County Offices
Newland
Lincoln
LN1 1YL

14 February 2017

Adults Scrutiny Committee

A meeting of the Adults Scrutiny Committee will be held on **Wednesday, 22 February 2017 at 10.00 am in Committee Room Three, County Offices, Newland, Lincoln LN1 1YL** for the transaction of business set out on the attached Agenda.

Yours sincerely

Tony McArdle
Chief Executive

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

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

ADULTS SCRUTINY COMMITTEE AGENDA
WEDNESDAY, 22 FEBRUARY 2017

10 **Adults Scrutiny Committee Work Programme** 131 - 138

(To receive a report from Simon Evans, Health Scrutiny Officer, which invites the Committee to consider its work programme for the coming months)

Democratic Services Officer Contact Details

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

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

Contact details set out above.

All papers for council meetings are available on:
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ADULTS SCRUTINY COMMITTEE
11 JANUARY 2017

PRESENT: COUNCILLOR C E H MARFLEET (CHAIRMAN)

Councillors W J Aron, S R Dodds, B W Keimach, J R Marriott, Mrs H N J Powell, Mrs N J Smith, M A Whittington and Mrs J M Renshaw.

Officers in attendance:-

Katrina Cope (Senior Democratic Services Officer), Simon Evans (Health Scrutiny Officer), Glen Garrod (Executive Director of Adult Care and Community Wellbeing), Justin Hackney (Joint Commissioning Specialist Services), Steve Houchin (Head of Finance, Adult Care) and David Laws (Adult Care Strategic Financial Adviser).

50 APOLOGIES FOR ABSENCE/REPLACEMENT MEMBERS

Apologies for absence were received from Councillors R C Kirk and Mrs S M Wray.

The Chief Executive reported that having received a notice under Regulation 13 of the Local Government (Committees and Political Groups) Regulations 1990, the Committee was advised that Councillor Mrs J Renshaw had been appointed as replacement member on the Committee for Councillor R C Kirk for this meeting only.

An apology for absence had also been received from Executive Councillor Mrs P A Bradwell, Executive Councillor Adult Care, Health and Children's Services.

51 DECLARATIONS OF MEMBERS' INTEREST

No members' interests were declared at this stage of the proceedings.

52 MINUTES OF THE MEETING OF THE ADULTS SCRUTINY COMMITTEE HELD ON 30 NOVEMBER 2016

RESOLVED

That the minutes of the Adults Scrutiny Committee meeting held on 30 November 2016 be agreed and signed by the Chairman as a correct record.

53 CHAIRMAN'S ANNOUNCEMENTS

The Chairman advised that a meeting of the Delayed Transfers of Care Working Group would be taking place on Thursday 2 February at 10.00am. It was noted that the purpose of the initial meeting was to consider the scope of the topic, including definitions and the availability of various data.

54 ADULT CARE 2016/17 OUTTURN PROJECTION

Pursuant to Minute Number 47 from the meeting held on 30 November 2016, the Committee gave consideration to a report from Glen Garrod, Executive Director of Adult Care and Community Wellbeing, deferred from the previous meeting, which provided details of the budget outturn projection for Adult Care for 2016/17.

Steve Houchin, Head of Finance, Adult Care presented the comprehensive report, from which the Committee raised the following issues:-

- A question was asked as to what would be happening to the projected £800,000 underspend. The Committee noted that any underspend up to 1% could be kept by the directorate concerned, subject to Executive approval. Other concerns raised included that an explanation needed to be made readily available as to why there was an under-spend, bearing in mind the pressures nationally. The Committee was reassured that the Council supported Adult Care through its budget allocation, and it was highlighted that the budget had grown from £134m to £150m over the last four years. Savings had been made, and more efficient and cost effective measures/services had been achieved as a result of the successful implementation of a commissioning model. It was further highlighted that 74% of Councils nationally had reported overspends relating to adult care prior to December 2016, but Lincolnshire had managed to have a balanced budget; and Lincolnshire had a lower rate of delayed transfers of care, compared to many other health and care systems.

  The Committee was advised that if the carry forward underspend, was to be approved, some of it would be spent on 'Deprivation of Liberty' to help reduce the backlog of some 1,500 cases, which would reduce risks to the Council of legal challenge; and the remainder would be used to reduce the potential pressure of 'Sleep in' night-time cover, if the government was not minded to change the regulations pertaining to 'Sleep in' allowances. Both areas would benefit from any additional funds arising from the projected underspend;

- Issues surrounding Agresso – The Committee was advised that there had been an upgrade made to the Agresso system, which had improved functionality in a number of areas. It was highlighted that there were still some issues associated with payroll and budget monitoring. The Committee was reassured that overall things had improved since the previous year;
- A new contract was in place with Lincolnshire Community Health Services NHS Trust to block book beds in a number of care homes across the County, notably in the south where it had been highlighted that there had been limited capacity. The arrangements enabled the Council and Lincolnshire Community Health Services NHS Trust to reserve a portion of capacity in the market at a reduced rate. It was noted that this was the first time block booking beds together with NHS had been arranged, and this had enabled a cheaper rate to be negotiated, and it had also provided guaranteed income streams to the providers;
- The Committee noted that the Physical Disability Services had seen growth in home support and direct payments due to the number of transition cases from

Children's Services. It was also highlighted that the service had also seen an increase in direct payments expenditure, which was partly due to 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. The Committee was advised that needs of young people transitioning to adult care were becoming more complex and challenging. This was an issue nationally and it was confirmed that the needs of young adults was beginning to outstrip the needs of older people. The Committee noted that there was still a lot of work to be done with health colleagues to improve young adult provision. The reason for the increase in numbers/cost was as a result of medical advances; and the high level of expectations. It was highlighted that there needed to be continued integration to ensure that the service to young people transitioning into adults was operating at an optimum level. A question was asked as to whether there was any financial risk associated with the Better Care Fund. The Committee was reassured that as had been done in the previous year, any difference in funding would be corporately funded;

- Some concern was expressed with regarding to underspend relating to direct payments. Officers explained that refunds arose when the recipient was able to purchase the required service at a cheaper rate, or they had brought the service in a different way. Reassurance was given that the needs of individuals were paramount, and every effort was made to ensure they were met in accordance with the legislation. It was highlighted that the Council however did not have the ability to purchase care from a relative for an individual, but the individual did. It was highlighted that officers regularly audited assessments on what the state provided, and in circumstances where the individual had been creative, and had met their needs but had not spent the full amount, in these circumstances the excess would be reclaimed;
- A question was asked as to how the Council knew there were no delayed transfers of care as of the previous evening. The Committee was advised that the Executive Director received updates on a daily basis as to what the situation was at the three major hospitals in Lincolnshire. It was highlighted that Lincolnshire unlike some other councils was doing well as a result of added resources being provided; tribute was paid to all staff who had worked over the Christmas period. It was highlighted that the biggest issue moving forward was being able to secure workforce capacity;
- Some concern was expressed with regard to the underspend for mental health services as part of the section 75 agreement; and to the fact that there had been an increase in demand for the service. The Committee was advised that within the contract with Lincolnshire Partnership NHS Foundation Trust (LPFT) there was a 10%, risk margin, if the amount went above 10% then the risk lay with LPFT; and similarly if there was an underspend up to 10%, it would be able to be carried forward by LPFT. Anything over 10% would involve the Council. The Committee noted that work was being carried out on a mental health strategy with NHS colleagues, a copy of which would be considered by the Committee at a future meeting;
- Some concern was expressed with regard to some staffing issues within the reablement service and the quality of the service being provided. Officers suggested a report being presented to a future meeting concerning the Allied Contract; and

- The Committee was advised that the Lincolnshire Care Awards Ceremony would be taking place in February 2017, to recognise staff for all good the work they do.

The Committee noted that the term 'underspend' was an accountancy term extensively used in the public sector, and sanctioned by the Chartered Institute of Public Finance Accounts.

RESOLVED

That the budget outturn projection for 2016/17 be noted.

55 ADULT CARE BUDGET 2017/18

The Committee gave consideration to a report from Steve Houchin, Head of Finance, Adult Care, which provided members with the opportunity to comment on the budget proposals.

It was highlighted that the Executive were currently consulting on a one year financial plan for revenue and capital budgets. It was highlighted further that this was the third year running the Council had only been able to set a one year budget.

The Head of Finance, Adult Care presented the report, from which the following matters were raised:-

- One member enquired as to whether Telecare/Telehealth had combined. Officers advised that from a customer perspective they were integrated; and
- A question was asked as to how much of the Disabled Facility Grant (DFG) for 2016/17 had been allocated to the district councils. Officers advised that for 2016/17 the amount of DFG received had been £4.8m, £2.7m had been allocated and £2.1m had been retained to develop MOSAIC etc. It was highlighted that this would not be happening from 2017/18 onwards, as the total amount received would be passported onto the districts, in accordance with national guidance.

In conclusion, the Committee congratulated officers for all their hard work in achieving a balanced budget.

RESOLVED

That the Adult Scrutiny Committee supported the Adult Care Budget for 2017/18; and congratulations should be extended to officers for all their hard work in achieving a balanced budget.

56 BETTER CARE FUND (BCF) NARRATIVE PLAN 2017/18 AND 2018/19

Consideration was given to a report from Glen Garrod, Executive Director of Adult Care and Community Wellbeing, which invited the Committee to comment on the Better Care Fund (BCF) Plans for 2017/18 and 2018/19. The Committee noted that the report had been considered by the Executive on 4 January 2017. A copy of the

Decision Notice relating to the 'Better Care Fund Narrative Plan 2017/18 – 2018/19' was circulated at the meeting for the Committee's information.

The Committee was advised that the BCF Plans were to be submitted to NHS England in two stages. The first draft submission was due to be submitted by 26 January 2017, with a final submission date of 10 March 2017.

The Executive Director of Adult Care and Community Wellbeing presented the report; and invited comments from the Committee.

The Committee raised the following issues:-

- Assurance was given that the requirements within the BCF relating to acute hospitals had been agreed by the United Lincolnshire Hospital NHS Trust. It was noted that as a minimum the BCF must be used to address a number of areas of performance, most notably non-elective admissions and delayed transfers of care from hospital. The Committee was advised that the bulk of the delays were health related delays;
- Concern was expressed with regard to Disabled Facilities Grant (DFG). The Committee was advised that when the Executive considered the report in January, it had agreed to two further recommendations, relating to DFGs, one was that a performance mechanism to enable the release of DFG allocations to the District Councils to reflect the national guidance when published and the County Council's status as Accountable Body. The second recommendation requested that a regular performance reporting mechanism was produced for both the Adults Scrutiny Committee and the Lincolnshire Health and Wellbeing Board through 2017/18, which should detail both BCF national metrics and those relating to DFG spend and activity by the districts. It was highlighted that the districts had the legislative powers in relation to DFG's; all the County Council had was guidance on the BCF. Work was ongoing with districts to get collective agreement to improve the efficiency of the service provided to Lincolnshire residents. Appendix A to the report provided the Committee with a proposed approach for the modernisation and maintenance of existing arrangements. The Committee noted that a Memorandum of Understanding was in the process of being drawn up. Some concern was expressed regarding the monitoring of DFGs. The Committee was advised that districts were only required to report performance to the Department for Communities and Local Government (DCLG); however, agreement had been reached with Districts to report activity and performance through the Memorandum of Understanding. Some discussion was also had regarding the need for implementing new build design standards to take into consideration the needs of disabled, i.e wider doors; and that this should be looked into by the District Councils, as Planning Authorities. Reference was also made to closer working with health colleagues regarding equipment available, which in some cases might prevent the need for permanent adaptations;
- Graduation Plans – The Committee was advised that the new language for integration was 'graduation'; and that the Government was seeking a small number of local systems to become pilot graduation areas. It was highlighted that financial incentives to become a pilot were not significant, but there was

the opportunity to influence national policy making; and as such the Executive had approved the submission of a Lincolnshire application for 'pilot graduation status'; and

- Concern was expressed regarding NHS local provision; and delays encountered. Officers were advised that nationally there were capacity issues for the NHS.

Overall, the Committee was supportive of the approach in the report presented.

RESOLVED

That the Adults Scrutiny Committee record its support for the recommendations agreed by the Executive at its meeting on 4 January 2017 relating to the Better Care Fund Narrative Plan 2017/18 – 2018/19. (As detailed in the Decision Notice circulated).

57 SERVICE USERS WITH LEARNING DISABILITIES

The Committee gave consideration to a report from Justin Hackney, Assistant Director, Specialist Adult Services, which provided an update on a Regional Improvement Programme in relation to support for people with Learning Disabilities; and to advise of the additional work being taken forward to deliver further local, regional and national improvement.

The report highlighted that Lincolnshire continued to demonstrate a range of strengths in supporting people with Learning Disabilities to achieve improved outcomes.

Officers highlighted that the projected increases in demand, complexity of need and changes in market conditions were likely to increase pressures on existing resources and increase difficulty in sustaining existing performance.

It was highlighted further that the Council was continuing to work with other Authorities to identify common standards, and to drive forward opportunities for further development and improvement which will help mitigate the identified pressures.

During consideration of the report, the Committee raised the following points:-

- Transitional arrangements – The Committee was advised that progress was being made to meet the needs of young people and their transition into adults, but there was still more work to be done. Some members of the Committee highlighted that it was important that young people had the opportunity to integrate in the local community. Officers advised that most young people ended up being within a local community, a few however did required residential care due to the complexity of their needs;
- The need for more integrated working with District colleagues to support young people to get a job, and develop new skills and knowledge, friendship which help with general improved health and wellbeing. Officers advised that

the Learning Disability Project Board looked at the opportunities for work experience; and

- A question was asked as to the number of individual with learning disabilities. Officers advised based on national prevalence information of the local population, around 15,000 people had learning disabilities; the latest recorded GP information indicated that there were 3,000/4,000 people locally with learning disabilities. The Committee was advised that there was more work to be done, and this would be included with the strategy.

RESOLVED

That the report concerning Service Users with Learning Disabilities be noted.

58 ADULTS SCRUTINY COMMITTEE WORK PROGRAMME

Consideration was given to a report from Simon Evans, Health Scrutiny Officer, which gave the Committee the opportunity to review its programme of work for the coming months.

The Committee noted that a further report concerning the Better Care Fund would be added to the February meeting; and that Extra Care Housing would be would be included in a future meeting.

RESOLVED

That the work programme for the Adults Scrutiny Committee as presented be received subject to the above said changes.

The meeting closed at 12.45 pm.

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Policy and Scrutiny

Open Report on behalf of Glen Garrod, Executive Director Adult Care & Community Wellbeing	
Report to:	**Adults Scrutiny Committee**
Date:	**22 February 2017**
Subject:	**2016/17 Quarter 3 Performance**

Summary:

The report provides an update on 2016/17 Q3 performance of the Adult Care Council Business Plan measures within the four Commissioning Strategies. The report also gives an update on the progress of the Better Care Fund with reference to Health and Social Care metrics.

Actions Required:

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

1. Background

Adult Care activities are arranged under the following commissioning strategies:

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

Each strategy is monitored using outcome-based measures to evaluate the effectiveness of services provided to adults and their carers.

Three annual and three biennial survey-based measures used to monitor performance will not be reported in Quarter 3, but will feature in the last quarter when both the Adults and Carers surveys have been completed.

The new case management system, Mosaic went live on 12th December 2016 and whilst the transition was relatively smooth there has been an impact on both activity and reporting. We are currently developing new reporting systems from Mosaic. As a result, most of the CBP figures relate to the period April 2016 to November 2016. The Quarter 3 targets have therefore been rolled back to November, so that activity can be judged appropriately up to the corresponding period end.

Adult Care Performance by Strategy

Safeguarding

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

The Safeguarding strategy has performed really well in Quarter 3, in part as a function of the new Adult Safeguarding process and recording that came into play during Quarter 1. All measures are stable and on target.

The Safeguarding service has a duty to address issues with social care providers. The percentage of enquires where a service provider was alleged to be the source of risk has decreased in the quarter to 12%, which is ahead of target – this is less than ten enquiries about providers per month.

This quarter, there has been a good improvement in the proportion of enquiries resulting in the risk being reduced or removed, increasing from 72% in Quarter 2 to 77% in Quarter 3, which remains ahead of target. Risk reduction cannot be used in isolation to evaluate the effectiveness of the interventions, as the service primarily endeavours to ascertain the person's wishes, respect those wishes and empower people to manage their own risk.

Specialist Adult Services

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

Overall, this strategy has performed well in Quarter 3, particularly with respect to review activity which has shown some improvement in the quarter, and is beginning to converge with the target trajectory. With four months to report for the remainder of the year, the service is confident that the 95% review target will be achieved by year-end.

The combined number of direct payments for learning disability and mental health clients continues to grow steadily as this mechanism for service delivery is promoted within the council and the Mental Health NHS Trust respectively. There are also signs that the proportion of both client groups living independently is increasing, which implies that a growing number of new clients are receiving services in the community.

Carers

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

A total of 7,550 adult carers have been supported over the previous 12 months. Whilst this is currently short of the 8,500 carers target, this represents a 4% increase in the total number of carers supported since the end of March 2016. This is an encouraging trend, although not at the pace expected. 2016/17 has been a transient year for the Carers Service with Mosaic implementation, a new provider and new service model.

Following the new Care Act 2014 eligibility framework, fewer carers are eligible for funded support, but despite this, carers will get information and advice tailored to their needs, and ongoing support from Carers FIRST. For carers eligible for funded care, much fewer carers need a direct payment to meet their needs. Where direct payments are required, the amounts are more substantial than previously awarded. The proportion of carers who receive a direct payment has reduced slightly this quarter, but remains above target. This is due to the increasing number of traditional residential respite services provided, which is an alternative way of accessing services via a personal budget.

The increase in respite support is also linked to the upward trend in the number of carers jointly assessed with the person they care for, resulting in a more holistic package for the benefit of both the adult and the carer. This however is at odds with the preventative measure, which seeks to support carers before the person they care for needs input from Adult Care. The proportion of carers supported to delay the care and support needs of the person they care for has therefore dropped to 68%. It is expected that the number of carers supported with universal services by Carers FIRST will increase over time, and the measure should recover. In the meantime, the Council are working with the provider to ensure all of the support offered and recorded on their system is fully reflected in the reported figures in Quarter 4.

Adult Frailty and Long Term Conditions

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

Overall, Performance in Quarter 3 has been good. Review performance is on track and there has been a good increase in direct payment uptake. The front door is being managed effectively too with two-thirds of the 18,000 requests for support being dealt with by the provision of information and advice or signposting to other agencies in the community. An increasing number of people are being diverted to

other services like Reablement and Wellbeing, further reducing the pressure on Adult Care Social Work teams.

The pressure for this strategy at present is with the number of admissions for older people to care homes. 800 admissions have been made since April, which is 20% higher than expected at this point in the year. Adult Care are experiencing a higher level of demand for services generally, and a similar proportion of people are being admitted to care homes as in previous years. All the while though, over the last two years, the ratio of people in residential care to community has been stable at 1:2, suggesting a consistent approach to placements.

The Better Care Fund

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

In November, the number of non-elective admissions to hospital was at its highest level for the year. Admissions are 10% higher than the same time last year, and over 1,000 admissions higher than the target. Performance is variable across the CCGs, but the South CCG has consistently achieved a reduction of 5% in their admissions target each month.

The number of delayed days in hospital has been fairly consistent throughout this year, but remains 30% higher than the expected target. Currently, the NHS are responsible for 75% of total delayed days, Social Care for 16%, and the remaining 9% of delayed days are down to both the NHS and Social Care. Over the last four months, non-acute delays have fallen back from 50% to 41%. The most common delay reasons, making up two-thirds of delays are down to waiting for care packages in a care home, in the community and waiting for further non-acute care. Delays with housing, although small by comparison, is continuing to increase as a proportion of total delayed days, rising from 1% (25 delayed days per month) in March 2016, to 9% (300 delayed days per month) at the end of November 2016.

The admissions to residential care for older adults CBP measure is also included in the BCF monitoring, and the higher than usual admissions in Quarter 3 have been explained previously under the Adult Frailty & Long Term Conditions strategy.

Another aspect of the BCF monitoring is the effectiveness and offer rate of Reablement and intermediate care services for older people discharged from hospital into 'step-down' support. Both of these measures are produced annually and will be reported in Quarter 4.

Patient experience is also an important feature of the BCF's success. Results of the GP patient survey, available later in the year will indicate whether or not patients feel supported to manage their long term conditions at home.

2. Conclusion

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

3. Consultation

a) Have Risks and Impact Analysis been carried Out?

No

b) Risks and Impact Analysis

Not applicable

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Adults Council Business Plan Performance Report Q3 2016/17
Appendix B	Better Care Fund Performance Report Q3 Nov 2016/17

5. Background Papers

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

This report was written by Dave Boath, who can be contacted on 01522 554003 or david.boath@lincolnshire.gov.uk.

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Appendix A
Council Business Plan Measures - Adult Care - Quarter 3 2016/17

Safeguarding Adults

	Actual	Target	
% of concluded safeguarding enquiries where the person at risk lacks capacity where support was provided by an advocate, family or friend	96%	100%	✓ Achieved
% of safeguarding enquiries where the 'Source of Risk' is a service provider - i.e. social care support	12%	16%	✓ Achieved
% of completed (and substantiated) safeguarding enquiries where the risk was reduced or removed	77%	60%	✓ Achieved

Specialist Adult Services

% of adults with a learning disability (or autism) who live in their own home or with their family **ASCOF 1G**	76%	75%	✓ Achieved
% of adults in contact with secondary mental health services living independently, with or without support **ASCOF 1H**	61%	60%	✓ Achieved
% of adults receiving long term social care support in the community that receive a direct payment (learning disability and mental health)	49%	49%	✓ Achieved
% of people in receipt of long term support who have been reviewed in the period (learning disability)	58%	63%	^ Improving but not achieved

Carers

Percentage of carers who receive a direct payment **ASCOF 1C (2b)**	84%	64%	✓ Achieved
Carers supported to delay the care and support for the person they care for	68%	75%	✗ Not achieved
Carers supported in the last 12 months per 100,000	1268	1440	✗ Not achieved

Adult Frailty, Long Term Conditions and Physical Disabilities

Permanent admissions to residential and nursing care homes aged 65+ **ASCOF 2A (2) numerator** ****BCF****	800	655	✗ Not achieved
% of requests for support for new clients, where the outcome was universal services/ signposted to other services	65%	67%	✓ Achieved
% of clients in receipt of long term support who receive a direct payment **ASCOF 1C (2a)**	34%	34%	✓ Achieved
% of people in receipt of long term support who have been reviewed in the period	60%	59%	✓ Achieved

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Communities are safe and protected

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

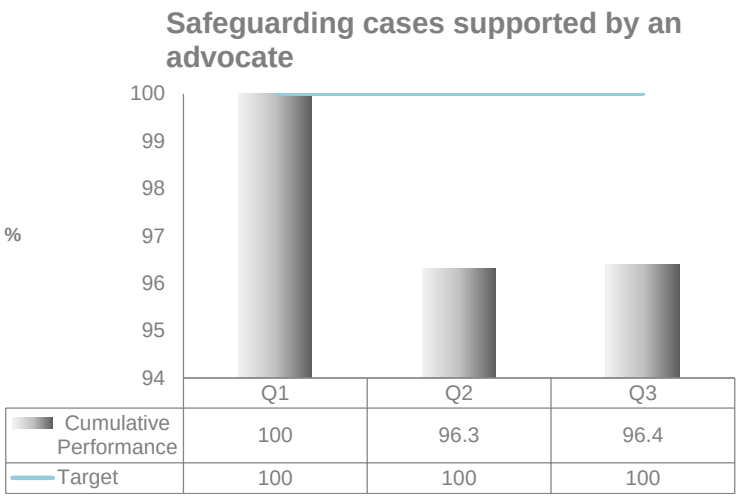
Safeguarding cases supported by an advocate

This measure identifies the proportion of concluded safeguarding referrals where the person at risk lacks capacity and support was provided by an advocate, family or friend.
An advocate can include:-
* An Independent Mental Health Advocate (IMHA);
* An Independent Mental Capacity Advocate (IMCA); or
* Non-statutory advocate, family member or friends.
Numerator: Number of concluded Section 42 safeguarding enquiries in the denominator, where support was provided by an advocate, family or friend
Denominator: Number of concluded Section 42 safeguarding enquiries in the period, where the person at risk lacks Mental Capacity
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

Achieved

96.4
%
Quarter 3 December 2016

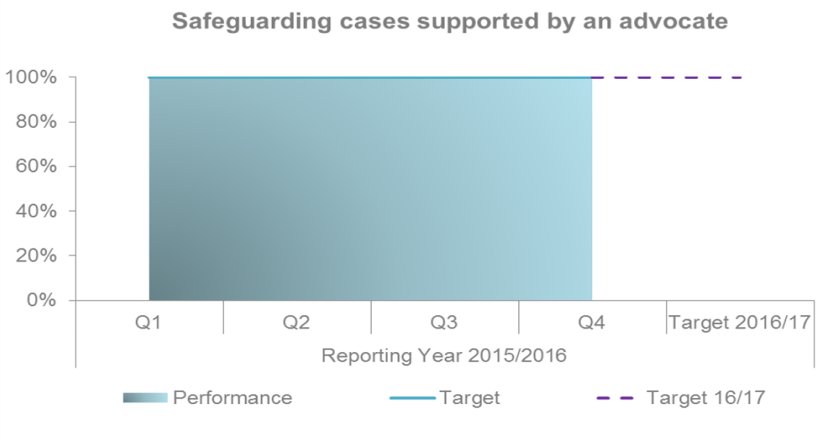
100
%
Target for December 2016



About the latest performance

The target has been achieved within tolerance consistently throughout the reporting year. Ensuring that people are able to convey their views and wishes, particularly when someone has been assessed as lacking mental capacity is important. Making Safeguarding Personal is a key priority for the Lincolnshire Safeguarding Adults Board (LSAB). There still remains a couple of legitimate cases where an advocate was not required.

Further details



	Reporting Year 2015/2016				
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	100	100	100	100	
Target	100	100	100	100	100

About the target

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

About the target range

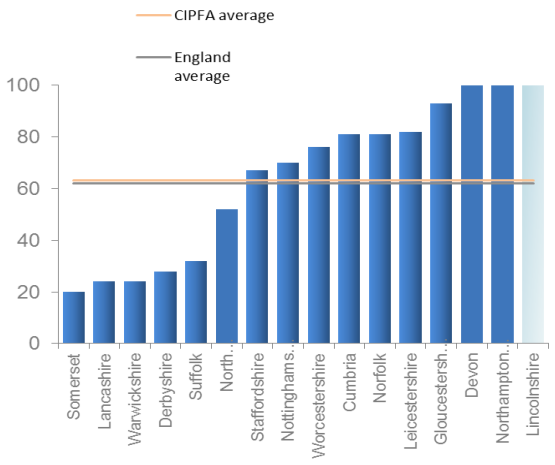
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Safeguarding cases supported by an advocat.

CIPFA	Numerator*	Denominator**	%***
Somerset	130	650	20
Lancashire	190	800	24
Warwickshire	35	145	24
Derbyshire	90	320	28
Suffolk	35	110	32
North Yorkshire	85	165	52
Staffordshire	110	165	67
Nottinghamshire	490	700	70
Worcestershire	95	125	76
Cumbria	175	215	81
Norfolk	250	310	81
Leicestershire	90	110	82
Gloucestershire	65	70	93
Devon	1195	1195	100
Northamptonshire	290	290	100
Lincolnshire	120	120	100
*Supported by advocate			
**Total S42 enquiries where person lacked capacity			
***% Safeguarding cases supported by an advocate			



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Communities are safe and protected

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

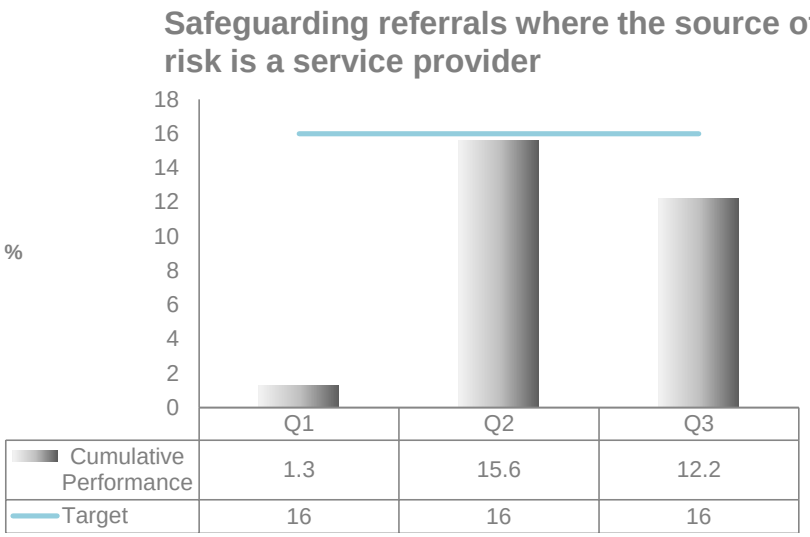
Safeguarding referrals where the source of risk is a service provider

This measure records the proportion of safeguarding referrals where 'source of risk' is a 'service provider'.
Numerator: Number of Section 42 safeguarding enquiries where the 'source of risk' is a 'social care provider'.
Denominator: Number of concluded Section 42 safeguarding enquiries in the period.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

Achieved

12.2
%
Quarter 3 December 2016

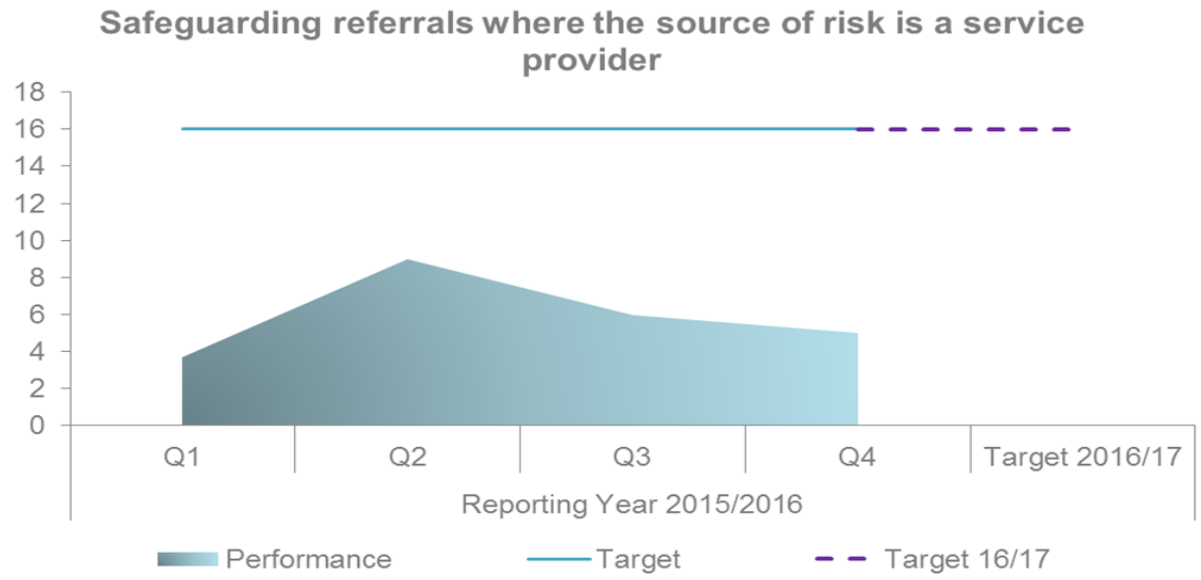
16
%
Target for December 2016



About the latest performance

The target has been achieved within tolerance consistently throughout the reporting period. The proportion of referrals where the service provider is the source of risk has decreased this quarter, which is an improvement from the last quarter. An increasing number of referrals cite the source of risk as a relative, family carer or someone known to the person but not related. These account for approximately two-thirds of referrals.

Further details



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

About the target

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

About the target range

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

About benchmarking

Benchmarking data for this measure is not available

Lincolnshire COUNTY COUNCIL
Working for a better future

Communities are safe and protected

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

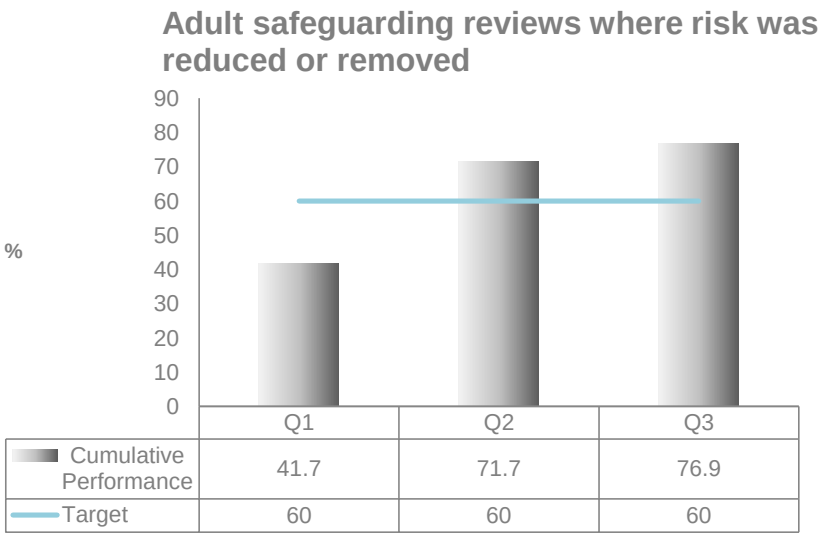
Adult safeguarding reviews where risk was reduced or removed

This measure records the proportion of completed (and substantiated) safeguarding referrals where the risk was reduced or removed.
Numerator: Number of concluded Section 42 enquiries in the denominator, the number where the result of management action was 'risk reduced' or 'risk removed'
Denominator: Number of concluded Section 42 safeguarding enquiries in the period that were substantiated partially or in full, or where the risk of abuse was found to be true.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

Achieved

76.9
%
Quarter 3 December 2016

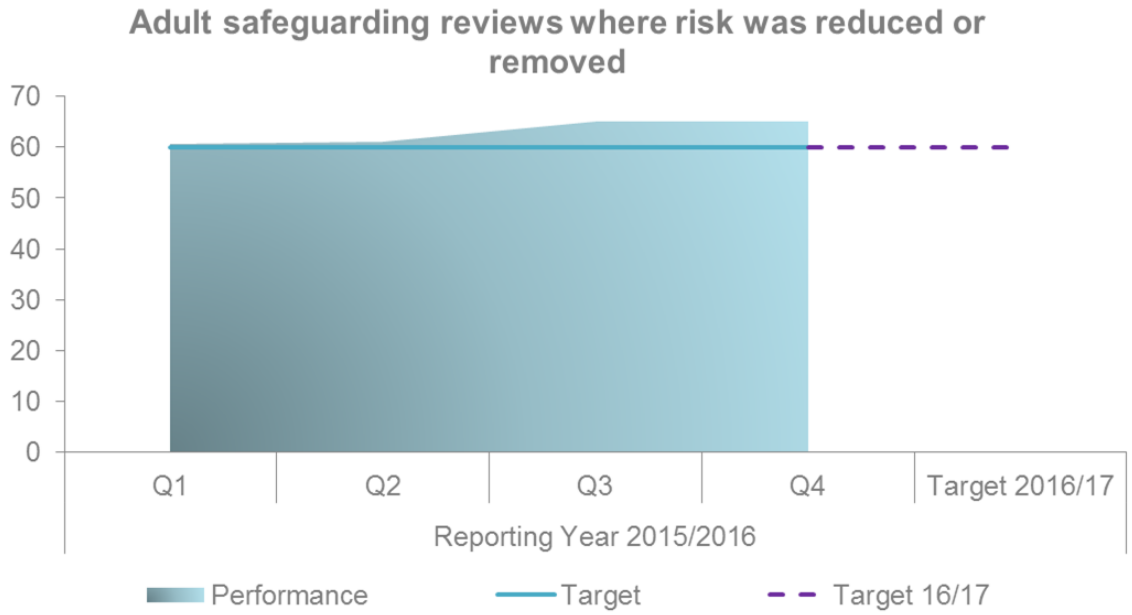
60
%
Target for December 2016



About the latest performance

The target has been exceeded this quarter and has improved since the previous period. Making Safeguarding Personal reflects the right for Adults to make decisions that agencies are not always comfortable with. Adult Safeguarding will however seek to remove or reduce risk where this is in line with the wishes expressed by the individuals concerned.

Further details



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

About the target

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

About the target range

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

About benchmarking

Benchmarking data for this measure is not available

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

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

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

The measure shows the proportion of all adults with a learning disability who are known to the council, who are recorded as living in their own home or with their family.
Individuals 'known to the council' are adults of working age with a learning disability who received long term support during the year.
'Living on their own or with family' is intended to describe arrangements where the individual has security of tenure in their usual accommodation, for instance, because they own the residence or are part of a household whose head holds such security.
Numerator: For adults in the denominator, those who were recorded as living in their own home or with their family.
Denominator: Adults aged 18 to 64 with a primary support reason of learning disability, who received long-term support during the year .
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

✓ Achieved

75.9

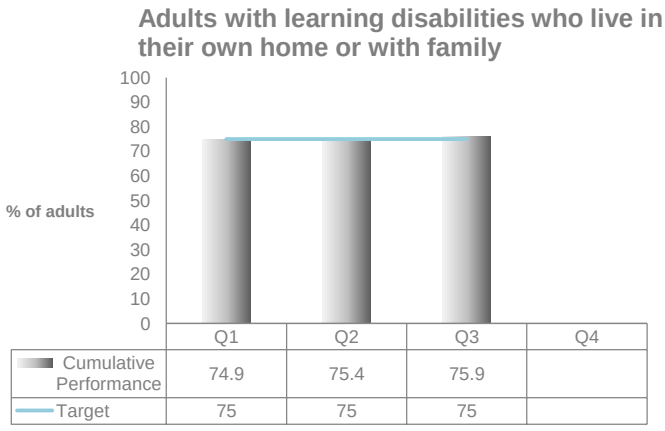
% of adults

Quarter 3 December 2016

75

% of adults

Target for December 2016

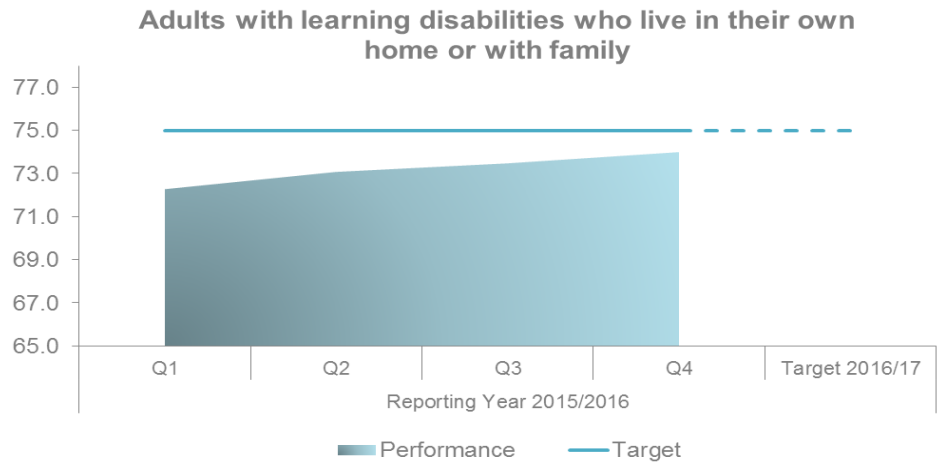


	Q1	Q2	Q3	Q4
Cumulative Performance	74.9	75.4	75.9	
Target	75	75	75	

About the latest performance

This measure has shown a slight improvement compared to the last quarter and remains ahead of target. This indicates that a higher proportion of new learning disability clients are coming into community services. There is ongoing work to support increased community supported living capacity within the community to meet projected increases in demand, and to continue to promote independence of service users.

Further details



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

About the target

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

About the target range

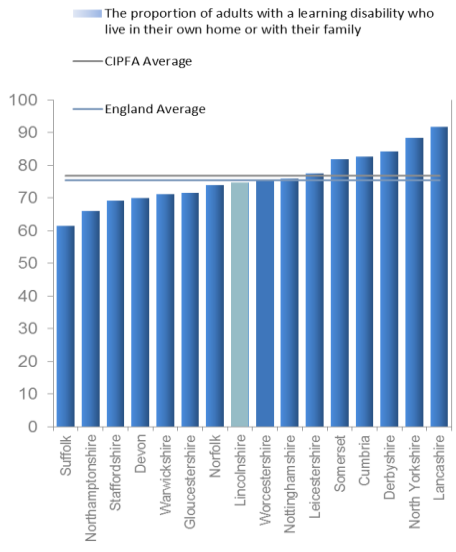
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Adults with learning disabilities who live in their own home or with family- CIPFA Comparators 2015/16

	*Numerator	**Denominator	***Outcome
Suffolk	1074	1747	61.5
Northamptonshire	1117	1692	66.0
Staffordshire	1198	1732	69.2
Devon	1479	2113	70.0
Warwickshire	806	1133	71.1
Gloucestershire	919	1283	71.6
Norfolk	1622	2191	74.0
Lincolnshire	***1166***	***1561***	***74.7***
Worcestershire	962	1281	75.1
Nottinghamshire	1544	2035	75.9
Leicestershire	1108	1430	77.5
Somerset	1286	1571	81.9
Cumbria	994	1202	82.7
Derbyshire	1577	1871	84.3
North Yorkshire	1330	1506	88.3
Lancashire	2937	3198	91.8
CIPFA Average	***21119***	***27546***	***76.7***
England Average	***96288***	***127732***	***75.4***



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

Health and Wellbeing is improved

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

Adults in contact with secondary community health teams living independently

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

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

Numerator: For adults in the denominator, those who were recorded as living independently at the time of their latest review.
Denominator: Adults aged 18 to 69 on the Care Programme Approach (CPA) in contact with secondary health services during the year.

Achieved

61.2

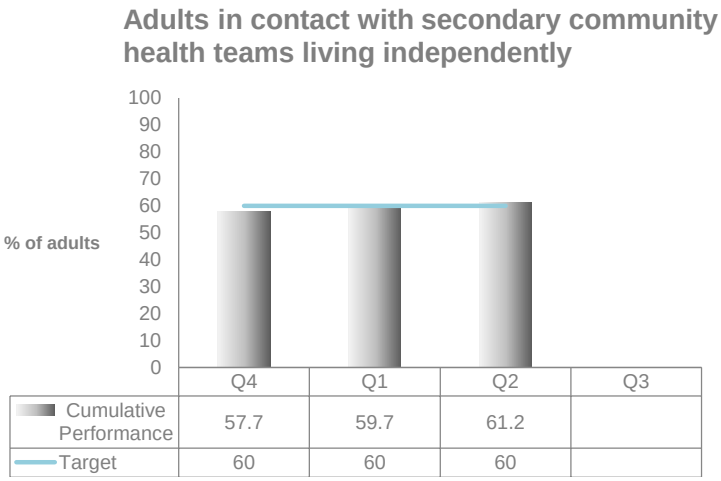
% of adults

Quarter 2 September 2016

60

% of adults

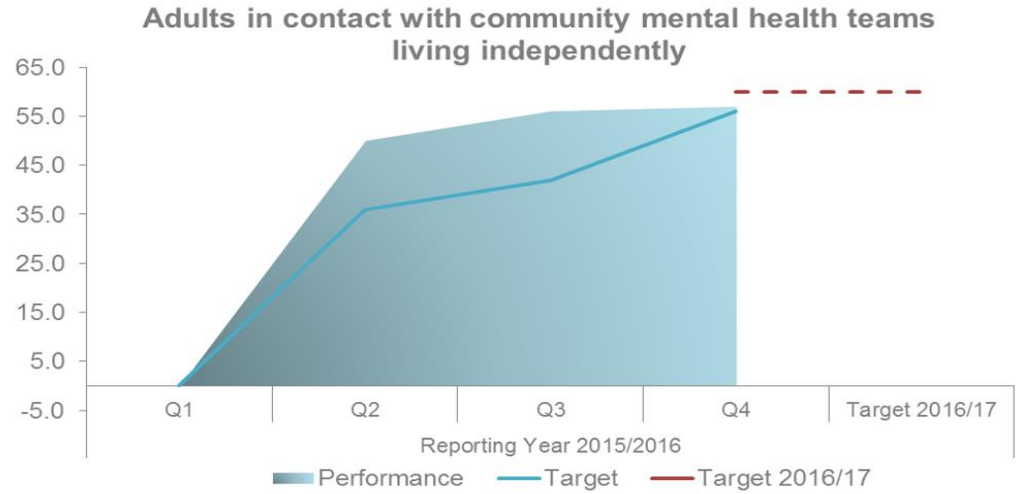
Target for September 2016



About the latest performance

The figures reported relate to September performance, which is the latest available data published by NHS Digital. There has been a steady increase throughout the year and this measure is currently ahead of target.

Further details



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

About the target

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

About the target range

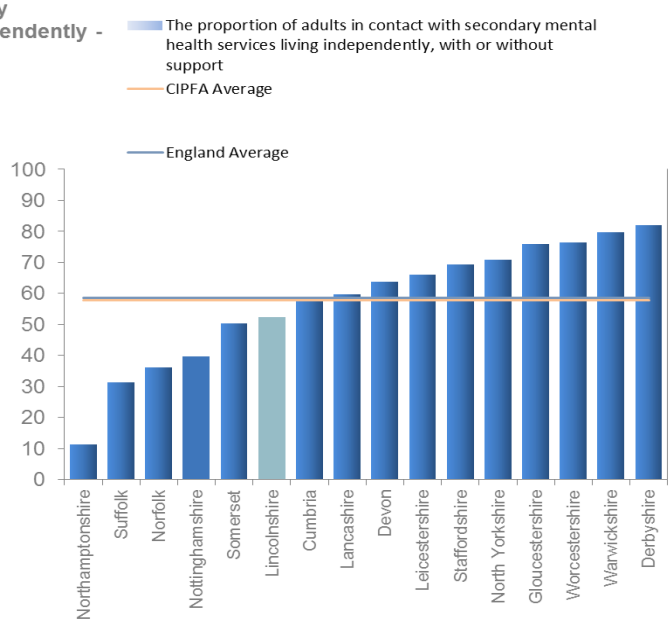
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Adults in contact with community mental health teams living independently - CIPFA Comparators 2015/16

	*Outcome
Northamptonshire	11.4
Suffolk	31.4
Norfolk	36.3
Nottinghamshire	39.7
Somerset	50.3
Lincolnshire	***52.4***
Cumbria	57.7
Lancashire	59.9
Devon	63.8
Leicestershire	66.2
Staffordshire	69.3
North Yorkshire	70.9
Gloucestershire	75.9
Worcestershire	76.5
Warwickshire	79.8
Derbyshire	82.1
CIPFA Average	***57.7***
England Average	***58.6***



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

Health and Wellbeing is improved

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

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

This measure reflects the proportion of people using services who receive a direct payment.
Numerator: Number of Learning Disability and Mental Health service users receiving direct or part direct payments.
Denominator: Number of Learning Disability and Mental Health service users aged 18 or over accessing long term support.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
This measure is reported as a snapshot in time so for exapmle Q2 is performance as at 30th September.

Achieved

48.6

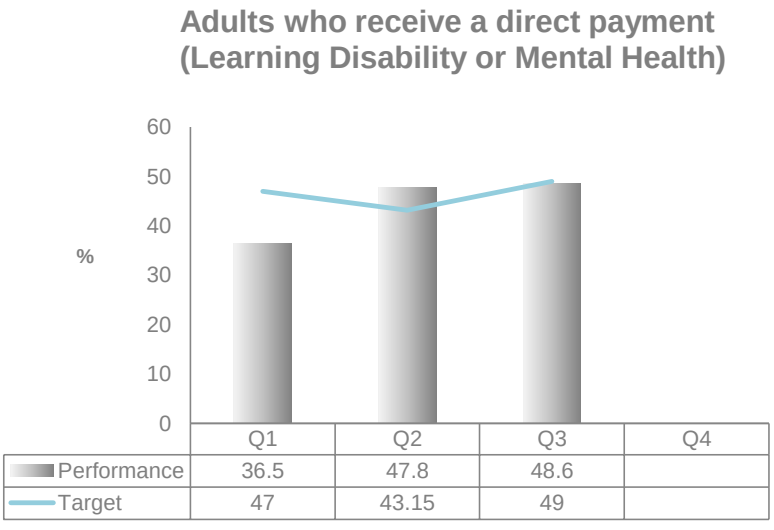
%

Quarter 3 December 2016

49

%

Target for December 2016



About the latest performance

This measure is currently being achieved and is within the target tolerance. Whilst it is an individual's decision whether they wish to take their personal budget via a direct payment, Adult Care and Lincolnshire Primary NHS Foundation Trust (LPFT) seek to promote independence as far as this is possible.

Further details

This is a new measure for 2016/2017 and therefore historic information is not currently available.

About the target

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

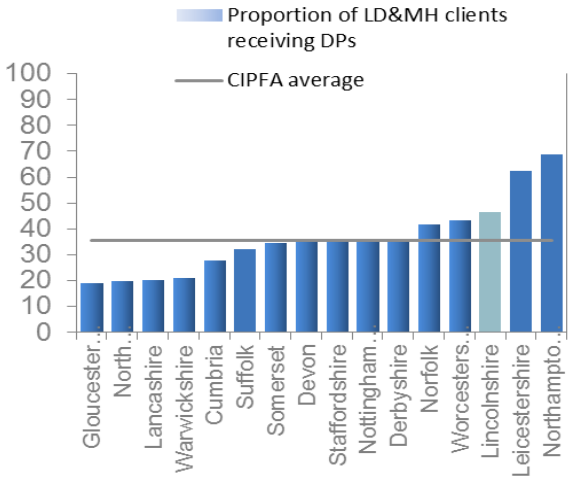
About the target range

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

About benchmarking

Adults who receive a direct payment (LD & MH Services Only) - CIPFA comparators 2015/2016

CIPFA	Number of LD & MH clients receiving DPS LTS001b	Number of LD & MH clients receiving community services LTS001b	Proportion of LD&MH clients receiving DPs
Gloucestershire	185	980	18.9
North Yorkshire	370	1880	19.7
Lancashire	750	3710	20.2
Warwickshire	140	670	20.9
Cumbria	355	1285	27.6
Suffolk	525	1630	32.2
Somerset	500	1460	34.2
Devon	950	2710	35.1
Staffordshire	800	2245	35.6
Nottinghamshire	765	2145	35.7
Derbyshire	630	1745	36.1
Norfolk	970	2340	41.5
Worcestershire	535	1235	43.3
Lincolnshire	**715**	**1540**	**46.4**
Leicestershire	950	1520	62.5
Northamptonshire	1080	1570	68.8
CIPFA Average	***10220***	***28665***	***35.7***



Health and Wellbeing is improved

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

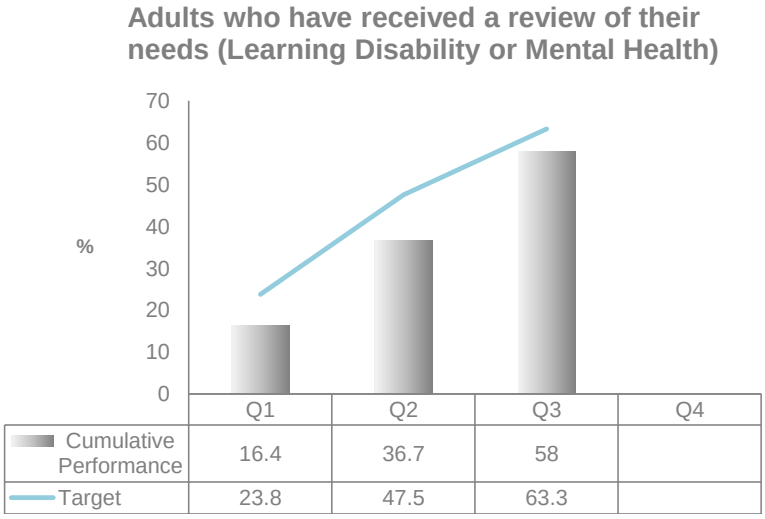
Adults who have received a review of their needs (Learning Disability or Mental Health)

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

Improving but not achieved

58
%
Quarter 3 December 2016

63
%
Target for December 2016



About the latest performance

The figures provided for Q3 relate to reviews completed between April and November. The transition to Mosaic in December has meant we have been unable to report on December activity. The Q3 target has been rolled back to November for consistency. Reviews have picked up within quarter 3; with 4 months to report for the remainder of the year, the lead managers have confirmed that the 95% target will be achieved by year-end.

Further details

This is a new measure for 2016/2017 and therefore historic information is not currently available.

About the target

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

About the target range

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

About benchmarking

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

Health and Wellbeing is improved

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

Carers who receive a direct payment

This measure reflects the proportion of carers who receive a direct payment.
Numerator: Number of carers who have received a direct payment or part direct payment in the year (starting 1st April).
Denominator: Number of carers receiving direct carer services in the year (starting 1st April).
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

Achieved

83.5

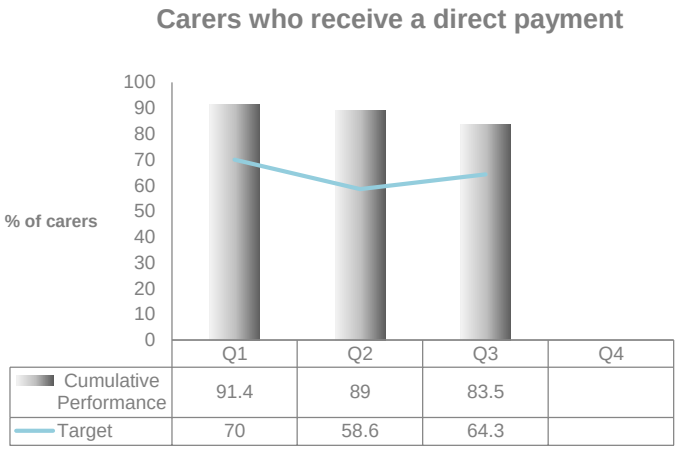
% of carers

Quarter 3 December 2016

64.3

% of carers

Target for December 2016

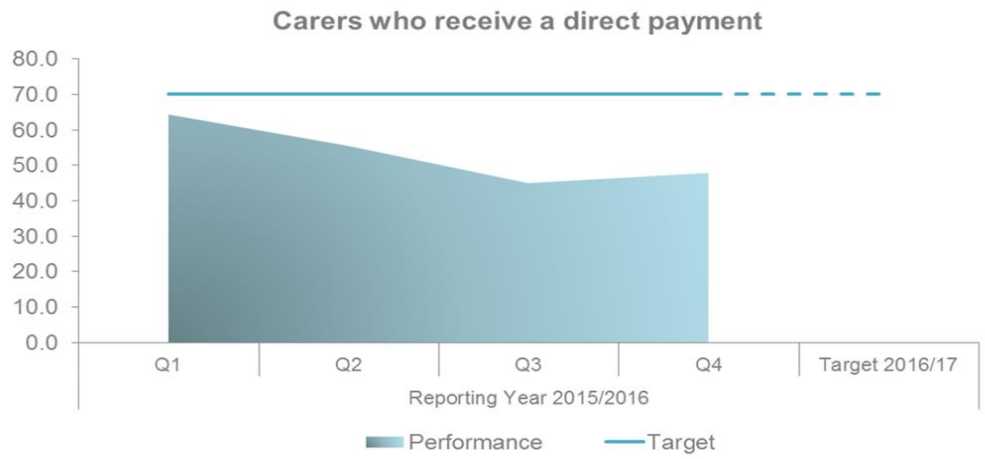


	Q1	Q2	Q3	Q4
Cumulative Performance	91.4	89	83.5	
Target	70	58.6	64.3	

About the latest performance

The carers figures cover the period from December 15 to November 16, to give a 12 month position. The overall number of direct payments has fallen as has been the trend since the introduction of the Carer Act at the start of 2015/16. Changes to eligibility have meant fewer carers have been eligible for care and support, but equally many more carers are being supported with lower level support. Where a personal budget is appropriate, 84% of carers are taking a direct payment. The remaining personal budgets are used for commissioned carer respite services, arranged by the council. The measure is currently exceeding the annual target of 70%.

Further details



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

About the target

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

About the target range

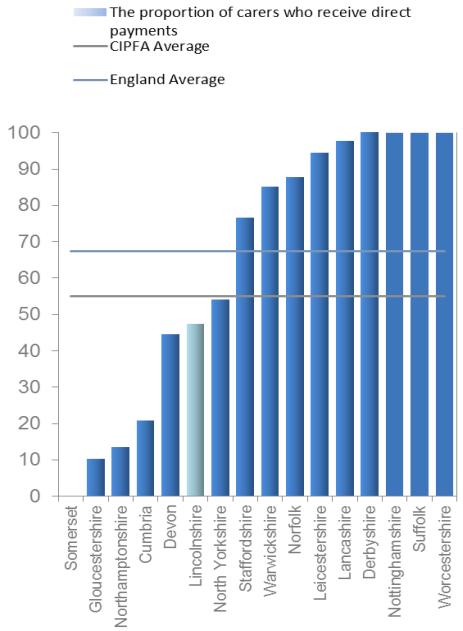
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Carers who receive a direct payment - CIPFA Comparators 2015/16

	*Numerator	**Denominator	***Outcome
Somerset	-	-	0.0
Gloucestershire	621	6,092	10.2
Northamptonshire	191	1,424	13.4
Cumbria	237	1,142	20.8
Devon	1,885	4,242	44.4
Lincolnshire	**2,406**	**5,092**	**47.3**
North Yorkshire	2,752	5,099	54.0
Staffordshire	225	294	76.5
Warwickshire	443	521	85.0
Norfolk	1,405	1,602	87.7
Leicestershire	1,084	1,149	94.3
Lancashire	2,704	2,771	97.6
Derbyshire	12	12	100.0
Nottinghamshire	3,598	3,598	100.0
Suffolk	731	731	100.0
Worcestershire	656	656	100.0
CIPFA Average	**18,950**	**34,425**	**55.0**
England Average	**81,948**	**121,519**	**67.4**



*Number of carers receiving direct payments or part-direct payments in the year (15/16) to 31 March
**Number of carers receiving carer-specific services in the year (15/16) to 31 March
***Proportion of carers receiving carer-specific services in the year (15/16) to 31 March who received direct payments (%)

Health and Wellbeing is improved

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

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

This measure identifies the proportion of all carers currently supported by the carers service.
Numerator: Number of people cared for not in receipt of long term support (i.e. a personal budget or residential care).
Denominator: Number of carers (caring for adults) currently supported by the carers service (an open involvement to the carers team or a trusted assessor).
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

Not achieved

67.9

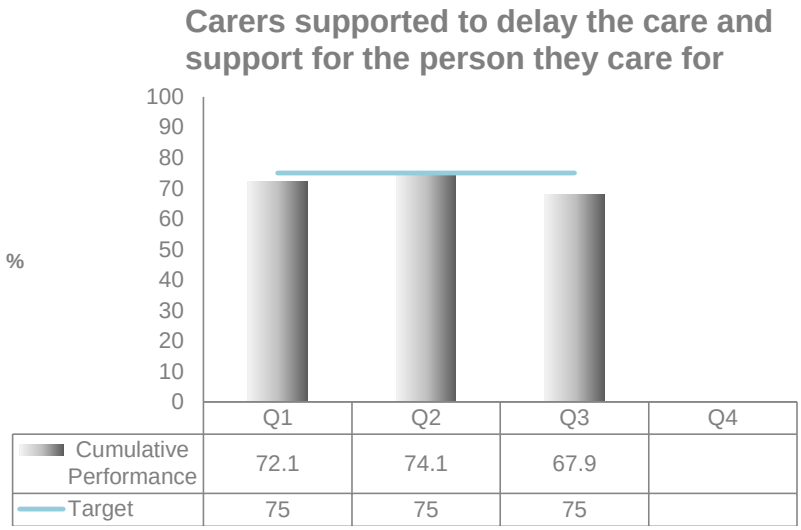
%

Quarter 3 December 2016

75

%

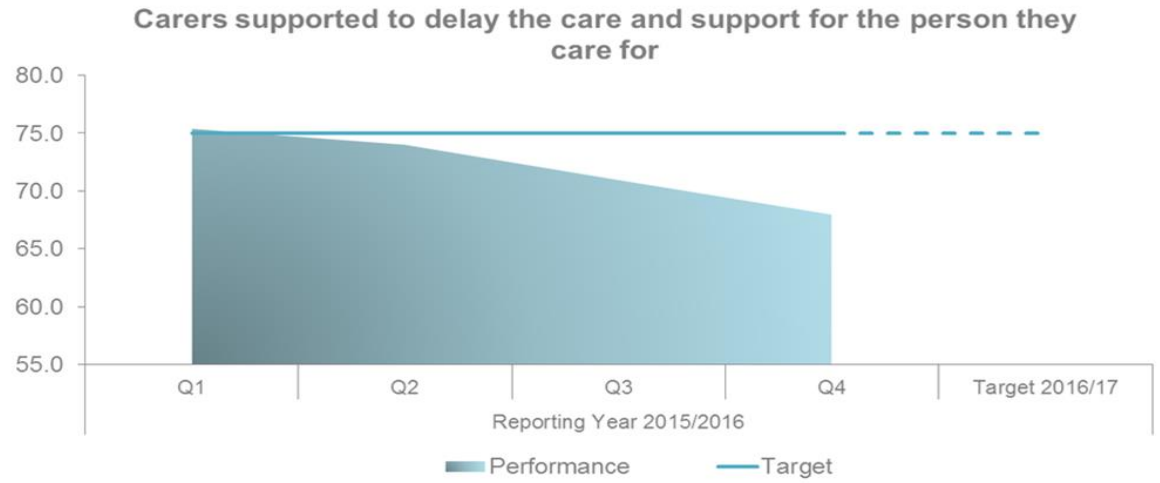
Target for December 2016



About the latest performance

Looking back over the 12 months from November 2016, there has been an increase in support provided to both the carer and the person cared for. This is because an increasing number of carers are being identified from their involvement in the support provided to adult clients, and therefore the care needs of both the client and carer are being considered jointly with a holistic package. Although this shows a more considered and rounded package, it is at odds with the preventative focus of this measure which seeks to support the carer as early as possible to help sustain the caring role and delay the care and support needs of the person they care for.

Further details



	Reporting Year 2015/2016				
	Q1	Q2	Q3	Q4	Target 2016/17
Performance	75.4	74.0	71.0	68.0	
Target	75.0	75.0	75.0	75.0	75.0

About the target

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

About the target range

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

About benchmarking

Benchmarking data for this measure is not available

Health and Wellbeing is improved

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

Carers supported in the last 12 months

This measure reflects the number of carers who have been supported in the last 12 months and is expressed as a rate per 100,000 population

Not achieved

1,268

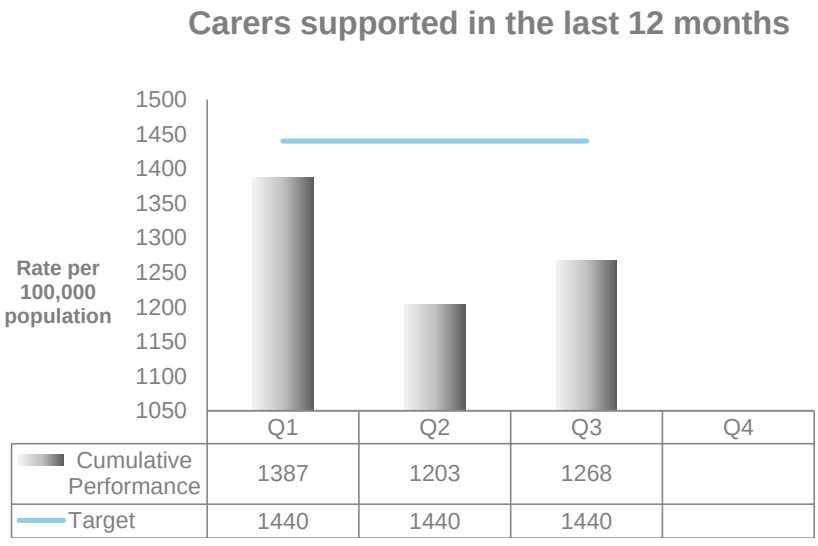
Rate per 100,000 population

Quarter 3 December 2016

1,440

Rate per 100,000 population

Target for December 2016



About the latest performance

There has been a 6% increase in the number of carers supported in the last 12 months, compared to the previous quarter. The aspirational target of 8,500 carers is not currently being achieved, but the carers service is supporting more and more carers albeit at a slower rate than anticipated. A new provider, process change and system change have impacted on the growth.

Further details

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

About the target

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

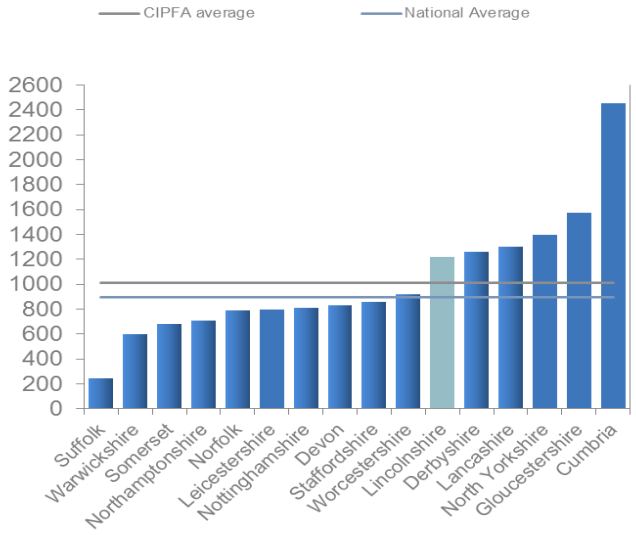
About the target range

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

About benchmarking

Carers supported in the last 12 months per 100,000 - CIPFA Comparators 2015/2016

CIPFA	Numerator*	Denominator**	Outcome***
Suffolk	1450	590605	245.5
Warwickshire	2645	441340	599.3
Somerset	2965	436207	679.7
Northamptonshire	3955	560409	705.7
Norfolk	5630	717037	785.2
Leicestershire	4290	539616	795.0
Nottinghamshire	5190	642564	807.7
Devon	5240	630486	831.1
Staffordshire	5925	693720	854.1
Worcestershire	4255	463334	918.3
Lincolnshire	***7265***	***594466***	***1222.1***
Derbyshire	7935	628988	1261.6
Lancashire	12300	946175	1300.0
North Yorkshire	6770	485158	1395.4
Gloucestershire	7735	492363	1571.0
Cumbria	9935	405166	2452.1
CIPFA Average	***93485***	**9267634**	**1008.7**
England Average	***386600***	**43108471**	**896.8**



*Total of carers receiving support in year (LTS003) Table 1 total of carers.
**18+ population.
***carers supported in the last 12 months per 100,000.

Lincolnshire COUNTY COUNCIL
Working for a better future

Health and Wellbeing is improved

People are supported to remain independent and at home

Permanent admissions to residential and nursing care homes aged 65+

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

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

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

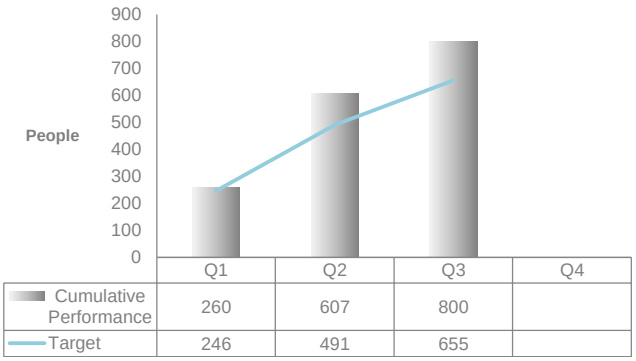
This is a Adult Social Care Outcomes Framework (ASCOF) 2a part 2 and reported in the Better Care Fund (BCF).

✕ Not achieved

800
People
Quarter 3 December 2016

655
People
Target for December 2016

Permanent admissions to residential and nursing care homes aged 65+



	Q1	Q2	Q3	Q4
Cumulative Performance	260	607	800	
Target	246	491	655	

About the latest performance

The figures provided for Q3 relate to admissions into residential care between April and November. The transition to Mosaic in December has meant we have been unable to report on December admissions. The Q3 target has been rolled back to November for consistency. Admissions so far this year are higher than target, which have been driven by the high number of older people requiring residential placements. This appears to have been caused by discharge pressures in hospitals and an increase in the level of support people are requiring in the community. Work is being undertaken to quality assure the placements we are making, however the early indication is that we are dealing with a higher level of acuity and therefore the placements are fully justified. We are experiencing a higher level of demand for services generally and a similar proportion of people are being admitted to care homes as in previous years. The number of people admitted to long term care in Lincolnshire are only marginally higher than the Chartered Institute of Public Finance and Accountancy (CIPFA) average in terms of rate per 100,000 – (Lincolnshire County Council - 614, CIPFA average - 607). All the while though, over the 2 years, the ratio of people in residential care to community has stayed pretty static (1:2) suggesting we are consistently placing people as appropriate.

Further details

This is a new measure for 2016/2017 and therefore historic information is not currently available.

About the target

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

About the target range

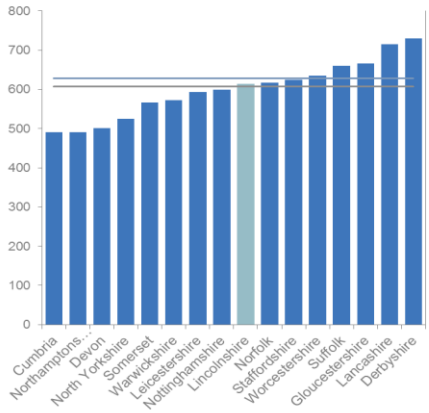
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Permanent admissions to residential and nursing care homes aged 65+ CIPFA Comparators 2015/16

CIPFA	*Numerator	**Denominator	***Outcome
Cumbria	566	115,218	491.2
Northamptonshire	615	125,194	491.2
Devon	949	189,568	500.6
North Yorkshire	737	140,375	525.0
Somerset	724	127,932	565.9
Warwickshire	644	112,433	572.8
Leicestershire	792	133,433	593.6
Nottinghamshire	966	161,381	598.6
Lincolnshire	1,029	167,671	613.7
Norfolk	1,289	209,110	616.4
Staffordshire	1,121	179,411	624.8
Worcestershire	795	125,193	635.0
Suffolk	1,099	166,358	660.6
Gloucestershire	844	126,844	665.4
Lancashire	1,697	237,437	714.7
Derbyshire	1,189	162,714	730.7
CIPFA Average	15,056	2,480,272	607.0
England Average	61,010	9,711,572	628.2



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

Health and Wellbeing is improved

People are supported to remain independent and at home

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

This measure demonstrates that the:-
Customer Service Centre (CSC);
Field Work Team; and
Emergency Duty Team (JDT) is able to effectively screen people and signpost to the appropriate agencies without the need for social care intervention.
Numerator: Number of requests for support for new clients, where the outcome was 'Universal services / signposting to other services' or 'No services provided'.
Denominator: The number of requests for support received by Adult Care from new adult clients (i.e. adults who were not in receipt of services at the time of the request).
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
New client defined as not known to Adult Care at the time of the contact.
This is a count of contacts, not the number of people.

Achieved

64.9

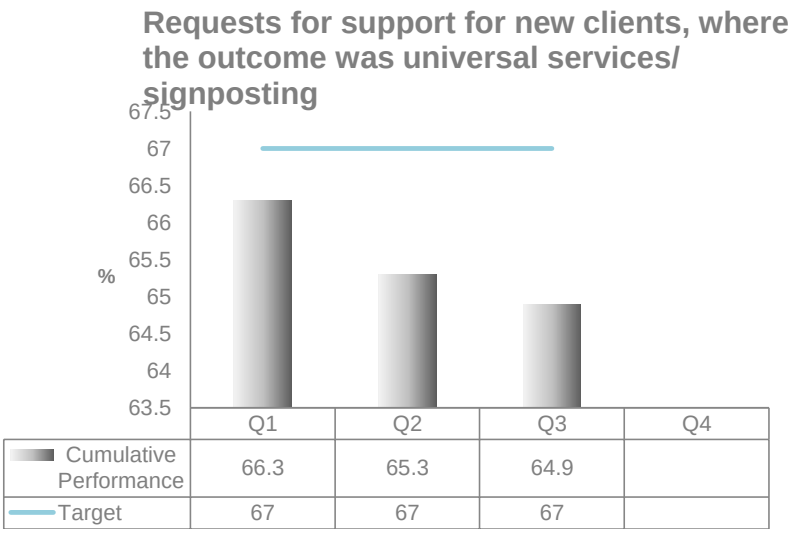
%

Quarter 3 December 2016

67

%

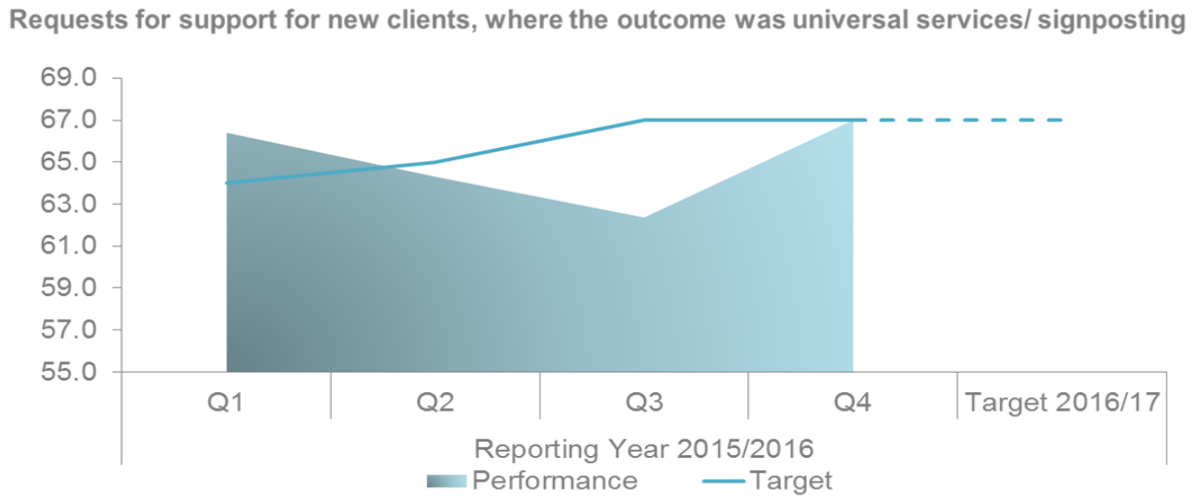
Target for December 2016



About the latest performance

This measure is currently being achieved, and has been relatively stable over the last 2 years. This is testament to the information offer and screening ability of the Serco Customer Service Centre. However looking at the bigger picture, should the measure show a decrease, this would be an indication of the success of other lower level and preventative services such as Reablement, wellbeing, equipment provision etc., so it can't be judged in isolation.

Further details



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

About the target

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

About the target range

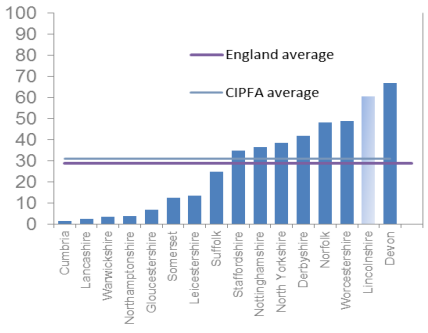
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

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

CIPFA areas	Numerator*	Denominator*	Requests for support for new clients, where the outcome was universal services/ signposting
Cumbria	320	21,795	1.5
Lancashire	875	35,830	2.4
Warwickshire	475	14,375	3.3
Northamptonshire	405	10,765	3.8
Gloucestershire	2,485	36,165	6.9
Somerset	1,220	9,685	12.6
Leicestershire	4,730	35,460	13.3
Suffolk	9,830	39,515	24.9
Staffordshire	7,420	21,365	34.7
Nottinghamshire	9,595	26,240	36.6
North Yorkshire	6,455	16,830	38.4
Derbyshire	18,635	44,505	41.9
Norfolk	14,840	30,825	48.1
Worcestershire	15,475	31,730	48.8
Lincolnshire	**20,585**	**34,065**	**60.4**
Devon	26,105	39,110	66.7
CIPFA Average	**139,450**	**448,260**	**31.1**
England Average	**524,450**	**1,810,730**	**29.0**



Numerator: Number of requests for support for new clients, where the outcome was 'Universal services / signposting to other services' or 'No services provided'

Denominator: The number of requests for support received by Adult Care from NEW adult clients (i.e. adults who were not in receipt of services at the time of the request)

Health and Wellbeing is improved

The quality of life for the most vulnerable people is improved

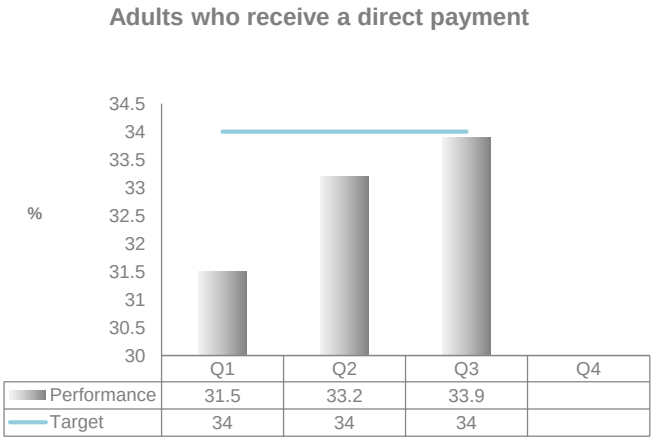
Adults who receive a direct payment

This measure reflects the proportion of people using services who receive a direct payment.
Numerator: Number of users receiving direct or part direct payments.
Denominator: Number of adults aged 18 or over accessing long term support on the last day of the period.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.
This measure is reported as a snapshot in time so for exapmle Q2 is performance as at 30th

Achieved

33.9
%
Quarter 3 December 2016

34
%
Target for December 2016

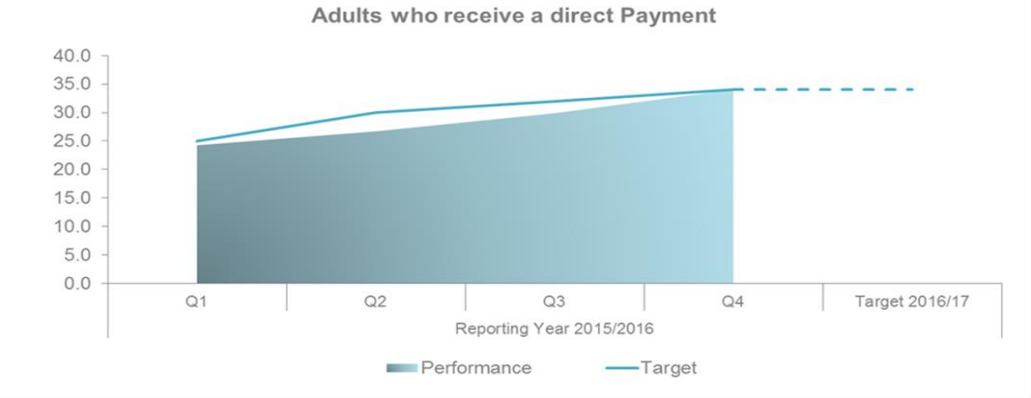


	Q1	Q2	Q3	Q4
Performance	31.5	33.2	33.9	
Target	34	34	34	

About the latest performance

The percentage of adults with a direct payment is fairly static at present, and the target of 34% is likely to be achieved by year end.

Further details



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

About the target

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

About the target range

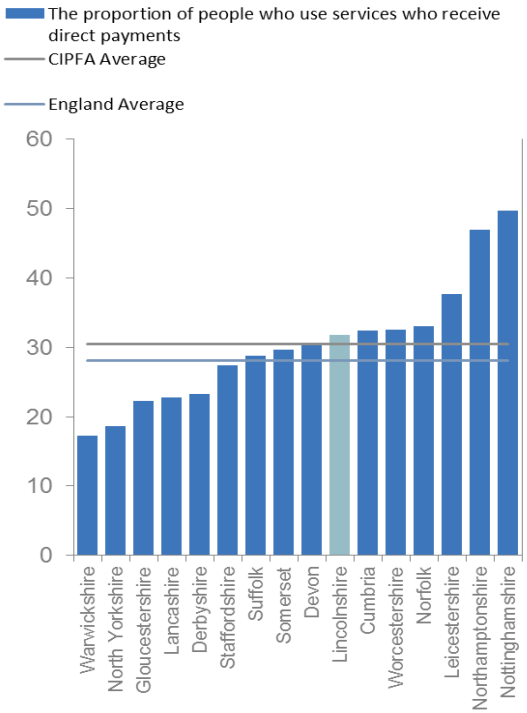
This measure has a target range of +/- 5% based on tolerances used by Department of Health

About benchmarking

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

Service users who receive a direct payment - CIPFA Comparators 2015/16

	*Numerator	**Denominator	***Outcome
Warwickshire	310	1,790	17.3
North Yorkshire	1,100	5,915	18.6
Gloucestershire	687	3,090	22.2
Lancashire	2,667	11,700	22.8
Derbyshire	1,575	6,771	23.3
Staffordshire	2,092	7,647	27.4
Suffolk	1,502	5,238	28.7
Somerset	1,507	5,096	29.6
Devon	2,694	8,818	30.6
Lincolnshire	1,762	5,533	31.8
Cumbria	1,290	3,983	32.4
Worcestershire	1,226	3,777	32.5
Norfolk	2,690	8,163	33.0
Leicestershire	1,980	5,261	37.6
Northamptonshire	2,194	4,681	46.9
Nottinghamshire	3,286	6,626	49.6
CIPFA Average	**28,562**	**94,089**	**30.4**
England Average	**127,145**	**452,993**	**28.1**



*Number of service users receiving direct payments or part-direct payments at the year end 31 March (15/16)
**Number of service users accessing long-term support at the year end 31 March (15/16)
***Proportion of service users accessing long-term support at the year-end 31 March (15/16) who were receiving direct payments (%)

Health and Wellbeing is improved

People have a positive experience of care and support

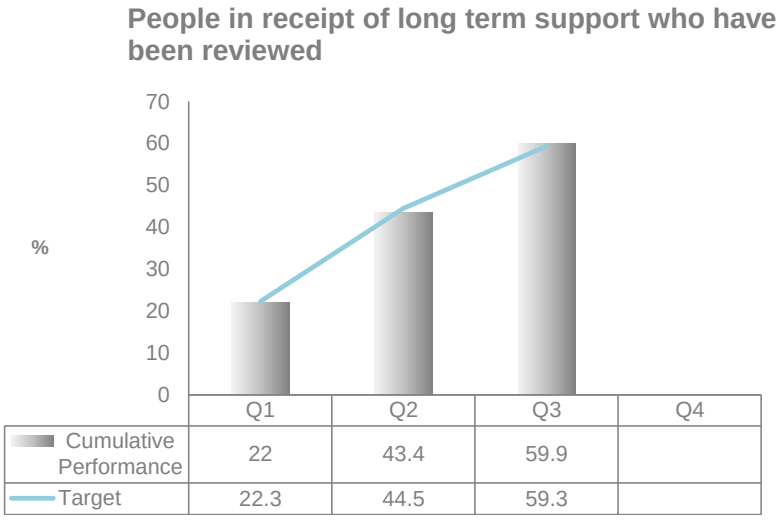
People in receipt of long term support who have been reviewed

Lincolnshire County Council has a statutory duty to assess people with an eligible need and once the person has a support plan there is a duty to reassess their needs annually. This measure ensures people currently in receipt of long term support or in a residential / nursing placement are reassessed annually.
Numerator: For adults in the denominator, those that have received an assessment or review of their needs in the year.
Denominator: Number of adults aged 18 or over receiving long term support in the community or in residential care, on the last day of the period.
The percentage is calculated as follows: Numerator divided by the denominator multiplied by 100.

Achieved

59.9
%
Quarter 3 December 2016

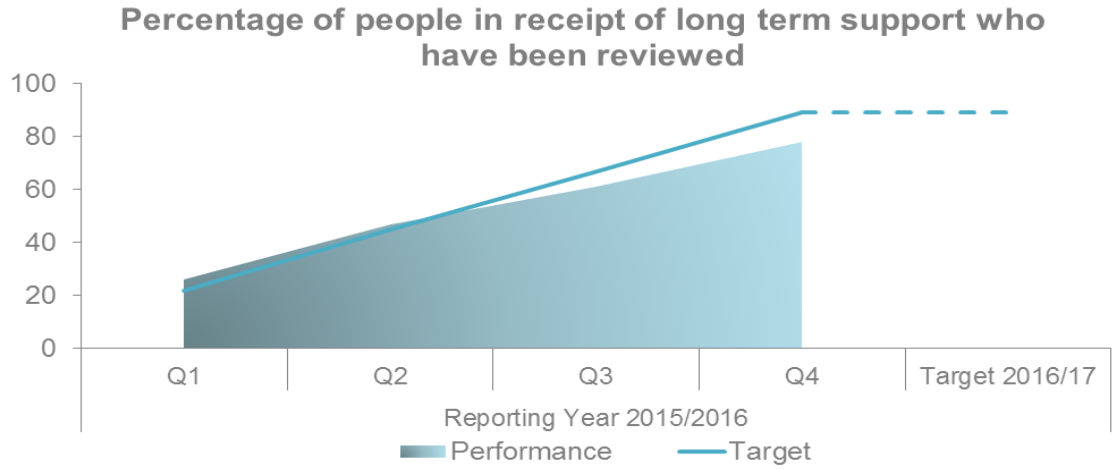
59.3
%
Target for December 2016



About the latest performance

The figures provided for Q3 relate to reviews completed between April and November. The transition to Mosaic in December has meant we have been unable to report on December reviews. The Q3 target has been rolled back to November for consistency. At the point of migration to Mosaic, the target was being achieved. It will be interesting to see if the new system, with new recording and increased work for social workers, will impact on this measure as anticipated.

Further details



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

About the target

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

About the target range

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

About benchmarking

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

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Better Care Fund - 2016/17

Performance Report

Quarter 3 Interim Report

November 2016

Performance Alerts

Performance is on or ahead of target

Performance is behind target, with no improvement

Performance is behind target, with some improvement

Performance is not reported in this period

Total measures

Summary

	BCF metrics
Achieved	**0**
Not achieved	**3**
Improving but not achieved	**0**
Not reported in period	**3**
	6

Symbols Key:

CCG NEA Target reduction met ✓

CCG NEA Target reduction not met ✗

Produced by Lincolnshire County Council, Adult Care Performance & Intelligence Team
ASC_Performance@lincolnshire.gov.uk

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

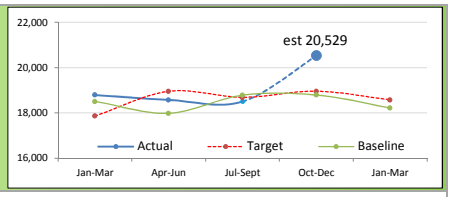
Polarity	Indicator Description	Responsibility	Previous Years		2016/17					
					Current - November 2016			Forecasting		
			2014/15	2015/16	Actual	Plan	Alert	Forecast	Target/Plan	Target/Plan (Period)
Health and Wellbeing Better Care Fund Metrics										
Smaller is Better	1. Total non-elective admissions into hospital : General and Acute	NHS	6,034 (average per month)	6,101 (average per month)	13,686	12,304	Not achieved	20,529	18,456	Quarterly
Smaller is Better	2. Permanent admissions to residential and nursing care homes - aged 65+ **ASCOF 2A part 2**	LCC	938	1,019	800	655	Not achieved	1,200	982	Annual
Bigger is Better	3. % people (65+) at home 91 days after discharge from hospital into Reablement/rehabilitation **ASCOF 2B part 1**	NHS / LCC	78.8%	76.0%	Not reported in period			-	80%	Annual
Smaller is Better	4. Delayed transfers of care: Delayed days from hospital, aged 18+	NHS / LCC	1,765 (average per month)	2,787 (average per month)	6,559	4,950	Not achieved	9,839	7,425	Quarterly
Local Performance Metric										
Bigger is Better	5. Percentage of older people leaving hospital who received reablement/rehabilitation services **ASCOF 2B part 2**	NHS / LCC	3.6%	4.2%	Not reported in period			-	4.4%	Annual
Local Patient Experience Metric										
Bigger is Better	6. Proportion of people feeling supported to manage their long term condition (local indicator) (%)	NHS	63.8%	63.0%	Not reported in period			-	66.0%	Annual

Health and Wellbeing Better Care Fund Metrics

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

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

Frequency / Reporting Basis: Monthly / Cumulative within quarter only
Source: MAR data (Monthly NHS England published hospital episode statistics)



Observations from the data:
The BCF plan committed CCGs to a 2.7% reduction in the HWB Plan figures in each quarter of the year. A total of 13,686 admissions were made during October and November, which is 1,047 more than the original CCG plans. The level of activity is 10% compared to the same period last year. The measure has been marked as not achieved for this month. Only the South CCG have consistently experienced monthly admission rates lower than the HWB Planned reduction, so far saving 114 admissions in the area this quarter; an 4.7% reduction. All CCGs except the South saw an increase in admissions against plan so far within Q3.

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

Current Year		2016/17 BCF (Calendar Year)											
		Quarter 1			Quarter 2			Quarter 3			Quarter 4		
		Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
In Month		6,122	6,236	6,214	6,183	6,206	6,112	6,818	6,868				
In Quarter		6,122	12,358	18,572	6,183	12,389	18,501	6,818	13,686				
HWB Plan Total		6,318	12,636	18,955	6,229	12,459	18,688	6,320	12,639				
HWB NEA Plan (after reduction) - TARGET		**6,149**	**12,298**	**18,447**	**6,062**	**12,124**	**18,185**	**6,152**	**12,304**				
Planned reduction	number	169	339	508	168	335	503	168	335				
	%	2.68%	2.68%	2.68%	2.69%	2.69%	2.69%	2.65%	2.65%				
Actual reduction	number	196	278	382	46	70	188	-498	-1,047				
	%	3.11%	2.20%	2.02%	0.75%	0.56%	1.00%	-7.89%	-8.28%				
Performance		Achieved	Improving but not achieved	Improving but not achieved	Improving but not achieved	Improving but not achieved	Improving but not achieved	Not achieved	Not achieved				

by CCG

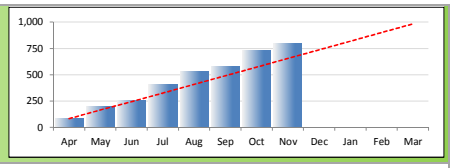
Actual In Quarter	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	2,125	4,293	6,481	2,224	4,303	6,417	2,416	4,764				
West CCG	1,908	3,775	5,683	1,814	3,761	5,559	2,129	4,233				
South CCG	1,040	2,250	3,321	1,088	2,209	3,344	1,115	2,308				
South West CCG	927	1,791	2,711	929	1,869	2,815	1,034	2,134				
Other contributing CCGs	122	250	376	127	247	366	124	248				
Total	**6,122**	**12,358**	**18,572**	**6,183**	**12,388**	**18,501**	**6,818**	**13,686**				

HWB Plan	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	2,169	4,337	6,506	2,192	4,385	6,577	2,192	4,385				
West CCG	1,961	3,923	5,884	1,855	3,711	5,566	1,850	3,700				
South CCG	1,180	2,360	3,540	1,160	2,319	3,479	1,211	2,423				
South West CCG	890	1,780	2,670	903	1,806	2,709	945	1,891				
Other contributing CCGs	118	236	355	119	238	357	121	241				
Total	**6,318**	**12,636**	**18,955**	**6,229**	**12,459**	**18,688**	**6,320**	**12,639**				

Variance from plan (cumulative in Qtr)	monthly increase/reduction	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG		-44	-45	-25	32	-82	-160	223	379				
West CCG		-54	-148	-201	-41	50	-7	279	533				
South CCG		-140	-110	-219	-71	-111	-135	-97	-114				
South West CCG		37	11	41	26	63	106	89	243				
Other contributing CCGs		4	14	22	8	9	9	4	6				
Total		**-196**	**-278**	**-382**	**-47**	**-70**	**-188**	**498**	**1,047**				

% Variance from plan (cumulative in Qtr)	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	✗ -2.01%	✗ -1.03%	✗ -0.38%	✗ 1.45%	✗ -1.87%	✗ -2.44%	✗ 10.19%	✗ 8.65%				
West CCG	✓ -2.74%	✓ -3.77%	✓ -3.41%	✗ -2.23%	✗ 1.35%	✗ -0.13%	✗ 15.09%	✗ 14.40%				
South CCG	✓ -11.83%	✓ -4.65%	✓ -6.20%	✓ -6.14%	✓ -4.77%	✓ -3.88%	✓ -7.98%	✓ -4.72%				
South West CCG	✗ 4.17%	✗ 0.61%	✗ 1.55%	✗ 2.88%	✗ 3.50%	✗ 3.91%	✗ 9.41%	✗ 12.86%				
Other contributing CCGs	✗ 3.20%	✗ 5.72%	✗ 6.12%	✗ 6.81%	✗ 3.82%	✗ 2.48%	✗ 2.90%	✗ 2.61%				
Total	✓ -3.11%	✗ -2.20%	✗ -2.02%	✗ -0.75%	✗ -0.57%	✗ -1.00%	✗ 7.89%	✗ 8.28%				

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



Definition: The total number of admissions to permanent residential or nursing care during the year (excluding transfers between homes unless the type of care has changed from temporary to permanent)
Frequency / Reporting Basis: Monthly / Cumulative YTD
Source: AIS data: Local Adult Care Monitoring (LTC admissions report & SALT return)
Note: Figure reported cumulatively, so monthly figures show increases in placements recorded & not necessarily within that month

Observations from the data:
From April to November, there have been 800 permanent admissions to care homes for older people, which is 145 admissions more than planned at this point in the year. This appears to have been caused by discharge pressures in hospitals and an increase in the level of support people are requiring in the community. Work is being undertaken to quality assure the placements we are making, however the early indication is that we are dealing with a higher level of acuity and therefore the placements are fully justified. We are experiencing a higher level of demand for services generally and a similar proportion of people are being admitted to care homes as in previous years. All the while though, over the 2 years, the ratio of people in res care to community has stayed pretty static (1:2) suggesting we are consistently placing people as appropriate.

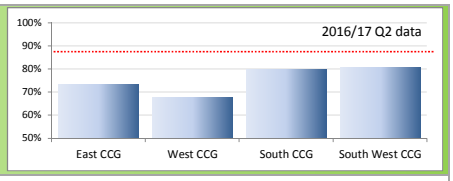
Prior Year	2015/16 BCF (Financial Year)											
	Apr-15	May-15	Jun-15	Jul-15	Aug-15	Sep-15	Oct-15	Nov-15	Dec-15	Jan-16	Feb-16	Mar-16
In month	81	72	85	87	79	118	80	95	75	86	75	86
Cumulative YTD	81	153	238	325	404	522	602	697	772	858	933	1,019

Current Year	2016/17 BCF (Financial Year)											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Additions per month	87	120	52	154	123	43	158	63				
Cumulative YTD	87	207	259	413	536	579	737	800				
Denominator	172,133	172,133	172,133	172,133	172,133	172,133	172,133	172,133				
Rate per 100,000	50.5	120.3	150.5	239.9	311.4	336.4	428.2	464.8				
Target (admissions)	**82**	**164**	**246**	**327**	**409**	**491**	**573**	**655**				
Target (per 100k)	48	95	143	190	238	285	333	380				
Performance	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved				

by CCG

Care home admissions (Cumulative)	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East	385	41	90	110	177	223	239	298	322				
West	339	22	51	61	101	131	144	193	208				
South	167	13	38	46	61	94	100	127	147				
South West	106	11	28	42	69	77	85	105	109				
Not Recorded	22	-	-	-	5	11	11	14	14				
Total	**1,019**	**87**	**207**	**259**	**413**	**536**	**579**	**737**	**800**				
Est. CCG population (aged 65+)	**2015/16**	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
East CCG	58,286	62,724	62,724	62,724	62,724	62,724	62,724	62,724	62,724				
West CCG	44,185	47,550	47,550	47,550	47,550	47,550	47,550	47,550	47,550				
South CCG	31,865	34,291	34,291	34,291	34,291	34,291	34,291	34,291	34,291				
South West CCG	25,617	27,568	27,568	27,568	27,568	27,568	27,568	27,568	27,568				
Lincolnshire	**159,953**	**172,133**	**172,133**	**172,133**	**172,133**	**172,133**	**172,133**	**172,133**	**172,133**				
Rate per 100,000	**2015/16**	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
East CCG	661	65	143	175	282	356	381	475	513				
West CCG	767	46	107	128	212	276	303	406	437				
South CCG	524	38	111	134	178	274	292	370	429				
South West CCG	414	40	102	152	250	279	308	381	395				
Lincolnshire	**637**	**51**	**120**	**150**	**240**	**311**	**336**	**428**	**465**				

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



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

Observations from the data:
This measure is not reported in Quarter 3.

	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Numerator	728						658						
Denominator	958						896						
Value	76.0%						73.4%						
Target	**80.0%**						**80.0%**						**80.0%**
Performance	Not achieved						Not achieved						

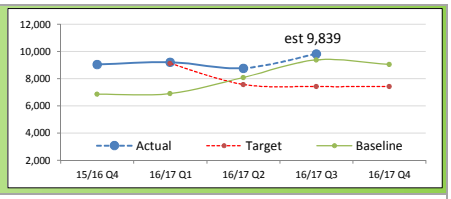
by CCG

Numerator	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
East CCG	318						241						
West CCG	157						196						
South CCG	122						119						
South West CCG	114						96						
Not known	17						6						
Total	**728**						**658**						
Denominator	**2015/16**	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
East CCG	403						329						
West CCG	214						290						
South CCG	165						149						
South West CCG	158						119						
Not known	18						9						
Total	**958**						**896**						
Actual	**2015/16**	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
East CCG	78.9%						73.3%						
West CCG	73.4%						67.6%						
South CCG	73.9%						79.9%						
South West CCG	72.2%						80.7%						
Total	**76.0%**						**73.4%**						

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

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

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



Observations from the data:
There were a total of 6,559 delayed days for patients in October and November, 1,609 higher than the target of 4,950 days. This number of delayed days is 4% higher than the same time last year. The trend throughout the year is quite linear and consistent compared to 2015/16 where delayed days showed a more pronounced increase throughout the year.

For the fourth consecutive month, the proportion of non-acute delays has fallen, and now makes up 41% of total delayed days. Social Care delays have dropped to 16%, NHS delays have increased again to 75%; the highest this year.

In terms of delay reasons, two-thirds (66%) of delayed days relate to waiting for further non-acute care, residential or packages in the persons home. The proportion of delays attributed to these reasons has increased from 62% in Q2. As mentioned in previous reports this year, housing delays are higher than usual and the proportion of delays attributed housing has increased steadily throughout the year and now accounts for 9% of delay reasons.

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

Current Year	2016/17 BCF (Financial Year)											
	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
In month	3,006	3,227	2,985	3,048	2,856	2,873	3,347	3,212				
In Quarter (cumulative)	3,006	6,233	9,218	3,048	5,904	8,777	3,347	6,559				
Denominator	598,595	598,595	598,595	598,595	598,595	598,595	598,595	598,595				
Rate per 100,000 population	502.2	1,041.3	1,539.9	509.2	986.3	1,466.3	559.1	1,095.7				
Target (days)	**3,042**	**6,085**	**9,127**	**2,525**	**5,050**	**7,575**	**2,475**	**4,950**				
Target (per 100k)	508.2	1,016.5	1,524.7	421.8	843.6	1,265.5	413.5	826.9				
Performance	Achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved	Not achieved				

by Type of Care

	2015/16 Q4	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
Acute	6,171	1,806	3,682	5,217	1,530	3,093	4,645	1,926	3,874				
Non Acute	2,881	1,200	2,551	4,001	1,518	2,811	4,132	1,421	2,685				
Total	**9,052**	**3,006**	**6,233**	**9,218**	**3,048**	**5,904**	**8,777**	**3,347**	**6,559**				
	2015/16 Q4	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
Acute	68%	60%	59%	57%	50%	52%	53%	58%	59%				
Non Acute	32%	40%	41%	43%	50%	48%	47%	42%	41%				

by Responsible Organisation

	2015/16 Q4	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
NHS	6,184	2,000	4,307	6,157	1,931	4,020	6,163	2,476	4,925				
Social Care (SSD)	2,415	830	1,489	2,226	848	1,370	1,897	596	1,063				
Both	453	176	437	835	269	514	717	275	571				
Total	**9,052**	**3,006**	**6,233**	**9,218**	**3,048**	**5,904**	**8,777**	**3,347**	**6,559**	-	-	-	
	2015/16 Q4	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
NHS	68%	67%	69%	67%	63%	68%	70%	74%	75%				
Social Care (SSD)	27%	28%	24%	24%	28%	23%	22%	18%	16%				
Both	5%	6%	7%	9%	9%	9%	8%	8%	9%				

by Delay Reason

	2015/16 Q4	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
A. Completion of Assessment **(BOTH)**	2,252	473	792	1,180	542	1,020	1,434	281	655				
B. Public Funding **(BOTH)**	114	13	106	159	46	88	177	33	189				
C. Awaiting NHS Non-acute care **(NHS)**	1,366	511	1,157	1,654	543	1,099	1,714	825	1,562				
D. Residential or Nursing Care **(BOTH)**	1,211	612	1,293	2,035	570	1,264	1,794	596	1,187				
E. Care Package at home **(BOTH)**	2,693	833	1,602	2,275	701	1,294	1,976	871	1,599				
F. Awaiting Equipment **(BOTH)**	434	133	264	465	79	138	218	80	140				
G. Patient or Family Choice **(NHS or SSD)**	779	283	638	839	299	511	804	357	598				
H. Disputes **(NHS or SSD)**	132	73	200	304	76	188	248	31	31				
I. Housing - **(SSD)**	71	75	181	307	192	302	412	273	598				
Total	**9,052**	**3,006**	**6,233**	**9,218**	**3,048**	**5,904**	**8,777**	**3,347**	**6,559**	-	-	-	
	2015/16 Q4	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
A. Completion of Assessment **(BOTH)**	25%	16%	13%	13%	18%	17%	16%	8%	10%				
B. Public Funding **(BOTH)**	1%	0%	2%	2%	2%	1%	2%	1%	3%				
C. Awaiting NHS Non-acute care **(NHS)**	15%	17%	19%	18%	18%	19%	20%	25%	24%				
D. Residential or Nursing Care **(BOTH)**	13%	20%	21%	22%	19%	21%	20%	18%	18%				
E. Care Package at home **(BOTH)**	30%	28%	26%	25%	23%	22%	23%	26%	24%				
F. Awaiting Equipment **(BOTH)**	5%	4%	4%	5%	3%	2%	2%	2%	2%				
G. Patient or Family Choice **(NHS or SSD)**	9%	9%	10%	9%	10%	9%	9%	11%	9%				
H. Disputes **(NHS or SSD)**	1%	2%	3%	3%	2%	3%	3%	1%	0%				
I. Housing - **(SSD)**	1%	2%	3%	3%	6%	5%	5%	8%	9%				

by NHS Trust

	2015/16	Apr-16	May-16	Jun-16	Jul-16	Aug-16	Sep-16	Oct-16	Nov-16	Dec-16	Jan-17	Feb-17	Mar-17
ULHT	4,829	1,303	2,762	3,923	1,149	2,335	3,480	1,476	2,964				
LCHS	2,055	670	1,235	1,694	540	983	1,665	607	990				
LPFT	811	530	1,316	2,307	978	1,828	2,467	814	1,644				
Total*	**7,695**	**2,503**	**5,313**	**7,924**	**2,667**	**5,146**	**7,612**	**2,897**	**5,598**	-	-	-	
	2015/16	**Apr-16**	**May-16**	**Jun-16**	**Jul-16**	**Aug-16**	**Sep-16**	**Oct-16**	**Nov-16**	**Dec-16**	**Jan-17**	**Feb-17**	**Mar-17**
ULHT	63%	52%	52%	50%	43%	45%	46%	51%	53%				
LCHS	27%	27%	23%	21%	20%	19%	22%	21%	18%				
LPFT	11%	21%	25%	29%	37%	36%	32%	28%	29%				

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

Local Performance / Patient Experience Metrics

	5. The proportion of people aged 65+ offered Reablement services following discharge from hospital (ASCOF 2B part 2)	6. Proportion of people feeling supported to manage their long term condition
	Definition: The number of people aged 65+ offered Reablement services following discharge from hospital during October to December, as a proportion of the total number of people aged 65+, discharged alive from hospitals in England between 1 October 2015 and 31 December 2015 **Frequency / Reporting Basis:** Annual **Source**: SALT STS004 / Hospital Episode Statistics	**Definition:** Of the number of people identifying a long-term condition in their responses, the % who responded 'Yes, definitely' or 'Yes, to some extent' to the question 'In the last 6 months, have you had enough support from local services or organisations to help you manage your long-term health condition(s)?'. **Frequency / Reporting Basis:** 6-monthly / results from 2 GP patient surveys in the year are aggregated and reported as an annual figure **Source:** GP Patient Survey
	Observations from the data: This measure is not reported in Quarter 3.	**Observations from the data:** This measure is not reported in Quarter 3.

	2015/16	Q2 2016/17	2015/16	2016/17
Numerator	958	896	3,719	
Denominator	22,830	22,830	5,900	
Value	4.2%	3.9%	63.0%	
Target	**Not monitored in BCF in 2015/16**	**4.4%**	**64.0%**	**66.0%**
Performance	-	Not achieved		

By CCG				
Numerator	**2015/16**	**Q2 2016/17**	**2015/16**	**2016/17**
East CCG	403	329	1252	
West CCG	214	290	1018	
South CCG	165	149	767	
South West CCG	158	119	682	
Not known	18	9	0	
Total	958	896	3719	0
Denominator	**2015/16**	**2016/17**	**2015/16**	**2016/17**
East CCG	Data not disaggregated by CCG	Data not disaggregated by CCG	2032	
West CCG			1621	
South CCG			1200	
South West CCG			1047	
Not known			0	
Total	22,830	22,830	5,900	0
Value	**2015/16**	**Q2 2016/17**	**2015/16**	**2016/17**
East CCG	Data not disaggregated by CCG	Data not disaggregated by CCG	61.6%	
West CCG			62.8%	
South CCG			63.9%	
South West CCG			65.1%	
Not known			0.0%	
Total	4.2%	3.9%	63.0%	0

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Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

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

Report to:	**Adults Scrutiny Committee**
Date:	**22 February 2017**
Subject:	**Lincolnshire Bid for 'Graduation'**

Summary:

The Graduation bid is on behalf of the health and social care 'system leaders' in Lincolnshire and the Better Care Fund co-signatories. The draft bid documentation is attached as Appendix A. The bid for Graduation status has been extensively discussed across the Lincolnshire health and social care community. All parties are supportive of the application and fully engaged in the opportunites that may present themselves as part of the national programme 'Graduation Pilot'.

Actions Required:

The Adult Scrutiny Committee is asked to:-

- Review and discuss the Graduation application form attached as Appendix A
- Offer any comments or suggestions for amendments.
- Confirm its support for the bid for Lincolnshire to be a 'Graduation Pilot'

1. Background

The Government's Spending Review 2015 set out that "areas will be able to graduate from the existing Better Care Fund programme management once they can demonstrate that they have moved beyond its requirements, meeting the government's key criteria for devolution".

It is the Government's ambition that all areas will be able to work towards graduation from the Better Care Fund to be more fully integrated by 2020, with areas approved in waves as they demonstrate maturity and progress towards greater integration.

Department of Health are planning to test the graduation process with a small number of areas (6 to 10) in the first instance, in order to develop the criteria for graduation for all areas. It is expected that the "first wave" of graduates will be exempt from planning requirements for the Better Care Fund in 2017-19, with subsequent waves becoming exempt over the course of this spending review

period. Department of Health will work with graduated areas to role-model how integration can support better outcomes for populations across health, social care and housing.

2. Conclusion

The Adult Scrutiny Committee is asked to:-

- Review and discuss the Graduation application form attached as Appendix A
- Offer any comments or suggestions for amendments.
- Confirm its support for the bid for Lincolnshire to be a 'Graduation Pilot'

3. Consultation

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

Yes

b) Risks and Impact Analysis

A risk contingency fund was established for each of the 2015/16 and 2016/17 financial years especially around potential non-achievements.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Graduation Template

5. Background Papers - None

This report was written by David Laws – Better Care Fund and Financial Special Projects Manager, who can be contacted on 01522 554091 or David.Laws@Lincolnshire.gov.uk.

Application form for graduation from the Better Care Fund (BCF) v1.1 14 December 2016

Q1. Who is making the application and is the application approved by all signatories to the BCF Plan? (Eligibility criterion reference b)
Which Better Care Fund partnership is applying? Please include the names and contact details of a single person able to field queries about the application. Also confirm approval to the application from BCF plan signatories.

The bid is on behalf of the health and social care 'system leaders' in Lincolnshire, and the BCF co-signatories. Much of the detail contained in this application is also reflected in the STP for Lincolnshire. The contact officer is:

Glen Garrod, Executive Director of Adult Care and Community Wellbeing,
Lincolnshire County Council
glen.garrod@lincolnshire.gov.uk
01522 550808 or 07799 478985

The bid for graduation status has been extensively discussed across the Lincolnshire health and social care community. All parties are supportive of the application, and fully engaged in the opportunities that may present themselves as part of a national programme of 'Graduation Pilots'.

The proposals:-

- Have been discussed and approved by the Lincolnshire Health and Wellbeing Board and has the personal support of Cllr Sue Woolley who chairs the Board.
- Have been discussed and approved at the Lincolnshire Joint Commissioning Board, and by the four Lincolnshire CCGs.
- Been discussed and agreed with the BCF Regional Manager Wendy Hoult.

Lincolnshire East CCG – Chief Officer Gary James
South West Lincolnshire CCG – Chief Officer Allan Kitt
South Lincolnshire CCG – Chief Officer John Turner
West Lincolnshire CCG – Chief Officer Dr Sunil Hindocha

- Also discussed and agreed at the Lincolnshire Strategic Executive Team – a forum which brings together the Chief Officers of the 4 Lincolnshire CCG's, the Chief Executives of the three main health providers United Lincolnshire (United Lincolnshire Hospitals NHS Trust (ULHT), Lincolnshire Partnership NHS Foundation Trust (LPFT) and Lincolnshire Community Health Services NHS Trust (LCHS), the chair of the local Medical Committee and the County Council in the form of both the Chief Executive and the Executive Director as above.
- Internally at officer and member level within Lincolnshire County Council, including the Executive, Adult Scrutiny Committee and the Council's Corporate Management Board

In addition, we are eager to expand the interpretation of what integration might mean by ensuring that Children's Services, Public Health and Housing (despite being a two-tier area) are part of the nucleus for building an effective and outcomes focused integration platform against which the needs of our local communities can be better

met. We recognise the vital contributions a 'housing for independence' programme can make and to this end have engaged with all 7 District Councils within Lincolnshire during 2016. We also see considerable opportunities to expand the preventative 'offer' from public health led services and so it is encouraging to note the long term and active engagement of the Director for Public Health on our integration journey.

We would also like to refer to the support of the Lincolnshire Care Association (LINCA) which is a strategic partner in the application representing the interests of care providers within the independent and voluntary sector in Lincolnshire.

Q2. What are you trying to achieve through graduation from the BCF and what plans/systems do you have in place to support delivery? (Eligibility criterion reference a)

Please set out your mature system of health and social care with evidence of:

i. A strong shared local political, clinical, commissioner and community leadership.
ii. An agreed system-wide strategy for improving health and wellbeing through health and social care integration to 2020. The government supports a range of models of health and social care integration, as set out in the Integration Models section. You should reference your integration strategy or action plans and their links to wider health and local government strategies.
iii. A robust approach to managing risk, including adequate financial risk management arrangements proportionate to the level of risk in the system, for example, if any CCG is subject to financial directions, a clear plan of mitigation.

Lincolnshire has for a number of years recognised the value of closer working to secure better outcomes which includes integration. As such our approach has been pragmatic: we develop our journey together building integration where there is a clear business case. We believe this is likely to deliver more sustained improvements through integration that better wins the hearts and minds of those who will operationalise our collective ambition. In 2013 local stakeholders across the public, private and not-for-profit sectors devised the Lincolnshire Health and Care Programme (or LHAC). This commenced with an analysis (involving PWC) of the future funding, pressures and quality considerations with respect to health and social care. This local initiative helped inform the Better Care Fund submission for 2015/16 and 2016/17. Indeed, the level of public engagement and analysis undertaken in LHAC was also extensively utilised by NHS colleagues in their production of the STP for Lincolnshire in December 2016.

Building on earlier successes our BCF submission has for the previous two submissions represented one of the top 5 pooled BCF budget amounts nationally – in excess of £196m covering such areas as learning disability, mental health, community equipment, residential placements; and we continue to build. We recognise that pooled funds are not, in themselves sufficient and in both learning disability and mental health there are also integrated teams and management. We are eager to build out from these areas of success, notably in evolving our integrated

Neighbourhood Team model.

Three very different examples are identified below:

1. Integration of Children's Services

0-19 Children's Health Services

As an example, through a single management structure across four locality teams, it is believed that practitioners can better support families through the resources that are available, match need to available skills and expertise and put the needs of children first. One of the recent Ofsted inspections found that "the co-location of 0–19 teams has improved communication and promoted integrated practice. Inspectors saw many examples of highly effective early help practice which prevented escalation to statutory services".

As an example of the thinking - Lincolnshire's Children's Service's aspiration is defined as: "PUTTING CHILDREN FIRST: Working together with families to enhance children's present and future lives". This statement sets out clearly the Council's ambition to work in a collaborative way with families, where children are placed at the heart of everything that we do to enhance their present and future lives. It is striking how close this is to the ambition of public health nursing to integrate community involvement and knowledge about the entire population with personal, clinical understanding of the health of individuals and families.

The Council is also further investing a number of services that will have a strong interface with integrated locality teams - online counselling for young people and a new emotional wellbeing service will offer fast access to counselling support where young people do not meet thresholds for services such as CAMHS (see later Qu.6) but still need support with emotional wellbeing concerns. The Council is also integrating sexual health services for young people aged 13+ with services for those under age 13. The total investment in all of these services is c£11.5m p/a.

2. Housing for Independence Programme

The attached paper describes early proposals for the maintenance and modernisation of our approach to housing as a key component in the housing, health and social care system. It recognises that 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.

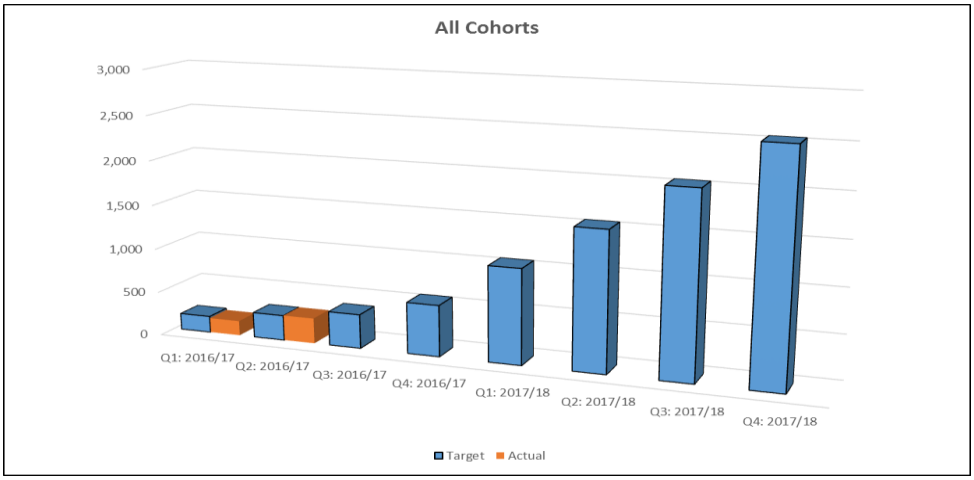
These proposals are currently intended to be a crucial component helping to make improved use of the much expanded Disabled Facilities Grant (DFG) funding available in future years. The proposal is though much more than DFG focused and aims to integrate such funding into a wider programme following the research work to be undertaken within the five workstreams identified within the paper.

Building on what we have already achieved during the course of the next three years

we expect further integration around Occupational therapy, Integrated Equipment and Disabled Facilities Grants; a substantial expansion of the IPC programme in line with NHSE ambitions, the integration of commissioning budgets that will grow the overall pooling to in-excess of £300m and, the evolution of our Neighbourhood Team model.

3. Integrated Personal Commissioning (IPC)

Lincolnshire was selected as one of the lead demonstrator sites for the delivery of Integrated Personal Commissioning (IPC) a joint transformation programme across Health and Social Care. We have made excellent progress in agreeing the local core offer for Personal Health Budgets (PHB'S), continue to achieve programme targets and have ambitious growth targets for 2017-18 and following years. The local IPC Board and (PHB) Boards have now been amalgamated, therefore integrated programme governance and delivery arrangements which includes a plan for the further development of related care and assessment infrastructure.



In Lincolnshire IPC is now business as usual within our lead commissioner arrangements for Learning Disability Services.

Risk

Financial Risk is reviewed on a regular basis. Both financial and performance metrics are regularly reported to the Joint Commissioning Board. These are also discussed in advance at a S75 Finance Group which has representation from LCC and each of the four CCGs.

A risk contingency fund was established for each of the 2015/16 and 2016/17 financial years, specifically around the potential non-achievement of Non-Elective Admissions targets. The current year's (2016/17) contingency is £3.6m, and reports are regularly provided to the JCB and are discussed in advance at the S75 Finance Group. These discussions lead to deliberation on release of the contingency to:

- Release of part of the contingency to fund the non-achievement of NEA targets
- Retention in the fund to mitigate the financial effect of further under-achievement of the NEA target
- Release of part of the contingency to enable investment in much needed service

provision
- Using the contingency to address funding pressures in other parts of a £196.5m BCF

Q3. Is your performance against the Better Care Fund metrics on a positive trajectory? If not, are you taking measures to address this? (Please describe your current performance levels, approach to improving performance and your expectations for accelerated improvement post-graduation). (Eligibility criterion reference c).

BCF targets are listed below:

1. Total non-elective admissions in to hospital (general and acute) CCG baseline performance in Lincolnshire is considered in the upper-quartile and so starts from a good position. The BCF plan committed CCGs to a 2.7% reduction in each quarter of the year for 2016/17. In the month of April 2016 the target reduction was achieved, for the rest of quarters 1 and 2 performance is improving but has not reached the target reduction levels, ranging from a reduction of 0.56% to 2.2% per month. The number of non-elective admissions has been fairly consistent throughout the first six months (6122 in April and 6112 for September). Performance has improved against previous years outturns with 18,781 admissions in Q2 2015 compared to 18,501 in Q2 2016, against an increasingly growing older population.

2. Admissions to residential / nursing care homes - aged 65+ per 100,000 population (ASCOF 2A part ii).From April to September, there have been 579 permanent admissions to care homes for older people, which is 88 more than target at this point in the year. When compared to other authorities within the CIPFA group, Lincolnshire is ranked ninth out of 16 for this indicator in 2015/16. A shift of policy within Adult Care to reducing extended 'short-stays' has had a considerable impact on this figure and during 2017/18 further work will be underway to seek to reduce un-necessary residential placements.

3. % people (65+) at home 91 days after discharge from hospital into reablement (ASCOF 2B part 1).During the sample period April to June the proportion of patients at home, with or without support, on the 91st day was 73.4% against a target of 80%. This is lower than the 2015/16 year end figure of 76% reported as an ASCOF measure. Whist the target has not been reached part 2 of this indicator measures the % of people who are offered reablement services following discharge from hospital (ASCOF 2B part 2) The outturn for 2015/16 for Lincolnshire was 4.2%, ranking Lincolnshire's performance second out of sixteen and within the top quartile. This demonstrates that Lincolnshire has a broad offer of reablement and supports greater numbers of people with reablement service

In November 2015 the local authority recommissioned its reablement service to increase capacity and improve service delivery. The service went through a period of transition and is now beginning to deliver consistent levels of service. It is anticipated that the final year end position will show an improvement on this indicator for 2016/17. The service has a number of KPI's that are showing significant improvement eg The number of visits completed by the service provider increased

from 14,206 in April 2016 to 17,117 in Sept 2016, with an increase in face to face contact hours from 7,360 in April 2016 to 10,737 in October 2016. In Q2 100% of people reported that they were extremely or very satisfied with the care and support provided.

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

There were a total of 3,347 delayed days for patients in October, 872 higher than the target of 2,475 days, therefore not achieving target. For the third consecutive month, the proportion of non-acute delays has fallen, and now makes up 42% of total delayed days. Social Care delays have dropped to 18%.

Whilst not achieving the target performance has improved on the same period last month with the rate per 100,000 of 559.1 for October 2016, compared to 593.8 for the same month in 2015. Compared to the national position Lincolnshire is showing an improved position on DTOC. Nationally delayed days in October 2016 compared to October 2015 shows that there has been a 25% increase in total delayed days, whereas in Lincolnshire, delayed days in the month of October are 5% lower than the same time last year. Nationally delayed days in the month of October 2016, social care delays at a national level accounted for 34.9% of total delayed days. In Lincolnshire, social care delays have been coming down since 2015/16 and in the month of October, accounted for 18% of delays.

Q4. Do you agree to pool or align the commissioning of an amount greater than the minimum levels of BCF including NHS contributions to adult social care and investment in out-of-hospital services on an agreed footprint of HWB, STP or combined authority arrangements? (Eligibility criterion reference d). Please provide details:

In summary – yes. Our approach to the BCF in the preceding 2 years indicates not only our overall commitment to going beyond the minimum but provides a significantly higher baseline than the national minimum requirements. In the 2016/17 financial year Lincolnshire's approved BCF Plan provided for investment of £193.8m. This has now been extended to a pooled fund in the current year of £196.5m and comprises services described within 6 Sect 75 agreements and two aligned Mental Health budgets. The existing level of pooling (including the new LCHS Community Beds pooled fund) is set out in the following table:

S75 Agreement/contract	£m
Proactive Care s75 – including intermediate care, reablement, DFG's, Neighbourhood Teams,	46.3
Community Equipment s75	5.8
CAMHS s75	5.4
Specialist Services s75	63.7
Corporate s75	4.0
	125.2

LCC Adult Mental Health s75 (aligned)	5.6
Adult Mental Health CCG contract (aligned)	63.0
2016/17 BCF Plan	193.8
LCHS Community Beds	2.7
Total	196.5

The 2017/18 plan will be based on the same principles as that applying in 2016/17, which should enable a Pooled Fund of circa £200m to be available. A review of scheme investments is currently taking place and this should help ensure that this significant sum is invested in services that the Health and Wellbeing Board and the five commissioning organisations believe is most appropriate to the needs of Lincolnshire and helps support improvement in the key areas targeted by national and local BCF funding.

Funding and service issues are discussed in a number of fora including:

- HWB, CCG and LCC Board/Committee meetings
- SET and the JCB
- At the STP Financial Bridge working Group and at the S75 Finance Group
- The JCB has reviewed each S75 during the course of 2016/17 as part of overall governance. An example (covering the S75 for CAMHS) is shown in the attached link

The longer term plan envisages the range of services within the BCF Plan to be extended to include:

- A broader range of Children's Services,
- Continuing Health Care
- Broadening the Pro-active S75 and linking this more closely to Wellbeing Service commissioning, to bring certain functions together under the Wellbeing umbrella eg HART, Care Navigation,

and hence ensure wider integration of service provision across both Children's and Adults Services**.**

Q5. Do health partners in your area agree to continue to maintain social care contributions and NHS commissioned out of hospital services in line with inflation? (Eligibility criterion reference e). Please provide details:

In summary – yes. In both 2015/16 and 2016/17 the 4 CCGs have invested a significantly higher BCF sum in Adult Social Care than was prescribed nationally as the minimum requirement. These investments have led to additional Adult Care funding of approximately £6m over the two BCF years 2015/16 and 2016/17 and has been used to support a range of services including Intermediate Care, Reablement, 7-day services, home care, etc. Whilst it is difficult to

determine the full benefit of any one investment, all schemes have been reviewed on an annual basis and only receive ongoing funding if the benefits are clear. For the 2016/17 BCF submission, the review was completed using the national review tools made available.

The table below describes what nationally the BCF protection for adult care sum has been used for in 2016/17 in comparison to how Lincolnshire has used the additional funding.

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%
Toa avoid cust 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%

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.

Taking account of all the above, it is currently proposed that the CCGs will fund Adult Care in 2017/18, in line with the minimum requirement, including any inflationary increase required. This proposal currently has the support of the four CCGs and the Executive of the County Council.

It is important to note that the County Council will be subject to local elections in May 2017 though there is broad support amongst the political groups for the work to integrate health and social care building on the approach taken in previous years that provides a degree of reassurance that better outcomes and more effective services are the result.

The focus of both the minimum BCF investment and the entire 2016/17 BCF pooled funding of £196.5m is around social care and community health provision. There are no investments that are solely into the acute sector. This focus will continue into 2017/18 as part of a broader strategy of building up primary and community resources. On this basis Lincolnshire expects to continue to invest extensively in NHS commissioned out of hospital services, and will be boosting investment in line with inflation. This is in line with the STP's focus around community provision and the planned reductions in acute sector spend.

Q6. We expect that first wave graduates will work with national partners to develop and share practice. Are you committed to 'a sector led improvement' approach and to participate in peer-led activity to support other areas looking to graduate? (Eligibility criterion reference f). Please confirm your commitment

to this activity and set out your views on how you could support other areas wishing to graduate from the BCF.

Lincolnshire is fully committed to a 'sector-led improvement' approach and to participating in peer-led activity. Peer-led activity within the County Council in recent months has included a peer review of Adult Social Care Services focusing on key lines of enquiry within (a) Adult Frailty and Long Term Conditions (b) Adult Safeguarding. Indeed the independent Chair of the Safeguarding Board has agreed to pilot in February a Peer Review of Boards with the LGA as an initiative that may develop into a national programme.

The Health and Wellbeing Board used the LGA Integration and Self-Assessment Toolkit at a meeting in November 2016 and will return with recommendations for agreement in March 2017.

In addition a number of colleagues have been involved in peer reviews covering:

- Glen Garrod – Lead DASS and Peer Reviewer for Warwickshire and Derbyshire
- Pete Sidgwick – Derby City (July 2016)
- Emma Scarth – Leicestershire County Council (April 2016)
- Carolyn Nice – Leicester City (March 2016)
- and David Laws visited Northamptonshire County Council to assist with their BCF preparations

On a broader regional basis:

- Glen Garrod, Rob Croot (Chief Financial Officer at Lincolnshire West CCG) and David Laws (BCF Manager) presented a half day seminar at a Regional event in August 2016 in Leicester entitled 'The Lincolnshire Experience'

- Glen Garrod and Allan Kitt (Chief Operation Officer at South West Lincolnshire CCG) have already co-presented at an East Midlands integration event in January 2017.

The graduation bid has been discussed with regional/national BCF representatives:

- Wendy Hoult (Better Care Implementation Manager for the East Midlands)
- Matthew West (national Better Care Fund Support Team)

We are also keen to share our learning and learn from others in such areas as

1. CAMHS

The Children's and Adolescent Mental Health Service (CAMHS) is funded by Lincolnshire County Council (LCC) and the four Clinical Commissioning Groups (CCGs). LCC Children's Services has the delegated lead commissioning responsibility from the CCG's which is agreed in the form of a Section 75 Agreement.

All parties have shown commitment to this service by putting in place a revised S75 agreement which covers funding until 31st March 2019. The current funding for CAMHS in Lincolnshire is £7,009,164. This is made up of £6,284,575 (CCG's), and £724,589 (LCC).

To ensure a coordinated, holistic and integrative approach to supporting children and young people's mental health, the service works closely with and provides support to universal services. This includes GPs, Community Paediatricians, A&E, Health Visitors, Schools, School Nurses, Colleges, further education and third sector agencies.

A joint bid was successful in securing transformation funding which resulted in a new service model commencing 1st April 2016 and which included a number of core changes that are based on national drivers, local need and service user feedback eg. transitioned to a tier-less service to reduce perceived stigma for the service user of moving between tiers; streamlined the referral process by implementing a single point of access; Implemented an out of hours, crisis and home treatment service which is reducing A&E admissions and Tier 4 in-patients and to improve outcomes for young people in crisis; reduction in waits from 12 to 6 weeks.

2. Co-responders

This scheme uses the Councils Fire Brigade to work alongside the Regional Ambulance service in responding to tier 1 and 2 emergency calls. The scheme builds on the availability of fire services in our rural county and enhances the ambulance service responsiveness. The scheme is funded from BCF resources and in 2015/16 took over 4,500 calls.

3. IPC/Occupational Therapy and Community Equipment

We are particularly keen to support further learning given our strong position with respect to the Integrated Personal Commissioning programme as a first tranch national 'demonstrator Site' and to work in two-tier areas in pursuing better outcomes from a more collective endeavour entailing Occupational therapy, Community Equipment and DFG resources – most notably how these can be better combined into a whole-systems approach to reducing acute pressures (eg. fast-track discharge) and preventative/demand management.

4. Intelligence and Analytics

Our approach to demand management and 'flow', we believe, presents opportunities for wider learning building on our current work to develop our understanding of flow through acute and community systems. We believe this provides an opportunity to consider what strategic investments can be made to better reduce or ameliorate demand. The approach being taken to map such activity in Lincolnshire has already been agreed as a priority for the East Midlands region in 2017/18 and we would wish to see this expand further within the national support programme.

Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

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

Report to:	**Adults Scrutiny Committee**
Date:	**22 February 2017**
Subject:	**Provision of Homecare**

Summary:

This report seeks to provide the Adults Scrutiny Committee with an update on the provision of homecare across the county that is delivered by twelve block contracts.

Actions Required:

To consider the information presented in this report.

1. Background

In June 2015, Lincolnshire County Council awarded twelve contracts to Home Care Providers across the county under a new "Prime Provider" approach providing care to all those eligible for home care in a brand new commercial model based around newly established geographical zones.

One year in to the contract we have now seen the successful realisation of the Prime Provider model as well as the benefits associated with such a fundamental redesign of the commercial model for home care. To recap, the model is designed to work as follows;

- County split into twelve geographical zones:
  - Each zone has a sufficient level of guaranteed work to make it both commercially viable and attractive to providers;
  - Zones align to the social work area teams making operational engagement easier;
  - More efficient planning of rounds for providers to improve continuity of care and drive down inefficiencies;
  - Reduced competition for staff as less organisations operating on the same patch thus leading to improved retention of key staff and improved

resilience – one of the most pressing issues facing home care locally and nationally;

- Award of one contract per zone:
  - A 'Prime Provider' per zone to act as exclusive lead in delivering homecare services;
  - Model designed to allow for organisations to put forward collaborative solutions;
  - Requirement to sub contract a minimum of 10% to Small Medium Enterprise (SME) providers to support the diversity of choice within Lincolnshire;

- Guaranteed volume of hours to establish a sound financial base to the market:
  - representing 80% of predicted demand;
  - Demand based on previous years delivery plus 4% growth;
  - Final 20% estimated for volume over and above the block but paid at the same rate;

- New standardised hourly rates:
  - Rate calculation based on information provided in market consultation and taking into account all the component costs of delivering homecare;
  - Rural and Urban rates to reflect the increased travel time and difficulties in recruiting in rural areas;
  - Due consideration given to changes to National Minimum Wage, including the new 'National Living Wage'.

Transition

Between June and September 2015 there was an intensively managed transition of Service Users between Providers with the new contracts starting on Saturday 26 September 2015. Over the three month transition period over 3,500 service users transferred to the new prime providers with just over 78% of the total number of service users moving to a new provider. The transition period was highly challenging for all providers given the scale and complexity of the necessary work. As with any major change of business but especially, in the context of home care services, there were a number of factors that made the process more challenging including:

- TUPE and staff retention - initial shortfalls in staff capacity were addressed as a top priority;

- The increase in direct payments which, through increasing choice for service users, ultimately led to a degree of the old ways of working continuing alongside the new arrangements;

- Most providers, in moving to the zone model have relocated large portions of their business operations and in doing so borne additional costs which added increased pressure to their business. This consolidation was inevitable to a larger extent as the historic fragmentation of the provider market was a key factor in redesigning the commercial model for home care;

- Higher demands of service quality: The new specification for Home Care services included a number of necessary improvements related to the Care Act, our drive to improve outcomes and manage performance.

Given the scale of the transfer and number of service users it was important to understand the effect the new contracts were having on service users and to gauge this the Adult Care Quality Team undertook a sampling of service users whose care has transitioned over to the prime provider before the 26 September 2015 contract start date.

These calls were largely welcomed with service users stating they are pleased that the Council has made contact and is taking service user views into consideration. Of the 350 customers or representatives the team spoke to:

- 228 (65%) felt that their experience of the transition had been a positive one

- 26% of people said it was negative and

- 8% were unsure

Post Transition and Service Commencement

One of the most evident pressures facing the Council and the Provider prior to the new contracts was the increasing number of people waiting for community care packages to become available due to the inefficiencies within the system. Since the start of the contracts and alongside highly focused work from the Council we have seen a marked decrease in the number waiting lists fall as well as improvements in the quality of care across the county.

Quality of Service

As well as improving the effectiveness of the Home Support Service in Lincolnshire in terms of capacity, it was important for the contract to improve the quality of the service. During transition and the first few months of the contract, the service did experience an increase in complaints and Poor Practice Concerns, but these have been effectively managed by Senior Contract Officers in the Commercial Team

supported by the introduction of a Peripatetic Principal Practitioner who has supported the team since November 2015.

By analysing Poor Practice Concerns the Commercial Team has been able to focus their efforts on making improvements in specific areas. Whilst concerns are still raised about missed and late calls, the number has declined substantially since late 2015. We have also seen a significant decline in Poor Practice Concerns being raised about the communication between Service Users and the Prime Providers.

Progress in the Last Twelve Months

A "more sustainable care market in Lincolnshire"

Under the old arrangement there were spot contracts in place with over 70 Home Care Providers and it was common for Providers to "cherry-pick" packages meaning that some areas had over-supply whilst in other areas there was a dearth of Providers willing to pick up packages. Under the new arrangements, Prime Providers are responsible for all packages in their zone which allows for a number of beneficial changes. With a clear and guaranteed level of demand, Providers can manage their business with an extremely high degree of financial confidence this in turn lessens the risk within the system of provider failure occurring. Similarly these arrangements offer the Council much greater assurance of the supply of services.

As mentioned previously this model also directly supports the ability, and the need, to strengthen the single most important factor in delivering quality care services – the workforce. With Providers having much greater confidence of what work is required this carries through to staff, they are afforded greater job security, less instability of working patterns, greater opportunities to train and develop their career leading to a virtuous cycle of improving conditions for staff.

In the early stages of the contract, the Council also supported the sector with funding towards recruitment adverts on Facebook and Twitter with varying levels of success. The latest Key Performance Information suggests that there is currently a workforce of approximately 1300 carers and all of these have undertaken mandatory training within their first twelve weeks of employment. Work continues with all Prime Providers, and via the Council's Workforce Development agreement with LinCA, to increase the capacity and capability of the Lincolnshire care workforce.

Improved partnership working and integration

The fragmentation of the provider market prior to the new contracts inevitably resulted in a real limitation in how changes to ways of working could be made. Moreover with the higher degree of competition between providers, inefficiencies and capacity bottlenecks were magnified even further. The rationalisation of the provider structure in Lincolnshire has produced multiple benefits one of the most prominent being the highly effective and proven degree of collaboration between providers. It was one of the foremost priorities in the procurement to foster and enable collaborative working, this proved to be highly successful with five

collaborative bids comprising existing Lincolnshire SME providers being awarded five of the twelve contracts. This mode of collaborative working has continued throughout the contract and has expanded to all prime providers an example of this the co-delivery, with LinCA, a new targeted social media recruitment drive highlighting the need and opportunity of working with prime providers in their zones. This has been supported by further collaborative recruitment activities by Prime Providers including a radio and web advertising campaign.

Throughout the past year the Council has also greatly improved its working relationship with the Care Quality Commission by working closely on a number of measures to address pressures within the sector and deliver effective solutions.

A market which is "Affordable to both the Council and Providers"

After contracts were awarded in June 2015, the Home Care rates were increased to £13.03 per hour for urban areas and £13.32 per hour for the more rural areas of the county.

Following the increase in the National Minimum Wage in April 2016, it was agreed to increase both the urban and rural rates by £0.53 per hour. This enabled all Providers to meet their obligations in this respect and to keep pace with competing demands for workers within Lincolnshire.

Improved quality and risk management

With the implementation of the new contracts the entire performance management regime has been reviewed and improved with new Key Performance Indicators, a brand new contract management process, increased dedicated resource within the team, and much greater management information available. This has allowed for us to monitor and deal with provider issues in a much more proactive and constructive manner.

Following a similar approach to ascertaining service user experience after transition, the Adults Quality Team have subsequently concluded another survey over the summer of 2016. The findings of the survey show a clear majority of respondents have a positive experience of care services.

2. Conclusion

In the first year of the Contracts, Lincolnshire has seen significant improvements in Home Care with strong evidence of improving outcomes and trends. With the majority of the initial challenges now behind us we now have a solid platform on which to build the service over the next years, work is already underway to

explore the potential of outcome based working as planned.

The prevailing challenges facing home care in particular as well as the wider social care sector that the new model was designed to address still continue and in many ways become more and more pressing. It should be noted these pressures are not restricted to Lincolnshire and are representative of a national picture of increasing risks of market instability and a longer term lack of sufficient capacity to meet the increasing demand for services. The decision to move to a new model for homecare services was taken with these challenges firmly in mind and, based on the evidence shown after the first year, offer the best way to protect vital services and maximise all available opportunity to meet increasing demand and complexity.

Delivering the new model of home care has been one of the highest priorities and has required intensive and sustained work to reach this point. Indeed the wok the Council undertook in delivering the new model of contracts was acknowledged as the Government Opportunities Procurement Initiative of the Year 2016. It is the Team's firm expectation that this level of work and achievement will continue for the following years.

3. Consultation

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

Yes

b) Risks and Impact Analysis

Risks are reviewed at each Contract Management Meeting.

4. Background Papers - None

This report was written by Alina Hackney, who can be contacted on 01522 553919 or alina.hackney@lincolnshire.gov.uk.

Lincolnshire COUNTY COUNCIL Working for a better future

Policy and Scrutiny

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

Report to:	**Adults Scrutiny Committee**
Date:	**22 February 2017**
Subject:	**Government Proposals for the Future Funding of Supported Housing**

Summary:

Supported and sheltered housing enables tens of thousands of people across the country, including the elderly, homeless and those living with disabilities, to live independently and get their lives back on track. Stable funding for these vital support services reduces pressure on more costly public services like the NHS and social care, saving the taxpayer an estimated £3.5bn per year.

In September 2016, the Departments for Work and Pensions, and Communities and Local Government outlined proposals to change the way supported housing is funded. The Government announced that a new system will be introduced in April 2019 and a formal consultation process ended on 13 February 2017.

This report and presentation to be made at the meeting details what those changes are and the Council's response to the consultation.

Actions Required:

The Committee is asked to consider the information presented in the report.

1. Background

Lincolnshire County Council currently commissions a range of supported housing services across Adult Care and Community Wellbeing.

Officers will make a presentation to the Committee outlining the key elements of the new proposals which are summarised in Appendix A and the impact and action for Lincolnshire.

A consultation ran for 12 weeks and ended on 13 February 2017. A Green Paper on the detailed arrangements for the local top-up model and approach to short-term accommodation will follow in the spring. In the meantime, Lincolnshire County Council has submitted a formal response to the consultation.

2. Consultation

None for Lincolnshire County Council.

3. Conclusion

It is expected that there will be a large and strong response across the country from a range of organisations on this complex service area.

The Communities and Public Safety Scrutiny Committee received this presentation on 25 January 2017 and supported officers' approach to the consultation response. This item is presented to the Adults Scrutiny Committee to highlight the relevance of this topic to Members of the Committee and provide early insight on the matter in anticipation of it returning in the summer to the newly constituted Scrutiny Committee for Adult Care and Public Health.

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

No

b) Risks and Impact Analysis

Further work will be required following the release of the Green Paper once a clearer model is forthcoming from this period of consultation.

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

Appendix A	Funding For Supported Housing
Appendix B	Learning Disability England: Changes to Supported Housing – What do you Think?
Appendix C	Lincolnshire County Council Funding for Supported Housing Response

5. Background Papers

Document title	Where the document can be viewed
Housing: Written Statement HCWS563 by The Minister for Disabled People (Justin Tomlinson) on 01 March 2016	http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-03-01/HCWS563
Housing Benefit: Written statement HCWS154 by The Secretary of State for Work and Pensions (Damian Green) on 15 September 2016	http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-09-15/HCWS154/?dm_i=3R33,36VG,11XI0P,9F14,1
Funding for Supported Housing – Consultation November 2016	https://www.gov.uk/government/consultations/funding-for-supported-housing

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Department for Communities and Local Government

Department for Work & Pensions

Funding for Supported Housing

Consultation

November 2016
Department for Communities and Local Government
Department for Work and Pensions

This document/publication is also available on our website at www.gov.uk/dclg

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Contents

Scope of the consultation

Topic of this consultation:	This consultation seeks views on the design of the Government's new housing costs funding model for supported housing, as well as views on how funding for emergency and short term placements should work. It covers the following areas: 1. Devolved top-up funding to local authorities in England; and 2. Funding for emergency and short term supported housing placements across Great Britain.
Scope of this consultation:	Housing costs funding for supported housing.
Geographical scope:	This consultation seeks views on arrangements for funding the additional housing costs associated with providing supported housing in England, and on funding for emergency and short term placements across Great Britain.
Impact Assessment:	Not needed at this stage.

Basic Information

To:	This consultation is aimed at supported housing commissioners and providers, developers and investors, residents and those who represent their views.
Body/bodies responsible for the consultation:	The Secretary of State for Communities and Local Government and Secretary of State for Work and Pensions.
Duration:	This consultation will last for 12 weeks from 21 November (closing on Monday 13 February 2017).
Enquiries:	For any enquiries about the consultation please contact: supportedhousing@communities.gsi.gov.uk
How to respond:	You may respond by emailing your response to the questions in this consultation to: supportedhousing@communities.gsi.gov.uk Please title the email: "Supported housing consultation response". If you are responding in writing, please make it clear which questions you are responding to.

	Written responses should be sent to: Department for Communities and Local Government Supported Housing Programme Fry Building 3rd Floor 2 Marsham Street London SW1P 4DF When you reply it would be very useful if you confirm whether you are replying as an individual or submitting an official response on behalf of an organisation and include: - your name, - your position (if applicable), - the name of organisation (if applicable), - an address (including post-code), - an email address, - a contact telephone number, and - if you are responding about arrangements for short term accommodation whether you are responding with regards to England, Scotland or Wales.

Introduction

1. One of the Government's key commitments is to protect the most vulnerable. Supported housing helps to underpin this obligation and supports hundreds of thousands of the most vulnerable people across the country. From helping those with learning disabilities to providing older people with support needs with somewhere to live that can meet their changing needs as they age, crisis accommodation for people fleeing domestic abuse or emergency places for rough sleepers, help for those recovering from drug or alcohol dependency, or support to vulnerable young people such as care leavers to get the help they need to move on and get a job and to live independently.

2. The Government is committed to protecting and boosting the supply of supported housing and ensuring it provides value for money and works for those who use it as well as those who pay for it. Over the past months, we have talked extensively to supported housing commissioners, providers, and developers as well as representatives of supported housing residents about what a workable and sustainable funding model for the sector should look like.

3. Two things are absolutely clear. Firstly, doing nothing is not an option. Universal Credit is being rolled out to working age claimants across Great Britain and is an important reform to improve work incentives and enhance simplicity for claimants. In this context, we need to consider how best to fund the supported housing sector to cater for its specific needs and circumstances. Secondly, it is absolutely critical that we get the detail right to ensure we deliver a funding model that is flexible enough to reflect the diversity of the sector and meets the needs of individual tenants, providers and commissioners. In particular, we recognise the vital importance of ensuring that providers are able to develop new, much needed, supported housing and we want the long-term funding model to support this. As part of this reform we also want to increase the role that quality, individual outcomes and value for money play in the funding model.

4. That is why we have confirmed to Parliament in a Written Ministerial Statement that we will defer the application of the Local Housing Allowance (LHA) rates to supported housing until 2019/20.[1] From 1 April 2019, we will bring in a new funding model which will ensure that supported housing continues to be funded at the same level it would have otherwise been in 2019/20, taking account of our plans on social rents.

[1] Written Ministerial Statement (15 September 2016): http://www.parliament.uk/business/publications/written-questions-answers-statements/written-statement/Commons/2016-09-15/HCWS154/

5. The new model will mean that core rent and service charges will be funded through Universal Credit (or Housing Benefit for pensioners and where Universal Credit has yet to be fully rolled out) up to the level of the applicable LHA rate. Local authorities are best placed to make decisions about how to support vulnerable people in their areas and to commission the supported housing services that are needed locally. The new model will devolve funding to local authorities in England to provide a 'top-up' where necessary to providers, reflecting the often higher costs of offering supported housing. We recognise a different approach may be needed for short term accommodation, including hostels and refuges, but this type of accommodation will benefit from the same protection as supported housing in general.

6. In England, this will give local authorities an enhanced role in commissioning supported housing in their area. This will also allow local authorities to take a more coherent approach to commissioning for needs across housing, health and social care. Better local knowledge will help drive transparency, quality and value for money from providers in their area.

7. We want to continue the conversation we have begun with the supported housing sector and work with them to develop the detail for the new model. This document begins the consultation process alongside a programme of task and finish groups working with the sector on key design components of the model and designing a new approach for short term accommodation. We will also work with local authorities and other partners to determine how funding should be distributed among individual local authorities.

8. While the framework for the new funding model has been set, this consultation seeks views on key system design elements to ensure the model will work for tenants, commissioners, providers and developers.

9. Across the United Kingdom, core rent and service charges will continue to be funded through Universal Credit (or Housing Benefit for pensioners or where Universal Credit has yet to be fully rolled out) up to the level of the applicable LHA rate. The Scottish Government and Welsh Government have devolved responsibility for housing policy and already determine their own priorities in relation to supported housing. Alongside the transition to a new funding model in England, the UK Government will therefore also ensure that the devolved administrations receive a level of funding in 2019/20 equivalent to that which would otherwise have been available through the welfare system in order to meet the additional costs of supported housing.

10. This consultation will run for 12 weeks until 13 February 2017. There will then be a Green Paper on the detailed arrangements for the local top-up model and approach to short term accommodation in the spring. A final package will be announced in autumn 2017 to allow time for transitional arrangements and any necessary legislation to be made ahead of the new model commencing on 1 April 2019. We propose to put shadow arrangements on the detail and allocation of funding in place from April 2018 to allow full transition to a new model.

11. While designing the mechanics of a new funding model is important to provide certainty for service users, commissioners, providers and developers, the

Government views this as the start of a longer term process in England. During this consultation process we want to work with the sector to consider wider strategic goals such as responding to growing future demand for support to maintain people's independence as well as looking for opportunities for service transformation, for example, to strengthen links across public service commissioning, including health, housing, social care and criminal justice. We are also keen to explore with the private, social and public sector the potential for alternative finance and delivery models for increasing supported housing supply through the use of social investments. We will set out any conclusions on these broader considerations in the Green Paper next spring.

1. Supporting people to live independently

Who needs support?

12. Supported housing plays a crucial role in supporting hundreds of thousands of the most vulnerable people. The Supported Accommodation Evidence Review, published alongside this consultation, suggests up to 716,000 people were using supported housing across Great Britain at any given point in time at the end of 2015.[2]

13. Providing a safe, stable and supportive place to live can be the key to unlocking better outcomes for vulnerable people, from tackling poverty and disadvantage to managing crises, rehabilitation or maintaining people's independence. For many, it is a stepping stone to independent living in the longer term. For some, it is vital life-long support that helps them to live independently in the community.

14. The types of people in supported housing include:

- Older people with support needs;
- People at risk of or recovering from homelessness;
- People with learning disabilities;
- People with mental health problems;
- People with physical or sensory disabilities;
- People with drug or alcohol problems;
- People experiencing or at risk of domestic abuse;
- Vulnerable young people (such as care leavers or teenage parents);
- Ex-offenders;
- Vulnerable armed forces veterans; and
- Others (such as refugees with support needs).

What is supported housing?

15. Supported housing is any housing scheme where housing is provided alongside care, support or supervision to help people live as independently as possible in the community. It covers a range of different housing types, including hostels, refuges, supported living complexes, extra care schemes and sheltered housing. Supported housing can provide long term support for years for some vulnerable groups such as

[2] Supported Accommodation Review: the scale, scope and cost of the supported housing sector (2016), see: https://www.gov.uk/government/publications/supported-accommodation-review

older people and disabled people or very short term immediate emergency help for when people are in times of crisis, such as use of hostels and refuges.

16. Accommodation is predominantly provided by social landlords, including housing associations and local authorities, as well as charitable and voluntary organisations. Housing associations provide over 70 percent of supported housing units in Great Britain. Some private sector "for profit" organisations also provide supported housing, both as landlords and/or support providers.

17. The Supported Accommodation Evidence Review provides a national level snapshot estimate of the size and composition of the sector at the end of 2015. It suggests there were approximately 651,500 supported housing units in Great Britain. The majority in England (85%), with nine percent in Scotland and six percent in Wales.

18. We use a broad umbrella term 'supported housing' to cover both supported housing in general and sheltered housing for older people. This consultation considers both types of provision and both working and pension age residents. Also covered are the two complementary definitions used in the benefits system, Supported Exempt Accommodation[3] and Specified Accommodation.[4]

Why supported housing is important

19. Supported housing provides vital support to some of our country's most vulnerable people. It helps many people to lead independent lives or turn their lives around and is a vital service for a country that works for all. It is also an investment which brings savings to other parts of the public sector, such as health and social care and underpins a range of policy objectives across Government including:

- **Supporting vulnerable people:** such as frail, older people and disabled people, people with mental health problems, and vulnerable ex-service veterans;
- **Tackling homelessness:** preventing homelessness in the first place and helping people recover and move on from homelessness;

[3] Supported Exempt Accommodation is defined as being either: a resettlement place; or accommodation which is provided by a county council, housing association, registered charity or voluntary organisation where that body, or person acting on their behalf, provides the claimant with care, support or supervision.

[4] Specified Accommodation includes supported exempt accommodation, and adds three more categories: (i) Managed properties, which includes supported housing which would meet the definition of supported exempt accommodation but for the care support or supervision being provided by someone other than the landlord; (ii) Refuges provided for someone who has left their home as a result of domestic violence; and (iii) Hostels, including hostels provided by local authorities where care, support of supervision is provided. People living in specified accommodation are eligible to continue to receive Housing Benefit in respect of their housing costs, even where they claim Universal Credit, and the housing support paid through Housing Benefit does not count towards the Benefit Cap.

- **Providing refuge:** through crisis and follow-on accommodation and support services for those fleeing domestic abuse;
- **Tackling poverty and disadvantage:** such as helping people with learning disabilities or vulnerable young people, including care leavers', transition to independent living;
- **Recovery:** such as support and treatment for those with drug and or alcohol problems or helping ex-offenders to integrate back into the community; and
- **Improving public health and supporting the health and care system:** by helping older people or people with disabilities to lead healthy and independent lives keeping them out of acute health settings and residential care or smoothing their discharge from hospital.

20. DCLG analysis, based on the Frontier Economics report for the Homes and Communities Agency on Specialist Housing in 2010, estimates that the net fiscal benefit of providing supported housing is £3.53 billion per year.[5]

The Government's commitment to supported housing

21. The Government has a strong track record in protecting individuals living in the supported housing sector. For example, the Housing Benefit paid in respect of most types of supported housing is not taken into account for Benefit Cap purposes. While work has been ongoing to align the funding approach to supported housing and Universal Credit, temporary provision has been made to allow claimants living in supported housing to continue to receive Housing Benefit for their housing costs alongside Universal Credit for their other living costs.

22. The Government also has a strong track record of boosting supply of supported housing. Between 2011 and 2015 the Government delivered over 18,000 new supported homes across England.

23. At the Spending Review we committed £400 million to deliver a further 8,000 supported housing units through the Department for Communities and Local Government's Shared Ownership and Affordable Homes Programme. In addition, the Department of Health's Care and Support Specialised Housing (CASSH) fund was launched in 2012 with over £200 million being invested to build over 6,000 supported homes over the next few years.

24. The Department of Health has also recently launched a £25 million Capital Fund for Housing and Technology for People with Learning Disabilities. A further £40 million was invested in the Homelessness Change/Platform for Life programme to upgrade

[5] Frontier Economics (2010) Financial benefits of investment in specialist housing for vulnerable and older people, see: https://www.frontier-economics.com/documents/2014/06/financial-benefits-of-investment-frontier-report.pdf

homeless hostels and improve health facilities. We are also fully committed to ensuring that no victim of domestic abuse is turned away from the support they need, as reaffirmed in the strategy to end Violence Against Women and Girls (VAWG) published in March. As part of this we have committed £80 million of extra funding up to 2020 to tackle violence against women and girls, including funding for securing the future of refuges and other accommodation based services. As part of this, a £20 million fund was launched on 3 November for local authorities to bid to increase refuge spaces and other accommodation for women fleeing domestic violence.[6]

Current delivery and costs

25. Supported housing is enormously diverse, with provider type, scheme characteristics and delivery models and commissioning structures varying across Great Britain.

26. The Government recognises that supported housing costs can often be higher than mainstream housing for a variety of reasons. This includes higher maintenance, repairs and rates of turnover and the specific needs and characteristics of residents, which may require the provision of communal areas and facilities as well as enhanced security. We also recognise that retirement housing, including sheltered housing and extra care, can also often have higher housing costs. We wish to ensure the new funding model works for the whole sector.

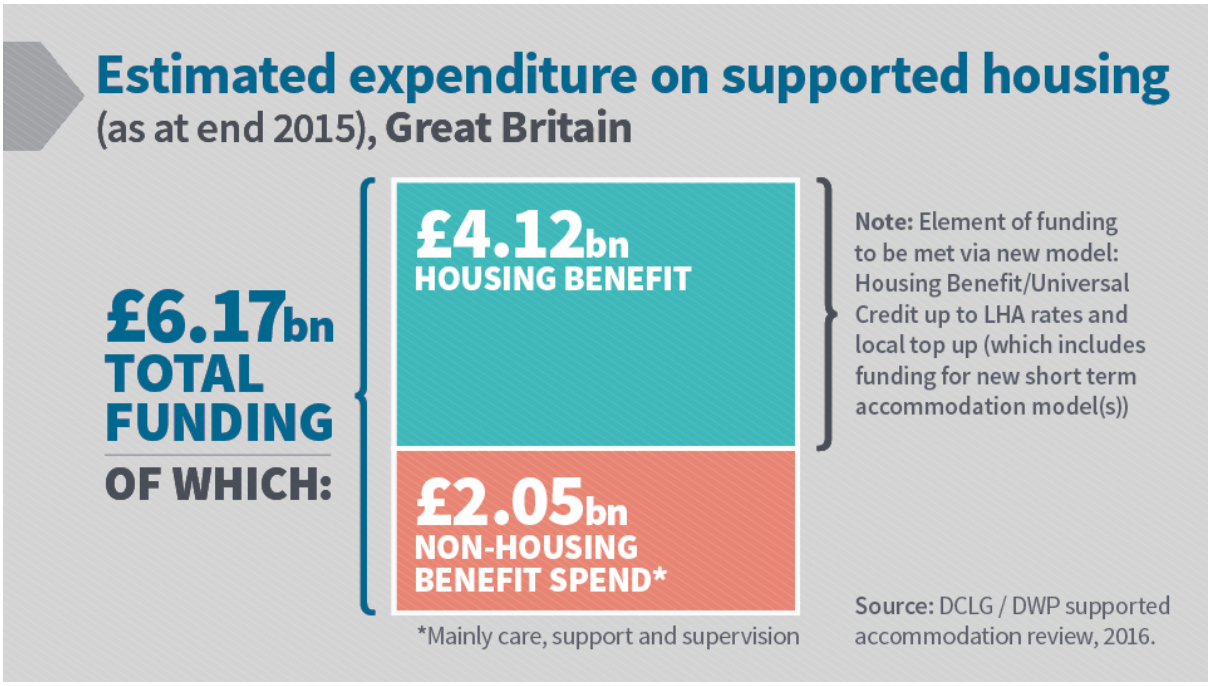
27. Funding for supported housing is complex and comes from a variety of sources. Housing Benefit plays a significant role. It meets eligible housing-related costs, including core rent and eligible service changes (which can include for example, the cost of repairs, renewing communal furnishing and fittings and some intensive housing management costs). The Supported Accommodation Evidence Review estimates that the annualised Housing Benefit expenditure for supported housing across Great Britain as at December 2015 is £4.12 billion. This represents around 17 percent of the total expenditure on Housing Benefit. The majority of supported housing expenditure from Housing Benefit is for older people, at an estimated £2.4 billion, with an estimated £1.7 billion spent on working-age provision.

28. The Supported Accommodation Evidence Review conservatively estimates at the end of 2015 that around £2.05 billion is spent in addition to Housing Benefit, on mainly support and care services for tenants in supported housing (see Figure 1 below). The principal sources of separate care and support funding are local authority adult social care services, housing and homelessness funding. Further funding comes from sources such as children's services, substance misuse

[6] DCLG, 2016-2018 Domestic Abuse Fund: prospectus, see: https://www.gov.uk/government/publications/domestic-abuse-fund-prospectus

services, charitable grants and Big Lottery funding, as well as from health sources and a small amount from fundraising and donations.

Figure 1



29. Work towards the Supported Accommodation Evidence Review found many examples of excellent practice in terms of local areas strategically assessing and identifying need for supported housing, strong commissioning and regular review of provision for individuals to support those who are able to move on into independent living and to make best use of provision.

30. The review also found some circumstances of patchy commissioning practice, alongside some frustration among commissioners about providers only being required to comply with welfare rules. This has resulted in some providers setting up provision outside local commissioning structures or scrutiny with poor assurance of outcomes, quality or value for money. Both issues further support the case for change.

2. The case for change

Rationale and objectives

31. There are two clear reasons for seeking to reform the funding of supported housing. The roll out of Universal Credit for working age people, as described above, is one but there is also a need to more fundamentally consider how supported housing across the whole sector should be planned for, commissioned and delivered and how to manage growing demand within a tighter public spending climate:

- **Universal Credit** – a new funding mechanism is required to work in conjunction with Universal Credit. Universal Credit will meet core housing costs, up to the level of the relevant LHA rate, and therefore the question arises about the most effective way to deal with additional costs in excess of this.
- **A local focus on outcomes, oversight and cost control** – we want the quality of services and a focus on outcomes for the people who use them to be at the forefront of supported housing provision. The current system for funding the housing costs of supported housing is not well designed to ensure effective oversight of quality or control of spending to ensure value for money. We must consider new approaches to transparency and oversight in order to achieve consistent quality and to demonstrate to the taxpayer the value of the considerable public investment in these services.

32. In addition, supported housing plays a critical role in meeting our objectives for supporting vulnerable people across Government. Our overall objectives for reform are:

    - To ensure that vulnerable people receive the support they need;
    - To establish a funding system that protects genuine supported housing and provides certainty to maintain and encourage the development of new supply;
    - To deliver provision that focusses on service users – getting access at the right time as well as, where possible, help to move on at the right time – and focusses on their individual outcomes as well as the quality of provision;
    - To better align responsibility for commissioning services with greater control of the budgets to ensure improvements in quality, value for money, appropriate oversight, transparency and accountability; and
    - To seek opportunities for greater collaboration and innovation through local commissioning across public sector commissioning, including strengthening the links between health, housing and social care.

Universal Credit and the impact on Supported Housing

33. Universal Credit, which is currently being rolled out nationwide, is a benefit for working age people who are both in and out of work. It replaces six existing benefits, and includes support for rental costs where applicable. Universal Credit is paid monthly directly to claimants. Universal Credit is currently available in every Jobcentre in Great Britain for single jobseekers. Full rollout of Universal Credit for all

claimant types is currently underway and will be complete in 2022. Housing costs for those of pension age will also continue to be met through the welfare system. For those in supported housing, welfare payments up to the level of the LHA rate will be supplemented where necessary by the local top-up fund from April 2019.

34. Universal Credit offers significant benefits, in terms of simplicity, ease of access and improved work incentives for all claimants, including those individuals living in supported housing.

35. Local knowledge is central to the current system for funding supported housing through Housing Benefit. In addition, much supported housing provision is developed in consultation with and is commissioned by local authorities to meet the needs of local people and this requires close co-operation at the local level. Determining individual entitlement where the claimant lives in supported housing requires very detailed consideration of which costs are eligible and whether the costs cited are reasonable. Such a system usually requires local knowledge, expertise and involvement.

36. For providers of certain types of short term accommodation, Universal Credit, which is typically paid monthly, presents challenges. Shorter term accommodation may include provision such as:

- hostels for homeless people or domestic violence refuges;
- short term emergency accommodation provided by a local authority whilst their duty to house a homeless person is assessed; and
- other supported housing settings where stays may be short term.

37. The Government also recognises that different funding models for the short term accommodation types set out above may also be applicable to Temporary Accommodation provided by local authorities in discharging their homelessness duties.

38. We are seeking views on how best to provide support for short term stays alongside the monthly assessment and payment in Universal Credit. Challenges include ensuring we remain responsive to housing needs at the start of someone's Universal Credit claim while entitlement is determined and first payments are made.

A local focus on outcomes

39. As we have set out above, local knowledge is of crucial importance in ensuring supported housing is commissioned in the right way. In addition to preparing for a new local role as part of the implementation of Universal Credit, many local authorities have also told us that they would welcome an enhanced local commissioning role. Some councils have raised concerns about the existing Housing Benefit regime, in particular regarding insufficient local control over the establishment and location of supported housing services and quality of some services being provided outside of their commissioning arrangements. Supported housing providers and developers have been clear that they are seeking as much

clarity as possible about what funding is available as well as a strong desire for consistency around the availability of funding and its administration.

40. Concerns have also been raised that the current Housing Benefit regulations restrict who can provide supported housing, and receive the enhanced funding through the supported exempt provisions, to non-metropolitan county councils, housing associations, registered charities and voluntary organisations. This leaves no room for other providers and can restrict the claimants' choice of who delivers support services, since to qualify for the enhanced funding through Housing Benefit the care, support or supervision must be provided by, or on behalf of, the landlord.

41. Longer term, we also need to build a system which is better able to manage future demand as the population is ageing and medical advances also mean that more people with severe physical and learning disabilities are enjoying longer lives. This makes it even more important that spending provides value for money and is targeted effectively and providers are able to develop new supported housing supply.

3. A new framework for future supported housing costs

42. On 15 September, the Government announced a new funding model for supported housing. Government has deferred the application of the Local Housing Allowance (LHA) policy for supported housing until 2019/20. At this point we will bring in a new funding model which will ensure that supported housing continues to be funded at the same level it would have otherwise been in 2019/20, taking into account the effect of Government policy on social sector rents.

43. We also announced that, as planned, the Government would apply the social rent reduction to supported housing, with rents in these properties decreasing by 1% a year for 3 years, up to and including 2019/20. The existing exemption for specialised supported housing will remain in place and will be extended over the remaining 3 years of the policy for fully mutuals/co-operatives, almshouses and Community Land Trusts and refuges.

44. It is our intention that from 2019/20 core rent and service charges will be funded through Housing Benefit or Universal Credit up to the level of the applicable LHA rate. This will apply to all those living in supported accommodation from this date. The Shared Accommodation Rate will not apply to people living in the supported housing sector, in recognition of the particular challenges this would have placed upon them.

45. In England, we will devolve funding to local authorities to provide additional ‘top-up’ funding to providers where necessary, reflecting the higher average costs of offering supported accommodation, compared to general needs. This will give local authorities an enhanced role in commissioning supported housing in their area. This will also allow local authorities to ensure a more coherent approach to commissioning for needs across housing, health and social care, using local knowledge to drive transparency, quality and value for money from providers in their area.

46. Separate existing funding streams for care, support and supervision (such as legacy Supporting People funding) would remain part of the funding mix for supported housing but will not be changed by these reforms. The intention would be for the top-up fund to be used in conjunction with the wide range of funding dedicated to local commissioning.

47. We will ring-fence the top-up fund to ensure it continues to support vulnerable people. The amount of top-up funding will be set on the basis of current projections of future need. This will also help to provide certainty for providers that reductions in funding from Housing Benefit or Universal Credit due to LHA rates, can be met elsewhere as well as to give greater assurance to developers of new supported housing supply.

48. While we are confident that this model will meet the needs of the majority of the sector, we recognise some particular challenges may remain for very short term accommodation, including hostels and refuges. We will work with the sector to develop further options to ensure that providers of shorter term accommodation continue to receive appropriate funding for their important work. Whilst the mechanism may be different, funding for this type of accommodation will benefit from the same protection as supported housing in general.

4. Consultation: key issues and questions

49. This is a consultation on how the new local funding model should work in England.

50. There are five key issues that we would like to explore through this consultation to develop the detail that will underpin the new approach to funding for supported housing set out on 15 September. These are:

    I. Fair access to funding, the detailed design of the ring-fence and whether other protections are needed for particular client groups to ensure appropriate access to funding, including for those without existing statutory duties;
    II. Clarifying expectations for local roles and responsibilities, including what planning, commissioning and partnership arrangements might be necessary locally;
    III. Confirming what further arrangements there should be to provide oversight and assurance for Government and taxpayers around ensuring value for money and quality outcomes focussed services;
    IV. Exploring the appropriate balance between local flexibility and provider certainty, including what other assurance can be provided beyond the ring-fence, for developers and investors to ensure a pipeline of new supply; and
    V. Developing options for workable funding model(s) for short term accommodation, including hostels and refuges.

    Issues I – IV relate to the detailed arrangements for the local top up model in England. Issue V relates to short term accommodation provision across Great Britain, as it is currently funded through the welfare system.

I. Fair access to funding, the detailed design of the ring-fence and whether other protections are needed for particular client groups to ensure appropriate access to funding, including for those without existing statutory duties.

51. Local authorities will administer the local top-up, and in two tier areas, there is a case for the upper-tier local authority to hold the funding as they tend to be responsible for commissioning the bulk of supported housing services.

52. Different types of supported housing provision and services are commissioned by different bodies locally, such as Clinical Commissioning Groups and district housing authorities. It will be important to ensure that funding streams are better aligned so they can deliver their respective commissioning objectives.

    Q1. The local top-up will be devolved to local authorities. Who should hold the funding; and, in two tier areas, ***should the upper tier authority hold the funding?***

Q2. How should the funding model be designed to maximise the opportunities for local agencies to collaborate, encourage planning and commissioning across service boundaries, and ensure that different ***local commissioning bodies can have fair access to funding?***

53. We will ring-fence the top-up fund to ensure it continues to support vulnerable people. We propose that the ring-fence should be set to cover expenditure on a general definition of supported housing provision, rather than there being separate ring-fenced pots for different client groups.

54. Many people who rely upon supported housing have multiple and complex needs and supported housing services often address a combination of these needs (e.g. homelessness, mental health issues and substance misuse problems) and therefore, breaking down funding between different client groups becomes complicated and could limit flexibility for local areas to manage changing circumstances. Local authorities will, of course, need to comply with the public sector equality duty under section 149 of the Equality Act 2010 when deciding how to allocate funding.

55. However, some stakeholders have raised concerns that certain vulnerable groups could be overlooked, or particular groups could be prioritised for funding at the expense of others. We are keen to understand what, if any, statutory provision could be made to provide reassurance, including what potential role additional statutory duties for local authorities in England could play, particularly in terms of protecting provision for specific vulnerable groups within the context of the overall ring-fence.

Q3. How can we ensure that ***local allocation*** *of funding by local authorities matches local need for supported housing across all client groups?*

Q4. Do you think ***other funding protections for vulnerable groups****, beyond the ring-fence, are needed to provide fair access to funding for all client groups, including those without existing statutory duties (including for example the case for any new statutory duties or any other sort of statutory provision)?*

II. Clarifying expectations for local roles and responsibilities, including what planning, commissioning and partnership arrangements might be necessary locally.

56. The new model will give local authorities in England an enhanced role in commissioning supported housing in their areas. In addition, local partnerships could combine this funding with existing care, support and supervision funding to commission services. This could be helpful in encouraging local authorities to consider all supported housing funding in the round. It should incentivise efficiencies and join up existing care and support funding, helping with health and social care integration across the life course.

57. We will consider what level of new burdens funding would be appropriate to enable local authorities to fulfill their new role.

*Q5. What expectations should there be for **local roles and responsibilities?** What planning, commissioning and partnership and monitoring arrangements might be necessary, both nationally and locally?*

*Q6. For local authority respondents, what **administrative impact and specific tasks** might this new role involve for your local authority?*

III. Confirming what further arrangements there should be to provide oversight and assurance for Government and taxpayers around ensuring value for money and quality outcomes focussed services.

58. Supported housing is of vital importance to vulnerable people and we want to continue to work with providers to ensure that services are as good as they can be. We want to build on the work of excellent providers to drive all quality and value for money up to the level of the best. These reforms, giving local areas greater control and strategic oversight, represent the first step towards that goal, whilst giving the sector the necessary certainty over the total amount of funding available nationally. We also want quality and a focus on individual outcomes to play a greater role in how we fund the sector.

*Q7. We welcome your views on what features the new model should include to provide **greater oversight and assurance** to tax payers that supported housing services are providing value for money, are of good quality and are delivering outcomes for individual tenants?*

IV. Exploring the appropriate balance between local flexibility and provider certainty, including what other assurance can be provided beyond the ring-fence, for developers and investors to ensure a pipeline of new supply.

59. Providers have told us that within a localised funding model they would prefer a degree of standardisation with regards to the administration of a local top-up as well as the underpinning framework for reaching a funding decision – for example, via a national statement of expectations or a national commissioning framework. This is particularly important for larger providers who operate across many different local areas and would welcome a degree of standardisation and consistency. However, it is important to balance this against the need to preserve flexibility for local areas to design the delivery of the top-up in their area in a way which best meets the needs and circumstances of supporting vulnerable people in their areas.

*Q8. We are interested in your views on how to strike a balance between local flexibility and provider/developer certainty and simplicity. What features should the funding model have to provide **greater certainty to providers** and in particular, developers of new supply?*

*Q9. Should there be a **national statement of expectations or national commissioning framework** within which local areas tailor their funding? How should this work with existing commissioning arrangements, for example across health and social care, and how would we ensure it was followed?*

*Q10. The Government wants a **smooth transition** to the new funding arrangement on 1 April 2019. What transitional arrangements might be helpful in supporting the transition to the new regime?*

*Q11. Do you have **any other views** about how the local top-up model can be designed to ensure it works for tenants, commissioners, providers and developers?*

V. Developing options for workable funding model(s) for short term accommodation, including hostels and refuges.

60. While we are confident that the local top up model will meet the needs of the majority of the sector, we recognise some particular challenges, such as the monthly payment of Universal Credit, may remain for very short term accommodation, including hostels and refuges. We will work with the sector to develop further options to ensure that providers of shorter term accommodation continue to receive appropriate funding for their important work. Whilst the mechanism or mechanisms (if more than one model is necessary) may be different, funding for this type of accommodation will benefit from the same protection as supported housing in general.

*Q12. We welcome your views on how **emergency and short term accommodation** should be defined and how funding should be provided outside Universal Credit. How should funding be provided for tenants in these situations?*

Task and finish groups

61. There will be four task and finish groups working across these key issues outlined through this consultation, which will include membership from key stakeholders and partners from across the sector and from across Government departments and the devolved administrations where appropriate. This work will run in tandem with this consultation exercise and report back to Government. The task and finish groups will cover the following:

A. **Fair access to funding** (issue I above);
B. **Local roles & responsibilities including ensuring value for money, quality and appropriate oversight** (combining issues II and III above): exploring how the new model should work in practice and how to assure quality;
C. **Ensuring new supply of supported housing** (issue IV above): looking at how to provide assurance and certainty for developers as well as maintaining local flexibility for commissioners; and
D. **Short term accommodation** (issue V above): developing options for a workable and sustainable funding model or models for short term accommodation.

Timetable

62. This document begins the consultation process alongside a programme of task and finish groups working with the sector on key design components of the model and designing a new approach for short term accommodation.

63. While the framework for the new funding model has been set, this consultation seeks views on key system design elements to ensure the model(s) will work for tenants, commissioners, providers and developers. The specific issues we wish to resolve through this consultation include fair access to funding; clarifying expectations for local roles and responsibilities; confirming what further arrangements there should be to provide oversight and assurance; exploring the appropriate balance between local flexibility and provider certainty; and gathering views on developing a workable funding model(s) for short term accommodation, including hostels and refuges.

64. This consultation will run for 12 weeks until 13 February 2017. There will then be a Green Paper on the detailed arrangements for the local top-up model and approach to short term accommodation in the spring. A final package will be announced in autumn 2017 to allow time for transitional arrangements to be made ahead of the new model commencing on 1 April 2019.

Timetable	**Delivery phase**
Nov 2016 To Feb 2017	Consultation: consultation document
Nov/Dec/Jan/Feb	Stakeholder engagement and task and finish groups
Spring 2017	Green Paper on detailed model(s) and funding distribution consideration
Autumn 2017	Announce detailed funding model(s) and local authority funding allocations
April 2018	Shadow year arrangements in place on detail and allocation of funding to allow full transition to new model
April 2019	Commencement of new funding model(s)

About this consultation

This consultation document and consultation process have been planned to adhere to the Consultation Principles issued by the Cabinet Office.

Representative groups are asked to give a summary of the people and organisations they represent, and where relevant who else they have consulted in reaching their conclusions when they respond.

Information provided in response to this consultation, including personal information, may be published or disclosed in accordance with the access to information regimes (these are primarily the Freedom of Information Act 2000 (FOIA), the Data Protection Act 1998 (DPA) and the Environmental Information Regulations 2004.

If you want the information that you provide to be treated as confidential, please be aware that, under the FOIA, there is a statutory Code of Practice with which public authorities must comply and which deals, amongst other things, with obligations of confidence. In view of this it would be helpful if you could explain to us why you regard the information you have provided as confidential. If we receive a request for disclosure of the information we will take full account of your explanation, but we cannot give an assurance that confidentiality can be maintained in all circumstances. An automatic confidentiality disclaimer generated by your IT system will not, of itself, be regarded as binding on the Department.

The Department for Communities and Local Government will process your personal data in accordance with DPA and in the majority of circumstances this will mean that your personal data will not be disclosed to third parties.

Individual responses will not be acknowledged unless specifically requested.

Your opinions are valuable to us. Thank you for taking the time to read this document and respond.

Learning Disability England

Changes to supported housing- what do you think?

This is a plain English summary of the *Funding for Supported Housing* consultation from the government. You can find the full version here: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/571013/161121_-_Supported_housing_consultation.pdf

What is supported housing?

Supported housing is where people live as a tenant but also get some support to live there.

Supported housing can be living in a flat by yourself, living in a shared house or living in a network or block of flats where everyone gets support.

If you have been asked to say what you think about these changes, it is probably because you live in supported housing. Though you might not call where you live supported housing and just call it 'home'.

What the government wants to do

The government wants to change how the money works for supported housing.

They want to do this because they think that planning for supported housing should happen locally.

They also want to do this so that it fits with Welfare Reform.

This means that the money you get to pay your rent will be part of what is called Universal Credit.

Universal Credit is bringing all of your benefits together in one payment.

The most money you will get for your rent will be the Local Housing Allowance.

The Local Housing Allowance is a fixed amount of money that is set at what the lowest local rents are in your area.

The government knows that this is not enough money for some supported housing.

They want the extra money that pays for supported housing to go to local councils. They think that local councils can plan and decide how the extra money for supported housing is spent better.

How will it affect tenants with learning disabilities?

At the moment, supported housing providers develop housing for people with learning disabilities and they say how much the rent will be.

Sometimes they do this in partnership with the local council and sometimes they don't.

Supported housing providers usually charge more rent than most other landlords because they have extra costs to support tenants and make the housing right for them.

Now supported housing landlords will get the same rent as other landlords.

The extra money for supported housing will go from the government to the local council.

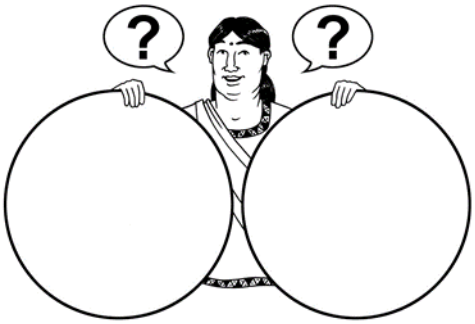
The local council will make the decision about whether they give the landlord extra money or not.

The local council will also decide how much extra money they will give the landlord.

This means that the landlord and council have to work together and agree.

It is important that tenants with learning disabilities and their families are involved and say what they want.

Some good opportunities?



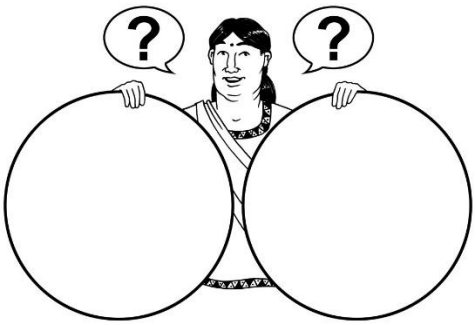
There will be better co-ordination and local planning for supported housing if landlords and councils work together well.

It will be especially good if councils involve people with learning disabilities and families in planning what supported housing there should be locally.

This will stop any landlords that charge too much rent when they don't need to.

The old rules meant that people who organised their own housing and support had difficulty getting extra money for their rent because it wasn't considered to be supported housing. This can change under the new rules.

Some worries?



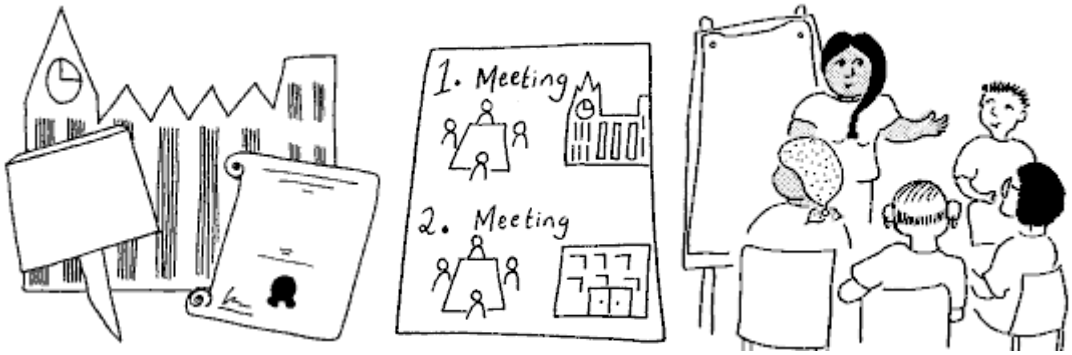
If councils and supported housing providers don't work together well there may be no other way to make supported housing work.

It will be more complicated to make supported housing happen as the money has to come from 2 different places and there has to be more planning.

Because it is more complicated, it may put off some supported housing providers from developing supported housing.

Current tenants may be worried about the future of their tenancies.

What the government is asking?



From now until the 13th February 2017, the government is asking landlords, tenants and councils to say what they think about these plans. This is called a consultation.

They are asking questions about these 5 areas:

1. How can they make sure the funding councils give for housing is fair for everybody that needs support?
2. What is needed locally to plan and pay for housing?

3. How can we make sure that that supported housing gives tenants what they want and is good value for money?
4. How can we make sure that housing providers and funders will keep building supported housing if the money is not guaranteed from central government?

5. The plans suit people in longer tenancies but what about people who need temporary housing?

What will happen next?

The government is asking all of these questions in a consultation.

The consultation will last until the 13th February 2017

When the consultation is finished, they will think about what people have said and write a proposal for how they will make the changes to supported housing. This is called a Green Paper.

We will get a chance to say what we think about the Green Paper.

In Autumn 2017, the government will say how they are going to make the changes.

In April 2018, there will be a 1 year transition period

In April 2019, the new way of funding supported housing will be in place.

Say what you think!

Learning Disability England will tell the government what our members say.

We want to know what members who are tenants, families, supported housing providers and commissioners think.

Some of the questions the government is asking are very technical and mean little to most tenants and their families.

We want to make sure that the government understands what supported housing means to tenants with learning disabilities and their families.

We want to make sure that people's homes are protected.

We want to make sure that good supported housing is available in the future for people with learning disabilities.

We also want to make sure the government understands how supported housing for people with learning disabilities is different to supported housing for other groups of people.

We will gather together this information and need it by **Monday 6th February 2017**.

Send it to mariana.ortiz@LDEngland.org.uk

The more people and organisations that respond, the stronger it will be and that means we can make a bigger difference with what we say.

You can also send in your response to the government directly by 13th February 2017.

Supported Housing and Commissioner members

We would like you to tell us what you think. You can do this by answering the 5 questions in plain English below. We have provided extra discussion questions to support the process of consultation. You can also use the 5 questions with technical words in the government consultation document.

We have provided some additional questions in plain English for tenants and families. We suggest that you both survey tenants and families individually and also have focus groups to discuss the questions.

Organisation:

Name and job title:

Contact details:

1. **How can they make sure the funding councils give for housing is fair for everybody that needs support?**
   Questions:
   Who should hold the money in the council, the housing department or social services?
   How should the money work to make sure all the local commissioners and housing organisations work together locally and fairly?
   How do we make sure that the money councils get from the government is enough for all people that need supported housing?

2. **What is needed locally to plan and pay for housing?**
   Questions:
   What local roles do we need to make this work and what should they be responsible for?
   What partnerships do we need to make this work?
   How do we check it is working locally and nationally?
   For councils, what do you need in your local authority to make this work?

3. **How can we make sure that that supported housing gives tenants what they want and is good value for money?**
   Questions:
   What are your ideas for making the new way of getting supported housing work for you?

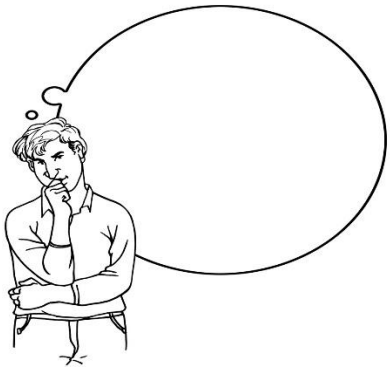
4. **How can we make sure that housing providers and funders will keep building supported housing if the money is not guaranteed from central government?**
   Questions:
   How do we make sure that people's tenancies are safe?
   How do we make sure that the changes don't stop more housing for people with learning disabilities?
   How do we make sure that the changes are smooth and tenants don't suffer?

5. **The plans suit people in longer tenancies but what about people who need temporary housing?**
   Questions:
   How do you think short term accommodation like hostels and refuges could be funded?

Additional discussion questions for tenants (and future tenants) and their families and advocates

Number of tenants, families and advocates involved in the consultation:

What does supported housing mean to you?



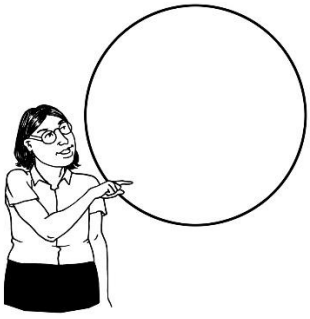
What does supported housing help you achieve in your life?

What do you think about the changes to supported housing that the government is proposing?

What do you think is good about the changes?

What worries you about the changes?

Have you got ideas for making sure people with learning disabilities get the supported housing they want and need?



Have you got ideas for checking that local supported housing is good quality?

Lincolnshire County Council response to the

Funding for Supported Housing – Consultation

Fair access to funding, the detailed design of the ring fence and whether other protections are needed for particular client groups to ensure appropriate access to funding, including for those without existing statutory duties
Q1: The local top up will be devolved to local authorities. Who should hold the funding; and in two tier area, should the upper tier authority hold the funding? Lincolnshire has a local authority two-tier system. Lincolnshire County Council (LCC) is the lead commissioner for social care for vulnerable adults and children. LCC also act as lead commissioner for some health provision. A number of vulnerable people will be affected by a housing benefit cap. Devolving the top up funding to LCC will allow best value co-ordination of the top-up grant to minimise impact on vulnerable service users. It would also likely be best value in relation to administration costs reducing the need to negotiate top-ups with multiple district councils. This may also assist diversion of funds to other spend areas and limit overheads charged to the top up fund by second tier authorities. Disabled Facilities Grant (DFG) funding is already directed to upper tier authorities via the Better Care Fund (BCF), and aids the co-ordination of housing related investment across the 8 Authorities. Top-up funding being co-ordinated by the upper tier authority will further strengthen this leadership and co-ordinating role. Housing Related Support (HRS) services in Lincolnshire continue to benefit from £4m per year of investment from LCC since the Supporting People ring-fence was removed, with an additional £900,000 invested in supported accommodation services for 16-17 year olds and Care Leavers. The investment demonstrates the continued importance attributed by LCC to this work. This would be an excellent opportunity to be responsible for the effective, localised commissioning of outcomes focussed, value for money support housing services.
Q2: How should the funding model be designed to maximise the opportunities for local agencies to collaborate, encourage planning and commissioning across services boundaries, and ensure that different local commissioning bodies have fair access to funding? The introduction of a local housing 'commissioning hub' (or hubs) / 'information gateway' would ensure multi-agency collaboration and strategic overview of all planned and existing commissioned provision across Lincolnshire, maximising resources and reducing duplication. Possibly sited / hosted by the 'top-up funding' agency. This 'hub' would provide a consistent, data collation point providing robust analysis required in order to ensure funding resources are adequately matched to meet current and future supported housing need evidenced across a range of eligible/identified groups. Intelligence gathered will be closely linked to existing housing strategies and towards ensuring clear housing pathways exist in order for all housing options to be maximised for

the individual.

The use of the funding should be linked to local strategic aims for health, social care and community safety through, for example, Health and Wellbeing Boards; Corporate Parenting Panel; Transforming Care Partnership; Community Safety Partnership. This would help drive integration of housing support for more vulnerable people with the existing health and care integration systems. It is important the approach to these reforms promotes change in planning and commissioning arrangements, as well as in delivery.

In relation to the ring-fence/mechanism model, any annual settlement will be required to take account of increases in need, inflationary uplifts and avoid the administering of top ups at a time of dwindling resource, but when needs are likely to increase.

Note: The above will need further discussion, both between internal departments and through collaboration with District Councils (DCs), Clinical Commissioning Groups (CCGs), Criminal Justice services, in order to determine the model, who would host, resources etc.

Q3: How can we ensure that local allocation of funding by local authorities matches local need for supported housing across all groups?

To ensure appropriate funding, multi-agency commissioning intelligence, data and financial forecasting is collated and analysed across all client groups.

It is important any overarching funding 'ring fence' requires and supports the need to budget protect or retain a baseline figure for particular groups. Collation of information and data analysis through a local commissioning hub/information gateway model would include:

- How many people are currently in supported housing and what is this likely to be in the future;
- Is current supported housing meeting need now and into the future;
- Who accesses supported housing;
    - Is this model of accommodation best suited to their needs;
    - How long do they stay/what are the throughput/move-on rates;
    - What are the outcomes, i.e. what difference has supported housing made;
    - How is supported housing contributing to other local and national outcomes, for example take up of employment, reduction in access to emergency services.
- Localised and current rent charges and assimilation to LHA, financial forecasting i.e. any shortfall of which would in part equate to the amount of 'top-up' funding required.

The provision of supported housing for vulnerable people should also be viewed in the context of the whole market for available care and support services. For older people, supported extra care housing is an option amongst other services such as residential care. The calculation of the amount needed locally could be linked to the formula for calculating social care allocations through the BCF, whilst ensuring the needs of Young People and Care Leavers are taken into account.

Q4: Do you think other funding protections for vulnerable groups, beyond the ring-fence, are needed to provide fair access to funding for all client groups, including those without existing statutory duties (including for example the case for any new statutory provision)?

Yes.

It is important any overarching funding 'ring fence' requires and supports the need to budget protect or retain a baseline figure for particular groups. As local authority and other statutory health and care funding pressures continue, there is a need to ensure the 'ring-fence' protection does not allow for the dilution or removal of funding for any 'non-statutory' groups, for example the prioritising of statutory/social care needs over non-priority single homeless people and/or those with drug/alcohol issues requiring supported housing. This service provision is often the intervention that prevents some individuals from going on to access more expensive statutory or emergency services.

Any decision making processes in relation to the 'top-up' allocation should include the completion of an equality impact assessment to ensure all identified groups have fair and equal access to supported housing. Having a welfare system where rates are set nationally but a Local Housing Allowance (LHA) applied to supported housing may see some of the most vulnerable at a disadvantage and unable to access good quality supported housing in areas where the LHA is lower and therefore a greater 'top-up' is required.

Supported housing for people with learning disabilities and/or autism is a key towards ensuring individuals have choice and control in their lives. It supports the Transforming Care agenda as it provides an alternative to traditional models of housing such as residential care. It can do this through longer term tailored housing solutions and reassurance of housing stability. Alternatively, it can be a stepping stone to other forms of independent housing by enabling individuals to have increased confidence, social and living skills, but continues to be an option and safety net at times when greater support is needed towards achieving longer term sustainability.

Similarly, supported accommodation for 16-17 year olds and Care Leavers is an essential part of the County's Corporate Parenting role for (Looked After) Children and Young People. It supports them to avoid homelessness at times of family breakdown or when leaving care and helps them to maintain education and training opportunities, leading to a readiness for adult life and move-on to employment and independent living.

There should be funding protection in relation to fair access and local connection. Those who have experienced transient accommodation history outside of local boundaries due to, for example, experiencing domestic abuse, or being looked after children or care leavers, should not have access restricted linked to uncertainties around funding responsibilities or could be left street homeless whilst reconnection is sorted. Equally, local housing policies, including local connection, must be able to support move-on, where appropriate, to ensure continued individual progression towards independence through other housing options.

Clarifying expectations for local roles and responsibilities, including what planning, commissioning and partnership arrangements might be necessary locally

Q5: What expectations should there be for local roles and responsibilities? What planning, commissioning and partnership and monitoring arrangements might be necessary, both locally and nationally?

In the case of two tier authorities such as Lincolnshire, the existence of a housing strategy or strategies as a key document for and agreed by all interested stakeholders, including District Councils, CCG's, Social Care, the Justice System and service user delivery boards. The strategy will include working protocols between agencies and make clear all housing pathways and access arrangements for both professionals and service users and carers.

The introduction of a local housing 'commissioning hub'/'information gateway' to underpin a multi-agency collaborative approach and strategic overview of all planned and existing commissioned provision across Lincolnshire, maximising resources and reducing duplication.

This 'hub' would provide a consistent, data collation point providing robust analysis required in order to ensure funding resources are adequately matched to meet current and future supported housing need, evidenced across a range of eligible/identified groups.

Multi-agency monitoring information and commissioning intelligence, data and financial forecasting is collated and analysed across all client groups. Collation of information and data analysis through a local commissioning hub/information gateway model would include:

- How many people are currently in supported housing and what is this likely to be in the future;
- Is current supported housing meeting need now and into the future;
- Who accesses supported housing;
    - Is this model of accommodation best suited to their needs;
    - How long do they stay/what are the throughput/move-on rates;
    - What are the outcomes, i.e. what difference has supported housing made;
    - How is supported housing contributing to other local and national outcomes, for example take up of employment, reduction in access to emergency services.
- Localised and current rent charges and assimilation to LHA, financial forecasting i.e. any shortfall of which would in part equate to the amount of 'top-up' funding required.

This local information and monitoring intelligence should feed into a national data set in order to evidence performance nationally, ensuring fair and equal access to supported housing, localised trends and early indications of progress or shortfall of funding issues.

An existing mechanism for planning and commissioning co-ordination should be specified as having a lead role. A number of solutions are available, including Health and Wellbeing Boards, the Better Care Fund partnerships that already have the lead for Disabled Facility Grant funds and the Youth Housing Strategy Delivery Board. This will further ensure a joined up approach and that housing need is integral to all local plans.

There will need to be close monitoring of expenditure to ensure the top up fund is not exhausted part way through a year and providers no longer receive payments. At present, the district councils can continue to spend and reclaim the money back from Government.

Q6: For local authority respondents, what administrative impact and specific tasks might this new role involve for your local authority?

As the potential 'host' for any 'top-up' funding arrangements, collation of intelligence data and evidence of need, the successful delivery model required to introduce and administer these changes will create additional resource implications and therefore additional funding pressures. Individual agency and District Council processes would require the establishment of a multi-agency mechanism underpinned by appropriate IT function, particularly where integration of existing IT systems is not possible due to incompatible technology.

There would need to be a project plan and timetable in line with the Government's implementation date, with sufficient time to allow any procurement exercises, for example IT systems.

It is difficult to be more precise at this time until we know the full details of the funding allocation mechanism and the information/evidence required by Government in order to access appropriate funds. Clarity on national frameworks and the actual financial effect of these in each administrative area is essential as early as possible in the programme of implementation. However, some of the following will be required to be undertaken:

- Replication and/or improvement of existing mechanisms for planning supported housing development;
- Establish which organisations already receive funding, what this is for, how much and potential impact going forward; monitoring of exit strategies;
- Consider support required to service users;
- Manage applications for funding and decisions about funding awards;
- Make payments to providers;
- Monitoring arrangements to ensure required outcomes are being achieved;
- Ensuring acceptable services are being provided;
- Maximising value for money.

Confirming what further arrangements there should be to provide oversight and assurance for Government and taxpayers around ensuring value for money and quality outcomes focussed services

Q7: We welcome your views on what features the new model should include to provide greater oversight and assurance to tax payers that supported housing services are providing value for money, are of good quality and are delivering outcomes for individual tenants?

As described in previous answers, the introduction of a local housing 'commissioning hub' or hubs/'information gateway' that co-ordinates and collates all supported housing activity, looking to maximise resources and reduce duplication will provide assurance of appropriate and quality provision. Multi-agency commissioning functions carried out in terms of evaluation of current provision, consultation and involvement of those who use services will ensure provision remains of good quality and continues to meet local need. Lincolnshire County Council is an outcomes focused authority that requires services to make a real difference to people's lives.

In its simplest form, this multi-agency fund requires a multi-agency planning and commissioning mechanism to provide it with the right level of oversight. Current and available mechanisms exist such as the Health and Wellbeing Board, local Better Care Fund partnership or Youth Housing Strategy Delivery Board, with both having local democratic accountability through the upper tier local authorities' scrutiny processes.

Exploring the appropriate balance between local flexibility and provider certainty, including what other assurance can be provided beyond the ring-fence, for developers and investors to ensure a pipeline of supply

Q8: We are interested in your views on how to strike a balance between local flexibility and provider/developer certainty and simplicity. What features should the funding model have to provider greater certainty to providers and in particular, developers of new supply?

We recognise supported housing is an important provision that provides a tailored package of support towards maintaining and sustaining health and wellbeing for those 'at risk' and/or vulnerable individuals. Supported housing can be more expensive to provide. Individuals with complex or multiple needs require skilled and knowledgeable staff often with intensive periods of support and sometimes on a one to one basis. Housing management costs are, therefore, higher than general needs housing. Any funding model needs to take into account the costs involved in the delivery of good quality supported housing.

To support personalised and outcomes focussed services, the establishment of a clear and transparent local pricing framework and funding tool would help provide certainty to providers. This would help with business planning and future forecasting. Equally a local and strategic housing strategy will help providers to know and understand current and future demand.

A pricing framework/funding tool could be, for example and in simple terms, services are commissioned depending on the individual's assessed 'band of need'. This 'band of need' is aligned with the level of intervention an individual requires, which in turn relates to a price range. There would need to be incentives for progress and move-on where appropriate to ensure individuals do not necessarily remain in supported housing beyond its usefulness.

Service providers would need to have in place 'open book accounting' systems that can clearly evidence where funding is being spent, and be able to evidence the difference a service is making to individuals' lives.

The setting of a commissioning framework or market position statement, based on a set of firm financial allocations over time will ensure the appropriate strategic and financial clarity for providers to have confidence. It will also assure appropriate context is set with other key programmes of work.

There will need to be close monitoring of expenditure to ensure the top up fund is not exhausted part way through a year and providers no longer receive payments. At present, the district councils can continue to spend and reclaim the money back from Government.

If the entire budget is allocated up-front there will be no money for new services, unlike now where new services can apply for the intensive housing management support through Housing Benefit (HB) and will always be paid. There also needs to be some consideration in relation to aspects not covered by HB i.e. ineligibles such as communal service charges.

Some developers only build the accommodation, with a different organisation leasing the accommodation and providing the service. The developer needs confidence they will get a service provider, with the service provider needing the assurance that "supported accommodation" funding will be provided. They will probably need the assurance at planning stage and not when the building is complete.

Most providers won't want the risk of not having guaranteed funding. Funding, therefore, needs to be in advanced block payments and over an agreed term or providers could move away from providing supported accommodation.

Q9: Should there be a national statement of expectations or national commissioning framework within which local areas tailor their funding? How should this work with existing commissioning arrangements, for example across health and social care and how would we ensure it was followed?

Yes.

Having national expectations would ensure the 'ring fence' protection does not allow for the dilution, removal or diversion of funding elsewhere. A national statement of expectations should help to prevent a 'postcode lottery' of different arrangements in different areas and should be evidence-based on what works and existing good practice e.g. St. Basil's Positive Pathway.

Local information and monitoring intelligence should feed into a national data set in order to evidence performance nationally, ensuring fair and equal access to support housing, localised trends and early indications of progress or shortfall/funding issues.

How this would work and the assurance that it would be followed can be found in answers 2, 3, 5 and 7.

Q10: The Government wants a smooth transition to the new funding arrangement on 1st April 2019. What transitional arrangements might be helpful in supporting the transition to the new regime?

It would be helpful to have ‘pilot areas’ to undertake early adoption in order to identify and resolve any implementation issues, unintended consequences and lessons learnt to share with government and other areas. Transition funding would be required to ensure success and progress.

A local delivery model needs to be established and agreed as soon as possible with partners and stakeholder groups, following further guidance from Government as to the exact funding mechanism. Mapping of existing administrative and commissioning arrangements across Lincolnshire, project design and implementation plans should be initiated as soon as possible to enable key decisions to be made in relation to lead roles and fund ‘hosting’ arrangements.

Clarity on national frameworks and the actual financial effect of these in each administrative area is essential as early as possible in the programme of implementation. This will enable commissioners to try and align the new funding arrangements to existing commissioning plans.

Current services that didn't meet the new specification once set by Lincolnshire would need to be informed as early as possible to enable exit strategies to be drawn up and TUPE negotiations to begin. If the service was able to adapt to meet the new specification, transitional protection might be needed for a period of time.

If a scheme were to no longer receive funding, they would be at risk of closure which at worst could result in homelessness. Tenants might need to be assisted to move to alternative accommodation if they still required support, or the rents were no longer affordable. Some tenants might need to start contributing towards the rent and require

support to do so. Rent arrears would likely increase.

If providers are concerned they won't receive funding from 2019 they could soon start considering closing services.

Q11: Do you have any other views about how the local top-up model can be designed to ensure it works for tenants, commissioners, providers and developers?

Involvement and co-production with current service users and their families and carers is essential to success. The suggested funding model toolkit/framework described in the answer to Q8 should ensure service users are clear about the type of support they can expect, how this will meet outcomes and the cost in order to be able to make informed housing choices.

It is important that the provision of 'floating support' is recognised within the funding model. Someone, for example, through choice and control wishes to live in 'general needs' accommodation but requires floating 'housing support' in order to sustain their accommodation and maximise independence (and avoiding potentially more expensive options) should still have a funding 'top-up' applied.

Any funding model needs to be simple and transparent for all those with an interest in supported housing. Commissioners want to be sure through open book accounting they are getting value for money alongside quality provision, that makes a difference to people's lives and helps them to progress towards independence. Providers and developers want to be assured the costs of providing supported housing are fully understood by commissioners and that any funding is fair and sufficient to develop and sustain supported housing into the future. Equally, projects commissioned and provided by local authorities directly should be supported through the funding model to acknowledge the additional costs of supported accommodation services.

The local top-up model should enable housing providers to provide accommodation for people who get housing benefit as well as those not receiving housing benefit. This is particularly important for Extra Care Housing providers whose schemes are often made up of a mix of housing benefit claimants and those who fund their own care and accommodation – both groups would be charged the same level of rent. There may be a danger of providers needing to set up a two-tier cost structure to pay for the cost of the accommodation.

Local Housing Allowance amounts vary across each of the 7 districts in Lincolnshire, for example there is a £13 a week difference for one bedroom in one District compared to another. Top ups across districts may need to vary to avoid providers only providing accommodation in the higher paying areas. In areas where the LHA is low, the gap between the rent/service charges and the LHA may be too much for tenants to make up, resulting in evictions or clients on low incomes being declined accommodation.

Living in supported accommodation can be a barrier to obtaining employment because the rents are too high for working people. This needs to be overcome to enable service users to obtain employment and not have to leave the accommodation because it's no longer affordable. Some funds might need to be ring fenced to enable this to happen.

Developing options for workable funding model(s) for short term accommodation, including hostels and refuges

Q12: We welcome your views on how emergency and short term accommodation should be defined and how funding should be provided outside Universal Credit. How should funding be provided for tenants in these situations?

It is important people do not go into supported housing 'emergency' or 'short term' as a matter of course, when they could receive appropriate support within longer term housing solutions.

Emergency and Short Term could be defined as supported accommodation intended to provide shelter for a minimal term with minimal security of tenure i.e. licensee.

Emergency

Immediate access to accommodation and support - without the intervention of supported housing their safety, health and wellbeing is likely to deteriorate or they will be 'at risk' of serious harm or will require access to other emergency 'blue light' service provision. This provision is an intense 48 hour/7 day service to enable settlement/adjustment and assessment of need/multi agency collaboration solutions. Move-on options include 'short-term' supported accommodation, longer term support or general needs accommodation. This should not necessarily see the individual having to physically move, but a change to the 'band of need'.

Short Term

A definition of short term can vary widely according to the group/s identified within this consultation. It is distinctive from Extra Care and Community Supported Living Schemes which provide longer term housing solutions for as long as someone chooses to live there.

Robust support planning alongside person-centred outcomes would determine the length of stay. Arguably, once 'short term' outcomes identified have been met then there should be move-on planning away from provision. Incentives may need to be included to ensure progression and throughput, supporting transition into other forms of alternative/ appropriate accommodation. This could be incentivised using payment by results methods.

General

Services must receive the housing element direct in order to remain financially viable. Providers can't operate and employ staff if they aren't guaranteed the funding to pay the wages etc. Where someone moves into supported accommodation there should not be any delays in benefit claims being re-assessed.

Providers cannot wait 6 weeks for a claim to be assessed, or payments made direct to the client, because this would result in rent arrears in many cases and providers not having the finances to continue the service. Short term accommodation providers need to be protected in order to be financially viable.

Lincolnshire COUNTY COUNCIL
Working for a better future

Policy and Scrutiny

Open Report on behalf of Richard Wills, the Director responsible for Democratic Services	
Report to:	**Adults Scrutiny Committee**
Date:	**22 February 2017**
Subject:	**Lincolnshire Safeguarding Boards Scrutiny Sub-Group – Update**

Summary:

This report enables the Adults Scrutiny Committee to have an overview of the activities of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, in particular the Sub-Group's consideration of adult safeguarding matters. The draft minutes of the last meeting of the Scrutiny Sub-Group held on 11 January 2017 are attached.

Actions Required:

That the draft minutes of the meeting of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group, held on 11 January 2017 be noted.

1. Background

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

The last meeting of the Sub-Group were held on 11 January 2017 and the draft minutes are attached at Appendix A and Appendix B to this report. As the remit of the Adults Scrutiny Committee includes adult safeguarding, the Committee is requested to focus on those minutes from the Sub-Group, which are relevant to this remit.

2. Conclusion

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

3. Consultation

a) Policy Proofing Actions Required

This report does not require policy proofing.

4. Appendices

These are listed below and attached at the back of the report	
Appendix A	Minutes of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group held on 11 January 2017

5. Background Papers

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

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

Lincolnshire COUNTY COUNCIL
Working for a better future

LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB-GROUP
11 JANUARY 2017

PRESENT: COUNCILLOR C R OXBY (CHAIRMAN)

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

District Council: District Councillor M Exton.

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

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

20 APOLOGIES FOR ABSENCE

Apologies were received from Emile van der Zee (Parent Governor Representative).

21 DECLARATION OF MEMBERS' INTERESTS

Councillor S R Dodds declared an interest in Item 29 as her husband was a serving fire fighter for Humberside Fire and Rescue.

22 MINUTES OF THE MEETING HELD ON 28 SEPTEMBER 2016

RESOLVED

That the minutes of the Lincolnshire Safeguarding Boards Scrutiny Sub-Group meeting held on 11 January 2017 be approved and signed by the Chairman as a correct record.

LINCOLNSHIRE SAFEGUARDING CHILDREN BOARD BUSINESS

23 UPDATE ON THE WORK OF THE LSCB AND ITS SUB GROUP

The Sub Group considered a report which provided an update on the work being undertaken by the Lincolnshire Safeguarding Children Board (LSCB) and its sub groups.

During discussion, the following points were noted:

- A new sub-group covering education had been formed which had already had its first meeting where the PREVENT strategy had been discussed;
- Child Sexual Exploitation prevention continued to work well; and
- Work with the Department for Education was in the planning stages for the LSCB to work with central Government in shaping and designing the model and role of Children's Safeguarding Boards in the future. It was hoped this work would promote the Board as a leading model.

RESOLVED

That the report be noted.

24 SERIOUS CASE REVIEW

Consideration was given to a report which provided the Sub Group with an update on the work currently being undertaken by the LSCB on a Serious Case Review – SCR E.

The Serious Case Review had now been published and the LSCB officers had met with the family before publication. It was agreed that the case had presented a series of exceptional circumstances which, the Review had concluded, could not have been predicted or prevented.

The Sub Group discussed the circumstances of the case at great length.

RESOLVED

That the report be noted.

25 UPDATE ON THE NEW OFSTED INSPECTION FRAMEWORK

A report was considered which provided the Sub Group with an update on the recent inspection of the multi-agency response to Protecting Children from Domestic Abuse.

It was requested that gratitude to Jade Sullivan (LSCB Policy & Audit Officer) and Caroline Mogg (CSE Co-ordinator) be recorded for their help during the inspection. It had been a substantial amount of work for them to complete.

The inspection report was good and there were no obvious recommendations within it. Officers were in the process of teasing any helpful advice out of the text itself.

Following questions from Sub-Group members the following was confirmed:

- There was a discussion regarding the Police's involvement in protecting children from domestic abuse. The Police had a backlog of referrals concerning domestic abuse. This work and investigating other crimes meant there was less time for them to be on other duties. From a Child Sexual Exploitation perspective, the Police were working hard on investigations; and

- There were concerns that Ofsted had not undertaken enough research on referrals as the report stated schools were not familiar with the referrals process, however only one member of staff from one school had been asked. When schools were asked about referrals, following the report's publication, many knew well the purpose and process of referrals.

RESOLVED

That the report be noted.

26 LSCB POLICY AND AUDIT UPDATE

The Sub Group considered a report which provided an overview of the policy and audit development of the Lincolnshire Safeguarding Children Board.

It was reported that policies were constantly being reviewed and updated and different areas of LSCB work were frequently audited, the next area being mental health.

Concerns were raised regarding the number of briefings given to parents on technology and the risks it posed regarding child protection and safety. It was felt that too many briefings may lose their impact.

The Board had carried out a 'Moksted' inspection on its own case files to make sure its policies and procedures were watertight.

RESOLVED

That the report be noted.

27 IDENTIFICATION AND PREVENTION OF CHILD SEXUAL EXPLOITATION

Consideration was given to a report which provided an update on the work currently being undertaken by the LSCB in relation to the identification and prevention of Child Sexual Exploitation (CSE).

During consideration of the report, the following points were noted:

- Some young people were exposed to CSE as they had run away from home. This was felt to be a way for those young people to feel like they had asserted control over their lives;
- With boys in this situation, it was harder to identify if CSE had occurred. A more effective way of assessing this was needed;
- The LSCB had a CSE Sub-Group which was focussing on these issues along with a Task and Finish Group looking at risk assessments around perpetrators; and
- There had been three successful police prosecutions following CSE investigations which were detailed in the report.

Questions from the Sub Group members, confirmed the following:

- Successful prosecutions were prompting other victims to come forward and some of the cases had been committed by people with respectable positions within the community;
- There was discussion regarding *Kayleigh's Love Story,* a short film made to effectively communicate the risks of CSE to young people and parents, however it was felt the film was not truly representative of the majority of CSE cases. It was felt the film put the onus on the child to be careful and safe and no responsibility on the offender. This was not the message that the LSCB wished to send out to young people; and
- CSE tended to occur outside of the home most often with sexual abuse being more likely to occur in the home.

RESOLVED

That the report be noted.

LINCOLNSHIRE SAFEGUARDING ADULTS BOARD BUSINESS

28 KEY MESSAGES FROM LINCOLNSHIRE SAFEGUARDING ADULTS BOARD

Consideration was given to a report which updated the Sub Group on the key issues from the Lincolnshire Safeguarding Adults Board (LSAB), the last meeting of which was held on 12 December 2016.

There were several key messages from the Board which were summarised as follows:

- A half day development session for the Board members and key agency representatives had been held in November and the outcomes from it had been reported to the Board. They would also be fed into the work plan and the business plan. Development workshops had become a regular feature of the Board's work;
- A pilot project around a Peer Review Inspection for the Board was being organised between Lincolnshire and Leicestershire. So far it had highlighting that the relationship between independent chairs of boards within the region was not very strong. Following evaluation of the Peer Review pilot, it was possible it could be rolled out nationally;
- At a recent meeting of the Public Protection Board, the LSAB were asked to give a strategic overview around suicide prevention. A charter on suicide prevention had been developed which had been adopted by all agencies; and
- Having been asked to report to the Board on their findings in care providers in Lincolnshire, the CQC (Care Quality Commission) had reported that 71% presented as rated 'good' or above and 29% as 'requires improvement'. Although this followed a national pattern, it was noted that for Lincolnshire, its

result showed a dip in performance and the reason for this needed to be identified.

Following a question from a member of the Sub Group regarding the source of risk to vulnerable adults, which had been printed in the report as a pie chart, it was confirmed that the figures were subject to change and Officers were confident that once data from all agencies had been received, the figures would be accurate.

RESOLVED

That the report be noted.

29 SAFEGUARDING ADULTS REVIEWS

The Sub Group considered a report which provided an update on the current Safeguarding Adult Reviews currently going through the early information gathering process.

The following points were noted:

- TH19 (formerly Operation Dungeon) was slightly overrunning due to the impact the investigation was having on agencies. This was a large case involving multiple perpetrators with detailed information to be considered;
- The Long Leys Court In-patient Unit had been closed following a safeguarding issue and there were many lessons to be learnt from this case;
- The Dunston Fire case was a joint review with Domestic Abuse. The Review had been temporarily suspended owing to illness of the Independent Chair;
- HT was the result of a Significant Incident Notification Form and involved Lincolnshire Police, Humberside Police and EMAS regarding a lady who absconded from an accident and emergency department and later died; and
- GW, another result of a Significant Incident Notification Form, regarding a lady who had died of septicaemia as a result of an acute bedsore that had been allowed to develop whilst in a care home.

RESOLVED

That the report be noted.

JOINT BUSINESS

30 LINCOLNSHIRE SAFEGUARDING BOARDS SCRUTINY SUB GROUP WORK PROGRAMME

The Sub Group's programme of work for the coming months was discussed and agreed.

RESOLVED

That the report be noted.

The meeting closed at 3.55 p.m.

Lincolnshire COUNTY COUNCIL
Working for a better future

Policy and Scrutiny

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

Report to:	**Adults Scrutiny Committee**
Date:	**22 February 2017**
Subject:	**Adults Scrutiny Committee Work Programme**

Summary:

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

Actions Required:

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

(2) The Committee is invited to consider the outcomes of the Delayed Transfer of Care Working Group (Appendix D).

1. Background

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

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

Work Programme Definitions

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

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

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

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

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

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

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

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

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

2. Delayed Transfers of Care Working Group

The Delayed Transfers of Care Working Group met on 2 February 2017, and the outcomes from that meeting are recorded in Appendix D to this report. The Working Group concluded that the extent of any scrutiny review of delayed transfers of care could not be completed in the current Council term. As a result, the topic might be a matter for the Adult Care and Public Health Scrutiny Committee and/or the Health Scrutiny Committee for Lincolnshire to consider as a potential scrutiny review in the new Council term.

3. 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
Appendix D	Outcomes of the Delayed Transfers of Care Working Group – 2 February 2017

6. Background Papers

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

This report was written by Simon Evans, who can be contacted on 01522 553607 or by e-mail at simon.evans@lincolnshire.gov.uk

APPENDIX A

ADULTS SCRUTINY COMMITTEE

Chairman: Councillor Hugo Marfleet
Vice Chairman: Councillor Rosie Kirk

22 February 2017 – 10.00 am		
Item	**Contributor**	**Purpose**
Adult Care – Quarter 3 Performance Information	Emma Scarth, County Manager, Performance, Quality and Development	Performance Scrutiny
Lincolnshire Bid for Graduation	David Laws, Better Care Fund and Financial Special Projects Manager	Status Report
Provision of Homecare	Alina Hackney, Senior Strategic Commercial & Procurement Manager – People Services Commercial Team	Update Report
Government Proposals for the Future Funding of Supported Housing	Lisa Loy, Programme Manager (Housing for Independence)	Status Report
Minutes of the Safeguarding Scrutiny Sub Group Meeting – 11 January 2017	Catherine Wilman, Democratic Services Officer	Update Report

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

APPENDIX B

Adults Scrutiny Committee - Work Programme Tracker

Topics	2013					2014								2015								2016									
	12 June	24 July	27 Sept	30 Oct	27 Nov	24 Jan	26 Feb	9 Apr	2 May	4 June	30 Jul	1 Oct	26 Nov	23 Jan	25 Feb	1 Apr	27 May	8 July	9 Sept	28 Oct	9 Dec	22 Jan	24 Feb	6 Apr	25 May	29 June	7 Sept	19 Oct	30 Nov	11 Jan	22 Feb
Adult Care – Strategic Items			✓						✓																		✓				
Adult Care Local Account																					✓										
Adult Care Market Position Statement																				✓											
Advocacy Re-commissioning				✓																											
Autism Items		✓												✓																	
Better Care Fund Items														✓	✓				✓				✓							✓	
Care Bill / Care Act 2014 Items						✓					✓					✓				✓											
Care Quality Commission Items							✓	✓											✓					✓				✓			
Carers Strategy and Related Items			✓							✓			✓															✓			
Information Technology										✓																		✓			
Community Support / Home Care															✓						✓										
Contract Management																										✓					
Contributions Policy – Non-Residential Care																	✓			✓							✓				
Day Services Items							✓					✓										✓				✓	✓				
Deferred Payment Agreements																	✓														
Dementia Related Items						✓																									
Extra Care Housing											✓					✓															
Healthwatch Items									✓													✓									
Hospital Discharge Arrangements	✓																											✓			
Independent Living Team					✓																										
Integrated Community Equipment Services			✓									✓																			
Learning Disability Items									✓																				✓		
Lincolnshire Assessment and Reablement					✓												✓								✓	✓					
Mental Health Items													✓	✓																	
My Choice My Care Website				✓																											
Neighbourhood Teams																		✓													
Personalisation			✓								✓														✓						
Procedures Manual									✓																						
Quality Assurance Items			✓			✓																									
Residential Care Items												✓			✓											✓					
Safeguarding Adults						✓													✓				✓								
Seasonal Resilience																								✓							
Sensory Services																			✓										✓		
Staff Absence Management				✓																											
Wellbeing Service & Related Items		✓					✓			✓						✓				✓											
RECURRING STANDARD ITEMS																															
Adult Social Care Outcomes Framework	✓											✓																✓			
Budget Items	✓	✓		✓		✓				✓				✓			✓				✓	✓				✓	✓			✓	
Quarterly Performance	✓		✓		✓		✓		✓		✓	✓	✓			✓		✓	✓		✓		✓		✓		✓		✓		
Safeguarding Sub Group Minutes	✓		✓		✓		✓					✓	✓		✓		✓		✓		✓				✓				✓		

APPENDIX C

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

MATTER AND DATE FOR DECISION AND	REPORT TYPE	DECISION MAKER	PEOPLE/ GROUPS CONSULTED PRIOR TO DECISION	HOW AND WHEN TO COMMENT PRIOR TO THE DECISION BEING TAKEN	DIVISIONS AFFECTED
Better Care Fund Narrative Plan 2017/18 - 2018/19 (7 March 2017)	Open	Executive	Adults Scrutiny Committee	Better Care Fund and Financial Special Projects Manager Tel: 01522 554091 Email: david.laws@lincolnshire.gov.uk	All

OUTCOMES OF THE DELAYED TRANSFERS OF CARE WORKING GROUP

2 FEBRUARY 2017

Present: Councillor Mrs Christine Talbot (Chairman), Councillors Sarah Dodds, Jackie Kirk (Lincoln City), Rosie Kirk, Steve Palmer, Mrs Judy Renshaw, Hugo Marfleet and Mark Whittington

Apologies for Absence: Councillor Mrs Sue Wray.

Information Considered

The Working Group considered:

- the national definition of delayed transfers of care;
- the primary source of statistics on delayed transfers of care;
- how the national statistics on delayed transfers of care are used and reported, both within the County Council, and externally at NHS provider trust boards and clinical commissioning group governing bodies.

Conclusion

The Working Group concluded with a recommendation that a detailed review should be undertaken in the new County Council term. In the short term, the outcomes of the meeting would be reported to the Adults Scrutiny Committee and the Health Scrutiny Committee for Lincolnshire. The Working Group made the following suggestions for the framework of the review, which are set out in the table below:

Scope	To consider delayed transfers of care, which affect Lincolnshire patients.
Information to be considered	• Detailed guidance on the definitions of delayed transfers • Any guidance from national organisations such as NHS England, NHS Improvement and NICE. • Local strategy and policy documents, such as provider strategies • Detailed data on delayed transfers of care, possibly focusing on a selection of the months. • Case studies of individual patients • The assessment process for patients
Organisations to be interviewed	• Provider Trusts, including United Lincolnshire Hospitals NHS Trust • Adult Care, Lincolnshire County Council • Clinical Commissioning Groups • Residential and Nursing Care Homes (possibly via a representative organisation) • Lincolnshire Independent Living Partnership • LACE Housing

	• Lincolnshire Home Improvement Agency • Healthwatch Lincolnshire • A selection of front line staff at the above
Potential Visits	A selection of the hospitals and residential and nursing care homes.
Recommendations	Recommendations should be submitted to the organisations with responsibility for services

Other Comments Made by the Working Group

- Communications between health and care professionals and family members are important.
- Delayed discharges are part of the 'whole system' – many admissions to acute hospitals are not necessary, if the appropriate community or primary care services were available. If 'unnecessary' admissions were reduced, the pressure on delayed transfers of care could in turn reduce.
- Some delayed discharges can be weeks rather than days in length.
- The discharge pathways can be varied and can include palliative care, in addition to residential and nursing care homes; and care at home.
- Acute hospitals outside Lincolnshire, such as Peterborough City Hospital and Diana Princess of Wales Hospital Grimsby, cannot be overlooked, as many Lincolnshire residents use these hospitals.
- Some purpose-built facilities, which would aid discharge, are no longer available.
- The number of delayed transfers of care in Lincolnshire is smaller than the regional and national averages, but this should not be used as an argument against a review of delayed transfers of care.
- The introduction of the nursing associate role in Lincolnshire could attract staff from the residential care home sector, as well as be attractive to health care assistants. The rationale for an element of nursing staff to be highly-qualified, with degree-level training, is accepted. The former roles of State Enrolled Nurse and State Registered Nurse had offered a varied workforce, and opportunities for those not seeking a degree.
- There is a link to the Quality Accounts of NHS provider trusts.
- Delayed transfers of care are not limited to frail elderly people, but can also apply to other age groups.
- There should be an evaluation of "Think Home First", which has been developed in partnership between Adult Care and United Lincolnshire Hospitals NHS Trust.
- The benefits available to patients and their families were important, but extending the review to this area would be key.
- As many as 80% of discharges from hospital are simple.

Other Actions

Councillor Jackie Kirk agreed to look into attendance at a King's Fund Conference: *Better Transfers of Care for Older People*, which was taking place on 21 February 2017.