head of Region, Action on Hearing Loss), Susan Swinburn (Operations Manager, South Lincolnshire Blind Society), Steve Houchin (Head of Finance, Adult Care), Emma Scarth (Commissioning Manager Performance, Quality and Workforce Development), Pete Sidgwick (Assistant Director Adult Frailty and Long Term Conditions) and Catherine Wilman (Democratic Services Officer).

### **41 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS**

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

The Chief Executive reported that having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, he had appointed Councillor S L W Palmer as a replacement member of the Committee in place of Councillor Mrs H N J Powell for this meeting only.

### **42 DECLARATIONS OF MEMBERS' INTERESTS**

No interests were declared.

### **43 MINUTES OF THE MEETING OF THE ADULTS SCRUTINY COMMITTEE HELD ON 19 OCTOBER 2016**

**RESOLVED**

The minutes of the meeting held on 19 October 2016 were agreed and signed by the Chairman as a correct record.

44 CHAIRMAN'S ANNOUNCEMENTS

Visit to the Carers' Team

The Chairman thanked Councillors Helen Powell and Jane Smith for joining him for the visit to the Carers' Team at the Customer Service Centre. It provided an insight into the volume of Adult Care and Carers' calls received at the CSC and their outcomes.

Looking at services from a customer perspective would be helpful for the newly formed Committee after next year's election.

Carers FIRST Leaflets

Following the last Committee meeting, information leaflets from Carers' FIRST had been made available for Committee members to collect and pass on to any of their constituents who might need them.

Copies of the leaflets were still available from the Health Scrutiny Officer.

Delayed Transfers of Care Working Group

The Chairman confirmed that the Health Scrutiny Committee had established a working group to consider delayed transfers of care and had invited members of the Adults Scrutiny Committee to participate. Councillors S R Dodds, R C Kirk, C E H Marfleet, M A Whittington and Mrs S M Wray volunteered to join the group, who together with the four members of the Health Scrutiny Committee would lead to a working group of nine Councillors. The Committee noted that consideration of delayed transfers of care would be an extensive piece of work.

45 LINCOLNSHIRE SENSORY SERVICES PROGRESS REPORT

At its meeting on 9 September 2015, the Committee supported recommendations to re-procure the Lincolnshire Sensory Service; a decision which was subsequently approved by the Executive Councillor on 14 September 2015. The Committee had requested that when the service had been in operation a reasonable amount of time, the provider would be invited to give the Committee a progress update. Members of the Lincolnshire Sensory Service team were present to provide that update.

The Committee received a presentation from Jayne Oakes, Service Manager – Action on Hearing Loss and the following points were noted:

- The service had started on 1 April 2016 and supported both adults and children with both cognitive and acquired impairments. The service supported all ages from newborn and the current age range of service users was 3 months to 101 years old. A staff team of 18 delivered the service, one third of which had a sensory impairment themselves;
- The service was available county-wide from offices based in Louth, Boston and Lincoln;

- The Committee considered the performance through the service's KPIs. It was noted that these numbers did not take into account 190 cases inherited from the previous provider. This backlog had now been cleared and performance should be on target for next quarter;
- Both indoor and outdoor mobility equipment and the relevant training was available to service users. On occasion this included negotiating help through a service user's community to ensure they were safe when outside the home. To illustrate this, Officers explained there were five different types of pedestrian road crossings and those with a sensory impairment had to remember each type and its rules;
- The Committee received a demonstration of various different pieces of equipment designed to help people with a sensory impairment.

In answer to questions from Members, the following was confirmed:

- The Service could help users to access the criminal justice system if required, as well as register people with a sensory impairment with the Police to ensure they could provide the best help in the event of an emergency call;
- Providing sensory support services was a statutory requirement. The contract was for three years and cost approximately £600,000 a year. Without the contract, the Council would struggle to provide the same level of service;
- Drop-in sessions, arranged in various places around the county in community buildings had been set up. This was in addition to 32 sites around the county, as detailed within Action on Hearing Loss' original bid;
- The contract required the service to build a team of 50 volunteers; there were currently eight. All volunteers were DBS checked and recruited through Action on Hearing Loss, however the organisation was also growing its own volunteers from within;
- A Strategic Partnership Board was being set up to involve all relevant stakeholders, including Planning services. This would provide an opportunity to raise awareness of sensory impairments within planning schemes. The service could also raise awareness of elections and public consultations among people with a sensory impairment;
- The Wellbeing Service and TeleCare were main referrals from the service.

Members of the Committee were invited to have a first-hand experience of the service at a drop in session and were requested to spread the word to citizens living in their areas.

The Committee thanked the representatives of Lincolnshire Sensory Services for their excellent report and presentation.

**RESOLVED**

That the presentation and report be noted.

46 ADULT CARE - QUARTER 2 PERFORMANCE 2016/17

The Committee considered a report which provided an update on 2016/17 Quarter Two performance of the Adult Care Council Business Plan measures.

Officers provided a demonstration of the performance information through the website portal of the Lincolnshire Research Observatory and reported that in future, the use of this facility would be maximised at Committee meetings, as far as practicality would allow.

During the presentation and discussion of the information, the following points were noted:

- A survey was currently being undertaken by carers and once their responses had been returned and the information processed, the results would be reported to Committee;
- The target *Carers supported in the last 12 months* had not been achieved. The organisation Carers First was raising awareness for carers and growth had been achieved as a result of this work, however it was likely the numbers would fall short of the target before the year end;
- *Adult Frailty and Long Term Conditions Admissions to Residential Care* had not been met. Over 90% of admissions were people who had been in short term care and 16% of people admitted had recently been in hospital. This target included self-funders in care who had run out of money and approached the authority for help. This target had been driven by the Better Care Fund and during the next financial year, more realistic targets would be set. There was a statutory duty to provide residential care for people who needed it. The Council could offer help to self-funders to assist them in choosing their care home, if their capital was likely to run out during their time in care. However, the authority's priority was to prevent people going into care and keeping in them in their own homes through a range of different homecare services.

Questions from members of the Committee confirmed the following from Officers:

- The target *Adults who have received a review of their needs (Learning Disability or Mental Health)* had not been achieved over the quarter, however, it was likely it would be met by the end of the year. In order to improve performance, the authority was trying to improve the way reviews were carried out;
- There was discussion regarding delayed transfers of care and it was reported that the situation was better now than it had been in the previous year;
- Issues were raised regarding the Better Care Fund and the metrics summary showing no achievement for performance being on or ahead of target (page 67 of report). Officers explained that the Better Care Fund was a national programme and as such, the authority was not in control of setting



targets, as these were set nationally. In addition, most local authorities had not been able to meet the targets.

RESOLVED

That the report and comments made be noted.

47     ADULT CARE 2016/17 OUTTURN PROJECTION

Due to time constraints, Members agreed to defer this item to the next meeting of the Committee.

RESOLVED

That the *Adult Care 2016/17 Outturn Projection* be deferred to the next meeting of the Adult Scrutiny Committee.

48     LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP -  
UPDATE

The Committee considered an update from the Lincolnshire Safeguarding Boards Scrutiny Sub Group which contained the minutes from its meeting held on 28 September 2016.

The Chairman of the Sub Group reported that there had been a number of Serious Case Reviews and Domestic Homicide Reviews in recent months which had severely increased the workloads of the Lincolnshire Safeguarding Children Board and the Lincolnshire Safeguarding Adults Board.

RESOLVED

That the update report be noted.

49     ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report which gave the Committee an opportunity to review its programme of work for the coming months.

The Committee would receive a Safeguarding Adult Review Update at a future meeting.

RESOLVED

That the Work Programme and changes made therein be noted.

The meeting closed at 12.10 pm

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**Open Report on behalf of Glen Garrod,  
Executive Director of Adult Care and Community Wellbeing**

Report to:	<b>Adults Scrutiny Committee</b>
Date:	<b>11 January 2017</b>
Subject:	<b>Adult Care 2016/17 Outturn Projection</b>

**Summary:**

The Adult Care net budget is £159.250m. Based on current information available to 31 October 2016 it is estimated that Adult Care will produce an underspend against budget of £0.810m.

**Actions Required:**

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

## **1. Background**

This report is from 1 April 2016 through to 31 October 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 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.

## **2. Adult Frailty & Long Term Conditions**

The Adult Frailty & Long Term Conditions strategy brings together Older People and Physical Disability services. This commissioning strategy aims to ensure that

eligible individuals receive appropriate care and support that enables them to feel safe and live independently. Activities within this area include:

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

The current budget for this commissioning strategy is £91.322m with the outturn estimated to be in the region of £0.193m underspent by the end of the financial year.

#### **a) Older Peoples Services**

The current budget for Older People for 2016/17 is £78.977m, with current estimates suggesting an underspend of £1.038m

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

Long Term Residential Activity has increased across the County, with activity being higher at this point in the year than in 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 compared to the same period in 2015/16. This is due to the policy change as described above. Short term residential care bed usage has reduced by nearly two-thirds since April, due to improved capacity within the Home Care market. A new contract has also been recently agreed with Lincolnshire Community Health Services NHS Trust (LCHS) to block book beds in a number of homes across the County, notably in the south where there is limited capacity, initially just for short terms care but now for all types of placements. This will assist in ensuring capacity and keeping the costs down in areas where there are high top up fees which have mainly been borne by Lincolnshire County Council.

Initial analysis of Income collection suggests this will be on target for 2016/17. The reduction in short term bed usage will reduce the pressure on income seen in 2015/16 as we are unable to charge a service user contribution in these cases. By making long term placements at an earlier stage than before income should increase 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.

#### **b) Physical Disability Services**

The current budget for Physical Disability for 2016/17 is £12.345m with current estimates suggesting an overspend of £0.845m

There has been 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.

The service has also seen an increase in direct payments expenditure which is partly due to those cases that used to be part funded via the Independent Living Fund but also as a result of a number of high cost transition cases.

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.

#### **c) Infrastructure**

The current budget for 2016/17 for Infrastructure is £6.068m.

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

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

### **3. Specialist Services**

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

- Residential and Nursing Care
- Community Supported Living
- Homecare

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

The current budget for this commissioning strategy is £51.239m with the outturn estimated to be in the region of £0.533m underspent by the end of the financial year.

#### **a) Learning Disability Services**

The current budget for Learning Disabilities S75 for 2016/17 is £45.570m including a continuation of the £6.525m investment for demographic pressures and protection of Adult Services via the Better Care Fund and income from Lincolnshire Clinical Commissioning Groups to fund ongoing Continuing Healthcare costs. Current estimates suggest that the pooled fund will overspend by a total of £1.123m by the end of this financial year.

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 Learning Disability Section 75 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.

This is partially offset with additional income from direct payments refunds back into the system from unspent service user Direct Payments which is projected to exceed budget expectations

Income from Health for the Section 75 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.

Additional services related to Learning Disability that sit outside of the Section 75 include the provision of in-house day services along with additional commissioning and management activity, the budget for this activity includes an allocation to cover any additional growth in council based Learning Disability activity throughout the year. Current assumptions of additional cost include a provision for the growth in "Waking Night/Sleep In" expenditure as a result of recent case law developments

that centre on possible payment of National Minimum Wage rates for sleep as opposed to a current flat rate fee.

Based on current projections it is likely that there will be an underspend of £1.676m by the end of the financial year.

#### **b) Mental Health Services**

The current budget for 2016/17 for Mental Health is £5.868m.

The Adult Mental Health service that provides Social Care support is run on behalf of the Council by the Lincolnshire Partnership Foundation Trust by way of a section 75 agreement. Current reports from Lincolnshire Partnership NHS Foundation Trust (LPFT) suggest an increase in services activity and the data is being robustly reviewed via the Section 75 Governance Board. The section 75 is a fixed price contract therefore the majority of risk concerning overspends sits with LPFT.

Current analysis however suggests that LPFT budgets will remain on target in 2016/17.

#### **4. Safeguarding**

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.

The current budget for Safeguarding for 2016/17 is £2.295m. This is an increase of £0.500m and has been funded from the 1% carry forward allocation awarded to Adult Care from 2015/16. The additional fund is being used to resource continuing pressures that the service has as a direct result of the Cheshire West ruling in Deprivation of Liberty Safeguards (DoLs).

The growth in available funds means the service now has resource to meet an additional amount of statutory obligations around DoLs and as such project a balanced budget at the end of the financial year.

#### **5. 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.

## **6. Better Care Fund**

£16.825m is the CCG planned transfer to Lincolnshire County Council 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.

## **7. 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 October 2016 Adult Care has achieved £2.646m in savings with an expectation that the majority of expected savings will be delivered by the end of the financial year.

## **8. 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
<b>TOTAL</b>	<b>£9,800,000</b>	<b>£1,275,000</b>	<b>£1,275,000</b>	<b>£12,350,000</b>

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 (DFG's) 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.

## 9. Conclusion

The Adult Care outturn is projected to be within the £159.250 budget available, based on current information available to 31 October 2016 it is estimated that Adult Care will produce underspend against budget of £0.810m.

## 10. Consultation

### a) Policy Proofing Actions Required

n/a

## 11. Background Papers

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

This report was written by Steven Houchin, who can be contacted on 01522 554293 or [steven.houchin@lincolnshire.gov.uk](mailto:steven.houchin@lincolnshire.gov.uk)

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**Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing**

Report to:	<b>Adults Scrutiny Committee</b>
Date:	<b>11 January 2016</b>
Subject:	<b>Adult Care Budget 2017/18</b>

**Summary:**

This report describes the Adult Care revenue and capital budget for 2017/18. The paper provides the Committee with the opportunity to comment on the budget proposals. The provisional local government finance settlement for 2017/18 was published for consultation on 15 December, the consultation runs until 13 January 2017. Proposals were also discussed at Executive in December 2016.

**Actions Required:**

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

## **1. Background**

- 1.1 The Executive are currently consulting on a one year financial plan for revenue and capital budgets. For the third year running the Council is only able to set a one year budget. This is due to the continued significant reductions in government funding, growing cost pressures from demand led services such as adult and children's social care, waste disposal and the Council's responsibility to pay staff and contractors the National Living Wage. These pressures mean the Council does not consider it practicable, at present, to develop sustainable long term financial plans beyond the next twelve months.
- 1.2 In developing its financial plan the Council has considered all areas of current spending, levels of income and council tax and use of one off funding (including use of reserves and capital receipts) to set a balanced budget. The budget proposals take a mixed approach to meeting the current challenges of reduced levels of local government funding.

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

#### Adult Frailty & Long Term Conditions

1.4 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

1.5 Adult Care Infrastructure sits within the Adult Frailty Commissioning Strategy but is reported separately for the purpose of this and other reports. Adult Care Infrastructure incorporates budgets in relation to the Executive Director of Adult Care & Community Wellbeing and Senior Adult Care Management along with a number of back office functions including:

- Policy and Service Development
- Brokerage
- Performance
- Workforce Development and Quality Assurance.

#### Specialist Services

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

- Residential and Nursing Care
- Community Supported Living
- Homecare
- Direct Payments
- Day Services
- Respite Services
- Adult Supporting Adults
- Transport
- Assessment and Care Management and Social Work Service

- Section 75 agreement with Lincolnshire Partnership Foundation Trust for Mental Health Services

### Safeguarding Adults

- 1.7 The Safeguarding Adults strategy aims to protect an adult's right to live in safety, free from abuse and neglect. The service works both with people and organisations to prevent and stop both the risks and experience of abuse and neglect ensuring that adult's wellbeing is being promoted.
- 1.8 The Lincolnshire Safeguarding Adults Board discharges its function to safeguard adults on a multi-agency basis. This is led by an Independent chair.
- 1.9 This area also encompasses the Deprivation of Liberty Safeguards (DOLS) which had a temporary injection of funds from the Council to help address a significant increase in activity as a result of the 'Cheshire West' legal judgement in March 2015. Activities within this area include:
- Adult Safeguarding Fieldwork Teams
  - Deprivation of Liberty Safeguarding Unit
  - Emergency Duty Team (weekend and night-time)

### Carers

- 1.10 The Carers Strategy aims to prevent or delay ongoing care needs by supporting adult carers so they are able to sustain their caring role, reducing the need for costly services in primary and acute care, and long term social care for the people they care for.
- 1.11 The strategy is also responsible for services provided to young carers helping to prevent inappropriate caring, helping to reduce the negative impact on the child's wellbeing and development by ensuring adequate support for the adult and to support the child to fulfil their potential. Activities in this area are almost completely commissioned externally though a small commissioning unit oversees the service and addresses policy and strategy requirements.

## **2. Budget Setting**

- 2.1 The Adult Care budget is set in the context of increasing demographic pressure and cost pressures related to service provider fee increases in order to accommodate the increasing cost of employment as a result of the National Living Wage. This results in a proposed cost pressure of £6.670m in 2017/18.
- 2.2 Savings in 2017/18 of £4.083m are proposed, covering two of the four Commissioning Strategies.

- 2.3 Adult Frailty and Long Term Conditions overall proposes a £3.648m saving in 2017/18, (or 3.677% of the 2016/17 original budget). Within the element relating to Older People and Physical Disability service budgets, it is proposed that this would include:
- Increase in user contributions to services via growth in the number of people being supported (£1.438m); and
  - The additional full year effect of the change in the policy introduced in April 2016 (£0.225m)
- 2.4 Within the Adult Care Infrastructure budget savings would include:
- Efficiencies made through joint commissioning with partners and pooled funding arrangements (£1.685m); and
  - Reshaping management and commissioning processes following the implementation of the Mosaic Care Management System (£0.300m).
- 2.5 Specialist Adult Services propose a £0.435m saving in 2017/18 (or 0.85% of the 2016/17 original budget). It is proposed that this would include:
- Increases in user contributions to services as described above
  - Further efficiencies in micro-commissioning.
- 2.6 The Better Care Fund (BCF) continues to have a profound effect on Adult Care in Lincolnshire. £53.538m (£48.654m revenue and £4.884m capital) was earmarked for the Lincolnshire health and care economy in 2016/17. Spend against this allocation was agreed with the four Clinical Commissioning Groups (CCGs) and £16.825m was allocated to the County Council in 2016/17. Discussions regarding the 2017/18 allocation of the BCF are ongoing and are likely to be agreed early in 2017. A new additional BCF funding regime will also be put in place for 2017/18 with additional funding (suggested to be in the region of £2.106m) paid direct to upper-tier councils to be added into the pooled fund.
- 2.7 The provisional local government finance settlement also announced additional flexibility in terms of the adult care precept. Prior to this announcement an annual increase of a maximum of 2% was permitted. An increase of up to 3% is now permitted next year and the year thereafter. However, the increase over 3 years is limited to 6%, so 3% increases in the next two years means no increase in the adult care precept in the third year.
- 2.8 Current budget assumptions are for an even 2% increase in each of the next 3 years. A 1% increase is worth an additional £2.5m. .

### 3. Budget Proposals

3.1 Taking into account the issues identified above the proposed budgets for 2017/18 are set out below.

17/18 Budget Analysis	Adult Frailty	Infrastructure	Specialist Adults	Safeguarding	Carers	Total
	£'000					
16/17 Original Budget	£92,274	£6,934	£51,189	£1,795	£2,044	£154,237
Budget Changes	-£325	£182	-£281		-£155	-£579
16/17 Revised Budget	£91,949	£7,116	£50,908	£1,795	£1,889	£153,658
Inflation	£106	£20	£49	£12		£187
Pressures	£4,100		£2,570			£6,669
BCF Adjustment		-£900				-£900
Savings	-£1,663	-£1,985	-£436			-£4,084
<b>17/18 Budget</b>	<b>£94,492</b>	<b>£4,251</b>	<b>£53,091</b>	<b>£1,807</b>	<b>£1,889</b>	<b>£155,530</b>

### 4. Capital Expenditure

4.1 Adult Care continues to revise its Capital Strategy and Investment Plan for the period 2016/17 to 2018/19 as part of a renewal of its commitments to infrastructure developments. The plan is designed to meet the changing needs of Adult Care over time, but must also recognise that plan has specific benefits for other directorates (e.g. Public Health) and partners outside of the authority.

4.2 These initial plans detailed £12.350m of commitments and potential commitments over 6 areas of investment for the remaining life of the strategy.

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

### Extra Care Housing

- 4.3 Research evidence identifies the need for an expansion in Extra Care for older people to promote greater choice and the opportunity to avoid choosing a place in a residential home. Adult Care have been seeking to do this through further development of Extra Care Housing, and a Business Case was produced in 2013/14 to increase the allocation of capital towards Extra Care by up to 600 units subject to the potential to attract inward investment.
- 4.4 Responsibility for delivering this scheme was transferred to Corporate Property in 2014/15. A Governing Body chaired by the DASS with two Executive Members and the Executive Director for Finance oversees the programme. A significant amount of work has already been undertaken to determine the best model of investment via a detailed market analysis and ongoing financial analysis by Grant Thornton.
- 4.5 The project is currently undertaking a tender process to identify a number of partners to help deliver additional Extra Care facilities in Lincolnshire. It is anticipated that the Council will be in a position to choose those partners at the end of the current financial year.

### Telecare/Telehealth

- 4.6 Lincolnshire Telecare was re-launched in 2007 with £1.1m funding initially from the Preventative Technology Grant. The service has since been funded by Adult Care and is a low cost service to support large numbers of people to remain in their own home.
- 4.7 The Telecare service is providing support for an increasing number of service users, who are able to access it via a number of trusted assessors from a range of organisations. The introduction of the Wellbeing Service in 2014/15 has also resulted in an increase in referrals for service users who would normally not qualify for local authority support but are provided equipment in order to prevent and delay service users from presenting themselves in the future.
- 4.8 Promoting Telecare to support people rather than more expensive solutions will require continued investment in equipment over the life of the current capital scheme with approximately £0.250m allocated for equipment in 2016/17 onwards.

### Disabled Facilities Grant

- 4.9 Funding for local housing authorities to meet the costs of providing disabled facilities grants is currently paid by Department of Communities and Local Government as a capital grant. As of 2015/16 all of the central government funding is being provided by the Department of Health and included in the Better Care Fund although still delivered by district authorities. Historically



districts have topped up the central government allocation in order to better support the delivery of facilities for those who qualify for support. However as a consequence of changes to the funding routes the amount of additional funding provided by districts has reduced over time resulting in a risk of people presenting themselves to Adult Care sooner than would otherwise be the case.

- 4.10 Disabled Facilities Grants provide an important mechanism for supporting young and older people and people with disabilities to live independently. When delivered early, alongside other preventative measures, they may contribute to prevent admissions to hospital and residential care. With an increasingly elderly population, and more disabled children surviving their early years through to adulthood, the need for adapted housing is projected to continue to increase.
- 4.11 It is therefore essential that the capital plan continues to include a realistic budget for home adaptations. Failure to include adaptations in the plan could result in a lack of funding for DFG's which in turn will impact on the ability of older and disabled people being able to live safely and independently at home.

#### Care Act Infrastructure

- 4.12 The Care Act 2014 was implemented in April 2015 and is legislation that seeks to deliver the commitments made in the White Paper 'Caring for our future: reforming care and support' (July 2012).
- 4.13 The Care Act has been designed to reform the law relating to care and support for adults and for carers, updating and bringing together all relevant legislation into a single statute in order to better offer improved support and wellbeing with dignity, respect, independence and choice.
- 4.14 As a result of the Act the government will be providing additional capital funds to ensure that systems – primarily ICT systems - are able to accommodate all the required changes to ensure that as an authority we are compliant with all aspects of the Act. For the most part the work to ensure system compliance is already at an advanced stage with the development of Mosaic; however it is likely that additional costs of ensuring compliance over and above the initial scope of mosaic implementation will need to be met.

#### Day Care Modernisation

- 4.15 An additional sum of £0.500m was allocated in 2016/17 to fund ongoing modernisation of the in-house day care service. This allocation will be used to fund dilapidation and remedial works in respect of proposed consolidation of day care centres in Boston and Skegness along with a new programme of modernisation within the remaining building stock in future years.

## Health & Care Integration

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

## Capital Funding

- 4.17 Funding for the current Adult Care Capital Programme is via capital reserves made up of Social Care Capital Grant allocations from previous years. The Adult Care capital reserve is currently valued at £12.669m
- 4.18 The budget proposals are being publicised in their entirety on the Council's website together with the opportunity for the public to comment
- 4.19 Consultation comments and responses will be available to be considered when the Executive makes its final budget proposals in February 2017.

## **2. Consultation**

### **a) Policy Proofing Actions Required**

Not applicable

## **3. Appendices**

Not applicable

## **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 Steven Houchin, who can be contacted on 01522 554293 or [steven.houchin@lincolnshire.gov.uk](mailto:steven.houchin@lincolnshire.gov.uk).

**Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing**

Report to:	<b>Adults Scrutiny Committee</b>
Date:	<b>11 January 2017</b>
Subject:	<b>Better Care Fund (BCF) Narrative Plan 2017/18 and 2018/19</b>

**Summary:**

This item invites the Adults Scrutiny Committee to consider a report on the Better Care Fund (BCF) Plans for 2017/18 and 2018/19. The attached paper was discussed at the Executive on 4 January 2017 and the views of the Executive will be reported to the Scrutiny Committee, as part of its consideration of this item.

The BCF Plans are due to be submitted to NHS England in two stages. A first draft submission is due by 26 January with a final submission (following review moderation and cross regional calibration) by 10 March 2017. The views of the Scrutiny Committee will be taken into account in preparing the BCF Plan.

**Recommendation(s):**

- (1) To consider the attached report and to determine whether the Scrutiny Committee supports the recommendations set out in the attached paper.
- (2) To agree any additional comments the Scrutiny Committee wishes to provide to assist with the development of the BCF Plans for 2017/18 and 2018/19

## **1. Background**

Lincolnshire Health and Wellbeing Board approved in 2016 the current Better Care Fund (BCF) Narrative Plan for Lincolnshire. The Plan needed the approval of all five signatories, that is, the four Clinical Commissioning Groups (CCGs) and the County Council. Updates are provided regularly to the Health and Wellbeing Board. This Committee reviewed the current BCF Plan in February 2016 prior to its submission, and a similar review took place around that time within each of the four Lincolnshire CCGs.

The national guidance and Planning Templates for the BCF refresh are due to be issued in late December 2016, which gives little time to prepare the first draft submission due by 26 January 2017. We have however received firm indications of the requirements and of the key issues to be considered in submitting the new

plans, and have taken this learning on board in preparing the attached paper. The committee's views are sought at this early stage to help with the drafting of the plans

## **2. Appendices**

These are listed below and attached at the back of the report

Appendix 1 Executive report of 4 January 2017 - BCF Narrative Plan 2017/18 and 2018/19

## **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 David Laws, who can be contacted on 01522 554091 or [david.laws@lincolnshire.gov.uk](mailto:david.laws@lincolnshire.gov.uk).

**Open Report on behalf of Glen Garrod, Executive Director Adult Care and Community Wellbeing**

Report to:	<b>Executive</b>
Date:	<b>04 January 2017</b>
Subject:	<b>Better Care Fund Narrative Plan 2017/18 - 2018/19</b>
Decision Reference:	<b>I012690</b>
Key decision?	<b>Yes</b>

**Summary:**

Integration remains national policy and the Better Care Fund (BCF) was designed to help encourage and frame integration between health and adult social care across England.

Next year will be the third year of the BCF. In Lincolnshire the BCF represents a pooled budget total of £196.5m in 2016/17 of which £53.8m is the national allocation funded through the NHS.

If Lincolnshire is to secure BCF funding into the future it must again submit a BCF Plan the first draft of which is due to be submitted on 26 January 2017. That Plan and any subsequent funding will cover a two year period – 2017/18 and 2018/19.

The submission for and use of the BCF national allocation must be agreed by the five signatories which is the Executive of the County Council and the four CCGs, plus the Health and Wellbeing Board.

This report sets out the issues, seeks approval in principle to certain principles to be reflected in the BCF submission and delegates to the Executive Director for Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services the approval of the final BCF Plan for submission.

**Recommendation(s)**

That the Executive

1 note the timetable for the making of the Better Care Fund (BCF) submission for 2017/18 and 2018/19 and the anticipated conditions set out in the Report including those in relation to Disabled Facilities Grants (DFGs)

2 approve the making of a BCF submission for 2017/18 and 2018/19

3 endorse the following principles as those that should guide the development of the BCF submission

- The scope and level of pooling to be commensurate with the BCF for 2016/17 with the addition of the pooled fund for community beds
- That the work carried out with District Councils in relation to the Housing for Independence Strategy form the basis of the submissions relating to DFGs
- Provided that the mandated minimum for protection of adult care amount for 2017/18 and 2018/19 is commensurate with the said amount for 2016/17, the Council accept the mandated minimum as the amount to be shown in the BCF submission as made available by the CCGs for the protection of adult care
- No contingency be provided against the financial consequences of underperformance against targets including targets for non-elective admissions and delayed transfer of care

4 approve the submission of a Lincolnshire application for pilot graduation status

5 delegate to the Executive Director of Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services authority to approve the final form and the making of the BCF submission for 2017/18 and 2018/19 and the application for pilot graduation status to the Secretary of State on behalf of Lincolnshire County Council.

**Alternatives Considered:**

1. Not to pool any of the resources contained in the BCF submission

Formal pooling of the BCF minimum (£53.8m in 2016/17) is a requirement for the receipt of funding in the amount of that minimum and the making available of monies from the CCGs for the protection of adult care (£16.825m plus £0.3m one-off in 2016/17). Failure to pool the minimum requirement will mean this funding will not be received.

2. To pool only the minimum BCF requirement

The health and social care community has already indicated its ambition to 'pool' £197m of funding through previous rounds of BCF. This has allowed two Secretaries of State to highlight this matter in the national media as a point of success in that the national sum for the BCF is £3.9bn (2016/17 figure) but with local "top ups" is £5.8bn (2016/17 figure). To fail to 'pool' that sum now would give rise to significant reputational risk for the local health and social care community with the Department of Health and would signal a move away from integration at a time when this remains national policy. Initiatives of long standing within Lincolnshire already

account for a large majority of the pooled funding and therefore the level of commitment to new pooling is limited.

**Reasons for Recommendation:**

The making of a BCF submission will secure BCF minimum funding for Lincolnshire and a mandated minimum for the protection of adult care expected to be some £15.9m. The reasoning behind the proposed principles is set out in the Report.

The making of an application for pilot graduation status will give Lincolnshire the opportunity to influence national thinking.

**1. Background**

**History**

Lincolnshire's existing pooled fund is the fourth largest in the country and this does help us to have some influence at national level. In Lincolnshire there is integrated commissioning of Learning Disability services, Child and Adolescent Mental Health Services (CAMHS) and Community Equipment Services. Following further negotiations in 2016 with Lincolnshire Community Health NHS Trust (LCHS) a further pooled budget for residential and nursing beds was agreed with an annual value of £2.7m. (See table below).

In addition there is an integrated Adult Mental Health service which is not a pooled fund but the budget for which is aligned within the overall BCF Pool alongside the CCG contract for Adult Mental Health Services.

The existing level of pooling (including the new LCHS Community Beds pooled fund) is set out in the following table:

<b>S75 Agreement/contract</b>	<b>£m</b>
Proactive Care s75	46.3
Community Equipment s75	5.8
CAMHS s75	5.4
Specialist Services s75	63.7
Corporate s75	4.0
	<b>125.2</b>
LCC Adult Mental Health s75 (aligned)	5.6
Adult Mental Health CCG contract (aligned)	63.0
<b>2016/17 BCF Plan</b>	<b>193.8</b>
LCHS Community Beds (see below)	2.7
<b>Total</b>	<b>196.5</b>

For reasons set out in the Alternatives Considered Section of this Report it is proposed that the Lincolnshire BCF submission for 2017/18 to 2018/19 should identify the scope and level of pooling set out generally within the above table.

The BCF national funding must be used to maintain a minimum amount to protect adult social care. It should be noted that the financing for adult care in 2015/16 and 2016/17 has represented a higher level of protection from the NHS than was prescribed – some £6m more. This is unusual when compared to the majority of Councils elsewhere.

Proposals for financing in 2017/18 to 2018/19 are dealt with later in this Report.

### **BCF 2017/18 and 2018/19**

There are a number of – by now – familiar requirements for the BCF that will need to be incorporated into the Lincolnshire submission. These include the same formal signatories and a similar process as in 2016/17 for approving BCF submissions. A nationally prescribed minimum level of protection from the NHS to adult care will also be repeated. However, there will be a number of significant changes that affect the BCF submission for Lincolnshire in 2017/18:

1. The BCF will now cover a two year period – 2017/18 and 2018/19.
2. The funding for the BCF will be channelled through two different routes. The familiar NHS route which represents £53.8m (2016/17 figure) in Lincolnshire and a new route direct from central to local government via a Section 31 payment. This new route represents the growth in the overall BCF and in Lincolnshire will mean an additional £2.1m in 2017/18, £12m in 2018/19 and £10m in 2019/20. In total the national BCF allocation will grow by £25m by the end of the decade.
3. There are eight national conditions related to the BCF in 2016/17 that must be addressed. For 2017/18 three national conditions will remain and an overall 'lighter touch' BCF document process.
4. NEA and DTOC will remain a national condition and this is largely because the national performance on both is the worst that has ever been recorded and further deteriorating.

### **Performance**

As a minimum the BCF must be used to address a number of areas of performance – most notably non-elective admissions (NEA) and delayed transfers of care from hospital – acute and non-acute (DTOC).

The picture in Lincolnshire with respect to these key areas of NHS and social care performance does not reflect the national picture. Here our 'stretch target for non-elective admissions is a 2.7% reduction and in the first six months (April to September) a reduction of 1.6% has been achieved. The South CCG has overachieved against the target, the West and East have both achieved reductions, and the South West CCG has seen a significant increase.



For DTOC there are 33 local systems that have been identified for Ministerial intervention where DTOCs are above 8%. Lincolnshire is not on that list and again – at least for Adult Care local performance suggests we are improving, not deteriorating. The DTOC comparison for Adult Care is 22% against a national figure of 34.9%. (See below).

The table shows the steady increase in national DTOC numbers, and that at October 2016 numbers are higher than at any time. The year on year comparison for Lincolnshire is of a 5% reduction since October 2015.

Date	NHS	Social Care	Both	Total	% DTOC attributable to social care
Oct - 16	114,586	69,798	15,624	200,008	<b>34.9%</b>
Sep -16	113,354	67,594	15,298	196,246	<b>34.4%</b>
Sep -15	91,492	45,570	10,676	147,738	<b>30.8%</b>
Sep -14	93,123	35,664	9,480	138,267	<b>25.8%</b>
Sep -13	80,536	31,606	6,722	118,864	<b>26.6%</b>
Sep -12	74,838	32,518	6,908	114,264	<b>28.5%</b>
Sep -11	72,291	36,948	7,955	117,194	<b>31.5%</b>

The following table indicates the growing pressure on emergency admissions. Numbers have increased annually since 2010, with growth over this period of 56,768, an increase of 13%.

Period	Total Emergency Admissions via A&E	Other Emergency Admissions (i.e not via A&E)	Total Emergency Admissions
Oct-10	311,497	124,718	436,215
Oct-11	312,211	122,869	435,080
Oct-12	323,011	123,292	446,303
Oct-13	325,621	124,010	449,631
Oct-14	343,988	125,280	469,268
Oct-15	351,182	128,805	479,987
Oct-16	363,309	129,674	492,983

## **Disabled Facilities Grants (DFGs)**

In 2016/17 Disabled Facilities Grants (DFGs) were included in the BCF allocation and in consequence have become a much higher profile topic. In two-tier areas there is a degree of added complexity because District Councils are responsible for them. The predicted growth in the DFG 'pot' is substantial, rising from £4.884m in 2015/16 to £7.1m in 2019/20. It is expected that national guidance will require the DFG to be pass-ported 'in full' to Districts though a plan for its use must be agreed by all BCF signatories – to better meet health, social and housing need. So, 12 organisations in Lincolnshire will be required to agree a plan.

During 2016 a considerable amount of work has been underway to secure a level of consensus with all parties to a 'Housing for Independence' strategy. The attached (Appendix A) represents the essential elements of what that will mean in 2017/18 – as a starting point - and has been agreed with senior officers from the seven District/City Councils. A Memorandum of Understanding will be required to ensure that the promised changes, activity and performance are addressed in order that funding can be allocated.

It is proposed that this Housing for Independence work form the basis for the elements of the BCF submission that relate to DFGs.

## **Financing issues**

In 2015/16 Adult Care received £20m from the BCF for the protection of Adult Care. This was £4.6m above the minimum requirement of £15.4m. In 2016/17 the amount received was £16.825 plus an additional £300k (one-off). This was £1.4m above the minimum requirement of £15.7m. Overall £6m more has been received by the Council than was mandated.

In 2017/18 the minimum requirement for the protection of Adult Care is expected to be £15.9m.

In the last 12 months the financial state of the NHS both nationally and locally has become clear and represents a significant deficit. Additionally, future BCF funding is being split and additional sums for the protection of adult care is being routed from central government direct to Councils (though still part of the BCF pool locally). NHSE Regional Directors now instruct CCGs to apportion only the minimum sums required and as such CCGs have less discretion – should they choose to use it – to allocate sums over and above the mandated minimum.

Accordingly there is a recommendation that the Council accepts the mandated minimum for the BCF for the protection of Adult Care.

The table below describes what nationally the BCF protection for adult care sum has been used for.

BCF 2016/17 Spend		Nationally	East Midlands	Lincolnshire
Capital spending (e.g. DFG not Care Act)	(£m)	22%	22%	22%
Care Act Duties (including Capital spending)	(£m)	8%	8%	9%
For new or additional adult care services	(£m)	7%	5%	11%
To avoid cost in existing adult care services	(£m)	55%	57%	38%
To cover adult care demographic pressures	(£m)	8%	8%	20%
Total Protection of Adult Care	(£m)	100%	100%	100%

A review of schemes funded by the BCF in Lincolnshire has been undertaken – as was the case in the previous two years and it is recommended that £900k of the available additional BCF allocation is used to cover the ongoing costs of these services. The remainder to be used to help cover the extra costs of a rise in the National Living Wage from April 2017, recent changes to employment law relating to night-time sleep-in arrangements and the existing pressure to meet Deprivation of Liberty safeguards (DOLS).

It is also recommended that further discussion is held once the new Administration is formed after May 2017 with respect to the growth in BCF funds from 2018/19.

### Contingency

In the previous two BCF plans a contingency sum was set aside either because it was a requirement in the BCF (2015/16) or to help mitigate the effect of underperformance against NEAs. In 2016/17 the contingency was £3.6m. The national guidance for 2017/18 is expected to include no requirement for a contingency sum. As such, officers from both the NHS and the Council have recommended that no contingency is created for 2017/18. In part this is driven by the knowledge that all available funds will be committed to achieving the necessary performance. It also reflects the recommendation that the Council accept the mandated minimum protection for Adult Care.

### Integration Plans and Graduation Pilot

Finally, in November 2015 the then Chancellor announced that all local health and care systems in the country would be required to have integration plans by March 2017. The new language for integration is 'graduation' and the Government is seeking a small number of local systems to pilot 'graduation plans'. Whilst the incentives to become a pilot are not significant the opportunity to influence national thinking is considered worth the effort and as such officers are recommending that Lincolnshire makes an application to become a graduation pilot.

The deadline for expressing an interest is 4 January 2017. In order to keep the Council's options open the Executive Director of Adult Care and Community Wellbeing has, on a non-binding basis, expressed an interest in becoming a graduation pilot. Approval is sought to pursue pilot status by completing the required 'application form' with authority to the Executive Director of Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services to approve the submission of a formal application.

## Next Steps

The timetable for the BCF submission is very tight and with national guidance delayed until late December the turnaround time is challenging. It is therefore necessary to seek as much delegated decision-making as possible. This has already been agreed by the four CCGs and the Health and Wellbeing Board. The Executive is therefore asked to delegate decision-making powers to the Executive Director for Adult Care and Community Wellbeing in consultation with the Executive Councillor for Adult Care, Health and Children's Services.

The timeline below describes the expected BCF submission process.

BCF Planning Requirements; Planning Return template, BCF Allocations published	Late December 2016
Submissions from places that wish to graduate	4 January 2017
First BCF submission from HWB (agreed by CCGs and LCC) to consist of: <ul style="list-style-type: none"><li>• Draft narrative</li><li>• High Level BCF planning return</li></ul>	26 January 2017
Scrutiny of BCF plans by regional assurers	26 January – 10 February 2017
Moderation and cross regional calibration	13 – 15 February and W/C 20 February 2017
Second submission following assurance and feedback, to consist of: <ul style="list-style-type: none"><li>• Revised BCF planning return</li><li>• Revised Narrative Plan</li></ul>	10 March 2017
Scrutiny of BCF plans by regional assurers	10 – 20 March 2017
Moderation and cross regional calibration	22 - 28 March 2017
Assurance status of draft plans confirmed	31 March 2017
All S75 agreements to be signed and in place	31 May 2017

As in previous years, many of the contractual arrangements that underpin the BCF pooling are already in place and have durations that span the period of the BCF Plan. Any changes to such arrangements will be caught by the individual change control provisions contained in those agreements.

However, some changes to the existing contractual framework will be required to give effect to the BCF submission where existing agreements come to an end in March 2017. This includes the Corporate and Proactive section 75 Agreements and the Framework Agreement. It is envisaged that any required approval to these documents will be sought at the March meeting of the Executive.

## 2. Legal Issues:

### Equality Act 2010

Under section 149 of the Equality Act 2010, the Council must, in the exercise of its functions, have due regard to the need to:

- \* Eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Act
- \* 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.

The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; and sexual orientation

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 section 149 may involve treating some persons more favourably than others

The duty cannot be delegated and must be discharged by the decision-maker. To discharge the statutory duty the decision-maker 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.

Generally all of the services which are delivered under any of the agreements that are covered by the Partnership Framework Agreement approach directly impact on people with a protected characteristic particularly elderly people and young people and people with a disability. The proposals set out in this report which relate to the financial, organisational and contractual structures that will be put in place between the Council and the CCGs as commissioners of service are not considered to directly impact.

It is at the level of changes to service that the greater potential for impact arises. The potential impact of any changes which form part of the BCF submission on people with a protected characteristic will be the subject of detailed analysis prior

to their implementation so that the appropriate mitigation strategies can be put into effect.

#### Joint Strategic Needs Analysis (JSNA and the Joint Health and Wellbeing Strategy (JHWS)

The Council must have regard to the Joint Strategic Needs Assessment (JSNA) and the Joint Health & Well Being Strategy (JHWS) in coming to a decision.

These underpin the BCF and the ways in which the BCF has been developed in accordance with the Joint Strategic Needs Analysis and the Joint Health and Wellbeing Strategy will be detailed in the final BCF submission.

#### 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

The BCF through its improvements in integration between health and care can lead to improvements in the co-ordination and delivery of services such as has already occurred in the field of mental health, learning disability and community equipment services. Some of these services and in particular mental health provide support to individuals to manage behaviours that might on occasion be criminal or anti-social.

### **3. Conclusion**

The timetable for the preparation and submission of the Better Care Fund is exceedingly compressed. This paper and the proposals within it will assist the Council in making a quality submission within the required national timeframes.

#### **4. Legal Comments:**

The Council has the power to make the Better Care Fund submission for 2017/18 and 2018/19 on the basis of the principles set out in the Report.

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

## **5. Resource Comments:**

This paper seeks to provide an update on plans for the Better Care Fund (BCF) submission in 2017/18. Integration remains national policy with the BCF designed to encourage integration between health and adult social care across England. The funding for the BCF will come via two routes, the first being via Clinical Commissioning Groups which represents £53.8m in Lincolnshire and also from a Section 31 payment totalling £2.1m in 2017/18, £12m in 2018/19 and £10m in 2019/20. In total the national BCF allocation will grow by £25m by the end of the decade. A significant proportion of this funding continues to be used to protect existing Adult Care services in Lincolnshire.

## **6. Consultation**

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

Not applicable

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

Yes

### **c) Scrutiny Comments**

Adults Scrutiny Committee will receive a report at the meeting on 11 January 2017. Their comments will be addressed in the second submission due in March 2017.

### **d) Have Risks and Impact Analysis been carried out?**

Equality Act impacts are addressed in the body of the Report.

The Framework Agreement and individual section 75 Agreements have risk management processes associated with them. The risk in relation to non-performance against performance targets is addressed in the Report. In the event that there is no contingency the financial risk will fall on the CCGs.

### **e) Risks and Impact Analysis** **See above**

## **7. Appendices**

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

Appendix A - Lincolnshire's approach to DFG for 2017/18 and 2018/19 report to Joint Commissioning Board on 22 November 2016.

## **8. Background Papers**

The NHSE Integration and BCF Planning Requirement for 2017 – 2019.  
The BCF Submission 2016.

This report was written by David Laws, who can be contacted on 01522 554091 or [David.Laws@lincolnshire.gov.uk](mailto:David.Laws@lincolnshire.gov.uk) .



Report on behalf of Tony McGinty, Interim Director of Public Health

Report to	<b>Joint Commissioning Board</b>
Date:	<b>22 November 2016</b>
Subject:	<b>Lincolnshire's Approach to DFG for 2017/18 &amp; 2018/19</b>

**Summary:**

This report provides the Joint Commissioning Board with an update on Lincolnshire's plans for the maintenance and modernisation of our approach to housing as a key component in the health and care system.

It proposes an approach over the coming two years that has been agreed with the seven district housing authorities and the County Council.

**Actions:**

The Board is asked to consider and comment on the information contained in this report, and agree recommendations.

**Background and Context**

Appropriate housing is a key factor in determining whether an individual can maximise their independence in the community and avoid the need for, or reduce the length of, stays in residential and/or hospital settings. Work on developing a new strategic approach to 'housing for independence' began early in 2016/17 and brought us to the point of consensus on a strategic development framework; a way of working together and a list of work streams of different urgency and complexity.

Moving from consensus to an agreement of delivery of the more urgent work streams has been constrained by disagreements about the handling of the DFG element of the BCF in the current year's plan. Despite this, development work designed to propose an approach to this for 2017/18 and beyond has progressed, although at a slower rate than expected.

The work has been further complicated by planning uncertainty in government departments around the role and conditions of DFG funding in the BCF for future years. Whilst we understand the overall allocation to Lincolnshire for this element of the BCF, the apportionment to individual housing authorities is not yet clear. This is important to the shape of the plan being proposed, as different housing authorities are in very different demand and financial positions, and additional resources allocated at the centre may not fall in the place of most need.

*What is almost certain for 2017/18 forward is that BCF partners will be required to allocate*

*all capital funds in this area to the relevant housing authority initially. We will then be able to agree with those authorities areas of joint development interest and 're-pool' funds to deliver these by locally agreed arrangements. The workstreams identified below represent a mixture of things to be done collaboratively and things for individual authorities to manage.*

### ***The Overarching Agreement with Housing Authorities***

*The overarching approach to DFGs, and associated funding is described below, and has been negotiated between all 8 local authorities.*

1. In 2017/18 the County will allocate BCF in full accordance with government direction.
2. Districts will engage in a process together with County in allocating BCF DFG funding in 2018/19 and future years on a basis that reflects actual need.
3. It is up to Districts to establish the best delivery mechanisms for their area i.e. local delivery is best. However County wide targets to be set and monitored for the delivery of DFGs by 2018/19.
4. Fees to be at no more than 15%.
5. County and OTs to make sure by 2018/19 budget allocation that demand and allocation of funding is not skewed by longer waiting and assessment times in different parts of the County.
6. By the time of the 2018/19 budget allocation County in consultation with Districts will have determined a prioritisation process for OTs to use when assessing cases.

In addition to the main agreement above some key milestones have been agreed:

- A target of 8 weeks from self-referral to job completion is the aim for the end of 2018/19 year.
- A FastTrack hospital discharge process in place by April 17.

### ***The Approach in Practice***

*The practical expression of this agreement for 2017/18 and 2018/19 has been worked up with representatives of district councils in outline, and will be fleshed out in more detail assuming JCB agreement to this approach.*

1. DFG Delivery mechanism review – this will assess the current different district process and pathways of DFG's to identify best practice across the county to develop a uniform process that can be adapted to local need.
2. DFG/OT review - in line with workstream 1 this will focus on the LCC OT aspect of the DFG pathway to identify best practice across the county to develop a uniform process that can be adapted to local need.

3. Hospital Discharge of Complex Cases A working group will look to address the immediate issue of a small number of cases to develop a fast track discharge process
4. Hospital Discharge Processes – using the findings of workstream 3 a longer term look at the hospital discharge process and how housing and DFG can be integral to this work.
5. Mental Health and Learning disability – To look at the complex cases of these two groups and how the housing and DFG's processes can support them.

A longer term project will consider, informed by the 5 workstreams above, the issue of bespoke housing solutions where the existing system cannot meet needs. This will encompass capital investment and new build initiatives.

All of these requirements, including a clear understanding of the use of all of the grant allocation for DFG purposes will form the basis of a memorandum of understanding between the County Council and DCs.

### **Key Challenges**

Achieving uniformity across 7 housing authorities and their housing providers will not be straightforward in some cases, but must be attempted through this mechanism in a partnership rather than imposed approach.

In some cases significant additional activity will be required to fulfil some of the workstream requirements and as housebuilding picks up the recruitment of sufficient contractors who can deliver adaptations and new build in the new target time frames will be difficult.

### **Recommendations**

1. JCB to note progress and endorse the overarching agreement and initial workstreams proposed by the County and District Councils.
2. JCB to receive more detailed plans in line with the overall planning timetable identified in the paper by David Laws.

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**Open Report on behalf of Glen Garrod  
Executive Director of Adult Care and Community Wellbeing**

Report to:	<b>Adults Scrutiny Committee</b>
Date:	<b>11 January 2017</b>
Subject:	<b>Service Users with Learning Disabilities</b>

**Summary:**

The purpose of the report is to update Adult Scrutiny Committee on a Regional Improvement Programme in relation to support for people with Learning Disabilities and to provide a position statement for Lincolnshire against the agreed regional baseline standards. The report also confirms additional work that is being taken forward to deliver further local, regional and National improvement.

**Actions Required:**

The Adults Scrutiny Committee is requested to consider and note the contents of the report.

## **1. Background**

### Introduction

People with Learning Disabilities can experience a number of challenges in maintaining good health and leading fulfilling lives. It is common for people with Learning Disabilities to have co-existing conditions such as Mental Illness and Physical Disabilities and the average life expectancy for people with a Learning Disability is lower than the general population.

However, care and support arrangements, medical advances and improved diagnostics, have resulted in an overall improvement in outcomes in recent years. In particular the number of people with Learning Disabilities (nationally and locally) is projected to increase in the medium to long term, particularly in the 65+ age group.

Many people with a Learning Disability may live long and fulfilling lives without the need for Care and Support from the Local Authority. For example, the latest Learning Disability JSNA [Joint Strategic Needs Assessment] Commentary estimates that there are over 15,000 people with a Learning Disability living in Lincolnshire, but that only 1,700 of these people will be eligible for Adult Social

Care and receive care and support via the local Section 75 Agreement and pooled fund hosted by Lincolnshire County Council during 2016-17.

The updated JSNA chapter for Learning Disability, when formally published, estimates that there will be an overall increase of 3.2% of Adults with a Learning Disability in County by 2020, but with a predicted increase of 11.1% in Older People (Source: PANSI and POPPI National prevalence rates). Therefore the overall number of people with a Learning Disability projected to be eligible for Adult Care is also expected to increase as is the complexity of needs of these people. So, more profoundly disabled people being supported.

As well as additional demand pressures on the Council and the NHS, it is also likely to be more challenging to achieve consistent levels of performance outcome. In particular, there are ongoing difficulties with the recruitment and retention of Nurses and care staff within the care markets impacting on market supply. Complexity of needs of service users is impacting on market prices and presents additional challenges for commissioners in supporting people with Learning Disabilities to live a 'close-to' normal life. For example support into employment or alternative vocational opportunities.

### National Policy

There has been no National Learning Disability specific policy publication since Valuing People (*Department of Health, 2001*) and Valuing People Now (*Department of Health, 2009*). Whilst the National Transforming Care Programme, especially the national service model published in October 2015 (*NHS England, 2015, ADASS [Association of Directors of Adult Social Services], Local Government Association*) has placed emphasis on reducing the number of people placed within NHS Inpatient provision, this policy has had a relatively narrow focus and on a relatively small number of people.

In the absence of updated National Policy, in consideration of Local Account information and in reference to the wider responsibilities of Local Authorities, a view emerged within the East Midlands Branch of the Association of Directors of Adult Social Services (ADASS), that there would be some benefit in having a regional improvement programme with a wider focus on the needs of people with a Learning Disability who may be eligible for Adult Social Care.

During 2016 - Nine Local Authorities across the East Midlands including Lincolnshire participated in a number of interviews undertaken by an independent consultant to establish a baseline position against which good practice could be noted and opportunities for improvement and sustained performance could be considered further.

Whilst the final report on the regional baseline position called "What is Happening for Adults with Learning Disabilities in the East Midlands?" is still being finalised, participating Authorities have had initial feedback from the consultant and a meeting of all East Midlands Authorities in November 2016 has agreed to a common set of standards that we will work on together to benchmark good practice and focus further improvement work against. This report provides the Adult

Scrutiny Committee with a position statement for Lincolnshire against the 9 Standards agreed.

### Overview of the initial Feedback to Lincolnshire

Whilst the overarching regional baseline report has still to be finalised Lincolnshire has received some initial feedback from the regional consultant in relation to our current arrangements. This feedback is summarised below:

*"The strategic context is characterised by excellent joint governance arrangements with the NHS at both commissioning and operational levels. There is a Joint Commissioning Board with Executive representatives from Health and Social Care. Four Delivery Groups report to the Board, including a Joint Delivery Board for Specialist Adult Services (Learning Disability, Autism and Mental Health Commissioning).*

*There is a Section 75 Agreement between the four Lincolnshire CCGs and Lincolnshire County Council (LCC) that facilitates a pooled budget that funds Adult Social Care and Continuing Health Care for people with a Learning Disability. The pooled fund is hosted by LCC. An integrated Assessment and Care Management Team is managed by a County Manager for Learning Disability Services. The joint teams deal with Continuing Health Care checklists and are working through issues of how to account for Continuing Health Care eligibility and associated issues of charging. This joint service is justifiably proud of delivering timely assessments and reviews and a track record of best value (evidenced by relatively low costs of services in a CIPFA analysis). This is a rare example of Local Authority systems leadership across the full range of Health and Social Care services in the County.*

*An emerging strategic issue in Lincolnshire is reducing Market Capacity (the market responded quickly to the need to urgently close the ATU in the County in 2015, but it is felt that this response would no longer be viable in today's conditions), relatively high staffing turnover rates in the Residential and Community Supported Living Market and difficulties in recruitment and retention of Nurses and Care Staff in these markets. It is understood that these may also be emerging regional and national issues."*

The regional baseline work has identified that Lincolnshire has particular strengths across a number of the nine common regional standards. Other Authorities in the region are being asked to consider Lincolnshire as a site for good practice to inform their own local improvement plans. The feedback has also suggested areas of good practice in other Local Authorities that may be helpful for Lincolnshire to consider as areas for further development. The table below provides a summary of areas of strengths opportunity for further progress:

Regional Standard	Existing Area of Strength in Lincolnshire	Opportunity for further Development
Transforming Care	X	
Strategy and Partnership	X	
Choice and Control	X	
Preparing for Adulthood	X	X
Support for Family Carers	X	
Housing Options		X
Connecting into Communities		X
Supporting people to get a job	X	X
Co-Production	X	X

### Lincolnshire Position Statement in relation to the 9 Regional Standards

This section of the report provides a summary position statement for each of the regional standards from a Lincolnshire perspective.

#### Transforming Care

The National Transforming Care programme is led by NHS England and supported by the Local Government Association (LGA) and the Association of Directors of Adult Social Services (ADASS).

Lincolnshire has established its local Transforming Care Partnership (TCP) Board and has agreed a local Transforming Care Partnership Plan with NHS England, which includes targets for reduced numbers of people being supported within Inpatient Care. Pamela Palmer, Executive Nurse, South West CCG is the Senior Responsible Officer (SRO) for the Lincolnshire TCP with Justin Hackney, Assistant Director Adult Care as the Deputy SRO.

The following extract from the Lincolnshire Transforming Care Plan summarises the local vision:

*"Early help, wellbeing and quality personalised care and support will be the foundation stones of our Lincolnshire Transforming Care Partnership offer. We will all passionately champion holistic and integrated community based support that minimises crisis and eliminates the need for inpatient care."*

NHS England and Lincolnshire CCGs commission Inpatient Care for people with Learning Disabilities. The table below shows that the numbers of people in Inpatient Care commissioned locally by Lincolnshire CCGs at the time the TCP Plan was agreed and the latest position as at December 2016.



CCG Commissioned Inpatient Beds as at 31 March 2016	As at 31 March 2016	As at 19 Dec 2016
Specialist Learning Disability Hospitals	10	7
Mainstream Mental Health Hospitals	12	12
Total	22	19

It should be noted that the overall number of Lincolnshire people with a Learning Disability in Inpatient Care was already very low which, in relation to the Transforming Care agenda, is a marker of success. This low starting baseline is informed by prior integrated working linked to the original Winterbourne view national action plan.

Another mark of success for Lincolnshire is that reasonable adjustments have been made to facilitate the assessment and treatment of people with a Learning Disability in mainstream Mental Health Units rather than within Specialist Learning Disability Units where Inpatient Care is necessary.

The Lincolnshire CCGs have invested funding in developing community based specialist support for people with Learning Disabilities and are commissioning these new models of care directly from Lincolnshire Partnership NHS Foundation Trust (LPFT). It is understood that CCGs also plan to consult on the permanent closure of Long Leys Court in 2017. The CCG commissioned services complement the Integrated Assessment and Care Management Team provided via the Local Authority.

Lincolnshire has a strong leadership profile in relation to the Transforming Care agenda and Lincolnshire colleagues have presented at Regional and National Transforming Care events. NHS England have also utilised Lincolnshire in a number of video's demonstrating good practice.

Overall, there have only been 16 new admissions to Inpatient Care by Lincolnshire CCGs since 1 April 2016 and all of these requiring a Care Treatment Review prior of admission. Of the 16 Admissions only 3 have been to Specialist Learning Disability Units and the remainder within mainstream Mental Health Units.

Of the original cohort of 22 people in CCG commissioned Inpatient Care, there are only 11 that remain in hospital and 7 of these people are subject to Ministry of Justice Sections. The TCP Plan target is to have a maximum of 11 people in Inpatient Care by the 31 March 2019. Whilst this may be very challenging to achieve, given the complex needs of the individuals concerned, it is an ambition that locally the TCP is committed to.

## Strategy and Partnership

Whilst the Lincolnshire Transforming Care Plan does have a clear focus on minimising Inpatient placements for people with a Learning Disability, it also sets out the wider strategy and integrated working arrangements in Lincolnshire for People with a Learning Disability.

A key strength of existing integrated arrangements is the Section 75 Agreement between the four Lincolnshire CCGs and the County Council. This agreement facilitates a pooled budget which is hosted and operated by the Council. It provides for an Integrated Assessment and Care Management Team that facilitates personal budgets and care and support plans for Adults with a Learning Disability with eligibility for Social care and or Continuing Health Care.

The Section 75 Agreement has reduced disagreements between responsible commissioners about who should pay for care and support and instead has a keen focus on what outcomes are needed and how best they may be achieved.

The Section 75 Agreement is supported via strong governance arrangements, including the Lincolnshire Joint Commissioning Board and the Specialist Adult Services Delivery Board. A number of other Authorities continue to contact Lincolnshire with an interest in learning from our local arrangements, with a view to developing stronger local working for the benefit of their own local populations.

## Choice and Control

Adult Care has facilitated a significant increase in choice and control for Adults with eligible need through the implementation of personal budgets and related care and support plans.

The latest Lincolnshire performance information for Learning Disability suggests that 100% of people now have a personal budget. Approximately 39% of people choose to take their personal budget via a direct payment, which allows people to commission provision directly to meet agreed needs. The remaining 61% of people have chosen for the Local Authority to commission services on their behalf. The 2015-16 - National Data All England Average confirms that 40% of people choose to have a direct payment, which is roughly in line with the position in Lincolnshire.

Lincolnshire is also one of 9 National Demonstrator sites for the implementation of Integrated Personal Commissioning (IPC). We were selected from a large number of areas that applied and were identified as a demonstrator site via a selection process facilitated by the Department of Health. IPC offers the opportunity for people to combine their personal budget via Adult Care with a Personal Health Budget funded by CCGs. CCGs have national targets to develop the expansion of Personal Health Budgets at pace. Lincolnshire's pooled budget arrangements have

been of assistance in delivering integrated personal budgets for people with a Learning Disability.

Lincolnshire is demonstrating a high level of leadership in relation to choice and control at a Local, Regional and National level. Our teams continue to promote the take up of direct payments to improve choice and control, particularly for young people in transition where these can assist with the continuity of care.

### Preparing for Adulthood

In Lincolnshire, we have good working relationships between the Adult Care Intake Team and Children's Services in relation to the transition of young people to Adult Care. However, preparing for Adulthood has a significantly wider scope than purely transition to Adult Care. In recognition of this, Lincolnshire have a Preparing for Adulthood Commissioning Strategy led by Children's Services.

We have also invested Better Care Funding (BCF) with Children's Services to provide initiatives that promote independence as part of the preparing for Adulthood. This has included the development of information and advice materials for young people and parents, independent travel training, day opportunities, providing learning to cook and other independent living skills training. Some young people have also been helped to secure their own mortgage to support independent living.

Preparing for Adulthood is a standard that the Regional Group recognises as a common area for additional focus in all Authorities. Whilst we do have some clear strengths in Lincolnshire, Preparing for Adulthood is also recognised as an area for further improvement.

In particular, there is a dependency on the implementation of Mosaic to improve the provision of planning information to inform preparing for Adulthood activities. We are currently initiating a project to review and update the transitions protocol for young people likely to be eligible for Adult Services.

The young people that are in transition to Adult Care are presenting with an increased complexity of needs. Earlier engagement by Adult Care with young people and their families prior to transition to help them to plan for the future, has the potential to improve outcomes and value for money, but may need some further investment. There is a need to better explain the differences in support that is available to young people (and their Carers), once they become Adults in comparison to what is available when a Child.

There is also an opportunity to consider further the support offer to Carers of young people with a Learning Disability, at the time when educational provision ends and there are additional pressures on Carers capacity.

### Support for Family Carers

Lincolnshire has recently reviewed and has completed a re-provision of the local Carers Support Services. Consideration of the Care Act 2014 (and a Carer's right

to an assessment of their own needs), was included in the re-provision. Adult Care has also developed a specific commissioning strategy for Carers. An outline of the current support offer for Carers, including Carers for people with a Learning Disability is provided below.

Enquiries for Carer support are initially handled by the Council's Customer Service Centre (CSC) provided by SERCO. SERCO will offer information and advice to Carers who contact them. If a Carer's assessment is requested, SERCO will also support the Carer via a telephone assessment, or if a face to face assessment is preferred, SERCO will refer the Carer to Carers FIRST. If the Carer is eligible for support, they will be provided with a personal budget to meet assessment needs.

Carers of people with Learning Disabilities are also identified and referred to the Carers Service by the Adult Care Learning Disability Service. In addition, the Carers Service works with Children's Services to provide support for parent carers of Children with Learning Disabilities. Other Children in the family who are also providing care, called Young Carers, are initially supported by Children's Services. However, once they reach the age of 16 years, Carers FIRST works alongside Children's Services, the family and the Young Carer. This is to support the Young Carer during transition to becoming a Young Adult Carer. The Young Adult Carer will receive support from thereon to assist them in continuing their education or taking up employment.

Whilst the service is a generic Carers Support Service, activity is monitored for different Carer types. AIS Data suggests that over 240 Carers of Adults with Learning Disabilities (43 who are not receiving any direct support), have been provided with support so far this year, via the new arrangements.

Carers FIRST provides a range of additional Carers support activities. Support can be accessed by all Carers irrespective of whether they request an assessment of need, or are eligible for Local Authority support or not. Examples of some of this additional support activity provided by Carers FIRST includes:

- Supports to a group for Parent Carers in Lincoln on Birchwood, for Carers of Children with Special Educational Needs.
- Promotes a Learning Disability Carers Group that meets on the 3rd Wednesday of the month, 10am – 12pm, at The Pilgrim Lounge, Boston Football Club.
- As part of the initial marketing campaign, visited; the ADHD coffee morning on the Ermine in Lincoln, the Rainbow Stars Autism Carers Group in Sleaford and SNAP in Lincoln (we receive referrals from these groups). A Support Worker attended the Boston Disability Forum. Attended a workshop at the Parents and Autistic Children Together Conference on 15 November and have involvement with them also.
- Attended County Carers 'Count me in' event that was held at Butlin's, Skegness in September and are regularly at the same marketplace events together.
- Members of the Autism Partnership and Learning Disability Partnership Boards.

In addition to the core Carers Service, Adult Care have also utilised some BCF Funding in 2015-16 to do some targeted work with ageing Carers of people with a Learning Disability. The project was focused on helping ageing Carers to plan for emergencies and also to consider plans for the time when it may be difficult to continue their Carer's role. A support tool is also being finalised, which can be used by Carers to aid them in thinking about planning for the future.

An Adult Care Carers Emergency Response Service is available to all Carers and delivered by SERCO as part of the Customer Service Centre. Carers are able to register their emergency plan and this will be activated if the Carer is suddenly unavailable. For example, if a Carer is admitted to Hospital for emergency treatment, the arrangements set out in the emergency plan can be activated for the Adult that the Carer supports.

A new National Carers Strategy expected in Spring 2017, is anticipated to raise the profile of support for Carers to remain in employment. This is an area Specialist Adult Services will be exploring with the County Manager responsible for the Adult Care Carers Strategy, with a focus on Carer's for young people in transition. The point where formal education ends can be a critical time for family based care.

Housing Options

A high percentage of the people with Learning Disabilities we support in Lincolnshire live in community based settings, with a smaller proportion of people living in Residential or Nursing Care.

Some Authorities consider that a high percentage of people living in community based placements rather than Residential or Nursing Care is a positive outcome, as it may be a proxy measure of success in promoting independence. In Lincolnshire, we take a pragmatic approach to agreeing care and support plans that will best meet assessed needs, whilst also taking into consideration the availability of resources.

The Adult Social Care Outcomes Framework (ASCOF), has a proxy measure that can be used to see how we compare against others. The measure is: *The 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 (%)*. Detail of comparable performance from the 2015-16 latest data is provided below:

Comparator Group 2015-16	% Living on their own or with Family
Lincolnshire	74.7
Statistical Comparator Group (Average)	74.1
Shire Counties (Average)	73.9
East Midlands Region (Average)	76.1
England (Average)	75.4

Whilst Lincolnshire has a higher percentage of people living on their own or with family in comparison to our statistical comparator group and Shire Counties, we are slightly below the England Average and the East Midlands Average.

There are, however, a number of other factors to take into account when considering this measure. These factors include, but are not limited to complexity of need, personal choice, available resources and whether the comparator groups include two tier Authorities where housing responsibilities may sit outside of the Authority's direct control.

In Lincolnshire we do want to increase the overall proportion of people living in community based placements. Here, there are a range of options which include (but are not limited to), living with family, shared lives solutions, shared tenancy, extra care, Registered Social Landlord (RSL), Private accommodation, or privately owned solutions.

Until recently Public Health colleagues have held the direct relationships with District Housing Authorities and Housing providers on behalf of LCC. However, with the recent integration of Public Health functions with Adult Care, there are now also much stronger direct links being made between Adult Care and the Housing Sector.

In particular work is currently underway to develop a "Housing for Independence" Strategy with District Councils. This work is being led by Public Health colleagues, but with input from Adult Care to inform priorities. Specialist Adult Services are also working with a number of Districts and Housing providers to explore opportunities to increase housing capacity for use by the people we support. This may include adapting existing properties through the use of Disabled Facilities Grant (DFG), capital and or assistive technology or the development of additional housing opportunities via RSL's and or the Private Sector.

A key consideration for existing community supported living arrangements and future ones is dependency on the cap on Local Housing Allowance, which has to date excluded vulnerable people, but is suggested to be expanded to include them with effect from 2019. A Consultation on this extension of the capping arrangement is currently in progress and scheduled to close in February 2017. Adult Care and Community Wellbeing is co-ordinating a response to the Consultation.

### Connecting Into Communities

Whilst the Section 75 Agreement for Learning Disability provides care and support for people who are eligible for Adult Social Care and/or Continuing Health Care (CHC), there are also a number of people living in Lincolnshire with Learning Disabilities who do not currently meet the eligibility criteria. The JSNA estimated that there may be more than 15,000 people with a Learning Disability living in Lincolnshire, whilst it is estimated that there are approximately 1,700 people who will meet eligibility criteria in 2016-17.

The Regional improvement work has identified opportunities for wider engagement with Local Communities to support improved outcomes for some people who are

eligible for care and support, but also for those who may be at risk of needing care and support in the future.

Whilst in Lincolnshire we do have the Community Wellbeing Network and evolving Neighbourhood Teams, there is very limited capacity within Adult Care Assessment and Care Management Teams to do such outreach work with our Local Communities.

With the integration of Public Health with Adult Care and the development of Personal Health Budgets across the CCGs, this is a key area to revisit to explore additional opportunities for community capacity building and early intervention.

Supporting People to get a Job

Having employment not only provides an income, but offers the opportunity to develop new skills and knowledge. It also offers the opportunity for greater social inclusion, friendships, personal pride and a number of other benefits to support improved health and wellbeing.

The Adult Social Care Outcomes Framework (ASCOF) has a performance measure that considers what proportion of Adult Care service users are in more than 16 hours of employment per week. The table below shows how Lincolnshire compares or others (higher is better).

Comparator Group 2015-16	% of SU working 16 hours or more per week
Lincolnshire	4.5
Statistical Comparator Group (Average)	4.7
Shire Counties (Average)	5.3
East Midlands Region (Average)	3.3
England (Average)	5.8

This benchmarking information indicates Lincolnshire has a similar proportion of service users in 16 hours or more work per week as our statistical comparator group, a higher percentage than the East Midland average, but lower proportion in comparison to the Shire Counties average and the All England Average.

Adult Care has already identified that providing people with Learning Disability, Autism and or Mental Health the opportunity to secure a job, experience work and or participate in volunteering is a priority area for us locally.

We think the above measure is helpful to some extent to allow benchmarking, but the measure also has some limitations. In particular, the measure does not take account of the range of complexity of needs of service users in each comparator group. Given the Care Act now provides a single national eligibility criterion for Adult Care, there is limited understanding of the range of complexity of need across Local Authorities. Lincolnshire is, however, working on a tool that may help us to better understand the range of complexity across our respective client groups that may assist further with service and financial planning.

Interestingly the proportion of service users in employment in Unitary Authorities (7%) and Outer London (8%) and Inner London (5.7%), are higher than all of the Lincolnshire Comparison Groups which may indicate rurality and structure of employment market are key factors to consider. We know that Lincolnshire is very rural and that transport links can be a key dependency for securing and sustaining employment. We also know that many employers in Lincolnshire are small to medium sized companies.

An area of good practice that was identified as part of the Regional work was Lincolnshire's Step Forward project. Via funding from the Health and Wellbeing Board, funding was secured to support the provision of employment support services for Adults with Autism, a Learning Disability and/ or a Mental Health need.

Lincolnshire residents who are 18 or over and are unemployed can access a range of support including:

- careers advice and a personal activity plan;
- support with exploring suitable job options;
- CV and covering letter;
- identification and statement of personal support requirements;
- advice on disclosing requirements to employers;
- work experience placement to enable beneficiary to identify factors in a working environment that might impact on his/her ability to function effectively;
- support with accessing Better Off calculations for benefit claimants;
- some in work support for those that secure employment;
- Learners complete the Workstar22 (part of the Outcomes Star suite) at the start, middle and end of the programme to measure soft outcomes and 'distance travelled'.

In addition, commissioners are currently completing follow up work with some of the Local Authorities with a high proportion of service users in employment to identify how they are achieving those results and via what mechanisms. This will inform recommendations for further consideration in Lincolnshire.

### Co-production

Our Learning Disability Partnership Group has been recognised as a strength and co-production is a discipline we are committed to in Lincolnshire, for which there is a good track record. For example, the All Age Autism Partnership Group was identified as good practice example in the updated National Strategy.

We are currently working with the Autism Partnership Board and the Learning Disability Partnership to share good practice evident in both, and to explore the Learning Disability Partnership Board also taking on an all age approach. This may have specific benefits to the co-production in transition planning.

Working in partnership with the Lincolnshire CCGs, opportunities have been created for Experts with Experience to be employed to inform local integrated working. In particular, the CCG employed an expert by experience with Autism who



helps with the programme management of the Transforming Care Programme. The CCG and LCC also wish to explore with the Learning Disability Partnership Board, opportunities for the input of experts with experience to our wider commissioning activities. This is hoped to provide increased opportunity for work experience and volunteering by linking this work also to community capacity building and public health support.

**2. Conclusion**

Lincolnshire continues to demonstrate a range of strengths in supporting people with Learning Disabilities to achieve improved outcomes.

Projected increases in demand, complexity of need and changes in market conditions are likely to increase pressures on existing resources and increase difficulty in sustaining existing performance.

Working with other Authorities to identify common standards to drive forward opportunities for further development and improvement will help to mitigate these identified pressures.

**3. Consultation**

**a) Have Risks and Impact Analysis been carried out??**

No

**b) Risks and Impact Analysis**

The risk and impact analysis will be completed following receipt of the final report on phase 1 of the regional improvement programme, Establishing a Baseline.

**4. Background Papers**

Document title	Where the document can be viewed
Valuing People (Department of Health, 2001)	<a href="https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf">https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/250877/5086.pdf</a>
Valuing People Now (Department of Health, 2009)	<a href="http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093375.pdf">http://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_093375.pdf</a>
National Care Service Building Support Transforming Programme – the Right	<a href="https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf">https://www.england.nhs.uk/wp-content/uploads/2015/10/ld-nat-imp-plan-oct15.pdf</a>

Lincolnshire's Transforming Care Partnership Plan – Building the Right Support	<a href="http://southwestlincolnshireccg.nhs.uk/about-us/transforming-care-in-lincolnshire">http://southwestlincolnshireccg.nhs.uk/about-us/transforming-care-in-lincolnshire</a>
Learning Disabilities JSNA Commentary (Adult Care and Community Wellbeing, LCC)	Awaiting formal publication

This report was written by Justin Hackney, who can be contacted on 01522 554259 or [justin.hackney@lincolnshire.gov.uk](mailto:justin.hackney@lincolnshire.gov.uk).

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

Report to:	<b>Adults Scrutiny Committee</b>
Date:	<b>11 January 2017</b>
Subject:	<b>Adults Scrutiny Committee Work Programme</b>

**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](mailto:simon.evans@lincolnshire.gov.uk)

**ADULTS SCRUTINY COMMITTEE**

Chairman: Councillor Hugo Marfleet  
 Vice Chairman: Councillor Rosie Kirk

<b>11 January 2017 – 10.00 am</b>		
<b>Item</b>	<b>Contributor</b>	<b>Purpose</b>
Service Users with Learning Disabilities	Justin Hackney, Assistant Director of Social Services – Specialist Adult Services	Status Report
Adult Care – Quarter 2 Budget Monitoring <i>(Deferred from 30 November 2016)</i>	Steve Houchin, Head of Finance, Adult Care	Budget Scrutiny
Adult Social Care – Budget Proposals 2017-18	Steve Houchin, Head of Finance, Adult Care	Budget Scrutiny
Better Care Fund: Narrative Plan 2017/18 – 2018/19	David Laws, Better Care Fund and Financial Special Projects Manager	Budget Scrutiny

<b>22 February 2017 – 10.00 am</b>		
<b>Item</b>	<b>Contributor</b>	<b>Purpose</b>
Adult Care – Quarter 3 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny
Minutes of the Safeguarding Scrutiny Sub Group Meeting – 11 January 2017	Catherine Wilman, Democratic Services Officer	Update Report
Better Care Fund: Narrative Plan - Update on Development	David Laws, Better Care Fund and Financial Special Projects Manager	Budget Scrutiny
Wellbeing Service Re-Procurement <i>(Subject to Confirmation)</i>	Alina Hackney, Senior Strategic Commercial & Procurement Manager – People Services Commercial Team	Update Report

<b>22 February 2017 – 10.00 am</b>		
<b>Item</b>	<b>Contributor</b>	<b>Purpose</b>
Extra Care Developments <i>(subject to confirmation)</i>	Glen Garrod, Executive Director, Adult Care and Community Wellbeing	Update Report

<b>5 April 2017 – 10.00 am</b>		
<b>Item</b>	<b>Contributor</b>	<b>Purpose</b>
National Carers Strategy	Glen Garrod, Executive Director, Adult Care and Community Wellbeing	Status Report
Adult Care IT Developments	To be confirmed	Update Report

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](mailto:simon.evans@lincolnshire.gov.uk)

## 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 Services																				✓															✓			
Staff Absence Management				✓																																		
Wellbeing Service & Related Items	✓					✓			✓						✓						✓																	
<b>RECURRING STANDARD ITEMS</b>																																						
Adult Social Care Outcomes Framework	✓											✓																							✓			
Budget Items	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Quarterly Performance	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
Safeguarding Sub Group Minutes	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓

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

<b>MATTER AND DATE FOR DECISION AND</b>	<b>REPORT TYPE</b>	<b>DECISION MAKER</b>	<b>PEOPLE/ GROUPS CONSULTED PRIOR TO DECISION</b>	<b>HOW AND WHEN TO COMMENT PRIOR TO THE DECISION BEING TAKEN</b>	<b>DIVISIONS AFFECTED</b>
Better Care Fund Narrative Plan 2017/18 - 2018/19 (Between 4 January 2017 and 8 February 2017)	Open	Executive	Lincolnshire Health and Wellbeing Board	Better Care Fund and Financial Special Projects Manager Tel: 01522 554091 Email: david.laws@lincolnshire.gov.uk	All