

Lincolnshire County Council Adult Care Local Account 2014-15

Appendix A

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We know that some of the words used in this document may need to be explained. These words are printed differently (*like this*) and are explained in the glossary at the end of the document. If you are reading the document electronically, the glossary can be accessed by clicking on the word for which you wish to obtain further information.

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Foreword

We are pleased to present Lincolnshire County Council's *Adult Care* Local Account for 2014-15, which gives details of how Adult Care has helped Lincolnshire residents with care and support.

The Local Account reports our achievements in the last year and our plans for the future.

We are proud of our achievements in the last year but we still have a lot to do to ensure the people of Lincolnshire get the support they need. Pressure on the care system is increasing, and providing adequate Adult Care poses a significant challenge. The need for care is rising but there are reductions in funding from central government so our services have to be managed with reduced resources.

Lincolnshire County Council has prioritised Adult Care and sought to protect services for adults at risk as much as possible. This means additional funding for commissioned services has been secured, although the council recognises the levels of funding available are not ideal.

The council will continue to prioritise quality and *safeguarding* and encourage providers to improve consistency and supply of service. We will also continue to find ever more creative ways of improving services and relationships with other commissioners (such as the *NHS*) and providers.

We hope you find the Local Account useful and interesting and we encourage you to provide us with comments and feedback.



Cllr Mrs Patricia Bradwell

Deputy Leader of Lincolnshire County Council,
Executive Councillor for Adult Care and Health
Services, Children's Services



Glen Garrod

Director of Adult Social Services

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Introduction

The Local Account was introduced by the Government to let local residents know about the successes, challenges and priorities within their local *Adult Care* service.

It is an important part of Lincolnshire County Council's commitment to be transparent with the people of Lincolnshire, and details how Adult Care has performed over the last 12 months, demonstrating how our services are meeting the needs of our customers.

It explains what Adult Care does for people who live in Lincolnshire. It tells you:

- What adult care is, what we do, and who we do this for
- How much we spend on adult care
- How many people we help
- How well we are doing compared to other councils
- What service users and their *carers* have told us about our services
- How we are changing the way we work
- About the services we are developing
- How we are helping carers
- How we make sure that people are safe
- What we need to do next
- Who we work with to develop our services



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Key facts



17,829 people received a service from us

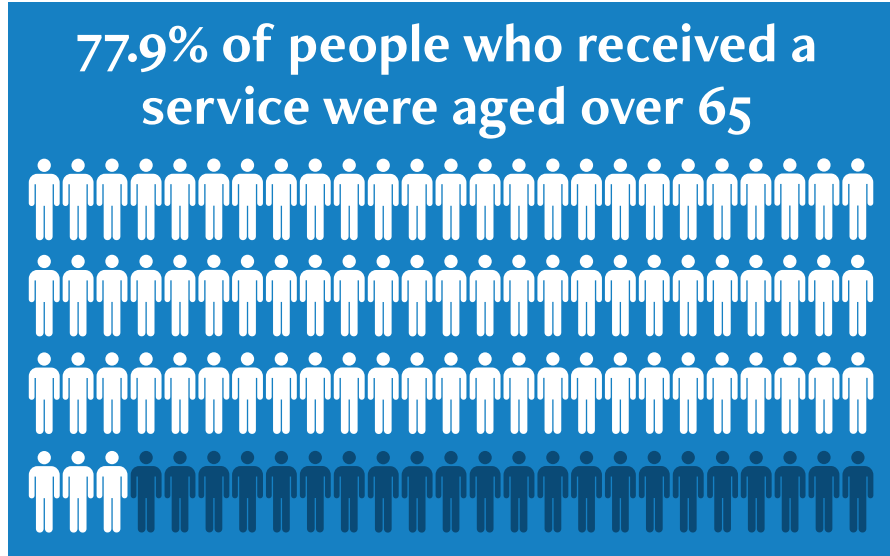
8,654 people received equipment



81% of people received a service for help with physical support

6,043 people using Telecare

44% of Adult Care's spending went on older people services



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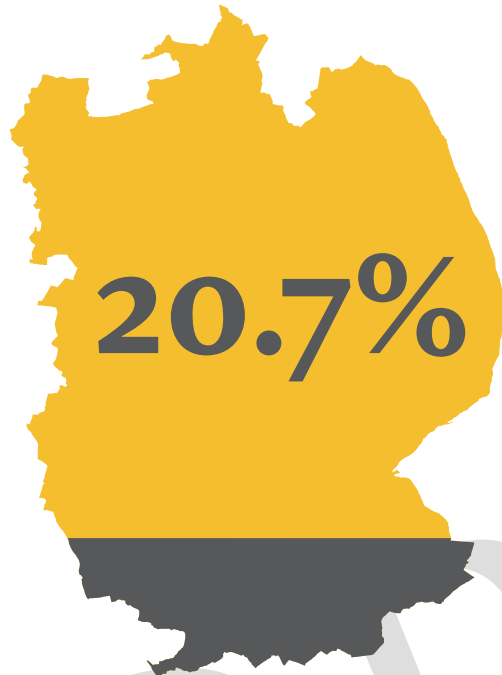
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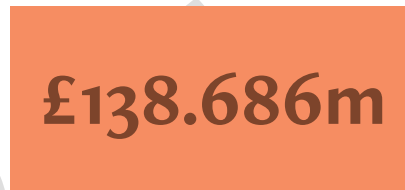
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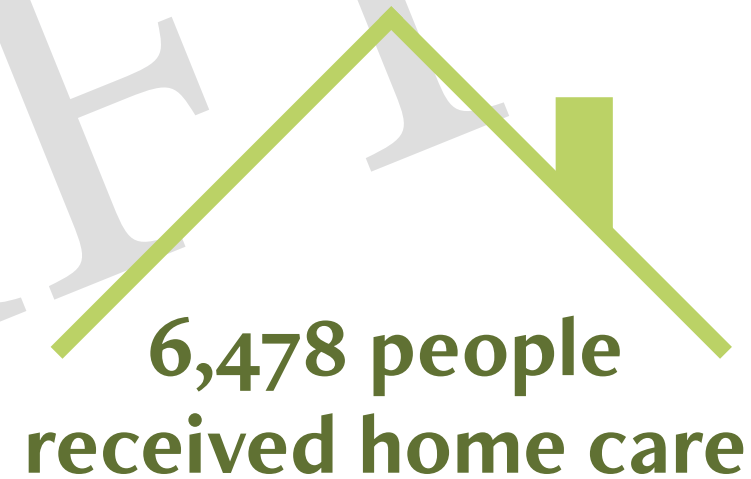
of the population is aged over 65 years



of people seen by reablement went on to live independently with no on-going services



was spent on Adult Care



80.3% of people who use our services say they have control over their daily lives

68.9% of carers in Lincolnshire are supported by the Carers Service Team or one of the Trusted Assessor for Carers

93.6% of people who use services say that those services have made them feel safe and secure

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Equality and diversity

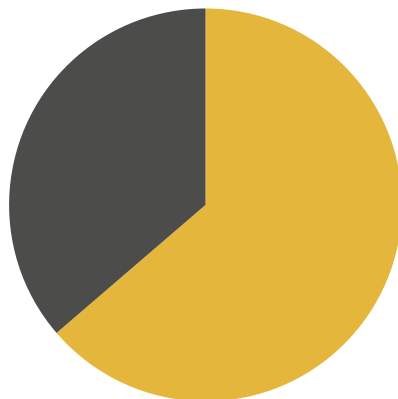
In Lincolnshire *Adult Care* works to ensure that our care services meet the assessed needs of people and that services work within the *Equality Act 2010*. We aim to make care as inclusive as possible for all people, including those who fall under the *protected characteristics*, of age, *disability, sex, gender re-assignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, and sexual orientation*.

We are able to provide information to people in alternative formats depending on their needs.

The following is the demographic information for people who use Adult Care services in Lincolnshire.

Service users by gender

Female	11357
Male	6472
Total	17829



Service users by ethnicity

White	17625
Mixed and multiple ethnic groups	33
Asian and Asian British	36
Black, African, Caribbean, and Black British	29
Other ethnic group	25
No information	81
Total	17829

Service users primary support reason

Learning disability support	1825
Mental health support	634
Physical support	14435
Sensory support	122
Social support	550
Support with memory and cognition	263
Total	17829

There are 713,653 people living in Lincolnshire. 20.7% of the population is aged over 65 years.

77.9% of people who received a service were aged over 65 years.

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What is Adult Care?

Adult Care provides help and support to adults in Lincolnshire when they need it. This includes older people, people with *learning disabilities*, people with physical *disabilities*, people with *mental health* problems, and *carers*. We are responsible for ensuring the most vulnerable adults in our community, and their family/informal carers, are kept safe and provided with support to meet their needs. The resources we have, including people and money, are directed to achieving this.

Some of the things we do:

- Provide information, help and advice over the telephone, through the internet, and in person.
- Undertake *assessment of needs*, support planning, co-ordination, and review.
- Help people who are leaving hospital and who have social care needs to get the right information, advice, and help.
- Provide short term help and support to enable people to feel they can cope again.
- Provide longer term help and support.
- Help people to think about the type of support they need.
- Assist people in creating a plan to make sure the right care and support is in place for as long as it is needed.
- Protect adults at risk of abuse.
- Provide support for carers.
- Provide *personal budgets*, including *direct payments*.
- *Commission* services such as: home care, respite care, short breaks, sensory impairment services, residential and *nursing care*, and *community meals*.
- Assess for *adaptations* to the home environment.
- Commission and provide day opportunities.



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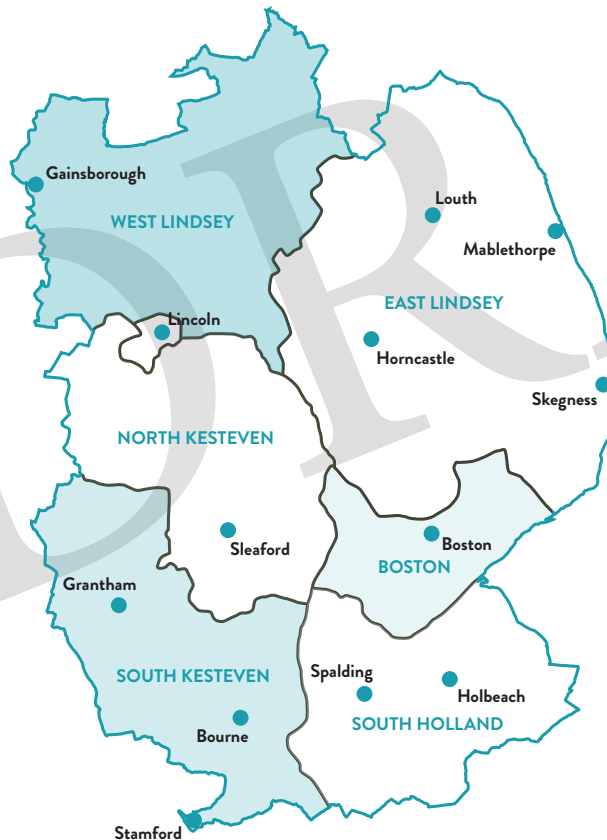
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Who we provide Adult Care for

Lincolnshire is in the East Midlands region. It is a *two-tier authority* area with Lincolnshire County Council and seven district councils: Boston Borough, City of Lincoln, East Lindsey, North Kesteven, South Holland, South Kesteven, and West Lindsey.

According to the 2011 *census*, Lincolnshire's population stood at 713,653 people and is expected to increase between 2011 and 2031 by 116,000. It is projected that by 2033, 31% of the county's population will be aged 65 or over.



Change over 25 years for selected age groups in Lincolnshire:

	0 - 15	16 - 64	65 - 74	75+
2011	121,878	443,924	80,273	67,578
2037*	133,700	443,000	115,400	139,000
Change	+10%	0%	+44%	+105%

*2037 data based on figures from Joint Strategic Needs Assessment (JSNA)

Based on the 2011 census, there are 713,653 people in Lincolnshire with 20.7% (147,851) aged over 65 years.

District	Total population
Boston	64,637
East Lindsey	136,401
Lincoln	93,541
North Kesteven	107,766
South Holland	88,270
South Kesteven	133,788
West Lindsey	89,250



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During 2014/15, 17,829 people received a service from *Adult Care*. The services included: *residential care*, personal care at home, and day care. We aimed to offer the majority of services to people living in their own home in order to help them maintain their independence.

32,267 new requests for support were received

As a result of these requests, the following outcomes were achieved:

eg: Service provided
Signposting for information and advice
Preventative measures

Where services were provided, these were provided in the form of:

Long Term Support:

X people received permanent residential or nursing care.

Y people received a personal budget of which X received commissioned services (ie arranged by the council) and X received a direct payment.

Short Term Support:

X people received equipment and Telecare

X people were admitted for temporary residential or nursing care

X people received other short term services (professional support.

Service user's primary support reason

		Age 18-64	Age 65+
Learning disability support	1825		
Mental health support	634		
Physical support	14435		
Sensory support	122		
Social support	550		
Support with memory and cognition	263		
Total	17829		



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What we spent in 2014-15

Adult Care spent £138.68m in 2014-15. The information on this page shows how the money was spent and the number of service users this relates to.

The Council delivered an underspend of £1.1m against its 2014-15 budget. In addition, £7.9m *efficiency savings* were made from the Adult Care budget.

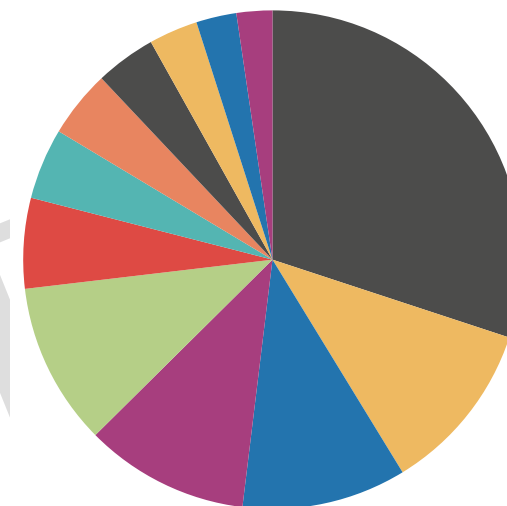
Projects that contributed to the savings in 2014-15 included:

- savings due to the outsourcing of the *Lincolnshire Assessment and Reablement Service (LARS)*
- diversion from long term *residential care*
- continued savings due to the *decommissioning* of a localised in-house night care service
- reductions in business mileage
- savings from the review of the in-house *day opportunities* service
- a review of existing contracts
- planned reduction in the *Section 75* contract for the provision of *mental health* services

Older people services	61.549	44%
Physical disability services	12.265	9%
Learning disability services	39.964	29%
Mental health services	5.636	4%
In-house services	3.273	2%
Staffing and management costs	13.332	10%
Carers	2.667	2%
	138.686*	

* net of income

2014-15 Lincolnshire County Council actual spend



Service	£M	%
Adult Care	138.686	30.06
Children's Social Care	51.697	11.20
Education Services (Excl' Schools)	49.204	10.66
Highways and Transportation	49.145	10.65
Other Budgets	48.693	10.55
Environment Planning & Customer Services	27.07	5.87
Fire and Rescue	21.264	4.61
Performance and Governance	20.135	4.36
Community Safety	18.097	3.92
Finance and Resources	14.654	3.18
Economy and Culture	12.054	2.61
Public Health (inc' Grant)	10.707	2.32
Total	461.406	100.00

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What we plan to spend in 2015-16

A major challenge faced by Lincolnshire County Council is managing resources so we can continue to provide services to the most vulnerable adults who have a high level of need.

Every year the council reviews its spending on services and agrees budgets for each service for the following year.

The council continually reviews all provided services enabling opportunities to make *efficiencies* and to maximise income. Proposals are published as part of the overall budget consultation process.

The Adult Care budget accounts for 31% of Lincolnshire County Council's budget for 2015-16. The total Council budget is £454m.

The Council anticipates a balanced budget for Adult Care in 2015-16 and is projected to make an additional £3.4m saving in 2015-16.

The Council budget for 2015-16, along with other budget and spending information is available at: www.lincolnshire.gov.uk/local-democracy/how-the-council-works/finances/budgets-and-financial-strategy

The Council publishes full audited accounts each year. The 2014-15 accounts can be found at: www.lincolnshire.gov.uk/local-democracy/how-the-council-works/finances/statement-of-accounts



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Better Care Funding

The £3.8bn Better Care Fund was announced by the Government in June 2013 to ensure changes in integrated health and social care, and covers the *NHS* and local government. It creates a local, single, *pooled budget* to encourage the NHS and local government to work more closely together, making people's *wellbeing* the focus of health and care services.

In Lincolnshire, the value of the Better Care Fund in 2014-15 was £15.4m. In 2015-16 allocation from the Better Care fund to Lincolnshire is £53.3m. Lincolnshire has pooled addition funding to reach the value of £197.3m. This incorporates an allocation of £2m to help underwrite the costs of implementing the Care Act from 2015.

The Better Care Fund also includes a capital element of £4.9m for Information Technology investment (to support Care Act implementation) and *Disabled Facilities Grant (DFG)* funding to be transferred to District/City Councils.

The value of the DFG element is £2.95m. It is important to note that the majority of Better Care Fund funding in 2015-16 is from existing spend in health and social care and as such is not new money.



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Direct payments and personal budgets

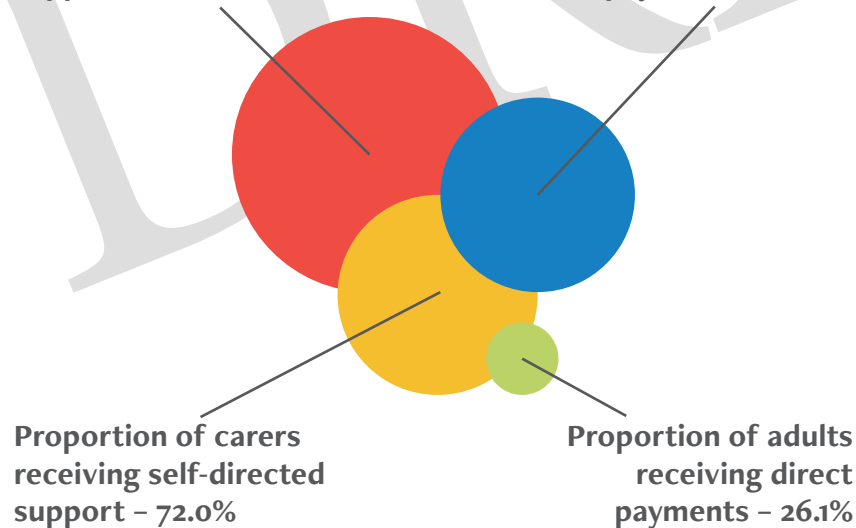
Adult Care continues to support users of its services through the provision of *direct payments* and *personal budgets*.

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

Direct payments are cash payments made to people who request one to meet some, or all, of their unmet eligible care and support needs.

Proportion of adults receiving self-directed support – 99.0%

Proportion of carers receiving direct payments – 70.0%



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Adult frailty and long term conditions

Adult Care aims to ensure that people receive appropriate care and support which helps them to feel safe and live as independently as possible.

The following are some key developments achieved in 2014/15:

- Three year residential care rates agreement.
- New contracts agreed for homecare.
- New contract agreed for the provision of equipment.

Reablement and rehabilitation

Reablement and rehabilitation services help to maximise *independence* and support people going into and leaving hospital.

People can receive reablement services in a care home, an intermediate care bed or they can be provided in a person's own home, usually for a maximum of six weeks.

The Independent Living Team

Adult Care joined with *Lincolnshire Community Health Service (LCHS)* and *Lincolnshire Partnership NHS Foundation Trust (LPFT)* to form the Independent Living Team (ILT).

The ILT provides short-term support, to help people remain in their own home safely, for example during a period of illness, or after a stay in hospital. The aim is to help with a faster recovery from illness, to prevent an unnecessary hospital admission, to prevent admission to long-term care, and to support people and their families on discharge from hospital.

55% of people seen by reablement went on to live independently with no on-going services.

Supporting discharges from hospital

Adult Care works closely with health colleagues to ensure people leave hospital on time, thus reducing the *Delayed Transfer of Care (DTOC)*. Delays sometimes occur due to a *community care* package not being ready, or they could simply be as a result of a patient's choice.

Reducing delays in leaving hospital has shown to have a better impact on a person's health and independence in the community.

Delayed transfers of care from hospital, per 100,000 population – 11.9. This is lower than our *CIPFA* group average of 13.3 which placed us in the second *quartile*.

Delayed transfers of care from hospital which are attributable to Adult Care, per 100,000 population – 1.6. Within our *CIPFA* group we ranked 2nd and were in the top quartile. We also performed well compared to the England average of 3.7.

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Learning disability services – employment

We know that people with *learning disabilities* are more likely to be excluded from the workplace than any other group of *disabled* people.

The possible reasons for this are:

- the lack of support available for people to identify suitable job opportunities and to make successful applications
- lack of work readiness
- communication difficulties or poor communications skills
- lack of understanding/willingness on the part of some employers to make adjustments that could support people in employment
- fear of losing benefits

The most recent data available suggests that around 3.7% of adults with learning disabilities of working age were in paid employment during the period 2014-15. This compares with around 6.0% nationally.

What next?

One of our priorities is to increase the number of adults with learning disabilities in employment and to ensure they have the opportunity to access good quality paid work in the same way as the rest of the adult population.



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Learning disability services – annual health checks

People with *learning disabilities* have a shorter life expectancy than the rest of the population. According to MENCAP, people with learning disabilities are more likely to:

- die from respiratory disease
- be at high risk of developing coronary heart disease
- have higher rates of gastrointestinal cancer and stomach disorders.

The most recent Lincolnshire Health Needs Assessment for Adults with Learning Disabilities suggests that life expectancy reduces as the severity of the learning disability increases, as follows:

Severity of learning disability	Life expectancy
Mild	74
Moderate	67.6
Severe	58.6

People with learning disabilities tend to experience poorer health than the general population and many of the reasons for this are avoidable. Evidence has revealed that *annual health checks* undertaken in GP practices are an effective way of detecting unidentified and unmet health needs and lead to targeted actions to meet them.

According to the most recent reports available, health checks had been accessed by only 30-35% of those known to health and social care services during 2013-14, with 75% of the GP practices in the county having signed up to provide this service.

What next?

One of our priorities is to improve the health and *wellbeing* of adults with learning disabilities. Over the past year we have been working with our colleagues in the *NHS* to ensure that *Adult Care* service users are registered with a GP and are invited to a free annual health check. This will aim to identify problems as early as possible, and ensure that people receive treatment in a timely manner.

More information about health issues relating to adults with learning disabilities can be found at: www.research-lincs.org.uk/jsna-Learning-Disabilities.asp

“Thank you for all your hard work. I can well imagine the colossal amount of work and processes that have to be completed in a short time. I hope you can comprehend the amount of gratitude we have for all the support you and your team have given to expediting this move with as little hassle and upset as possible.”

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Developing an autism strategy

In 2010, the government released a national *autism* strategy for adults called Fulfilling and Rewarding Lives. A refresh of this strategy, Think Autism, was published in April 2014. In response to this, Lincolnshire County Council agreed to work alongside the four Lincolnshire *Clinical Commissioning Groups (CCGs)* and the Lincolnshire Autism Partnership to develop an all-age autism strategy for Lincolnshire.

A decision was made to produce an all-age autism strategy for Lincolnshire. This was a unique and innovative decision, as other local authorities across England have implemented adults-only autism strategies in line with the national strategy. In Lincolnshire we heard from services users that an all-age autism strategy would provide a more seamless service to people with autism throughout all stages of their life.

An engagement process with key *stakeholders* was undertaken during Spring/Summer 2014 to help inform the development of the strategy.

A draft strategy was produced and formal public consultation took place during Autumn 2014. This was to ensure that the views and opinions that were gathered during the engagement activity had been correctly interpreted and included within the strategy document. Key stakeholders from health and social care authorities were also directly consulted to make sure there was agreement to implement the improvements detailed in the strategy.

The All-Age Autism Strategy for Lincolnshire 2015-2018 was formally approved by Lincolnshire County Council's *Executive* on 3 February 2015. A formal launch of the strategy was held on 2 April 2015 to coincide with World Autism Awareness Day.

The strategy will be reviewed on an annual basis to make sure that actions remain appropriate and are being delivered.

You can view the All-Age Autism Strategy for Lincolnshire 2015-2018, along with other accompanying documents at: www.lincolnshire.gov.uk/residents/adult-social-care/strategies/all-ages-autism-strategy



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Advocacy

Independent *advocacy* is about supporting people to make their views about the care and support they receive heard and understood. It is a vital *safeguard* for people who may feel powerless in the face of professional opinion.

Since 2010, advocacy services in Lincolnshire have been delivered by Voiceability, a prominent national provider operating as Total Voice Lincolnshire. Total Voice offers a single point of access for all enquiries and provides support for users of services who have a legal entitlement to advocacy.

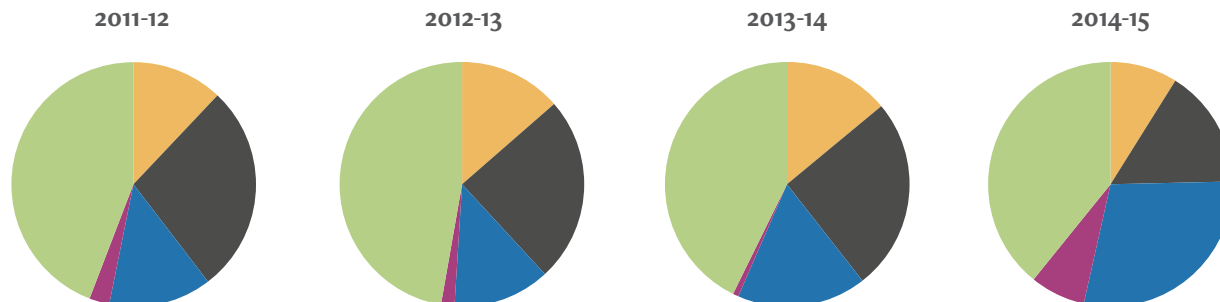
Overall referrals have risen by 91%; from 788 in 2011-12 to 1510 in 2014-15, with notable increases in Deprivation of Liberty (DoLS) cases, Relevant Person Representative referrals following the widening of the DoLS criteria in March 2014, and social care advocacy.

What next:

From 1st July 2015, a new partnership of Age UK Lincoln, Barnardos and the Lincolnshire Advice Network, led by Voiceability, is to further develop the Total Voice model by bringing together specialist advocacy for adults, children and young people into one service.

“Many thanks for the very quick speedy help for the aid that was requested which arrived today (shower chair, bed rail, toilet frame and perching stool). This has made me a happy lady.”

	2011-12	2012-13	2013-14	2014-15
Information and signposting	95	130	149	134
Independent Mental Health Advocacy	217	235	271	238
Mental Capacity and Deprivation of Liberty	107	123	182	436
Relevant Person’s Representative	21	17	8	110
Professional Advocacy	348	452	455	592
Total	788	957	1065	1510



What are our services and how have they developed?

- a. Direct payments and personal budgets
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- d. Learning disability services – annual health checks
- e. Developing an Autism strategy
- f. Advocacy
- g. **Carers**
- h. Transitions
- i. Dementia
- j. Prevention and wellbeing
- k. Sensory impairment

How are we keeping people safe?

Carers

During 2014 after engaging with [carers](#) in Lincolnshire, the Joint Carers Strategy 2014-18 was produced and published. Lincolnshire County Council will continue to engage with carers to ensure their views are sought and continue working with other organisations on the key priorities.

We expect that the Care Act 2014, which brings together carers' rights to an assessment and sets national [eligibility criteria](#) for support, will result in an increase in the number of carers seeking an assessment and support in the form of a service. We are therefore working to ensure current services will be able to meet future demand and be compliant with the Care Act.

Carers are currently supported by the Care & Wellbeing Hub located in the Customer Service Centre, or by one of the Trusted Assessors for Carers based around the County, the majority of which are offered support to meet their particular needs as a carer.

We know that carers also want reassurance that the person or people they care for are looked after should something happen to them. Therefore some carers have a [Carers Emergency Response Service \(CERS\) plan](#) in place, which can be activated at any time, day or night.

79,262 carers in Lincolnshire

68.9% supported by Carers Service Team or one of the Trusted Assessors for Carers

Case Study

June cares for her 19 year old daughter Sarah who has learning disabilities. The Lincolnshire Carers Support Service was recommended to June by a friend. A carer support worker called June and explained about the Carers Support Service and made an appointment for a carer's assessment. To prepare June for the assessment, the support worker asked June to think about her caring role, what was working and what wasn't working. It was explained that the assessment is not a judgment on how well she cared for her daughter but what support June required to help her continue her caring role.

During the carers assessment June was asked questions about herself, her daughter, and her caring role. From the assessment the carers support worker was able to give June lots of information and advice regarding benefits, support groups, carers newsletter, and services available for Sarah to assist her to live independently. A referral was made for a social worker to see Sarah and June to discuss how Sarah's needs could be met. The carer support worker also explained to June that she was able to contact the support service at any time she required support.

June was extremely pleased she had a carer's assessment; the information and advice they received has been a huge benefit to her and her family's lives.

What next?

The contracts for carers support services will expire in May 2016. Procurement of the Carers Support Service will commence in Autumn 2015. A provider will be appointed to give carers improved consistency in their support service.

What are our services and how have they developed?

- a. Direct payments and personal budgets
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How are we keeping people safe?

Transitions into adulthood

With the introduction of the Care Act 2014 and the *Children and Families Act 2014*, there are changes that will affect the lives of young people with special educational needs, young people with *disabilities* and their families. These changes will impact on the range and quality of support available to these young people as they prepare for adulthood.

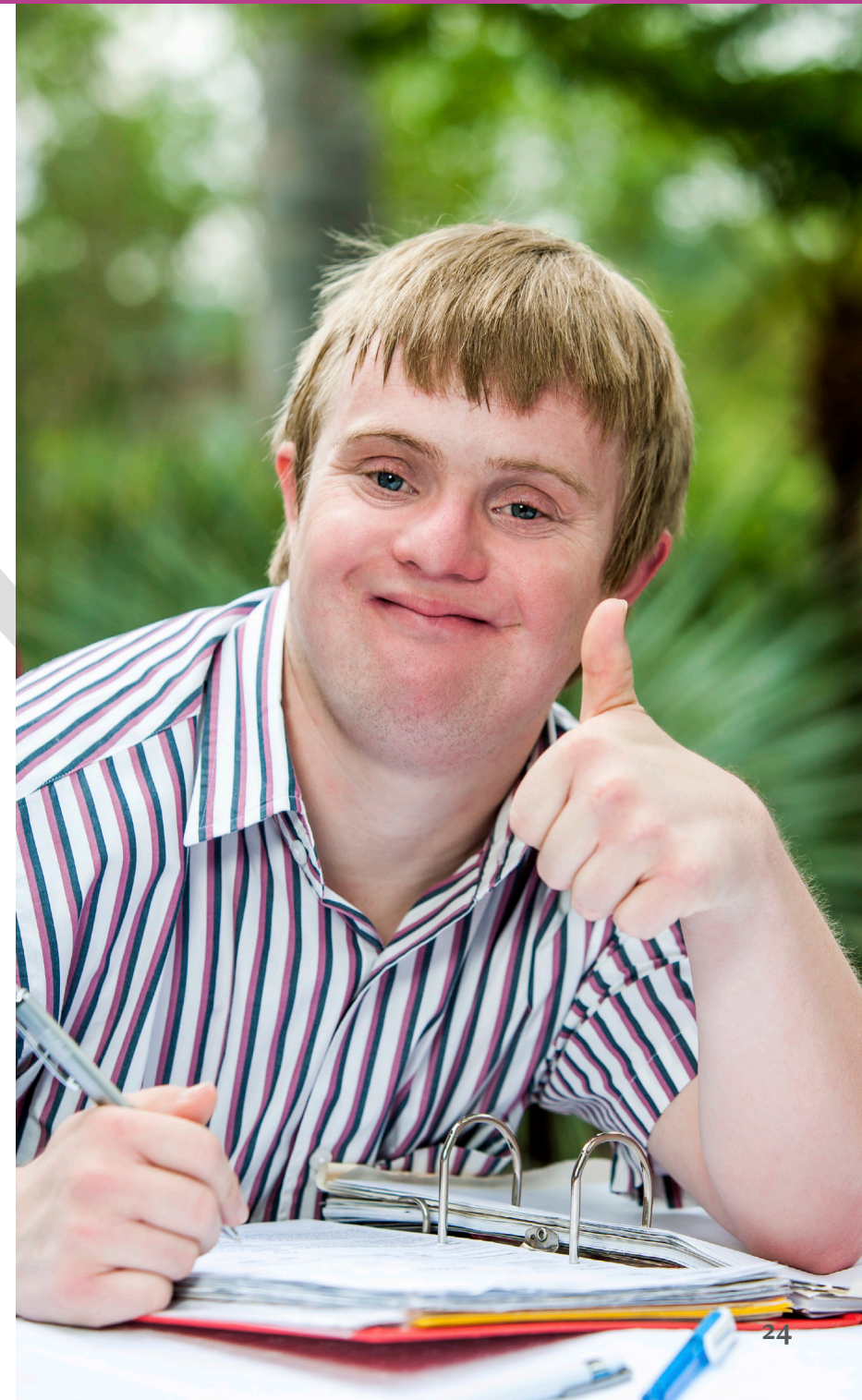
Assessments can provide solutions that do not necessarily involve the provision of services. They can also aid planning, preventing, reducing or delaying the development of needs for care and support. *Adult Care's* Intake Team and Children's Services work in partnership to help young people who are likely to have support needs once they turn 18.

A young person, or someone acting on their behalf, can request an assessment.

Young people receiving support from Children's Services are likely to continue to have support needs once they reach adulthood. These young people should receive a transitions assessment and should be informed about what to expect when they become an adult.

In 2014-15, 51 Transition assessments were completed which related to 44 people

179 children and young people (14-24) received services jointly from Adult's and Children's services in 2014-15



What are our services and how have they developed?

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How are we keeping people safe?

Dementia

Following the publication in May 2014 of the Lincolnshire Joint Strategy for Dementia 2014-2017, Lincolnshire County Council has continued to work with its partners to achieve the vision set out in the document. We have developed and improved support available to people with *dementia*, their families and *carers*.

We have done this in the following ways:

- Funding a Dementia Family Support Service (DFSS) to better serve carers and people with dementia following diagnosis.

When the new service starts in October 2015, following the award of a contract to a suitable service provider, families will have access to a support worker who will give information, guidance and practical assistance on a consistent basis to help avoid unnecessary crises. The DFSS will work closely with GPs and clinics to make sure good support is offered to people as soon as they need it following a diagnosis.

- A Dementia Support Network (DSN) is planned to be started in April 2015. Lincolnshire County Council and Lincolnshire CCGs have created a fund to support organisations and groups providing new and imaginative activities to help make life better for people with dementia and their carers.
- Promoting the concept of the dementia-friendly community. The Dementia Action Alliance (DAA) is a national initiative, sponsored by the Department of Health and Alzheimer's Society, made up of over 1,400 organisations committed to transforming the quality of life of people living with dementia in England.

Lincolnshire County Council, as a member of the DAA, has been actively involved in existing branches in Lincoln and South Lincolnshire, as well as supporting the development of new ones.

There is a likelihood of seeing five or more Lincolnshire DAAs by 2016. The DAA continues to provide an effective forum for Lincolnshire County Council and strategic partners to promote co-ordinated improvements in dementia care and support.

Number of dementia cases across Lincolnshire in 2011: over 10,300

Number of expected dementia cases across Lincolnshire in 2021: over 14,200

Number of people in Lincolnshire estimated to be affected by dementia before reaching 65: 200

“You understood all my mother’s requirements even though my mother did not. You have been patient, kind and kept me informed every step of the way. You came up with ideas and solutions I could not have.”

What are our services and how have they developed?

- a. Direct payments and personal budgets
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How are we keeping people safe?

Prevention and wellbeing

The term “prevention” can cover many different types of support, services, facilities or other resources. It can range from wide-scale whole-population measures aimed at promoting health, to more targeted, individual interventions aimed at improving skills or functioning for one person or a particular group.

Prevention includes the promotion of constructive lifestyles.

Wellbeing service

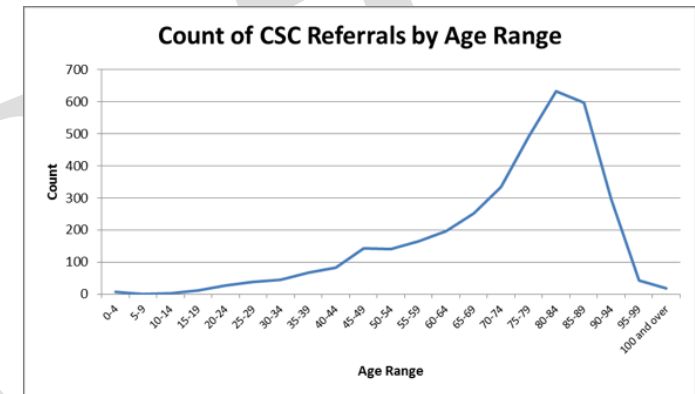
Further information about Lincolnshire’s Wellbeing service, who is eligible, how it is delivered and any applicable charges can be found at: www.lincolnshire.gov.uk/residents/public-health/behind-the-scenes/the-wellbeing-service

The Wellbeing Service started in Lincolnshire on 1 April 2014. The service is designed to promote confidence in living independently and ensures we are compliant with the Care Act 2014.

Access to the service is via assessment, following your contact with us. After assessment, the range of services we can offer are:

- handholding support (generic support)
- simple aids to daily living
- minor *adaptations*
- Telecare
- 24 hour responder
- monitoring of Telecare alarm and signposting

Referrals – 3,683 referrals were made into the CSC, with 96% being eligible for a service. The majority of the client group are 75-84 years old. Two thirds of referrals are female and there were very low numbers of 18-25 year olds.



715 referrals (19%) declared they had been referred to other services, e.g. Adult Care, District Nursing, and Physiotherapy, of whom 49% were in receipt of services.

Wellbeing Response: 794 clients utilised this fee based service. 713 service users activated a Wellbeing Response call out. 93% of responses were attended in less than 60 minutes. Peak times for response calls are 5am, 11.30 am and midnight.

Home from Hospital – Home Safe is the transport and resettling service for isolated individuals with no support at home. 316 users utilised the WBS component between July 2014 and April 2015. In comparison, 2,913 use the transport-only service.

What are our services and how have they developed?

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How are we keeping people safe?

Telecare

Telecare is a service that has helped people to remain independent and feel safer in their own homes. Telecare has helped reassure an individual that if they need help, a member of their family, a *carer*, or the emergency services will be contacted.

Telecare has been used to support older people and those with *long term conditions*, *disabilities* or *mental health* problems. Telecare has been able to tell when there is an emergency in someone's home and when they have needed assistance. It uses a range of sensors, either worn by the individual or placed in the home, which can alert the local monitoring centre 24 hours a day.

Telecare has provided the following for people:

- reassurance and peace of mind for individuals and carers
- greater feeling of security
- reduced feeling of isolation
- more *independence* and freedom
- rapid response in the event of emergencies
- been able to leave hospital as soon as they were well
- been able to live in their own home for longer

Number of people who requested Telecare: 3985

Number of people using Telecare at the end of last year: 6043

Number of those people who use Telecare as their only service: 4183

Lincolnshire County Council loans telecare equipment free of charge to those who meet the criteria and only charges 36p per week towards the 24/7 monitoring of the service.

We also have optional daily wellbeing Telephone calls which reassure people who may need prompts or just a friendly call to make sure they are okay.



▲ What are our services and how have they developed?

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How are we keeping people safe?

Sensory impairment

Sensory Impairment Lincolnshire County Services (SILCS) provides services for Adults and Children with *sensory impairments* in Lincolnshire. SILCS is funded by Lincolnshire County Council and is delivered by BID Services, a charity promoting choice and independence. They deliver sensory impairment services for adults and children who are visually, hearing or dual impaired.

Nationally there are 1.86 million people living with sight loss. By 2020 this number is predicted to increase by 22% and will double to almost four million people by the year 2050.

More than 10 million people in the UK are living with some form of hearing loss, or one in six of the population. By 2031, it is estimated that there will be 14.5 million people with hearing loss in the UK. Approximately 356,000 people in the UK are living with combined visual and hearing impairment.

The partnership between Lincolnshire County Council and BID Services is committed to improving the quality of life for people accessing the service. It focuses on building confidence and self esteem, developing communication skills, independent living skills and developing mobility skills.

What next?

The sensory impairment contract is due to expire in March 2016, so the council will undertake a complete review of the service and will seek to re-commission later in 2015.

Prior to the re-commissioning of the service the council will be engaging with key *stakeholders*, to ensure that a quality service is provided.



4. How are we keeping people safe?

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b. Lincolnshire Safeguarding Adults Board

c. Deprivation of liberty safeguards

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Safeguarding adults

Lincolnshire County Council has statutory duties for keeping people safe as outlined in the Care Act 2014. *Safeguarding* adults in Lincolnshire means stopping and preventing *abuse* or neglect wherever possible. If an adult is at risk of harm or abuse it is important that we act quickly and put in place effective response mechanisms.

The safeguarding duties that Lincolnshire County Council follows apply to any adult who:

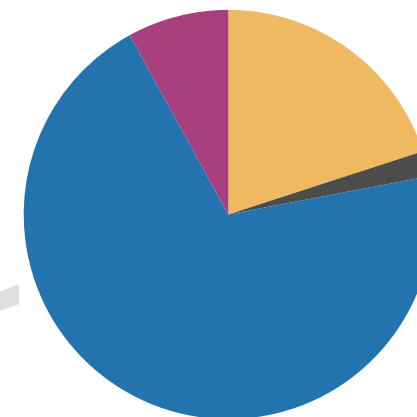
- has care and support needs (regardless of whether or not these needs are being met) and is at risk of or experiencing abuse or neglect
- as a result of their care and support needs is unable to protect themselves from the risk and experience of abuse or neglect.

Types of abuse outlined in the Care Act 2014 include:

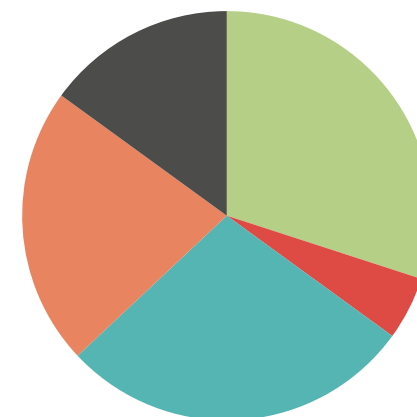
- Physical abuse
- Domestic violence
- Sexual abuse
- Psychological abuse
- Financial or material abuse
- Modern slavery
- Discriminatory abuse
- Organisational abuse
- Neglect and acts of omission
- Self-neglect

Data for 2014-15:

Number of safeguarding contacts received by Lincolnshire County Council: 3,024



Setting	Percentage
Care Home	20%
Hospital	2%
Own home	70%
Other	8%



Type of risk	Percentage
Physical	30%
Sexual	5%
Psychological	28%
Financial	22%
Neglect	15%

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Lincolnshire Safeguarding Adults Board

The Lincolnshire Safeguarding Adults Board (LSAB) is a multi-agency partnership, comprising of a range of organisations that all have stakeholder interest in the Safeguarding Adults' agenda.

The LSAB acts within the framework of the law and statutory guidance. The prime consideration of LSAB at this time will be to fulfil multi-agency responsibilities in relation to the protection of adults at risk from abuse and neglect in line with the requirements made in the Care Act 2014.

The Board is made up of representatives from the main public organisations that provide health, social care and public protection services in the county.

Aims and Objectives of the Board

Local Aims

- Assurance – confirm what we do makes a difference
- Workforce – ensure a competent and capable workforce
- Collaboration – improve cross partner information sharing
- Making Safeguarding Personal – embed choice and control
- Community – improve public awareness of adult *safeguarding*



National principles

- Empowerment – Personalisation and the presumption of person-led decisions and informed consent.
- Prevention – It is better to take action before harm occurs.
- Proportionality – Proportionate and least intrusive response appropriate to the risk presented.
- Protection – Support and representation for those in greatest need.
- Partnership – Local solutions through services working with their communities. Communities have a part to play in preventing, detecting and reporting neglect and *abuse*.
- Accountability – Accountability and transparency in delivering safeguarding.

www.lincolnshire.gov.uk/lisab

“The staff who we have been involved with have been an absolute joy and couldn't have been kinder.”

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Deprivation of Liberty Safeguards (DoLS)

What are the DoLS?

Sometimes care homes and hospitals have to limit people's freedom to keep them safe. The Deprivation of Liberty Safeguards (DoLS) provide a legal framework that helps to ensure the person's human rights are protected.

The DoLS are a part of the [Mental Capacity Act 2005](#). They say that people can only be deprived of their liberty when they lack mental capacity to make decisions about their care and accommodation, and it is in their best interests.

How does it work?

Care homes and hospitals must apply to their local authority for authorisation to deprive a person of their liberty. The DoLS Team within Lincolnshire [Adult Care](#) manages the application process. For every application received, the team arranges for two independent assessors to assess the person to establish whether the qualifying requirements for the DoLS are met.

The mental health assessor must be a specially trained doctor. The 'best interests' assessor will talk to the person and their family and friends about the person's best interests, and consider whether deprivation of liberty is a necessary and proportionate response to any risks.

A person can be deprived of their liberty even if the restrictions are in their best interests, and where they are not objecting. If the qualifying requirements are met, Lincolnshire County Council grants a Standard Authorisation for a set period of time that cannot exceed 52 weeks. Before the end of the authorisation Adult Care will organise a review by the assessors to see if another authorisation will be needed.

What is the current situation?

In March 2014 the Supreme Court made a landmark judgement that introduced a new 'acid test' that stated a person is deprived of their liberty if they are under continuous supervision and control and are not free to leave. This has meant that the DoLS now applies to a lot more people and Adult Care in Lincolnshire has received many more applications since the judgement – up to a ten-fold increase. We know that this is the same for other local authorities too.

What have we been doing in Lincolnshire?

Adult Care continues to work to support persons subject to the DoLS and their families, providing advice and guidance. We are working with colleagues in hospitals and care homes as numbers of applications have increased to ensure priority cases are identified.

What does the future hold for the DoLS?

The Law Commission has identified that the current DoLS legislation needs to change. New law will be proposed in 2016 and is expected to come into force in 2018 – 2019.

“You have always been so kind and helpful with us and I would like to thank you for your care and advice over the last year.”

5. Working with others

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Healthwatch

www.healthwatchlincolnshire.co.uk

Healthwatch is an independent organisation which gives people a powerful voice locally and nationally. At a local level, Healthwatch Lincolnshire works to help local people get the best out of their local health and social care services, whether it's improving them today or helping to shape them for tomorrow.

Healthwatch Lincolnshire is all about local voices being able to influence the delivery and design of local services; not just people who use them, but anyone who might need to in the future.

Healthwatch has worked with existing community groups to become local hubs where local people can engage with Healthwatch and feed in views. Healthwatch carries out visits to local services, and they feed back all findings and public feedback, positive and negative, to providers, the county council, local commissioners, the [Care Quality Commission](#), and Healthwatch England.

Over 11,000 face to face patient and resident conversations or sessions about their health and care experiences

80,000 leaflets distributed to households in hard to reach locations

42 Healthwatch community hubs in pre-existing community groups meeting 4 times a year and discussing patient feedback to Healthwatch

3,951 people responding to polls and surveys we have hosted online

26 enter and view visits where we have looked at, and reported on, the quality and provision of care

1,430 people signposted to advice and guidance about health and care issues or concerns

We provide monthly reports to providers and commissioners, this tells those receiving the report what patients have said and what the key themes are, this way the patients view can really influence services;

- 274 individual provider reports
- 11 monthly summary reports

5 special enquiries focusing on rarely heard or specific target groups, focussed research with a report as the outcome shared with providers, commissioners and national organisations



healthwatch

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Lincolnshire Health and Care (LHAC)

www.lincolnshire.gov.uk/lincolnshire-health-and-care

What is LHAC?

Lincolnshire Health and Care (LHAC) is a programme of work which started in 2013. It started as a result of health and care organisations in Lincolnshire recognising that current services did not adequately meet the needs of residents. Due to growing demands and financial pressures the different organisations realised that doing nothing about the issue was simply not an option.

How will this affect you?

As a result, all health and social care organisations in Lincolnshire (Lincolnshire County Council, United Lincolnshire Hospitals Trust and Lincolnshire's four *Clinical Commissioning Groups (CCGs)*, *Lincolnshire Partnership Foundation Trust*, *Lincolnshire Community Health Services* and East Midlands Ambulance Services) agreed to come together to design a new model for health and care in Lincolnshire which would enable people to access the right services at the right time, now and in the future.

The programme aims to achieve the following:

- Quality, safety and *sustainability* for health and care services
- Improved joint working for health and care professionals - a more 'joined up' service for Lincolnshire residents
- The right care provided at the right time closer to peoples' homes
- Seven day a week services for local people through 'community *Neighbourhood Teams*', supported by urgent care centres across the county
- Hospitals 'freed up' to provide specialist or genuine emergency trauma and time critical services



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Neighbourhood teams

LHAC is undertaking work around *prevention* and early intervention. The aim is to provide better outcomes for people who use services in Lincolnshire and empower people with the knowledge and services to help them maintain a healthy and independent life. *Neighbourhood Teams* will play an important role in achieving this.

Neighbourhood Teams involve everyone who works across the health and social care system, including the voluntary sector and private providers who join together in a co-ordinated way to develop a package of support for an individual.

The Neighbourhood Team model has been rolled out initially in four early implementation sites: Stamford, Sleaford, Lincoln City South and Skegness, and all areas are seeking to implement the Neighbourhood Team Model as swiftly as possible.

Lincolnshire County Council *Adult Care* managers and practitioners have been fully involved in the development of Neighbourhood Teams in Lincolnshire and social work support has been identified as one of the key services required. Part of the development work has included developing a model for vulnerable adults who may be at risk of needing support and the development of a proactive care approach.

An example of work in which Adult Care has been involved is Easter planning for the Skegness area. Adult Care played a key part in a local team who put together plans to support the Skegness area over the Easter period, which is a known time of greater influx of people to the area. Adult Care was fundamental in looking at what additional services and support were required at this time.

Adult Care contributes to regular multi-disciplinary meetings across the county within GP practices to support and identify individuals who may require additional care and support due to a change in circumstances or situation. Lincolnshire County Council and Adult Care are committed to working alongside colleagues across the community and neighbourhoods to ensure quality services and support to local people when they need it.

“Can I pass my thanks onto your staff for their assistance over the past few months in helping my mother with additional care and support arrangements for my father. Since the new arrangements have started myself and my sister have seen a marked improvement in her general health. She is now much more positive in her outlook and more relaxed knowing that she has this additional support. Knowing that you are now also monitoring her circumstances provides an extra level of reassurance.”

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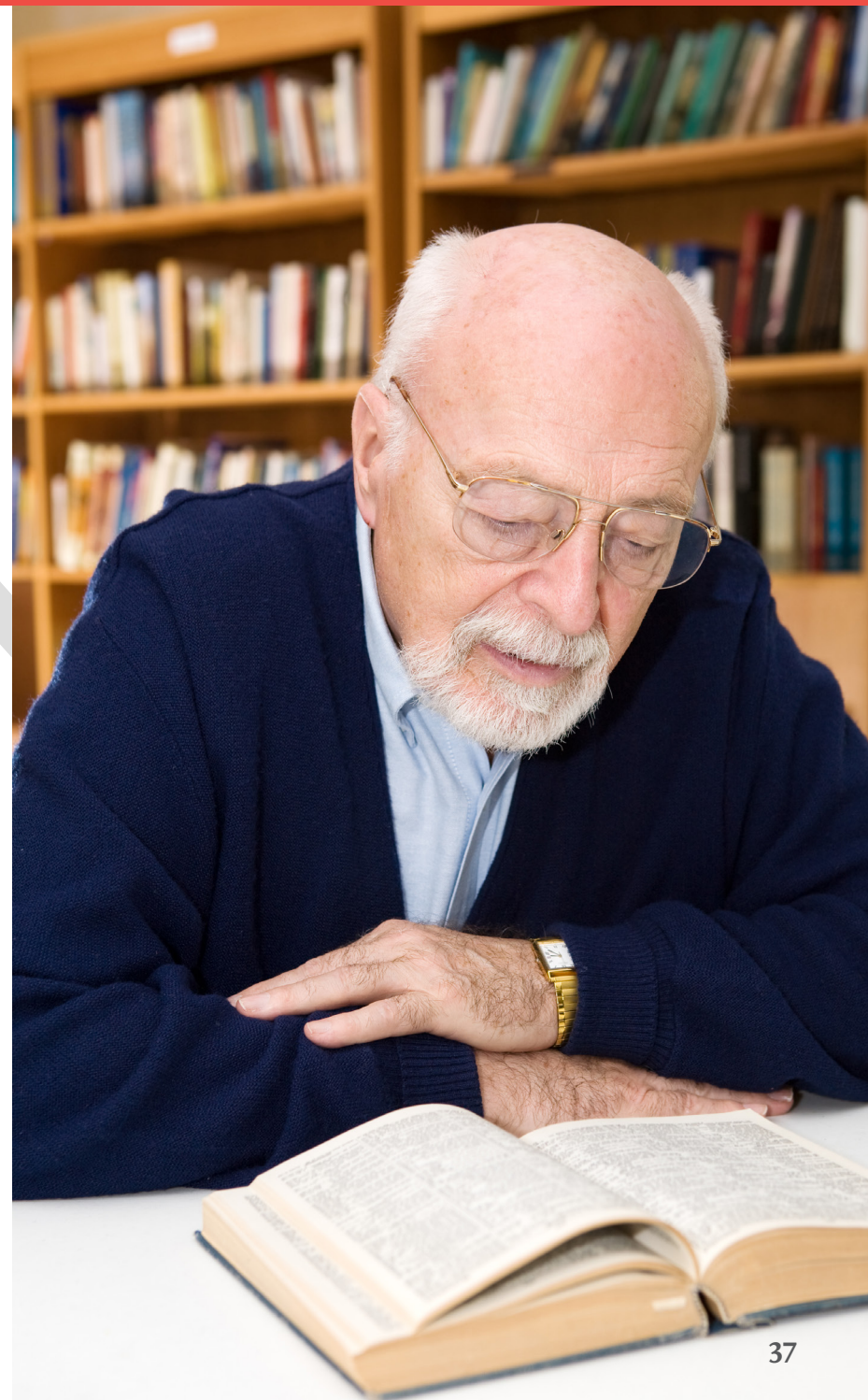
Lincolnshire Care Association (LinCA)

www.lincolnshirecare.org.uk

Lincolnshire Care Association (LinCA) is an independently funded organisation that represents the interests of care providers from within the independent and voluntary sectors. It represents the Association's members at meetings with colleagues from within the health, social care and housing sectors to consider issues such as commissioning, which include service design, development, and evaluation.

During 2014-15, LinCA has:

- represented the views of members locally, regionally and nationally through membership of the national Care Association Alliance, working with East Midlands Care Associations, and locally with Lincolnshire County Council and the NHS.
- worked with care providers, the county council and the NHS to develop new models of care and support and new business opportunities.
- worked in partnership with Lincolnshire County Council, taking over responsibility for the development and delivery of workforce development and training for the independent care sector, with grant funding support from the County Council.
- supported its members with developing care home business plans, tendering opportunities for domiciliary care and the wellbeing and carer support services, and supporting the development of new services such as the Care Navigator Service.
- supported the introduction of winter/system pressure measures including the purchase of additional care home beds to relieve pressure on hospital beds and additional Bank Holiday community support services.
- started work on a suppliers and facilities portal; this will link to the re-developed LinCA website in 2015.



6. How have we performed?

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b. Surveys

c. Feedback

d. How we assure quality of services

e. What are we doing to change the way we work?

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Measuring our performance and improving our services

We measure our performance and look at ways of improving our services using an approach called '*sector led improvement*'.

Sector led improvement is achieved in the following ways:

Adult Care Peer Review:

A 'corporate' *peer* challenge involves a small team of local government peers spending time at another council to provide challenge and share learning.

Lincolnshire's *Adult Care* peer review took place in November 2013. The areas looked at were *quality assurance* and *safeguarding*.

Action plans were developed following the peer review.

Self Assessment:

We undertake an annual self-assessment to challenge and review our performance. This includes looking at how well we are doing overall, whether we are focusing on the right things, and identifying our key challenges for the next year.

Adult Social Care Outcomes Framework (ASCOF):

There is a national framework of *performance indicators*, known as the Adult Social Care Outcomes Framework (ASCOF). The framework is a collection of information which every council has to collect and report on. We report on this each year. It shows us how well we are performing compared to other councils and helps us decide what we need to do to improve our services.

The ASCOF information is publically available at: <http://ascof.hscic.gov.uk/> and includes reports which compare our performance with other councils.

The ASCOF scores compare how well Lincolnshire County Council is doing compared with other councils nationally, as well as with *The Chartered Institute of Public Finance & Accountancy (CIPFA)* group of councils with a similar makeup: Cumbria, Derbyshire, Devon, Gloucestershire, Lancashire, Leicestershire, Norfolk, North Yorkshire, Northamptonshire, Nottinghamshire, Somerset, Staffordshire, Suffolk, Warwickshire, and Worcestershire.

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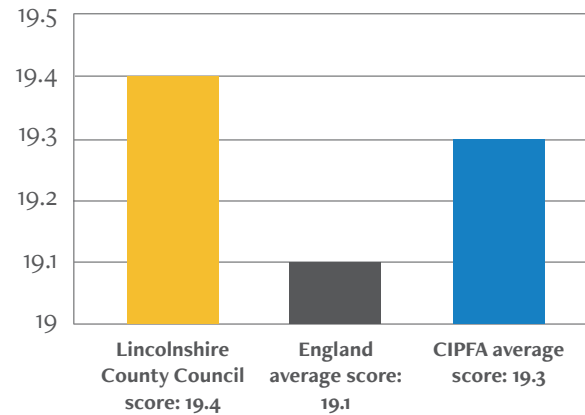
d. How we assure quality of services

e. What are we doing to change the way we work?

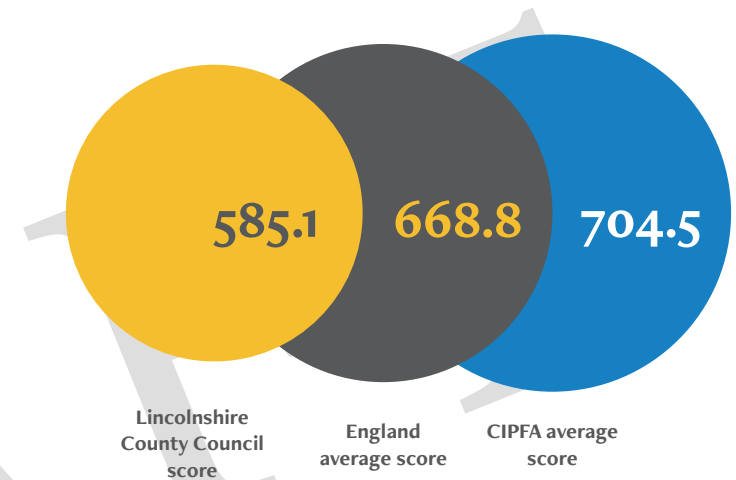
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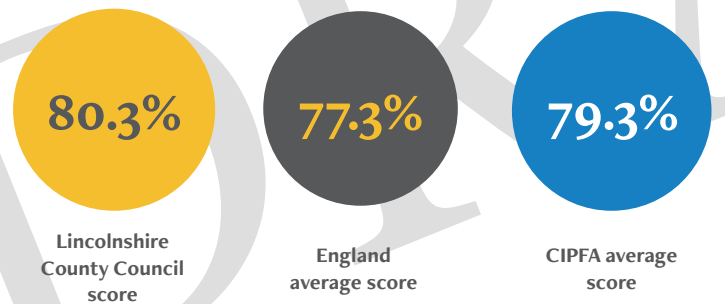
Social care-related quality of life (score out of 24)



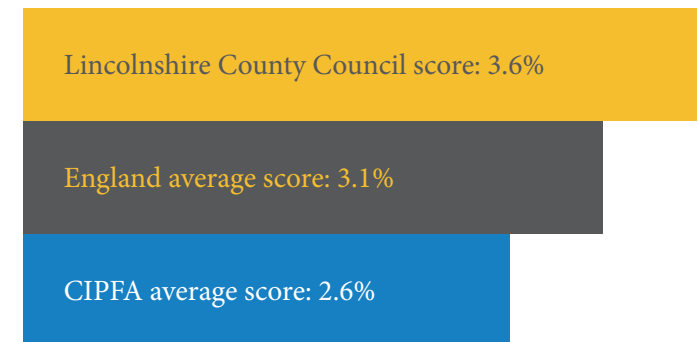
Long term support needs of older adults (aged 65 and over) met by admission to residential and nursing care homes, per 100,000 population.



Proportion of people who use services who have control over their daily life



Older people (65+) who were offered reablement services following discharge from hospital



Carers-reported quality of life (score out of 12)



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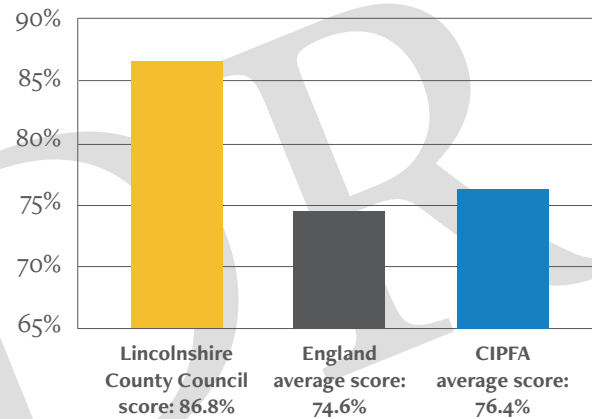
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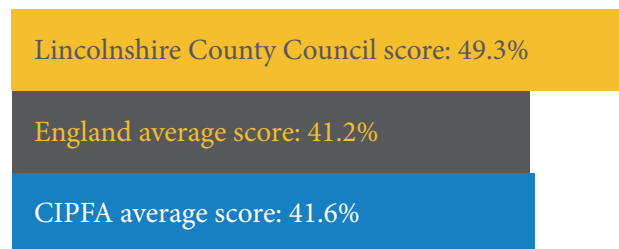
Delayed transfers of care from hospital which are attributable to adult social care (per 100,000 population)



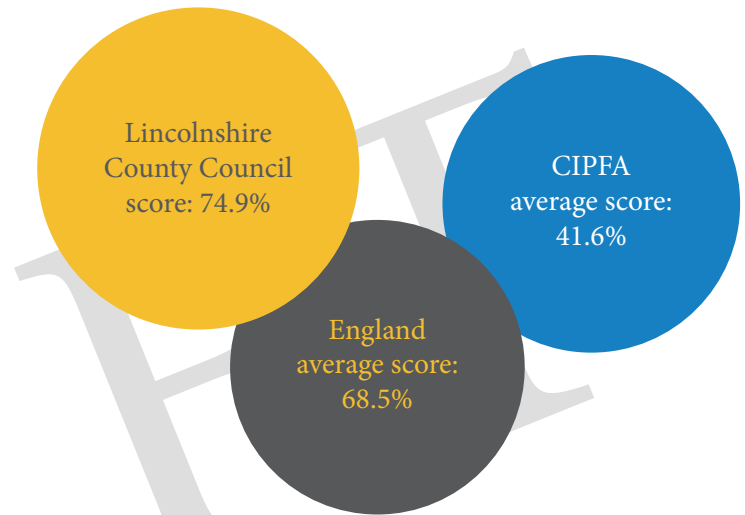
Proportion of those that received a short term service during the year where the sequel to service was either no ongoing support or support of a lower level



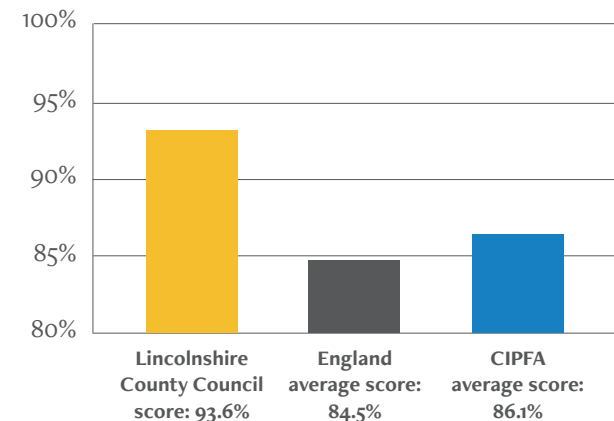
Overall satisfaction of carers with social services



Proportion of people who use services who feel safe



The proportion of people who use services who say that those services have made them feel safe and secure



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Surveys

We are keen to hear what is working well and where we need to do things better. To help us find out this information, we seek the views of people in the form of surveys that measure satisfaction rates and quality of life amongst our service users and *carers*.

Over the last year we have provided a number of opportunities for people to tell us their views about the services and support we provide.

This has included:

- the annual Adult Social Care survey which collects views from people in receipt of services from all client groups
- the bi-annual carers survey

In 2014-15, the type of things you told us included:

“The carers that come to help are really great, helpful and have a good laugh”

“Direct payments have brought back my quality of life to meet all my care needs”

“Excellent care and support. It couldn’t be better”

“It is all good, I have lots of choices. I live in a nice house and feel safe”

“Valued member of Lincolnshire carers and young carers partnership”

“I found the Carers Team very helpful and understanding. I think it is a brilliant service which Lincolnshire County Council provides, actually making me feel valued as a carer”

According to the Adult Social Care annual survey:

80.3% of people who use services felt that they have control over their daily life (77.3% in 2013/14)

44.8% of people who use services reported that they had as much social contact as they would like (44.9% in 2013/14)

65.3% of people who use services reported that they were either extremely satisfied or very satisfied with their care and support services they receive (62.4% in 2013/14)

78.1% of people who use services find it easy to find information about services (76.7% in 2013/14)

74.9% of people who use services felt safe (62.8% in 2013/14)
93.6% of people who use services said that those services made them feel safe and secure (84.1% in 2013/14)

According to the bi-annual Carers survey:

49.3% of carers reported that they were either extremely satisfied or very satisfied with social services (40.8% in 2012/13)

70.6% of carers reported that they had been included or consulted in discussion about the person they care for (69.2% in 2012/13)

65.0% of carers who use services found it easy to find information about services (65.0% in 2012/13)

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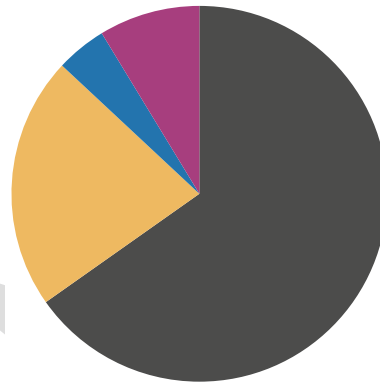
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Feedback

Part of our business includes the receipt of compliments, comments and complaints.

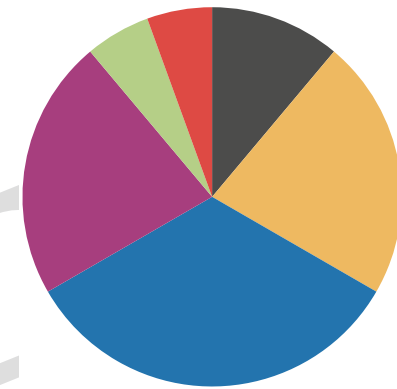
The total number of comments, compliments and complaints received in *Adult Care* in the year 2014-15 was: 158







The 23 compliments received related to:



	Specific member of staff	15
	Support and advice	5
	Equipment	1
	Day Care	2

18 complaints were upheld and related to:



	Conduct of staff	2
	Delay in services	4
	Lack of communication	6
	Care services provided	4
	Work not carried out	1
	Clarity of process:	1

“Thank you for the excellent support provided to my parents who have now relocated to Leeds. You responded quickly and efficiently and worked very hard under pressure of time.”

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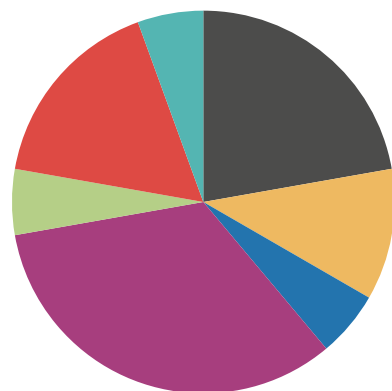
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We took the following actions to put things right:



Yellow	Reconfirm processes to staff	4
Black	Reallocation of resources	2
Blue	Reassessment of needs	1
Purple	Review of processes and procedures	6
Green	Outstanding care charges waived	1
Red	Provision of further information	3
Cyan	No Action	1

Other feedback

We also undertake 'Touchstone' surveys to qualify and evaluate public perception of how they feel about the service they received from Lincolnshire County Council. These surveys allow us to communicate directly with the public, gaining first-hand information from the people who matter the most, our customers.

Surveys are conducted monthly with the analysis carried out on a quarterly basis.

Some comments we have received from undertaking these surveys include:

The relative of the customer stated that they have a very good social worker who is able to help with most enquiries, she keeps in contact and keeps them informed regarding any updates that occur in regards to their daughters care.

The customer stated that the staff she spoke to throughout the process were friendly and polite and very helpful with her enquiries. They provided her with detailed information. They acted professional and also made her feel at ease and took the time to really understand the problems she faces and provided useful information, advice and support in order to allow her to continue living life normally, giving her greater freedom and more independence.

Feel safer knowing that social services are involved.

Customer has found it good service as he has been able to get in touch with the right people when he has needed to and has always been called back when this has been promised, excellent service.

Customer is highly satisfied with the level of care and support she is receiving. Social worker is very friendly, always turns up on time and always keeps in touch. The opportunity of respite care has come as a result of the assessment which the customer thinks will be nice once in a while for a change of scenery.

Customer very happy with the assessment, everyone has been friendly, helpful and polite. Customer feels everyone has done so much to help her and ensure she can remain in her own home.

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How we assure quality of services

People are at the heart of *Adult Care* delivery. Understanding quality assists the continuous improvement of care services, those we *commission* and our own practice and process. We recognise people's experience of care as a key measure of quality.

Defining quality is based on three interlinked components:



During 2014, Adult Care introduced a Quality and Safeguarding Board at Director, Assistant Director, and senior management level to provide governance for the work and management oversight of quality across the business.

What we have done so far

Developed our processes around re-procuring services.

What next?

We will continue to roll this approach out as part of services within our four commissioning strategies: Adult Frailty and Long Term Conditions; Specialist Services; *Carers* and Safeguarding.

Improved how we identify early concerns and manage any emerging risks in our commissioned services.

What next?

We will continue to refine risk tools, implement more robust contract management, look at ways to improve the way we capture and analyse information about the market and develop creative ways to support continuous improvement within the care sector.

In response to a Domestic Homicide and Peer Review for Safeguarding we have checked that improvements are happening based on the recommended actions, taken part in a national safeguarding pilot and put in place practice standard audits for our Safeguarding Team.

What next?

We will undertake further assurance after the Care Act 2014 implementation to make sure we are compliant with the new legislation, roll out the safeguarding pilot locally to improve understanding of people's experience of safeguarding enquiries.

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To understand people’s experience of operational practice we have implemented and analysed monthly audits against the quality practice standards, worked with Age UK to gain understanding of people’s experience of care needs assessment and used a telephone survey to understand people’s experience of our process.

What next?

We will improve how we collate information so that trends can be identified more clearly, expand practice standards audits to other teams and widen the Touchstone survey to include *mental health* service users.

To make sure we are using the learning from complaints and compliments we have reviewed our complaints process and made recommendations for improvements.

What next?

We will undertake follow up work to make sure the recommendations have been actioned.

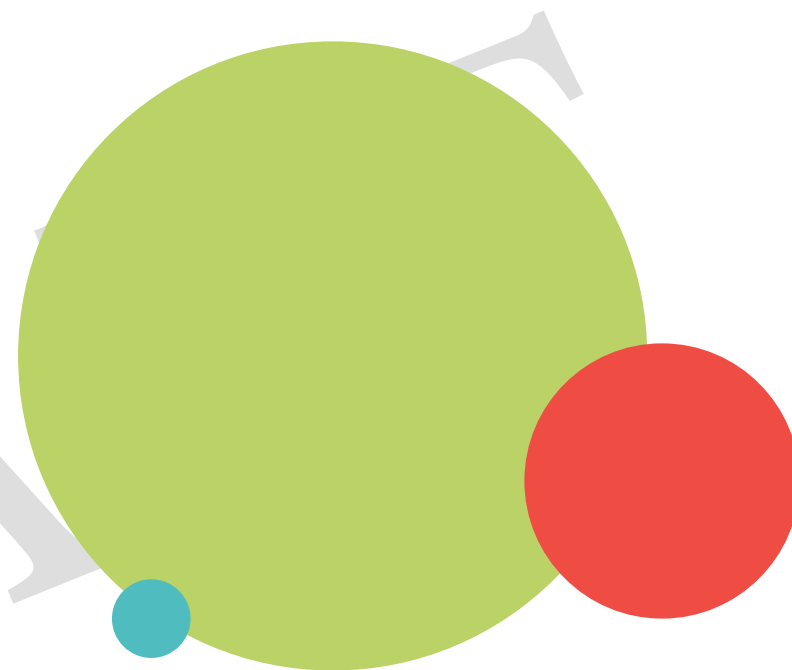
To make sure services are commissioned and *decommissioned* with due regard to equalities legislation we have undertaken equalities analysis to inform the decision making processes.

What next?

We will use equalities considerations and analysis to inform consultation exercises and service recommissioning/decommissioning.

The quality of *regulated services* in Lincolnshire (care homes, care homes with nursing and home support) remains high.

Care Quality Commission (CQC) new approach to inspection and ratings:



Good	64%
Requires improvement	28%
Inadequate	8%

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What are we doing to change the way we work?

Care Act 2014

The Care Act 2014 represented a significant reform of the law relating to care and support for adults and *carers*. It updated and pulled together relevant legislation in order to offer improved support and *wellbeing* with dignity, respect, *independence*, and choice. The Care Act promotes integration between *Adult Care*, health and housing.

The Care Act was implemented in April 2015 and duties addressed included: *prevention* and wellbeing, information and advice, carers, *market shaping*, commissioning, assessment and *eligibility*, independent *advocacy*, *personal budgets*, *direct payments*, *care and support plans*, *safeguarding*, partnerships, *transition* to Adult Care, prisons, and continuity of care.

As a result of the new Care Act, Adult Care has delivered staff training, and developed new guidance, action plans and changes to working practices.

This has included:

Information and Advice

Better information and advice can help people find ways to meet their support needs and reduce reliance on formal services. We are working to improve the way we provide information and advice so it is accessible to all. This will include reviewing our existing information and advice systems.

IT

A new client information system, Corelogic's Mosaic, will be implemented in Adult Care.

This will replace our ageing database, make processes more efficient and ensure we continue to be compliant with the Care Act.

Workforce

Training will be provided for Adult Care staff and regular bulletins will be issued to inform staff of updates relating to the Care Act.

“Just wanted to say how much I appreciated your help the other day when I was at a residential home waiting for a professional to turn up.”

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Glossary of terms

Term	Meaning
A	
Abuse	In terms of the Care Act 2014, types of abuse include: <ul style="list-style-type: none"> Physical abuse Domestic violence Sexual abuse Psychological abuse Financial or material abuse Modern slavery Discriminatory abuse Organisational abuse Neglect and acts of omission Self-neglect
Action plan	A document which details what steps must be taken in order to achieve a specific goal.
Adaptations	Adjustments to help people to continue to live independently at home and lead a more active life.
Adult Care	The Lincolnshire County Council Directorate responsible for commissioning and providing social care and related services for adults (18 years and over) with social care needs.
Advocacy	M.Skipworth: An advocacy service is provided by advocates who are independent of social services and the <i>NHS</i> and who are not part of an individual's family or one of their friends. An advocate's role includes helping to put across a person's views on their behalf and making sure the correct procedures are followed by health and social care services.

Term	Meaning
Annual health checks	The Annual Health Check scheme is for adults and young people aged 14 or above with <i>learning disabilities</i> who need more health support and who may otherwise have health conditions that go undetected.
Assessment of needs	Assessment is the process of gathering and sharing information to build an understanding of your situation.
Autism	Autism is a neurodevelopmental disorder characterised by impaired social interaction, verbal and non-verbal communication, and restricted and repetitive behaviour.
C	
Carer	Someone who spends a significant proportion of their life providing unpaid care and support to any other person: a relative, partner, child or friend who is ill, frail, <i>disabled</i> or has <i>mental health</i> , alcohol or substance misuse problems, HIV or AIDS.
Care and support plans	A care plan is an agreement between an individual and their health professional (or social services) to help individuals manage their health day to day.
Care Quality Commission	The Care Quality Commission (CQC) is an independent regulator of health and adult social care in England. They ensure health and social care services provide people with safe, effective, compassionate, high-quality care and encourage care services to improve.

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Term	Meaning
Carers Emergency Response plan	<p>Carers Emergency Response Service (CERS) is a scheme that helps individuals develop a plan for what might happen if they had an emergency themselves and were unable to carry out their normal caring responsibilities. When a person registers the plan will be agreed, giving details of family, friends or local organisations who can take over in an emergency.</p> <p>The <i>carer</i> will be given a card which has a 24 hours telephone number and their own ID number to identify their personal emergency <i>action plan</i>. In the event of an emergency or something happening that prevents them from continuing to care for their loved one or friend, the service will implement the support detailed on their Emergency Plan. This could mean simply contacting a family member, neighbour or friend who can help support the person who is cared for.</p>
Census	<p>The official counting of a region's or nation's people and compilation of economic, social and other data, usually for formulation of development policies and plans and demarcating constituencies for elections.</p> <p>Every ten years the census gives us a complete picture of the nation. It allows us to compare different groups of people across the United Kingdom because the same questions are asked, and the information is recorded, in the same way throughout England, Wales, Scotland and Northern Ireland.</p>

Term	Meaning
Children and Families Act 2014	The census provides information that government needs to develop policies, plan and run public services, and allocate funding.
CIPFA	An Act to make provision about children, families and people with special educational needs or <i>disabilities</i> ; to make provision about the right to request flexible working; and for connected purposes.
Civil partnership	The Chartered Institute of Public Finance & Accountancy.
Civil partnership	Civil Partnerships are the UK Government's approach to giving comparable rights to same sex couples as those enjoyed by married heterosexual couples.
Clinical Commissioning Group	The Chartered Institute of Public Finance & Accountancy.
Commission	Civil Partnerships are the UK Government's approach to giving comparable rights to same sex couples as those enjoyed by married heterosexual couples.
	Clinical commissioning groups (CCGs) are a core part of the government's reforms to the health and social care system. In April 2013, they replaced primary care trusts as the commissioners of most services funded by the NHS in England.
	The process of arranging services to meet an identified service need. Commissioning can be at a strategic level where services and functions are arranged to meet the needs of many people for example commissioning an Advocacy Service for Lincolnshire. Commissioning can also be at a more individual or 'micro-commissioning' level, for example a person may 'commission' a provider to help with their support needs.

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Term	Meaning
Community care	Help provided to people living in their own homes, rather than services provided in residential institutions.
Community meals	The provision of meals by organisations to adults and older people who have difficulty in preparing a meal in their own home.
County Council's Executive	The group of ten elected Councillors who form the Executive Committee - the most senior of Lincolnshire County Council's committees, similar to the Cabinet in national government. The Executive Councillors are those with responsibility for the key areas of the council's business, led by the Leader of the Council.
D Day opportunities	Day opportunities are services and activities that focus on ordinary life opportunities and give all people with a <i>disability</i> including people with complex high support needs the chance to meet up with other people, to say what they want to do, to decide where they want to go and to try out new things in their community and get support to do so.
De-commissioning	A change in the provision of a service. This may mean stopping a service or a significant part of it. It can also include terminating or re-negotiating a contract or grant with an existing service provider, where this is driven by commissioning needs, including reduced budgets.
Delayed Transfers of Care (DTC)	A delayed transfer of care is when a clinical decision has been made and the multi-disciplinary team decide that the patient is ready

Term	Meaning
	for transfer and the patient is safe to discharge but is prevented from doing so. It could be that the patient is ready to return home or to transfer to another form of care but is still occupying a bed designated for others.
Dementia	The word dementia describes a set of symptoms that may include memory loss and difficulties with thinking, problem-solving or language. Dementia is caused when the brain is damaged by diseases, such as Alzheimer's disease or a series of strokes.
Direct payment	A payment made directly to a customer for the purposes of buying support services or products to meet assessed eligible needs and outcomes. Direct payments can be one off payments or they can be used to deliver a <i>personal budget</i> to fund on-going support.
Disabled/Disability	A person has a disability if he or she has a physical or mental impairment which has a substantial and long-term adverse effect on that person's ability to carry out normal day-to-day activities.
Disabled Facilities Grant	If an individual or someone living in their property is <i>disabled</i> they may qualify for a disabled facilities grant towards the cost of providing <i>adaptations</i> and facilities to enable the disabled person to continue to live there. Such grants are given by local councils under Part I of the Housing Grants, Construction and Regeneration Act 1996.

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Term	Meaning
Diversity	This describes the wealth of different characteristics and experiences that people bring to our communities and that define people as individuals. We embrace diversity by recognising and understanding the characteristics that make people who they are and strive to ensure that no one is disadvantaged because of them. In particular we seek to ensure people are not disadvantaged by characteristics protected by the <i>Equality Act 2010</i> – age, <i>disability</i> , <i>gender reassignment</i> , <i>marriage</i> and <i>civil partnership</i> , <i>pregnancy</i> and <i>maternity</i> , <i>race</i> , <i>religion or belief</i> , <i>sex</i> and <i>sexual orientation</i> .
E Efficiency savings	Those savings which can be achieved from budgets through better organisation of operations, greater use of information and communication technologies, better utilisation of assets, more economical practices, automation of processes, the formation of partnerships with others.
Eligibility/ Eligibility Criteria	Under the Care Act 2014, the government introduced a new national eligibility threshold to determine which people will be eligible for support. Eligible needs are those which if they are not being met by other means, <i>Adult Care</i> would have to ensure they are met by providing care and support.
Equality	The state of being equal, especially in status, rights or opportunities.
Equality Act 2010	A new Equality Act came into force on 1 October 2010. The Equality Act brought together over 116 separate pieces of legislation into one single Act.

Term	Meaning
G Gender re-assignment	Combined, they make up a new Act that provides a legal framework to protect the rights of individuals and advance <i>equality</i> of opportunity for all. The process of transitioning from one gender to another.
I Independence	The ability to carry out activities that support one's own lifestyle and to control the care given by others.
L Learning disabilities	A learning disability is a reduced intellectual ability and difficulty with everyday activities, for example household tasks, socialising or managing money, which affects someone for their whole life.
Lincolnshire Assessment and Reablement Service	A short term service to help people following a health or social care incident or crisis. It is designed to enable people to be independent in their own home.
Lincolnshire Community Health Services	Delivers care closer to home, providing community healthcare and healthy lifestyles services for the people of Lincolnshire.
Lincolnshire Partnership Foundation Trust	A Trust established in 2002 when social care and health services, formerly provided by Lincolnshire County council and Lincolnshire Healthcare <i>NHS</i> Trust, were brought together to create new <i>mental health</i> and substance misuse services for adults.

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Term	Meaning
Long Term Conditions	A Long Term Condition is defined as a condition that cannot, at present be cured; but can be controlled by medication and other therapies.
M	
Market shaping	The facilitation of a vibrant, diverse and <i>sustainable</i> market for high quality care and support in an area, for the benefit of its whole local population, regardless of how the services are funded.
Marriage	In England and Wales marriage is no longer restricted to a union between a man and a woman but now includes a marriage between a same- <i>sex</i> couple.
Maternity	Maternity refers to the period after the birth of a child.
Mental Capacity Act 2005	The Mental Capacity Act (MCA) is designed to protect and empower individuals who may lack the mental capacity to make their own Meaningdecisions about their care and treatment. It is a law that applies to individuals aged 16 and over.
Mental health	A state of <i>wellbeing</i> in which every individual realises his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community.
Multi-agency	Involving co-operation between several organisations.

Term	Meaning
N	
National Health Service (NHS)	The publicly funded healthcare system for England.
Neighbourhood Team	Teams established to identify those most at risk of health and social care problems and decide how best to manage their needs, with the patient being at the centre of that decision making process wherever possible. The Teams will bring together local health and social care professionals from different specialities.
Nursing Care	The services rendered by members of the health professions for the benefit of a patient.
P	
Peer	A person who is equal to another in areas such as abilities, qualifications, age, background and social status.
Performance Indicators	A type of performance measurement.
Personal budget	An amount of money allocated to a customer required to meet eligible needs based on an agreed support plan. An indicative budget gives an approximate budget for planning purposes, based on an assessment and the Resource Allocation System. The personal budget is that which is actually needed once support options have been identified. The personal budget figure may be more or less than the indicative budget.

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Pooled budget	The combining of funds from different organisations to purchase integrated support to achieve shared outcomes.
Pregnancy	Pregnancy is the condition of being pregnant or expecting a baby.
Prevention	Activities to stop a social or psychological problem arising. Activities to avoid the need for more intrusive or intensive services.
Protected characteristics	The <i>Equality Act 2010</i> introduced the term “protected characteristics” to refer to groups that are protected under the Act.
Q Quality Assurance	A person who is equal to another in areas such as abilities, qualifications, age, background and social status.
Quartile	One of three points that divide a range of data or population into four equal parts.
R Race	It refers to a group of people defined by their race, colour, and nationality (including citizenship) ethnic or national origins.
Regulated services	Health and social care services which are regulated by the <i>Care Quality Commission</i> .
Religion or Belief	Religion has the meaning usually given to it but belief includes religious and philosophical beliefs including lack of belief (e.g. Atheism). Generally, a belief should affect a person’s life choices or the

Term	Meaning
Residential care	should affect a person’s life choices or the way they live for it to be included in the definition. Long-term care given to adult who stay in a residential setting rather than in their own home or family home.
S Safeguarding	Keeping people safe from avoidable harm or <i>abuse</i> ; any measure that counters a risk of harm could be defined as a safeguarding measure. More commonly Safeguarding is used in relation to avoidable harm or abuse resulting from the actions of others and describes the activity of investigating and preventing harm.
Section 75 contract	An agreement made under section 75 of the National Health Services Act 20016 between a local authority and an <i>NHS</i> body in England.
Sector Led Improvement	An approach to improvement put In place by local authorities and the Local Government Association following the abolition of the previous national performance framework.
Self-directed support	Self-directed support describes the ways in which individuals and families can have informed choices about how their support is provided to them.
Sensory impairment	A sensory impairment is used primarily to refer to vision and hearing impairments but other senses can be impaired. Principally when referring to sensory impairments there are 3 main types:

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Term	Meaning
	<ul style="list-style-type: none"> A visual impairment, which is a decreased ability to see to a degree that causes problems not fixable by things such as glasses A hearing impairment, which is a partial, or total, inability to hear A multi-sensory impairment, where a person has both a visual and hearing impairment
Services	A system supplying a public or personal need.
Sex	A man or a woman.
Sexual orientation	Whether a person's sexual attraction is towards their own <i>sex</i> , the opposite sex or to both sexes.
Stakeholder	A stakeholder is anyone with a professional or personal interest in a business or organisation. Stakeholders can be individuals, groups, or external organisations that are affected by the activity of the organisation or business.
Statutory guidance	Guidance recognised by statute.
Sustainability	An ability or capacity of something to be maintained or sustain itself.
T Telecare	A service that helps people to remain independent and feel safer in their own home.
Transition	Transition is a term used nationally for the process of change for young <i>disabled</i> people as they progress from childhood to adulthood.

Term	Meaning
Two-tier authority	A system of local government involving county and district councils.
W Wellbeing	A good or satisfactory condition of existence; a state characterised by health, happiness, propriety and welfare.

Introducing the Local Account 2014/15

About Adult Care

What are our services and how have they developed?

How are we keeping people safe?

Working with others

How have we performed?

More information

- a. Glossary of terms
- b. Contact details**

Contact details

DRAFT